

Nova Scotian Hymn

TUNE—ITALIAN HYMN (Felice de Giardini)

Far from thy ocean foam,
Thy sons and daughters roam,
Following the gleam;
But on what alien strand
Soever they may stand,
Far from their native land,
Lingers the dream.

A vision of delight
Brings back the hearthstone bright,
of golden days,
Days when youth's untried feet
Wandered in pastures sweet,
Guided by counsel meet
In goodly ways.

May the dream ever live,
And to the dreamer give
Yesteryear's zest,
In all his work and play,
So, in days grave or gay,
At eventide he may
Lie down and rest.

May thy hills never lack,
Come peace, or foul attack,
Sons of such sires
Thine altars to defend;
May thy fair daughters tend
To Time's unending end,
Thy sacred fires.

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Toronto, Ont.

Symposium British Medical Centenary.

I.

Highlights of the Tour of the Canadian Medical Association Party Through the British Isles.*

DR. ANGUS MCD. MORTON,
Halifax, N. S.

TO visit the Old Country in the summer months when winding lanes of the countryside are looking their best and old castles frown at you from distant hills across hedges and green fields of various shades resembling a patch work quilt, is a most enjoyable experience. The enjoyment is two-fold when the trip is taken in company with friends of your own profession, and when your hosts in every town and city are your associates too, ready to provide for your comfort, your entertainment and your instruction, and display the beauty, the history and the scientific advancement of the land they love.

Such was the unique opportunity of the members of the Canadian Medical Association who last summer sailed for England to take part in the Centenary Celebration of the founding of the mother organization, the British Medical Association. I am still thrilled with the fond memories I bear of those never to be forgotten days spent in travelling with the Medical Party through Ireland, Scotland, England and Wales.

We arrived in Montreal on July 1st. ready to sail the next day overseas. Embarkation day arrived and the "Duchess of Atholl" was lined with a happy throng of medical men, their wives and daughters, a cheerful band singing and laughing as the C. P. R. liner pulled away from the dock and with the siren giving a last screech of farewell, steamed down the majestic St. Lawrence.

The massive Quebec Bridge did not snap off our masts as one always expects will happen, and the French Canadian pilot successfully guided us down to Father Point where we dropped him. We were by ourselves, away from Canadian shores and quickly mingled with one another and many close friendships were formed.

A ship's concert is always much enjoyed. Our entertainment was a very successful one. Dr. G. W. T. Farish of Yarmouth distinguished himself in his self-termed "musical stunt" which brought laughter to the audience and proved to be the hit of the evening's performance. There were about twenty altogether in the Nova Scotian party.

Friday evening, July the 8th. brought us to Belfast, Ireland, and there was the usual excitement of preparing to tread once more upon terra firma. Belfast to me seemed more like a Canadian city than any other I have visited on the other side of the Atlantic. There were clinics arranged for us and entertainment provided for the ladies. A drive to the Giant's Causeway displayed the beauty of the Irish countryside. We immediately fell in love with "the emerald isle". I no longer wondered at its name or questioned why its beauty has been eulogized in song and story. It is truly an enchanted

*Rea1 before the Halifax Branch of the Medical Society of Nova Scotia, October 12, 1932.

island. Ireland to me means low white cottages dotted over vivid green pastures and peat bogs, mirror still lakes, rolling hills and ancient castles. On Sunday morning we started out for Dublin and had lunch at a little town called Rostrevor near the Irish Free State Border. We were entranced with the wonderful hospitality of the Irish folk. In Dublin I visited with others the time worn Rotunda, famous old hospital known to all medical men. Here Dr. Solomon gave an extremely interesting clinic.

Later we set sail across the Irish Sea for Greenock. It was at the time the tariff war was declared between John Bull and the Free State. Our boat and the boats along the quay were filled with "mooing cattle" stampeded on board by those who wished to beat out the threatened tariff taking a last minute race against time to defeat the English customs.

On arrival in Scotland we entrained for Glasgow and thence to Balloch on Loch Lomond. We sailed up this renowned sheet of water at the time Kay Don was trying out his famous Miss England III and it was here he shattered a world speed record. Inversnaid was our landing place. Above us was Ben Lomond, dominating and purple clad. Immense old style stage coaches with straining horses took us over the mountain and on to Stronachlachar on Loch Katrine. The steamer Sir Walter Scott conveyed us across this storied loch past beauteous Ellen's Isle and we disembarked at a pier near the "Silver Strand" immortalized by Scott's "Lady of the Lake." Chari-bancs drove the party through the picturesque hills known to all travellers, the Trossachs. At the Trossachs Hotel we stopped for tea. Then on to Callender where we entrained for Edinburgh.

Besides all the usual wonderful things the tourist always remembers of this old Scottish capital, there are two impressions of this ancient city that I never want to have erased from my memory. One is the Scottish National War Memorial, recognised by architects and historical societies as the finest monument of remembrance ever erected in honor of those brave men who paid the supreme sacrifice in the greatest and most awful war. The other is the feeling and spirited manner in which Sir Henry Jackson spoke at the banquet tendered to the visiting Canadians by the Edinburgh branch of the British Medical Association when he referred to our own respected and revered Dr. John Stewart.

On we went to Newcastle-on-Tyne where besides the clinics there was a delightful drive arranged for us and we had a unique opportunity of being entertained by the Duke of Northumberland at Alnwick Castle and by Lord Armstrong at Bamburg Castle, two of the largest and most carefully maintained castles in England. Next as we trailed through the aisles of Durham Cathedral with its beautiful and well preserved Norman architecture we were compelled to whisper in hallowed respect for the religious workers who years ago planned and reared through the ages such a monument for God's worshippers.

Of the English Lake District I have heard a great deal. It did not disappoint me. We stopped at the little cottage where Wordsworth lived and wrote lines that will live as long as the English language is spoken. Our wives bought trinkets and souvenirs to carry home to those less fortunate than us. Harrogate, our next stopping place for a week end had a great deal to show us in a medical way. The sulphur and mineral springs of Harrogate bring patients from all over the British Isles and the continent and local physicians conducted us through the baths and pump houses giving us a keen insight of this

work which was new to us who formerly knew little of this method of treatment. Harrogate is a clean, wholesome and beautiful city. Sunday afternoon we were shown through Fountains Abbey where architectural treasures were pointed out to us by a lecturer who taught us to enthuse over and appreciate its attractiveness. Next day we lunched at York, the walled city. A morning was spent in York Minster and in traversing the many antiquated corners of this community filled with historical sights.

Manchester in the heart of the black country was the next to welcome us. Everywhere we were well entertained by medical associations and civic officials but no place did more for us in this way than did Manchester. The Lord Mayor and Lady Mayor received us at the grand old City Hall. Theatre parties, motor drives and banquets added immeasurably to our joy.

On Wednesday, July the 20th. we left Manchester and after stopping at Chester where we saw its ancient walls, its old cathedral and its peculiar double decked sidewalks, we went through a gorgeous countryside via the Wye Valley into Wales and its capital Cardiff. I expected to find Cardiff, which is in the centre of the South Wales coal belt to be a city black and gloomy. I was agreeably surprised to find instead a city with white stone university and civic buildings that would shame the most modern American or Canadian metropolis. Here again, the Lord Mayor was most kind to us and arranged a special trip to the new hospital arising outside the city in a particularly desirable locality, and entertained us at a monster reception in the Civic Administration Building.

Coming on towards London we stopped for a few hours at Gloucester where we were much interested to see in its cathedral a statue in memory of Jenner. Next we arrived in Oxford where we wandered through the quads, libraries, museums, chapels and quaint streets of this old university town.

Then London welcomed us. The Canadian Medical Association was indeed fortunate in their quarters, for we were comfortably and conveniently located at the Savoy Hotel. Our stay in the greatest and most interesting city in the world was all too short. To live in London a lifetime would not be sufficient time to explore all its wonders. To live in it a week is like dropping in to a new world with a million sights to see. We walked through the streets whose names are known the world over. We visited Westminster Abbey, the Tower, the museums, etc., etc. We were tremendously impressed. But it is hopeless to go on attempting to describe our thoughts and impressions of this city built through the centuries, overwhelming in historical atmosphere, and daily changing before your very eyes, for when eight million people decide to live together something is bound to happen. I am forced to admit the truth of what Sir Laurence Gomme has said;

"To have studied London to the full is to know that London tells her own story, and that no one can tell it for her. Whatever credit may come to those who act as scribes it is after all a small thing, for the inspiration is drawn from the great city itself."

Lavish entertainment was showered upon us. The British Medical Association Centenary celebration was a wonderful success. On Sunday July 24th. there was a pilgrimage to Worcester where an impressive ceremony took place in memory of Sir Chas. Hastings the founder of the British Medical Association. For those who did not take part in this celebration motor trips were planned to London's suburbs. A party of us went to visit Runnymede where Magna Charta was signed by relenting King John, then to Windsor

Castle, Eton College, Burnham Beeches, Stoke Poges Churchyard where Grey is buried and we sat under the yew tree where he received the inspiration which resulted in his famous "Elegy in a Country Churchyard". Over two thousand persons sat down to dinner in Royal Albert Hall and listened to a brilliant speech by our Prince. Receptions, pageants, dinners and dances were crowded into a bustling week. The doctors were busy morning and afternoon with lectures and clinics and the evenings presented a choice of pleasures. The London theatres, fortunately for that time of year, were showing some excellent stage attractions. One of the most memorable to me was Noel Coward's "Cavalcade" which is the story of England's hopes, loves and sorrows, dramatically presented in the Theatre Royal, Drury Lane, in a march of time taking in the main historical events in England's history during the past thirty years.

Cavalcade's final curtain rang down on a titled old couple who had given their all for England raising their glasses in a New Year's toast: "Let's drink to the hope that one day this country of ours, which we love so much, will find dignity, and greatness, and peace again."

That spirit of Cavalcade to me was the spirit of modern England. When we sailed away from its shores it was bank holiday time and every Mr. and Mrs. John Bull was planning a glorious annual holiday at the seaside or elsewhere. They had elected a national government to look after their affairs of state. They had sent their representatives to Ottawa to deliberate for the good of the British Commonwealth of Nations. They had generously backed with millions of pounds the tremendous war loan conversion scheme. There was never a happier and more steadfast people in a world that seemed everywhere else to be shaken and tottering through an unprecedented financial depression. The English people were full of cheer and hope, confident in their leaders and ready to face the world. A nation carrying an unbearable weight of taxes, a nation facing grave problems, but a nation realizing that its stability in the past, under similar difficulties, had brought her through triumphantly, and being united now, there was a happy optimism prevailing, that transformed into glorious prophecy, the toast of Cavalcade—"This country of ours, that we love so much *will* find dignity, and greatness, and peace, again".

II.

SIGHT-SEEING AND CLINICAL EXPERIENCES.

DR. D. S. McCURDY,
Truro, N. S.

FROM the time that we stepped from the tender at Belfast, as the Memorial clock struck 11 P. M. on July 8th, until we left Euston Sta., London for Liverpool on August 5th, we had every minute taken up.

Landing at Belfast we only had time to drop our bags and get our rooms at the Grand Hotel, when we realized that our first welcome was being extended in an adjoining room by the local branch of the B. M. A. The following night a reception was held in the Carleton Cafe, when Sir Frederic Treves welcomed us on behalf of the O. S. League, Rt. Hon. Mr. Barker on behalf of

the Government, and Sir Richard Livingstone on behalf of Queens University. Prof. Todd once a Professor at Dalhousie is now a Professor in this University. Dr. H. L. Stewart of Dalhousie, also occupied a chair in Queens.

From Belfast we proceeded to Dublin (having to stop at the Border and have our luggage examined.) Here we had a pleasant stop and attended clinics. The Party was very pleased with our visit to the "Emerald Isle", and carried away remembrances of hospitality, beautiful scenery, and good clinics. The motor trip to the Giants Causeway, took us thru' the Glens of County Antrim, where skirting the sea we passed mountains and glens, dotted by sheep, peat bogs, and heather on the moors; past Rathlin Island, where Robert the Bruce watched the spider, which ultimately led him to Bannockburn.

Crossing to Glasgow we spent a very pleasant day on Loch Lomond, Loch Katrine and the Trossacks, where Scott's Lady of the Lake was again recalled. Our real visit in Scotland was Edinburgh. Here the B. M. A., had prepared a program which was put into our hands on arrival. Of course there was much to be seen about Princess Street—the castle, the Scotch War Memorial, Hollyrood, the gardens, the historic mile, etc., and the Scotch ladies entertained the visiting ladies by sight seeing trips, shopping and an evening of Scotch music and dances. They had the pleasure of hearing a sister of Mrs. G. S. Campbell of Halifax sing several songs, and Edinburgh girls in Scotch dancing. The Professional program was elaborate and included a visit to a new Hospital about completed where the wards are built practically out of doors. Fresh air is the underlying principle of construction. The winters are not too severe to interfere with such a plan. This Hospital is seven miles or so from the centre of the city. The Astley-Ainslie Institution for convalescents was also visited. This is of special interest because it is the estate of the late Jas. Syme who lived here, and in one of the rooms, still visited, Lord Lister married Sir Jas. Syme's daughter in 1856. The house and grounds stand to-day as Syme left them; and the whole Hospital is in the midst of a great estate of lawns.

The Royal Infirmary was of course visited and operations and clinics held as well as an elaborate system of anatomy of pathological Specimens in the teaching museum, and experimental animal research work. Here we found a University which seemed to speak by authority and soundness of medical and surgical teaching. The University on whose principles and methods many schools in Canada have modelled themselves. MacEwen Hall was visited and a group photo taken of the C. M. A.

A reception was held in the beautiful B. M. A. building on Queen St., at which Sir Robt. Phillips (President of College of Physicians) gave the most masterly address we heard on our whole trip on "Our Common Heritage". The B. M. A. building in Edinburgh is very beautiful and as you approach the banquet hall by a stairs lavishly adorned by Statuary you see a banqueting room with double rows of marble pillars, giving the whole room an appearance of grandeur.

We were loathe to leave Edinburgh but after a two day stay we drove on to Newcastle and in the morning visited the Newcastle Infirmary—640 beds and fully equipped with radio. Even the operating rooms have radio, and music keeps the tune of sponges and scalpels.

Alnwick Castle, the home of the Duke of Northumberland, was visited in the afternoon. This is one of the best preserved and most elaborate castles to be seen, and is situated amid pleasant hills on the bank of a river.

Banburg Castle further on and overlooking the sea, was also visited and tea served by Lord Armstrong, the owner. From the castle wall, Inner Farne light house, where Grace Darling won her fame by rowing to a wrecked ship, can also be seen, and her grave in the Churchyard near by.

Newcastle gets its name from a New Castle built in 1173 on the site of an older castle. A portion of Roman wall still exists.

Leaving Newcastle we visited Durham Cathedral in all its Norman grandeur and passing on had lunch at the English Lake district stopping a short time at Wordsworth's home.

Wellington, just outside Durham, is a coal mining district and it is from here that Lord Wellington takes his title and owning the town, practically, receives his income. Here we saw the monument to the man who led "The Charge of the Light Brigade". Streets were often so narrow that the large car in which we were driving completely filled them.

Arriving at Harrogate we spent Sunday. Harrogate has one industry only, "the cure". It has 80 distinct springs used for medicinal purposes and is one of the largest spas in England. The waters are used for drinking as well as for baths and here the whole population comes for treatment in the beautiful Hospital, centred amid gardens and walks. Most of the springs are sulphur and altho the taste is not pleasant yet they are largely used.

At 2.30 we visited "Fountains Abbey", a ruin of the Cistercian order of Monks who flourished until Henry VIII closed the monasteries. The order was noted for its personal poverty. A monk could not own anything, and if found in possession of a few pennies at his death he could not be buried in sacred ground. The order conducted a hospital, i. e., a shelter for the sick and outcast poor, and constituted a refuge for hunted people who could not be taken from the altar no matter what crime they had committed.

At Ripan the "Wakeman" still calls for people to arise each morning. Over the Town Hall is written "Except ye Lord keep ye cities ye Wakeman waketh in vain."

From Harrogate we drove to Manchester stopping at York to see the Cathedral and walk around the old city wall. Edwin the first Christian King was baptized here in 627 A. D. The five lancet windows known as the five sisters are the finest lancets in the world. £3000 has recently been spent on repairing and cleaning these windows.

Here we were in a manufacturing centre with 10,000,000 people within 50 miles engaged in the cotton and allied industries. Manchester is essentially a commercial city containing magnificent buildings, a cathedral and is a centre for culture and music. The city hall employs 1200 persons and combines the Lord Mayor's residence, the council chamber, committee rooms, large hall for public meetings, and offices. In it we were received by the Lord Mayor, and served with tea. The auditorium for public meetings has an organ at one end and the walls are taken up by large paintings of historical events relating to Manchester.

The Ryland library, is one of the finest works of gothic architecture, and was donated to the city by Mrs. John Rylands, as a memorial for her late husband. It contains many original Mss., books, etc., having 350,000 volumes, and is a centre for scholars from all over the world.

From Manchester we drove to Cardiff, Wales, stopping en route at Chester where we saw the beautiful Cathedral, where the flag which wrapped Wolfe's body at his death at Quebec, hangs with the Cheshire regiment colors. The

14th century carving of the stalls is the chief glory of the church. The old city wall and "the Rows" were visited. These latter are quaint old tudor buildings with shops on two floors with a gallery or veranda for the upper shops entered by steps from the street. You shop on the ground or you go up on this veranda and find another row of shops. They are very quaint and interesting.

Chester is situated on the river Dee and someone recited the poem "The King and Miller", as we crossed the Dee. Just near here the Duke of Westminster has his palatial estate, and he is reputed to be the wealthiest Duke in England, receiving £4000 income per day.

One of the great surprises was Cardiff. We imagined that this seaport with the greatest shipping of any port in England of coal would be smoky and dusty. Not so, it is one of the cleanest, most modern, and attractive cities, with its broad streets, new business section, old historic castle where one can stand and see work that was done 23 centuries ago. The old Roman wall ten feet thick stands as it was built 2000 years ago, and it is as strong and straight as when erected.

Recently a group of municipal buildings including city Hall, law courts, university, museum have been erected, on a large open square. The general plan of Architecture has made this group second to none in the British Empire. Within the City Hall where we were received, and entertained at a Ball by the Lord Mayor, the statuary, stairways, pillars of marble and paintings make perhaps one of the grandest sights we saw. The Welsh too were most hospitable and are very proud of their city.

The Medical association, under the leadership of a Scotchman, Sir Ewen MacLean, received us on arrival and at the Royal Infirmary we saw much of interest.

The final hop of our journey took us from Cardiff to London, stopping for two hours at Oxford, and thus visiting some of the Oxford Universities,—the beautiful lawns, old historic colleges, chapels, and had a brief insight into some of the things that go to make an Oxford graduate. "Manners make the man" is an Oxford saying. We saw Holeman Hunt's picture "The Light of the world", etc.

Arriving in London on July 22nd, we found our rooms at the Savoy Hotel, and so ended a tour of two weeks and started an experience and life in London for nine days so crowded with B. M. A. Meetings, shopping, sightseeing, banquets, hospital work, and all that goes to make London, until when we embarked for Home, or went on the continent, all were tired and ready for a rest and time to assimilate some of the things we had experienced.

London is the same, solid, ceaseless, dependable place it has always been and we felt it even more so after visiting Paris, the beautiful, the gay, but more superficial. Over 5000 medical men and women registered at the B.M.A., which was celebrating its centenary. An event of interest was a pilgrimage to Worcester where 100 years ago the B.M.A. was founded by Dr. Chas. Hastings.

Registration opened Tuesday and then followed morning lectures in the Imperial Institute buildings, Kensington, and clinics in the afternoon at the various hospitals. Wednesday evening a grand reception was held in the Royal Albert Hall. Five thousand people in gorgeous evening gowns, or academic dress from all parts of the empire were received by Lord and Lady Dawson of Penn, after which dancing was on the program and a pageant in

which there were represented noted medical men from Aesculapius, Greek God of Medicine, to Sir Clifford Allbut (1836-1925).

The Dinner on Thursday at the Royal Albert Hall, where the Prince of Wales spoke, was one of the most interesting nights entertainment. Two thousand sat at tables, and formed a colossal banquet.

The Lord Mayor's reception at the Guild Hall was one of the most picturesque features of our visit. In this ancient and historic hall the guests were received with all the ceremony and color of London's Lord Mayor. Only a limited number could attend, and so many were disappointed at not being able to be present.

Time will not permit to describe the numerous activities in London. The B.M.A. had an extensive program drawn up and handed to us in book form. This gave every detail of the program as well as the social side, and the ladies entertainment.

On July 30th, the B. M. A. meetings being over the C. M. A. broke up. Some came back to Canada, some remained to study in London while others went on to the continent, to Paris, the battle fields, or a more extended tour, before embarking for Canada.

1. "Operate quickly and well but it must be well at the expense of time. There is no place for a clock in the operating room."
2. "When in doubt drain."
3. "Better to have a living problem than a dead certainty."
4. "Woman! If thou has't a secret—hold it—it will not burst."

Such were some of the mottoes which Dr. Turner of Newcastle gave us as he went on operating. "These should be hung in every operating room."

Dr. Turner has a large clinic and is visited by many post graduate students. He has an attractive manner and knows his anatomy and not only his work but other people's methods.

One thing that impressed me about the Surgeons as well as the medical men was that they have a great knowledge of anatomy, technique, and are well versed in their work and subjects relating to it. The cases are studied out carefully and clinical and laboratory findings carefully related to each other but, for all this, human limitations are shown in such a case as the above operation where a perforated gastric ulcer had been diagnosed and a perforated caecum found from malignancy of the colon. The case also had the gastric ulcer.

In Belfast we visited the Royal Belfast Hospital of 436 beds. The Hospitals differ somewhat from Canadian ones, in that they are strictly all beds public. There are only a few Hospitals which recently have added a section for private cases.

The Doctors and Surgeons appointed to these Hospitals must practice a specialty and cannot carry on general practice, but do only referred work. The hospitals are "closed" wards and no matter how much an accident case may be worth if admitted to these Hospitals a regular charge cannot be made. As soon as possible these cases are removed to nursing homes. These are not as well equipped or as conveniently built as Canadian hospitals. Generally they are old Homes or estates and depend on their popularity for their patronage.

The Hospital services are, as in other lands, abused by undue advantages being taken of them by not only patients but Doctors. Many Hospitals have subscribers and as the patients pay three pence a week from their wages

they expect treatment for many minor conditions. The Doctors, too, take too much advantage of the laboratory and X-ray, etc., to get free work done where possibly some payment could be made.

The Belfast Hospital is rather unique in that it is all on the ground floor. Long corridors run away to the right and to the left. From these halls units lead off at the side—each unit consisting of a few wards, operating room, laboratory, etc., and in charge of a Doctor. Here we found few windows in the wards and the ones there were up too high to see out of. The air is kept in circulation by a forced system of ventilation always at the same temperature and same humidity summer and winter. This tends towards better treatment of bronchial conditions.

At all the clinics I was impressed with the direct practical method of giving clinics. There wasn't any time lost in introducing the subject and when all that bore on this particular case had been said the case was dropped. In this way you saw what was being done for this case in this particular place. Perhaps another method would be seen in Dublin or Manchester and thus a school of a particular thought would be developed.

Dietitians are not known in the Hospitals and some of our touring dietitians were disappointed not to see any of their work.

Many cases that we saw in the various hospitals were of the same nature, i.e., we saw repeated cases of intra-thoracic tumors, pernicious anaemia, kidney disease and prostrate gland.

At Cardiff the importance of observing for the various ways in which pernicious anaemia may develop was stressed. It may attack the (1) blood, (2) the C. N. System (3) gastro-intestinal tract. Cases of severe blood damage rarely have cord lesions. Cord lesions may appear early, before the blood shows any change, and may be ushered in by tingling, numbness, girdle sensations while the gastro-intestinal have a sore tongue, indigestion, colitis, etc.

For the blood condition liver orally, or intra muscularly, is used. Cooked liver destroys the vitamins which are very necessary and if progress is not being made with cooked liver you should use uncooked. Two ounces of ground up flavored liver daily is necessary.

For the cord symptoms Iron gr. 150 per day (one hundred and fifty) are given orally. HCl is not necessary as it is soon neutralized when taken into the stomach. Ventriculin is used. In spite of treatment some cases will not improve.

In Edinburgh we were driven to the new, almost completed orthopaedic hospital 6 miles from the heart of the city. Here the main feature in architecture is fresh air. The wards are open to the air at one end with a protecting cement floor without a roof where the beds may be wheeled in the open sunshine. The climate is such that they think this open air ward will be warm enough all the year round. They do not use vita glass as it loses all its properties within a few weeks and becomes as ordinary glass. The Hospital has a beautiful elevated location and the furnishings and equipment are of the best.

The new Llandough Hospital three miles from Cardiff has vita glass in the solarium. This hospital of 340 beds with plans for extension to 916 beds is costing \$1,500,000 and is in the form of a long central corridor with wards branching off each side, two stories high.

At Edinburgh, one was impressed with the amount of experimental work and research being done; the beautiful display of dissections and pathological specimens and facilities for teaching. What an opportunity a student has here in undergraduate or post graduate work.

From the Royal Infirmary cases are quickly passed on to convalescent hospitals such as the Astley-Ainslie Institution, situated on a beautiful estate of the late Sir Jas. Syme and here they remain much longer time than we are in the habit of keeping patients.

At Dublin a clinic was given on,—“Modern Methods for Treating Edema cardiac or renal.”

As the edematous fluid is saline the first thing to do is omit salt and, usually, water is very limited. Without salt the edema will not develop and it may take a very small amount of salt to cause fluid to return. Milk, bread, butter, bacon, all contain much salt so have to omit these.

Give cream, salt free bread, salt free butter, meat without blood. Limited amount of stewed fruits and vegetables, potatoes, ad lib, honey and eggs.

If grains I of salt is excreted in 24 hours it is too much. Diuretics—Ammonium Chloride, or other salts of ammonia, in doses of gr. xxx t.i.d., up to gr. 300 per day. If this does not relieve the edema cut it down to prevent acidosis.

Salyrgen is one of the strongest diuretics but it cannot be used in acute cases as the mercury will irritate the kidneys—use $\frac{1}{2}$ cc 1st day, $\frac{3}{4}$ cc 2nd day, 1 cc 3rd. day, 2 cc 4th. day, 2 cc every second day for three days, and if it doesn't act give in conjunction with the Ammonium salts when its action is twice as strong. Other diuretics are not used.

In acute suppression from operation do not give salyrgen as the mercury will add to the poison where the kidneys are not working. In such cases give hot enemas. Diuretine, gr XV. t.i.d., orally. If heart be fibrillating give Tr. Digitalis dr. $\frac{1}{2}$, without water, four times a day until heart rate is 80 per minute. If there is fluid in the abdomen or chest drain before adopting the above measures.

In dealing with prostrates it was emphasized that a prostatic case should not be left to ripen as mental degeneration accompanies prostrate condition. These cases should consequently be treated early as every case becomes very soon an obstructive, back pressure and toxic one. To avoid secondary epididymitis, tie the vas off at time of operation on prostrate, if the testicle is not infected by this time. This section of surgery was presided over by Lord Moynihan of Leeds and the papers and discussions at this B.M.A. section were largely attended. Papers were read on the Prostrate and Acute Intestinal Obstruction by Doctors from England, Scotland, Ireland, Australia, Germany; from Canada, Dr. Roscoe Graham of Toronto spoke on intestinal obstruction.

III.

A GREAT CELEBRATION.

DR. M. A. B. SMITH,
Dartmouth, N. S.

THE great Centenary Celebration of the British Medical Association, to which the Canadian Medical Association were invited, has come and gone. I venture to think that those Canadians who took part in it will never forget the month of July 1932. Nevertheless, it was a strenuous month to the Can-

adians, taking it altogether. The course, which was mapped out nearly a year before by Dr. T. C. Routley, Toronto, was followed pretty closely.

When the S. S. "Duchess of Atholl" drew away from the dock at Montreal on July 2nd, amid the paper streamers that were being broken between boat and the dock, there were nearly a hundred Canadian Doctors and about as many ladies with them. From Halifax were Dr. and Mrs. A. McD. Morton, Dr. Arthur Marshall, and Dr. M. A. B. Smith. From the Province were Dr. and Mrs. B. C. Archibald, Glace Bay; Dr. and Mrs. McKiggan, Sydney; Dr. and Mrs. G. A. Dunn, Pictou; Dr. and Mrs. D. S. McCurdy, Truro; and Dr. and Mrs. G. W. T. Farish, Yarmouth. From Charlottetown, P. E. Island, were Mrs. G. C. Duffy, Mrs. G. F. Dewar and Mrs. E. P. Higgs. I believe the only representatives from New Brunswick were Dr. and Mrs. C. M. Pratt. We left Montreal about 11 a.m., and enjoyed a lovely sail down the River. The weather then and throughout our trip was cool and often cloudy-hardly suggesting a midsummer month. There were so many on board the good ship "Duchess of Atholl" that during the whole trip, some of us did not get acquainted. We had with us Dr. A. Primrose, C. B., President of the Canadian Medical Association, and Mrs. Primrose, and Dr. A. T. Bazin, Chairman of the Council. There were also three Smiths beside myself—Dr (Miss) M. McKenzie Smith, Dr. David Smith, and Mrs. Smith of Peterborough, and Dr. and Mrs. Dalton Smith. We had six physicians from Vancouver, at the other side of the continent. Altho the sea was fairly smooth, there were a number who suffered a certain amount of *mal-de-mer*, for the "Duchess has a certain tendency to roll, and has been called the "Drunken Duchess". During the trip we had two Moving Picture performances in the dining-room, and a concert. At the concert Dr. G. W. Farish gave an original impromptu song, which was appreciated—the only contribution from the Maritimes. There was not much dancing, nor many games, but the promenade around the decks was always in order.

We reached Belfast Lock on Friday, July 8th, a cloudy evening. There were only two hitches in the whole proceedings to my mind. One was on this occasion when we had to stand on the tender from 8 o'clock till 11, during which time we travelled to Belfast, and another hour was spent in searching for our luggage, so we did not reach the Grand Central Hotel till 12 o'clock. The whole expedition was remarkable, however, for the carrying out of the program as arranged for. We had a morning clinic at Belfast, and in the afternoon, the party of about 175 people started out in seven charabancs to visit the Giant's Causeway, about 80 miles away. This was probably the most interesting thing we could have done. We marvelled at the thousands of basaltic columns, five-sided and six-sided, standing erect, in some places level with the sea-shore, looking like a pavement; in others high out of the sandy beach. There is a special seat called the "wishing seat". Many were the snapshots taken of this wonderful formation. As we journeyed back to Belfast, we saw Northern Ireland—chiefly green hills fit for grazing, and low valleys with but few trees. I may say that Ireland is eminently green from the Giant's Causeway to Dublin at least.

On Sunday morning we left the Grand Central Hotel and proceeded south in charabancs, about 50 miles. The drive was a lovely one, with hills in the distance and glens all divided by hedges. We reached the Shelborne Hotel about six o'clock. The following morning we were off to the Royal City of Dublin Hospital and Rotunda. In the afternoon we were driven about Dublin.

To my mind it is a city of beautiful buildings and poor ones intermingling. Very notable are the two beautiful monuments to Daniel O'Connell. I did not realize that the Irish pay such outstanding tribute to him. We drove through Phoenix Park, saw where Cavenish and Burke were murdered, and where the Eucharistic Congress was held this summer, St. Patrick's Church and St. Stephen's Church, the Bank of Ireland, etc. Our Hotel had many flags, but no British one, and we were not allowed to sing "God Save the King."

At 6 p.m. we went on board a steamer, which took us the next morning to Glasgow. There was a short train journey to Balloch on Loch Lomond. This is a glorious lake; the hills lie against one another, fading into the blue distance. We zig zagged down Loch Lomond past Ben Lomond, about 27 miles, to Inversnaid. It is a beautiful lake, surrounded by mountains, but some said that it was no more lovely than the Bras D'Or Lakes. From Inversnaid to Loch Katrine, a distance of about 4 miles, we travelled by horse buses. We went down this lake past Ellen's Isle to the Trossach's Hotel. I have never seen a more beautifully situated hotel, looking out on mountains and lake. There we all sat around a table, which extended around three sides of an immense room, for lunch.

Afterward we went in charabancs to Callander, and from there by train to Edinburgh; one-half of our party going to the North British Hotel, and the other half to the Caledonian. With what pleasure we all realized we were in Edinburgh. The leading features we were to see were the new Scottish War Memorial in the Edinburgh Castle, and the Holyrood Palace.

The War Memorial is something like a beautiful stone church built into the castle. There can hardly be in the World any more beautiful memorial than this is, into which the Scots have poured their hearts' devotion. The outside of this Shrine is built of stone resembling the stone of the castle. It is full of symbolical figures, which one might study for a day. Perhaps the most beautiful part is the inner shrine, which resembles the chancel of a church. It is impossible to describe it in detail in the space of this article. I may say that a conspicuous motto at the foot of that portion in memory of the Nursing service is as follows:

"They shall not grow old, as we that are left, grow old;

"Age shall not weary them, nor the years condemn;

"At the going down of the Sun, and in the morning,

"We will remember them."

After leaving the Castle, we all visited Holyrood Palace. There is altogether something inspiring about this old palace, which speaks of nothing so much as of Queen Mary. The marks of Rizzio's blood having so completely disappeared as not to be restored, a stone has been set in the pavement to mark the spot. I was not able to attend the two clinical meetings at the Royal Scottish Infirmary. The greatest feature of our Edinburgh visit was the dinner given by the Edinburgh Branch of the British Medical Association to the Canadian visitors, presided over by Dr. Comrie of Edinburgh, who welcomed the Canadian visitors. His welcome was replied to by our President, Dr. Primrose, and there were a number of toasts, in one of which the name of our own Dr. John Stewart was highly praised. The dinner was attended by men only. In Edinburgh as elsewhere very special preparations had been made for the coming of the Canadian doctors; but everything went so smoothly that it all seemed like an ordinary day's program.

On Thursday, July 14th, we all departed in large charabancs and had a lovely drive through Northumberland, passing through Coldstream, which gave its name to the Coldstream Guards. In the evening we arrived at Newcastle-on-Tyne. There was a reception at the Central Station Hotel where we were welcomed by Sir Thomas Oliver, President of the College of Medicine, and a representative Committee. The next morning, Friday, there was an excursion and clinic at the Royal Victoria Infirmary. In the afternoon there was a fine excursion to Alnwyck Castle and Bamburg Castle, which I did not take part in, and from the report of the visitors, I much regret not having seen them.

The next journey was on July 16th, and was quite a long one. Starting out we visited Durham Cathedral, which in some respects is the finest I have ever seen. It is so old, so massive, and so strong, and is altogether Norman in architecture and carving. It contains the bones of St. Cuthbert, but especially the bones of Bede,—The Venerable. In the crypt, we saw Bede's Tomb, with the words, "Hic jacet in fossa Bedae venerabilis ossa". It is said that the Monk when composing this couplet, could not think of the right epithet for Bede; he fell asleep and when he awoke, an angel had written the word "Venerabilis", which is just what is on his tomb now. We afterward proceeded past Grasmere, Wordsworth's house, Ambleside, and Windermere and arrived at Harrogate, 176 miles, I believe, from Newcastle.

On July 17th we started early on a lovely side trip to Fountain's Abbey. This Abbey was begun in 1125. It is a ruin, having been demolished by Henry VIII, when the monasteries were closed; but is one of the most beautiful ruins in England. It is wonderful to see the beautiful pillars finely carved set up in those early days, and to think that for so many years the Monks lived here. We drove from here through Stanley Park to the Abbey Inn, where we had lunch. After this we visited Ripon Cathedral nearby—a very large Cathedral with a plain front and two towers. We hurried back to Granby Hotel at Harrogate; and that evening, we had the pleasure of a visit from Captain and Mrs. Harrison of Halifax, who were staying at Harrogate. We saw all the Spa springs with pumps, rooms and baths at Harrogate. The place is devoted to different kinds of baths, which they say have very curative properties in suitable cases. While at Harrogate I received a letter from Sir Crisp English, Chairman of the Hospitality to Overseas Guests' Committee, extending an invitation from Dr. C. B. Held of Hampstead, London to be his guest during the Centenary Meeting in London.

On Monday, July 18th, we drove from Harrogate to York, where we had lunch. We then drove to Yorkminster, begun in 1230, and situated on the River Ouse. It took 230 years to build, and contains the "Five Sisters" Window, erected in 1400. "The Rose is the flower of flowers; this is the flower of houses" It is said to be the second largest Cathedral in the World. In the evening we arrived at Manchester—a big city of nearly a million inhabitants. We went in the morning in charabancs to the Royal Infirmary, where there was a very elaborate medical program, given by Messrs. Southam, Raynor, Buckley, Douglas, Morley, and Professor Burgess. We saw the John Rylands Library and Manchester Cathedral. Besides the clinic the printed program, included golf, country trip, shopping, town trip, reception and theatre. In the evening there was a vaudeville performance given by the local B.M.A., which was very clever. It is said that the performers gave the same performance before the King.

On Wednesday, the 20th we had an early start from Manchester from the Midland Hotel there, and made the first stop at Chester, where we saw the Chester Cathedral, principally dating back before Henry VIII. It contains the flag that covered General Wolfe when he died in September 1759 at Quebec. It is a beautiful Cathedral. We stopped for dinner at Church Stratton, a lovely place in the mountains. The country here begins to look like Canada—fine cultivated fields. We had lunch at Hereford. We arrived at Cardiff about 9 o'clock, and put up at the Park Hotel. Cardiff is a beautiful city, something like Edinburgh.

On Thursday, July 21st, we were all invited to the Royal Infirmary, where we saw a number of clinics. At 2 o'clock we visited the new Hospital at Llandough, 3 miles from Cardiff; also Cardiff Castle owned by the Earl of Bute.

On Friday, the 22nd, we motored to Gloucester and saw the splendid Cathedral; then to Oxford, where we saw three of the colleges, and then by way of the Thames to London, arriving at the Savoy Hotel about 5.30.

On Sunday a good many of us went to Worcester, (pronounced like "u" in puss) in charabancs again. We did not arrive in time to see the unveiling of the tablet to Sir Charles Hastings. We then went to Guild Hall, robed in our College gowns; from there we went in a procession, about a quarter mile long, two and two, to the Cathedral—the service there being a great one, at noon, during the course of which a window to the memory of Sir Charles Hastings was unveiled by Lord Dawson of Penn. The sermon was preached by Dr. Barnes, Bishop of Birmingham, who took for his text "Honor a physician with the honor due unto him", taken from the lesson read by the President. We afterward returned to Guild Hall and disrobed, and then proceeded to lunch in an immense marquee tent, which held about 800 people, and where a portrait of Dr. Hastings was presented by the family to the Society, and a copy of it presented by the Society to the family. Afterward the whole company motored to the Royal Brine Baths Clinic for the investigation and treatment of Rheumatism, at Droitwich Spa, where all the various methods of bath treatments were demonstrated to us. We then returned to London.

I said that there were two hitches in the whole program. The second was the storming of the ticket counter on Monday afternoon, when members came to get their tickets for the various functions of the week. The crowd was so great that the counter was carried away and had to be nailed up, so that it might continue functioning as a counter, and that all the members might be served with their tickets.

The great central event of the week was the dinner in Albert Hall. It is a vast circular dome-covered building. The floor of this building was almost crowded with tables. The outer one encircled part of the building like a horse-shoe. At the heel of the horse-shoe was the table at which the President and guests sat. At this dinner there were about 2100 guests, which filled the tables and also the first tier of boxes around the sides of the building. The Prince of Wales, on his arrival, was received by Lord Dawson of Penn, President; Sir Henry Brackenbury, Chairman of the Council; and Mr. Comyns Berkeley, Chairman of the Dinner Committee. The grace was said by the Bishop of London. The Prince of Wales proposed the toast to the Association. In the course of his remarks, he said that he had so much to do with doctors that he thought he could pretty well treat himself, but that he heard recently of a physician who was suffering from Lumbago; this physician after

going through a good deal, went to a Turkish bath, and after six treatments, was cured; and he was heard to mutter to himself on leaving, "and to think that I have 40 cases of lumbago". Sir Henry Brackenbury replied to this toast. The toast to the guests was proposed by Mr. H. S. Souttar. This was replied to by Sir Henry Samuel, Home Secretary, and also by Sir Henry Newland. The dinner, at which nearly all of the doctors, who went over on the "Duchess of Atholl" were present, broke up about 11 p.m.

There were only three mornings, Wednesday, Thursday and Friday, when technical papers were read. On these mornings 24 sections were in session. The subject of the first paper in Surgery was "Removal of the Prostrate". Lord Moynihan occupied the chair. He said that twenty minutes would be given to the reading of each paper; that there were two lights on the wall—a red and a white—that three minutes before the expired time, a red light would be shown; when the time expired, a white light would be shown; and after that, if the speaker did not stop, steps would be taken to put him out. At the same time the section of Medicine was proceeded with, at which Sir Humphrey Rolleston was present, and it began with a discussion on Bone disease. I will not attempt to enumerate the other sections.

During every evening of the week, there was some important function. On Tuesday evening, at the President's reception, Lord Dawson of Penn gave a splendid address on the subject "One Hundred Years and After". On Wednesday, there was a reception at Guild Hall by the Lord Mayor and Corporation of London. On Saturday about one-half of the Canadian visitors turned home on the "Duchess of York". Others went to the Continent and about England. During my extra ten days in London, I visited my old Hospital at Guy's, and heard a Clinic from Dr. John A. Ryle on "Pneumonia" in which he said he would only use the Serum treatment, of which he had had little experience, in serious cases of Type One and Type Two. In other cases he would use the conventional treatment.

On the boat, on which I returned, the "Montcalm", on August 12th, there were a half a dozen doctors of the original party. Most of them arrived home by August 20th.

Finally, I may say, that altogether from the point of view of its size, it was a great celebration; but it was too large from a social and scientific point of view.

University of Western Ontario.

This University has published its 19th Annual Report which is practically the report of the Faculty of Public Health. From our perusal of various University announcements we are convinced that a very considerable portion of the effort of this University is directed to the special work of training Public Health Officers. This moreover, is also directed towards the special training of Nurses in Public Health work and a very considerable publicity is given to local Boards and Departments of Health, who are responsible for the general education of the public in health matters. The BULLETIN would like to suggest that recent graduates in medicine, and also recent graduates in the Nursing Service, should have this University in mind if they have any inclination towards going into public health work. In case this is so, definite information in the matter, particularly as to this Public Health Service, may be obtained from either the Registrar or the Executive Secretary of the University of Western Ontario, Institute of Public Health, London, Ontario.

Ancient Medicine

DR. S. L. WALKER.

Halifax, N. S.

CASUALLY we speak of Ancient Medicine and of Hippocrates as the Father of Medicine, and this despite that he himself, wrote of what he described in the same manner. Through Hippocrates and the historian of his time, Herodotus, we learned of the medicine of Egypt and of Assyria, already in some ways in advance of that sponsored in Greece. Most of this medical history is recorded beyond any doubt in papyri and inscribed bricks and is the anonymous, collectivistic medicine of castes and guilds, and its documentation is very characteristic of the European medical literature following the decadence and death of Graeco-Roman culture. Was this decadence beginning at the time of Herodotus, then its period of brilliance must have preceded that of Greece and Rome, but its decadence had no rebirth with the advent of printing.

The subject is dealt with in a copy of the *Bulletin of the New York Academy of Medicine* that has been on our Secretarial desk for two years, by Dr. F. H. Garrison, Consulting Librarian of the Academy, who writes on the Antiquity and Origin of Indian Medicine. Incidentally he includes some references to Chinese medicine and gives us a somewhat broader outlook upon the subject of Ancient Medicine than has hitherto come under our consideration. The claim of Chinese medicine of a history of 5,000 years or more does not appeal to the thoughtful historical student, but "In ancient Indian medicine, however, as exemplified in the Susruta and Charaka scriptures, we find a highly organized, highly specialized, highly rational body of medical doctrine, in quality equalled only by that of the Hippocratic Canon, and descended, as some proponents will have it, in a direct line from the Rig Veda and the Atharva Veda (4000-1500). . . . Hindu medicine, as we find it in the Atreya and Susruta, is like the Hippocratic medicine of Cos and Cnidos in one other respect, viz., both are associated with the tangible personalities of actual physicians, and are thus no longer the impersonal knowledge of guilds and castes, as was everything that preceded them. . . . The Atreya and Susruta stand upon a higher and more recent plane and presuppose the mental and observational activities of at least one or two thousand years preceding, even as the Hippocratic canon has for its long foreground the intellectual achievement of the Ionian nature-philosophers. In India, any significant advance over the Susruta is demonstrable only in the work of Charaka, the contemporary of Galen. Susruta is, in round numbers, a hundred years older than Hippocrates. . . . The notion of China as a totally independent culture must be checked with a large question-mark."

For this we may be right in giving priority to Indian Medicine, followed by Assyrio-Babylon and Egypt teachers and those of the time of Hippocrates. But there is one thing certain that migrations from time to time from West to East and vice-versa left none of these cultures of pure specific origin or development, the influence of each being visible in the others.

This brings up two matters for consideration. (a) What is the nature of this Indian Medicine and (b) What is the lesson from these fusions of ideas.

A. What are the characteristics of Vedic medicine, contained in scripture of vast antiquity and attributed to Brahma himself? It comprises eight parts or *tentras*, viz.,

“Surgery (foreign bodies, instrumentation, bandaging, surgical diseases); 2. Treatment of diseases of parts above the clavicle; 3. General Diseases (Internal medicine); 4. Psychiatry (Demoniacal Diseases); 5. Pediatrics; 6. Toxicology; 7. Rejuvenation by chemical remedies and preventive medicine; 8. Treatment of impotence or, as others have it, racial hygiene”.

There are two great text books of Indian Medicine, the *Susruta* and the *Charaka*, but these are not like modern systems of medicine but rather like the Hippocratic Canon, a collection of many old and forgotten editions and filled with much of practice that had also been abandoned. Such editions are rather histories of practice than a statement of present knowledge and practice. Writers assign the *Susruta* to the 6th. century B.C. (a hundred years before Hippocrates), the *Samhita* of Charaka to the time of Galen (2nd. century B.C.) and the *Vaghabata* to the time of Paul of Aegina (7th. century A.D). But Dr. Garrison points out that the initial or anterior phases of the Hippocratic Canon itself may well be assigned to the 6th. century B.C. and there are reasons for doubting a greater antiquity for Indian Medicine.

Buddhism arose in the 6th. century but could make no headway against Brahminism until after the invasion of Alexander the Great, then Hellenic culture came into contact and ultimate fusion with the Northern Hindu culture. It is exemplified by the art treasures that the archaeologist has unearthed in recent years and is proven by them. “Now this fusion of Hellenic and Hindu art, in the Punjab, in the 3rd. century B. C., is the virtual starting point of recent revaluations in the chronology of Indian Medicine. To begin with the hospitals for men and animals which, it is said, King Asoka established everywhere during his beneficent reign, had originally meant religious retreats, asylums or resting places, refectories or free hotels, medical supply stations or storehouses for remedies (usually dietetic), designed by royalty for the innumerable strolling pilgrims of the Buddhistic cult, rather than as institutions for the reception, isolation, nursing, and treatment of the sick and wounded alone. The clientele of these Buddhist retreats, moreover, comprised the whole vagrant swarm of pilgrims, monks, paupers, infirm and destitute women, children and old people and only incidentally the wandering sick or wounded. They were charitable foundations of royalty and with their inception physicians themselves had nothing to do. True, the earlier xenodochia and nosocomia of Western Europe were hostelries and caravanseries of this type and Sudhoff's criterion of a hospital is the systematic treatment and care of disease within its walls. But it seems hardly probable that this end was attained in India in the 3rd. century B. C.

“Again, the co-existence in Rome of the superstitious Aesculapian cult (serpent worship) with rational practice by Greek physicians points to many parallels, suggesting that Indian medicine probably travelled the same weary road of trial and error, of superstition set off by occasional common sense, which was the lot of European medicine during the selfsame stretches of time. . . The evolution of therapeutics, or even semeiology from early common sense, observations and experiments on dietetics, (as elucidated in Hippocrates on Ancient Medicine), was common to Asia as well as Europe and the *materia medica* and therapy of ancient India were mainly dietetic in the first instance,

as in Greece. It is not unreasonable to infer, therefore, that the rational pediatrics and surgery of the Susruta was possibly an over-laid product of diffusion of culture, probably contemporaneous with the pediatrics of Soranus of Ephesus and the surgery in Celsus. If some of the extensive Indian materia medica was borrowed by Dioscorides and Pliny, it is equally probable that some of it may have been imported by travellers from Greece and Persia."

B. History records four great expeditions, two from West to East and two from East to West, between 300 B. C. and 1200 A. D. The archaeological findings of these four great migrations are of "exceptional interest and completely pulverize the notion that the unique cultures of India and China were isolated independent developments."

Despite this positive statement by the author mentioned we learn that for the past fifty years two theories as to the origin of ethnic culture have been sponsored, one of spontaneous origin and the other by transmission. There are certain fundamental instincts common to all peoples, without respect to time or place, and also certain practices spread from one country and people to another, we are not surprised, therefore, to find Dr. Garrison closing with this remark, "Perhaps the solution of the whole matter is implied in Huxley's observation that this very period was activated by some powerful mental ferment over the whole of the area comprised between the Aegean and Northern Hindustan; one of the most brilliant guesses that Huxley ever made, was pointing to possible remote origins of all these cultures in Egypt and Babylon."

When the writer began this review it was with an indefinite idea that the science and art of medicine was older than we generally conclude, and hoped to find an assurance that in India or China would be found the earliest records of the art. We are certain that our perusal of the article has not greatly enlightened our minds, or if it has added to our knowledge. The more one knows the more there appears of which to learn, which is characteristic in particular of medical knowledge. But perhaps a further revision of what we have recorded may develop some frame work upon which we may drape a few opinions that may lead to clearer thinking.

S. L. W.

A colored woman walked recently into an insurance office on Hollis Street, Halifax, and asked if they dealt in fire insurance. "We Do" a clerk replied. "What do you want insured?"

"Mah husband." "Then you don't want fire insurance" smiled the clerk, as he reached for another application form. "What you want is a life insurance policy."

"No, Ah don't" exclaimed the woman. "Ah wants fire insurance. Mah husband 'as been fired fo' times in the las' two weeks."

Good Caddies. "Golfer (to young caddie whom he has "caught out"). Do you know what happens to boys who don't tell the truth?" Young Caddie.—"They make a hit with the gentleman they caddie for."

Heard at Ashburn—or was it at Ken-Wo—or Lingan?

First Caddie:—"What's your man like?"

Second: "Left handed and keeps his change in his right-hand pocket."

The Importance of Early Diagnosis in Cerebral Syphilis

By F. H. C. BAUGH, B.A., M.D., C.M.
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(This is one of the many papers presented at the 88th meeting of the American Psychiatric Association, Philadelphia, in June 1932. It is abstracted here because we wish to bring attention to the significance of reasons which prompted the paper and to the conclusions referring to certain Historical events in English and other histories. S. L. W.)

THE subject of cerebral syphilis has been covered so thoroughly from most angles that it would seem but proper to offer some explanation for either saying or writing anything more about it. My explanation is simply this: that there would seem to be room for further discussion of certain features, and I, therefore offer briefly three points for your consideration.

First. The influence that men in important positions and suffering from cerebral syphilis may have had on the affairs of their own country, and perhaps on the affairs of the world.

Secondly. The misery and the dangers of loss of life and property, that we face to-day, as a result of having men suffering from cerebral syphilis, holding positions of responsibility and trust.

Thirdly. In the Province of Quebec, Canada, we have a population composed largely of French Canadians of the Roman Catholic faith. Since 1920 the Catholic Church has co-operated with the Medical Profession to fight venereal disease in a way, I believe, never before known. It seems to me to offer a ray of hope for the future.

And now to return to point one; it seems to be generally accepted that an epidemic of syphilis swept over Europe, following the voyages of Christopher Columbus. If this is true then, it would seem quite possible that anyone who lived in the time of Henry VIII, 1491-1547, if exposed to the disease had a fair chance of contracting it. Haggard says that Henry VIII undoubtedly had syphilis. MacLaurin thinks that Henry VIII not only had syphilis but that he had cerebral syphilis, and gives the following reasons:

1. That about early middle life there occurred a marked physical, mental and moral degeneration in a man who hitherto had been fairly clever and athletic.

(2) From two of his wives there were an extraordinary number of premature births and dead children.

(3) At least three of his children had very poor health, namely, Mary Tudor, Edward VI, and an illegitimate son, The Duke of Richmond.

(4) He suffered from what would appear to have been a syphilitic peritonitis, and he died at the early age of fifty-five in coma.

Had the Pope seen fit to grant Henry a divorce from his first wife, it seems quite possible that the Church of England would not have come into existence. Had his diseased mind not driven him to give up his first wife, and seek the beautiful Ann Boleyn, there would in all probability never have been a Queen

Elizabeth. Many of the best of the English nobles lost their heads as a result of this ruthless monarch's caprices.

MacLaurin suggests that it is quite possible that Ivan The Terrible suffered from cerebral syphilis, and offers the following reasons:

(1) A mental, moral and physical degeneration about middle life.

(2) On one occasion about this time Ivan collected two thousand girls on the pretext of picking out a wife. Instead of immediately making a selection, and allowing the rest to go free, he kept them in captivity for over a year, and subjected them to the most brutal treatment.

Ivan died from what might well have been syphilitic disease of the aorta.

Of course there is a good deal of conjecture in the above, but it is an historical fact, that at the age of fifty-four, and while his seventh wife was still alive, Ivan sent a special message to Queen Elizabeth of England and asked her to send him a wife. Elizabeth selected Lady Mary Hastings. Her Father the Earl of Huntingdon, and a host of powerful friends protested so vigorously that Elizabeth abandoned the project.

Dr. Caplescu Poenaru, lecturer in the University of Bucharest, in an address at The Bucharest Ateneul Roman on the disease of illustrious persons said that syphilis and alcoholism predominate among the acquired and inherited diseases of notable persons.

It seems to be pretty generally agreed that "Peter the Great" of Russia contracted syphilis in Holland and infected his wife upon his return home. It is rather difficult to determine whether or not he developed cerebral syphilis at all events he died at the age of fifty-three. It is also possible that Catherine, the Second of Russia was affected in this way. After she set aside her husband, Peter the Third, she is said to have lived a life of frightful moral debauchery. Her son, Paul Petrovici was degenerate and epileptic.

Arthur Schopenhauer is said to have contracted syphilis while a young man at college. The high doses of mercury that he was obliged to take caused him great discomfort. Despite of all this mercurial treatment however he gave a good deal of evidence of cerebral syphilis.

Guy de Maupassant had a neurotic heredity, and during the last four years of his life developed all the symptoms of general paralysis. He attempted suicide on one occasion, and died under painful circumstances two years later. Voivenel and Lagriffe, have discussed the effects of his disease on his genius.

Heller tells us that eleven per cent of syphilitic Jewish intellectuals over the age of forty had paresis and 3.6 per cent of prominent syphilitic actors over the age of fifty-seven had paresis.

Second Part. Those who are daily engaged in the care of mental conditions arising out of syphilis must often be impressed with the fact that failure of an early diagnosis, as well as costing the life of the sick man, too often leads to catastrophe. Sometimes it may mean loss of other lives or finances, it almost always leads to immeasurable agony and suffering on the part of innocent victims. This seems needlessly cruel when it is recalled that we are nowadays equipped to diagnose and treat syphilis quite as well, if not better than most of our other ills.

In each of these cases mentioned below the individual gave evidence of abnormal behavior which should have attracted attention.

(Then follows three case reports of which we quote only No. 3 as follows:)—

A man fifty years of age, a locomotive engineer, fell off the driver's seat in a convulsion, rolled against the fire box receiving bad burns. He was taken to the general hospital where he became very excited and talkative and unmanageable. This necessitated his removal to a mental hospital. Blood and cerebro-spinal fluid showed strongly positive, and he died within six months. Investigations revealed that for some three or four months the patient's immediate friends had thought him rather strange. He was elated, happy and grandiose, buying things he did not need, talking in a big way about building a grand house, and making foolish deals. He continually carried on with his job until this near catastrophe occurred.

I think that everyone will agree that the management of a modern locomotive requires an engineer to be in possession of all his faculties. Emergencies will occur and sometimes judgments and the appropriate resultant actions have to be made in split seconds. Nor is this danger completely obviated by having two engineers, since only one man at the controls can act. How then will it be if our engineer with a diseased nervous system is confronted with a problem requiring instant action? A slowing up of his reaction time, the sudden onset of acute confusion or a convulsion happening at the proper time can easily plunge a train to disaster. In addition we have to consider the sudden onset of delusions of grandeur, and impairment of judgment as regards sane speed and obedience to orders. Who can say but that some of the many unexplained tragedies of railroading may have been caused in this way.

In the operation of a railroad system there are many individuals who carry lives in their hands as it were. For instance the dispatchers, telegraph operators, signal men, and many others.

When we stop to consider the lives that are at stake on the fast modern passenger train, the property, the life and accident insurance of passengers, all of this becomes a matter of no small importance. And yet so far as I can learn, few if any railway, aviation or other large corporation require the routine blood Wasserman test, either at entry to the service or in their subsequent periodic examinations, unless there are some suggestive symptoms revealed. It seems to me that a certain number of cases would be detected by adequate specific tests, especially in the periodic examinations of the man say thirty-five years or over. Those of us who for years have been doing routine Wasserman tests on new patients in general and mental hospitals must, if we are honest, admit that we have been caught more than once. If men about mental hospitals, experienced and fairly acutely on the look out for just such conditions, occasionally miss them, it would seem highly probable that even the men with good general knowledge examining for corporations are quite as much or more likely to miss them. The Wasserman test, while perhaps of no great value if it shows negative, is of considerable value when it shows positive. In addition to that it would bring the medical men in contact with the employees and give them a chance to do some educational work, which after all is of the utmost importance. In groups of this sort where there are numbers of inexperienced young men drawing good pay, living well and having time to kill in towns other than where they make their home, I believe that thorough instruction in the nature of venereal diseases and medical prophylaxis would bring forth excellent results. I think that following a disaster those probably responsible for it, if alive, should be subjected to a searching medical examina-

tion for cerebral syphilis. If they are killed in the accident, the state should demand a thorough post mortem examination. It seems to me that every individual responsible for lives and property, owes it to himself, and to society, to see to it that he is free from this disease, and that the state owes it to each individual that it will by every means protect him from this peril.

Third Point. In the year 1917 the Honourable Athanase David, Provincial Secretary of Quebec, for the first time, I believe, in the history of this legislature, made public mention of venereal disease. In 1920 at a public health meeting in Hull, Quebec, before a large audience of clergy, physicians, nuns, nurses, and citizens, he spoke frankly and openly about venereal disease scourge, and pleaded for the support and co-operation of the church and profession in enlightening the people. He pleaded with the people to avail themselves of the opportunity of receiving enlightenment and instruction; he pleaded for a common sense attitude toward these diseases. Those sick with the disease must be treated as sick people, and not as outcasts. He pointed out that only by the co-operation of everyone in bringing a thorough knowledge of these diseases to the men, women and young people of the proper age, could it be hoped to reduce the venereal disease peril. Anyone who knows Quebec knows that it took a courageous man to get up at that meeting and do what he did.

The response of the Roman Catholic Church was prompt and magnificent. The clergy sought a thorough understanding of the problems. Meetings were arranged. They were presided over by priests, bishops and even archbishops. Competent medical men lectured, films were shown and literature was distributed. Organization of centres for free treatment was developed during the following years so that by 1931 there were eighty centres of treatment, and approximately one hundred and seventy-five trained physicians administering treatment. Penitents confessing sexual irregularities had their attention drawn to the physical dangers to which they had exposed, not only themselves but perhaps their wives, their husbands and their children. The penitent was then urged to see a competent physician. It was pointed out to him that at the excellent government treatment centres he could, if necessary, get treatment free. These centres are not simply places to get treatment as is too often the case. Every effort is made by them to educate the individual. Thus, instead of going without treatment or going to quacks or indifferent physicians, they are directed to skilled physicians, capable of giving not only scientific treatment but sound advice, and follow up supervision. I believe that no where else in the world has the Catholic Church, or for that matter any other church, co-operated so whole-heartedly with the medical profession for the enlightenment of the people in this particular problem. It is felt that the work of the church has done and is doing abiding good. It has made for a more frank and intelligent understanding between Mother and Daughter, between Father and Son, and between the young people of the community. In Quebec in 1930, forty-eight thousand and thirty men, women and children were treated for venereal disease. In 1931 sixty-two thousand men, women and children received treatment. It was clearly demonstrated that the increase in numbers was not due to more people being infected, because many admitted freely that their trouble had been of a year or more duration, therefore, the increased numbers are a direct result of the people being educated. It is most gratifying to note the increased interest in saving the children. In 1930, two thousand four hundred and fifty-nine children were brought for treatment of venereal disease, while

in 1931, six thousand one hundred and seventy were brought forward for treatment. Dr. A. H. Desloges, Director of the Division of Venereal Diseases in the Province of Quebec, and the medical profession generally have done splendid work. The French press has been helpful. In 1931, seven thousand five hundred and forty men and women came forward voluntarily, and asked for a thorough examination, some who in the past had had venereal disease, wanted to know if they were free from it, and all wanted to be sure that they were fit and proper persons to bring healthy children into the world.

Conclusions. The splendid work done in Quebec should be a stimulus to all and should help us to face the future with more vigour and determination. Results obtained there, show us that when earnest and sincere workers present the unvarnished truth to the people fearlessly, the people will respect them, believe them, and co-operate. Therefore in the Province of Quebec the man behind the plough, and the man in the work shop are more likely to be conversant with the problem.

MEDICAL PUBLICITY.

WE have seen and heard so much about medical ethics in the matter of newspaper publicity and other kinds of publicity that it seems almost as if the proposition for a doctor to have his name in black type in a Telephone Directory would be a very great breach of medical ethics. If a doctor has his picture in the newspaper as being a prominent man in the sporting events of his home city or town; or a leader in Y.M.C.A. work, or an ardent defender of certain educational methods in a community; that of course is quite right and we say this in all sincerity, because when it comes to matters of this kind, whether man is a doctor of medicine or Theology it has nothing to do with his relation to the community as a loyal citizen. Going upon this very proper basis the Executive of the Medical Society of Nova Scotia at its recent Annual Meeting made no objections to a proposition submitted by the Maritime Telegraph and Telephone Company regarding special prominence typographically to be given in the Directories in several towns and cities. We must free our minds of clogs that have been holding us back in connection with a proper service to the community at large. People have a perfect right to know what we can do for them and we have a perfect right to let them have this knowledge. On the other hand, if a newspaper wishes to give some publicity to the fact that one doctor is greatly interested in Athletic Sports; that another is a splendid shot and is an ardent disciple of duck shooting; and another is fully as ardent a disciple of Isaac Walton as he is of Aeculapius, and if we find the daily newspapers publishing items along these lines, together with cuts that have evidently been made from very good photographs, we might just as well first as last stop most of our talk against this sort of newspaper publicity. In cases of this kind we have no right to go into secrecy any more than any other individual citizen in the country.

S. L. W.

The Nova Scotia Medical Bulletin

Official Organ of The Medical Society of Nova Scotia.

Published on the 5th of each month and mailed to all physicians and hospitals in Nova Scotia. Advertising forms close on the 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

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VOL. XI

NOVEMBER, 1932

No. 11

Two important omissions have occurred in recent issues of the BULLETIN. (1) By a clerical oversight the name of Dr. M. R. Young was missed in copying the names of those who paid their annual fee through the Royal Bank. (2) By a further clerical or publisher's error, the items of the Report of the Nominating Committee as to the Committee of Arrangements and the personnel of the Editorial Board were omitted. These paragraphs were as follows:—

Committee of Arrangements.—The President of the Halifax Branch and such members as may be appointed by that Branch.

Editorial Board, Medical Society of Nova Scotia—

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DR. H. B. ATLEE, Halifax

DR. M. D. MORRISON, Halifax

DR. R. M. BENVIE, Stellarton

DR. J. KNOX McLEOD, Sydney.

The Secretary, the Stenographer and the Imperial Publishing Company regret these omissions.

A recent Editorial note in a Provincial Daily newspaper has the following to say regarding doctors' bills:—

“We suppose it was only a matter of time before the easy-payment system took in the professions, but it seems a pity, says the Hamilton Spectator. In New York a plan is in operation whereby the patient signs a note before he is operated on or has his teeth extracted, agreeing to pay the fee in monthly instalments plus 6 per cent. interest. It is hard to blame the doctors when it is remembered that people can accept their services without thought of obligation. People, who would be highly offended if some one suggested that they should break into their doctor's safe, think nothing of robbing him of the amount of his bill by not paying it. Not all people, of course; most make an effort to pay promptly.”

CHANGE YOUR MIND.

THIS is a somewhat simple heading for a thought or two. We read, not long ago a little note in the Annapolis Spectator (our friend Stearns likely clipped it from some other source than his own), but really it is quite applicable to us all and, particularly, to members of the medical profession. That medicine has made such enormous progress in recent years is recognized by all and, if we could not change our minds and opinions, the only logical conclusion to come to would be the one, that we didn't have any minds to change. This would be sad, but true. Mr. Stearns says:—

“Don't be afraid of being inconsistent. Maybe you will say something to-day which you believe absolutely and to-morrow you will say the contrary. Don't let that disturb you. The man who never changes doesn't progress. It is better to be wrong to-day and right to-morrow than to be wrong both to-day and to-morrow.

How much embarrassment and trouble we might spare ourselves if we always bore this in mind. It is a tragic thing to be wrong. But to discover that you are wrong and then insist upon maintaining your position merely for the sake of being consistent is even more tragic. Not a few to-days are spoiled for us and for others out of a mistaken sense of loyalty to what we believed yesterday.”

“I WANT TO BE A DOCTOR”

SO said a boy just entering his teens and all the Romance of being a Knight Errant was behind that avowed desire. He knew that to care for the sick, to relieve pain and prevent suffering, was a God-given privilege to some humans, and his budding ambitions looked towards the highest pinnacles.

A so-called *wise* father, or friend, advised him of the long and hard trail to be followed—High School, College, University Study, Hospital Internship, and final registration examinations—some ten or twelve years of strenuous study, yet his answer came, “I want to be a Doctor.” It was the answer that should be expected if the boy was anything worth while. The advice appealed to his self-respect, to his pride, Was he in the strength of his youthful ambitions, to be knocked down by the difficulties of the trail to be travelled? Never! What might have been an immature expression of his youthful opinion became at once an objective ideal for his life's work. When youth does not choose the hard trail it is better so, for it is doubtful if he will become a success in any line of effort.

There are very few doctors to-day who are anxious that their sons should follow in their footsteps. Some of those who desire this are influenced by a selfish pride to perpetuate a name associated with the profession for perhaps several generations. But many make the mistake of picturing to them the hardships of both the training and the service. This in itself is an incentive for the imagination of youth that drives him towards pursuing the trail you wish him to avoid.

S. L. W.

A HEALTH NURSING SERVICE FOR RURAL CHILDREN

WE are glad there need be no excuses for the appearance of so many articles or references to Health matters in rural districts. The BULLETIN was established largely for the members of the Medical Society of Nova

Scotia in rural districts. The men in the cities and large towns have their common interests, but most of the general practitioners, in the country districts, operate in Splendid Isolation. It well becomes the official organ of the Medical Society of Nova Scotia to see to it that these rural problems are thoroughly discussed.

This opening paragraph is suggested by a perusal of a recent Quarterly *Bulletin* of the Millbank Memorial Fund, and especially from reading an article, headed as above, written by Marian G. Randall, R.N. This article is based upon a summary of the results of a series of studies of the nursing services rendered to and received by infants and pre-school children in Cattaraugus County, New York. Now we have never been enthusiastic over the very elaborate and finely printed and illustrated booklets that various organizations publish as a record of their activities. Yet these activities are conducted by thoroughly well-trained officials, particularly qualified in general health operations, so we would be recreant to our obligations were we not to give consideration to the things they report.

In the first place there is this for us to learn that we are not, in this Province at least, expert in the art of translating our statistical records into concrete conclusions, that can be utilized by the profession generally. We might as well admit also that this requires much time, study and work, adding to an already heavy overhead charge. But if short-handed, the work is never properly done and is therefore of little value. The writer says, "the entire fact-finding process is valueless unless the results are not only made available, but *used as tools* for improving public health nursing service." Twenty years ago an inspection of schools would show defects that could be and should be remedied as high as fifty to seventy-five per cent. Only five years ago a school with an enrollment of sixty, gave 100% with some defect. We venture to say that there are records available to show a vast improvement along this line. Perhaps we are wrong in our present estimate regarding the children in rural districts, but there has been nothing presented to us to show that the conditions just mentioned do not still exist in rural Nova Scotia.

When fully inaugurated this health service will be prenatal, pre-school and school age. It will include instruction in hygiene and nutrition, in bedside nursing and prevention of communicable diseases. Most important, too, will be the arrangements by which defects can be remedied or necessary treatment furnished as required. There is little profit in finding cases if they be not suitably treated. All efforts along this line in Nova Scotia must receive our active support.

S. L. W.

BULLETIN ADVERTISERS ENTITLED TO CONSIDERATION.

THERE is much competition between pharmaceutical houses to-day to secure the attention and patronage of the medical profession for the many preparations to be found on the market. Of course, we have an unnecessary plethora of these preparations brought to our attention by the wholesale distribution of literature and by direct advertising in medical journals. Now these preparations to-day are more elegantly and scientifically prepared than is the ordinary physician's prescription,—the doctor to-day is not a pharmacist and perhaps therein lies a tendency to which attention might be directed.

The BULLETIN, some time ago, called attention to an instance of where a doctor gave a patient a small bottle of an elixir prepared by a most reliable concern. The patient came to a local drug store to obtain a re-fill or a larger bottle. Mention is made of this matter for several purposes. In the *First* place, we would absolutely condemn the policy of handing out original packages of proprietary preparations by the consultant physicians. It is, on the face of it, a plain intimation to your patient that you are simply trying an experiment. In the *second* place, that all physicians should know absolutely the contents and nature of pharmaceutical preparations prescribed by them. *Third*, that an effort should be made to minimize the number of these preparations, either dispensed or prescribed by the doctor, to the smallest possible number. The tendency in pharmacy to-day is to the limitation of the number of drugs prescribed, and the same limitation should be made as regards the use of preparations from pharmaceutical houses. *Fourth*, that the BULLETIN of the Medical Society of Nova Scotia carries the advertisements of a number of such houses of great reliability and of foremost standing. It is our opinion that from the preparations of these firms all the medication required in a general practice in this Province may be obtained. *Fifth*. While we regret the method and tendency of all the houses to label their preparations under some euphonic title, as a trade mark, we feel that this should not be noted as a direct criticism of either the firm or its preparation. Our objection is simply upon grounds that doctors should think of these preparations in terms of their principal constituent rather than by a Trade name. This is the better therapy method. This is in line with our previous conclusion and our advice to the medical practitioners of Nova Scotia is, that in prescribing for their patients and in the supplies that many of them must have on hand in their own surgeries, we believe you will get the best satisfaction from giving attention to the literature and advertisements of these firms that utilize the BULLETIN as their official means of communicating with the medical profession in Nova Scotia.

The recent slogan of "buy at home" may possibly have some bearing upon this aspect of the case. Let us deal with those who favor the BULLETIN of our Society.

Why do you write this? Well, for one thing, after many years' experience we know that we can depend upon the products of these firms that advertise in the BULLETIN. If there was any doubt in the world, you would have to read their advertisement in some other publication.

S. L. W.

The BULLETIN is unable to give space required for all the contributions offered in connection with the Centenary Meeting of the British Medical Association. We are therefor compelled to make two parts and the remaining three or four papers will appear in the December issue. The remaining contributors are Doctors Farish (his most interesting description will be most enjoyable), Egan, Archibald and McKiggan. The second part will be as welcome as that published in this issue.

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"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."

CUMBERLAND COUNTY MUNICIPAL HOME.

ONE is almost doubtful under just what section to mention the Municipal Homes in Nova Scotia at the present time. There has been so much improvement in the housing, care, segregation and specialization that we have at least heard the last of the Asylum, and, perchance, poor-house. As the Honourable Minister of Health, Dr. Murphy, officiated at the opening of the extension to the Cumberland County Municipal Home on September 23rd. last, we quote from an Amherst paper, in this section of the BULLETIN, as follows:

"Expressing the opinion that the new Municipal Home at Pugwash would be a permanent memorial to the philanthropic spirit of the people of Cumberland County, Hon. Dr. Murphy, Minister of Public Health, for Nova Scotia, declared the building formally opened on Wednesday afternoon and gave it its blessing as one of the finest institutions of its kind in eastern Canada. He believed that Cumberland was setting a pace for other municipalities in the Province in this respect.

Hon. Dr. Murphy, in expressing his satisfaction over the completion of such a home said that it was in line with sentiment stirring in different parts of the province and culminating in the creating of a Department of Health whose purpose was to give its attention exclusively to the promotion of health in general and to combat disease in every form. He emphasized the fact that in the work of the department there was no politics of any nature and that in its program it was receiving the wholehearted support of the medical fraternity as well as of the people in general. He illustrated his subject by reference to the expanding war being made upon tuberculosis and the more extensive equipment that was being provided for this purpose. He also spoke of the work that was being carried on at the Nova Scotia Hospital at Dartmouth and explained the higher costs for patients at that institution by the more elaborate equipment that was needed and the specialization that was necessary in connection with this kind of mental work. He congratulated the municipality of Cumberland on having such a good record in connection with its own institution, and expressed the opinion that in promoting good health and in caring for the aged and the unfortunate, the people were doing a work that would be a memorial to their enterprise and their finer instincts for all time to come. It gave him, exceptional pleasure, he said, to be present and to declare such a magnificent home open to the public.

THE USE OF RADIUM AND X-RAY.

(Being an extract from Public Health Literature issued by the Department of Pensions and National Health, Canada).

The BULLETIN has been in the habit of referring to articles thus abstracted in the sections devoted to Exchanges, etc., but, we feel sure that the powers that be, will not be displeased if it appears in that section of the BULLETIN devoted to the Provincial Department of Health. It is a report of the Royal Commission on the use of Radium and X-Rays in the treatment of the sick and printed by order of the Legislative Assembly of Ontario. . . . Toronto, 1932.

"The Commission was virtually established to inquire into the cancer problem and the value of radium and X-rays in the treatment of Cancer. It was composed of Dr. H. S. Cody (Chairman), Prof. J. C. McLennan, Dr. W. T. Connell and Mr. Arthur Ford. Dr. J. W. S. McCullough acted as secretary. The Order in Council creating the Commission was dated May 29th, 1931.

Visits were paid, interviews sought and evidence gathered from places in Canada, the United States, Great Britain, and other European countries,

where radiological methods had been in use for several years in the hands of experts.

The Commission's recommendations fall under the eight heads which the Order in Council laid down as subjects for inquiry and report, and are given hereunder:—

1. *The use of radium and X-Rays for the treatment of the sick.*

"Your Commission is agreed that the use of radium and X-rays of suitable wave-lengths and intensity is of high value in the treatment of cancer in certain parts of the body, and also in the treatment of a large variety of non-malignant conditions."

2. *The advisability of the Province securing a supply of radium for the above purpose.*

"Your Commission having in view the value of radium in the treatment of the sick, etc., as indicated by the statistics of cure, observed in all clinics, is unanimously of the opinion that, in the public interest, it is advisable that the Government purchase from time to time such quantity of radium as may satisfactorily meet the demand for treatment of cancer by this means.

3. *The advisability of the Province establishing a radium emanation plant with the necessary laboratories, etc.*

"Your Commission, having studied the use of radio-active emanation in the treatment of cancer, is of the opinion that it is a useful method of treatment for certain cases, and therefore advises that a plant for the production, standardization and supply of radium be established.

4. *The advisability of establishing a Cancer Research Department.*

"Your Commission advises the establishment of research and other necessary laboratories for the study of cancer.

5. *The advisability of establishing a Cancer Institute.*

"For the purpose of securing skilled personnel and for the stimulation and guidance of research and in view of the world tendency towards setting up institutions for the attack on particular diseases, your Commission advises the establishment of such an organization either as a separate institute, or, as a separate unit in a general hospital, but in any case in proximity to a general medical teaching body of a university. The functions of such an institute would comprise not only diagnosis and treatment, but also research, teaching and public health measures against cancer.

6. *The advisability of establishing Cancer Clinics.*

"Your Commission recommends that it is advisable to organize a limited number of active-treatment centres and a larger number of diagnostic centres, but at the outset, owing to the difficulty of securing experienced and highly skilled personnel, your Commission advises that in Ontario no more than three such active-treatment centres should be organized, and that these should be associated with a teaching hospital of a university.

7. *The advisability of adopting plans and methods of educating the public with respect to the prevention of cancer.*

"Your Commission, aware of the lack of knowledge of the public in respect to the early signs of cancer, advises that an active campaign of education should

be instituted, and that the co-operation of doctors, nurses, dentists, teachers, the press, and the public, should be sought for this purpose.

8. *And generally any matter or question arising out of the subjects referred to the Commission, and which in the judgment of the Commission calls for investigation and consideration.*

"In its study, your Commission was constantly impressed by the view that cancer should be treated by experts in the various lines of diagnosis and therapy; by the need, in the interest of the patient, of close co-operation of all services of treatments; and by the desirability of concentrating treatment in a few first-class centres under careful supervision.

Your Commission advises that no centre be established until competent personnel for such centre is available, and in this connection desires to emphasize the fact that in unskilled hands, such potent weapons as X-rays and radium may do more harm than good.

In view of the fact that certain amounts of radium in Ontario are privately owned, your Commission recommends that in case the owners of this radium desire to dispose of it, the Government should consider its purchase.

Your Commission advises that, in connection with every centre, the most careful and exact records of cases be kept, and that a Social Service be maintained for the purpose of "following up" all patients.

Your Commission advises that a Commission or Commissioner should be appointed by the Government for the custody, control and distribution of its own radium, for the inauguration and supervision of active-treatment centres and diagnostic clinics; and for the purpose of securing close co-operation of all services in the treatment of cancer; and that such Commission or Commissioner be attached to the Ministry of Health."

The Report is accompanied by four appendices dealing with statistics of cancer mortality, cancer in occupational disease, plan or organization for the control of cancer, and X-rays and radium.

The Report is sent out with five pamphlets each of considerable value, entitled, "What everyone Should Know About Cancer", "Cancer of the Mouth", "Important Facts for Women About Tumours", "The Prevention of Cancer", and "The Doctor and the Cancer Patient."

Every physician throughout Canada should be in possession of this very valuable report."

Report on Tissues sent for examination to the Provincial Laboratory, from September 16th, 1932 to October 15th, 1932, inclusive.

The total number of cases sectioned is 88.

In addition to this, 32 tissues were sectioned from 6 autopsies, making 120 tissues in all.

Tumours, malignant	20
Tumours, simple	9
Tumours, suspicious	2
Other conditions	48
Awaiting section	9—88

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 and age of patient, duration of tumour and any other relevant points in the history of the case 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 Sept. 20th, 1932 until Oct. 15th, 1932.

County	Cer. Sp. Meningitis	Infantile Paralysis	Chicken Pox	Diphtheria	Influenza	Measles	Mumps	Pneumonia	Scarlet Fever.	Paratyphoid	Typhoid Fever	Tuberculosis, pul.	Tubep. other forms	Whooping Cough	V. D. G.	V. D. S.	TOTAL
Annapolis.....	12	1	..	..	..	..	..	..	..	1	..	14
Antigonish.....	7
Cape Breton.....	1	..	..	4	..	..	..	2	..	..	..	..	..	1
Colchester.....	1
Cumberland.....	5	..	..	6	..	..	..	..	6	..	..	..	..	..	17
Digby.....	3	..	..	..	..	..	10
Guysboro.....	1	..	..	..	..	..	..	..	7	..	..	1
Halifax.....	1	..	..	..	..	..	..	..	1
Halifax City.....	..	1	..	3	..	1	1	..	13	..	1	3	..	..	..	..	23
Hants.....	2	..	..	..	..	4
Inverness.....
Kings.....	21	..	..	..	..	..	..	1	..	4	4	3	33
Lunenburg.....
Pictou.....	2	..	2
Queens.....	8	..	..	..	1	3	..	2	..	..	..	1	1	6
Richmond.....
Shelburne.....
Victoria.....
Yarmouth.....
TOTAL.....	1	5	10	21	20	6	1	17	..	12	6	..	13	9	4	..	125

RETURNS VITAL STATISTICS FOR AUGUST 1932.

County	Births		Marriages	Deaths		Stillbirths
	M	F		M	F	
Annapolis.....	8	11	10	1	9	1
Antigonish.....	10	13	3	2	9	1
Cape Breton.....	77	114	60	29	33	10
Colchester.....	24	25	13	9	4	3
Cumberland.....	33	27	15	14	17	3
Digby.....	16	9	7	6	8	1
Guysboro.....	8	14	7	7	14	3
Halifax.....	95	102	69	52	56	5
Hants.....	24	25	10	6	7	1
Inverness.....	22	25	7	10	8	0
Kings.....	19	17	15	4	6	1
Lunenburg.....	29	39	15	10	12	0
Pictou.....	31	39	19	11	10	1
Queens.....	8	12	6	0	3	1
Richmond.....	11	10	4	5	2	1
Shelburne.....	7	10	7	5	5	1
Victoria.....	7	4	5	2	1	0
Yarmouth.....	14	18	11	8	9	1
TOTALS.....	443	514	283	181	213	34
TOTALS.....	957	283	394	34		

Hospital Service

WHAT SANATORIUM PATIENTS SAY.

(From an Editorial in *Health Rays*, the official monthly magazine of the patients at the Nova Scotia Sanatorium, July-August, 1932.).

OUR hearty congratulations are extended to our superintendent, Dr. A. F. Miller, upon being made a Fellow of the Royal College of Physicians and Surgeons. This distinction, although conferred almost a year ago, was not disclosed until Thursday's session of the Tuberculosis Refresher Course.

In his retiring way, Dr. Miller, who has gained international repute as an authority on tuberculosis, typifies the adage "the greater the man, the less pomp and display." A tireless worker, unceasing in his efforts to make the Sanatorium more efficient, Dr. Miller has played the premiere rôle in combating tuberculosis in the Maritime Provinces. In successfully organizing the tuberculosis refresher course at the Sanatorium, the first of its kind ever staged in Nova Scotia, Dr. Miller accomplished something that cannot be estimated in mere words.

The fifty general practitioners who attended the course carried away with them invaluable information. Our Nova Scotia doctors are to be congratulated for attending the course,—their presence was a distinct display of increased interest and speaks well for the forward march of the forces waging war against tuberculosis.

The two prime factors in combating the disease, control and prevention, were emphasized by the instructors. Their distinct importance was stressed by Dr. P. S. Campbell, who stated "The greatest problem before us to-day in this Province is not how to cure or to arrest tuberculosis, but how to utilize our knowledge so as to bring it under control." The fight against tuberculosis is an essential part of Public Health and every manoeuvre and tactic made to promote health is a contribution in the great battle against the white plague.

Nova Scotia is fortunate in having the Hon. Dr. G. H. Murphy as Minister of Public Health. A pioneer in the field of medicine, Dr. Murphy has in his short reign as Minister of the Department made great strides in the realm of Public Health. To-day it is a highly specialized department, and no effort is being spared to make Nova Scotia 100 per cent in the betterment of health.

As a result of the recent 'refresher course', our Nova Scotia doctors are equipped with first hand information on all the latest methods in dealing with tuberculosis. Influenza, that treacherous disease, which makes an annual visit to almost every community, will carry a greater significance in its wake than it formerly did. After effects will be watched with renewed interest.

On the whole, we can predict that as a result of the first 'refresher course' and of those to follow early diagnosis will play the leading role in eradicating the disease. Cases already reported should receive immediate attention along the proper lines. Control, prevention and treatment will eventually wipe out tuberculosis in our province.

Dr. A. F. Miller and his associates, Drs. Beckwith, Corbett, Giffin Fraser are to be highly commended for having arranged such a thorough programme at the first 'refresher course'."

THE FIRST AMERICAN NURSE.

Please do not misunderstand this title as it refers to the first Nurse on the American Continent. The Hon. Vincent Massey at the Biennial Meeting of the Canadian Nurses' Association held at Saint John, June 21, 1932, delivered an address dealing with the Weir Survey and Report. He spoke particularly upon "The Public and the Survey." In the course of his address he mentioned two names of Nurses that should be, and are, revered by all conversant with their work. One of these, of course, is that of Florence Nightingale. But for the people of this Continent and, in particular, Canadians, Jeanne Mance should never be forgotten. Mr. Massey said:—

"I was interested in seeing that your Survey invokes the names of two great figures, one from our early French history, and the other from our English tradition, who suggest in their own careers these two great blended elements (Briefly, head and heart, is what he refers to), in the nursing profession. Jeanne Mance, the heroic French woman who almost three centuries ago established her hospital at Montreal, was the first Canadian nurse—the first North American Nurse! It might be well if her memory could be commemorated by the profession of to-day as its virtual founder in Canada and one who represented in a high degree the spirit of passionate devotion and self-sacrificing service which runs like a bright thread through the history of your vocation down to the present. . . . But both of these great women possessed the ideal qualities of the nurse in true proportion. Jeanne Mance supplemented her missionary zeal with an organizing capacity which left the Hotel Dieu at Montreal to stand for generations as the doyen of Canadian hospitals. . . . They both had a touch of that divine madness without which great accomplishments can seldom be achieved—and obsession with the objective to be obtained which reduces all things in terms of one domination theme."

At the recent session of the New Brunswick Association of Registered Nurses, the President, Miss A. N. MacMaster, Superintendent of the Moncton City Hospital, emphasized the economic condition of nursing affairs as being more serious than ever. She pointed out that this was the time for an intensive study of the Wier report in order that the nursing profession may receive its proper recognition in its financial returns. Unemployment is the main condition requiring serious consideration.

At the Soldier's Memorial Hospital.

Pretty Nurse: "Every time I take the patient's pulse it gets faster. What shall I do, Doctor?"

Doctor: "Blindfold him!"

"I suppose that you've been in the Navy so long, that you are accustomed to sea legs?"

"Lady, I wasn't even looking."

"Your daughter plays the Beethoven Sonata very well."

"Doesn't she? That girl can make a success of anything."

The BULLETIN mentioned some time ago the passing of our late confrere, Dr. M. D. McKenzie of Parrsboro, with a reference to his daughter, who was at that time a Dietitian at Aberdeen Hospital, New Glasgow. We are advised that Miss McKenzie has now returned to her home in Parrsboro, having resigned her hospital position.

In view of the removal of Mr. H. E. Biden from Amherst, to Halifax, as Commissioner of the Provincial Exhibition, and a considerable difference of opinion as to the utilization of certain funds that would be naturally chargeable to capital account, three vacancies occurred in the Board of Commissioners of Highland View Hospital, Amherst. The Town Council recently appointed Mr. E. T. Hunter and J. Albert Allen as members of this commission. The third member, it is understood, will be appointed by the Provincial Government.

Miss Smellie, chief supervisor of the Victorian Order of Nurses, who as announced some weeks ago, has been invited to visit a number of European countries in order to observe and study conditions, of maternal welfare there, the recognition having come from the Rockefeller Foundation, is leaving early in September, and will visit England, Denmark, Austria, Germany, and Italy, expecting to return to Canada about the middle of December. The Victorian Order are deeply gratified since the invitation was extended to the Chief Supervisor in recognition of the comprehensive program of maternal welfare carried on by the Victorian Order of Nurses in Canada.—*Halifax Mail.*

AUTOMOBILE ACCIDENTS.

Automobile accidents have raised important questions in all hospitals in Canada and the United States. It is astonishing the number of automobile accidents that are admitted to the hospitals, or at least receive first aid there. Yet it is found that only about fifty percent give the hospital any remuneration. This is obviously unfair. Hospitals are not run for private gain in most instances, but rather for the public convenience, but this costs money which must be obtained from somewhere.

“The Ohio Hospital Association goes on record as favoring compulsory liability insurance on the part of automobile owners. One provision of its proposed law covers the treatment and care of injured persons. It provides that the cost of medical or surgical care, hospitalization, nursing service, medicines, necessary apparatus and the like shall be borne by the automobile owner responsible for the accident. The charges for such service shall be in keeping with those that prevail in the community in which it is rendered. The injured person would be permitted to choose his physician and hospital, and protection of the car owner or his insurance carrier against fraud and collusion would be provided. If feasible the plan would go far towards relieving the physicians and hospitals of a burden which society has no right to demand that they bear. They would still be doing their bit in serving those persons for whose injuries the responsibility could not be fixed on the automobile owners involved in the accidents causing the injuries.”

Perhaps some of our hospitals or interested physicians in Nova Scotia will furnish the BULLETIN with an article as to what is the condition in Nova Scotia. Personally we cannot drive a car and we have seen many at the

steering wheel who belonged to the same category; moreover we will never be able to own a car, or even make a first payment on one, which seems about all that is necessary nowadays; but we nearly always accept every invitation we receive for a lift. So we are interested in possible accidents. Speak up.

Western Kings Memorial Hospital, Berwick, has a very capable and enthusiastic auxiliary which recently conducted a Bazaar which netted \$700.00.

In spite of hard times and the general depression the Sutherland Memorial Hospital, Pictou, recently submitted an annual report which showed 'Business as Usual'. However, we noted new floors had been laid, and the receipts were higher than for the previous year.

Several hospitals in Nova Scotia are having their Nurses graduating exercises at the present time. We note that such an event took place at Western Kings Memorial Hospital, Berwick, on October 20th, at which Dr. A. McD. Morton of Halifax was Chairman and presented diplomas to the six members of the graduating class. The address to the graduates was delivered by Dr. J. G. McDougall of Halifax.

The new Annex to the City of Sydney Hospital for cases of tuberculosis is practically finished and the contractors expect to *make delivery* about the middle of November. Certainly no time was lost in construction when the start was once made. Miss Katharine McKenzie R.N., a graduate of St. Rita's Hospital will be the Nurse in charge. Besides her regular training she has pursued special work at the Saint John Hospital for Tuberculosis. The Minister of Health will be the principal speaker at the opening function.

On the 19th and 20th. of October examinations for registration, conducted by the Provincial Nurses' Association were held in various centres. The number taking these examinations is still very large in spite of the hard times and lack of employment.

The vicar in a small village owns a car that sometimes gives him trouble. One dark evening the car went dead and the vicar decided to leave it on the road and walk home planning to have the garage people get it the next morning. The next morning, before this was done, he received a call from his friend, the doctor, who said,—“My dear chap, you're properly in the cart now.” “How's that?” asked the parson. “Well,” said the doctor, “everybody in the village knows that your car has been standing outside young Mrs. Blank's house all night.”

A small boy called on the doctor one evening and said: “Doctor, I've got the measles, but I can keep it quiet.” The doctor looked up puzzled, and asked the boy what he meant. “Oh”, suggested the small patient, “What'll you give me to go to school and scatter it among all the rest of the kids?”

Correspondence

DEAR DOCTOR WALKER:

Enjoyed reading the "Looking Ahead" item in the December BULLETIN. I always enjoy reading your BULLETIN. One sees so much of S.L. in it.

Sincerely,

Signed, J. W. CRANE.

Kingston, Ont.,
Jan. 27, 1932.

DEAR DOCTOR WALKER:

I enclose a hymn for patriotic occasions, which you may publish if you wish to do so. Sometimes you need "fillers" for the Journal, or rather the BULLETIN.

Sorry I missed you when I was in Halifax last month. Can you get me a copy of Dr. M. A. B. Smith's paper on the Shubenacadie Canal?

Yours,

F. S. L. FORD.

Alexandra Palace, Toronto,
15-10-32.

A so-called Irregular, living and practicing in Truro, has invoked the poetic muse, in two stanzas and a post-lude. The title is "A Dead Man's Song" and the prelude is the following from Ecclesiastics,—"The day of death is better than the day of one's birth." Following the somewhat gruesome lines, he indulges in a little that is almost philosophic, as we scan many of the conditions that seem to surround us from time to time.

"It's great to be dead; if strange, 'tis the truth;
Better off are the dead than the living, forsooth."

Well, perhaps this is what he recites to the patients that come to consult him for the purpose of recovering their health, kind of preparing them for an undesired but more desirable outcome of his proposed treatment!

A card circulated recently in Syracuse, N. Y. reads thus:—

"Phone 4-2181.

Rev. Abraham Fein
Mohel

Surgical Anticeptic Circumciser
and Marriage Performer.

207 Munroe Street,

Syracuse, N. Y."

Messages From Advertisers

AN IMPORTANT CONTRIBUTION TO MEDICAL SCIENCE.

THE need for an Ether for Anesthesia of long keeping qualities was keenly felt by all manufacturers during the World War. The problem then and up to the present time has been one of stability. A pure product free from Peroxide, Aldehyde and Acid when first made has long been an accomplished fact. The difficulty has been to package this product in such a manner that no deterioration would occur.

The Fruits of Ten Year's Research.

After ten years of intensive research we identified the causes of decomposition in the package and eliminated them. This occurred a little more than a year ago. During the intervening time our stable Ether has been supplied on regular orders while we checked our findings before announcing them to the medical profession.

The first publicity given this distinctive accomplishment appeared in the leading Surgical Journals for April as shown in the reprint enclosed.

Such authors as Clendening, Dean and Lewis, state that an Ether free from toxic impurities not only lessens irritation but also decreases the amount of Ether required for quick induction and sustained narcosis. We, therefore, offer this perfected product as the most satisfactory Ether for Anesthesia now available on the market.

Write for Samples.

We invite you to test it chemically as well as in actual use and will gladly supply free samples for this purpose.

MALLINCKRODT CHEMICAL WORKS, LIMITED.

468 St. Paul St., W.,
Montreal.

For the treatment of pain and stiffness accompanying rheumatic and other disorders in the extremities, the application of heat is the most useful single measure known.

The local application of heat has a pronounced effect upon the circulation of the blood and lymph. It results in the relaxation of tissues, in improved metabolism and in helping to carry away the various exudates, inflammatory products and bacterial poisons deposited in the diseased joints and inflamed nerve sheaths.

Experience has demonstrated that there is no more effective application for dilating the superficial and deep vessels than through the use of Anti-phlogestine. Its heat-retaining qualities, coupled with its high glycerine content and other components, produces an intensive hyperaemia and causes the blood to flow in larger quantities from the deeper tissues to the surface under treatment. Thus, through the dilatation of the blood-vessels and the locally increased osmotic exchange, the pathological products are poured in larger quantities into the blood and there destroyed.

For the pain, stiffness or swelling associated with arthritis in the wrists, ankles, hands or feet; for sprains and strains; in fibrositis of the palmar or plantar fascia in the manipulative treatment of flat foot, where muscular relaxation is desired, the use of Antiphlogistine is always indicated. Physicians are invited to write to the Denver Chemical Mfg. Co., 163 Varick Street, New York, for sample and literature.

“Stone Walls do not a Prison Make, Nor Iron Bars a Cage.”

Winter is a jailor who shuts us all in from the fullest vitamin D value of sunlight. The baby becomes virtually a prisoner, in several senses: First of all, meteorologic observations prove that winter sunshine in most sections of the country averages 10 to 50 per cent less than summer sunshine. Secondly, the quality of the available sunshine is inferior due to the greater distance of the sun from the earth altering the angle of the sun's rays. Again, the hour of the day has an important bearing; At 8.30 A.M. there is an average loss of over 31%, and at 3.30 P.M., over 21%.

Furthermore, at this season, the mother is likely to bundle her baby to keep it warm, shutting out the sun from Baby's skin; and in turning the carriage away from the wind, she may also turn the child's face away from the sun.

Moreover, as Dr. Alfred F. Hess has pointed out, “it has never been determined whether the skin of individuals varies in its content of ergosterol” (synthesized by the sun's rays into Vitamin D) “or, again, whether this factor is equally distributed throughout the surface of the body.”

While neither Mead's Viosterol in Oil 250D nor Mead's 10D Cod Liver Oil with Viosterol constitutes a substitute for sunshine, they do offer an effective controllable supplement especially important because the only natural food-stuff that contains appreciable quantities of vitamin D is egg-yolk. Unlike winter sunshine, the vitamin D value of Mead's antiricketic products does not vary from day to day or from hour to hour.

Commercialism versus Professionalism.

If there is one thing more than another that appeals to the average doctor it is the opportunity of exercising his right to criticise the procedure followed by anybody and everybody. We find fault with the local druggist because he prescribes over the counter or refills prescriptions without orders. We fault pharmaceutical houses for sending out samples from Halifax to Kalamazoo, and then we carelessly hand them out to patients, so that they later can go to the druggist and buy the preparation direct. Then if the druggist does not carry this particular preparation we threaten to send our prescriptions elsewhere. No, it is not all smooth sailing when it comes to the relations of the pharmaceutical houses, the druggists and the doctors.

For instance the idea of the Chain Store is working its way into the field of commercial activity, called “Modern Merchandising Methods.” The *Texas State Journal of Medicine*, some two or three months ago, had this to say about this abuse of business ethics, as regards the practice of medicine in the use of drug preparations.

“The retailer urged that goods, such as those in question, could be sold in larger quantities by displaying them in windows, advertising them in windows,

advertising them in newspapers, and by the recommendation of clerks. The manufacturer did not want any of these procedures followed. His products were marketed only upon the prescriptions of physicians, for which reason the container did not even carry dosage directions. It was felt that the patients must get the necessary instructions from the physicians. The retailer urged that the manufacturer was hiding his candle under a bushel; that doctors were stupid, and do not know as much about the real value of the products in question as the clerks in the store could be made to know; that the patients now make inquiries of these same clerks for advice in such matters. The retailer promised that if formulas and information were placed in the hands of clerks, and the suggested advertising methods followed, the goods in question would sell as they had never sold before.

"The manufacturer refused to accede, and the chain store concern threatened to break the manufacturer and, we are told, an effort is being made to make good the threat. An edict has gone to all clerks to dispense the product of another manufacturer. In none of this large number of drug stores may the product of this manufacturer be had except definitely named in the prescription of a physician."

Now the BULLETIN is quite willing to admit that this editorial, from which we have quoted, was sent to us by Mead, Johnson and Company, who have advertised in the BULLETIN for several years and, we all know, they have been trying to keep medical practice in medical hands. It is our belief that all advertisers in the BULLETIN are of unimpeachable character. We have carefully compared our advertising with several other journals and proportionally we place ours at the head of the list every time. It is up to the members of the Medical Society of Nova Scotia to let these firms know that we believe in them. Please do not forget this.

S. L. W.

Coming off in the Summer—Several society beauties have announced their intention of getting thoroughly sunburned this year. They've given notice of a peel.

Horticultural Note—At this time of the year the average amateur gardener begins to grow curious.

Smothered—An entomologist says he has seen thousands of insects in one dense mass. I have a rose tree too.

Curious—"It is wonderful to think," says a writer, "that radio can bring the notes of a prima donna from Milan to your own house." It can also bring one or two from the neighbours.

High Lights—"Pinch your cheeks to keep them rosy" a beauty writer advises. If that fails pinch your sister's rouge.

Simple—How does a man get into debt, asks a correspondent. Owing to other people.

Branch Societies

HALIFAX BRANCH.

Dalhousie Health Clinic, September 30th., 1932.

THE President explained that this was a special meeting called for the purpose of hearing papers from Dr. R. R. Struthers, Lecturer in Paediatrics at McGill University and Dr. W. L. Ritchie, Lecturer in Radiology, McGill University; both speakers having just completed a Lecture Tour of the Province under the auspices of the Canadian Medical Association.

Dr. Struthers was introduced to the Society by the President.

DR. STRUTHERS prefaced his address by expressing appreciation of the kind welcome he had received throughout the Province and lauded the scenic beauty of Nova Scotia. His address was entitled "Abdominal Emergencies in Children."

The first emergency described was Pyloric Stenosis. The speaker stated that the condition is not a true abdominal emergency in the beginning but usually is so when the case is presented. The incidence is greater in males, especially the first born. Symptoms and signs having been outlined, treatment was divided into medical and surgical, the former consisting of measures designed to put the child in as good condition as possible before operation. Bromides, chloral and atropine are of value, the latter in doses of gr. 1|1000 a few minutes before feeding. Gastric lavage should be employed, and thick cereal feedings to replace ordinary ones. The limit of medical treatment should be 4-6 days and then operation. Pre-operative and post-operative transfusion and the forcing of fluids were stressed as most valuable.

The next was Intussusception. The speaker stated that it is more frequent in males and from the 4th-9th month of life. On examination a tumor the size and shape of the little finger may be felt on the right side just above the pelvis, but is sometimes on the left side; it may be felt per rectum. In the differential diagnosis, appendicitis, peritonitis, purpura and dysentery must be considered. There is often a history of upper respiratory infection or gastro-intestinal upset. This is associated with an increase of lymphoid tissue in the gut which serves as a factor in producing intussusception. The only treatment is surgical.

The third emergency described was Peritonitis which could be classified as Primary, due to streptococcus or pneumococcus, and Secondary due to appendicitis, volvulus or streptococcus sore throat. Pneumococcal peritonitis is more frequent in large cities. When primary it is usually in females with pneumococcal vaginitis.

The fourth condition discussed was Appendicitis. The signs are characterized with the following sequence, abdominal pain, vomiting, fever and rapid pulse.

The next emergency was Obstruction—nearly always due to volvulus or intussusception. Symptoms are similar to those seen in the adult.

The speaker concluded his paper by outlining the differential diagnosis. The following conditions must be kept in mind, acute adenitis, chronic adenitis, pyelitis (especially in females) pneumonia, acute colitis, measles, acute tonsillitis, poliomyelitis and lead colic, (the latter may be diagnosed by means of the X-ray which shows a white line at the epiphysis.

The paper, illustrated by lantern slides, was presented in a pleasing style, and the various conditions systematically and thoroughly described.

The second speaker DR. RITCHIE was then introduced by the President. Like the first speaker, Dr. Ritchie expressed appreciation of Nova Scotia hospitality and the hope that he would have the opportunity of again visiting the province in the not-too-distant future. The title of his address was "Special Radiological Studies of the Head, Thorax and Abdomen."

The speaker illustrated his address throughout by means of lantern slides. The first topic dealt with was the radiological evidence of brain tumor, with special reference to the ventriculogram and encephalogram, the latter being also of value in investigation post-traumatic headache. In the case of the spinal cord tumors the injection of lipiodol is of immense value in localizing the lesion and determining its extent. The next topic was the radiological study of the thorax. In infants the X-ray may reveal the presence of enlarged or persistent thymus but it must not be entirely relied upon and clinical evidence must be correlated with it. X-ray therapy will shrink the gland. If it does not, the shadow must be regarded as due to some thing else. In the adult X-ray examination is of distinct help in the diagnosis of substernal thyroid. In suspected malignancy the x-ray may show calcification in an old haemorrhagic area and thus establish the diagnosis.

In all gastro-intestinal examinations the aesophagus should be included. Final diagnosis cannot be made by the roentgenologist but the presence of a lesion can be determined.

In certain cases with persistent cough and no other symptoms or signs the x-ray may reveal definite increase in the shadow of the descending bronchi. This is the result of upper respiratory infection. The sinuses should then be investigated. Some excellent plates were shown illustrating the value of injecting the maxillary antra with lipiodol.

In cardiac cases the plate should be taken at a distance of six feet from the tube.

Gall bladder investigation is more satisfactory when the dye is given intravenously.

Gas shadows are of value especially in abdominal cases, and the diagnosis of intestinal obstruction may be made sometimes without the use of barium enema. The X-ray may reveal the presence of calcified glands in children, and thus explain obscure abdominal pain. Dermoid cysts and a foetus of over $4\frac{1}{2}$ months can readily be diagnosed while measurement of the pelvic bones in the X-ray plate is of value in obstetrics. In investigation of certain pelvic conditions opaque substances are injected into the uterus and tubes and X-ray plates taken at once and again in 24 hours. Lastly, the speaker reminded the audience that cases receiving injections of heavy metals into the gluteal region will present X-ray shadows in that region.

Dr. Ritchie's paper was a comprehensive review which readily revealed the thorough familiarity of the speaker with the subject.

In opening the discussion DR. CARNEY complimented Dr. Struthers on the business like manner in which he had presented his paper. He disagreed

with the speaker on a few points, however. In the case of pyloric stenosis vomiting may become infrequent rather than frequent. He was not in favor of using atropine if a palpable mass or peristalsis is demonstrable, such a case demanding immediate surgery. In the case of intussusception, he questioned upper respiratory infection as an etiological factor and also the increase of abdominal lymphoid tissue in male or breast fed infants. In appendicitis, diarrhoea is common. As to abdominal pain due to acute tonsillitis it must not be forgotten that the child may have appendicitis also.

DR. STRUTHERS in replying agreed more or less with the points raised by Dr. Carney. He could offer no explanation for the increase in lymphoid tissue in the cases mentioned. Acute tonsillitis and appendicitis very rarely occur together.

DR. CORBETT in discussing Dr. Ritchie's paper stressed the importance of lateral films in considering enlarged thymus. Cases of bronchiectasis frequently have sinus infection. In the study of pleural effusion the flat plate is not sufficient unless the effusion is large. In order to demonstrate small amounts of fluid, plates must be taken with the patient in various postures. He had never seen a plate of syphilis of the lung and would like to ask the speaker if he had.

DR. JONES mentioned the diminution of thymus enlargement under X-ray therapy.

DR. CARNEY said he was glad when Dr. Ritchie expressed doubt about the X-ray diagnosis of enlarged thymus which seems so prevalent in Toronto.

DR. STRUTHERS mentioned that thymus enlargement must be much commoner in Ontario and is not recognized in Boston.

DR. RITCHIE in reply agreed with Dr. Corbett on most of the points raised, and stated that he had never seen an X-ray plate of syphilis of the lung.

DR. WISWELL moved a vote of thanks to the speakers for their very excellent and interesting papers. In seconding the motion, Dr. Johnston, stressed the necessity of co-operation between radiologist and clinician for the purpose of arriving at a final diagnosis. In accepting the vote of thanks, Drs. Ritchie and Struthers again expressed their delight with the reception accorded them and the hope that this visit was the first of a series."

Grill Room, Nova Scotia Hotel, October 12, 1932.

The opening meeting of the 1932-33 Session was held at the above Hotel with forty-two(42) members in attendance. Following the customary appetizers the following dinner menu was excellently served and was greatly enjoyed by all fortunate enough to partake of it.

MENU

Grill Room Nova Scotian Hotel October 12, 1932.

Halifax Medical Society Dinner.

Fruit Cocktail au Kirsch

Cream of Tomato aux Crotons

Filet of Haddock

Neis Blanc

Broiled Filet Mignon and Mushrooms

French Fried Potatoes

Peas

Squash

Apple Pie a la Mode

Demi Tasse

The King having been duly honored, the Minutes of last annual Meeting and special meeting were read. The President reported that as no copies of letters had been passed to him with reference to a complaint against the General Secretary of the Medical Society of Nova Scotia, he had taken no action in the matter.

Letters of thanks had been received from relatives of the late Mrs. Campbell, Mrs. O'Brien, Mrs. Corston and Mr. Doull for floral tributes from the Society.

Dr. H. K. MacDonald introduced the matter of a suitable memorial for the late Dr. W. H. Hattie. Following the death of Dr. Hattie it was learned that he had been the anonymous donor of a prize of \$25.00 awarded annually to the student of the Dalhousie Medical School standing highest in the subject of medicine. At the close of the session 1931-32 a committee from the Medical Faculty had raised the sum of \$25.00 and the prize was awarded. Dr. MacDonald then read the recommendation of the Committee.

"The Committee appointed by Dalhousie University to perpetuate the memory of Dr. W. H. Hattie held a meeting at the office of the Dean on Tuesday October eleventh. After considerable discussion it was decided by the Committee that a most fitting and appropriate manner in which to honor the memory of Dr. W. H. Hattie would be to create a scholarship open to those entering first year medicine known as the Dr. W. H. Hattie Scholarship. The meeting proposed that the sum of five thousand dollars be raised, the interest on which would be used for this purpose. It was suggested that application for this Scholarship be limited to natives of the Maritime Provinces and Newfoundland and that in the awarding of the Scholarship due consideration be given to the financial as well as the scholastic standing of the applicant."

Dr. MacDonald very touchingly referred to the great and noble work of our late member. It was proposed to raise the Memorial Fund from members of the profession throughout the Province, and also from the laity. The Executive of the Medical Society of Nova Scotia are aware of the matter, but to date have not taken action. Dr. MacDonald stated that he would like to hear the subject discussed at this meeting. The meeting was then thrown open for discussion.

Hon. G. H. Murphy, Minister of Public Health, endorsed the idea wholeheartedly. He eulogized the late Dr. Hattie, and referred to his untiring efforts during the few years preceding his death. Dr. M. A. B. Smith said he felt the proposed sum of five thousand dollars was a reasonable one and an attempt to raise the amount should be made. Dr. H. K. MacDonald moved that the Executive of the Halifax Branch bring the matter before the General Secretary of the Medical Society of Nova Scotia. This motion was seconded by Dr. M. A. B. Smith, and carried.

The next item on the program was an address by the President. This took the form of a review of the history of the Halifax Medical Society and proved to be intensely interesting. Dr. Curry first described the founding of the Society in 1844. The original members were Drs. Horne, Hoffman, Grigg and Avery who formed themselves into the Medical Society of Halifax. In 1854 it was decided to unite the Medical men of the Province in a common medical society. At the same time it was deemed advisable that branch societies should be formed in different parts of the Province. The Halifax Medical Society was a branch of the Nova Scotia Society until 1887. From 1887 to 1912 the Halifax Society functioned as a branch of the British Medical

Association, including in its territory the whole of the Maritime Provinces. In 1912 connection with the B.M.A., was severed and the Society carried on independently until 1920 when it became affiliated with the Nova Scotia Medical Society. Dr. Curry then told of several interesting incidents and points which he had culled from the minute book of thirty years ago, referring particularly to the period 1900-1910. A great many of the medical men mentioned have passed away, but their names and reputation were familiar to most of us. It was obvious from Dr. Curry's paper that the men of thirty years ago were keen clinicians, thoroughly familiar with the latest advances in medical science. They have left us a noble heritage, of which we may well be proud.

The President then introduced the second speaker of the evening—Dr. A. MacD. Morton, Dr. Morton first congratulated the President on his election to office, and also on his paper, as it was of great personal interest to him. He had prepared an article for the BULLETIN describing his experiences with the Canadian party which attended the Centenary meeting of the British Medical Association in London last summer, and he would therefore give us certain selections from it which he thought might be of interest. Dr. Morton then in most pleasing fashion, narrated the itinerary of the Canadian party, commencing at Montreal and ending at London. Judging by Dr. Morton's description each town or city visited in the old land did itself proud in the way of entertaining the Canadian visitors. His narrative was so interesting and entertaining that most all felt as though we had actually taken the trip.

The President then thanked the speaker on behalf of the Society for a most entertaining address.

Dr. Corston moved, seconded by Dr. Burns that the Secretary on behalf of the Society send greetings to our fellow-member Dr. E. V. Hogan who is ill in the Victoria General Hospital, motion carried."

EASTERN COUNTIES MEDICAL SOCIETY.

PROGRAMME

11th Annual Meeting

Antigonish, N. S., October 25th, 1932.

Saint Martha's Hospital.

Tuesday, October 25, 1932.

- 1.30 p.m.—Meeting Called to Order. Minutes and Business.
- 2.15 p.m.—Address in Surgery—"Some Surgical Conditions in the Scrotum", Dr. H. K. MacDonald, Halifax.
- 3.30 p.m.—Address in Medicine—"Physical Signs and Their Interpretation", Dr. Gerald Burns, Halifax.
- 5.30 p.m.—Paper—"Medical Ethics", Dr. E. F. Moore, Canso.
- 6.00 p.m.—Annual Dinner. Saint Martha's Hospital.
- 7.30 p.m.—Presidential Address—Dr. M. G. MacLeod, Whycomagh.
- 8.00 p.m.—Address in Obstetrics—"Normal Labor" "Some of the Common Complications of Labor", Dr. Kirk Maclellan, Halifax.
- 9.30 p.m.—Unfinished Business and Adjournment.

OBITUARY

PATRICK ALPHONSO McGARRY, Dalhousie University 1902 Canso, Nova Scotia.

On October 5th, 1932, the press announced the passing of Dr. P. A. McGarry of Canso. He had carried on his work as usual on the fourth, but early next morning he was found to have silently answered the universal call.

Dr. McGarry was born at North East Margaree, April 20th, 1868, son of the late James and Anna (Tompkins) McGarry. After the common schools he attended the Guysboro Academy and then taught school for several years. He took his medical degree from Dalhousie and located in Canso where he practised continuously for 30 years. He took post graduate work in New York. For twenty-seven years he was Port Physician and Health Officer for twenty-five years.

In his immediate family he is survived by his wife, formerly Miss Martha Sampson, R.N., of L'Ardoise, one daughter, Marie, attending school at home; two brothers M.E., M.L.A., for Inverness County and Bernard of New York; also two sisters, Mrs. M. Doyle of North East Margaree and Sister Mary Camilla Mother Superior of Notre Dame Convent, Woborn, Mass.

His funeral took place from the old home in North East Margaree on Saturday, October 8th.

The pall bearers on this occasion following High Mass in St. Patrick's Church were Doctors Chisholm, of Margaree Harbour; Proudfoot of Inverness; Miller of New Waterford; Tompkins of Dominion; Brean of Mulgrave and Morrison of Canso.

It did not need this large concourse of Clergy, his medical confreres and citizens generally to indicate that Dr. "Pat", was highly esteemed by all who had the pleasure to know him personally.

He was a very good attendant at Medical Society Meetings and associated with his brother, Dr. M. E. always appeared to advantage at all social functions at these gatherings as well as taking his part in the consideration of scientific matters.

To Mrs. McGarry and their daughter and to Dr. M. E. McGarry and other immediate members of the family the BULLETIN desires to extend the sincere sympathy of the members of the Medical Society of Nova Scotia.

Dr. Alexander Stewart Monro of Vancouver, later President of the Canadian Medical Association, upon returning to his home after attending the B.M.A., Centenary died suddenly at Saskatoon, August 27th, 1932. He will be long remembered as an ardent student of medical economics. Of this phase of his work in late years an appreciative reference may be quoted from the October C.M.A. Journal.

"Of later years, he had developed an intense interest in medical economics and was fully alive to the urgent necessity for reform in this. With characteristic fervour, he plunged into this subject, and in and out of season was ready to discourse on the problems that confront our profession, and the need for

facing and grappling with them. He felt that the medical profession was being exploited and its generosity abused by the powers that be and the public at large, and constantly urged, with all the eloquence at his command, that we must resume the control of our own affairs that we appear to have partly lost, lest in time to come we lose even the part we yet have. His presidential address dealt with this matter, in fact he was wrapped up in the subject, and had made it his religion, for the time being. We need more men like this, to whom this question is a burning one, and who are ready to urge it on all occasions, and keep others aware of it."

In the passing of Mrs. James White of Grafton, Kings County, Dr. H. E. Killam of Woodville mourns the passing of a sister, highly respected in that portion of Kings County.

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HENRY FORD has put another startling question to the world. "Why", he asks, "is it unethical for the doctor to tell the world what he can do? Why should not the medical societies have some regular system of informing the public of new and proved methods of treating human ailments?"

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(An Editorial Selection in the *Sydney Post*, September, 20, 1932.)

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Campbell and Collip, *C.M.A.J.*, 1930, xxiii., 633.
Campbell and Collip, *C.M.A.J.*, 1931, xxv., 9-19.
Campbell, *C.M.A.J.*, 1932, xxvii., 347-352.

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(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.)

INTERNATIONAL CLINICS.

This is a quarterly of illustrated Clinical Lectures and especially prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Paediatrics, Obstetrics, Gynaecology, Etc., Etc., by Leading Members of the Medical Profession throughout the World. Volume II, Forty-Second Series, 1932.

Published by J. B. Lippincott Company, Philadelphia and London. Canadian Agency... Mr. James Wilson, P.O. Box 1443, Montreal.

The contents of this volume are both interesting and valuable, falling into the following sections:—Biochemistry and Colloids; Diagnosis and Treatment; Ulcerative Endocarditis; Clinic of Dr. Winfield Scott Pugh; Recent Progress in Surgery; Light Therapy; The Costs of Medical Care; Medical Questionnaires; Progress in Pediatrics. Attention is called to the date of publication of this volume, 1932. The first volume of these Clinics to be found in the writer's Library was in 1893. Since then it has comprised the principal part of that Library. Then it was called "A Quarterly of Clinical Lectures" on 10 general subjects and edited by Dr. John M. Keating of Colorado Springs, Dr. Judson Daland of Philadelphia, Dr. J. Mitchell Bruce of London and Dr. D. W. Finlay of Aberdeen. This 1893 volume contained 52 articles, requiring nearly 400 pages for their printing, while the 1932 volume has only 30 contributors, requiring 300 pages. We are of the opinion that the fewer articles are more fully covered than they were 39 years ago. The student can also note a difference in the phases of various subjects considered and in the vast amount of aid furnished in diagnosis by aid of the laboratories, chemical, pathological, bacteriologic, Roentgenology, etc. We are not sure that there is a tendency to get away from bedside diagnosis and to depend too much on what the technician, rather than the clinician, can teach us.

But what strikes us as the positive proof of the value of this publication is its half century of continuous appearance, it must have been of great value to its reading clientele and incidentally to the publishing house. If you do not have this Quarterly in your library send to Mr. Wilson in Montreal for the 1932 volume. Of course you will mention the BULLETIN and perhaps he will then send the BULLETIN some more of his choice Scotch stories.

Apropos of the Clinics and the Bulletin we quoted on page 336 of the June issue some reference to the injurious effect of noise. In this volume we just mentioned (1932), a subject considered in the Medical Questionnaire is "Does noise hurt the nervous system?" The answer is "Yes".

"To a degree habit determines the conception of noise and many with hardness of hearing are blissfully oblivious to it. In Haiti the American colony asked prohibition of singing of the native laborers in the field. Spencer used to say that the intellect of man could be measured by his horror of unnecessary noise. Loud noise produces nervousness and fatigue. Loud non-

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rhythmic sounds influence work. Persons doing dainty fine mechanic work, if exposed to loud noise, make many mistakes. Rhythmic repetition of agreeable sounds influence work favourably. In one hotel breakage exceeded the normal until light signals were substituted for shouted orders, when it dropped 75%. Reduction of noise increases typists' efficiency by 80%. Deafness has been produced in metal workers, street labourers, motor men, and traffic cops. Animal experiment has shown that the basilar membrane of the internal ear on which rest the terminal fibers of the auditory nerve is rapidly destroyed by loud sound waves. Damage from quickly varying degrees of sound is greatest. The nervous system is damaged especially from sounds during sleep. A certain tension is kept up by them. Smith and Laird at Colgate showed that noise produces gastric reactions, similar to those produced by fear. Workmen in noisy concerns lose acuity of hearing in from 20-60 or even 80 per cent. Attention is dulled and mental workers are unable to concentrate."

Time—*The Weekly Magazine*, in a recent issue, gives us the ending of that terrible hospital episode or tragedy, the Cleveland Clinic Fire. As will be remembered this fire occurred in the Cleveland Clinic Hospital in May 1929. At that time the BULLETIN took occasion to publish a report prepared, or obtained for us, by Mr. John Rudland, official Fire Chief for Nova Scotia, especially concerning fire risks in hospitals. It is very necessary that all our hospitals keep this matter constantly in mind in the administration of their affairs. *Lest we Forget*—deaths eventually totalled 125. And *Time* says: "Last week a Cleveland Court wrote the end of Dr. Crile's black chapter. Six injured persons and the families of 63 dead ones had sued the Cleveland Foundation for a total of more than \$1,400,000. About 200 dependents, widows, widowers and children were represented. Neither the Cleveland Clinic or Surgeon Crile had so much money to disburse... But neither Dr. Crile's nor his relatives' money was legally touchable through the Clinic. The Cleveland Clinic is a Foundation protected only by \$30,000 liability insurance... The litigants settled for \$167,000, being on a basis which involved the value of life and the cost of demendency in depression... Since the fire more and more hospitals have been using non-inflammable X-ray films exclusively."

It makes a great stir in a community when, through apparent carelessness a patient receives a bad burn from a hot water bottle, what would happen if the institution burned and loss of life occurred, through some one's neglect or careless ways? Eternal vigilance is the price of safety.

The Canadian Defence Quarterly for July 1932, has come to the BULLETIN desk and is of particular interest to all military men. This issue completes Volume IX, October, 1931, to July, 1932. This Quarterly is published by a Committee of Officers at Ottawa, Price 50 cents or \$1.50 per volume.

The August issue of the *Canadian Public Health Journal* is a most interesting one to a person desiring, in particular to give prominence to the great accomplishments in recent engineering in the promotion of sanitation. Again it induces us to remark how much we are dependent, the one on the other, for even existence, let alone progress. We believe that a copy of this particular issue of the *Journal* should be read by every Municipal Councillor in each and every province. It only emphasizes the idea that the various professions are not *isolated specialties*, (this is rather a good expression, hence the italics), but there is a very vital inter-relation that it would be wise for us to consider to a much greater extent than has been our custom hitherto.

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Personal Interest Notes

Dr. W. T. MacKeough of Sydney Mines was married in the latter part of September to Miss Margaret McLeod of the staff of Harbor View Hospital. His confreres in Sydney Mines and a number of his friends paid him some pre-preliminary attentions at a function which is thus reported by a local correspondent:

"Dr. W. T. MacKeough was waited upon at his home on Huron Avenue, by about forty of his friends, on Thursday evening, when on behalf of all assembled, Dr. L. W. Jonston, M.P., read the following address:—

"As the day of your nuptials draws near we, your friends assembled here, beg to extend to you our hearty felicitations and to congratulate you on the pluck and daring you have exhibited during these days of depression, uncertainty and unrest, in attempting such a venture. It is a tribute, indeed to that courage and daring so characteristic of the Irish race.

By the friends and supporters of our popular Harbour View Hospital, you are charged with a serious offence, namely, that of robbing this institution of one of its most efficient and popular nurses. But Harbour View's loss is the genial doctor's gain.

We ask you to accept the accompanying gift as a small token of our esteem and respect and we trust that you may be long spared to enjoy a happy wedded life.

The address was signed by all present. The gift, in the shape of a handsome floor lamp was presented to the doctor by Mr. D. A. Gillis. Dr. MacKeough replied in his usual cordial and witty manner, thanking his friends for their good wishes and beautiful gift.

The remainder of the evening was spent in music and a game of cards and a jolly little supper followed."

Dr. D. F. McLellan of New Glasgow, accompanied by his wife, recently spent a few days at his former home in Noel, Hants County, Nova Scotia.

Mrs. Wier, Wife of Dr. A. F. Wier of Freeport, was a recent week-end visitor with friends in Westville.

A news dispatch from Westville states that Dr. and Mrs. W. M. MacDonald, who since their marriage early in March, have been making a tour of the Old Country, are spending a few days in town with Mrs. MacDonald's parents, Mr. and Mrs. R. C. Munroe, before returning to Saint John, N. B., where the Doctor intends to practice.

Professor of Surgery and Clinical Surgery is now Dr. H. K. MacDonald's official standing at the Medical College of Dalhousie University. Like his predecessors, Doctors Stewart and Hogan, he will fill this important position honorably and with great acceptance and profit to the medical profession in this Province. We trust he will have many years of active professional work, but do we handicap some of our medical leaders or teachers, professorially in the usual Nova Scotia manner, re emoluments?

For the Oculist. "Is Goldberg a hard man?"—"I should say so. Did you notice his eyes?"—"Yes. One seemed to have a more humane expression than the other."—"Well, that one is made of glass."



**How Much Sun
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Not very much: (1) When the baby is bundled to protect against weather or (2) when shaded to protect against glare or (3) when the sun does not shine for days at a time. Mead's 10 D Cod Liver Oil with Viosterol offers protection against rickets 365¼ days in the year, in measurable potency and in controllable dosage. *Use the sun, too.*

"Members profess great satisfaction with the achievement of the British Medical Association in attaining its centenary; but the fact remains that it was only kept alive by the doctors."

An Epitaph.

"Here lies the man who saved his all
For days when the rain and snow should fall;
He knew no pleasure, shared no game
And died before the blizzard came."

Dr. F. L. Moore, Dalhousie 1924, recently located at Bristol, Tennessee, U.S.A., a former resident and practitioner of Economy, N. S. has obtained a Scholarship from one of the large Philanthropic Funds available for health work in several of the Southern States and, with Mrs. Moore and family, will reside in Baltimore taking his post graduate work at Johns Hopkins University. It is pleasing to note that he is now in the best of health.

Dr. W. J. McDonald, Dalhousie 1925, now resident at Wellsburg, West Virginia, accompanied by his wife and young son, have been spending several weeks vacation visiting the Doctor's parents at his former home in Truro.

Dr. J. Laurie McKimm of Montreal, accompanied by his wife, recently spent a short vacation visiting his mother at the old homestead in Wallace. Dr. McKimm is on the staff of McGill University and Surgeon at the Royal Victoria Hospital.

Congratulations are extended to Dr. A. H. Sangster, son of Mr. Justice H. W. Sangster of Windsor, upon receiving recently his F.R.C.S., from Edinburgh University. Dr. Sangster graduated from Dalhousie in 1929 and was an Interne at the Victoria General Hospital until going to Edinburgh for two years study.

Dr. J. G. B. Lynch of Sydney spent several weeks in October a visitor in Toronto and attended many hospital clinics and lectures at Toronto University. Mrs. Lynch's father accompanied him on his return.

Dr. Carl F. Messenger, Dalhousie Medical College, 1932, recently settled at Granville Ferry and recently married, graduated from Acadia University, B.A., in 1927.

The profession will be pleased to learn that Miss Lorna Grant, daughter of Dr. H. A. and Mrs. Grant, Big Bras d'Or, is now engaged at the University of Western Ontario, London, teaching Botany. Miss Lorna has not yet escaped from her teens'.

The Evening News of New Glasgow notes that Dr. R. S. Schlossberg has purchased the practice of Dr. Charles H. Spiro who has removed to New York. Dr. Schlossberg graduated from Dalhousie in 1928 and was for a year or more on the staff of the Nova Scotia Sanatorium and then located in Halifax.

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Colonel F. S. L. Ford, C.M.G., V.D., was tendered a complimentary dinner at Spadina House Armouries by the Officers of the C.A.M.G. Mess, Toronto Garrison, upon the occasion of his relinquishing the appointment of District Medical Officer, Military District No. 2, and his retirement from the service. In presenting a fine silver gift, suitably engraved, Lieut. Colonel C. P. Fenwick, M.C., the presiding officer, spoke of the outstanding qualities of the work done by Colonel Ford, during the thirteen years he has been in Toronto, and the general regret felt at his retirement.

Among the distinguished members of the mess who were present were: Major General J. T. Fotheringham, C.M.G., V.D. Colonel Alex. Primrose, C.B. Col. F. N. G. Starr, C.B.E. Col. P. G. Goldsmith, C.B.E., V.D. Col. Wallace Scott, C.M.G., V.D. Col. R. D. Rudolph, C.B.E. Col. W. B. Hendry, D.S.O., V.D.

It is understood that Colonel Ford intends to reside in Toronto.

The Dalhousie Student's Medical Society held its Annual meeting, its first meeting for the 1932 to 33 term, at the Public Health Centre September 27th. The officers elected were:

President—Thomas H. Murphy, Glace Bay.
Vice President—John S. Robertson, New Glasgow.
Secretary—Fred H. Wigmore, Breadalbane, P.E.I.
Treasurer—A. F. Tuttle, Pugwash.
Committee on Studies—John McGowan, Kilmuir, P.E.I.; Rose Wright, Bedeque, P.E.I.;
George Keddy, Windsor; Eldon Eagles, Moncton.
Committee Member of Executive—Charles Stuart, Breadalbane, P.E.I.
Manager Interfaculty Football Team—Gilbert Holland, Halifax.
Dance Committee Chairman—John S. Robertson, New Glasgow.
Manager Tennis Team—George Covert, Halifax.

We are pleased to note that N. B. and P. E. I., are so well represented in the above selection. Let us never forget that Dalhousie is our Maritime University.

Among the leading articles in this issue will be found a paper from a member of the staff of the Homewood Sanitarium, Guelph, Ontario. It is valuable contribution both for its scientific and historical point of view. Perhaps more of our advertisers could furnish us with similar articles along their special lines.

Dr. J. G. B. Lynch, Sydney, is one of the newly elected Vice-Presidents of the Sydney Branch of the Royal Caledonia Curling Club. That "tam" will be at a more rakish tilt than ever this winter.

Dr. and Mrs. McKeough of Sydney Mines returned to their home October 20th. after a honeymoon spent in New York and other U. S. cities.



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Sunday, December 25th.

An Elaborate Festive Meal served from Noon until 8.30 p.m., at Two Dollars each person.

BOXING DAY DINNER

Monday, December 26th.

Served from 12.00 Noon until 8.30 p.m., and followed by a Supper Dance in the Ball Room.

NEW YEAR'S EVE CELEBRATION

Saturday, December 31st.

A Glorious Celebration marking off the turn of the Year. (\$4.00 each person.)

NEW YEAR'S DINNER

Sunday, January 1st.

From Noon until 8.30 p.m., at \$2.00 each.

The Advertisers in the Bulletin extend to that Journal and its Readers in Nova Scotia their
Heartiest Christmas Greetings.