



King Christmas and Master New Year

King Christmas sat in his house of ice,
And looked across the snow.
"Hallo, my little man!" he cried,
"Now, whither dost thou go?"

"I go, my Lord, along the way
That all my kith have gone,
Where thou, my Lord, shall follow me
Before another dawn."

"Right gaily," cried the Christmas King,
"Who ride to-night will thee?"
"The days of grief, the days of joy,
Are they who ride with me."

"God keep thee, merry little man;
Go whisper them that mourn,
Now surely comes again the day,
When Christ the Lord was born.

"And be not sad, my little man,
But when thou, too, art old,
And o'er the wintry wastes you come,
A weary man and cold,

"Right cheerily, I pray thee, then,
To keep this gracious tryst,
And leave thy weary burden here
Where cares grow light, with Christ.

"Now bid, thy gallant company,
Ride onward without fear,
For I, the King of Christmas,
Have blessed the glad New Year."

S. WEIR MITCHELL, in the Century.



Symposium British Medical Centenary.

PART II.

IV—What I Saw and Did.

DR. G. W. T. FARISH,
Yarmouth, N. S.

(“My dear S. L.:—Here follows what you have asked me to contribute—‘What I Saw and Did on my Recent Trip of the C.M.A. to England.’”)

THE above title will probably fill the bill regarding what I might have to say of a very delightful trip to the Old Country.

We left Montreal, as you know, on the 2nd day of July, the party consisting of 165 C. M. A. delegates, the sex being fairly evenly divided. The passenger list comprising all classes being 1200. The “Duchess of Atholl” was our hostess. After the usual hand shaking, handkerchief waving and confetti throwing, we sailed away down the lovely St. Lawrence River. Leaving at 10 a.m. brought us to Quebec about 7 p.m.

The trip down the River was delightful, a panorama of beautiful little villages and green fields ever passing before us. Those who have never passed under the Quebec Bridge had the pleasure, and I might say, almost fear of witnessing the optical illusion of the steamer passing under. To us who were uninitiated, it would seem, as the steamer approached, that the spar must be cut off by contact at least halfway down, and the fearfulness came to us in that we must run for safety when it struck. However, the illusion was dispelled when we found that she passed under safely.

At Quebec we were met by tender and after passengers and mail were put on board we continued down the river.

We seemed to be too busy looking at the scenery and getting our bearings on board to have made any more new acquaintances during the first day, but the following days of the trip brought a great many of us together and soon we became one big medical family.

As we entered the Straits of Belle Isle, there were various items of interest. Greenly Island, the bane of the German flyers a few years ago, Labrador on our left, the home of Dr. Grenfell, and last but not least, the icebergs, the horror of all mariners who have to travel these waters.

We were then out in the ocean and without a qualm of ‘mal-de-mere’, which is the beauty of the St. Lawrence route, having smooth water for two days before entering the ocean, and fortunately very little of that dreaded disease was experienced during the whole voyage, as with the exception of a few gentle lurches of the “Duchess,” after leaving Belle Isle, the trip was wonderfully smooth.

Nova Scotia was wonderfully represented by numbers, if from no other point of view. You know them all, so there will be no need of my enumerating. I may say *‘en passant’* that Dr. Smith was a great frequenter of the gymna-

sium and put us young fellows to shame in the agility he possessed in riding the horse. Now a little of shipboard which may be of interest to some of those who have never had that experience, and also a reminder to those of the party who may read this effusion, of the good time we all had.

There seems to be no idle time on an ocean liner, what with the games of all sorts, deck tennis, shuffle board, deck quoits, ping pong and even a golf net; one can keep themselves in good form as to amusement and exercise. Then the music and dancing during the evening, why shouldn't one remain young. And so we sail on regretting that each day is slipping by and the time seems only too short to become more nearly acquainted with each other.

Land ahoy, northern Ireland looms up on the morning of Friday, and all are on deck to see the veritable green island. We land at Belfast at 7 p.m. that night, which according to the itinerary is the port where we part reluctantly with our hostess, the "Duchess." A tender meets us nine miles down Belfast Lough, and baggage and passengers are transferred.

We find on board the tender some of Belfast's physicians and sureeons to meet us and welcome us to 'Ould Ireland,' a Mr. Fullerton, one of Belfast's noted surgeons being among the number. And so we sail up to the city by night, and the customs, being very lenient, we are not detained long but are driven to our hotels, allotted our rooms and a formal welcome to Belfast's medical and surgical fraternity took place in the lounge. By this time we are all hungry and we raid the grill and tired and weary we retire at 2 a.m.

There seemed to be some mix up at Belfast re our itinerary being a day late according to the Belfast surgeons, but still they had a wonderful clinic arranged for us at the Infirmary next morning. Here we physicians, surgeons and specialists spent all the morning listening to and viewing the operations by the different ones on the staff.

On board of the "Duchess" I took it upon myself to try and further the success of the concert by getting up some poetic (?) effusions on different members of our party, and as Mr. Fullerton seemed to limit himself in the surgical clinic to stones and prostates, I made up an effusion on him.

"How do you do Mr. Fullerton, how do you do,
How do you c'o Irish surgeon, how are you,
You have surely treated us white
Bringing stones and prostates into sight,
How do you doodle, doodle, doodle, doodle, do."

Of course this seems tame without the full orchestra.

The ladies of the party busied themselves buying Irish linens and tweeds while their husbands were safely ensconced at the clinic.

The afternoon was spent by the whole party being given a drive to the noted Giants Causeway and the evening was taken up by a huge reception and dance. I resumed my dancing days on shipboard and have been keeping it up ever since when the opportunity offers.

The next morning, Sunday, we started for Dublin, through some of Ireland's most beautiful country, and it surely is worthy of the adjective. I could go on into detail but I will use up my 2000 words long before I reach London if I do not curtail my remarks. One occurrence seemed so odd to me, viz: that in a little island like Ireland we should be stopped at a little lane on a country road to have our baggage examined before we could enter the Free State.

However, when our courier conferred with them and told them that we were a party of honest medicos, we did not have any trouble. Arrived at Dublin at 5 p.m. Monday dawned clear and fair and the programme was laid out for us. Hospital clinics again, some to the old Rotunda, some to the Mercer Hospital at which one I had the pleasure of seeing Dr. William Wheeler operate.

This was his last clinic in Ireland as he said he was not able to live in peace in Dublin under De Valera and so was returning to England. Somebody told me that there were three eras in the world now existing: The Christian Era, The Pagan Era and Devil Era. I cannot say more about Dublin except that the afternoon was spent sight-seeing. Had I time, I could speak of historic events here.

Off on Monday evening for Greenock by steamer. As she could not accommodate the whole party, half had to go back to Belfast by train and cross from there. As at the last moment there were 200 head of cattle shipped on board, I wished that we had been sent back to Belfast, but no such good luck. Suffice it to say, the ladies were disturbed at night thinking that fog horns were blowing all night, instead it was the lowing of the herd. Greenock reached in the morning. Entraining there for Bellach pier at the foot of Loch Lomond! Boat from there to Inversnaid, horse and coach to Stronachloch! Boat again to the Trossachs Hotel where our genial, but much harried secretary, Dr. Routley arranged for tea. Then after each one buying some Scotch article of clothing, mostly tams, at the shop, off in char-a-bancs to Callender and thence by train to Edinboro'. A diversity of means of transport for one day, but our spirits were kept up by the knowledge that we were in Scotland and that we would be able to obtain a stimulant, if so needed or desired. We were ready to retire early that evening and the next morning we, male members of the party, were taken on a tour of inspection of a wonderful Hospital, which has just been finished for crippled children. There were only two little boys in as patients. The nurses, home in connection with it was a dream.*

We were also taken over another institution which was used as a convalescent home for patients discharged from the Infirmary and still not able to work.

In the afternoon we were taken on a sight-seeing tour of Edinburgh, and I do not know of anything which impressed me more than the Scottish war memorial, built within Edinburgh Castle. I would not dare to attempt a description of it, to appreciate it, is to see it.

The evening was taken up by a huge dinner for the men, given by the Edinburgh branch of the B.M.A. to about 400. Our President, Dr. Promrose and Dr. Bazin heaped encomiums upon their heads by their addresses.

The ladies were separately entertained at a Hall where Scottish dances were being carried on by a number of Scotch lassies to the tune of the bagpipe.

The next day we left on our tour through the remainder of Scotland and England, passing Coldstream where Dr. Morton, of Halifax, and I had our photos taken; he will remember the coincidence; on to Newcastle, arriving at seven, ready for a good dinner which was served. In the evening we were received by the doctors and surgeons of Newcastle at an informal reception. They had not forgotten us the next morning as we were all taken to the Infirmary for clinics. That afternoon we were all driven northward some twenty-five or thirty miles to view Alnwick and Bamburg Castles. I here met a Dr. and Mrs. Hall who took our party in their private car to the above named

*Does the doctor still dream of this Nurses' Home?

places, and entertained us during the evening to an English circus which was a novelty.

Our next move was to Harrowgate, leaving Newcastle at nine a.m., across the county to the Lake Windermere district. We stopped at Keswick for luncheon, then on to Harrowgate for the night. Sunday dawned a beautiful day in Harriwgate, the city of spas, and we were taken on an inspection of the baths and springs and ended up the morning by an address of welcome by the Mayor of Harrowgate, to which Dr. Primrose responded in his happy manner. The afternoon was very profitably spent in a visit to Fountains Abbey, an historian relating to us the different features of this wonderful ruin. Then to a Spa Hotel for tea and home.

In the evening a concert by a beautiful orchestra, seats at which were allotted to us free by the Harrowgate Branch of the B. M. A. The leader of the orchestra apologised at being unable to play either "O Canada," or the "Maple Leaf for Ever," for us.

Monday morning off for Manchester, via York. The visit to York was principally for the purpose of giving the party the privilege of seeing York Minster, the most beautiful cathedral in England. Luncheon here, and on to Manchester.

I have not at any time extolled the beauties of the Scottish and English scenery as our seven char-a-bancs journeyed through the country, the roads all asphalt, the stone walls covered at places with ivy or some other vine, the beautiful green fields, the gorgeous trees hundreds of years old, the many beautiful and historic estates, the unique villages as we passed through and, as Mrs. Farish often said, nothing marred by the advertising signs which are rapidly ruining our own countryside. And I must not forget the sheep, never so many in my life did I see, and I only had one decent lamb chop while I was in England, but it was not the fault of the lambs.

Well, on to Manchester and arriving there about seven in the evening. Up to this time the party had to be divided at the different cities as no one hotel was able to accommodate all, but it was different here. The Manchester Hotel was able to take all in and as we trooped in the orchestra played "The Maple Leaf for Ever." You can imagine how we all joined in and sang lustily, and with three cheers for the orchestra. This was the first bit of home we had experienced. The next morning we had clinics prepared for us at the Royal Infirmary. There was sight-seeing for most of the party in the afternoon. I went golfing with three other doctors. In the evening a block in the theatre was reserved for us and we enjoyed a wonderful comedy sketch. Here again our hearts were gladdened by the strains of "The Maple Leaf for Ever," being played by the theatre orchestra as we marched in.

On Wednesday, the 20th, we set sail for Cardiff. This was one of our longest runs, being upward of 200 miles.

Our President and Secretary left us somewhere here for London to help prepare for our reception and so the party was left in care of Dr. Agnew. We had a beautiful ride down from Manchester, stopping at the old town of Chester of which I could write another 1000 words, then on to Shrewsbury for luncheon, arriving at Cardiff at 8.30. One would have thought that the party would have been tired out, but we were getting used to the long drives by this time and were feeling quite fit. Cardiff surely did us proud. We were met by some of the medical and surgical fraternity at the hotel and the next morning clinics by Professor Strachan and others at the General Hospital. The after-

noon was taken up by a visit to the large Municipal Hospital now being erected, also to the Cardiff Castle. The evening entertainment was a reception and dance held in the City Hall, by the Lord and Lady Mayoress of Cardiff.

This was a beautiful reception, and as the Lord and Lady Mayoress were in London at the King's Garden Party, we were received by several aldermen and their ladies. The Lord and Lady Mayoress arrived at 11 p.m. and gave an address of welcome to which I had the *pain* of responding.

We left Cardiff on Friday morning for London, the last lap of our trip, stopping at Gloucester and viewed its beautiful cathedral, thence on to Oxford where we had luncheon and viewed two of its colleges and thence on to London, arriving at the Savoy Hotel on the Strand at 6.45.

My title of this rambling talk was what 'I' saw. I am afraid I have up to the present used the plural 'we' for the most part. From this on I will be compelled to use the singular 'I', as now that we have arrived in London, each and everyone of the party goes his own way and it will from this on be what 'I' saw.

The itinerary included a week's stay at the Savoy in London so that most of the party spent the week together, but each on his own. Of course, not having been in London for a number of years, I was anxious to see some of the old city, and the first place I went was to the Mall, and seeing a troop of those beautifully caparisoned black horses mounted by the Horse Guards, made me wish to see the changing of the Guard. There is always the usual crowd each morning to witness that. We afterward registered at Canada House. The afternoon was taken up with a presentation to Dr. Cox at the B. M. A. Hall. He had been secretary for twenty-five years and was retiring so was presented with a very substantial check.

I spent the balance of the afternoon at Golf over the beautiful course of the Royal Automobile Club. Sunday was the day set apart for the Worcester pageant.

Of course, you know that the city of Worcester was the place of origin of the B.M.A., and this was the reason for selecting this city as the place for the celebration of its centenary. Sir Charles Hastings being the 'promoter.' A special train conveyed us to Worcester, leaving London at 9 a.m. The party consisted of about 400. Each one attending was compelled to wear an academic gown.

The Guild Hall was selected as the robing place, and the procession started for the Cathedral. To glance back at the procession, two abreast, it was the most colorful one I ever beheld. The procession was met at the Cathedral door by bishops and clergy and escorted within the Cathedral. The service was very impressive. A window in the Cathedral to the memory of Sir Chas. Hastings, was unveiled by Lord Dawson of Penn, the sermon being preached by Bishop Barnes of Birmingham. After service, we had luncheon in a large marquee set up in the college grounds, the hotels not being able to accommodate us. The original painting of Sir Charles Hastings was presented to the B.M.A., and speeches made including one from the Lord Mayor, who by the way, was a lady, and another by a descendant of Sir Charles Hastings. Afterward the Worcester Pottery works were opened to us for inspection of their world renowned wares. Home by train, arriving in London at 8.30.

On Monday I was compelled to register. This was at the Imperial Institute at Kensington. It was in the block of buildings, in this square, only one of them being the Imperial Institute, where all the scientific discussions

took place. At one of these on Intestinal obstruction, it was very interesting to hear such a vital subject discussed by so many of the biggest surgeons of Great Britain, headed by Lord Moynihan as chairman. There were also two from abroad, a professor from Berne and another from Vienna.

The afternoon was taken up by receptions, one given by Lady Dawson of Penn, and another by Lady Fripp; this last being termed a sherry party.

On Tuesday there was registration for the ladies of the party and in the afternoon I almost hate to tell you, S. L., but I will whisper it to you, a cocktail party, and reception given by Sir Crisp and Lady English at Claridges Hotel, one of the most beautifully appointed hotels in London.

The evening was taken up with the *piece de resistance*, the reception and dance given by Lord and Lady Dawson of Penn at the Royal Albert Hall. It would be impossible for me to describe it, in fact another 1000 words would be quickly devoured if I dared begin a description, but if you imagine 3000 people on the enormous floor of the Royal Albert Hall dancing, the doctors for the most part in their colorful gowns and this intermingled with the various colors worn by the ladies! Well, it beggars description from my pen. 2 a.m. saw us at the Savoy that night.

I would like so much to describe the medical pageant which was put on that night, portraying in 'propria persona', the history of medicine and surgery from Esculapius and Galen down to the present day. What more you wish to know about it, and it is worth knowing more than I can tell you in this letter, ask Dr. M. A. B., or Dr. Morton.

Thursday a.m., I was at sectional meetings, and this evening was the one on which was held the B.M.A. Centenary dinner, also at the Royal Albert Hall. It was estimated that 2500 sat down. I happened, with my wife, granddaughter and friend, to occupy a stall in 2nd balcony and had a wonderful view of the floor. Our principal guest at this dinner was His Royal Highness, the Prince of Wales, who made a wonderful address and when he came in and that Grand Organ pealed forth "God Save the King," well, I cannot express adequately the feeling that came over me. After the dinner we adjourned to the B.M.A. rooms for dancing for an hour. It was here that we met Lord Dawson of Penn and had a very interesting half hour talking of the whole affair.

Friday sectional meetings in the morning, a reception and dance by the Metropolitan Counties Branch of B.M.A. at another palatial hotel, the Grosvenor House.

The week of festivities ended with this and Saturday morning found everybody busy packing, preparatory to either going home, or to the continent or somewhere else, but all leaving the Savoy, and as each had finished packing they came into the lobby and then there was the usual good-bye to some and au revoir to others of the tour family. It was quite a touching parting with each other.

Unfortunately, the Monday following the week of festivities, I was taken ill and for the next two weeks the report would not be of interest. I was fortunate to have the best possible care and attention from all. A week of convalescence at Bournemouth where I quickly recuperated, and then ready for what I was looking forward to, viz: the clinics at some of the London Hospitals.

Dr. Archibald of Glace Bay, got a few laps ahead of me in attendance, but as I had to change my date of sailing until September 16th, think I caught up to him in the end. The Charing Cross Hospital, the old London hospital

where I spent sometime some years ago, looked little changed. Westminster, Middlesex and Royal Forr, were those where I found what I wished in a surgical way, and every afternoon I visited one or other and think I derived a great deal of benefit. It surely is a treat to watch some of those London men of experience operate. Their faultless technique, deft fingers and anatomical knowledge are worthy of emulation.

I could write reams more on this wonderful trip, but I am beyond my limit now and must cease with the feeling that the B.M.A. and its branches throughout the British Isles gave us a 'Royal Welcome' and apparently did all in their power to make the sojourn in London pleasant. As for the C.M.A., all honour is due them for the planning of the trip. The itinerary was ideal; showing us some of the most beautiful scenery of the British Isles.

Our President, Dr. Primrose, rose to the occasion when needed in a manner of which we were proud and right here I must say how truly sorry we were that Mrs. Primrose was taken ill and unable to be present at many of the functions at which she would have been such a valuable addition, and was missed by all. Also our Secretary, Dr. Routley, handled the different situations which arose, and there were a few, with decision and diplomacy, and last, but not least, I wish to add a few words of congratulation to the C.P.R. for their thoughtfulness of their passengers. I have returned, much benefitted by the trip physically and mentally, much poorer in pocket, but richer in many other ways which go to make life worth living.

I cannot close these remarks without saying how deeply shocked we were in learning of Dr. Munro's sudden passing on his return home, and I feel that the whole Canadian Medical Association will join with me in expressing sympathy to Mrs. Munro in her sad bereavement.

V.

DR. JOHN MCKIGGAN,
Dominion No. 6, N. S.

"Dear Doctor Walker:

"I am enclosing some rambling remarks on the trip to Great Britain, which I hope will fit in with your scheme of things. I must apologize for being so tardy, but the countless interruptions of a colliery practice do not give one much time to read or write.

Yours truly,

JOHN MCKIGGAN."

IN 1832, Charles Hastings called together a meeting at the Worcester Infirmary, at which establishment of the Provincial Medical and Surgical Association was decided upon. He delivered the inaugural address at the first meeting and for many years was its secretary.

In 1843, he resigned the secretaryship and was appointed permanent President of Council and Treasurer. From this nucleus sprang the British Medical Association which to-day is Empire wide in its ramification. The members of the B.M.A. decided that the Centenary of the Association should be held in London and that fitting tribute should be paid to the man who was instrumental in founding it.

The Executive of the C.M.A. decided that at such an event Canada

should have proper representation, so on July 2nd, there sailed on the *Duchess of Atholl*, from Montreal, a party of Canadian Medical men, with their wives and families, two hundred strong. The party thoroughly representative of the C.M.A., and including members from Halifax to Vancouver, was under the leadership of Dr. Alexander Primrose of Toronto, President of the C.M.A. There followed a delightful sail down the majestic St. Lawrence, then the broad Atlantic. On the evening of July 8th, in the reflecting splendour of a glorious sunset, we sighted the vivid green shores of the Emerald Isle. On the same evening the party landed by tender at Belfast. The following morning the party visited the Belfast Royal Infirmary, where a real Irish welcome was extended by the members of the Board and Staff. Then the party was divided into groups to visit the Medical and Surgical wards. The writer happened to be a member of a group assigned to Prof. Fullerton. A ward visit was followed by an operative clinic. Prof. Fullerton's surgical hobby is the "Prostate" and in this he has developed a technique of his own. The first case was a man 75 years of age. A Suprapubic incision was made, then a stab wound into the bladder. The muscle of the bladder was dilated similar to the Sphincter Ani in a Hemorrhoid operation. The Prostate enucleated, hemorrhage was controlled by insertion of a Politzer bag dilated with water. At the end of twenty-four hours the bag is withdrawn. In case of a secondary haemorrhage the bag can be inserted without moving the patient from his bed. A large drainage tube is inserted which is removed at the end of seven days. Then a Pezzer catheter is inserted and since the fibres of the bladder muscles have not been cut, they contract around the catheter, so the patient is perfectly dry and can walk around the ward. The time consumed in the whole operation was six minutes.

In the afternoon, the members of the party were the guests of the Belfast Medical Association and were taken to the "Giant's Causeway," that peculiar geological formation which geologists are unable to explain and around which writers have woven many fanciful legends. Perhaps to some, the most interesting spot at the "Causeway" was the small Tavern, presided over by a charming Irish Colleen, and when one of the party failed to navigate the narrow pathway that led down to the "Wishing Well" but volplaned into a clump of rose bushes, he explained the resulting abrasions by the Scriptural Allusion "Like Lot's wife, I looked back."

The Overseas Club entertained the members during the evening. Addresses were delivered by a representative of the Government, Sir Charles Livingstone, Vice Chancellor of the University, and Prof. Fullerton. A fitting reply was made by Dr. Primrose.

Early on a beautiful Sunday morning, the party left by motor for Dublin. On stopping at a small village, the writer had a longing to explore the interior of an Irish cottage and followed by a redoubtable Nova Scotian, he approached an open kitchen door with some hesitation. All diffidence however vanished, when the good wife generously offered a glass of buttermilk. A 6d. piece passed hands and we were invited to inspect the interior, which was done, save one section, where the family goat was tethered to the kitchen table. The route continued through Dawn Patrick, the reputed burying place of Saint Patrick.

On Monday morning the various Hospitals of Dublin were visited. At the Mercy Hospital, Sir William De Coursey Wheeler held an operative clinic. The first case was a Gastro-enterostomy for a Duodenal Ulcer. This was

followed by a case of Carcinoma of the descending Colon, under spinal anaesthesia, the abdomen was opened, the Colon mobilized, and growth brought out at lower end of the incision to be dealt later on by the Mikulicz technique. A hurried visit was paid to the famous Rotunda where true Irish hospitality was dispensed by the master, Mr. Soloman.

In the afternoon places of interest were visited and as the Busses rolled by Guiniss, the male members of the party (lead by the Dean of Nova Scotian Medical men, M.A.B.S.) solemnly uncovered their heads, while the female members, with averted faces looked longingly down the Liffey.

The party next embarked on a channel steamer and were landed in Ardresen, from there by rail to the head of Loch Lomond, which is about twenty miles in length and one in width. There followed a delightful sail up to Inversnaid. For rugged grandeur the scenery surrounding Loch Lomond is unsurpassed. The distance from Inversnaid to Loch Katrine is about five miles. The first two miles is very steep. At the top of the incline is the ruins of a small stone fort which is of interest to Canadians because General Wolfe was stationed there before being sent to America. The party was conveyed over the distance by coaches. The scene at Inversnaid was one reminiscent of the nineteenth century. Coaches and fours with drivers in their picturesque dress, with scarlet coats and fawn top hats. Unfortunately for the members of one of the coaches, when halfway up the incline, the horses decided to go into reverse—result that the party negotiated the remaining mile on foot. (Perhaps this was due to the avoirdupois of the honourable member from Halifax.) However, the party arrived safely at Loch Katrine and boarded the lake steamer for a twelve mile sail. An attempt to describe this part of the Trossachs would be vain, for Sir Walter Scott has immortalized it in his "Lady of the Lake." Lunch was served at the Trossachs Hotel which has a delightful old world air about it. Our route continued past Coilautagle Ford, the scene of the duel between Fitz James and Roderick Dhu. On to Callender where the party entrained for Edinburgh. On July 13th, the new Orthopaedic Hospital at Fairmillhead was visited. This institution at present has seventy-five beds and in one of the wards the only patients were two little boys. It is the intention of the Board of Management to increase the number of beds to one hundred and fifty when necessity arises, as this Hospital will minister to a population of one million people. The Ainslie Institute was next visited, here patients from the Royal Infirmary are sent to convalesce. Some remain here for a year. No Cancer patients are admitted.

In the evening a dinner was held in the Hall of the Royal College of Physicians under chairmanship of Dr. John D. Cromie, President of the Edinburgh branch of B.M.A. The Toast "Our Common Heritage" was proposed by Sir Robert Phillip. Sir Robert is not only an outstanding man in the Medical world, but a master orator. With compelling eloquence, he referred to our common ideals, speech, traditions and the spirit that animated Canada in sending four hundred thousand of her sons to the aid of the Motherland in the dark days of 1914-1918.

He particularly touched the hearts of Nova Scotians present when he paid a glowing tribute to his old friend, Dr. John Stewart, who when at an age where he was entitled to enjoy a well earned rest, came forth to offer his services to the Empire.

In fitting terms Dr. A. T. Bazin responded. At 10 p.m. the members left the Royal College of Physicians Hall for B.M.A. House, where the ladies

were being entertained in true Scottish style. After such an evening one must agree with the Poet of Scotland who wrote:

"In Heaven itself I'll ask no more
Then just a Highland Welcome."

On the morning of the 14th, the Royal Infirmary was visited where Prof. John Fraser and Mr. Henry Wade held an operative clinic in the Surgical Section. In the afternoon the party left for Newcastle-on-Tyne.

On Friday, July 15th, members of the Association visited the Royal Victoria Infirmary where as many of the members as possible crowded into a small O. R. to watch Sir Gray Turner operate. His first case was a woman who had her Gall-bladder drained for an acute condition in 1929, (by another surgeon), but her symptoms persisted. The abdomen was opened through the old scar. An incision about one inch in length was made in the Common Duct which was thoroughly explored with negative result. The incision in the Duct was closed and Gall-bladder removed which was found to contain three stones. A drainage tube was inserted and incision closed. The second case was a Carcinoma of the descending colon. Here a resection was done, followed by an end to end Anastomosis.

In the afternoon the members of the Association, as guests of the Newcastle Medical Association, visited Alnwick Castle, the home of the Duchess of Northumberland. From here they proceeded to Bamburgh Castle, where Lord Armstrong had invited them to tea. At the village, which lies a short distance from the Castle, is a beautiful stone church and in its adjoining church yard is the grave of Grace Darling. On our return to Newcastle, Warkworth Castle, the ancestral home of the Duke of Northumberland, was visited. This is considered one of the finest ruins in Britain. It was handed in 1922 by the Duke to H. M. Office of Work, when steps were taken to arrest the decay of the walls. This was the home of Hotspur, and as one walks through the quiet streets of the village, it is interesting to reflect how this remote place so profoundly influenced early English History. Sunday was spent in Harrogate, which is famous as a watering place. The healing virtues of the waters were discovered by the Romans, whose writers have recorded the fact. In the morning a visit was paid to the Infirmary where a lecture was delivered by one of the staff members on "Spa Treatment." This was followed by a visit to the Springs. On tasting the Sulphur water, one was thoroughly convinced of the truth of the old adage: "The cure is worse than the disease."

In the afternoon a visit was paid to Fountains Abbey, which was founded in the 12th Century by the Cistercian Order of Monks. A more delightful setting could not be imagined. The Abbey or its ruins occupy the whole width of a small valley with steep hills on both sides. At one period when the Abbey was being enlarged. The Monks, pressed for space, arched with stone the small stream that flowed through the valley and extended the Abbey over the arched stream. This stone work to-day is in a state of perfect preservation. Space forbids a more detailed description. From here the party motored to Rippon where afternoon tea was served at the Spa Hotel.

Monday, July 18th, the party left for Manchester, a stop for lunch was made at York, which is one of the few walled cities of Britain. A visit was paid to York Cathedral, one of the most magnificent buildings ever erected by man. In the Crypts is pointed out the Fount at which King Edwin was baptized into the Christian Faith. Evening found the party in Manchester

the industrial metropolis of the midlands, billeted at the Midland Hotel. As they entered the Portals of the palatial Hosterly, the strains of "The Maple Leaf Forever," came from the roofed garden where the Orchestra was stationed. And as each member stood at attention her or his thoughts were on their beloved Canada. In the morning, a visit was paid to the Royal Infirmary. Among the operators was Mr. Morley. A Thyroidectomy was skillfully done under local anesthesia. During this operation the windows of the O. R. were thrown wide open. The next case was a partial Gastrectomy for Carcinoma of stomach. The technique employed was the Schoemaker modification of Billroth I. Mr. Morley has further modified this operation in that he has designed a forceps of his own, which he applies to the lesser curvature. He regards this as the most Physiological form of Gastrectomy. A critical attitude is assumed towards the Polyea operation in that gastric digestion is abolished and as Achlorhydria is a constant feature of Pernicious Anaemia it is regarded as an essential predisposing cause.

The afternoon was spent in sight seeing tour of the City. At the City Hall a reception was held by the Lord Mayor and Lady Mayoress. To the address of welcome a fitting reply was made by Dr. F. N. G. Starr.

Cardiff, its origin lost in the mists of antiquity, is to-day a modern city of two hundred and thirty thousand souls. Its recorded history begins with the Romans, who occupied it from 75 A.D. to 350. Then followed the Normans at the time of the conquest. Those eras have bequeathed to Cardiff its Castle, which presents in stone an epitome of the history of the town. It is rectangular in shape, which is a Roman characteristic and parts of the ancient stone wall can be seen to-day in an excellent state of preservation. Within its walls is the great Norman Castle Mound, crowned by a ruined stone Keep of the thirteenth Century. The Castle Lodging embodies the fifteenth Century style of architecture. In this City members of the C. M. A. found themselves on the evening of July 20th. On the following morning a visit was paid to the Royal Infirmary where a welcome was extended by the Chairman of the Board and members of the Staff. This was followed by Medical and Surgical Clinics. In the Gynecological division, Col. Strachan operated. His first case was a large Ovarian Cyst. The second case was operated upon by Mr. Collins, who did a Hysterectomy for Fibroid of the Uterus. The most interesting fact about this was that the operator did not wear gloves.

The afternoon was occupied in a sight seeing tour of the City which included the Castle. In the evening an official welcome was extended by the Lord Mayor to which our own Dr. Farrish made a fitting reply.

The following day saw the party on its last lap. A stop was made at Oxford for lunch after which Christ Church College was visited. After a delightful drive along the Thames, the Towers of Windsor Castle were sighted. After then London was seen looming up through the fog. In a short time we were at the Savoy Hotel, Strand, which was to be our London home for a week. The quiet of a Sunday served to orientate one to the confusion of the world's greatest City. The scientific meetings took place at the Imperial Institute during the mornings. Twenty-four sections representing all branches of Medicine and Surgery were holding their meetings simultaneously. In the afternoon operative clinic were held in most of the London Hospitals.

The entertainment program was extensive and varied. Its two outstanding ones being the President's reception and dance in the Royal Albert Hall

and the Centenary Dinner of the Association at which the principal guest and speaker was H.R.H. the Prince of Wales.

On Saturday morning, July 30th, at Euston Station, a large number of the London members of the B.M.A. and their wives were present to bid adieu. Each Lady of the Canadian party was presented with a beautiful bouquet and to the strains of "The Maple Leaf Forever," the train pulled out of the station for Liverpool. On August 6th, we landed on Canadian soil, perhaps more thoroughly convinced than ever of the truth of the famous saying of a great Canadian statesman: "The Twentieth Century is Canada's."

VI

A CONDENSED REPORT

DR. J. KNOX MCLEOD,
Sydney, N. S.

THE Centenary meeting of the British Medical Association would probably be written down as the most notable gathering of medical men in the history of medicine.

A full report would occupy all the pages of the BULLETIN, including advertising space as well, but when you asked me to give you an account you intended, I presume that it should be more or less brief.

The meetings were held, as you are aware in two of the largest science buildings in London and these meetings were very well attended.

The work of the Association was divided into twenty-four sections, presided over by distinguished members of the medical profession and those who read papers and addressed these sections, were men well known to the medical profession the world over.

There were eminent representatives from the various centres of Europe and elsewhere, who were introduced at the general meeting held in Queens' Hall, presided over by Lord Dawson of Penn (our President) who gave a most interesting and instructive presidential address.

The feeling was very general that steady advancement is being made in all departments of medicine and surgery, especially in preventive medicine and public health. At the conclusion of the presidential address, Lord Dawson expressed himself as follows: "If we look back, what a panorama presents itself during the life of this Association; and never was there greater promise that the advancing front of knowledge will make one music as before, but vaster."

Sir George Newman in his address spoke as follows: "The foundation of any medical service, private or public, must be the medical practitioner. He is its anchor, its pivot, its instrument. If he be competent and trustworthy, it has its first surety of efficiency; if he be ill-equipped, ineffective, or unreliable, it must fail. In securing and encouraging him, in husbanding his resources, and safeguarding him in the discharge of his public and private duty, the Association renders invaluable aid to preventive medicine."

One of the outstanding entertainments of the centenary meeting was the annual dinner at which His Royal Highness the Prince of Wales gave an

address which was a most excellent one. The Prince proved himself to be a speaker of the first order and his address complimenting the British Association on the great work it has done in the past and is doing at the present time was enthusiastically received. His complimentary reference to the work of individual members of the profession was also well received. At this large dinner, there was assembled a gathering of at least two thousand. It was held in the Royal Albert Hall which is, if not the largest, one of the largest in London and with amplifiers used, every word was distinctly heard throughout the whole room. Of course, entertainments were provided for the lady friends of the profession, as well as the members of the Association. Too much praise cannot be given those who had charge of the arrangements and words of praise were given, especially to the lady members of the various committees, who were indefatigable in their efforts in making the social side of the meeting a success.

Trips to interesting centres were arranged, visits to country homes, such as Blenheim Palace, where the Duke and Duchess of Marlboro are in residence and where Canadian ladies were given an insight into the homes of the people in England. Afternoon teas and dances were also given which were very much enjoyed.

An account of the scientific side of the meeting cannot be dealt with in a short letter of this kind, but the scientific papers and addresses are being printed in the British Medical Journal.

HEALTH PUBLICITY IN NEWSPAPERS.

THERE is hardly a newspaper in Canada that is not anxious to give the greatest amount of publicity to matters relating to the preservation of health. In Nova Scotia, now that the McCoy charlatanism has been finally abandoned,—his works hardly seem to follow him in the matter of publicity—we have several writers of very high or good standard supplying our daily and weekly newspapers with short articles on the many topics that are regarded as good advice to the public. Besides being edited by qualified practitioners at least two of these have the endorsement of the American and Canadian Medical Associations.

But there is more than this that induces daily newspapers like the Herald, Chronicle, New Glasgow News, the Post and others to give prominence to other special medical News.

In a recent issue of a Daily, it happened to be the *Halifax Herald*, we noted News despatches from London and Chicago concerned with hospital or health matters, apart from the usual syndicated articles, and, additionally, an editorial comment of half a column entitled "Debt of Gratitude to the Surgeons."

There is a very pertinent question to ask here,—Why this very considerable Newspaper publicity to matters relating to health? To answer we must remember that the newspapers print what their specialists tell them the people want to read. This we may accept as the rule, even if one says his own publication leads rather than follows. Then the answer is evident, the public is anxiously looking for this special information. Are they getting it from the proper source in Nova Scotia to the greatest possible extent?

S. L. W.

Presidential Address.

DR. M. G. MCLEOD
Whycocomagh, Nova Scotia.

ANNUAL MEETING EASTERN COUNTIES MEDICAL SOCIETY AT
ANTIGONISH, OCTOBER 25th, 1932.

Gentlemen: I first wish to thank you for the honor you have conferred on me in selecting me as President of the Eastern Counties Medical Society in this, the eleventh year of our existence.

The duties of this office have not been arduous, due to the fact that we are blessed with a very efficient secretary. Dr. P. S. Campbell has cheerfully carried out every task delegated to him, and it is through his efforts that the splendid programme we have had to-day, has been arranged.

Since our last meeting our 1st Vice-President, Dr. P. A. McGarry, has been called in death. It is fitting that a resolution expressing the sympathy of the members of this Society should be sent to his sorrowing widow and child. Dr. McGarry will not only be missed by his relatives and the community in which he served so faithfully, he will be greatly missed by the members of this Society. Since this Society was first organized, Dr. McGarry has always been an active member, a faithful attendant at our assemblies and always ready and willing to contribute his share to our programme.

When our Secretary told me that I would have to deliver a presidential address, I naturally tried to squeal out of it as I had never performed a duty of that kind before. I suggested to our Secretary that he prepare the address as he had more time and ability along that line than I, and that I could then deliver it as may own. This he refused to do, so I was left on my own.

During the past week or two I looked over a number of the Medical Society BULLETIN, and C.M.A. Journals, for years back, hoping that I would find something that I could conscientiously crib and use as a presidential address. I had not the pleasure of attending the Nova Scotia Medical Society meeting at Kentville, but in reading over the Presidential address in the last BULLETIN, I found these two paragraphs:

"*The Matter of State Medicine,*" as it applies to our Province, Rural Medical Services, which was so well presented to us in our presidential address last year, is still a live question and should receive our most thoughtful and earnest consideration." "The time is fast approaching, yes, is now at hand, when we shall be obliged as a Society to make the urgent necessity of the same known to our governing body, and urge upon it the needs of the rural districts for medical and surgical service, which is now very difficult to obtain."

I have now served thirteen years in an unopposed country practice, and during that time I have had an opportunity to make some observations and have been able to form some opinions which may be good or bad. I trust you will bear with me while I endeavor to express a few of them.

According to articles in the BULLETIN and lay press, the crying need seems to be to persuade young graduates to establish themselves in rural practice.

Neither seem to be able to offer a solution to this problem which seems to be coming more vexing as the years roll by. Your humble President does not intend to surprise you by offering a solution to this difficulty. I only wish to enumerate a few of the causes, which we as individual practitioners and an organized Society may be able to control.

First. Training of the Medical Student and Interne. To the Medical Student the surgeon, who performs the spectacular operation, and the Internist, who, by the aid of elaborate laboratory methods, arrives at a diagnosis of some rare condition, are placed in the hero class. He is given the impression that blood counts, different chemical analysis, X-ray pictures are advisable. I do not mean that these valuable aids to diagnosis and elaborate forms of treatment, are stressed too much, but the ordinary everyday physical examination and simple forms of treatment are stressed too little, so that by the time the young man graduates, he feels timid about leaving those valuable aids to establish himself in some remote country district, where he will be obliged to rely on the five human senses, our primitive laboratory methods, and other simple forms of treatment. If he has not the wherewithal to continue his studies, and some day become a great specialist, he will locate in some of our towns or cities that have hospital facilities, and will in time be better off financially and socially than the man who strives in country practice.

Second. Attitude of some Hospital Authorities and others towards the Rural Practitioner. In the past few years there have been numerous small hospitals erected throughout the Province, so that to-day we are well supplied with hospitals. Some of the hospital authorities seem to think that a country doctor should act as a clearing station and send all his patients to hospital, Again sometimes when a Country Doctor sends a patient to hospital, he may be criticised too severely on account of conditions over which he has no control. I do not blame a surgeon for becoming nettled when he receives an acute appendix case, or something similar, in a moribund condition, but often the country doctor has been obliged to spend hours or days in persuading the patient to go to hospital, or for some other equally good reason it may have been impossible to get the patient in any sooner. Apparent mistakes of this kind should not be criticised too severely. An interne or student who is listening may feel that if he locates in Rural practice, he will in time be liable to the same errors and an equal amount of criticism.

Third. The Lay Press. If one were to take the time to read the questions and answers in the Health Columns of our press, one can see how they often advise X-ray examinations and laboratory methods. How these far away health authorities can attempt to recommend expensive examinations, other advice, or treatment, on the meagre history a patient is willing to submit, is beyond me. For instance Farmer Brown is an impressionate type. He writes that he has a pain in his chest, a cough, and has lost weight. The far-away health authority replies, you probably have tuberculosis, have your chest examined, have X-ray of chest, etc. If Farmer Brown has the necessary cash he hies himself off to some town or city where he is able to obtain this examination recommended. Had he consulted his country doctor, he would probably, after due examination and questioning, been told that the pain in his chest was due to sawing wood, an exercise he had not indulged in for the past year; that the cough is due, either to cigarettes or taking his moonshine from damp glasses; and that his loss of weight is due to an epidemic of dances and parties that has been prevalent in that community, and at which Farmer Brown has

been a regular attendant, thereby, not getting the required amount of rest that his young body demands.

Again, gentlemen, the lay press sometimes gives great prominence to some of the difficulties of a Country Doctor. If a Country Doctor's car or horse breaks through the ice it makes first page headlines; or should a doctor be obliged to use the primitive method of travelling any distance on snowshoes again the headlines, and some reporter, who does not know conditions, writes a big story about "Difficulties of a Country Practice." A young man reading this bunk will imagine this is an everyday occurrence and if he does not crave adventure, will fight shy of our rural districts and locate in a town or city. Whereas, if the facts were known the country doctor was only showing foolhardiness by being on the ice; and he had to resort to snow shoes because he either had no horse at all or the horse he had was spavined and, thereby, unable to lift his hind legs out of the snow.

Fourth. Reminiscences by Country Doctors. Most of these reminiscences that I have read or heard have dealt with the hardships and difficulties of transportation and communication in former days, or, they may have a scientific turn and tell of performing some major operation with a couple of old women as assistants and with the field of operation illuminated by the aid of tallow candles.

It is only fair that these reports should be chronicled that we, of the present day, should know the difficulties and hardships that our predecessors were obliged to endure, and make us thankful that our lot to-day in rural districts is so much easier.

Some of our present day rural practitioners should write more optimistic reports about their practice. Tell the younger men that we drive our car at least eight months in the year; that for the remaining months we do have snowstorms, but as a rule the roads are passable for horse and sleigh.

Tell them in practically all over rural districts we have telephone services, so that if we are called on a stormy night to see a baby ill with croup, that we can prescribe some simple remedy and tell the party to call at once if the patient is not better.

Tell them we have no need of performing major operations unassisted; that we can always send our patients to one or the other of our near hospitals by train, automobile or if necessary by airplane.

Tell them of the kindness of the country people, who insist on stuffing us with curds and cream and other delicacies so that our waistline increases to a much greater extent than our classmate who has located in a town or city. Tell them of the tons of socks, mittens and other presents we receive from our grateful patients.

Tell them that for the amount of work we do, our financial returns are satisfactory and that there are several of our rural practitioners who have been able to retire after twenty or thirty years' practice.

Facts of this kind would be inducements for them to establish themselves in rural practice.

Gentlemen, in these troublesome times it seems to be the custom for the public generally to make demands on our Government. Before the Medical Society of Nova Scotia suggests any system of rural Medical Service to our Government, let us first remember our duties and obligations, individually, as medical practitioners and citizens, collectively as a Society, and let our Nova Scotia Medical Society investigate this matter

thoroughly, canvass every source of information, available, obtain opinions and suggestions from those who have the knowledge of country practice and the requirements of our rural districts. From the mass of information, thereby, obtained, sift our suggestions, correct any faults over which we may have control. We can then conscientiously go to our Government with our suggestions, and our Government will not only be willing but be obliged to act.

Gentlemen, I thank you for your kind attention, my own great wish is that out of these rambling remarks of mine something may develop that would assist in giving the good people of our remote rural districts the medical service they deserve.

THE LAHEY CLINIC PUBLICATIONS.

THE BULLETIN and doubtless a number of our practitioners have recently received a number of reprints of papers addressed, etc., from the Lahey Clinic. The BULLETIN announces the receipt of the following:—

1. A Further Suggestion for the Operative Treatment of Pilonidal Sinuses.—Frank H. Lahey, M.D., F.A.C.S., Boston.
2. The Technique of Secondary Operations for Hyper-Thyroidism by Howard M. Clute, M.D., F.A.C.S., Boston.
3. Clinical Aspects of Thyroid Malignancy by Howard M. Clute, M.D.
4. The Clinical Significance of Abnormalities of the Electro-Cardiographic Complexes (Abstract). Read at the fourth meeting of the Cardiac Course, New England Heart Association, Boston, February 4, 1931. By L. M. Hurxthal, M.D.
5. Graded Surgery in Common Duct Stones. By Howard M. Clute, M.D.
6. Results of the use of Stramonium Datura in Parkinson's Disease and Postencephalitic Parkinsonism. By O. J. Menard, M.D. and L. M. Hurxthal, M.D.
7. Progress in Anaesthesia in 1930. By Philip D. Woodbridge, M.D.
8. The Surgical Management of Inthoracic Goiter. By Frank H. Lahey, M.D., F.A.C.S., Boston.
9. The Management of Peptic Ulcer by Frank H. Lahey, M.D.
10. End Results in the Operative Treatment of Inguinal Hernia. A Report of 150 Cases at the Lahey Clinic. By Richard N. Cattell, M.D., and Claude Anderson, M.D.
11. The incidence of Untoward Symptoms Following the Intravenous Injection of Sodium Tetraiodophenolphthalein in Cholecystography. By William E. Davis, M.D.

Any one of which will be loaned to any member of the Society upon application.

City of Sydney Hospital T. B. Annex.

DR. J. KNOX MCLEOD,
Sydney, N. S.

(This article appeared in the Special Edition of the *Sydney Post* of November 22, 1932, with this statement: "The following is an historical review of the T. B. Annex proposition in Cape Breton, since first introduced thirty years ago, and written for the *Post* by Dr. J. K. McLeod, City Medical Officer, one of the best known physicians in the Province, who has been a prime mover in the undertaking ever since its inception and who has worked zealously in the past three decades for this objective.")

ABOUT thirty years ago when the Steel Works were being established and prospects looked bright for the future of Cape Breton, Sydney was at that time without any hospital service and those, who were ill were treated in their own homes or in very serious illness, sent to the Victoria General Hospital in Halifax.

The medical men of Cape Breton, organized as they were in the Cape Breton Medical Society, felt the time had come for a forward movement in hospital and public health work.

Glace Bay had a very good hospital in St. Joseph's and supplied a much felt want in the mining towns. The small hospital known as the Brooklands Hospital, owned and controlled by the Dominion Iron and Steel Co., was the only hospital in the then Town of Sydney and was primarily built for the Steel Company employees. The Company was good enough, however, to spare a few beds for the use of citizen patients and for a time, though the hospital was small, the service was excellent for medical and surgical cases. The physicians and surgeons sending in cases for treatment were held responsible for the hospital charges, if patients failed to make payment. The hospital was eventually burnt to the ground. Mr. A. D. Gunn, was Mayor about this time and the City Medical Officer was asked by the Mayor and Council to make a report regarding the planning and construction of a new hospital, large enough to care for hospital cases in the city. This was done and eventually the present hospital during the late Mayor Wallace Richardson's regime was erected and has been in service ever since.

Another hospital has been taken over which was formerly the Ross Memorial Hospital, since renamed St. Rita's, which is also doing excellent service in the city.

During this period and for many years previously T. B. cases were cared for in the provincial sanatorium in Kentville, an institution built and managed under the Provincial Government. A few cases from Cape Breton were sent there from time to time for treatment, but the distance and expense made it most difficult for those needing treatment. Absence from home and friends did not make for the happiness of patients.

The Cape Breton Medical Society, during the early days of the boom, felt the county should have a small county sanatorium for T. B. cases and with this in view, a committee composed of the late Dr. Wm. McKay, and the late Dr. R. A. H. McKeen, was appointed to interview the County Council re-

garding the erection and maintenance of such an institution. While sympathy was shown the committee, nothing of a definite nature resulted from this meeting.

About 1912 or 1913, Doctors A. S. Kendall and J. K. McLeod were appointed by the Cape Breton Medical Society to visit the County Council and the various Municipal councils throughout the county with the view to interest them in the erection of a forty bed sanatorium, costing about \$100,000. The committee was received very sympathetically by all the councils and resolutions were passed, approving the scheme. Immediate steps were taken to make arrangements for plans, site and the erection of a sanatorium, but when everything looked brightest, the world war came on and the hopes of all those interested were dashed to the ground. Later on an effort was made to consider the air buildings at North Sydney, but after an examination and reports by the health authorities and the architect of the Public Health Department at Ottawa, the buildings were condemned, as unfit for such a purpose. A year or so later, a proposition was brought before the city council to build an annex of about fifteen beds costing in the vicinity of \$15,000 in connection with the city hospital and the proposal was discussed from every angle.

Public Health Departments in Halifax and Ottawa and T. B. experts in Canada and the United States were consulted and they were without exception in favor of the project of treating T. B. cases in the annex.

The architect of the Public Health Department looked over the grounds and made tentative plans. The medical staff of the City Hospital urged the Council to take action as soon as possible with the result that the City Council, under ex-Mayor James McConnell, decided to build, increasing the amount to \$35,000, and in addition, added an up-to-date heating plant, capable of heating not only the hospital but the Nurse's home and annex, as well.

In the year 1930, the Provincial Government organized a ministry of public health with the Honorable G. H. Murphy at its head and happily for us, we had his full approval of such a scheme, but he took a larger and broader view than we ever anticipated and his plan received the approval of the Nova Scotia Medical Society, its advisory committees and the Cape Breton Medical Society. His plan included the enlarging of the Kentville Sanatorium, expending \$200,000 and also a largely increased grant to the City Hospital Annex, amounting to an equal amount spent by the City which with the heating plant amounted to \$130,000.

An offer was also made to other hospitals in Nova Scotia for a like amount toward the building of annexes for T. B. cases. St. Martha's has its annex, costing \$50,000 almost complete. Two annexes in Inverness are open for patients and it is expected that other hospitals will avail themselves of this very generous offer.

The final working out of hospital construction, its financing which was a most difficult and trying problem, its supervision and all the details in connection with a building of this kind, were carried out under our present Mayor, Wm. Fitzgerald and much credit is due him, his hospital commission and his Council for the result of this long drawn out problem.

It only remains for the council, medical men and citizens to cooperate in making it an exceedingly useful institution.

The Role of Alcohol in the Etiology of Nephritis*

AMONG the cherished traditions of propagandistic hygiene is the devastating effect of alcohol on the heart, blood vessels and kidneys, a view that still lingers in many medical treatises. Those pathologists who study the remains of an alcoholic clientele have generally failed to find in the wrecks of drunkards anatomic evidence that alcohol is a poison that selects the circulatory system for its attack, but rather the opposite. As for chronic nephritis, there seems to be more tradition, than proof, indicating that it results from chronic alcoholism. In the older literature, Senator maintained the relationship of alcohol to nephritis, quoting English authors who said that at least three fourths of all cases of chronic nephritis depend on alcoholism. More recently Hexheimer L'chlein and Bertholet have supported the view of the etiologic importance of alcohol in nephritis. On the other hand, Cohnheim said that although the bodies of most inveterate drunkards exhibit chronic gastritis, meningeal opacity and hepatic lesions, they generally possess large, blood rich kidneys of good appearance; an observation supported by Fahr, who affirms the lack of evidence of either vascular or renal changes from alcohol, and by Marchand, who noted that the arteries and arterioles of old alcoholic addicts often are splendidly free from sclerotic changes.

Wegelin in Bern has recently made an interesting study of this subject, taking advantage of the fact that the population of this lovely Swiss city shows a remarkably high incidence of cirrhosis of the liver which reaches nearly 10 per cent of recent necropsies, as contrasted with German statistics indicating an incidence of from 1 to 3 per cent. In a series of 106 bodies exhibiting cirrhosis attributable to alcoholism, of which 91 were men, and 15 women, he found 12 (11.3 per cent) showing more or less arteriosclerotic nephritis, in only one of which was the condition advanced. In only three bodies was the heart significantly hypertrophied. This amount of cardiorenal disease is certainly not more and apparently is less than would be found in a similar number of bodies of the same age range in which death had occurred from almost any condition. Most of the bodies showed, as described by Cohnheim, large succulent, blood-rich kidneys, perhaps from functional hypertrophy. On the other hand, in forty-six cases of advanced interstitial nephritis, only five gave a history of excessive use of alcohol. Furthermore, whereas the cases of cirrhosis were chiefly in males (85 per cent), the cases of chronic nephritis in the same necropsy material were nearly equally divided between the sexes (52 per cent males), again indicating the lack of correlation between alcoholism and chronic nephritis.

Our hygiene in the past would seem to have been more a moral hygiene than a scientific one. In a previous generation a health angle was sought for the promotion of various ascetic doctrines. Our present generation seeks health angles for the continuation of smoking, drinking, chewing gum, and similar pleasures. The pendulum of popular thought prefers the extreme of its travels.

*An Editorial in the June 18, 1932, issue of the *Journal of the American Medical Association*, Pages 2213 & 2214.

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CHRISTMAS

“AND numerous indeed are the hearts to which Christmas brings a brief season of happiness and enjoyment. How many families whose members have been dispersed and scattered far and wide, in the restless struggle of life, are then reunited, and meet once again in that happy state of companionship and mutual good-will, which is a source of such pure and unalloyed delight, and one so incompatible with the cares and sorrows of the world, that the religious belief of the most civilized nations, and the rude traditions of the roughest savages, alike number it among the first days of a future state of existence, provided for the blest and happy! How many old recollections, and how many dormant sympathies, Christmas-tide awakens!

We write these words now, many miles distant from the spot at which, year after year, we met on that day, a merry and joyous circle. Many of the hearts that throbbed so gaily then, have ceased to beat; many of the looks that shone so brightly then, have ceased to glow; the hands we grasped, have grown cold; the eyes we sought, have hid their lustre in the grave; and yet the old house, the room, the merry voices and smiling faces, the jest, the laugh, the most minute and trivial circumstances connected with those happy meetings, crowd upon our mind at each recurrence of the season, as if the last assemblage had been but yesterday. Happy, happy Christmas, that can win us back to the delusions of our childish days, recall to the old man the pleasures of his youth, and transport the traveller back to his own fire side and quiet home!”—*Charles Dickens*.

NOVA SCOTIA MENTAL HYGIENE SOCIETY

THERE is a distinct tendency on the part of physicians in the larger centres to think somewhat disparagingly of organizations supported largely by the laity ostensibly concerned with matters referring chiefly to the broad question of the health of the people. As far as this applies to Nova Scotia it may as well be finally disposed of at once and for all time. There exists the absolute necessity for these organizations in connection with our official activities

and our individual and collective efforts for community welfare. There is bound to be some overlapping, which it is our duty to prevent. In order that we can concentrate all efforts along the absolutely necessary lines. We would have made little progress along various lines were it not for such organizations as the Red Cross, the Victorian Order of Nurses, the Anti-Tuberculosis Societies, Women's Institutes and Councils, etc. And where would have been the Nova Scotia Training School at Brookside, Truro, N. S., were it not for the Nova Scotia Mental Hygiene Society? It would still be a goal only seen by a few who would never acknowledge defeat while permitted to remain on the track.

Some 70 odd years ago the care of the Insane became a vital question in Nova Scotia and in 1858 the opening of the Nova Scotia Hospital generally recognized then, or shortly thereafter, as the "Mount Hope Hospital." By 1895, it was crowded far beyond its capacity and a new system had to be adopted and we are only now throwing off the iniquity of the course adopted at that time of housing *harmless insane*, mental defectives and paupers in the cheapest kind of country houses. This was more than the intelligence of the people of Nova Scotia could stand and one of the first steps in advance was the establishment of a Provincial Mental Hygiene Society. This year that Society observes its 25th Birthday. It has not been the Government of Nova Scotia, nor its Department of Health that is responsible for the Training School; nor was it due to the medical profession in Nova Scotia, but rather to the persistent preaching and teaching of the public by this lay philanthropic organization.

Perhaps it would be wise for us to recall that a layman, Mr. Justice Hall, when Attorney-General of this Province, when a mixed commission brought in a report as to the need of the school, had legislation already prepared and immediate action was taken. But for some time previous there had been developing a feeling that the County institutions should have their paupers, mental defectives and insane better segregated. We now have several good institutions that are giving those mentally handicapped much more humane and practical assistance.

Nor is it necessary to mention the efforts being made in conjunction with the Department of Education to provide special teaching for those who may be regarded as backward pupils. The backbone of this present day movement along mental hygiene lines has been the 25 year old Society of which Professor S. H. Prince of King's College is now serving his eighth year as President. This rather labored introduction is for the purpose of saying that all propagandists appear to speak in an exaggerated manner as to the necessity of the reforms they advocate. Some medical men may always be found who will dispute the conclusions of these leaders and condemn the good because they do not agree with the full summary.

At the recent annual meeting both the President and several speakers emphasized the untoward results that follow in the wake of a period of old-fashioned Hard Times. That the death and sickness rate has not as yet shown any marked rise is accounted for by the knowledge that these effects are always in evidence in the near future. What has not been sufficiently recognized is that such periods of depression have a marked effect upon the mental stability of a large number of people. At least one result of the depression is already visible in the increased number of mentally defective that are being committed to institutions because they can no longer be cared for in penniless homes.

This period is, moreover, linked up with what must be generally admitted to be an increase in the tidal wave of criminality. It may not be in evidence at the time but it is the logical outcome of the disturbed conditions existing when many unemployed have nothing but time to put in brooding over their unfortunate position, for which they contend they are the sufferers, while an entirely different class are held responsible for bringing this disaster upon them. Discontent, unrest, resentment, retaliation, all occupy the mind and individual and mass disorder and crime follow naturally.

That the Nova Scotia Mental Hygiene will continue its educational work until Canada acknowledges our leadership in this realm of public health work and support every effort to this end will be the desire of all who love their Province and take pride in its achievements.

S.L.W.

ELSEWHERE in this issue will be found an historical account of one phase of our present day public health programme, the recent opening of the T. B. Annex to the City of Sydney Hospital. The Sydney Post from which we quote devotes a large part of one issue to the several phases of such an undertaking, pointing with very considerable pride to its accomplishment. With a very considerable newspaper type display, the Minister of Health tenders his congratulations to the City and to Cape Breton. This he does with his usual soundness of facts and absences of superlatives, but conveying very clearly the idea that an event of this kind is the result of combined effort on the part of the people, the Government and the medical profession. Health progress can only be made by united effort.

But this issue of the *Sydney Post* has an article from Dr. J. Knox McLeod, which for its historic interest should get into our medical annals. The only way to do this is to publish it in the BULLETIN. We feel, perhaps, that Dr. McLeod would have liked to have this changed to read a little differently for BULLETIN publication but the essential part is to get the record made in the first place. There is the making of a very interesting chapter in the coming Medical History of Nova Scotia for which Dr. McLeod's article constitutes a valuable frame work. Unless material of this nature is utilized it is likely to be lost for keeps.

When all is said and done the opening of this T. B. Annex is a mile-post in the medical and hospital history of this Province and sincere congratulations are due to all in any manner responsible for the efficiency and popularity of this enterprise, and it shall remain a monument to the credit of the City of Sydney, the Department of Public Health and the Government of Nova Scotia.

S.L.W.

THE NEW YEAR

THE sun is just rising on the morning of another day, the first day of a new year. What can I wish that this day, this year, may bring to me? Nothing that shall make the world or others poorer, nothing at the expense of other men; but just those few things which in their coming do not stop me, but touch me rather, as they pass and gather strength.

A few friends who understand me, and yet remain my friends.

A work to do which has real value without which the world would feel the poorer. A return for such work small enough not to tax unduly any one who pays.

A mind unafraid to travel, even though the trail be not blazed. An understanding heart. A sight of the eternal hills and the unresting sea, and of something beautiful the hand of man has made.

A sense of humor and the power to laugh. A little leisure with nothing to do. A few moments of quiet silent meditation. The sense of the presence of God.

And the patience to wait for the coming of these things with the wisdom to know them when they come."

"A Morning Wish," by W. R. Hunt.

Sayings of Elbert Hubbard.

The Greatest Mistake you can make in Life is to be continually fearing you will make one.

Folks who never do any more than they get paid for, never get paid for any more than they do.

Never Explain—your friends do not need it and your enemies will not believe you anyway.

PEACE PRIZES VS. WAR.

Again November 11th has come and gone. It is well that for many years we keep up the custom of trying to remember the lessons that Fate tried to teach us in those weary, heart-breaking years. Also, we must recall that much of this grief was suffered by those who had given all that was dear to them to bloody strife. In the present state of affairs much more attention is being given to certain economic aspects of War's havoc in the item of veteran relief that is now being paid by all the nations actually engaged in the fighting.

A recent issue of the *Rotarian* quotes the following from the *New York Times*:—

"The item of veteran relief alone has already assumed suffocating proportions, as the following figures, compiled by the *New York Times*, testify:

| | Men Mobilized | Dead and Wounded | This Year's Relief Bill |
|-------------------------|------------------|---------------------|----------------------------|
| United States | 4,355,000 | 360,300 | \$1,072,064.527 |
| Germany | 13,000,000 | 6,111,862 | 298,690,000 |
| France | 8,410,000 | 5,623,000 | 286,722,000 |
| Great Britain | 6,600,000 | 3,000,000 | 174,802,060 |
| Italy | 5,615,000 | 1,597,000 | 69,853,300 |
| Canada | 619,636 | 232,045 | 61,123,000 |

"Veterans' relief for 1932-33," the *Times* adds, "will embrace 5.8 per cent of British government expenditures; 17.5 per cent of French government expenditures, and 26.1 per cent of the federal expenditures of the United States."

Upon which the *Rotarian* further comments:

Sobering lessons stalk between columns of such figures. The Golcondas of wealth blasted into junk on the battlefields are among the least of the items that appear on Mars' ledger. The account books of a modern war cannot be closed at the signing of an armistice.

nor ten years later, nor fifty. Not until the last wounded survivor and his dependent have passed on can auditors accurately determine what in coin of the realm a war has cost.

The late Alfred Brernhard Nobel, creator of the Nobel peace prizes, thought that in developing destructive explosives he was helping make war so horrible that men would no longer dare to engage in it. The World War proves he was wrong. Nobel was an idealist; he should have been an economist. He would have been on a much sounder line of reasoning had he supposed that the dogs of war would be held in permanent leash only when it became too expensive to loose them.

That day, if we were aware of it, has arrived."

THE STATE MEDICINE PROBLEM.

The article on this subject in this month's issue will not be the first nor the last that Journal readers will see. Arguments pro and con are to be seen in the publications of every medical society. In the hospital we see only the richest and the poorest receiving the best medical and surgical attendance, while the middle class, the "poor but proud," and the rest of us, muddle along without calling a doctor till it's too late, and spend the price of a couple of hard-earned vacations to pay for one illness. The young medical man has paid, or has had paid for him, the price of at least six years' intensive teaching and study; has worked hard for no pay (even a labourer's) at an internship for one or more years; then, at the peak of his knowledge, can earn but a precarious living, till gray hairs and angina pectoris have made him a more trustworthy object to consult. When patients do come, he cannot afford to take holidays or post-graduate study, 30% of his bills are unpaid, 30% of his patients he expects to treat for nothing. The cost of proper medical care is going up, and the doctor is getting less for more knowledge, more work, more study.

Whether these problems are to be settled by State medicine, or whether they will be settled at all, we know not. Nevertheless, it behooves the medical profession to be ready to take the lead when the issue becomes a political one, as it did in England. Mr. Cathie's article shows up what has happened in England, despite the medical profession's bitter but disunited opposition.—*Medical Journal, University of Toronto, and University of Western Ontario Medical Journal.*

COLLECTING AGENCIES.

To All Readers of the BULLETIN:

When 'Times are Good' the doctor seldom worries about his past due accounts, although this is the proper time to take heed as they can be collected then. So he waits till he finds *himself* in need of money. Then he realizes that most of his delinquent patients are also put to it to make a diminished income keep the home fires burning. When he needs these payments most, they can hardly be regarded as gilt edged assetts.

It not infrequently happens that the cash income from a general practice is 50% or less, of the services rendered. When an indebtedness is a year old it has become very hard to collect and subsequent bills go into the waste basket. Then with the lean years he turns to the Collecting Agency to help him out of the hole he has digged for himself, by his own neglect. Then to cap the climax of errors he calls upon the Agency that charges the smallest commission. Too often, then, he finds that if there were any good accounts

in the lot it takes them all to pay the costs of trying to collect the really bad ones. His net receipts for his collection drive is nil and the accounts are lost forever.

Now, the BULLETIN has carried for several years the small, but appropriate advertising of a sound Collecting Agency: The Medical Audit Association of Toronto. Regarding the stand of the BULLETIN as to our advertisers, the manager of this Audit Association writes the BULLETIN as follows:

"Anyone reading the BULLETIN cannot help but be impressed with the fact that your pet hobby is the best interests of the Nova Scotia physician. And I know that upon reading this letter you're going to say to yourself—'How best can the Nova Scotia physician be protected against fake collection agencies'?"

Constant warnings in the columns of the Nova Scotia Medical BULLETIN are the solution. . . . Complaints are frequent about such agencies. . . . The only way to protect your readers would be to warn them repeatedly in your columns about these slick lads who call on them from the fake collection agencies. The doctor wonders at the stupidity of some foreigner who gets inveiled into a flim-flam game and hands over his money to a perfect stranger; and then the doctor, himself, turns around and hands over his own valuable past-due accounts to a perfect stranger.

Evidently the doctors need to be told very definitely what to do, Doctor. Why not urge them to not fail to consult you before handing over their past due accounts to any of these fellows. You can quickly secure a report on any firm which they represent."

Again we say to the members of the Medical Society of Nova Scotia, read the advertisements that appear in the BULLETIN and distribute your patronage accordingly. Furthermore, if some particular firm deals in some commodity that you prefer above others, please advise the BULLETIN; the firm will be glad to know it, and we will secure their advertisement for our Journal. Please also remember that the BULLETIN is dependant upon the advertisers for its very existence. Now let everyone give a boost.

S.L.W.

SEND IT IN.

(To the many Doctors who send the BULLETIN news items.)

If you have a bit of news,
Send it in;
Or a joke that will amuse,
Send it in;
A story that is true,
An incident that's new,
We want to hear from you—
Send it in.

Then we'll pass it to the Board,
Or the Editor-in-Chief,
For their careful censorship.
If 'tis duly then approved
Published it will be;
Provided only—that you
SEND IT IN!

—With apologies to the *Liverpool Advance*.



Christmas and New Year's Greetings


THE Bulletin of The Medical Society of Nova Scotia, its readers, and all members of the Society, would take this opportunity of extending to each other Sincere Christmas and New Year's Greetings. In particular, noting the very general purpose of our Advertisers to extend to us all their Greetings we wish at this time to advise them how greatly we appreciate their use of our pages. We realize that the field of our circulation is comparatively limited. We have, therefore, tried, we know very consistently, to render the best possible service to those whose patronage makes our publication of the Bulletin possible.

We are glad to note from the many letters recently received that this spirit of good friendship is apparently accepted by our advertising clientele. There has been no medical journal, in our experience of many years, that has received so uniformly kindly and appreciative letters from their advertising clientele, as has the Bulletin of The Medical Society of Nova Scotia.

To those who have advertised with us since our pages were open to advertising we are heartily extending a Christmas Greeting. To those who have become our patrons in recent years, or months, we wish to extend the same kindly Greetings. To one and all, we pledge our most earnest efforts to give you the best possible service during the year 1933.

Therefore, we wish you, one and all,—

A Very Merry Christmas and a Happy New Year.



In order to give better service to the medical profession the MEDICAL & HOSPITAL SUPPLIES LTD. are now located at Paramount Pharmacy of MacLeod Balcom Ltd., 17½ Spring Garden Road.

One objective of the BULLETIN is to bring the profession and the public more together in an understanding way. This has been quite in evidence with nearly every issue for the lay press reads and quotes from the BULLETIN regularly, re matters of general welfare. We are not sure that, if our professional reading clientele, were three times as large as at present, it would not still pay us to abide by our present professional lay liaison. In this particular we are entirely conversant with the true inwardness of what we suggest.

Department of the Public Health

PROVINCE OF NOVA SCOTIA

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

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

SPECIAL DEPARTMENTS

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

MEDICAL HEALTH OFFICERS' ASSOCIATION

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

COUNCIL

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

MEDICAL HEALTH OFFICERS FOR CITIES, TOWNS AND COUNTIES

ANNAPOLIS COUNTY

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

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

COLCHESTER COUNTY

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

ANTIGONISH COUNTY

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

CUMBERLAND COUNTY

CAPE BRETON COUNTY

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

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

DIGBY COUNTY

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

GUYSBORO COUNTY

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

HALIFAX COUNTY

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

HANTS COUNTY

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

INVERNESS COUNTY

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

KINGS COUNTY

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

LUNENBURG COUNTY

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

PICTOU COUNTY

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

QUEENS COUNTY

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

RICHMOND COUNTY

LeBlanc, B. A., Arichat.

SHELburne COUNTY

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

VICTORIA COUNTY

Gillis, R. I., Baddeck.

YARMOUTH COUNTY

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

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

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

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

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

HALIFAX, N. S.,
Dec. 19th, 1932.

*To the Medical Profession, the Hospitals and all who
Assisted in the Public Health Work:—*

At this period of the year it is fitting that we turn back the calendar and review to some extent the work of the past months.

In connection with the tuberculosis problem, a ten bed annex was opened at Inverness last year in conjunction with the Inverness Memorial Hospital. In the middle of April, the new Infirmary at the Kentville Sanatorium was opened, providing eighty-four beds for the tuberculous sick, and later on in May, a twelve bed annex was opened in connection with St. Mary's Hospital at Inverness. The latter part of the year saw the opening of two annexes, one at Sydney with a capacity for forty-four beds, and another at St. Martha's Hospital, Antigonish, with a capacity of fifty beds. This brings the total of beds for tuberculous patients up to five hundred and forty four, which is a little above the minimum requirement based on yearly deaths. It should enable us, for the first time in the history of our Province, to make a stand against tuberculosis with fair prospects of success.

The Department has also increased our Nursing Service by adding nine Nurses, each having an allotted area under one of our tuberculosis clinicians. These Nurses are giving part of their time and attention to school work. We believe that many of the ills that flesh is heir to, can be escaped if disease conditions are recognized early in the school children and preventive measures adopted.

While expressing satisfaction I must not forget to thank all who have assisted in the work. We have been through another year of rather hard times and yet we still find that the Doctors, Nurses, Hospitals, Municipalities and the numerous voluntary organisations carry on with that same spirit which has ever characterised our people.

To all of you who have in one way and another assisted in the bringing about of better health for the people of our Province, I desire to extend my most hearty felicitations, and to wish you and yours a very Merry Christmas and a Bright and Prosperous New Year.

Yours sincerely,

G. H. MURPHY,
Minister of Public Health.

ONTARIO COPIES NOVA SCOTIA.

BELOW is a reprint from a Toronto paper. We are very pleased indeed, that the same system undertaken by the Department of Health for the Province of Ontario and recommended by Dr. Joseph Colt Bloodgood, eminent Baltimore surgeon, was created in Nova Scotia by the present Minister of Health, The Hon. Dr. G. H. Murphy, over a year ago. In this province, the department under Professor Ralph P. Smith has already justified its existence and is doing good work. Its initiation in this province was regarded as a primary step in dealing with the cancer problem.

Biopsy, or the laboratory examination of bits of tissue of living persons, a medical service endorsed as an aid in the early diagnosis of cancer last week end, has already been undertaken officially by the Provincial Department of Health. The system was highly re-

commended by Dr. Joseph Colt Bloodgood, eminent Baltimore surgeon, visiting Toronto on Saturday. It was intimated that a tissue examination service would be one weapon used in the Provincial Cancer campaign. A special central laboratory for the purpose has now been functioning for two years in the basement of the Banting Institute of the University of Toronto. Subsidiary centres in other parts of the province will be established within a short time.

The service is attracting increased attention from physicians and surgeons throughout the Province, who will submit this year some 3,000 samples of suspected material, in most cases sent in for the expert opinion of specialists as to whether some malignant disease is involved. Expeditious service is provided by the laboratory. Examinations formerly costing \$5 to \$10 each when conducted by private laboratories are now available for the nominal fee of \$1.00 in the case of paying patients.

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 | 15 |
| Tumours, simple | 13 |
| Tumours, suspicious | 1 |
| Other conditions | 61 |
| Awaiting section | 8— 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 Oct. 19th, 1932 until Nov. 16, 1932.

| County | Infantile Paralysis | Meningitis | Cer. Sp. Meningitis | Diphtheria | Chicken Pox | Influenza | Measles | Mumps | Pneumonia | Scarlet Fever. | Small Pox | Typhoid Fever | Paratyphoid | Tuberculosis, pul. | Tubep. other forms | Whooping Cough | V. D. G. | V. D. S. | TOTAL |
|-------------------|---------------------|------------|---------------------|------------|-------------|-----------|---------|-------|-----------|----------------|-----------|---------------|-------------|--------------------|--------------------|----------------|----------|----------|-------|
| Annapolis..... | | | | 1 | 1 | 1 | | | 1 | | | | | 1 | | | 1 | | 6 |
| Antigonish..... | | | | | | | | | | 1 | | | | | | | | | 5 |
| Cape Breton..... | | | | | | | | | | 4 | | 1 | | | | | | | 5 |
| Colchester..... | | | | | | | | | | 1 | | | | | | | | | 1 |
| Cumberland..... | | | | | 12 | | | | | | | | | | | | | 1 | 13 |
| Digby..... | | | | 1 | 10 | | | | | | | | | | | | | | 12 |
| Guysboro..... | | | | | | 1 | | | | | | | | | | | | | 1 |
| Halifax..... | | | | | | | | | | 1 | | | | | | | | | 1 |
| Halifax City..... | | | | 8 | | | 4 | | | 11 | | 3 | | 2 | | | 1 | | 26 |
| Hants..... | | | | | | 10 | | | | | | 2 | | | | | | | 10 |
| Inverness..... | | | | | | | | | | | | | | | | | | | |
| Kings..... | | | | | 8 | 11 | | | 1 | | | 1 | | | | | 3 | | 23 |
| Lunenburg..... | | | | | | | | | | | | | | | | | | | |
| Pictou..... | | | | | | 8 | | | | | | | | | | | | | 8 |
| Queens..... | | | | | | | | | | | | | | | | | | | |
| Richmond..... | | | | | | | | | | | | | | | | | | | |
| Shelburne..... | | | | | | | | | | | | | | | | | | | |
| Victoria..... | | | | | | | | | | | | | | | | | | | |
| Yarmouth..... | | | | 4 | | | | | | | | 1 | | | | | | | 5 |
| TOTAL..... | | | | 14 | 31 | 31 | 4 | | 2 | 18 | | 2 | | 4 | | | 5 | | 112 |

RETURNS VITAL STATISTICS FOR AUGUST 1932.

| County | Births | | Marriages | Deaths | | Stillbirths |
|------------------|--------|-------|-----------|--------|-------|-------------|
| | M | F | | M | F | |
| Annapolis..... | 18 | 13 | 8 | 5 | 2 | 2 |
| Antigonish..... | 14 | 11 | 4 | 6 | 4 | 1 |
| Cape Breton..... | 120 | 141 | 75 | 49 | 47 | 5 |
| Colchester..... | 22 | 24 | 16 | 8 | 13 | 3 |
| Cumberland..... | 24 | 32 | 29 | 15 | 14 | 1 |
| Digby..... | 17 | 16 | 5 | 8 | 6 | 0 |
| Guysboro..... | 12 | 9 | 3 | 9 | 5 | 1 |
| Halifax..... | 107 | 126 | 94 | 56 | 62 | 11 |
| Hants..... | 28 | 22 | 18 | 10 | 4 | 0 |
| Inverness..... | 8 | 15 | 18 | 5 | 2 | 0 |
| Kings..... | 15 | 18 | 33 | 8 | 15 | 3 |
| Lunenburg..... | 20 | 30 | 22 | 7 | 18 | 1 |
| Pictou..... | 34 | 19 | 21 | 13 | 10 | 0 |
| Queens..... | 5 | 13 | 12 | 3 | 3 | 0 |
| Richmond..... | 9 | 12 | 5 | 2 | 3 | 1 |
| Shelburne..... | 13 | 13 | 8 | 12 | 5 | 2 |
| Victoria..... | 6 | 8 | 4 | 3 | 5 | 0 |
| Yarmouth..... | 7 | 10 | 22 | 5 | 2 | 1 |
| | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> |
| | 479 | 532 | 397 | 224 | 220 | 32 |
| TOTALS..... | | 1011 | 397 | 444 | | 32 |

Royal College of Surgeons of England.

At the request of the Canadian Medical Association, the Royal College of Surgeons of England has conducted its primary examination in Canada on three occasions, namely, 1929, 1930 and 1931. The number of candidates and the results in each instance follows:

1929—Twenty-three (23) candidates, of whom nine (9) were successful.

1930—Thirteen candidates, of whom three were successful.

1931—Seven candidates, of whom two were successful.

We are not unmindful of the fact that the Royal College of Surgeons of England paid Canada a great compliment in sending their examiners to us,—something which had never been done before in any part of the Empire. The officials of the College feel, however, that they cannot continue to hold the primary examination in Canada unless twenty-five candidates at least present themselves for examination. Your Executive Committee is desirous of giving wide publicity to this fact, and has already taken steps through the several medical schools in Canada to acquaint the student body and the younger practitioners with the proposal. An examination will be held in Canada in 1933 if a sufficient number of candidates make application. Otherwise, your Executive Committee recommends to Council, that the examination be deferred until such time as the number of candidates warrants.—C. M. A. *Journal, Supplement, September, 1932.*

Hospital Service

WESTERN KINGS MEMORIAL HOSPITAL.

LAST Wednesday on October 19th, six student nurses of Western Kings Memorial Hospital graduated.

Dr. A. MacD. Morton, of Halifax, born at Woodville, and attending school in Berwick, was welcomed to the hospital and presided at the graduating exercises.

The principal speaker was Dr. J. G. MacDougall, who considered "The significance of a hospital in a community."

The *Berwick Register* thus summarized the five principal points of his address:

"1. The Hospital is a noble ideal, a blending of the spiritual and the material (or physical) and as such it makes its appeal to the best that is in us—the spirit, the soul, which is always responsive to the suffering and the needs of others and inspires and promotes the service which is ours to give, a great privilege and no less a duty. It is impossible to measure the joy and the satisfaction that comes to those who visualize this ideal, and in thought, word and act help to express in beneficently effective ways.

What was said of the quality of mercy applies with equal force here. "It blesses him that gives and him that takes. It is mightiest in the mighty."

What is true of the individual is true of the community and the value received as a community in conjoint practical christian action transcends immeasurably that of the dollars expended. When spending your money to support the hospital, or when supporting it in any way you are putting the value in the right place.

2. The hospital is the common meeting ground for every person in the community. It matters not what one's station in life may be, or what his race, or creed; sickness lays its cruel hand on all alike, and at such a time it is to the hospital we look for the service that is most comprehensive and efficient. There is no substitute for it and no equivalent, even in the best homes. In health we find the people divided in their views, and give allegiance accordingly. Some worship at one altar, some at another—many groups, as you know; some are allied with one political party, some with another; one cherishes the Masonic order, another the Oddfellows. There is just one institution of which we are all members, whether we think so or not—the Hospital; and in our health it is well, as good citizens, to think of it in this way for it proclaims to us the Brotherhood of Man; the need we have in common; the help we can and should give each other; revealing to us the broad and better outlook on life, and fuller satisfaction and buoyance in living and doing. People may not be conscious of what a potent influence the hospital exercises in the community in this respect. I am assured that it does exert this influence through many and varied channels and varied ways for the good of all. It leavens the entire community.

3. I might also point to the Hospital as an educating influence in the community, (1) in general, (2) along the lines of preventive medicine, and (3) health problems in general, and for the individual who needs and receives its service.

4. The Hospital makes it possible for medical men to develop their resources to the greatest possible degree, and to work cooperatively, with the result that whether in the home or the hospital, the public are getting an ever improving medical care.

The improvement that has occurred in medical knowledge and skill in this province directly due to the community hospital is remarkable, and it is a feature which one contemplates with great satisfaction and indeed one might say, justifiable pride. You are all partakers of these benefits.

5. Finally, the Hospital makes it possible to train nurses in the art and science of properly caring for the sick, and to give service to humanity in other departments such as public health, schools, teachers, etc., etc., and it is with pleasure that we are all here tonight to honor the graduating class of your hospital. I am quite aware that all I have said is not new to you. I have a purpose. In these times of confusion, instability and sore economic trials, it is no easy matter to get the money to maintain a hospital service. It is well at such a time to consider where the real values lie. In fact, in our day and generation we have never had forced upon us as now, what constitutes real and abiding value. We are surely all becoming convinced that it is not in the realm of material things. If, by repeating and emphasizing what the hospital ideal represents and accomplishes in your community as a thing of enduring value, one has given stimulus and encouragement to carry on this great service with ever increasing enthusiasm and efficiency, I shall not feel apologetic."

DECREASE IN PAYING PATIENTS.

According to a report of the Canadian Hospital Council there is general and steady falling off in private ward patronage during the past three years, and a relative, and in many instances, actual increase in public ward patronage.

"As public ward service whether to paying or indigent patients is, in most provinces, provided considerably below actual cost, the drop in private patronage is of the most serious import. In one large hospital this decrease last year amounted to 80%.

"Associated with this drop in revenue has been a proportionate increase in out-patient department patronage, and an increasing number of transients for whom no municipality assumes responsibility, both instances presenting a heavy drain upon the hospital resources.

"Unless hospitals are relieved to a greater extent of the financial burden of the indigent and the transient, many municipalities may be compelled to take over their local hospitals and their accumulated deficits and other indebtedness to keep them open for the sick people."—*Canadian Press Dispatch*, October 22nd, 1932.)

Is Your Equipment Complete? Says Bill to Tim: "Is Jack's wife any better, or does she still keep on nagging him?" Says Tim to Bill: "Last I 'eard was that she 'ad gone into 'orspital for this 'ere violent rage treatment."

The Colchester County Hospital Trust Company has made a good financial showing for the past year despite the depression. A working balance of \$328.20 was reported at a recent annual meeting. Total receipts for the year were \$29,610.32, and expenditures \$28,212, an improvement over the previous year.

Everything in the financial line is a serious matter these days, and hospitals are not exempt from these trials. We note that for the year ending September 30th, 1932, the City of Sydney Hospital went behind at the rate of over \$1,000 per month. On the other hand, we have noted that some of the smaller hospitals, run chiefly by a Ladies Auxiliary have managed to come through with a clean sheet. We wonder if there is the same willingness to pay to the municipal hospital as to these wholly dependant upon local support?

Press reports indicate that very considerable changes are being made in the general administration of the Royal Army Medical Corps. Among other things, as cutting down of over-head, that hydra-headed monster that has long been the mark of our criticism, we are inclined to regard this as possibly one of those things that least deserves criticism. But we do wish to approve of the tendency to cut out the smaller hospitals, and, particularly, the many convalescent hospitals, that covered England for some time after the war was ended. It became quite a fad of the English people of standing and some wealth to turn their homes and estates over to the Army for Convalescent Soldiers, under, of course, general supervision. We saw them all over England in 1918 and 1919 and considerably in 1920, and they were an awful nuisance. We went batty at that time on Convalescent Hospitals, few of which were equipped with anything more than a very strong humane desire to be a friend and companion TO THE WOUNDED SOLDIER. It should become very generally recognized that, perhaps, the best interests of patients are not always served by small hospitals that are not fully equipped. This is what the Army Medical Corps in England has apparently recognized and bed accommodation with special equipment, and that all modern has been installed in larger bed hospitals.

We notice that one hospital is organizing the boys and girls into health clubs. Several of these clubs have been started in Antigonish County, and are named "Saint Martha's Hospital Health Club." Every other hospital in Nova Scotia should enlarge its opportunities along this and kindred activities.

Good Old Santonin. Time was when every baby and young child had worms, so the mother said; and often they had. Santonin, from the tenth of a grain to one or two grains, was generally prescribed and every doctor had the tablets on his shelves or in his grip. But it remains for an Ohio religious weekly paper to explain that this old drug is a cure for appendicitis and, also, typhoid.

"It is known that only about three out of every one hundred operated upon for appendicitis really have a diseased appendix needing removal. We give below a simple cure for appendicitis symptoms. The pain in the appendix region is caused by the biting of worms near the junction of the transverse colon with the small intestines, low down on the right side of the abdomen. This remedy is recommended also for typhoid fever, which is also a worm disease. The medicine is *Santonine* dose, three grains an hour before breakfast; repeated for four mornings, or until all symptoms disappear. Then one dose per month for three months to eradicate all germs. This recipe is of *incalculable value*. Not only will it save the surgeon's and hospital fees of perhaps \$200, but it saves weeks of ill health, inconvenience, convalescence and loss of salary."

Branch Societies

COLCHESTER-HANTS MEDICAL SOCIETY.

THE daily press announced: "The Colchester and Hants Medical Society, active for twenty-five years, to-day disbanded."—Nov. 1st, 1932.

The Maritime Medical News for July, 1907, has the following reference to the amalgamation of the Colchester Medical Society, founded in 1883 with the Hants County Medical Society.

"The Medical Societies of Colchester and Hants met in Truro, Tuesday evening, May 21st, 1907, and made a formal amalgamation. A constitution was adopted. The officers elected were:

President—Dr. J. B. Black, M.P., Windsor.

Vice-President—Dr. Margeson, Hantsport.

Secretary-Treasurer—Dr. H. V. Kent, Truro.

Executive Committee—The officers and Dr. Yorston, Truro, and Dr. Reid, Windsor.

The banquet at the Stanley House was most enjoyable. Speeches, readings and music helped pass a merry evening."

Having been a party to this amalgamation the writer notes that train accommodation between Truro and Windsor had recently been opened by the Midland Railway and the service was very suitable for an afternoon or evening meeting, with the minimum loss of time. Then each society had a limited membership and it was felt, with this improved transportation, the meetings would be of greater value to the profession if a larger number attended. Largely due to the tenacity of purpose of the Secretary for twenty-five years meetings of the amalgamated Society were held quarterly, in either Truro or Windsor. In recent years the train service was such that a one session meeting took nearly two days of the doctor's time, while the roads in Hants County were not attractive to the hurrying physician if going by auto. The impression gained ground, particularly in view of the importance of a large attendance at the C.M.A. Post Graduate Lectures, that the doctors in West Hants would be better served by linking up with the Valley Medical Society, when its meetings were held in the Eastern part of its district, while Eastern Hants would be more conveniently served by a meeting held in Truro.

These things are not done in a day and it has been two years since this matter was first openly considered. Very pleasant associations were connected with this series of meetings for 25 years and only the best interests of the greatest number brought about. Ten to twelve doctors in Hants West will, at least for a time, be guests of the Valley Medical Society, making the total membership of the latter Branch some 55 or more members. This brings up another question: Will the Colchester Branch desire to link up with another county branch, as Cumberland, or shall it be better to develop its own resources. We believe that 12 to 15 members is a sufficient nucleus for a successful medical society in Nova Scotia.

S.L.W.

Correspondence

AN APPRECIATION.

Whycocomagh, N. S.,
Nov. 19th, 1932.

S. L. WALKER, M.D.,
General Secretary,
The Medical Society of Nova Scotia.
Halifax, N. S.

Dear Dr. Walker:

I very much regret that I did not acknowledge receipt of your letter dated October 29th, earlier, as I intended. However unworthy, I feel the compliment paid me by the Medical Society of which you are General Secretary, a great honor. At my age the closing scenes cannot be far distant, and believe me during the remainder of my days I shall cherish this gracious act a real compliment.

As you suggest, I may at some future time give you a few stories of events bearing on my career as a practicing physician. But then how can a man write of himself and his doings?

Trusting that the Medical Society shall go forth from strength to strength, and with my very best wishes for all concerned.

Yours very truly,

H. N. MACDONALD.

HEALTH RAYS MAGAZINE.

Being invited by the Editor of *Health Rays Magazine* to write a note for the Christmas number of that publication, the Secretary of the Medical Society of Nova Scotia contributed the same, and is now in receipt of the following acknowledgement:

"Dear Doctor Walker:

Many, many thanks for your clever and timely contribution to *Health Rays*. We appreciate it beyond words and feel highly honored at being privileged to publish something from your versatile pen.

Again thanking you, and wishing you continued success, together with our heartiest wishes for a very enjoyable Christmas Season.

Yours sincerely,

HEALTH RAYS,

G. HAROLD MURPHY."

Kentville, Nov. 23, 1932.

False Rumors Concerning Viosterol Denied by Dr. Steenbock.

Ever since viosterol was offered to the medical profession about 4 years ago, it has been attacked by various persons. Some of these attacks no doubt were sincerely motivated, but others were seized upon and exaggerated by interests who had no viosterol to sell.

Recently a new form of anto-viosterol propaganda has been reported by physicians all over the country. It is circulated by word of mouth—never in writing—and the apparent purpose is to influence physicians to prescribe vitamin D agencies other than viosterol.

Physicians are being told, for example, that Dr. Harry Steenbock has “condemned” viosterol, that the Wisconsin Alumni Research Foundation “would withdraw viosterol from the market in 90 days,” etc., etc.

In answer to these malicious lies, Dr. Harry Steenbock makes the following statement:

“Viosterol in its various forms has to date been found fully as valuable in medical practice as was anticipated at the time that it was first introduced to the American markets. Up to the present time there have been no reports of any untoward effects from its administration, although originally it was anticipated from the results of animal experiments that some cases of intoxication might result from its use in human medicine. . . . I see no necessity for reversing my original opinion as to its outstanding merits in any way whatsoever. Any statement to the contrary can be definitely labelled as false.”

Physicians can draw their own conclusions and form their own opinions of any house that resorts to sharp practices by allowing their representatives to spread unfounded whispering campaigns against a valuable therapeutic agent that has endured four years of the most searching experimental investigation and clinical use not only in rickets but also for controlling calcium-phosphorus metabolism generally.

Mead Johnson & Company Ltd., Bellville, Ont., Can.,
Pioneers in Vitamine Research.

Then he worked. “How long have you worked in that office?” “Ever since they threatened to fire me.”

Not so far off at Present. “My eldest son is taking Medicine at the University.” “Why, what’s wrong with him?”

“If I were trying to match politeness” said the angry woman customer glaring hard at the shop assistant, “I’d have rather a hard job finding it here.” The assistant was equal to the occasion. “Let me see your sample, Madam, please,” she said.

His Life’s Work. The agitator who has gone off to a sugar plantation to raise cane.

Our Exchanges

THE ACADIA ATHENAEUM.

ALTHO a Life Member of the Alumni of the University of Acadia, the writer has not very often made reference to this very excellent University publication. Like medical local journals and many, if not all, other journals, even college publications change from decade to decade—it hardly takes that much to-day to notice the change—it took more than that fifty years ago. It is a privilege of old age to criticise the modern methods, why that privilege has been recognized never was made very clear. At least it can be said to be a healthful brake, and all things that go forward should have good brakes.

But it does not always happen that the old man wants to go back to the old methods. To-day the *Athenaeum* seems to fill the demands of a University Journal better than ever before. It has added to its duties those of encouraging the student body to exercise to the largest possible extent their journalistic abilities a very desirable feature of a college education. We are also glad to note that the College Clown has been given much more space, for it is much better to laugh than to cry or grouch.

Did we want anything more we venture to suggest something more about the curriculum itself, something of the courses that are given. We should have some intimation as to what our children have been studying while we were desperately trying to forward them the necessary expense money. But, in any case, our heartiest congratulations to those responsible for the publication of this interesting University Journal.

The Casket, of Antigonish, devotes a great amount of its reading space to subjects relating to Health. Evidently *The Casket* believes the following case report will be of interest to the medical profession, for it came to the BULLETIN a few days ago:

DIAGNOSIS

Dr. Hookem-Dr. Slicem. Disease—Acute Golfitis. **Patient**—Homo Americanus.

Date—September 3, 1932. **Place**—Locker Room.

Occasion—Acute Golfitis is such a frequent disease that two specialists in mental diseases, Dr. Hookem and Dr. Slicem, have collaborated for the purpose of diagnosing cases of the affliction and offering the best possible remedy.

History.—Golfitis originated among the shepherds of Scotland about five hundred years ago. Since its very origin the disease has always appeared in an acute form. No mild cases have been reported by reliable physicians or specialists, although some cases of the milder forms of mental disorder have apparently been mistaken for it. For several centuries, like Gout, it seems to have been confined largely to the nobility and the wealthy classes.

Etiology—The case of Golfitis seems to have some connection with an excess of leisure time. Although the disease is unquestionably brought on in most cases by accidental contact with persons already contaminated, it has not been proven that poor heredity predisposes to Golfitis. It generally attacks persons between the ages of eight and eighty, although some cases have been reported above and below these ages. As regards the proportion of sexes affected, the male predominates in the ratio of 5-1. The only races so far uncontaminated are the Esquimaux and the Bolshevik.

Diagnosis—The disease is characterized by the fierce onslaught.

The disorder appears in full force from the beginning and so demoralizes the patient that no help in fighting it can be expected from that source. The fact that it breaks out immediately after exposure is a great aid in diagnosis, but a great disadvantage in treating it. The onslaught is followed by sleeplessness, irritability, and enormous increase in appetite. Later little faults of memory appear; the patient mixes words and becomes indifferent to the higher sentiments, he also loses interest in his family and in important affairs, errs in appointments, becomes inaccurate in handling simple problems in arithmetic, seldom being able to count above five without help, and is easily angered. He suffers from the rushing of blood to the head, mild attacks of convulsions and loss of the sense of time. He has moods of exaltation and depression, peculiarities and incoherence of speech, grandiose ideas of his athletic ability and melancholy delusions about his handicap. Many show a tendency to gamble and quarrel.

Morbid Oratory—The physical changes show a great increase in the size of the chest a peculiar gleam of the eye, and a great increase of heart and lungs, and also an increase of general vitality and unquenchable thirst. Due to a certain provision in the Constitution in the United States during the last decade and more, no proper treatment can be advanced for this last ailment. Consequently there has been an alarming spread of Golfitis, almost to the proportion of an epidemic. But where, by chance, the proper medicine has been available the patient invariably shows a rare aptitude for oratory; in fact, he becomes so persuaded of his powers of oratory that he is willing to declaim with or without conventional adornment. During this period of the attack even bankers have been observed to become enthusiastic.

Treatment—Owing to the helplessness of these cases the patient is usually committed to a country club or some other institution of this sort, although many return to their homes at intervals. Since there is no hope of effecting a cure, it is best to make the patient as comfortable as possible and give him nourishing food. Be careful not to interrupt him in his ravings and see that he is not burdened with business or professional cares.—*Holy Name Journal*.

The Depression General. Recently the *Seattle Times* carried the following classified advertisement:—

“**Chiropractor** doctor offers services as private chauffeur. Excellent references.”

“You must wake and call me early, call me early, mother dear.” That was often said to mothers by the girls of yesteryear. But the girls now tell their maters as they start out for a spin; “You must wake up early mother, someone’s got to let me in.”

Skates the Apple of his Eye. Sandy was the hero of his school, for he had rescued his friend from disappearing through a hole in the ice. Some days after the event the head master called the boys into the big hall, where he was going to present the hero with a gold watch and chain. The presentation was duly made. Afterwards the Head said: “Now tell us what prompted you to do this heroic action, Sandy?” Sandy shifted nervously and said:—“Well, sir, Lindsay had my skates on at the time.”

Shoemaker:—“Well here are your shoes all soled. Where is the money?”

Scotsman:—“Yes, where iss it? Your sign says,—shoes soled while you wait for a dollar. I’m still waiting for that dollar.”

OBITUARY

JOHN ALEXANDER MUNRO, M.D., McGill University, 1905, Amherst, N. S.

After an illness of some two years duration Dr. J. A. Munro of Amherst died in hospital in Halifax, October, 13, 1932.

He was very well known in Cumberland County, particularly in River Hebert, Joggins and Minudie where he lived for many years practising there for some time prior to removing to Amherst. Dr. Munro was born at Truro, a son of Robert and Jessie Munro.

A newspaper correspondent writes of him as follows:—"Dr. Munro saw extensive service in France during the War. A member of the old 93rd. Cumberland Regiment, in 1916 he went with the 185th. Cape Breton Battalion in the Highland Brigade as Medical Officer. In his overseas service he was first with the 14th. Canadian Field Ambulance Corps in France and then transferred to No. 7 Stationary Hospital, Dalhousie Unit.

Later he was with the 57th. Field Ambulance and also served for a period in the 10th General Imperial Hospital. For a short period he was with the 8th. Canadian Field Ambulance and finished his military service with the 9th. Battalion of Canadian Engineers, and was demobilized on March 31st. 1919.

Dr. Munro was much interested in civic and county affairs. He was President of the Liberal-Conservative Association in Cumberland for a number of terms. He was a prominent Mason, being founder of King Edward Lodge at River Hebert as well as D.D.G.M. for the County. His funeral was held October 17th. under Masonic auspices."

Dr. Munro is survived by his wife and one son, John, who have the sympathy of the Members of the Medical Society of Nova Scotia.

DUGALD STEWART, M.D., University of New York, 1892, Bridgewater.

On the morning of Nov. 7th, 1932, Dr. Dugald Stewart, one of the best known medical men in the Province passed away from a complication of diseases at his home in Bridgewater.

Dr. Stewart was born at Upper Musquodobit in December 1862, his father was John Sprott Stewart, one of the outstanding men of a community which developed many such characters. His mother was Sarah Jane Archibald, a member of a large and notable family, also a native of Musquodobit.

Nearly all the young men and women of this period and living in this district, obtained the best possible education. Most of them becoming teachers and subsequently ministers, lawyers, doctors, etc. etc., The profession in Nova Scotia found many of their most brilliant representatives among those who were brought up in the Musquodobit and Stewiacke Valleys.

Following his local school and his training at the Provincial Normal School, he entered the teaching profession and before beginning the study of medicine he was Principal of the Shelburne Academy. He graduated in Arts

from Dalhousie in 1886, and in Medicine from the University of New York in 1892. Shortly after graduation he took up practice at Bridgewater with the late Dr. J. F. Calder. After Dr. Calder's removal to California, he went into partnership with his brother-in-law, Dr. Fred Kelley, which continued until Dr. Kelley's death.

Dr. Stewart was married to Dora, daughter of the late Captain and Mrs. William Kelley, Shelburne. She and two daughters survive,—Miss Evelyn Stewart a music teacher at Bridgewater and Dorothy, the wife of Mr. A. D. Baxter, Bank Manager at LaHave. He leaves besides the immediate family one brother Norman of Musquodobit, and three sisters, Miss Jane Stewart, Halifax, Miss Bertha Stewart and Mrs. Henry of California.

Dr. Stewart will be remembered by many who followed the foot ball game of the late 80's and early 90's of Dalhousie. Large of frame and heavy yet he was hard to overtake and harder still to tackle on the football field. For many years after his chief physical pleasure was in long strenuous walks or hikes. To keep pace with him was impossible, to follow it called for the greatest exertion.

If there was one characteristic more than another that may be attributed to Dr. Stewart, it was that he felt himself to be a citizen of the community in which he lived besides being a medical practitioner. He thus took a very prominent share in the civic activities and welfare of his town and county. The opportunity for friendly co-operation with other people in good works led him to become a prominent member of the I.O.O.F., of which, he was one year Grand Master of the Grand Lodge of the Maritime Province of Canada, and Newfoundland. He was also a prominent Mason. Naturally civic honors were practically thrust upon him and he was Councillor and Mayor of the Town in which he lived on several occasions. In this connection a newspaper correspondent writes as follows:—

“Dr. Stewart always took a keen and active part in the work of the community, serving as councillor from 1901 to 1907 and as Mayor from 1907 to 1909. The beautiful maple shade trees that adorn the banks of the river in the town are a monument to him, for it was he who ordered them planted while in office as mayor. As a professional man he was held in high esteem by the many he ministered to. Being big of mind and heart, his many acts of charity to his unfortunate friends have left their marks in memories where his name will be held dear.”

As may be expected in a man of such marked ability for leadership it was only natural that his Conservative ancestry should mark him as a logical representative of that party in Lunenburg County. He was elected in the general election in 1911 and removed to Halifax with his family where he resided until six or seven years ago, when he returned to his former home. In 1914 he was appointed a Major in the C.A.M.C., and was officer in charge of the Y.M.C.A., Hospital in Halifax. He was later attached to the D.S.C.R., until 1920.

In his profession he was highly esteemed both by his own patients and by his medical confreres. For many years he was an active member of the Medical Society of Nova Scotia and attended most of its gatherings.

To Mrs. Stewart and his daughters the members of the medical profession in Nova Scotia will extend sincere sympathy.

JAMES DOUGLAS DENSMORE, M.D.,C.M., Halifax Medical College 1877, Manchester, New Hampshire. Honorary Member of the Medical Society of Nova Scotia.

Under date of November 27th., 1932, the General Secretary received a letter from Mrs. D. C. Lamprey stating that her Father, an Honorary Member of the Medical Society of Nova Scotia had died that evening at her home in Manchester, N. H., being formerly of Port Clyde, N. S. "He had a shock about 5.30 p.m. and passed away about 8.15."

Dr. Densmore was born in Shubenacadie, January 20th, 1844, both his father and mother of Scotch descent belonging to the family of that name that originally largely populated that section of our Province in the early days,—James Ellis Densmore and Sarah Campbell Densmore.

He received his early education at the local schools, the Normal College at Truro and at Mount Allison University. After teaching for some time he married Mary Ann Cox of that same district in January, 1869. Then he entered the newly opened Medical College at Halifax and graduated from there in 1877. His passing marks the decease of the earliest living graduate of that Institution. Both Doctor's Finlay McMillan and Robinson Cox have hitherto headed this list.

The BULLETIN regrets to note that in its issue of February 1929, in a list of the twenty-five oldest living graduates of Dalhousie University Medical School, which was headed by both Doctors MacMillan and Cox, should have had the next entry, Dr. Densmore, who was however at that time non-resident in the province. According to this list at the present time Dr. W. B. Moore, formerly of Kentville, is the oldest living graduate having graduated, in 1879.

After his graduation he located at Port Clyde in Shelburne County and practised there until he was succeeded by his son, Dr. James D. Densmore, Jr. who graduated from the College of Physicians and Surgeons, Baltimore, 1909, locating in his father's district very shortly afterwards. As old age developed he gradually withdrew from practice and some two years ago removed to Manchester, N. H., to reside with a daughter, Mrs. D. C. Lamprey.

Dr. Densmore in recognition of his more than fifty years of practice in the province, and that his work was being carried on by his son, was in 1928 unanimously elected to Honorary Membership in the Medical Society of Nova Scotia. Apart from the extended length of his practice this was an expression of opinion by the medical profession in Nova Scotia that during that long period of time he had worthily upheld the principles that inspired the ethical and professional conduct of medical practitioners in this province.

Those who will mourn his passing in the immediate family are our present member of the Society Dr. J. D. Densmore of Port Clyde, Mr. Geo. E. Densmore of Port Clyde, sons, and daughters, Mrs. Sturgeon, Mrs. Sears, in Mass., and Mrs. Lamprey in Manchester, N. H., with whom the deceased resided in recent years.

The Medical Society of Nova Scotia extended its sympathetic regrets to the surviving members of the family and requested Dr. J. W. Smith of Liverpool to attend the funeral, which was held at Port Clyde on Sunday, December 4th.

WILFRED NORTHUP COCHRAN, M.D.,C.M., Dalhousie 1901, Mahone.

With startling suddenness the call came to Dr. W. N. Cochran of Mahone at an early hour Saturday evening, November 5th., 1932. About his work as

usual he returned from making professional calls near 6 P.M., at once complained of not feeling well and almost immediately passed away. For several years this has been to him a possibility, but at that its suddenness comes as a great shock to the family and friends.

Doctor Cochran was a member of an old family formerly resident in Newport, Hants County. His father was Charles Cochran and his mother Annie Chambers of the same district in Hants County. Dr. W. N. Cochran was born at Newport, July 1st., 1877, and at the time of his passing was in his 56th. year. He received his early education at the local public school, then at the Academy at Horton Landing and the Halifax Academy. He entered the Dalhousie Medical School and graduated in 1901. He interned a year at the Victoria General Hospital and spent nearly three years in Cape Breton, locating in Mahone in 1905. He developed a very satisfactory practice and was highly regarded throughout that portion of the Province. In 1911 he married Miss Nora Nicol R.N., eldest daughter of the late T. G. Nicol of Mahone, who survives him with two sons, Edward at King's College and Bruce at home. Three brothers, Dr. F. J. A. Cochran, now resident in Toronto, and Alfred and Percy of Scotch Village also survive him.

Dr. Cochran was an active member of the Lunenburg-Queen's Medical Society, being its President for the past two years. He was also active in the work of the Medical Society of Nova Scotia being on its Executive several years. And he was always in attendance.

Many ex-C.A.M.C. officers will remember meeting him on Over-seas service from 1915 to 1918, where he served with efficiency and credit. It is most probable that his disability, which handicapped him in recent years, first manifested itself in connection with this service. His funeral was held from his late residence Tuesday afternoon, Nov. 8th, 1932, with services at St. James Church of England and interment under the auspices of Charity Masonic Lodge. Many outside physicians were in attendance. Doctors H. K. Macdonald and W. L. Muir of Halifax represented the Medical Society of Nova Scotia. The entire membership of the Society will unite in extending to Mrs. Cochrane and her two sons and to Dr. Cochran's brothers sincere sympathy on this occasion. His passing is regarded by all with great regret.

Born in Truro, N. S., November 6th., 1845, Dr. John Bryden Kent, after practising 55 years in Putnam, Connecticut, died October 12th. at Larchmont, N.Y. He received his early education at the public and high school and one year in a boy's preparatory school, after which he began the study of medicine under the late Dr. Charles Bent of Truro. He received his M.D. from Harvard in 1869 and at once settled in Putnam, Ct. His post graduate work included a course in gynaecology in 1882 at Bellevue Hospital Medical College, 1890-1 at the University of Berlin, and the New York Polyclinic 1895-6. He was an active member of all local medical societies as well as the A.M.A. He was responsible for directing the medical affairs associated with a large financial institution and he had a deep insight into the important relationship of industrial medicine to working efficiency.

Dr. Kent's wife predeceased him by some five years and an only son died in August 1932. The sole remaining member of the family, if we mistake not, is Dr. H. V. Kent of Truro who has been in practice in his home town since 1890. To Dr. Kent members of the Medical Society of Nova Scotia will extend sincere sympathy.

Our attention has been directed to the passing of the son mentioned, Dr. J. B. Kent, physician in charge at 11 Broad Street, New York City, of the Medical Department of the Chase National Bank. He was responsible for the establishment of the Medical Department of the Equitable Trust Company in 1914. He served with distinction in the U.S. Army Medical Corps and, in 1926, gave up private practice to devote his energy wholly to the service of a great banking corporation. Of him the Chase Journal says:—"In the death of Dr. Kent the Bank has lost a conscientious adviser and friend one whose influence over the health and happiness of hundreds of our employees cannot be overestimated."

Dr. Kent of Truro, while mourning over the passing of a brother after many years of splendid service, grieves deeply the passing of his nephew, just well started upon what was a brilliant career.

Mrs. Catherine MacDonald of Antigonish passed away October 22nd., 1932, aged 84 years. She was born in Queen's County, Ireland and was married in 1872 in San Francisco to the late Ronald MacDonald of Antigonish. They shortly after settled in Antigonish, where they lived the rest of their lives. The long and useful life of the deceased was devoted quietly to the service of others. It was characterized by unselfishness, tender sympathy, kindness of heart and a rugged faithfulness to her Church. She is survived by three daughters and two sons. To Dr. R. F. MacDonald of Antigonish, a surviving son, the members of the Medical Society of Nova Scotia extend sincere sympathy.

Members of our profession throughout the province have been shocked and saddened by the death of Dr. Robert Norwood, beloved son of Nova Scotia, and rector of St. Bartholomew's church in New York City. All through his life Dr. Norwood was in close touch with physicians and had a great sympathy and appreciation for their work.

Mrs. Norwood is a daughter of the late Dr. S. G. A. McKean of Baddeck and sister of the late Dr. George McKean who followed his father in practice in that town. He served in the C.A.M.C. overseas during the late war.

Dr. Norwood's younger brother, "Ted", graduated in medicine at Dal. and practised in Hubbards, where his wife and sons now live and where Robert Norwood, his father and mother and only son, are buried.

Over a year ago Dr. Norwood had a "gall-bladder" operation done in New York, and made a good recovery. Last May he had a very severe nasal hemorrhage, which was checked with great difficulty, and whose effect demanded blood transfusion. He made a rather slow recovery from this, but spent a happy summer in Hubbards, working on his latest book and cruising in his motor yacht, *Escadil 2*.

On Sept. 28th, the day after his return to New York, he was stricken with a cerebral hemorrhage, passing at once into unconsciousness, and died within half an hour.

He desired just such a merciful death.

J.A.M.H.

Personal Interest Notes

WE are glad that Dr. E. J. Johnstone of Sydney who has been in poor health for several months has now greatly improved. His many friends particularly the old and poor in Sydney and all members of the medical profession will welcome this good news.

Dr. Hugh N. MacDonald of Whycomagh recently visited in Glace Bay, upon which the local correspondent of the Sydney Post writes as follows:—"A visitor to town to-day was Dr. Hugh N. MacDonald, veteran Inverness County physician, whose home is in the village of Whycomagh.

Dr. MacDonald, or "Doctor Hoody" as he is affectionately known throughout his native county, is a giant of a man, and stories of his wonderful feats of strength are second only to those told of the late giant McAskill. To-day he shows little of his four score years, and, as he walked about town this morning many people turned to take a second look at him as he strode about as straight as a sapling and with the firm walk of the athlete he was in his prime.

Many and amazing are stories told about Dr. Hoody, but, perhaps, none more so than his first meeting with the late John L. Sullivan, when the latter was the heavy weight boxing champion of the United States, if not the world. The meeting occurred in the City of Boston, in a well known place where Dr. MacDonald was visiting with some friends. Seeing such a big powerfully built man, Sullivan, who, as he often was while champion, was somewhat under the influence, came over to where Dr. Hoody was and made himself obnoxious, informing all and sundry that he was the one and only John L. Sullivan. The quarrel he sought, he soon started and it ended as quickly as it started with Sullivan stretched out on the floor, whence he was removed by friends of his.

A kindly man with a heart of gold, Dr. MacDonald was never known to use his great physical size and strength for anything but what was good. As an athlete, he was in a class by himself and a fairer and better sportsman never entered a competition.

As a medical man he is known far beyond the community in which he has resided the greater part of his life and he is, to-day, one of the oldest, if not the oldest practicing physician in the province."

The BULLETIN, on more than one occasion, has made reference to some incidents in Dr. MacDonald's career and expects to learn of still more. The Medical Society of Nova Scotia, at its last Annual Meeting at Kentville, elected him to Honorary Membership in the Society. He began the practice of Medicine in 1882 and, if we mistake not, has been continually in his present location. All will unite in extending him greetings.

Another Honorary Member of the Medical Society of Nova Scotia recently spent three or four weeks in his native Province, Dr. W. B. Moore, formerly of Kentville, now a citizen of the World at large. Twice over since 1925, when he left Kentville and went to Boston really to get married,



4 REASONS WHY PHYSICIANS PREFER AYERST 10-D COD LIVER OIL

*Report of J. C. Drummond (London) and
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- 3** That all Cod Liver Oil loses vitamin potency when exposed to the action of light. (Ayerst Cod Liver Oil has always been protected against such deteriorating action).
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but ostensibly to start his touring, he has circled the globe and has studied economic and political conditions in nearly all countries. That he can talk by the hour of his experiences is only what we would expect, but it is marvelous the grasp he has of national and international affairs. Last winter Dr. and Mrs. Moore visited the Doctor's son, Major Hugh Moore, R.A.M.C., surgeon-in-charge of a large military hospital in Lahore, India.

During the past year their touring has been so arranged that they have taken in many of the national fairs or exhibitions in many countries, even the one in Nova Scotia. The week they were in Halifax they were guests at the Lord Nelson Hotel and were delighted with the service. After a week spent in his old home in Kentville and in the vicinity of Mrs. Moore's former home, (Mrs. Moore was formerly Miss Eva Borden, a cousin of Sir Robert L. Borden and the late Sir Frederick Borden) they went for a visit to Boston on their way back to London.

Speaking of his impressions of his former home Dr. Moore is thus reported in the Kentville Advertiser:—

"While without question the Annapolis Valley has shared in the troublesome times current throughout the world, nevertheless from the general appearance of the towns and countrysides, as well as the quite cheerful faces of the citizens, I find less evidence of economic stress in the land of Evangeline than in any other section of the globe."

Dr. C. K. Fuller, accompanied by Mrs. Fuller spent a few days in Halifax early in November.

What is or is not a hobby? Because Dr. M. R. Elliott of Wolfville has been Chairman of the Wolfville School Board for a number of years, and that he has succeeded the late Rev. (Dr.) Manning as Chairman of the Board of Governors of Acadia University and, last but not least, he has "in recent years taken up golf, which is practically his only recreation, and he delights in an hour spent on the Ken-Wo links when the time can be spared from his arduous duties; in the near future he will have two hobbies Education and Golf and, alas, perhaps later only one.

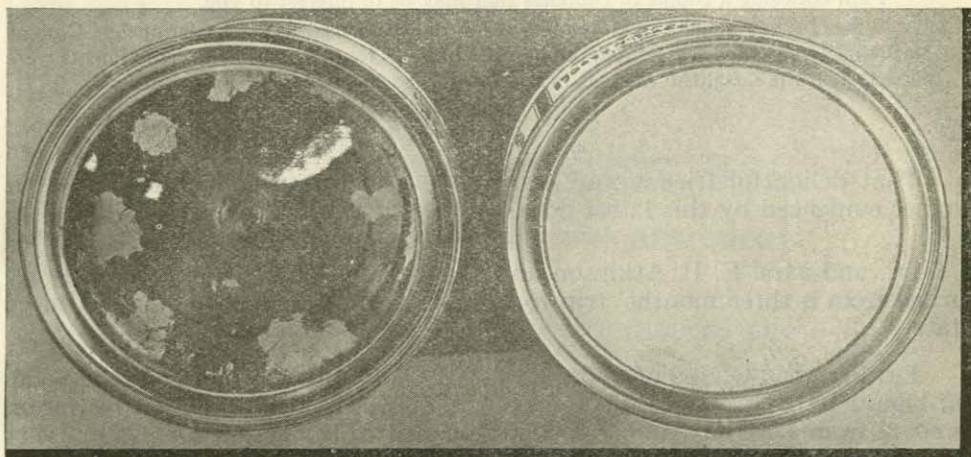
Dr. P. S. Cochrane of Wolfville recently spent a short holiday visiting friends in Worcester, Mass.

The B.M.A. Centenary. Mrs. J. K. McLeod of Sydney, wife of Dr. John Knox McLeod, City Medical Officer, addressed the Rotary Club of Sydney at its regular Luncheon on November 1st. She gave an interesting talk on impressions and experiences gained during her visit to England and Scotland last summer when she and the Doctor attended the Centenary Meeting of the B.M.A.

At a similar Luncheon of the Y's Men, Doctor McLeod described his impressions and experiences of his trip, mostly to Scotland. Well, one can hardly blame him with such a Scotch Presbyterian name.

It positively happened at the Berwick Hospital. Pat. "I'd been in hospital a week when complications set in." "For Heaven's sake, what happened?" "The day nurse caught me kissing the night nurse."

Why We Supply DEXTRI-MALTOSE Only in Powder Form



Syrup Contaminated by Exposure to Air

FIG. 1. The can of syrup* shown above was opened for one-half hour in a bacteriological laboratory to permit withdrawal of a portion of its contents. This was done with sterile pipettes. The can was then covered tightly and stored. One month later it was again opened for the purpose of obtaining more syrup but examination revealed the heavy mold growth pictured above. Growth also developed in two other cans purposely exposed for a brief time. Mold grew in one as early as 7 days after the can was opened.

* A maltose-and-dextrin syrup experimentally made and studied but not marketed.

No Growth in DEXTRI-MALTOSE After Exposure to Air

FIG. 2. This can of Dextri-Maltose was opened for one-half hour to approximate conditions under which accidental contamination appeared in syrup at left. To make the test more severe, the Dextri-Maltose was also heavily inoculated with a micro-organism which had previously produced thick growth in syrup. The can was then closed and not opened for 40 days, at which time no growth was visible. Later, the can was opened 4 or 5 times for a total exposure of about 1 hour, without the slightest evidence of growth.

Thrush Organism Grows in Syrup — Fails to Grow in DEXTRI-MALTOSE

As a more stringent test, syrup was inoculated with the pathogenic thrush organism. A thick mold growth developed and the inoculum grew after 17 days. In sharp contrast, Dextri-Maltose inoculated with the same strain was entirely free from growth. These tests were conducted in a modern bacteriological laboratory. Considering that the thrush organism and other molds grew so rapidly in syrup

under these conditions, how much greater is the chance for contamination in the average household where the syrup can would be opened at least once daily! Therefore, because carbohydrate preparations in syrup form not only attract insects and dust but also offer a fertile field for the growth of fungi, we shall continue to supply Dextri-Maltose only in powder form.

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Please enclose professional card when requesting samples of Mead Johnson products to cooperate in preventing their reaching unauthorized persons.

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

The General Secretary does not have too many compliments handed to him so that he is entitled, when one comes to give it some publicity. The BULLETIN a time ago gave some very interesting notes that involved Sir Joseph Lister and two of his distinguished pupils, Dr. John Stewart of Halifax and Dr. L. L. Hill of Montgomery, Alabama. There was some really interesting correspondence in this connection and the BULLETIN arranged it so that it would be intelligible to the members of the profession. Under recent date Dr. Hill writes the Secretary as follows:—

"My dear Doctor Walker:—

I am enclosing a couple of clippings that may be of interest to you.

When I made a short talk on some of the English surgeons at the Bellmeade Club at Nashville I presented the September number of your Journal and many compliments were passed upon the delightful manner in which you had handled the correspondence.

With every good wish, Cordially yours,

Signed L. L. HILL.

That delightful friends may be made by mail and common interests is further evidenced by this latest note from our new old friend Dr. Hill.

Dr. and Mrs. E. P. Atkinson and daughter Helen of Oxford recently returned from a three months' trip to California and other parts of the United States.

Dr. Freeman O'Neil of Sydney was a recent guest in Halifax at the Send-Off banquet that was recently tendered to General Constantine on his recent removal from District No. 6. We are inclined to think that Dr. O'Neil very often forgets that he is really a Combatant Officer, or, rather we mean it just the other way. Also we put Dr. Dan. McDonald of Sydney Mines in the same category. Well, they made right good military men, so more strength to their hands.

Dr. J. J. Carroll, Antigonish, spent two weeks in November at the Nova Scotia Sanatorium taking special post graduate work.

Dr. G. W. Whitman of Stellarton and Dr. J. C. Wickwire were recent visitors in Shubenacadie and vicinity.

Dr. Carl H. Smith, Dalhousie, 1931, Goldboro, N. S., was married October 21st, 1932, to Lillian Louise, daughter of Mr. and Mrs. Homer Smith of Onslow. A sister of the bride was also a bride on this same occasion. Dr. Smith took over the practice of Dr. O. R. Stone in Goldboro, about a year ago. Mrs. Smith has been a recent teacher in Goldboro.

Capt. James V. Cavanagh, R.C.A.M.C., Cogswell Street Military Hospital, Halifax, was married at Ottawa, October 27th, 1932, to Miss Bernice (McIninch), daughter of Mr. and Mrs. W. J. McIninch of Ottawa. After a honeymoon trip the newly weds will reside in Halifax.

Early in November, Dr. O. R. Stone of Bridgetown, brought Mrs. Stone to Halifax, and she was admitted to the Victoria General Hospital for treatment. We trust her hospital stay will be short and her recovery complete.

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Dr. and Mrs. Ernest Doull of Halifax and their two small daughters were in New Glasgow a few days the last of October. They were visitors with Mrs. Doull's father, Dr. J. W. McKay who was just recovering from a severe attack of bursitis.

Dr. W. E. Mackasey, Department of Health and Pensions recently has been some ten days in the Halifax Infirmary but is now, we are glad to learn, fully convalesced.

Dr. and Mrs. O. H. Cameron of River John, Pictou County, have taken up residence at the Lord Nelson Hotel for the winter months. It is a number of years since Dr. Cameron was actively engaged in practice. We trust he and Mrs. Cameron will spend a pleasant winter as guests at the Lord Nelson Hotel.

"Mr. E. J. R. . . . is home from The Victoria General Hospital recovering from his recent treatments," (From a Provincial Newspaper).

"I have just purchased a summer cottage in this district. Having two twin babies and water in the house coming from two sources, want them tested before using." What did the Provincial Laboratory reply?

Husband and Wife at Ashburn:—"You'll drive me out of my mind", said he. "That would be a putt, dear—hardly a drive," replied the lady.

Mrs. Young—"They say Mrs. Tubbs treats her husband like a mandolin."
Mrs. Younger—"How like a mandolin?"
Mrs. Young—"Picking on him all the time."

A little of both. "I hear the young couple next door don't agree— that they take an opposite view about their first kiss, what's the idea?" "Oh, he says, he let a kiss fool him, while she says she let a fool kiss her."

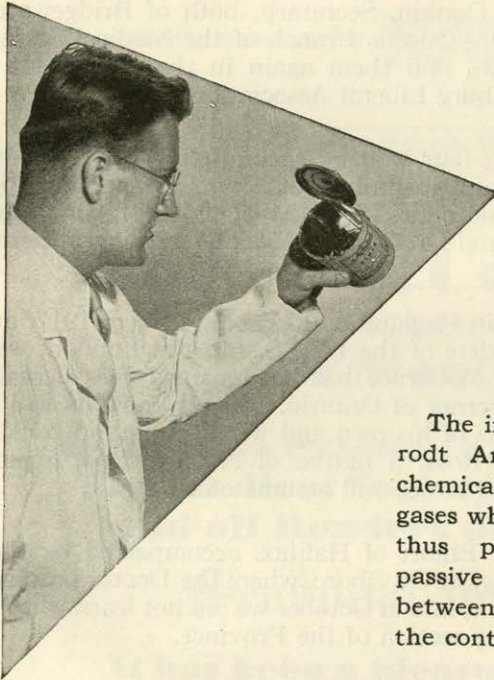
Customer—"What's wrong with the eggs?"
Waitress—"Don't ask me, I only laid the table".

It Pays to Advertise. (Nova Scotia Medical Bulletin)

The profession of Nova Scotia is really under obligation to the Press of this Province for the publicity given to their medical meetings. Much of the increased attendance noted, particularly at the many meetings this year, can be directly traced to this publicity. It requires a very good excuse these days to explain the absence of your physicians from any of these meetings. (From the Liverpool Advance and Western Counties Advocate).

Born—To Mr. and Mrs. J. S. Munro, at the Hamilton Memorial Hospital, North Sydney, October 25th., 1932, a daughter, Anita Marie.

Ether Protected by "Chemical Sterilization"



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

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Safer and Better the Anesthesia"

Dr. John R. Macneill, Dalhousie 1930, of Inverness, left the last of October for England for six to eight months post graduate study.

During their recent trip to the Canadian West, Doctor and Mrs. M. A. Macaulay of Halifax were guests of relatives in Drumheller, Alberta. On one occasion a cousin of the Doctor, Dr. A. M. Macaulay of Great Falls, Montana, breakfasted in his own home and dined with his relatives in Drumheller, returning to his home for supper. During this short time the two doctors renewed their experiences while overseas in the Great War.

Dr. Davis, President and Dr. Donkin, Secretary, both of Bridgewater, made a good team for the Lunenburg-Queens Branch of the Medical Society of Nova Scotia. But now, alas, we find them again in the same relative positions, but elected by the Lunenburg Liberal Association.

Forty-two physicians, including four women, successfully passed the examinations of the Medical Council of Canada held at Montreal and Winnipeg early in October. Among these we note Dr. W. M. MacDonald of Saint John, for a number of years in Westville, and Dr. Roderick MacKinnon, Strathlorne, N. S.

Many Ex-C.A.M.C. who were in England and France, 1915 to 1917, and watched the vicissitudes of the holders of the D.M.S. seats in London, were interested to note that Colonel H. A. Bruce has been named the successor to Hon. W. D. Ross, as Lieut. Governor of Ontario. As all know he will be an able administrator, with opinions of his own and willing to stand back of them. The term of Hon. W. D. Ross, a native of Nova Scotia, expired November 30th, 1932, when Colonel Bruce will assume office.

Dr. H. C. S. Elliott and Mrs. Elliott of Halifax, accompanied by their young sons, were visitors several days at Guysboro, where the Doctor practised for a number of years. Altho this was late in October we did not learn whether he called on the many moose in that section of the Province.

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Heartiest Christmas Greetings.

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The Ciba Company,
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Desires to extend to the Members of
The Medical Society of Nova Scotia
and all Readers of the Bulletin

Seasonal Greetings

It has been a pleasure to meet you
and do business with you,
May we wish you all

A Merry Christmas
and
A Happy New Year



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Mild and incipient menta cases.
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