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Prostatic Resection

By DR. F. G. MACK, Associate in Urology, Victoria General Hospital, Halifax, N. S.

EVER since the description of the middle lobe by Everard Home in 1811, and of what he called "Bar at the Neck of the Bladder" by G. J. Guthrie in 1830, many surgeons have labored to produce instruments whereby these obstructions to the free emptying of the bladder might be overcome by transurethral intervention. The earliest products were simply crude lancets, more or less concealed in catheters or bougies and were of necessity, this being the precystoscopic era, used blindly. In 1874 Bottini made a marked advance, at least in principle, when he introduced his electrocautery instrument. In 1897 Freudenberg effected a great improvement in Bottini's instrument by combining it with an irrigating cystoscope so that it became possible to cauterize under direct vision. Chetwood of New York in 1901 modified this instrument for use through a perineal incision.

H. H. Young in 1909 described his prostatic punch, an instrument with a fenestrum at its heel into which the tissue of the bar bulged and was sheared off by a cylindrical knife working within the lumen of the sheath of the instrument. This punch, which is still largely used by Young, was a valuable contribution but not without danger from haemorrhage, chiefly primary but also, as in one fatal case of my own, sometimes secondary. Electrodes for coagulating with the diathermy current the cut area left by the punch operation were devised by others and were of considerable value in reducing the tendency to bleed. Luys of Paris in 1913 described his method of *forage* in which he destroyed all obstructions by massive fulguration with electrodes passed through the open tube of an endoscope. In 1919 Caulk described a cautery punch which seared as it cut with an actual cautery blade. In his hands it appears to have been an effective instrument and it has passed through many stages of improvement but it was until recently a blind instrument and produced a considerable eschar. In 1926 Collings of New York introduced his radiotherm, an apparatus which developed a cutting high frequency current which was used through an operating cystoscope to cut the tissues at the bladder neck with a sharp electrode. In the same year Stern of New York developed his resectoscope by means of which the obstruction was excised by a wire loop charged with a cutting high frequency current.

Numerous improvements in the machines for generating the high frequency current and in the cystoscopic instruments have taken place within the past few years. The names of T. M. Davis and of J. F. McCarthy stand out most prominently in this work and it is because of the ingenuity, skill and patience of such men as these that the present day method of dealing with obstructions at the bladder neck known as prostatic resection has been perfected. The method consists essentially in removing slices of tissue from the obstruction by drawing the cutting loop through the tissue under direct vision, with the field kept clear by a free flow of water. The nature of the high frequency

current employed is such that it divides the tissue like a knife but at the same time lightly sears or coagulates the tissue on either side so that bleeding, except from the larger vessels is prevented. Should bleeding occur from these they are dealt with by coagulating them individually. At the end of a resection the obstruction should have been removed leaving a clear channel with a lightly coagulated surface from which no bleeding takes place. A catheter is tied in to allow free drainage of urine and the detection of any tendency to bleed which may later develop. It is emphasized that the coagulation must be very light or excessive necrosis and subsequent infection and scarring may result. Those machines in which a radio tube is incorporated appear to provide the most suitable source of current. The preparation of the bladder and strict asepsis throughout are very important in preventing infection, which is, however, very difficult to entirely prevent as many of these cases already have infected bladders. With good drainage established and good after care infection is usually not serious.

Having used the Young's punch for many years with a good deal of satisfaction but feeling that the newer methods offered a much more exact and much less blind means of dealing with vesical neck obstructions I was greatly interested in following the numerous articles appearing in the literature on the subject. In June 1932 I was privileged to attend the Annual Meeting of the American Urological Association in Toronto, at which a great deal of time was devoted to prostatic resection and papers on the subject were presented by its foremost advocates and very freely discussed. Later in New York I was able to see McCarthy and his assistants using the method. Feeling that a great advance has been made, but not that prostatectomy was entirely a thing of the past, I procured the apparatus of McCarthy including the high frequency surgical unit which bears his name, and I believe I was the first to use the method in Canada. In the past ten months I have done resections on thirty patients. There were four aged 44, 47, 48 and 49 respectively, twenty-three in the sixth decade, two aged 70 and 77 respectively and one of 81 years. While this is a small number and sufficient time has not elapsed to enable any very definite conclusions as to functional results to be drawn yet in that group all the types of bladder neck obstruction commonly met with have been found and some conclusions have been formed.

Some consideration of the pathology of the obstructions occurring at the neck of the bladder is necessary and "Surgical Pathology of Prostatic Obstructions" by Alexander Randall, a work which seems likely to become a classic is the best basis for this. Randall states that the three major pathological changes are carcinoma, median bar and glandular hypertrophy. They are in ascending order of frequency. "For many years carcinoma of the bladder was thought to have its origin primarily in the posterior lobe, but to-day it is recognized that it may start in and involve any portion of the prostate. Grossly one appreciates two types of carcinomata; in one the growth proliferates near the surface of the urethra more rapidly than elsewhere, and the bladder neck and base exhibit an early submucous proliferation. In other types the mucous surfaces are spared and the malignancy remains intracapsular until blood borne metastases occur, or by direct proliferation the neoplasm invades the musculature of the bladder wall and the retrovesical area.—It does not seem to be given to surgery to effect a cure in malignancy of the prostate in sufficient numbers to heighten our enthusiasm. Obstruction in these cases is probably due to phlegmonous induration of all structures about

the vesical outlet, with hampering of sphincter and trigonal muscles and the recognized narrowing of the posterior urethra".* In these cases resection offers a means of making a channel through the obstruction and the obstructive features may be overcome with great relief so that the patient may empty his bladder well until he dies of metastases.

Thinking in terms of the clinical picture some have used the terms "contracture of the vesical neck" and "prostatisme sans prostate", while others trying to depict the pathological changes have spoken of "sclerosis of the internal sphincters." "atrophy of the prostate" and "fibrosis of the vesical orifice" etc. "Median bar formation leaves us with an unhampered title to this pathological entity. Its pathology is a fibrosis which by its inevitable shrinkage stenoses the bladder orifice, produces residual urine and gives all the symptoms of prostatism. All evidence points to the fibrosis being the result of longstanding prostatic infection".—"The surgical relief is patently understandable and the virtue of resection amply proven clinically."

Randall believes that in glandular hypertrophy the enlargement may originate in and be limited to any one or any group of the five glandular masses of which the prostate is composed so that there may be enlargements of the right or left lateral lobes, the posterior commissural tissue, the subcervical gland of Albarran with occasional hypertrophy in the posterior lobe, or of the anterior commissure. Microscopically prostatic hypertrophy is uniformly the picture of an adenoma which in its growth forms a false capsule by pressure from centralized proliferation, and this false capsule is the line of cleavage which makes enucleation possible. Randall recognizes two types of median lobe, one the posterior commissural hypertrophy and the other the hypertrophy of the subcervical gland of Albarran. These he believes may both be relieved by resection but he is very dubious about results in lateral lobe and combined hypertrophies. The clinical experience of Davis and McCarthy leads them to believe that lasting relief may be obtained by resection even in these cases but McCarthy warns against using it in "the enormous, the succulent or spongy prostate, the frankly enlarged, readily bleeding type and in such forms of encroachment as from their angular conformation or infiltrative nature inhibit free movement of the instrument." Such types he believes should have a preliminary cystostomy and, later, revision or prostatectomy as may appear suitable. McCarthy prefers the term revision meaning a revising or reshaping of the bladder outlet by a process of sculpturing so as to provide free drainage.

The mortality varies with different operators and the warning of McCarthy that the practice of resection is for the expert only is made more impressive by the paper of Alcock who in unselected cases of all types had in his first 50 cases a mortality of 24%, in his second 50 a mortality of 6%, and in his third 50 only 4%. Death has resulted from gangrene of the bladder, perforation of the bladder and from sepsis and haemorrhage. My own experience has been fortunate in that there was not one operative death, but one patient died of pneumonia three weeks after going home, five weeks after the resection. If this be counted the mortality rate is 3.33%. The patient just referred to was voiding freely and had no residual urine. He was suffering from cerebral arteriosclerosis and had complete retention on admission.

*The Pathology of Bladder Neck Obstructions. Alexander Randall, The Journal of Urology. p. 509, Vol. XXVIII, Nov. 1932.

These thirty cases may be classified as follows: carcinoma, 4; median bar, 6; median lobe, 6; combined median lobe and bilateral lobe enlargements, 11; anterior commissural and bilateral, 1; median bar and bilateral hypertrophy, 2.

Several illustrative case reports are given in brief.

CARCINOMA

Case I. J. B. 55 Had been troubled with increasing frequency of micturition for two years with some dysuria. The stream gradually diminished and he was admitted with complete retention. On rectal examination the prostate was tender, smooth, somewhat enlarged and very firm. The urine was alkaline, sp. gr. 1.010 and contained some pus. After a period of catheter drainage he was cystoscoped. Oedema about the neck of the bladder, general cystitis, a definite median bar and very slight enlargement of the lateral lobes were found. The T. N. P. N. was 36.15 mg. Resection was done Dec. 8, 1932. The pathological report was "strongly suggestive of adenocarcinoma of median lobe." X-ray examination of the pelvis bones showed extensive metastases. He had free passage of urine following the operation and when seen May 10, 1933 he was still having a free passage with some slight pain and haematuria and was able to be about. He had some pain in the sacral region and showed marked wasting of the muscles of the left thigh evidently due to pressure on nerve trunks.

Case II. C. W. 70. This patient was admitted in a suburemic state. He was vomiting frequently and was extremely toxic. His T. N. P. N. was 150. Symptoms of frequency, dysuria, etc. had been present for several months. There was much distention of the bladder with dribbling overflow. He was gradually decompressed and T. N. P. N. fell to 100 mg. The prostate was enlarged, nodular and very hard. A diagnosis of carcinoma was made and as a desperate resort resection was attempted. Owing to some trouble with the machine only a few cuts were made. He remained very ill and after several weeks was sent home to the country there being much doubt as to his being able to stand the journey. Catheter drainage had to be continued. About two months later his physician reported that he was passing urine fairly well and was able to be out about his grounds. The pathological report showed adencarcinoma.

The other two malignant cases were somewhat similar and no cure is to be expected but the relief secured seems to be well worth while.

MEDIAN BAR

Case III. D. McE. 49. This patient was under treatment for pulmonary tuberculosis which had responded well. For about a year he had been having increasing difficulty in voiding urine. The stream was very poor and there was no projection. There was nocturia 4 or 5 and marked frequency in the day. The prostate was small and firm. Cystoscopic examination showed trabeculation with a small but well defined median bar. There was no lateral enlargement. The median bar was removed by five cuts. There was complete relief and the patient stated that he passed more urine in a minute than he did before in an hour.

BILATERAL HYPERTROPHY

Case IV. The most satisfactory case was a man of 77, J. R. He was admitted with complete retention having had to be catheterized for several days. Frequency had been increasing for two years and he was getting up

two or three times a night. He was a very poor operative risk, very feeble, suffering from auricular fibrillation and was at time very irrational. T. N. P. N. was 65.2 mg., S. B. P. 164, D. B. P. 92. Hiccough was very troublesome before and after resection. The prostate was enlarged and rather soft. Following resection he was very slow in regaining the power to empty the bladder chiefly due to lack of confidence apparently. He now has no residual urine and a good stream and except for his cardiac disability is in good condition. The blood chemistry is normal.

Some of the other cases in this group have not had quite as satisfactory results, but all have appeared to do well up to the time of leaving hospital. It has not been possible to follow them all up but further attempts to get reports concerning them are being made. It is probable that not enough tissue was removed in some cases.

In conclusion I may summarize my impressions. In median bar and smaller median lobe hypertrophies resection appears to be very satisfactory. In the large median lobe cases it is probably better to do a prostatectomy and that has been done very satisfactorily on several cases during this period. In the bilateral and combined cases there are borderland cases which will be quite successful but the larger types will be more suitably dealt with by enucleation if in condition to stand it. One patient of this type was recently met with in whom the second stage was done on his eighty-first birthday. He was discharged two weeks later. The prostate weighed 133 grams and it must be obvious that enucleation was the better procedure. The advantages of resection are the shorter stay in hospital, the avoidance of an incision with its subsequent discomfort and urine soaked dressings and the possibility of using it in patients too ill to stand a prostatectomy. With increasing experience and increasing skill which follows I would expect more satisfactory results even in the larger growths.

Observations on Friedman's Modified Zondek-Ascheim test for pregnancy and allied conditions with the report of a series of cases

By PROFESSOR RALPH P. SMITH, M.D., D.P.H.,
and DR. R. A. H. MACKEEN.

(From the Department of Pathology, Dalhousie University and the Provincial Pathological Institute, Halifax).

ORDINARILY the diagnosis of the pregnant state is one which offers few problems to the clinician, nor in the majority of cases is it one which calls for immediate or decisive action. From time to time, however, an early and accurate diagnosis is of great importance and the resultant certainty of the presence or absence of pregnancy may greatly affect the future line of action to be taken. It is for such occasions that the laboratory test to be described gives such valuable help. The test employed by us is Friedman's modification of the Zondek-Ascheim Reaction which has been used extensively in Europe and America in the past two years.

The basis of the test rests upon the fact that the urine in pregnancy contains a hormone derived from the anterior pituitary gland ("Prolan A") which is capable of producing corpora lutea and corpora haemorrhagica in the ovary of the mouse or rabbit when such would otherwise be absent. The original test was performed on female white mice, three weeks old, the immaturity of the animals being of great importance, and to avoid error at least five of them had to be used. Thus, in order to have a constant supply of mice of this age, a huge colony must be maintained, upwards of 10,000 being necessary, which is impossible except in large research centres. The test has since been modified by Friedman, Reinhart and Scott, Dodds and others and to-day the rabbit is the animal of choice because of the fact that, although it has constantly ripening Graafian follicles, the rabbit does not ovulate and thus produce corpora lutea and corpora haemorrhagica until very shortly after copulation. As a similar result is obtained by administration of anterior pituitary hormone, the injection, therefore, of urine from a pregnant woman which contains this hormone will quickly produce corpora lutea and corpora haemorrhagica.

The technique which we have followed in our laboratory is as follows:—

An injection into the marginal ear vein of an adult female rabbit of approximately 10 c.c. of a non-catheter morning specimen of urine from the case in question is made. This intra-venous injection should be done on two successive days, if possible using a fresh specimen on the second day. The latter, however, is not absolutely necessary as the hormone appears to be relatively stable if kept at refrigerator temperature, so that the original specimen may be used on both occasions. The rabbit selected should be not less than three months of age, over four pounds in weight, and kept in solitary

confinement for at least three weeks or have had a litter within a week of performing the test. In other words, all risk of ovulation due to contact with the buck must be eliminated. Forty-eight hours after the first injection, or even as early as eighteen hours if required, a laparotomy is performed under ether anaesthesia and the ovaries inspected. The presence of fresh bright yellow corpora lutea or the bulging blood-filled cysts of corpora haemorrhagica, which are so characteristic as to be confused with nothing else, is the proof of a positive reaction.

Histological examination provides little, if any, additional information of value. Originally we killed the rabbit and examined the extirpated ovaries but latterly it has been our practice to leave the ovaries *in situ*, close up the peritoneum and the abdominal wall with catgut sutures and to apply a coating of collodion to the wound. By so doing, one can use the same rabbit again or she can be set aside for breeding purposes, as no damage is done to the ovary by this procedure. In passing, it is worthy of note that these animals recover with a minimum of attention, the wound healing rapidly beneath the collodion dressing.

In the interpretation of the test a few points should be emphasized. In the first place, the anterior pituitary hormone appears very soon after conception and in large quantity, reaching its highest concentration in the second week, and maintaining that level until the middle of pregnancy, when it gradually declines but not entirely disappears until about seventy-two hours after parturition. If retained products are present, the hormone may persist for as long as ten to twelve days. Moreover, as the presence of hydatidiform mole or chorion-epithelioma stimulates the production and excretion of this hormone, the test, therefore, becomes not only one for pregnancy, but also, giving due consideration to the history, for the placenta and its derivatives as well.

A possible source of fallacy may occur when the urine specimen is old and heavily contaminated with bacteria and a false negative result be obtained owing to the destruction of the hormone. A positive reaction, other than from pregnancy, freshly retained products, hydatidiform mole and chorion-epithelioma, might be a tumor of the anterior lobe of the pituitary body, the so-called chromophobe adenoma, which is known to rise to excessive production of the identical hormone. With due regard for these pitfalls, it has been an extremely accurate test, in the hands of those who have been using it. In a much larger series than our own, Friedman and Lapham report no errors, and it is generally agreed to be correct in over 98% of cases, which is an exceedingly high average for any biological test.

In our own small series of some 15 tests, of which eight have been positive and seven negative, we have, so far, encountered no errors. It may be of interest to record briefly some of the cases in which we have made the test.

The first case is one of a multipara, aged 30 years, who was under treatment in hospital for active pulmonary tuberculosis and developed amenorrhoea. For some time this condition was considered due to her tuberculosis, but when abdominal enlargement presented itself, pregnancy was suggested. The woman herself did not think such a thing at all probable and in order to settle the question early the test was done. As it proved to be positive, a consultation was held and the risk of continuing the pregnancy explained to the patient, but in spite of this, she carried on to term.

Another interesting situation was revealed when the test was performed for a woman, aged 39 years, who was 2 weeks past her menstrual period.

She, herself, could scarcely believe that she was pregnant as she had last been in that condition 17 years previously, but the result, however, proved positive. One month later she suddenly fell in a faint during her morning's work and suffered a severe haemorrhage per vaginam. In view of the positive test made earlier an immediate diagnosis of ectopic gestation was made and operation ensued with a minimum amount of delay.

In several cases, the history was one of nervousness amounting to an anxiety neurosis that pregnancy had taken place. The patients were overdue in their menses and worrying greatly over the fact because they felt it to be disastrous in the economic situation in which they found themselves. Typical of this class was a woman, aged 32, who was very much worried over the severe illness of both her father and husband and had gone three and a half months without menstruating. She was convinced that she was pregnant and this, added to her other worries, was having a deleterious effect on her mental outlook. When the test proved negative her mental and general condition immediately improved and the menstrual function was restored within a week or two.

In yet another case, the patient, aged 42 years, who had married late in life and was very desirous of having a child, became convinced that she was pregnant. She had missed two periods before the test was done, as it turned out, probably the result of ovarian hypofunction at the approaching menopause. But because of her great desire for children, subjective symptoms were present and even breast signs made their appearance. The attending physician was by no means certain as to the condition as the subject was very obese. The patient was anxious not to jeopardize the pregnancy if present, but wished to go abroad in the event of not being pregnant, so a test was performed, which turned out to be negative. Again in this case, when the next regular period was due the menses were re-established.

Another class of case is that of the unmarried woman who has been too indulgent for her own good. Here an early diagnosis, at least makes possible a decent interval between the marriage ceremony and the confinement. We have had two such cases where the diagnosis was clinched by a positive reaction within two weeks after the first missed menstrual period.

The test described is based upon a well established biological phenomenon. Accurate results are obtainable where the sex life of the test animal has been under constant control. Soule records the presence of the hormone in urine, blood serum, blood plasma, ovarian cyst fluid and cerebro spinal fluid. As the same hormone is present in the blood, where the urine is persistently loaded with bacteria a specimen of the blood serum can be used instead. It is said that the hormone is in even higher concentration in the blood and accordingly this would constitute the better agent when a quick reading is deemed necessary.

CONCLUSIONS

1. Pregnancy is a condition where such a test is generally unnecessary but in certain types of cases the results may affect decisions of a medical, surgical, economic and social nature.
2. A series of fifteen tests performed has given correct results in every case.
3. The technique followed in the performance of the test is described. A positive result may be expected with certainty from the 7th to 8th

day after cessation of the menses; (the reaction is negative) at the latest on the 10th to 12th day after death of the foetus or after its removal.

1. Ascheim and Zondek: *Klin. Wchrischer*, 7: 1453-1457.
2. Friedman: *Am. J. Physiol.* 90: 617-622 Nov., 1929.
3. Reinhart and Scott: *Am. J. Clin. Path.*, 1:113-126. Feb., 1931.
4. Magath and Randall: *J. A. M. A.*, 96: 1933-1935 June, 1931.
5. Friedman and Lapham: *Am. J. Obst. and Gym.*, 21: 405-410 March, 1931.
6. Dodds: *Bact. M. J. No.* 3693, 700-702 Oct., 1931.
7. Schlirf: *Munch Med. Wchuschr* 79: 211, 1932.
8. Soule: *Am. J. Obst. and Gym.*, 23, 708, May, 1932.
9. Schoeneck: *Am. J. Obst. and Gym.*, 23, 712, May, 1932.

Our thanks are due to the following doctors for their assistance in providing the cases, their histories and record of the subsequent course of events.

Dr. E. K. Maclellan (4 cases), Dr. Gordon Wiswell (3 cases), and one case each from Dr. J. Rankine, Dr. W. J. Keating, Dr. H. B. Atlee, Dr. W. G. Colwell, Dr. Sieniewicz, Dr. D. J. MacDonald, Dr. A. L. Murphy, and Dr. G. M. Hatfield.

The BULLETIN is glad to announce that it will be in receipt in the future of the *Weekly Bulletin* that is issued by the office of the High Commissioner of Canada from London. If there is at any time anything in this *Bulletin* that would be of interest to the medical profession and of concern to the health of the community the BULLETIN will be glad to publish the same.

Tonics and Sedatives.

The A. M. A. *Journal* features a section under this heading, not the least interesting and practical, as well as humorous, is Dr. Pepy's Diary. From it we learned that he delivered an address in Boston on February 23rd on "Changes in the Nature of Medicine." to a fine group who listen well. Then he adds—"Thereafter sitting late with ye health commissioners of New York and Boston, talking of this and of that. All now realizing more and more that ye preventive medicine of ye future will be largely a problem for ye family doctor."

Historical Section

A Year at the Provincial and City Hospital

By M. A. B. SMITH, M.D.

IT was my Father, a clergyman of the Church of England, who determined my career. I have never regretted it. The profession of Medicine is one of much responsibility, and to one who feels this responsibility, there is not much time for amusement or recreation. Medical advance proceeds so rapidly that it seems one should always be trying to follow it up.

It was while I was living at Petite Riviere that the decision was made. George E. Drew, of that place, who is now practising at New Westminster, B. C., was attending the Medical Department of the University of New York in his second year there, and asked me to join him. I had studied a year with the local Doctor Gideon Barnaby at Petite Riviere. Before that however, I had studied four years at King's College School and King's College. So in the year 1880, I set off with Drew for New York, and there we roomed together during his last year at Medical College—the Medical Department of the University of New York.

At that time we attended each day all the lectures of the Course, Practice of Medicine, as well as Anatomy and Physiology, etc. The course of study, for each year of the student's course, was the same. I think perhaps these years at the Medical College in New York were the happiest of my earlier life. In my third year I had, as my room-mate, a doctor whom perhaps most of you have met at Annapolis or Wolfville, where he spends the summers—Dr. J. Byon Bogart. He is a Nova Scotian by birth. When he graduated, he settled in Brooklyn, N. Y. Both these room-mates have been prominent in their profession.

The most distinguished of our teachers in New York was perhaps Alfred L. Loomis, who wrote a number of books and had an eloquence and fluency, which always reminded me of a Methodist Minister. His subject was "The Practice of Medicine." I would also like to mention the names of William H. Thompson on Therapeutics, and J. W. Wright, Professor of Surgery.

I graduated on the thirteenth day of March, 1883, and after remaining a month longer, came right to Dartmouth and put out my "shingle." After a short time, I was asked to succeed Dr. J. A. Sponagle, as House Surgeon at the Provincial and City Hospital, now called the Victoria General Hospital, in honour of Queen Victoria's diamond jubilee. I accepted this position for I needed practical experience.

I found two students of the Halifax Medical College there; Dr. Sponagle retiring from the position of House Surgeon, and A. W. Cogswell, Clinical Clerk. This College was founded in 1868. I believe that it was through the energy of Dr. Edward Farrell and Dr. A. P. Reid, and later of Dr. John Black

that this College was put on a successful footing. Dr. K. A. MacKenzie has given an excellent account of it in the N. S. MEDICAL BULLETIN of 1929. When I arrived in Halifax in 1883, I found its students seemed to be well informed and stood well with graduates of other colleges. Dr. Farrell was a great advocate of practical teaching—"to hold the bowl while the doctor bleeds the patient"—was Dr. Farrell's illustration. Dr. A. P. Reid was then Superintendent of the Hospital. As Dr. MacKenzie says, he was greatly interested in the microscope and one of the lenses on my microscope to-day was obtained for me through Dr. Reid.

When I entered the P. & C. Hospital, the following were the House Staff:—

Curator and Microscopist.....	D. A. Campbell, M.D.
House Surgeon.....	M. A. B. Smith, M.D.
Clinical Clerk.....	A. W. Cogswell, M.D.
Apothecary.....	C. E. Puttner, M.D.
Matron.....	Mrs. Horne.

CONSULTING STAFF.

Hon. W. J. Almon.	Hon. D. McN. Parker.
Dr. A. P. Reid.	Dr. W. B. Slayter.

ATTENDING STAFF.

Physicians.

Dr. R. S. Black, Chairman.
 Dr. A. J. Cowie.
 Dr. J. Somers.
 Dr. W. A. Cameron.

Surgeons.

Dr. E. Jennings.
 Dr. E. Farrell.
 Dr. W. N. Wickwire.
 Dr. J. F. Black, Secretary.

At this time every one of these mentioned has passed on forever, "*and I only am left.*"

Dr. A. P. Reid, I saw very often. He was born in Ontario. He was Superintendent of the N. S. Hospital and in my time, of the P. and C. Hospital, and the father of the Medical School. He was a kind but clever man, somewhat eccentric, and loved to experiment. His picture may be seen at the N. S. Hospital. He died in 1920 at the ripe age of 86.

Hon. W. J. Almon, Senator Almon, one of the founders of the Medical School in Halifax, and a foremost man, died in 1901 at 85 years. A tablet to his memory is erected in St. Paul's Church in Halifax. He very seldom visited the Hospital during my year of service. When he retired from the Medical Board a dinner was given him in the Hospital, at which he said—"I feel I am getting old; I am only fit for the Kingdom of Heaven, and when I see Parker over there, I don't feel fit for that."

And what shall I say of Hon. Dr. Parker? His goodness was unquestioned. I regarded him as the fountain of knowledge of medical lore. Whether the case was one of gastric indigestion or one for surgical interference he was consulted as the best authority. At our Society meetings, after every one had contributed to the subject under discussion, Parker would rise and his opinion was final. It was the same at Hospital consultations. I do not think any medical man before or since has occupied so outstanding a position, or will occupy such a position. At the time of my coming to the Hospital he was just retiring from active practice and was living in Dartmouth. It is recorded

that before the days of chloroform he was operating on a man who broke away from the operating table and ran into the street crying out "Murder". It is said that coming from Edinburgh he was the first to use chloroform.

Dr. W. B. Slayter was the authority in Obstetrics. He was a very large but short man and once when getting into his coupe his two feet went through the bottom of the coupe. He died in 1898.

Among the attending staff of the Hospital the first member that I met was Dr. Edward Jennings. I think he was the oldest man on the staff. He was a kind-hearted and clever Irishman and had a club foot. I soon learned from Cogswell that my first duty when he arrived at the Hospital in the morning was to place upon the Board Room table the decanter of whiskey and glass that were kept under my key in the little closet in the Board Room. I never knew him to exceed the limits of moderation. By the way, as House Surgeon I had the key of the wine cellar and always dispensed such stimulants as were needed. Dr. Jennings had an office in Halifax on Hollis Street, but also one at what was known as Haines Hotel on Quarrell Street, Dartmouth. Dr. Farrell used to remark that the proper place for Jennings' office was in the middle of the Harbour. Dr. Jennings claimed the credit of discovering that whiskey in large quantities was the best treatment for diphtheria and he was said to be very successful in the treatment of this disease. He always aimed to be original. On one occasion I remember he was operating on a case of frost-bitten feet, and I was anaesthetist. He was sawing through the tarsus when Dr. John Black entered the operating room. He said "Hello, Black, you never saw this operation before." "No," muttered Black, "and I don't think I ever will again." Dr. Jennings died at the beginning of the year 1885 and Dr. A. W. H. Lindsay was appointed in his stead.

Dr. Edward Farrell, a Dartmouthian by birth, I knew better than any other of the Attending Staff. Dr. M. A. Curry and I were with him in London in 1891. He seemed a young man then. On one occasion we were all together at lunch with one or two other doctors at the Holborn Restaurant. One of them asked Dr. Farrell his age, and he told the doctor to guess it. The man said, "I should take you for fifty." Dr. Farrell said, "Oh no, I am not fifty." The man apologizing said, "I was judging by the words of wisdom that came out of your mouth." Dr. Farrell replied, "I had rather you had said forty-five and let the wisdom go." However, that was seven years after I was his House Surgeon in the Hospital.

How different the Hospital was in 1884 from what it is now. One evening when the doctor came late to see a sick patient a lame man appeared in the hall with a hard felt hat on the side of his head, and an open white shirt front stained with tobacco juice. Dr. Farrell said to me, "Who is that, Doctor?" I said "That is the male night nurse." Dr. Farrell was quite indignant at the want of proper appearance of the nurses. There were only two other nurses, a married woman who dressed in black, and a girl, Esther Sheridan, who nursed at night. There were no uniforms in the hospital then.

Dr. Farrell was at the very top of his profession as a practicing surgeon. At the time of his death he was surgeon to the Victoria General Hospital and a member of the Provincial Board. He had been at one time or another President of the Nova Scotia Branch of the British Medical Association, of the Medical Society of Nova Scotia and of the Maritime Medical Association. He had always a happy humour. To give an example,—On one occasion, when he was presiding at a meeting of the latter Association, Dr. Finn read

a paper on "The Conservative Surgery of the Digits," showing how fingers might sometimes be saved that were considered doomed to be amputated. Dr. DeWitt of Wolfville said, "Mr. President, I know of the case of a servant girl in this town who chopped her finger off with a meat chopper. It fell on the floor. Her mistress quickly picked it up, fastened it on with adhesive plaster and a bandage, and it is a good finger to-day." A member of the Society said, "Mr. President, I can go him one better than that." Dr. Farrell rapped on the desk and said, "No, gentlemen, no; we will stop right here. We will just *see him*."

Dr. Farrell grew old before his time. He worked hard and attended the best people but he had also a large and expensive family. I was especially attracted to him by his love for poetry. As he was nearing the end of the year 1900 it was rumoured that he had typhoid fever. Dr. John Stewart, Dr. D. A. Campbell and Dr. Will Muir of Truro attended him. It is said that the final cause of his death was pneumonia. He died on the last day of the year 1900, so that his passing was the chief topic of conversation on the first day of the New Year. Dr. Farrell and Dr. John Black were pioneers in the realm of antiseptic surgery. When I left New York in 1883 I knew very little of Listerism. I had heard Loomis speak of it in this fashion. He said, "They talk about the little firecrackers and the little fantails and the little spirals. I don't think there is anything more in them than in other kinds of dirt." But when I got to the P. and C. Hospital at Halifax I found Farrell and Black with their heads tied up in gauze and the spray going full blast during operations.

Dr. John Black was a good confrere of Dr. Farrell. He was a thin, tall, upright young man in every sense, well posted in Surgery. He was the son of Dr. Rufus Black, a prominent physician of Halifax and belonged to one of the best known families of Nova Scotia and had many old acquaintances and friends among the more advanced generation. He, with Dr. Farrell, did much of the surgery in the Hospital in my time. However, on account of some unsteadiness of his hands, he did not do so much of the practical part. He had much influence on the Board. He left Halifax in 1902 to take up his residence in England, never returning to his native province. He retained certain interests here and it is believed possessed a considerable estate in this Province. He left the bulk of his estate to the Children's Hospital. Dr. Black left One Thousand Dollars (\$1,000) each to the Dispensary, the Infants' Home, the Medical College, The Infirmary, (Operating Room), The Victoria General Hospital (Medical Library), and the balance of his Estate, after a few personal bequests, to a "Hospital for Sick Children," which was to be devoted to this purpose, after the death of his last surviving sister.

Another prominent member of the Hospital Staff was Dr. Andrew J. Cowie. He was the oldest physician on the Attending Staff, having graduated at the University of Pennsylvania in 1860, the year I was born. He was born in Liverpool and for some years as a boy followed the sea. He was born in 1837. He began his medical career as a student in the office of Dr. Parker. He first opened an office where Fader's Pharmacy is now. In 1865 he took a house on Argyle Street and when I first knew him his office was on Argyle Street opposite the Carleton Hotel.

Among his contemporaries at first were Drs. Almon, R. S. Black, DeWolf and later, Dr. Charles Tupper.

He was a very genial, kind man and was widely known as a physician in Halifax for many years. He had one peculiarity. He always finished

a statement with an interrogatory, "H'm? H'm?", as if asking for approval. I mention it because it was so characteristic. He did a great deal of charitable work for those who were unable to pay.

Dr. Cowie recalled that the first time he was called in consultation, the request, coming from Dr. Jennings, was to go down eighteen miles on the Eastern Shore to a midwifery case. The case was one of contracted pelvis and resulted favourably.

Dr. Cowie entered into partnership with Dr. Parker shortly after he was married and continued in this partnership until Dr. Parker retired. He went to England in 1876. He spent the winter in London and passed his L. R. C. P. examination in 1877. He later moved to Hillside Hall where he was living when he completed his fiftieth year of practice. He died just after having completed his ninety-third year, in 1929.

Dr. W. N. Wickwire in my day at the Hospital was a tall handsome man and was one of the surgeons. He later became more interested in business. He retired to manage the business of the late Alexander Keith.

I, later in the Spring of 1884, when my term of service was finished, left the Hospital to act as *locum tenens* for Dr. Lewis Johnstone at the Stellarton Mines. He at that time went to England for the greater part of a year. When I returned to Dartmouth in 1885 I found that there was trouble in the Hospital. An examination had been held by the Attending Staff for the position of House Surgeon. The Staff had held a regular examination and reported to the Board of Public Charities, who had the management of the Hospital, that they had examined the two candidates, F. W. Goodwin, M.D. and A. C. Hawkins, M.D., for the position of House Surgeon. An examination was held on April 27th and 28th. Dr. R. S. Black and A. J. Cowie were the examiners in *Materia Medica*, and *Practice of Medicine*, and Drs. Wickwire and Lindsay in *Surgery and Anatomy*. Dr. F. W. Goodwin made eighty per cent. and Dr. A. C. Hawkins sixty-six per cent.

Of this the Commissioners were duly informed. The Commissioners replied they had appointed Dr. A. C. Hawkins as House Surgeon.

The Medical Board replied that they, believing that competitive examination was the mode laid down, had proceeded in good faith to hold such an examination and that the Board of Charities had rendered the examination a farce and a deception, and that the members of this Board would not consent to have their honour compromised. They adjourned in a body to consult the Honourable Provincial Secretary.

The reply of the Board of Charities was that the Board, believing either gentleman qualified for the position, exercised its own judgment in making the choice.

The Medical Board promptly in a body tendered their resignations to go into effect on the 12th of May, 1885.

They accordingly resigned, never to meet again as a conjoint Board.

The next meeting of the Attending Staff, an entirely new one, was on October 9th, 1885.

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VOL. XII

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No. 6

THE CONTROL OF SYPHILIS.

SYPHILIS is probably the greatest killing disease in the medical calendar. It far exceeds in mortality T. B., cancer or any of the more dreaded diseases. When it is considered that no organ or, indeed, any part of the body is exempt from its ravages and the terrible results that follow it, it can readily be seen how serious a disease it is. Every nation has it within its borders and the percentage of cases runs well up to ten and fifteen per cent. of its population. If the asylums are visited and patients examined, many of them are found to be venereal or the victims, more or less, of venereal disease.

It can, therefore, be said without fear of contradiction that it heads our disease list as a death dealing disease. It is fair to assume that the war, with all its terrors and temptations, gave rise to a great increase of the disease and it was not until after the war that stringent steps were taken by the government of every civilized country and the medical profession to prevent, to control and cure this disease. Clinics have been established to treat, cure and educate the patient and the public generally and the results have been most satisfactory wherever these clinics have been established.

One of the great difficulties in controlling this disease is the fact that privacy is the keynote of the whole profession. Information cannot be allowed outside the clinics or health departments, with the result that cases mingle with the public, use the same hotel rooms, the same toilets and the same linen, even though washed, is not always sterilized, and, in many instances, maids and nurses continue their work in the households and nurseries with the danger of spreading the disease far and wide. While this condition is likely to continue, until each case is isolated, and treated and the public educated, as it is with respect to other communicable diseases, the medical profession will always continue to keep inviolate, as far as possible, any information given in private. But, as professional men, perhaps especially in preventive medicine, our first duty is to the public, and the health of the community, and much can still be done without exposure of those, who are under control in every case, though the disease may not be fully prevented. If we can only get away from the old idea that every one suffering from this disease is wicked and should be branded as outcasts, when we know that the great number are perfectly innocent, then, and not till then, can a great forward,

final movement be made to fully educate the public, treat cases in a scientific and enlightened way, protect the innocent and bring about the prevention of the disease along the same lines as other communicable diseases. The word "prevention" is here used, not for the purpose of providing safe methods of continuing in or resuming an immoral or in continent life, but to prevent the spread of this disease along the same lines as other infectious diseases.

J. K. McL.

THE NATIONAL RESEARCH COUNCIL AND MEDICAL RADIOLOGY.

AN official statement from the National Research Council, dated at Ottawa, May 27th, has just been received, and we have great pleasure in giving it space in our Cancer Section. It is included with the knowledge that it will be as dry as dust to many of our readers who have not yet become as interested in this Department of Medicine as they will be. For many others, however, it will serve once more to focus attention upon the tremendous breadth of the cancer question, and indeed of one factor in it, that of therapy alone. How shall we treat this cancer, is a question which needs to be asked more and more searchingly, for the answer cannot be given as glibly as it once was. True, the problem still remains a surgical one, but its surgery has become tremendously complicated by virtue of its having included radium and X-Ray as ancillary agents; and still further by the dependence of radiology upon pathology. The proper use of these essential aids demands a knowledge of physics—special, applied, medical physics—if the best results are to be obtained, or else our treatment is too much a matter of trial and error. To those familiar with the system which involves the closest co-operation between physicist and therapist, and who have seen the value and the need of specialization in this field, this action of the National Research Council in addressing itself to this problem is timely and valuable. Their effort is towards specialization in medical physics; how long will it be before we shall have made that advance in physical medicine which is so essential to modern cancer therapy? From present indication not in a long time, probably not until State Medicine under an adequately beneficent socialistic autocracy shall have laid its inexorable hand upon us.

One notes with pleasure the name of one Nova Scotia representative in the list of interested physicists. To Prof. G. H. Henderson (King-Dalhousie Department of Physics) this province is already under tribute for the excellence of the radium emanation plant at the Victoria General Hospital and for his helpful interest in our work. It is to be hoped that in this Dominion when we seriously come to treat cancer with such knowledge as is available, we shall find in our departments of physics men as keenly interested and as ready to co-operate as is this Halifax professor.

N. H. G.

THE C. M. A. ANNUAL MEETING.

THE scientific programme of this meeting will be found elsewhere in this issue, and constitutes a menu which must appeal to the medical epicure. Though one could not have complained if geography had caused a higher per cent. of its contributors to be Maritime men, the roster is in no sense provincial. It is representative of almost the whole Dominion and excellently supported by three distinguished visitors from "the old country," to wit, Dr. Robert Muir of Glasgow, one of the world's greatest pathologists, (Prof.

Ralph Smith says "the greatest," but he's very modest) who will deliver the Listerian oration, and Sir Humphrey Rolleston of England and Prof. Lyle Cummins of Wales who are to speak on Tuberculosis. Dr. F. H. Lahey who addressed our meeting last year will be the distinguished representative of the United States.

The Nova Scotia Medical Society has officially manifested its interest in the proceedings at Saint John, by deferring our own annual meeting, which belongs properly to this month, so that members who might only be able to attend one in June may now be able to take in the greater attraction.

Present indications are that a strong Nova Scotia contingent will be in attendance. For them, of course, only the scientific part need be featured, but it might not be amiss to mention, *sotto voce*, that we understand that the social or holiday side of the event, for both men and women, has been adequately provided for.

N. H. G.

DR. HOGAN IN THE GREAT WAR*

An Appreciation.

IT is hard to describe my feelings when I read in a Halifax paper several weeks ago that Colonel E. V. Hogan had passed away.

I had the privilege of knowing him in France during the war and had seen much of his work. Apart from being a skilful surgeon he was a good leader and every one who served under him in the Dalhousie Hospital Unit, I am sure, feels his passing as keenly as I do.

His death brings back to me the night he was wounded at Etaples—May 18th, 1918—in a big bombing raid when sixty enemy planes bombed the hospitals. A piece of shell passed through one of his legs behind the tibia but fortunately no vessels or nerves were injured.

Before going to Etaples the Dalhousie Unit was located at Arques near St. Omer and its last six weeks there were strenuous as wounded were daily coming in large numbers and bombing raids occurred almost every night. Near the end of this trying time Colonel Hogan operated on a man with a shell wound of the abdomen. After the abdomen was opened it was found that a section of the intestines had to be removed. This was done followed by an end-to-end anastomosis. The patient was sent to the Base not long after as an order had come that all hospitals had to leave St. Omer area owing to the continued bombing and the possible enemy advance.

A few weeks later I met a young surgeon attached to Queen's University Hospital. He told me this abdominal case was under his care, that the severed ends had evidently united as the bowel was functioning well. This is not considered a big feat in a *calm*, *civil* hospital, but the Dalhousie Hospital was not a *calm* hospital in those days and for this reason this case is worthy of special mention.

Colonel Hogan's death also recalls the big days after August 8th, 1918. A Canadian Medical Officer and a graduate of Dalhousie who was with him in a British Hospital at Rouen and saw his work said to me "I was proud of him; he was one of the best men there."

You can, therefore, understand how hard it is for me to describe my feelings when I read that Colonel Hogan had passed away.

An Ex-M. O.

*Sent in by Dr. J. K. McLeod with a note to the effect that he had received it from a confrere who practices up in his general direction, and who did not want his name to appear in connection with it.—N. H. G.

C. M. A. Annual Meeting

SAINT JOHN, N. B., JUNE 19th - 23rd

Headquarters

ADMIRAL BEATTY HOTEL.

MONDAY, JUNE 19th AND TUESDAY, JUNE 20th.

MEETINGS OF THE COUNCIL.

Wednesday, June 21st.

- 8.30 A. M. Registration—Admiral Beatty Hotel.
- 9.15 A. M. General session in the Assembly Hall of the High School—Addresses of Welcome—Hon. H. H. McLean, Lieutenant-Governor of New Brunswick; The Hon. C. D. Richards Prime Minister of New Brunswick; J. W. Brittain, Mayor of Saint John.
- 9.45 A. M. Nasal sinus infections from the general practitioners' point of view—Dr. L. DeV. Chipman, Saint John.
- 10.15 A. M. Tumours of the Neck—Dr. Wm. Boyd, Winnipeg.
- 10.45 A. M. The Rôle of Allergy in Disease—Dr. H. K. Detweiler, Toronto.
- 11.15 A. M. The Significance of Haematuria—Dr. F. S. Patch, Montreal.
- 11.45 A. M. Fractures of the Long Bones (illustrated by lantern slides)—Dr. W. Alan Curry, Halifax.
- 12.30 P. M. Luncheon—Admiral Beatty Hotel—Short business session of the Association—Guest speaker, Judge J. L. Carleton, Woodstock, N. B.
- 2.15 P. M. Presidential Address—Dr. G. A. B. Addy, Saint John, Assembly Hall, High School.
- 2.45 P. M. The Evolution of Cancer from Benign Lesions of the Breast, Cystic and Papillomatous—Dr. E. M. Eberts, Montreal.
- 3.15 P. M. British Pioneers in the Modern Treatment of Tuberculosis—Sir Humphry Rolleston, Surrey, England.
- 3.45 P. M. Post-Vaccinal Disease of the Nervous System—Dr. R. R. McGregor, Kingston.
- 4.30 P. M. Reception at the New Brunswick Historical Museum—Dr. and Mrs. Addy.
- 7.00 P. M. Annual Banquet of the Federation of Canadian Medical Women—Admiral Beatty Hotel.
- 8.30 P. M. Lister Oration in the auditorium of the Saint John High School (open to the public)—Dr. Robert Muir, Glasgow.
This will be followed by an informal dance in the ball room of the Admiral Beatty Hotel.

Thursday, June 22nd.

- 9.30 A. M. Organized Medicine and the Public Health—Dr. A. Grant Fleming, Montreal.
- 10.10 A. M. Recent Advances in Anaesthesia—Dr. Harold R. Griffith, Montreal.
- 10.30 A. M. Tuberculosis Rheumatism does Exist—Dr. Albert LeSage, Montreal.
- 11.00 A. M. The Cancer Problem—Dr. F. N. G. Starr, Toronto.
- 11.30 A. M. Heart Block (lantern slides)—Dr. K. A. MacKenzie, Halifax.
- 12.00 A. M. A Chalk Talk on the Anatomy of Hernia—Dr. A. Primrose, Toronto.
- 12.30 P. M. Luncheon at the Admiral Beatty Hotel—Guest speaker—the Hon. P. J. Veniot former Postmaster-General of Canada.
- 2.15 P. M. Intestinal Obstruction—Dr. W. E. Gray, Milltown, N. B.
- 2.45 P. M. Blood Changes noted in Tuberculosis—Prof. Lyle Cummins, Cardiff, Wales.
- 3.15 P. M. The Specific Prevention of Measles, Scarlet Fever, and Diphtheria—Dr. J. G. FitzGerald, Toronto.
- 4.00 P. M. River excursion and sea-food dinner, completing the day's program.

Friday, June 23rd.

- 9.30 A. M. Renal Glycosuria—Dr. I. M. Rabinowitch, Montreal.
10.00 A. M. The Treatment of Pernicious Vomiting of Pregnancy—Dr. H. B. Atlee, Halifax.
10.30 A. M. Pitfalls in the Diagnosis of Conditions giving rise to Chronic Abdominal Discomfort
Dr. J. S. McEachern, Calgary.
11.00 A. M. Physical Medicine—Dr. W. F. Roberts, Saint John.
11.30 A. M. The Importance of a Correct Diet in Childhood—Dr. Alan Brown, Toronto.
12.00 A. M. Goitre—Dr. F. H. Lahey, Boston.
12.30 P. M. A new method for the permanent cure of gastro and entero-colic ptosis (report
of 45 cases, with lantern slide demonstration)—Dr. Eugene St. Jacques, Montreal
1.00 P. M. Luncheon—Admiral Beatty Hotel—Guest speaker—Rev. Jas. Dunlop, Saint
John.

Bovine Tuberculosis.

The testing of dairy herds in Nova Scotia for tuberculosis is now generally approved by all dairymen. The practice was not adopted without opposition from sources where it should have been least expected. However, we note that some of the States are still putting up a scarp on the testing. The danger of this is editorially emphasized in a recent issue of the *A. M. A. Journal* which reads:

"The objections which have been raised against the testing of cattle for tuberculosis and the slaughter of reactors have included the charge that it was engineered by the packers in order to get beef at their own prices, this being coupled with the accusation that unfit meat from these animals was used for food. The test has been declared unreliable. The claim has been made that cattle were sickened by the test and became tuberculous, a *post hoc ergo propter hoc* fallacy based on the fact that some animals pass a clean test or two and then react. The test has been blamed even for abortion and stringy milk. This propaganda, assiduously spread, has impressed a sufficient minority of the farmers to cause opposition.

"Wiser heads among the dairymen and farmers know that, if statute law will compel testing sooner or later, for enlightened parents, demanding safe milk for their children, will assure that ultimately there will be no market for the products from untested herds. Repeal of the area test laws now in force would be unfortunate, for the progress made under them has gone far to eliminate tuberculosis in cattle and will go further to virtually complete success. Economic stringency, sharpening all discontent and too often focusing it on the wrong scapegoat, appears to be threatening this as well as other safeguards which in more prosperous times are accepted unquestionably as necessities for the preservation of the public health. To scuttle them now will lead to consequences which future generations will regret. Pasteurization will help to protect our cities, but even that is subject to human error and carelessness, and when imperfectly carried out it has been shown to be ineffective in protecting the user of milk against tuberculosis. Moreover, threats are heard against pasteurization ordinances, on the specious ground that they raise the price of milk.

"The situation in Iowa is ominous, not for Iowa alone but for other States to which the agitation may spread. The ease with which sound public health procedures can be placed in jeopardy is a significant commentary on the status of health education of our adult population. The medical profession must rally to the defense of the public against its own folly, a duty which the profession has always discharged, many times at heavy sacrifice."

CASE REPORTS

PERFORATED GASTRIC ULCER.

Case No. 1. Male. White, aged 34 years.

Called to see this patient, gives history of fifteen minutes previously being seized with a very severe pain in right upper quadrant of abdomen, pain was so severe that he was unable to move, he immediately vomited evening meal which had been taken some hours previously. Patient gives a history of having stomach trouble for years, he says that he was always more or less afraid to eat on account of pain.

Examination. Patient cold and clammy, perspiration on forehead, lying on his side. Pulse somewhat quickened. On examination of abdomen marked tenderness and board like rigidity made out in region of gall-bladder but rigidity did not extend downwards. Provisional diagnosis of Perforated Gastric Ulcer with a very slow leak made, and patient immediately taken to hospital. Following admission to hospital X-Ray taken with idea of verifying perforation by means of air space between liver and diaphragm, this X-Ray did not prove satisfactory. Total white count 15,000. Temperature 99 pulse 90, respiration 30. On further examination tenderness made out lower down in region of McBurney's Point, and in consultation with several other Doctors, Provisional Diagnosis of Acute Appendicitis was made. Patient was operated on some six hours later, and with original diagnosis in mind right rectus incision made from hypogastric line to one inch below umbilicus. Appendix found congested especially at tip, but no adhesions, appendix removed in the usual manner. Further investigation showed, on gastric side of pylorus, a large indurated area with a small pin point opening surrounded by lymph resulting from a very insignificant leak from gastric ulcer. This was purse-stringed as well as possible in spite of marked induration and a Posterior Gastro-jejunostomy performed.

Patient made an uneventful recovery. Temperature reaching 100 on several occasions. Patient was discharged from hospital, free of all symptoms, in two weeks. The only point of importance in this case is the value of early symptoms. Marked shock and extreme rigidity in region of pylorus when seen early should be sufficient to clinch diagnosis.

Case No. 2. Male. White, aged 60 years.

For the past ten years this patient had been troubled with gastric distress especially after eating. At times he suffered very severe pain and occasionally would awaken at night with severe pain in region of pylorus. Was treated in hospital on several occasions with sippy diet and would improve for the time being but would have recurrence of symptoms. Two years before admission to hospital I was called to the mine and found this man suffering from a very severe pain in epigastrium, he was very shocky with weak pulse, taken to his home and thought at that time he would live only a short time. Diagnosis of a slow leak from an ulcer made, this was made on account of rigidity being confined only to upper abdomen, the lower abdomen being quite flaccid.

Patient in the course of twenty-four hours improved and rigidity disappeared somewhat, decided not to interfere. His condition remained the same from that time onwards, being distressed especially after eating, bowels were always markedly constipated and for some five years the only relief was an enema every second day. Was admitted to hospital on Sept. 18th, 1932. X-Rays taken, stomach filled well. First plate showed large ulcer on lesser curvature of stomach. Second plate two hours later showed some barium passing through but stomach pretty well filled. Third plate six hours later showed still a large amount of barium in stomach. It was decided that operation be performed

Operation: High right rectus incision. On opening abdomen it was found that this ulcer was firmly adherent to abdominal wall, this was separated from abdominal wall and purse-stringed, second row of sutures inserted. Pylorus was very much thickened. The possibility of malignancy of pylorus was considered due largely to the fact of great loss of weight in the past several years. A posterior Gastro-enterostomy was performed and patient returned to ward in good condition. Only on one occasion was there any rise in temperature. Discharged from hospital on 14th day absolutely free from pain, bowels acting without an enema or cathartics and now nine months later his weight has increased from 128 lbs. to 168 lbs.

M. G. TOMPKINS, Dominion.

SPLENIC ANAEMIA

Miss K. D. Age 22, single.

Admitted. St. Rita's Hospital, Sydney, April 10th, 1933.

Family History: Four brothers and one sister died in infancy, causes unknown except for one brother who died of Pneumonia at six months. Parents, three brothers and nine sisters living. All in good health.

Previous Condition: Patient had Measles and Mumps, also Jaundice at the age of eight. Had Rheumatism at age 10. That same year she had an accident—falling on a stick and striking stomach.

Menstrual History: Started to menstruate at age 20. Menses very irregular and scant.

Present Illness: Started about five years ago when patient noticed a "lump" in the upper abdomen about the size of a grapefruit. It has since increased in size, causing some distress or feeling of fullness in the upper abdomen. About the time she noticed this lump she had a Hemorrhage from the stomach when she vomited about one-half gallon of clotted blood. This was accompanied with pain of a severe character in the stomach. She had another hemorrhage from the stomach last summer.

During the past five years she has also had about three nose bleeds. Her legs have been swollen, especially around the ankles at various times and has never been normal in size, during the past two years while on her feet. Lately she suffers from slight shortness of breath on extreme exertion.

Physical Findings: Physical examination shows a rather anemic girl, lips pale and finger nails pale. Inspection of abdomen shows a rounded full-

ness of epigastrium, particularly on the left side. Veins of leg prominent and leg slightly swollen but no marked Edema. Palpation of abdomen revealed a mass smooth on the surface in the upper left quadrant extending from the lower border of the ribs to the level of the umbilicus and from the flank to about $1\frac{1}{2}$ inches beyond the midline of the abdomen. No enlarged glands could be palpated in the axilla or elsewhere. This mass is not tender to touch. Percussion of the mass is dull. Auscultation of Heart and Lungs, normal. No abnormal sounds.

Blood Examination: Kahn Test: Negative.

Nervous System. Nothing abnormal.

Diagnosis: Splenic Anaemia.

Discharged. April 16th, 1933.

A. CALDER.

"Two features of the high cost of medical care have been too much neglected in past discussions; unnecessary hospitalization of patients by physicians, and unduly high cost of hospital construction." This is quoted from a letter in the *A. M. A. Journal* for emphasis of the first proposition stated.

Surgeon's Salary.

"The allowance of the Chief Military Officer at Annapolis Royal in 1750 was £1,000 a year besides the profits from control of all the trade and shipping of the port. The annual salaries of assistants were: Lieut.-governor £128,10s. Secretary £182 10s., Fort Major £73, Commissary £73, Chaplain £121 13s., Surgeon £54 5s. There was also an allowance of £127 15s. per annum to garrison for fire and candles."

Compare the salary of the Chaplain and the Surgeon and one gets an idea why few if any of the histories make any reference to the medical men of early days. They evidently did not live on their salaries alone!

Calcium Need and Calcium Utilization is the title of the leading article in the April 1st issue of the *American Medical Association Journal*. Well, just see our *BULLETIN* issue for April. Why go to New York!

The Use of Eye Drops.

She Knew What She Wanted.

Letter received by a Los Onglaze Clinic.

Will you kindly have Richard have his eyes examined by an eye doctor without those drops for they are not used by modern Doc. I had those put in my eyes 27 years ago now my eyes are so bad that there are possibilities of my eyesight may disappear in yrs. to come. Mrs. Verley.

P. S. I know you have doctors there that examine eyes without drops.

DIGBY COUNTY

DeVernet, E., Digby.
Rice, F. E., Sandy Cove (County).
Belliveau, P. E., Meteghan.

GUYSBORO COUNTY

Brean, J. S., Mulgrave.
Smith, J. N., Guysboro (County).
Moore, E. F., Canso.
MacDonald, J. N., Sherbrooke (St. Mary's
Mcpy.).

HALIFAX COUNTY

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

HANTS COUNTY

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

INVERNESS COUNTY

McLeod, J. R. B., Port Hawkesbury
LeBlanc, L. J., Cheticamp (County)
McLeod, F. J., Inverness.

KINGS COUNTY

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

LUNENBURG COUNTY

Davis, F. R., Bridgewater (County).
Rehfluss, W. N., Bridgewater.
McKinnon, C. G., 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).
Bagnall, B. O., Westville.
Stramberg, C. W., Trenton
Sutherland, R. H., Pictou.
Whitman, G. W., Stellarton.

QUEENS COUNTY

Hennigar, C. S., Liverpool.
MacLeod, A. C., Caledonia (County).

RICHMOND COUNTY

LeBlanc, B. A., Arichat.

SHELburne COUNTY

Brown, C. Bruce, Clark's Harbour.
Churchill, L. P., Shelburne.
Fuller, L. O., Shelburne (County).
Densmore, J. D., Port Clyde (Barrington
Mcpy.).

VICTORIA COUNTY

Gillis, R. I., Baddeck (Mcpy.).

YARMOUTH COUNTY

Blackadar, R. L., Port Maitland (Yar. Co.).
Burton, G. V., Yarmouth.
O'Brien, W. C., Wedgeport.
LeBlanc, J. E., West 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."

Communicable Diseases Reported by the Medical Health Officers for the Period Commencing April 20th, to May 17th, 1933.

County	Cer. Sp. Meningitis	Infantile Paralysis	Chicken Pox	Diphtheria	Influenza	Measles	Mumps	Pneumonia	Scarlet Fever	Paratyphoid	Typhoid Fever	Tuberculosis, (pul.)	Tubec. other forms	Whooping Cough	V. D. G.	V. D. S.	TOTAL
Annapolis.....	2	..	1	..	..	..	..	..	..	..	..	..	3
Antigonish.....	1	..	..	..	..	..	..	..	..	..	7
Cape Breton.....	1	..	..	..	..	..	..	..	7
Colchester.....	3	..	..	9	..	4	10	..	..	1	..	..	..	..	29
Cumberland.....	1	..	..	..	..	..	..	..	..	..	..	..	3
Digby.....	1	1	..	1	..	..	..	1	..	..	2	1	7
Guysboro.....	1	1	2
Halifax.....	4	..	..	..	..	..	..	..	..	..	..	4
Halifax City.....	4	3	..	3	3	..	5	..	..	2	..	..	..	..	20
Hants.....	10
Inverness.....	1	..	5	..	..	..	1	..	..	3	..	10
Kings.....	7	..	..	..	..	..	..	..	..	..	1	..	8
Lunenburg.....	1	..	..	..	..	..	..	..	..	..	..	1
Pictou.....	1	..	..	..	..	..	..	..	..	..	..	1	..	2
Queens.....	1	1	..	..	1	..	..	..	..	3
Richmond.....	1
Shelburne.....	5	..	1	..	..	1	..	..	..	1	..	..	..	..	8
Victoria.....
Yarmouth.....	6	..	1	..	..	1	..	..	..	2	..	..	1	1	12
TOTAL.....	18	4	13	19	5	13	17	..	5	9	..	..	11	5	119

RETURNS VITAL STATISTICS FOR MARCH 1933.

County	Births		Marriages	Deaths		Stillbirths
	M	F		M	F	
Annapolis.....	19	10	4	6	11	0
Antigonish.....	7	13	3	13	15	2
Cape Breton.....	120	131	26	40	57	13
Colchester.....	21	18	7	10	14	4
Cumberland.....	23	29	9	18	18	7
Digby.....	22	18	3	15	12	2
Guysboro.....	17	18	3	8	7	3
Halifax.....	131	98	42	64	60	7
Hants.....	17	21	9	14	12	5
Inverness.....	19	20	1	15	12	2
Kings.....	16	20	5	12	5	2
Lunenburg.....	24	26	9	20	10	0
Pictou.....	33	31	13	15	20	0
Queens.....	15	6	6	6	5	1
Richmond.....	8	14	1	10	9	0
Shelburne.....	13	16	5	10	10	1
Victoria.....	14	1	2	1	8	1
Yarmouth.....	6	6	9	7	9	1
	525	496	157	284	294	51
TOTALS.....	1021		157	578		51

Report on Tissues sent for examination to the Provincial Laboratory, from April 16th, to May 15th, inclusive.

The total number of tissues sectioned is 114. In addition to this, 19 tissues were sectioned from 5 autopsies, making 133 tissues in all.

Tumours, malignant.....	20
Tumours, simple.....	13
Tumours, suspicious.....	0
Other conditions.....	73
Awaiting section.....	8—114

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.

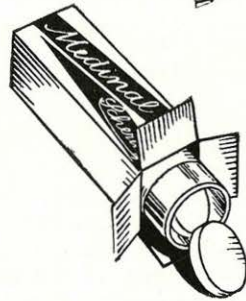
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CANCER

CANCER: THE MENACE OF REPEATED EXAMINATIONS*

TWO dangers, usually though not invariably fatal in their consequences, are a constant threat in the life cycle of a carcinoma: (1) the invasion and permeation of the lymphatics; (2) the invasion of the blood stream. Clinicians in general have long recognized the importance of the permeation of lymphatics by an epithelioma and of the early spread of sarcoma through the blood stream, but less well appreciated is the invasion of the blood vessels by the epithelial and glandular cancers.

As early as 1880, Weigert, by special staining methods, demonstrated microscopically that cancer cells directly invade the walls of blood vessels traversing the tumor. Schmidt later amplified these studies and presented fifteen instances in which he found emboli of the cancer cell in the small pulmonary arteries without macroscopic evidence of involvement of the lung. The primary carcinoma in these cases occurred in the prostate, uterus, ovary, bladder, rectum, bile passages, and stomach.

The significance of these two studies, amply confirmed since, is obvious. Invasion of a blood vessel in the cancerous growth with subsequent metastases to the pulmonary capillaries may be present without clinical evidence. Such metastases may occur at any stage in the life cycle of the cancer, and no one can foretell or know when such a metastatic embolus is released into the blood stream. Perhaps it should be recognized that the treatment of cancer is an emergency measure almost as compelling as appendectomy for acute appendicitis, since it is fraught with even greater danger. A cancer cell, hanging on the brink of a swiftly moving blood stream, may be broken off at any moment and carried beyond reach of effective treatment. Numerous circumstances may hasten this ultimately fatal incident. Massage, the application of heat, iodine, or salves can serve only to increase the hazard of embolic metastases and to nullify completely any later attempts which may be made to control the disease.

Equally dangerous is the manipulation or handling of a malignant tumor by the examining physician. Quite unwittingly he may be party to the dissemination of the cancer by displacing cells into the lumen of an eroded blood vessel. Experimentally, Tyzzer demonstrated the evils of even gentle massage of malignant tumors grown in mice. Repeated short periods of massage of a total duration of only 3 to 5 minutes resulted in double the number of metastases outside the original tumor. Manifestly, any handling and examination of a cancerous lesion, such as a lump in the breast must be ever so gentle and brief, and must be carried out *by as few hands as possible*.

The application of this obvious fundamental principle in the care of cancer has been conspicuously disregarded in our medical schools. One need only to follow, for example, a tumor of the breast through the gauntlet of examinations in the out-patient clinic at the hands of students, assistant residents, and visiting surgeons, and through a second gauntlet of careful

*An editorial in *Surgery, Gynecology and Obstetrics*, November, 1932 and reprinted in the *Bulletin of the American Society for the Control of Cancer* for March, 1933.

hospital examinations by student, interne, and members of the house and teaching staff, to realize the possible harm that can be inflicted by repeated examinations before the arrival of the patient in the operating room.

Small wonder that recent statistics from a teaching hospital paint such a doleful picture and that only 12.2 per cent. of 573 patients lived 10 years or more after the removal of the cancerous breast. On the other hand, comparable statistics from another clinic where comparatively few examinations are made indicate that 13 per cent. of those with axillary involvement and 44 per cent. of those without axillary involvement lived 10 years or more. The wide discrepancy in results cannot properly be attributed to type of case or type of operation. The reason lies most probably in the number, vigor, and trauma which are caused by repeated examinations.

Of course, it must be admitted that in any case of cancer of the breast one cannot set aside the probability that the patient herself long before admission to the hospital has been guilty of palpation, compression, and even massage of the tumor, but similar ill-advised manoeuvres by examining physicians cannot be too severely criticized.

To safeguard the patient and to avoid being an unwitting party to the dissemination of death dealing cancer it is suggested that teaching hospitals and clinics observe the following rules:

1. *A suspected carcinoma of the breast may be inspected but not palpated by student, interne, or assistant resident except by the flat hand gently applied to the tumor, which must not be squeezed or compressed by the fingers or otherwise handled.*

2. *Under no circumstances shall the glands in the axilla be felt or sought for except by the operating surgeon and then only with the gentlest touch.*

3. *The visiting surgeon or resident in charge shall determine the disposition of the case with the minimum examination possible—with inspection only, whenever the eye can determine the diagnosis.*

In any campaign against cancer it is essential that doctors, students and teachers of students, should recognize the justice of these rules, and that every effort should be made and every means should be employed to determine the diagnosis of accessible tumors without unnecessarily endangering the life of the patient.

Moreover, it is obvious that an analysis of the results of different methods of treatments of carcinoma of the breast is incomplete, and the proper evaluation of such methods practically impossible without a knowledge of what has occurred in the interval between first recognition of trouble by the patient and her submission to medical treatment. The results in patients who submit to treatment after long delays, punctuated by massage and local remedies, cannot be compared to results obtained in patients who are treated promptly after discovery of the lesion. A segregation of the two classes of patients should increase the accuracy of any statistical studies which may be undertaken to compare different methods of treatment of cancer of the breast.

EMILE HOLMAN, M.D., F.A.C.S.

Formation of an Associate Committee on Medical Radiology Recommended by National Research Council.*Assistance Proposed in Treatment of Cancer.*

1. The formation of an Associate Committee on Medical Radiology by the National Research Council at the earliest possible moment was recommended by a conference which met at Kingston at the time of the recent meeting of the Royal Society of Canada and which was attended by the following: Dr. R. W. Boyle, Director, Division of Physics and Engineering, National Research Council, Ottawa; Dr. V. Ernest Gendreau, L'Hospital du Radium, Montreal; Prof. G. H. Henderson, Professor of Mathematical Physics, Dalhousie University, Halifax; Dr. John Leitch, Physicist, Department of Health, Toronto, Ontario; Dr. P. A. Macdonald, Radium Physicist, Cancer Relief and Research Institute, Winnipeg; Dr. W. Lloyd Ritchie, Montreal General Hospital, Montreal; Prof. J. K. Roberston, Department of Physics, Queen's University, Kingston; Dr. W. A. Jones, Director, Radiological Division, Kingston General Hospital, Kingston, Ont.; Dr. P. M. Andrus, Queen Alexandre Sanatorium, London, Ontario; Dr. G. C. Laurence, Division of Physics and Engineering, National Research Council, Ottawa, (Secretary).

The conference was called to discuss the promotion of co-operation between radiologists and physicists in the development of equipment and methods most effective in the treatment of cancer and to initiate an extension of the programme of the National Research Council in the fields of X-ray and radium.

Several projects which the Associate Committee might promote and organize were felt by the Conference to be urgently required. The importance of the National Research Council maintaining standards of radiation in its laboratories at Ottawa was emphasized and the Council was asked to consider the designing of portable sub-standards which might readily be sent from time to time to Ottawa for calibration to ensure that dosages given patients are correct.

Regret was expressed that there are few physicists associated with radiotherapy in Canada at the present time and the suggestion was made that the universities consider the establishment of courses combining physics with medicine. The conference recorded its opinion that the services of trained physicists should be made available to radiologists wherever practicable and especially in the larger hospitals. The possibility of the Research Council rendering assistance here was discussed particularly assistance to radiologists in small centres who cannot readily avail themselves of the services of professional physicists in dealing with the many technical problems which arise in their work.

Another suggestion was that the Research Council could develop instruments which are cheaper and more suitable than those which are at present available.

It was urged that the Council consider ways and means of protecting radiologists and patients from excessive irradiation and electrical shock and a suggestion was made that the Council provide an inspection service in this connection.

It was recommended that the Associate Committee when constituted make arrangements whereby important technical information will be made available to Canadian radiologists in suitable form. At the present time the laboratories of the Council have facilities for determining the strength and

other characteristics of radium preparations and considerable service of this kind has already been rendered to Canadian cancer institutions. Preparation is being made for the testing of equipment used in medical radiology. The work has proceeded under the direction of Dr. Laurence in the Division of Physics and Engineering of which Dr. Boyle is the director. The financial resources of the Council have not permitted a rapid extension of the work but in the past year X-ray and other equipment has been installed. In the X-ray equipment, potentials up to 220,000 volts are available. A standard ionization chamber with its accessory equipment has been built for use in the calibration of dosage meters in r-units and similar radiotherapy equipment. The laboratories possess a Primary Radium Standard of 24.5 milligrams, which has been compared directly with the International Radium Standard which is conserved by the International Radium Commission. They also have six secondary standards of 10, 5, 5, 2, 1 and .5 milligrams, which have been carefully compared with one another and with the Primary Standard and are used in the making of routine tests. A small radium collecting apparatus has been built and about fifty milligrams of radon are available as a source of emanation.

Dr. W. J. Stevens of Ottawa, has a recent article in the *Journal of The Canadian Medical Association* on the quotation "The Toxaemias of Pregnancy." He indicates that these toxaemias may be classified into the following groups:

1. Pernicious vomiting of pregnancy.
2. Nephritis complicating pregnancy.
3. Low-reserve kidney.
4. Pre-eclamptic toxaemia.
5. Eclampsia.

It is very easily recognized that the scale in these cases is an ascending one and that all practitioners should be on their watch if the first of these symptoms appear in any of their patients.

Ayerst, McKenna & Harrison have circulated recently some samples of Digitalis in the form of Digitalis Folium Capsules.

MUNCHENER MEDIZINISCHE WOCHENSCHRIFT,

DR. KURT OCHSENIUS,

"Zur Behandlung der Bronchopneumonien im fruhen Kindesalter,"
(On the treatment of the bronchopneumonias in early childhood).

The author states at the beginning of his article that the treatment of gastrointestinal catarrh of infants has advanced considerably during the last year and that Cholera infantum, previously so much feared, can be successfully treated, even during the summer season. The next problem in pediatrics, the author says is the successful treatment of broncho-pneumonia in early childhood which is still said to show a mortality as high as 80%

Next to proper prophylaxis the author recommends a continuous change of position of the infant and the application of hot kataplasms which will retain the heat for hours, and also preparations of quinine. This treatment was successfully applied in 50 cases and the author therefore believes Antiphlogistine to be the ideal method of applying continuous moist heat.

Hospital Service

THE Executive of the Hospital Association of Nova Scotia and Prince Edward Island at a recent meeting passed a resolution expressing the belief that Nova Scotia was adequately equipped with hospitals.

The resolution thanks the Department of Public Health for its co-operation and continues as follows:

"This Association believes that our Province at present has a sufficient number of hospitals to meet the needs of its people.

"That it believes that adequate legislation should exist to prevent the erection of additional hospitals unless it is known to your department that their need exists in a community, and believes that to this end the present Local Hospital Act, should be strengthened.

"That it hopes that when such amendments are made and such standards and requirements are necessary before additional hospitals can be built, are enunciated that the Department of Public Health will see fit in one way or another to remove all sources of financial difference at present existing between municipalities and Hospitals in Nova Scotia due to the Provincial Grant being at present dependent upon the hospital securing a grant from its municipality.

"Dissatisfaction with the Workmen's Compensation Act was expressed at the meeting and a committee of five appointed headed by L. D. Curry, of Glace Bay, appointed to interview the Government requesting certain amendments. Included in the proposed changes sought is the removal of a clause under which a patient is only allowed hospital compensation for a period of thirty days from date of injury."

HOSPITAL ASSOCIATION. The next annual meeting of the Nova Scotia and P. E. Island Hospital Association, will be held at Antigonish, June 26th and 27th, and it is expected that several prominent U. S. and Canadian surgeons will read papers. This announcement was made at a meeting of the executive committee of the association held at the Halifax Infirmary late in March, with Rev. H. G. Wright, Inverness, presiding. Seven members of the board were present including Mother Ignatius, head of the Order of St. Martha, and Rev. J. R. MacDonald rector of St. Ninian's Cathedral. Among the matters taken up were the following: The need of an increase in the rate paid hospitals under the Workmen's Compensation Board; the feasibility of co-operative buying of hospital supplies; the need of a change in the legislation under which a hospital must receive a municipal grant before becoming eligible for a provincial grant. The statement blazoned in the daily press that the association had opposed the passing of legislation legalizing the holding of hospital sweepstakes was misleading. This question was discussed as a minor order of business, and in the absence of some of the delegates, and the decision taken does not necessarily represent the opinion of the association or even of the meeting.—(*The Casket*).

Aberdeen Hospital, New Glasgow, had a "drive" in April. On the Sunday preceding its start doctors and laymen presented the needs of the hospital and why it should be supported to the congregations in many churches in the towns and counties. Subscriptions or cash being solicited. The Hospital Board thus outlined the matter with them.

Three methods of subscriptions are offered and the subscriber should decide which method or combination of methods best suits his circumstances:

1. Any who feel willing or able can give a CASH contribution toward the fund.
2. "SERVICE CERTIFICATE." Coupons good for one year enable the subscriber to contribute with some chance of return should he or she need hospital service during the year.
3. The "SUBSCRIBER'S CONTRACT" for a monthly fee INSURES the subscriber to the extent of two dollars per day for every day spent in hospital should hospital service be required during the year.
4. Any "COMBINATION" of the above three schemes can be made by the subscriber as his circumstances will permit.

Perhaps this may be of interest to other Hospital Boards!

PREPAYMENT FOR HOSPITAL CARE.

The *Journal* of the American Medical Association in its issue of March 25th, 1933, has more information regarding hospitals than we have noted in any previous issue of this annual special number. This material is so great that it would be impossible in the BULLETIN to even prepare a satisfactory abstract. There is, however, one article "Prepayment Plans for Hospital Care" by Dr. R. G. Leland; Director, Bureau of Medical Economics, A. M. A., Chicago, that may be interesting to the profession in Nova Scotia. This in view of the fact that medical and hospital economics has come to be a very vital matter in this province, in the consideration of which the BULLETIN has taken a very considerable part.

The nature, use and abuse of hospitals is very different from when they were first established and the last ten years has actually greatly increased these three features. "The capital investment in hospitals is estimated at approximately \$3,000,000,000, only 10% to be found in hospitals organized for profit! This enormous non-profit investment has therefore been made for the public good. Possibly the present depression has assisted in calling more attention to various proposals for hospital maintenance.

Dr. Leland describes several schemes for prepayment for hospital care the object being service to the public with proper remuneration for the hospital, thus:—

"With few exceptions, group hospitalization schemes are now being promoted by commercial organizations seeking contracts for from one to five years with hospitals for hospitalization membership campaigns. The contract with the hospital may or may not guarantee a definite number of members but it always states the commission on which the organization agrees to undertake the sales work. These commissions vary from 21 per cent. to approximately 75 per cent. of the amounts paid by the members. Members are usually secured in groups, although some organizations solicit individuals. The cost to members varies from \$6 to \$24 annually.

It is claimed by some of the promoters that free choice of both physician and hospital is granted the members, but obviously this is a misrepresentation whenever all physicians and all hospitals in a community are not included.

Certain contracts provide hospital care for workmen's compensation cases, although most promoters exclude these cases from contract benefits. In some cases, physicians' fees are collected and paid by the hospital apparently under the supposition that the hospital staff members are to make the home calls and give all other medical services without further remuneration. Some contracts provide, further, that no member may enter the hospital as a patient until examined by a member of the hospital staff.

Monthly contract payments by members are usually made by payroll deductions wherever members are secured in groups. Members are usually entitled to twenty-one days of hospital care during any twelve month period. Patients requiring more than the twenty-one days of hospital care are entitled to from 25 to 50 per cent. reduction from the regular hospital rates. This reduction in rates is sometimes granted to the member's family.

There is a wide difference in the methods of handling funds. One scheme provides that the hospital giving the service may draw on the promoting organization for the full amount due; several plans provide for a flat per diem rate to be paid hospitals for the care of members, the balance remaining at the end of the year to be prorated among the participating hospitals; other schemes provide that the monthly membership premiums shall be paid directly to the hospitals; none of the schemes provide for an adequate safeguard of funds."

Then he indicates some of the merits and defects of the proposal.

The principal merits of such plans are the following:

"Limitation of these schemes to hospital care with restrictions as to length and character of services furnished and as to diseases covered makes possible more accurate actuarial calculations than are applicable to general sickness service. Confining the scope to employed groups, insures certain standards of health and income and reduces sales and collection expense.

"Such schemes seem to afford, temporarily, at least, regular financial support to the hospital; it is claimed that they will tend to reduce fluctuations in the use of services and to distribute the burden of cost among a large number, thereby reducing the load on individuals.

"If hospitals standards are maintained, a fairly high grade of care is assured.

"Such schemes provide a method of payment of the costs of hospitalization for many patients who might otherwise be objects of charity and a burden on the resources of the hospitals."

Then he indicates some of the merits and defects of the proposal.

"To a large extent such schemes are being installed as a result of a 'tactics of desperation,' in which hard-pressed hospitals are seeking 'any port in a storm.' This is a situation in which hasty action is apt to create institutions and vested rights and relations the future effects of which may be far different from present expectations. Such plans need careful consideration based on investigation and comparison of experiments now under way. Examination of some of those already in existence and others in process of adoption gives ample evidence of the lack of such investigation and preparation.

"The adoption of such a plan by a single hospital or a group of hospitals, in a locality, creates a division within the hospital field and the medical pro-

fession. By creating an artificial monopoly through salesmanship and through compulsion by employers, "unfair competition" is exerted on those hospitals outside the scheme. This situation encourages the formation of rival groups and such undesirable forms of commercial competition as solicitation, under-bidding and consequent deterioration of service. It also destroys freedom of choice of physicians and hospitals for as large a section of the population as are induced to become members or certificate holders.

"All such plans tend to lessen the control of county medical societies over medical practice and thus to decrease the effectiveness of the most important form of professional control of standards and ethics, while at the same time it increases the influence of lay commercial interests.

"Even with all the safeguards of the British system, most of which are absent from American schemes, the question of control of hospital management of lay organizers of contributory schemes is becoming troublesome. Does any one believe that, once a promoting organization, perhaps of nation-wide scope, has through a system of contracts gained control of a large share of the market for hospital service, it will hesitate to use that power to influence or control hospital management?"

Again he says:—

"The broad effect of all such plans is to shift the burden of hospital support from philanthropic and goodwill to assessment of low-paid workers. One of the selling points made by promoters of such plans is that the surplus received from contributions constitutes a profit or may be used to meet the expenses of indigent care. It is also urged that many previously free bed wards may be changed to income-producing space. Is it entirely ethical for an institution to utilize philanthropic gifts to build such free ward beds and then use them for producing income or profit? This question may be purely academic at the present moment, but will it remain so in the future?

"Restriction of the scope of service to the employed means that a worker who contributes to such a scheme for years becomes ineligible for its benefits the moment he loses his job. If the loss of his job is due to failing health, he loses his protection just when most needed.

"Confining the scope of the service to the employed wage-workers leaves a large section of the population most in need of hospital care without protection, a feature that in other countries has led to a demand for all inclusive, compulsory governmental action. Is the pattern being created by the present hospital schemes one that could be followed by such an extension without the introduction of great harm to the medical profession and the public?

"These present and projected defects which characterize most of the current schemes for group hospitalization constitute a violation of the principles of professional conduct and the practice of medicine which for thousands of years have proved their fairness, soundness of doctrine and faithful adherence to the best interests of the public. Taking advantage of a temporary financial exigency, certain commercial interests have selected that portion of medical care which is easiest to sell and are endeavoring to create a mass production market from which a considerable profit will accrue to the promoters.

"A pertinent question which has been avoided by the promoters of hospitalization schemes is: *Does the public need at the present time an increased amount of hospital care or will it benefit more from a greater amount of medical care in the home?* Whichever way the question is answered, disregard of the

principles that should govern all agencies equipped to render medical care is certain to result in an ultimate lowering of the quality of medical care. The physical capital in medicine, in whatsoever form it may exist, must always remain the instrument wielded by the personal skill and knowledge and must ever conform to an undepreciated standard of medical values. Anything that separates the mental capital from the working tools and institutions of the profession is sure to prove destructive to the medical profession and injurious to the public."

Some seven nurses graduated recently at the City of Sydney Hospital. These were—Miss Eva Sedgwick, Miss Violet House, Miss Rose Pride, Miss Freda Braye, Miss Helen MacGregor, Miss Jean Campbell, Miss Margaret MacDougall.

Mayor S. E. Muggah presided as Chairman and appears almost as much at home as did Mr. O'Connell when he so capably filled this position on many occasions. As usual Dr. D. A. McLeod featured in the presentations.

Sixteen nurses of the School of Nursing of St. Martha's Hospital, graduated recently making the largest class in the history of the hospital. We are not so sure but what this increase in numbers may be largely due to the increased attention given to Post-Graduate Nursing Study. The prize donors were—Dr. J. L. McIsaac, Dr. W. F. McKinnon and Dr. D. J. MacMaster. In all these institutions the functions were marked by elaborate programmes and refreshments.

The graduates were—Misses Vera MacKinnon, Lourdes; Margaret MacDougall, Stellarton; Loretta MacIsaac, New Glasgow; Nora St. Croix, Stephenville, Nfld.; Ruth Inglis, Lochaber; Eleanor Haues, St. John's, Nfld.; Emma McCormack, Georgetown, P. E. I.; Gertrude Foley, Westville; Catherine MacDonald, New Glasgow; Florence Atkinson, New Glasgow; Winnifred Graham, Antigonish; Eileen MacDonald, New Glasgow; Edith Sutherland, Sutherland's River; Mary Catharine (Babe) Chisholm, Heatherton; Annette D'Eon, Yarmouth; Marie LeBlanc, West Pubnico.

Even the town of New Waterford honored its graduation on this occasion by a graduation ball, held in the Oddfellow's Hall on Thursday evening, will be remembered for its pleasantness for a long time. Among the chief chaperons being Mrs. Morrison, Mrs. Hartigan and Mrs. Miller.

The Mayor of Glace Bay is still speaking with authority as to the need of further T. B. accommodation in that largest mining town.

National Hospital Day was recently commemorated in Bridgewater at the Dawson Memorial Hospital before a large number of visitors.

Hamilton Memorial Hospital, North Sydney, arranged recently for the graduation of five nurses. The affair to be under the auspices of the auxiliary.

The annual graduation exercises of Glace Bay General Hospital takes place this year June 8th, 1933 when eight graduates will receive their diplomas.

It is a wonderful tribute to the work of hospitals in various towns to note that recently at New Waterford over 800 people were present in the Majestic Theatre to witness the graduating of these nurses.

Miss Laura R. Logan, Acadia '01, until the last spring Superintendent of the Cook County Training School for Nurses, Chicago, has been asked by the Rockefeller Foundation to make a survey of the schools for nursing and health centres which they are promoting in Central Europe, Miss Logan is now carrying on her work there. She is a native of Amherst, N. S., who has after graduating from Acadia, won distinction in her chosen field in the United States.

Routine business engaged the attention of the Cape Breton Hospital Association at a recent monthly meeting held in the Sydney Courthouse. Mayors, County Clerks and Treasurers were there, but no doctors. Why this thushness?

The Cape Breton Nurses' Association met in regular session in the Nurses' Home of the City Hospital early in April, Miss McKinnon, Matron, in the Chair. The chief speaker was Judge Crowe who fully described the hospital at Louisburg in the early days, described and illustrated in the BULLETIN several years ago.

There was an impressive ceremony at Wolfville recently when a tablet in memory of Charles H. Wright, William A. Reid, William H. Fairn, William F. Parker, D. McN. Parker, M.D., Thomas B. Futcher, M.D., Andrew DeW. Barss, M.D., and Dr. Freeman Tufts, was dedicated and unveiled in the Eastern Kings Memorial Hospital. The tablet was unveiled by Mr. Boggs and Dr. J. H. McDonald gave the address.

It is announced that arrangements are now complete for the special sessions of the Nurses' Association to be held in Halifax this month. The morning sessions will all be taken by Miss Ethel Johns, who is an outstanding authority on Nursing Education. Miss Johns was engaged for a number of years with the Rockefeller Foundation making surveys of hospitals and schools of Nursing in Europe and America.

The afternoon session will be taken by Dr. H. G. Grant, Dean, Faculty of Medicine, Dalhousie University, Dr. E. Brison, Provincial Psychiatrist, Dr. H. L. Scammell, Assistant Superintendent, Victoria General Hospital, Dr. H. B. Atlee, Professor of Obstetrics and Gynaecology, Dalhousie University; Miss Agnes Baird, Secretary, Child Welfare Division of Canadian Council on Child and Family Welfare.

Miss Baird expects to be in Nova Scotia at this time and the nurses think they are particularly fortunate in having her speak at one of the sessions on Maternal and Infant Hygiene.

The graduation exercises of the nurses of the Yarmouth Hospital were very largely attended on May 19th when nine nurses received their diplomas. The newspaper report says:—

“At an impressive ceremony held in the Majestic Theatre this afternoon the 1933 class of nurses of the Yarmouth Hospital were presented with their diplomas as fully qualified nurses.

Nine in number the class of 1933 was made up of Irma Martin, River Hebert; Grace E. Olsen, Overton, Yarmouth County; Mona R. MacDonald, Osborne Harbor, Shelburne County; Thelma Huskison, Lockeport; Clara Power, Canso; Adela Welsh, Westport; Jennie Bain, Yarmouth; Marguerite Dunn, Markland, and Beatrice Smith, Rockville

John Lonergan in the absence of Prescott Baker, President of the Board of Directors of the Yarmouth Board of Directors of the Yarmouth Hospital presided. An address of welcome to their profession was given, the new nurses by Dr. Campbell, a well known Yarmouth surgeon, and the Rev. Mr. Ross, of Zion Baptist Church also spoke.

Thousands of nurses from all parts of the world will assemble in Paris and Brussels this summer for the International Nurses' Convention being held in Paris from July 10th to July 12th and in Brussels from July 13th to July 15th.

There were over 6,200 participants in the quadrennial congresses at the last international convention held in Montreal in 1929 but it is expected that this number will be exceeded at the 1932 gathering.

Nurses from Canada and the United States attending the convention will sail from New York in the Red Star line Westernland on July 1st, arriving in Havre July 9th and proceeding direct to Paris. A series of four “Nursing Convention Cruises” have been arranged for the Canadian and American nurses, these ranging from 2 to 62 days and enabling the members to attend the convention and at the same time take the opportunity to travel in England, France, Belgium, Austria, Italy, Germany and Hungary

Pablum-Mead's Pre-Cooked Cereal.

Mead Johnson & Co. are now marketing Mead's Cereal in dried pre-cooked form, ready to serve, under the name of Pablum. This product combines all of the outstanding mineral and vitamin advantages of Mead's Cereal with great ease of preparation.

All the mother has to do to prepare Pablum is to measure the prescribed amount directly into the baby's cereal bowl and add previously boiled milk, water or milk-and-water, stirring with a fork. It may be served hot or cold and for older children and adults cream and sugar may be added as desired.

Mothers will co-operate with physicians better in the feeding of their babies because Pablum is so easy to prepare. Please send for samples to Mead Johnson & Co., Evansville, Ind.

Our Exchanges

BULLETIN OF THE NEW YORK ACADEMY OF MEDICINE.

THERE has been no publication that has come to our attention in recent years that has contained so much editorial material that appeals to the literary student of medicine than does the *Bulletin* of the New York Academy of Medicine. To this the BULLETIN has made frequent reference and material is even now in our BULLETIN basket available for future publication. In this connection most of this material comes from the brain and pen of Dr. F. H. Garrison, the "Editorial Writer", than whom, perhaps, there is no one better qualified to write upon matters that may be regarded as related to Historical Medicine. As to the applicability of many of these articles to the present day practice of medicine, there may be some question, but there is no reason why medical culture should ever be divorced from medical science. The Classics and Medicine; Medieval Medicine; Modern Literature and Medicine;—these and kindred topics all combined to give the practitioner something that will rest and re-invigorate his mind while engaged in the drab routine of practice.

The article in the Academy of Medicine *Bulletin* we have especially in mind is in the February issue and is entitled "Sydenham's view of Causation in the Light of Seventeenth Century Thought." This paper of Dr. Garrison's was first presented at a meeting of the Johns Hopkins Medical History Club on November 28th, 1932. Upon our first hasty reading of the article we made this note,—“An idealistic pedantic and wholly individual presentation of the subject. Yet we thank God for those members of our profession who can talk and write upon some of these apparently irrelevant subjects, for there is more to the practice of medicine than is merely obtained from modern scientific training.”

Further reading shows this comment is chiefly bosh for there is in the article, history and philosophy of an earlier date, (Hippocrates, Galen, Spinoza, Sydenham, Virchow) leading up to a present day wise conclusion that—"At the bedside the physician must think, not biophysically or even biologically, but must remain a doctor of medicine, thinking medically, in keeping with the aphorism which Goethe wrote in his album: "*Le sens commun, c'est le genie de l'humanite.*"

If any readers of the BULLETIN would like to read this paper and make some comment for other members, I will be glad to loan this copy to them. Ask for the *Bulletin* of the New York Academy of Medicine, February 1933—Pages 53-68.

S. L. WALKER, M.D.

Apropos of what our own BULLETIN has been saying for the past year, that the present period of depression should be characterized by an extension of health activities rather than a curtailment or standstill attitude, we note the following paragraph in an Editorial of the *Bulletin* of the Vancouver Medical Association. This we quote:—

"And in our own domain of health. We are told that the contraction of the budget in this

particular will grievously injure health measures which we all feel are vital, and which after some years of operation, have just begun to produce results in lessened disease and greater social well-being. To eliminate these measures is the worst kind of false economy, and we hope, with all our hearts, that it may be found possible to retain and even extend them. As medical men, and through our organization, we should in every way possible, support our Health authorities, and endorse their counsels in this matter."

That the public can be readily stampeded against the positive scientific proof was recently illustrated when Manchester, England, rejected the compulsory pasteurization of milk. Forsooth the chief objection seemed to be that compulsory pasteurization would drive the small milk producer retailers out of business and cost the farmers up to \$3,500 each for a pasteurization plant. Propaganda even went so far as to issue pamphlets and posters saying "Pasteurization will kill your babies." The London correspondent of the *A. M. A. Journal* adds,—“The result has well been described as a triumph of organized vested interests against good government.”

THE UNIVERSITY OF TORONTO MEDICAL JOURNAL.

This is an Undergraduate Publication that is issued seven months in the year. We note with satisfaction that the greater part of the reading material is furnished really by undergraduates. In this issue there are additional articles or lectures by Doctors Harris, McPhedran and W. G. Cosbie of the University staff. Of seven items in the table of contents of the February issue, which only reached our office on April 1st, the Undergraduates furnished five. Among their contributions is the Editorial—“The Social Aspect of Medicine,” which is well worthy of consideration by practitioners as well as students.

“One aspect of the practice of medicine which is not stressed particularly to the medical student, but which is most important from the human side of medicine, is what we might term the social involvement of medicine. Perhaps an example will serve to clarify what we mean by this.

“Suppose the following case, which is not a very remote possibility. Suppose an active young man, whose heart showed extrasystoles, which at times became very numerous, was seen by a physician who mistook these irregularities for auricular fibrillation; such a mistake is not impossible, for we have heard of that happening. Now this young man is condemned to a state of semi-invalidism or complete invalidism unless he availed himself of the services of a competent cardiologist, with adequate diagnostic facilities.

“We recognize the difficulties of making such a diagnosis, but what impresses us even more is the far-reaching effect of this diagnosis upon the individual's life. He would be changed from an active man, engaging in normal sports and activities, to a person who would have to lead a most restricted life, not being able to enter into the activities which any normal person enjoys; and, worst of all, he would probably assume that psychopathic outlook on life which many young invalids possess, because of the fact that he would not experience any discomfort or disability, and yet would be more or less forced to be a “looker-on.”

“In our clinics and ward-work we see patients who are suffering from this disease and that disease; we are interested in the clinical and laboratory picture they represent, and rightly so, for that is the prime purpose of our education. However, it is well to bear in mind that we as medical men have a very serious responsibility in this regard. We should adopt the attitude that we will not condemn a man or woman to a radical change in their social life unless we have made absolutely sure of our diagnosis, having availed ourselves of every possible advanced means of diagnosis if necessary.”

THE ELEVENTH REPORT ON ORGANIZATION IN INDUSTRY, COMMERCE AND THE PROFESSIONS IN CANADA, 1932.

The Medical Council of Canada, being incorporated by the Parliament of Canada in 1911 and organized in November, 1912.

The council is not a teaching body, but has powers to create an examining board or boards, and to hold examinations. These examinations are held in June of each year at Halifax, Montreal, Kingston, Toronto, London, Winnipeg, Edmonton and Vancouver and in October at Montreal in English and French and in Winnipeg in English. A physician on the register of the Medical Council of Canada is known as a licentiate of the Medical Council of Canada. These licentiates are eligible for licence to practice in all the provinces in Canada without further examination, upon the payment of the necessary fee and other provincial requirements. At present the number on the Canadian Medical register is 3,247.

The President of the Council is Peter Calizte Dagneau, M.D., 4 Collins St., Quebec, Que. Registrar John F. Argue, M.D., 180 Metcalfe St., Ottawa, Ont.

The licensing bodies are indicated thus:

Prince Edward Island College of Physicians and Surgeons, Number of members 69. It is quite evident that this means that every practicing physician in the Island is a member of the College and something to say in the admission of more practitioners. There must be some administrative board for this College, why not then amend this statement?

"Provincial Medical Board of Nova Scotia: Number of members, 471 medical practitioners resident in Nova Scotia and 425 non-resident practitioners". As a matter of fact the Provincial Medical Board consists of some 15 members (and Dr. Sponagle believes that is about twice as large as is necessary).

"College of Physicians and Surgeons of New Brunswick. Number of members 9."

Presumably then some inconsistencies are to be found in the statement regarding all the other provinces, again we say that the value of these annual reports are greatly lessened to the public and the clientele for whom they are specially prepared, if they are not accurate and illuminative.

Then there is listed the various Provincial Medical Associations and their Branches. To mention two only we are told Nova Scotia has one Branch—The Eastern Counties; while Ontario has also only one. The New York County Medical Association again we repeat that this publication is neither accurate nor illuminative in those sections to which we have called attention.

Also according to this publication Nova Scotia has no Medical Health Officers Association, whereas it is 10 or 11 years (or more) and a mighty valuable organization at that.

There is another feature of this subject that should be brought to the attention of the medical profession. This official federal publication includes in this Professional Section reference to Drugless Practitioners; Osteopaths, Chiropractors, Chiropractists. The location of the various organizations representing these cults indicates they are found in about three of the provinces. It is pointed out that in the Maritime Provinces not a single one of these cults can be legally practiced, yet they are included in a federal publication.

Well, what are we going to do about it? Why, just the same as usual, *Nothing.*

S. L. W.



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An Aid to Healthy Development

MODERN medical research makes it increasingly clear that abnormalities of form, mental defects and even permanent constitutional weakness, are often a direct result of failure to obtain in infancy a diet adequate to the physiological needs of the organism. The basic necessity, therefore, in constructing the dietary of the infant and growing child, is to ensure one that is complete in all the essential food elements.

"Ovaltine" finds one of its most valuable applications in this direction. Composed of the nutritive constituents of fresh, full-cream milk, eggs and malt, in well-balanced proportions, it supplies calcium, phosphorus, vitamins and other accessory food factors, and its regular addition to the ordinary diet of the child renders this safe and adequate.

"Ovaltine" is, moreover, so delicious and easily digested that it can be prescribed with complete confidence for children of all ages. "Ovaltine" is easily prepared and is most economical in use.

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Amenhotep III

The BULLETIN recently published a most excellent article on the "Metabolism of Calcium in Medicine." Our readers will, therefore, give special consideration to literature on this subject that comes to their desk. The Wingate Chemical Company, Limited concludes a recent letter as follows:—

"Trial quantities of 'Calcium-Gluconate-Sandoz', together with further substantiating evidence, are at your disposal."

The BULLETIN announces the receipt of the Fourth Annual Report of The Department of Public Health of Prince Edward Island for the year ending December 31st, 1932.

This edition also includes the vital statistics of the Province for 1931, and a Tentative Synopsis for 1932; and the Fourth Annual Report of The Provincial Sanatorium for 1932.

We note that the Hon. W. J. P. MacMillan, M.D., C.M., F.A.C.S., is Minister of Public Health, while his chief Deputy is Dr. B. C. Keeping of Charlottetown. The Medical Superintendent of the Provincial Sanatorium is Dr. P. A. Creelman, Dalhousie 1925, formerly of Halifax. Miss Mona Wilson, known to many of us, is Superintendent of Nurses and Public Health Nurse. The report is issued in the usual stereotyped form of Government publications.

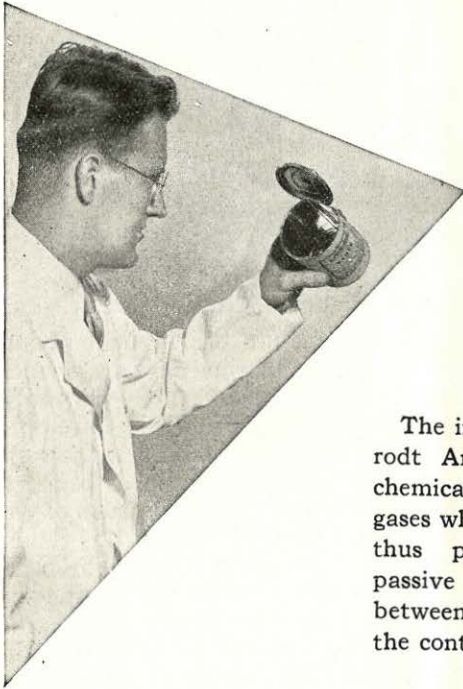
The International Health Review.

Perhaps most of the medical men in Nova Scotia have been receiving a monthly pamphlet from the Federal Department of Health giving the latest information regarding the functions of different Health Departments, etc., along every recognized health line. This has never appealed to us and evidently it does not appeal to the Department as fully covering the interests of all classes. The Department of Pensions and National Health has therefore started this year a combination journal or pamphlet, or Bulletin, entitled *The National Health Review*, and Volume 1, No. 1, is before us. The Hon. Minister Dr. Murray MacLaren, indicated in a foreword the actual objects of this new venture. He intimates that while the publication of a monthly Bulletin of abstracts from a wide variety of subjects was desirable it was quite evident that the busy practitioner had neither the time nor, probably, the opportunity to cover the broad field of reading which a perusal of these abstracts would make necessary. It was, therefore, felt that it was the duty of the Department to present these abstracts in some such form as would be immediately of value to the profession receiving the same. He intimates that this new volume, as a quarterly, will be of greater value to the profession if it contains one article per issue on whatever subject appears to be timely and of general interest together with carefully selected abstracts.

Dr. MacLaren then goes on to say, and the reference is so applicable that we quote directly:

"To prevent disease requires effort on the part of the individual, the family, the municipality and the State, but there must be co-ordination of effort. It is with this in view that the National Health Review will come to you quarterly, in the hope that it will be a co-ordinating force in that part of your practice that merges with health problems; because, it is now generally conceded that the family doctor is the first line of defence against disease and

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in support of physical fitness. It is to the family doctor, that the family should turn for their Public Health guidance, he, in his turn, apportioning to the family that responsibility which is theirs and notifying the municipality, or State, to accept the responsibilities that belong to them. These are the personal things in which the family doctor is the co-ordinating force. On the other hand, the municipality, through the Public Health programme, co-ordinates its forces and deals with the community matters, such as pure water, pasteurized milk, quarantine and general sanitation. Haven Emmerson, M.D., Professor of Public Health Administration, Columbia University, expressed it as follows:—

“To cause the citizen to do the things he can and ought to do, and then to do for him the things he cannot do, but which should be done, is the duty of the State.”

It has been said that “The measure of the success of any government is only as great as the measure of the health of its people.” In this respect, Canada is singularly fortunate. Her health laws are as good as any and, in most instances, wisely administered. Fundamentally we are a healthy, virile race.”

This quarterly is earnestly commended to every member of the profession in this province.

The Movies and Medicine.

“A scientific study through the moving picture has brought about a tremendous economic gain through observations, showing how to overcome useless expenditures of energy. In no branch of science does the moving picture offer greater possibilities, than in medicine and surgery. Rare operations in the larger cities, instead of being—as in former times—only accessible to a few—now through the moving pictures are shown in clinics before the medical students in a great many hospitals, where before, because of their remote locality, or the fact that they were not as fully equipped as those of London, Paris or New York, would not be able were it not for the picture film, to observe and show to its students surgical operations by the most eminent men in their professions. Cases are shown, instruments demonstrated and every modern method of treatment is portrayed by means of moving films. Any and all surgical operations are capable of being shown by this means. If a student is slow to grasp, the pictures may be run twice or more times. If an interesting phase is observed, the film may be stopped and started again, as soon as it is sufficiently observed. To this we may add the fact that it is a practically indestructible record which may be used time and time again without any more exertion than the printing of new positives from the original negatives. Those of you who have ever seen the amphitheatre of an operating room will recall how the students are seated row upon row in semicircular manner on benches, whose distance range from twenty to fifty feet from the field under observation. When you consider that such field is at best six to eight inches square and that even this is encroached upon by operating hands and instruments, you can well imagine that the actual view possible is very small indeed. Contrast this, if you will, with the fact that an operative wound photographed and thrown upon the screen shows an area six by nine feet instantly visible to everybody, and so complete in clearness and abundant in its detail, that accurate observations cannot be avoided.”

If you do not subscribe to this article, please note it is only the public press report of the Chief Censor of Nova Scotia.

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 30 " 0.05 " (3/4 ")
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HYPNOTIC-NERVINE SEDATIVE

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Personal Interest Notes

DR. N. BARRIE COWARD, Dal. '28, announces the opening of an office at 25 Coburg Road, Halifax, N. S., for the practice of Diseases of Infants and Children.

Among the recent graduates in Medicine at Dalhousie University was the son of Dr. and Mrs. H. H. MacKay of New Glasgow who received his M.D., C.M.

Among the recent University functions was a Complimentary Dinner tendered by the Alumni of Bellevue Hospital to Chancellor Elmer Ellsworth Brown of New York University. Among the messages sent were complimentary ones from Doctors J. K. McLeod, A. S. Kendall and E. J. Johnston, graduates of the school in 1882 and 1883. Replying to the note accompanying these congratulations Dr. McLeod is in receipt of the following:—

“Blessings upon all three of the noble triumvirate—Johnstone, Kendall and McLeod—for that gracious telegram of greeting which came to me at the dinner given me last Wednesday evening in New York. It is indeed thrilling to receive the messages from yourselves and others. I want to thank you most warmly and to extend to you all my heartiest good wishes by way of partial return for your courtesies.”

Presumably they will be called from now on the “triumvirate”.

Dr. and Mrs. C. M. Bayne of Sydney were recent visitors in Halifax.

Valley Medical Society meets in Annapolis.

The 26th Annual Meeting of the Valley Medical Society was held Friday at the Queen Hotel. The President, Dr. W. R. Dickie, was in the chair. Papers were read and case reports given by Dr. A. B. Campbell, Dr. Ferguson, Dr. H. R. Corbett, Dr. O. R. Stone, Dr. W. R. Dickie.

The nominating committee, Dr. I. R. Sutherland, DuVernet and Bethune brought in the following slate of officers:

President	Dr. L. B. Braine, Annapolis Royal, N. S.
1st Vice-President.	Dr. Ferguson for Digby.
2nd Vice-President	Dr. Hugh McKinnon, Berwick for Kings.
3rd Vice-President	Dr. E. B. Hall, Bridgetown for Annapolis.
Secretary-Treasurer	Dr. H. E. Kelley, Middleton, N. S.
Provincial Executive	Dr. W. R. Dickie, Digby, N. S.
	Dr. R. O. Bethune, Berwick, N. S.
Auditors	Dr. L. B. Braine and Dr. I. R. Sutherland.

Recommended to Honorary membership in the Nova Scotia Medical Society, Dr. J. A. Sponagle, Middleton; Dr. E. O. Hiltz, Weymouth.

Recently, according to newspaper report, Dr. and Mrs. Nathaniel McDonald of Sydney Mines celebrated their 15th or their 50th anniversary. We know it must have been the 15th because neither one of them is old enough to have been married a longer period of time.

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... Nasal Infections

**AID resistance with
 vitamins A and D**

Vitamin A aids resistance to infection by raising the physiological defences of the mucous membranes. The natural vitamin D content of this Concentrated Cod Liver Oil seems to act in synergy with the vitamin A fraction and maintains the calcium and phosphorus content of the blood at the optimal level.

Alphamette Liquid is tasteless and inodorous. Six drops contain the natural vitamin A and D content of one teaspoonful of Ayerst Biologically-Tested Cod Liver Oil.

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Where the capsule form of concentrate is preferred, we suggest Alphamettes, each small capsule representing three and one-third teaspoonfuls of Cod Liver Oil.

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At the age of 74 years Dr. John B. Bogart, a former consulting surgeon of very considerable renown received his Arts Degree from Acadia University. He had entered Acadia in 1879 but started to study medicine and never, until recently took up any extended stay in his native country. Dr. Bogart is known as a surgeon particularly adept in laryngology and kindred subjects.

Miss Mary Egan, daughter of Dr. W. J. Egan of Sydney, has, we believe, fully convalesced after a recent attack of appendicitis.

We are advised that Dr. and Mrs. Dan McDonald recent visitors to England are shortly returning to this country. Mrs. McDonald will be remembered as a daughter of Rev. Dr. Clarence MacKinnon.

Now we understand that Dr. J. M. McDonald and Mrs. McDonald who had been located at Sherbrooke have left for other parts.

Under Doctors McGrath, Burns and others, the Kentville Rotary Club recently put on a very fine exhibition.

The following have fulfilled all the requirements for the degree of Doctor of Dental Surgery at Dalhousie University:

Allanach, L. F.

Goldman, L. H.

Jeanotte, L. P.

Poss, Irving.

Redden, J. D.

Sinclair, W. A.

Lieberman, L. R.

Not satisfied with his honors in the Masonic Order Dr. W.W. Patton of Port Morien was recently presented with a Veteran's Jewel from the I.O.O.F.

In connection with the closing exercises of various colleges it is almost impossible to pick up any newspaper that does not mention the distinction that has been placed upon the sons and daughters of many of our practitioners.

Among recent visitors was Dr. and Mrs. L. B. Braine of Annapolis.

Dr. Coward whose card appears elsewhere has been doing Post-Graduate work in London and Edinburgh is now located in Halifax.

Among recent visitors to the city were Drs. Keddy, Elliott, Roy and others that were mostly connected with examinations of the Provincial Medical Board

We are glad to learn that since their return home the health of Dr. and Mrs. Lawlor is greatly improved after their West India trip.

In connection with the recent closing exercises at Horton Academy, reference is made to one of the early students.

"Dr. Daniel MacNeil Parker, who for 50 years practised medicine in Halifax and who was the first doctor in Canada to use anaesthetics in an operation."

Specific Therapy in Erysipelas

Symmers, comparing 15,277 cases of erysipelas treated without antitoxin over a period of 23 years with 705 cases treated with antitoxin, found an apparent reduction in mortality in serum treated cases of 44.5%. Symmers remarks (J.A.M.A., August 25, 1928) "The antitoxin treatment of erysipelas marks an advance, the results of which are commensurate with those obtained in the treatment of diphtheria."



Parke-Davis Erysipelas Streptococcus Antitoxin is obtained from the blood of horses immunized against the streptococcus from highly virulent cultures of Streptococcus hemolyticus isolated from erysipelas. This antitoxin is refined and concentrated, the antitoxic properties being retained in very small bulk; the product is free from most of the inactive serum constituents.

This antitoxin is subjected to skin tests to determine its potency. Each lot is given rigid bacteriologic tests, both while in bulk and after enclosure in the syringe container to insure sterility.

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WALKERVILLE

MONTREAL

A newspaper some thirty years ago had this item regarding Dr. J. G. McDougall.

"Amherst, N. S.—Dr. J. G. McDougall, gold medalist of McGill, 1897, is seriously ill, suffering from blood poisoning. The gravest doubts are entertained with regard to his recovery. After leaving the Victoria Hospital, in 1908, Dr. McDougall opened up a general practice in Amherst. He has been prominently successful in his work."

We trust the recovery that he made at that time will carry him along for many more years of active practice.

YOUNG SURGEONS GRANTED DEGREES.

H. R. McKean of New Mills, N. B., was the chief prize winner in the Dalhousie University Medical Faculty this year. McKean carried off the Dr. Clara Olding prize, the Dr. W. H. Hattie prize in medicine, and the Andrew James Cowie, Memorial Medal.

Dr. John F. Black Prize—M. B. Dockerty, Cardigan, P. E. I.

Dr. Lindsay Prize—D. Tulk, St. John's, Nfld.

Dr. Cameron Prize—A. S. Horowitz, Jersey City.

R. J. Bean Prize in Histology and Embryology—V. Parsons, Carbonear, Nfld.

Graduates were

R. O. Barid, Chipman, N. B.	A. B. Madden, New York.
W. W. Bennett, Bonavista, Nfld.	H. L. Mellish, Montague, P. E. I.
J. H. Budd, Halifax.	R. E. Mitchell, Halifax.
A. S. Cowie, Wolfville.	R. O. Monahan, Nelson, N. B.
P. J. Dowd, Moncton, N. B.	C. N. Morrison, Halifax.
A. D. Ibbon, Saint John, N. B.	H. W. Moyse, Central Bedeque, P. E. I.
F. J. Granville, Halifax.	D. D. Outhouse, Tiverton, N. S.
Champion Holland, Albany, P. E. I.	L. Reinhard, Allentown, Pa.
T. Irvine, Plaster Rock, N. B.	N. F. S. Rusted, Carbonear, Nfld.
G. A. McCurdy, Sydney, N. S.	H. F. Sutherland, Sydney, N. S.
A. J. MacDonald, Port Hood, N. S.	D. A. Thompson, Stellarton, N. S.
J. A. McDonald, Sydney, N. S.	A. E. Waddell, New York.
J. M. McGowan, Kilmuir, P. E. I.	W. S. Woolner, North Rustico, P. E. I.
W. C. MacKenzie, Baddeck, N. S.	A. M. MacKay, New Glasgow, N. S.
F. C. McLellan, Tatamagouche, N. S.	

The announcement is made of the prospective marriage in June of Mona Kathleen Hughes, daughter of Mr. and Mrs. Lewis W. Hughes, Princeport, N. S., to Dr. Clyde W. Holland, son of Mr. and Mrs. Leonard T. Holland, Halifax. The marriage will take place the latter part of June in New York. Miss Hughes has been engaged in Secretarial work in Boston and Connecticut and more recently at Beech Hill Farm. She is very popular in her social set.

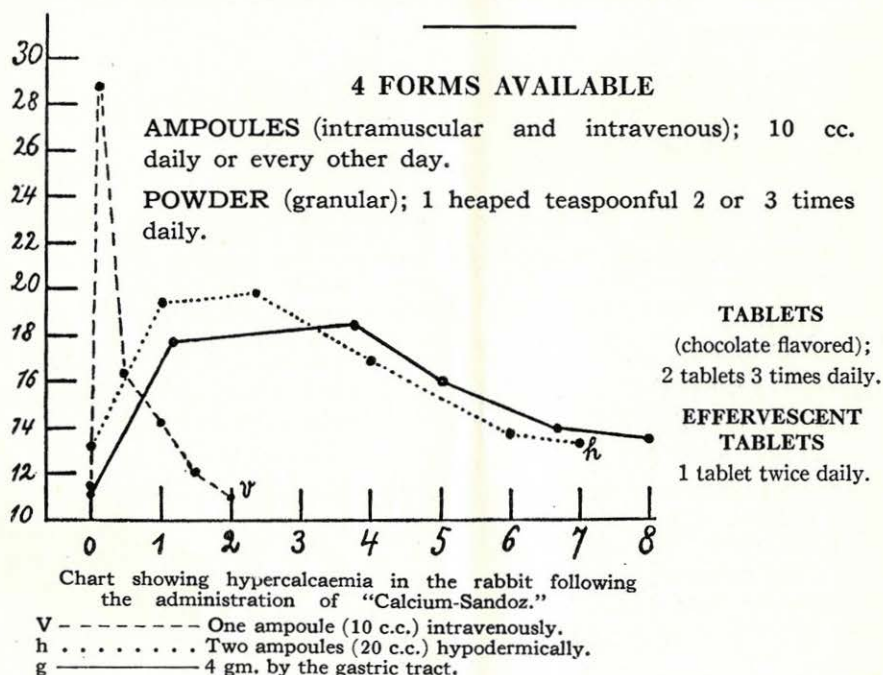
The engagement is announced of Miss Isobel M. Phinney, daughter of Dr. and Mrs. W. S. Phinney of Yarmouth, to Clarence Dixon Dobson, son of Mr. and Mrs. Harvey O. Dobson, of Brooklyn, New York. The marriage will take place in the near future.

The Sutherland Bros., Doctors Arthur and Harvey, Dalhousie 1933 are locating respectively at Sydney and Canso.

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Congratulations to Miss Mary, daughter of Dr. D. J. and Mrs. MacMaster of Antigonish who has recently been appointed by the Carnegie Foundation to assist in the new demonstration Library at Charlottetown. Since 1929 Miss MacMaster has been Librarian of the Royal Bank of Canada at the Montreal Head Office. She graduated with honors from St. F. X. in 1928 with highest honors. This demonstration by the Carnegie people is for a period of three years.

Dr. and Mrs. Goodwin of Amherst, who have been on a trip to England, have arrived back home. Dr. Goodwin had been taking a post-graduate course, both returning much refreshed with their enjoyable visit to the Motherland. Writing of her trip, Mrs. Goodwin says she considers "England the most charming country which I have ever visited and London the greatest, grandest and assuredly the most original and unique city in the world. The charm of London certainly does not lie upon the surface. One cannot see its bigness. There is no imposing pyramid of buildings, no lofty sky scrapers, no one dominant architectural feature. Even the high dome of St. Paul's is so well concealed that a lady had been in London several weeks without a glimpse of it. One must search for the wonders of London."—(*Windsor Tribune*).

We have referred more than once to the excellent work that has been carried on by retired members of the Profession, Doctor Fales, H. E. Kendall and others. We note that the Fruit Growers' Association of Nova Scotia had Dr. Kendall as a recent principal speaker. Dr. Kendall is now resident in Windsor.

Among the recent graduates of Dalhousie in Arts was Miss Helena Bishop, daughter of Dr. and Mrs. B. S. Bishop of Kentville.

Regret is expressed that Dr. J. K. McLeod met with an accident recently in his own home on account of a fall resulting in a few fractured ribs.

The medical profession of Nova Scotia should not omit making recognition of the passing of a Judge of the Superior Court in the passing of W. J. O'Hearn who has been for many years recognized as one who has used his official position to give thorough recognition to all matters that the medical profession have presented before him in connection with legal questions. It is not often that the BULLETIN makes any reference whatever to the passing of those not definitely connected with members of the profession. In this instance, however, it seems that at least some mention should be made.

A newspaper despatch of May 3rd announces the passing of Dr. A. E. Brownrigg at Nashau, N. H., at the age of 64. He was a graduate of Harvard University, practiced in Buffalo and served as an officer in the American Army Medical Corps. He was a native of Pictou, Nova Scotia, and had held many very important positions in the American Army Hospital Service.

READERS, ATTENTION

You will observe that this number contains no case reports. The reason is there are none to put in. Material that was promised has not come forward and at the moment our treasury of scientific articles is also empty. For this, your Board of Editors must disclaim responsibility.

It will be admitted that we have been diligent "in season and out of season" in soliciting your co-operation in this matter, and in-so-far as you have accorded us that the credit for those sections is yours; in-so-far as it has been withheld the blame is yours, for there is scarcely a man in the province who has not an interesting case that he can report—and scarcely a case reported that is not of interest to someone. There are many too, who have ideas which would well be expressed in our columns who are keeping their lights under a bushel.

Your Editors may be gluttons for work, but they haven't learned how to make bricks without straw! Please regard this as a personal appeal for your contributions.

The Editors.