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81st Annual Meeting of the Medical Society of Nova Scotia

PRESIDENTIAL ADDRESS, 1934.

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THIS meeting celebrates the eighty-first Annual Meeting of our Society. It is a far cry from 1852 to 1934. During these eighty years the greatest advances have been made in Medical Research. The men of our Profession who have pioneered in this province are gone, but their vision and inspiration remain. The source of this inspiration is older than our province, older than our country or our civilization. It goes back to the Greeks in the days before Christ, for the goal of Education is the development of intelligence, the acquiring of knowledge and the formation of character.

From the Hindus and the early Chinese we got the invention of writing and the keeping of records. The writings of Confucilus in China evince a high ideal of virtue and many of the early Hindu proverbs are full of practical wisdom. But education in the Orient was a stationary and a very limited art.

It remained for the Greeks to give it that progressive development which was both idealistic and practical. Early Athenian education meant the production of a completely developed man: the educational system of early Greece was the cultivation of the mind without the loss of manliness.

Greek philosophy begins 600 years before Christ on the sunlit shores of the Argean Sea. In its infancy it comes to Athens, and there attains full maturity. Later it wanders afield to Alexandria, thence to Rome, to Constantinople, Syria and Persia and finally, like a weary traveller, returns to the land of its birth, to perish amidst the classic ruins at the closing of the schools of Athens by Justinian the Great in the 6th Century after Christ.

I mention this to emphasize the fact that it was Hippocrites who first separated Medicine from Philosophy, that is, he it was, who first *observed* physical facts and *inferred* therefrom without allowing his judgment to be biased by preconceived ideas. His aphorisms are full of medical wisdom, and his description of pre-operative preparation could be wisely followed even in our own time. What Hippocrites affirms, Aristotle re-iterated; for he taught his students that the source of all knowledge is experiment and that deduction is sound only when based upon ascertained facts; he emphasized the necessity of careful observation. "Not hypothoses but the indisputable proof of truth," he used to cry out to his student Alexander.

The decline of the Greek empire saw the ascendancy of Rome. What Plato and Aristotle and Socrates did for Greece, Cicero and Virgil and Quintillian did for Rome: namely, developed in their educational system a devotion to the family and raised the position of wife and mother to a more exalted and influential sphere.

In Rome too, the law of fatherland was above all else. As Cicero says, "We must learn those arts whereby we may be of greater service to the state; this is the highest form of wisdom and virtue."

...And then came Christianity. For 30 years after the death of Christ on the hill of Golgotha, the Christian church in the person of Paul of Tarsus was standing in Athens discussing immortality with Greek philosophers in the language of their own Homer and Plato.

As Rome at a later date became the centre of Medical instruction, subsidiary centres were established in many towns throughout Italy. And so from Galen we go on down the centuries to Harvey, Boyle, Sylvius, Stahl, John Hunter, Morgani, Mendel.

In our province the absence of large concentrated populations has made Nova Scotia primarily a province of General Practitioners. This the founders of the old Halifax Medical College realized and so they built up their curriculum with the dominant thought of giving their graduates a sound clinical knowledge of Medicine and Surgery. That they took for their guidance, the standards of the University of Edinburgh, those of us who came after, must gratefully praise.

The College of Physicians at Edinburgh was erected in the year 1621, under a Royal Charter issued by James the Sixth. From a modest beginning with but three professorships, Edinburgh University moved on apace to give the world such discoveries as Goodsir on the Cell Theory, Gregory with Morphine, Bennett on Leucocythaenia, Laycock on Physchology and Preventive Medicine, Simpson on Chloroform and Lister on Antiseptic Surgery.

What a trenchant answer this work is to the satire of Addison who said in *The Spectator* in 1771, "If we look into the profession of Physick, we shall find a most formidable Body of Men; the sight of them is enough to make a man serious, for we may lay it down as a maxim that when a nation abounds in Physicians, it grows thin of people...this body of men in our country may be described like the British army in Caesar's time, some of them slay in chariots and some on foot. If the infantry do less execution than the charioters, it is because they cannot be carried as soon to all quarters of the town and despatch so much business in so short a time."

The inspiration which Edinburgh received in the flow of culture from the great European schools of Salerno, Padua, Bologna and Paris, was reflected in the vision of the founders of our own school. And so, they built for their province a stout guard of General Practitioners, teaching them the dictum of Hippocrates—that to succeed one had to *work* and *think* and *observe accurately*, observing each sign and symptom of every disease and then by the clinical knowledge possessed, make deductions and conclusions for their future guidance. Plants have blossomed and their fragrance and their growth have filled the gardens of the world from the days of the garden of Eden, but it was not until Abbot Gregor Mendel in his Augustine Monastry garden at Brunn studied and observed the behavior of peas under hybridization, that the laws of Heredity were scientifically established, for after all, most of the outstanding contributions made to the science of medicine have come from general practitioners; Addison, Harvey, Koch, Sydenham, James MacKenzie.

The General Practitioner with his first hand observation of the signs and symptoms of disease, supported with clinical data accurately recorded is perhaps the most valuable single unit in the whole chain of medical research. Lister and Simpson's researches occurred in their own homes; Sir James McKenzie's at the patient's bedside, while he was, General Practitioner The mentality with which one sees and appreciates and profits by a new phenomenon are not restricted exclusively to the Laboratory or the Big Institution.

The knowledge gained from a simple country woman in Sodbury, England, who told Jenner of her immunity to Smallpox, "because I have had cowpox," resulted in Edward Jenner the country doctor of Gloucestershire giving us vaccination as a prevention of Smallpox; for Jenner was a General Practitioner, one who belonged to a school which faces facts as they are and not as theorists want them to be. It is wise then to remember that to him who seeks under the trees, the ripe fruit falls.

Our first duty is to get the patient well in the shortest possible time. Sir F. G. Banting has said that "The fundamental of medical research is observation and the laboratory is only secondary to the bedside clinical examination." Cinchona was known for many years as the "Jesuit's Bark"—but it cured fever in the tropics; and although we employ the salicylates in rheumatism every day, we are still searching for a satisfactory explanation of their action.

The new science is often *what has been forgotten.* Someone may some day define a good General Practitioner as one who, while he knows that the *most frequent* cause of bleeding from the rectum is haemorrhoids, also knows that the *most important* cause is Carcinoma and governs himself accordingly.

And if every new nostrum or every reported cure is not accepted by him at once—perhaps the lesson he has learned from his long experience along country roads that, when you are riding a new trail, you go slowly, is an explanation. For no less an authority than our own Sir William Osler said shortly before his death, "That in all things relating to disease credulity remains a permanent factor uninfluenced by civilization or education."—

Which gets me to the crux of this address.

As a Society of General Practitioners, what are we doing and what further can we do in our own limited sphere? Two of the greatest causes of death in this province are Tuberculosis and Cancer. We had 519 deaths from Tuberculosis last year and 628 deaths from Cancer. Regarding the former, we have a large Government Institution and several hospitals with Tuberculosis annexes; we have travelling Tuberculosis specialists and Public Health Nursing supervision, and yet we have numerous unoccupied beds for Tuberculosis patients in this province.

The reason for this unsatisfactory and paradoxical conditions is, that, notwithstanding the existing provincial Statute regulating the admission of such patients as charges against Towns and Municipalities there is in practice, no satisfactory way whereby General Practitioners can secure hospitalization for these indigent patients at the present time.

I said we had 628 reported deaths from Cancer last year—twelve years ago we had 539 deaths. Let us concern ourselves for a few moments with our 628 deaths. Statistics reveal that 75% of cancers of the stomach are inoperable when the patient is first seen in consultation by the surgeon. Of the remaining 25% actual measurements show that resected gastric cancers average 6 cm. in diameter and 50% are palpable through the abdominal cavity. What applies to cancer of the stomach is equally true of cancer in other regions. If you read the clinical reports of the cases published of carcinoma of the stomach, you will invariably find a long history of gastric disorders and much medicine taken, with reports from the patient varying from *some relief at first* to *no improvement whatsoever* later. Does not the General Practitioner need some specialized supervision then, in the diagnosing of these cases in the early pre-operative stage?

What is the advantage of saying that it is only by an early diagnosis that cancer can be controlled—if we do not diagnose early? Without question, the most important thing for an early diagnosis is a careful consideration of the patient's *early* symptoms. We are all too familiar with the later symptoms. The problem of cancer treatment is the problem of getting the most out of unsatisfactory methods; and all the facilities of treatment by X-Ray Therapy and radium is confined in this province, to those who are fortunate enough to enter one single provincial institution.

We have travelling tuberculosis diagnosticians, why not a travelling specialist capable of interpreting early Carcinoma of the alimentary tract and checking over missed malignancy in cases reporting continually for indigestion, constipation, rectal bleeding or unaccountable loss of weight? The General Practitioner would welcome with delight the visits of such a specialist.

It is futile to talk of early diagnosis, if the physician is waiting for palpable growths. As the late Dr. Cummingham used to say, "It's hell for the patient when the disease is acute and the doctor isn't."

Even the suspicion of cancer means that all the sources of examination available, both clinical and laboratory, must be called into play immediately. The heavy guns must move at once into action. The diagnosis must not only be early, it must be accurate. True, we have radium available at the Victoria General Hospital in Halifax, but Ontario and Saskatchewan have established clinics for consultation on all *suspected* cases, financed wholly or in part by the Government, while in British Columbia and Alberta, facilities have been provided for diagnosis and treatment, and special committees have been appointed to educate the doctors in the newer methods of both—for cancer has of late years become one of the three major menaces to human life with only three remedies: Diagnosis, Irradiation, Operation. And the greatest of these is Diagnosis—if early.

In 1933 we had 32 graduates from our local medical school and this year eight are general practitioners in our province. Through deaths and with the exodus from the country practice to the towns, where hospitals are in existence, many large rural sections are left to-day without adequate medical attention. True, the emergencies in these sections are taken care of, but to say only this is to admit retrogression. If this continues, it may become necessary for our government to take over the work of supplying those sections with resident physicians. We have never had to resort to this yet, but with Manitoba, British Columbia, Alberta, Saskatchewan and Ontario all considering, and in some cases already adopting State Medicine in some such form, the importance of the subject must be appreciated. Mention of this fact has been stressed in previous Presidential Addresses from this Chair,

For the real problems of life to-day—keeping fit, living long and healthily. preventing disease and its control, these are not exclusively medical, but rather social and economic and are forcing us steadily from our entrenched ethical position as practicing physicians; and whether this word, State Medicine, be Anathema to most of us or not—we cannot afford to be blind to certain obvious facts that call for serious study and deliberation.

Figures recently compiled in May of this year in the U. S. A. give some surprising information. The median net income of all physicians in cities from twenty-five to fifty thousand, was five thousand six hundred dollars per annum. In communities under five thousand it was twenty-five hundred dollars, and in this group is found thirty-three per cent. of practicing physicians.

The number of physicians in the U. S. A. in 1929 that fell below an annual income of fifteen hundred dollars, was eighteen per cent. Twelve per cent. had incomes below one thousand dollars. It was further found that the average income of specialists exceeds that of general practitioners by more than one hundred and fifty per cent. and this income survey further reveals that the average physician receives less than twenty-five cents in each dollar that the patient spends medically.

From a careful review of the statistics gathered from a large number of organized medical services in the U. S. A. it has been shown that on a group basis a reasonable good limit of medical care can be furnished at an annual cost of eighty-two dollars per family, in families whose income is from one thousand to fifteen hundred dollars, whether situated in rural areas or towns.

This is very significant in view of the further fact, that in ninety thousand families surveyed, fifty-two per cent. with incomes of twelve hundred dollars received free medical services and 22.8% with incomes from twelve hundred to two thousand dollars likewise paid no physicians' bills. In other words, over 30% of these families with incomes from twelve hundred to two thousand dollars were at present paying nothing for medical services and at the same time, *these families were earning almost twice as much as twelve per cent. of the American Physicians who were giving them their professional services for nothing.* Therefore, since the averages herein quoted may apply with equal significance to us, the question of State Medicine is a pertinent one and our Society may have to face these facts soon without equivocation. A commission from our Society to investigate conditions among our own members might reveal facts that would astonish us. Would it be unwise to consider the appointing of such an investigating commission?

Never unmindful of her solicitude for the individual sick man, medicine now thinks in terms of Groups and Committees. Medicine has ceased to be considered exclusively as a healing art, because the treatment of the individual becomes incidental to a larger enterprise. Such considerations are of vital significance in relation to such prevalent diseases as Cancer, Tuberculosis, Occupational Diseases, etc. The earlier diagnosed, the earlier cured is a simple truism, for example, the span of life has been lengthened materially by the periodic health examinations of policy holders, conducted by a great insurance company. Many of us have witnessed the incipient arrest of a serious malady by the early casual diagnosing of it during such an examination.

England and the U. S. A. thought that their young men of military age were perfect forms of physical manhood—nevertheless in Great Britain a report upon the physical examination of these men in 1917 and 1918 showed that of every nine, only three were perfectly fit and healthy; two were definitely infirm; three were physical wrecks and the remaining one, a chronic invalid with a precarious hold on life. It was said by a man who lived forty-two years before Christ; "Good health and good sense are two of lifes' greatest blessings."

Medicine's great mission will be fulfilled when its final triumph consists not merely in the exclusion of disease, but in the restoration of a perfect form and a natural function to mankind.

Then again, should we not have a rigid and compulsory medical examination of our school children. Outside the cities this work can never be properly performed, while Town and Municipal health officers are paid yearly salaries varying from $75.00 to $150.00.

In Yarmouth County we have ninety schools with approximately four thousand pupils in daily attendance. Here, a busy General Practitioner in the county and one in the town are asked to examine these children for $150.00 per annum. As to whether or not they need such an examination, let me tell you that last year out of thirty underprivileged school children between the ages of ten and twelve who reported for admission to the Kiwanis Sunshine Camp here—three were rejected because they had signs of *active clinical Tuberculosis*; and yet—these children were in daily attendance in an overcrowded school.

In conclusion let me say then, that it is from our Medical Society that we should profit the most. It is the oldest in Canada. It existed fourteen years before Confederation. Here we have brought to us the last word in Surgery and Medicine by the leaders of our profession. No General Practitioner, no matter how brilliant he may be, can afford to miss that. Then, too, he hears the comparative reports of those in our own midst who are fighting the good fight. It is an encouragement to these men to see around our meeting rooms, the familiar faces of old professional friends. You get out of your Medical Society what you put into it. Much for much—little for little. The Camaradarie that is here should mean a lot to us, for we meet fellows whose problems of the day and of the night are our problems. That is surely the one touch of nature that should go to make us kindred. The bitter mistakes that have made for tragedy have been experienced by your brother physicians here. The losses, the failures, the defeats that you have known, he too has felt and tasted; your triumphs and successes he too has enjoyed. The men who built for us built well; the torch they passed, you have held aloft, often with weary, tired hands, but you have held it, and that's what counts.

Here in your Society and here alone, you meet those fellows on your native hearth—filled with the courtesy of comradeship. The medical men of our province whose names will never be forgotten wherever and whenever our members meet, were all staunch supporters of our Society and if we fail or if we go on successfully, the ignomy or the glory of it belongs alone to you. ....You may remember in Balzac's "The Country Doctor" how Captain Genestas, the gruff old soldier, looked at the poor peasant women,

"Is Monsieur Benassis a good Doctor?" he asked her.

"I don't know Monsieur," she replied, "but he cures the poor for nothing."

"It seems," said the Captain to himself, "as if this Doctor were a really great man."

After all—that curing the poor for nothing may have only a very slight compensatory value, as values are estimated to-day—but to me at least it epitomizes what the Master asked of us from the Sermon on the Mount.

I thank you most heartily for the honour you conferred upon me by electing me President of this Society.

Yarmouth, N. S. July 5th. 1934

Present Day Tendencies

W. D. FORREST, M.D.

THE administration of drugs for therapeutic purposes has been an important part of the physician's armamentarium ever since the time of Hippocrates.

With the discovery of a new world in the sixteenth century and incidental thereto, a large number of new drugs found their way into general use. Among the more important of these may be mentioned Quinnie and Ipecac. During the next two centuries a great many of these were prescribed freely in spite of the fact that few of them had any real value. It is interesting to note that even in these days some drugs were held secretly and were known only to a few charlatans. Ipecac with which Helvetius, a noted quack, cured the son of Louis XIV of dysentry and thereby came into fame and fortune, is an instance of this. About the middle of the nineteenth century there came a change, a reaction against drugs and drugging set in. The revolt started in highly orthodox circles. Jacob Bigelow, Professor of Materia Medica at Harvard University about 1850, announced that he had been chosen for the chair because no living man knew more about the worthlessness of drugs and Oliver Wendell Holmes is credited with the statement that if all the medicines in the world were thrown into the sea it would be worse for the fish but better for mankind.

This reaction grew in strength. Leaders in the profession vied with one another in their condemnation of the use of drugs. It was said that only a few of them had any real value. One man would limit the number to twenty, another to ten, and yet another to five. The movement became very popular with the profession. To hold such views indicated a superior scientific standing. The disciples of this new cult were even honoured with a title—they were known as Therapeutic Nihilists.

The pendulum had swung from the one extreme to the other. The new cult, however, had reckoned without its host. From time immemorial sickness had always been associated in the minds of ordinary mortals with the taking of drugs. It is a difficult and almost insurmountable task to disposess a man (and even more so a woman) of a belief that he has held throughout life. Given a certain disease, the ordinary man is convinced that there is a certain drug that will cure that disease if he is only lucky enough to fall in with one with sufficient acumen to prescribe the right drug at the proper time. Traditional usages die hard and the dogmas of the therapeutic nihilists were short lived. Medical practitioners soon learned that they were compelled to prescribe drugs even if somewhat apologetically.

While the therapeutic nihilists were having their fling another class in the community became very active. This class evidently understood human frailty better than the doctors. Shrewd business men envisaged the vast commercial possibilities that lay in the therapeutic uses of drugs. They saw the money that was to be made by catering to this ingrained appetite for swallowing medicines. Thus the patent medicine business received its greatest impetus. From then on to the beginning of the present century billions upon billions were made in this business. Preposterous claims were

made by the exploiters of these products. Many of them not content to claim a cure for one disease boldly declared that they would cure all ills that afflicted human beings.

Then came a day of reckoning. Certain lay journals undertook to expose these frauds. The composition of many of the best sellers was determined by expert chemists. Many of them were shown to be inert. Most of them were harmless; others again were not so. It was proven beyond a reasonable doubt that the claims made for them by the manufacturers were in most cases absolutely unwarranted. Perhaps the most impressive evidence adduced by these investigators was the vast amount of money taken out of the pockets of the people in exchange for these products. Legislation in diffeent countries insisting on the formula being filed with the Government put another crimp in the business. The manufacturers of these patent medicines were keen business men. They saw what was going to happen and were not slow in taking advantage of it.

Some twenty-five years ago there appeared an article in a paper controlled by the patent medicine trade which in the light of our present day knowledge might very well be considered prophetic. "The patent medicine of the future," says this writer, "is the one that will be, advertised only to doctors. Some of the most profitable remedies of the present time are of this class. They are called proprietary remedies. The general public never hear of them through the daily press. All their publicity is secured through the medical press, by means of the manufacturers literature sometimes gotten out in the shape of a medical journal, and through samples to doctors. For one physician capable of prescribing the precise medicinal agent needed by each individual patient there are at least five who prescribe these proprietaries. They are the chief standby of the country practitioner. . .Three-fourths of all the prescriptions received are for these proprietary remedies, and the pharmacist simply opens the package and writes a label—'A teaspoonful three times a day before meals.' The original bottle is given to the patient. The remedy apparently does him good and when he feels a trifle run down again he goes to a drug store and buys another bottle, not troubling the doctor. He meets a friend on the street who is not looking well—'I know exactly how you feel,' he says, 'Now just go and buy a bottle of——. Best thing in the world. My doctor prescribed it for me, so it isn't a patent medicine.' In this way the names of remedies advertised only to physicians get abroad to the general public. The proprietary medicine of the future will be advertised through these channels. The medical papers will reap the harvest now enjoyed by the lay press and the physician himself, always so loud in his denunciation of patent medicines will be the most important medium of advertising at the command of the proprietary manufacturer."

This advertising man had foresight. His article was not prompted in any spirit of criticism. Yet no more scathing arrangement of the medical profession ever appeared in print. And, unfortunately, his predictions of some twenty-five years ago have become largely true.

The extent to which commercialism has debased therapeutics is thus described by a leading American physician. "This proprietary medicine business, the annual profits of which run into millions, has grown until the use of proprietary medicine by many physicians has almost displaced the use of the individual official drug. It has checked advance in scientific methods of treatment, inhibited intelligent clinical observation, and developed an

optimism that is unwarranted by facts—an optimism that is more fatal than the most radical therapeutic nihilism. But above and worse than all, this commercialized materia medica has blighted our literature by debauching our medical journals and even by tainting our text books. And whose is the fault? That the business has developed in this country to such an extent, with scarcely a protest on our part, is a reflection on the common sense and intelligence of the medical profession. We, as well as the manufacturers are at fault. We must assume the blame for becoming such easy dupes to their enterprise and sagacity!"

The opportunities for exploitation and quackery in the proprietary medicine business are greater even than in its parent organization, the patent medicine trade. These manufacturers or many of them, swindle the public both directly and via the medical profession. The greater bulk of any medical man's mail today consists of advertising material sent him by these houses. His office is lumbered up with samples of their wares.

They even have the effrontery to dictate to him what therapeutic agent he should use in any particular case—invariably one of their own products. Some of them furnish a book with a list of the names of diseases in alphabetical order. The remedy is placed opposite the disease and not infrequently is designated by a number—the number referring to one of their own products.

Blotters are used by many. These presumably do not find their way into the waste basket quite as quickly as the ordinary advertising literature. One blotter before me at the present moment announces that the particular product will be found useful in fourteen different conditions—many of which are absolutely dissimilar. The old patent medicine advertisement could do no worse than this. Yet we are asked to prescribe this stuff.

A noted French financier in the last century bemoaned—"Why is there no sleep to be sold?" Sleep was not on the market at any quotation. He should have lived to-day. There is a steady stream of hypnotic advertisements coming in daily. All are declared to be harmless. These products can be bought over the counter in most drug stores by any one.

The market is flooded with biologic preparations for which there is, in the present state of our knowledge, little rational excuse. The evidence offered to the medical profession by the manufacturers in support of these preparations is of the flimsiest character.

In the field of organo-therapy opportunities for crude quackery are unlimited. There is at present no way of testing for even the identity of these substances. Products on the market with the aphrodisian appeal clearly illustrate what clever advertising can do.

The fact is that medical men are prescribing proprietary medicines of whose very composition they are ignorant on the recommendation of the manufacturers supported by paid advertisements in a commercialized medical press. Some houses have their own journal in which their preparations are boosted in so called original articles.

Under such circumstance what is the use of the medical profession demanding laws restricting the activities of chiropractors and other charlatans? It would seem the part of wisdom to first set its own house in order. The medical profession to-day is in the hands of the proprietary drug trade. The tail is wagging the dog. The therapeutic nihilists of the last century would have an even larger scope for their activities were they living to-day.

May God speed their return in the interest of the medical profession and more particularly the public at large.

The Workmen's Compensation Board of Nova Scotia in Relation to the Prevailing Economic Depression.

M. D. MORRISON, M.D.

THE experience of the Workmen's Compensation Board of Nova Scotia, since the advent of the world-prevailing financial and economic plague, has been a somewhat trying one. To say nothing of the reduction in revenue owing to the slackening or cessation of Industry our troubles in the matter of expenditure have been increased correspondingly in an inverse order. As the Assessment Department had to deal with the former item, to their own discomfiture, I shall confine my remarks, on this occasion, to circumstances appertaining to the payment of weekly compensation and the settlements for permanent partial disability.

It would take me too far afield to discuss the vagaries under which that much-abused word "accident," and its illegitimate offspring "aggravation," are called upon to do duty under present interpretation of our Compensation Laws. To the ordinary medical mind the more recent rulings of the House of Lords in this respect are difficult of comprehension; but as these decisions are beyond question in the way of appeal the different Boards have to govern themselves accordingly. Leaving this aspect of the question alone, and taking my departure from the time the Compensation claim is allowed, I would rapidly pass in review our experience thereafter.

And first let me remark that while the weekly cheque is being regularly received by the claimant the atmosphere remains serene and there is not even the evidence of a cloud on the horizon. But let the medical officer detect a note of caution in the medical reports; or let his own sagacity and experience suggest the advisability of making inquiries as to the unsatisfactory progress of the case; or, convinced of the justice and propriety of his course, let him take his courage in his hands and recommend a reduction in the weekly allowance and, at once, the Compensation sky becomes overcast and loud reverberations of thunder are heard in that sector of the economic firmament. Not only do angry remonstrances arrive from the claimant himself, and from his relatives, but he also soon succeeds in mustering to his standard, with a celerity and with an unanimity that was even unknown to the barons of old, all the redoubtable forces that are now customarily employed to prevent such so-called aggressive action by Compensation Boards. The bombardment commences from the Labor quarters; but this is soon followed by well-directed fire from the political camps. At a later stage the Medical Profession and the Clergy are persuaded to use their respective influence to avert the perpetrated wrong. And so the dance goes on!

Previously to the advent of the deplorable period of unemployment the method of reducing Compensation relatively to well-ascertained facts respecting actual physical condition worked admirably, as the claimant soon realized the folly of abstention from undertaking work he was capable of performing rather than to be content with a fraction of the amount he was able to earn at his usual or similar employment, and the probability of a further reduction in his Compensation allowance as time went by. Usually, within a week or

two he applied for work and got it, maybe a light job at first but soon his regular employment. But to-day work is hard to procure, and so the workman, in receipt of Compensation payments, hangs on to the same for dear life. In his efforts to do so he evokes, as I have already remarked, the support and influence of all with whom he can make contact. The doctor is touched by the evidence of poverty he beholds in the home and, accordingly, makes his appeal on the strength of a diagnosis which is not confirmed by other examiners; the clergyman writes a long letter making his appeal from a humanitarian standpoint; the labor leader is more aggressive and peremptory in his demands for the immediate exercise of justice; the Municipal authorities are prompted in their activity by the desire to escape providing local funds for the support of the family; while the politician becomes frequently clamerous for purposes that need not be mentioned.

The result of so much prolonged convalescence in many of our Compensation cases has been the increased necessity for a personal examination by me of such cases, either at their own homes or at our office in Halifax. This procedure entailed considerable expense in the matter of travelling and in the employment of measures to establish a definite diagnosis. On many occasions the symptoms were so obscure, so vague and so unusual, that the assistance of experts and of special tests were necessary to persuade the interested parties that further payment of Compensation, in those specific cases, was not justifiable. Of the more difficult cases of this nature with which we thus had to deal not the least disconcerting were those labelled usually as "Traumatic Neuroses."

The question of traumatic neurosis has, everywhere, been playing a very dramatic part on the stage of Workmen's Compensation, especially during the past three or four years. It is a difficult one to handle adequately, because of the possibility of incorrect diagnosis on the one hand and of the persistent importunity of the claimant and his friends on the other. A serious factor, in the situation, is the attitude at times of the attending physician who may have been the unwitting instigator of the functional disorder in the first instance through the effect of injudicious suggestion but who, having committed himself to a diagnosis of organic trouble without having made sufficient investigation, is anxious to have such diagnosis confirmed and his patient compensated accordingly. It is surprising to what extremes some doctors go in bolstering up such cases as being compensable ones. When the facts, inferences and deductions of anatomy and physiology fail then they fall back on the illogical argument that previous to the accident in question the claimant was absolutely normal, had never exhibited such symptoms as now prevail, and that the conclusion is inevitable the existing condition is wholly due to trauma. These positive assertions are often made although the closest examination by competent experts does not reveal any gross phenomena of organic disturbance. We are all familiar with the case of the man whose arm has been injured and who is found to be unable to move it when the splints or other dressings are discarded; and yet it can be demonstrated, to the satisfaction of any unprejudiced person, that apart from the proper exercise of will-power there is no organic defect or explanation for the alleged disability. No doctor should be satisfied if his patient develops a paralysis—e.g. a dropped wrist, while the electrical reactions are shown to be normal; nor should a case be labelled hemiplegia if there are no signs of organic disease; nor should, in fact, any diagnosis but hysteria be made unless physical signs are present

to support it. If no organic signs are present, then the paralysis persists because the man thinks he is paralyzed, and he should be disabused of his idea and taught to use the affected muscles again. In the early stages the idea of disability is quite superficial and easily removed; but the longer it is allowed to persist and the longer psychological treatment is delayed the more deeply rooted becomes the suggestion and the more difficult to cure. Once the condition is established its eradication requires time, enthusiasm, and confidence in oneself; the doctor must then continually stimulate the patient by his personality, and energetic encouragement must be given at each visit.

A general history of these cases would show that, in many instances, the injury sustained at the time of accident was a comparatively mild one, but that a great degree of emotional manifestation, on the part of the patient, aroused deep sympathy on the part of the friends and observers. This emotional state may have been genuinely produced, at the time, by circumstances surrounding the accident such as the effect of fright on an unstable nervous organization. Any special sympathy or anxiety exhibited by the medical attendant, together with the unusual attention and consideration of relatives who may display great activity to satisfy the injured man's wishes, all combine to awaken desires for a prolonged continuation of such sympathy and attention.

In addition to these local or domestic considerations there enters the matter of weekly payments of Compensation—the regular receipt of a stipulated sum of money for which, at the time, "he works not, neither does he spin." Then, if he is being treated in a hospital with its modern conveniences, and is lying in a better bed than he has been accustomed to, and is served with better food than his previous "bill of fare" he is loath to substitute his present surroundings for his former environment. So as time goes on it is observed that he is not progressing along the way of complete recovery as expeditiously as was anticipated. In too many of such cases we may reasonably suspect that a positive desire for a continuance of the disability, under the circumstances mentioned above, is an important factor in generating and maintaining functional symptoms, apart altogether from the cases of pure malingering where the claimant knows positively that there is nothing the matter with him.

But there is another factor that early enters into partnership with the feelings and desires that I have just referred to, and that is the development of the neurotic state. The psychology is somewhat difficult of comprehension; but, speaking generally, we may suppose that the claimant, in brooding on his future prospects, pictures his condition as he describes it with a certain complacency, or anticipates such a state with an obscure and vague desire that it may be realized. In other words the present scientific opinion about the neuroses is based on the theory that such disorders are the result of a mental conflict respecting the most desirable way of dealing with the vicissitudes of life. In most cases the mental machinery had been previously partially disorganized owing, maybe, to congenital inadequacies, to domestic irritations, to social disappointments, to economic heresies, and so forth. The condition itself may be regarded as an emotional state, dependant, not on any physical disturbance caused by trauma but on a number of psychological factors. The condition is not the result of an injury but rather of the knowledge that an injury has been sustained, together with the ability to shift the responsibility for the injury and its effects on to other shoulders.

As intimated already these cases of so-called "traumatic neuroses" have given the Workmen's Compensation Board of Nova Scotia great concern, especially during the past four years. In dealing with them our efforts have been mainly directed along two distinct lines: first, to secure the co-operation of the medical attendant in a proper recognition of the condition actually predominating; and, secondly, in making the claimant realize that he could only be compensated in respect to actual injuries resulting from the accident. It was in connection with this latter step that we encountered the violent antagonism and criticism I have already mentioned. Nor was our task with the doctors a pleasant one on all occasions. They did not always agree with the suggested diagnosis; and when convinced as to its probability they were not over-anxious to institute the measures commonly employed in dealing with such cases. This is not surprising in view of the fact that the majority of medical men do not receive special training in this class of diseased condition; that they are devoid of the facilities necessary to ensure a successful issue; that they cannot afford to give the necessary attention and time to these cases in return for the insufficient remuneration tendered them for their professional services; and that the course of treatment—mainly psychological—is so prolonged, and so frequently attended by discouraging and disappointing results, that the temptation to dump the case back on the Compensation Board is almost irresistible. Consequently, in many instances, we had the claimants brought to Halifax and given the best treatment there available by phycho-therapeutists, neurologists, and other specialists. The following cases are typical examples of our experience and results.

V. M.—Claim No. 32224.

This man was injured on November 3rd, 1932, sustaining, what was reported, as a "Contusion of the left side and left shoulder."

He was first examined by me on March 4th, 1933, when I made the following report on the case:

"Man here to-day, and the history of his original injuries and of his present condition was taken. He gave a very lurid description of symptoms, including attacks of pain in the back and side, sensation of 'pins and needles' running down his arms, and he finally expressed forebodings of eventual paralysis. While giving this evidence he was continually stirring about in his chair.

"When I commenced to examine him he warned me not to hurt him, as he was sore enough then without an increased measure being added by any manipulation I might subject him to; and at once he began to move about and would not remain in one place while being examined. I then gave him a sharp reprimand which had the immediate effect of staying his wandering movements; but the slightest touch applied to his spinal muscles set him grinding his teeth and muttering ejaculations indicative, presumably, of extreme torture. In short, all my efforts to ascertain the existence of any possible disability were so unsatisfactory and indeterminate that I desisted from my labors."

On the assumption that the claimant was purposely exaggerating a possible measure of disability his compensation was immediately reduced to 50%, and at the expiration of a few weeks he was sent to the Dalhousie University Medical Clinic for a thorough overhauling. The report was negative in all respects, and the man was classed as a malingerer.

C. E. B.—Claim No. 33278.

This man, 25 years old, met with an accident on January 25, 1933, sustaining an injury to his spinal cord when he fell backwards on a small stump. For three days after this his legs were useless and sensation very much diminished. At the end of two weeks, however, he was able to move about; but henceforward made no further progress, and finally his doctor wrote us on June 6, 1933, advising a settlement for permanent disability.

On July 26 he was brought to Halifax; and in the course of examination he told us that absolutely he had made no improvement during the preceding three months, that he could not walk only very slowly and for about half a mile at a time, and that he had made up his mind he would never get better.

A careful physical examination revealed no evidence of disease or damage to the spinal cord. There was no paralysis, no motor or sensory disturbance, and all the reflexes were normal. The X-ray plates of the spine showed the vertebral bodies in good alignment with normal intervetebral spaces.

After giving positive assurance to the claimant that he had no organic trouble and that he would make a complete recovery under the effect of physiotherapeutic treatment I sent him to our Electro-Therapeutist with instructions to "apply your electrical stimulants to the part for a week with a view to driving out any demons that may be lurking there and, consequently, clouding the man's mentality." At the end of a week the claimant came back a new man, jubilantly expressed his willingness to go to work at once and that his compensation payments should terminate.

M. O.—Claim 22889.

This claimant met with an accident on May 8, 1931, sustaining an injury reported to us as "Sprain of the ligaments of the right hip and knee."

He was able to walk home immediately after the accident, and the resulting disability was regarded as being of a minor nature. But in spite of all ordinary methods at rehabilitation he is still drawing compensation, though at a reduced rate.

In December, 1932, we had him brought to Halifax for a thorough examination. I observed that on attempting active movements requested of him his countenance betokened a certain degree of fear, but not of pain. When directed to move the right leg he appeared to be making a great effort, but very little movement took place. At the same time it was demonstrated that he was calling into action the opposite group of muscles to those that should be employed. This was pointed out to him, and after much urging he was got to perform the movements required. On making passive motions all the joints moved easily and had full range. During these exercises he was docile and even complacent, and made no objection to proposals or offered any resistance throughout the whole process of examination, which occupied over an hour.

Electrical tests were then applied and all reactions found to be normal. X-ray examination of the right hip showed no evidence of disease or injury. The Kahn test was negative.

A diagnosis of Hysteria was made, and he was placed in Hospital for four weeks during which time he received special treatment along these lines. He improved very satisfactorily while there; but on returning home he soon relapsed into the former condition, and now he again receives the commiseration of all the classes of sympathizers I have already alluded to. We are

carrying him on with his Compensation reduced to 33⅓% on the ground that Hysteria, arising in connection with trauma, is a disabling condition to a certain degree.

These three cases which I have submitted, out of many scores of a similar nature at our disposal, indicate clearly the importance of an early appreciation of the actual nature of the subjective complaints submitted as a claim for Compensation. All of them are hard to spot positively, and also hard to treat effectively. If the examiner is sure of the diagnosis the malingerer yields speedily to a knock-out blow; but it must be applied without fear or favor, and to a vital point in the area of simulation.

The second case is an example of the good effect of vigorous action at an early stage before the neurotic demons have had time to strongly entrench themselves in the Imagination.

The third case, on the other hand, is an illustration of what to expect in people who, suffering from symptoms that interfere only slightly with happiness and efficiency allow themselves to fall into a condition of chronic invalidism through a desire for attention, for sympathy, for protection, for defence, for monetary compensation. If not early removed from an environment where these desiderata are granted such people, frequently, are beyond useful reclaim.

The practitioner must be—indeed he has been from the beginning of time—as much a physician of the mind as of the body. A large part of his work consists in the treatment of disorders of mental origin, and in every case which he meets the possible role of mental factors in the production of symptoms demands consideration. The neuroses, or psychoneuroses, a term which some prefer, are disorders of mental origin in the prevention and treatment of which the practitioner has a serious responsibility. During his undergraduate career he sees little, and hears less, of the common neuroses with which he will afterwards have to deal. Impressed it may be by the ultra-materialistic attitude of some of his teachers he may feel that these disorders are not worthy of his consideration.

Another class of cases that has given us much concern is that generally described as osteo-arthritis. Also cardiac cases with broken down compensation, ingeniously attributed to a sprain or sudden over-exertion. And so on. But I feel that the present length of this paper precludes any reference to these other Compensation enigmas.

M. D. MORRISON, M.D.

Historical Section

AUGUSTUS ROBINSON, M.D.,M.R.C.S.,L.S.A.

(PART 2).

IN 1867 Dr. Robinson returned to Annapolis Royal, practising for a short time with his brother Frank, then in poor health. Some twenty years later he was urged by a group of Boston physicians to open a hospital for convalescents, promising to keep it filled with remunerative patients; but his heart was in his work as a general practitioner, and his reward was the love and gratitude of the people 'round about him. He was an ardent Britisher and a Bluenose through and through, believing that in Nova Scotia we have the best country and the best people in the world. One can picture his chagrin when, on visiting the Zoo in London, he saw a large glass case marked "From Nova Scotia" and found that the only exhibit in it was a huge bullfrog!

In the last half of the nineteenth century the life of the family doctor was varied indeed. Dr. Robinson was physician, nurse and parson to some of his patients. He christined new-born babies which were not expected to live, and brought hundreds into the world without the assistance of even the old-fashioned midwife. As an obstetrician he was singularly successful, and so far as his family can recollect he never lost a mother in confinement where she had been in his charge beforehand. Much has been said in medical and surgical circles of the importance of pre-natal care, and to this he gave particular attention. He had numerous twins to his credit, and one set of triplets. If you come across a man within twenty miles of Annapolis Royal whose first initials are "A. R.," you may safely guess that his name is Augustus Robinson.

In diagnoses, Dr. Robinson was seldom mistaken, and many uncommon maladies came to his notice. On one occasion he was called in consultation over a case which mystified the attending physician, and although he had never seen such before he correctly diagnosed it as leprosy. I well remember the alarm in the vicinity when Dr. Smith, of Tracadie, arrived and arrangements were made to transfer the sick woman to the lazaretto there. Occasionally Dr. Robinson described some peculiar case in one of the medical magazines, notably that of a man who slept three or four months of each year and the germ which carried off in quick succession three stalwart young men and a sister, while the other four members of the family were not affected by the disease. The sleeper scarcely roused during the Winter. Even when Dr. Robinson and a medical friend experimented with a galvanic battery the man was only really disturbed by the first shock. He sat up in bed exclaiming "My God, what's that?" But the second trial merely wakened him for a short time, and after that he paid no attention to the electricity beyond a few grunts. I believe the nature of the other malady mentioned above was never definitely diagnosed. A calf had died of blackleg, or some such disease, and it was thought the infection might have come from the barn. Though a number of medical men were consulted, not one of them could help, nor had heard of a similar case. The patients gradually became numb

from the feet up, and died when the heart was reached. The barn was destroyed and the house never again occupied.

Dr. Robinson was in Meteghan soon after the mysterious and notorious "Jerome" was found upon the shore, with his legs recently amputated (by an excellent surgeon, evidently) and his wits shattered by shock or fright and the accounts given him by the priest and others differed in many respects from those of other historians.

I have heard Dr. Robinson tell many stories of his experiences. One man made wings of a sort, attached them to his arms, and tried to fly from the roof of his barn; sequel, a broken leg. Another, with suicidal intent fired a revolver shot into his forehead; result, a bullet flattened like a ten cent piece. A patient was so convinced that when drinking from a brook he had swallowed a lizard that nothing would persuade him to the contrary. With his usual resourcefulness, the doctor procured a small lizard, administered a suitable dose, and at the proper moment slyly produced the lizard and effected a cure. A woman suffering from toothache tied one end of a string around the tooth and the other to a flatiron, threw the iron from her—and drove ten miles with her mouth wide open to have the doctor set her dislocated jaw. Extracting teeth was considered a part of the duties of a country medical man in old times. Dr. Robinson always had his instruments in the carriage with him, and I have seen him step to the side of the road and remove a complaining molar with expedition. He would sometimes walk five or six miles on snowshoes when the road was too heavy for driving and, when necessary, would take the horse by the bridle and encourage it to plow through the drifts. He frequently remained thirty-six hours or more in some distant house because he could not leave his patient long enough to drive home and return.

For more than thirty years Dr. Robinson had charge of the railway men of the district; first on the Windsor and Annapolis, then on the Dominion and Atlantic, his district extending from Aylesford to Bear River. He often took horse and carriage along in a box car so as to drive home the same night. When the "Missing Link" Railway between Annapolis and Digby was under construction a navvy came to him for advice as he thought he was not improving under the treatment received from the medical man of the locality in which he worked. Said he: "Dr. So-and-so give me medicine and it do me no good at all; but what can you expect for twenty-five cents?" This was the amount deducted each month from a man's pay for medical attention.

Dr. Robinson performed many delicate and serious operations in the days when hospital facilities were not available as they are to-day His first amputation was carried through with no anaesthetic other than a jorum of rum, and in one and a half minutes the man's leg was under the table. For a short time—about a year, I believe—he was Sheriff of the County of Annapolis, and in the performance of his duty was obliged to shoot a man who resisted arrest and threatened his life. The bullet struck the man's leg, and he was brought to jail and given medical treatment. This did not satisfy him, and he sent to ask if Dr. Robinson would come and dress the wounded leg, afterwards declaring that the Sheriff was the only person who treated him like a gentleman.

He was an enthusiastic Freemason, "raised" in Hiram Lodge, Yarmouth while practising at Meteghan, later affiliating with Annapolis Royal Lodge

No. 33, and becoming a Charter member of Eureka Chapter No. 5, Royal Arch Masons, organized in 1872.

Dr. Robinson had an able and valued assistant in his wife, who did a large share of the dispensing. Since most of his prescriptions were prepared in his own office, this constituted a heavy item of the day's work. At the breakfast table he was in the habit of explaining to Mrs. Robinson what medicines were to be called for, with directions for each lot, and she was fully capable of carrying out all these instructions with speed and accuracy. Years ago the doctor was obliged to go away for a month's rest, leaving a medical friend in charge, and when this new man offered to prescribe for a patient the latter replied: "Is Mrs. Robinson at home? I guess she knows what I want." The doctor's last visit was to a little grand-niece, recovering from scarlet fever. He was ill at the time and four days later quietly fell asleep. His wife, an invalid for several years, survived him but one week. The touching lines with which I conclude were written by the mother of the little patient and they epitomise all that I have attempted to describe in this intimate sketch—

A LITTLE TRIBUTE.

A. R.—1836-1926.

Who is that whistling in the road on this bitter, bitter night?
It's the dear old Doctor, driving along,
Whistling the tune of some by-gone song,
With a heart still young, and a courage strong.

Who is that watching by the bed of a little, little girl?
It's the dear old Doctor, helping us through
Weeks that are troubled and anxious too,
With a skill well-tried, and a judgment true.

Who is that climbing up the stair with a weary, weary tread?
It's the dear old Doctor, his life-work done,
Giving himself in the setting sun
For the love of God and a little one.

Modern Version.

Old King Coal is a quiet old soul
When left to his own devices,
But he's not so slow—as his subjects know
When he's done with summer prices.

Mr. C.—"Why are you so mad at the doctor?"

Mrs. C.—"When I told him I had a tired feeling he asked to see my tongue."

The Nova Scotia Medical Bulletin

Official Organ of The Medical Society of Nova Scotia.

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THE DALHOUSIE REFRESHER COURSE.

THE Refresher Course of last year was adjudged one of the best in the series, but if the published programme counts for anything this year's should attain to an equally high or higher place.

The programme is before us and shows that with respect to the morning clinics the same system is being followed as obtained last year, with some changes in personnel. With respect to the afternoon sessions, it offers, we think for the first time, a symposium on cancer, on the first day, dealing with three important departments, intestinal, urological and gynaecological. On the second day the symposium is on the surgery of the hand—a subject that will make wide appeal. The presentation of the third day represents an innovation—about a dozen snappy stories on recent advances. Dr. Schwartz is the chairman for that day. He is also this year's chairman of the Refresher Course Committee and a man who is meticulously precise. He has issued a fiat that the ten minute period must on no accunt be exceeded and he will be there to see that it is not.

The final two afternoon symposia round off the course with various phases of the handling of infants and children, sick and well. This is a field in which undergraduate teaching has often been most inadequate and these sessions should therefore prove most valuable. Dr. R. W. Simpson of Toronto, one of Canada's leading paediatricians will head up these meetings and he will be ably assisted by our most successful local paediatricians of which we can boast a brilliant constellation.

The BULLETIN will be most happy to welcome to our midst again Dr. L. J. Austin, Professor of Surgery of Queen's University, who comes to take a prominent part in the course. In this welcome earlier attendants of the Refresher Course will be anxious to join as they remember his other visits and the pleasures that were accorded them from his boundless stores of wit and wisdom.

The Committee is to be congratulated on this programme and it should be easy to predict for them the satisfaction that will come from well attended meetings.

N. H. G.

THE ANNUAL MEETING.

THIS year's annual meeting at Yarmouth must have been one of the best the Society has ever held. The weather was perfect. The entertainment for both male and female was superb. The Executive had all its business behind it before the opening meeting, and had mulled it over so well and made its recommendations so shrewdly that the smoothness with which it passed in the general assembly was so efficient as to be positively boring—left one in fact, almost sighing for the hurly-burly of by-gone years. We had moreover, a president this year who not only left nothing to chance in the way of preparation for every meeting, social or otherwise, and presided so efficiently and with such ease of manner that a large and diverse program worked itself out without either overlapping or harassing haste.

But all this was climaxed by the presence of three such outstanding men as Crile, Joslin and Lahey. Here are world figures in our profession, men whose contributions to our art have placed them at the very top of the tree and for whose contributions medical societies all over the world compete. Yet—through the pertinacity of our Yarmouth colleagues—they were ours. And what contributions they made! How charming and enlightening an hour Joslin gave us! What an outstanding inspiration Crile's new theories proved! Perhaps one should not make invidious comparisons in the face of such a feast, but surely the presence of a man of such inventive genius and such painstaking patience in research as Crile, must make any society meeting a memorable occasion. As Dr. Murphy put it Crile has been the "intellectual disturber of our profession" for many years. His active mind has touched on so many phases of medical research, his contributions have been so vital and yet at an age when most men are through he can still talk with the enthusiasm of youth of those fresh worlds he seeks to conquer.

And then there were those charming and lighter interludes. Lou Morton again demonstrated that no one else need expect to collar that golf stauette until he is well into the sere and yellow. And if Lou remains as chipper and active in his later years as his senior colleague, Dr. Farish, it is unlikely that the golf supremacy will leave Yarmouth until our grandchildren fetch it. One recalls also a pleasant afternoon at Braemar—and in particular a dinghy sail skippered by the two Victors—Mader and Connors—that was as fine an exhibition of inland seamanship as has ever been seen. And then there were the songsters who on one particular night were so stimulated as to keep the welkin ringing until the weary would-be sleepers tossed moaningly in their hot sheets.

The annual dinner was a large event—but perhaps it was too large. It is not the fault of those making arrangements that distinguished visitors will overspeak their time, or that these do not realize that the only after-dinner speech that is truly successful is the one where the remarks of seven minutes have only the purpose of stringing three jokes together, of which one must be new to all, one new to fifty percent., and one new to five percent. of the gathering. As a result of oratorical *longeurs* the charming sunkist debutantes who had been invited to the following dance for the solace of the unattached melted away like Cinderella when midnight struck. (Alas, that youth should vanish with the rose!) But even this night of oratory, with its attendant ureteric distension, was but another earnest of the prodigality of our Yarmouth friends, and it was, I repeat, no fault of theirs that words bred words.

Surely every member of the Society who attented this year will agree that our utmost thanks are due to Dr. Lebbetter and his local committee for the richness of the contribution they made, for the bounteousness of the feast they laid. One ventures to feel that it will be a long time before we enjoy its like again. In any case it has set an arduously high mark for the rest of us to aim at.

H. B. A.

No Birth Control. (Jones at the side show)—"Mister, I've got a wife and fourteen children. Can't you let us look at the monkey for half price?"

Showman:—"Fourteen children! Wait, I'll bring the monkey out to look at you."

"When your wife starts to talk, does she know when to stop?"

"I don't know yet; I've only been married nine years."

FOR SALE

A white enamelled portable operating table; may be adjusted to all positions. Cost $42.00 will sell for $15.00. Write Mrs. M. A. Hurley, 88 Bayers Road, Halifax, N. S., or telephone L-2510.

CANCER

THE REPORT OF THE CANCER COMMITTEE.

INCLUDED in the minutes of the annual meeting and reproduced in this number will be found the above named report which was adopted by this Society at Yarmouth last month. We commend it to all thoughtful readers both for the information that it contains respecting cancer matters in this province and because of the fact that it represents a step on the part of our organization toward the ideal of Cancer Control.

It shows again an increase in cancer deaths for the preceding year and because of this the insistent indication for a greater consideration of the whole question. It shows again the terrible lapse of time between the onset of signs or symptoms of the disease and the seeking for medical advice on the part of the patient, and it undertakes to set down the more important causes of this delay. It suggests that ignorance in one form or another is the proximate factor in this and makes very important recommendations to cope with it, chief of which is governmental action.

In this connection, the view that has frequently been expressed by this writer is that our goal is best attained through a group or groups of interested men, professional and lay, similar in constitution and method to those Societies for the Control of Cancer which now exist in about ten other countries, and eventually working into the Canadian system as agreed upon last year by the Canadian Medical Association. He has seen no good reason to change this view, but in the present state of mind of our people with respect to co-operation it is felt that that method must be held in abeyance in favour of one which it is hoped will come into operation much earlier, viz. one directed by the Department of Health.

Now we have no doubt but that the making of cancer a real live Public Health matter with a really aggressive policy *could* be the ideal way of dealing with the whole matter, indeed we are not so sure that the exercise of rather dictatorial powers by such authority is not the only way in which anything adaquate will be accomplished in this province. But have we any reason to hope for this?

We are happy to find another doughty warrior publicly espousing this cause and happier still to find that our views are in accord. Dr. Lebbetter considered the subject in his presidential address at Yarmouth the other day and apparently recognizes the fact that only in rare instances do Public Health Departments contribute much in the field of cancer, though in those rare instances they do most excellent work. He goes directly to the core of this however, by suggesting that just as tuberculosis only came under attack when specially trained men were appointed to the task, so should cancer in the Department of Health come under the direction of a cancer man of similarly special equipment. For certainly no cause more than cancer demands such unswerving loyalty and *singleness of purpose*, on the part of those who are made responsible for its measures of control.

Another part of the report pregnant with significance is that which recommends *continuity* of educational effort, as one of our greatest needs. Many

of our readers will remember the Cancer Campaign of a few years ago. It was an excellent effort, but how many there are who point to it to-day as a fruitless one and who suggest, in consequence, that all educational efforts are futile! Such persons do not think. How is it possible for one week's educational activity to revolutionize the thought of a whole country? That is what is required and it is obvious that it must take years of *continuous* propaganda to effect it; then and then only might more staccato effort be permissible, but even then it cannot stop!

The matter of cancer quackery is given an important place and not without good reason. While the proportion maltreated by quacks is higher among those that come to us from a neighbouring province than is that among patients from our own, yet we know that enough exists in our own province to have it constitute a major disgrace. In this connection instructions of the Society regarding the enlisting of the good offices of the secretaries of the branches have been carried out, and some of them have already been heard from. It is hoped that with their continued co-operation the Committee will be enabled to move towards other phases of its duties at an early date.

N. H. G.

OBITUARY

The BULLETIN regrets to announce the death on July 4th of Mr. Hugh Williamson of Providence, R. I. Dr. S. W. Williamson of Yarmouth is a son of the deceased. The funeral was held at Pictou, the former home of the deceased.

The death occurred at the home of Dr. J. J. Macdonald, New Glasgow on Sunday morning, June 24th, of Mrs. Margaret McDonald, mother of Mrs. J. J. Macdonald, after an illness of but three weeks.

There are 56,741 physicians qualified to practise their profession in Great Britain, which gives the United Kingdom the highest proportion of doctors in any European country. The number has grown more than 18,000 in the last twenty years. Brussels has the reputation of being the most bedoctored city in Christendom.

Minutes of the Annual Business Meeting

THE 81st Annual Meeting of The Medical Society of Nova Scotia was held at the Y. M. C. A. Auditorium, Yarmouth, N. S. on July 4th, 1934, at 9.45 A. M.

The meeting was called to order by the President, Dr. T. A. Lebbetter.

Re Minutes Annual Meeting, 1933.

Moved by Dr. O'Neil and seconded by Dr. H. B. Atlee "that the Minutes of the Annual Meeting at Halifax, September 4th and 5th, 1933 as published in the BULLETIN, September, October and November, 1933, be taken as read." Carried.

C. M. A. Editorial Committee.

The following communication was read by the Secretary:

Dr. Kenneth A. MacKenzie,
President, Medical Society of Nova Scotia,
89 Spring Garden Road,
Halifax, N. S.

Dear Dr. MacKenzie:—

I was to write you in regard to the question of the Provincial Editorial Committee working in conjunction with our Journal. I think, as I have expressed to you personally, that it would be a retrograde step, much to be regretted, if your Provincial Association were to adhere to its decision to allow this Committee to lapse. We have found in practice that it is of value to have a number of men in each province working under a Chairman, inasmuch as it spreads the interest and responsibility of feeding the Journal in the matter of news items and original contributions. In the more thickly populated provinces as Ontario we find our plan works out very well.

We have, of course, Dr. Dreyer as our Editorial Correspondent, but we regard him as representing Dalhousie rather than the profession at large. It seems to me that the duties of the Committee referred to are not incompatible with his. I would like to get more reports in regard to the activities of the local medical societies, personal items that would be of interest to the profession generally, and papers, when they are of excellent quality. Such a Committee, too, affords us an avenue of approach when we require special information.

I have thought that the object could be attained if the secretaries of the various local medical societies would act as members of this Committee. Under a Chairman in Halifax we might get ahead with the idea rather better than in the past. Possibly the secretaries would feel their responsibilities more than other men chosen at large. I feel that the Committee in question is an important link between the province of Nova Scotia and the rest of the Dominion in so far as this can be manifested in the national Journal. The above is merely a suggestion.

The original thought we had about these provincial editorial committees was that the Chairman would act as a sort of court of revision selecting out of the various papers submitted to him those which he thought were suitable for publication. We

find that in Ontario, Manitoba and Saskatchewan, the local men work along these lines very frequently. At the same time, if it is simpler, there can be no objection to men having papers to submit sending them directly to the editorial offce.

I sincerely trust that your provincial association will reconsider the matter and see fit to re-establish the liaison between us, and perhaps it may be possible to put the arrangement on a more satisfactory basis than before.

With kind regards, I am

Yours sincerely,

(Sgd.) A. G. Nicholls,
Editor.

Dr. Grant advised that this letter had been up before the Executive meeting the night before and after considerable discussion it had been moved by Dr. Atlee that the Society did not feel a local committee should take any editorial part in connection with papers prepared in the province for publication in the Journal. Dr. Atlee felt this should be a matter entirely between the individual preparing the paper and the Editorial Board of the Journal: that the news items from Nova Scotia should be prepared by the BULLETIN staff and forwarded to the C. M. A. on the condition that the C. M. A. notify Dr. Dreyer of this change. This had been seconded by Dr. Dunbar and carried.

Dr. Atlee moved that the editorial Committee be abolished and that the resolution of the Executive be accepted. This was seconded by Dr. Dunbar and carried.

Dr. M. D. Morrison's Resignation.

Dr. Grant read the resignation of Dr. M. D. Morrison as a member of the Editorial Board of the Nova Scotia Medical Bulletin same to take effect at the annual meeting in July. Dr. Morrison automatically ceases to be a member of the Editorial Board now, and it is up to the Nominating Committee to appoint a new slate. It was moved by Dr. Gosse and seconded by Dr. Atlee that the resignation of Dr. Morrison be accepted and passed on to the Nominating Committee. Carried.

Re Saint John Ambulance Association.

Dr. Grant read the following letter from Dr. T. C. Routley, General Secretary of the Canadian Medical Association.

Dear Dr. Grant:—

The St. John Ambulance Association has offered to provide blood donors in those areas in Canada in which the St. John Ambulance Association is organized, and they have transmitted the following proposal to the Canadian Medical Association—

1. The St. John Ambulance Association would form groups, only on the request of the C. M. A. or its representative, thus leaving the initiative up to you and avoiding any clash with 'vested interests' such as Toc H.
2. We would limit membership in our groups to Certificate Holders, over whom we would have some control.
3. Each member of the group would be required to be willing to submit to the origina blood examination for typing, and to subsequent examinations, as required, without expense to himself.

4. Each member of a group must express himself as willing to supply blood on request for emergency cases, without any reference as to whether or not a fee is in prospect; it being understood that if the patient turns out to be indigent the service will be rendered free, but if the patient proves able to pay, the Hospital will collect and pay the usual fee.

5. The Hospital will undertake and promise that an excessive amount will never be taken from the Donor so as to injure him physically or keep him from work.

6. If there are not sufficient Certificate Holders in the neighbourhood of the Hospital to make a successful group, the Hospital will undertake to teach a class and obtain the certificates, without expense to the class, conducting the class under the auspices of the St. John Ambulance Association, the arrangements being made through them.

In dealing with this matter, the Executive Committee of the Association passed the following resolution:—

"That the General Secretary be instructed to communicate with the nine provincial medical associations, transmitting to them the proposals made by the St. John Ambulance Association and asking them for a report; and that, pending the receipt of this report from the provincial associations, no further action be taken by this Executive Committee."

We would be glad to be advised by you as to what action, if any, your provincial association recommends should be taken in connection with this matter. It would be appreciated if your reply could reach us prior to the meeting of Council which takes place in Calgary during the week of June 18th next.

Thanking you for your kind attention to this matter, I am

Yours faithfully,

(Sgd.) T. C. Routley,
General Secretary.

Dr. Grant advised he had informed Dr. Routley that this matter could not be dealt with until the next Executive meeting which was to be held on the evening of July 3rd. He stated the matter had been dealt with by the executive last night when it had been moved by Dr. O'Neil and seconded by Dr. Woodbury that the offer be accepted.

It was moved by Dr. O'Neil and seconded by Dr. Atlee that the resolution of the Executive be accepted. Carried.

Registered Nurses' Association.

Dr. Grant read the following letter from M. J. Graham, R.N., Registrar and Corresponding Secretary of the Registered Nurses' Association.

Dear Dr. MacKenzie:—

The following are the resolutions which the Registered Nurses' Association have presented to the Provincial Government. Miss Slattery requested that you place these before the meeting of the Medical Scoiety next month, in order to familiarize the medical profession with these reports.

Be it Resolved: That the Registered Nurses' Association of Nova Scotia requests the Government of Nova Scotia to so amend the Local Hospitals' Act as to require that the graduate nurses employed in hospitals receiving government aid be registered nurses in good standing in the province of Nova Scotia.

That the Registered Nurses' Association of Nova Scotia requests the Government of Nova Scotia to so regulate employment by the Provincial Government that all

graduate nurses employed by the Provincial Government be registered nurses in good standing in the Province of Nova Scotia.

Miss Slattery also wishes me to tell you that it was decided at the Annual Meeting to print copies of the summary of conclusions of the Weir report, as submitted by Dr. Atlee, and to distribute them to all members, provided the cost is not prohibitive.

Yours very truly,

(Sgd.) M. J. Graham, R.N.,
Registrar and Corr. Secretary.

It was decided that as this communication did not require any action by the Society it be tabled and filed.

Dr. J. J. Roy asked if the nursing organization in Nova Scotia was entirely an individual matter or if it were controlled by any Medical Society; that some years ago in Cape Breton when conditions had been very hard the nurses there were anxious to cut the rates and get some work and the nursing organization at headquarters had denied them that privilege.

Dr. Lebbetter said he would like to delay the reply to that until the report came in from our committee.

The President asked that the meeting pass on to the report of the Standing and Special committees.

It was moved by Dr. Dunbar and seconded by Dr. Atlee that business be temporarily suspended to allow the President to name the usual Committees. The following slate was brought in—

Nominating Committee: Drs. J. J. Roy, C. E. A. deWitt, C. K. Fuller, J. R. Corston and W. R. Dunbar.

Common Courtesies Committee: Drs. W. R. Dunbar, H. K. MacDonald, and J. E. LeBlanc.

Press Committee:—Drs. H. B. Atlee and H. G. Grant.

Auditors:—Drs. S. W. Williamson and C. W. Holland.

Dr. Lebbetter—"In the published minutes of the last meeting there was a motion by Dr. Atlee to the effect that an auditor be engaged at a salary not to exceed $50.00 a year to audit the books of the Treasurer and General Secretary. I think that this motion was out of order as the Constitution states the auditors shall be appointed by the President at each annual meeting from among those present. I would like to appoint these two at once and then Dr. Atlee could make a motion that it be done in the regular way. Dr. Atlee gave notice of motion that the usual method of auditing be carried on and that at the next meeting an auditor be appointed at a salary not to exceed $50.00 a year.

Report of the Cancer Committee.

Mr. President: Your Committee finds that the diseases which come under the name "Cancer" continue to exact their toll of our people with apparently increasing energy. During the past year more than 630 deaths have been registered as from that cause.

When we came to enquire what had been done in this province to influence this tide of death we found that several factors had been operating, some designed to retard its course and some whose effects were to encourage it. Some of these several factors may be given as follows:

(a) Early this year we noted that a series of broadcasts were given by the Faculty of Medicine of Dalhousie University, under the auspices of the National Council of Education, included in which was a talk on cancer.

(b) The Cancer Clinic of the Victoria General Hospital has just concluded its first year of corporate existence. We find that during that time 177 cases of cancer were submitted to it for its opinion as to diagnosis and treatment. This clinic has been organized somewhat along the lines suggested by the Cancer Committee of the American College of Surgeons and is open to all members of the Medical profession. While it was designed primarily to benefit the cancer sufferer, it has become pari passu an educational centre for those who attend its discussions, and a stimulus to more profound study to those charged with the responsibility of treatment.

It has been possible to gather from this clinic confirmation for certain matters that are well known but which are not sufficiently well regarded. Chief among these is the matter of the time that elapses between the onset of signs or symptoms of cancer and the time at which the patient presents himself for diagnosis and treatment. This is still much too long, being about two years in the average case. The result of this is that 60% of the cases are in advanced stages of the disease when they present themselves.

We feel that the cause of this delay should be reiterated and find a place in this report. They are:

(1) The absence of pain (in cancer) in so many cases until the later stages are reached.

(2) The attitude of hopelessness in regard to treatment arising out of which is

(3) Fear, that a diagnosis of cancer will be made if they go to a doctor.

(4) That while our profession is diagnosing superficial cancers with a fair degree of promptness, sufficient regard is, in general, not given to those apparently trivial symptoms which, especially in persons beyond forty, so frequently arise from deep cancer.

(5) Cancer quacks—sometimes self-styled "cancer doctors," sometimes chiropractors. *The extent* to which these operate in these provinces, *the delay* that they occasion many patients in obtaining proper treatment for their tumors, *the direct harm* which they inflict upon patients, whether in the indiscriminate use of caustic pastes or in that even worse form of malpractice, viz. the employment of the rays of the sun concentrated to the burning point through a lens, and finally, *the blatant way in which they are permitted to advertise* their nefarious practices in the lay press constitute a reflexion on the intelligence of our people, and we believe is a matter which should be called to the attention of the government.

We believe that our great needs at the moment are:

(1) A greater realization than is general that cancer in its early stages is not a hopeless disease.

(2) An educational campaign that shall begin and continue uninterruptedly over a period of years the systematic dissemination of cancer knowledge,

We therefore recommend—

(1) That this society take the initiative in informing the government as to the harm that cancer quacks are perpetrating upon our people, both directly upon the individual cancer subject and indirectly by obstructing the dissemination of cancer knowledge.

(2) That your Committee be instructed to approach the Department of Health, urging upon them the need of an educational campaign with respect to cancer and asking them to take steps to inaugurate such a campaign as soon as possible, and such further steps as may be necessary to give permanence to the effort.

(3) That the Executive of this Society be asked to give consideration to the subject of cancer if and when speakers are being selected for provincial tours.

(4) That every year each constituent branch of this Society shall at one of its meetings, have at least one paper on cancer prepared and read by one of the members; that the Secretary of the Branch shall thereupon report such or any other cancer activities to this Committee, and that such information from the Branches shall in each year form a part of this report.

(5) That the Cancer Committee shall be a standing Committee of this Society, and be expected to make a report to this Society each year.

(6) That the approval of this Society be given for its Cancer Committee to co-operate with the Department of Health of the province, if requested to do so, in the formulating of an educational programme, and that, in such event they be empowered to add to their numbers.

Respectfully submitted,

(Sgd.) N. H. GOSSE,
Chairman, Cancer Committee.

Dr. Gosse moved the adoption of this report, which was seconded by Dr. D. J. MacKenzie.

A discussion followed on the method to be employed to instruct the Provincial Medical Board to take up the matter of cancer quacks. Dr. Atlee stated that at the executive meeting it had been brought up there was a quack in Cape Breton who gets paid for keeping people free of cancer, and thought this information should be collected and forwarded to the Government. He moved that the Cancer Committee be authorized to collect information concerning cancer quacks and forward same to the Government. This was seconded by Dr. Dunbar. Dr. Gosse did not think it was enough to confine the investigation to one man as there are others in other parts of the province. Dr. Atlee then added to his motion that all the Branch Societies be asked to forward any information regarding cancer quacks. Carried.

Editorial Board Report.

The following report of the Editorial Board was read by Dr. Gosse.

Mr. President:—During the year under review THE BULLETIN was published as usual, a number for each month.

The policy of making its scientific section to be chiefly of value to the general practitioner was followed as closely as possible and considerable thought given to the Journal's other departments so that through them its usefulness and interest might be extended.

The practice adopted the year before of having different sections of the province assume responsibility for the whole or the greater part of numbers of the Journal has been further developed, numbers having been produced by the Cape Breton Branch, The Halifax Infirmary, The N. S. Sanatorium, the Western Counties Branch and The Valley Branch. The question arose as to the extent to which we should retain editorial responsibility with respect to those numbers, but it was decided that in the developmental stage of that feature we should, in the main, accept the editorial judgment of the contributing group. We appreciate that we have no authority to do this and that the practice is one which might earn us some censure, but in a journal of this nature in which it is hoped that many will begin to send in contributions which would be expected to improve with experience, we feel that the strictest exercise of editorial prerogative is not expedient, but rather that sub-standard products might at times be admitted. A further departure from our usual practice will be found in the BULLETIN for this month now in the press. It is a special number on the subject of mental hygiene. In view of the current interest in this subject both among certain sections of our own profession and in the lay press, we believe that you will regard our action as commendable.

The success of the BULLETIN can best be measured by the appreciation of its readers. It is difficult however, to obtain an expression of that, and therefore we lack the best means by which to estimate it. We do not, however, lack evidence of a growing respect for the Journal, perhaps the best of which is the greater readiness with which members contribute to its pages. Not so long since, we were frequently concerned as to where material for the next meal was coming from. To-day our experience is that there is bread enough and to spare, and that with the display of only the same amount of effort. We would submit this as real evidence of a successful year.

The depression, which found its way into our society's coffers found us glad to co-operate with your financial advisers in keeping down the cost of the BULLETIN, and as it is paid for on a page basis, this could only be done by reducing its content. In the issues in which we were able to do that, consideration was given to our effecting the reduction with a minimum of sacrifice to important features.

We note with sincerest regrets the resignation from your board of Dr. M. D. Morrison. Dr. Morrison has manifested a very healthy interest in your Journal since his first connection with it, and has made valuable contributions to its progress. Though he finds it impossible to identify himself further with editorial responsibility we hope that he will continue to be a valuable contributor to its pages.

We would record our thanks to our many contributors for their help, to the secretaries of branches for reports of branch activities and for their personal interest notes (which are still too few), and finally to our own secretary and his secretary, who, of course, do all the work, and contribute the elements

of smoothness to the running of the machine. We bespeak for the BULLETIN a continuation of this excellent co-operation from these several sources.

Respectfully submitted
(Sgd.) N. H. GOSSE,
Editor-in-Chief.

Dr. Gosse moved the adoption of this report which was seconded by Dr. McNeil. Carried.

Dr. Grant suggested this would be the ideal chance to have frank opinions about the BULLETIN.

Dr. Dunbar—"I might say a word of commendation for the BULLETIN. It has improved very much in the last two or three years. It will be criticised as well as any other journal, which is always good, not that I have any criticism. It is an index of our attitude. I think the present Committee are to be highly commended."

Workmen's Compensation Board.

The following report was read by Dr. Corston.
To the President,
Medical Society of Nova Scotia.

The Committee on the Workmen's Compensation Board beg to report as follows:

Pursuant to instructions of the Society at the last annual meeting your Committee obtained the schedule of fees from the various provinces with respect to fractures of the femur. The fees paid in these provinces are as follows:—

Nova Scotia.
Fracture of the femur $50.00
Compound fracture of the femur ..... 1-3 extra

Prince Edward Island.
No Workmen's Compensation Board.

New Brunswick.
Fracture of the femur $65.00
Section 85—Compound fracture extra fee of 33⅓%
Plating operation 33⅓% extra.
Qualifying clause—The schedule of fees as outlined is at the present time subject to a 15% cut as agreed upon between the Board and the New Brunswick Medical Society.

Quebec.
Fracture of the femur $75.00
Compound with severe infection up to 50% additional.

Ontario.
Fracture of the femur $75.00
With severe infection up to 50% additional may be allowed.

Manitoba.
Fracture of the thigh or hip $100.00
Cases where fracture is compound or fracture involving plating an additional fee of $10.00

Saskatchewan.

Fracture of the femur $75.00
Compound with severe infection up to 50% additional.
The College of Physicians and Surgeons of Sasketchewan have been advised by the Workmens' Compensation Board of their Province that a general revision downward of the schedule of fees is contemplated.

Alberta.

Fracture of the femur	$70.00
Compound, not infected	25% extra
Compound, infected	2.00 per dressing
Comminuted, not compound	25% extra
Operation for wiring or plating	100% extra
Autogenous bone graft	100% extra

For this year, 1933, there is a reduction of 20% in all accounts over $6.00 by agreement owing to the condition of the fund.

British Columbia—Not received.

It is to be noted that in the case of New Brunswick, Saskatchewan and Alberta considerable reduction in the amounts shown above are either now in force or contemplated.

Your Committee has conferred with the Workmen's Compensation Board in the matter of fees for compound fracture of the femur, and a definite request was made on behalf of this Society, for a revision upward. This matter is now under consideration by the Board, and their decision may be expected in the near future.

During the year several members of the Society have communicated with the Committee with respect to fees allowed by the Board and so forth. In all cases such communications have been the subject of conference between your Committee and the Board.

Appended is a copy of a recent amendment to the Workmen's Compensation Act (passed May 2nd, 1934) which has reference to the much discussed "thirty day period of treatment".

Respectfully submitted,
(Sgd.) J. R. CORSTON, Chairman,
Workmen's Compensation Board Committee.

Dr. Corston moved the adoption of this report, which was seconded by Dr. Muir. Carried.

Dr. Corston—"In our conference with the Workmen's Compensation Board it transpired that in no other province except our own is the period of treatment limited, and it seems to me that our Society might very well take cognizance of this point. In every other province the full treament is given for disabilities. Why we should be limited to thirty days is not clear to me."

Dr. Gosse—"I think we should ask for an examination into the whole matter of Workmen's Compensation Board rules in this province."

Dr. Corston—"Our special instructions at last year's annual meeting were to take up that one particular thing, the fracture of the femur."

Dr. Dunbar—"I think that the suggestion of Dr. Gosse's is a good one, to have the whole thing investigated."

Dr. LeBlanc asked on what basis the thirty day treatment was based.

Dr. Corston advised that thirty day period was in reference to payment and not treatment.

Dr. Gosse moved that the incoming Workmen's Compensation Board Committee be instructed to gather the whole information and present a report at the next meeting as to our status in this province as related to other provinces. Seconded by Dr. Dunbar. Carried.

Dr. Corston—"The thirty day period is outside of their control, is incorporated in the Act and any modification of it must be done over their heads. I think this can be very well done through our Workmen's Compensation Board Committee because the body with which our Committee deals, namely the Board, has nothing to do with it. There should be a representation from this Society to the Government, possibly the Legislative Committee."

Dr. Lebbetter suggested that the Workmen's Compensation Board Committee work in conjunction with our Legislative Committee.

(To be continued).

Financial Statement.

The financial statement was read by the Treasurer, Dr. Muir.

FINANCIAL STATEMENT
MEDICAL SOCIETY OF NOVA SCOTIA
Year 1933-34

RECEIPTS

July 1, 1933.		
Balance cash on hand Savings	$ 680.48	
Current	182.13	
		$ 862.61
Subscription dues collected during year		2,330.51
Receipts from Medical Bulletin		2,096.42
Interest Account		11.23
		$5,300.07

DISBURSEMENTS

Cost of Medical Bulletin		$1,873.82
Salaries		1,250.00
Sundry expenses, Postage, Office supplies, etc		578.81
Rent		100.00
Taxes (1930-31-32-33)		70.73
Cash on hand		
Savings Bank	$ 392.57	
Current account	1,034.84	
		1,427.41
		$5,300.77

PROFIT AND LOSS STATEMENT

Fees collected		$2,330.51
Interest		11.23
Medical Bulletin		222.60
		$2,564.34
Less Costs		
Salaries	$1,250.00	
Sundries	578.81	
Rent	100.00	
Taxes	70.73	
		1,999.54
Net profit for year		$ 564.80

COGSWELL LIBRARY FUND
MEDICAL SOCIETY OF NOVA SCOTIA
Year 1933-34.

RECEIPTS

Balance cash on hand, July 1, 1933	$ 1.03
Interest on Bank Balance	3.57
Income from Bonds	262.50
	$ 267.10

DISBURSEMENTS

Dalhousie University	$ 250.00
Balance cash on hand	17.10
	$ 267.10

It was moved by Dr. Williamson and seconded by Dr. Morse that this report be adopted. Carried.

SUMMER DIARRHEA IN BABIES.

Casec (calcium caseinate), which is almost wholly a combination of protein and calcium, offers a quickly effective method of treating all types of diarrhea, both in bottle-fed and breast-fed infants. For the former, the carbohydrate is temporarily omitted from the 24-hour formula and replaced with 8 level tablespoonfuls of Casec. Within a day or two the diarrhea will usually be arrested, and carbohydrate in the form of Dextri-Maltose may safely be added to the formula and the Casec gradually eliminated. Three to six teaspoonfuls of a thin paste of Casec and water, given before each nursing is well indicated for loose stools in breast-fed babies. Please send for samples to Mead Johnson & Company, Evansville, Indiana.

REGISTRATION

81st Annual Meeting, July 1934, Yarmouth, N. S.

Dr. S. W. Williamson, Yarmouth, N. S.
Dr. H. G. Grant, Halifax, N. S.
Dr. T. A. Lebbetter, Yarmouth, N. S.
Dr. B. C. Archibald, Glace Bay, N. S.
Dr. John K. McLeod, Sydney, N. S.
Dr. John J. Roy, Sydney, N. S.
Dr. N. H. Gosse, Halifax, N. S.
Dr. W. R. Dunbar, Truro, N. S.
Dr. D. J. Mackenzie, Halifax, N. S.
Dr. F. O'Neil, Sydney, N. S.
Dr. Hugh MacKinnon, Berwick, N. S.
Dr. A. M. Siddall, Pubnico, N. S.
Dr. H. H. Banks, Barrington Passage, N. S.
Dr. J. R. Corston, Halifax, N. S.
Dr. L. R. Meech, North Sydney, N. S.
Dr. H. B. Atlee, Halifax, N. S.
Dr. M. J. Carney, Halifax, N. S.
Dr. D. W. Archibald, Sydney Mines, N. S
Dr. Dan McNeil, Glace Bay,N.S.
Dr. Frank G. Mack, Halifax, N. S.
Dr. H. B. Havey, Stewiacke, N. S.
Dr. V. F. Connor, Maitland, N. S.
Dr. O. B. Keddy, Windsor, N. S.
Dr. W. L. Muir, Halifax, N. S.
Dr. Frank Hebb, Liverpool, N. S.
Dr. A. McD. Morton, Halifax, N. S.
Dr. G. M. Hatfield, Halifax, N. S.
Dr. C. E. A. deWitt, Wolfville, N. S.
Dr. D. A. Campbell, Bridgewater, N. S.
Dr. B. I. Chiasson, Eelbrook, N. S.
Dr. W. C. O'Brien, Wedgeport, N. S.
Dr. G. W. T. Farish, Yarmouth, N. S.
Dr. Grant Fleming, Montreal, Quebec
Dr. J. E. LeBlanc, West Pubnico, N. S.
Dr. C. K. Fuller, Yarmouth, N. S.
Dr. Elliott P. Joslin, Boston, Mass.
Dr. L. M. Morton, Yarmouth, N. S.
Dr. C. A. Webster, Yarmouth, N. S.
Dr. H. J. Melanson, Weymouth, N. S.
Dr. C. A. Herbin, Lockeport, N. S.
Dr. T. R. Johnson, Great Village, N. S.
Dr. D. W. F. Porter, Saint John, N. B.
Dr. R. M. Caldwell, Yarmouth, N. S.
Dr. T. B. Acker, Halifax, N. S.
Dr. F. V. Woodbury, Halifax, N. S.
Dr. D. F. Macdonald, Yarmouth, N. S.
Dr. F. R. Davis, Halifax, N. S.
Dr. H. J. Martin, Sydney Mines, N. S.
Dr. M. A. Roe, Yarmouth, N. S.
Dr. G. V. Burton, Yarmouth, N. S.
Dr. C. W. Holland, Halifax, N. S.
Dr. W. Alan Curry, Halifax, N. S.
Dr. D. F. McInnis, Shubenacadie, N. S.
Dr. W. G. Colwell, Halifax, N. S.
Dr. D. S. McCurdy, Truro, N. S.
Dr. Gordon B. Wiswell, Halifax, N. S.
Dr. J. W. Smith, Liverpool, N. S.
Dr. R. McK. Saunders, Lunenburg, N. S.
Dr. O. F. Best, Providence, R. I.
Dr. G. A. Dunn, Pictou, N. S.
Dr. P. E. Belliveau, Meteghan, N. S.
Dr. C. L. Gass, Sackville, N. B.
Dr. V. O. Mader, Halifax, N. S.
Dr. J. B. Reid, Truro, N. S.
Dr. J. A. Sponagle, Middleton, N. S.
Dr. L. F. Doiron, Little Brook, N. S.
Dr. George R. Curry, Reading, Pa.
Dr. R. L. Blackadar, Port Maitland, N. S.
Dr. J. A. Langille, Pugwash, N. S.
Dr. N. D. Harvey, Providence, R. I.
Dr. E. A. Burkhardt, New York City
Dr. W. S. Phinney, Yarmouth, N. S.
Dr. A. B. Campbell, Bear River, N. S.
Dr. L. R. Morse, Lawrencetown, N. S.
Dr. J. W. Reid, Halifax, N. S.
Dr. A. E. Murray, Halifax, N S.
Dr. B. S. Bishop, Kentville, N. S.
Dr. J. J. MacRitchie, Halifax, N. S.
Dr. P. S. Campbell, Halifax, N. S.
Dr. G. A. Winfield, Halifax, N. S.
Dr. C. O. Homans, Hubbards, N. S.
Dr. H. J. Pothier, Weymouth, N. S.
Dr. E. B. Hall, Bridgetown, N. S.
Dr. J. P. McGrath, Kentville, N. S.
Dr. E. T. Tanton, Summerside, P. E. I.
Dr. C. B. Cameron, Petite Riviere, N. S.
Dr. A. R. Reid, Windsor, N. S.
Dr. E. I. Glenister, Dartmouth, N. S.
Dr. G. H. Murphy, Halifax, N. S.
Dr. George Crile, Cleveland, O.
Dr. W. C. Harris, Barton, N. S.
Dr. W. N. Rehfuss, Bridgewater, N. S.
Dr. H. K. MacDonald, Halifax, N. S.
Dr. M. R. Elliott, Wolfville, N. S.
Dr. G. Ronald Forbes, Kentville, N. S.
Dr. G. E. Haggart, Boston, Mass.
Dr. H. M. Clute, Boston, Mass.
Edgar F. Lewis, D.D.S., Rochester, N. Y.
Dr. G. K. Smith, Hantsport, N. S.
Dr. Gilbert Horrax, Boston, Mass.
Dr. A. K. Roy, North Sydney, N. S.
Dr. Frank H. Lahey, Boston, Mass.
Dr. L. J. Lovett, Bear River, N. S.
Dr. T. R. Ford, Liverpool, N. S.
Dr. Marion L. Bugbee, Concord, N. H.

ENTERTAINMENT OF THE LADIES AT THE YARMOUTH MEETING

THE ladies who attended the 81st Convention of the Nova Scotia Medical Society held in Yarmouth on July the 4th and 5th can testify that the pledge given in the June BULLETIN for an interesting ladies' programme was fully implemented.

There was not a dull moment from the time we entered the Grand Hotel on Tuesday mornng, until we sought our needed rest in the early hours of Friday morning following the banquet and dance; everything possible for our enjoyment and comfort had been carried out by a most efficient ladies' committee headed by Mrs. Lebbetter, wife of the president.

The weather was perfect and the beautiful town of Yarmouth so noted for its lovely gardens, lawns and hedges was at its best.

The Grand Hotel, so admirably suited for the purpose, was headquarters for the visitors and there we were greeted by the charming Miss Gullison, daughter of the late Dr. Gullison, who acted as secretary for the ladies' committee, and booked us for a round of entertainments.

Cars were available for drives through the town and surrounding country and many took advantage of these to visit the beauty spots. Especially popular was the drive over the "Lupin Trail" where for miles the roadside is covered with the beautiul blue lupins. This combined with a view of the beautiful low lying sea coast with the water gleaming through the grassy marshes made a scene not easily forgotten. The freedom of the Golf club was extended to those who cared to play.

Tuesday afternoon we were taken for an eighteen mile drive out into the country to "Merrywood" the estate of Mr. Seymour Baker of Yarmouth. For miles we drove through beautiful woodlands with the silver gleam of lakes shining between the trees. Afternoon tea was served at a beautiful rustic boathouse on the border of the lake. On our return to town many went on the harbour and enjoyed a delightful sail until time for dinner. Later in the evening we were guests at a theatre party.

Wednesday afternoon we were the guests of Mr. and Mrs. Harry Raymond at their beautiful place at Hebron. There we were charmed and delighted with one of the most glorious gardens in Canada. During the afternoon we were joined by Lieutenant Governor and Mrs. Covert and their aide Lt. Col. Almon. Delicious refreshments were served in a spacious and artistic boathouse and a delightful time enjoyed by all. At 7.30 about two hundred doctors, their wives and many Yarmouth friends sat down to a well prepared banquet. We were honored to have with us at the head table His Honor the Lieutenant-Governor and his charming wife—the Premier and Mrs. Macdonald, as well as a number of distinguished medical men from Canadian cities and the United States. During the meal favours were presented. A small box of "Luxuria" chocolates was presented to each lady by Moir's Limited of Halifax and a bottle of Almond Cream from Parke, Davis and Company of Walkerville, Ontario. The firm of Parke, Davis and Company also presented the men with a tube of Shaving Cream.

At the close of the banquet all joined in the dance until the wee small hours and with one voice voted it one of the best conventions ever held.

MRS. A. MCD. MORTON.

Department of the Public Health

PROVINCE OF NOVA SCOTIA

Office—Metropole Building, Hollis Street, Halifax, N. S.

MINISTER OF HEALTH - - - - HON. F. R. DAVIS, M.D.,F.A.C.S., Halifax

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Divisional Medical Health Officer - -	DR. C. M. BAYNE, Sydney.
Divisional Medical Health Officer - -	DR. J. J. MACRITCHIE, Halifax.
Director of Public Health Laboratory - -	DR. D. J. MACKENZIE, Halifax.
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MacLellan, R. A., Rawdon Gold Mines (East Hants Mcpy).
Reid, A. R., Windsor (West Hants Mcpy).
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MacLeod, J. R., Port Hawkesbury
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KINGS COUNTY

MacKinnon, Hugh, Berwick.
Bishop, B. S., Kentville.
Burns, A. S., Kentville (County).
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Cole, W. H., New Germany (County).
Rehfuss, W. N., Bridgewater.
McKinnon, C. G., Mahone Bay
Zinck, R. C., Lunenburg.
Zwicker, D. W. N., Chester (Chester Mcpy)

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McKay, W. A., Thorburn (County).
Whitman, H. B., Westville.
Stramberg, C. W., Trenton.
Dunn, G. A., Pictou.
Whitman, G. W., Stellarton.

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Ford, T. R., Liverpool (Town and County).

RICHMOND COUNTY

LeBlanc, B. A., Arichat (County).

SHELBURNE COUNTY

Brown, G. W., Clark's Harbour.
Churchill, L. P., Shelburne (County).
Fuller, L. O., Shelburne.
Banks, H. H., Barrington Passage (Barrington Mcpy).
Herbin, C. A., Lockeport.

VICTORIA COUNTY

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

YARMOUTH COUNTY

Blackadar, R. L., Port Maitland (County).
Burton, G. V., Yarmouth.
O'Brien, W. C., Wedgeport.
Fox, C. J., Pubnico (Argyle Mcpy).

Those physicians wishing to make use of the free diagnostic services offered by the Publi Health Laboratory, will please address material to Dr. D. J. MacKenzie, Public Health Laboratory, Pathological Institute, Morris Street, Halifax. This free service has reference to the examination of such specimens as will assist in the diagnosis and control of communicable diseases; including Kahn test, Widal test, blood culture, cerebro spinal fluid, gonococci and sputa smears, bacteriological examination of pleural fluid, urine and faeces for tubercle or typhoid, water and milk analysis.

In connection with Cancer Control, tumor tissues are examined free. These should be addressed to Dr. R. P. Smith, Pathological Institute, Morris Street, Halifax.

All orders for Vaccines and sera are to be sent to the Department of the Public Health, Metropole Building, Halifax.

Report on Tissues sent for examination to the Pathological Laboratory, from July 1st, to August 1st, 1934.

The number of tissues sectioned is 211. In addition to this, 14 tissues from two autopsies were sectioned, making 225 tissues in all.

Tumours, malignant	40
Tumours, simple	18
Other conditions	153
Tissues from two autopsies	14
	225

Communicable Diseases Reported by the Medical Health Officers for the month of July, 1934.

County	Chicken Pox	Diphtheria	Influenza	Measles	German Measles	Mumps	Paratyphoid	Pneumonia	Scarlet Fever	Typhoid Fever	Tbc. Pulmonary	Tbc. other forms	V. D. G.	V. D. S.	Whooping Cough	Undulant Fever	Scabbies	Septic Sore Throat	Vincents	Goitre	TOTAL
Annapolis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Antigonish	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cape Breton	..	..	..	..	..	..	1	..	6	..	..	..	..	..	..	..	..	..	..	..	7
Colchester	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cumberland	..	..	..	..	7	..	..	..	5	1	..	..	..	1	..	..	..	..	..	..	14
Digby	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	2
Guysboro	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	2
Halifax City	8	1	..	..	1	..	..	..	9	..	..	..	..	..	27	..	..	..	..	..	46
Halifax	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Hants	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Inverness	5	..	7	..	..	..	..	7	..	..	..	..	2	..	..	..	5	..	..	1	27
Kings	5	..	2	..	..	1	..	..	..	..	..	..	2	..	..	..	..	6	1	..	17
Lunenburg	..	..	..	..	..	..	..	..	8	..	..	..	..	..	..	..	..	..	..	..	8
Pictou	..	1	..	1	3	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	6
Queens	..	..	..	..	..	..	..	..	6	..	..	..	..	..	..	..	..	..	..	..	6
Richmond	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
Shelburne	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Victoria	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Yarmouth	..	..	1	..	..	..	..	..	..	..	1	2	4	2	3	1	..	..	..	..	14
TOTAL	19	2	12	2	11	1	1	7	36	1	3	2	8	3	30	1	5	6	1	1	152

RETURNS VITAL STATISTICS FOR JUNE, 1934.

County	Births		Marriages	Deaths		Stillbirths
	M	F		M	F	
Annapolis	14	14	12	8	10	2
Antigonish	13	8	2	16	11	0
Cape Breton	132	101	91	57	23	7
Colchester	32	27	33	10	11	5
Cumberland	37	39	25	22	17	1
Digby	14	20	13	4	6	1
Guysboro	18	20	3	12	11	2
Halifax	94	100	89	56	40	8
Hants	24	18	28	9	9	0
Inverness	20	21	4	16	10	2
Kings	27	14	18	6	2	2
Lunenburg	28	29	14	20	17	4
Pictou	35	36	28	14	13	2
Queens	8	8	4	5	5	2
Richmond	4	10	1	3	4	0
Shelburne	15	8	14	5	5	0
Victoria	6	2	2	6	8	1
Yarmouth	22	18	23	8	5	2
TOTAL	543	493	404	277	207	41

LABORATORY

LABORATORY EXAMINATIONS: Their indications, method, and interpretation with special reference to the requirements of the general practitioner.

By RALPH P. SMITH, M.D., D.P.H., Provincial Pathological Laboratory, Halifax, N. S.

Determination of the Coagulation Time:—

Rhodda's method:—A large drop of blood is placed in a watch glass with small lead shot and covered by another watch glass. This is elevated every 15 seconds through an angle of 45°. When the clot forms the movement is retarded and stops. Normal clotting time is 5 to 10 minutes.

Interpretation:—The bleeding time is prolonged in haemorrhage of the new-born, thrombocytopenic purpura and in advanced acute leukaemias. The coagulation time is more frequently prolonged in haemorrhagic disease of the new-born, than is the bleeding time. The coagulation time is only slightly prolonged in thrombopenic purpura in contrast to the prolonged bleeding time. In haemophilia the coagulation time is over thirty minutes while the bleeding time for small incision is normal because the tissue juice from the margin of the incision supplies the blood deficiencies enabling a clot to form.

In many undetermined bleeding states both bleeding and coagulation times are delayed. Apart from haemorrhagic disease of the new-born, examination of the red and white blood cells and platelets give more specific information than the estimation of the bleeding and coagulation time.

Contraction of Clot:—

The Test. Obtain from a vein in the arm enough blood to make a column of 2 or 3 inches in a test-tube. Place the test-tube in a tumbler or rack and note the degree of contraction that takes place at room temperature in the clot one hour—and two hours after the blood is withdrawn.

Normal:—The clot contracts leaving a slight margin of clear serum.

Interpretation:—The rapidity and degree of contraction indicates the character of the clot. Weak friable clots that do not contract will not arrest haemorrhage. The clot contraction runs parallel to the platelet count. No contraction will occur if the platelets are below 50,000 and it will be much delayed when the platelets are below 100,000 per cu. mm. Very few platelets are necessary for clot formation but the number must approach normal for good clot contraction so in thrombopenic purpura there is normal clotting time but delayed contraction of the clot. In haemophilia the increased resis-

The material for this article is chiefly culled from the following text books: *Laboratory Medicine* by Nicholson; *Clinical Diagnosis by Laboratory Methods* by Tood & Sandford; *Surgical Pathology* by Boyd. The tests have been selected by the writer, and are those found useful in his own Laboratory.

tance of the platelets interferes with coagulation but once the platelets are ruptured there are sufficient to cause normal clot contraction. Nicholson quotes having seen a woman suffering from spontaneous haemorrhages who had normal platelet count and no contraction of the clot after twenty-four hours. In a haemorrhage from unknown cause a lack of clot contraction indicates a bloud defect which may be remedied for a week or more by blood transfusion. This will bridge over the possibility of haemorrhage during and after a surgical operation.

Blood Culture.

Principle:—Very few microorganisms in blood obtained from a vein under aseptic precautions, if cultured at 98°F. for several days will show a profuse growth of organisms that could not be detected by ordinary examination.

Quantity of blood required 5-10 c.c. It should be taken into a sterile oxalate tube or directly into the necessary media eg. mutrient broth or as in typhoid into bile media.

Interpretation:—Bacteremia denotes the presence of bacteria in the blood stream whereas septicemia implies invasion of the blood stream by bacteria, producing a severe disease of the body tissues. The finding of staphylococcus alone should be regarded as a contamination except where there is a history of the original injury being on the skin. A large percentage of the fatal infections about the hand are due to the staphylococcus aureus. Septicemia is a serious condition. Of every 3 patients that have it about 2 die, the death rate being higher in post-partum infections, osteomyelitis, influenza and mixed infections.

In acute endocarditis, the haemolytic streptococcus is the commonest etiological organism and in the subacute type, the streptococcus viridans. The prognosis is more favorable in otitis media, streptococcus viridans, pneumococcus and staphylococcus infections. The outlook is especially good in typhoid fever as positive blood cultures may be obtained from 80 per cent. of cases during the first week of fever.

Wassermann or Kahn Test:—Here again serum is necessary for the tests.

Examination of the Urine:—Collection of the Specimen—Three or four ounces of fresh urine should be submitted for the test. The morning urine is least likely to show signs of disease. Specimens from females may show much epiehelium and a few pus cells from vaginal discharge. if it is not washed or douched away before the specimen is passed.

Preservation:—A few drops of toluene is best. Special tablets of compound substances such as urotropin and benzoic acid are used by insurance companies and they interfere but little with the examination of specimens.

Quantity:—The quantity passed in twenty-four hours varies greatly with the amount of liquids ingested, perspiration, etc. The normal average is 1,200 to 1,500 c.c. for an adult. Polyuria occurs during absorption of large serous effusions and in many nervous conditions. It is usually much increased in chronic interstitial nephritis, diabetes insipidus and diabetes mellitus. Oliquria occurs in a severe diarrhoea; in fevers and in all conditions which interfere with circulation in the kidney, as poorly compensated heart disease; in the

parenchymatous forms of nephritis; and during accumulation of fluid in serous cavities. In uraemia it is usually very greatly decreased and may be entirely suppressed (anuria).

Ordinarily, more urine, is voided during the day than during the night, the normal ratio being about 4 to 1 or 3 to 1. Noctural polyuria is of value as a sign of early functional derangement of the kidney, provided no water is taken after the evening meal (Mosenthal's Test).

Colour:—This varies considerably in health and depends largely on the quantity of urine voided, dilute urines are pale and concentrated urines highly coloured.

Blood-pigment gives a red or brown smoky colour. Urine containing bile is yellowish or brown, with a yellow foam when shaken. It becomes greenish on standing.

Various drugs colour the urine, eg. methylene blue, green; santonin-yellow; large amounts of rhubarb, senna, cascara, etc., brown; these changes to red upon the addition of an alkali or if the urine be alkaline when voided may cause suspicion of haematuria. The urine which contains melanin as in melanotic tumour becomes brown or black on long standing. A pale greenish urine with high specific gravity strongly suggests diabetes mellitus.

Transparency:—Abnormal cloudiness is usually due to the presence of phosphates, urates, pus, blood or bacteria. Phosphates disappear on the addition of acid and urates on heating. Microscopical examination differentiates the others.

Reaction:—A twenty-four hours specimen is normally slightly acid but individual samples may be slightly alkaline, especially after a full meal. A strongly acid urine occurs in fevers and may also cause frequent micturition because of its irritation. This is often an important factor in the troublesome enuresis of children.

Urine always becomes alkaline on long standing owing to the decomposition of the Urea with formation of Ammonia. Marked alkalinity of freshly voided urine usually indicates such "Ammoniacal decomposition" in the bladder which is the rule in neglected chronic cystitis, especially that due to paralysis or obstruction.

Specific Gravity:—In a general way this varies inversely with the sample of urine. The normal average is 1,017 to 1.020. Samples taken at random may go far above or below these figures. That first voided in the morning is the most concentrated. Normal kidneys should dilute the urine to a specific gravity of 1003 or less following the ingestion of 1,500 c.c. of water upon an empty stomach in the morning and should be able to concentrate the urine to about 1030 when the patient is on a diet of solid food without liquids for a day.

Inability to dilute or to concentrate the urine to this degree is evidence of defective renal function. (Concentration and dilution test of Addis and Volhard).

The specific gravity of 24 hours specimens is low in chronic nephritis, diabetes insipidus, etc. It is high in fevers and in parenchymatous disease of the kidney. In any form of nephiritis a sudden fall without a corresponding

increase in quantity of urine may foretell approaching uraemia. It is highest in diabetes mellitus. A normal or low specific gravity, however, does not exclude it.

In testing for the specific gravity the urinometer must not touch the side of the tube and air bubbles should be removed from the surface of the urine (best by a strip of filter paper).

Sugar:—The Test. Add 0.5 c.c. (8 drops, not more) of urine to 5 c.c. of Benedict's solution and immerse the test-tube in boiling water for 2 to 3 minutes (not more) after which allow it to cool spontaneously and then examine.

Negative:—Transparent blue, occasionally transparent greenish blue with gray precipitate due to urates.

Positive:—Opaque with a yellow or red sediment. The amount of sediment depends on the percentage of sugar present.

There are more fallacies with the Fehling test.

Benedict's Reagent consists of:—

Copper sulphate (pure crystallized)	17.3 gms.
Sodium or potassium citrate	173.0 gms.
Sodium carbonate (crystallized)	200.0 gms.
or Sodium carbonate (100 gms., of anhydrous)	
Distilled water, to make	1000.0 cc.

Interpretation:—Large amounts of sugar constantly present in the urine indicate diabetes; small amounts appearing occasionally may be due to renal or alimentary glycosuria. The sugar tolerance may be tested by giving the patient 100 gm. of glucose (dextrose) or cane sugar and testing the urine at two-hour intervals for the percentage of sugar. The severity of the diabetes is usually proportional to the sugar present in the urine and its persistance on restricting the diet. In some cases a morning blood sugar is valuable. If a patient who has had a diabetes of long standing becomes careless in the diet or contracts a bacterial infection the blood-sugar percentage may be higher than the urine sugar percentage would indicate. This also occurs frequently in patients who have chronic nephritis. Except in such cases the tfeatment of diabetes is satisfactory when the urine is kept sugar free. The urine of the diabetic should be tested for acetone bodies.

Personal Interest Notes

DR. S. N. MILLER of Middleton celebrated his 84th birthday on July 22nd. A number of his friends called to wish him many happy returns of the day. The Doctor seemed to be in the best of health and spirits, and was as alert as ever regarding current events.

Dr. S. Murray Fraser, son of Mr. and Mrs. J. Fred Fraser, returned to Halifax from England early in July. Dr. Fraser has spent the past two years in the Old Country pursuing his studies in Obstetrics and Paediatrics.

The marriage took place in Glasgow, Scotland, on Friday, July 13th, of Dr. Gordon A. McCurdy of Sydney, N. S., and Miss Minnie E. Black, daughter of Mr. R. L. Black, of Fredericton, N. B. Dr. McCurdy graduated at the Dalhousie Medical School in 1933. He has spent the last year at Glasgow as assistant in Pathology to Sir Robert Muir.

Dr. Smith L. Walker of Halifax recently paid a visit to Truro where he received a hearty welcome from his many friends.

Dr. R. W. McCharles of Winnipeg, formerly from Middle River, Cape Breton, and other friends, are visiting in Nova Scotia.

Dr. Adam P. Smith, Glasgow, Scotland, accompanied by his mother arrived in Halifax July 20th via New York, and is the guest of his brother Dr. Ralph P. Smith, Provincial Pathologist.

Dr. Frank G. Mack, his mother, Mrs. J. N. Mack and his two children Margaret and Gordon, have returned to Halifax after a most delightful motor trip through New Haven and New York. On their return journey Dr. Mack attended the Medical Convention in Yarmouth.

Dr. Edwin F. Ross, who has been on the staff of the Montreal General Hospital for the past year, has gone to Johns Hopkins University in Baltimore to take a post-graduate course. Dr. Ross is a son of Mr. and Mrs. Malcolm Ross of Stellarton. He graduated from Pictou Academy in 1924, and from Dalhousie Medical School in 1931.

The following brief sketch of Dr. Angus Lloyd McLean of Baltimore son of K. R. McLean of New Glasgow, speaks volumes for the eminence he has attained in his profession and is a source of pride to his friends and relatives in Nova Scotia.

Dr. McLean is a specialist in diseases of the eye and is visiting member of the Johns Hopkins staff and teaches at the Wilmer Institute.

He was born in Nova Scotia in 1889 and studied medicine at Dalhousie University. For three years following his graduation he was a member of

the staff of the Royal Victoria Hospital at Montreal. From Montreal he went to Baltimore to do post-graduate work under Dr. William Holland Wilmer at the Wilmer Ophthalmological Institute of Johns Hopkins Hospital. In 1929 he began private practice in Baltimore and the same year married Miss Eleanor S. Hodges, daughter of Mr. and Mrs. Conway S. Hodges, and granddaughter of the late Rev. Dr. John Sebastian Bach Hodges. Dr. and Mrs. McLean have a son and a daughter.

Dr. J. S. Munro of North Sydney, accompanied by his wife and children has returned from a pleasant motor trip through North Cape Breton. At Margaree Harbour the Doctor called on his father, Mr. George T. Munro.

Dr. and Mrs. Daniel MacDonald of North Sydney have returned from Toronto where they attended the convocation of the University of Toronto. Their son, Alexander, graduated this year in Medicine. He is visiting his parents at North Sydney for a short while, after which he returns to take up his duties as house surgeon at St. Michael's Hospital.

Dr. MacDonald was much impressed by the convocation service at Toronto. One hundred and eleven graduated in Medicine. The performance was attended by the University Chancellor, Sir William Mulock, and Doctors Cody and Fitzgerald, Deans of the University and of the Faculty of Medicine respectively.

Dr. G. W. Sodero, a graduate of Dalhousie Medical School, 1934 has established practice at Guyboro, N. S.

Sixteen nurses received their diplomas at the annual graduation exercises held at St. Joseph's Hospital School of Nursing, Glace Bay, on June 27th. The graduation exercises were held in the Auditorium of Central School and were well attended. Rev. C. W. MacDonald of Bridgeport, President of the Hospital Board, presided.

Dr. Hugh MacDonald of Montreal paid a short visit to his home in Antigonish.

Dr. Harvey Sutherland of Sydney has opened an office at Dominion No. 11 and intends also to practise in Glace Bay.

Dr. D. A. and Mrs. McLeod of Sydney are home again after having enjoyed nearly two months touring American and Canadian centres. Included in an extensive trip was a visit to Chicago, New York, and Los Angeles,—from Los Angeles they travelled by boat via the Panama Canal to New York. Returning home they came through Niagara Falls and Upper Canadian cities.

Dr. G. W. Whitman of Stellarton left during the early part of July with the Pictou Highlanders for Military Camp at Charlottetown, P. E. I.

Dr. and Mrs. V. H. T. Parker of Stellarton with their little daughter Catherine are spending a month at Dr. Miller's cottage at Toney.

Dr. M. Delaney, of Wellington, P.E.I., wants to secure the services of an assistant physician. He would prefer an unmarried man who has a speaking knowledge of the French language.

Dr. J. Frank Fraser, his daughter and nephew, Tom Irving, all of New York, recently paid a short visit to New Glasgow. Years ago Dr. Fraser was a student at Pictou Academy.

Dr. and Mrs. Thomas Keay of Pepeakee, Hawaii, and their little daughters Shirley and Ruth, are visiting the Doctor's mother, Mrs. Joseph Keay at the summer home, Chance Harbour.

Dr. Hugh F. MacKay of New Glasgow, medical officer to the Pictou Highlanders returned home recently from Military Camp at Charlottetown P. E. I.

Dr. and Mrs. S. W. Williamson of Yarmouth announce the engagement of their daughter, Brenda Campbell, to Mr. John Frank LcCain, son of Mr. and Mrs. Frank LcCain. Wedding to take place quietly in August.

Two professional bridge partners, I read, have not spoken to each other for two years. And yet they keep holding hands.