

“Psychotherapy”

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IT is my desire that we may sit at ease and meditate on the problem of disease. It may be well at the outset to hyphenate the word, “dis-ease”. The human being is ill, ill throughout, and not suffering from some dis-ease entity taken, as it were, from a text-book of typical cases and injected into the system. He is ill-at-ease and mal-adjusted in the component parts of his make-up, body, mind and spirit.

He is a living soul into “whose nostrils was breathed the breath of life”. He is a psyche, not mind alone but body and spirit as well. Thus psychotherapy, and I would like to spell it “psychetherapy”, includes more than mental treatment that the dis-eased person may be healed according to the anglo-saxon meaning of the word “hale, whole, and sound”. The psychologist says “integrate” which, too, means “to make whole”. On the spiritual plane we can hear the Great Physician saying “Arise and go; your faith has made you ‘whole’”.

Man is body, mind and spirit and no one of these exists apart from its interplay and functioning with the other two that the greatest and best adjustment and wholeness may be secured. Relations of the one to the other affect in a very vital way those processes that we designate with the name dis-ease. It is therefore in these realms or on these planes that the physician must work, using his talents on one alone, on two, or possibly all three, working alone or cooperating with others that adjustments may be made so that a power not our own may come in and heal.

At the best, on any or all of these planes, we are but assistants to the Divine Healer. The surgeon working on the physical plane sets the fractured bone, removes intervening obstacles, applies splints, and builds his hope for the patient on the more or less satisfactory adjustment he makes. The wonderful healing power of nature, “vis medicatrix naturae”, comes in and heals the bone. Galen said, “I dress the wound, God heals it”. Ambrose Pare placed these same words over the door of a hospital in Paris in the sixteenth century.

There is a close relationship of the physical and the mental in the understanding of both the etiology and the treatment of organic ailments. However we may explain it, mind works on matter and matter works on mind. We cannot explain electricity or steam but we constantly employ them for man's uses. We are ignorant of the meaning of “vis medicatrix naturae” but the physician ever avails himself of its hidden powers. Accidents as we well know are not just simple happenings. There is in operation the law of “cause and effect”. It is clear that accidents occur when the attention is diverted. Into the picture come such things as worry, fear, anxieties about security, etc. Thus one can see how here, as on the purely physical plane, one must remove obstacles to healing and these obstacles are of an intangible but nevertheless meaningful nature.

Carried still further but still linked closely to the mental and the physical, we see the effects of the things of the spirit in their action on both mind and body. Envy, pride, jealousy, selfishness, etc., for example are the cause of the fears, worries, anxieties, etc. Even in the healing of the broken bone we sense the meaning of the verse in Proverbs "A merry heart is a good medicine; a broken spirit drieth up the bones".

It may be well for physicians to bear in mind that specialisation in the care of different areas of the body may call for extra precaution lest they get away from the truth that the whole person is ill. Sometimes I think that physicians should check up on their attitudes to the healing art. Perhaps medicine may repent in the true meaning of the word, "change the mind", (Greek "meta", change, and "noia", mind) and be an art once more and perhaps thus become more efficient. After all medicine as we know it is only a part of the healing art when we think of health or "wholeness" as requiring attention to the mind and spirit as well as the body.

The relation of the mind and spirit to disease comes out clearly when we think of the classification of all diseases into "functional" and "organic." The two are for a great part inseparable. At one end of the scale the "organic" greatly preponderates over the "functional". With it all we cannot imagine a case without a meagre amount of the functional considering that all people are to some extent at least ill-adjusted. At the other end the functional alone may exist. It stirs up a thought that all illnesses were at one time functional in origin. Even today so great is the number of purely functional cases that some authorities say that over fifty per cent of patients who come to a doctor's office are suffering from purely functional ills.

While many people speak of these functional cases as "nervous cases" it may be well to bear in mind that it is not as a nerve specialist that one undertakes the study and treatment of their ills. The nervous system but comes in for study as do the other systems, respiratory, circulatory, genito-urinary, etc., to discover the presence or absence of an organic factor. For example, the nerves, vagus and sympathetic, play a part in "disordered action of the heart" (d. a. h. in army nomenclature), but there is no lesion of the nerves or brain. It is purely a functional disease. Could we examine the heart with all means at hand excluding X-ray, electro-cardiogram, even have it out in our hands so we could look at it, we would not find anything wrong with it. Still the heart beats irregularly, more rapidly than normal, and *the patient* is conscious of unpleasant symptoms. Anxiety and fear may have been the originating factors and once the trouble is established, we see a vicious circle in which fear is aroused.

It is generally conceded that gastric ulcer is functional in origin. More and more even duodenal ulcer is taking on the same etiological factor. Exophthalmic goitre with its signs and symptoms of exophthalmos, tachycardia, tremor, diarrhoea, apart from the organic manifestation of the enlarged thyroid, had its origin in the existence of fear that manifested itself in the simpler language of staring of the eyes, rapid heart, shaking, and diarrhoea. Mucous colitis, sometimes a joke in novels but not in experience of the sufferer, is generally considered to be functional in origin.

There is an interdependence and interrelation of the nervous system and so-called "nervous cases" but it is that part of the nervous system that has as yet come in for comparatively little study. It is not the voluntary nervous system, that is under control of the will, but it is that greater, less under-

stood, involuntary, autonomic, or sympathetic system. In Bayliss' book on physiology more than a hundred pages are given to the study of the voluntary system and only one page and a half to the involuntary. The autonomic nervous system is not under the control of man's will. Under whose control is it? In small print in this text by Bayliss appears the following very significant sentence;—"The word 'autonomic' implies a certain degree of independent action, but exercised under the control of a higher power". If these words "higher power" had been spelt with capital letters the statement would be very meaningful. There is a hidden truth.

The interdependence and the independence of the two systems may be simply illustrated by the parts they take in the supplying of food to the human being. The voluntary nervous system under the control of the will collects food in the various ways available to man and puts it into the mouth. The hands are used. The masseter and other muscles of mastication are used. The eyes are used in the search of food. At the back of the mouth the food salivated and masticated passes under control of the involuntary nervous system to be swallowed, digested, absorbed and assimilated. It passes from under control of the conscious mind and comes under control of a higher power which, for the lack of a better name, we call the unconscious mind. We can voluntarily and in various ways impair the functioning of the unconscious processes even to the peristaltic movements of the bowels but we cannot in any way improve on their proper functioning. We may well say here "Can a man by thinking add one inch to his stature?"

Closely linked up with the involuntary nervous system, that controls vital areas of the body, mind and spirit and in fact an integral part of it, is the whole system of endocrine glands. At first their secretions were called hormones (Greek "ormao", I send a messenger,) based on the supposition that the various secretions through interactions brought about a cooperation of the various glands and other parts of the body to make a harmoniously functioning organism.

Attempts have been made frequently to explain many of the emotions, fears, mental states, etc., by an improper functioning of these glands. It is well to bear in mind as with the thyroid that the improper working of the glands is caused by emotions such as fear, anxiety, pride, selfishness, envy, greed. Then when an organic change is produced, as with an enlarged thyroid for example, a vicious circle is established.

I would like to spell "unconscious mind" with capital letters U and M because of the great and meaningful though as yet little understood powers that dwell therein. Even the conscious mind can take some lessons from it. It will be well for us to learn of and trust to its powers even if we fail to understand just how it works. Herein dwells the "vis medicatrix naturae". We cannot explain it but we must accept it as a Higher Power and Wisdom than that of the doctor. It may be well to consider how a trusting to this hidden force might in a much more satisfactory way than any other trust at present solve the simple but age old problem of constipation.

An even greater, yes a much greater, meaning grips us concerning the so-called Unconscious Mind when we think of the close association of the autonomic nervous system with the instincts with which we are born. We have instincts. Of that there is no doubt. The self preservation instinct shows very early in infancy in the baby's search for food and ready adaptation to its milk supply. We see, too, early manifestations of the perversion

of the same when the baby cries for attention of a selfish nature and the cry differs from that of hunger or pain. Later on we shall briefly touch on how the instincts influence the good and ill adjustments in the program of life as individuals or with one another in the attainment of wealth or ill-th.

The main instincts are three in number (a) Self, (b) Herd, and (c) Sex. I have spelt them with capital letters because they are so important in the economy of life. Around these three in developing life are clustered subordinate ones such as (a) flight with the emotion of fear, (b) pugnacity with anger, (c) repulsion with disgust, (d) self-assertion with elation, (e) self-submission with abasement, (f) maternal with tender emotion, (g) gregariousness, (h) constructiveness, (i) acquisitiveness, etc.

It is around the imperfect and misdirected functioning of these instincts, major and minor if you will, that we see the well-called "functional" troubles arise. It is a case of wrong functioning. If these instincts were working in harmony with the "true self", free from so much "false self" that functions, a self that operates from the "free-will" running wild through ignorance of persons in the immediate environment especially the parents,—if the "true self" were in control we might imagine the human body as free from dis-ease, the functional trouble which later on develops the organic.

It seems significant that functional neuroses, crime, drunkenness, mental-illness, etc., make their appearance especially in the late 'teen years, on the average at about nineteen years. They show up like the lava from a volcano. They speak of a tension within as does the lava of a tension in the centre of the earth. It is interesting in this respect of inner tension to read the events leading up to the first murder, that of Abel by Cain. In Moffatt's translation of the Bible we find the following (Gen. 4; 4 to 8) "The Eternal favoured Abel and his present; he did not favour Cain and his." So Cain was furious and downcast. 'Why are you furious?' said the Eternal to Cain, 'Why are you downcast? If *your heart* is honest, you would surely look bright? If you are sullen, sin is lying in wait for you, eager to be at you—but you ought to master it.' But Cain quarreled with his brother Abel—and killed him." Here we see the perverted self preservation instinct at work and its disharmonious working in the life of Cain. We can imagine Cain developing selfishness at a very early age, in the first months of infancy, misunderstood by his parents, crying for attention due to other causes than hunger and pain. We can imagine an inferiority complex developing at two or three years of age when Abel was born and attention was diverted from Cain to the new arrival without an understanding and necessary explanation of same to Cain to prevent his unconsciously saying to himself "Abel is better than I am" and in his disappointment forcing the unhappy experience down into the subconscious mind to be forgotten but alas not separated from the personality and to later develop such an ill-at-ease or dis-eased state that he would kill his brother to get back the, as he thought, lost love of his parents. So it is that functional disturbances of all kinds develop including "functional neuroses" which in truth are but surface manifestations of an inner conflict or tension.

A striking example of the conflict of two instincts within with the consequent tension is seen in "shell-shock". The soldier in the trenches experiences fear and there is sufficient reason or justification for the same considering the fact that death constantly threatens him. One instinct would indicate safety in flight. Another one brings in the play of self preservation again

in the way of maintaining self-respect. One plays against the other, the one saying "do" and the other "do not". Finally the Unconscious Mind works a release for the man, completes an unfulfilled wish, by developing tremor, etc., which makes the man inefficient in the handling of his rifle. Thus unconsciously an escape is obtained. It is genuine. He is not a malingerer. The war is over. The tremor, etc., persists and is only gotten rid of by, as it were, facing the situation again and confessing the fear which he should have done to his comrade in the trench in the first place. The shock was really due to a repressed fear in the unconscious mind, forgotten perhaps as a real thing but nevertheless at work to produce a functional neurosis.

More and more I am forced to think that all ills of the psyche, which includes body, mind and spirit, were at first functional. The development of these ills does to a great extent go back through previous generations and there is some truth in the statements of Exodus 20; 5 and Jeremiah 31; 26. However it is very generally believed that environment is much more important than heredity in the determination of mal-adjustments. We are gradually learning the great importance of environment in the early years of life, yes, back in infancy. Here all parents are aware of the existence and working of the self instinct and its clamoring for attention. The being of the child is very plastic and impressionable in these early years. According to some it is in this early period that the life pattern with all its meaning is set.

There is thus a great need for understanding on the part of parents and others, including psychotherapists, that there be at an early period in life a right direction set for the instincts, that they be properly controlled, that they may harmonize with one another in the bringing of happiness and health or "wholeness" in the life of man.

Of the three main instincts self, herd, and sex it may be well to select the last-named for particular attention ever bearing in mind that what applies here is meaningful in the realm of self and herd. We must bear in mind, too, that no one of the instincts works apart from the other two. They are inseparable in the economy of man. It will become apparent that the misdirection of this sex instinct, as well as that of the herd and self, is responsible for the mal-adjustments and manifest "functional neuroses" of later years. At this early age the seed is sown. In later the fruit is seen.

Much of the ill-adjustments in sex-life may be put down to ignorance. Ignorance of sex is appalling. It seems that Adam and Eve started covering up things with fig leaves, and this is a symbolic truth, and the secrecy has been more or less maintained ever since. A great error is manifested in these early years of life in the failure to answer the questions of the curious and questioning child. Too often the child is put off with false answers to vital problems, answers that fail to satisfy their intelligence even at this early age. This applies particularly to their origin and the problem of birth. Unconsciously the child says to itself "These people are fooling me". "Why is all this effort to keep these things a secret?" The instinct of curiosity is aroused and demands satisfaction in one way and another. Disagreeable problems and experiences gradually occur which are frequently repressed and forgotten but not set free from the personality and which later manifest in neuroses and other forms of mal-adjustment. Autoeroticism has its foundation in ignorance and false attitudes on part of the parents and others. Exhibitionism may be started off early in life by unwise parents who in their pleasure

at seeing something cute in the acts of small child fail to sense that the same trick may be very objectionable in an adult.

Recently there came to my attention a patient in whom sexual trauma as a young child by an adult wrongly adjusted in the same realm had produced in adolescence a marked ill-adjustment to marriage and its problems and later a marked functional neurosis which was relieved in middle life with bringing the original cause into consciousness, telling of it to another, and letting the "vis medicatrix naturae" come in in a very real way. I feel quite sure that medicine and mental therapy alone would have failed. It needed a veritable "catharsis" to get a relief.

We all have experienced the sexual neurasthenic. How filled they are with so many things that are not so. In sifting out the trouble one often finds that the venereal disease of itself, either its presence or possible presence is not directly the cause of the neurasthenia. Back of this are the worries and fears concerning others who are affected thereby in one way or another. Here, too, ignorance is meaningful in the etiology, starting off with lack of knowledge and misdirection of the earlier years.

Contrary to general opinion light is necessary, and more light, on this vexing problem of sex. It must start in the early years of childhood. If neglected then it must be attended to as soon as the lack is recognised. Ventilation of the subject brings a clearance rather than a deepening morbid curiosity. Sometimes we hear the statement "Young people know too much already". Not so. Here applies very forcibly the saying "Know the truth and the truth will set you free". If we would sanely avoid divorce, other marital incompatibilities, venereal disease, criminal abortions, etc., much greater light is necessary. Ignorance in this realm, and the ignorance is appalling, is directly and indirectly responsible for many ills with which many women suffer, to suffer more later on at the hands of many physicians. In this category of ills may and often do come prolapsus uteri, dysmenorrhoea, menorrhagia, haemorrhoids, "feeling of weight in the pelvis", etc. Doctors should be qualified to talk with patients in this realm and very few are, if the truth is known. Some may talk, but in a far from understanding way. Too often intelligence, that works simply above the ears, comes in and makes an awful mess of things. As one writer (Josh Billings) says, "It is not so much ignorance but we know so many things that ain't so".

In the realm of sex, as in that of the herd and self, inner troubles of the heart and mind—if you will—take a very important place in the causation of the ills of the society and even in body ills and dis-eases. Fear and worry are at work. The action of the heart is disturbed, the kidneys are embarrassed, the metabolism is altered, etc., and lower the resistance of the patient to disease of one form and another.

Energy is supplied in some mysterious way for the working of the instincts. It is grander and greater than energy from a food supply though it is quite apparent that the latter is necessary. This is an axiomatic truth. What is life? We are something more than machines that are wound up and set going with a perpetual motion. In the development of the race this available energy has been less and less called upon but must be used up. It would seem that originally each instinct had an allotted amount of energy. We can for example see how in one way the demand for large families has lessened over the days of tribal warfare when success of armies at war depended on the man force to a very large extent. Now that siege guns and shells can kill large numbers

which previously would have been met in single combat, we can see less call on sex energy to make the once necessary need of man power. So is it with the getting of food and the self-preservation instinct. These serve as but very simple examples.

How is this surplus energy disposed of? There are four ways. As before we shall confine our remarks chiefly to the sex instinct. What applies will be equally apparent with both the self and herd instincts. The four ways are (a) the natural, (b) repression, (c) perversion, and (d) sublimation.

There would be tremendous and disastrous conflicts with society and the police were the escape of sex energy to take place in the so-called natural way with an unbridling of excesses according to the conventions of society. All too much there is disrespect of the law today in this area with lamentable existence of vice and immorality. The second way of "repression" is that of forcing disagreeable thoughts, lust, etc., down into the unconscious to have the inner conflict later burst forth in neuroses of varying kinds. The third way of "perversion" of the sex instinct energy manifests itself in all forms of homo- and hetero-sexuality, some of them of the most revolting nature. The fourth way "sublimation" shows the direction of this energy into other channels such creative work in the arts and sciences, teaching, pursuit of music, study of nature.

Above all there is the need of the Great Physician in the solving of these problems and in the making of adjustments that will bring "wholeness" to the dis-eases and ill human being. Spiritual, as well as mental and physical adaptations are necessary. The satisfactory way is ever the clearing away of obstacles as in the setting of a bone with the removal of intervening objects to the proper working of the "vis medicatrix naturae". Shakespeare brings out the need of the Divine in Macbeth, act 5, scene I when the doctor says:

"Foul whisperings abroad; unnatural deeds
Do breed unnatural troubles; infected minds
To their deaf pillows will discharge their secrets.
More needs she the divine than the physician,—
God, God forgive us all! Look after her,
Remove from her the means of all annoyance,
And still keep eyes on her."

"To their deaf pillows will discharge their secrets" makes well known the need of getting secrets into the light of day. It is but another way of saying "an honest confession is good for the soul". It is efficacious and meaningful to tell to another human being, to bring the causes of dis-ease to the surface to get an airing and see them fade away in the light of the sun.

Here too comes another quotation from the same play of Shakespeare wherein he says:

"Canst thou not minister to a mind diseased;
Pluck from the memory a rooted sorrow;
Raze out the written troubles of the brain;
And with some sweet oblivious antidote
Cleanse the stuffed bosom of that perilous stuff
Which weighs upon the heart?"

Patience, time, sympathy, adaptability, and above all understanding and love are needed that we may get at the symptoms, motives, etc., and in the end be used to make adjustments so that the patient may become

"hale, whole and sound". The word "hurry" must go. Hurry, hurry, hurry and not getting anywhere. "Await occasions and hurry never" appears in Channing's "Symphony".

Functionally-ill patients need someone with whom they can sit down and talk. Someone has said that the person who would handle these troubles with satisfaction must be "a diplomat, a detective, a doctor of medicine and finally in the role of therapist a magician, a scientist and a priest". Dr. Alexis Carrel in 'Man, the Unknown' (page 285) speaks of the desirability of mastering anatomy, physiology, biological chemistry, psychology, metaphysics, pathology, medicine, and also a thorough acquaintance with genetics, nutrition, development, pedagogy, esthetics, morals, religion, sociology, and economics that a practitioner in this realm may be efficient. He says (on page 283) "Medicine has been paralyzed by the narrowness of its doctrines. But it could easily escape from its prison and help us in a more effective manner." This may all be summed up in the meaningful words of Proverbs 4: 5 "Get wisdom, get understanding; forget it not."

Crime, functional neuroses, mental illness, drunkenness, many of the ills of the body essentially functional and manifestly organic are due to tension within. They may be likened to the lava that overflows from the crater of a volcano and is brought to the surface owing to the great heat and tension in the centre of the earth. The true self and the false self are at strife. It is a struggle between the forces of good and of evil.

But briefly can I mention the general classification of strictly functional diseases ever bearing in mind that with the organic it is impossible to think of a complete absence of the functional. We may roughly class functional diseases as follows:

- (1) Psychasthenia.
- (2) Neurasthenia.
- (3) Hysteria.
- (4) Drug addictions.

We must carefully study the past and present relations of the patient to environment realizing the comparatively great importance of the same to heredity. Wrong adjustments start very early, yes, in infancy.

There must be co-operation between doctors, psychiatrists, and psychotherapists that "wholeness" may be obtained. Parents and teachers must cooperate with others, too. With parents and teachers in the Sunday schools and public schools great importance must be attached to the study of some possible physical defects for example of hearing and sight in their deleterious effect on the child in the making of its adjustments and the origin of functional nervous troubles of apparently slight to serious type. It but more than brings out the need of cooperation of doctors and others in the healing art. The physical and the functional are closely interlinked.

On both the mental and spiritual planes we find symptoms and disturbances in the four stages or rather the four phases of activity of the conscious mind. The same we may imagine as applying to the Unconscious Mind. These areas, if we can so look at them, are those of perception, intellection, emotion, and volition. (A man sees a tree falling (perception), he thinks of the danger to life and self-preservation (intellection), he has fear (emotion), and runs to a safe place (volition).) The same applies in the physical plane.

To tell a man who is suffering from ill-adjustments in any or all of these phases to "snap out" of them, "buck up", is as Karl Menninger says "like

telling a man in mid-ocean that he will not drown if he swims to shore". We must get down to the cause and an understanding of his trouble.

In getting at the cause of the trouble we must in addition to the symptoms make a study of the motives. They are very closely linked up with the main and subsidiary instincts. We must realize that many of the processes are carried on in the subconscious mind. We but see the manifestations on the surface like the lava from a volcano and that is the way we come at the unconscious motives. The motives control us for good as well as for ill. "The heart has reasons that the reason knows not of."

Dreams and their interpretation come in, too, to help get at the hidden motive along with the repressed complex with the nucleus and emotion. The best proof of the value of dream interpretation is that it works. Here I would say "Be slow to pass judgment". In a few sentences one cannot be expected to answer the question to the satisfaction of the uninformed. Suffice it to say that dreams have a deeper basis than an attack of indigestion. Dream interpretation is very different from the symbolism of Chase's almanac. I have found so far the process of "free association" the most satisfactory in getting down beneath the lid into the subconscious. It is like getting back to antecedent associations. It is a reversing of the process and order of the associations. At night it seems that while the conscious mind is asleep, the lid is lifted above the ever active subconscious, is partially lifted, but as something begins to come up the conscious mind is astir and pushes the lid down so that what comes up is distorted.

There are, too, many processes by which we learn of the subconscious personality. I shall refer to a few of these that we may get a little grasp of their significance in the understanding of our fellowmen and their ill-adjustments in body, mind and spirit.

"Projection". This is better known under the common, well-known expression "fault-finding". It is but a way or an attempt to get away from a disagreeable trait by fastening it on someone else. It is often finding "a splinter in our brother's eye when we have a beam in our own eye".

"Introjection" and "identification". With these we give to ourselves vices and virtues that belong to others. It is the opposite of projection, as it were.

In "condensation" there seems a speed of action in which unfulfilled wishes are run together, like two words more or less into one. There is a marked manifestation of this in distorted "dream work", the putting down of the lid metaphorically crowding things together.

"Displacement" is shown in placing the emphasis in another place than where it belongs. One may vent anger on a golf-stick rather than on one's weakness or failure. A boy may come into the house and get whacked by his mother for having mud on his shoes whereas she is really venting on the boy a disagreeable spite against her husband for an experience earlier in the day.

"Rationalism" is a very common process. It covers up the hidden motive. Excuses are given rather than the reason. "One and all began to make excuses". The reason was "I do not want to go". "I have a fear of facing the problem."

Functional nervous cases are usually spoken of as nervous people. Many people in their misunderstanding say these people are imagining things. Whether imagining or not these illnesses or dis-eases are very real. They are as genuine as a broken bone. They affect a much more vital spot. To

advise such a one to "get your mind off yourself", "stop worrying", "snap out of it", is useless. This also applies to the drinking man when one realizes the futility of telling him what a mess he is making of things. He is well aware of this from his own personal experience and from having been frequently told the same.

Psychasthenia manifests itself in fears, phobias, compulsion neuroses, anxiety neuroses, obsessions. Time prevents going into these and their meaning. No doubt morbid fears are the great source of illness of body, mind and spirit in the world to-day. Again and again disagreeable experiences are repressed into the subconscious mind to work therein and produce gradually their ill effects. In this we see a conflict of instincts with their attendant emotions as in "shell-shock".

Neurasthenia sometimes called "nervous prostration" or "nervous breakdown" exhibits also the presence of conflicts within. They use up the available energy before a tragic event or accident occurs which prompts the meaningful remark "well I thought I had enough to bear without this coming. This was the last straw to break the camel's back." That is true. After this there was not enough energy to more than lift a finger. Neurasthenics have an unlimited supply of complaints. They are but symptoms of efforts to avoid situations. What are they trying to avoid? They are genuine. They try doctor after doctor. They say that no one understands them and not many do. They do not even understand themselves so are not qualified to say whether they are understood or not. . . It galls them to say that they are neurotic. Their ailments are closely linked with the sex instinct and ignorance of the same. The will is helpless in its efforts to cure them. In fact exertion of the will but makes them worse. Psychotherapy offers the remedy. They need another Will than their own.

Hysteria shows some organic trouble on the surface to draw one's attention away from the real trouble or disease within. The patient fools herself as much as she fools anyone else. Men have this trouble as well. She makes a physical substitution for a mental or moral conflict. The escape as "shell-shock" is worked out subconsciously.

Drug addicts, too, use drugs as an escape mechanism. We see this with the drunkard or alcoholic. They have a beaten track as a way of escape from facing a difficulty. Like a little child they would crawl into their mother's arms and go to sleep. We must find out the sorrow or other underlying difficulty, find out the cause.

The purpose of all treatment is to get wholeness. A craving for completeness is evinced in all the acts of men even in dreams, neuroses, and in other efforts at self realization. Hadley says, "Throughout the whole realm of organic life, in biology, in psychology, morality, and religion the craving for fulfillment and the urge to completeness is the most potent factor and power which drives us to live and strive with persistent energy until the ultimate goal of self-realization is reached".

Our concern should be to get men so adjusted that they may live happily. No half way measures will get satisfaction. Let us avail ourselves of all possibilities, work patiently, and we shall experience "wholeness", that is "health" indeed.

More Odds and Ends

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Herpes Zoster and Varicella.

ABOUT a dozen years ago I was asked by a medical man (since deceased) to see his mother, a widow aged seventy, who was suffering from a severe attack of *Ophthalmic Herpes*. The distribution was restricted to the upper branch of the fifth nerve, and the cornea was involved. This resulted, in spite of expert assistance, in some corneal opacities, and impairment of vision in the right eye. The pain was severe and resistant to sedatives. In fact, the post-herpetic neuralgia continued to trouble her more or less for the remaining years of her life.

In the mid-stage of the acute attack she suddenly developed an eruption which, in its evolution, its appearance and its course, was quite characteristic of *chicken-pox*. Thus it was first noticed on the body, and shortly after on the face and limbs. It came out in crops on two or three successive days. At its height, assorted lesions in the various stages, macule, papule, vesicle and pustule, could be observed together. There was moderate itching, and a mild grade of fever and constitutional disturbance. The involution of the rash was quite characteristic of varicella. It was, as a whole, moderately profuse. No history of either chicken-pox or of previous zoster could be elicited, but the patient's age and general condition made this point of dubious value. No recent exposure to chicken-pox could be traced; but it was stated that a child living in the same private hotel as the patient had chicken-pox about a month before, though actual contact with this child could not be clearly established.

Herpes Zoster and Chicken-pox.

Discussion. Both zoster and chicken-pox are placed to-day in the group of *virus diseases*. Inoculation tests and complement fixation tests carried out by various workers in recent years would seem to point strongly to the conclusion that the viruses are very closely related, *if not identical*.

We may assume then, that many, if not all cases of zoster and varicella are due to the same virus. This hypothesis, however, leaves several problems unsolved. Why do some infected persons develop zoster, others varicella, and some both? Why is it about ten times more common for zoster to give rise to varicella than vice versa? Why is varicella predominantly a disease of childhood and zoster predominantly one of middle life and old age? And why, in some isolated communities, is zoster common and varicella rare? Any answer to these questions must at present, be speculative, but it seems probable that the tendency of zoster to develop in later life is due to the waning of an immunity which may be derived from an early attack of varicella. The predilection of the zoster virus for the nervous system is unexplained.

Rarer Manifestations of Herpes Zoster.

It is well to be acquainted with some of the rarer forms in which zoster may appear. Of these, perhaps the commonest and most threatening is

(a) *Ophthalmic Zoster*, due to attack of the virus on the *gasserian ganglion*. Since the cornea receives its sensory supply from the ophthalmic division of nerve V, it may be implicated in the eruption when this division is attacked, corneal ulcer, oculo-motor paralysis N. III, and even optic neuritis and sequential atrophy may occasionally result. The *neuralgic pain* may be a serious feature and, in elderly people, may persist and resist treatment for an indefinite time following the attack. In two of my personal cases this serious handicap resulted.

(b) *Geniculate Zoster*, (Ramsay Hunt, 1915) usually associated with typical vesicles in the auricle, less often on fauces or tongue, and with pain in the ear and mastoid region radiating to the anterior pillar of the fauces. The sensory loss is that of *taste* on the anterior two-thirds of the tongue on the same side. There is nearly always also *facial paralysis*, due to spread from the geniculate ganglion to the trunk of the facial nerve, and this may be associated with clonic facial spasm.

Again the 8th. nerve may be involved in the spread of infection with resulting deafness or vestibular disturbance. From the work of Brain, Aitken, and others it appears that Bell's palsy *without* an eruption is not due to zoster, but that, in a minority of cases, zoster may cause facial paralysis without the appearance of any vesicles.

(c) *Lower Motor Neurone Lesions.*

These are rare. They must be due to a spread of the inflammation from the posterior to the anterior horn of the grey matter. Atrophic paralysis develops in the muscles supplied by one or more of the spinal segments corresponding to the distribution of the eruption. The upper limb and the abdominal wall are the commonest sites.

(d) *Upper Motor Neurone Lesions.*

Worster-Draught and McMenemy have reported a case.

(e) *Zoster Arthritis*, a rare manifestation, without the outbreak of the eruption. It may be by spread of virus along the peripheral nerves. Much limitation of movement and disability usually results.

(f) *Visceral Zoster*. There is some evidence that the zoster virus may reach a viscus which is innervated by the affected segment of the spinal cord.

Pleurisy (Brain), duodenal ulcer (Ryle), pyuria and frequency of micturition (Chesterman) may occur. These cases and similar ones may sometimes be due to spread of the virus from the spinal cord to the viscus along the fibres of the autonomic nervous system.

(g) *Zoster Meningitis and Encephalitis.*

Lymphocytosis and increased protein in the cerebro spinal fluid are not infrequent. In some cases cervical rigidity and Kernig's sign may be present. In occasional cases, according to Schiff and Brain, a true zoster encephalitis may result from the infection. In their case complement fixation tests were confirmatory.

Treatment of Herpes Zoster.

Early Stage. To the simple procedures usually employed one has little to add except to suggest, should ordinary analgesics fail, the trial of pituitary extract (posterior lobe), $\frac{1}{2}$ c.c. or 5 international units, daily. A mixture containing phenazonum (5-10 grs.), tincture gelsemium and potassium bromide is often useful at this stage.

Post-herpetic neuralgia, on the other hand, is such a serious problem that I take the liberty of extracting bodily from H. Balme's recent book on the *Relief of Pain*, a variety of methods that have proved successful in individual cases.

- (1) The injection of *pituitary* as mentioned above.
- (2) Short-wave therapy. Two or three treatments usually suffice.
- (3) Local irradiation with *red light*, for 15 to 20 minutes, of that part of the spinal column in which the affected nerves arise, followed by a sub-erythema dose of ultra-violet rays with a mercury vapour lamp.
- (4) Filtered doses of X-ray (one skin unit, through 3 mm. of aluminium) every fortnight.
- (5) Weekly injections of the affected area with 2 to 3 c.c. of a solution of 0.5% novocain.
- (6) Auto-injection of 25 c.c. of patient's *whole blood* into gluteal region.
- (7) Light cauterization along the course of the affected nerve by means of a Paquelin cautery, heated dull red and not allowed to blister.
- (8) Paravertebral injection of 2% novocain in the region of the affected nerves.
- (9) Deep irradiation X-ray of the spinal cord and nerve roots or of the gasserian ganglion.

Alcohol injections of nerves or ganglion, and section of nerve roots or traction have proved failures in these cases.

The Dangers of Ascariasis.

(A) In very truth, in the pursuit of our art, we have to tackle some unsavoury subjects. Parasites have always given me what the Scotch call a "seunner". Nevertheless, the things occasionally force themselves on our attention.

Thirty years ago, it fell to my lot to treat a married couple who had been in Japan as missionaries for a series of years. They both displayed a degree of mild anaemia and general "seediness", that markedly lowered the joy of living; but repeated routine examinations failed to clear up things, and not much headway was made.

One day the recollection came to me of watching a Jap at Kobe cultivating his little plot of garden, and my remarking the use of human urine and excrement as a fertilizer. I also knew that raw salads were largely consumed in that country. Applying this to the case in point, I prescribed san-tonin and calomel for both the patients. Each of them shortly got rid of two or three round worms, and (after a repetition of the dose and an examination of the stools for ova) began to pick up in appetite, weight and general efficiency so fast that I concluded we had solved the puzzle, and that the only pathology had been corrected.

I had to learn anew to be parasite-conscious.

(B) In April, 1921, I saw in consultation a prominent citizen of one of our small towns, a big, swarthy, healthy-looking man of about sixty. A day or two before he had been taken rather suddenly ill with abdominal discomfort, some nausea and vomiting, and fever. He was definitely, but not deeply, *jaundiced*. Pulse rate and temperature were moderately raised; he had vague pains in upper abdomen, and complete anorexia. The liver edge was easily palpable and definitely tender, the gall-bladder not palpable,

but Mayo-Robson's point *was* sensitive though there was no muscle splinting. Urine gave reactions for bile, and stools were reported pale.

At first sight an acute cholecystitis, with or without stones, was strongly suggested; but the man's previous history seemed singularly free from any support for that view, and other little points, about which I am rather hazy after so long, did not satisfy one that things were quite so straight-forward. On revising the history of attack, he mentioned that he had passed a very *large round-worm* a few days before. That he remembered passing worms twenty years before, but had never inspected his stools, so could not say about the interval. The possibility presented itself that the liver attack might be due to the intrusion (or attempted intrusion) of an ascaris into the common bile duct. Starvation and a vermifuge were suggested, with examination of the stools for ova. As I sailed for England within forty-eight hours I lost track of the case. My colleague evidently had doubts as to my sanity. It was many months before I heard the sequel; but apparently prompt recovery took place, and for some years, to the time of his death from cardiac degeneration, no further trouble was experienced with liver or gall-bladder.

(C) Many years ago I saw, with Dr. Rehfuss of Bridgewater, the middle-aged mother of a family, who had been taken suddenly ill a few hours after a vomiting spell in which she had brought up several round-worms. That night she was seriously ill with abdominal pain, fever and all the signs of some serious acute abdominal upset.

She remained for some days very ill, showing a slight jaundice, enlarged liver, tenderness and pain in right hypochondrium, fever to 102° and 103° occasional chills and sweats. The pain was also referred to the right loin. A gall-stone history was altogether absent. She gave a history of round-worm infestation over many years. She was transferred to Halifax under the care of the late Dr. Hogan with a view to operation, if it seemed indicated. I saw her in the Victoria General Hospital with Dr. Hogan, to whom I aired my view of biliary trouble from the intrusion of ascarides. The laboratory work on this case was not as complete as one would have wished, and beyond a definite eosinophilia, I do not recollect that it guided us much. Smears of blood taken to Halifax showed a moderate leucocytosis and an eosinophilia of 9.

After a period of observation, as the woman looked quite septic, and was steadily losing ground, operation was decided on, since the signs then pointed to an intra or extraperitoneal abscess in the upper right zone connected with the liver. I was unable to be present; but an intraperitoneal abscess was drained, really a sub-phrenic abscess. In which special compartment it was situated, I cannot state. No actual worms were noted, but the examination was not carried out by a trained pathologist. The patient lingered on for a while still septic and finally died from the toxæmia about four to six weeks from the day of onset.

I have not the faintest doubt that the worms invaded the bile passages and set up a septic cholangitis, which finally set up an hepatic abscess and so infected directly or indirectly the sub-phrenic space.

I may state that I only saw the patient on three or four occasions.

Now, it is obvious that there are many points missing in these two cases, which would have rounded them out in satisfactory style. Yet I think the assumption is justified that ascarides in each case were by far the most probable cause of the clinical picture presented.

A very brief examination of the literature serves to show that a great variety of pathological pictures can be caused by ascarides.

Some years ago an important article from the American Pathologists working in the Philippines was published under my present heading in the *American Journal of Medical Sciences*. These experts, amongst many other interesting points, established ascaris infestation as the second commonest cause of liver abscess. They mentioned also acute pancreatitis, intestinal ileus, and other serious complications from the same cause.

Power and Johnson (British Medical Journal 1, 1930, 1086) reported a case of *perforative cholecystitis* in a boy of two and a half associated with ascarides. Though none were found in bladder at operation, they were believed to have been the cause.

They found eighteen cases of gall bladder perforation in children, nearly all over ten years. Of nine instances of worms in the gall bladder they could come across, only one was in a child of nine. At Paolucci's clinic (Parma) an ascaris escaped through the abdomen.

A woman, fifty-five, with gastric symptoms for twenty-five years, gave a typical history of ulcer, corroborated by examination and by X-ray filling defect on the lesser curve. Fistula developed three days after operation with discharge of sero-pus. There was itching in the track, and sensation of some foreign body. No fever was present, but the discharge increased. Ten days after, a worm nine inches long was extracted; then the fistula began to close.

Obstruction by a mass of ascarides is not very rare in the far east, and is occasionally reported in our own latitudes.

H. E. Inhelder (Zurich) reports a short series. A nineteen year old girl had an attack of umbilical colic in the evening. She vomited a worm and passed blood per rectum. She was ordered to hospital in the early hours of the morning on suspicion of ileus, but died before she could be removed. A mass of ascarides was removed from a site 50 c.m. proximal to the caecum. The mass was as large as a fist.

Inhelder points out anew that ascaris has a predilection for narrow passages. He has found it in the common bile duct, where it was the cause of multiple liver abscesses. It is not uncommon in appendicitis. He has seen a case of perforation of the intestine by ascaris, in which histologic examination showed the intestinal wall to be otherwise wholly intact, so that the ascaris was alone to blame. It should be given more consideration in differential diagnosis, and in after treatment, since *intestinal sutures* invite it to penetrate the gut wall. I recollect a report (*Medical Review*, London) where an *otitis media* was solved by the extraction through the ruptured drum of a small dead ascaris. Ascaris has also been reported in the fallopian tube—a factor in setting up a salpingitis.

I will not weary you with further proof that round-worm infestation is not the trifling disorder which it used to be thought; but a potentially serious and even dangerous condition, which now and then results in a death.

In children, especially, attacks of *urticaria* should suggest the possibility of these parasites. Similarly so-called "*one day pneumonia*" in children and stray cases of apparent *meningitis* may be cleared up by the discovery of ascaris or its ova.

(Examine the stools microscopically *before* doing a lumbar puncture.)

I believe that these worms would be convicted more often and post-

mortem findings be positive, if it were not for the proven fact that the parasites start fresh migrations promptly on the death of their host.

As to diagnosis, examination for ova in their various stages of development is very important, but in the occasional case where there is an infestation by male worms alone, this may fail us.

It is also well to remember that eosinophilia is not constant with round worms. When it *is* present, it is a good supporting sign, provided other causes such as anaphalactic states are excluded. A negative finding, as so often happens, is neither pro nor con. The point has not the same value as in trichinosis or hydatid disease.

In *treatment of ascariasis* Lamson and his co-workers have demonstrated the efficiency and safety of *hexylresorcinol* in this condition as well as in hook-worm disease. The drug is best administered in its crystalline form, in hard gelatine capsules, in a dose of 1 gram for patients twelve years or older. It is taken in the morning on an empty stomach, and *no food* is allowed for four or five hours thereafter. (Editor *Year Book Medicine* 1935.)

Inhelder found salicylic therapy to work when other drugs had failed in one case. He remarks that this is not unknown to older country practitioners, but is unknown to the medical literature.

Further ideas on the treatment of Coronary Occlusion.

The frequency of this circulatory tragedy seems to justify some amplification of one's views on treatment. Even the *free* use of morphine often fails to control the pain. One of the most useful remedies in the condition is sadly neglected in this province. *Oxygen*, by the single or double nasal catheter, treats the local and general anoxaemia, the pain, cyanosis, and laboured respiration (eliminating need for excess of morphine), and improves the general circulatory condition.

The *diet* requires attention, and the call for *glucose* in adequate quantities is clear on physiological grounds. If nausea and vomiting exist, a 5% glucose solution may be given intravenously in 500 c.c. (or less) doses two or three times in twenty-four hours. It must be given very slowly. After acute danger is over, a balanced diet with a good proportion of carbohydrate is in order. Fluid intake should not exceed 1500 c.c., and salt intake be very moderate.

A really rational drug treatment, that may be started early and continued, for a few months (4 to 6), is that of the established coronary vaso-dilators, theophylline and euphylline. This triad then of *oxygen*, *glucose* and *theophylline* (ethylenediamine) seems to fill the immediate demands best as we visualize them at present.

The risk of excessive morphine dosage is thereby diminished, and the wounded heart is put in the best state to promote healing.

I have already stated my position on the use of digitalis and its allies. It has been and still is controversial. Should syphilis be present, anti-syphilitic measures should be delayed for about two months. *Diabetic* subjects should be guarded against insulin shock. The survivor's life may be indefinitely prolonged by a sedentary existence and the avoidance of strain and effort.

In the use of the nasal catheter, it should be inserted far enough into the nose so that its end comes about on a level with the tip of the uvula (beyond this it is irritating). The oxygen should first be passed through water to increase its humidity. An oxygen concentration of 36-60% is the ideal

aimed at. Objections to other methods of administration are either their expense or inefficiency (i.e. face-mask, funnel).

In a coronary accident then, it is no longer adequate to fill the patient up with morphine and insure him complete rest and good nursing. There can be few emergencies in which so much may depend on the various measures we take, or fail to take, during its early stages. One must, after the initial morphine, *take time to visualize* from our findings, the probable state of affairs in the individual case. I have, for instance, seen a patient's chance of survival finished at once by the administration of nitroglycerine and other vasodilators, where the drop in patient's blood-pressure had already been formidable—obviously a failure to differentiate between the picture of simple angina and that of its pathological termination (thrombosis).

As regards the various irregularities and upsets of the cardiac mechanisms that may occur in a coronary attack, these, as a rule, require no special treatment, though one or two of them, e. g. complete block (which I saw in a case fatal on eighth day) and auricular fibrillation add to the gravity of the immediate outlook. There is, however, one which is important. Increasing ventricular premature contractions, advancing to ventricular tachycardia is only too apt to advance to ventricular fibrillation, ending in sudden death. This is an urgent call for the use of *quinidine*, which has occasionally averted the urgent threat to life. One should perhaps give a final caution, that, whatever treatment may be adopted, *it must not violate the prime indication of rest, mental and physical.*

Regarding the all-important question as to whether it is at all within our power to diminish the frequency of these accidents, a brief review of certain newer concepts is desirable.

Proof that the colloid condition of the blood serum is under the control of the autonomic nervous system, was brought out by experiments with drugs which excite the sympathetic or parasympathetic. Numerous authors have pointed to the increasing tendency to embolism with old age. This was explained by Frund by the fact that the thyroid functions less actively in old age, and that patients with exophthalmic goitre never have embolism. Störz found that the hormone of the thyroid increases the globulin fraction, and lengthens coagulation time. Rehn and Boshamer described lability of the autonomic nervous system as a characteristic of the "habitus embolicus"; they explain the frequency of embolism after laparotomy on the basis of "abdominal vagus shock". Persons with *labile vegetative nervous systems* were found by Störz to react to physical exertion, drugs, and other excitants, with wider variations in the condition of the serum than persons with normal nervous systems. *It is important to distinguish between inflammatory thrombus and true thrombosis.* The observation that emboli do not occur in septic processes can be explained by the fact that, with fever, there is an increase in serum-globulin which possesses an anti-thrombin action. The observation that embolism is not found in degenerative hepatic diseases, Storz explains by a further observation, viz., that coagulation time is prolonged and serum-globulin is increased in these diseases. The tendency to thrombosis "under completely aseptic conditions", as noted by Aschoff and Beneken, he explains by the absence of globulin under such conditions. He has had eleven cases of venous thrombosis of the arm after intravenous injection of "iodotetragnost" for visualization of the gall-bladder. After they had recovered from the

thrombosis, he examined these patients, and found, in addition to "vegetative stigmas" reduced serum globulin and lengthened sedimentation time.

Sellheim and Meyer have pointed out an increase in vegetative disturbances in recent years. Many authors have likewise pointed out an increase in the number of cases of embolism and thrombosis. It may be that undue stimulation of the vegetative nervous system by the stress of modern life, lending to colloidal changes in the blood, is a factor.

Consideration of these various points, taken from condensation of recent German articles will repay study, and suggest precautions which might be taken to lessen the frequency of these circulatory tragedies.¹

The lines of treatment suggested above appear to meet the prime points which the cardiac injury calls for, viz. absolute and prolonged rest; sugar as the heart muscle food; oxygen to supply the focal and general anoxaemia; and local vasodilation to improve the blood supply in those coronary channels which can still respond.

Encephalitis complicating Measles.

Nancy O'H.—a slender, nice-looking and well-developed child of eight; was brought into hospital by the family doctor in an *unconscious state* July 9th, 1936. The history showed that whilst on holiday at the seaside, about three weeks before, the girl, previously healthy, had developed measles, and traces of the recently-fading rash were still in evidence on admission. She was not very sick, but five days after the onset, when the measles were at their height, she was noticed to be getting "listless", and *gradually stupor supervened* and finally she became completely unconscious, remaining in this state until the time of her admission.

Details of these early days of the illness are largely missing, but at the first consultation the following points were noted.

The child lies comatose and cannot be roused to speak; swallowing of fluids is difficult and incontinence is present. She seems to have little or no power in lower limbs, which are fully extended, and show occasional myoclonic twitchings. Temperature 104°F, pulse 145, R. 40. Pupils slightly unequal, medium contracted, sluggish to light. Sweating was noted. The arms seemed spastic and definite tremor, more marked on one side was present. Tendon jerks in upper limbs plus. Abdominal reflexes lost. The extended lower limbs were flaccid, with abolished tendon jerks and bilateral Babinski.

A lumbar puncture on day of admission gave clear fluid without film, under considerable pressure sterile, a trifling rise of protein and a slight excess of cells (lymphocytes), sugar about normal, no organisms. A diagnosis of *measles—encephalitis* seemed justified.

A *throat smear* gave (a) staphylococci and later (b) mixed pneumo, staphylo, and a few long-chain strepto.

The chest examination was negative, except for signs of a mild bronchial catarrh. The urine was also negative. The *blood* showed 4,160,000 reds, 9,500 whites, neutros 69, small monos 29, large monos 2, and on August 4th, the differential count was 70, 24 and 6 respectively. The fever continued high for a few days and then dropped to normal by lysis, with pulse and respiratory rate to correspond. On the 12th she expelled by cough a good deal

1. "Deutsche Med Tochnschr" Nov. 10, '33.

of muco-pus from the throat which had shown general congestion, but nothing specific, and the chest was now entirely negative.

For a few days the child remained stuporous (or sleeping) apparently *unable to speak* or to move the lower limbs; but on 12th seemed a trifle brighter. *Decubitus* was already threatened. Within a couple more days, although sleeping (?) most of the time, she was brighter in the intervals. There were attempts at speech, and some movements of the lower limbs, the pupillary reactions much improved to light and she was better oriented. Examination of *fundi* showed venous engorgement, but no *oedema of nerve head* or neuritis. The condition of upper limbs was for a few days as above noted—viz. spasticity and tremor with a tendency to *flexibilitas cerea*. No definite nystagmus or deviation and squint (if present) so fleeting as to be indeterminate.

The eye had now lost the vacant stare which at first was noticeable.

Spinal fluid now showed no increased pressure. The state of lower limbs was variable for a few days. The coordination was at first very poor, as motion gradually returned, and the extensor response was gradually replaced by the normal reaction. Return of abdominal reflexes was also noted. These had been absent on admission.

One very interesting point struck the writer, the *transient change in personality* so often observed and so calamitous following encephalitis lethargica. This gentle little girl, always tractable and nice-mannered, asked one day by the nurse to "take a sip of this, dear", responded in loud and rather venomous tones "go to Hell"!

To cut a long story short, recovery once started was steady and progressive, and at the end of a month from admission Nancy went to a convalescent home in astonishingly good condition. School was prohibited for a year and careful home supervision was carried out. She made, as far as I could judge, a complete recovery in mind and body, and no nervous instability that could be detected remained to handicap her in after life.

Treatment, of course, was purely symptomatic and expectant, and one's elementary knowledge of child psychology was offered during the critical years that followed such an illness.

Encephalitis complicating Measles. Discussion.

¹Frank R. Ford reviews the whole subject on material of 113 *reported*, and 12 *personal cases*.

1. Measles is followed by symptoms referable to the IV.S. in about four-tenths of one per cent of cases.

2. The onset is usually on the fourth to sixth day after the fever has fallen and the rash has begun to fade, but the onset may also occur at the height of the fever, or rarely, even during the prodromal period.

3. The nervous symptoms are initiated by drowsiness and convulsions, followed by stupor and accompanied by a sharp secondary rise in temperature. Muscular rigidity and twitchings are typical at this stage. From this stupor the child may recover promptly without residual symptoms or the stupor may be prolonged, and a great variety of nervous symptoms may be revealed by returning consciousness. Spastic paralysis, ataxias, tremor, choreic or athetoid movements, myoclonus and aphasias are common. Cerebellar ataxias are described. Spinal and syndroms constitute a large group. Mental

disturbances during convalescence are present almost invariably and prolonged toxic-delirious psychosis have been reported.

4. The spinal fluid usually shows a moderate increase in lymphocytes, and in some cases the count may reach 200. A small percentage of polymorphs may be present. In rare cases, not demonstrably complicated, the fluid may be turbid with leucocytes. The protein is moderately increased. Sugar is normal or diminished (Lust). Film formation is rarely seen. The pressure is increased in most cases and may rise to 400 mm. A discolouration in the last few tubes of the gold chloride test has been described.

5. The pathological-anatomical process gives a *toxi-degenerative* rather than an inflammatory picture, according to studies by various continental workers. There is a perivascular myelin destruction with collection of lipid waste products in phagocytes and even in the nervous tissues. There is also a great congestion of the vessels, with swelling and fatty changes in the vascular endothelium. Multiple small haemorrhages may occur. The glia cells contain fatty granules, and there is some increase in the glia fibres. Very little change can be made out in the axis cylinders, and little or no destruction of the nerve cells. The above picture is probably *not specific* for measles.

6. The prognosis for *life* is good; only about ten per cent die. About sixty-five per cent of those who survive show residual symptoms; weakness in thirty per cent; ataxia in twelve per cent; mental defect or personality changes in seventeen per cent, and epilepsy in five per cent.

N.B. Other authorities quote, *mortality* twenty-five per cent; *recovery complete* twenty-five per cent; *residual stigmata* fifty per cent.

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It is to be distinctly understood that the Editors of this Journal do not necessarily subscribe to the views of its contributors, except those which may be expressed in this section.

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WHAT OF 1955?

IT is fitting that the Nova Scotia Medical Society and her adopted parent, the Canadian Medical Association should have chosen this year to meet together in Nova Scotia when their fates have become so intimately related. Unification of the provincial societies, little more than a well conceived plan when Dr. McEacheron and Dr. Routley visited us in 1935 has been born—surely the most timid obstetrician breathes easily when all but two members of the body (Manitoba and Quebec) have greeted the new world. In the course of normal physiology, the rest must follow. That unification of the medical men of Canada is to their advantage goes without saying; that it is a gain to the provincial groups as well seems highly probable in the reaction Nova Scotia has shown to federation. The combined membership to both provincial and dominion bodies this year is already well over three hundred. This represents an increase of almost fifty over last year's registration and only one of our professional brethren holds membership in the Nova Scotia Medical Society alone. The combined annual enrolment is the second largest in the history of our society. The Nova Scotia Medical Society is, of course, to continue as an entity. So honored a name is not to die, nor be amended to the somehow derogatory status of *branch*. Its individual meetings, problems, its life are to go on.

The combined meeting, then, in Halifax, was under happy conditions. Nova Scotians, having taken so prominent a role in this most recent advance, were well suited to play the hosts and in their chief representative, Dr. Kenneth MacKenzie, the president-elect, who is held in honor and admiration by his associates throughout the whole province, they were most happy. The formal inauguration of the president-elect, a ceremony new to the Association shed a dignity over the entire meeting in keeping with the deliberations of a great organization. Followed by the President's Reception and Ball, the whole made a really memorable evening.

At such gatherings the scientific program must always be a problem. Where so many activities, business, social and intellectual are crowded into four days, where the spirit of holiday permeates everything, it is inevitable that the scientific sessions do not receive the attention they deserve and do

get at post-graduate courses where work is paramount. This year, for the first time in a smaller centre, sectional meetings were held in the various specialties. There is no doubt that plan was successful and we found these gatherings more enthusiastically attended, throughout the three days, than the general sessions.

The use of scientific exhibits was another innovation to Nova Scotia. These were interesting, instructive and gave the wanderer the advantage of leisurely study. Prizes awarded will provide a stimulus for even more exhibits in years to come. They can develop in this way to the great advantage of the profession. They can, too, if not properly guided, degenerate. A display that features the individual to the exclusion of his institution and associates, that shows only results without the illuminating stages by which they are attained, would be more seemly, perhaps, amongst those of our commercial, pharmaceutical friends.

The deliberations of the Nova Scotia Society were carried out with a celerity born of a congested time table. Those who missed the wrangling, parliamentary discussions of other years had to console themselves with private ears for audiences which, perhaps, did not seriously impair the legislation. Most disappointing and commented on was the report of the committee that met with the Workman's Compensation Board over the problem of fees. Our Nova Scotian profession is unlikely to clamour, yet a while, for state medicine.

The Canadian Medical Association met last in Halifax in 1921. The late, revered Dr. Murdoch Chisholm was president and there was a memorable picnic, we are told, at McNab's Island. The Association was weak: it was not sufficiently representative: it was on the verge of bankruptcy. The spirit of those present was willing but the resources of the multitude lacking. The result of the meeting was an issue of hundred dollar bonds to which sound-thinking medical men through Canada subscribed. Stimulated by this financial hypodermic, the Association took on new life, its position became secure and the bonds, in time, were happily redeemed. The 1938 meeting in Halifax has seen what, we hope, is practically the culmination of federation. From 1921 to 1938 is 17 years. May we expect to act as hosts to another such gathering 17 years hence? If so, what then may be the current problem? To what may the cool, balmy Nova Scotian climate, the storied Nova Scotian conservatism lend their stabilizing influence? It is interesting to dwell for a moment on the etymological change that has taken place amongst us. From a *society* we have become an *association*. While delving too deeply into English connotations must always be dangerous, it would seem we have advanced from a "social community" to an "organized body". If you care to consult your dictionary, you will see that we are a few steps closer to being a *union*.

In such a field a footstep may take years but we believe that in the change which has taken place, there is more than etymology involved. We believe the time is not far distant when the medical profession will need a voice to speak for it with the same force and authority that can be called up by the United Mine Workers, the C.I.O. or the street cleaners' union. We feel that when that moment arrives the Canadian Medical Association will have the strength, the right officially to represent us before our government and our fellows. May not there be a great social problem calling for such representation, in Halifax, in 1955?

A. L. M.

Public Health Progress

Presidential Address*

P. S. CAMPBELL, M.D.

Chief Health Officer, Province of Nova Scotia, and
President of the Canadian Public Health Association.

IT is with considerable temerity that I present before this audience of Canadian public health workers this presidential address. When I consider the long line of courageous and worthy men who have preceded me in the presidency, I am most forcibly reminded of my unworthiness. Fully aware of the honour that has been accorded me, I wish publicly to thank those who are responsible for placing me here and to express the hope that anything that may fall to my lot to do to further the objectives of this organization, may be done in the same spirit of service that actuated those who have gone before me.

As President of the Canadian Public Health Association and as Chief Health Officer of this Province, I bid you one and all a hearty welcome to the City of Halifax and to the Province of Nova Scotia. I trust your sojourn with us will be one of pleasure and profit. We have endeavoured, and I hope in a measure succeeded, to provide for your comfort and diversion. In preparing for this important public health and medical week, the most gratifying feature has been the unanimity with which all those who were requested, gave, without reserve, their co-operation. The meetings of the Committee on Arrangements have been attended by representatives of the Department of Pensions and National Health, the Canadian Public Health Association, the Provincial Association of Medical Health Officers, and Boards of Health, some of whom travelled many miles to be present. I have every confidence that the enthusiasm so evident from the start will pervade this meeting and that this spirit of co-operation will continue, invigorating our organization long after the close of this convention.

In preparing the program every reasonable endeavour was made to assign to each body represented, sufficient time for the discussion of subjects peculiarly its own and to avoid, in so far as it was possible, repetitions or duplications. The variety of subjects and the excellent quality of the papers presented, as well as the facilities afforded for exchange of ideas, will, it is hoped, ensure that this conference will occupy more than a passing place in the chronicles of Canadian public health.

Public health has passed through numerous stages in its development. Years ago it was concerned almost entirely with matters of elementary sanitation when most of the work was done under the guidance of officials who might be termed sanitary inspectors. Then followed a period when special attention was given to isolation, quarantine and other activities tending to restrict the spread of communicable diseases. Educational propaganda was soon found necessary and after mature study specialized departments were organized and laws and regulations drafted governing the control of drinking

*Presented at the twenty-seventh annual meeting of the Association, Halifax, June 21, 1938

water, sewage, preventable diseases, milk and other foods, drugs, laboratories, hospitals, and public charities generally. In addition, special sections were established for recording, tabulating and studying vital statistics. While it is still necessary to give particular attention to all the activities noted, today perhaps the most important work in any health department is that of education. All health officials are to a large extent concerned with teaching people how to keep well.

The promotion of the public health is now recognized as an essential function of government and is gradually being accorded similar recognition to commerce, finance, defence, and other important activities. This is as it should be, since any nation cannot prosper unless the health of its people is not only preserved but is developed to the greatest extent possible. As to whether public health, *per se*, is a federal or a provincial obligation need not be debated here. One might argue indefinitely and in the end arrive nowhere. Without doubt, some of the health problems of Canada are common to all the Provinces, while others are the concern of individual Provinces. Many of the common problems are being well handled by the Federal Government, through its effective Department of Pensions and National Health. If the Provinces attempted to deal with these problems also, a wastage of energy and money might result which at this time, or any other time, could not be justified. We are pleased to note in recent years a tendency on the part of the Federal Government to assume more of the burden. The Provinces are most appreciative of this. Special divisions have been established in the Department of Pensions and National Health, with trained personnel, for the purpose of studying health problems across Canada, the accumulated knowledge being made available to all the Provinces. Technical assistance is being provided for the investigation of special problems, and aid is available to meet public health emergencies. In order to maintain and extend those essential services for which they are now obligated, the Provinces require financial assistance from the Dominion Government. Such grants in aid would render more effective the health partnership between each Province and the Dominion.

During the past twenty years public health undertakings have developed more rapidly, both in scope and effectiveness, than in the hundred years preceding. These developments have not been restricted to certain places or organizations but have included the activities of all governments, national, provincial and local, and the work of voluntary organizations. The results have been most gratifying. Formerly more than half of the infants born died during the first year of life. This mortality was taken for granted and the usual causes given were inherited weakness or inability to digest food. We now know that a major cause of infant deaths is disease of the intestinal tract, especially in those artificially fed. Safe water, the pasteurization of milk, and cleanliness in food handling have changed the picture. Following the introduction of pasteurization, the reduction of infant mortality was so marked that all are now agreed that the milk supplies of all communities should be so treated. Of recent years there has been a most satisfactory decline in tuberculosis mortality; a lowering incidence of the other important communicable diseases; and an increasing life expectancy. All this is not by chance but is the result of persistent effort on the part of all those interested in public health undertakings.

We now realize that part, at least, of the burden of illness can be reduced, since a large proportion of the ills from which we suffer is preventable. In meeting the problem of sickness, it is logical that the efforts should be centred in attempting to prevent those diseases for which methods of control are established. Public health authorities have met with considerable success in such efforts. The medical profession, with the public health authorities, have applied the specific measures for prevention in diphtheria, scarlet fever, and typhoid fever. In earlier years, physicians were concerned almost entirely with the cure of disease, and medical schools taught cure rather than prevention. To-day preventive medicine and curative medicine are one, and physicians are concerned with the practice of preventive medicine as well as with the care of persons who are ill. There is a co-ordinated program for looking after all the problems connected with both the individual and public health. The providing of medical clinics and their more extended use have drawn the public more and more to the profession and to the public health authorities for advice and guidance. In meeting the ever-increasing demands of the public and in the development of plans to meet these needs, public health leaders look for sympathetic understanding, assistance and co-operation from the medical profession, the voluntary health organizations, and all welfare agencies.

In the development of public health in Canada, the Canadian Public Health Association has played a conspicuous part. The organization has from its beginning striven for the adoption of sane, uniform practices and standard procedures. Year after year, coincident with its growth, new obligations have been assumed and others have been placed upon it. As the professional society of public health workers in this country it has, with marked success, carried out studies and surveys on housing, duties and responsibilities of health officers, health budgets, rural health administration, standards for nursing services, accident prevention, and other subjects. Sections have been established in Child Hygiene, Industrial Hygiene, Mental Hygiene, Laboratory Procedure, Public Health Education, Public Health Engineering, Public Health Nursing, Social Hygiene, and Vital Statistics and Epidemiology. The knowledge accumulated through these activities has been passed on to medical officers of health, nurses, sanitary officers, and other health workers. For many years the Canadian Public Health Journal has been the Canadian medium for the distribution of public health knowledge. This journal now occupies a prominent place among scientific magazines and a pre-eminent one among those devoted exclusively to health; consequently its value cannot be overemphasized. Through it, members are kept in contact with the organization between meetings and are, through the years, kept informed on all new and influential developments in public health. All this has been accomplished by zealous, part-time, non-salaried workers. The amount of voluntary service has reached a point where it is most difficult to continue: so much so that the Association is, just now, at a crisis in its existence. We have arrived at the "parting of the ways". An urgent need is a full-time secretary to deal more completely with all our affairs, including annual meetings, rural health conservation contests, sanitary inspectors' examinations, the work of committees, and other responsibilities. If we are to continue and develop, an increased revenue is imperative. I desire to speak particularly of the valuable financial assistance given to the Association during the past three years by the Canadian Life Insurance Officers' Association. The rapid

growth of the Association during the past few years would not have been possible without this generous financial assistance. We thank these gentlemen and assure them that their confidence has not been misplaced.

Our organization has had a past of noteworthy service to the public. We cannot, however, rest upon these laurels. We must march forward and the financial difficulties that confront us now should serve to stimulate us towards greater achievements for the future. As President of the Canadian Public Health Association, I desire to impress upon all members, present and absent, the desirability of their taking definite and immediate steps to improve the financial position of the Association. To those pioneers who are no longer with us and to those who are now valiantly carrying on in the face of tremendous difficulties, we owe much. This debt can be paid only by continuing their work and by following their path of unselfish devotion to our national health association.

Minutes of Executive of the Medical Society of Nova Scotia, 1938

THE meeting of the Executive of the Medical Society of Nova Scotia was held at the Dalhousie Public Health Clinic, Halifax, N. S., on Tuesday, June 21st, 1938, at 10 o'clock in the morning.

Present: Dr. Allister Calder, President; Drs. H. B. Whitman, E. F. Ross, J. W. Sutherland, C. E. Kinley, A. B. Campbell, H. G. Grant, W. L. Muir, J. R. Corston, H. K. MacDonald, H. W. Schwartz, C. W. Holland, J. A. Langille, W. J. Barton, P. S. Cochrane and D. M. Cochrane.

The meeting was called to order by the President.

It was moved by Dr. H. K. MacDonald and seconded that the *minutes of last year's meeting* as published in the MEDICAL BULLETIN in August and September, 1937, be accepted as read. Carried.

A letter was received from a physician dealing with unethical practice by one of his confreres, but as no formal charge was made no action was taken on it.

A letter was read from R. Burns Adams, Organizing Commissioner of the Canadian Red Cross Society as follows:

April 25th, 1938.

Dr. H. G. Grant,
Secretary, Nova Scotia Medical Society,
Public Health Clinic,
Halifax, Nova Scotia.

Dear Sir:

The Central Council of the Canadian Red Cross Society, at the annual meeting held recently in Toronto, unanimously passed a resolution to extend its "appreciation and thanks to the medical profession throughout the Dominion who have given such magnificent gratuitous Red Cross service to suffering humanity".

Yours sincerely,

(Sgd.) R. Burns Adams,
Organizing Commissioner.

The next letter which was read by the Secretary was from Dr. T. C. Routley, General Secretary of the Canadian Medical Association, to Dr. J. R. Corston, as representative of the Medical Society of Nova Scotia on the Council of the Canadian Medical Association, regarding senior members, as follows:

184 College Street,
Toronto 2, April 18, 1938.

Dr. J. R. Corston,
46 Coburg Road,
Halifax, N. S.

Dear Doctor Corston:

Re: Senior Members.

At the meeting of the Executive Committee held in Toronto last week, it was agreed that each Provincial Representative on the Executive should be asked to submit to the General Secretary a list of names of Doctors in his province who in his

opinion are worthy to be considered for election to Senior Membership in the C. M. A. Two requirements are necessary, namely:

- (1) Each nominee must be a member in good standing in the C. M. A. (This will be checked at this office.)
- (2) Each nominee must have attained the age of seventy years. (Please check this before sending names.)

According to the Constitution and By-Laws of the C. M. A. not more than ten Senior Members may be elected in any one year for all Canada.

It is requested that all names be forwarded to this office not later than May 15th next. Immediately after that date, a Sub-Committee of the Executive Committee will select ten names from the lists submitted, and these will be forwarded to the Nominating Committee with the recommendation that Senior Membership be granted. It would aid the Committee if you would list your names in order of preference.

For your information we are enclosing a list of the Senior Members now residing in your province.*

Your early attention to this matter will be appreciated.

Yours faithfully,

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

*P.S.—We find that the only Senior Member in your Province is—Dr. J. K. McLeod, Sydney, N. S.

Dr. Corston advised he had consulted with Dr. Grant and Dr. MacKenzie, and that subsequently two have been recommended for senior membership, namely, Dr. G. W. T. Farish of Yarmouth and Dr. H. H. MacKay of New Glasgow.

The reports of the following committees were received:

Legislative Committee.

To The Medical Society of Nova Scotia.

The Legislative Committee begs to report that during the past year nothing affecting the interests of the Society came before the Legislature, and consequently your Committee had no cause to actively function.

Respectively submitted,

(Sgd.) J. G. MacDougall.

It was moved and seconded that this report be accepted and sent on to the main body for approval. Carried.

Council C. M. A.

No report was received from this committee.

Editorial Board Committee.

Mr. President and Members of the Medical Society of Nova Scotia.

The Editors have little of unusual character to report. As in times past the different local Societies made themselves responsible for editions. Some undoubtedly did better than others—comparisons are neither necessary nor desirable—but we look forward to all at least making a “pass-mark” this coming season. Our medical contributors as well as our members at large will approve of our singling out for special mention our lay contributor, Marguerite H. L. Grant, M. A. Mrs. Grant’s historical articles represent

many hours of toil divided between patient investigation and subsequent arrangement of material, culminating in an orderly presentation of the history of hospitalization in Halifax from the days of its founding in 1749. The Editors entertain a sense of satisfaction that the BULLETIN is the medium for the publication of these papers.

It is true that the conjoint editors' soul is at time sore distressed o'er the matter of capitalization, commas, semi-colons and periods, and above all, by those monsters of composition which we may describe as the verbless sentence.

It ill becomes anyone to toot his own horn, or to indulge in such like vulgarity, but we would go so far as to say that the May issue, which we called the "Maritime number", featuring the conjoint meeting in June, could have been a lot worse. Copies were sent to all registered physicians in New Brunswick and Prince Edward Island. The extra expense thus entailed was covered by an increase in advertising and a grant from the Canadian Medical Association, secured through the good offices of the General Secretary, whom we encouraged by every means short of assault and battery, and by the New Brunswick and Prince Edward Island Medical Societies paying their share of postage.

The Editors would like to place on record their appreciation of the cooperation received from the Secretary of the Society, with very particular mention of his secretary, Mrs. Currie, whose faithful and efficient work means so much to the BULLETIN.

(Sgd.) H. W. Schwartz, Editor-in-chief.

Dr. Calder remarked that the tone of the BULLETIN for this last year had been excellent, and that we could only place credit where credit was due, and that was to the management.

It was moved, seconded and carried that this report be accepted.

Public Health Committee.

To the executive and members of the Medical Society of Nova Scotia:

Your Committee on Public Health did not meet at any time during the year, for the principal reason that it did not appear feasible to bring the several members together, widely scattered as they are throughout the province. In the absence of any specific references from the Society, your Chairmen did not feel justified in calling the members to some central point since no provision has been made for necessary travel expenses.

While throughout the past year, little of an unusual character has happened in the public health field, nevertheless one or two occurrences are here briefly referred to.

In March, 1938, after a lapse of some thirteen years, small pox, of a venomous type, suddenly appeared in the City of Halifax. This brought home in most practical fashion the fact, that the disease still exists and may be brought to us at any time with all of its old time virulence. Vaccination forces were quickly mobilized, and in a few hours, thousands were given the protection afforded by Vaccine Virus. There are sections of the province where people, in considerable numbers, have evaded the vaccination regulations. Such a situation favours spread of small pox, should it be introduced. It has been demonstrated over and over again that regulations alone will not prevent the entry of this disease, but it can be kept out of the province by general vaccination plus regulations.

In July, 1937, cases of Anterior Poliomyelitis began to occur. Up to November 1st, over fifty were reported with four deaths. Fortunately it did not attain epidemic proportions, and in this respect we have been more fortunate than some of the other Canadian provinces. For years sporadic cases have appeared but no epidemics. While some progress has been made in our knowledge respecting this malady, there are still many things about it that are not understood.

In conclusion your Committee is pleased to record that Public Health in Nova Scotia is advancing. True, it has not attained the objective it will surely reach some day, nevertheless substantial development is taking place and the principles of health are being accepted and applied more generally. The health record of recent years indicates, to a certain extent at least, the existence of that cooperation so essential between health officials, practising physicians and voluntary organizations. The final success will, to a considerable extent, depend upon the degree to which the public generally responds.

Respectfully submitted,

(Sgd.) P. S. Campbell,
C. E. A. deWitt,
R. A. McLellan,
H. J. Townsend,
L. M. Morton,
C. B. Crummey,
B. S. Bishop.

It was moved, seconded and carried that this report be accepted.

Historical Committee.

Gentlemen: Some effort has been made by your Committee to obtain material in regard to the history of some of the early medical practitioners in Eastern Kings County, but this work has not been completed.

Yours respectfully,

(Sgd.) M. R. Elliott,
P. S. Cochrane,
G. R. Forbes.

It was suggested that the Nominating Committee appoint the same members as already on this Committee.

It was moved, seconded and carried that this report be accepted.

Cancer Committee.

Mr. President:

Since we last reported, events have occurred which are of very great importance in that department of Canadian Medicine which your Committee serves.

Pursuant to the agreement made between the Board of Trustees of the King George V Silver Jubilee Cancer Campaign for Canada and the Canadian Medical Association, reported to you last year, the latter body undertook to set up within itself a Department of Cancer Control. That has been accomplished, with the several chairmen of Provincial Cancer Committees as members of its directorate. As one example of its activities, there will shortly be made available to all Canadian doctors a very excellent guide to

the diagnosis and treatment of cancer. Your committee, which knows something of the contents of the book, would recommend it to all the members of our Society. It is to be available to all physicians who ask for it. Your committee feels that this department in the Canadian Medical organization is destined to play a very large part in Cancer Control in this country.

Cancer Study Groups.

A further obligation of the Department of Cancer Control is the formation of Cancer Study Groups within the larger hospitals of the Dominion. Already your committee has been addressed on this matter, with a view to having such groups organized in this province. It decided to reserve action, however, until such time as the directors of the Department shall have decided upon the objective towards which such groups shall work.

The Canadian Society for the Control of Cancer.

The major obligation of the Department of Cancer Control was the setting up of the Canadian Society for the Control of Cancer. We rejoice now to report that the essential preliminary steps looking to that consummation have been undertaken. On March 28th last, the charter of the Society was issued to the provisional board of directors, headed by Dr. McEachern. A copy of the charter has recently been received by us, together with:

A copy of the By-laws of the Society;

A sample membership card, which issues from the head office, and membership receipt forms.

Two years ago following a report and recommendations from your committee, this Society endorsed unequivocally the aims of the Cancer Committee of the Canadian Medical Association under Dr. McEachern, and made its objective our objective.

Our understanding is then, that your committee would be interpreting the wishes of this Society, were it to proceed to the establishment of the Nova Scotia Branch of the Canadian Society for the Control of Cancer.

Acting upon that belief we have given considerable thought to the matter of the layman, who should be asked to head up the organization of this Province. It was hoped that we could announce the name of such a man at this time, but that has not been possible. We hope to be able to do so, however, at a very early date.

So that our members may be further appraised of the structure of this organization for cancer control, and of the Provincial-federal relationship that is involved, we append a digest of information just received from Head Office and directed to the several chairmen of the Provincial Societies' Cancer Committees.

Appendix I.

Digest of Information received from Head Office.

The Chairman of all Cancer Committees have been appointed assistant secretaries of the Canadian Society for the Control of Cancer, with the title "Secretary of the ———— Branch". This appointment is provisional only. His duties are defined as follows:

1. He must select a layman who with himself will be nominated to become a member of the Grand Council which is to be composed of eighteen men, two from each province.

2. The next step is to call together a group including the two named and as secretary to enroll the members of the group as members of the Society. The members so assembled formally elect the two members to the Grand Council. Other officers are then nominated, including the President, whose title will be "Vice-President of the Canadian Society for the Control of Cancer", and the names are submitted to Head Office from which the directors make the appointment.
3. The officers so selected are the advisory committee to the Board of Directors from the province.
4. The Advisory Committee will take the necessary steps to reach out to all citizens for membership in the Society.
5. Funds: These are to be raised by fees received from members and derived from donations and bequests.
6. Division of Funds: All funds collected within the province unless especially ear-marked for the province shall be divided on the basis of 75% for the province and 25% to be sent to headquarters. This division is for 1938, or until changed by the Grand Council.
7. Organization and Administration expenses incurred by the Branch must be charged against the 75%. (In other words, there is nothing to get started on.)
8. The present Board of Directors are the charter members of the Society;
John Sinclair McEachern, Surgeon,
Henry Napier Moore, Editor,
Frederick Keenan Morrow, Financier,
Edward Scales MacFarlane, Executive,
George Sills Young and
Thomas Clarence Routley, physicians,
William Edward Gallie, surgeon.
9. Under the By-laws there are to be five classes of members:—
 1. Donors, \$1,000.00 persons.
 2. Life members, \$100.00 persons. Both these are exempt from annual dues.
 3. Sustaining members—persons who pay dues of \$25.00 per annum.
 4. Annual members who pay \$1.00 per annum.
 5. Affiliate members—certain corporations and societies.

It will be seen from this, that the Canadian Society for the Control of Cancer, is not to be a medical organization, but a lay-medical one. In this connection it should be stated that since by the By-laws of the Society, one of the members nominated to the Grand Council must be a medical man, and since all provincial appointments are made by the central body, upon the nomination of the provincial body, the safeguards which this Society would look for, in so important a department of public health where lay-men are concerned, would seem to be adequately provided.

This would not be Nova Scotia if there were not someone to raise the question of provincial autonomy and even in the Control of Cancer we are not immune. Your committee has considered the arguments that have been advanced and would submit that in our opinion the advantages that will accrue, will far outweigh the 25% tax on our collections which association with the Dominion-wide organization will cost us. In this connection, it is interesting to remember that seven or eight years ago in the editorial columns

of this Society's journal, we advocated a Nova Scotia Society for the Control of Cancer, but our autonomists were not then in evidence. At that time, however, we suggested that such a provincial organization should be merged into the federal society, if and when such a society came into being. This Medical Society has since committed itself very definitely to the federal scheme, and we believe that it should now stand solidly behind the project, so that every member in this province, when the Canadian Society comes to be established in his territory, will regard it as his obligation to further its aims.

Cancer Quackery and Cancer Cures.

Last year we reported on the activities of cancer quacks within our midst, and of our action in asking the Minister of Health for an augmentation of his department's educational efforts, with special reference to this problem. We regret to have to report that the problem is still with us and unabated.

In this connection we would report that at the recent session of the Ontario Legislature a bill was passed providing for the appointment of a Cancer Commission, charged with the responsibility of investigating alleged cancer cures in that province. The bill provides that no person purporting to have a cancer cure may apply, sell, or prescribe such cure to the public, until approval for same has been granted by the Cancer Commission. We would submit that the establishing in this province of a similar body, vested with similar powers, would be a very important step in the control of this menace, and we would ask that your committee be instructed to work to that end.

All of which is respectfully submitted, on behalf of the Committee.

(Sgd.) Norman H. Gosse,
Chairman.

It was moved and seconded that this report be accepted. Carried.

Insurance Committee.

Dr. H. G. Grant,
Secretary Nova Scotia Medical Society,
Halifax, N. S.

Dear Dr. Grant:

Your Committee on Insurance begs to report as follows:

With the object of trying to secure some form of Insurance similar to that enjoyed by the members of the British Medical Association, your Committee has met with the Actuaries of several of our Maritime Insurance Companies. It was our primary purpose to try and secure for our Society a lower rate policy which would have a pension payable after so many years and which policy might be granted to the members of our Society at a rate lower than could be secured on the ordinary commercial basis. The object of this would be twofold:

First, it would provide certain advantages to the present members, and secondly, it would be an incentive for non-members to join.

After meeting with several Actuaries we have found that the Canada Insurance Act does not permit the writing of a policy similar to the one enjoyed by the British Medical Association. Therefore, we could not get very

far and wish to report that this policy, which we consider would be of very material benefit to our members, is impossible to secure at the present time.

Yours very truly,

(Sgd.) Thomas A. Lebbetter,

C. A. Webster,

A. B. Campbell,

Committee on Insurance.

Dr. H. K. MacDonald moved that the Executive recommend to the Nominating Committee that the same members be appointed to the Insurance Committee, with the recommendation that they investigate further to see whether it would be feasible to have the legislation changed regarding the Canadian Insurance Act. It was agreed that this report, with the recommendation, be accepted. Carried.

Workmen's Compensation Board Committee.

To the Members of the Medical Society of Nova Scotia.

In the closing words of the recommendations of the Royal Commission which investigated and reported on the Workmen's Compensation Act, it stated:—

"Your Commission recommends that the suggested amendments to the Act do not be made effective until 1938."

Realizing that the reduction in mileage from 75c. to 50c. per mile would undoubtedly cause dissatisfaction, your Chairman of the Committee of the Workmen's Compensation Board of the Medical Society of Nova Scotia asked the Chairman of the Workmen's Compensation Board for an audience and as a result the members of the Committee met the Chairman on October 5th last. At that meeting the case of the practising physician in the town and country districts was well presented. Dr. J. B. Reid of Truro particularly emphasized what it would mean. After having been received and our case presented the Chairman stated that he would bring the matter before the whole Board at the earliest opportunity.

The enclosed letters speak for themselves.

The Committee accomplished nothing and the recommendations of the Royal Commission as submitted to the Workmen's Compensation Board are now and have been effective since January 1st, 1938.

Respectfully submitted,

(Sgd.) H. K. MacDonald, Chairman.

Halifax, N. S., June 13, 1938.

H. K. Macdonald, Esq., M.D.,
37 South Park Street,
Halifax, N. S.

Dear Dr. MacDonald:—

On October 5th last a Committee of the Medical Society, of which you were the spokesman, interviewed the Board to protest to the Board its reduction in mileage from 75c. to 50c. for doctors' travel.

Now, Mr. Joy was the member of the Board who had the chief superintendence of the Claims Department and I wrote you on November 3rd last pointing out that up to that date I had not had an opportunity of discussing the matter with him, and I mentioned to you last week that I had not had an opportunity since, and as a matter of fact Mr. Joy handed in his resignation on the 12th day of January.

In view of the fact, however, that you want a report from the Board for the coming meeting of the Medical Society. I have taken the matter up with Mr. Armstrong this morning.

We beg to remind you that the Royal Commission dealt with the question of mileage paid doctors and expressed their "opinion that the allowance made to medical practitioners of 75c. per mile for travel is in excess of the amount allowed in the other provinces and we suggest that that amount be reduced to 50c."

We beg to point out also that the Board has been of the opinion for some years before the Royal Commission was appointed that the amount allowed was excessive, so when our opinion was buttressed by the suggestion of the Royal Commission that the amount be fixed at 50c., we agreed with that suggestion and we have not been led by anything that was said at the hearing on October 5th last to change our view. We therefore adhere to the charge of 50c. per mile one way commencing two miles from the doctor's office, on trips specially made for the case, where the workman is prevented by his injury from personally attending at the doctor's office; such mileage not to exceed \$15.00 for any one attendance.

Yours very truly,

(Sgd.) F. L. Milner, Chairman.

October 23, 1937.

Dr. H. K. MacDonald,
Halifax.

Dear Sir:

On October 19, at a meeting of the Colchester—East Hants Medical Association at Truro, the following resolution was unanimously passed:

"That Colchester—East Hants Medical Society forward a resolution to our representative, Dr. J. B. Reid, also to the chairman, Dr. H. K. MacDonald, of the Advisory Committee from the N. S. Medical Society to the Workmen's Compensation Board, stating that the present mileage rate of 50c. per mile, after the first two miles (for which no rate is paid) is unsatisfactory; and that this Advisory Committee use every effort to have the original rate of 75c. per mile again paid."

Very truly yours,

(Sgd.) D. S. McCurdy.

Halifax, N. S., June 8, 1938.

H. K. MacDonald, Esq., M.D.
37 South Park Street,
Halifax, N. S.

Dear Dr. MacDonald:

My attention is to-day called to the fact that the Board has not yet reported to you as Chairman of the Committee that interviewed the Board several months ago with reference to allowances to doctors for travel.

I gave you an explanation some weeks ago that owing to the absence of Mr. Joy from that hearing that we would like to have the matter stand until he returned to the office. He not only has not returned to the office to work but handed in his resignation on the 12th day of last January and it was duly accepted by the Government and no appointment has been made to fill that vacancy.

Now, we did want to have Mr. Joy consider the committee's request but that is now out of the question. I find, however, that owing to Mr. Joy's absence I am so pressed with work that it is almost impossible to get time to do anything but the most pressing things. I will do my best, however, to get you a finding of the Board within the course of the next week.

Yours very truly,

(Sgd.) F. L. Milner, Chairman.

It was moved and seconded that this report be accepted. Carried.

Relations with the C. M. A.

To the President, Medical Society of Nova Scotia:

The Study Committee on Relations of the Medical Society of Nova Scotia with the Canadian Medical Association begs to submit the following report.

Two years ago at its annual meeting at Halifax, the Society adopted a report of its then Committee on Federation, which included the following recommendations:—

1. That this Society reaffirm its endorsement of the principle of Federation, provided that a scheme can be evolved with satisfactory definition of the powers and functions of the federal and provincial bodies.
2. That, in view of the legislative enactments required in Nova Scotia, and in view of the necessity of further elaboration of the scheme, this Society should defer completion of Federation at this time.
3. That this Society appoint a Study Committee, as requested by the Canadian Medical Association, for collaboration with its sub-executive in further study of this matter.
4. That this Study Committee be empowered, at its discretion, to employ legal counsel in the preparation and completion of the necessary legislative amendments.

In the two years intervening since the adoption of the above report, the Federation proposal, as presented by the Canadian Medical Association, has been greatly modified.

The latest draft of the Constitution and By-laws of the Canadian Medical Association applicable to Divisions, provides that a provincial organization, on becoming a Division may, if it choose, retain its present name, as well as being known as Canadian Medical Association (Name of Province) Division.

It provides that such provincial society members only as so desire may become members of the Canadian Medical Association on payment of the prescribed fee.

It contains a special provision (Article XIV) that there shall be no interference with the status of a Division as a provincial organization, and that as such it shall have complete control of its own affairs.

Certain parts of the Constitution and By-laws, which, in former drafts, were thought to contravene this principle of complete provincial autonomy have been eliminated, or satisfactorily modified.

The method of transition, from the status of a Branch (our present status) to that of a Division, as now detailed, is as follows:

A Branch may become a Division—

1. By intimating to the Canadian Medical Association in writing that it desires to become a Division.
2. By agreeing to amend, where necessary, its Constitution and By-laws to place them in harmony with the Constitution and By-laws of this Association (the Canadian Medical Association).
3. By agreeing to collect from all of its Divisional members who desire to be members of the Canadian Medical Association such annual fee as may from time to time be set for membership and remit same to this Association.
4. By agreeing to take such steps as seem proper to the Division to increase membership in the Association.

It may be pointed out that we in Nova Scotia are at present carrying out the provisions of paragraphs 3 and 4 above, under the conjoint fee arrangement which was instituted in 1937, and which is being continued in 1938.

Your Committee has secured a legal opinion from Mr. F. D. Smith, K.C., as to whether the Society may enter into the proposed arrangement with the Canadian Medical Association, and as to whether enabling legislation is now necessary. This opinion, which is appended, is to the effect that the Society may proceed without fear of serious consequences from a practical point of view.

Your Committee is of the opinion that the Federation proposal as now put forward by the Canadian Medical Association, is acceptable to the Medical Society of Nova Scotia, and recommends that the Society should at this meeting take the necessary steps to become a Division of the Canadian Medical Association. With such action in view the following amendments to the Constitution and By-laws of the Medical Society of Nova Scotia pursuant to notice given at the last annual meeting, are hereby proposed.

Article I, Title.

Add these words—"This Society may also be known as 'The Canadian Medical Association (Nova Scotia Division)'."

Article V, Meetings.

(1) Add these words—"When the Canadian Medical Association meets in the Province of Nova Scotia, the regular meeting of the Society for that year shall be for business purposes only."

Article IX, Committees.

3. (a) Six lines from the bottom of Page 8, after the word "interests", insert these words—"shall nominate members to the Council of the Canadian Medical Association on or before March 31st in each year; shall nominate a representative on the Nominating Committee of the Canadian Medical Association; shall nominate a member to the Executive Committee of the Canadian Medical Association;" and shall fulfill.....

After sub-section (d) on Page 9, add sub-section.

(e) "Such other standing committees as the Society may see fit to appoint."

Article X, Funds.

For section (1), substitute.

"(1) Every member shall pay to the Society a fee not exceeding Ten Dollars annually."

For section (5), substitute.

"(5) The financial year of the Society shall end with the 31st day of December in each year."

Respectfully submitted,

(Sgd.) J. R. Corston, Chairman.

Dr. Calder stated that at the Council meeting of the C. M. A. held yesterday (the 20th) applications had been received from Prince Edward Island, Ontario, British Columbia and Saskatchewan to enter federation. Alberta

and Quebec are already divisions, but Manitoba has held out. After conference with Dr. Routley, Dr. Calder had made verbal application for the Medical Society of Nova Scotia to enter federation. If this had not been done, and the general meeting decided tonight they wished to enter federation, it would have had to be delayed for another year, but his verbal application did not bind the Society in any way at all. It was moved by Dr. H. K. MacDonald, seconded by Dr. Kinley, and carried, that the executive recommend to the general meeting their approval of the action of the President, Dr. Calder, in making verbal application to the Council of the C. M. A. at their meeting held June 20th for the Medical Society of Nova Scotia to enter federation.

It was moved by Dr. Muir, seconded by Dr. Sutherland, that this report be accepted. Carried.

Medical Museum Committee.

Dr. H. G. Grant,
Secretary, The Medical Society of Nova Scotia,
Halifax, N. S.

Dear Dr. Grant:

I beg to report on behalf of the Medical Museum Committee that meetings were held and after reviewing the situation, the Pathological Institute was selected as the best available place to house the collection. Prices on cabinets were secured and one constructed sufficient to care for all present material available with ample room for new.

Your committee urgently request the branch societies and all individual members to give or loan objects to this collection. As each year goes by these will pass out of the country, be lost or destroyed and thus through indifference valuable and interesting links with past medical history in the Province will vanish.

Yours truly,
(Sgd.) H. L. Scammell.

Dr. Grant advised that we had a very fine cabinet, but very few contributions.

Dr. Calder asked if any of the men knew of any old medical relics throughout the Province if they would send them in; he had made some inquiries in Cape Breton, but had not been able to locate anything.

It was moved and seconded that this report be accepted. Carried.

Cogswell Library Committee.

Dr. Grant advised that the Cogswell Library Committee had not been appointed at the meeting in July, 1937, and that it had been appointed following the executive meeting in November, but so far they had not been able to get anyone to accept the chairmanship, but a report had been prepared by the Medical Librarian as follows:—

The total expenditure upon the Medical Library from all sources, during the year 1937-1938 was as follows:

Subscriptions to current journals.....	\$1,266.58
Purchase of back files of journals.....	185.92
Purchase of books.....	398.11
Cost of binding.....	697.90
Incidentals.....	52.84
Office supplies (approximately).....	25.00
Film rental.....	10.04
Librarian.....	1,116.67
Student Assistants.....	300.67
	\$4,053.73

During the year four new journals have been subscribed for, and there have been no cancellations. Continual efforts to complete the gaps in our files, by judicious buying and by gifts from the Exchange service of the Medical Library Association, have resulted in very considerable additions to our holdings. One hundred and twenty-five new books have been purchased, 54 books have been received as gifts, and 337 volumes of periodicals have been bound. Twenty books have been loaned to doctors outside of Halifax and its suburbs, and sixteen lots of journals have been sent to borrowers.

(Sgd.) J. R. Corston,
for Chairman.

Receipts:

Cogswell Library Fund, 1936-37, (Dr. Muir).....\$216.00

Dr. Grant stated that the University spend about four thousand dollars a year on the Library and our Society between two and three hundred dollars; that the University are going to spend over one hundred thousand dollars on the new library, which will be a nice building, and that the contents of the library would be enlarged.

It was moved and seconded that this report be accepted. Carried.

Committee on Medical Economics.

Dr. Grant advised that the Committee on Medical Economics had nothing to report. He stated that the Department of Preventive Medicine of Dalhousie University were doing a survey which will be of considerable interest, that with the help of several of the doctors around Glace Bay, they are making a study of the medical service, keeping accurate account of everything those doctors do for a whole year, a statistical survey of medical service.

Dr. Calder said that the Committee on Medical Economics had been appointed last year following the recommendation of the Canadian Medical Association, with the idea that our Committee on Economics should cooperate with the Committee on Economics of the Canadian Medical Association, but he had been disappointed to see in the current report of the Canadian Medical Association that practically all the provinces were mentioned, and Nova Scotia not mentioned. He suggested that information of something that is being done in Nova Scotia be sent to the Canadian Medical Association.

It was moved by Dr. Schwartz and seconded by Dr. P. S. Cochrane that the Secretary write to the Secretary of the Canadian Medical Association informing him of the work which is being done in Nova Scotia. Carried.

FINANCIAL REPORT OF THE TREASURER.

FINANCIAL STATEMENT
Medical Society of Nova Scotia.

Period of eleven months ending May 31, 1938.

RECEIPTS

July 2, 1937	Balance Cash on hand:		
	Savings Bank.....	\$ 714.33	
	Current Acct.....	2,823.23	
			\$3,537.56
	Annual subscriptions.....		4,321.05
	Receipts from Medical Bulletin.....		2,129.19
	Interest on Savings Bank.....		3.58
			<u>\$9,991.38</u>

DISBURSEMENTS

Subscriptions to Canadian Medical Society.....	\$2,383.00
Cost of Medical Bulletin.....	2,432.05
Annual and Executive meetings.....	185.05
Sundry Expenses.....	446.08
Salaries.....	1,540.00
Cash on hand May 31, 1938:	
Savings Bank.....	\$ 717.91
Current.....	2,287.29
	<u>3,005.20</u>
	\$9,991.38

PROFIT AND LOSS STATEMENT

Annual subscriptions.....	\$1,938.05
Interest.....	3.58
	<u>\$1,941.63</u>
Less Costs:	
Salaries.....	\$1,540.00
Sundry Expenses.....	446.08
Annual and Executive meetings.....	185.05
Medical Bulletin.....	302.86
	<u>2,473.99</u>
Net loss for 11 months.....	\$ 532.36

COGSWELL LIBRARY FUND

Medical Society of Nova Scotia.

Eleven Months ending May 31, 1938.

RECEIPTS

July 2, 1937	Balance cash on hand.....	\$ 3.42
	Interest on Bank Account.....	1.48
	Income from Bonds.....	212.38
		<u>\$217.28</u>

DISBURSEMENTS

Dalhousie University.....	\$216.00
Balance cash on hand, May 31/38.....	1.28
	<u>\$217.28</u>

It was moved by Dr. Whitman and seconded by Dr. Ross that this report be accepted. Carried.

Dr. Kinley stated that the Editorial board received \$250.00, that the Treasurer was doing all his work for nothing, and that he should have an honorarium.

Dr. Muir informed the Executive he intended to give notice of motion at the meeting that the office of treasurer be abolished, that the office of treasurer was superfluous, and should be combined with that of the secretary, that he did not begrudge the editorial board their \$250.00.

Dr. Grant felt that as a matter of policy the offices of treasurer and secretary should be separate; that Dr. Muir was very modest about the amount of work he did, and that he would be very glad to contribute part of his salary towards a salary for Dr. Muir.

Dr. MacDonald moved that a committee of three be appointed to look into the question of an honorarium for the treasurer and bring in a report at the general meeting, which was seconded, and carried.

The committee, appointed by Dr. Calder, consisted of Dr. C. E. Kinley, Dr. D. M. Cochrane, and Dr. H. G. Grant.

Victorian Order of Nurses Report.

To the President and Executive of the Nova Scotia Branch of the Canadian Medical Association, Halifax, N. S.

Gentlemen:—

Re: Victorian Order of Nurses.

I beg to submit the following report:—

In Nova Scotia we have some 14 branches of the Victorian Order of Nurses, an increase of one during the past year, and in several the service has been allowed to gradually extend beyond the limits originally set.

Student affiliation by the Halifax Branch has been extended to a limited number of students from the Victoria General Hospital and the Halifax Infirmary—five nurses from each institution receiving lectures, demonstrations and instruction in field work with the Victorian Order of Nurses.

It is interesting to note that local Victorian Order Boards throughout the province have taken the initiative and aroused public interest in immunization against Diphtheria and Small Pox; the Provincial Health Department co-operating to the extent of providing the vaccine and toxoid.

In Kentville there is an interesting activity undertaken by the Order—that of a complete physical examination of the entire school population—with an annual re-examination in indicated cases.

By the same token the Order has been responsible for having milk pasteurized in several localities.

This is but a very brief resume of what the Order is doing and can do—and I can only repeat what I have each year stated—the work of the Order is not known to any great extent outside the districts which are organized. This National institution is ready, willing and able to give a complete nursing service in every branch of nursing activity and has many advantages over the various agencies and methods now in vogue for public health work—in that it is under central control—thoroughly equipped and trained, free from all political and personal entanglements and is flexible—by that I mean that

if a nurse is not satisfactory or acceptable for some reason—she can readily be removed and her place filled.

Again I commend the Order to the consideration of all who are interested in Public Health Nursing.

Respectfully submitted,
(Sgd.) Charles S. Morton.

It was moved, seconded and carried that this report be accepted.

Report of Provincial Medical Board.

Dr. H. G. Grant,
Secretary, Medical Society of Nova Scotia,
Halifax, N. S.

Dear Dr. Grant:

I beg to submit a brief report of the activities of the Provincial Medical Board during the past year.

Two regular meetings were held and three meetings of the Executive during this period. As usual a very large amount of routine business has been dealt with. At the meeting in May, the Board had an opportunity of meeting and discussing the problems attending the New Medical Course of McGill University with Dr. Grant Fleming, Dean of the Medical School and Dr. J. C. Simpson, Secretary of the Faculty of Medicine. It would appear from this conference that a better understanding of mutual problems has resulted and there is likelihood that all difficulties will be straightened out in a satisfactory manner.

The Board has dealt with various problems of an ethical nature at these meetings with apparently pleasing results.

A grant has been authorized this year to the Cogswell Library for the purchase of additional books for the Dr. W. H. Hattie Memorial Shelf.

In May the Annual Final Professional Examinations were held and licenses granted to the successful candidates desiring them. Of this number, very few will begin the immediate practice of Medicine in the Province. It is worthy of note that each year an increasingly greater number of graduates are taking post-graduate work before commencing the practice of Medicine.

Respectfully submitted,

(Sgd.) H. L. Scammell, M.D.,
Registrar, Secretary-Treasurer.

It was moved and seconded that this report be accepted. Carried.

Report of Secretary.

The Report of the General Secretary for the year ending May 31st, 1938. To the President, the Executive and Members of The Medical Society of Nova Scotia.
Gentlemen:—

It is my pleasure to report to you on the activities of our Society for the present year.

As we are meeting this year in June in conjunction with the Canadian Medical Association, this report covers an eleven months period instead of the usual period of one year.

Membership.

The agreement with the Canadian Medical Association regarding conjoint membership in the two Societies was renewed for this year. A combined fee of \$15.00 was decided upon, eight (\$8.00) dollars of this going to the Canadian Medical Association, and seven (\$7.00) dollars retained for the Medical Society of Nova Scotia. The same system of collecting was pursued. In January bank drafts or accounts were sent out and a follow-up letter to delinquents was sent on April 19th. The membership remains approximately the same as last year: there are 318 conjoint members, 1 member of the Medical Society of Nova Scotia, and 9 honorary members, a total of 328. The membership for the twelve months period 1936-37 was 314.

According to Article X, section (5) of our Constitution and By-laws, our financial year ends on June 30th of each year. If the agreement regarding conjoint fees is continued, or if Federation with the Canadian Medical Association is consummated, our year should be changed to coincide with the calendar year.

The Bulletin.

The BULLETIN has been issued monthly as usual. Advertising has remained about the same as last year. The May edition, in preparation for the annual meeting of the Canadian Medical Association, went to the physicians of Nova Scotia, New Brunswick and Prince Edward Island.

Obituary.

It is our sad duty to record the deaths of the following members, who passed away during the year:

Bernard I. Chaisson, M.D., Dalhousie University, 1932, died at Margaree Forks on September 3, 1937, aged thirty-six. Dr. Chaisson graduated from St. Francis Xavier University in 1928, and after graduation from Dalhousie practised at Eelbrook until the time of his death.

George B. Kennedy, M.D., Western University, 1901, died at Seabright, September 9th, 1937, aged sixty-two. Dr. Kennedy was a native of London, Ontario, and came to Nova Scotia several years after his graduation. He first practised in New Germany, later at Tangier and Elmsdale and finally settled at Seabright. Dr. Kennedy served with the Medical Corps during the Great War and was afterwards on the staff of Camp Hill Hospital for several years.

William J. Kennedy, M.D., Western University, 1897, died at Musquodoboit Harbour on November 9th, 1937, aged sixty-seven. Dr. Kennedy was a native of London, Ontario, and first practised at Casselman, Ontario, for about a year then moving to Musquodoboit Harbour where he practised for thirty-eight years, except for a short time which he spent in post-graduate work in London, England.

Raymond I. Gillis, M.D., Dalhousie University, 1922, died at Baddeck, on December 26th, 1937, aged forty-two. Dr. Gillis first attended St. Francis Xavier University, and after his graduation in 1922 was first associated with Dr. W. T. McKeough of Sydney Mines, later moving to Baddeck where he practised for fifteen years.

Thomas Armstrong, M.B., University of Glasgow, 1895, died at Halifax on December 15th, 1937. Dr. Armstrong was born at Glasgow, Scotland,

and for a number of years served as surgeon on the cable ship, John W. MacKay, and also practised in the north end of Halifax for a number of years.

Joshua N. Mack, M.D., Bellevue Hospital Medical College, 1875, died at Halifax on February 7th, 1938, in his ninety-fourth year. Dr. Mack was born at Mill Village, Queens County, in 1844, where he received his early education and later matriculated from Harvard Medical School. Shortly after graduation he went to Fortune Bay, Newfoundland, where an epidemic of diphtheria was raging. This was before the discovery of antitoxin, but aided by his extraordinary painstaking care and constant attention many recovered. About 1887 Dr. Mack settled in Bridgewater and a few years later moved to Lunenburg, and in 1900 he went to London, New York and Baltimore for a year of post-graduate study. Returning to Nova Scotia he established a practice in Halifax from which he retired about twenty years ago following a severe illness. Dr. Mack was the oldest member of the profession in Nova Scotia, and an honorary member of the Medical Society of Nova Scotia.

Freeman P. Smith, M.D., Bowdoin Medical College, 1881, died at Mill Village, Queens County, on March 29th, 1938, aged eighty-nine. Dr. Smith was born at South Brookfield, received his early education at Mill Village, then spent two years at Acadia University, and two years at Dalhousie University. Dr. Smith started practice at Barrington Passage where he remained for ten years and then returned to Mill Village where he practised for nearly forty-seven years. Dr. Smith was an honorary member of the Medical Society of Nova Scotia.

Hugh Ross, M.D., McGill University, 1894, died at New Glasgow, on May 30th, 1938, aged seventy-one. Dr. Ross was born at Telford, Pictou County, and taught school at Blue Mountain and Thorburn before entering McGill. After graduation he took a post-graduate course in New York, and then practised in Stellarton for seven years. Moving to Canso, where he was medical officer of the Commercial Cable Company at Hazel Hill for eighteen years, he was also physician to the troops stationed there during the war. After further post-graduate work in London in 1922 he came back to New Glasgow.

Alexander W. Miller, M.D., Dalhousie University, 1905, died at New Waterford on September 11, 1937.

The Canadian Medical Association.

The question of Federation with the Canadian Medical Association was brought up at last year's meeting at Pictou Lodge, and a notice of motion was given by Dr. K. A. MacKenzie which allows us to take action on the question this year. The Committee on Relations with the Canadian Medical Association have published their report in the May edition of the BULLETIN recommending certain changes in the By-laws so that our Society may become a Division of the Canadian Medical Association. Last year Dr. T. H. Leggett, the President, together with Dr. T. C. Routley, the General Secretary of the Canadian Medical Association, paid us a visit during the annual meeting in July at Pictou Lodge.

The Branch Societies.

The Branch Societies have not all kept in touch with the BULLETIN regarding their activities during the year. We have heard from the Halifax

Branch, the Lunenburg-Queens, the Western Nova Scotia, the Valley Society and the Colchester-East Hants. We would ask the several secretaries of Branch Societies to make a special effort this year to keep us acquainted with their doings.

The Annual Meeting.

At the annual meeting held at Pictou Lodge, July, 1937, it was agreed that an annual meeting be held this year in conjunction with the Canadian Medical Association. As most of our members will undoubtedly want to attend the sessions of the Canadian Medical Association our programme has been greatly curtailed. No scientific programme has been arranged. The executive and first business session will meet on Tuesday, June 21st, and a brief second business session will be held during the dinner on Thursday evening, June 23rd.

In conclusion, I would like to refer to the faithful and conscientious services of the clerical secretary, Mrs. Currie.

(Sgd.) H. G. Grant, M.D.,
Secretary.

It was moved and seconded that this report be accepted. Carried.

It was moved by Dr. Holland and seconded by Dr. Schwartz, and carried, that the following doctors be taken in as members of the Medical Society of Nova Scotia.

Dr. H. E. H. Taylor, Port Morien.
Dr. R. P. Baird, Louisbourg.
Dr. H. D. Hebb, Halifax.
Dr. D. M. Grant, Noel, Hants County.
Dr. W. E. Pollett, New Germany.
Dr. D. B. Morris, Windsor.
Dr. R. A. Moreash, Berwick.
Dr. R. S. Henderson, Camp Hill Hospital,
Halifax.
Dr. T. Earl Grant, Dominion.
Dr. P. Weatherbe, Halifax.
Dr. A. P. Magonet, North Sydney.
Dr. M. G. Patterson, Dartmouth.
Dr. C. W. Taylor, Pathological Institute,
Halifax.

Dr. M. D. Brennan, Dartmouth.
Dr. F. S. Finlay, Halifax.
Dr. W. H. Eagar, Wolfville.
Dr. W. K. House, New Waterford.
Dr. H. L. Knodell, Dominion.
Dr. R. A. Girvan, River Hebert.
Dr. J. F. Nicholson, Sherbrooke.
Dr. V. N. McKay, Halifax.
Dr. W. J. Barton, Halifax.
Dr. M. A. Macaulay, Halifax.
Dr. J. C. Acker, Halifax.
Dr. G. L. Covert, Halifax.
Dr. K. M. Grant, Halifax.
Dr. F. F. P. Malcolm, Dartmouth.
Dr. A. Roy Chisholm, Kentville.

After some discussion it was moved and seconded that the Executive would ask the general meeting to accept the following reports—which will be published in the BULLETIN—as having been carefully considered by the Executive and not containing anything controversial. Carried.

Council C. M. A.	Report of the Legislative Committee.
Public Health Committee.	Historical Committee.
Insurance Committee.	Medical Museum Committee.
Cogswell Library Committee.	Committee on Medical Economics.
Report of Provincial Medical Board.	Victorian Order of Nurses Report.

The Executive agreed that the following reports, Editorial Committee, Cancer Committee, Workmen's Compensation Board Committee, Relations with the C. M. A., the financial report of the Treasurer, and the secretary's report should be read at the general meeting.

Meeting adjourned at 12.40 p.m.

Dalhousie Refresher Course

Seventeenth Annual — Aug. 15-19

THE plans for this year's course are proceeding apace. It is expected that the final programme will be ready for publication very shortly—possibly in time for this issue. Meanwhile it is known that Professor Ravdin of the University of Pennsylvania will be one of the guest teachers for the first part of the week, and Sir Walter Langdon-Brown, Emeritus Professor of Physic, Cambridge University, for the latter half.

Doctor Ravdin has the reputation of being a great surgeon and an excellent teacher. He was one of the outstanding clinicians at the clinical congress of the American College of Surgeons two years ago. As head of the Harrison Department of Surgical Research of the University of Pennsylvania he has made very important contributions to the science and practice of surgery, particularly in those elements of that subject which "make the patient safer for surgery". He comes unusually well qualified to interpret to us the modern trend in surgery, and the Refresher Course Committee is very properly pleased that they were able to secure him.

Sir Walter Langdon-Brown has been an outstanding teacher in the English profession for a considerable number of years. He had the distinction of being Professor of Physic at Cambridge and a lecturer of the first rank. His greatest interest seems to have been in Endocrinology to which department of Medicine he has made important contributions. He is also interested (and who is not, these days?) in the psychological aspects of Medicine, and his talks to us will reflect something of the advances in those subjects.

Sir Walter has been made available to us because the Dalhousie Reunion is being held during the same week as the Refresher Course. The Refresher Course Committee apparently decided that it was worth while to move up the time of the Course a bit to have it coincide with the Reunion, and on that there would seem to be general agreement. Some afternoon time is being sacrificed in doing it, but the Committee suggests that in the concentrated course that is offered we shall be compensated by excellence for what we shall have lost in time.

It is, of course, expected that visiting Dalhousians will register for the Reunion, but lest there should be any confusion, the Committee of the Refresher Course wishes it to be understood that the Course will be run, *as in other years, entirely on its own*. Its programme is being built up so as to allow those interested, to take part in the Reunion activities, without sacrificing Refresher Course events. It would appear then that an investment by doctors in full Reunion registration will lose them none of the possible dividends. The Reunion Dinner of Wednesday night is included in full Reunion registration. The Medical Dinner of Thursday evening will be the usual Refresher Course Dinner and as usual a subscription affair. The Dance on Thursday night is again a Reunion affair.

There is no doubt but that the Reunion will lend some colour to this year's Refresher Course which, except for one evening in the week, has hitherto

been a pretty seriously studious sort of time. The Committee would seem to have seen to it, however, that its usual quality will not be reduced, but, if anything, enhanced.

Indications are that there will be the usual attendance of Refresher Course "students", and that their numbers will be increased by some of those distant Dalhousians who are said to be returning in large numbers for the Reunion.

The BULLETIN, recognizing the value of this Course to our profession, would give it its especial blessing and would wish for the Reunion every success.

The Summer-Time Use of Mead's Oleum Percomorphum.

During the hot weather, when fat tolerance is lowest, many physicians have found it a successful practice to transfer cod liver oil patients to Mead's Oleum Percomorphum.

Due to its negligible oil content and its small dosage, this product does not upset the digestion, so that even the most squeamish patient can "stomach" it without protest.

There are at least two facts that strongly indicate the reasonableness of the above suggestion: (1) In prematures, to whom cod liver oil cannot be given in sufficient dosage without serious digestive upset, Mead's Oleum Percomorphum is the antiricketic agent of choice. (2) In Florida, Arizona and New Mexico, where an unusually high percentage of sunshine prevails at all seasons, Mead's Oleum Percomorphum continues increasingly in demand, as physicians realize that sunshine alone does not always prevent or cure rickets.

Mead Johnson & Company, Evansville, Indiana, invite you to send for samples of Mead's Oleum Percomorphum for clinical use during the summer months to replace cod liver oil.

DALHOUSIE REFRESHER COURSE

Hotel Accommodation

If Reunion expectations are realized, good hotel accommodation in Halifax during Refresher Course Week may be difficult to obtain. It would be wise to make your reservation at once.

OBITUARY

In the death of Dr. Allan R. Cunningham, on the 3rd of July Nova Scotia, and Halifax in particular, has suffered a distinct loss.

Dr. Cunningham was born in Dartmouth fifty-eight years ago, a worthy son of a worthy father. He graduated from Dalhousie University in 1902 taking his Bachelor of Arts and later went to the Medical College where he won the Faculty Medal obtaining distinction in every subject in his final examinations. He started practice in Halifax opening an office on Hollis Street, but later went to New York, then London and Vienna, where he took up an intensive study of the Eye, Ear, Nose and Throat.

Returning to Halifax he soon gained a well deserved reputation and a large practice. In 1910 he married Ethel K. Weston, daughter of Col. B. A. Weston, and had one daughter, Betty, living at home. He was appointed surgeon in the Eye and Ear Department at the Victoria General Hospital and Assistant Professor to the Chair of Ophthalmology at Dalhousie. During the war Dr. Cunningham served as medical officer to the 63rd Halifax Rifles.

He was a Fellow of the American College of Surgeons, a Free Mason, a member of the Commercial Club, Halifax Club and an ardent yachtsman, being Vice-Commodore of the Royal Nova Scotia Yacht Club. He was fond of adventure and the sea and as a young man shipped as an able seaman on a cattle boat. Dr. Cunningham was a keen tennis player and a skater of no mean ability.

Unfortunately, he at times had to take prolonged rests due to the sickness which at last conquered him, but with it all he was always bright and cheerful. He was the soul of honour in his profession and scorned chicanery of any kind. He gave of his best, was ever sympathetic, kindly and was above all a sincere and true friend.

It is a rare heritage to command respect and admiration while we live and yet not be forgotten when our earthly labors are over.

To the bereaved family the Bulletin extends most sincere sympathy.

R. E. M.

Department of the Public Health

PROVINCE OF NOVA SCOTIA

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

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ANNAPOLIS COUNTY

Hall, E. B., Bridgetown.
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Murray, R. L., North Sydney.
 Baird, R. P., Louisburg.
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ANTIGONISH COUNTY

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 Johnston, T. R., Great Village (Mcpy.)

CAPE BRETON COUNTY

Tompkins, M. G., Dominion.
 Fraser, R. H., New Waterford.
 Francis, Bernard, Sydney Mines.
 Sutherland, Harvey, Glace Bay.
 McLeod, J. K., Sydney.
 O'Neil, F., Sydney (County. South Side.)

CUMBERLAND COUNTY

Bliss, G. C. W., Amherst.
 Gilroy, J. R., Oxford.
 Hill, F. L., Parrsboro, (Mcpy. and Town).
 Cochrane, D. M., River Hebert (Joggins)
 Walsh, F. E., Springhill.

DIGBY COUNTY

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

GUYSBORO COUNTY

Chisholm, D. N., Port Hawkesbury, (M.H.O.
 for Mulgrave).
 Sodero, T. C. C., Guysboro (Mcpy).
 Moore, E. F., Canso.
 Monaghan, T. T., Sherbrooke (St. Mary's
 Mcpy).

HALIFAX COUNTY

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

HANTS COUNTY

Bissett, E. E., Windsor.
 MacLellan, R. A., Rawdon Gold Mines (East
 Hants Mcpy).
 Reid, A. R., Windsor (West Hants Mcpy).
 Shankel, F. R., Windsor, (Hantsport).

INVERNESS COUNTY

Muir, J. A., Port Hawkesbury.
 Grant, T. E., Port Hood.
 Proudfoot, J. A., Inverness
 McNeil, A. J., Mabou, (Mcpy).

KINGS COUNTY

Bishop, B. S., Kentville.
 Bethune, R. O., Berwick (Mcpy. and Town).
 de Witt, C. E. A., Wolfville.

LUNENBURG COUNTY

Marcus, S., Bridgewater (Mcpy).
 Reh fuss, W. N., Bridgewater.
 Donaldson, G. D., Mahone Bay.
 Zinck, R. C., Lunenburg.
 Zwicker, D. W. N., Chester (Chester Mcpy).

PICTOU COUNTY

Blackett, A. E., New Glasgow.
 Chisholm, H. D., Springville, (Mcpy).
 MacMillan, J. L., Westville.
 Crummey, C. B., Trenton.
 Sutherland, R. H., Pictou.
 Whitman, G. W., Stellarton.

QUEENS COUNTY

Murray, D. K., Liverpool.
 Smith, Harry, Mill Village, (Mcpy).

RICHMOND COUNTY

Digout, J. H., St. Peters, (Mcpy).

SHELburne COUNTY

Corbett, J. R., Clark's Harbour.
 Fuller, L. O., Shelburne.
 Banks, H. H., Barrington Passage, (Barring-
 ton Mcpy).
 Lockwood, T. C., Lockeport.
 Churchill, L. P., Shelburne, (Mcpy).

VICTORIA COUNTY

MacMillan, C. L., Baddeck (Mcpy).

YARMOUTH COUNTY

Hawkins, Z., South Ohio (Yarmouth Mcpy)
 Caldwell, R. M., Yarmouth.
 Lebbetter, T. A., Yarmouth (Wedgeport).
 Siddall, A. M., Pubnico Head, (Argyle Mcpy).

Those physicians wishing to make use of the free diagnostic services offered by the Public 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 sectioned and examined at the Provincial Pathological Laboratory, from June 1st., to July 1st., 1938.

During the month, 226 tissues were sectioned and examined, which with 32 tissues from 10 autopsies, makes a total of 258 tissues for the month.

Tumours, simple.....	28
Tumours, malignant.....	46
Tumours, suspicious of malignancy.....	2
Other conditions.....	150
Tissues from 10 autopsies.....	38
	---258

Communicable Diseases Reported by the Medical Health Officers
for the month of JUNE, 1938.

County	Cerebro Spinal Meningitis	Chickenpox	Diphtheria	Influenza	Measles	Mumps	Pneumonia	Scarlet Fever	Typhoid Fever	Tbc. Pulmonary	Tbc.-other Forms	V. D. G.	V. D. S.	Whooping Cough	German Measles	Impetigo	Septic Throat	Erysipelas	Goitre	Diarrhoea	TOTAL
Annapolis.....	..	1	..	..	4	1	..	..	..	..	..	1	..	43	..	..	..	..	..	..	50
Antigonish.....
Cape Breton...	1	15	6	3	19	11	..	47	..	..	..	..	3	..	..	..	..	..	..	..	105
Colchester.....	..	14	..	..	..	17	2	..	..	..	..	..	..	..	..	..	..	..	..	..	33
Cumberland...	..	17	..	4	..	..	5	..	..	..	..	1	1	..	1	..	..	..	..	..	29
Digby.....	1	..	1	1	..	..	..	..	..	..	..	..	3
Guysboro.....	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
Halifax City...	..	8	1	..	30	1	..	3	..	2	..	..	..	..	..	..	..	1	..	..	46
Halifax.....
Hants.....
Inverness.....	41	51	..	6	..	..	..	..	..	..	..	..	..	..	..	..	98
Kings.....	6	1	..	..	..	..	1	..	1	..	..	..	1	2	..	..	..	12
Lunenburg.....	5	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	7
Pictou.....	4	..	..	..	..	..	..	1	..	..	..	..	..	..	..	5
Queens.....
Richmond.....	50	..	..	..	..	1	..	2	..	..	..	..	..	..	1	1	55
Shelburne.....
Victoria.....	30	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	33
Yarmouth.....
TOTAL.....	1	55	7	13	182	86	7	59	1	5	1	6	5	43	1	1	2	1	1	1	478

Positive cases Tbc. reported by D.M.H.O.'s. 60.

RETURNS VITAL STATISTICS FOR MAY, 1938

County	Births		Marriages	Deaths		Stillbirths
	M	F		M	F	
Annapolis.....	4	14	13	12	9	2
Antigonish.....	12	15	8	9	10	1
Cape Breton.....	93	104	45	51	44	10
Colchester.....	22	30	13	11	11	1
Cumberland.....	37	34	31	25	20	2
Digby.....	3	11	10	15	12	0
Guysboro.....	17	13	6	9	6	0
Halifax.....	112	96	65	54	51	9
Hants.....	18	16	5	12	6	0
Inverness.....	2	18	3	9	11	1
Kings.....	16	29	20	11	13	4
Lunenburg.....	27	20	16	13	10	1
Pictou.....	34	27	21	10	12	4
Queens.....	11	6	6	3	8	2
Richmond.....	7	5	2	2	5	0
Shelburne.....	16	5	8	3	6	2
Victoria.....	4	2	0	1	2	0
Yarmouth.....	12	13	10	16	12	1
TOTAL.....	492	458	282	266	248	40

Medical Society of N. S. Historical Museum.

The exhibit of the Medical Historical Museum of the Medical Society of Nova Scotia as shown at the recent Canadian Medical Association meeting received many favourable comments. The articles were either donated or loaned, as listed below, with acknowledgments.

The late Dr. John Stewart, Halifax.

Lister's Carbolie Spray.

The late Dr. A. R. Cunningham, Halifax.

Old Enema Syringe. Old Stethoscope.

Dr. K. A. MacKenzie, Halifax.

Two sets of Old Surgical Instruments. Acupuncture Needles, Korean. Wet Cupping Scarifier. Two Old Stethoscopes. Eye Stones. Photograph of J. B. D. Fraser and family: manufactured Chloroform and administered it to his wife, 1848.

Dr. E. K. Maclellan, Halifax.

Old Clinical Thermometer. Old Vectus—about 1800. Early Copy Levret Forceps—1749. Early Copy Smellie Forceps—1751.

Dr. J. M. Stewart, Halifax.

Set of Lister's Bougies. Set of Scalpels, won by John Stewart at Edinburgh, 1875: John Chiene, lecturer. Certificates for attending lectures in Clinical Surgery and Anatomy at Edinburgh; signed by Joseph Lister and John Chiene. Pocket Lance. Set of Ivory Handled Needles. Trocar and Cannula with Syringe. Old Cautery. Obstetrical Forceps.

Loaned by Dr. C. A. Webster, Yarmouth.

Instruments of Dr. Isaac Webster, practised at Kentville, 1791.

Obstetrical Forceps. Hinged Vectus. Perforator. Hook.

Instruments of Dr. Frederick A. Webster, practised at Yarmouth, 1833-1878.

Two lithotomy Staffs. One Amputating Set. One Set of Cranial Instruments. Two Knives for Circular Amputations. Set of Bulbs for Measuring Specific Gravity. Screw Tourniquet. Skull Saw.

Instruments of Dr. T. O. Geddes, Barrington, 1825-1857, Yarmouth, 1857-1884.

Tonsillectomy Set. Glass Cupping Set. Cedar Stethoscope. Ratchet Tourniquet. Spring Lancet. Glass Breast Pump (worked by suction). Glass Feeding Bottle. Bone Nipples.

Instruments of Dr. J. L. R. Webster, Yarmouth, 1868-1885.

Fleximeter. Ophthalmoscope. Stethoscope. Two Dental Instruments.

Presented by Miss H. Whidden, Halifax.

Scarifier for Wet Cupping.

Presented by Mr. W. W. Page, Halifax.

Pocket Case of Instruments—1864. Old Book of Medical Papers—1834.

This is your collection. Do your part to help to make it grow. Send contributions care of Dr. R. P. Smith, Pathological Institute, Halifax. All contributions will be acknowledged in the BULLETIN and on a printed card attached to the article.

BACKGROUND

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Personal Interest Notes

DR. THOMAS A. LEBBETTER of Yarmouth who has been doing post-graduate work in Boston in cardiology has returned to Boston, where he has an appointment with Dr. Samuel A. Levine at the Peter Bent Brigham Hospital, during the summer months.

The marriage was celebrated in Truro on June 21st of Miss Mary Katharine Moxon, only daughter of Mr. and Mrs. E. G. Moxon and Dr. Harry Duncan Roberts, elder son of Mr. and Mrs. J. H. Roberts of St. John's, Newfoundland. The bride graduated in Arts from Dalhousie in 1934 and obtained a diploma in Education in 1935. Dr. Roberts graduated in Medicine from Dalhousie in 1936, was resident doctor at Memorial Hospital, New York City, and is now on the staff of the General Hospital at St. John's. Dr. and Mrs. Roberts left on a short trip in the Maritimes, and will reside at St. John's, Newfoundland.

Dr. W. E. Murray, who practised medicine in Truro for the past year, has accepted a position as house physician at the Nova Scotia Hospital, Dartmouth.

The wedding was solemnized in Bridgetown on June 24th of Miss Barbara Elizabeth Longmire, only daughter of Mr. and Mrs. Curtis Longmire and Dr. Gerald Jersey LeBrun of Bedford, son of the late Mr. and Mrs. Thomas LeBrun, formerly of the Isle of Jersey but latterly residing in Bridgetown. Dr. LeBrun graduated in Medicine from Dalhousie in 1936, and has since been practising in Bedford. Dr. and Mrs. LeBrun left on a motor trip to the South Shore and a camping trip at Durling's Lake, and on their return will reside at Bedford.

Dalhousie Medical-Dental Library.

Work on the new Dalhousie Medical and Dental Library has already begun. The contract has been awarded to the Brookfield Construction Company, and the excavation for the foundation is about complete. The cost of the Library will be approximately \$108,000.00. The Library will measure 85' x 48' and the material used will be similar to that of the Medical Science Building and the Dalhousie Public Health Clinic. It is to have a working basement and the first floor will contain the reading room and offices. The Library now has twenty thousand volumes, but in planning the building a natural growth up to fifty thousand volumes was allowed for. The building will be completed sometime towards the end of the year.

At Moncton, N. B., on June 30th, Miss Muriel Viola, daughter of Mrs. B. L. Slocum and the late Arthur Lee Farris, was united in marriage to Dr. Robert Douglas Baird, son of Mr. and Mrs. T. A. Baird of Chipman, N. B. The bride is a graduate of the University of New Brunswick and has been on the Faculty of the Moncton High School. Dr. Baird graduated in Medicine from Dalhousie in 1933, was interne at the Saint John General Hospital for

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one year, did clinical work in England for one year and served as ship's surgeon on the S. S. Britannia to India. After a short motor trip Dr. and Mrs. Baird will reside at Cambridge, N. B., where Dr. Baird has established a practice.

The Red Cross votes \$2,000.00 towards a hospital in Victoria County.

A grant of \$2,000.00 for construction of an outpost hospital in Northern Cape Breton has been promised by the Red Cross Society. At the recent conjoint meeting of the Hospital Associations of Nova Scotia and Prince Edward Island at Halifax this announcement was given to the meeting by Mrs. Jean U. Fielding of Windsor. Dr. G. H. Agnew of Toronto, Associate Secretary of the Canadian Medical Association, told the meeting that there were at present in Canada forty-two Red Cross outpost hospitals. The Rev. H. G. Wright of Inverness also addressed the meeting and spoke of the necessity of outpost hospitals in certain sections of Nova Scotia. He mentioned particularly Northern Cape Breton and Guysborough County.

Berwick decides for pasteurized milk.

Mayor E. S. Illsley, manager of the Fairview Creamery, Berwick, is making an effort to install a pasteurizing plant and pasteurize all the milk supplied Berwick. The milk vended in Berwick in the past has been of excellent quality, and the service provided by the dairymen has been of the best. However, pasteurization is a move in the right direction and is in keeping with the campaign by the health authorities in Nova Scotia encouraging pasteurization of all milk for human consumption.

The wedding took place at the Parish Church, Bury, England, June 1st, of Miss Muriel Mary Rothwell, daughter of Dr. and Mrs. W. E. Rothwell of the Wylde, Bury, and Dr. George W. A. Keddy, son of Dr. and Mrs. O. B. Keddy of Windsor. Dr. Keddy graduated in Medicine from Dalhousie in 1935, and since then has been doing post-graduate work in England. Dr. and Mrs. Keddy visited London and Paris and New York, and arrived in Yarmouth, N. S., where they were met by Dr. and Mrs. O. B. Keddy, and they are at present visiting in Windsor, N. S.

Results of the Annual Golf Tournament of the Medical Society of Nova Scotia at Ashburn, Halifax, N. S., June 24th, 1938.

Canadian Medical Association Prizes.

Best net—Dr. C. W. Holland, Halifax, Ontario Cup.
 Runner-up—Dr. C. M. Jones, Halifax, Barometer.
 Low gross—Dr. L. M. Morton, Yarmouth, Silver Cigarette Box.
 Runner-up—Dr. W. G. Colwell, Halifax, Travelling Case.
 Sealed hole—Dr. P. A. Macdonald, Halifax, 1 Dozen Golf Balls.

The Medical Society of Nova Scotia Prizes.

Low net—Dr. C. W. Holland, Halifax, Birk's Cup.
 Runner-up—Dr. C. M. Jones, Halifax, Pen and Pencil Set.
 Low gross—Dr. L. M. Morton, Yarmouth, Trophy.
 Runner-up—Dr. W. G. Colwell, Halifax, 1 Dozen Golf Balls.
 Sealed hole—Dr. R. W. Maclellan, Halifax, Golf Club.
 Lowest score with handicap over 20—Dr. W. L. Muir, Halifax, Pipe.
 Consolation Prize—Dr. J. P. McGrath, Kentville, Half a Dozen Golf Balls.

Adrenal-Gland Products

Adrenal Cortical Extract contains the active principle of the adrenal cortex and has proved useful in the treatment of certain cases of Addison's disease. In the course of extensive research in the Connaught Laboratories on the preparation of Adrenal Cortical Extract, a highly effective product was evolved for clinical use.

Adrenal Cortical Extract

Adrenal Cortical Extract is supplied as a sterile solution in 25 cc. vials. It is non-toxic, is free from pressor or depressor substances and is biologically standardized.

During the preparation of Adrenal Cortical Extract, Epinephrine is obtained as a separate product. This is the active principle of the adrenal medulla and has long been used for many purposes including stimulation of heart action, raising the blood-pressure and relieving attacks of bronchial asthma.

Two preparations of Epinephrine are available from the Connaught Laboratories:

Epinephrine Hydrochloride Solution (1:1000)

Every physician is familiar with the use of epinephrine hydrochloride (1:1000). It is supplied by the Connaught Laboratories in 30 cc. rubber-capped vials instead of in corked or stoppered bottles. Thus, individual doses may be readily withdrawn from the vials aseptically without occasioning any deleterious effects upon the solution left in the vials for later use.

Epinephrine Hydrochloride Inhalant (1:100)

Recently considerable success has been secured in the alleviation of attacks of bronchial asthma by spraying into the mouth this more concentrated solution of epinephrine hydrochloride. This solution is supplied in bottles containing 1/5 fl. oz. (approx. 6 cc.), each bottle being provided with a dropper fastened into its stopper so that small amounts of the solution may be transferred for inhalation from an all-glass nebulizer.

Prices and information relating to the use of these adrenal-gland products will be supplied gladly upon request.

CONNAUGHT LABORATORIES
UNIVERSITY OF TORONTO

TORONTO 5, CANADA

To Put Medical Services within the reach of all.

By G. Lloyd Matheson in St. Francis Xavier "*Extension Bulletin*".

Something new in the field of Co-operation is rapidly gaining interest in the study clubs of Baddeck, Baddeck Valley, Nyanza and Middle River. Having its origin in the Baddeck Centre study group early last winter, the plan was distributed to the surrounding groups for consideration during the month of February. After some slight changes the plan has been approved by all the study clubs, and at present awaits only its acceptance by the local doctor.

The plan as approved by the study clubs is as follows:

- Yearly membership rates shall be: (a) \$5.00 per year for single persons who are wage-earners supporting themselves; (b) a flat rate of \$12.00 per year per household; (c) a flat rate of \$10.00 for maternity cases.

The following services to the members shall be without charge: two calls to the household; all office calls; one physical examination; all prescriptions; minor operations; extractions; (in absence of dentist only) and usual vaccinations.

The service charge shall be paid by all subscribers after the doctor has made two non-charge calls to the home. All members shall pay one dollar if living within one mile of the doctor's office (the town area) for all visits over two as stated above. A service charge of ten cents per mile both ways shall be paid by members living beyond the mile limit, for each visit over two as stated above.

One half the amount of the subscription rates shall be paid at the time member signs for medical service, to the Co-operative store. The balance must be paid within two weeks of the date payment becomes due, otherwise service to member shall cease.

Service charges shall be billed monthly to members through their respective study clubs who become responsible for the collection and payment of same to the central treasurer who shall be a member of the Baddeck Credit Union. All persons wishing to become members of the Co-operative Medicine Plan who are not members of the store must become active members of the local credit union and make all payments as stipulated above.

All members becoming ill or meeting with an accident while travelling or visiting away from the district served by the plan cannot claim service until they return to said district. In case of prolonged absence by doctor he shall make arrangements for supply who will give services as stated above.

It is suggested that the plan be inaugurated as soon as possible, and that the term of trial be for one year. Also that the agreement can be cancelled by notice given by either doctor or members thirty days before year ending.

By this plan the people hope to accomplish three things:

- (1) They hope to lower the cost of medical service;
- (2) they hope to make medical service available to classes which cannot at present afford it, and
- (3) thereby raise the standard of health in the community.

Seeing a dire need for a change in the medical system, whereby members may secure medical service at the proper time, and having seen the benefits which Co-operation has brought them through their credit unions and their Co-operative stores, the people of Baddeck and surrounding districts are ready and eager to explore this new field.