

John Hughlings Jackson, M.D.*

F.R.C.P.; L.L.D.; D.Sc.; F.R.S.

DR. M. D. MORRISON,
Halifax, Nova Scotia.

IN 1904, while doing post-graduate work in London, England, I heard frequent reference made to Hughlings Jackson and his extensive contribution to Neurology. Since that time I have heard very much more about him; and a few years ago I made a close study of his life and work, mainly with the object of incorporating the result of such study in the paper which I have the honor of reading tonight at this meeting. In this pleasurable research I made free use of the Dalhousie Medical Library and, to a slight extent of the Toronto Medical Library, procuring therefrom two copies of the neurological Journal *Brain* which are not in our Library here. But most of the material was dug out of issues of the London *Lancet* dating back to 1868, and also out of issues of the *British Medical Journal*.

It was a long and laborious undertaking; rather slow in its progress owing to the difficulty encountered in comprehending the full significance of the involved and somewhat obscure sentences in which the learned writer presented his intricate subject. Dr. Jackson has been eulogized by his intimate friends for his clarity of thought, but I am sure such cannot be said, at all times, for his lucidity of expression. Various circumstances contributed to his failure in developing an attractive style of writing. There was, in the first place, the general hampering effect upon the easy flow of rhetoric and the sparkling effervescence of imagination when scientific deductions are being expounded: it is rare to find the gift for both performances in one person. Secondly, he was always very meticulous as to accuracy of statement which was rendered the more necessary, in his opinion, as he was conscious of being engaged in blazing out a path in the neurological forest that, hitherto, had been allowed to luxuriate in the freedom of ignorance. Thirdly, and most importantly, Jackson was not a literary man in the usual acceptance of the term. His preliminary education had been somewhat limited; and, curiously enough, this was always a matter of great satisfaction to himself as he ascribed much of his later mental vigor to the alleged circumstance of not having been "overtaught", as he expressed it, in his youth. In this connection he was fond of quoting a remark attributed to the Duke of Wellington:

"that it was very unfortunate that the education of a certain noble Lord had been so much in advance of his capacity."

However, though my progress through those old tomes of the Dalhousie Library, many of which are inscribed with the name of the donor, the late Dr. John Stewart of Halifax—though my prospecting trips, in this respect, were tedious and slow and were frequently interrupted and prolonged by side excursions into other fields that, perforce, attracted attention as I meandered along, yet the result of the undertaking has been fairly satisfactory to myself; and in presenting the same on this occasion I do it with the assurance that my feeble efforts to thus illuminate the work of a past master in a special field of clinical medicine will receive the endorsement of every member of our Society.

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Dr. John Hughlings Jackson was born in Yorkshire, England, on April 4, 1835, and died in London on October 7, 1911. At the age of 17 he was apprenticed to the village doctor. Afterwards, he attended lectures in the York Medical School, and completed his professional education at St. Bartholomew's Hospital, London, where one of his teachers was Sir James Paget. Obtaining the degree of M.R.C.S. in 1856 he returned to York as House Surgeon to the Dispensary, a post which he held till 1859.

In this year he arrived in London armed with a letter of introduction to Mr. Jonathan (afterwards Sir Jonathan) Hutchinson, who was also a Yorkshireman and who was then attracting some attention in the great city as a reporter for medical journals. Jackson immediately joined him in this work; and both continued in this capacity, in addition to their professional work, for a number of years, thus making themselves well known to all the leading hospital practitioners.

During this period, however, Jackson began to have doubts as to the advisability of his continuing work in the medical field, and more than once expressed to Hutchinson his determination to give up the practice of Medicine and to take up the study of Philosophy, for which abstruse subject he had always had a strong natural bent. This was the time when Darwin and his scientific associates had set the whole civilized world agog with the so-called Doctrine of Evolution. Tyndale, Huxley and Spencer were on the stage armed cap-a-pie, hurling red-hot bolts of defiance and ridicule at the Champions of Orthodoxy who, in turn, were equally violent in condemnation and vituperation. Of all those doughty controversialists, Spencer was the one who made the deepest impression on Jackson; and, indeed, all throughout his medical career the influence of the great agnostic philosopher remained undimmed. Many terms used by Jackson in describing diseased conditions for the first time were derived from Spencer's storehouse of philosophical terminology.

As already stated, Jackson confided to his friend the resolution he had formed of relinquishing Medicine and of devoting his talents to the pursuit of philosophical studies. Hutchinson regarded such an event as a catastrophe; and to avert the same he sought the good offices of Dr. Brown-Sequard who, at this time, was very prominent in medical circles, not only in London but also in Paris and in New York. Brown-Sequard soon recognized the possession, by this young man, of marked qualifications for the new branch of Medicine which he himself was assiduously cultivating and, accordingly, he lost no time in procuring Jackson's appointment on the staff of the National Hospital for the Paralyzed and Epileptic, Queen Square. This was in 1862; and in the following year he was appointed Assistant Physician to the London Hospital and Lecturer on Physiology in the Medical School. About the same time he became a clinical assistant at Moorfield's Eye Hospital. This he always regarded as a most fortunate step, for the ophthalmoscope had just been introduced. As is well known he was never tired of urging the importance of ophthalmoscopic investigation in nervous diseases, and his own work on this subject was both extensive and illuminating. One of his earliest papers deals with the defects of sight in brain disease, and refers to the headache and vomiting associated with intracranial growth, and warns against the danger of regarding these symptoms as of gastric origin. This is commonplace knowledge to-day; but 60 years ago its demonstration made a profound impression.

About 1864 Dr. Jackson published some papers dealing with speech defect associated with brain disease in which he described the existence, in

such cases, of disease in the left cerebral hemisphere. It is true that in 1862—two years earlier—Broca had definitely identified loss or impairment of the speech faculty with disease of the posterior part of the left third frontal convolution; however, Broca's investigations were not known to Jackson in the early period of his own researches. But when Jackson's further study and observation led him to declare to the medical world that in left handed persons disturbance of speech was associated with disease of the right hemisphere he made the announcement with the following generous reference to Broca:

"The chief physiological result of the following observations I arrived at independently; but on every point of importance I have been anticipated by Monsieur Broca."

Perhaps his most elaborate work was done in connection with investigations of the phenomena presenting in limited epileptic attacks—what are now known as cases of Jacksonian Epilepsy. "It was by the observation of a large number of such cases of convulsion starting locally, by the careful examination of the subsequent paralysis or weakness, and the correlation of these observations with actual situation of the lesions in the brain underlying the phenomena that Dr. Jackson was able, in 1870, to indicate certain regions in the brain as definitely related to certain face and limb movements." His speculations and assertions in this respect were seized upon with great avidity by experimental physiologists, especially by Fritsch and Hitzig in Germany and by Ferrier in England. Their corroboration was immediately followed by the brilliant surgical achievements of Sir William McEwen of Glasgow and of Sir Victor Horsley of London whose practical exemplification of the correctness of Hughlings Jackson's conceptions and deductions established forever the scientific explanation advanced by this original student respecting the phenomena in question.

And from limited convulsive seizure he proceeded at once to the study of Epilepsy in all its phases. With the possible exception of Sir William Gowers it is doubtful if any other investigator has contributed more to our present knowledge of general Epilepsy than the late Hughlings Jackson. He was the first to insist upon the importance of the aura; and he laid great stress upon the probable existence of "a fulminating centre" in which were abnormal cells, but excitation of which led to discharge in perfectly healthy structures.

He wrote many papers on paralysis and on syphilitic diseases of the nervous system. Up to this time knowledge of such subjects was very nebulous. He applied himself to the herculean task of evolving order out of this chaos and as usual, under such circumstances, his theories and views were regarded as revolutionary. He was told that many of them were like the "Love of God" in that they passed all understanding. Hence he early realized the necessity for close study and accurate observation of his cases, the establishment of a sound foundation for his systematic generalizations respecting them, and the desirability of exercising exceeding care in the presentment of their exposition. These conditions influencing a man with a philosophical bent of mind combined to give him an obscurity of style in his writings that repelled many readers who might otherwise have been more eager admirers. On the other hand we have the testimony of those who were associated with him in hospital work as to the enthusiasm with which he inspired them, whether as colleagues or as students. Like the late Sir William Osler his ward visits were attended by crowds who watched most closely his examination of the patient

and listened most intently to his elucidation and interpretation of the signs and symptoms presenting.

I now come to the most difficult part of this paper—both to the writer and to the reader—namely, Hughlings Jackson's conception of the nervous system. This cannot be succinctly obtained in any text-book; the only source of information, so far as I know, is in writings scattered in various medical publications, and extending all the way from 1861 to 1909. A great part of this scientific doctrine, as well as particular views on the physiology and pathology of certain diseases of the nervous system, I shall forthwith proceed to unfold in the form of a paraphrase or description; but I shall also make extensive quotations from such writings and this I do for two good reasons:—*One*, that in an attempt to confine my work to mere paraphrasing, or explanatory reproduction I might unwittingly, commit a gross injustice to the great neurologist, besides laying myself open to grave censure at the hands of those who, at any time, might be in a position to discover my possible misconception of those ideas; *the other*, that those ideas, conceptions, views, and theories are so technically constructed that a great deal would be lost in their verbal dismantlement and their reconstruction by a literary amateur like myself.

Dr. Jackson promulgated a peculiar division of the central nervous system under the name of Levels—First, or Lowest; Second, or Middle; Third, or Highest. The idea was based on a conception of evolutionary development, and was undoubtedly inspired by the biological theories of the time. His great purpose, apparently, was a more scientific classification of diseases than even yet obtains in the medical world. Thus he presented Progressive Muscular Atrophy as typical of an affection of the lowest Level, Paralysis Agitans of the middle Level, and General Paralysis of the Insane as representative of the highest Level. He was successful in working out the lowest Level in all its ramifications, both on the motor and on the sensory side; but in developing the other two the sensory element proved recalcitrant, and Dr. Jackson did not attempt to formulate it definitely. Besides his difficulty in this respect he was unable to divide the Cerebellum into "Levels". But we must remember that in those days "the little brain" was a *terra incognita*, so much so that the great German physiologist, Wundt, expressed himself thus in 1880:—

"The functions of the cerebellum belong to the darkest part of the central nervous system: the cerebellar cells are continually exerting an influence upon other nerve cells, but of the true nature of this action nothing is known with certainty."

But Jackson contributed extensively, after this, to our knowledge of the physiology and functions of the cerebellum. This work is ably summarized by Sir Victor Horsley in his Jacksonian Lecture and published in *Brain*, Part IV, 1906. He concluded that address with these words:—

"Enough has now been said to show that Dr. Jackson's views of the nature of the cerebellar motor output, and his mode of interpreting the stimulation effects of gross cerebellar lesions have been amply substantiated by the findings of experimental differentiation."

Dr. Jackson's theory of Nervous System Levels has received so much consideration from psychologists that it may not be unprofitable, nor perhaps uninteresting, to make a detailed reference to it.

The lowest or first Level is roughly defined as consisting of the spinal cord, the medulla, and the pons; and as being that sensori-motor division of the central nervous system to and from which pass nerves (all cranial and all spinal nerves) for every part of the body. His own description of it is as follows:—

“The lowest Level extends from the tubes cinereum to the conus medullaris. It is made up of an homologous series of sensory and motor centres lying in the cord, medulla, pons, and aqueduct, with the fibres interconnecting them. There are also superior centres of the Level—centres for defecation, micturition, the sexual act, parturition, etc. The homologous series of centres with the superior centres and the fibres interconnecting them are what will be called “Intrinsic elements of the Level.”

Besides we have to consider the “Extrinsic elements of the Level.” These are of two kinds:

- (1) fibres extrinsic upwards—for instance, those of the pyramidal tract, and
- (2) fibres extrinsic downwards—for instance, those of the posterior columns.

These extrinsic elements are:

- (a) fibres connecting centres of this Level with centres of the Middle Level;
- (b) fibres connecting centres of this Level with parts of the body.

The middle or second Level (its motor province) of the central nervous system is composed of centres of the Rolandic region and possibly of the ganglia of the corpus striatum also.

The highest or third Level (its motor province) of the central nervous system is made up of centres of the prefrontal lobes.

Jackson was never able satisfactorily, so far as I could discover, to work the sensory province of the central nervous system into his second and third Levels; but he experienced no difficulty with the first. His separation of the frontal lobe into middle motor centres (“motor region”) and highest motor centres (“prefrontal lobe”) was, of course, hypothetical, there being no obvious morphological separation. But in the so-called “motor area” he observed large cells, mostly, which were experimentally excitable, while those of the so-called prefrontal area were not. He regarded this as a very important difference and, along with other considerations, this differentiation caused him to recognize the prefrontal region as the “physical basis of mind”, the “anatomical substrata of consciousness”. In the first Houghlings Jackson Lecture delivered by himself in 1897 he said:—

“As to the nature of the relation of consciousness or mentation to activities of the sensori-motor nervous arrangements of the highest Level I have no hypothesis. I assume concomitance of psychical states with nervous states of, at least, the highest layers of this Level.”

And further on in the same Lecture we come across the following:—

“The centres of the lowest Level are much more strongly organized than are those of the highest Level. It is very important to bear this in mind. If the ‘vital’ centres of the lowest Level were not strongly

organized at birth life would not be possible; if the centres of the highest Level ('mental centres') were not less organized, and therefore very modifiable, we could only with difficulty and imperfectly adjust ourselves to new circumstances, and should make few acquirements. The highest Level is supposed to be less organized and therefore less and less automatic, the higher its 'layers'; the highest layers are the least organized, least automatic, and their activity is attended by most vivid consciousness; they are most easily rendered function-less by certain general injurious agencies such as alcohol, great heat in febrile diseases, and so on."

From questions of physiology and physiological psychology we will now proceed to consider Dr. Jackson's views on certain diseases and diseased conditions as illustrative of medical conceptions that were then presented for the first time. In 1875 he delivered a lecture on "Softening of the Brain" which was received with much acceptance by the leaders of medical thought, and was very favorably commented on by the medical press. The strict adherence to what is justified by clinical and pathological observation was especially referred to in these comments.

He commences with the remark that "local softening of the Brain is due to blocking up of arteries," and proceeds to show that the general mental symptoms are of two kinds, (a) Negative and (b) Positive. The Negative, such as loss of speech, imbecility, defect or loss of consciousness are often due *directly* to disease of the brain: the Positive, such as delirious ravings, etc., are due to the action of parts of the brain which are not the seat of a lesion which produces loss of function. They are rather due to the action of parts which, except for over-excitement, are healthy. With regard to the causation of these positive symptoms they are ascribed to the "removal of controlling influences", or to the "diminution of inhibitory power". When a man is delirious, his negative state is that his highest nervous arrangements in the cerebrum, the sub-strata of consciousness, are more or less put out of use; the positive or active symptoms, the delusions, illusions, and grotesque actions are owing to the action of the lower nervous arrangements which are healthy. "Do not forget," he says, "this seemingly paradoxical statement that the trustworthy symptoms in the diagnosis of acute and primary disease of the organ of mind are physical, and that the untrustworthy symptoms for that diagnosis are mental."

Then in a beautiful philosophic way he traces the different stages in the downward progress of the degenerative process. The general mental symptoms develop slowly weeks or months after the attack of softening. The deterioration shows itself both intellectually and emotionally. There begins to be loss of power of connected thought on difficult, novel, and complex subjects and there is an exhibition of peevishness and selfishness. Both conditions are highly characteristic of slow mental degradation as they also are of low mental development. Patients with general cerebral deterioration are easily excited: they have little controlling or inhibitory power. Inferior people among the civilized, as well as savages and children, show the same traits. They all lack the power of abstract reasoning and of self-control. They are also devoid of the sentiment of justice as indicated by the exhibition of selfishness, peevishness, and greediness. The feeling of justice implies a regard for others. He shows that the intellectual and the emotional are the highest and most special of all our faculties, that they are poorly developed in inferior people, and that

they are the first to be affected in degenerative brain diseases. He thus puts the mean man in a low category as regards reasoning power and a sense of justice. On the other hand, some men have a feeling of justice in excess: generosity is excess of justice. He says that such men are less likely to become selfish and greedy when the brain begins to fail.

He touches upon the neuroses along such lines as these. Anxiety and overwork are potent causes (especially in predisposed persons) of severe, very-distressing, and long-continued symptoms such as sluggishness of mind and body, failure of power of attention, incapacity of sustained exertion, and so forth. The explanation is that the brain has been slowly getting into a condition in which it is easily over-excited, due to degeneration of cerebral arteries, and thus producing a bad nutrition throughout the organ.

Hughlings Jackson's explanation of fits implied, in the first place, a primary discharging centre composed of nerve cells in a high state of instability. The cause of this instability he ascribed to a pathological condition of the "nutrient fluid" in which these cells were bathed—an increase in their nitrogenous contents. The precise cause of this change was only a matter of conjecture or hypothesis with him, as even it is to-day. His theory was that the initial lesion involved some interference with the arterial circulation in the brain, and for true Epilepsy he placed this lesion in the highest level of his division of the nervous system. True, he was never able to demonstrate the focus of such lesion in connection with Epilepsy, nor are we able to do so to-day with all our elaborate armamentarium for histological and pathological research; yet to the very end he held firmly to his hypothesis, strong in his expressed conviction that "there cannot be any kind of symptoms without abnormal changes, however slight they may be in some cases." "The hypothesis I put forward as the pathology of most cases of epilepsy is that it is plugging of small cerebral arteries and its consequences. There is thus produced which I call 'a discharging lesion'."

In 1890 he gave the Lumléian Lectures on "Convulsive Seizures". He characterised fits as of three kinds, corresponding to the three evolutionary Levels into which he had divided the central nervous system. These are:

- (a) Epileptiform—Middle Level fits.
- (b) Epilepsy proper—Highest Level fits.
- (c) Ponto-bulbar—Lowest Level fits.

Thus there are three *kinds* of fits, with *varieties* of each kind, and *degrees* of each variety.

The commonest varieties of Epileptiform seizures are:—

- (1) Fits starting in the hand (most often in the thumb or index finger, or in both).
- (2) Fits starting in one side of the face (most often near the mouth) or in the tongue, or in both these parts.
- (3) Fits starting in the foot (nearly always in the great toe).

Often enough there is "tingling" or some other crude sensation in the place of onset before convulsion starts; this is part of the proof that the so-called motor region, although mainly motor, is not purely motor. Of course *crude* sensations (psychical) and convulsions (physical) are in no way comparable, especially such "crude sensations" as excessive development of sound or of color.

An epileptiform seizure is always symptomatic of one *physiological* thing, namely, "a discharging lesion". It is not a symptom of tumor, of "softening", or of meningitis: it is a symptom of one thing—high instability of certain cortical cells, due to the operation of some pathological process. So that the pathological question arises: what abnormality of the nutritive process has produced such an alteration in the composition of the material of cells, in that part, as to render them highly explosive, and how was that abnormality set up?

The nutrition of the cells of the discharging lesion goes on in some "base fashion" as certainly as that of the stable neighbours goes on in a proper way. By morbid nutrition of some kind the cells of the discharging lesion attain high tension and very unstable equilibrium, and occasionally discharge suddenly, excessively, and temporarily. After the discharge their stability is below normal; and by continuance of the abnormal nutrition they re-attain high tension, or no more fits would ensue. What is the "base fashion" of nutrition of these cells? The nutrition must be such that it alters the composition of nervous matter of the cells, and in such a way that it becomes more explosive. He says in this connection:—

"I have so often spoken on this subject that I will only mention the hypothesis that the nutrient fluid bathing the cells is comparatively stagnant, and that in consequence there is inferior nutrition. I suggest that there is "substitution nutrition", phosphorus compounds becoming more nitrogenous, or nitrogenous compounds becoming more nitrogenized. I may illustrate by the well-known case of glycerine becoming explosive (nitro-glycerine) when some of its hydrogen is replaced by nitric peroxide. The composition of this substance is altered but its Constitution remains the same."

Dr. Jackson was not only a renowned neurologist—"the father of neurology in this country and everywhere else", as a famous English surgeon said—an ardent physiologist, a great physician, but he was also a keen psychologist. In the domain of the science of mind, however, he was always at pains to keep the physical and the psychical each in its place—psychical conditions could never, in his opinion, give rise to physical phenomena. He probably regarded the brain as a "nervous switchboard" making connections between mind and body. He described his conception of the relationship as a "concomitance of psychical states with nervous states of, at least, the higher layers of the highest Level". Compare this conception with that of the latest pronouncement on the question by authoritative psychology of the present day, as stated in the latest edition of Pillsbury's *Essentials of Psychology*:

"At present it is universally accepted that mental state and bodily or nervous activity are always found together, but care is taken not to assert that one is the cause of the other. The implication is that they are related in some essential and fundamental way; but what that relation is, is not stated. It is customary to explain any mental process in terms of other mental process, and to explain all nervous action by other nervous activities; but no attempt is made to explain one in terms of the other, further than to say that the two series are always found together and run on side by side."

He frequently referred to the process of all thought as the tracing of *resemblance* and *difference*; and that in some circumstances, as in slight febrile

ailments or after taking a small quantity of alcohol, there is increased mental activity of a sort, a great flow of ideas. He would describe the mentation as an increase of the first "half" of Thought, namely, tracing resemblances; whilst the noting of differences, the second "half" of Thought, is diminished: or to use popular language, there is greater brilliancy with less judgment.

And from the Lumleian Lectures of 1890 I submit the following as an indication of his views on Medical Psychology 47 years ago:

"Consciousness is not a function of the highest cerebral centres: it is simply concomitant with their functioning. There is no physiology of the mind any more than there is psychology of the nervous system All psychological explanations of physical disabilities are merely verbal. If anyone says that he cannot understand how activities of motor nervous arrangements can correspond to words I would remind him that, except the "popular" psychologist, no one pretends to understand how any material conditions correspond to any psychical states."

He then goes on to explain that the main elements of that part of Mind commonly distinguished as Intellect (in contradistinction to the other part called Emotion or Feeling) are visual and tactual ideas and words. He says:—

"Much the greater part of mentation, both in the sane and the insane, is carried on in visual ideas; if all visual ideas were cleared out of a man's mind, he would be practically mindless. Further, much mentation is carried on in tactual ideas. Herbert Spencer has pointed out that intelligence in animals is proportionate to the development of tactual organs; that tactual impressions are those into which all other impressions have to be translated before their meanings can be known."

Permit me to present one more nugget from the inexhaustible mine of this philosopher's meditations. The extract is the introduction to a memorable address he gave at the Leeds meeting of the British Medical Association in 1889.

"The use of hypothesis is the method of science. To suppose that we can make discoveries by the Baconian Method is a delusion. No discovery, we are told by good authority, has been made on that method. An hypothesis, otherwise a supposition, is not a *conclusion*; it is only the starting point for methodical observation and experiment, the endeavour being not only to prove but to disprove it. Anyone who is practically acquainted with scientific work is aware that those who refuse to go beyond fact, rarely get as far as fact; and anyone who has studied the history of science knows that almost every step therein has been made by the "Anticipation of Nature". It is impossible to investigate complex subjects without the use of hypothesis: for instance, that Harvey could have made observations and experiments to prove the circulation of the blood without *supposing* beforehand that it did circulate."

Thus far I have metaphorically led you in a rather limping way along the main thoroughfare of this remarkable man's life. Together with him we have passed over the pleasant plains that represent every young man's outlook upon existence and have steadily wended our way up the heights until now, upon the summit, I would ask you to listen to Sir Victor Horsley describing in glowing terms the panorama set out before us.

"The power of genius evinces itself by the happy use of analysis and synthesis with, as a result, the discovery of principles. Dr. Hughlings Jackson's writings are, all of them, such expositions of principles, and no one rises from their perusal without realizing that his conclusions are final without dogmatism, that a subject dealt with in his way always remains open for further scientific advancement, and finally that his reader has learned far more than can be at once simply and adequately expressed. His teaching of first principles will always be gratefully remembered by the ever-increasing army of neurologists; but there is the opportunity for those of us, who have enjoyed the inestimable privilege of being immediately his pupils, specifically to recall the profound depth of our indebtedness to him. We feel that his precept and example have influenced us both in methods of work and in methods of thought. Of the former I need now only particularize his constant inculcation of accuracy in observation and, above all, his insistence on the necessity for correlating disturbances of function with the structural changes found after death. Of even greater value has been his method of thought, by which a thinker can keep his mind open to appreciate broad principles even when it is most inclined to be narrowed by close attention to detail." (*Brain*: 1906).

Now let us descend from our lofty station with more mental speed, and with the assistance of that universal law of gravitation that propels all Nature to seek the lowest level. And as we proceed on our way we reflect that the subject of our study was not only a great scientific man, a pioneer in his special medical sphere, an outstanding figure in the neurological world but that he was, at the same time, a human being like the rest of ordinary mortals with many of the peculiarities and eccentricities that are inseparable from the bundle of life.

I have already said that Hughlings Jackson was not a highly educated man in matters outside his professional realm; but he was an omnivorous reader, especially of novels and of works on philosophy. On the other hand he was different from the usual high class reader in not being a lover of books, as books. He was a lover of knowledge, but for the book itself he cared absolutely nothing. He seems to have taken the greatest delight in mutilating the volume that gave him mental sustenance and delight, frequently ripping off the covers if bought while travelling, and separating the volume into as many divisions as he had pockets available for their deposit. He thought nothing of removing pages out of bound volumes of great value, and that even when those articles were written by himself. Thus his library, at the time of his death, was a terrible disappointment to his friends.

He read and re-read the works of Samuel Johnson and of Herbert Spencer; he was also very fond of Dickens, Thackeray, Jane Austen and Anthony Trollope. His favorite poet, if not his only one, was Keats.

He was of a very retiring disposition and never came prominently before the general public. But with his professional colleagues and with his intimate friends in general he was in his later days especially, the "Grand Old Man" of their affection and esteem. He was never known to say an unkind word about anybody though there were many occasions when he would have been justified in doing so. It may not be amiss to say further of him that he did not smoke, that he could not sit out a full play at the theatre, and that he disliked general society.

Sir Jonathan Hutchinson used to remark at post-prandial gatherings that the general opinion prevailing was that he himself and Dr. Jackson were both devoid of a sense of humor. And he would then proceed to narrate instances in order to prove the contrary. Thus, on one occasion, when Dr. Victor Horsley had completed a very serious head operation on a young Scotsman, having successfully removed a brain tumor, and when everybody was smiling into his neighbour's face in the joy aroused by the occasion Jackson was seen to be wearing a most mournful countenance, and on being asked to explain his seeming lugubriousness exclaimed, "There has been a most serious mistake made: the operation was performed but we forgot to put the joke in."

Reference has already been made to the amusement afforded him by hearing of the general incredulity with which his pet views and theories were being received: often he would laugh at the humorous sallies made by his critics, throwing his head back in excellent glee. In a paper on the psychology of joking that he read in 1887 he said:—

"The man who has no sense of humor, who takes things to be literally as distinct as they superficially appear, does not see fundamental similarities in the midst of great superficial differences, overlooks the transitions between great contrasts. I do not mean *because* he has no sense of humor but because he has not the surplus intellect which sense of humor implies."

And further he adds:

"The Scotch have a great appreciation of those highly-evolved jocosities displaying the humorous although, no doubt, a scorn of simple, lowly-evolved jocosities, such as play on words, etc."

Dr. Charles Mercier, a former pupil, records that while driving one day with Jackson in a cab, Mercier noticed that the driver was taking a round-about route and asked Dr. Jackson if he should correct the man. "Leave it to him," said Jackson, "he knows best—he is a specialist in that department."

On one occasion a student asked to be excused from attending lectures for a week on the ground of ill health. Jackson eyed him closely for a moment and then suggested that such might be taken as "prophylactic measure".

In an address delivered by Sir Farquhar Buzzard on October 19, 1927, dealing with leaders of Medicine whose work exemplified great stages in scientific progress he made the following reference to the subject of our study this evening:

"My claim to remind you of Hughlings Jackson is based on sound foundations, on memories more intimate perhaps than those of anyone else now living. His short and barren married life ended with the death of his wife in 1876. Thereafter for five and twenty years he was a constant, almost daily visitor to my father's house, and among my earliest recollections are those of this quiet, restless spirit, appearing unannounced at any time of day and disappearing without ceremony ten minutes later. His life was a lonely one, and these visits, with less frequent ones of a similar character to one or two other houses, constituted almost his only social activities. He abhorred all public and social functions. He would generally come at lunch time, having lunched already, take a chair, contribute a few pertinent and drily humorous remarks to the conversation, mutter something about a

mythical engagement, and vanish. Occasionally he would invite one or other of us to drive with him, but we had to be ready in two minutes if we accepted the suggestion. If we had ever treated him as a formal guest, made any effort to prolong his stay, or even got up and seen him out of the house, we should have risked frightening him away altogether.

"Later I became his clinical clerk, house physician, and, finally, colleague at Queen-square. What a difficult man to describe even with all these opportunities of knowing him! Gifted with almost feminine tact and sympathetic tenderness he was never known to say an unkind word of anyone. Diffident about his own achievements, he was scrupulous to an almost quixotic degree in giving honour where honour was due. It was impossible for anyone who knew him to associate him with any thought or action lacking in bigness, truth, or generosity. And with all this no trace of priggishness or false piety. On the contrary, perfect manliness of demeanor combined with an abundant sense of dry humour.

"On the intellectual side I have no hesitation in describing him as the finest and most stimulating brain with which I have ever come in contact, and that is the almost universal judgment of those who shared, however humbly, in his work. His powers of accurate observation and meticulous attention to detail were only equalled by his uncanny genius for deduction and generalisation. As a result he arrived at truths in advance both of his contemporaries and of his followers, and established himself for all time as the father of modern neurology and perhaps as the favourite uncle of psychology and physiology."

Dr. Jackson pursued scientific studies with a philosopher's mind. He had the scientist's bent for the patient observation of phenomena, and the philosopher's faculty for deducing generalizations. He did for Neurology what John Hunter did for Surgery, Virchow for Pathology, Koch for Bacteriology and, shall we say, Osler for Clinical Medicine. He never wrote a book setting forth a complete system of his medical ideas though he was often urged to do so—once by Sir William Osler. But his literary work was extensive: between 1861 and 1894 the index of his published writings numbered 202. Merely to scan the titles of the Lectures (Croonian, Lumleian, Hunterian, Bowman, etc.), presidential addresses, communications, papers and notes that constitute the record of these fertile years suggest the idea of what a superman he must have been. Not a little of his fame rests on contributions published in the London *Lancet* between 1893 and 1909 under the title of "Neurological Fragments". They are 21 in number, all of them dealing with points of clinical and physiological interest to neurologists, and all of them characteristically Jacksonian in the manner in which the subject of each was treated—chips from the workshop of a master mind.

Dr. Jackson had many honors conferred on him. He had the honorary degree of L.L.D. from the University of Glasgow; that of D.Sc. from the University of Leeds; that of M.D. from the University of Bologna which latter he especially greatly valued, as he did also the F.R.S. conferred on him in 1878.

On the occasion of his retirement from the active staff of the London Hospital in 1894 he was presented with his portrait and with a silver ewer and stand from his colleagues of the medical and surgical staff and numerous friends, both at home and abroad,

"in recognition of their esteem and admiration of his great services to the London Hospital Medical College, his distinguished position in the profession, and the advances he had effected in medical science by his laborious investigations and profound insight into diseases of the nervous system."

The presentation was made by his old teacher, Sir James Paget, who in his address made special reference to Jackson's researches into the localization of brain functions which he said "had given lucidity to physiology and guidance to surgery".

No more appropriate conclusion to this review of the life and work of Dr. Hughlings Jackson can be penned than the following extract from the London *Lancet* in its obituary notice:

"The psychologist of to-day has adopted Dr. Jackson's hypothesis of 'levels' in the 'central nervous system'; the physiologist has established the truth of his views on the functions of the motor cortex and of the cerebellum; the clinician and the pathologist are reaping in many fields where he sowed. No less than half a century has elapsed since he first ventured as a pioneer into the unexplored region of clinical neurology, to illumine its recesses by an unparalleled series of researches, conducted with unflagging zeal and enthusiasm, and animated by a rare scientific temper; and many of these researches culminated in discoveries which made his name familiar wherever medicine is taught the world over."

Why Should I Belong to the Canadian Medical Association?

APPROXIMATELY four thousand Canadian doctors have satisfied themselves with the answer to the foregoing question resulting in their becoming members of the Canadian Medical Association.

There are several thousand other doctors in Canada to whom the question has not been a matter of any concern or who have not as yet been sufficiently impressed with the answer to prompt them to become members of the Association.

The purpose of this article is to set forth facts which it is hoped will result in bringing many new members into our organization.

What is the Canadian Medical Association?

In 1867, the year of Confederation, a national charter was granted to a small group of practitioners—men of vision—who believed that the medical profession of this new Dominion could best serve the interests of the public and themselves by building a strong national association. The founders of the Canadian Medical Association believed that medicine was facing in 1867 and would face in all the years that might follow problems of education, legislation, public relations, and enlightenment that could only be dealt with properly by national unity within the profession. How little did our founders realize the complexion and the complexity of some of the issues which face us today—and yet in those days they did realize that without organization the medical profession could not hope to mould and direct public opinion and public relation—official and otherwise.

The Canadian Medical Association was founded to help the doctors of Canada to be better doctors by maintaining their proper relation to all other members of the community; by disseminating all available knowledge to one another; by mutually supporting and protecting one another; by doing all and sundry, those things which properly come under the perview of an organized group of medical practitioners. Every ethical practitioner in Canada was invited to join the Association—just as he (or she) is today—membership carried with it responsibilities and privileges. For seventy-one years the Association has carried on never once losing sight of its main objectives—but sometimes as during the war years—facing difficulties which seemed almost insurmountable. Today the Association through its membership Branches and Divisions is a more closely knit organization than ever it was. Unless all signs fail the Association is here to stay. It is strong but it should and can be much stronger. You—Mr. Non-Member can help to make it stronger and therefore more useful to you and to all other doctors—by becoming a member.

What has the Canadian Medical Association done?

The Association has held sixty-eight scientific meetings across Canada—providing programs of merit and usefulness—and incidentally paving the way for the great multitude of scientific meetings which subsequently were developed within the Provincial and local Medical Associations and which today

constitute, in a large measure, the life blood of medical organizations throughout the land.

For close upon thirty years the Association has published a monthly Journal which is said by many to be worth more than the cost of annual membership. The Journal aims to reflect the best medical thought and opinion to be found in Canada in the whole range of medical problems. It should be found in every Canadian doctor's library.

During the period 1926-1932 inclusive the Association spent \$212,847.52 to send 2,156 post-graduate speakers to give 4,889 addresses to a total medical attendance of 161,210. This extra mural program is without parallel in any country in the world. While it was in progress there was no part of our far flung country which did not feel its benefit. Since 1932, the program, greatly curtailed, has been carried on by the Association. It is our hope that when economic conditions again reach a more normal level it will be found possible to resume the plan on its former scale. Meanwhile, the profession of Canada is under a great debt of gratitude to our benefactors the Sun Life Assurance Company of Canada who provided this huge sum of money for such a worthy purpose.

It would be impossible to over estimate the value of the more than 700 hospitals in our country—to the people of Canada—and incidentally to the doctors of Canada for whom these hospitals are their work shops. During the past 10 years the Association has spent in excess of \$125,000.00 in carrying on a department whose sole purpose is to assist the hospitals with their problems in order that hospital service may constantly be improved. Again, we are indebted to the Sun Life Assurance Company of Canada for their magnificent co-operation in financing this work in its entirety.

Ten years ago the Association embarked upon a program of public enlightenment utilizing more than 300 Canadian newspapers to whom health articles have been sent reaching an estimated weekly circulation of more than two million. To date this service has cost approximately \$55,000.00 every cent of which has been contributed by the Canadian Life Insurance Officers' Association, to whom we are greatly indebted.

Since 1926 we have received and spent gift funds totalling in amount slightly less than \$400,000.00. During that same period our total membership fees would not amount to \$400,000.00 Or put in other words—for the past 12 years outside interests have contributed to our coffers more dollars than we have put in ourselves. Surely there could be no finer testimony than this to the bona fides of our organization and the work it is trying to do. Mr. Non-Member does this fact not suggest to you that the C. M. A. is worthy of your interest and support?

The Association is constantly informed on all legislative problems which affect it. An active legislative committee presided over by one of our members who is a member of Parliament keeps us in touch with all federal legislation in which the medical profession is interested. We have established and enjoy close cooperation with Federal departments (notably the Department of Health) and from time to time carry on joint activities such as the publication of a book on periodic health examinations, while at the time of writing a joint committee is working on a book on Poliomyelitis.

During recent years there has been found growing necessity to study medico economic problems particularly as the subject of Health Insurance has become of increasing interest and importance in the public mind. The Associa-

tion has endeavoured to keep itself well informed on the subject and for years back has been gathering data and information so that at any time and in any place it is ready with advice if called upon. Moreover when the problem presented a real issue in the Province of British Columbia the Association upon invitation extended to that Province all possible support. What concerns the doctor of one Province today may be a matter of equal concern in another Province tomorrow. The C. M. A. considers it to be a responsibility of a national organization to render to any and all of its component parts such help as it may. Surely this phase of economic security and safety should call for a united medical profession. It may affect you Mr. Non-Member just as much as it will a member.

During the past year a Royal Commission on Dominion Provincial Relations has been making an exhaustive inquiry throughout Canada hoping no doubt to find a solution to the many financial, political, economic and social ills under which our people think they are suffering. Believing that a useful purpose would be served the C. M. A. instructed its General Secretary to hold a watching brief at all sessions of the Commission as it moved across Canada. Moreover the Association submitted its own brief to the Commission setting forth what it believed were guiding principles to be observed in attempting to arrive at a most efficient health policy for Canada.

This is further evidence of the keen desire of the Association to endeavour to keep in close touch with all that is going on in Canada which may have a bearing upon the interests of our profession. Of course members and non-members share alike any benefits which may accrue.

The Association maintains an active Committee on Pharmacy whose duty it is to watch all legislation arising in the field of therapeutics, to concern itself with the purification of drugs, patent medicine laws and the like. The Committee performs a useful service to all practitioners.

Canada loses too many mothers in childbirth every year—far more (by percentage) than does our sister Dominion of New Zealand. In order to more thoroughly study this all important problem our Committee on Maternal Welfare recommended that a pregnancy survey which originated in Manitoba should receive the moral and financial support of the Association. The plan contemplates that for a period of two years every case of pregnancy arising within the Province shall be reported and recorded in minutest detail. This means a lot of work on the part of the practitioners of Manitoba, the value of whose efforts will be of interest and enlightenment to all the practitioners of Canada. The Association was pleased to vote \$2,000.00 towards the cost of the survey.

Fourteen years ago the Association convened a Conference on the Medical Services in Canada which was held in Ottawa under the auspices of the Honourable Minister of Health for Canada and to which was invited representatives from all parts of Canada and from the many organizations, official and voluntary, concerned with the problem of health. Twice since, similar conferences have been held and other conferences will follow for the purpose of bringing together all available viewpoints and opinions on Canada's most important problem—the health of her people. The Association believes that in taking the initiative in such conferences it is fulfilling to some degree at least one of its most important functions.

In 1920 a resolution originating in the Province of Saskatchewan urged the Association to take steps to organize a College of Physicians and Surgeons

in Canada in order that those who by virtue of their education and training were entitled to be regarded as specialists might be so recognized by a Canadian institution. After ten years of careful planning and hard work on the part of the various Committees having the matter in hand there came into being the Royal College of Physicians and Surgeons of Canada. There are many who believe that the College will in the future play a very important part in the life of the medical profession of Canada and the Association has every right to be proud of its offspring.

If you pay any Federal income tax you are indebted to the Association each year for a sum in excess of the annual fee. Why so? Because several years ago the Association conferred with the Commissioner of Income Tax and worked out on paper rules and regulations governing medical practitioners returns. Copies were sent to every registered medical practitioner in Canada. Increased abatements which were permitted for mileage, depreciation of books and instruments, medical society fees, etc. etc. amounted to a sum upon which the minimum tax would have been higher than \$10.00. Surely this is tangible evidence of the value of a national medical organization. This fact alone should answer the question "What do I get for my ten dollars or eight dollars?"

Canada loses by death from cancer approximately 12,000 persons a year. The Canadian Medical Association believes that a most concerted attempt should be made to cut down this mortality by utilizing in every possible way such means as are at hand. During the past year the Association received from the Trustees of the King George V Silver Jubilee Cancer Fund for Canada a grant of \$14,000.00 to be spent in carrying out a national cancer program. A Board of Directors representing every Province in Canada was appointed and has met with 100% of the members being present. Active committees have been set up to carry out programs of study, education and publicity. It is proposed to organize cancer study groups in all hospitals with 100 beds and over (and in smaller hospitals where staffs are desirous of organizing such study groups) for the purpose of securing as much data as possible on a large scale dealing with this national menace.

By way of education, the Department has recently issued to the doctors of Canada, 10,500 copies of a Handbook on Cancer which deals with the subject in a very practical way and in such form and style as to make conveniently available reference to cancer in all sites of the body. This entire program has been made possible because we are a nationally organized body enjoying the confidence and support of the people of Canada each as are represented by the Trustees of the King George V Fund. Complimentary to the development within our own organization of a Cancer Department, the Association took steps to bring about the formation of the Canadian Society for the Control of Cancer. In March of this year the Society was granted a national charter. Branches have been established in every Province, a Grand Council of eighteen persons—one layman and one doctor from each Province has been set up to govern the Society and this Grand Council met in Toronto on November 1, 1938, with all but one member being present.

The Canadian Society for the Control of Cancer proposed to carry on a program of public education similar to that engaged in by cancer societies in many other nations. The Society can and will be an excellent auxiliary in the cancer field. The Association is pleased indeed to have had the privilege of bringing it into being.

Our medical service bureau has served more than 1,000 doctors looking for locations, locum tenens, etc. Again this is a practical piece of service which is available to all members with of course no additional fees attached.

Every year the Association has approximately twenty committees—representing all sections of Canada—at work upon problems of vital interest to the medical profession.

During the past four years the Committee on Constitution and By-Laws has been engaged with the revision of our Constitution and By-Laws in order that a closer relationship might be established between the nine Provincial Medical Associations and the C. M. A. At this date it is indeed most gratifying to be able to report that seven of the nine Provinces have completed Federation with the C. M. A. by becoming Divisions. It is confidently anticipated that ere long the two remaining Provinces, Manitoba and New Brunswick will have taken similar steps bringing about a national organization so completely coordinated that in every field of activity and in every part of Canada the medical profession will stand as a unit. In these days of change, flux and surprises who can overestimate the value to our profession of being organized on such a thorough basis.

There is no field of endeavour, interest or contact which concerns our profession in which the Association is not prepared to enter intelligently and effectively. Surely this thought should give comfort and assurance to the profession and should demand the undivided and complete allegiance of the profession.

Seventeen years ago the Association was \$18,000.00 in debt with practically no assets and faced a future filled with misgivings and uncertainty. Today the Association has \$85,000.00 and no liabilities. The Association faces the future with complete confidence and assurance that it is here to stay and endure because it has proved itself worthy of the support not only of its members but also of the public, not forgetting that influential section of the public who have manifested their confidence by giving us more than \$400,000.00.

But lest we should appear to be boastful, may we hasten to say—We are not strong enough. We never shall be until we can count in our ranks every honest medical practitioner in Canada.

Need we say more. Every medical graduate owes an "Honour debt" to his medical forbears and to posterity. In fairness to yourself, to your colleagues, to those to whom you owe much for what is past, and to those who will come after you and for whom you would desire to make brighter the way—may we express the hope that you will find no difficulty in answering the question—"Why should I belong to the Canadian Medical Association?"

All of which is respectfully submitted,

T. N. LEGGETT,
Chairman of General Council.

T. C. ROUTLEY,
General Secretary.

P.S.—Might we suggest to non-members that you complete your answer by making application for membership, on your own letterhead, to the Secretary of your Provincial Medical Association or to the General Secretary of the C. M. A. at 184 College Street, Toronto.

Social Services and Public Health *

ERNEST H. BLOIS

Director of Child Welfare, Mothers' Allowances
and Old Age Pensions, Nova Scotia

PARTLY as a result of evolution in our conceptions of human relations and partly by common consent when present-day economic and social problems are discussed, certain government activities have become known as "social services." This name, however, is not yet used in an altogether definite sense nor is it satisfactory as a descriptive term. It may be contracted to exclude or expanded to embrace a particular service. It is therefore essential to state the meaning I attach to the term. I regard it as including all the activities of a government (whether Dominion, Provincial or municipal) in the spheres of child welfare, mothers' allowances, old age pensions, relief assistance; certain types of health and medical services, as for example, public health and dental clinics and public nursing services; mental hygiene, humane and reformatory institutions, hospitals, and certain forms of specialized education, such as the education of the blind and mental defectives. To this list of well-established services others may soon be added, probably the first being unemployment and health insurance, and maternity benefits. I have deliberately left out labour, general education, workmen's compensation, and certain forms of public health, notably quarantine and sanitary regulations.

It may be noted that those for whom these services are provided fall naturally into five general classes, namely: The destitute and helpless, the defective, the anti-social or delinquent, the physically and mentally ill, and the unfortunate. These classes are not always clearly defined, often merging or over-lapping. "Health and Welfare" is the name I would apply to the department of government controlling and administering such services. I am not, on this occasion, concerned with the present or future constitutional authority of the several governmental departments—whether Dominion, Provincial or municipal—to create and maintain these services and to make them fully effective. I wish to limit my observations to certain general characteristics of these various social services, and to urge the need for co-ordinating them under one responsible head or Minister of the Crown. I am not advocating amalgamation but co-ordination. I believe that such a department, properly organized, would provide the maximum of essential services at the minimum of cost to the public. Of course the co-ordination in one department of the services I have mentioned does not mean that other closely-allied public services should not be in the same department. The British Ministry of Health is a good example of such co-ordination for in it we find at least five divisions, namely: Health, Housing, Local Government, Health Insurance and Contributory Pensions, and Relief, all harmoniously working together for the benefit of all concerned.

Look at the situation which now exists throughout Canada. Consider the Dominion first. We find the Department of Pensions and National Health

*Presented before a joint session of the Canadian Public Health Association (twenty-seventh annual meeting) and the Nova Scotia Health Officers Association, Halifax, June, 1938.

dealing with war pensions and war veteran's allowances—the latter, at least, properly within the field of social services—but we also find old age pensions administered by the Department of Finance, and relief by the Department of Labour. Among the provinces there is no uniformity in grouping these several services for administrative purposes. It is encouraging to note that in Ontario there is a Department of Welfare and likewise a Department of Health, but this is the only province in Canada where two such departments of government exist, and through lack of complete co-ordination these departments have not reached their maximum efficiency. We have in effect throughout Canada such anomalies as old age pensions and child welfare being administered by the Department of Highways, as is the case in Saskatchewan; and child welfare and mothers' allowances by the Department of the Provincial Secretary, and old age pensions by the Workmen's Compensation Board, as is the case in British Columbia. In the Province of Nova Scotia the Department of Health is charged with the administration of humane, reformatory and penal institutions, hospitals, vital statistics, public health, mothers' allowances, old age pensions, child welfare, including the general supervision of reformatories and child welfare institutions; juvenile courts and the care and training of mental defectives; but unemployment relief is administered by the Department of Labour, and relief to the transient poor, and the education of the deaf and the blind by the Department of the Provincial Secretary.

One explanation of these diverse conditions throughout Canada is to be found in the way these services came into being. Usually some particular Minister of the Crown was instrumental in the establishment of the service, and the administration quite naturally was assigned to his department. Or, as undoubtedly occurred in some instances, the newly-created department was given to the Minister who had the fewest duties to perform. It can readily be seen that changes in the administrative heads of departments would very soon offset any advantage gained by placing a particular service under the jurisdiction of a Minister especially interested in that service. In many cases it is to be feared that the administration, in the course of time, has become purely mechanical, the chief concern of the administrators being the control of the expenditures. The social or humane motives behind the creation of the services are, I am afraid, sometimes forgotten. This point is particularly well illustrated in the case of old age pensions, where the object of those advocating the original Act, which was to provide a social welfare measure of national character and importance, has been almost completely over-shadowed by the purely technical or accounting aspects of the administration, which has been transferred, so far as the Dominion is concerned, from the Department of Labour to that of Finance. The explanation, of course, is that financial considerations have become of such grave concern that they are being stressed to the exclusion, perhaps, of the humane considerations which brought about the creation of this public service.

Social services are so closely related to one another and so dependent on common factors, of which health is perhaps the most vital, that their proper co-ordination and effective control can only be secured under one competent administrative head. A careful examination of any of these services—child welfare, family welfare, old age pensions, mothers' allowances, or delinquency—will reveal that, if we leave financial conditions out of consideration, ill-health, by which I mean both mental and physical ill-health, is the outstanding characteristic of the persons that must be dealt with, and consequently, after more

than thirty years of observation and study of social problems, I am convinced that, next to economic conditions, government welfare departments should place the greatest stress upon physical and mental health.

Welfare workers are chiefly concerned with three great human needs; physical and mental health, economic security, and character development, and they must largely depend upon others for the success of their work. The successful social worker is one who can co-ordinate and make the best use of the material and the agencies which a community has to offer. For this reason the social worker seeks the co-operation of the physician, the lawyer and the clergyman; and if he is wise he will not overlook the politician. On the other hand, the social worker can, and often does, render most efficient aid to physicians, clergymen and members of other specialized professions because he is, from the nature of his calling, in a position to use effectively the combined special knowledge of all of such professions or callings.

For certain types of patients the doctor often seeks the aid of a social worker, or at least applies the principles of social case work, and I believe firmly that the competent welfare worker can greatly assist the medical practitioner, as there can be little doubt that many of the case problems of the doctor are essentially social welfare problems, requiring the adjustment of financial, mental, domestic or community difficulties, generally regarded as being entirely outside the field of the medical profession. The social worker can make use of all known means of dealing with such problems and if the special knowledge of each of the professions is pooled there will be hope of finding a solution.

It would be superfluous to dwell upon the necessity for competent medical advice in administering all health and unemployment insurance schemes; and in my opinion such advice will be more needed in regard to the latter than the former. In any scheme for compensation for personal loss by money paid from the common or public purse, the best available medical advice is absolutely necessary, and equally necessary is the assistance of a skilled social worker; otherwise the scheme will carry a tremendous load of fake or questionable claims which in time will wreck the public Treasury.

This, then, is the situation as I see it. Social services, unless provided with adequate safeguards and under competent administration, are from their very nature likely to lead to gross abuses and large numbers of individual cases cannot be successfully dealt with unless there is complete co-operation between the medical profession and welfare agencies. It is therefore desirable that there should be the closest co-operation between these two when dealing with problems arising out of the public administration of social services. Moreover, there will certainly be a tendency for the social services of government departments to become less humane and more bureaucratic the older they grow, unless there is co-ordination and control under trained officials, directed by a single Minister, competent to judge the value and importance of each factor in the complex human problems which these services constantly disclose. Is it reasonable to expect that satisfactory results can be obtained when the heads of departments and those directly responsible for the administration of these special services are chiefly concerned with other matters, such as finances, highways and agriculture? There is also danger that some special services may be over-emphasized and exploited for purely private or political purposes. It is not uncommon, indeed, for the benefits to be derived from a particular service, especially if it be a new one, to be magnified out of all proportion to their real value and to the detriment of more worthy government services.

Nova Scotia is now developing a Department of Health and Welfare which will in time measure up to modern standards and requirements, though it must be admitted we have still some distance to go. At the present time the social services under the Minister of Health embrace the major welfare activities of the government. An admirable spirit of co-operation and assistance is developing in the administrative officers of the several units in the department and, what is of vital importance, there is gradually being created through the Province a public opinion favourable to the gradual extension of these services in a way that will meet the proved needs of our people and yet be within their financial means.

It is, in my opinion, our duty not only to help to create and direct a public opinion favourable to the extension of social services within the limits I have stated, but even more to point out on every possible occasion, and to oppose with all sincerity and the utmost vigour, the danger which lurks in ill-considered, unco-ordinated and ineffective schemes which may be placed before the public as desirable social services. There is to-day greater need to examine carefully into existing services and to improve and co-ordinate the really valuable ones now existing than there is to introduce new ones, and what is true of this Province in this respect is undoubtedly true of the whole Dominion.

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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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Consistence and Consistency.

THIS is the time of year when even the most callous unbeliever in the world has his Godless mind forced to a grudging contemplation of Christmas, its meaning and of the Christ whose birth this universal celebration commemorates. One has no doubt as to the brevity of such contemplation in everyone and certainly in most its feeble oscillations fail to trace any permanent record on the thought or actions of daily life.

Christmas we are told is for the children or the merchants and so, it would seem, many of us have come to believe. Such an idea at once justifies and disposes of the day, without the painful obligation of thought or consideration. A by-pass, as it were, to ensure that no mere spiritual thing should entangle itself in the busy traffic of our material lives. How completely lost is the fervor and sincerity of those ancients whose zeal in the celebration of the birth of Christ gave to them the power which spread a truly great faith over the entire world. How their self effacement is caricatured in our modern Christmas! How the self abnegation they practised as an essential part of Christianity is conspicuous in its absence from the life and work of medical and lay men of this or any time.

Doctors, who have perhaps the greatest opportunity of any human group to practise real Christianity, are hampered by the system under which the present set-up forces them to work. Who can be truly Christian who profits while he heals? True the laborer is worthy of his hire but most physicians would rather, in their hearts, be healers, not laborers. Yet to live forces the tangible to the front, while the intangible remains stifled in obscurity. What tremendous force is lost to the practitioner who has no spiritual truss to strengthen the span of his experience and learning! And who, in this harried world, requires more!

What then, one asks, is the significance of Christmas and to what material consistence has the spiritual value of this annual remembrance descended? Who can observe the frenzied efforts of shoppers, the agonized bewilderment of uncertain gift seekers, the tired housewife or the dull eyed, weary clerk and see therein any surge of emotional uplift to that great extra-corporal

power house, the spirit, which should enable us to go forward valiantly through another year of earnest endeavour? One sees none of that! There is only habit with its dull sequence of nervous impulses, its annoyances and fatigue.

Many more millions of people will observe a mere holiday this year than at any Christmas for centuries and therein lies an element of consistency. Why should we in democratic and supposedly Christian countries be critical of the nationalist states who demean or deny Christ when we are conforming materialism to falsely avowed religion while they more honestly evolve a new religion to enhance their boldly acclaimed materialism.

Let us not hope too fondly for the survival of Christianity and democracy whilst we celebrate the birth, rejoice in the resurrection and continue to ignore the teaching and the ideals of Him who would make such things possible!

When you illuminate this Christmas throw also a little light on the things which your decoration commemorates.

J. W. R.

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 Lord Nelson Hotel, Halifax, N. S., on Tuesday, November 15th, 1938, at 8.25 p.m., following a delightful dinner to the Executive given by the President, Dr. J. H. L. Simpson.

Dr. J. H. L. Simpson, of Springhill, presided. The Branch Societies in the Province were represented as follows: Dr. A. A. Giffin and Dr. P. S. Cochrane, Valley Medical Society; Dr. S. W. Williamson, Western Nova Scotia Medical Society; Dr. J. B. Reid and Dr. S. G. MacKenzie, Colchester-East Hants Medical Society; Dr. J. A. Langille, Cumberland Medical Society; Dr. D. K. Murray and Dr. W. N. Rehfuss, Lunenburg-Queens Medical Society; Dr. J. G. B. Lynch, Dr. W. W. Patton and Dr. M. G. Tompkins, Cape Breton Medical Society; Dr. C. W. Holland, Dr. C. E. Kinley, Dr. C. M. Bethune, Dr. E. F. Ross, Dr. A. M. Marshall, Dr. A. R. Morton and Dr. W. J. Barton, Halifax Medical Society; Dr. H. K. MacDonald and Dr. A. B. Campbell, 1st and 2nd Vice-Presidents respectively; Dr. W. L. Muir, Treasurer, Dr. H. W. Schwartz, Editor-in-chief and Dr. H. G. Grant, Secretary. In addition, there were present at the meeting by invitation, Dr. K. A. MacKenzie, President of the Canadian Medical Association and Dr. J. R. Corston, the representative of the Medical Society of Nova Scotia on the Executive of the Canadian Medical Association.

The first item to be considered was the annual meeting to be held at Digby next July. A stag dinner was decided on and it was voted that refreshments be served, suitable to the occasion.

It was moved by Dr. H. K. MacDonald and seconded by Dr. P. S. Cochrane that a committee of three be appointed, to be known as the Programme Committee, to make arrangements regarding guests and speakers, this Committee to report to the Secretary within two or three weeks. Carried. Dr. J. G. B. Lynch was nominated by Dr. H. G. Grant, Dr. A. B. Campbell by Dr. K. A. MacKenzie and Dr. J. R. Corston by Dr. P. S. Cochrane. It was moved by Dr. E. F. Ross and seconded by Dr. S. G. MacKenzie that nominations cease.

It was moved by Dr. H. K. MacDonald and seconded by Dr. J. B. Reid that a dance be held at the annual meeting and it was agreed that arrangements for same be left with the Secretary.

It was also agreed that entertainment at the dinner and during the meeting at Digby be arranged by Dr. A. B. Campbell.

The President stated that the Secretary had been in the habit of soliciting money and golf prizes from the several pharmaceutical houses in the past, and it was agreed that the same plan be carried out for next year.

A letter was then read by the Secretary addressed to Dr. K. A. MacKenzie from Mr. John J. Power, K.C., under date of June 22nd, 1938.

Dr. H. G. Grant,
Secretary, The Medical Society of Nova Scotia,
Dalhousie Health Clinic, Morris Sreet,
Halifax, N. S.

Dear Dr. MacKenzie:—

I perhaps should have written you before, but I am going to address you on the subject of "Nembutal". A client of mine has a member of the family that is a complete victim of it, using a dozen a day, a grain and a half each in porter or in Coca Cola. This must be one of many.

I wrote the Department of Health at Ottawa, but for some reason or other they said it was not covered by the Opium or Narcotic Drugs Act (as if they could not amend the Act) and they suggested that I take it up with the Provincial Pharmacy Department here. I thought I would mention this to you, as you may know of several in your professional capacity and hope I am not trespassing on your time. Perhaps the conference now might do something to curtail its unauthorized use.

With regards,

Yours very truly,

(Sgd.) John J. Power.

After a short discussion it was moved by Dr. H. K. MacDonald and seconded by Dr. S. W. Williamson that Mr. Power's letter be referred to the Narcotic Drug Committee of the Federal Government.

Dr. J. G. B. Lynch moved an amendment to the motion that a committee of three be appointed from the City of Halifax to make a survey of the different drugs that should come under the narcotic list and that a letter be sent to the Narcotic Drug Committee of the Federal Government together with Mr. Power's letter. This was seconded by Dr. A. R. Morton and carried.

Dr. MacDonald withdrew his motion in favour of Dr. Lynch's amendment. The committee was nominated as follows:—Dr. K. A. MacKenzie by Dr. J. G. B. Lynch, Dr. H. W. Schwartz by Dr. P. S. Cochrane and Dr. C. M. Bethune by Dr. H. W. Schwartz. It was moved by Dr. Grant and seconded by Dr. E. F. Ross that nominations cease.

The next item for consideration was a letter from the Academy of Medicine, Toronto, which was read by the Secretary.

September 29, 1938.

Dear Doctor Grant:

At a special meeting of the Council of the Academy of Medicine, Toronto, held on September 28th, 1938, the following resolution was passed:

(1) That in view of the present international crisis some immediate action should be taken toward a proper classification of doctors in Canada. Attention is directed to the resolution adopted by the Section of Military Medicine on June 22nd, 1932. (See copy attached). It is felt that the principles enunciated in this resolution should be implemented without delay. Attention is directed, further, to a questionnaire recently sent to all doctors in Great Britain by the British Medical Association. A copy of this questionnaire might be obtained and used, if thought suitable as a basis for the suggested enquiry. The Academy of Medicine, Toronto, offers its co-operation and would be willing, if requested, to undertake to obtain the desired information in regard to all doctors in its district.

(2) That the Academy of Medicine, Toronto, desires to place on record its belief that in the event of war equal effort should be demanded from all members of the community.

(3) That a copy of this resolution be sent to the Canadian Medical Association as well as to

the secretaries of all Provincial Medical Associations,
the Counsellors of the Ontario Medical Association,
the Academies of Medicine of Montreal, Ottawa, Kingston, Hamilton, London,
Winnipeg, Saskatoon, Regina, Vancouver, Halifax and Quebec,
the Defence Medical Association, Ottawa,

in order that, should they see fit, similar resolutions might be adopted by them and and forwarded to the Canadian Medical Association.

Yours sincerely,

(Sgd.) S. J. Newton Magwood,
Honorary Secretary.

Excerpt from the Report of the 64th Annual Meeting of the C. M. 'A.

Saint John, N. B.,

June 19th-23rd, 1933.

MILITARY MEDICINE

At our annual meeting of last year, the Section of Military Medicine approved of the following resolution and sent it on to your Executive Committee for action:—

“That the Executive Committee of the Canadian Medical Association be asked to approve the following resolution, give such instructions, make such arrangements and provide for such funds as are necessary to have it put into effect at the earliest possible moment:—

1. That a complete survey be made of the medical profession in Canada, in order to obtain the following information concerning every graduate in medicine:— Name, address, married or single, age, occupation, degrees, where graduated, special post-graduate training, militia training, military experience, rank, preference as to service at home or abroad in the event of war.
2. That co-operation of the provincial societies be asked in carrying out this survey.
3. That a special file be provided for each graduate and be kept up-to-date. This file shall contain the above information and shall also contain the expressed opinion of the Executive as to the capacity in which he is best fitted to serve on mobilization.
4. That these files when completed be deposited with the Canadian Medical Association, and cross-indexed alphabetically, provincially and regarding specialties.”

While your Executive Committee is heartily in accord with the spirit of the resolution, yet it cannot recommend that action be taken at the present time, due to the fact that the necessary funds are not available. This matter is referred to Council for further consideration.

In speaking to this Section, the General Secretary called attention to a communication received from Dr. W. B. Hendry, Chairman of the Section of Military Medicine, in which Dr. Hendry deplored the fact that no publicity is being given to this Section in the Journal. It was agreed that this matter should be taken up with the Editorial Department, with the recommendation that a special effort be made to give due prominence to the Section of Military Medicine, its aims, objects and activities.

Dr. Holland stated that a copy of this same letter had come up before a meeting of the Halifax Medical Society about a month ago, and that a com-

mittee of three had been appointed to investigate why the letter had been sent, and as there has not been a meeting since then, the report has not been received.

Dr. Grant called attention to the fact that if this questionnaire were carried out, it would entail a certain amount of expense, and that the resolution it had not been carried out due to lack of funds. He did not think it would be out of order if he were given instructions to write the Canadian Medical Association and ask if they would like this done and if they would bear part of the expense.

Dr. Corston advised that at the Executive meeting of the Canadian Medical Association not only had this communication been received but there was also considered a sample questionnaire sent by the British Medical Association to its members and the action taken by the Canadian Medical Association Executive was that this questionnaire be referred to the Section of Military Medicine of the Canadian Medical Association and that they draft a form which would be suitable for Canada and report at the spring meeting.

Dr. J. G. B. Lynch moved that the letter from the Academy of Medicine be acknowledged and that it be referred back to the General Secretary of the Canadian Medical Association for comments. This motion was seconded and carried.

The next letter was from Dr. R. W. Maclellan of Mill Village, Queens County, dated September 16th, 1938, giving specific cases, and asking for some disciplinary action. After a short discussion it was moved by Dr. H. K. MacDonald and seconded by Dr. P. S. Cochrane that this letter be referred to the Discipline Committee of the Provincial Medical Board. Carried.

Dr. M. G. Tompkins thought there should be some expression of opinion before the matter was referred to the Provincial Medical Board, and that the medical profession were coming to a sorry pass if they were going to allow the application of arsenical paste.

Two letters of appreciation, one from Mrs. A. R. Cunningham, the other from Mrs. D. A. MacLeod, were mentioned, to be brought up at the annual meeting.

Regarding senior members to the Canadian Medical Association, Dr. Corston explained that senior membership is an honour conferred upon members of the Canadian Medical Association in recognition of length of service in the profession. A senior member must have attained the age of seventy years, and he must be in good standing with his local society and with the Canadian Medical Association, and must have been so for a period of ten years. All recommendations for senior memberships should be forwarded to the Canadian Medical Association before March in any one year.

The following were recommended for senior membership:

Dr. A. S. Kendall of Sydney; Dr. J. J. Cameron of Antigonish; Dr. H. V. Kent of Truro; Dr. M. A. Curry of Halifax; Dr. J. W. Smith of Liverpool; Dr. C. A. S. McQueen of Amherst; Dr. L. M. Silver of Halifax; Dr. C. A. Webster of Yarmouth.

It was moved by Dr. W. N. Rehfuss that nominations cease, which was seconded and carried, and it was agreed that this list be sent by the Secretary to the Canadian Medical Association.

The next item was a letter from the Canadian Medical Association, which was read by the Secretary.

184 College Street,
Toronto 2, November 7th, 1938.

Doctor H. G. Grant,
Dalhousie University,
Halifax, Nova Scotia.

Re: C. M. A. Membership

At the last regular meeting of the Executive Committee of the C. M. A. held in Ottawa on October 27th and 28th, a communication was received from the Canadian Medical Association Saskatchewan Division which read in part as follows:

"At the meeting of our Council held on October 11th, 1938, it was decided to finance the sending of the December issue of the Canadian Medical Association Journal to all members of this College in good standing, who are not now members of the Canadian Medical Association. We are, therefore, enclosing herewith a list of names and addresses to whom these should be sent. (The list contained 237 names.)"

Naturally, the Executive Committee was pleased with this action on the part of Saskatchewan, which is tangible evidence of that Division's desire to implement Section 4 of Chapter 1 of our By-Laws which reads, "By agreeing to take such steps as seem proper to the Division to increase membership in the Association."

That communication from Saskatchewan also offered some practical suggestions, namely, that the December issue of the Journal should contain material referring especially to the advantages of membership in the Association, and also the value of Federation. After very full discussion and consideration of the subject, the following resolution was unanimously endorsed by the Executive Committee:

"That the members of the Executive Committee, upon returning to their respective Provinces, immediately take up with the proper authority, the question of a membership drive for the C. M. A. by means of the free distribution of the December issue of the Journal to those members of the profession in the Province who are not now members; and that they take steps to see that the General Secretary is notified prior to November 15th as to the action taken, the following information being essential:

A list of names and addresses to whom the Journal is to be sent.

The text of a letter which will be issued by the General Secretary to those whose names are on the list.

Also, that the cost to the Division or Branch shall not exceed twenty cents per copy for the Journal, post paid.

And that, as soon as possible, the General Secretary shall write to the Secretary of each Division or Branch acquainting him with this decision on the part of the Executive Committee.

Also that the Chairman of the Executive Committee and the General Secretary be empowered to take such steps as they see fit to ensure the success of this plan."

In considering the suggestion, your Province will naturally desire to know the number of persons involved. To assist you in that determination, we are forwarding herein a list of our present members in your Province.

We would especially call your attention to the following:

That the cost of each Journal sent out will be 20 cents.

That this office will be glad to precede the mailing of the Journal by a letter couched in language acceptable to your Association.

That the issue will contain a statement showing the advantages of membership in the Canadian Medical Association.

As time is short, bearing in mind that the December issue will be ready for mailing on or about the first day of the month, you will appreciate the necessity of an immediate decision being made in connection with the matter. I am sure the Executive Committee would desire me to say that, in presenting this plan to you, we do not wish to be under-

stood as in any way urging that it be carried out in your Province unless entirely agreeable to your Association. I think I should mention the fact that, two years ago, the Ontario Medical Association circularized the non-members in that Province at a cost of \$800. The results were extremely gratifying as the increase in membership in that Province was in excess of 700. No doubt the Journal had a great deal to do with that membership increase.

In order that the required number of Journals may be printed, a communication by letter or telegram merely indicating the extra Journals required for your Province, would clear that important matter. The lists, of course, could follow. While we ask for a decision by November 15th, we find that the dead line to the publishers for the extra Journals might be set at November 20th. You will of course appreciate the necessity of our being advised as quickly as possible of the decision in your Province in connection with this whole matter.

A copy of this letter is being sent to Dr. J. R. Corston who as a member of the Executive Committee was authorized to take this matter up with his Provincial Association.

Thanking you for your cooperation, I am

Yours sincerely,

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

Dr. Grant informed the meeting that Dr. Corston had brought this message down when he came back from the C. M. A. Executive meeting, and that they took it upon themselves to do this thing as they thought it was a good idea, and the list had already been sent to the Canadian Medical Association, which had been checked very carefully, and which contained 101 names.

Dr. J. G. B. Lynch moved a vote of confidence in the Secretary and Dr. Corston regarding action in this matter. This was seconded by Dr. P. S. Cochran. Carried.

It was moved by Dr. S. G. MacKenzie and seconded by Dr. W. N. Reh-fuss that Dr. J. H. L. Simpson be the representative to the Nominating Committee of the Canadian Medical Association. Carried.

It was moved by Dr. H. K. MacDonald and seconded by Dr. K. A. MacKenzie that Dr. J. R. Corston be the representative to the Executive Committee of the Canadian Medical Association. Carried.

The Secretary reported that the new Constitution and By-Laws had been approved by the Governor-in-Council, and read the following letter:

Halifax, 10th November, 1938.

Dear Sir:

I have your letter of the 9th instant and return herewith to you amended Constitution and By-Laws of the Medical Society of Nova Scotia, approved by the Governor-in-Council on the 3rd instant.

It will be necessary to have the approval which I have given at the end of the By-Laws, printed as indicated. I would think that the asterisk statement at the foot of page 1, should read as follows:—

“Adopted by the Society at its annual meeting in Sydney, July 6, 1927, as amended at a meeting held in Halifax on June 21, 1938.”

The certificate to the Provincial Secretary on the front page should also be changed to indicate that an amendment has been made by the Society at its meeting on June 21, 1938, so that when published the complete history of the enactment is given.

Yours truly,

(Sgd.) Arthur S. Barnstead,
Deputy Provincial Secretary.

The Secretary advised that as soon as the By-Laws were printed, a copy would be sent to each member of the Executive.

The Treasurer, Dr. Muir, stated that the Society was more or less solvent this year, but as the report given in June had only been for eleven months, he expected when the next report was given, which would be for twelve months, the Society would break even.

Dr. H. K. MacDonald reminded the Executive that at the annual meeting at Pictou Lodge, he had been appointed chairman of the committee on local arrangements for the meeting in June, 1938, and that a full report would be presented at the annual meeting at Digby next year. The amount collected by Dr. Muir and his committee was \$2,986.93; amount received from the Canadian Medical Association \$1,298.47 for activities they pay for wherever the meeting takes place; grant from the Nova Scotia Government \$284.00, in connection with the garden party at Government House; young people's committee \$44.05, ladies' committee \$156.00; refund from the golf committee \$10.00, making a total of \$4,779.45; the expenditures amounted to \$4,154.11, leaving a balance on hand of \$625.34. The committee on local arrangements decided they would recommend that this money be kept by the Medical Society as an emergency fund, and that the amount of \$625.34 be handed over to the Treasurer, Dr. Muir, to be banked and known as an emergency fund.

Dr. M. G. Tompkins moved that this report be referred to the annual meeting for discussion and final disposition, which was seconded by Dr. S. W. Williamson. Carried.

Dr. J. G. B. Lynch thought that this amount should go into the general funds of the Medical Society of Nova Scotia as we are already in the red.

Dr. MacDonald stated that he was heartily in accord with Dr. Tompkin's motion, but at the same time he would like to point out that this money had been collected for a special purpose and that perhaps some of those who had subscribed, would not like it to go into the general fund.

Dr. Cochrane thought that as long as it was in the hands of Dr. Muir it was safe, whether it was an emergency fund or in the general funds.

The next item was the nomination of members to the Council of the Canadian Medical Association, the present members being—Dr. Allister Calder, Glace Bay; Dr. J. R. Corston, Halifax; Dr. H. A. Creighton, Lunenburg; Dr. J. V. Graham and Dr. H. G. Grant, Halifax; Dr. O. B. Keddy, Windsor; Dr. Dan Murray, Tatamagouche; Dr. K. A. MacKenzie, Halifax; the late Dr. D. A. MacLeod of Sydney, and Dr. S. W. Williamson of Yarmouth.

The following members were nominated:—

- Dr. W. N. Rehfuss of Bridgewater by Dr. J. G. B. Lynch;
- Dr. H. K. MacDonald of Halifax by Dr. C. M. Bethune;
- Dr. J. G. B. Lynch of Sydney by Dr. W. N. Rehfuss;
- Dr. M. G. Tompkins of Dominion by Dr. P. S. Cochrane;
- Dr. L. R. Morse of Lawrencetown by Dr. A. B. Campbell;
- Dr. E. F. Ross of Halifax by Dr. H. K. MacDonald;
- Dr. A. B. Campbell of Bear River by Dr. C. W. Holland.

It was moved by Dr. S. W. Williamson that nominations cease.

Our representation on the Council of the Canadian Medical Association now consists of the seven members listed above with the addition of Dr. J. R. Corston, Dr. K. A. MacKenzie and Dr. H. G. Grant of Halifax, and Dr. J. H. L. Simpson of Springhill.

The Secretary informed the meeting that at the end of the year notices would be sent out through *THE BULLETIN* regarding membership. He commented on the excellent membership we now have and asked the Executive to continue their interest and aid. He also stated that the personal interest notes as published in *THE BULLETIN* were about two weeks old when printed as they are clipped from the provincial newspapers, and asked that occasional news items be forwarded the office. Dr. Routley had been written to regarding assistance in procuring national advertising. He also emphasized the fact that we have the opportunity to develop an excellent medical historical museum and that contributions would be gladly received. He also stated he would be very happy to receive any suggestion regarding his job in the Society.

Dr. K. A. MacKenzie said when the appeal had been made for contributions we said they would be received either as gifts or loans. A choice collection had been received from Dr. C. A. Webster of Yarmouth, which was marked as a loan, but when he was thanked for it, he said he never expected to recall it.

Dr. J. G. B. Lynch said that as one of the outside members of the Medical Society he wanted to thank the local committee for the excellent arrangements made for the meeting last summer which had been so well handled, and moved that a vote of thanks be given by the Executive to the local committee for the work they did, and the excellent arrangements which they carried out. This was seconded by Dr. P. S. Cochrane and carried.

Dr. H. K. MacDonald replied that on behalf of the committee on local arrangements he would like to extend to Dr. Lynch appreciation of his motion, and to assure him that it had been a pleasure to carry out the arrangements.

Under new business Dr. MacDonald said "there is a matter I want to bring to the attention of the Executive Committee. As you know recently there has been formed in this city, and in this province, a branch of the National Council for the Control of Cancer. I would like to ask the Executive just what relationship the Medical Society will bear to that particular branch which was formed here? We have a committee on cancer, I would like to know whether there is any connection. I understand that this branch has been headed up by a layman and they expect that the medical men will work in conjunction with them, and the purpose is to instruct the public to the best of their ability on this question of cancer. I understand that it is the intention of this branch to send speakers throughout the Province to address lay meetings. I feel that our Society should have some say in the matter as to whom the speakers should be. I think a careful selection should be made of men who speak on this subject."

Dr. Grant: "Mr. President, I can perhaps give some information on this subject. Dr. Gosse, who is actively interested in this branch, the Nova Scotia Division for the Control of Cancer, spoke to me informally about the method which they intended to work. He said that they were to work under an Executive Committee which would have a heavy representation of medical men. There is no formal affiliation and there is no connection between the Cancer Committee of our Society and this branch of the Canadian Cancer Society."

Dr. J. G. B. Lynch asked if there were any connection between the Canadian Medical Association and the Canadian Cancer Society?

Dr. MacKenzie stated there had been a Cancer Committee in the Canadian Medical Association for many years and also one in our provincial society.

Some five or six years ago a drive was made for funds for cancer and the King George V Jubilee Cancer Fund was founded. The money was and still is, in the hands of a board of trustees, mainly laymen. They had difficulty in deciding how it should be used. This year a grant of \$14,000.00 was made to the Canadian Medical Association for two purposes, to set up within the Association a committee for education, and secondly to organize a medical-lay body to be known as the Canadian Association for the Control of Cancer, on similar lines to the Canadian Tuberculosis Association. This body will be independent of medical associations, Canadian and Provincial. The executive body, known as the Grand Council, met recently in Toronto and consisted of one medical man and one layman from each province. Dr. Ross has been appointed full-time secretary. The new body will from now on conduct its own affairs.

Dr. J. G. B. Lynch asked who would nominate the two medical men on that committee?

Dr. J. R. Corston stated that the Canadian Society for the Control of Cancer runs its own affairs and makes its own selection, it stands on its own feet.

Dr. C. W. Holland advised that he had attended the opening meeting, which was composed of a large majority of laymen and laywomen. The scheme had been outlined and a slate of officers drawn up; these officers were temporary and their election would have to be confirmed by a Council which would meet later at Toronto.

Dr. C. E. Kinley moved that the Secretary write the chairman of the newly formed cancer committee to find out what connection the Cancer Committee of the Medical Society of Nova Scotia has with the Canadian Society for the Control of Cancer. This was seconded by Dr. P. S. Cochrane and carried.

Dr. J. R. Corston advised that there had not been any report at the Executive of the Canadian Medical Association from our Committee on Medical Economics. He thought perhaps it would be a good idea for the Executive to call this to the attention of our local Committee on Medical Economics as possibly the matter had been overlooked, so that a report could be sent to the Secretary of the Canadian Medical Association.

Dr. H. K. MacDonald said that on behalf of the Executive he thought they should take notice of what the President had done tonight, and he moved a vote of thanks be tendered to the President for the courteous manner in which he had treated the Executive, which was seconded and carried.

Dr. C. M. Bethune moved that a mileage rate of ten cents (10c.), one way, be paid to members attending from outside of Halifax. This was seconded by Dr. D. K. Murray, and carried.

As there was no further business, it was moved by Dr. J. G. B. Lynch and seconded by Dr. H. K. MacDonald that the meeting adjourn at 10.45 p.m. Carried.

Abstracts from Current Journals

MEDICINE

The Occipito-Posterior Positions of the Vertex and their Complications.

By Prof. Chassar Moir.

For the purpose of this article Occipito-Posterior includes all those cases where the Occipit presents in positions other than anterior or antero-lateral.

Late engagement of the head, early rupture of the membranes in the absence of disproportion, combined with short painful uterine cramps, unaccompanied by bearing down effort are indications of an occipito-posterior position.

Definite diagnosis can only be made by a vaginal examination under anaesthesia and location of the ear or better still the back of the neck. Correction of the unrotated head is performed by rotation of the trunk by pressure on the anterior shoulder and not by simple rotation of the head. The presence of contraction ring should always be carefully looked for and the need for interference when labor ceases to progress should be constantly kept in mind. The difficulty of determining the optimum time for interference is stressed. Experience is needed to determine this correctly.

Psychological Diagnosis and Treatment in General Practice.

By Dr. T. A. Ross.

The author stresses the need of carefully considering the mental, as well as the physical, in the examination of all patients. Man is something more than a test tube. That something he calls Psyche (mind). The will is a part of Psyche, but only a small part. The behaviour of Psyche is stimulated by alcohol, excess adrenalin secretion and good news; depressed by bad news. Psyche similarly affects bodily states, causing many disturbances, such as palpitation of heart, disturbed gastric and salivary secretion, disturbed gastric mortality. Taking as an example the patient who complains of palpitation in an normal heart, how should this case be approached.

First. A very careful examination to eliminate all doubt of organic disease. This examination should be thorough and complete in every detail, and there should be no returning for a further examination.

Second. Inform the patient that symptoms are due to anxiety and invite a frank discussion of the subject when the patients confidence is secured. Anxieties are often not discussed, due to fear of criticism or shame. The diagnosis of the condition and the corrolation of the anxiety with the symptoms of the patient is the only treatment necessary.

The sympathetic guidance of the physician is of great benefit to these patients.

The Treatment of Anxiety States.

By Dr. R. D. Gillespie.

The cause of these states is regarded by the author as being of inner or outer origin. Those of inner origin are dependent on remote faults of emotional development. They are the results of mental conflict. Those of outer origin depend on the fact that the human organism is endowed with certain urges

which remain unsatisfied. Diagnosis and treatment are bound up with one another in psychological medicine, because (1) The psychological facts have not hitherto been discussed, the confiding of them is a relief. (2) The inquiry regarding the facts place the illness in a different light to the patient. (3) The light that dawns on the patient when the concurrent history of symptoms and of the psychological disturbance preceding them piece themselves together.

Examination should consist of a careful history of development of symptoms and the relationship of patient before onset of symptoms. In searching for a cause in young people the lack of proper sexual education and difficulties in school, and difficulties in starting out in life should be carefully scrutinized.

In men, condition under which they work, uncongenial relation with employer, unsuitable employment, failure to gain promotion are often exciting causes.

In married women former occupations should be inquired into, especially if positions of responsibility have been held. Disappointments in love in these, often the effects are not shown until a woman is past thirty with fading hopes of matrimony. Lack of affection on the part of the husband are all to be carefully inquired into.

Treatment as stated is a part of the diagnosis, but suggestion, reassurance, confession, historical illumination and elucidation of conflicts should all be considered.

Historical illumination is the establishing of the connection between the anxiety and the symptoms.

Elucidation of conflict is an attempt to eliminate dislikes, hatred and jealousy from the patients mind.

Common Forms of Hysteria and their Treatment. By S. Barton Hall.

Hysteria is described as a disturbed bodily function due to the unconscious mind.

The unconscious mind will resort to any subterfuge to gain its ends, yet it is not these acts of sabotage only but the circumstances under which they are committed and the attitude of mind toward them that are of importance. Loss of vision, aphonia, vomiting, metiorism, cough, disturbance of sensation are among the commonly noted by the practitioner. Hysteria and malingering are not to be confused as hysteria occurs in spite of patients conscious effort to prevent it.

Hysteria. (1) Must prove negative to physical and laboratory tests (2) there must be found a true psychogenic basis and (3) the psychogenic factor must bear direct relation to the patients symptoms. (4) A Psychoneurosis has always a background in time and there must be discovered a neurotic trend which has produced symptoms in the past. The patients appear selfish and self absorbed and this accounts for the dramatic cures with the patient playing the leading role. Hysteria occurs in all classes and the symptoms must be sufficiently convincing to elude the penetration of patients own intellectual powers.

In treatment psychological methods should be used and other methods such as electrical and placebo may make treatment by rational methods impossible and should be strongly condemned. The treatment should, if possible, be administered by a physician specially trained in this line of work.

F. J. MACLEOD.

SOCIETY MEETINGS

Members of the Colchester-East Hants Medical Society met in dinner session in the Scotia Hotel in Truro on November 7th when the annual meeting of the Society was held. Dr. T. R. Johnson of Great Village, president, as master of ceremonies. Over twenty members were in attendance, and after enjoying fellowship round the festive board heard addresses from Dr. K. A. MacKenzie, Halifax, president of the Canadian Medical Association, as well Dr. Kenneth M. Grant of Halifax who gave an interesting outline on the diagnosis and treatment of "eclampsia". Motion pictures on the treatment of injuries and varicose veins with Elastoplast were shown and proved of much interest to the professional men present. Dr. L. R. Ryan, of Bass River, was welcomed as a new member of the Society.

OBITUARY

Dr. Ernest E. Sinclair, an outstanding physician and surgeon of Summerside, P. E. I., passed away at his home on November 20th after a few hours illness. Born in Summerside fifty-seven years ago he attended high school and later received his B.A., and graduated in Medicine from McGill University. For some years he practised in New Glasgow, and from there moved to Summerside where he had an extensive practice.

Dr. Sinclair was a member of Hiram and Lebanon Masonic Lodge and took an active interest in all community affairs. He was a member of the Presbyterian Church.

Dr. Sinclair is survived by his wife, one son, Neil, a student at Acadia University, three daughters, Evelyn, secretary to Governor DeBlois, Charlottetown, Betty and Margaret at home. Four sisters also survive.

Don't laugh at foolish medicines of the ancients. A study of American Medical Association reports on some modern advertised preparations shows thirty-two useless nose and throat preparations, twenty-two useless remedies for stomach disorders and indigestion, eleven useless hay fever remedies, eighteen useless remedies for skin disorders.—*The Diplomat*, November, 1938.

THE MEDICAL MUSEUM

Old instruments, books, or manuscripts will be gladly received for the Museum by Dr. Ralph P. Smith, Pathological Institute, Halifax, N. S.

Department of the Public Health

PROVINCE OF NOVA SCOTIA

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

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

Chief Health Officer - - - - DR. P. S. CAMPBELL, Halifax.
 Divisional Medical Health Officer - - - DR. C. J. W. BECKWITH, D.P.H., Sydney.
 Divisional Medical Health Officer - - - DR. J. J. MACRITCHIE, Halifax.
 Divisional Medical Health Officer - - - DR. J. S. ROBERTSON, D. P. H., Yarmouth.
 Statistician and Epidemiologist - - - DR. HAROLD ROBERTSON, D. P. H., Halifax.
 Director of Public Health Laboratory - - DR. D. J. MACKENZIE, Halifax.
 Pathologist - - - - DR. R. P. SMITH, Halifax.
 Psychiatrist - - - - DR. ELIZA P. BRISON, Halifax.
 Sanitary Engineer - - - - R. DONALD MCKAY, B.Sc., A.M.E.I.C.
 Superintendent Nursing Service - - - MISS M. E. MACKENZIE, Reg. N., Halifax.

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MEDICAL HEALTH OFFICERS FOR CITIES, TOWNS AND COUNTIES

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Hall, E. B., Bridgetown.
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 Kelley, H. E., Middleton (Mepy. & Town).

Murray, R. L., North Sydney.
 Townsend, H. J., Louisburg.
 Gouthro, A. C., Little Bras d'Or Bridge,
 (Co. North Side).

ANTIGONISH COUNTY

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

COLCHESTER COUNTY

Eaton, F. F., Truro.
 Havey, H. B., Stewiacke.
 Johnston, T. R., Great Village (Mepy).

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, (Mepy. and Town).
 Cochrane, D. M., River Hebert (Joggins).
 Walsh, F. E., Springhill.

DIGBY COUNTY

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

GUYSBORO COUNTY

Chisholm, D. N., Port Hawkesbury*
(M.H.O. for Mulgrave).
Sodero, T. C. C., Guysboro (Mepy).
Moore, E. F., Canso.
Silver, G. L., Sherbrooke (St. Mary's
Mepy).

HALIFAX COUNTY

Morton, A. R., Halifax.
Forrest, W. D., Halifax (Mepy).
Payzant, W. A., Dartmouth.

HANTS COUNTY

Bissett, E. E., Windsor.
MacLellan, R. A., Rawdon Gold Mines
(East Hants Mepy).
Reid, A. R., Windsor, (West Hants Mepy).
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, (Mepy).

KINGS COUNTY

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

LUNENBURG COUNTY

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

PICTOU COUNTY

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

QUEENS COUNTY

Murray, D. K., Liverpool.
Smith, Harry, Caledonia, (Mepy).

RICHMOND COUNTY

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

SHELBURNE COUNTY

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

VICTORIA COUNTY

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

YARMOUTH COUNTY

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

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 October 1st., to November 1st., 1938.

During the month, 242 tissues were sectioned and examined, which with 23 tissues from 8 autopsies, makes a total of 265 tissues for the month.

Tumours, simple.....	20
Tumours, malignant.....	37
Tumours, suspicious of malignancy.....	1
Other conditions.....	184
Tissues from 10 autopsies.....	23
	—265

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

County	Cerebro Spinal	Chickenpox	Diphtheria	Influenza	Measles	Mumps	Pneumonia	Scarlet Fever	Typhoid Fever	Tbc. Pulmonary	V. D. G.	V. D. S.	Whooping Cough	Diarrhoea	Impetigo	Sycosis barbae	Erysipelas	TOTAL
	Meningitis																	
Annapolis.....	1	..	..	..	..	..	..	1
Antigonish.....
Cape Breton.....	2	5	..	..	..	28	..	1	..	..	..	..	..	..	..	36
Colchester.....	..	1	..	..	..	..	..	..	..	5	..	..	..	..	..	..	..	6
Cumberland.....	1	..	..	..	..	..	..	..	..	..	..	..	..	1
Digby.....	..	3	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	4
Guysboro.....	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3
Halifax City.....	..	7	1	..	3	..	..	21	..	..	..	..	..	..	..	..	..	32
Halifax.....
Hants.....
Inverness.....	1	..	..	..	1	..	..	..	..	..	..	1	..	..	..	3
Kings.....	12	..	..	1	2	..	..	1	..	..	..	..	..	..	16
Lunenburg.....
Pictou.....	1	..	2	..	..	..	..	..	..	..	3
Queens.....	53	..	..	..	..	53
Richmond.....	1	3	..	1	..	..	5	2	..	1	..	..	..	..	13
Shelburne.....
Victoria.....
Yarmouth.....	7	1	..	..	..	3	..	..	..	..	..	..	..	..	..	11
TOTAL.....	..	14	11	19	7	..	4	55	..	13	4	..	54	1	..	..	..	182

Positive cases Tbc. reported by D.M.H.O.'s. 125.

RETURNS VITAL STATISTICS FOR OCTOBER, 1938

County	Births		Marriages	Deaths		Stillbirths
	M	F		M	F	
Annapolis.....	20	16	9	11	9	0
Antigonish.....	14	12	11	12	10	2
Cape Breton.....	89	92	93	30	31	1
Colchester.....	19	22	20	11	13	2
Cumberland.....	49	42	36	25	21	2
Digby.....	25	15	12	21	7	2
Guysboro.....	15	11	10	9	4	0
Halifax.....	80	76	87	46	43	9
Hants.....	17	23	14	8	7	2
Inverness.....	31	17	5	17	9	3
Kings.....	20	21	20	5	3	0
Lunenburg.....	20	24	32	20	8	1
Pictou.....	37	35	37	30	21	0
Queens.....	19	14	7	12	6	2
Richmond.....	9	15	13	4	8	0
Shelburne.....	17	24	11	6	6	0
Victoria.....	4	4	7	3	5	0
Yarmouth.....	25	15	16	18	20	3
	510	478	440	288	231	29

Improved Forms of Sulfanilamide Medication for Streptococcal Infections



SEPTAZINE

*The Benzyl derivative of
p-aminophenyl sulphonamide.*

AN IMPROVED SULFANILAMIDE

Better tolerance.
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Tasteless.

In tablets each grs. $7\frac{1}{2}$, for oral use.

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contains the p-aminophenyl sulphonamide in the most concentrated form available.

A colourless solution, will not cause any colouration of the skin or mucous membranes.

In ampoules of 5 cc. and 10 cc. for intravenous or intramuscular injections.

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Personal Interest Notes

Congratulations to Dr. and Mrs. G. A. Dunn of Pictou who celebrated the twenty-fifth anniversary of their wedding on November 26th. During the evening a few intimate friends gathered at their home and presented them with gifts of silverware and flowers. Following the presentation the evening passed pleasantly in bridge.

Yarmouth Hospital Has First Surplus.

An operating account surplus for the Yarmouth Hospital—the first in its history—was shown when President J. E. Kinney presented the figures at the annual meeting of the Yarmouth Hospital Society. Although the surplus amounted to only \$106.47, the previous year saw a net deficit of \$5,401.43.

Mr. Kinney's report contained a suggestion that expansion may be necessary, in view of the fact that the institution operated at capacity during the past year. Other reports presented: Medical, Mrs. Nellie Lees; Treasurer, B. W. Wetmore; Ladies' Hospital Aid Society, Mrs. Stanley Horton; League of Mercy, Miss C. Caie; Medical Staff, Captain Kinney. The four retiring directors, Harry MacKinlay, G. P. Baker, Dr. S. W. Williamson and R. S. McKay, K.C., were re-elected.

Dr. R. F. MacDonald, who graduated from Tuft's Medical College in 1907, and who has been practising in Newfoundland for thirty years, has moved to Antigonish, his home town.

Dr. E. Pearl Hopgood, of Dartmouth, has returned from a two weeks' trip to New York and Boston.

Dr. H. B. Atlee of Halifax addressed the Gyro Club the latter part of November, and spoke on the present Nova Scotia educational system.

Dr. F. E. Walsh of Springhill was elected vice-president of the Cumberland Branch of the Canadian Tuberculosis Association, at a meeting held recently in Amherst. Following that a meeting was held in Springhill when Mrs. James A. Hanway, president of the county organization addressed the gathering on the work. Springhill had an active organization and valuable work was contributed several years back. Dr. Walsh is now heading the local branch and it is hoped that many local citizens will interest themselves in the work this group is trying to do under the new organization. Seventy-five per cent of the money which will be collected from the sale of Christmas seals will remain for work in that district, while twenty-five per cent will go to headquarters for general expenses. This will permit the local organization to assist worthy cases as far as finances will permit. Under the former arrangement it is said that all the money went to Halifax and was largely spent there.

Dr. A. S. Cowie, who graduated in medicine from Dalhousie in 1933, and who has been practising in Salisbury, N. B., has opened up a medical practice in Wolfville.

To Provide Serum for Needy Children.

A request for the sanction for the administration of toxoid diphtheria serum at special clinics in the town of Truro was granted Dr. F. F. Eaton, Truro Medical Health Officer, by the Truro Board of Health in special session early in November. Dr. Eaton appeared before the Board and after outlining some of the successes of the immunizing process as carried out in England and over the North American continent, asked the Board to authorize him to administer the serum in public clinics for those unable to pay, while the immunizing against diphtheria was commended to the citizens of the town by the Board.

Dr. Eaton explained that the serum was administered in three inoculations given three weeks apart. Results of a most satisfactory nature had been arrived at, he told the Board and read excerpts from medical journals to show where inoculations in the province of Nova Scotia had been successful and had achieved remarkable results where fears were held for a diphtheria scourge.

Dr. Eaton said that the matter had been discussed by local medical men and after much discussion they had sanctioned the move. The clinic for poor children would be conducted with the co-operation of the school nurse who is familiar with the ones unable to pay for the injections. No inoculations would be given unless the sanction of the parents had been received. Others could go to their own doctors for the treatments, Dr. Eaton advised.

Toxoid Clinic Opens in Truro.

On December 6th Dr. Eaton conducted a successful toxoid clinic at the V. O. N. Well Baby Clinic room in the Court House. He was assisted by the school nurse and the Victorian Order Nurses. Twenty-six infants and pre-school children, from necessitous families were given their first injection of this toxoid, and were instructed to return in three weeks for their second treatment. Consent slips are signed by the parents of each child before he is immunized. The second clinic was scheduled for the ninth when a much larger response was expected. Diphtheria is an outstanding example of a malady for which there is practically a positive preventive in toxoid.

Dr. G. H. Murphy of Halifax was elected president of the St. Francis Xavier University Club of Halifax at the annual dinner meeting held recently in the Nova Scotian Hotel. Members of the Halifax Branch of St. Bernard's College were special guests. There were sixty present. Following the business meeting and dinner the party enjoyed the weekly supper dance.

Dr. T. A. Lebbetter, well known Yarmouth physician, was the guest speaker at the opening recently of Yarmouth Public Library winter series of lectures. Dr. Lebbetter took for his subject "Books and Bookmen", bringing to his theme a comprehensive grasp of the subject. The lecturer dwelt first on the position a local library occupies in the life of a small community, and referred to the importance of Canadian Book Week. Then he outlined the prerequisites necessary before any work of fiction could be considered

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

really worthwhile. He discussed modern novelists and further contributions to a permanent position in literature. The works from Nova Scotia's successful writers were outlined. A hearty vote of thanks was extended by Mrs. Arthur W. Hilton.

Dr. Alexander Primrose of Toronto Addresses Halifax Audience on Cancer.

A further step in the organized fight against cancer in Nova Scotia, where annually 715 persons succumb to the dread disease, was taken on December 8th, when plans were laid at a large public meeting in Dalhousie gymnasium for education of the masses through the newly-formed Canadian Society for the Control of Cancer. Most of those attending the meeting signified their intention of joining the Society's Nova Scotia Branch to work toward public enlightenment.

Chief speaker of the evening was Dr. Alexander Primrose, C.B., M.B., C.M., F.R.C.S., LL.D., for many years chairman of the Canadian Medical Association's Cancer Committee and one of original trustees of the King George V. Silver Jubilee Cancer Fund for Canada. He was introduced to the meeting by Dr. K. A. MacKenzie, of Halifax, president of the Canadian Medical Association. Mr. Justice Carroll presided.

One thousand persons in Canada died every month from cancer, Dr. Primrose said, and one of every eight deaths was caused by it. The tragic part was that "without the slightest doubt much of this destruction of life is preventable". By far the greatest share of responsibility for such a record lay with the public, and not with the profession of medicine.

"Cancer is curable—provided it is efficiently treated sufficiently early after its appearance," Dr. Primrose said. It was essential, then, that the public be taught the importance of examination and diagnosis of every suspicious symptom.

In view of the primary importance of educating the public to co-operate with the profession in combating cancer, authorities of the Canadian Society for the Control of Cancer had put even before its request upon every individual that he "seek the advice of a qualified practitioner the moment any sign appears that suggests cancer".

The Cancer Control Society's drive Dr. Primrose described as "a grand movement, because the prospect of controlling cancer in the Dominion is excellent if adequate support can be obtained from the community".

Dr. C. C. Ross, secretary of the Society, also addressed the gathering briefly. Health of the citizens was of paramount importance to society, and Dr. Ross ventured the statement that cancer was the major public health problem facing Canada today. "It is important because it is a problem which if faced with resolution and determination by everyone, could be solved to a large degree, and the high cancer mortality rate could be greatly reduced."

Other speakers were R. V. Harris, K.C., and Dr. N. H. Gosse of Halifax, officials of the Nova Scotia Branch of the Society under whose auspices the public meeting was held. Those on the platform, included representatives of the Provincial Government, the City of Halifax, Dalhousie University, the Halifax Board of Trade and women's organizations.



How Much Sun ? Does the Infant Really Get ◆

Not very much: (1) When the baby is bundled to protect against weather or (2) when shaded to protect against glare or (3) when the sun does not shine for days at a time. Oleum Percomorphum offers protection against rickets 365¼ days in the year, in measurable potency and in controllable dosage. **Use the sun, too.**

Oleum Percomorphum is an economical source of vitamins A and D. We purposefully selected a classic name which is unfamiliar to the laity, or at least not easy to popularize. Oleum Percomorphum is supplied without dosage directions. Samples are furnished only to physicians.

Mead Johnson & Co. of Canada, Ltd., Belleville, Ont., does not advertise any of its products to the public.

What Every Woman Doesn't Know—How to Give Cod Liver Oil.

Some authorities recommend that cod liver oil be given in the morning and at bedtime when the stomach is empty, while others prefer to give it after meals in order not to retard gastric secretion. If the mother will place the very young baby on her lap and hold the child's mouth open by gently pressing the cheeks together between her thumb and fingers while she administers the oil, all of it will be taken. The infant soon becomes accustomed to taking the oil without having its mouth held open. It is most important that the mother administer the oil in a matter-of-fact manner, without apology or expression of sympathy.

If given cold, cod liver oil has little taste, for the cold tends to paralyze momentarily the gustatory nerves. As any "taste" is largely a metallic one from the silver or silverplated spoon (particularly if the plating is worn), a glass spoon has an advantage.

On account of its higher potency in Vitamins A and D, Mead's Cod Liver Oil Fortified With Percormorph Liver Oil may be given in one-third the ordinary cod liver oil dosage, and is particularly desirable in cases of fat intolerance.

New Regulations Governing the Sale of Sulphanilamide

Frequent references in the medical literature would indicate that the use of sulphanilamide and its derivatives is attended by unfavourable reactions in certain patients. The drug is undoubtedly a most valuable addition to the physician's armamentarium and an immense amount of work is being done which will give us more certain knowledge of its apparently specific action on certain bacteria, its appropriate dosage, and the other factors necessary for its intelligent employment. Unrestricted over-the-counter sale for self-medication is not only potentially dangerous but may prejudice the future usefulness of an excellent drug. With these factors in mind, the Directors of the Association instructed that evidence of the sale of sulphanilamide by pharmacists to lay persons be placed before the Provincial Department of Health with the strong recommendation that regulations be established to confine its sale to prescription, thus insuring its use under competent medical supervision. As a result of these representations, an Order-in-Council was passed on January 6th, which adds to Schedule D of the Pharmacy Act the sulphanilamide preparations, with the effect that they may be sold only on prescription of a medical practitioner, dentist or veterinary surgeon. The text of the Order is as follows:—

"Copy of an Order-in-Council approved by The Honourable the Lieutenant-Governor, dated the 6th day of January, A.D. 1938.

Upon the recommendation of The Honourable the Minister of Health, the Committee of Council advise that pursuant to the provisions of subsection 2 of Section 32a of The Pharmacy Act, Schedule D of the Act be amended by adding thereto the following articles:—

Sulphanilamide, para amino benzene sulphonamide or any derivative thereof or any combination thereof with other substances, and whether sold under the proper name or under any trade name, mark or designation.

Certified, C. F. BULMER,
Clerk, Executive Council."

The Order does not come into effect until 30 days after publication in the *Ontario Gazette*.—(*Ontario Medical Association Bulletin*)

Christmas

AT THE

LORD NELSON HOTEL

HALIFAX

Cheering wood fires, striking Christmas decorations and a large "family" party on Christmas Day will appeal to both the grandparents and the grandchildren.

SUNDAY, DECEMBER 25th.

7.30 p.m.—Traditional dinner, Deluxe hats, favours, special entertainment, followed by:

MONDAY, DECEMBER 26th.

12.01 a.m.—Dancing.

\$2.50 each person—telephone headwaiter for reservations (Bishop 6331).

Best Wishes
to
The Medical
Fraternity
for
A Merry Christmas
and
A Prosperous
New Year



The Manufacturers Life Ins. Co.
F. H. GOUCHER,
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PHYSICIAN WANTED

The Department of Public Health and Welfare, St. John's, Newfoundland, requires a resident junior physician. The post carries a salary of \$1200.00 a year and residence.

Apply to

DR. JOHN GRIEVE,
Superintendent,
Hospital for Mental
and Nervous Disease,
St. John's Newfoundland.

German Exiles

Ontario Medical Association Bulletin

The subject of the possible influx of European graduates in medicine who seek to register their qualifications in this Province, was introduced by the Secretary. Dr. A. Moir, Territorial Representative on the Council of the College of Physicians and Surgeons of Ontario, told of the discussion of this problem by that body. Dr. F. M. Dure expressed the opinion that adequate safeguards should be set up to prevent the entry into this country of any large number of physicians who had been forced out of Europe.

Moved by Dr. H. M. Yelland, seconded by Dr. H. Ferguson,

THAT District Number Six recommends that Canadian citizenship be required of medical graduates of Central European countries before registration in this Province; that the usual educational and examinational requirements be maintained; and that a quota be established to limit the number admitted. Carried.—(*Alberta Medical Bulletin*)

Asthma Attributed to Feathers Centuries Ago

A case of asthma was attributed to feathers as long ago as 1575. In that year Jerome Cardan, a great physician of Padua, was called to Edinburgh to see the Archbishop, who suffered from asthma. Cardan probably had no idea of allergy, or hypersensitiveness to feathers, such as physicians have to-day. Certainly he was not able to make skin tests of his distinguished patient. But Cardan was able to observe and study his patient carefully, and to make logical deductions from his observations. Cardan finally advised the Archbishop to give up certain articles of his diet and to get rid of his feather bed. Relief of the asthma promptly followed.

The story is retold by Louise Stedman and Merle Ford in a report to the *Journal of Home Economics*.—(*The Diplomat*)

She's All Going

"Ah wants a ticket for Virginia," said Mose.

"What part?" asked the booking-clerk.

"All of her, cap'n. Dat's her watchin' my suitcase."—*U. S. S. West Virginia Mountaineer*.

A sergeant in France took a young Cockney soldier to book for failing salute General Sir William Birdwood as he passed.

"Didn't you know he was the General?" said the sergeant. "Couldn't you see?"

"No," said the soldier, "I couldn't. Why the blazes doesn't he wear some feathers on his head, like any other old bird would."

The New Synthetic Antispasmodic TRASENTIN "CIBA"

(Diphenylacetyl-diethylaminoethanolester-hydrochloride)

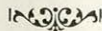
Trasentin exhibits an antispasmodic action similar to that of atropine, but without the unpleasant side-effects of the latter drug on the heart (acceleration of the pulse, palpitation, etc.), on the pupil (mydriasis), on the accommodation (visual disturbances) and on the salivary glands (dryness in the throat, thirst and even dysphagia). It is not a simple substitute for atropine, but possesses the advantage of acting in a marked degree also on smooth muscle tissue, like papaverine. Clinical investigations have shown that Trasentin is well tolerated.

**SUPPRESSES SPASMS OF THE GASTRO-INTESTINAL
TRACT, GENITO-URINARY SYSTEM AND OTHER
SMOOTH MUSCLE ORGANS**

TABLETS—in bottles of
20 and 100

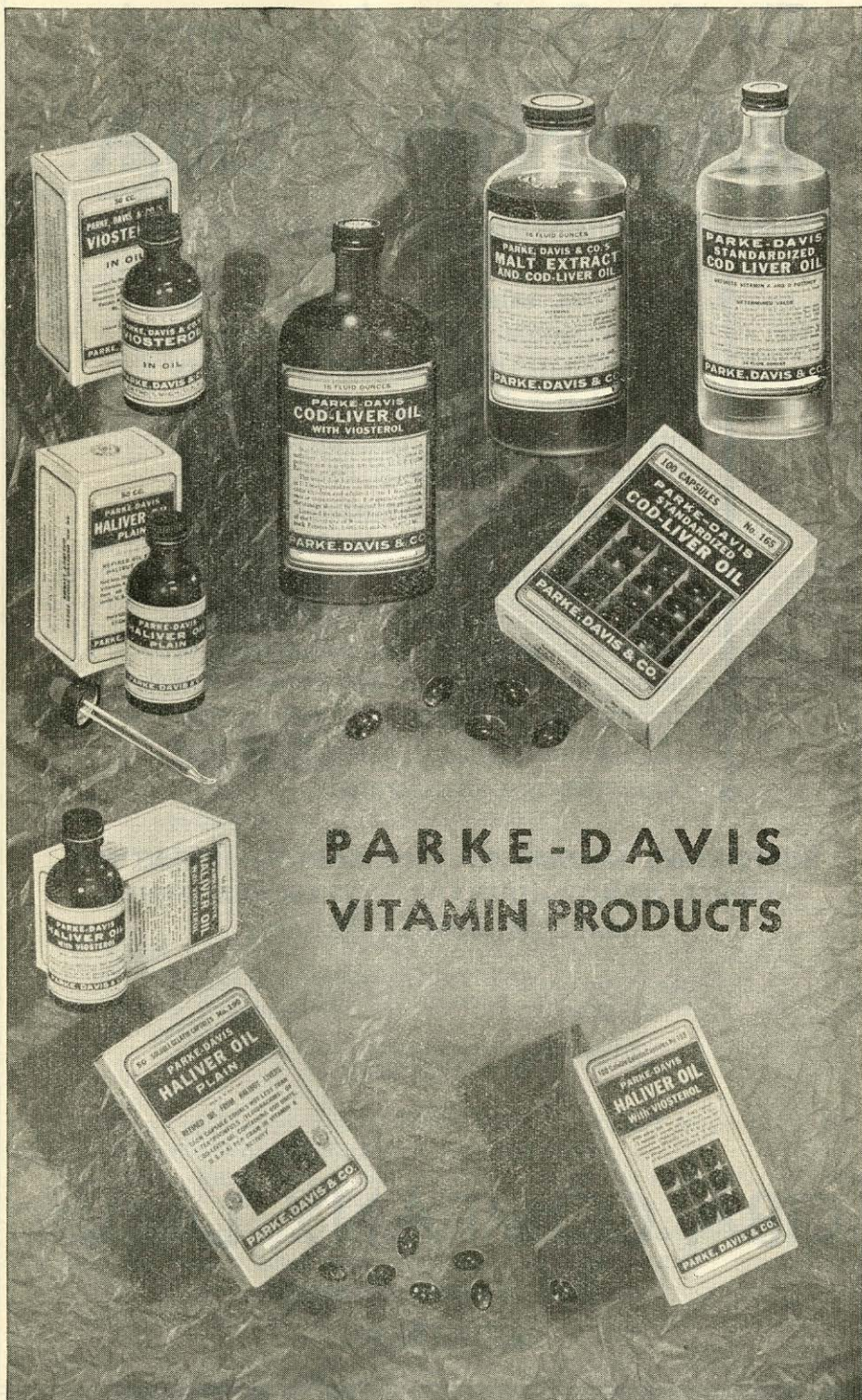
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1 tablet or 1 ampoule contains 0.075 grm.
of the active substance.



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