

# Fireside Therapy

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THIS is a changing world. Each decade sees new habits and customs replacing the old. The physician's status in society is changing as well. Forty years ago, in the country, a physician was called only when deemed absolutely necessary. Prior to his summons a council of the elders diagnosed the case and applied the remedies established by faith, superstition, or well-founded experience. Frequently they were successful, not from any virtue in them but because the forces of nature are in the direction of recovery in the majority of ailments. Where they were apparently failing, the doctor called, often saw them in operation. It is my purpose to describe some of these home remedies. To the older members of the profession they will sound commonplace. To some of the younger it is hoped they will possess some interest. While certain localities of Nova Scotia have peculiar remedies, enough have been selected, I hope, to draw a general picture of fireside therapy as a whole.

It is truly astonishing the important part played by excreta in home treatment. No doubt this was an inheritance from the Dark Ages of medicine, but it persisted to a remarkable degree. I was told several years ago by a physician visiting a somewhat remote section of our coast that while at a farm he saw a female member of the family seated on a chair in the midst of a large manure pile. He was informed that this was to strengthen her "lights" (lungs), and as it was midsummer the strength of the dose was beyond question.

Amongst the Highland settlers, particularly those from the Isles of Mull and Muck, "Baa Tea" was used. Its specific purpose was to bring out the rash of measles. Once the rash was established the family breathed freely, feeling that the danger was over. Incidents like otitis media, or bronchial pneumonia, were mere trifles when compared with the rash which would not appear or did so in a sparse manner. "Baa Tea" was simply an infusion of sheep manure. Its use is by no means unknown still. One dose was considered sufficient.

The cow dung poultice had for generations a wide popularity in the treatment of inflammatory conditions. I well recall an elderly man telling me of an unfortunate fellow caught by a northeaster in an open boat in mid-winter. When he was rescued, his lower limbs were frozen to the knees. My informant spoke of it as follows:

"Poor fellow, we didn't know the proper treatment for him. We put his legs in the oven to warm. They turned all black. It was only the next day we found out the right treatment was to put them in cow dung. We tried it then. We put them in a tubful up to his knees, but it was too late—he died of the Lock Jaw."

I did not have the heart to tell him that their well-meant efforts had probably contributed materially to the unfortunate demise.

In the section of the country where I was born the old folk used to tell with much glee of a certain physician of great reputation who, calling on a patient in the country, found it advisable to prescribe calomel. As he carried a medicine case with him, he asked for some new bread, intending to make bread pills of the drug. No new bread was to be had. Suddenly the lord of the hen yard appeared, walked in the kitchen door, and as he paced across the kitchen floor left behind him the wherewithal to make the pills which the old doctor at once made use of. The patient recovered and the source of the old folks' glee was the ridiculous idea of the doctor that the calomel did it.

In every community there is a wise man or woman who has a reputation for learning of a medical nature. Not infrequently these people have gained favor by accident or by design in that they were shrewd enough to seize the tide at its turn and take the credit for the favorable result. Not infrequently they have a good stock of home remedies, plus some information gleaned from old discarded medical books. A number of years ago I was hailed when passing by one of these gentlemen. He was plainly embarrassed but deemed the occasion of such importance that he should be sure of his ground. It seemed that a young lady of the district had centered her affections unwisely, and as a result found herself in a compromising situation. She had appealed to the wiseman in her dilemma, who had promised to aid her. He consulted his textbook and found the remedy therein described a bit heavy even for his strong buttress of faith, hence his approach to me. With much ceremony he brought out one of the numerous editions of Culpepper's Herbal and showed me the draught prescribed which consisted of a half pint of the patient's urine mixed with an equal amount of milk and taken at a draught. Needless to say I discouraged him, but did all I could to purchase the volume, the only copy I had then seen in the Province. However, he mistook my motive and flatly refused to part with his source of information at any price.

It naturally follows that herbs occupied an important place in home treatment of other years, and of these a few native ones are worthy of mention by their common names:

Bloodroot, or sanguinaria, in some places very common, had a reputation as an expectorant and was used as an infusion for this purpose. It is still so used in proprietary preparations. Goldthread, also infused, and well sweetened, was given to teething infants or children with Thrush. A large number of bitter herbs and barks were obtainable and properly used as tonics. Wild Cherry bark and Lion's Paw occupied a place in nearly all such mixtures, but as efficacy was judged by the number of ingredients, a lot of useless trash was often added. Labrador Tea, leaves and blossoms, was boiled and the liquor given as a stomachic and carminative. The common plantain was applied to cuts and bruises with doubtful effect. So far as I can learn its seeds were never used for their laxative value. Dandelion wine was used as a "spring tonic" and housewifely art often succeeded in producing a draught which contained tonic properties of considerable potency. It is unfair to pass over the group without giving Tansy its well deserved place. Scarcely

a farm lacked its Tansy bed. It was used as a poultice for man and beast in all inflammatory lesions and sprains. Moreover, the maiden of the household, after consulting the almanac with an anxious eye and quaking heart, was wont to pluck a few leaves and take a cup of Tansy tea in private.

The so-called "pot herbs" were widely grown in gardens and employed for their flavoring, perfuming, or pigmentary properties. A few flowers, notably the marigold, were valued for their blossoms, which were gathered dried, and infused for use.

Trees were called upon also by our native herbalists. A tea of beech leaves, which had remained on the tree all winter and were gathered in winter or early spring, was used as a cough sedative and had a well-deserved reputation. The seeds of the alder prepared in the same way were given as a "spring tonic." Spruce and hemlock, sometimes flavored with wintergreen or birch, were used to make "beer," and besides their value as a beverage had definite value in the prevention and treatment of scurvy.

The housewife of other days also drew upon a store of knowledge accumulated by her fathers and forefathers from their observation of the remedies given by the regularly qualified physicians to various members of the family or friends in days gone by. Accordingly the children were dosed with sulphur and molasses each spring until, as one little fellow put it, "we could shake our undershirts over the stove at night and see the little flames of burning sulphur." Epsom salts was, and still is, very popular, but combined with an infusion of senna created a draught which I have heard octogenarians speak of with considerable feeling, although with them it was but a memory of youthful days. They often referred to it as "Sinney Tea."

Poultices were made of many things—and still are. The commonest were tansy, onion, bread, bran, linseed, mustard, and of course the cow dung for obdurate cases. They were chiefly employed for any acute inflammatory condition.

The common cold held a place of its own in domestic therapy. The unfortunate was usually started out with salts and senna. If favored, he might be let off with a drink of flaxseed tea, not far behind senna as a beverage. More pleasant might be a candy made of onions, vinegar and molasses, or an onion baked in the ashes. Then came a bowl of oatmeal gruel and to bed with grandfather's sock, worn at least a week, tied about the throat. Truly Darwin had opportunities to prove his theory in humanity about him!

Alcoholic liquors had a place as well. These were chiefly rum and gin. Whiskey was too closely associated with conviviality to be employed for an ailment, but everybody knew that rum was good to "rub on" and if some leaked inside for a cold, where the reproach? Gin of course was "for the kidneys," and as all backaches were supposedly of renal origin, it was taken often. Further, as the female was more subject to backache than men for uterine reasons, it became a general remedy for female ills. I had once the following cited me which I consider a unique example of preventive medicine and therefore worthy of record. An elderly man told me that about the age

of eighteen he had had an attack of rheumatism. For this he had taken rum with relief. He further stated that all the rest of his life he had taken rum in order to prevent a return of the rheumatism which, he stated with much emphasis, had been highly successful.

It is often true that in a bushel of folly is a grain of wisdom. Shortly after embarking on the practice of medicine my frail barque was boarded one night by an elderly gentleman in a state of inebriation, who quite evidently had no need of my professional attentions but only of my time and patience to listen to him. After telling me of his personal regard at considerable length he announced that he was going to make me the possessor of a secret which would undoubtedly spell my success. This secret he had tested and proved personally in this manner: He had, it seems, been stricken with a most objectionable skin disease. It was so bad, he said, that before retiring at night he would stand on an open newspaper and rubbing the desquamating scales from his body would collect by this means enough to fill a pint measure. In an "old book" he had seen his ailment described and the treatment thereof. He took the recipe to a local druggist who scanned it for some time and then presented him with the bottle filled with "the clear-as-crystal of running water." He took it and was healed. What was it? The secret was whispered, "the iodide of potassium." I am still without the fortune or prospects of securing one, but I freely admit that the memory of that visit has on a few occasions been very useful to me.

I have only been able to collect one instance of genuine superstition in the therapeutics of *dulce domum*. Of course some will say that the salt herring applied to the feet or throat or the half chicken similarly placed are superstition, but I regard them as borderline only compared to the following:

A well-known physician of this Province, many years ago, being called to a child with whooping cough, discovered the father holding the head of a live trout in the child's mouth. The parent had spent a considerable part of the day catching the fish, which he explained would catch the whooping cough, thus exposed, and being again released into the brook would remove it from the child completely.

With this instance it is well to close a chapter of faith, folly, and some wisdom. We cannot but pay tribute to the efficacy of the faith which accompanied the administration of so many of these household remedies. As one doctor explained to me after many years of country practice: "I was called when they were in trouble. Not always did they feel they needed me, but because they had tried and failed, and to call the doctor then was the right thing to do. If I succeeded in plucking the victim from the depths, I had either been called too soon or it was the Will of God. If the patient died, it was likewise the Almighty's Will and they never blamed me. I heard their first cry at birth; I made their wills and I closed their eyes in death. "Though I was among them I was not of them, but I did my best. Soon I shall join them."

# \*Disturbances of Digestion—Cause and Treatment

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I HAVE selected this subject as in my experience the general practitioner is consulted more often for digestive disturbances than any other single malady, and the reason for this is that the stomach is the most abused organ in the human body. When we consider all the different varieties of food and drink that are ingested, some of it almost scalding hot, some of it ice cold, some again of a very irritating nature, often insufficiently masticated, and in too large quantities, the marvel is that this much-abused organ stands up to its job as well as it does.

In order that we may have a better understanding of our subject it would perhaps be as well for us at the outset to refresh our memories in regard to the anatomy, secretions and function of the stomach.

The stomach is a muscular bag lined with mucous membrane containing a large number of secreting glands. It might be considered as a dilatation of the oesophagus, and is made up of three layers of muscles, a longitudinal layer of fibres continuous with the external layer of the oesophagus, a strong circular layer which is markedly thickened at the pyloric region where it forms a powerful muscular tube, and an external layer of oblique fibres which at the pyloric end is incomplete and blends with the circular fibres. The glands of the stomach, on account of their distribution, are known as the pyloric and fundic, their principal secretions are pepsin and hydrochloric acid; there is however another enzyme known as renin, which has the property of coagulating milk. The human stomach is divided into two chief parts—the fundus, and the pyloric antrum; its upper border is known as the lesser curvature and the lower border as the greater curvature. At the point of juncture of the stomach and duodenum a thickening of the muscular fibres forms a sphincter which is capable of completely shutting off the duodenum from the stomach. Normally the stomach lies in an oblique transverse position from left to right. It is not an absolutely fixed organ, as it varies with the position of the body and the amount of food or gas present. Its most important function is in the preparation of food for further action in the intestines by the pancreatic and intestinal juices. This is accomplished by its muscular activity which disintegrates the food and churns it up with the enzymes so it can pass through the pylorus in a smooth liquid. The pyloric end of the stomach, with its strong muscular fibres, might be likened to a fowl's gizzard which grinds the food, while the fundus, like the crop, simply holds the food and passes it on to the "gizzard." When a portion of the food is sufficiently prepared for action by the intestines, the pyloric sphincter relaxes and the food passes through, then the sphincter closes again until another portion is ready for treatment and so on until the stomach is empty.

The process of digestion takes place in three cavities—the mouth, stomach, and lumen of the bowels. This process is both physical and chemical. The

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\*Read before the Medical Staff Society of the Digby General Hospital.

teeth may be considered as the first line of defence, for they, so to speak, guard the portal: they do so by masticating the food so that it is in a fit condition to be ingested, and also in conjunction with the tongue mix with it the secretions of the salivary glands, which contain that important enzyme, Ptyalin, so necessary to the digestion of starch. The food thus prepared is swallowed and passes into the stomach, where its protein contents come in contact with the acid and pepsin secretions. These juices do not altogether digest the proteins but prepares them for further action by the powerful pancreatic and intestinal enzymes. As a matter of fact by far the greater part of the chemical process of digestion takes place in the intestines, the physical part taking place in the mouth and stomach.

The various foodstuffs comprising our diet may be divided into three great classes—Proteins, Fats, and Carbohydrates. Of these the most important is protein, for it alone contains nitrogen which is essential to the repair of tissue waste. Without protein, life would be impossible.

Gastric diseases may be divided into two main classes, functional and organic, the latter being due to some pathological lesion. The functional disturbances may be roughly classified as pain or distress in the upper abdominal region, heartburn, flatulence, nausea and vomiting, impairment or loss of appetite, any of which may be accompanied by headache and depression. The organic are gastritis, ulcer and cancer.

When consulted for a digestive disturbance do not look upon it as a trivial ailment, ask a few questions and perhaps hand out a sample or two that has been recommended by some enterprising pharmaceutical house as a panacea for all such troubles, but go into each and every case carefully and thoroughly. First get a complete history of the illness or indisposition, then make your physical examination, commencing with the teeth, Here you will frequently find the origin of the trouble, for when the first line of defence is gone or seriously impaired digestive disturbances are not long in following. Next examine the tongue and pharynx, as the tongue is often an index to the condition of the stomach. See if your patient is anaemic, for often a lack of iron in the blood will cause digestive trouble. Make a careful examination of the abdomen and when doing so be on the lookout for undue dilatation or misplacement of the stomach, also for nodules that might indicate a malignant growth. Explore the region of the appendix and gall bladder, for often irritation in these areas will reflexly affect the stomach. If your examination thus far fails to reveal the source of trouble and a period of treatment should prove ineffective, then advise a gastric series.

In regard to treatment I am firmly convinced from long experience that 70 per cent of the functional cases can be cured by diet alone, if you can get the full co-operation of your patients. The cause of so much functional digestive disturbances lies in the fact that the people of Nova Scotia eat far too much of what I call the *concentrated* carbohydrates; that is, bread and other eatables made from wheat flour, potatoes and sugar in various forms. Their diet is not well balanced; they should take more proteins and vegetables other than potatoes. I remember some years ago being called out one night to see an old farmer who was suffering from an attack of acute indigestion. I asked him what he had eaten for his supper. He replied: "Oh, I only ate half a dozen 'taters and a few slices of bread." This possibly is an exaggerated example, but I know from experience gained, particularly in the old horse-and-buggy days when frequently I had to stay all night and sometimes all

day at farm and fishermen's houses, that at least four-fifths of the diet of the rural population consists of carbohydrates, and the same is true but to a somewhat lesser extent of our urban residents.

In a paper of this nature it is not possible to go minutely into the treatment of digestive disturbances by drugs, for their number is legion, and more are constantly being added to the list. I will, however, in a general way outline the treatment of the non-surgical cases with which we commonly come in contact.

First in point of numbers are those suffering from hyperacidity. The majority of these patients you will find are eating more than they can properly digest, and you will also find that their diet consists mainly of the carbohydrates. Here the treatment is to limit the quantity of food ingested and to cut down drastically on the carbohydrates. My personal experience is that these cases can be cured by a properly regulated diet and that no medicine need be given, but it will be hard to make your patients believe this, and in order that they may go away satisfied, it is best to give them some simple anti-acid mixture.

Next in point of frequency we have those nervous cases that complain of considerable distress after eating accompanied by flatulence. It has been my custom to give these patients ten grains of Bromide of Soda combined with five grains of charcoal three times daily after meals. The results have been most satisfactory.

Then there is that class of patients who come to you complaining of a faintness in the stomach. They feel hungry but when they sit down to the table a few mouthfuls satisfies them. These patients are suffering from hypertonicity of the stomach, and 15 grains of Bismuth Subnitrate given three times daily ten minutes before meals will effect a cure.

Occasionally we meet a case where there is considerable digestive trouble due to a lack of sufficient hydrochloric acid. The treatment here is to supply that deficiency by giving 10 or 15 minims of the dilute acid three times daily after meals.

For obstinate cases of nausea and vomiting, the best treatment is continuous lavage through the Levine tube; and for the severe reflex vomiting of pregnancy, 1 cc. ampoule of Suprarenal Cortex given hypodermically once or twice daily is the most potent remedy that we possess.

There is another group of cases where pain is the chief symptom. It occurs after meals and often in the night. This is the type of case, if unchecked, goes on to the formation of ulcer. With these patients I get the best results from the following mixture: sodium bicarbonate 1 oz., calcium carbonate 2 oz., heavy magnesium carbonate 2 oz., Bismuth oxycarbonate  $\frac{1}{2}$  oz. Dose, one teaspoonful in water three times daily before meals and two at bedtime.

You may have observed that I have not prescribed any of the digestive ferments. I seldom do. Our internal organs have their own factories, so to speak, for making these ferments or enzymes and they know best how to do it in the quantities needed. If you give ferments for any length of time you dull the production power, and the secreting cells get lazy on the job, an occurrence you may have observed that is not rare in everyday life. So the moral is: help and strengthen the digestive system to do its own work rather than give medicines to do that work. Your results will be much better.

In conclusion I would like to stress the point that the most important part in the treatment of disturbances of digestion is *diet*.

# \* Associated Medical Services Incorporated

IN accordance with a request from the Chairman of the Committee on Medical Economics of the Ontario Medical Association (Bulletin of the Academy, Nov., 1940) the Council of the Academy appointed a special committee to draft a reply to the questionnaire re the attitude of the Fellows of the Academy towards the Associated Medical Services Incorporated. The report of this special committee, which was adopted by the Council at a meeting held on December 1, 1940, and the discussion of this report by Dr. J. A. Hannah, Medical Director of the A.M.S., is here published for the information of the Fellows.

The findings of this committee are as follows:

(1) Associated Medical Services is functioning as an Association to provide medical care for a selected group of subscribers.

(2) Physicians engaged in general practice are, as a group, favourably disposed towards Associated Medical Services. Many have expressed entire satisfaction with the work of the Association; others feel that if the Association is to continue to receive the support of the medical profession certain changes in its policies are necessary.

Complaints which have been made by members of this group are:

- (a) that it is often difficult to obtain the sanction of the Medical Officers of the Association for special services which, in the opinion of the attending physician, are necessary for the patient;
- (b) that the Association has refused to sanction the services of Consultants selected by the physician or the patient, suggesting others in their stead;
- (c) that the attitude of the Medical Officers of the Association towards its participating physicians is, at times, autocratic or tactless;
- (d) that wealthier subscribers to the Association demand special attention for which the Association does not pay, and for which it is often difficult for the physician to collect from the subscriber;
- (e) that the Medical Officers of the Association have, at times, dealt unjustly with subscribers and their physicians by wrongfully attributing an illness to some condition which was present before the subscriber was accepted.

(3) Paediatricians, as a group, are dissatisfied with Associated Medical Services.

Members of this group complain of difficulty in obtaining the consent of the Medical Officers of the Association for special investigations advised by the attending physician, and of quibbling on the part of the Association over the payment of accounts. Their chief complaint, however, is that the Association refuses to sanction a sufficient number of routine examinations of infants under two years of age.

(4) Oto-laryngologists, as a group, are dissatisfied with Associated Medical Services.

Members of this group complain, as do the members of the other medical groups, that the attitude of the Medical Officers of the Association towards its participating physicians is often autocratic or tactless, and that the income of many of the subscribers to the Association is such that they should not be given medical attention at the minimum fees of the Ontario Medical Association schedule. Their chief complaint, however, is that as in the past 50 to 80 per cent of their patients have come to them directly, the Association is acting unjustly in refusing to pay them a specialist's fee unless the patient is referred to them by a general practitioner.

(5) Surgeons, Internists and Obstetricians are, as a group, favourably disposed towards Associated Medical Services.

Complaints which have been made by members of these groups are that unnecessary friction and discontent have been caused by the attitude of the Medical Officers of the Association towards its participating physicians; that the Medical Officers of the Association have, at times, refused to sanction necessary nursing services, and that the fee paid to Internists for consultations in hospitals is too low.

Suggestions which have been made by members of the various medical groups are as follows:

- A. That subscribers to the Association be drawn only from those with low or moderate incomes (below \$3,000 per annum?) or, alternatively, that wealthier subscribers be charged at an increased rate so that physicians may be adequately paid for the special attention which these subscribers demand.
- B. That when a dispute arises between the Association and a participating physician, the latter should be visited by a medical representative of the Association so that the matter may be discussed fully and amicably. The present policy of the Association is to invite the complaining physician to appear before its Medical Board. This is resented as it puts the physician in the position of a defendant.
- C. That there should be a committee of the Council of the Academy of Medicine to consult with the medical directors of the Association as to policy, and to act as a court to which physicians might appeal from the decisions of the Association's Branch Medical Officers.
- D. That Oto-laryngologists should be paid specialist's fees for services to patients who consult them directly and not through a family physician.
- E. That as the refusal of the Association to sanction a sufficient number of routine examinations of infants is tending to lower the standard of paediatric practice, the policy of the Association in this regard should be changed.
- F. That each applicant for enrolment as a subscriber to Associated Medical Services should be medically examined by his own physician, that the full details of this examination should be recorded on a special form to be filed with the Association, and that unless such examination yields evidence of some existing disease or disability, the applicant should be accepted by the Association without restrictions or exclusions.

#### SUMMARY

It appears to this committee that a large majority of the Fellows of the Academy of Medicine is favourably disposed towards Associated Medical Services, and that a more friendly and co-operative attitude of the Association's Branch Medical Officers towards participating physicians would remove much of the discontent which does exist. In making this statement the committee is not unaware of the great difficulties with which the Branch Medical Officers must contend in dealing fairly with subscribers, participating physicians and the Association.

It also appears to this committee that matters in dispute between Associated Medical Services and specialists in Oto-laryngology and Paediatrics could be adjusted by conference between the medical directors of the Association and representatives of these specialists.

The only major change in the policy of the Association which would appear to be favoured by the majority of the Fellows of the Academy is in regard to the income level of subscribers to the Association.

In view of these findings this committee recommends that the questions embodied in the letter from Dr. T. L. Fisher, Chairman of the Committee on Medical Economics of the Ontario Medical Association to the Secretary of the Academy of Medicine, Toronto, be answered as follows:

*Question 1.* . . . Speaking generally, does the profession belonging to your medical association approve of Associated Medical Services?

*Answer:* Yes.

*Question 2.* What specific complaints are being made?

*Answer:* (1) That wealthier subscribers to the Association demand special attention for which the Association does not pay, and for which the physician often finds it difficult to collect from the subscriber.

(2) That it is at times difficult to obtain the consent of the Medical Officers of the Association for special services which, in the opinion of the attending physician, are necessary for the patient.

(3) That the policy of the Association is reacting adversely on physicians engaged in the practice of Paediatrics and Oto-laryngology.

*Question 3.* Does the profession feel that these complaints are serious enough that the scheme should be modified at least? or perhaps discontinued? or are there smaller things of less importance that merely require adjustment?

*Answer:* The scheme should be modified—certainly not discontinued. Many of the causes for complaint could be removed by minor adjustments.

*Question 4.* (a) Did Associated Medical Services request and act upon the wishes of your society in choosing the medical members to act on its corporation?

*Answer:* Yes.

*Question 4.* (b) Are these members in any way responsible to the medical society?

*Answer:* No.

*Question 5.* (a) Are the wishes of your medical society with respect to matters of policy affecting your own locality given due consideration by Associated Medical Services?

*Answer:* The Academy of Medicine has not made any suggestions with regard to the policy of Associated Medical Services.

*Question 5.* (b) . . . or are you working under rules made at Head Office and applicable to local conditions but inapplicable in your district?

*Answer:* Speaking generally it may be said that the rules made at Head Office, under which the Fellows of the Academy are working, are applicable to the Toronto district.

*Question 6.* Do you feel that, to date, the presence of Associated Medical Services in your district has tended to raise or lower the standard of medical practice?

*Answer:* It is probable that Associated Medical Services has raised the standard of general medical practice, as it affects its subscribers, inasmuch as these subscribers can obtain special medical services which many of them could not afford if they did not belong to the Association. Paediatricians are of the opinion that Associated Medical Service has lowered the standard of Paediatric practice.

*Question 7.* Does Associated Medical Services pay the Ontario Medical Association tariff in full in all cases where accounts are deemed just? Is Associated Medical Services modifying the tariff?

*Answer:* Associated Medical Services pays the Ontario Medical Association tariff in most cases, if not in all. (This is a question which should be directed to Associated Medical Services and not to the Academy.)

*Question 8.* Is Associated Medical Services fair to all groups in the profession?

*Answer:* Paediatricians and Oto-laryngologists are dissatisfied with Associated Medical Services.

*Question 9.* Has your medical society any general suggestions to make not included in the above questions?

*Answer:* A. That Associated Medical Services should either (1) draw its subscribers only from those with low or moderate incomes (this would eliminate the discontent which is caused when physicians are called upon to attend wealthy patients for minimum fees or when they have to give such patients special attention for which

Associated Medical Services does not pay) or (2) charge its subscribers a fee graded according to their incomes, so that it might be possible for Associated Medical Services to be more generous in the provision of special services when such are requested by the attending physician.

B. That the Medical Directors of the association should confer with Paediatricians and Oto-laryngologists in an attempt to adjust the differences which these specialists have with the association.

C. That as the profession at large have at present no voice in directing the policy of Associated Medical Services or in adjudicating on matters in dispute between physicians and the association, the Academy of Medicine, Toronto, should be represented on the local Board of Directors of Associated Medical Services by two or more physicians elected annually by the Council of the Academy.

At a special meeting of Council held on February 9, 1941, to discuss the foregoing report, Dr. J. A. Hannah, Managing Director of Associated Medical Services Inc., attended by invitation and explained the attitude of A.M.S. towards the criticisms contained therein.

Dr. Hannah recounted the development of A.M.S. Inc. since its inception in 1937. It began as a result of a demand on the part of the Civil Service of Ontario for some method of budgeting against the unpredictable cost and incidence of illness. It was generally conceded by the profession that Health Insurance was imminent, and that such an experiment would prove useful to the profession in their endeavour to direct thought along this line. The working out of the experiment must take time and much will be learned as time goes on. He emphasized the basic principles of the experiment. The first is "Any health insurance project is an insurance of the public against the uneven and unpredictable cost of medical care rather than an insurance of a large income to the profession." The second is that there must be finality in decision in any situation. There must not be too many bodies of appeal. The administration is set up on a non-profit basis and they are consequently enabled to take the attitude of an unbiassed judge. The Directors desire such co-operation with the Academy of Medicine, Toronto, as will permit a full investigation of a given situation, but they cannot have this construed as giving any society the status of a court of appeal.

In reply to the specific complaints enumerated in the report, Dr. Hannah made answer to each of them as follows:

(a) A.M.S. sanctions approximately 96 per cent of the services asked for by physicians. Certain subscribers demand "their money's worth" and urge their doctors to demand special services. To be lax in sanctioning these services would be to court financial ruin. The Director asked that specific instances of refusal of such demands be secured from the Fellowship and then ask for the facts from the offices of A.M.S.

(b) In certain instances named consultants were refused because, in the opinion of the A.M.S. officials, the consultant asked for was in no better position to judge the necessities of the case than the physician making the request. A long list of acceptable consultants is at the service of doctors who ask for these services.

A consultant who has not agreed to participate in the working of the A.M.S. is not acceptable.

(c) 'There is a difference between being firm and autocratic. Tactful handling of situations is desirable. "There are some individuals in the profession to whom a ready submissive acquiescence in all matters is essential in order that we be considered tactful."

In 1940 A.M.S. paid an average of \$12.36 per subscriber to doctors. At this rate were the 1000 doctors in Toronto all participating and the whole population of Toronto subscribing each doctor would be receiving about \$9000 a year. The average doctor's income in Canada is \$3500.

(d) 28 per cent of subscribers have incomes of less than \$1000; 58 per cent less than \$1500; 71 per cent less than \$2000; 91 per cent less than \$3000; 99.1 per cent less than \$5000 and 0.9 per cent more than \$5000.

No subscriber is allowed to have more than his fair share of service unless at his own expense.

95 per cent of accounts are paid as rendered by the physician; 3 per cent have to be adjusted to the O.M.A. tariff as agreed; 2 per cent have to be referred to the local board which consists of eight local practitioners.

(e) "If the Academy cares to investigate any particular and specific instance, our records are open to them and we will not hesitate to lay the whole file before them."

The chief complaint of the paediatricians as noted in paragraph 3 of the report is a refusal by Associated Medical Services to sanction a sufficient number of routine examinations of infants under two years of age.

"Before we arrived at the number of visits we allow for well baby check-up, which, by the way, is at three, six, nine, twelve, eighteen and twenty-four months, we consulted Doctors Tisdall and Drake, who passed on to us the decision of the paediatricians of the province as a whole. It was on the basis of their recommendations that we made the allowance as given above. This matter is contained in correspondence between ourselves and the paediatricians of the province. Again we invite investigation. It will be found that paediatricians see their children not less often than once every two months and, in many instances, four or five times each month and, in some cases, under the pretext of some minor diagnosis."

Regarding oto-laryngologists, their chief complaint is that 50 to 80 per cent of their patients come to them directly and the association is unjust in allowing specialists' fees only when cases are referred by a practitioner.

Dr. Hannah instanced a certain city in which A.M.S. Inc. is operating on invitation from the local medical society. The oto-laryngologists resigned in a body as a protest against the stand taken by the association. The matter was referred back to the local medical society, which upheld Associated Medical Services Inc. in their regulation.

"We are prepared to meet the oto-laryngologists and discuss the matter very fully and endeavour to arrive at some sort of conclusion that will be satisfactory to all concerned. I must, however, point out to you that if the surgeon, the obstetrician, the nose and throat man, the skin specialist, the chest specialist and all the other specialists insist on their patients coming to them off the street, where then does the general practitioner fit into the picture?"

Must we assume that the general practitioner has no place in the field of medicine? . . . we may be wrong, but I think you will agree with me when I say that there is an over-abundance of specialists as opposed to real consultants in the various fields of medicine and that the vast majority or at least a goodly number of men professing to practice specialties obtain a great proportion of their living from doing general practice."

Further discussion was based on the organization of the association with its preponderance of medical control. "In the original instance the Ontario Medical Association refused to take either financial or moral obligations for the setting up of Associated Medical Services beyond making a loan of \$3800. They instructed us to secure a charter and thus set up an independent incorporated body. Having done so, they passed over to that body not only control of itself but all financial and moral obligations in regard to any responsibility which might go with such a venture. These obligations we have discharged in accordance with the agreement which we made with the Ontario Medical Association at the time we were set up. It hardly seems fair then that, at the present time, when Associated Medical Services Inc. has been established on what is considered a more or less successful basis, the organized profession of the province should come along and demand control and refuse to accept the responsibility, either moral or financial, in regard to the situation."

Dr. Hannah concluded with a warning that a government-controlled scheme of medical service was threatening and would not be at all likely to be as satisfactory to the profession as the Associated Medical Services Incorporated was endeavouring to be.

The above is a somewhat extended synopsis of Dr. Hannah's statement. The full text is filed in the Academy, where it may be studied by any Fellow of the Academy who may desire to examine the document.

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At the Annual Meeting of the Medical Society of Nova Scotia held August 27, 1940, the proposal of the Editor's that the BULLETIN should become a quarterly for the duration was severely frowned on. It was unanimously agreed that the BULLETIN should "carry on." The Editors are willing to edit, but wish to point out that they must have something to work on, and that something must come from you.

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HIPPOCRATES—"Whoever is to acquire a complete knowledge of medicine ought to be possessed of the following advantages: A natural disposition; instruction; a favourable position for study; early tuition; love of labour; leisure. First of all, a natural talent is required, for when nature opposes, everything else is vain; but when nature leads the way to what is most excellent, instruction in the art takes place, which the student must try to appropriate to himself by reflection, becoming early a pupil in a place well adapted for instruction. He must also bring to the task a love of labour and perseverance, so that the instruction taking root may bring forth proper and abundant fruit."

# The Common Cold

\*Prepared by the Committee in Charge of the Co-ordinated Health and Medical Program, Minnesota

**C**AUSES are both direct and contributory and include a filterable virus, various types of bacteria and chilling.

1. *Virus Colds*—Symptoms are stuffiness, sneezing, sore throat, headache, watery nasal discharge but no fever. Duration—four to seven days unless followed by a secondary bacterial infection which may last two to three weeks.

Note: Influenza is a separate disease process caused by a specific filterable virus. Initial symptoms in about 50 per cent of patients are essentially the same as in the common cold.

2. *Bacterial Colds*—Start usually with a severe sore throat followed by inflammation of the nasal mucosa. Caused by various types of identifiable bacteria such as streptococci, many of which are present in the nose and throat without causing symptoms until some mechanical irritation or a virus cold or chilling (in susceptible people) prepares the way.

3. *Vasomotor Colds*—Caused by a vasomotor disturbance due to chilling effect on the peripheral circulation. This chilling reduces the temperature of the nasal mucosa and brings about, in susceptible people, hyperemia which is sometimes followed by a secondary infection.

4. *Physical Factors*—Anything that irritates the mucous membrane, including dust, tobacco smoke, etc., produces cold symptoms that are of short duration unless they pave the way by injury to membranes for secondary infection.

5. *Fatigue*, constipation, over-eating, malnutrition, nervousness seem to be related to some extent to colds. It is logical to assume that poor physical condition predisposes to colds.

6. *Allergic Colds*—Symptoms the same as of the virus cold but caused by hypersensitivity of patient to many different substances, including plant pollens.

## PREVENTION

1. *Avoidance of Exposure*—Isolation of patients with acute colds is desirable and would reduce their spread. The potential victim may reduce exposure by simple hygienic measures, such as thorough washing of hands before eating and after contact with articles subject to contamination; by keeping hands from the nose and mouth and by avoidance of direct exposure to persons with colds, especially during the first two or three days when virus colds are infectious.

2. *Use of Vitamins*—In spite of great current interest in vitamin research, no studies have been reported which could serve as a basis for concluding that vitamin supplements to the ordinary diet are effective in the prevention of colds.

(1)\* Dosage and Conclusions of a study on the Effects of Large Doses of Vitamins A, B complex, C and D, on the Incidence of Respiratory Infections in a Group of Rheumatic Children, by Ann G. Kuttner, Irvington House, New York, are given below.

The following daily vitamins supplement was given to half of the subjects in a resident institution for rheumatic children.

Vitamin A	15,000 U.S.P. units
Vitamin D	1,870 U.S.P. units: cod liver oil
Vitamin C	2,000 International units
Vitamin B <sup>1</sup>	1,000 International units
B <sup>2</sup>	480 Bourquin-Sherman units
B <sup>6</sup>	40 "Rat Day" units

Filtrate (Factor -s)-approximately 40 Growth units (Rat or Chick).

Nicotinic Acid or derivatives (pellagra curative) equivalent to 50 grams of whole liver.

#### CONCLUSIONS

1. No evidence was obtained to suggest that the addition of large doses of vitamins, A, B complex, C and D to an ordinary well-balanced diet reduces the incidence of upper respiratory infections.

2. Three children who had received the additional vitamins for a considerable period of time developed rheumatic symptoms following an attack of streptococcus pharyngitis.

3. Children on the regular diet without additional vitamins and those on the regular diet with additional vitamins gained weight at approximately the same rate during the 5-month period.

(2)\* J. B. Sherman, reporting in the *British Medical Journal*, October 29, 1918, found that a daily supplement of 6000 units of Vitamin A and 1000 units of Vitamin D administered to 330 employees in an industrial plant had no effect on the number of colds nor the loss of time on account of colds among the employees.

3. *Use of Vaccines*—An earlier series of controlled studies among University of Minnesota students on the value of several vaccines produced no evidence that vaccines reduce the frequency or the complications of colds. Oral vaccines, as well as hypodermically administered vaccines, in which the organisms were destroyed mechanically instead of by heat, were used.

(3)\* These studies were later supplemented by controlled studies with the traditional type of heat-killed bacterial vaccines in which 92 students received a sterile physiological solution of sodium chloride under the impression that they too were receiving vaccine. The experimental group reported an average of 4.7 colds per person the previous year while they had only 2.1 colds per person in the course of the study. However, the control group, which also reported 4.9 colds per person the previous year, had only 1.9 colds per person during the course of the study. This study produced no evidence that heat-killed vaccines are

of value in the prevention of colds among a group of cold-susceptible students at the University of Minnesota.

(4)\* On the other hand, C. I. Stafford of Miami University, Ohio, reporting on the use of oral vaccine among students, concluded that oral vaccine had no effect on mild colds among the group studies but that it did materially reduce the frequency of severe colds. His criterion as to a severe cold was "a cold lasting more than one day, accompanied by fever, aching or confinement to bed." The students' own report in regard to severity was accepted. Temperatures were not taken. On this score conclusions are open to criticism. Certain pharmaceutical companies interested in the sale of oral vaccines are naturally exploiting the results of this study.

(2)\* Sherman, whose vitamin study is quoted above, also made controlled studies of the effect of vaccines, including oral vaccines, on his employees, with the following results:

Type of Treatment	No. Subjects	Average Colds Per Person	Average Duration of Colds	Working Days Lost Per Cold Per Person
Entoral Vaccine.....	283	1.50	6.9 days	.79 1.19
Controls.....	593	1.48	6.7 days	.72 1.06

Obviously the above results show no evidence of value for oral vaccines in preventing either the frequency or severity of colds.

4. *Personal Conditioning*—Spiesman of the University of Illinois and his associates have published some further papers in support of their earlier contentions that frequency of colds—obviously of the vasomotor type—in cold-susceptible individuals, can be reduced by conditioning of the vasomotor system by means of daily cold baths and by the reduction of carbohydrates and increase of fruits and vegetables in the diet.

It is conceivable that the cold baths, especially, might make one less susceptible to disturbances of the vasomotor system through slight chilling. As yet, however, there has been no confirmation of this work by others.

5. *Ventilation*—Over-heating is clearly related, though only moderately so, to prevalence of colds.

6. *Humidity* is not important except as adequate moisture contributes to comfort at low temperature levels. Temperatures of 66 to 68 are comfortable if humidity is 40 to 50 per cent.

7. *Outdoor Exercise*—Johns Hopkins studies showed that outdoor exercise had no influence on frequency of colds.

8. *Sleeping on Outdoor Porches* with windows wide open did not prevent colds in the same studies but produced a larger percentage of colds with coughs. Some evidence exists to prove that people who sleep in extremely cold rooms or porches have more colds.

9. *Nose and Throat Operations*, properly performed, clearly decrease susceptibility to infections of the nose and throat in cases of enlarged adenoids, nasal obstruction or diseased tonsils. Indiscriminate operating does more harm than good.

10. *Nasal Hygiene*—There is no evidence that any spray, drops or gargles are of any value in cold prevention.

11. *Diet*—No special diet, neither the high nor low protein diet, or alkalization are of any established value in cold prevention.

### TREATMENT

The object of treatment is to minimize physiological disturbances, decrease severity of symptoms and, as a result, the probability of secondary infections and complications. It should be directed towards control of the characteristic watery discharge and to reduction of congestion and swelling of nasal mucous membranes which tends to lower resistance to infection by any of the germs that happen to be present in the nose and throat.

1. *Strict Bed Rest* is good advice. Value lies in protecting others, in increasing general resistance and in keeping the body warm. The advice unfortunately is rarely followed and apparently is not practical for majority of patients with colds and no fever; it should be insisted upon in case of fever.

2. *Most effective* abortive treatment discovered after extensive studies at the University of Minnesota of all medicaments used in cold treatments is "Copavin," a preparation consisting of codeine sulphate,  $\frac{1}{4}$  grain, and papaverine hydrochloride,  $\frac{1}{4}$  grain. The usual dosage of this preparation is one tablet after each meal and two tablets at bed time, although larger initial dosages may be desirable if symptoms are severe. (5)\* Favorable results with this preparation have been reported by Russell Cecil of New York, (6)\* and by Hutter of Vienna (7)\*.

(8)\* Baker and Cowan, according to a recent report, gave each of 224 University of Minnesota students 10 "Copavin" tablets with instructions to take one after each meal and two at bed time at the first sign of a cold. If the cold persisted after 24 hours they were to report to the Health Service. Milk Sugar tablets were given to 276 students as a control group. The students who received the codeine papaverine preparation averaged 42 per cent fewer colds than the control group. During the winter of the study 32 per cent of the students who took the codeine papaverine preparation had no colds, of 24-hour or more duration, as compared with 10 per cent of the control group.

To test the value of the amphetamine in aborting colds, 279 students were given "benzedrine inhalers" with instructions to begin use of them immediately at the start of a cold, with two inspirations for each nostril, once an hour, for as long as symptoms persisted. A control group of 276 students received inhalers of the same appearance and odor with the same instructions for use. Those who used the "benzedrine inhaler" developed an average of 32 per cent fewer colds of 24-hour duration than the control group. Twenty-eight per cent of those who used the "benzedrine inhaler" had no colds of 24-hour duration as compared with ten per cent of the control group.

Complications such as bronchitis, sinusitis, and otitis media were fewer among those who used "Copavin" than of those who used either the "Benzedrine inhaler" or the control groups. Data concerning complications are too small, however, to be entirely conclusive.

These studies seem to indicate that both "Copavin" and the "benzedrine inhaler" are of value in the abortive treatment of the common cold and that, of the two, "Copavin" has the greater value.

3. *Sweating out a cold by exercise* may relieve nasal congestion but relief is usually temporary.

4. *Hot Baths* or steam baths increase flow of blood and also reduce nasal congestion. If followed by bed rest with sufficient covers to prolong heat, they may give relief of more than temporary character.

5. *Physiotherapy* has about the same value as exercise and baths.

6. *Catharsis*—There is no logical basis for the use of cathartics, though most patent remedies include them. Recent studies show cathartics have no effect either on temperatures or duration of colds.

7. *Antiseptic Gargles* are of no value.

8. *Counter Irritation* by hot or cold compresses, mustard plaster or medicated ointments applied to the nose or throat have never been found to be of value.

9. *Increased Liquids* were long considered valuable but there is no scientific evidence of benefit except in case of fever.

10. *Medicated Oils* in the nose during the acute stage tended to aggravate the irritation of the mucous membrane.

11. *Ephedrine and Atropine* preparations gave relief of very short duration.

It should be remembered that many people recover from colds spontaneously within a few days. Many others experience long periods of freedom from colds and willingly credit the last remedy taken for this freedom. The fact makes it possible to sell almost any preparation for colds provided it is supported by an energetic advertising campaign.

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# \*Prescribing the Scrap Book

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‘TRIFLES make perfection, and perfection is no trifle.’

It is related that Michael Angelo was explaining to a visitor some small changes he had made in a statue. “These are trifles,” said his friend. “It may be so,” answered the sculptor, “but recollect that trifles make perfection, and perfection is no trifle.”

With this wise saying of the great artist in mind, I venture to-day to offer you a trifle, one concerning which next to nothing has been written, but which has led many persons toward perfection. I refer to the scrap-book.

The scrap-book may seem to you a thing of slight importance. I believe, however, that it is a means to great ends. Of its therapeutic value I can have no doubt, because time and again in my practice it has proved the chief weapon against the ennui of long illness and convalescence. It is not too much to say that the scrap-book has cured some of my patients. Let me give you one example. Many years ago a young woman with advancing pulmonary and laryngeal tuberculosis came west to be under my care. She optimistically brought with her a nice collection of tennis racquets and golf clubs. As tactfully as I could I explained to her the need for sanatorium rest and regime. “But what shall I do?” she asked. “You can keep scrap-books,” I replied. “My God!” she exploded, as though she could not believe her ears. Nevertheless, as time went on, she began to keep scrap-books, and it was not long before her longing for the tennis court and the golf links was alleviated. She has now been completely restored to health for many years. Recently, at a tea given by her for some friends, I related to her my idea for this paper. Immediately she brought down from her shelves her collection of scrap-books, and in no time at all the whole party was on the floor poring over them. The joy which these adults took in these books was something that I wish all physicians could see. A simple thing, you may say, but nonetheless a very important one. It is a reminder of the sad fact that too often we learn the medical text-book by rote and forget the knowledge of the human heart.

The scrap-book, I am convinced, is the ideal form of activity for the patient who must spend a long time in bed. In the first place it is episodic and fragmentary. The building of such a book takes place in little snatches over a long period of time. One is never tempted to continue to the point of fatigue, a danger present in larger undertakings; the work can be picked up and laid aside at will.

In the second place there is the virtue of variety. The patient reads a little, he thinks a little, he cuts a little, he pastes a little, he organizes a little.

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\*The President's Address—Transaction of the Association of American Physicians, 1940, vol. L V, P. 1

That is to say, he finds something for both his hands and mind to do. This combination of mental and manual activity is a godsend. I do not know why there is so much contentment to be gained from even the slight handicraft necessary in cutting things out and pasting them in. But there is the fact, and physicians should take advantage of it.

Lastly the scrap-book is one of the easiest things to prescribe, because almost all patients will soon become interested in it. Many of them will greet the suggestion in the same explosive way as did the young lady of whom I have just told you, but if you can only induce them to start, your worries are over. The reason for this, I suppose, is that the scrap-book appeals to the magpie instinct; and this is an instinct that lies pretty close to the surface in all of us, even though we lose sight of it for long periods of time in the pressure of adult life. As children we begin to collect very early. College rooms will show collections of books and of scraps, of street signs, banners and actresses! As we grow up we are forced to give up these youthful pleasures, because of the necessity of collecting coins of the realm wherewith to purchase food-scrap! But the pleasure is still there, if and when we are able to take advantage of it. A prolonged stay in bed is such a time, and few are the patients who do not find that the old delight returns as they start piling up little snippets of information from here and there and everywhere.

The extent of the scrap-book, of course, is dependent upon the range of interest of the patient. It is a fortunate fact, however, that collecting is a monster that feeds upon itself. Like an excess of protein taken into the body, the scraps taken into the scrap-book fan into flame a desire for more of the same *l'appetit vient en mangeant*. The patient who starts out collecting only accounts of record fishing catches one day finds himself also collecting tall fishing stores; from that it is a step to *all* tall stories, and before he knows it, he has a nice juicy volume labeled *American Folklore*. The danger, in the main, is not that he will find too little to collect, but that he will collect so much that he cannot begin to get it all organized.

I have an example of this from my own experience. Being a physician, with scientific leaning, but with an unfortunate propensity for disorder, I long ago discovered that scrap-books were a splendid antidote. They did not cure the disorderliness completely, however, because I discovered two years ago, while suffering from a misfortune that kept me inactive for some months, that I had a great accumulation of pictures and clippings that had never been pasted in. So I set about the task, and had the time of my life. Let me give you a sampling from some of these books:

Here are pictures and a sketch written on "The Evolution and Extinction of the Horse in America." Notes had been made for many years for this article and among them the fact that the tsetse fly had been found among the 1000 fossil insects, with the petrified sequoia trees, at Florissant, near my home. America gave the horse to the world and the evolution of the horse on this continent took some fifty million years. Then extinction. Whether the tsetse fly had anything to do with this or whether it was simply a matter of highly specialized lines of mammals dying out, we do not know. Waves

of the horse families had passed over the Behring Straits "bridge" to populate Asia, Africa and Europe. As is well known, the Spaniards returned the horse to America.

Africa, or Asia, gave "man" to America. Inasmuch as it is only a million years since "man" sprang from the primates, one must be an optimist and expect that after another fifty million years we may be as perfect as the horse!

An old friend and patient, Julian Huxley, adorns a scrap-book. Clipped from a recent address is a statement that we are all still undeveloped and the future will show that "life will go on against a background of social science. Society will have begun to develop a brain."

As scientists we must revere the Egyptians as the only so-called heathen who evolved the Goddess of Truth. In an Egyptian scrap-book we find numerous pictures of this goddess, named Maat, and she is always, and appropriately, present with the "balances." Pictures of the first scales will be seen and those of innumerable inventions such as writing, the saw, the blow-pipe, enamel and gold work. Breasted traced the dawn of conscience to these wonderful people and found that much of the Psalms, Proverbs, and Isaiah had been derived from them. There are pictures of Imhotep, perhaps the first recorded physician in history, and of Sekhetenanch, the first throat specialist. A picture of the hippopotamus with bloody sweat pouring down the flanks gives the origin of phlebotomy, and a sketch of the ibis preening its rear feathers gives the origin of the enema. Both useful medical advances were founded on errors.

The Edwin Smith Papyrus contains "the earliest surviving examples of observation and conclusion, the oldest known evidences of an inductive process in the history of the human mind."

Then there is a scrap-book of hunting trips with the late Theodore Roosevelt. This great naturalist, humanist, and statesman gave a stimulus to the hunting of, and study of, the cougar, or mountain lion. His love of truth required that each animal be weighed and measured. With hunting knife in belt, he was always ready to give the *coup de grace* to a bobcat or cougar. But we also have an illustration of his gentler nature. A fighting dog has been scalped in a fight with a cougaress and her kittens. The table in the log cabin at night is needed in sewing this wound. The Colonel, greatly annoyed, exits into sub-zero weather to chop wood! Later, convinced by the rapid recovery of the dog, he explained that when his children had to have their tonsils out he always had to leave home! There is a note that, many years later when with Sir Edward Grey in the New Forest, not only birds were discussed but that the Colonel told me he had warned Grey about Germany! This, of historical interest, is not mentioned in the charming address—Recreation—given by Grey at Harvard and containing an account of this bird-watching outing.

A scrap-book of service in the World War, with serious and sad pictures and notes, tells of more than one amusing experience. A base hospital was surrounded by a French remount station. When opportune, my custom was

to take medical officers riding through the beech woods of the Joan of Arc country. Some of exalted rank always removed their spurs before mounting their horses!

Coming to more recent clippings we find that 75 per cent of the minerals of the world are controlled commercially and politically by the two great democracies, the United States and Britain! Hence, in great part, the calamity in Europe. Dr. C. K. Leith believes that some collective guarantee of equality of access is possible. He states that its consideration in the past has been "petty and piecemeal."

Some months ago a note was made that a friend from Holland, brought up in close contact with Germany, suggested that nothing would ever be done with the Germans until some hundred thousand English nurse-maids were sent there. This remark was sent to England as a suggestion for the peace treaty!

Another recent clipping tells of Lord Halifax and his recent speech to Oxford students. Here we read the following: "What has, for example, been the driving force behind the Nazi movement in Germany? It has been German youth. Deliberately deprived, as they have been, of the elements of true judgment, it is they who made the movement and who will sustain it."

"Their point of view stands in stark opposition to yours. They do not understand your way of thinking. Your ideals mean nothing to them. They have their own ideals, which to our minds are distorted and deformed, but for which hundreds of thousands of them are prepared, without a moment's hesitation, to sacrifice their lives." He continues: "There has been a tendency to explain all the history of humanity in economic instead of human terms. Christianity, on the other hand, has rather made its end the perfection of the individual in the conviction that here, too, lay the secret of life for all society." The latter ideal is recommended, and Halifax reminds the students that man's recent preoccupation with a perfect State has not helped the development of human character.

The great democracies of Europe, finding they had been playing in a diplomatic poker game with pickpockets and gangsters, are now trying to make the world safe for decency.

Innumerable clippings on medical care will confront us in these books. Scrap-books reveal perhaps one's own mentality! A confession is due you that my mentality is not equal to correct guidance of the evolution of medical practice. Here is a clipping which reads that the British courts have ruled that the right to experiment with promising types of medical practice must not be abridged, and that the public interest transcends "the honor and interest of the medical profession." My confidence is expressed that the profession will wisely guide changes that seem necessary.

We then turn to scrap-books containing pictures of famous patients. There we find that marvellous person, the late Grace Abbott, whose excellent work for the children of the country is so well known, and her reprint on the Security Act and her efforts for improved medical service.

Among medical worthies we find the following scrap, from the Diary of one Dr. John Ruddy, of Dublin. His style of dating suggests the Quaker!

- Tenth month 23, 1753. Indulgence in bed an hour too long.  
 Twelfth month, 17. An hypochondriack obnubilation from wind and indigestion.  
 Ninth month, 28. An over-dose of whiskey.  
 Ninth month, 29. A dull, cross choleric day.  
 First month, 22, 1757. A little swinish at dinner and repast.  
 First month, 31, 1757. Dogged on provocation.  
 Second month, 5, 1757. Very dogged and snappish.  
 Second month, 26, 1757. Snappish on fasting.  
 Second month, 25, 1757. Cursed snappishness to those under me on a bodily indisposition.  
 Third month, 11, 1757. On a provocation exercised a dumb resentment for two days, instead of scolding.  
 Third month, 22, 1757. Scolding too vehemently.  
 Third month, 23, 1757. Dogged again.  
 Fourth month, 29, 1757. Mechanically and sinfully dogged.

Gentlemen, for the sake of those who will write your biographies, please keep diaries and scrap-books!

In another book we find the present author's lament on "The Primitive Present," the return of the sculptors to the Willendorf Venus, the aping of Gauguin by portrait painters, music returning to the drone of the grasshoppers, dancing imitating the anguish of Egyptian women on the obstetrical stool, Rousseau's prophecy that the arts and sciences would destroy man, and so on.

Pasted opposite is a reply in jazzed rhythm by the late poet, John V. A Weaver, which runs:

"Well—at first glance your evidence reads aright;  
 Our decadence apparently heads for the troglodyte."

Then pointing out some evidence of hopefulness he continues:

"Too, in the movies, the all-time high for popularity  
 Has been captured by a fairy-tale of innocent hilarity."

And Weaver ends his sketch thus:

"So perhaps its not all tinsel, swing, sex and duplicity,  
 Perhaps there is a new-stirring, a yearning grope  
 For the gentle  
 Elementary, elemental  
 Well-spring of our lost, lovely simplicity;  
 In that—if so it be—lies our hope."

Sometime the world will pause to praise a man's scrap-book, as it does of Leonardo, who included in his note-books much unoriginal material taken from books he had read.

That the scrap-book is an excellent way of desensitizing nerves—for which we have no medicine—and conquering neurasthenia, I have no cause to doubt.

But the scrap-book principle may go further than this: it may be that in activities where the patient is the sole judge of the worth of his work, part of the treatment of those devastating twins, fear and anxiety, may lie. We are concerned with getting the sick well and keeping them happy. I suggest that the simple device about which I have been talking to-day will help do it. And it will do it, not only when the patient is confined to bed, but afterwards as well. In support of this I will close with another case history. Over forty years ago a young woman came to me with advanced pulmonary tuberculosis. I placed her in a nursing home and started her on scrap-books. She still keeps about thirty of these up to date, and through the process has become an amazingly educated woman. Her husband is a product of the best American and European schools and universities, but when he wants to know something about literature, painting, sculpture, furniture, architecture, stamps, coins, travel, or a variety of other things, he usually asks her. For the truth is that keeping scrap-books is one of the easiest forms of learning. Keeping them up to date, one is repeatedly familiarized with their contents. In repetition lies the secret of learning; and learning is at least one of the roads to happiness.

In addition to the titles mentioned, men will be interested in such matters as business, economics, sports, machines, animals, guns, cartoons, and boats. Women in gardening, menus, music, needlework, costumes, wild flowers, and the family. One wonderful mother kept a scrap-book, among many, which she entitled "How to Amuse Children on a Rainy Day."

The field is infinite and makes the universe a university.

I hope I have not spent too long in relating some of the things that have found places in my scrap-books over the years. You may say that they are of slight use and of little importance to you; but that is not the point. They are of great use and much importance to the man who collected them. The scrap-book is a completely personal thing. It belongs to the man who makes it; he is the only judge of its worth. No one else can criticize it; no one else can impugn it. For him it is a thing of beauty and a joy forever.

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#### NOTICE

The Secretary has received a letter pointing out the need of a doctor at Hubbards, Halifax County, and the surrounding district. Further particulars may be had from Mr. A. W. Shatford, "The Gainsborough," Hubbards, N. S.

# Society Meetings

## THE HALIFAX MEDICAL SOCIETY

THE monthly meeting of the Halifax Medical Society was held on February 5, 1941, at the Victoria General Hospital. The meeting was called to order at 8.45 p.m. with the President, Dr. D. J. MacKenzie, in the chair. Dr. MacKenzie welcomed as guests Dr. George A. Block, Lieutenant-Surgeon Burgeois, Lieutenant-Surgeon Denturn, and Dr. Lindsay. There were thirty-one members in attendance, and nine internes from the Victoria General Hospital.

The first case was presented by Dr. K. A. MacKenzie. It was that of a young man, in his late thirties, who a few weeks before noticed some swelling of glands in his neck. He was in the Active Service Forces and was sent to Camp Hill for investigation. Examination revealed large, discrete glands on both sides of neck, axillae, and groins, which were neither tender nor purulent.

Examination of the throat revealed greatly enlarged tonsils, but which were not inflamed, and a sore throat had not been complained of. The tonsils were removed and the pathological examination showed only simple inflammation.

The Kahn and urine were negative. The blood picture was essentially normal. Report of a biopsy from a gland was not ready at this meeting. X-ray of mediastinum revealed nothing abnormal. Although there was nothing absolute on which to go, the case on the whole suggested Hodgkin's disease, although definite lymphosarcoma must be considered.

In the discussion which followed on this case, Dr. D. J. MacKenzie suggested the possibility of infectious mononucleosis from the picture presented, pointing out such cases usually show about 60 per cent monocytes, and most important is the presence of heterophile bodies. Dr. Reid stated he felt glands were too large for infectious nonnucleosis and thought Hodgkin's the best bet.

Dr. Corston mentioned that lymphosarcoma could probably be ruled in or out by noting the reaction to X-ray treatment.

The second case presented by Dr. K. A. MacKenzie was that of a man with right-sided hemiplegia. He proceeded to show the difference in reflexes, tactile sensitivity, heat and cold sensations, etc., and differences were clear-cut at mid-line, with the upper limit at level of right clavicle, above which sensations, etc., were normal, both front and back. The spinal fluid was negative except slight increase in protein. The Kahn was negative.

The clinical evidence suggested an organic lesion of the cord, with upper limit at the clavicles, and involving sensory fibres chiefly, the motor fibres being more or less normal.

X-ray showed areas of rarefaction along margins of discs between fifth and sixth cervical vertebrae, and giving the impression of a pathological change in the extra-medullary portion rather than in cord itself.

This case was discussed by Doctors Kirkpatrick, Curry and Reid.

An exploratory operation was thought to be justified.

The next item was a very interesting and instructive review by Dr. J. R. Corston of the results obtained in the treatment of cerebro-spinal meningitis with sulphapyridine, in which he pointed out the tremendous strides which have been made in treatment during the past few years, and the great benefits which have resulted. He summarized very thoroughly the cases which had been treated at the Victoria General Hospital, the methods of treatment and the results obtained. The report by Dr. Corston was very enthusiastically received.

In the discussion which followed Dr. Alan Morton gave an outline of the cases of cerebro-spinal meningitis which had been treated at the Hospital for Infectious Diseases, citing several noteworthy features about a few of the cases. Discussion was also entered into by Doctors Holland, Woodbury, J. Reid, D. J. MacKenzie, Surgeon-Lieutenant Denturn, and many interesting features were brought up.

Dr. Clyde Holland presented a case, male, fifty-three years of age, a carpenter by trade, who had complained of dizziness and marked weakness of about a year's duration. He felt the case presented an interesting one for diagnosis. The positive findings were briefly as follows:

(1) Examination of the abdomen showed no masses to be present, but the liver and spleen were palpable on deep breathing.

(2) Ophthalmoscopic examination revealed numerous haemorrhages in retinae.

(3) Temperature at night 102°.

(4) B. P. low; 106/60.

(5) Blood count low—R.B.C., 1,650,000; W.B.C., 2,550; Hb., 29%; C.I., .9; with 87% lymphocytes.

(6) Puncture of bone marrow (sternum) showed no nucleated reds, and 96.5 per cent lymphocytes.

Dr. Holland then proceeded to rule out several possibilities, and finally felt it lay between aleukemic anaemia or aplastic anaemia.

The case was discussed by Doctors K. A. MacKenzie, H. E. Taylor and J. W. Reid.

Dr. Holland presented the next case chiefly because of several unusual features. She was a seventeen-year-old of the mentally deficient type (Grade V in school) who had dislocation of the heads of both humeri (clavicles intact), a chronic dislocation of head of right radius with fairly good function, and large exostosis of medial side right tibia, as well as a rheumatic heart.

The next case presented by Dr. Holland was that of a forty-nine year old miner with chronic myelogenous leukaemia.

Examination of the abdomen revealed a large mass palpable on the left side. When first seen he had a leucocyte count of 87,000.

With treatment by X-ray marked improvement in this man's condition was noted, with gain in weight, reduction of leucocytes to 12,000, and marked reduction in the size of the spleen.

Following the presentation of this case, Dr. Johnston gave a very instructive talk on the role of X-ray in the treatment of leukaemias.

Following the clinical portion of the meeting, it was moved by Dr. Reid and seconded by Dr. Curry that the minutes of the previous meeting be adopted as read.

New business. Dr. Alan Morton, as City Health Officer, told of the desire of the City Health authorities to immunize a greater portion of the civic population against diphtheria than had been possible to date, and asked for the support of the Society in the steps he proposed to take, viz., the establishment of afternoon and evening clinics at schools in different sections of the city, where people desiring immunization could obtain free treatment.

It was moved by Dr. H. G. Grant and seconded by Dr. Lehv that the campaign outlined by Dr. Morton be endorsed by the meeting. This was carried unanimously.

There being no further business the meeting adjourned at 11 p.m.

(Sgd.) K. M. GRANT, Secretary

D. J. MACKENZIE, President

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### HIS FIRST CEREAL FEEDING

The baby's first solid food always excites the parent's interest. Will he cry? Will he spit it up? Will he try to swallow the spoon? Far more important than the child's "cute" reactions is the fact that figuratively and physiologically, the little fellow is just beginning to eat like a man.

It is a fortunate provision of Nature that at the time the infant is ready to receive the nutritional benefits of cereal, his taste is unspoiled by sweets, pastry, condiments, tobacco, alcohol and other things to which adult palates and constitutions have become conditioned.

Many a parent, with limited knowledge of nutrition, attempts to do the baby's tasting for him. Partial to sweets, the mother sweetens her child's cereal. Disliking cod liver oil, she wrinkles her nose and sighs: "Poor child, to have to take such awful stuff!" The child is quick to learn by example, and soon may become poor indeed—in nutrition, as well as in mental habits and psychological adjustment.

Appreciating the importance and difficulties of the physician's problem in establishing and maintaining good eating habits, Mead Johnson & Company continue to supply Pablum in its natural form. No sugar is added. There is no corresponding dilution of the present protein, mineral and vitamin content of Pablum. Is this not worth while?

# Correspondence

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184 College Street  
Toronto 2, March 24, 1941

Doctor H. G. Grant  
Secretary, Nova Scotia Division  
Dalhousie Public Health Clinic  
Halifax, Nova Scotia

Dear Doctor:

*Re: N.M.C.C. 119, 120, 121, 122*

With reference to the above-mentioned subjects, may I advise you that the Executive Committee meeting in Ottawa last week had before it the summary of results so far obtained. A few doctors have signified their willingness to join the R.A.M.C., but the number is not within striking distance of the quota asked for.

I have to-day despatched to Doctor G. C. Anderson, of the British Medical Association, a list of comments and questions which have been put to us in connection with this enlistment. They are as follows:

(1) The pay is inadequate. To make this service attractive to Canadian Doctors the pay should be made equivalent to what the Doctor would receive for the same rank in the R.C.A.M.C.

(2) Will uniforms be provided, or must they be paid for by the individual?

(3) While ocean transportation is guaranteed, will transportation to the point of embarkation be provided?

(4) In case of total disability, is a pension assured?

(5) Is the pay and allowance subject to British Income Tax or Canadian Income Tax?

(6) Will transportation home at the end of the war be provided?

(7) Under Exchange Control regulations, could a Canadian in the R.A.M.C. send any money home, or, in case of his being invalided out of the service or discharged for any reason prior to the close of the war, would he be allowed to bring any money back to Canada?

The Executive Committee feels that until we get a complete clarification of the subject from the British Medical Association it is proper to hold the whole scheme in abeyance and that each Division be requested to so advise the nominees from the Province. Just as soon as we hear from England in response to our inquiry, full particulars will be sent to each Division.

Yours sincerely

T. C. ROUTLEY

General Secretary

# Abstracts from Current Literature

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THE TREATMENT OF SUBACUTE BACTERIAL ENDOCARDITIS. Lichtnan, S. S., and Bierman, W.: *Journal Amer. Med. Assoc.*, 1941, 116: 286.

Lichtnan and Bierman review the present status in the treatment of subacute bacterial endocarditis. Spontaneous recoveries from subacute bacterial endocarditis due to streptococcus viridans or nonhaemolyticus have been reported. Three per cent represents the most favorable incidence of spontaneous recovery (Libman). The writers evaluate the results from the use of chemotherapy with sulfonamide drugs and from the combination of chemotherapy with other measures. Among 200 cases of subacute bacterial endocarditis in which the sulfonamide drugs were administered, recovery occurred in twelve, an incidence of 6.0 per cent recovery. Greater experience has been had to date with the use of sulfanilamide and sulfapyridine than with sulfathiazole. Favorable results have definitely been obtained with the first two of these drugs in streptococcus viridans endocarditis. The former drug is better tolerated. The preference at this time appears to be for sulfapyridine. If the patient develops so-called sulfapyridine fastness or toxicity and sulfonamide medication is to be continued, it is advisable to change to sulfanilamide. Sulfathiazole is best employed from the outset in cases of endocarditis due to unusual organisms.

Among forty-three patients treated with combined chemotherapy and heparin, five recovered, an incidence of 11.5 per cent recovery. Heparin therapy should be instituted after chemotherapy has rendered the blood stream sterile.

Among twenty-four patients treated by chemotherapy and physically induced hyperthermia, four recovered, an incidence of 16.0 per cent recovery. Clinical observations indicate that the addition of some form of hyperthermia to chemotherapy promotes the efficacy of the latter. The hyperthermia should be instituted within twenty-four to forty-eight hours after chemotherapy is begun. It is induced on alternate days, temperatures as high as 104 and 106 F. being maintained for periods of five hours and longer. For adequate therapy at least eight sessions of hyperthermia should be given.

Of twenty-one patients treated by chemotherapy and hyperthermia induced by intravenous typhoid-paratyphoid vaccine five recovered, an incidence of 25 per cent recovery. It is believed that by combining foreign protein shock therapy with the sulfonamides the effectiveness of the drug is enhanced not only by the hyperpyrexia produced, which in itself renders the drug bactericidal instead of bacteriostatic, but also by the addition of many factors in immunity, some not clearly understood, which are activated at the same time. Adequate treatment by this method consists of at least six injections of graduated doses of the vaccine given over a period of seven to ten days.

The preliminary review of the results obtained thus far is encouraging. The combined methods of therapy seem to promise a greater incidence of recovery than may be anticipated in the natural course of the disease or after treatment with the sulfonamide drugs alone.

#### THE USE OF HISTAMINE IN THE TREATMENT OF SPECIFIC TYPES OF HEADACHES.

Horton, B. T.: *Journal Amer. Med. Assoc.*, 1941, 116: 377.

Horton describes a new syndrome, "histaminic cephalgia," with a report of seventy-two cases illustrating this condition which is associated with clinical and laboratory evidence of vasodilatation. Histaminic cephalgia is characterized by a unilateral headache, which usually begins in the later decades of life, is of short duration as it generally lasts less than an hour, commences and often terminates suddenly, tends to awaken the patient at night one or two hours after he has gone to sleep and is frequently eased by the patient sitting up or by standing erect. It is associated with profuse watering and congestion of the eye, rhinorrhoea or stuffiness of the nostril, increased surface temperature and, often, swelling of the temporal vessels of the involved side of the head.

Pain is the outstanding complaint. It is constant, excruciating, burning and boring; it involves the eye, the temple, the neck and often the face. The pain is not confined to the distribution of any cranial nerve but has a tendency to conform to the ramifications of the external carotid artery.

This type of headache represents a distinct clinical entity which is unique in its symptomatology and its response to histamine therapy. The exact mechanism in the production of this headache is not entirely clear, but experimental and clinical data indicate a local release of histamine with resultant vasodilation which is almost exclusively confined to the ramifications of the external carotid artery. Attacks can be induced at will with given amounts of histamine and can be eradicated by desensitization with histamine. A maintenance dose of 0.1 mg. of histamine twice weekly is usually necessary to prevent recurrences of attacks. The spectacular manner in which patients respond indicates that histamine therapy is as specific for this syndrome as insulin is in the treatment of diabetes mellitus. The observations which have been made at the Mayo Clinic by Horton since 1937 and the results which have been obtained by means of histamine therapy justify this conclusion. Surgical intervention for the relief of this type of pain seems to be unwarranted. Histamine therapy is not effective in treatment of commoner types of severe headache.

E. DAVID SHERMAN, M.D.

Sydney, N. S.

#### TREATMENT OF AMYOTROPHIC LATERAL SCLEROSIS WITH VITAMIN E.

Wechsler, I. S.: *Amer. Jour. of Med. Sc.*, 1940, 200: 765.

Amyotrophic lateral sclerosis has been regarded invariably as progressive and ultimately fatal from bulbar paralysis within from two to three years. Wechsler reports twenty cases in which treatment with tocopherol acetate

was given. The results seem to confirm his preliminary report of 1940 regarding the curative effects of Vitamin E. Treatment thus far consisted of 30 and later of 50 mg. daily of Ephyнал or alpha-tocopherol acetate by mouth. Some patients required from 100 to 200 mg. of the preparation. About one-half of the patients had 50 mg. of tocopherol in oil injected daily intramuscularly. All patients received food rich in vitamin E: lettuce, kale, whole wheat bread, coarse cereals, butter, bananas, fresh corn, fresh peas and beans, yolks of eggs and fat beef. Because Vitamin E is fat soluble, two 5 grain (0.32 Gm.) pills of bile salts were given daily. In two instances discontinuing the vitamin brought about a relapse. This was promptly reversed when Vitamin E was readministered. Only two such experiments were purposely undertaken. Eleven of the twenty patients showed varying degrees of improvement; two seem to have recovered, four showed marked improvement and five were moderately improved. Three patients may be said to have the disease arrested. Two patients with an advanced stage of the disease and bulbar signs died; one of these began to show improvement in his bulbar signs but died of pneumonia. At necropsy, cancer of the pancreas was found. The other patient died of bulbar involvement. Two patients have definitely grown worse and, of the remaining two, one is worse after initial improvement and the other is slightly worse. The fibrillations are apt to disappear first, thus indicating a recession in the activity of the disease process. The patients who recovered showed fairly rapid improvement. It appears that treatment with the synthetic or the natural Vitamin E must be permanent, unless the cause of failure to absorb (of which there is some evidence) is discovered and removed. Why, in view of the fact that natural Vitamin E deficiency, is so prevalent, there is failure of absorption and why if there is failure, it occurs only in certain persons cannot be answered at this time. Two facts appear certain: Vitamin E deficiency, probably of the alphanatocopherol factor, is one cause of amyotrophic lateral sclerosis and administration of Vitamin E may be a specific treatment. The studies suggest the possible treatment of other diseases of the nervous system which for want of better knowledge are called degenerative. It may be that some "degenerative" disease will be found to result from the privation of specific vitamins, though other factors may play additional roles; for example, the absence of Vitamin B in "degenerative" paralysis agitans not of the arteriosclerotic or inflammatory type.

E. DAVID SHERMAN, M.D.

Sydney, N. S.

#### THE HOSPITAL

"In this abode a welcome kind  
Is with the best of skill combined;  
So when at last with cure complete  
The patient leaves this calm retreat,  
The lingering memories that remain  
Shall be of peace and not of pain."

(Quoted by the Marquis of Aberdeen on visiting wounded soldiers in the Royal Infirmary, Edinburgh).

## Personal Interest Notes

Dr. and Mrs. L. J. Lovett, of Bear River, paid a short visit to Col. H. A. Lovett, of Pinehurst, North Carolina, early in April. Col. Lovett is a brother of Dr. Lovett and was not in good health.

Congratulations to Dr. and Mrs. W. E. Boothroyd, of Halifax, on the birth of a son on March 26th.

Dr. and Mrs. C. A. Webster, of Yarmouth, returned from Boston early in April, and we are glad to learn that Dr. Webster is very much improved in health.

Dr. and Mrs. D. J. Hartigan, of New Waterford, and their daughter, were recent week-end visitors in Halifax.

Dr. E. T. Granville, of Bedford, has purchased a property on Robie Street in Halifax and will move in the first of May.

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## Obituary

THE county of Antigonish, and in fact the whole Province, suffered a great deal in the death of Doctor John Lachlan McIsaac, who passed away at St. Martha's Hospital on March 24, at the age of 71. Dr. McIsaac was a native of Dunmore, Antigonish County, and was born June 3, 1870. His early education was obtained at Dunmore and at St. Joseph's, and later he attended St. Francis Xavier University, breaking his course year by year to teach. Completing his studies at St. Francis Xavier in 1896, he became a telephone company lineman and trouble-shooter, working for about five years in British Columbia. In 1903, having saved enough to finance his medical course, Dr. McIsaac entered Baltimore Medical College, from which he graduated in 1907, being second in a class of ninety-seven. He returned to Antigonish, where he opened an office, and has practised ever since. Dr. McIsaac took many post-graduate courses, in fact he went to the chief hospitals of Upper Canada and the United States almost yearly. His specialty was surgery, and he was known all through the eastern section of the province as a well-trained up-to-date surgeon. In 1920 he was elected a Fellow of the American College of Physicians and Surgeons. Besides his interest in medicine he took a great interest in affairs of the province, and in 1925, 1927 and 1937 he was elected as Liberal member for Antigonish County in the House of Assembly. Dr. McIsaac was unmarried, and leaves three sisters to mourn him. The funeral was held on Friday, the 28th, from St. Martha's Hospital, and was very largely attended.