

Presidential Address

A. B. CAMPBELL, M.D.,
Bear River, N. S.

The Value of a Medical Society to Every Doctor

I WOULD like to speak for a little while on the subject "The Value of a Medical Society to every Doctor", and I want to emphasize the word "every" because the Medical Society has a lot to offer any doctor whether he practises in a rural district, one of the larger towns, or specializes in one of the larger centres. This is a good subject for an occasional speaker, like myself, to choose, because so much has been written about it. It seems to me, that the best source of material is to be found in the writings of Sir William Osler, and those of you, who are familiar with his published addresses, will recognize that I have borrowed freely from him, especially from an address which he gave in 1903 at New Haven on the centennial celebration of the New Haven Medical Association.

Let us take the objects of this Society as they are printed in the Constitution and By-Laws of The Medical Society of Nova Scotia. They are—

- A. The advancement of medical science in all its branches.
- B. The prevention of disease with vigorous support to all health officers, health boards, and others engaged in this work.
- C. The maintenance of a high scientific and social status of its members.
- D. The protection of the public against those unqualified to treat the sick or injured.
- E. The close co-operation of its members in protection of their rights.
- F. The regulation of a minimum scale of fees, with such alteration of such scale from time to time, as becomes necessary by reason in changes in the cost of living, education, etc.
- G. The dealing with all matters for the good and welfare of the Society.

These objects are largely educational—protection for the public,—protection for ourselves,—co-operation among ourselves are included, but four of the seven deal with the education of a practitioner. We recognize that the problems of disease are more complicated and difficult than any others with which the trained mind has to grapple. The conditions in any given case may be unlike those in any other. Each case, indeed, may have its own problem. No class of men needs to call to mind more often the wise comment of Plato that "Education is a life-long business."

Variability is the law of life, and as no two faces are the same, so no two bodies are alike, and no two individuals react alike or behave alike under the abnormal conditions which we know as disease. This is the fundamental difficulty in the education of the physician. He must, of all others, grasp the axiom of Bishop Butler that "Probability is the Guide of Life." Surrounded by people who demand certainty, the practitioner gets into the habit of mind,

which resents the thought that opinion, not full knowledge, must be his prop and stay. There is no discredit, though there is, at times, much discomfort in this everlasting "Perhaps" with which we have to preface so much connected with the practice of our Art. It has always been so, for we can go back over the centuries to the Great Father of Medicine, and quote his famous aphorism "Experience is fallacious and judgment difficult." Our problem relates to the education of the practitioner after he has left medical school. As the practice of medicine is not a business and never can be one, the education of the heart, the moral side of a man, must keep pace with the education of the head. For better or for worse, there are few occupations of a more satisfying character than the practice of medicine, if one can manage to bring to it the philosophy which insists that we are here, not to get all we can out of life, but to see how much we can add to it.

Habits of systematic reading are important, but as practice grows, are hard to keep up. The medical society may step in here. The doctor's education comes from patients, from books, journals, and from societies. Societies lead to unity and friendship. These are difficult to attain. Strife seems to be the very life of the practitioner, whose warfare is incessant against disease and against ignorance and prejudice. He too often lets his angry passions arise against his professional brother. The best antidote for this is an active Medical Society, with meetings held in a friendly, social way, where differences of opinion can be discussed without personal animosity or ill-feeling. We should cultivate an attitude of mind habitually friendly, which shrinks from wounding the feelings of a brother practitioner "In honor preferring one another."

Osler speaks of the Medical Society as representing a Clearing House, and in a recent paper, Dr. Gordon, of Montreal, speaks of a medical gathering such as this, as being an ideal place to discover those things one should forget. We Doctors do not take stock often enough, and are apt to carry on our shelves, stale, out-of-date goods. The Society helps to keep a man "up to the times" and enables him to re-furnish his shop with the latest wares.

This Society meets once a year, but we have also, the branch societies throughout the Province which meet at least twice a year. We have an ideal organization of branch societies in this Province. The Valley Medical Society has as its district the area from Wolfville to Digby: The Western Counties Medical Society from Digby to Shelburne: Lunenburg-Queens Medical Society in those two Counties: The Halifax Medical Society for Halifax City and County: The Colchester-East Hants Medical Society for those Counties: The Cumberland Medical Society; The Pictou Medical Society; The Antigonish-Guysboro Medical Society and the Cape Breton Medical Society. There are no good reasons why these Societies should not hold their regular annual and semi-annual meetings. They may do so, but we do not hear of them, with the exception of those who publish a report of their meetings in *The BULLETIN*. It is not for me to criticize, but I can rightfully say a word of commendation for the work which has been done in the two branch societies with which I am familiar. The Valley Medical Society has a splendid record for unbroken meetings. We have met regularly twice a year for many years, and I can never forget the friendly reception I received when I attended my first meeting about twenty years ago. The programmes in this Society have often been made up altogether of papers and case reports given by the members themselves, although I would like to say here that the men from Halifax, and

from other centres, have been most kind and generous with their time in coming to our meetings to give papers and share their knowledge.

The Western Counties Medical Society, re-organized almost twenty years ago, has also a splendid record. Due to the proximity of Yarmouth to Boston, we have often had eminent doctors from that City come over to give papers. The success of these two Branch Societies has been largely due to the excellent work of our Secretaries, and I would like to especially mention Dr. Kelley, Dr. deWitt and Dr. Morse, of the Valley Medical, and Dr. Lebbetter of the Western Counties Medical Society. These men have given a great deal of time and thought in making the meetings of these societies successful. From our experience I would say, if your Branch Society is not active, and if your meetings are not well attended, look to your Secretary, for he is the key-man of the whole organization. This, by the way, is a very diplomatic thing for me to say in Dr. Grant's presence, and I would like to add that no society could have a more efficient Secretary.

I would like to say a word of welcome to the members of our Society who are here in uniform. As you all know, this Society, following the lead of the C. M. A., has voted that all its members, who have enlisted in the armed forces, shall be retained as members in good standing, without payment of fees. This has been done in recognition of the services they are rendering. We want them to feel that they are a part of this organization wherever they may be. If, at the present time, they cannot take an active part, we want them to know that we look forward to the time when they may do so.

Now just a word about the BULLETIN. The Editors have told us many times that they cannot continue to bring out the BULLETIN each month, unless they have more material. This means that the Doctors of this Province must be willing to prepare papers and case reports for publication. Every one of us has, from time to time, interesting cases, or a series of cases which would make suitable material. I feel that many of us do not do this because we feel that we cannot prepare such papers with all the laboratory reports, etc., which one sees in such a publication as the C. M. A. Journal. I hope the Editors will forgive me if I say that this is not necessary for the BULLETIN. The desire to report an interesting case is the important thing, and every one of us possesses text books to guide us in preparing such a report if we will only take the time to do it.

It might be said that in saying these things to you I am speaking to the wrong audience. I do not think that is so. We have here to-night Doctors from all parts of this Province. We all have to give time to wartime organizations, nevertheless our medical societies must not suffer. If your Branch Society is not active and not meeting regularly, then see to it—get it functioning. Maintain your membership in the C. M. A. and in the Medical Society of Nova Scotia. When the war is over, and so many men now in uniform return to private practice, many problems will be before us, demanding solution. It will be impossible for us to act unless we have all our medical societies maintained to their highest point in membership and efficiency. Armed conflict comes to an end sooner or later, but, to quote an earlier sentence from this paper, "Our warfare is incessant against disease, against ignorance and against prejudice."

During the meetings just concluded we were informed that the Federal Government intends to introduce a National Health Insurance Act sometime

this Autumn. The scope and details of this Act have not been divulged. The C. M. A. appointed Dr. Routley, the General Secretary, and Dr. Leggett, the Chairman of Council, to represent the Association at Ottawa. Our Society endorsed this action, and instructed our Committee on Medical Economics to keep in close contact with any action taken by the Committee on Economics of the C. M. A., and by these Representatives at Ottawa.

We have in Doctor J. G. B. Lynch, of Sydney, our new President, an energetic and capable leader. He was also appointed Chairman of a special Committee, whose duty it will be to put on a Drive for new members. At the present time the Medical Society of Nova Scotia has about 60% of the doctors of the Province enrolled as members. It is imperative that those doctors who have not yet joined the Society, should do so at once. Then our Committee can say they speak for 100% of our doctors, and not for 60% as at present. Any action taken will be immensely strengthened by increased membership. Come then, and join us.

Minutes of the Executive of the Medical Society of Nova Scotia, 1941

THE meeting of the Executive of the Medical Society of Nova Scotia was held at the Cornwallis Inn, Kentville, N. S., on Tuesday, 8th July, 1941, at two-thirty in the afternoon.

Present: Dr. A. B. Campbell, President, Drs. J. G. B. Lynch, E. W. Macdonald, H. K. MacDonald, H. A. Payzant, P. S. Cochrane, P. E. Belliveau, J. V. Graham, J. R. Corston, W. L. Muir, H. W. Schwartz, J. A. Langille, J. C. Wickwire, G. V. Burton, J. J. Roy, D. F. McInnis and H. G. Grant.

The meeting was called to order by the President.

It was moved by Dr. H. K. MacDonald and seconded by Dr. P. S. Cochrane that the minutes of last year's meeting as published in the MEDICAL BULLETIN of September, 1940, be accepted as read. Carried.

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

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

184 College Street
Toronto 2, April 10th, 1941

Dear Doctor Grant:

The Executive Committee of your Association has recently established a Committee on Industrial Medicine. The Interim Report of this Committee presented to the recent meeting of the Executive is attached.

It appeared that under present conditions all provinces might have industrial medical problems to meet and accordingly the following resolution was passed:

"That the Interim Report of the Committee on Industrial Medicine be sent to each Division with a covering letter inquiring whether, in the opinion of the Division, the scope and function of this Committee should be extended to cover all the Provinces of Canada."

At a subsequent meeting of the Committee on Industrial Medicine it was resolved as follows:

"A section on Industrial Medicine of the Canadian Medical Association and of Provincial Associations in industrial provinces would focus attention on the clinical problems, both medical and surgical, arising out of industry.

This Committee recommends that such a section be formed in the Canadian Medical Association."

Provincial Associations would, of course, determine the advisability of such a step on their own account.

The recommendation was accepted by the Committee that inquiry should be made as to the practice now existing respecting the treatment of sick employees by physicians in industry in this country and elsewhere.

We will be glad to hear from your Division as to what decision you make on this resolution of the Executive.

Yours sincerely

(Sgd.) T. C. Routley
General Secretary

Report of Committee on Industrial Medicine.

At the meeting of the Sub-Executive Committee held in Ottawa on January 25th, it was decided that Dr. J. G. Cunningham of Toronto and Dr. Vance Ward of Montreal, be appointed a Committee with power to add to study the question of Industrial Medicine and report back to the Executive Committee.

The Committee reported as follows:

"After consultation with Dr. Vance Ward, Montreal, the following committee on Industrial Medicine has been formed:

Dr. Vance Ward, part-time industrial physician, Montreal.

Dr. F. J. Tourangeau, Director of Division of Industrial Hygiene, Ministry of Health, Quebec City.

Dr. Frank G. Pedley, McGill University, Montreal.

Dr. O. A. Cannon, Medical Director, Steel Company of Canada, Hamilton.

Dr. G. L. Bird, General Motors, Oshawa.

Dr. Angus McKillop, Goodyear Tire and Rubber Company, New Toronto.

Dr. H. M. Harrison, Seythes and Company, Toronto.

Dr. G. S. Young, Medical Arts Building, Toronto.

Dr. J. G. Cunningham, Director, Division of Industrial Hygiene, Ontario Department of Health, Toronto.

As the work of the Committee progresses it will no doubt be desirable to invite additional members with experience in other phases of the work under consideration.

A nucleus of the Committee met in Toronto and after considerable discussion drew up a memorandum of the scope of industrial medicine and training of the physician for industrial health supervision. This memorandum has been submitted to the other members of the Committee for comment but on account of the change in the date of the meeting of the Executive Committee, these members have been asked to comment directly to their local representative on the Executive.

The memorandum is now submitted as an Interim Report on the work of the Committee on Industrial Medicine.

Memorandum

"The Committee on Industrial Medicine of the Canadian Medical Association to date has given consideration to two aspects of the subject.

- (1) Its scope is taken in principle to include preventive medicine and hygiene in factories, palliative treatment in sickness occurring in the factory, the recognition and control of occupational diseases, the control of infection in accidents and their control.

The practice of preventive medicine and hygiene in industry involves physical examination on employment and periodically during employment as appears necessary; encouraging the reporting of minor complaints of ill-health to assist in early diagnosis of disease and defect, frequent observation of conditions of work and of employees at work.

Palliative treatment of sickness in the factory involves emergency care and the care of minor illnesses for which employees do not consult the family physician. The question of treatment of sick employees at home or in hospital by the industrial physician has not as yet received the attention of the Committee as a whole. It was to be the subject of discussion at a later date.

The recognition and control of occupational diseases involves physical examination on employment and periodically afterward for the detection of the earliest

manifestations of the effects of exposure to poisonous substances used in industrial process; the investigation of materials, their use and the effectiveness of the mechanical measures in use for their control.

The control of infection in accidents involves the supervision of first aid facilities including personnel. The treatment of accidents and occupational diseases is not necessarily the duty of the industrial physician but he should maintain the closest contact with the attending physician during treatment and should assist in the patient's early and safe return to suitable work. (The Report of the Committee on Industrial Medicine of the Ontario Medical Association in 1926, expressed the duties of the industrial physician in regard to general sickness as follows,—“He should give relief to all cases of general sickness, not already attended, occurring in the plant, as long as the man continues at his work; if not at work, the patient should be referred to his regular physician.”)

A system of records should be kept for the information they provide on the incidence and source of disability and to show the results of medical effort.

The relation of the industrial physician to employees in the factory should include the ethical considerations governing relationship between physician and patient.

The industrial physician should be directly responsible to the general manager of the factory to enable him to discuss difficulties which arise and to report regularly on the progress being made.

- (2) There are *two* aspects to postgraduate training in industrial medicine. The *first* concerns an appreciation on the part of physicians practising in industrial communities of the need for regular and frequent supervision of health to those employed and for the control of sickness and disability from any cause, paid for by the employer. About one-half the factories employ less than 250 workers, so that the services of part-time physicians are necessary and, therefore, any medical practitioner in an industrial community may be called to advise upon or initiate this work. The subject would be brought to their attention through the Provincial District and County Medical Societies and through literature on the subject. The *second* consideration has to do with the recognition of specific occupational diseases or of occupation as a factor in sicknesses to which all are subject. This involves a knowledge by all physicians of industrial processes carried on locally. This is practical except in larger industrial centres. Medical experience with disability due to or contributed to by occupation should be the subject of discussion at meetings of local medical groups.

A section on Industrial Medicine of the Canadian Medical Association and of Provincial Associations in industrial provinces would focus attention on the clinical problems, both medical and surgical arising out of industry.

J. G. Cunningham

Chairman, Study Committee on Industrial Diseases

Health in Industry—A Requirement for Maximum War Output

Total war effort on the industrial front requires consideration of certain facts regarding the health of wage-earners.

- (1) Given raw materials, in war time, labor of all kinds is the limiting factor to maximum production.
- (2) Industrial work will be carried out by those not required or unfit for military service.
- (3) There is a shortage of certain types of labor already, especially skilled and technical labor, upon whom the burden is greatest.
- (4) General sickness causes five per cent lost time from work in peace time which is ten times as great as that from industrial accidents. In war, it may reach even ten per cent. Ill-health and fatigue not sufficient to warrant absence from work are probably at least as important. (Unemployment in Canada in 1937-38 was fifteen per cent).

- (5) Workers face new problems—work with which they are not familiar, long hours' night work, rapidly repetitive process, constant standing or sitting, increased accidents, emergency arrangements respecting ventilation, lighting, exposure to poisonous substances, long distance from work, housing and especially nutrition. The death rate from tuberculosis in women in the age group fifteen to twenty-four years increased fifty per cent in the last war, coincident with their increased employment in industry.
- (6) Granted "reasonable conditions of work," personal health for maximum effort demands consideration of physical and mental defect and temperament in adjustment to the job; early diagnosis of disease; treatment by the family physician and rehabilitation in industry. The treatment of industrial injuries and illnesses is related to it but has been too often the only contact industry has with the physician.
- (7) Satisfactory supervision of conditions of work and of personal health will not be obtained unless the physician is brought to the industrial group and that under suitable auspices. Lost time from sickness may be considerably reduced up to forty to fifty per cent. Industrial executives with this experience will attest to the value of health supervision and also to the difficulty of accurately assessing it. Physicians so engaged usually will be on a part-time basis not for active treatment but for the control of disease. There is opportunity for active assistance by the nurse in industry but it is frequently missed for lack of medical direction.
- (8) When ordinary ethical procedures on the part of the employer and physician are observed and good service is rendered, employee confidence is quickly established, making this activity a potent influence in furthering improved industrial relations.
- (9) In May, 1940, in Great Britain, provisions of the Factory Act regarding hours of work and other conditions affecting health were set in abeyance. With additional requirements they were re-instituted on August 1, 1940, because, "production was on the decline." Previously, employers had been urged to establish health supervision although National Insurance is in effect and there are seventeen hundred Certifying Factory Surgeons with some casual contact with industry already. Now, the District Factory Inspector may require any war industry to appoint doctors and nurses as appears necessary.
- (10) The British Medical Association has recognized the Association of Industrial Physicians in Great Britain.
- (11) The American Medical Association appointed a Council on Industrial Health in 1937, which has been active in defining and establishing the position of this medical activity.
- (12) At the moment in Canada the industrial worker should benefit as the soldier, sailor and aviator, from health supervision provided by the medical profession, so that he may contribute fully to the war effort.

Dr. Lynch spoke about industrial medicine in the United States. He mentioned the industrial branch of the American Medical Association which usually meets in Chicago annually, and the journal *Industrial Medicine* which gives a lot of information along these lines. Surgical treatment of wounds and accidents in certain sections of Nova Scotia is looked after by the employers. The Steel Company have a staff of 3600 men, but the physical examination of employees in the Province of Nova Scotia is going to be a difficult hill to climb over. The Labour Union is against it. As far as records go in the mine districts there are absolutely no records of sickness or accidents. They keep none. In the Steel Company at Sydney and New Glasgow there is a complete record of every accident that occurs. Occupational diseases have not been covered at all as far as he knew in this Province. The first sign along that line was the formation of the Workmen's Compensation Board of the silicosis branch, but the number of Silicosis cases is very, very small.

Dr. Eric Macdonald stated he had nothing to offer on industrial medicine. He thought industrial medicine in this Province was very lax, and that he thought it was a matter of education and it might be a very good idea for this Society to have a Committee, but it would have to be a live committee, not just one on paper.

Dr. H. K. MacDonald stated that some industries in Halifax were well taken care of. He mentioned the care given employees of the railways, the hotels and steamship companies. He was of the same opinion as Dr. Eric Macdonald.

The President stated that Cape Breton, Pictou and Halifax were the three main centres to consider.

Dr. Eric Macdonald moved that a committee on industrial medicine be formed in this Society.

Dr. Corston: "If I remember the correspondence, they ask for an expression of opinion by the Medical Society of Nova Scotia as to whether the work of this Committee should be extended to cover all Provinces. Eventually we will have a member from our district on that committee."

Dr. Lynch advised that Nova Scotia has the largest industry in Canada, the Dominion Steel Company which extends from Belle Isle to Port Arthur.

It was moved by Dr. Eric W. Macdonald and seconded by Dr. H. K. MacDonald that a Committee on Industrial Medicine be formed in this Society and that the scope and function of the Committee on Industrial Medicine of the Canadian Medical Association should be extended to cover all the Provinces of Canada. Carried.

It was moved by Dr. Lynch and seconded by Dr. P. S. Cochrane that the personnel of this Committee be left to the Nominating Committee.

The following letter from Dr. Routley was read by the Secretary.

184 College Street
Toronto 2, July 3rd, 1941

Doctor H. G. Grant
Secretary Nova Scotia Division
Dalhousie Public Health Centre
Halifax, N. S.

Dear Doctor Grant:

I am very sorry to have to tell you that I shall not be able to attend your annual meeting in Kentville, due to the fact that I had the misfortune to break my arm three weeks ago. I managed to get to Winnipeg but, had it not been absolutely necessary for me to be there, I would not have attempted it for the ordeal was almost too much. I would not care to repeat it.

With very best wishes for a successful convention and kindest regards to yourself, I am,

Yours sincerely

(Sgd.) T. C. Routley
General Secretary

Dr. Lynch moved that an expression of regret of his accident and his inability to attend our meeting be sent to Dr. Routley. Seconded by Dr. Belliveau and carried.

The following letter from Dr. Routley was read by the Secretary.

184 College Street, Toronto 2
July 3rd, 1941

TO SECRETARIES OF DIVISIONS

Dear Doctor:

Re Alternates on Executive Committee

At our annual meeting just concluded, an amendment to the By-Laws was passed permitting each Division to nominate an alternate to the Executive Committee.

General Council further agreed that, to make this provision of the By-Laws operative for this year, the Executive Committee would be empowered to accept each Division's nomination of an alternate. Following this year, nominations of alternates will be made in a manner similar to regular nominations made to the Executive Committee.

Your Division is now invited to place in my hands the name of an alternate member of the Executive Committee; and all such nominations as are available at the time of the next regular meeting of the Executive Committee in October will be approved as effective for the balance of the Association year.

Yours sincerely

(Sgd.) T. C. Routley
General Secretary

Dr. Corston advised that that amendment to the By-Laws of the Canadian Medical Association had been passed a few weeks ago, and that British Columbia had fathered it. It was passed that any Division nominating an alternate in the succeeding weeks would have that alternate in power; he would only act in very exceptional circumstances, such as death.

It was moved by Dr. Lynch and seconded by Dr. Eric W. Macdonald that Dr. J. J. Roy be an alternate to Dr. H. K. MacDonald. Carried.

The following letter from Dr. Routley was read by the Secretary.

184 College Street
Toronto 2, July 3rd, 1941

TO SECRETARIES OF DIVISIONS

Dear Doctor Grant:

Re N.M.C.C. 129—The War

Following a conference held by the Canadian Medical Advisory Committee with the Senior Medical Officers of the Departments of the Army, Air Force and Navy, and subsequent conferences of the Canadian Medical Advisory Committee and the Executive Committee at the time of the Winnipeg meeting, the following resolution was passed and is now forwarded to the Divisions for information and necessary action:

"Whereas recent meetings with medical heads of the respective military services have shown that there is necessity and desirability for close cooperation between the services and the Canadian Medical Association;

"And Whereas the senior medical officers have expressed a willingness to instruct their principal medical officers in the various divisions of Canada to cooperate with the Canadian Medical Association;

"Be It Now Resolved that each of the nine Divisions be now requested to take such steps as seem proper to the Division to bring the records of the Division strictly up to date with respect to medical personnel who are available for military service and in all other particulars which will assist the Divisional Advisory Committee the Canadian Medical Association and the military authorities in the proper selection of medical personnel for the armed services, at the same time keeping in mind the needs of the civilian population."

Yours sincerely

(Sgd.) T. C. Routley
General Secretary

The question was raised as to whether this should not come under the Advisory Committee.

Dr. Corston: "This matter was discussed very fully at the Winnipeg meeting. In the Council meeting somebody wanted to know particularly how the machinery of the Canadian Medical Association which was set up to assist the medical authorities was working. All men were asked to report for their respective divisions. In making my few remarks I said that the co-operation between the heads of the medical services and my Divisional Advisory Committee had been satisfactory on the whole, and that we had over twenty per cent of our men in the medical services, army, navy or air. This was an unusually high percentage, the average being for Canada ten to twelve per cent. It was admitted that we did not need to drum up very many men, but it was pointed out that since the questionnaire was compiled two years ago there had been a considerable number of new registrants. It was decided that the Divisions should be requested to send out their questionnaires, particularly to all those new registrants, including all recent graduates, that information as to the desires of all these men be added to the present questionnaire, and that this information be available for future reference. In the discussion it was also brought forward that the Divisional Advisory Committee should add to their duties that of setting up further enlistments of medical men into the service. It was thought that they should actively stimulate the profession to come in to the service to make up the 350 which the D.M.S. said he wanted in the next year. It would seem that our work here would be to get the newly registered lined up on cards."

Dr. Campbell thought that this letter should be referred back to the Advisory Committee.

It was moved by Dr. H. K. MacDonald and seconded by Dr. P. S. Cochrane that this letter be referred to the Medical Advisory Committee. Carried.

The following letter from Dr. Routley was read by the Secretary.

184 College Street
Toronto 2, July 3rd, 1941

TO THE SECRETARIES OF DIVISIONS

Dear Doctor Grant:

The following is a copy of a letter addressed to the Canadian Medical Association by the Secretary of the Canadian Hospital Council:

"A number of hospital and nursing executives, active in the Canadian Hospital Council, have been concerned with the lack of effort being made in our various centres to work out plans for the full coordination of the medical profession, nurses, hospitals and others, in case of emergency. A.R.P. preparations have been made with varying degrees of completeness but it would appear that very little had been done in the way of setting up an organization embracing the various health bodies which could at once be thrown into gear in case of invasion. Miss K. W. Ellis of Saskatoon, Chairman of the C.H.C. Committee on Nursing, has written to-day urging that plans be developed in each major community for this coordination of effort by doctors, nurses, hospitals, V.A.D.'s and others.

"It would seem to me that the Canadian Medical Association, the Canadian Nurses' Association and the Canadian Hospital Council could communicate with their provincial, and they in turn with their local units urging that the local medical associations, the local nursing organizations and the hospitals should form a local committee whereby proper plans could be elaborated while there yet is time. Some of these plans

would dovetail in with the A.R.P. organization while other details would be essentially for the professional groups and hospitals to consider."

The above matter was considered by the Executive Committee at the annual meeting in Winnipeg last week and I was instructed to send a copy of the letter (as above) to each Division for an expression of opinion as to what organization should be set up for the purpose indicated. An early reply would be appreciated.

Yours sincerely

(Sgd.) T. C. Routley

General Secretary

Dr. H. K. MacDonald thought that the Secretary could tell what had occurred in Halifax.

The Secretary thought that this was entirely superfluous as they were likely to get matters mixed. They have an A.R.P. in Halifax under the chairmanship of Mr. Hayes, and the Red Cross has also been very active. He understood that the A.R.P. has now been turned over to the Department of Health, and that the Minister of Health had called a meeting yesterday to take over that work.

Dr. Lynch said that the same thing pertained in Cape Breton. Dr. E. W. Macdonald moved that the Secretary be asked to reply to Dr. Routley's letter and inform him of the work which has been done in this Province. This was seconded by Dr. Lynch and carried.

The following excerpt from a letter of Dr. L. J. LeBlanc of Cheticamp, dated March 18th, 1941, was read by the Secretary.

"One Mr. Job J. AuCoin of Point Cross is going around doing massage and giving advice on treatment. This man, drawing a blind pension, should be stopped from interfering in medical cases. If he is blind then his place is with the blind."

It was moved by Dr. Cochrane and seconded by Dr. Lynch that a letter be written Dr. LeBlanc advising him that his letter had been received and had been forwarded to the Provincial Medical Board. Carried.

The following excerpt from a letter of Dr. M. J. Macaulay, Secretary of the Cape Breton Medical Society, dated June 11, 1941, was read by the Secretary.

"At our meeting it was regularly moved, seconded and carried unanimously that we, the Cape Breton Branch of the Medical Society of Nova Scotia invite the Medical Society of Nova Scotia to hold their annual meeting of 1942 in Cape Breton as the guest of our Society at the time and place to be arranged by the executive."

It was moved by Dr. H. K. MacDonald and seconded by Dr. Cochrane that this letter be referred to the Nominating Committee. Carried.

The Secretary advised that letters of appreciation had been received from Mrs. A. L. McLean, Mrs. R. W. Maclellan and Miss Almon.

The Secretary advised that no names had been received from the Branch Societies for honorary membership in the Medical Society of Nova Scotia.

Report of Provincial Medical Board.

The President and Members

Nova Scotia Branch of the Canadian Medical Association

Halifax, N. S.

Gentlemen:

I beg to submit the following points of interest in connection with the work of the Provincial Medical Board during the past year.

The General Medical Council of Great Britain under the Emergency War Measures Act, has agreed to register for the duration of the war, without fee, graduates of accepted medical schools in the United States and the British possessions, providing they are British subjects or American citizens. The Board has been in correspondence with the General Medical Council and has made some progress in protecting the interests of the Profession in this Province because of this move. Nova Scotia has reciprocity with the General Medical Council and the Medical Act specifies that licentiates of that Council are to be registered on application in Nova Scotia. It was feared by the Board that we might be flooded with applications for registration through this source which we could not refuse. It appears possible that this danger has now been averted.

The Province of Manitoba has submitted a proposition to all licensing bodies in Canada that they forego their examinations in favor of the central licensing body, namely, the Medical Council of Canada. Our Board has, for several reasons, not seen fit to endorse this proposal. In the first place, our examinations are conducted conjointly with Dalhousie University, which suffices to maintain a high standard of examination on the part of both participants. The abandonment of this, we feel, would not be in the best interests of either party. In the second place, the adoption of such a step would ultimately lead to the loss of Provincial registration rights in favor of Dominion registration rights. We consider that the Provincial registration system results in better professional control and the discouragement of the establishment of irregular practitioners.

The Board has completed an agreement with Dalhousie University to care for its library which it proposes to establish. The volumes purchased for this library will be cared for in the Medical Library of the University and will be available to all registered medical practitioners in the Province. These volumes will be purchased from time to time to supplement those already in the Dalhousie Library. While retaining full rights of ownership, the Board will give the fullest cooperation in making its library available to medical students and practitioners alike.

During the past year a very considerable amount of routine business has been carried out. Two well attended meetings of the Board were held.

All of which is respectfully submitted.

H. L. Scammell, M.D.

Registrar, Secretary-Treasurer

It was moved by Dr. H. K. MacDonald and seconded by Dr. W. L. Muir that this report be adopted. Carried.

The Secretary stated that the Medical School of Dalhousie University appreciated very much the action of the Provincial Medical Board in establishing a library.

Report of the Cogswell Library Committee.**Report of the Dalhousie Medical Library for the year 1940-41.**

Expenditures from all sources:

Subscriptions to current journals.....	\$1,047.09
Purchase of back files of journals.....	103.87
Purchase of books.....	595.68
Cost of binding.....	285.50
Incidentals and films (including office supplies).....	80.27
Librarians' salaries.....	1,425.00
Student assistants' salaries.....	218.85
	<hr/>
	\$3,756.26

The library receives approximately 150 journals currently including 7 new subscriptions added this year.

Many back files of journals are being gradually filled in by duplicates received through the Exchange of the Medical Library Association.

112 medical books have been purchased, 96 books received as gifts and 113 volumes have been bound.

157 items were loaned to 30 borrowers outside the city and the medical men in the services continue to use the library frequently.

Receipts Cogswell Library Fund (Dr. Muir) \$180.00.

(Sgd.) G. H. Murphy, Chairman

It was moved by Dr. Cochrane and seconded by Dr. Lynch that this report be received. Carried.

Report of the Medical Museum Committee.

Dr. H. G. Grant, Secretary
 Medical Society of Nova Scotia
 Canadian Medical Association

Dear Doctor Grant:

I regret to report that no additions have been made to the Museum during the year.

(Sgd.) K. A. MacKenzie, Chairman

It was the general opinion of the Executive that this report should be brought before the general meeting.

Dr. H. K. MacDonald, Chairman of the Workmen's Compensation Board Committee stated that he had nothing to report: that he had been a member of that Committee for three years and things were going along very well.

The President said that we had never had anybody from the Workmen's Compensation Board attend a meeting of this Society, and that it might not be a bad idea to ask them if they would not like to come to our next meeting and present their side of the case.

It was moved by Dr. Lynch and seconded by Dr. H. K. MacDonald that the Chairman of the Workmen's Compensation Board be asked to address the next annual meeting of the Medical Society of Nova Scotia. Carried.

Dr. J. R. Corston, Chairman of the Divisional Medical Advisory Committee stated that his committee had had frequent meetings during the year, which were usually called on account of communications from the military authorities asking for advice on men available, and so forth. They had given such advice as seemed proper to them in that regard. There had been no meeting of the large committee except on one occasion when the D.M.O. asked for an opinion as to how many further medical officers would be available from the Province at that time. This being a matter of policy they had called the large committee in and they had a fairly representative meeting. At that meeting they surveyed the situation and the opinion they sent in to the military authorities was they thought there would be ten additional men found. That was the only meeting where they discussed any question of general policy. Their meetings have consisted of special meetings, the nature of their deliberations being to a considerable degree confidential and they had not thought it wise to present a written report in detail.

It was moved by Dr. Lynch and seconded by Dr. McInnis that this report be adopted. Carried.

Report of the Historical Committee.

The President and Members
Nova Scotia Branch of the
Canadian Medical Association
Halifax, N. S.

Gentlemen:

I beg to report that during the last year the Historical Committee held no meetings. One article was submitted to the BULLETIN by the Chairman of a semi-historical nature.

Respectfully submitted.

(Sgd.) H. L. Scammell

It was moved by Dr. P. S. Cochrane and seconded by Dr. W. L. Muir that this report be adopted. Carried.

Report of the Insurance Committee.

Dr. H. G. Grant
Secretary N. S. Medical Society
Halifax N. S.

Dear Sir:

Re Insurance Committee

Your committee begs leave to report that the members unanimously recommend that further action be taken in this matter. It is of interest to the medical profession of Canada as well as this province, and will likely require conference with the head offices of the several companies. They therefore think it advisable to report progress at present, and will take further action after discussion with the General Secretary, Dr. Routley, at the July meeting of The Medical Society of Nova Scotia.

Yours very truly

(Sgd.) L. R. Morse, Chairman

The Secretary pointed out that this Committee had been first appointed to look into Group Insurance, and they had found that it was not legal for insurance companies to sell group insurance to the Medical Society of Nova Scotia.

It was moved by Dr. P. S. Cochrane and seconded by Dr. Eric W. Macdonald that this report be adopted. Carried.

As the report of the Public Health Committee was not available, it was agreed that this report be given to the general meeting.

Report of the Cancer Committee.

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

Dear Doctor Grant:

There has not been any work done by the Cancer Committee during the past year except that reports of cancer cases treated at the Victoria General Hospital are now being sent to the Department of Cancer Control of the Canadian Medical Association.

Yours sincerely

(Sgd.) S. R. Johnston, Chairman

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

Report of the Editorial Board Committee.

Gentlemen:

At a meeting of the Executive held at Halifax on August 27, 1940, it was moved by Dr. J. R. Corston, and seconded and carried that it be left to the discretion of the Editorial Board how many issues of the BULLETIN they would publish in the coming year, coupled with the hope that they would be able to carry on as a monthly rather than a quarterly as proposed by the editors. To date the BULLETIN has appeared each month.

You will have noticed that the set up of this journal has been improved. The first page of advertising is taken by the BULLETIN itself. The Editorial page has been eliminated and an Editor's Column takes its place—thus the forced editorial will not longer be inflicted on you. Letters to the Editor now have a proper resting place. Advertising matter is no longer mixed up with the reading matter and such pages are now numbered in Roman numerals and reading destined to be bound is numbered in Arabic figures; the two elements so arranged that they can be separated for binding. This much needed change was finally achieved in April, 1941, prompted by the representations of librarians who complained of the dreadful appearance of the bound volume.

We wish to extend our thanks to two of our advertisers, Messrs. Ayerst, McKenna and Harrison, Limited, and Messrs. Laboratory Poulenc Freres of Canada, Limited, who having had for years fixed positions in relation to the reading matter when told of our problem—wrote letters in which they said they were pleased and willing to help in anyway, even to sacrificing preferred positions. The Editors have expressed their appreciation.

It may be a surprise to most of you to learn that the BULLETIN has never had an index. Only a table of contents has been published in the December numbers. In the person of Mrs. Arthur Cook, (Dorothy Dobson), a trained librarian, supervised by Mrs. Margaret Cornell, an expert in medical library work, this exacting, time consuming and all in all rather formidable piece of work is now being carried out. It will cost but the cost will be worthwhile as we will then have a key to years of hidden treasure. Once the system is inaugurated, it can be kept up to date from month to month with comparatively little trouble. If all goes well we hope to have the index ready for publication in December (1941) or January (1942).

There are over 1500 name entries giving reference to articles, correspondence, and editorials by individuals and personal items about individuals such as degrees, postgraduate study, change of location, and obituaries.

There are over 1000 subject entries making it possible to find articles on any of these numerous subjects.

Example:—"Cancer" has almost 80 references entered under the general term and such subdivisions as "Cancer-lung"; "Cancer-stomach".

Cross references are included throughout.

Example:—Under the heading "Communicable diseases" there are page references to eight articles and also the note "See also names of specific disease such as 'Diphtheria'"—and under the heading "Diphtheria" will be found eleven additional articles listed.

Also where a certain term is not used as a heading you are referred to the heading which is used.

Example:—Death rate see Vital Statistics.

(Entries are made under the term Vital Statistics, six references.)

During the year we published for your edification articles of a general character such as "The Doctor in Fiction"—"The Surgeon as a Biologist"—"The University and the Community"—"The Prescription of Literature"—"Prescribing the Scrap-book", as well as several of a historical nature such as "Gallows Knoll" and the "Story of First Aid in Nova Scotia", and will continue to do so if helped by your suggestions.

When this Society was encouraged to become a Division of a greater National organization one of the inducements was the increase in advertising matter that the BULLETIN could anticipate. After so long a period of anticipation we would like to experience the thrill of realization.

If the BULLETIN is to fulfill its purpose then the Secretaries of the local Societies will have to bestir themselves and take their responsibility seriously as local editors.

We wish to thank our advertisers and our publishers and hope that our happy relations may continue for years to come.

Respectfully submitted.

(Sgd.) H. W. Schwartz, Chairman

It was moved by Dr. Schwartz and seconded by Dr. Belliveau that this report be adopted. Carried.

Report of the Legislative Committee.

To The Medical Society of Nova Scotia

Your Legislative Committee begs to report that during the past year there was no legislation affecting the interests of the profession, consequently this Committee was inactive.

Respectfully submitted.

(Sgd.) J. G. MacDougall, Chairman

It was moved by Dr. Lynch and seconded by Dr. P. S. Cochrane that this report be adopted. Carried.

Report of the Medical Economics Committee.

Dr. H. G. Grant

Secretary, Nova Scotia Medical Association

Halifax, N. S.

Dear Doctor Grant:

The following short report is submitted by your Committee on Medical Economics.

Due to unavoidable circumstances no meeting of this Committee was held during the winter months, but considerable correspondence was carried on with Dr. Wilson of Vancouver, Chairman of the Economics Committee of the Canadian Medical Association. Questions to be submitted at the meeting of the Canadian Medical Association this year were forwarded by him for consideration. No change was advised in this program.

Correspondence was also carried on between the Chairman of your Committee and some of the Chairmen of the Western Provinces. The proposition submitted by the Western men was that the Government be approached, following a meeting of the Canadian Medical Association, to see if some allowance could be deducted from the families of enlisted men to pay for medical services. This was submitted to the members of your Committee by letter, and their reply was forwarded to the Chairmen of these Committees. While it was generally agreed by your Committee that such an arrangement would be highly satisfactory to the medical profession, it was felt that as these families received a Government allowance, no action would be taken by the Government on this matter. However, this question will be submitted at the Canadian Medical Association this year.

I am

Yours truly

(Sgd.) A. Calder, Chairman

Dr. J. R. Corston: "This report was written a month ago, similarly the one to the Medical Economics Committee of the Canadian Medical Association. In the interval a most important development in the field of Medical Economics has occurred. Early in June at Ottawa the Dominion Council of Health met, a statutory body of fifteen members. To this meeting in Ottawa early in June were invited the President of the Canadian Medical Association, Dr. Duncan Graham; Dr. Leggett; the Chairman of the Royal College of Physicians and Surgeons, and several others. At this meeting the Deputy Minister of Health, Dr. Wodehouse, made the announcement that there will be introduced a national compulsory

health insurance bill applicable to Canada. It was asked by Dr. Wodehouse that they keep the matter confidential. At our Executive the President of the Canadian Medical Association and Chairman of Council felt it their duty to report to us, the Executive of the Canadian Medical Association, and they were much concerned. We had an emergency meeting of the Executive on Sunday night. We got nowhere because of this confidential element. Dr. Wodehouse turned up at the Council meeting on Monday morning and he added very little to our information except to say that the conference with the Dominion Council of Health and those invited people was made at the request of the Minister. It is to be a Government measure; the bill would not be open for discussion until after its second reading. The point is that the Canadian Medical Association has had and will have no part in the drafting of this bill. We have had no information as to the contents of this bill. This is a most important matter, something we have been thinking of for years, and I think that this Society should consider what action it is proper to take in the circumstances. The Canadian Medical Association appointed two members to sit in after the second reading. It was stated in the discussion of this matter that one of the prime necessities on the part of organized medicine was to increase its membership immediately as much as it could."

Dr. Grant: "I feel that the medical profession should do what they can to have something to say about this bill before it is introduced. I feel that the proper approach would be that our Committee on Economics advise the Committee on Economics of the Canadian Medical Association about our feelings in the matter."

It was moved by Dr. Lynch and seconded by Dr. H. K. MacDonald that this report and Dr. Corston's remarks be brought up at the general meeting. Carried.

Dr. Corston advised that the total membership of the Canadian Medical Association was 4,644 in 1940, in 1941, 4,219, which includes 329 members who are being carried without fee because they are serving in the army, air or naval forces.

Dr. H. K. MacDonald moved that a note be placed on the Minutes to the effect to show how much we appreciated the valuable services Dr. Corston has rendered this Society as our representative on the Executive of the Canadian Medical Association. This was seconded by Dr. Roy and carried.

Dr. Corston: "I appreciate the expression of thanks. I have enjoyed doing what work there was to be done. It does take a bit of time. The chief thing it has taught me is that it has made me realize what a hard job it is to be a Canadian."

Report of the Narcotic Drug Committee.

To The President
Medical Society of Nova Scotia

The suggestion contained in a resolution presented by the committee of last year in conjunction with the Pharmacists' Association, to prevent sale of codeine, barbiturates, etc., has come into force. The practical responsibility for enforcement is placed largely on the shoulders of the pharmacist. Most of them appear to adhere strictly to the letter of the law.

No little inconvenience and annoyance has been caused physicians by some of these regulations or by their strict interpretation. Requests for repeat

prescriptions for preparations containing a mere trace of codeine or other sedative such as is found in cough mixtures and some tablets, keep our telephones ringing at meal hours. The prescription must be written and delivered, causing trouble and expense to all concerned, particularly patients who live out of town.

The act is a federal one and most of the restrictions are necessary. Any weakening of its provisions is probably not possible or desirable. A little latitude might, however, be allowed in administration of the Act. It is improbable that anyone would drink an ounce or two of a cough mixture in order to obtain a quarter or even a half grain of codeine.

This committee wishes to be placed on record as pointing out the inconvenience to pharmacists, physicians and patients. It is hoped that discussion may suggest some means of improving the situation. A slightly modified procedure is suggested where the quantity of the drug or the character of the preparation is such as to render it of no narcotic value to an addict.

Respectfully

(Sgd.) Frank V. Woodbury, Chairman

It was moved by Dr. Lynch and seconded by Dr. Cochrane that this letter be filed and that the Committee be thanked for their work. Carried.

The next item was the nomination of members to the Council of the Canadian Medical Association. It was moved by Dr. Lynch and seconded by Dr. Cochrane that Dr. H. W. Schwartz, Dr. H. K. MacDonald and Dr. J. J. Roy be appointed a committee to bring in a slate of members. Carried.

It was moved by Dr. Lynch and seconded by Dr. Cochrane that Dr. H. K. MacDonald be the representative on the Executive Committee of the Canadian Medical Association for 1942-43. Carried.

It was moved by Dr. Lynch and seconded by Dr. Cochrane that Dr. A. B. Campbell be the representative on the Nominating Committee of the Canadian Medical Association for 1942-43. Carried.

It was moved by Dr. Lynch and seconded by Dr. Cochrane that the same Divisional Medical Advisory Committee be reappointed for next year with Dr. J. R. Corston as Chairman. Carried.

The members are as follows:

Cumberland	- - - - -	Dr. J. H. L. Simpson
Lunenburg	- - - - -	Dr. H. A. Creighton
Pictou	- - - - -	Dr. A. E. Blackett
Antigonish	- - - - -	Dr. J. S. Breen
Western Counties	- - - - -	Dr. L. M. Morton and Dr. A. B. Campbell
Cape Breton	- - - - -	Dr. W. W. Patton and Dr. L. R. Meech
Colchester-East Hants	- - - - -	Dr. S. G. MacKenzie
Valley	- - - - -	Dr. L. B. W. Braine
Halifax	- - - - -	Dr. W. L. Muir
Representative on the Executive of the C.M.A.	- -	Dr. H. K. MacDonald
Member of the Advisory Committee to the Dept. of National Defence	- - - - -	Dr. K. A. MacKenzie
Representative of the Department of Public Health	-	Dr. P. S. Campbell or Dr. F. R. Davis

The financial statement of the Society was next presented by the Treasurer, Dr. W. L. Muir.

FINANCIAL STATEMENT

The Medical Society of Nova Scotia

Year Ending December 31, 1940

RECEIPTS

January 2, 1940 Balance Cash on Hand.....	\$ 3,198.63
Subscriptions.....	4,187.73
Medical Bulletin.....	2,727.49
Interest on Savings Bank.....	6.75

\$10,120.60

DISBURSEMENTS

Sundry Expenses.....	\$ 540.02
Canadian Medical Association.....	2,304.80
Medical Bulletin.....	2,261.83
Salaries.....	1,720.00
Cash on Hand, Dec. 31, 1940:	
Current Account.....	\$1,937.94
Savings Bank.....	1,356.01

\$10,120.60

PROFIT AND LOSS STATEMENT

Subscriptions.....	\$ 1,882.93
Medical Bulletin.....	465.66
Interest on Savings Bank.....	6.75
	<u>\$ 2,355.34</u>
Less:	
Sundry Expenses..	540.02
Salaries.....	1,720.00
	<u>2,260.02</u>
Net Profit for year.....	\$ 95.32

COGSWELL LIBRARY FUND

The Medical Society of Nova Scotia

Year Ending December 31, 1940

RECEIPTS

January 2, 1940 Cash on Hand.....	\$ 101.50
Income on Investments.....	221.87
Interest on Savings Bank.....	1.12

\$ 324.49

DISBURSEMENTS

Dalhousie University.....	\$ 230.00
Cash on Hand, December 31, 1940.....	94.49

\$ 324.49

It was moved by Dr. Muir and seconded by Dr. Lynch that this report be adopted. Carried.

Dr. Lynch made a motion that Mrs. Currie's salary be increased to \$800.00.

The Treasurer advised that in the early days the Secretary was paid a certain amount and out of that he had to provide his own secretary.

Report of the Secretary.

The Report of the General Secretary for the year ending December 31, 1940.

To the President, the Executive and Members of
The Canadian Medical Association
Nova Scotia Division

Gentlemen:

The year 1940 was a very quiet one in the life of the Medical Society of Nova Scotia. It had been decided at the semi-annual meeting of the Society, held at Halifax on October 5, 1939, that the annual meeting be held in the autumn in conjunction with the Dalhousie Refresher Course. On account of the war, however, and the general upset caused by so many of our members joining the services the President, Dr. H. K. MacDonald, called a special meeting of the executive on July 2, 1940, to consider the advisability of holding the regular annual meeting. It was decided to cancel the social side of the annual meeting and to hold an executive meeting followed by a business meeting on August 27th. The executive and business sessions were held on that date. The regular committee reports were received and plans made for the next annual meeting. As there was only one general business session the President appointed the Nominating Committee at the beginning of the meeting and received its report toward the end of the same session. It was decided to hold the regular annual meeting at Kentville, and the dates were set for July 9th and 10th.

Membership. The membership has fallen off slightly from the year preceding. In 1939 there were 312 members, 301 conjoint, 4 of the Medical Society of Nova Scotia only, and 7 honorary. In 1940 there were 291 members, 282 conjoint, 1 Medical Society of Nova Scotia alone and 7 honorary. The usual method of collecting fees has been pursued. Drafts and bills were sent out at the beginning of the year followed by second notices to those who did not respond. Finally, the aid of the Branch Secretaries was asked to canvass delinquents in their respective districts.

(Note: the following list of obituaries was not read until the general meeting, as the members always stand while it is being read.)

Obituary. The following members of our Society passed away from January 1 to December 31, 1940.

Hedley Vicars Kent, M.D., Halifax Medical College, 1890, died at Truro, January 31st, at the age of eighty.

Edmund Brinton Hall, M.D., McGill University, 1927, died at Bridgetown, March 28th, at the age of thirty-nine.

Alexander Rae Campbell, M.D., Dalhousie Medical College, 1913, died at Yarmouth, March 29th, at the age of fifty-one.

Hugh N. Macdonald, M.D., Queen's University, 1882, died at Whyecocmagh, May 3rd, at the age of eighty-three.

Donald St. Clair Campbell, M.D., Dalhousie, 1914, died at Washington, D.C., on May 7th, at the age of forty-six.

Alfred Thompson, M.D., Dalhousie, 1899, died at Vancouver, B.C., on April 20th, at the age of seventy-one.

Major-General Gilbert LaFayette Foster, M.D., University of New York, 1896, died at Wolfville, on May 17th, at the age of seventy-six.

Lieutenant-Colonel Clarence Hamilton Morris, M.D., McGill, 1897, died at Windsor, on May 22nd.

William Bruce Almon, M.D., Halifax Medical College, 1899, died at Halifax on September 11th.

Lieutenant-Colonel James Alexander Murray, M.D., Dalhousie, 1905, died at Victoria, B.C., on August 21st, at the age of sixty-one.

Colonel Hugh Alexander Chisholm, M.D., McGill, 1905, died at Halifax on September 25th.

Victoria Sarah Ernst, M.D., Dalhousie, 1900, died at Bridgewater, on October 4th, at the age of eighty-four.

Allan Lockhart McLean, M.D., Dalhousie, 1926, died at Halifax on October 24th, at the age of forty-four.

Frederick Barrington Holder, M.D., Queen's University, 1919, died at Halifax on December 8th.

There are a few things I would like to say about the BULLETIN, although a special report on it has been given by the Editor. It was published each month as usual, but with no small effort on the part of the Editors. We need more articles by members of the Society, especially interesting case reports or articles of an historic nature by the older members. Also news items are woefully lacking. The BULLETIN serves as an important medium to keep the members of the Society in touch with one another between meetings. The personal news items are obtained by carefully reading every local newspaper in the Province and taking from them any item pertaining to our members. We realize that this is not a good method, but under the present circumstances it is the best we can do. The Branch Societies are particularly requested to give us an account of their meetings. From the financial standpoint you will notice from the Treasurer's report that the BULLETIN of itself, that is not charging to it any of the office expenses, has again made a profit of some \$450.00. The advertising remained about the same, and the cost of publication relatively the same.

The only special activity of the Society during this period has been that of the Divisional Advisory Committee under the chairmanship of Dr. J. R. Corston. A separate report will be given on this work.

Respectfully submitted.

(Sgd.) H. G. Grant, Secretary

It was moved by Dr. Grant and seconded by Dr. Lynch that this report be adopted. Carried.

Dr. Corston advised that G. S. Fahrni, the President of the Canadian Medical Association, had made plans for junior membership at a reduced fee; that he is quite keen to make concessions to the new graduates.

The report of the Committee on the nomination of members to the Council of the Canada Medical Association was read as follows:

Dr. A. Calder, Glace Bay, Dr. H. B. Atlee, Halifax, Dr. J. S. Brean, Mulgrave, Dr. D. F. McInnis, Shubenacadie, Dr. L. M. Morton, Yarmouth, Dr. J. C. Wickwire, Liverpool, Dr. J. P. McGrath, Kentville, plus the incoming President and the Secretary. It was moved by Dr. H. K. MacDonald and seconded by Dr. H. W. Schwartz that this Committee be appointed. Carried.

It was moved by Dr. H. K. MacDonald and seconded by Dr. J. C. Wickwire that a committee of three be appointed to put on a special drive for increased membership in the Society.

It was moved by Dr. H. K. MacDonald and seconded by Dr. J. V. Graham that Dr. J. G. B. Lynch be appointed chairmen of this committee and that he add two or more members to it himself. Carried.

After some discussion it was moved by Dr. Cochrane and seconded by Dr. H. K. MacDonald that the sum of \$150.00 be taken from the Contingent Fund to pay for the compilation of the index of the BULLETIN which is at present being done by Mrs. Cook under the direction of Mrs. Cornell. Carried.

It was moved by Dr. W. L. Muir and seconded by Dr. D. F. McInnis that the following doctors be taken in as members of the Medical Society of Nova Scotia. Carried.

Dr. D. H. Archibald, Pugwash.

Dr. J. R. Cameron, Middle Musquodoboit.

Dr. D. N. Chisholm, Port Hawkesbury.

Dr. E. M. Found, Nova Scotia Sanatorium,
Kentville.

Dr. T. J. Khattar, New Waterford.

Dr. G. R. Mahaney, Bridgetown.

Dr. F. J. Melanson, Saint Anne du Ruisseau.

Dr. W. M. Roy, Halifax Infirmary, Halifax.

Dr. G. G. G. Simms, Pictou.

Dr. J. A. Webster, Yarmouth.

Dr. R. M. Zwicker, Lockeport.

Dr. E. D. Levittan, Guysborough.

There being no further business the meeting adjourned at five-thirty o'clock.

Editor's Column

AMONG THOSE PRESENT

IT would be incorrect to state that the intensive pluvial display put on by the usually sunny Annapolis Valley during the annual meeting at Kentville had no effect on the group who met in conclave both solemn and facetious. But the unexpectedly good attendance—there were 84 registered—and the general excellence of the program, scientific, administrative and social, held spirits high.

Most acute topic of the business meeting was, as for two years past, *health insurance*. But since last appearing it had taken on an aura of the concrete—if such can be—by the advice, from the Canadian Medical Association, that a bill is to be introduced at Ottawa this autumn.

Discussion waxed. That a bill on health insurance be introduced without the approval of the medical profession? Preposterous!

That the government should advise a private group of its legislative intentions? Magnanimous!

Discussion waned on the note of magnanimity and passed to the problem of how best membership might be increased to make the Society voice strong enough to impress even government ears.

The plan broached by Dr. Fahrni to make all new graduates members of the Canadian Medical Association, waiving fees till they are established, is promising. With publicity and development this may result in a membership authoritative to speak for the whole profession in Canada.

Interesting, too, was the résumé of the work done on industrial medicine by the committee of the Association. Particularly important in wartime is this great field because: production must be maintained at a peak; crowding of factories, rushing of work, lower level of health and skill among the workers make for an increase of the sick level from its so-called "normal" of 5% to 10%. In Great Britain, where the high standards of industrial medicine were dropped at the beginning of the war in an effort to force production, it was found that production actually dropped.

Executive discussion revealed slight development of specialized industrial medicine in Nova Scotia, particularly in the mining areas. More complete investigation will come through the ensuing year.

More administrative highlights! The report that 22% of the Nova Scotia profession wear His Majesty's uniform, compared with the Canadian average of 10—15%. The genial treasurer's report that the resulting reduction in fees will make his job even more trying through the coming year. The report of Dr. Woodbury's narcotic committee that while restrictions on codeine are excellent, permission to obtain it without written prescription in the small quantities of cough mixtures, etc., would save effort for physicians and druggists. The report of Dr. MacKenzie's museum committee that no contributions had been made through the year!

Scientifically the standards of the program were at least as high as in any year. Presentations of guest speakers on Wednesday morning, and

members on Thursday, found a keen audience mentally impervious to the sultry atmosphere, the noisy fan, the hard chairs.

In the more restful hours were the delightful tea of Mrs. A. F. Miller, the tour of Aldershot, the evening visit to the cottage of Dr. Cox where the elements relented and, off the verandah, a pale moon hung over the mist-rimmed flood tide. Bold rather than restful was the mud-laden performance of the golfers. Dr. Morton and Dr. Colwell proved that their sterling showings through recent years are independent of the vagaries of the sun.

On the whole, the group came fairly close to meeting the requirements of a good medical society as set forth by Dr. Campbell in his presidential address.

A. L. M.

REGISTRATION

88th Annual Meeting The Medical Society of Nova Scotia
July 9th and 10th, 1941

“CORNWALLIS INN” KENTVILLE, N. S.

- | | |
|--------------------------------------|-----------------------------------|
| Dr. J. G. B. Lynch, Sydney | Dr. C. J. W. Beekwith, Sydney |
| Dr. Eric W. Macdonald, Reserve Mines | Dr. K. A. MacKenzie, Halifax |
| Dr. H. K. MacDonald, Halifax | Dr. J. Wendell Macleod, Halifax, |
| Dr. H. A. Payzant, Dartmouth | R. C. N. V. R. |
| Dr. P. S. Cochrane, Wolfville | Dr. R. A. Moreash, Berwick |
| Dr. A. B. Campbell, Bear River | Dr. G. D. Donaldson, Mahone Bay |
| Dr. P. E. Belliveau, Meteghan | Dr. D. J. Mackenzie, Halifax |
| Dr. J. V. Graham, Halifax | Dr. D. K. Murray, Liverpool |
| Dr. J. R. Corston, Halifax | Dr. J. C. Murray, Springhill |
| Dr. W. L. Muir, Halifax | Dr. R. R. Fitzgerald, Montreal |
| Dr. H. W. Schwartz, Halifax | Dr. B. S. Bishop, Kentville |
| Dr. J. A. Langille, Aldershot | Dr. A. F. Miller, Kentville |
| Dr. J. C. Wickwire, Liverpool | Dr. J. C. Morrison, New Waterford |
| Dr. G. V. Burton, Yarmouth | Dr. T. B. Acker, Halifax |
| Dr. J. J. Roy, Sydney | Dr. W. G. Colwell, Halifax |
| Dr. D. F. McInnis, Shubenacadie | Dr. A. R. Reid, Windsor |
| Dr. J. P. McGrath, Kentville | Dr. G. K. Smith, Hantsport |
| Dr. J. E. Hiltz, Kentville | Dr. F. R. Shankel, Windsor |
| Dr. H. G. Grant, Halifax | Dr. O. B. Keddy, Windsor |
| Dr. A. R. Morton, Halifax | Dr. L. A. Rosere, Windsor |
| Dr. A. McD. Morton, Halifax | Dr. G. S. Fahrni, Winnipeg |
| Dr. Dan Murray, Tatamagouche | Dr. J. J. MacRitchie, Halifax |
| Dr. F. L. Hill, Parrsboro | Dr. D. S. McCurdy, Truro |
| Dr. L. M. Morton, Yarmouth | Dr. N. B. Coward, Halifax |
| Dr. J. K. McLeod, Sydney | Dr. J. W. Reid, Halifax |
| Dr. R. H. Fraser, New Waterford | Dr. F. G. Mack, Halifax |
| Dr. E. A. Brassett, Little Brook | Dr. D. Drury, Amherst |
| Dr. L. E. Cogswell, Berwick | Dr. M. R. Elliott, Wolfville |
| Dr. F. G. MacAskill, Glace Bay | Dr. B. E. Goodwin, Amherst |
| Dr. J. R. Macneil, Glace Bay | Dr. S. E. Bishop, Kentville |
| Dr. F. R. Davis, Halifax | Dr. E. L. Eagles, Windsor |
| Dr. V. D. Schaffner, Kentville | Dr. N. H. Gosse, Halifax |
| Dr. D. M. MacRae, Halifax | Dr. L. B. Morse, Lawrencetown |
| Dr. J. A. Webster, Yarmouth | Dr. O. R. Stone, Bridgetown |
| Dr. A. E. Blackett, New Glasgow | Dr. T. A. Lebbetter, Yarmouth |
| Dr. C. L. MacMillan, Baddeck | Dr. C. A. S. McQueen, Amherst |
| Dr. G. R. Mahaney, Bridgetown | Dr. A. R. Chisholm, Kentville |
| Dr. W. K. House, Halifax | Dr. J. W. Smith, Liverpool |
| Dr. Hugh MacKinnon, Halifax | Dr. C. H. Young, Kentville |
| Dr. S. T. Laufer, Halifax | Dr. J. A. Gallant, Kentville |
| Dr. A. L. Murphy, Halifax | Dr. C. MacLeod, Halifax |
| Dr. W. H. Eagar, Wolfville | Dr. M. J. Wardrope, Springhill |
| Dr. P. S. Campbell, Halifax | |

The Golf Tournament

In spite of inclement weather the annual golf tournament was held on Wednesday afternoon, July 9, 1941, at the Ken-Wo Club. In the early part of the afternoon it was raining fairly heavily and during the play there were very heavy showers. Consequently, the course was heavy with puddles here and there and the greens very trying. There was a very small entry, only twelve competing.

Dr. L. M. Morton of Yarmouth won the tournament making a very creditable 77 in spite of the weather. The runner-up for the low gross was Dr. W. G. Colwell of Halifax. The low gross for seniors was won by Dr. G. S. Fahrni, the President of the Canadian Medical Association. Low net went to Dr. G. D. Donaldson of Mahone Bay, and the second low net to Dr. W. Alan Curry of Halifax. The sealed holes were won by Dr. L. M. Morton of Yarmouth and high gross by Dr. T. A. Lebbetter of Yarmouth.

The prizes were as follows:

Low Gross—Dr. L. M. Morton, Yarmouth: Golf trophy: Thermoguide presented by The E. B. Shuttleworth Chemical Company, Limited: 1 dozen golf balls.

2nd Low Gross—Dr. W. G. Colwell, Halifax: 1 dozen golf balls.

Low Net—Dr. G. D. Donaldson, Mahone Bay: Birk's Cup: 1 dozen golf balls.

2nd Low Net—Dr. W. Alan Curry, Halifax: $\frac{1}{2}$ dozen golf balls.

Low Gross, Senior—Dr. G. S. Fahrni, Winnipeg: 1 dozen golf balls.

Sealed Holes—Dr. L. M. Morton, Yarmouth: 1 dozen golf balls.

High Gross—Dr. T. A. Lebbetter, Yarmouth: A reproduction of a Swiss water-colour presented by the Ciba Company, Limited.

The golf balls, constituting the bulk of the prizes, were purchased from a general fund of entertainment donations by the Laboratory Poulenc Freres of Canada, Limited; Charles E. Frosst and Company; Frank W. Horner, Limited; Mead Johnson and Company of Canada, Limited; Imperial Publishing Company, Limited; Anglo Canadian Drugs, Limited; Ayerst, McKenna and Harrison, Limited; E. R. Squibb and Sons of Canada, Limited; The J. F. Hartz Company, Limited, and John Wyeth and Brother, Incorporated.

ACKNOWLEDGMENT

For several years the pharmaceutical houses and other firms have made contributions towards the lighter side of our meeting. This year the following gifts and contributions were received, and they helped in no small way to make the meeting a success.

Anglo Canadian Drugs, Limited	\$10.00
Ayerst, McKenna & Harrison, Limited	\$10.00
Ciba Company, Limited	Reproduction of a Swiss water-colour
Charles E. Frosst & Company	\$10.00
The J. F. Hartz Company, Ltd.	\$15.00
Frank W. Horner, Limited	\$10.00
Imperial Publishing Co. Ltd.	\$10.00
Laboratory Poulenc Freres of Canada, Ltd.	\$10.00
Mead Johnson & Company of Canada, Ltd.	\$10.00
The E. B. Shuttleworth Chemical Company, Ltd.	Thermoguide
E. R. Squibb & Sons of Canada, Ltd.	\$10.00
Parke, Davis & Company	\$10.00
John Wyeth & Brother, Inc.	\$ 5.00

Abstracts from Current Literature

COMPOSITE FACTORS IN THE GENESIS OF CANCER. MacCarty, W. C. Sr.:
Staff Proc. of the Mayo Clinic, 1941, 16: 337.

In this article MacCarty who has made striking contributions to the subject of Cancer presents his own concept of the genesis of cancer which is based on the personal study of various phases of the disease over a long period of years.

Many causes have been given for cancer; e. g. the Lymph Theory of Descartes, the Inflammatory Theory of Broussais, the Secretion Theory of Andral, the Irritation Theory of Recamier, and in the last half of the nineteenth century the Prenatal Rest Theory of Cohnheim, and the Postnatal Rest Theory of Ribbert. The last two had become the prevailing theories and all previous theories had been discarded at the close of the last century. With the advent of bacteriology and parasitology, strong advocates arose for the parasitic theory. During this century we have seen heredity advocated as an important factor, and only in recent years viruses, chemical carcinogens, hormones and even vitamins have begun to occupy the energies of enthusiastic research workers.

MacCarty states that there are many specific agents or factors which cause destruction of our tissues. This destruction he believes to be the first essential biologic causative factor. Alone it does not always produce cancer but is frequently followed by lipoidal or fatty degeneration, some of the products of which very probably alter cellular surface conditions which bring about cellular hypertrophy or hyperplasia. Whenever fatty degeneration occurs, lipoidal products or hydrocarbons must be removed by certain mechanisms of the body or they continue such stimulation. One of the significant facts relative to carcinogenic substances is their close relation to the things called grossly fat. This suggests the careful study of the process of lipolysis in the human body. This lipolysis occurs normally in the body and is usually complete but sometimes it is incomplete, the latter being a possible cause for the physical stimulation of regeneration with or without complete differentiation or as one sees in the initial stages of cancer little or no differentiation.

This does not account for the migration of cells which constitutes the chief characteristic of cancer. Experimental work done many years ago on the life history of the aphid which has a migratory form has shown that this form could be produced simply by interfering with its food supply—anything which made the lettuce leaf, upon which the aphides lived, unhealthy, produced the migratory form. Whenever the food supply was good and the aphidian population limited to two or three insects, no migratory forms arose: they continued to be produced as wingless forms.

Continuing this study of migration some years ago MacCarty pointed out that in the mammary acinus specific or milk producing cells are sometimes destroyed and that this destruction stimulated hypertrophy and hyperplasia of the reserve cells. Coincidentally with this destruction, hypertrophy and hyperplasia there are certain reactions in the neighboring and surrounding

tissues; these consist of lymphocytic infiltration, fibrosis and hyalinization, all of which vary quantitatively and perhaps qualitatively in different individuals. In some the barrier produced by fibrosis and hyalinization seems to interfere with the food supply of the hyperplastic cells. These cells being cytotypic rather than textotypic they might well be expected to migrate—that being a very fundamental biologic defensive phenomenon throughout the realm of life.

These observations in the breast have been found to be similar for all tissues which MacCarty has studied. This universality suggests a scheme for a composite concept of the genesis of cancer. The author includes two excellent diagrammatic presentations of his theory which cannot be reproduced here on account of lack of space.

FAT TOLERANCE TESTS IN PSORIASIS. Le Winn, E. B., and Zugerma, I.: Amer. Jour. of the Med. Sc., 1941, 201: 703.

Because of a growing tendency to attribute psoriasis to a generalized disturbance in fat metabolism, the fat tolerance was studied in 10 cases with this disease by the authors. Changes in the total cholesterol of whole blood were used as an index of the degree of alteration of the blood lipid level. The psoriatic subjects showed no significant changes as compared with 13 non-psoriatic subjects acting as controls.

The incidence of psoriasis in conditions exhibiting hypercholesteremia or hyperlipemia, such as hypothyroidism, diabetes mellitus, xanthelasma, nephrosis and pregnancy was reviewed. Only pregnancy has a relation to psoriasis and that influence is distinctly beneficial.

The amelioration of psoriasis in starvation, low fat intake, pregnancy and in individuals receiving adrenal cortical extract or hypopyseal corticotropic hormone is, in the authors' opinion the result of the mobilization of fats and lipoids from all the tissues. This removes locally, from the skin, substances whose presence is irritating.

The writers state from their studies that it is reasonable to conclude that psoriasis is a disease due to conditions existing locally in the skin. It is possible that a generalized disturbance in fat metabolism may contribute to such local conditions. However, they were not able to demonstrate in fat tolerance tests that such a generalized disturbance exists.

THE ROLE OF CORONARY ARTERY DISEASE IN THE ETIOLOGY OF AURICULAR FIBRILLATION. Brill, I. C., and Meissner, W. A.: Ann. of Int. Med., 1941, 14: 1341.

The writers have carefully studied the role of coronary artery disease in the etiology of auricular fibrillation from the data obtained from an examination of the records of 400 autopsied cases.

Their findings tend to suggest that in the absence of congestive heart failure or acute coronary occlusion, coronary artery disease is not a cause of auricular fibrillation. Congestive heart failure involving the left side of the heart, regardless of the underlying pathological lesion, tends to favour the development of auricular fibrillation. It is suggested that stretching of the left auricle might be an important factor in this process.

The effect of failure of the left ventricle upon the left auricle is often indicated by changes in the electrocardiogram relating to auricular activity, which are strikingly similar to those occurring in mitral stenosis. These changes which are believed to be due to hypertrophy and dilatation of the left auricle consist of a widened P-wave of low voltage, usually bifid or flat-topped. They have been recently described by Wood and Seltzer as a new and early sign of left ventricular failure.

Coronary artery disease, although not a direct cause of auricular fibrillation, nevertheless may be concerned indirectly in the genesis of the arrhythmia by first inducing congestive failure. This mechanism is offered as a probable explanation for the frequent appearance of transient auricular fibrillation following an attack of acute coronary thrombosis, although this arrhythmia occurs very rarely in angina pectoris of coronary origin prior to the onset of congestive failure.

In a case already in congestive failure, the subsequent appearance of auricular fibrillation affords no additional information which might serve as an aid in determining the presence or absence of coronary artery disease.

An analysis of the records of 100 cases of angina pectoris under active treatment confirms the observation already noted by many authors that auricular fibrillation is rare in angina pectoris of coronary origin, except in the presence of congestive failure.

VITAMIN C (ASCORBIC ACID) NUTRITION IN BRONCHIAL ASTHMA. Goldsmith, G. A., Ogaard, A. T., and Gowe, D. G.: *Arch. Int. Med.*, 1941, 67: 597.

The relationship of Vitamin C to hypersensitiveness has been the subject of numerous investigations in experimental animals, with conflicting and inconclusive reports. The purpose of this study by the writers was to determine the state of Vitamin C nutrition in bronchial asthma, to learn whether or not there is an increased requirement for ascorbic acid in this condition and to determine the effect of saturation of the tissues with ascorbic acid and of the maintenance of adequate Vitamin C nutrition in the number and severity of asthmatic attacks. Their interest in this subject had been stimulated when they noted that a number of patients with bronchial asthma showed a low level of ascorbic acid in the blood plasma.

In 29 cases of bronchial asthma, plasma ascorbic acid varied from 0.02 to 1.87 mg. per hundred cubic centimetres. In only 3 instances was the level in the blood above 1.0 mg., which concentration would be generally accepted as indicating excellent Vitamin C nutrition. In 19 instances the ascorbic acid in the blood was less than 0.4 mg. per hundred cubic centimetres, which level represents the low limit of normal.

During a period of several months on a standardized regimen with administration of Vitamin C in daily dosage from 50 to 300 mg., 6 of 7 patients with bronchial asthma were unable to maintain a level of ascorbic acid in the blood of 1.0 mg. per hundred cubic centimetres, whereas members of a control group previously studied under the same regimen maintained such a level in most instances. This is interpreted as indicating an increased requirement of Vitamin C in the patients with asthma.

There appeared to be some relationship between the amount of ascorbic acid in the blood and the frequency and severity of asthmatic attacks in 2 patients. When the body was saturated with ascorbic acid the condition of these persons was much improved. In 5 other patients the asthma was not influenced appreciably by the administration of ascorbic acid and any beneficial effects noted were probably nonspecific.

The data presented indicate that there may be an increased requirement of Vitamin C in patients with bronchial asthma. It is interesting to speculate in regard to the cause of such an increase. The organism appears to need more ascorbic acid in states of heightened metabolism. There is some evidence that exercise increases the requirement. The labored breathing during asthmatic attacks involves considerable muscular effort and might also cause a temporary elevation in the metabolic rate. Harrison has shown that the labored breathing associated with the dyspnea of heart failure is one factor in the production of an elevated basal metabolic rate in that condition. There have been numerous reports which indicate that in infections the ascorbic acid requirement is increased. This increase may not be entirely due to fever, since even in chronic infections, such as sinusitis, Vitamin C subnutrition may be found. Asthma appears at times to be closely related to infection, which may be localized primarily or secondarily in the bronchi or may be present in some focus elsewhere in the body.

Possibly an increased need of ascorbic acid in asthma is intimately related to the allergic reaction, although no conclusive data can be cited in this regard. It is also possible that the apparent increase in Vitamin C requirement in the group of patients with asthma included in this report was unrelated to the asthmatic state and dependent entirely on extraneous factors.

E. DAVID SHERMAN, M. D.

Sydney, N. S.

SULFAGUANIDINE, NEW SULFONAMIDE DERIVATIVE IS RELEASED BY SQUIBB

Sulfaguanidine, the new sulfonamide compound which clinical trial indicates may be of great usefulness in certain diseases of the gastro-intestinal tract, has been released for sale by E. R. Squibb & Sons, New York. It is supplied in 0.5 gram tablets, in bottles of 50, 100 and 1,000, and as a powder in 4-ounce and one-pound bottles; also in 3.5 gram envelopes in packages of 12.

Sulfaguanidine is distinguished from other sulfonamide derivatives by its low absorbability. This causes it to remain in the intestinal tract and exert its anti-bacterial influence therein. Consequently, it is useful in enteric infections, such as acute bacillary dysentery, and also as a preoperative and post-operative measure in surgery of the lower intestinal tract.

Like the other sulfonamides, Sulfaguanidine has high anti-bacterial activity. Unlike them and in spite of its relative solubility in water, it diffuses to a much less extent through the intestinal wall. It is, therefore, possible to obtain a relatively high effective concentration of the drug in the intestine itself (200 mg. per cent) with little penetration into the circulation and consequent systemic effects (1 to 4 mg. per cent concentration in the blood).

A tasteless drug, Sulfaguanidine is administered either in tablet form or as powder in water or similar medium. Rather large doses appear to be required; even for children, but the total period of treatment should not exceed 14 days. Recommended dosage and methods of administration are described in the Squibb leaflet on Sulfaguanidine.

Personal Interest Notes

AT the twenty-seventh annual meeting of the Provincial Association of Medical Health Officers held at the "Cornwallis Inn", Kentville, on July 8th, Dr. R. C. Zinck of Lunenburg was elected President for the coming year, and Dr. P. S. Campbell, Chief Health Officer of Nova Scotia, re-elected Secretary.

The Hon. F. R. Davis, Minister of Health, in addressing the gathering expressed his pleasure at the evidence of increased interest in public health by the Nova Scotian public. He said that the good health of the province was due in no small measure to the medical health officers of the various municipalities. He also pointed out that more trained men are going into the field each year in this way greatly strengthening the central department.

The programme followed by the Association was as follows:

"Cancer Control"—Dr. J. K. McLeod, M.H.O., Sydney.

"Immunization"—Dr. C. L. MacMillan, M.H.O., Victoria County.

"Some Aspects of a Diphtheria Outbreak"—Dr. S. Marcus, M.H.O., Lunenburg.

"Results of Schick Testing in the Halifax Area"—Dr. A. R. Morton, D.P.H., Commissioner of Health, Halifax.

"The Schick Test in Certain Groups"—Dr. J. J. MacRitchie, D.M.H.O., Halifax.

"Suggestions for the Further Control of Some Communicable Diseases"—Dr. C. A. Herbin, M.H.O., Lockeport.

"Recent Changes in Communicable Disease Regulations"—Dr. J. S. Robertson, D.P.H., D.M.H.O., Yarmouth.

"The District Nurse as an Index to Community Health"—Dr. D. K. Murray, M.H.O., Liverpool.

"The Importance of the Dick Test in the Control of Scarlet Fever"—Dr. C. J. W. Beckwith, D.P.H., D.M.H.O., Sydney.

"The Eradication of Tuberculosis"—Dr. T. W. MacLean, M.H.O., Westville.

"The Result of Tuberculin Patch Testing"—Dr. E. L. Eagles, D.P.H., D.M.H.O., Windsor.

"Present Public Health Services from the Standpoint of a Country Practitioner"—Dr. G. D. Donaldson, M.H.O., Mahone Bay.

"A Recent Epidemic of Sore Throat"—Dr. G. G. G. Simms, D.P.H., D.M.H.O., Pictou.

"Typhoid and Typhoid Carriers"—Dr. E. A. Brassett, M.H.O., Clare.

"Disease Control from the Laboratory Standpoint"—Dr. D. J. Mackenzie, Director of Laboratories, Halifax.

"The Handling of Venereal Disease Contacts Reported by the Services"—Dr. J. A. Webster, M.H.O., Yarmouth.

"The Outpatient Department"—Dr. G. M. Peters, M.H.O., Glace Bay.

Dr. J. S. Munro of North Sydney attended a border cities district conference of the Rotary organization at St. Andrew's, N. B., the end of June.

Dr. T. A. Lebbetter and Dr. L. M. Morton of Yarmouth flew from Halifax to Winnipeg to attend the annual meeting of the Canadian Medical Association June 23rd to 27th.

Dr. D. B. Morris of Windsor, Dal. '37, and Dr. D. G. McCurdy of Sydney, Dal. '41, have been appointed to commissions in No. 6 Detachment, R.C.A.M.C., A.F.

Dr. and Mrs. H. L. Scammell of Halifax are enjoying a month's holiday at Northumberland Lodge, Toney River.

Dr. M. D. Morrison of Halifax spoke before the Kiwanis Club the end of June, taking as his subject "Memoirs of Princess Victoria, Empress of Germany".

Dr. O. C. Macintosh of Antigonish, Dal. '40, who has been doing post-graduate work in surgery at the Saint John General Hospital, Saint John, N. B., for the past year, has received an appointment at the Sir Frederick Banting Institute in Toronto and will continue his studies there under Professor Boyd for the next year.

Dr. Clyde S. Marshall, Dal. '24, for the past ten years a member of the Faculty of the Yale University School of Medicine, New Haven, Connecticut, has returned to Halifax to take up practice with his brother, Dr. A. M. Marshall. Dr. Marshall and family have taken up residence at 2 Lilac Street.

Dr. and Mrs. J. W. MacIntosh and family of Halifax have returned from a motor trip over the Cabot Trail.

The BULLETIN regrets to learn of the serious accident to Dr. E. P. Atkinson of Oxford which occurred on July 11th, when a car driven by a girl from Springhill jumped the sidewalk, as she had pushed the accelerator instead of the brake, and hit Dr. Atkinson. Dr. Atkinson suffered a broken bone in one leg and several cuts on his head.

Halifax City Council Vote to Increase Health Department

At a meeting of the Halifax City Council held on July 3rd the recommendations from the Health and Welfare Committee to add ten nurses to the staff and also to employ an assistant commissioner were unanimously approved. The request, however, to increase the bed accommodation at the Tuberculosis Hospital to one hundred and fifty was referred back to Committee.

Slum Clearance in Halifax Advocated by Dr. H. B. Atlee

Dr. H. B. Atlee in an address before the Rotarians on July 15th referred to the slum conditions in the City of Halifax. Dr. Atlee said there were at least two thousand homes in Halifax unfit to live in, and that it was high time something be done to eradicate these conditions. He spoke about the influence of poor housing on the health of the city and also the degrading effect on those who had to live in such places. He also referred to deplorable



CORYPHEDRINE

Acetylsalicylic acid—Ephedrine combination

IN HAY FEVER

Coryphedrine affords prompt relief, especially if taken in the early stages. If the condition is already well established, many of the disagreeable secondary symptoms are lessened by the use of Coryphedrine.

OTHER INDICATIONS:

Coryza, Sinusitis, Rhinitis, Tracheitis.

DOSAGE

Adult dose: One to four tablets per 24 hours.

HOW SUPPLIED

Coryphedrine is supplied in containers of 20, 100, 500 and 1000 tablets each containing $7\frac{1}{2}$ grains acetylsalicylic acid and $\frac{1}{4}$ grain ephedrine hydrochloride.

Physicians are invited to request clinical sample.

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conditions of some of the country school houses throughout the province and said that these and the slum conditions which had been tolerated for past years were a challenge to our democracy.

Dr. Hugh R. Peel of Truro paid a recent visit to his mother, Mrs. W. S. Peel of Whittier, California, who was seriously ill. The Doctor went by train to Moncton then flew to Vancouver and again by plane to Los Angeles.

Dr. and Mrs. Lewis Morse of Lawrencetown, where Dr. Morse has been practising for two years, have gone to Montreal, where Dr. Morse has entered the Royal Victoria Hospital for advanced work in Urology. Dr. Frank Morse, who has been doing post-graduate work in the Montreal General Hospital for the past three years, is expected home shortly to begin practise in his brother's place.

The marriage took place in New Glasgow on June 28th of Dorothy Elizabeth, only daughter of Mr. and Mrs. Gerald S. Bauld, and Dr. James Alton Ross, son of Mr. and Mrs. James C. Ross of Stellarton. Dr. Ross, who graduated in May, 1941, is practising at Albert, N. B.

The wedding took place in Springhill on June 18th of Doris Cavelle, only daughter of Mr. and Mrs. William J. Pippy and Dr. Sidney Rhonddah Bennett, younger son of Rev. and Mrs. Sidney Bennett of Bonavista, Newfoundland. After the ceremony the bridal couple left by car for a trip through Quebec and Ontario.

ORAL OESTROGENIC THERAPY WITH "EMMENIN" NOW MORE ECONOMICAL

Many menopausal patients as well as those suffering from dysmenorrhoea, menstrual migraine and premenstrual tension who have found the cost of "Emmenin" therapy an obstacle in the past, may now have the benefits of treatment with this orally-active oestrogen. This is as a result of the substantially reduced prices of both the liquid and tablet forms of "Emmenin" recently announced by Ayerst, McKenna & Harrison Limited. Their action in lowering prices at this time is particularly opportune in view of the Federal Government's efforts to control generally rising living costs.

Two factors have made these price reductions possible: the increasing demand for "Emmenin" and improved manufacturing methods which have been developed with the cooperation of the Department of Biochemistry of McGill University, with whose approval "Emmenin" is supplied.

"Emmenin" is prepared and biologically standardized after the technique of Dr. J. B. Collip. An extensive bibliography attests to its therapeutic value in the above conditions.