

# Eradicate Scabies in One Treatment

WITH

## SCABANCA

(Anglo-Canadian)

LOTION

COMPLETE TREATMENT TAKES LESS THAN AN HOUR

**NO**

**SULPHUR  
STAIN  
GREASE  
ODOR  
DANGER**

*One Adult Treatment Requires Six Ounces*

WRITE FOR COMPLIMENTARY COMPLETE TREATMENT

---

### ANGLO-CANADIAN DRUGS Limited

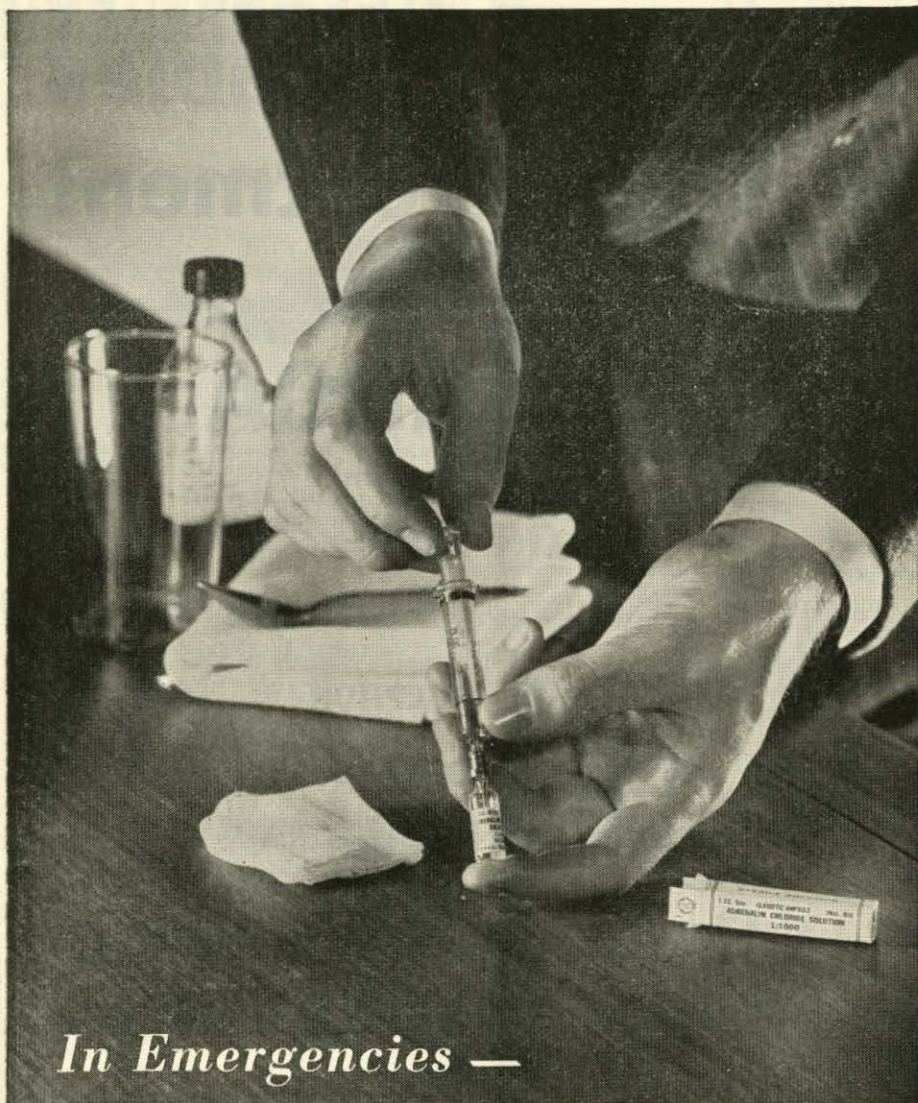
**Your All Modern, All Canadian Pharmaceutical House**

**OSHAWA, Ont.**

*Eastern Division, Halifax, N. S.*

W. M. CLINGER, 110 Willow Street, Halifax, N. S.

Maritime Manager.



*In Emergencies —*

## ADRENALIN

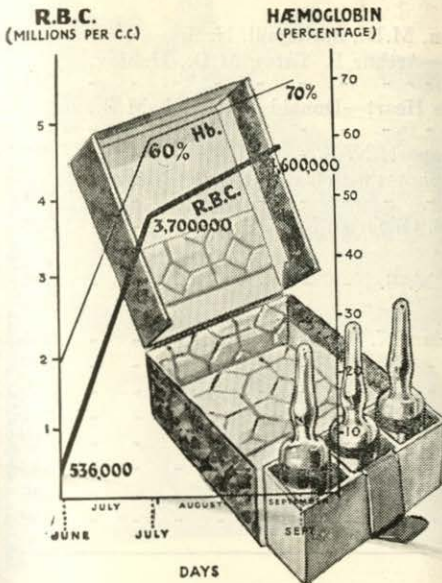
A supply of Adrenalin Ampoules—at your office or in your bag—may be vitally needed in an emergency. How about your own supply? Is it adequate?

*Adrenalin is the Parke-Davis brand of Epinephrine. Adrenalin Chloride Solution 1:1000, in 1-cc. ampoules, boxes of 12, 25, and 100, also in 1-oz. bottles, is available in drug stores everywhere.*

**PARKE, DAVIS & CO. • Walkerville, Ont.**  
*The World's Largest Makers of Pharmaceutical and Biological Products*

# ANAHAEMIN B.D.H.

## In the Treatment of Pernicious Anaemia



The administration of Anahaemin B.D.H. in pernicious anaemia has become a routine as a result of the uniformly satisfactory results produced.

Such results are exemplified in a report in which it is stated that weekly injections of 2 c.c. of Anahaemin B.D.H. for one month produced an increase in red blood corpuscles from 536,000 to 3,700,000 and a rise in haemoglobin from 25 per cent. to 60 per cent. At the end of a further six weeks' treatment it was found that the red blood count had risen to 4,600,000, and the haemoglobin to 70 per cent.

This increase in red blood cells from 536,000 to 4,600,000, was produced by a total dosage of 24 c.c. of Anahaemin.

*Stocks of Anahaemin B.D.H. are held by leading druggists throughout the Dominion, and full particulars are obtainable from:*

**THE BRITISH DRUG HOUSES (CANADA) LTD.**

**Terminal Warehouse Toronto 2, Ont.**

An/Can/396

A Canadian National Welcome awaits you

at

*The* **NOVA SCOTIAN**  
HALIFAX, N.S.

Here in the capital of Nova Scotia is a hotel where you may stay for business or pleasure, and find just the accommodation you desire. Spacious airy rooms, courteous service, and most reasonable rates in the Dining Rooms and at the Lunch Counter.

**ROOMS \$3<sup>50</sup>**  
ALL WITH BATH

Hotel is immediately adjacent to Railway station, eliminating taxi and baggage transfer charges.



**A CANADIAN NATIONAL Hotel**

## CONTENTS

### SCIENTIFIC:

|  |     |
|--|-----|
| Life of Sir Charles Tupper—J. H. L. Simpson, M.D., Springhill, N. S. - - -   | 303 |
| Infections of the Ear and Nose and Throat—Arthur L. Yates, M.D., Halifax,<br>N. S. - - - - -                         | 311 |
| Recent Research on the Blood Supply of the Heart—Donald Mainland, M.B.,<br>Halifax, N. S. - - - - -                  | 316 |
| Hospital Insurance—A. F. Weir, M.D., Freeport, N. S. - - - - -   | 319 |
| Folie À Deux, Communicated or Induced Psychoses with Case Reports—Murray<br>MacKay, M.D., Dartmouth, N. S. - - - - - | 321 |
| Seven Years of Leper Work in Angola—W. S. Gilchrist, M.D. - - - - -  | 325 |

### HISTORICAL:

|   |     |
|---|-----|
| Poor Sam—H. L. Seammell, M.D., Halifax, N. S. - - - - - | 329 |
|---|-----|

### EDITORIAL:

|   |     |
|---|-----|
| History Lesson—A. L. Murphy, M.D., Halifax, N. S. - - - - - | 335 |
| What Should the Anatomist Teach? - - - - -                  | 337 |
| The Resuscitation of the Apparently Drowned - - - - -       | 339 |
| SOCIETY MEETINGS - - - - -                                  | 341 |
| CANCER SECTION - - - - -                                    | 342 |
| OBITUARY - - - - -  | 343 |
| DEPARTMENT OF THE PUBLIC HEALTH - - - - -                   | 346 |
| PERSONAL INTEREST NOTES - - - - -                           | 350 |

# MAGSOL

(HORNER)

A COLLOIDAL POWDER. NOT  
AN ALKALI.  
ANTACID AND ADSORBENT.  
INDICATED IN HYPERACIDITY  
and PEPTIC ULCERATION.

Relief from pain and control of  
acidity.

Immediate and sustained action.  
Neutralizing and adsorptive power  
prolonged.

Not toxic. Cannot be absorbed or  
cause alkalosis.

*Dose: One teaspoonful or more  
as required.*

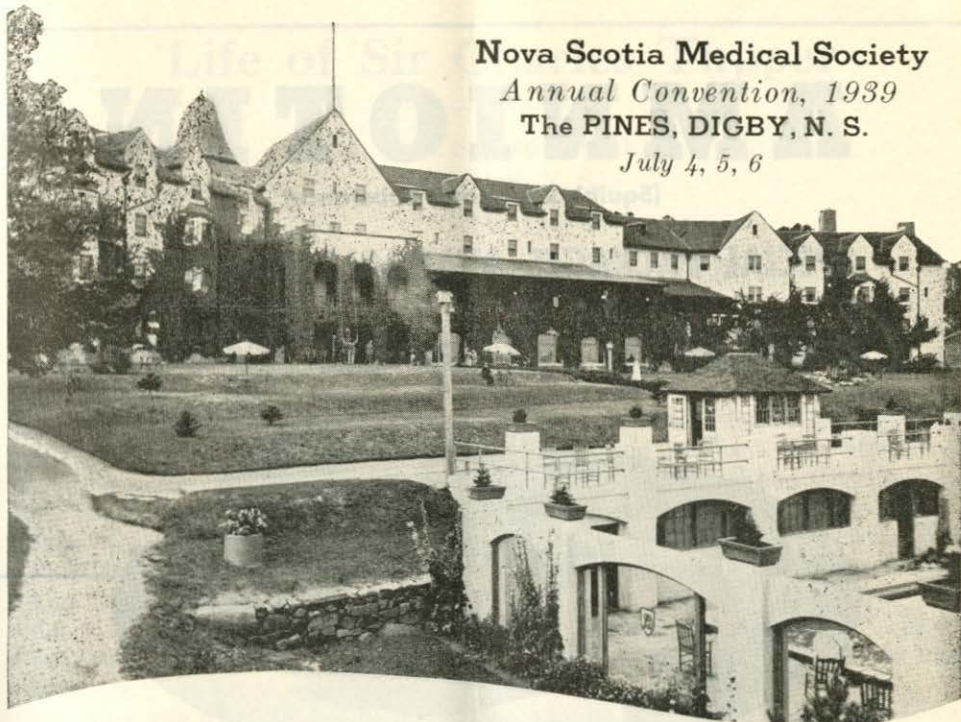
Prove for yourself that pain is quickly relieved, acidity controlled.

Send for a generous sample.

**FRANK W. HORNER LIMITED**  
**MONTREAL** **CANADA**

Magsol is not advertised to the public

N.S.



**Nova Scotia Medical Society**  
*Annual Convention, 1939*  
**The PINES, DIGBY, N. S.**

*July 4, 5, 6*

Welcome to the **PINES**  
—both during and after the Convention

● That your convention may be a brilliant success and that your stay with us may be both pleasurable and memorable is the sincere wish of the management and staff of The Pines.

But when the convention is over, why not stay to enjoy the many activities for which a full convention program cannot possibly provide sufficient time? Enjoy our glass-enclosed, heated salt water swimming pool—lounges about our 16 acre private park overlooking lovely Annapolis Basin—play golf on the sporty, championship course—ride—motor to points of historic interest. And always as your background you will have the charm of this club-like hotel, the comfort, service and convenience that is traditionally Canadian Pacific.

For information, rates and reservations communicate with hotel managers or any Canadian Pacific or Dominion Atlantic agent.

**Canadian Pacific**

Hotels of Beauty and Efficiency . . . Noted for Hospitality, Cuisine and Service at Moderate Rates.

# AMNIOTIN

(Squibb Estrogenic Substance)

SPECIAL PACKAGES AVAILABLE FOR USE IN  
*Control of Atrophic Rhinitis*



AMNIOTIN has a regenerative effect on the type of nasal mucosa seen in atrophic rhinitis . . . an effect that has been found useful in the treatment of this condition.

**Amniotin in Oil for Intranasal Administration** by the physician is provided in 5-cc. screw-cap vials containing 10,000 International Units per 1 cc. . . . may be applied to nasal mucosa on cotton pledgets or by means of an atomizer. The insert accompanying this package outlines procedure for treatment.

**Amniotin in Oil with Nasal Atomizer**—An atomizer package for home use under the direction of the physician. It contains a total of 20,000 International Units of Amniotin in 30 cc. of specially purified corn oil. It provides for continuous treatment during the intervals between periodic visits to the physician's office or to the clinic. *No printed matter* accompanies this package.

Amniotin in Oil for Intranasal use is also supplied without atomizer in 30-cc. bottles (*total potency* 20,000 International Units).

*For literature and samples write:—*

**E · R · SQUIBB & SONS OF CANADA, Ltd.**

*Manufacturing Chemists to the Medical Profession Since 1858*

*36 Caledonia Rd., Toronto*

# \*Life of Sir Charles Tupper

J. H. L. SIMPSON, M.D.,  
Springhill, N. S.

Mr. President, Members of the Halifax Medical Society:

I AM here tonight on the invitation of your secretary, and while at first I hesitated about accepting the invitation, I thought I might be able to help some in your winter's program and at the same time benefit by a detour from my regular routine.

As I stand here, I am reminded of a story I read a few weeks ago about Dr. Victor Heiser, famous American doctor and author. Dr. Heiser was visiting in Samoa and was banqueted by a native king. When the time came for the tribute to the guest of honour, His Majesty remained squatted at the feast while a professional orator laid on the palaver for Dr. Heiser. When he ended, the doctor was about to rise and reply when the king restrained him. "Don't get up; I have provided an orator for you. In Polynesia we don't believe public speaking should be engaged in by amateurs." Maybe that custom might be added to those of our country with benefit to many listeners.

In going over the list of physicians who have made contributions toward the building up of our Dominion—apart from their immediate work of public health and giving attention to the sick—we find many who have served with distinction and have made notable contributions to our public life and to the development not only of the Dominion but of the Empire as a whole. At present the leader of one of the two great political parties is a physician, but of all these physicians who have contributed to the public life of Canada, the greatest was a member of the profession in our own province of Nova Scotia, Sir Charles Tupper.

I have thought it more fitting for me to present to this audience a paper of the non-scientific rather than the scientific kind; and I have chosen to speak of Sir Charles Tupper, not only because of his good works but because he was a Nova Scotian, a native of Cumberland County, my native county and the county in which I work. Therefore I hope you will enjoy reviewing with me the life of this doctor whom friends and opponents alike have hailed as one of the greatest statesmen among the builders of our Empire.

To begin a short address about a man by tracing his ancestral background would ordinarily seem to indicate a better eye to unnecessary detail than to the interest of an audience, but in this instance I feel that there are two good reasons for doing so. First, there is much that is historically interesting about the Tupper family tree; and second, there is much that may be significant to those of us who attach some importance to the influence of heredity.

The Tupper family, we learn, is of Teutonic origin. I suppose a Nazi propagandist might insist that it was the German minority in Sir Charles that accounted for his undoubted quality of self-determination. I am not prepared to go so far as that; nor can I go to another extreme and suggest

that he was a Pictou County Scotsman, acceptable though the idea might be in some quarters. The truth seems to be that Sir Charles was a descendant of New England Puritan stock. In 1635, one Thomas Tupper, emigrated from Sandwich, England, to found in Massachusetts the town of the same name, since re-named Lynn. He married the daughter of Governor Mayhew of Massachusetts, who settled on the couple an estate on which they built their home. There for three centuries some member of the Tupper family has lived. In 1763 Sir Charles Tupper's great-grandfather migrated to Nova Scotia from Massachusetts. The Crown granted him some of the lands that had been vacated in King's County by the Acadians. Here was born Sir Charles' father, the Rev. Charles Tupper, D.D., who was to pursue in the town of Amherst a career as preacher, as school teacher and—beginning on July 2nd, 1821—as father of a great statesman.

The Rev. Charles Tupper was noted for his scholarship and a very retentive memory. He acquired a reading knowledge of thirteen languages and a critical knowledge of several of them. His work as a pastor was very arduous, but he found time to be principal of the Amherst grammar school as well.

Many of Sir Charles Tupper's ancestors, of whom records can be traced for nine generations, were noted for strength of character and common sense. His grandmother is said to have been a woman of extraordinary talents. So we see that Sir Charles, living as he did in the cultural environment created by his father, and possessing such a splendid ancestral background, was well endowed to take the place that he did in Canadian history.

His father having decided to have him enter the medical profession, Charles Tupper at the age of sixteen was sent to Horton Academy; later, to Acadia College, where he remained for three years. In 1840 he left for Edinburgh University to take up the study of medicine. Incidentally, it is surprising to think that a man who played a commanding role in the affairs of our country practically until the time of the World War, was already taking his medical course only three years after Queen Victoria came to the throne. True, it was actually less than one hundred years ago,—yet we know that the vessel in which Tupper made his voyage to Scotland took over six weeks to get there, and that when the young student arrived in Glasgow he had to proceed to Edinburgh by stage coach.

As for Tupper's success as a student, we may well believe that he brought to his studies the vigour and thoroughness that always distinguished him, because in 1843, at the age of twenty-two, he graduated and was admitted to the Royal College of Surgeons. Later in the same year he took his degree of Doctor of Medicine at the University.

As thoroughly equipped for his chosen work as man could become in those days, he returned to his native land and set up practice in Amherst. We can all picture his starting out with the usual anxieties a young man has to face in beginning a practice, added to the difficulties caused by the condition of Cumberland County in the forties, when, to quote a contemporary, "A practising doctor needed the constitution of a horse and the clothing of an arctic explorer."

For twelve years, over the roads of Cumberland in all weathers, through mud or deep snow untiringly he went to care for his patients. His body and his spirit were both strengthened to bear great strain and endure much. He is described as having been "a person of medium height, muscular and wiry and with intense nervous energy, which gave him quickness of movement and



ceaseless mental activity". The spirit that caused him never to flinch before danger or a hard task, and that later won him the titles of "The Fighting Doctor" and "The War Horse of Cumberland", was nurtured in the hard school of country practice. In these days as in his political life later, his finest characteristic was the one that Sir Wilfred Laurier was to describe as, "a courage which no obstacle could down, which rushed to the assault, and which if repulsed came back to the combat again and again".

It was an understood fact among the invalids of Cumberland in those days that if Tupper gave you up, you might as well turn your face to the wall, but until he had given you up, there was every reason to hope for your recovery.

As is to be expected, more information has been preserved about Sir Charles in the political field than in the medical, not only because he spent so much more time in politics than in medicine but because his political work was national in scope whereas his medical practice could scarcely take in more than the one county. And, of course, his political work is a matter of historical record. However, it is well known that as a doctor he was one of the outstanding practitioners of his day, and that as a surgeon he was well up in the procedures then current.

Dr. Bliss of Amherst has given me an interesting bit of information about Tupper's practice that I should like to quote to you now.

"Tupper's field extended from Parrsboro and vicinity to Malagash East, practically all over the county... His professional skill and his courageous determination to answer distant calls under the most difficult circumstances became known far and near. Horseback was the only practical means of travel in those days, and Dr. Tupper was said to have spent a quarter of his time or more in the saddle. He was so well and widely known that he frequently, when on a long journey, left his tired horse at some stable en route and took the best horse he found there for a fresh mount—all this without disturbing the owner of the stable. The latter, finding a strange horse in place of his own on visiting his barn, knew at once that Dr. Tupper had passed that way.

"Long after he had entered political life some of the older residents of Cumberland County would proudly show scars from scythe or axe and say, 'Dr. Charles sewed that up and it is as good as ever.'"

It was in 1852 that Tupper's interest in politics began to show itself, and we find him at a large political gathering at River Philip, to which he had driven twenty miles by horse and sleigh. Here to an audience of over three thousand men he showed that he could talk and talk convincingly.

A few years later he had definitely entered political life. "Never", says one biographer, "was an instance in which a public man was more definitely prepared for his task. He had passed through his period of pupillage with credit. He had crossed the ocean—a much rarer thing in those days than now—he had spent three years in Britain. He had a pleasant home and a lucrative practice." In this practice he had many opportunities to develop confidence and resource and to make many lasting friends. In spite of his determined and hard-hitting way of dealing with men, his tact and magnetism drew them to him. It was these friends who urged on him the nomination in the provincial election of 1855.

In this election he had for his opponent a formidable one in the person of Joseph Howe, who was then at the height of his popularity and fathering a project for a railway in Cumberland County. However, the young doctor

plunged into the contest with the vigour that characterized him until the day of his death, and was victorious over the veteran Howe. "I was beaten by the future leader of the Conservative party," said Howe. Tupper's party, not strong in Nova Scotia at this time, became active at once, and was to find a bold champion in the young member, who declared, "I did not come here to play the game of follow the leader, but to perform honestly and fearlessly, to the best of my ability, my duty to my country."

Perhaps this is as good a time as any to tell about a certain experience of Tupper's while he was canvassing for an election. I must mention here, as I perhaps ought to have done before, that he taught school for a short time before practising medicine. . . . Well, he was driving along the road one day during a campaign, when he happened to notice a man ploughing in a field. "Stop", he told his driver. Then he walked over to the ploughman and, telling who he was, asked the man to vote for him in the coming election. "Look here", said the man, "I went to your school when you were a teacher and you gave me a licking. I vowed then that if I ever got the chance I'd return that licking, and I guess this is as good a time as any." Tupper was of course a strong man physically, and an adept at the manly art. "I'll do battle with you", said he. But first you must promise that if I beat you you'll vote for me." Then he proceeded to roll up his sleeves, displaying his muscular arms. "Never mind", said the man, "I'll vote for you."

Defeated in 1855, the Conservatives won the election of 1863 and Dr. Tupper became a cabinet minister. The next year, on the resignation of Johnstone, he became premier.

One of Dr. Tupper's first moves, perhaps significantly when we remember the educational interests of his father, was to introduce a bill to provide for a system of free primary schools. Advanced education was well provided for in Nova Scotia but primary education had been neglected. Free public schools had long been advocated but no political party had yet dared to bring in a bill to establish them because of the opposition of the taxpayers. However, Tupper fearlessly advocated and largely was responsible for the passing of the Free Education Act of 1864.

During this period advanced education also received his consideration and we find him active in attempting to form a Medical School at Dalhousie University, at Halifax. A quotation from "The Dalhousie Medical School, An Historical Sketch, 1863 to 1928" by Dr. K. A. MacKenzie, of Halifax, N. S., in the NOVA SCOTIA MEDICAL BULLETIN of February 1929 gives the following account. "An extract from the minutes of the Board of Governors of Dalhousie University dated November 28th, 1863, is as follows:—'Dr. Tupper read a memorandum prepared by Professor Lawson relative to the Medical School at Kingston, and thereupon it was moved by Dr. Howe and seconded by Dr. Avery and it was unanimously resolved—that the secretary communicate with the Medical Society and inquire if they would be willing to co-operate with the Board in establishing a Faculty of Medicine.'" It will be noted therefore that the first proposal to form a school at Halifax was brought to the attention of the Board of Governors by very eminent men.

Dr. Tupper at this period, was a general practitioner in the City, a member of the Local Legislature, and later became a distinguished Canadian Statesman. He is well known as an ardent proponent of the free school system of Nova Scotia, and it is obvious that the problem of medical education received careful thought. The Medical Society, after considerable discussion, did not consider

it expedient to co-operate with the Board, giving two reasons,—first lack of hospital facilities and second the illegality of procuring bodies for anatomical study. The proposal was therefore dropped and did not come up for further consideration for a period of five years, "At which time, i.e., 1870, the formation of a full Medical School at Dalhousie was carried out successfully." To quote again from Dr. MacKenzie's historical sketch.

"The student response was so good that the Faculty was encouraged to proceed with the formation of a full school. A committee was appointed with Dr. Tupper as chairman, and after some discussion, it was decided to proceed. Legislation was secured, lecturers were given the rank of Professors, and the first session of the full school commenced November 1870".

It was in 1864 that Tupper began what was probably the greatest service he ever performed for his country. The details of how Confederation became a fact instead of a dream are too complex to be gone into very thoroughly in a short address like this; however, I think it only proper to describe briefly the brilliant individual efforts of the Amherst doctor, and to stress their importance to the success of the cause.

It was Tupper who initiated the movement to establish the union of the Maritime Provinces, with the idea of going on to a broader union of all the provinces. It was Tupper who called the first conference at Charlottetown. It was Tupper who, returning from the great meeting at Quebec to find his own province full of opposition, discreetly set about to mould public opinion before carrying the issue to the polls. It was Tupper who, in 1866, carried the fight for union to London, and there successfully fought the opposition of Howe and other delegates.

Best of all, it was Tupper who followed up his persistent fight by giving up the spoils of victory—a place in MacDonald's newly formed Dominion Cabinet—and urging instead that Joseph Howe be given the position, so that Howe and Howe's power would be brought into the Confederacy. Howe readily accepted.

The first years for the federal government were stormy ones, especially the year 1870, when its fate trembled in the balance. A review of the debates of this critical period indicates that Tupper's speech helped materially in the avoidance of disaster. Immediately after, MacDonald insisted that Tupper enter his cabinet. The latter was waited upon by a large deputation of Liberal members from Nova Scotia; and he acquiesced and was sworn in as President of the Council in 1870.

In the election of the same year Howe and Tupper swept the Province of Nova Scotia, but Howe's health becoming gradually worse he was nominated by MacDonald, at Tupper's request, to the position of Lieutenant-Governor. The two men who had been such determined opponents had become as close friends.

Mr. Howe on leaving Ottawa gave a farewell luncheon, at which his parting injunction was, "Boys, I want you to stand by Tupper as he has stood by me."

History has given Tupper full credit for his work and sacrifice in the cause of Confederation. Sir Wilfred Laurier in 1911 made the statement that "next to Sir John A. MacDonald the man who did the most to bring Canada into Confederation was Sir Charles Tupper." It has also been said of Tupper that he "carried Nova Scotia by main force into the Union and kept it there."

Incidentally, during all the struggle for Confederation, Tupper had not forgotten his profession. He was elected President of the Canadian Medical

Association by acclamation in 1867. In acknowledging his election he said in part:

"I have had the high gratification of being seven times elected to represent my native country in the Parliament of my country, but I can assure you that no distinction that I have ever received has been a source of greater satisfaction or pride than my appointment by the vast body of distinguished and able representatives of the medical profession which now fill this hall. When I see gathered before me so many gentlemen who have achieved a European as well as British reputation, I feel deeply my unworthiness to fill the high position to which your kindness has elevated me; but inadequate as I may be to discharge the important duties of President of the Medical Association of the Dominion of Canada, I will yield to no man in an ardent desire to promote to the best of my ability the interests of the profession to which I have the honour to belong."

*The History of the Canadian Medical Association* has this to say; "Only once has the post of President been filled by the same man for more than one year, and that was in the person of Sir Charles Tupper. He was chosen in 1867 and re-elected in 1868 and 1869. He then refused to allow his name to be again put forward, and from then on Dominion politics claimed him entirely . . . There was no doubt of his zeal in Association affairs, but his political work really absorbed him completely."

In 1869, during the Riel Rebellion, Sir Charles Tupper was the hero of an exploit that showed his resolute and fearless character. It was his trip to Fort Garry, which had been seized by Louis Riel, the halfbreed rebel. Tupper's daughter, the wife of Captain Cameron who was a member of the Lieutenant-Governor's party, had been made prisoner along with her husband, and their belongings had been seized by the rebels. Sir Charles determined to rescue his daughter. In the meantime Sir John A. MacDonald, knowing the kind of man Tupper was, asked him to undertake the dangerous mission of interviewing Riel. Sir Charles accepted the task without a moment's hesitation. The recovery of his daughter's baggage was a good pretext for visiting the country.

The trip was made in the dead of winter with no means of reaching Fort Garry, now Winnipeg, except through the United States, and then by overland trails for over two hundred miles to Pembina with nothing but a canvas-covered sled during the day and a tent for the night. Sir Charles finally reached his daughter at Pembina on Christmas Eve.

On the next day he started for Fort Garry. He had been warned against the journey as follows: "It is at the cost of one's life to go to Fort Garry just now. Riel has seized the fort, and has all the arms and ammunition and whisky. A man was shot yesterday, and it is simply courting death to go there at present. For God's sake do not go."

"I said I was much obliged", Sir Charles relates in his reminiscences, "but did not come for advice, and that I would take the dog-cariole. . . . A dog-cariole is a large canvas shoe on a toboggan, in which a man can lie down, and the driver stands on the open part behind him. . . ."

"There was about a foot of snow on the prairie, but we drove on a beaten track. The sun went down, and shortly afterward the boy pulled up and said, 'We must go back. There is going to be a frost.'

"The temperature was then thirty degrees below zero. I said, 'What do you mean?'

"He replied: 'You will soon see.'

"Within ten minutes we were enveloped in a frozen fog, so dense that I could not make out the horse's head. . . .

" 'We will make a fire', I remarked.

" 'I have no matches and no axe', the boy replied."

It was then that Sir Charles Tupper realized that he was not only cold and in complete darkness, but definitely lost on the trackless midwinter prairie, many miles from the nearest settlement. However, we may well believe that he had not maintained a country practice throughout twelve old-time Cumberland winters without some profit to his resourcefulness. When the "frost" had cleared, he found his bearings by the polar star. Two days later he finally arrived at Fort Garry. In his interview with Riel, Tupper did not touch on matters political, because of the uncompromising attitude of the half-breed leader. But in a discussion with Father Richot of Fort Garry he urged that a deputation be sent to Ottawa, and assured him that all grievances would be given a sympathetic hearing.

On January 3rd, with Captain and Mrs. Cameron, he started the return trip. After experiencing many difficulties with the cold and a severe blizzard they finally reached the railway on the 13th.

Within the next ten years, from 1870 on, Sir Charles Tupper was successively Minister of Inland Revenue, of Customs, of Public Works and of Railways and Canals. In the last-named position he had much to do with the building of the C. P. R. He had assumed a leading role in defending the C. P. R. Proposal in 1877, when he made perhaps his most famous speech, which lasted no less than five hours. Let me tell you that if I had the choice of preparing a five-hour speech or building the C. P. R. single-handed, I know where my choice would lie; but it must be said that the manner in which Sir Charles presented his main argument, namely that *not* to build the railway would probably be to lose British Columbia to the United States, doubtless had much to do with the fact that the C. P. R. was an accomplished fact in 1885.

For four years, from 1883 on, Sir Charles was Canada's High Commissioner in England. An incident that occurred during his tenure of this office shows how handy a medical training can be even to a High Commissioner. A consignment of Canadian cattle arriving in Liverpool had been condemned to be slaughtered on the ground that some of them were affected with pleural pneumonia. Tupper received a cable from the shipper asking for his advice and help.

Sir Charles immediately procured a book on the diseases of animals and with a kit of surgical instruments boarded the train for Liverpool. On the train he applied his mind to study, and he was well up on the subject of pleural pneumonia in animals when he arrived. Having hastened to the cattle yards, he pinned each inspector down to exact detail, ordering each one to define why and how the different cattle had been condemned and what should be found if post mortems were to be made. He then required each condemned animal to be slaughtered, and proceeded, rolling up his sleeves, to the dissection of the various parts with a thoroughness that left no question of uncertainty. On no examination was any sign of the disease to be found. By evening he had convinced the inspectors that they must be wrong in their conjectures. The Liverpool inspectors, so the story goes, made no more hasty condemnations of Canadian cattle lest, as one of them put it, "that old devil from London should blow down here again."

In 1887, as Minister of Finance, he performed a very tactful and affective service on the Fisheries Commission in Washington. Largely through his efforts, the worst crisis between Canada and the United States since 1812, and the last until some far unhopd-for day, was affectively averted. In 1893, once again acting as High Commissioner in England, he helped to negotiate a valuable treaty between Canada and France.

Sir John A. MacDonald had been defeated in 1873, on charges by Alexander MacKenzie of corruption in the building of the C. P. R.; but he came back to power in 1878, continuing as head of the Government until his fatal illness in 1891. Looking forward to what might happen to his party after he was gone he said, "After me the deluge". Three Prime Ministers succeeded each other in rapid succession; then in 1896 a call was sent out to the veteran Tupper in England, and in spite of his 75 years it is said of him that he "dashed into the fray like a regiment of cavalry." His courage and experience were of no avail. He was Premier but for a short time and leader of the Opposition for four years. Fighting his last campaign at the age of 79, he made sometimes as many as three or four speeches a day. On the night of the election, which ended in defeat, it is said that he went to bed and slept soundly, showing that he was able to carry heavy responsibilities without undue worry.

He retained his keen interest in affairs until the last, and never lost his spirit of youthful enthusiasm. Many who knew him testified to his dominating personality. One said that wherever Sir Charles happened to be, life was breezy and dullness fled; another, that "fear of man was to him a sound without meaning, and he might be loved and admired, hated or feared, but he was too positive ever to be ignored." Many other tributes to the character and work accomplished by this grand old doctor from Cumberland County might be told, but in closing I will quote the one I feel expresses his highest ideals and aims. Says one who knew him well: "As a loyal subject to his Queen and as a jealous guardian of the honour of his people, his aims have been the strengthening of a golden link which connects Great Britain with the first and greatest of her colonies and the holding aloft of the great standard of right of the nation, so that she may prove herself worthy of that proud position she has made her own."

And we remember with pride that he was a member of our profession!

# Infections of the Ear and Nose and Throat

ARTHUR L. YATES, M.D.

Halifax, N. S.

IN considering the infections of the ear and nose and throat, it is well, perhaps, to remind oneself that it is the business of the nose to filter off the micro-organisms from the air that is inhaled. To enable it to do this, it secretes some thirty ounces of secretion every day, and this quantity is removed by ciliary action to the pharynx and is swallowed. If the ciliary action stops or is diminished in activity, so that it does not remove the secretion, this collects within the sinuses and losing water both to the tissues and the air, becomes too viscid for the cilia to remove, until its presence causes increase of irritation, sufficient to cause increase of secretion and wash the mucus out again. The secretion contains a quantity of a substance which is present in eggs and keeps them fresh. It is called lysozyme and is an antiseptic more powerful than any that can be supplied to the nose in artificial form. This keeps the mucus from infection under ordinary conditions. It is however well-known that micro-organisms have a considerable power of acclimatising themselves to conditions which tend to destroy them in the body. A group of micro-organisms is therefore present in civilised communities which, while not differing from others in appearance or in their reactions in the laboratory, are capable of resisting the bactericidal power of the secretions. It is these which give rise to the infections of the ear and nose and throat in man.

When infection with these micro-organisms takes place, it may be of one of three varieties, namely, the acute, the filterable virus type, or the chronic. Before considering these, it is necessary briefly to refer to the two main forms of reaction to infection which occur. In the first the site of the infection is surrounded by an area which is filled with leucocytes. These collect the micro-organisms and destroy them, but some are themselves destroyed and, breaking down, form pus. From the infected area, there is little absorption of bacterial toxins and hence there is little fever or malaise, but local swelling is well marked. In the second, the site of the infection is not thus shut off. Few leucocytes are present and the infection spreads in the tissues and in the lymphatics, producing few local signs, but the symptoms of absorption of the toxins of the micro-organisms are well marked. Hence in the acute conditions there is malaise and fever.

These two types of inflammation, if occurring in the hand or arm are generally due, respectively, to the staphylococcus and the streptococcus, but in the nose, although one of these two types of reaction is present in every state of inflammation, the staphylococcus is not commonly responsible for either.

Two forms of acute inflammation are met with in the nose. In the first, the swelling of the mucous membrane blocks the outflow from the sinuses or middle ear and we get a state of acute sinusitis or acute otitis media or mastoiditis. In all abscesses the pus must be let out, but here, we find ourselves in difficulty in nasal cases, for if we operate, we cut through bone and, if this has diploe in it, it may become infected. This may produce the gravest

consequences. Accordingly, in acute nasal cases, the rule is to endeavour, by shrinkage of the mucous membrane with cocaine, to try and get the mucous membrane to contract sufficiently to let the pus escape through the normal opening of the sinus, which it will generally do and cure results. In acute conditions of the ear, the same danger from operation does not arise. It is usual to let out the pus from the middle ear by an incision of the drum-head if (1) there is pain (2) bulging of the drum, and (3) loss of landmarks of the drum. Of these three, pain is the factor which generally determines the decision to incise the drum. If it is decided not to incise a painless bulging drum, how long can the decision to let out the pus be postponed? The general feeling is that such a postponement should not exceed two days. During this period the decision must be reached as to whether the condition of the ear will yield to sulphonamide or deganan.

In the acute fevers, the ear infection is frequently blood borne and therefore primary, but in most other cases, it is secondary to inflammation in the nose or naso-pharynx. The most common general condition, which prevents recovery, is the failure to develop immunity to the infecting micro-organism which is generally a streptococcus or a pneumococcus. When sulphonamide or deganan are administered in these cases, they kill the micro-organisms miraculously, but they do not confer immunity. If, therefore, the condition of the ear is secondary to a sinusitis, or to adenoids, these must be dealt with later, or the results of our treatment by these drugs will be to perpetuate a process which may end in chronic deafness. These drugs, moreover, have little effect upon infections, should they reach a chronic stage.

The question will arise, how then can sinusitis be diagnosed in these cases with certainty sufficient to warrant treatment? The answer is to diagnose them, not by looking up the nose, but by looking in the mouth. The secretion from the sinuses is conveyed from them by ciliary action through the nose, and thence around the cushion on which the eustachian tube opens in the naso-pharynx, and from thence it passes downwards, just behind that fold of mucous membrane which limits the tonsil behind. Here in states of sinusitis, on looking at the fauces, a red streak is seen. The mucous membrane here is red because the infected mucus has been passing over it, and hence, this red streak is generally diagnostic of a state of sinusitis. Sometimes in early cases, this red streak is absent, and then a white line, like a thread of cotton, can be seen beneath the mucous membrane. This is an inflamed lymphatic, conveying products of the inflammation from the nose.

*Filterable Virus Infection.* The filterable viruses which cause the common cold and influenza have a double action for (1) they cause malaise and fever which is more marked in influenza than in the common cold, and (2) they diminish the bactericidal action of the secretion, so that, after an incubation period, streptococci and pneumococci can use this secretion almost as a culture medium. Sulphonamides or deganan, given in this second phase of the infection, can rob these states of many of their complications, but these drugs are useless in the first stage, for they have no effect upon the virus, and the micro-organisms are not yet causing an infection.

*Chronic Infections.* These either come about because an acute infection has not yet cleared up completely, or they follow a sub-acute infection which has started so insidiously, that symptoms have not caused the patient to seek medical advice. They may be divided into two main groups, according to



the power of absorption of the mucous membrane, which in one group is low, and in the other group is high.

(1) *Those with low powers of absorption of the nasal mucous membrane.*

Patients are often seen, in whom the sinuses are full of pus, and yet the patients are apparently in good health. They suffer from no pain or disability other than the catarrh, but in some cases there are attacks of pain which may be mild, or most severe. These local effects depend on the size of the openings of the sinuses, if these are small, they become obstructed intermittently and cause pain, sometimes of great severity. The mucous membrane tends to become thickened, and this increases the tendency to obstruction of the opening. The cilia generally remain active and the bactericidal power of the mucous remains high. It is the obstruction which is the cause of maintenance of the discharge. If allergic, these patients may develop polypi.

(2) *Those with high power of absorption of the nasal mucous membrane.*

Patients, with this type of chronic nasal inflammation, are rarely in entire good health and the origin of this is sometimes hard to trace, until the nasal condition is investigated.

The symptoms and associated conditions may be divided into four main groups, namely, those due to the condition of the nose itself, those due to the effects of spread of the infection to other structures, those due to the absorption of bacterial toxins locally, and those due to the absorption of toxins into the blood stream.

(1) *Nasal symptoms.*

These are rarely well marked, except when the condition is associated with allergic states, for the inflammation produces little swelling of the mucous membrane and hence, there is no nasal obstruction, no blocking of the openings of the sinuses, and only intermittent increase of secretion.

The commonest nasal symptoms are those of unexplained recurrent colds which are associated with considerable malaise and, unlike the so-called colds in allergy, are communicable to those who come in contact with the patient. It is however generally not the nasal symptoms, but the effects of the spread of the infection, which bring the patient for examination.

(2) *The effects of spread of the infection.*

(a) To the ear. A form of deafness is associated with this form of nasal inflammation, and is characterised by spread of non-reactive inflammation to the middle ear. The ciliary action, in the lower portion of the middle ear and the Eustachian tube, is inefficient, so that the contents of the tube and middle ear are not removed. The membrane is frequently more transparent than normally and the type of deafness, if treatment is not afforded in the early stages, is that associated with adhesions around the stapes and round window.

(b) To the tonsil. Secondary tonsillitis is common in these cases, as is inflammation of the lymphoid tissue behind that portion of the mucous membrane which lies behind the posterior of the fauces. This causes pain in the throat and on swallowing, which yields to treatment of the sinuses. Tonsillectomy is performed in these cases, therefore, only when it is specially and definitely indicated, which is seldom.

(c) The trachea and bronchi. Some cases of intractable bronchitis owe their origin to this condition in the nose, which may also prevent recovery

in cases of tuberculosis. The characteristic of the condition is the sluggishness of ciliary action in the bronchi and trachea, which raises only a portion of the sputum to a level at which it can be got rid of by the act of coughing.

(d) The oesophagus and stomach. The infected secretion, when swallowed, may infect the upper part of the oesophagus in some cases, in others the lower part may be infected. Both are rare. They cause dysphagia. The swallowing of infected secretion is a not infrequent cause of a mild and chronic form of gastritis.

(3) *The effects of local absorption of bacterial toxins.*

It has been stated that, when the wall of an inflamed sinus is paper thin and in close contact with the optic nerve, diminution of the field of vision may result. Other structures, which may be separated from abnormally developed sinuses by paper thin bone, are the gasserian ganglion and the pituitary gland.

The virus of infantile paralysis is believed to pass via the lymph spaces around the olfactory nerves, in cases in which it can penetrate the mucous membrane. In rare cases of insanity, micro-organisms have been demonstrated in the carotid sheath in cases in which the artery was separated from a sinus by a wall of paper thinness.

(4) *The effect of Toxins acting through the blood stream.*

(a) The toxic eye and ear conditions. Of these, diminished field of vision, internal ear deafness and vertigo may be cited. These, if recent, and due to the infection in the nose, disappear on treatment.

(b) Attacks of unexplained and recurrent fever are accounted for in certain cases by this type of nasal inflammation.

(c) The effect of circulating toxins from this source in producing fibrositis, neuritis and arthritis.

Experience has taught us that, in this state of sinusitis, when absorption of bacterial toxins has caused symptoms in joints or nerves or fasciae, the cleansing of the sinuses produces an immediate betterment of these conditions, and that it is the improvement and this only, which proves the association between the two conditions, for arthritis and the like exist more frequently, in the absence of this form of sinusitis, than when it is present.

The following observations afford evidence of the role of the absorptive type of sinusitis in producing such a wide variety of clinical conditions.

(1) Secretion often in considerable quantity can be removed from the sinuses although their openings are widely patent and the secretion in the airway is negligible in quantity. This secretion contains large quantities of micro-organisms.

(2) Tests of the mechanism of removal of secretion (cilia) show that this is inefficient.

(3) Tests of the power of absorption of the mucous membrane show that this is raised.

If allergic, this increased power of absorption of the mucosa appears to permit the substances which act as allergens to resensitise a patient who has been desensitised.

It will be seen therefore, that these states of sinusitis may be divided rather sharply into two main groups, the non-absorptive, in which local

symptoms are predominant and confined to the area of inflammation, and the absorptive, in which local symptoms are not prominent and are not thus confined.

The need of co-operation between those who treat these conditions of infection of the nose and physicians with general or special knowledge of other systems of the body, is exemplified by many cases. Thus children who run too fast or too far while suffering from toxæmia of this nature, or shortly after its successful treatment, may suffer dilatation of the heart, sufficient to confine them to their beds for many days. Others, owing to toxæmic laxity of ligaments, suffer from flat foot and its accompanying effects. Others, from minor deformities of the back, others, from the mental and physical fatigue which accompanies toxæmic states and renders intelligent children irritable, unintelligent and difficult to educate.

In adults, one joint, one nerve, or one particular sheet of fascia, becomes the seat of symptoms in toxæmia, as a result of minor abnormalities, which, causing strain, determine the occurrence of the inflammation in this special region.

Lung conditions and in particular bronchitis, and minor states of bronchectasis, may occur in association with this form of sinusitis, and persist as long as it is present.

In this brief account, no attempt is made to deal with treatment of infections of the ear and nose and throat. This is by far too large a subject to be considered in this article. The inflammatory conditions of the larynx also are not dealt with for want of space. It will suffice to say of these that primary laryngitis is rare except in children and that in adults there are forms of laryngitis which are infected from above and due to sinusitis or infected teeth or tonsils, and there are forms which are infected from below and that the latter are considered as tubercular until it has been proved that this is not the case. In a similar way, hoarseness arising in a patient over forty years of age and lasting more than fourteen days is considered to be due to cancer until the contrary has been proved.

# Recent Research on the Blood Supply of the Heart

DONALD MAINLAND, M.B., Ch.B., D.Sc., F.R.S.E.

Department of Anatomy, Dalhousie University, Halifax, N. S.

IT is interesting and salutary for a medical teacher or writer of textbooks, pre-clinical or clinical, to ask himself how much of what he teaches he really knows, either at first hand or from the study of original work. If a statement is based on an extensive and apparently thorough investigation, and if it is accepted by specialists in the same field, it is often only when some new evidence is presented that a teacher is prompted to examine critically the original publication in which the statement was made. Recent work on the blood supply of the heart has prompted such a re-examination of previous evidence.

The clinical importance of the cardiac blood supply in a wide range of diseases from rheumatic fever to coronary thrombosis requires no stressing. This importance is reflected in the number of investigations that have been carried out in the past hundred years, and the difficulty of such investigations is indicated in the thoroughly conflicting conclusions that have often been reached. The chief results of these investigations, with bibliographic references, are to be found in the works discussed below—Gross (1921), Dow and Harper (1932), Harper (1938), and Schlesinger (1938). In most of the research the interest has centred, and still centres, chiefly around two problems:

(1) Anastomosis of Coronary Arteries. It is asked, for example: Is there normally an actual anastomosis of these arteries before capillaries are reached, and if not, i.e., if they are Cohnheim end-arteries (without pre-capillary anastomosis), why is coronary occlusion not more often immediately fatal?

(2) Blood Supply of Heart Valves. Questions arising here are, for instance: Does the vascularity of the heart account for the age-incidence of rheumatic valvular disease? How does bacterial infection reach the valves?

*Coronary Anastomoses.*—Among the most important works on this subject is the monograph published eighteen years ago by Gross of McGill University, and the conclusions that he arrived at have been made the basis of interpretation of pathological phenomena (Boyd). Gross' chief conclusions were:

(1) Anastomoses in the heart are universal and abundant. The anastomoses (pre-capillary and capillary) exist between right and left coronary arteries, between the branches of each coronary artery and between coronary arteries and vessels from adjacent and attached organs.

(2) The anastomoses increase progressively throughout life.

Completely contradictory to this appear the statements made last year by Schlesinger:

(1) Coronary arteries, in *normal* human hearts, even senile hearts, are true Cohnheim end-arteries, without anastomotic connections; such anastomoses do not develop *pari passu* with increase in age.

(2) Anastomoses always develop readily whenever and wherever arteriosclerotic narrowing or occlusion causes obstruction in the coronary

circulation; these anastomoses are localized to the regions where they are needed.

*Re-examination of Gross' Work.*—In evaluating any piece of published work certain criteria are always to be borne in mind. Choice of material and methods must obviously be adequate; but in addition if matters of quantitative difference are involved, e.g. extent of anastomosis, the results ought either to be subjected to analysis by the investigator to allow for chance variation in his material, or they ought to be so presented that the reader can make what analysis he desires. (Questions arising in this connection are treated by the writer elsewhere—Mainland, 1938.)

Gross' monograph, although based on 100 "normal" hearts, gives no detailed evidence of his criteria of normality—a matter of special importance regarding arterio-sclerosis of the coronary arteries. Schlesinger's series, although comprising, as finally selected, only 35 hearts (normal and pathological) was carefully investigated regarding arterial disease.

Gross injected the coronary arteries with a radiopaque substance and examined stereoscopic radiographs. Schlesinger not only did this, but developed a method of opening the heart and unrolling the coronary arteries so as to view them on one plane. He proved the adequacy of his technique in pathological hearts where anastomoses were present, and showed that many shadows, interpreted in radiographs as anastomoses, are really unconnected vessels lying at different depths.

With regard to age changes, Gross published radiographs of injected hearts which he considered typical of the various decades, but his monograph gives no indication of the variation between different hearts of the same age. Schlesinger, on the other hand, presents details of his records in such a way as to enable the reader to judge for himself.

*Clinico-pathological Applications.*—There is, therefore, good reason to accept Schlesinger's statement that arterial anastomoses does not occur in healthy hearts, and that any increased anastomoses with age can be accounted for by the increased frequency and extent of arterio-sclerosis in the heart as age advances. Compensatory anastomoses develop in response to narrowing of the vessels; and the effect of sudden complete occlusion of a vessel must depend largely on the amount of anastomosis already developed.

*Blood Supply of Valves.*—In spite of conflicting statements, there has been a tendency in recent years to accept the view that normal valves, at least in some hearts, are extensively vascular, and that technique was at fault when investigators failed to demonstrate the vessels. This conception fits in with the view that valvular endocarditis arises not, as was formerly taught, because organisms from the passing blood are "hammered into" the valves when they come together in closure, but by deposition of organisms in the blood vessels of the valves, either because the current in these small vessels is slow, or because minute bacterial emboli block the vessels.

This problem is not of mere academic interest, because if blood vessels from the myocardium normally extend into the valves, and if that is the route of infection, then, whenever the myocardium is affected in, for example, rheumatic fever, one must suppose that the valves are *ipso facto* also involved, even if no clinical signs are present.

*Recent Researches.*—Dow and Harper injected substances, e.g. gelatine coloured with carmine, into the coronary arteries of 37 human hearts stated to be normal, and obtained the following results. Vessels were not found

in the semilunar (aortic and pulmonary) valves, and were found in atrio-ventricular (mitral and tricuspid) valves in only about half the number of hearts. Even when demonstrated in these valves, the vessels did not extend into the cusp, from its attachment to the heart wall, for more than 3 mm., and usually much less. Muscle strands extended from the atrial musculature into the cusps in association with the vessels. Vessels did not enter the valves along the chordae tendineae.

Microscopical examination of the cusps showed complete filling of the capillary loops with the injection mass, indicating that the technique was adequate to demonstrate vessels when they were present. The vessels seen were interpreted as normal, and not due to inflammation, because, as shown in the original paper by Dow and Harper and in a later one by Harper, the vessels in valvular endocarditis were not only more widely distributed but were not accompanied by strands of atrial muscle.

The authors stated that vessels were more frequently present in atrio-ventricular valves under 10 years than in those past this decade, and, again with reference to the same specimens, Harper in the second paper asserted that in all adult hearts the distance penetrated by the vessels was less than 3 mm., but the few numerical details given show that the apparent age differences could quite well have been accounted for by chance (natural variation between different hearts). Moreover, Harper's statement, without details, in the second paper that he has investigated over 100 additional hearts "with similar results" proves nothing regarding age differences.

*Clinico-pathological Applications.*—The conclusions that at present seem tenable are as follows:

(1) Although healthy semilunar valves are seldom or never vascular, and healthy atrio-ventricular valves not infrequently contain blood vessels near their atrial attachments, the difference is not sufficient to account for the fact that atrio-ventricular valves are attacked, for instance in rheumatic endocarditis, more often than semilunar valves.

(2) Differences between vascularity of atrio-ventricular valves in different people is not great enough to be a factor predisposing to valvular endocarditis.

(3) Age differences, if any exist, in vascularity of atrio-ventricular valves, are not great enough to account for the greater incidence of rheumatic valvular lesions in early life.

(4) It is still an open question whether bacteria attack the valves from the blood in the heart chambers or from the vessels that nourish the valves. These vessels are in the bases of normal valves or, in other hearts, in the adjoining heart wall, and vegetations in endocarditis are usually nearer the free edges of the valves; but it is none the less quite possible that bacteria settling in the vessels at the valve bases interfere with the nutrition of the whole valve and promote the formation of vegetations.

#### REFERENCES

- Boyd, William—The Pathology of Internal Diseases, Philadelphia, (1932).  
Dow, D. R. and Harper, W. F.—*J. Anat.*, 66, 610, (1932).  
Gross, Louis—The Blood Supply to the Heart in its Anatomical and Clinical Aspects, New York, (1921).  
Harper, W. F.—*J. Anat.*, 73, 94, (1938).  
Mainland, Donald—The Treatment of Clinical and Laboratory Data, Edinburgh, (1938).  
Schlesinger, M. J.—*Amer. Heart J.*, 15, 528, (1938).

## \*Hospital Insurance

A. F. WEIR, M.D., Freeport, N. S.

### PREAMBLE.

AS your retiring president I wish to thank you again for the honor which you have conferred on me in electing me to this office. I can assure you that anything I may have done to make the proceedings of our meetings more interesting has been done with pleasure.

For your future consideration I feel it my duty and privilege to bring to your attention any matters to which this Society should pay particular attention.

Between Digby and Wolfville there are six hospitals. I do not believe that any other section of the Province can be as well supplied with hospitals per head of population. While this is something of which we may certainly be proud, it is also a responsibility, because after all the hospitals are the concern of this Society. We should do all in our power to support them.

Another concern of this Society as well as of the profession generally is the fact that we may have more rigid government control of medical practice, in other words State Medicine. It behooves us to be on the alert, so that we may not have something forced on us that we do not like.

I propose to lay before you a plan by which, I believe, we may attain both of these ends at once.

In ancient Rome the physician was a slave. During the Dark and Middle ages he was attached to the court of some great man, whom he called his patron. We still find relics of this custom in the fact that some men refer to their patients as patrons. At that time the doctor was called a leech and had about the same status as the Court Fool. From that time on he progressed until he became a respected member of society. But, with the ever-increasing cost of medical care he has lost some of his popularity and, if he is not careful, he is apt to find himself reverting to his former condition and having a politician as his master or patron.

State Medicine is in the air and, in some form or other, is almost sure to come sooner or later. In the United States the Federal Government is leaving the matter largely in the hands of the individual states. Following their lead, Canada will probably leave it to the Provincial Governments.

As each election rolls around the rival political parties come out with what they call party platforms, calculated to catch the votes of the electors. The platform must always have one or two new planks and each party tries to outdo the other in this respect. And so we have widows' allowances, government sale of liquor, workmen's compensation, old age pensions and so on. In Canada we have ten of the most paternal governments in the world. It would appear that nothing is left to offer the voters and that eventually some party will come out with State Medicine as one plank in its platform. What could be more enticing to the voters than to be offered what would appear

to be free medical attention? It seems to me that we should take the lead in the matter and not have the politicians force us to take what they offer.

Every year the cost of medical care has increased, not because the doctor receives any greater remuneration, but because drugs have grown more expensive and because hospitalization costs have increased. In most industries new inventions lower the cost of production, but every new surgical invention, such as the X-ray or radium, although it increases efficiency also increases the cost of hospitalization, and every new medicament, such as insulin, adds to the cost of medical care. It has come to the point where only the fairly well-to-do can meet the costs of a medical or surgical emergency. Every year more and more patients, at least in my experience, avail themselves of the privilege of handing their hospital bills over to the municipality for settlement, until now hospital bills have become a drain on municipal funds.

Many hospitals in the United States and Canada are selling hospital insurance. At least one hospital in Nova Scotia is doing so. We have in the Valley six hospitals which could do so to advantage. It would be to the advantage of the taxpayer because he would be relieved of some of his burden, to that of the prospective patient because he would not have to meet a big hospital bill, would be relieved of worry on that account and would make a better recovery. It would be to the advantage of the hospitals because they would have a steadier income and, being paid in advance, would have more cash on hand to meet expenses. It would be to the advantage of the doctor because he would not have to hesitate about putting a patient in hospital because of the extra expense. Incidentally it would be to his advantage because the patient, having no big hospital bill to pay, could pay his doctor.

Now you will ask, "What has all this got to do with State Medicine?" Well, I will try to make my point. As it seems that we are going to have State Medicine anyhow, why not take the initiative and not have it forced on us? Surely, if we show the public that we are willing to cooperate, they will give us better terms. These are days of appeasement. There was a time when the doctor was as little subject to interference as the clergyman. But that time is past. Now the doctor is in the same class as anyone else who has something to sell. If he is not alert, he will find himself a public utility and just as subject to regulation as any other public utility. You may remember that at a hearing held in regard to the Workmens' Compensation Board someone made the remark, "Why handle these doctors with kid gloves?" Time was when the practice of medicine was called the noblest calling on earth. But now, what with all the talk in the newspapers about the high cost of being sick, magazine articles along the same line and even the American Medical Association being haled into court, we have received so much undesirable publicity that we are looked upon as being just out to earn a living like anyone else. It is said that the best defense is an offensive. As we are in for more or less of a fight, it behooves us to get in the first blow.

What I would propose is that this Society, through its hospital staff members, should recommend to the various hospital boards in this district that they should consider the possibilities of selling hospital insurance. One can sell insurance against everything else, so why not against hospitalization?



# Folie à Deux

## Communicated or Induced Psychoses with Case Reports.

MURRAY MACKAY, M.D.

Dartmouth, N. S.

THIS condition has occupied the casual attention of Psychiatrists for over fifty years; but it is only in recent years that we have come to realize its importance in throwing light on the problems of heredity and mental hygiene. The definition is a general term applied to the occurrence of identical or almost identical mental abnormalities in individuals intimately associated with each other. It may take the form of one psychotic patient borrowing delusions from another, or of identical psychoses developing in two individuals at the same time.

Two sisters, Miss A. M. age 22, and Miss B. M. age 20 were committed to hospital on the same day.

*Family History*—As far as could be ascertained, was negative for nervous and mental illness. Father and mother were first cousins, both are living and well. One sibling, a younger sister, living and well.

*Personal History*—Both were born in Nova Scotia and were very closely associated with each other all their lives. They went through Common School and High School without any particular difficulty, obtaining "B" certificates. This was followed by a Commercial Course which was successfully completed. They were both anxious to follow a professional career. The elder one choosing law and the younger medicine and psychiatry. This could not be carried out because of financial difficulties.

Both patients had the ordinary diseases of childhood with a good recovery. There was no record of any unduly severe physical illness and no record of any previous nervous or mental breakdown.

The home environment was not satisfactory. There was apparently a good deal of quarrelling among the close relatives and parents. The mother was over-solicitous for their welfare and in her attempts to shelter them was inclined to isolate them from other young people in the community. The father in order to insure their proper bringing up was sometimes unduly severe and imposed unnatural restrictions on their social activities. They were thwarted by narrow conventions, were not permitted to have boy friends, and in many cases not even friends of their own sex. These conditions imposed on both girls served to accentuate their naturally shy, recessive personalities.

*History of Illness*—About six months previous to their commitment to hospital it was noted that they were remaining aloof from other people, even from members of their own family; staying in their room together a great deal of the time, and losing interest in other activities. Antagonistic attitudes were developed towards the parents who found it increasingly difficult to manage them. Through a period of months these isolation tendencies became more marked. They became suspicious of the motives of others, frequently referring these suspicions to people who had no contact with them. Other peculiar ideas were also expressed. Finally these abnormal ideas became definite delusions. Practically all interest in the home was lost and they

stayed in their room together almost continuously. Their delusions of persecution applied to their parents in particular and to everyone in general, with the exception of their younger sister, age 16, whom they attempted to draw away from the parents and influence with these delusions. A climax came when they locked this sister in the room with them, thus preventing her from writing her High School examinations; and the relatives were compelled to use physical force in order to get control of the situation. The doctors making out the Medical Certificates noted the unusual nature of their illness.

*In Hospital*—On examination a striking similarity was noted in both mental pictures. For the purpose of brevity similar characteristics will be noted in paragraph (1) and a few dissimilar characteristics in paragraph (2). Physical health was good in both cases.

(1) *Similar Characteristics.*

Introverted and preoccupied with their delusions.

Pleasant, polite and cooperative during examinations.

Neat and tidy in appearance.

Orientation—correct in all fields.

Memory—good for both recent and remote events, also for events of their illness.

Speech—in conversation they used almost identical phrases and expressions. Quite frequently in answering questions one would start the sentence and they would both finish it together in exactly the same words and tone of voice. Speech was always well connected.

Psycho-motor state—normal, no increased activity or retardation. No mental agitation.

Emotional State—juvenile emotional reactions. Euphoria present the greater part of the time.

Calculation and General Knowledge—good.

Intellectual Level—a high normal.

Distortions of Thought Content—In a general way they had similar ideas on almost every subject, while their abnormal ideas and delusions were an exact duplicate. Ideas of Reference were noted, for example, conversations overheard were thought to refer to themselves even when the reference was to a totally different matter. They believed that other people were deliberately going out of their way to annoy and persecute them. Both paranoid and grandiose delusions were present. The paranoid delusions were directed especially towards the parents. They expressed the delusion that their mother had an illegitimate son which their parents were attempting to force one of them to marry. That their supposed parents were not their real parents but imposters. That they were children not of their parents but of God and could spread this religion by mental telepathy. The grandiose trend to their thinking was further emphasized by such delusions as, "that they alone were sane while everybody else was insane, that they were solving great mysteries for the R.C.M.P." These delusions were not absolutely fixed, and were at times contradictory. The general trend was paranoid, grandiose and always phantastic. There was very little attempt to systematize the delusions.

(2) *Dissimilar Characteristics.*

Although both displayed remarkable apathy towards the situation they were in, the younger one took some interest in her environment and would

occasionally mix in conversation and activity with the other patients. This the elder sister refused to do.

The younger one also had some insight into her illness which was practically non-existent in the case of her sister.

Auditory hallucinations, always denied, were present in the case of the elder, but no direct evidence of this could be found in the other.

A diagnosis of Dementia Praecox, paranoid type was made in both cases. It was recognized by the Medical Staff and also by nurses coming into close contact with them that the illness was further developed in the elder one. Although each influenced the thinking of the other, the elder patient was generally the leader. The mental state of the younger one tended to improve when she was put in a separate ward from her sister.

Insulin Shock Therapy was carried out in both cases. As we did not wish to have them in the Insulin Room together, the younger case which offered the best prognosis was treated first. Both apparently made a complete recovery and were discharged as cured. Whether or not they will remain in good mental health, time alone will tell.

Folie à Deux frequently occurs in members of the same family where there is probably a hereditary predisposition as well as a similar environment. It also frequently occurs in husband and wife. Occasionally it occurs in members of different families. Although it is generally confined to two members of the family, cases of three are well known, and Dr. Brill of New York reports an instance of four members of the one family being inflicted with the same illness. In most cases, although not always, it can be proved that one of the two people involved, is the leader and unduly impressed their habits of thought and delusions on the other. The leader is the dominant personality and is referred to by psychiatrists as the "primary case". The more submissive personality being referred to as the "induced case". Practically all of the cases reported in literature are of the Dementia Praecox type and tend towards the paranoid variety. The psychotic condition develops in both individuals at the same or practically the same time. Typical examples were often found in what writers of the last century termed religious insanity. In these cases members of different families were often involved and hysterical phenomena played an important part.

The two cases reported above are typical of "Folie à Deux" in general. They demonstrate the important part which suggestion may play in the formation of delusions. Although organic conditions may produce personality types susceptible to Dementia Praecox, the psychoses is, in these cases at least, precipitated by psychological mechanisms.

The writer was acquainted with another case of two sisters, one of whom had formerly been a patient of a mental institution. These sisters both developed the delusion that the writer had placed a machine in their home for the purpose of reading their thoughts, and that in carrying out this process, the machine interfered with their sleep. These delusions may have been based on false sensory perceptions as the sisters claimed they could prove the existence of the machine, because they could hear it running when they went through the house at night. Legal action was frequently threatened.

Another interesting case was that of a husband and wife, both mentally deficient, who developed persecutory delusions, which took on a very definite trend. They had an infant child which was also deficient mentally, and concerning the welfare of which the parents were greatly worried. At this time

there was a great deal of writing and talking about the kidnaping of the Lindbergh baby, and this mentally deficient and poverty-stricken couple became convinced that the kidnapers of the Lindbergh baby were plotting to kidnap their child. The husband went about his work on the farm armed, while his wife barricaded the doors and windows and waited with a shot-gun to drive off the supposed kidnapers. The neighbors became alarmed at such behaviour and notified the police who apprehended the unfortunate couple.

#### BIBLIOGRAPHY.

- S. Kenneth Pollack, M.D., Folie A Deux, *American Journal of Psychiatry*, March, 1937.  
 M. M. Grover, M.D., A Study of Cases of Folie A Deux, *American Journal of Psychiatry*, March, 1937.  
 W. H. B. Stoddart, M.D., F.R.C.P., Mind and its Disorders.  
 Dr. E. Mendel and Dr. Wm. C. Krauss, Text-Book of Psychiatry.  
 Prof. Dr. E. Bleuler and Dr. A. A. Brill, Text-Book of Psychiatry.

# \*Seven Years of Leper Work in Angola

(Continued from May Issue.)

W. S. GILCHRIST, M.D., C.M.

## CHAPTER VIII.

### Saving the Children.

"O God! We don't want them to be like us!" A leper mother is praying for her own and the other uninfected children in the leper camp. The children, ranging from two to twelve years of age, are gathered in a group by themselves. Will they be condemned to stay here in constant and intimate contact with their leprous parents and other lepers with scarcely a chance to escape infection or can we save them from their slavery to the dread disease? . . . Prayer won the day. It *had* to come. We had been longing for the day when the healthy children might be separated from their leprous fathers and mothers. Often we had spoken of it to the lepers themselves. In fact from the beginning we had lost no opportunity to warn, to beg and to cajole the parents of those innocents. But the African mind is not our mind, and here in this primitive land what *should* be done or what we would *like* to see done is not always possible. Children came with their parents, stayed with them, fetched wood and water for them, ate and slept with them, and—developed leprosy. We kept on preaching and teaching the danger and the unfairness of it all. One day we felt that the time had come. One day, after one hundred and thirty in-patients had received their injections of chaulmoogra oil, I suggested, "Now let's sit down together and talk it over, friends. Let's read first of all what God's book has to say about it." And where could one go for warmer or more convincing defence of the rights of the "little ones" than to Him who called them to Him, who put His hands upon them and blessed them! We read the words which touch the Umbundu heart just as they do the English, the Chinese or the Cree. . . . "Now, will someone pray to Him for us?" It was then that a leper mother arose and poured out her heart to the Parent of all. Her prayer will be long remembered. That night no healthy child slept in the leprosarium. Grass huts had already been built near by and there began the new little camp without "The Camp Without the Camp" . . . We have since been able to build comfortable adobe buildings for these children. There are thirty to thirty-five of them with us most of the time. Sekulu Chihanya, a deacon of the church lives with them and is a father to them. Mutuli, of whom many of you know already, is a mother to the little ones. Of course they are not allowed to forget their own parents. In the morning they go to greet them and to bring them wood and water. They have their own work to do in their own little village and all who are old enough go to the mission school, and kindergarten.

Of course it's not all sunshine. Some little toddlers insist on running away to the leper camp to their parents and they must be brought back.

The brightest little one of them all, Chitombi, was carried away by the epidemic of measles which brought death to so many Angolan homes and villages this year, and mother Chamale down in the leprosarium misses the patter of his dancing feet and his picaninny grin. Two others developed spots and had to be returned to the leprosarium—this time for treatment. Isolation came too late. The germs had already found a hold. Some new cases have come in to the leprosarium with children from whom they refuse to be separated. It hurts to see these little ones sucking from breasts that are marked with leprous spots and fondled by fingers that are raw with open sores. What can we do? Continue to teach, coax, exhort, cajole. I don't know much about public health from the academic angle, but here in the bush land of primitive Africa the way of Public Health is the way of patient love.

#### CHAPTER IX.

##### **"Other Sheep I Have Which Are Not of This Fold."**

I am convinced that the mission or missionary who becomes station-minded stands in danger of missing the biggest opportunities for service in this land of villages. "Institutionalism is not a peculiarly missionary disease but its evils are nowhere more manifest than in some missions. It is good for us that we should live much and work much in the villages where the real life of the African people is centred. It is good for the work which we seek to do on the mission stations. And, above all, it is good for the institutions which we direct and which, all too often, are prone to become self-centred and to grow away from the real needs of the people. I believe that this applies not only to schools and churches but to every avenue and aspect of mission life and work, and not least to medical missions and to that particular branch of medical missions which we are considering at the present time—work for and with lepers.

It seems that on the part of many individuals and societies who gladly contribute to institutional work, there is some lack of interest in carrying the battle into the bush and veldt—to those who cannot or will not come to our institutions. Yet I am convinced that if leprosy is to be successfully combatted in Africa we *must* concentrate our attention and our forces on the villages.

The systematic treatment of lepers in their own villages in the Camundongo area was begun in 1931 as the result of a visit made in company with the veteran medical missionary, Dr. H. Stanley Hollenbeck, to outlying parts of the Camundongo field, especially in the area of the Kukema river valley. Dr. Hollenbeck had known for some years of the existence of leprosy in this part of the country but he was surprised to find that in recent years it had greatly increased. At that time Dr. Hollenbeck had under treatment in his leprosarium at the Elende Mission a young man from this part of the country. This lad, Londaka by name, had learned, during his period of treatment, to give injections of chaulmoogra oil, and Dr. Hollenbeck suggested that he be stationed in the Kanjili region as a leper nurse. Funds for his support were secured from the American Branch of the Mission to Lepers and for three years Londaka carried on this work in Kanjili and in the neighbouring villages of Catema, Canata, Canganji and Lutu, treating in all more than forty cases. Despite the fact that many after a few months of treatment became discouraged and refused to continue, the difficulty found in getting the lepers at the

various villages to assemble at regular times for their injections, and the obstacles to systematic work presented by the rainy seasons and the often unfordable Kukema river, nevertheless the results obtained were very good. Many early cases were arrested or cured and practically all the advanced cases showed remarkable improvement.

Londaka's work was later carried on by another young man from Kanjili and some cases were also treated by another native youth at the neighbouring village of Chitumba. It was not until early in 1936, however, that any real effort was made to extend the village work into new territory. At this time six lepers who had been some time in the Camundongo "camp" and in whom the disease had been brought under control were sent out to villages which I had previously visited and in which I knew the incidence of the disease to be very high.

Lepers totalling over three hundred are now receiving treatment in ten village centres. In some cases the first leper nurses sent out have been replaced by others. Only Christian lepers are chosen for this service. They receive no regular salary or support, their services being regarded as a free-will return for the benefits they have themselves received through treatment at Camundongo. However, it has been found necessary to furnish them some aid, especially in the way of food, from time to time.

On the whole the work has gone well except for the fact that there have been wide "gaps" in treatment owing to the lack of a sufficient supply of chaulmoogra oil. Another prejudicial factor has been the dispersion of a large part of the population in the Cachingues and Gandu areas due to the depredations caused by cattle on the concessions formerly occupied by the Angola Estates. In some cases we have been able to follow these people to other regions where they have sought new homes. In the case of the Kanjili people, for example, twenty-five lepers have resumed treatment in their new village of Kambundu, some 40 kilometres from the abandoned site.

It seems to me that the treatment of lepers in the villages, not as opposed to but rather in conjunction with the central work at the leprosarium, is of vital importance.

The leper under treatment in the village is one of the finest means of anti-leprosy propaganda. Other lepers, less enlightened or courageous, observe the beneficial results of treatment, see that there is nothing of which they need be afraid, and are led to seek treatment themselves.

#### CHAPTER X.

##### The Good Physician.

If ever one human being needs sympathy more than another, it is the leper. We who work among lepers here in West Africa believe in the efficacy of human kindness and sympathy as aids to medication and material therapy. Much more do we believe in the word and touch of the Sympathizing Jesus—the word that brings hope to tired hearts and deadened limbs, the touch that brings to sad and lonely spirits a new joy and the peace that passeth all understanding; the word that calls from death to life, the touch that has still its ancient power. The voice that spoke in loving tones to the lepers in Galilee is heard to-day in our "Camp Without the Camp." He touched the untouchables and we have seen His healing hand upon our lepers in Camundongo.

And so we work humbly and gladly for and with Him and we find joy

in His service. It is good to see the leprous nodules disappear. It is better still to see the new light appear on upward-looking faces. It is good when crippled hands and feet become whole again. It is better still when healed hands and feet are moved to acts of kindness and helpfulness for the less fortunate.

In closing this report we rejoice to inform those of you who are helping us, that many, many lepers have found in Camundongo an all-sufficient Saviour and have entered with Him on a new High way of life.

We rejoice also in the fact that these *changed* lepers are going out in ever increasing numbers to villages near and far to preach and to heal their fellow-lepers, and, in their service for others, to serve Him.



## Poor Sam

H. L. SCAMMELL, M.D.,  
Halifax, N. S.

TO praise the great is commonplace; to ridicule the great a despicable resort of a jealous mind; but to pity the great must surely possess the elements of charitable sentiment. True pity is unmingled with contempt, though contempt is at times softened by pity. With thoughts such as these we turn to the life of a man, in turn the object of adulation, ridicule, contempt, by some love, but by none with pity. A few likewise hated him which for the most part he regretted. His friendships were strong and he suffered at least one fool gladly. Throughout his life he had an unflinching liking and respect for the medical profession of his time, with but a single exception.

Samuel Johnson as all know was born at Lichfield, in Staffordshire, September 18, 1709, and baptised on the same day. Shortly after his advent he was afflicted with tuberculous (?) cervical lymphadenitis, then commonly known as scrofula or King's Evil. For this, when he was thirty months old his mother took him to London to be "touched" by Queen Anne. The touch was made but without effect, which must have later shaken to some extent, Samuel's hereditary faith in the Stuarts. One thing at least was accomplished by the journey: Mrs. Johnson bought him a silver mug and spoon. He was evidently not a comely infant and the suppurating glands did not add to his attractiveness. As healing took place the resulting scar tissue further deformed his features. He grew rapidly, vertically and laterally. So extremely myopic was he at this time that it was unsafe to let him out unattended, even when he reached school age. But if he fell far short of physical perfection young Sam had brains. In return for his assistance with their lessons he exacted tribute from his schoolmates thus, "that three of the boys, . . . used to come in the morning as his humble attendants, and carry him to school. One in the middle stooped while he sat on his back, and one on each side supported him, and thus he was borne triumphant." It is but fair to say that Boswell attributes this service to much loftier though less plausible motives. "He never joined with the boys in their ordinary diversions; his only amusement was in Winter when he took a pleasure in being drawn upon the ice by a boy barefooted who pulled him along by a garter fixed round him; no very easy operation as his size was remarkably large." What a child and what a childhood! What intellect, but what stupidity! No play, no laughter, poor Sam!

Sam's one physical outlet was growth and this he did at a prodigious rate. He soon lost much of the infantile chubbiness, but made up for it in bone if not in brawn. He became a big, awkward youth.

At the age of twenty during the college vacation, for he was then at Oxford, "he felt himself overwhelmed with a horrible hypochondria, with a perpetual irritation, fretfulness, and impatience, and with a dejection, gloom and despair, which made existence misery. From this dismal malady he never afterwards was perfectly relieved; and all his labours, and all his enjoyments were but temporary interruptions of its baleful influence." Boswell, speaking

thus many years later, adds the diagnosis of this condition as, "what the learned philosophical, and pious Dr. Cheyne, has so well treated under the title of 'The English Malady'." Into this we shall delve later. Johnson now experienced a gross example of unprofessional conduct on the part of his godfather, Dr. Swinfen of Lichfield, into whose hands he put his case. This otherwise worthy man, with the greatest zeal, perhaps actuated by a desire to secure all the help he could, spread the circumstances of his godson's illness throughout the circle of his acquaintance. His patient learning this was justly indignant and a breach of friendship resulted which was never wholly filled. From this time onward Johnson feared insanity. To one whose activities were almost wholly of the mind this fear amounted almost to terror.

We are now introduced to a side of Sam's life which had a most interesting and far reaching effect on his future. From childhood he had been thoroughly drilled in religious principles, even to a point of rebellion. At the same time his physical make up strongly inclined him to the indulgence of his instinctive desires. As long as hard work filled the void, the spiritual nature triumphed, but once abroad in the world with a chance to look about even with a myopic gaze, he obeyed the Pauline injunction to "marry rather than burn." His choice fell on Mrs. Elizabeth Porter, a widow in her forty-ninth year about twice Sam's age. Everybody saw the folly of the match except perhaps the interested parties themselves. Besides the disparity in their ages both were almost miserably poor and the husband without immediate prospects. At this stage in life Johnson of all things needed a wife with youth, sense and sympathy. Kindness would have soothed his stormy nature, sense would have dispelled his unreasonable fears for his mind and governed his affairs with serenity; youth would have allowed for his excess of physical exuberance and permitted it to mature and mellow pleasantly. But Mrs. "Tetty" Johnson from her wedding day possessed these qualities scarcely at all. Picture a stout, redfaced, large breasted matron of none too tidy appearance, addicted to alcohol, desperately anxious to dominate her husband even at the price of his peace of mind, and you may glimpse the possibilities. To all outward appearances he preserved his affection through their wedded life, but one cannot but feel that this in time was due to a strong sense of duty and the eventual triumph of the spirit over the flesh. This struggle was not one of a day, it was gradual and we can only observe it by its effects. By the third year he was able to write "London" a satire in imitation of the third satire of Juvenal, which he sold for ten guineas. With the intentional satire is mixed a bitterness of rebellion and self pity. From what other source could come this couplet:—

"This mournful truth is everywhere confess'd,  
"SLOW RISES WORTH BY POVERTY DEPRESS'D!"

The pittance secured for this poem is but an indication of what Johnson had to endure. Poverty haunted the couple and they moved from place to place in London and its outskirts. As the pinch of want was felt "Tetty" pawned their possessions even to the little silver mug Sam's mother had bought him in London during his babyhood. At times when work or inclination prompted him he did not go home at night at all but walked the streets with a friend in like circumstances. His physical infirmities at this time excited comment being no doubt aggravated by poverty, worry and at times hunger. Boswell describes it thus; "to be of the convulsive kind, and of the nature of that distemper called St. Vitus's dance; and in my opinion I am confirmed by

the description which Sydenham gives of that disease." In view of present knowledge we may well consider Boswell mistaken in this view. Much more plausible is the opinion of Sir Joshua Reynolds; "He could sit motionless when he was told so to do, as well as any other man. My opinion is, that it proceeded from a habit which he indulged himself in, of accompanying his thoughts with certain untoward actions, and those actions always appeared to me as if they were meant to reprobate some part of his past conduct. Whenever he was not engaged in conversation, such thoughts were sure to rush into his mind, and for this reason, any company, any employment whatever, he preferred to being alone. The great business of his life, he said, was to escape from himself."

To persons with less strength of character refuge from this state of mind comes from the use of alcohol or narcotics. True Johnson drank quite freely, and at times when circumstances permitted, beyond this point, for which he was later consumed by remorse, but in this age of drinking he would have been regarded as moderate or even abstemious. I believe that by this time he had read Chyene's "English Malady", and its effect was becoming apparent. He was again growing stout.

In 1749 he published "The Vanity of Human Wishes", an imitation of the tenth satire of Juvenal. While his "London" was "lively and easy" to quote David Garrick, "The Vanity of Human Wishes" was heavy and despondent, with its only hopeful note a plea to let Divine Providence control one's destiny with resignation and faith that what God wills is best.

"Still raise for good the supplicating voice,  
 "But leave to Heaven the measure and the choice  
 "Safe in His hand whose eye discerns afar  
 "The secret ambush of a specious prayer;  
 "Implore his aid, in his decisions rest,  
 "Secure, what'er he gives, he give the best."

Poor Sam! at forty he has gone a long way on the emotional path, and the spirit is beginning to triumph. He is finding his one solace for his burdens and woes. If we wish more evidence of this we find that in the same year David Garrick showed Johnson's play "Irene" at the Drury Lane Theatre. Its author for a space became a habiture of the space "behind the scenes" and "seemed to take delight in dissipating his gloom by mixing in the sprightly chit-chat of the motley circle then to be found there". However, "Johnson at last denied himself this amusement from considerations of rigid virtue, saying, 'I'll come no more behind your scenes, David, for the silk stockings and white bosoms of your actresses excite my amorous propensities.'" Yes, indeed, the spirit was now beginning to triumph.

In 1752 Mrs. Johnson died. His grief at her passing was genuine. How often we miss annoyances with regret, when we lose them forever, particularly if we have by a supreme mental effort compensated for their oft repeated sting. He sought consolation in prayer. In his household now he had Mrs. Anna Williams, daughter of a Welsh physician, poor and blind, who stayed with him the rest of her life. Also with him was his "humble friend Mr. Robert Levett, an obscure practiser in physic amongst the lower people, his fees being sometimes very small sums, sometimes whatever provisions his patients could afford him; but of such extensive practice in that way, that... his walk was from Houndsditch to Marybone." "Such was Johnson's predilection for him, and fanciful estimation of his moderate abilities that I have heard him

say he should not be satisfied, though attended by all the College of Physicians, unless he had Mr. Levett with him." Poverty and physical distress always awakened Samuel's strongest sympathy—not so mental torture and anxiety. He could feel for the beggar but the student failing to get his degree left him cold.

Before the year was out we find a spark of former days drawn from Sam. Beauclerk and Langton, two friends, at three o'clock one morning aroused him from his slumbers "to join them in a ramble". When he discovered who they were, and was told their errand, he smiled, and with great good humor agreed to their proposal; "What is it you, you dogs! I'll have a frisk with you." They made the rounds of the green-grocers' stalls and then proceeded to a tavern to enjoy a "bowl of that liquor called 'bishop'." Then to row down the Thames to Billingsgate where the jollification was prolonged.

He also began to indulge in the open expression of his wrath. In the opposite sense he was overjoyed when in 1755 Oxford made him a Master of Arts. The Dictionary now appeared, commenced several years before, a monumental work in which he had allowed free play to all his moods. There was no doubt of his dislikes and hates therein described, and he climaxed the picture by defining, "*Lexicographer*, a writer of dictionaries, a harmless drudge."

Few things in life appealed to Samuel as did a good meal, and he partook of it with a vehemence amounting to gluttony. He spoke not a word but indulged himself with "such intentness, that while in the act of eating the veins of his forehead swelled, and generally a strong perspiration was visible." At times he drank beyond moderation but was rarely intoxicated. When a fit of melancholy came on he would think of his constitutional weaknesses, become very abstemious, at times even fasting. Green tea would replace wine and for awhile restraint was the order of the day. As MacAulay has it, he drank tea in "oceans" and even wrote a paper in defence of its use. When his spirits improved so did his vinous thirst and his appetite.

At least once a year now he "took stock" of himself and bitter were his reproaches for his own idleness and self condemnation for lack of accomplishment. One contributing factor to his idleness was a pension of £300 per annum granted by George III which removed the stimuli of hunger and thirst. Yet in many ways he was not idle. Each year saw something accomplished, tho' not in the same quantity as before. Sam was mellowing, physically and mentally. He would always be the same gesturing, bellowing, lumbering, pedantic creature, but his nature was losing its bitterness. He could tolerate and even liked Boswell, his shadow, and suffered Goldsmith of difficult personality, with apparent gladness.

Perhaps it is now opportune to discuss his life long constitutional ailment, diagnosed by himself as the "English Malady", described by Dr. George Cheyne. Cheyne was a man well past middle life when Johnson came to London, and occupied a social position far above the struggling hack. There is not much doubt, though, that Sam saw him, perhaps met him, and once met he was never forgotten. He was an enormous man, at one time weighing 32 stone (448 lbs.) and when he walked was followed by a servant bearing a stool on which he frequently sat to rest. The effort to climb a short stair almost brought on an apoplectic seizure. He suffered from gout, and periodic attacks of erysipelas, as well as his famous English Malady, yet he wrote "An Essay on Health and Long Life", which went thru at least six editions. His books were very popular and caused no little ridicule and criticism as their

author of huge bulk advised a milk and vegetable diet of moderate amount and alcohol in homeopathic doses as a cure for fashionable ills and the prolongation of life. But if his diet was low in calories, his drug dosage made up in sufficiency for himself and others. During one illness for example, he says: "I took frequent vomits, and gentle purges, try'd Volatiles, Foetids, Bitters, Chalybeats, and Mineral Waters, and had the Advice of all my Physical Friends, but with little or no sensible Benefit; my Head-ach, Giddiness, Watchings, Lowness, and Melancholy, rather increasing on me. I resolved to try Mercurial Medicines. I first took 20 Grains of what is call'd the Princess Powder, which gave me twelve Vomits, and near twice the Number of Stools; and I had certainly perished under the Operation, but for an Over-dose of Laudanum after it. In two or three Days more, I took 12 Grains of Turbith-mineral which had not quite so violent an Effect; after that, I took 10 Grains of Calomel, twice a Day, for about ten Days together; this put me into a Petit Flux de Bouche." What a man! Is it any wonder that Johnson would speak of him and his famous book to Boswell as follows: "I would not have you read anything else of Cheyne, but his book on Health and his English Malady." That dose would surely be enough for Boswell. How many times Johnson must have thought of the Preface to Cheyne's book beginning,

"The Title I have chosen for this Treatise, is a reproach universally thrown on this Island by Foreigners, and all our Neighbors on the Continent, by whom Nervous Distempers, Spleen, Vapours, and Lowness of Spirits, are in, Derision, call'd the English Malady."

And after summarizing his principles of treatment, closing with the words:—

"Inveni portum, spes et Fortuna valet."

Is it any wonder he hated the deriding foreigner, who was deriding *him*, Sam Johnson? Is it any wonder his efforts to lead an abstemious life, followed by outbreaks of gluttony, were followed by bitter self reproach? Is it any wonder his attempts to conquer himself made him harsh and unkind to others? Truly for many years he had entered the harbor only to be blown without.

However, those who will may follow and see how this troubled spirit at length achieved peace. Always in fear of death, when its first warning came in 1783 it found him firm and full of fortitude. "Dear Sir", he writes, "It has pleased God by a paralytic stroke in the night, to deprive me of speech. I am very desirous of Dr. Heberden's assistance, as I think my case is not past remedy." A few lines farther he goes on, "I have been accustomed to bleed frequently for an asthmatic complaint, but have forborne for some time by Dr. Pepys's persuasion, who perceived my legs beginning to swell. I sometimes alleviate a painful, or more properly an oppressive constriction of my chest, by opiates, and have lately— taken opium frequently, but the last or two last times in smaller quantities."

The aphasia gradually passed, only to be followed by gout. His companion of thirty years, Mrs. Williams, died, and this cast him into a state of loneliness and gloom. His asthma was of cardiac origin and he soon suspected it was associated with his rapidly failing health. Squills in place of digitalis, however, reduced for a time the rising tide and his breathlessness was relieved. But eventually the picture of congestive heart failure was thoroughly established and did not subside. His physicians made incisions in his ankles to remove

the fluid and if their patient thought their hands too gentle he deepened them himself. "His physicians attended him constantly without fees. "As a group he was friendly to them all his life and they did not fail him at its close, tho' they could not long postpone the "inevitable hour". He died December 13, 1784, at the age of 75 years.

Perhaps no other great figure in English Literature has left a record of his life behind him so complete as to allow of psychic analysis. To do so adequately for Sam, would require the insight of Freud and the pen of a Victor Hugo to record it. We can but pick at it. Even such a superficial view fills one with a feeling of gloom. There was a brilliant life blighted by disease at its outset; swayed and torn by the conflict between the flesh and religious beliefs; crushed by poverty and the shame of it; embittered by slavery with the poorest of returns; depressed to a vegetable existence only, at times, by melancholy; yet withal, establishing a place in literature to last as long as the English Language is spoken. Poor Sam! if things had only been different!

# The Nova Scotia Medical Bulletin

Official Organ of The Medical Society of Nova Scotia.

Published on the 20th of each month and mailed to all physicians and hospitals in Nova Scotia. Advertising forms close on the last day of the preceding month. Manuscripts, preferably typed and double-spaced, should be in the hands of the editors on or before the 1st of the month. Subscription Price:—\$3.00 per year.

---

*Editorial Board, Medical Society of Nova Scotia.*

DR. H. W. SCHWARTZ, Halifax, N. S.  
Editor-in-Chief

DR. J. W. REID, Halifax, N. S.

DR. A. L. MURPHY, Halifax, N. S.

and the Secretaries of Local Societies.

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

---

---

VOL. XVIII.

JUNE, 1939

No. 6

---

---

WE learn with regret of the retirement of Dr. E. Kirk Maclellan, because of illness, from Dalhousie and his other activities in the professional life of this province. Dr. Maclellan dons the mantle of retirement at an early age, yet so young was he on his entrance to medicine that already he can look back on many years of accomplishment. Particularly will his absence be felt in the medical school where, as professor of obstetrics, the lucidity of his lectures, his sound methods culled from a wide experience have made clear this most basic of arts to many years of Dalhousians. That his pleasant smile once more graces our company is no little recompense, and we look forward to his mingling again in the social life of his confreres.

---

## History Lesson

When Joseph Lister first dressed a compound fracture with carbolic acid, enveloping himself in a sweet aura which was to linger forever in the nostrils of grateful posterity, he was applying to surgery a principle that had its origin in a French vineyard. What Louis Pasteur learned of contamination, studied in open and closed flasks, Lister applied to open and closed fractures. The one was almost invariably infected; the other clean. "Why?" he asked himself. In his answer lay the key to modern surgery.

But thirty years before Lister, Semmelweis discovered and proved that puerperal fever was borne to the wards of his hospital on the hands of obstetricians fresh from the post mortem rooms. Two hundred years earlier, Leeuwenhoek, the happy minded Dutch janitor, looked on the very germs, "beasties", he called them, with a modest microscope of his own construction, adapted from Galileo's great invention, the telescope; plagued the Royal Society with report after report of what he saw. It was a few years earlier than that when Francesco Redi, poet, zoologist and physician, disproved the most popular theory of the scientific renaissance, spontaneous generation, submitted the same evidence that was to win Pasteur such immortal glory two centuries later. And before Redi? We skip over many centuries of unprogressive,

Galen-dogmatized medicine in our retrograde story of scientific advance before coming to the ultimate achievement.

He lived in the first century before Christ, an honoured Roman, friend of Caesar, enemy of Anthony, this Marcus Terentius Varro. He was not a physician but a philosopher, a man of diverse interests and profound thoughts on all of them. Like most true Romans he fought for his country, commanding a fleet of galleys under Pompey, and was decorated with the naval crown for personal prowess. Amongst his friends was Cicero and, probably, Carus. History does not link him with this last philosopher but it seems unlikely that two such original thinkers, close in time and space, should not have met. Because it was Carus who in the many measured verses of his *De Rerum Natura* suggested the atomic theory of matter. And Varro who, between fighting and philosophizing, found time to write more than four hundred books, tells in his agricultural treatise, *De Re Rustica*, how, "In damp places there grow tiny creatures, too small for us to see, which make their way into our bodies through mouth and nose and give rise to grave illnesses" Here, three hundred years after Hippocrates founded medicine as an art, founded it on a doctrine of humors, of balances between good and evil, was the framework of modern bacteriology, twenty centuries in advance of its time.

It is interesting to think about Varro; to wonder what might have been had the Romans taken up his theory as eagerly as they took up arms, conquered their invisible foes with the same zest they did the barbarians to the north. Might not the microscope have fathered the telescope, its invention prompted by the urge to grapple more directly with these little enemies? Might not the medicine of today have attained heights now barely visible through the clouds? Probably not. Because that most fascinating of stories which is the history of medicine makes obvious two great lessons. One is that man will accept that which he cannot understand only when he understands why he cannot understand it; phrased more sensibly, he must be educated to a point where he can at least grasp basic principles. And the second, less obvious lesson is that most of the great pioneers in medicine were not the discoverers, the inventors, but those who, through power, vigour and personality succeeded in convincing a sceptical world.

Varro flung out an idea. Had he forgotten his four hundred other books and concentrated on confirmation and acceptance of the one his name would mean more to us. Lister and Pasteur were two of the few who combined genius with persistence. Pasteur's fiery temperament trampled opposition no less than the conviction of his work. Lister, more gently, reiterated principles year after year. Harvey, understanding well the temper of his time, devoted thirteen years to experiments, piling proof on proof before presenting his established theories.

Swept on by the scientific stampede of the last fifty years, man has attained an outlook where he will accept almost anything emanating in the name of science. But problems are still with us: the treatment of cancer with such means as we have; the control of venereal disease; the relations of the profession and the state. The solutions are our inheritance. It would seem that only the force, the vigour are lacking.

Perhaps the fresh sea breezes and warm sun of Digby in July will furnish the needed stimulus.



## \*What Should the Anatomist Teach?

WISE words concerning the teaching of anatomy to medical students come from Dr. Donald Mainland, who holds the chair of anatomy in Dalhousie University, Halifax, Nova Scotia<sup>1</sup>. "British anatomy," he holds, "as taught to students, has for almost a hundred years been not only dead and unscientific but in many respects unpractical." American schools, on the other hand, he believes to possess "a greater variety in their teaching than do British schools and, most important of all differences, the outlook of American anatomists is that of the earlier British anatomists, Harvey and Hunter". He makes, however, this important admission: "British anatomy is now being revived by a return to the methods of Hunter without neglecting regional anatomy as American teachers have been apt to do. The change is coming rather more readily in England than in Scotland." Certainly Professor Mainland is well qualified to compare anatomical teaching on both sides of the Atlantic. He learned his anatomy in Edinburgh, and for the past ten years has taught it in a university which has given him easy access to colleagues in Canada as well as in the United States.

Anatomy, in the opinion of many of its professors, has fallen on evil days; the time allotted to its teaching is being curtailed more and more. Professor Mainland does not bemoan the new conditions; on the contrary, he declares that "to an anatomist with an unbiased view of the whole curriculum a small allotment of time is a challenge to make the best use of it." He would save time, in the first place, by teaching the anatomy of the living body, using the dead body only as a means to this end. He would save time, in the second place, by teaching so that too great a strain is not made on the memory of his students; a multitude of isolated facts overwhelms the memory, whereas these same facts when strung on the string of practical clinical application are assimilated and retained. To teach in this way "the anatomist must maintain an ever-renewed acquaintance with general and special medical literature and as far as possible attend clinical meetings". He touches, too, on the relationship which ought to exist between anatomist and physiologist. "It is doubtful," he writes, "if outside a medical school, one would think of teaching the structure of a machine without mentioning how it works, as has long been done in British anatomy." He holds that the movements of the body and of its organs, especially the physiology of joints, should fall within the purview of the anatomist. One cannot explain the structure of the heart unless its movements are considered at the same time, nor can the anatomy of the thorax and body wall be understood unless the mechanism of respiration is touched upon. Among those who receive a high meed of praise for additions made to modern practical anatomy, a foremost place is given to the late Professor Wingate Todd of Cleveland, who received his early anatomical training in Manchester.

Should a teacher be dogmatic? Certainly many of the professors most belauded by their students gave all their statements clear-cut and fixed edges, whereas the truth is that every living structure is subject to a range of varia-

\* Editorial, *British Medical Journal*, May 20, 1939, pp. 1038-9.

<sup>1</sup> *Nova Scotia Medical Bulletin*, May, 1938.

tion—sometimes of great range, sometimes not so great. Many of Professor Mainland's own investigations have been directed towards the range of variation which is met with in the blood of healthy and apparently normal individuals. "Conflicting views," he says, "are often more educative than plain facts." He is surely right, too, when he suggests that "the whole medical course can do little more than set a student on the proper path, help him to learn for himself, and try to induce him to think." One final and important piece of advice he offers to teachers. He counsels them not to overload the memories of their students with special subjects, but rather to guide them to the special publications they may appeal to in case of need.

---

### LOCUMS WANTED

Locums wanted for a period of three months, to begin within two weeks; salary \$125.00 and found. Apply to the Secretary.

---

### PHYSICIAN WANTED

Physician wanted by a medical cooperative association in Cape Breton: \$1,500.00 guaranteed, salary worth a minimum of \$3,000.00 cash. Any religion. Apply to the Secretary.

---

### PHYSICIAN AVAILABLE FOR LOCUM TENENS

From July 10th to December 10th. Further particulars may be obtained from the Secretary.

---

### NOTICE

**FOR SALE**—A number of surgical and medical instruments, a portable surgical table, complete, instruments for major operations, curettage, etc., original value about \$150.00; excellent for use in a country practice. Apply to A. Ross, M.D., Westville, N. S.

## \*The Resuscitation of the Apparently Drowned

THE season is now approaching when we shall be again confronted with a distressing series of drowning accidents. Much attention has been directed to the automobile accident; not so much to the drowning accident. In the matter of prevention the human element has to be considered in both. Ignorance, carelessness, foolhardiness, physical ailment, all play their parts, and, human nature being what it is, it is hardly likely that these factors can be eliminated to any appreciable extent. This leaves us with the question as to what can be done to save life in the face of a potential drowning case. Here the doctor and the first-aid worker come into the picture. It is essential that both of them should be conversant with the latest and best ideas that have been developed.

It is safe to say that the first thought of the life-saving worker is to initiate artificial respiration. So far, so good, but is sufficient thought given to the details of this procedure, attention or inattention to which will make all the difference in the result? Again, is artificial respiration carried out long enough? A common practice is to continue the procedure for an hour or two and then if the heart sounds cannot be heard with the stethoscope to pronounce the patient dead. This we submit is rather perfunctory. There is excellent authority for the statement that artificial respiration should be carried out for many hours if need be, and not discontinued *until rigor mortis has set in*.

This most important subject was brought to the attention of our Association at the annual meeting in June, last year, when Dr. Gordon Bates, of Toronto, gave an earnest and arresting address which immediately went home. At a meeting of the incoming Executive, held a day or two after, the following resolution was passed.—

"Whereas it has been brought to the attention of this Association that methods of resuscitation in cases of apparent death from drowning, electrical shock, carbon monoxide poisoning and other conditions are often inadequate and are given at a time when there is still a chance of recovery: And whereas there is evidence that long-continued resuscitation will produce a larger percentage of recoveries:

"Therefore be it resolved that a summary of this evidence be published in the *Journal* as soon as possible, and be transmitted to all Divisions and Branches of this Association in order to give the subject widest publicity among the medical profession."

In conformity with the spirit of this instruction the *Journal* published in its August issue a paper by Drs. Bates, Gaby and MacLachlan, members of the Committee on Artificial Respiration, Health League of Canada, which developed the matter farther.<sup>1</sup> This paper is a plea for the more prolonged application of resuscitation measures, and endorses the recommendation that if restoration is not quickly effected, artificial respiration should be kept up until rigor mortis sets in. Rigor mortis is the most convincing proof that death has ensued; the stethoscope is *not reliable* in these cases. The authors make the remarkable statement that "It is possible for a person to have been under

\*Reprinted from *The Canadian Medical Association Journal*, 40, 487-488, 1939.

1. Bates, G., Gaby, R. E. and MacLachlan, W.: The need for prolonged artificial respiration in drowning, asphyxiation and electric shock, *Canadian Medical Association Journal*, 1938, 39: 120.

water for up to half an hour and still live." Three instances are cited. The lesson is obvious.

And now comes a paper, also of first-class importance, dealing with the experimental side of the subject.<sup>2</sup> It appears in this issue of the *Journal* and deserves the attention of all our readers. Coming from workers at the Banting Institute, it is authoritative. Such subjects as the respiratory and swallowing reflexes, reflex laryngeal spasm, blood pressure, CO<sub>2</sub> content of the blood, the condition of the heart, lungs and stomach post mortem are subjects dealt with scientifically; also, the possible curative effects of various drugs and mechanical procedures.

These authors conclude as follows. "As a result of our experiments we consider that *prompt, adequate* and *prolonged* artificial respiration is the fundamental treatment for drowned, asphyxiated or electrocuted persons." The italics are ours. Every adjective deserves close consideration.

It may be added that in the case of artificial respiration manoeuvres seconds count. To interrupt the movements even momentarily may spell failure. The mouth and air passages should be cleared as far as possible of foreign matter, and to ensure a free passage for the air on account of the laryngeal spasm so frequently present, a semi-rigid tube should be passed through the larynx. The body should be placed in a semi-prone position, with the head turned to one side and somewhat lower than the rest of the body. Appropriate resuscitation exercises should then be instituted.

Lougheed, Janes and Hall have tried a number of drugs, including adrenalin, nicotine, amyl nitrite, and the mixture of CO<sub>2</sub> and O<sub>2</sub> known as carbogen, for the resuscitation of drowning animals. They think that carbogen is very valuable. The only other agent that need be used is amylnitrite, which may be given from "perles" and administered during the inspiratory phase of the artificial respiration movements. Adrenalin appears to be positively dangerous.

Such studies as these are of the utmost value, and we may confidently expect that strict attention to the lesson of the findings will result in the saving of many more lives in the future.

A. G. N.

---

2. Lougheed, D. W., Janes, J. M. and Hall, G. E.: Physiological studies in experimental asphyxia and drowning, *Canadian Medical Association Journal*, 1939, 40: 423.

## Society Meetings

AT the annual meeting of the Colchester-East Hants Medical Society held at the Scotia Hotel in Truro on May 12th, the following officers were elected: President, Dr. T. R. Johnson, Great Village; Vice-President, Dr. H. B. Havey, Stewiacke; Secretary-Treasurer, Dr. D. S. McCurdy, Truro; Executive, Dr. D. F. McInnis, Shubenacadie and Dr. H. R. Peel, Truro; representatives to the executive of the Medical Society of Nova Scotia, Dr. J. B. Reid and Dr. S. G. MacKenzie, of Truro.

During the scientific portion of the meeting members were addressed by Dr. Ralph Smith, provincial pathologist and Dr. C. E. Kinley, both of Halifax, who gave instructive discourses on the scientific treatment of cancer.

The annual meeting of the Valley Medical Society was held at Kentville on May 26th. The officers of the association named for the next year are: President, Dr. H. E. Kelley, Middleton; Vice-Presidents, Dr. G. R. Mahaney, Granville Ferry, Dr. J. R. McCleave, Digby, and Dr. R. A. Moreash, Berwick; Secretary-Treasurer, Dr. A. A. Giffin, Kentville; representatives to the executive of the Medical Society of Nova Scotia, Dr. C. F. Messenger, Middleton, and Dr. L. E. Cogswell, Berwick.

A paper on "Group Health Insurance" was read by Dr. A. F. Weir, Freeport, the retiring president, one on "Vaginal Hysterectomy" by Dr. T. A. Kirkpatrick, Kentville, and a "Symposium of Breast Tumor" by Drs. R. P. Smith and C. E. Kinley, of Halifax.

Earl Baldwin speaking at Leeds 13th March, 1925: "One centre after another of the big populations in this country can make its own plans and contributions to the common stock of knowledge and enter into a glorious competition to make in the progress of years their city more beautiful, more convenient, more commodious and happier for the human beings who live in it."

### Medicine One Hundred Years Ago: *Lancet*, April 20, 1939.

An inquest was held on the body of a stoker aged 43 who, having as was his usual custom partaken of a pot of beer, was seized with excruciating pains in the stomach from which he died upon the following day. The House Surgeon finding no evidence of poison advanced the view that death was due to drinking cold beer while in a state of perspiration, whereat the coroner expressed surprise that he himself had not died of the drinking of cold beer, of which he was particularly fond. Having informed the court that he had on one occasion eaten two red herrings previous to a row against the tide for the purpose of giving him a relish for cold beer, he recorded a verdict of natural death. Quoted by W. R. Bett in *St. Bartholomew's Journal*, May, 1939.

## CANCER SECTION

### Cancer Prevention

Dr. Gosse, Halifax, addressed a meeting of citizens at St. Martha's Hospital, June 7, on the cancer menace. Dr. J. J. Cameron was in the chair. On the conclusion of a lecture that was interesting and informative it was decided to form a unit in Antigonish of the nation-wide organization whose purpose is to educate the public to recognize cancer in its early stages and to accept the need of having medical attention before the evil has progressed to the point where it is incurable. A temporary committee was set up to see to the organization of the local unit. It will comprise the following: W. F. MacKinnon, M.D. (secretary), Mayor MacIntosh, Mrs. R. J. MacSween, Mrs. C. G. Whidden, Mrs. T. A. MacLean, J. D. MacIntyre, K.C., and C. J. MacGillivray. Dr. Gosse spoke of the alarming increase in the number of cancer cases, but of the change of attitude among medical men who no longer looked on the disease as necessarily fatal—provided the patient gets medical aid early. Last year there were 717 deaths from cancer in Nova Scotia, and only 461 from tuberculosis, formerly the provincial scourge. Right now, he said, there are 2000 cancer cases in this province. Incidentally Dr. Gosse dealt with the "cure" of cancer by plasters. This form of treatment originated in France 200 years ago, and was widely used by the medical profession until observation showed them that it hastened the progress of the disease—that "cures" were merely of non-malignant tumors. From Antigonish Dr. Gosse went to Sydney.

### Norwegian Cancer Society Similar to American

Norway has formed a cancer-fighting society modeled after the American Society for the Control of Cancer, Dr. C. C. Little, managing director of the American organization, announced recently. Sigurd E. Roll, formerly a member of the foreign service of the United States Government, organized the new cancer-fighting outfit, which is called the Norwegian Health Propaganda Society.

Cancer of the stomach and digestive system, the most serious type of cancer, which includes 65 per cent of all cancer in Norway, is the object of the first attack of the new society, but it will also fight other forms of cancer and all other degenerative diseases.—*The Diplomat*, January, 1939.

### BOOK YOUR ACCOMMODATION NOW

The arrangement with The Pines Hotel, Digby, is as follows—\$6.00 a day per person, two in a room, including meals: \$7.00 a day single. We believe The Pines will be quite able to accommodate everyone, but as we are looking forward to a large meeting, and expect quite a number of visitors, we would advise you to book your accommodation immediately, either with Mr. R. M. Ellis, manager of The Pines, or through this office.

SECRETARY.

## OBITUARY

THE death in New York on May 29th of Dr. E. Ross Faulkner has removed one of the leading medical specialists of that city, a distinguished Nova Scotian who by his success had reflected high credit on Dalhousie University, from which he had gained two degrees. Dr. Faulkner, who made many friends in Halifax during his student years and on occasions of many later visits, was surgeon-general of the Manhattan Eye, Ear, Nose and Throat Hospital. Death was attributed to coronary thrombosis. An additionally distressing fact is that his widow, the former Julia Whiton Little, of New York, is just recovering from a serious illness.

A native of Glenholme, Colchester County, born in 1876, the son of the late Captain Thomas Faulkner and Mrs. Faulkner (Arabella Morrison), he was one of seven children. Part of his earlier education was gained at Pictou Academy. He entered Dalhousie University and there, after an excellent record, received his B.A. Degree in 1897 and his M.D., C.M. in 1901.

Following graduation and a period as an interne in Halifax, Dr. Faulkner went to Rose Bay where he took over the practice of the late Dr. W. H. MacDonald, who was moving West. He later practised in Mahone Bay before proceeding to England to continue studies which culminated in his receiving his Fellowship in the Royal College of Surgeons, London.

Returning to this side of the Atlantic, he started to practise in New York, but, due to a breakdown in health, spent some time at the Saranac Sanatorium suffering from acute tuberculosis. He had intended to engage in general surgery, for which he had a marked gift, but due to his health decided to specialize, making the choice of the branch of the profession which had brought him such distinction.

He was probably one of the best known of New York authorities on diseases of the sinus. At one time he was offered a post with the Johns Hopkins Hospital in Baltimore, but preferred to continue in New York.

Ever interested in Dalhousie University, and in advancing men who had chosen the medical profession, Dr. Faulkner on occasions when visiting at his summer home in Chester, willingly gave of his time to come to the city and lecture at refresher courses. Last summer he attended the Dalhousie reunion.

In addition he had a summer home at Redding Ridge, Connecticut, and spent part of his time there.

Last summer his visit at Chester was not as extended as usual, but he spent some time in Halifax, where he was given his usual warm welcome by his many friends. At Chester his prowess as a golfer was well known, and he took keen interest in the game. Relatives expected that he would shortly arrive in Nova Scotia for a visit, and news of his death was a great shock to them.

Of the large family circle of which he was a member, but one remains, a sister, Mrs. Rufus Currie, whose home is in Windsor, but who is at present in New York. Another sister Mrs. Edward Smith of Seattle, predeceased him, as did his brothers, Hon. George E. Faulkner, whose death eight years

ago removed one of Halifax's leading citizens; Captain David Faulkner and Captain Richard Faulkner and Charles Faulkner, in Seattle. He has a number of nephews and nieces in the province, among them being Miss Georgene Faulkner of Halifax.

Dr. Faulkner was a man of great personal charm, and the place which he occupied in his chosen profession was so widely recognized, that this in itself was the most convincing proof possible of the abilities of the distinguished son of Nova Scotia. Although he had placed his life's work outside of his native province, his close friends well knew that it held a warm place in his heart.

---

Following a heart attack at noon on May 28th, Dr. John Lauchlan MacMillan popular physician of Westville, passed away almost immediately, and his death, entirely unexpected, came as a severe shock to citizens of the town and county and friends throughout the province.

Dr. MacMillan was born at Trout River, Lake Ainslie, Cape Breton, thirty-four years ago, receiving his early education in Cape Breton, later attending Dalhousie University and graduating from Dalhousie Medical School in the spring of 1931. Following his graduation he took over the practise in Westville of Dr. S. G. MacKenzie, who removed to Halifax.

Dr. MacMillan is survived by his wife, formerly Miss Margaret Russell, R.N., of Westville, to whom he was married about a year and a half ago; also four brothers, Allan, Lake Ainslie; Archie, Cape North; Neil, Winnipeg; and Rev. J. A. MacMillan, Texas.

---

"Doctor and friend, good citizen and one of God's gentlemen, the life of the late Dr. MacDonald was one of inspiration to others, a model to his generation of exemplary living and character."

These words taken from a local paper form part of a tribute to Dr. John J. MacDonald of New Glasgow, whose death occurred at the Victoria General Hospital on May 17th. The end came with tragic suddenness following a serious abdominal operation, and even his superb physique could not withstand the shock.

"Dr. J. J." as he was known to everyone, was a native Pictonian, a graduate of St. Francis Xavier in Arts and of Dalhousie in Medicine. He practised in New Glasgow since 1912.

In his college days he was an outstanding athlete and he is still remembered for his prowess on the football field. He always took a keen interest in sports and was ever ready to help the young athlete in his community. His chief recreations were fishing and golf, and he excelled in both. In 1912 he captured the Dominion Medical Trophy, and several times he led the lists of the Nova Scotia medical golfers.

A man of keen analytical mind and sound judgment, he built up an extensive practice, and no man was held in higher esteem by his fellow practitioners than J. J. There was much of the boy in him which is perhaps one reason why he was such a fine type of man. And none could be more reserved and dignified when the occasion called for it.

He was a devout Roman Catholic and a strong Liberal, but did not



obtrude his religious or political views, and at the funeral service men and women of all creeds mourned the passing of a beloved physician and friend.

"His life was gentle, and the elements  
So mix'd in him that Nature might stand up  
And say to all the world 'This was a man'."

J. C. B.

### Dr. John J. MacDonald

"Friend after friend departs  
Who hath not lost a friend!"

These lines come often to mind when I think of the death of my friend and class-mate, Dr. John J. MacDonald, of New Glasgow.

A long time ago now (and yet only yesterday—so quickly does time pass) he and I began our first dissections together, in the Old Medical College on Summer Street. In the succeeding years we were closely associated in the class rooms and clinics and on the Rugby field in many a hard fought game. Shortly after graduating he rendered a very real service in his professional capacity in my own old home in Musquodoboit. These are some of the ways by which I came to know "J. J." and to have for him an admiration and respect which the years since then have served only to increase. Through descent and tradition, by precept and example, received from worthy ancestors and by the application of his own high code of honour and morals, his personality was developed and his talent multiplied. His devotion to the best things in life, his ability and his interest in the welfare of his patients have won for him a very high place in the ranks of his own profession as well as among all those whose desire has been to serve their fellowmen.

Upon that home where sorrow for his passing is most keenly felt, may comfort descend! Those who are there bereft will know much better than any one of us that his was a life well lived, a course well completed and a Faith well kept.

M. G. BURRIS.

## NOVA SCOTIA NURSING HOME WOLFVILLE, NOVA SCOTIA.

Nervous, Neurotic, Aged and Convalescents cared for at moderate rates.

Selected staff of male and female nurses. Limited accommodations available.

*For rate and information write*

**ERIC W. BALCOM**, Mgr. Director.

# Department of the Public Health

## PROVINCE OF NOVA SCOTIA

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

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

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

### OFFICERS OF THE PROVINCIAL HEALTH OFFICERS' ASSOCIATION

President - - - - DR. R. A. MACLELLAN - - - Rawdon Gold Mines  
 1st Vice-President - - - DR. H. E. KELLEY - - - Middleton  
 2nd Vice-President - - - DR. R. C. ZINCK - - - Lunenburg  
 Secretary - - - - DR. P. S. CAMPBELL - - - Halifax

### COUNCIL

DR. HARVEY F. SUTHERLAND - - - - - Glace Bay  
 DR. L. B. W. BRAINE - - - - - Annapolis Royal  
 DR. H. E. WALSH - - - - - Springhill

### MEDICAL HEALTH OFFICERS FOR CITIES, TOWNS AND COUNTIES

#### ANNAPOLIS COUNTY

Hall, E. B., Bridgetown.  
 Braine, L. B. W., Annapolis Royal.  
 Kelley, H. E., Middleton (Mepy. & Town).

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

#### COLCHESTER COUNTY

**ANTIGONISH COUNTY**  
 Cameron, J. J., Antigonish (Mepy).  
 MacKinnon, W. F., Antigonish.

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

#### CAPE BRETON COUNTY

Densmore, F. T., Dominion.  
 Fraser, R. H., New Waterford.  
 Francis, Bernard, Sydney Mines.  
 Sutherland, Harvey, Glace Bay.  
 McLeod, J. K., Sydney.  
 O'Neil, F., Sydney (County, South Side).

#### CUMBERLAND COUNTY

Bliss, G. C. W., Amherst.  
 Gilroy, J. R., Oxford.  
 Hill, F. L., Parrsboro, (Mepy).  
 Cochrane, D. M., River Hebert (Joggins).  
 Withrow, R. R., Springhill.  
 Stuart, C. E., Parrsboro.

**DIGBY COUNTY**

Belliveau, P. E., Meteghan, (Clare Mepy).  
 DuVernet, Edward, Digby.  
 Rice, F. E., Sandy Cove, (Mepy).

**GUYSBORO COUNTY**

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

**HALIFAX COUNTY**

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

**HANTS COUNTY**

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

**INVERNESS COUNTY**

Chisholm, D. N., Port Hawkesbury.  
 Grant, T. E., Port Hood.  
 Proudfoot, J. A., Inverness.  
 McNeil, A. J., Mabou, (Mepy).

**KINGS COUNTY**

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

**LUNENBURG COUNTY**

Marcus, S., Bridgewater (Mepy).  
 Donkin, C. A., Bridgewater.  
 Donaldson, G. D., Mahone Bay.  
 Zinck, R. C., Lunenburg.  
 Zwicker, D. W. N., Chester, (Chester  
 Mepy).

**PICTOU COUNTY**

Blackett, A. E., New Glasgow  
 Chisholm, H. D., Springville, (Mepy).  
 Bagnall, P. O., Westville.  
 Crummey, C. B., Trenton.  
 Dunn, G. A., Pictou.  
 Parker, V. H. T., Stellarton.

**QUEENS COUNTY**

Ford, T. R., Liverpool.  
 Smith, J. W., Liverpool, (Mepy).

**RICHMOND COUNTY**

Deveau, G. R., Arichat, (Mepy).

**SHELburne COUNTY**

Corbett, J. R., Clark's Harbour.  
 Fuller, L. O., Shelburne, (Mepy).  
 Dinsmore, J. D., Port Clyde, (Barrington  
 Mepy).  
 Lockwood, T. C., Lockeport.  
 Churchill, L. P., Shelburne, (Mepy).

**VICTORIA COUNTY**

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

**YARMOUTH COUNTY**

Hawkins, Z., South Ohio, (Yarmouth  
 Mepy).  
 Caldwell, R. M., Yarmouth.  
 Lebbetter, T. A., Yarmouth, (Wedgeport).  
 LeBlanc, J. E., West Pubnico, (Argyle  
 Mepy).

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

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

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

**Report on Tissues sectioned and examined at the Provincial Pathological Laboratory, from May 1st., to June 1st., 1939.**

During the month 226 tissues were sectioned and examined, which with 25 tissues from 6 autopsies, makes a total of 281 tissues for the month.

|  |       |
|--|-------|
| Tumours, simple.....                   | 27    |
| Tumours, malignant.....                | 46    |
| Tumours, suspicious of malignancy..... | 6     |
| Other conditions.....                  | 177   |
| Tissues from 6 autopsies.....          | 25    |
|  | — 281 |





## DILAXOL E.B.S.

Each fluid ounce of Dilaxol E.B.S. contains:

|   |           |           |
|---|-----------|-----------|
| <i>Bismuth Subsalicylate</i>                              | - - - - - | 4 grains  |
| <i>Digestive Enzymes</i>                                  | - - - - - | 1 grain   |
| <i>Magnesium Trisilicate,<br/>Carbonate and Hydroxide</i> | - - - - - | 75 grains |

Dilaxol is alkaline in reaction and, in contrast to the strong alkalis, does not stimulate the secretion of surplus acid; yet it will neutralize many times its volume of excess acid in the stomach. This unique property of Dilaxol is akin to the buffer action of the blood. Dilaxol neutralizes free acid and does not interfere with the natural digestive process, nor does it cause alkalosis.

Indicated in Dyspepsia, Duodenitis, Flatulence, Hyperacidity, Vomiting of Pregnancy and other gastro-intestinal disorders.

Palatable and Protective.

Also supplied in powder form. Sample on request.

**THE E. B. SHUTTLEWORTH CHEMICAL CO. LIMITED**

TORONTO

MANUFACTURING CHEMISTS

CANADA

STOCKS CARRIED AT  
WINNIPEG, MAN.—CAMPBELL HYMAN LTD. VANCOUVER, B. C.—J. P. SOUTHCOTT & CO. LTD.

SPECIFY E. B. S. ON YOUR PRESCRIPTIONS

## Personal Interest Notes

### Dr. F. F. Eaton in Practice 50 Years

On May 12th, 1939, the Colchester-East Hants Medical Society held its annual meeting in the Scotia Hotel, Truro. The special feature of the meeting was the recognition by the Society of Dr. F. F. Eaton, 50 years in medical practice.

Dr. T. R. Johnson of Great Village, President of the Society, occupied the chair and after very pleasantly referring to Dr. Eaton's half century of medical service presented him with a desk set bearing the following engraving—

To  
"DR. F. F. EATON  
in recognition of  
50 years Medical Practice  
from  
Colchester-East Hants Medical Society."

Dr. Eaton was born at Lower Canard where he received his early education. On 1886 he graduated from Acadia with his B. A. degree, and in 1889 he received his medical degree from New York University. Following this he practised at Riverport, N. S., for ten years coming to Truro in 1889. Dr. Eaton has taken various post graduate work. In 1898 and 1922 he studied in London, England, and in 1908 he took a course in New York. Since 1889, when Dr. Eaton came to Truro, he has continuously been in active practice being a member of the various Medical Societies, and for the past number of years he has been medical health officer for the Town of Truro.

Dr. Eaton has five sons and one daughter. Three of the sons are Doctors and the fourth a Dental Surgeon.

In reply to the President's remarks Dr. Eaton in a brief address expressed great appreciation for being remembered in this way by his fellow practitioners.

**Dr. R. C. Williams, a Senior Surgeon of the United States Public Health Service, Washington, will talk on "Experience of the Farm Security Administration of the Federal Government in the Development of Medical Care Programmes for Low Income Farm Families".**

Dr. Carl C. Stoddard, Dalhousie '38, has opened a practice on Quinpool Road, Halifax.

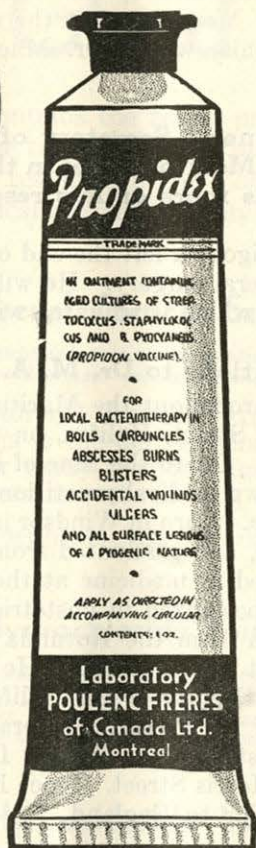
Congratulations to Dr. and Mrs. R. W. Maclellan of Mill Village, Queens County, on the birth of a daughter on May 25th, and to Dr. and Mrs. M. D. Brennan of Dartmouth on the birth of a daughter on May 30th.

Dr. T. A. Lebbetter of Yarmouth has been in Boston doing post-graduate work at Cambridge University.

The many friends of Dr. Karl Blackadar of the Canadian National Steamships will regret to learn of his serious illness. Dr. Blackadar suffered

**HEALING**  
by  
**LOCAL  
VACCINO-  
THERAPY**

An ointment containing the aged cultures of those bacteria which occur most frequently in skin infections.



Supplied in handy  
1 oz. tubes

Promotes healing by inhibiting the growth of pathogenic organisms.

It prevents damage to the tissues, because it does not contain any chemical antiseptic or germicide.

**MINOR BURNS  
SKIN INJURIES  
ASEPTIC WOUNDS  
SKIN INFECTIONS**

**POULENC FRÈRES**

204 Youville Square, Montreal

Please send me at once a sample tube of PROPIDEX Ointment

NAME .....

ADDRESS .....

*This offer is good only in the Dominion of Canada*

NSMB

a serious illness at sea and was taken ashore at Jamaica. After several weeks he was taken to Montreal. We hope that he is soon returned to health.

Dr. Frank G. Mack accompanied by his mother, Mrs. J. N. Mack, and his son Gordon and daughter Margaret, left the end of May by motor for White Sulphur Springs, Virginia, where Dr. Mack attended the American Urological Society meetings.

**Dr. T. C. Routley, General Secretary of the Canadian Medical Association, will speak on "Medical Relief in the Province of Ontario", for which programme he is more or less responsible.**

Dr. T. B. Murphy of Antigonish left the end of May for Chicago to take a three month's course in general surgery. He will attend the Cook County Graduate School of Medicine, which is affiliated with Cook County Hospital.

#### **Congratulations to Dr. M. A. Curry.**

Friends in Halifax and throughout the Maritimes join in congratulating Dr. M. A. Curry, South Park Street, Halifax, on the occasion of his eighty-second birthday on May 19th. Up to the time of his retirement in 1921, Dr. Curry was one of the best-known medical practitioners in the province, having large city and country practices. Born in Windsor in 1857, Dr. Curry attended King's Collegiate School there, and graduated from the University of King's College in 1879. He graduated in medicine at the University of New York in 1883, following which he specialized in obstetrics and diseases of women, in Dublin. On his graduation from the Rotunda Hospital, Dublin, he was appointed assistant surgeon at that hospital. He came to Halifax in 1885, and became a member of the Faculty of the Halifax Medical College, and a member of the visiting staff of the Victoria General Hospital, of which latter institution he is now the oldest living member. During the greater part of his practice he resided at 71 Morris Street. Since his retirement he and Mrs. Curry have taken frequent trips to England.

General regret is being expressed at the departure from Halifax at the end of June of Dr. and Mrs. C. W. Taylor, although friends are congratulating Dr. Taylor on his appointment as pathologist in the Woman's Hospital, Birmingham, England. Dr. Taylor has been in Halifax over two years, and Mrs. Taylor came out from England last summer when their marriage took place in this city.

**Dr. F. S. Patch, President of the Canadian Medical Association, will give a paper on "Urinary Tract Infections".**

The Board of Health of Halifax on May 9th granted leave of absence to Dr. A. R. Morton, City Medical Officer, to enable him to secure a degree in public health work. His leave will extend from September until the following spring. Leave was also granted Dr. T. M. Sieniewicz, of the City Tuberculosis Hospital, who plans special study in England.

Dr. H. B. Atlee, Professor of Gynaecology at Dalhousie, and Mrs. Atlee are at present on an extended trip to Europe. They left May 9th, sailing from New York on the "Queen Mary". Before returning they plan to visit



---

---

# Adrenal-Gland Products

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

## Adrenal Cortical Extract

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

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

Two preparations of Epinephrine are available from the Connaught Laboratories:

## Epinephrine Hydrochloride Solution (1:1000)

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

## Epinephrine Hydrochloride Inhalant (1:100)

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

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

CONNAUGHT LABORATORIES  
UNIVERSITY OF TORONTO

TORONTO 5, CANADA

---

---

England, France, Italy, Germany, and what we formerly knew as Austria. Dr. Atlee expects to return to Halifax about June 23rd.

Dr. and Mrs. C. W. Holland of Halifax left May 27th for a visit to Boston and New York.

Dr. J. A. F. Young of Pictou, who recently returned from London, England, and has been taking post-graduate work in New York, has returned home.

Dr. and Mrs. L. R. Morse of Lawrencetown have returned from a trip to Boston and New York.

### **Work to Start Immediately On Reconstruction of Inverness Hospital.**

Plans for the new and modern Inverness County Memorial Hospital have been approved by the government, according to an announcement made to *The Halifax Chronicle* by Rev. H. G. Wright, Inverness, Secretary of the Board, and Vice-President of the Canadian Hospital Council.

Work will be proceeded with at once to rebuild the hospital on the foundation of the former hospital here which was burned to the ground last February. Plans of the old building will be followed with a few changes, mostly entailing modern improvements. These latter were drawn by A. E. Priest, architect, of Halifax. Of wooden construction, the new building will be two storeys, with a 100-foot frontage and a depth of 35 feet. Twenty-five beds will be provided, these divided among two public wards, one male and the other female, the remainder being for private rooms.

Major change is the heating plant, which will be placed outside the building proper. In the former hospital this was inside the building. Main entrance of the new building will be brought to the centre, whereas in the previous building it was to one side.

Local labor only will be used in the construction work, and the work is expected to be completed by the late fall.

Arrangements have been completed with Dr. H. R. Bryant, of Norton, N. B., a 1939 graduate of Dalhousie Medical School, to take over the practice here of Dr. F. P. MacLeod, F.A.C.S., who is moving to Sydney at the end of May. Dr. Bryant, in connection with his new practice, will be house doctor of the new hospital.

Expected to cost \$50,000, the hospital will contain all new equipment. Chairman of the Board of Trustees is Rev. J. M. MacLean, of Strathlorne.

### **Favors Health Insurance.**

The Ontario Medical Association gave its formal approval to a resolution approving compulsory health insurance which had been passed by the council of the association. The plan defines compulsory health insurance as provision, by legislation, national in scope, of an adequate medical service for the low income groups of the population, which cannot be expected to provide it for themselves.

### **Truro's Medical Men Have Summer Schedule**

For the second successive year the medical men of Truro have arranged among themselves, through the Colchester Hospital Medical Society to observe Wednesday afternoon and Sunday, during the summer, as a half holiday.

# CORAMINE

## "CIBA"

Coramine is a 25% aqueous solution of pyridine-B-carboxylic acid diethylamide, available in liquid form for oral use and in sterile ampoules for parenteral administration.

By a direct influence on the centre, it acts as a most efficient respiratory stimulant, increasing both the depth and the rate of respiration, either under normal conditions or when the centre is depressed by drugs or disease toxins.

Coramine stimulates the heart, leading to an increase in the output of blood; at the same time it tends to cause vascular relaxation, so that, with or without a rise in blood-pressure, the rate and efficiency of the circulation are improved.

### AMPOULES

(in cartons of 5, 20 and 100)

### LIQUID

(in bottles of 15, 100 c. e.)



# CIBA COMPANY LIMITED

MONTREAL, P. Q.

During these four months of half holidays three medical men are to be on duty for any emergency work and thus leave the community provided with attendance.

The detail of arrangements is that calls in town are taken by the doctors on duty and next day these patients are referred to their regular doctor. Out of town calls and obstetrical cases are also referred to the regular physician, but the fees for these are retained by the doctor giving the service.

The druggists also are well pleased to carry on for the second year in having all except one drug store closed every Sunday throughout the years.

In this way both the medical men and the druggists are enabled to have some regular time and know that there is someone on duty to serve the public.

## D COLLECTEM

**MAKING  
ENDS**



**MEET**

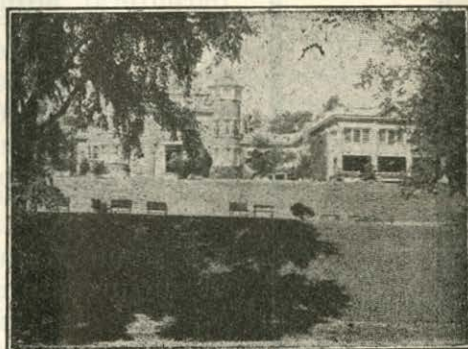
Finding it difficult, these times, Doctor? Then sit down, Right Now, and send a good big list of your past-due accounts to the Medical Audit —To-Day. Soon our cheques will start rolling in Each Tuesday!

**THE MEDICAL AUDIT ASSOCIATION**

44 Victoria Street, Toronto

## Homewood Sanitarium

GUELPH, ONTARIO



Nervous cases including Hysteria, Neurasthenia and Psychasthenia.

Mild and incipient mental cases.

Selected habit cases will be taken on advice of physician.

For rate and information, write

**HARVEY CLARE, M.D.**

Medical Superintendent

## AS YOU LIKE IT—

**S**O we can do your printing! Whether it be prescription or hospital forms, letters—or bill-heads, something in the way of social printing—we are here to serve you with an unusually wide selection of type faces, unique experience in layout and design, and a friendly understanding service gained in more than thirty years' experience. We will gladly quote prices on any sort of printing you may require.

**IMPERIAL PUBLISHING CO., LTD.,**

614 BARRINGTON STREET, HALIFAX, N. S.