THE VANCOUVER MEDICAL ASSOCIATION

BULLETIN

Published monthly at Vancouver, B. C.

The Laboratory and the Bedside

General Hospital Reports

Book Review

DECEMBER, 1925

Published by
McBeath Spedding Limited, Vancouver, B. C.

A few distinctive features of

Petrolagar

(Deshell).

PETROLAGAR (*Deshell*) *is a corrective, not a cathartic. It forms no habit, permitting decreasing instead of increasing dosage and may be discontinued when regularity is established.*

Its oil content is the greatest—65% mineral oil of the highest quality. This means maximum lubricating power and is of paramount importance.

The oil being emulsified, leakage is practically eliminated.

Agar is the sole emulsifying agent used—no fermentative gums or soaps. Petrolagar (Deshell) is particularly palatable, more like ice cream thus making the physician's task easier; both children and adults find it pleasant to take. Three years of satisfactory results in clinical usage solely under physicians' prescriptions, prove conclusively the therapeutic value of Petrolagar (Deshell).

PETROLAGAR (DESHELL) IS ADVERTISED ONLY TO PHYSICIANS

Petrolagar
(*Plain*)

No 1 Blue Label

The palatable emulsion of pure mineral oil and agaragar is indicated in the ordinary cases of constipation and as a follow up in severe cases when Petrolagar Phenolphthalein has been previously used.

Petrolagar
(*Phenolphthalein*)

No. 2 Red Label

Phenolphthalein ¾ gr. to the tablespoonful, is indicated in severely constipated individuals who have used drastic purgatives. We recommend reducing to Plain after one or two bottles.

Petrolagar
(*Alkaline*)

No. 3 Green Label

Contains magnesia calcined and is indicated in hyperacidity and acidosis, and is extremely useful in gastric ulcer where constipation is present.

Useful in Pyorrhea and acid-mouth.

Petrolagar
(*Unsweetened*)

No. 4 Brown Label

Indicated for those who do not like sweets and may be prescribed safely for Diabetic patients. It is bland like the other numbers and while unsweetened, is unusually palatable.

The principle of lubrication and bulk calls for the usage of Petrolagar Plain in all cases unless special considerations indicate one of the other forms.

Deshell Laboratories of Canada, Limited, Dept. V.,
245 Carlaw Avenue, Toronto, Canada.

Please send without obligation, copy of Habit Time and samples of Petrolagar.

Dr. _____

Address _____

_____

THE VANCOUVER MEDICAL ASSOCIATION

BULLETIN

Published Monthly under the Auspices of the Vancouver Medical Association in the Interests of the Medical Profession.

Offices:
529-30-31 Birks Building, 718 Granville St., Vancouver, B. C.

Editorial Board:
DR. J. M. PEARSON
DR. J. H. MACDERMOT DR. STANLEY PAULIN

All communications to be addressed to the Editor at the above address.

VOL. 2. DECEMBER 1st, 1925 No. 3

OFFICERS, 1925 - 26

DR. J. A. GILLESPIE
President

DR. A. W. HUNTER
Vice-President

Past President
DR. H. H. MILBURN

Secretary
DR. G. H. CLEMENT

Treasurer
DR. A. B. SCHINBEIN

TRUSTEES

DR. W. F. COY DR. W. B. BURNETT DR. J. M. PEARSON

Representative to B. C. Medical Association
DR. A. J. MACLACHLAN

Auditor
DR. A. C. FROST

SECTIONS

Clinical Section

DR. W. L. PEDLOW - - - - - - - Chairman
DR. F. N. ROBERTSON - - - - - - - Secretary

Physiological and Pathological Section

DR. G. F. STRONG - - - - - - - Chairman
DR. C. H. BASTIN - - - - - - - - Secretary

Eye, Ear, Nose and Throat Section

DR. COLIN GRAHAM - - - - - - - Chairman
DR. E. H. SAUNDERS - - - - - - - Secretary

Genito-Urinary Section

DR. G. S. GORDON - - - - - - - Chairman
DR. J. A. E. CAMPBELL - - - - - - - Secretary

Physiotherapy Section

DR. H. A. BARRETT - - - - - - - Chairman
DR. H. R. ROSS - - - - - - - - Secretary

COMMITTEES

Library Committee

DR. WALLACE WILSON
DR. A. W. BAGNALL
DR. W. D. KEITH
DR. W. F. MCKAY

Orchestra Committee

DR. F. N. ROBERTSON
DR. J. A. SMITH
DR. L. MACMILLAN
DR. A. M. WARNER

Dinner Committee

DR. G. F. STRONG
DR. W. A. DOBSON
DR. L. H. APPLEBY

Credit Bureau Committee

DR. LACHLAN MACMILLAN
DR. J. W. WELCH
DR. G. A. LAMONT

Credentials Committee

DR. LYALL HODGINS
DR. R. CROSBY
DR. J. A. SUTHERLAND

Summer School Committee

DR. G. S. GORDON
DR. MURRAY BLAIR
DR. W. D. KEITH
DR. G. F. STRONG
DR. H. R. STORRS
DR. R. CROSBY

VANCOUVER MEDICAL ASSOCIATION.

Founded 1898. Incorporated 1906.

Programme of the 28th Annual Session

GENERAL MEETINGS will be held on the first Tuesday of the month at 8 p.m.

CLINICAL MEETINGS will be held on the third Tuesday of the month at 8 p.m.

Place of Meeting will appear on Agenda.

General Meetings will conform to the following order:—

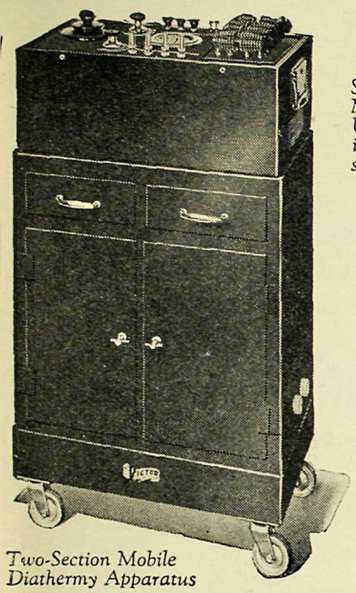
8.00 p.m.—Business as per Agenda.
9.00 p.m.—Paper of Evening.

1925.

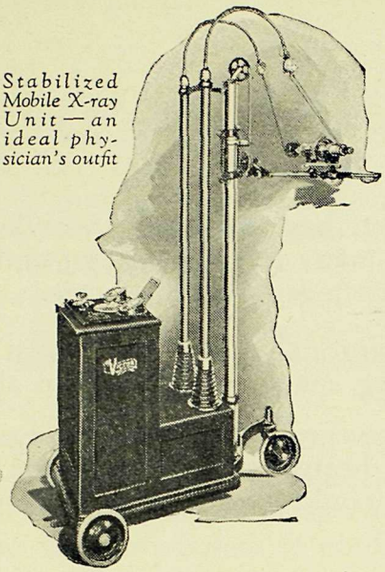
OCTOBER 6th—	*General Meeting.* Presidential Address: DR. J. A. GILLESPIE. "The Progress and Future of Medicine."
OCTOBER 20th—	*Clinical Meeting.*
NOVEMBER 3rd—	*General Meeting.* Paper: DR. HIBBERT WINSLOW HILL. "The Part Played by the Laboratory in Clinical Medicine."
NOVEMBER 17th—	*Clinical Meeting.*
DECEMBER 1st—	*General Meeting.* Paper: DRS. WALLACE WILSON and LYALL HODGINS. "Intravenous Therapy."
DECEMBER 15th—	*Clinical Meeting.*

1926.

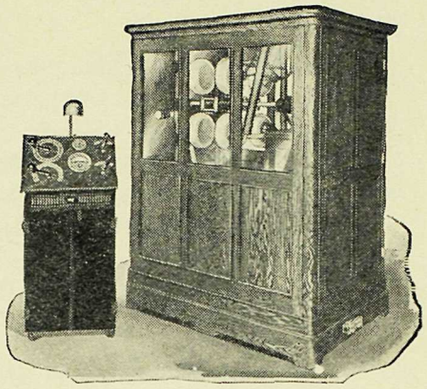
JANUARY 5th—	*General Meeting.* Paper: DR. G. F. STRONG. "Cardiac Pain."
JANUARY 19th—	*Clinical Meeting.*
FEBRUARY 2nd—	*General Meeting.* Papers: DR. J. TATE MASON, of the Mason Clinic, Seattle. "Surgical Treatment of Thyroid Diseases." DR. LESTER J. PALMER, of the Mason Clinic. "Some Phases of the Diabetic Situation." DR. MASON will probably give a Clinic at the V.G.H. on the morning of Feb. 2nd.
FEBRUARY 16th—	*Clinical Meeting.*
MARCH 2nd—	*General Meeting.* The OSLER LECTURE. DR. E. D. CARDER.
MARCH 16th—	*Clinical Meeting.*
APRIL 6th—	*General Meeting.* Urological Evening. DRS. B. H. CHAMPION, G. H. CLEMENT, G. S. GORDON, and A. W. HUNTER, on "Problems in Urological Diseases."
APRIL 20th—	*ANNUAL MEETING.*



Two-Section Mobile Diathermy Apparatus

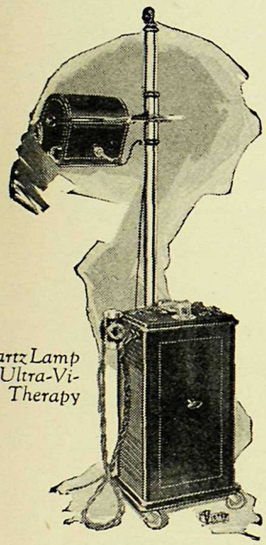


Stabilized Mobile X-ray Unit — an ideal physician's outfit



"Snook-Special" Combination Diagnostic and Deep Therapy Apparatus for the specialized X-ray laboratory

A Point of View



Quartz Lamp for Ultra-Violet Therapy

"Of all human ambitions an open mind eagerly expectant of new discoveries and ready to remold convictions in the light of added knowledge and dispelled ignorances and misapprehensions, is the noblest and the most difficult to achieve."

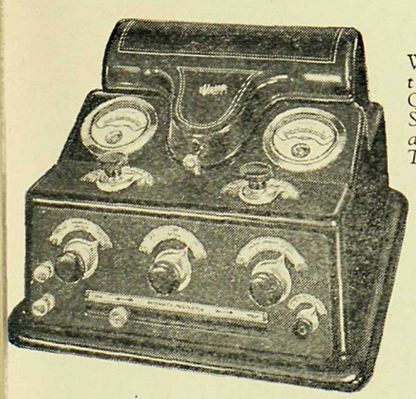
—James Harvey Robinson in "The Humanizing of Knowledge"

The Victor X-Ray Corporation owes its leadership in the manufacture of X-ray and physiotherapeutic apparatus to a point of view.

This point of view recognizes the fact that roentgenology and physiotherapeutics are ever evolving new methods which must be reckoned with both by the physician and by the manufacturer of medical apparatus. But what new methods are sufficiently advanced for acceptance in practice the medical profession alone is competent to decide.

Hence, while the Victor X-Ray Corporation keeps abreast of the progress made by medical research it introduces only such apparatus as open-minded physicians are convinced they need.

Thus both medical progress and medical conservatism dictate the character of the roentgenological and physiotherapeutic apparatus developed by the Victor X-Ray Corporation.



Wantz Multiple Wave Generator for Sinusoidal and Galvanic Therapy

Let us advise with you in the selection of X-ray equipment that best meets your individual requirements. If there is some phase of physiotherapy on which you would like authoritative reprinted articles, we have them. You don't obligate yourself to buy when writing us for suggestions or literature. Use the coupon below.

VICTOR X-RAY CORPORATION

Main Office and Factory: 2012 Jackson Blvd., Chicago

33 Direct Branches—Not Agencies—Throughout U. S. and Canada

VANCOUVER BRANCH: 910 BIRKS BUILDING

VICTOR X-RAY CORPORATION, Chicago
Please send me information on X-ray apparatus for

_____
(State range of service desired)

Descriptive Bulletins and Clinical Reprints on:
☐ Quartz Lamps ☐ Sinusoidal Apparatus
☐ Diathermy Apparatus ☐ Galvanic Apparatus
☐ Phototherapy Lamps

*Name*_____

*Address*_____

*City*_____ *State*_____

(A-239-A)

EDITOR'S PAGE.

Many medical men have no doubt wondered why, in this day and generation, so many cults of healing and so many irregular practitioners should flourish and increase.

We note with pardonable pride the great advances which have been, and are being, made in medicine on all sides.

In the field of preventive medicine, taking diphtheria as an example, we find our health officials worrying over reducing a mortality rate which would have appeared absurdly small even thirty years ago.

Over venereal disease, partly by legislation and partly by improved therapeutic measures, we have a control which seems to be only limited by the possibility of educating public opinion. Typhoid fever, that scourge which a quarter of a century ago filled hospital wards to overflowing every fall and winter, has now diminished almost beyond belief.

In internal medicine our grasp of the nature, origin and source of so many diseases has been enlarged in a manner which would have seemed incredible in the early days of physicians not yet old.

Surgery has been reconstructed, and even created, in these latter days, and its triumphs, though not so widespread as those of preventive medicine, have brought healing and health to countless thousands.

The greater triumphs of antisepis and anaesthetics are in such common possession that we are in danger of forgetting what must have been the condition of the world from which these privileges were absent.

And yet, despite all these and other so numerous advances and improvements in our Art, we are confronted with the curious spectacle of the strange procession of primitive healers and their by no means unintellectual masses of disciples. We may well ask ourselves what is the meaning of it? In this connection we wish to draw the attention of our readers to a remarkable sermon preached before the last meeting of the British Medical Association by the Bishop of Birmingham, himself a Doctor of Science and a Fellow of the Royal Society. As the *British Medical Journal*, from whose pages we quote, says: "It will be found to contain one of the most pregnant utterances which the British Medical Association has heard or read for many a day."

In this sermon it is pointed out that, while there is no doubt about the achievements and progress of medical science in these later days, is it so sure that we can keep what we have won? Is an understanding of its value safely rooted in popular esteem?

The Bishop takes us back to the golden age of Greece and refers to the high level in medical science attained by the Hippocratic School, the highest until quite modern times. Yet he points out that "the great triumphs of Greek medicine were gradually but not the less definitely ignored. Medicine ceased to be scientific as it became slowly barbarized by folk beliefs which acquired new vitality. Old wives' lore, magical charms, visits to healing shrines—all the paraphernalia of primitive health cults—renewed their ascendancy."

It is not difficult, allowing for the changes in time and place, to foresee the possibility of the application of this same set of historical facts to our own situation, or to recall the long night of mental stagnation which followed in medicine the era of Graeco-Roman advance.

The Bishop goes on: "The temper of superstition involves dislike of scientific methods, of accurate reasoning. The scientific temper which trusts in reason is a recent acquisition of humanity. In comparison with the immense antiquity of the human race it was born but yesterday. Like all recent acquisitions, its place in our mental make-up is insecure."

We commend this address to our readers. There is something wrong in the attitude of a not inconsiderable part of the public towards medical affairs, and in the Bishop of Birmingham's sermon we find a notable contribution to the subject, etiology, diagnosis and treatment.

It will give us food for serious thought and should lead to a closer examination of the foundations of the marvellous edifice we are erecting, lest, after all, it be built upon sand.

* * * *

We hope everyone enjoyed the Annual Dinner.

We think that the new Committee covered itself with a very fair share of glory, and fully earned it. To succeed the men who have been in charge of recent years, and to succeed in that succeeding, is no small measure of success. To maintain old traditions while introducing new features was the task before the Committee; in short, to put new wine into old bottles—an invidious proceeding always, but neatly accomplished in this instance. We congratulate the members of the Committee and the Association they represented.

* * * *

NEWS AND NOTES.

A General Meeting of the Vancouver Medical Association was held in the Auditorium, Tenth and Willow Streets, on Tuesday, November 3rd, sixty members being present. The President, Dr. Gillespie, was in the chair.

A letter from the Physiotherapy Section, asking for an opportunity to discuss certain matters of interest to the profession, was read, and on motion referred to the Executive to appoint a time for the discussion requested.

Letters were also read from two firms with regard to a proposed office building for medical men, which were referred to the Executive for action.

Drs. Robert Crosby and H. R. Storrs were unanimously elected to fill the vacancies in the Summer School Committee in the place of Drs. Alison Cumming and H. A. Spohn, whose term had expired.

Dr. F. T. Underhill, Medical Health Officer, was unanimously elected an honorary member of the Association, and the following were elected to membership: Drs. J. W. Arbuckle, H. R. Ross and W. F. Shaw. Applications for membership were received from Drs. H. W. Hill and W. B. McKee.

The Committee appointed to consider and report on the question of a proposed re-organization of the medical staff of the Vancouver General Hospital, presented a report, which was received and on motion of Dr. H. H. Milburn, seconded by Dr. A. S. Monro, was held over for discussion at a special meeting to be called by the President at an early date.

Dr. H. W. Hill, Professor of Bacteriology and Public Health at the University of B. C., and Director of Laboratories at the Vancouver General Hospital, gave an extremely interesting address on the "Part Played by the Laboratory in Clinical Medicine," which appears in this issue of the BULLETIN. A lengthy discussion followed Dr. Hill's paper, in which Drs. Pearson, McNair, McKee, Hunter, C. E. Brown and others took part.

The first meeting of the Clinical Section of the V. M. A. for this year was held at the General Hospital on Oct. 15th. There was an attendance of over sixty and great interest was shown in the cases presented.

Cases of asthma, with treatment, were presented by Drs. Walsh and Saunders, and brought forth many new points and angles in the discussion.

Dr. H. L. Turnbull presented a case of disseminated sclerosis following encephalitis lethargica.

Dr. Strong presented a case of haemorrhage from the lung, with treatment by artificial pneumothorax.

Dr. Dobson presented a case of melancholia, with a plea for a mental ward in the hospital for treatment of such cases.

The second Clinical Meeting of the session was held at St. Paul's Hospital on Nov. 17. About sixty members attended.

Dr. C. E. Brown showed a Rehfuss tube, which is a modification of Einhorn's duodenal bucket. It is used for fractional analysis in the diagnosis and treatment of gastric and duodenal

disturbances. He explained how the tube was passed, and allowed a patient to pass it for himself. The discussion which followed was led by Drs. Whitelaw, Keith and Schinbein.

Dr. Spohn showed X-Ray plates of thymus enlargement from 125 of his own cases. An enlarged thymus may not give rise to any symptoms. It may or may not cause sudden death. It is not met more frequently in the under-nourished. Suggestive symptoms are: convulsions from no apparent cause, wheezing attacks without an infection, exaggerated breathing, attacks of dyspnoea. Symptoms of seizure: dyspnoea, cyanosis, shock, sudden death. Diagnosis: dullness on percussion to left and right of the sternum and continuous with the cardiac dullness, and X-Ray examination. Treatment is by X-Ray or radium.

The discussion was very free and was led by Dr. H. H. McIntosh. Drs. Prowd, Hunter, Freeze, Keith and Colin Graham also took part in the discussion.

Dr. Milburn presented a case of primary spastic paralysis, and Dr. McNair showed autopsy specimens of bilateral carcinoma of the ovaries and amyloid disease.

The attendance, the interest and the discussion at these meetings have been most gratifying to the Committee.

* * * *

LIBRARY NOTES.

(The Library is situated in 529-531, Birks Building, Granville Street, Vancouver. Librarian: Miss Firmin. Hours: 10 to 1, 2 to 6.)

The question of a Medical Building is once more being mooted abroad, and the Library Committee is already planning out their new quarters. No difficulty has been found in allotting space for miscellaneous meetings and reading circles, space for sleeping while reading, or space for talking while reading, but some difficulty has been encountered in devising an entrance that will be suitable and acceptable to all. It is agreed that it must be narrow—all gates to Paradise are narrow—and that the narrowness should be caused by a convenient arrangement whereby members of the Association can, by signing, tell us when they have been in, and what they are taking out.

For this purpose, and by way of an experiment that may be improved upon in our new quarters, a new desk and rail has been installed at our present entrance. Just as the cork on the pencil at the V. G. H. register is a silent reminder that the pencil is not yours, so this desk, with its register, is to be a silent reminder that if we are to give you service we must know where the books and journals are. Use it, try it out, and if you do the Librarian will never answer back over the phone: "That book is out, and I don't know who has it."

Every man who uses the Library has his favourite journals on which he concentrates. That is but right, because no one can keep in touch with the 50 or 60 odd that are on the shelves. However, one never knows when valuable articles may appear in one of the journals that he "hasn't time to look at." So this year, with the co-operation of members of the Association, the Library Committee hopes to publish, under Library Notes, in addition to Book Reviews, brief notices of articles appearing in the current journals that are considered as of value to the members of the Association. It is hoped in this way to go one step further in keeping the profession in touch with what is of value in the Library.

* * * *

BOOK REVIEW.

Modern Operative Surgery. Edited by H. W. Carson, F.R.C.S. Eng. 2 volumes. 1924. Cassell & Co. $20.00 set.

The editor of this most recent contribution to surgical literature has divided the field of operative surgery amongst twenty-four contributors, and the result may be said to represent modern English surgery. The preface states that the work is intended primarily to give to surgeons detailed technique of modern operative procedures, to give reasons for the choice of each operation, details of preparation and of after-treatment and discussion of difficulties and dangers arising during the operation and afterwards. On the whole the object has been admirably carried out. English surgery especially is based on close clinical observation and the information given in addition to that of the actual operative technique, such as surgical anatomy, indications for operation, preliminary and after-treatment, is eminently practical. The dictum that a surgeon is one who knows when not to operate is upheld by a study of "Indications for Operation."

The preparation of a composite medical work with many contributors is necessarily slow, and some years elapse from the time of writing the chapters until the completed work reaches the profession. Consequently we miss, in this work, the most recent changes in operative procedure. Improvements developed during the war are seen frequently, and there are many references to surgical literature, enabling the reader to pursue the subject in more detail.

The whole field of operative surgery is covered in 1515 pages of rather small print, with 741 new illustrations. Abdominal surgery is given 290 pages, genito-urinary surgery 207 pages; eye, ear, nose and throat, 157 pages; malignant diseases, 130 pages; general orthopedics, 168 pages; nervous system, 172 pages; gynaecology, 73 pages; and the balance of 318 pages is taken up with chapters on anaesthetics, vascular and plastic surgery and sections on the surgery of tuberculosis, thorax, hernia, tongue, neck, thyroid gland, and rectum. The important sections are given sufficient space for a full discussion of subjects in hand and the reader finds exactly what he requires clearly and concisely

put, without the verbosity that spoils some larger text books. Other sections considered of less importance are too sketchy and descriptions of technique sufficient to guide a surgeon through a strange operation are often lacking. A work of two volumes cannot possibly treat in detail every branch of operative surgery.

Examined more in detail, the section on orthopedics contains a chapter by R. G. Elmslie on "Amputations," in which are incorporated the ideas gained during the war. Obsolete operations are neglected, and amputation stumps are planned to be fitted subsequently with artificial limbs. Hey Groves writes a chapter on "Bone Surgery." Septic fractures are scarcely mentioned, and one misses the recent work on this subject. The author is an authority and the subject is well covered. R. Warren writes the chapter on "Operations on the Thorax," in which he has had a large experience. The section is rather crowded for space. It includes the teachings of the war in chest surgery, but does not include the more recent methods of treating acute and chronic empyema developed as the result of the late influenza epidemic. A chapter on "Operations on Nerves," by H. Platt, gives much new material, though recent work on the sympathetic system is not given. Vascular surgery includes the subject of blood transfusion, giving preference to the Kimpton tube method. This method is not popular because of the difficulty in coating the inside of the tube with parrafin and the consequent danger of blood clotting. The citrate and syringe methods are very briefly described. Principles of the operative treatment of malignant disease, by Sampson Handley, is an excellent section. He bases his treatment on the permeation theory of dissemination, and it is very thorough. Treatment by surgical diathermy, X-Ray and radium are discussed. The Middlesex Hospital has a large amount of radium, and the author has used it extensively. His findings regarding this treatment are authoritative. He also writes the chapter on "Operations on the Breast." The subject of mammary cancer is treated in detail. Radical and complete removal is advised, and the author's technique is the best in use. Operation is refused no one by him who has a possible chance of cure, yet his results show a high percentage of successes.

"Abdominal Surgery" is from the pen of H. W. Carson, and is well described. Gastric surgery especially is treated in detail, with many references to American literature. To mention a minor point in gastro-enterostomy he does not attempt to infold the anterior edges of the stoma or to prevent a little mucosa from pouting up between the stitches. This method takes less time than the in, out and across stitch, which is tedious and unnecessary. He is opposed to the routine performance of gastro-enterostomy in perforated gastric ulcer. The indications given for operation on appendicitis will meet with general approval, and the technique is well described. The description of the Rammstedt operation for congenital pyloric stenosis is disappointing. No mention is made of associated blood transfusion, and he advocates cutting through the whole length of the hypertrophied

part down to the mucosa—a dangerous method. The results of to-day are much better than the figures quoted by him. He is opposed to drainage in diffuse pneumococcal peritonitis. Intestinal surgery is fully covered, though some of the many operations described are very brief. He is not partial to the Mikulicz method of colonic resection popularized by Mayo. "Operations on the Liver and Gall Bladder," by G. Gray Turner, is an excellent section, well illustrated and clearly written. Cholecysto-gastrostomy is mentioned only. It is a useful operation, becoming more popular, and warrants a good description.

A. J. Walton writes the chapter on "Operations of the Spinal Cord," a good chapter on "Intestinal Stasis," and a chapter on the "Thyroid Gland." His treatment of adenomatous and colloid goitre is in line with American procedure. English surgeons were very slow to admit the possibilities of operation on exophthalmic goitre, and Mr. Walton's theory and practice are still somewhat different from our accepted procedure. However, his results are quite as good as shown in American figures. He believes that an exacerbation of the disease can be overcome sufficiently for operation by a week's treatment in hospital, longer for cases showing cardiac changes. He "steals" the thyroid, using rectal ether, and has never found it necessary to do a preliminary injection of boiling water or a ligation. Basal metabolism is not mentioned, nor is Lugol's solution, the writing of the chapter probably antedating the use of these aids.

The section on "Hernia" is written by H. W. Carson. He advocates the inguinal route for operation on femoral hernia. His operation for inguinal hernia takes special pains to safeguard the ileo-hypogastric nerve, to avoid pain during convalescence. The use of sutures of fascia lata is too recent to be included. "Operation on the Skull and Brain" is written by L. Bathe Rawling, an outstanding authority and a convincing writer. Descriptions are concise, but are complete and are singularly clear, with good illustrations. There are chapters on the commoner operations for the ear, eye, nose, pharynx, larynx and oesophagus. "Operations on the Tongue" is written by C. C. Choyce, and "Operations on the Neck and on the Lip" is written by W. E. Tanner. These subjects are well covered. "Plastic Surgery" is from the pen of H. D. Gillies, who had a tremendous experience during the war and who revolutionized the subject. The commoner operations are fully described, the others briefly. "Gynaecology" is rather disappointing, being too brief and not outstanding. "Genito-urinary Surgery" is given almost unlimited space, which is used to the best advantage by Sir John Thomson-Walker, giving a very lucid and complete monograph. He describes several operations developed by himself, including the now popular method of open suprapubic prostatectomy. This section concludes what must be regarded as a very valuable addition to surgical literature, especially useful to the busy surgeon who wants to get the practical points of an operation without wading through pages of text.

K. D. P.

CITY HEALTH DEPARTMENT

Vancouver, B. C.

STATISTICS — OCTOBER, 1925.

Total Population (estimated)	126,747
Asiatic Population (estimated)	9,960

		Rate per 1000 of Pop. per Annum
Total Deaths	120	11.1
Asiatic Deaths	15	17.7
Deaths—Residents only	91	8.5
Total Births—Male, 161 Female, 156	317	29.4
Stillbirths—not included in above	7	

Infantile Mortality—

Deaths under one year of age	19
Death Rate per 1000 Births	59.9

Cases of Contagious Diseases Reported.

	September.		*October.*		*Nov. 1 to 15*	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths
Smallpox	2	0	2	0	0	0
Scarlet Fever	13	0	16	0	13	0
Diphtheria	2	0	16	3	13	1
Chicken-pox	5	0	24	0	13	0
Measles	1	0	0	0	0	0
Mumps	29	0	49	0	37	0
Erysipelas	2	0	4	1	1	0
Tuberculosis	11	11	9	9	7	0
Whooping Cough	9	0	3	0	3	0
Typhoid Fever	3	1	4	0	2	0
(Cases from outside City included in above.)						
Diphtheria	1	0	3	1	5	1
Smallpox	0	0	0	0	0	0
Scarlet Fever	7	0	5	0	3	0
Typhoid Fever	3	0	2	0	1	0

GASTRIC AND DUODENAL ULCERS FOR 1923.

Report to the Staff of the Vancouver General Hospital, compiled by Dr. Schinbein.

This report on the duodenal and gastric ulcers treated in this hospital in 1923 comprises 77 cases. A number of cases in the hospital records as gastric or duodenal ulcers were discarded, as there was not sufficient evidence in the available history given or the nurses' notes to consider these definitely as cases of ulcer.

It is impossible in this report to give in detail or to tabulate the symptoms that these cases presented, or to estimate the average number of years these patients had symptoms before admission to hospital, as in only 19 (24.6%) was there any written history, and in many of these it was only a few words on the operative sheet. In none have we any follow-up notes. We have no idea what the results of our treatment were in the years that followed. How many were completely relieved of their symptoms, how many unimproved, did any develop carcinoma at the site of the ulcer?

Another point: we did not review the cases of peritonitis or post operative pneumonia, and there may be some deaths given as due to these that were originally cases of gastric and duodenal ulcer.

DUODENAL ULCERS.

There were 59 cases of duodenal ulcer. Of these 44 (74.6%) were males and 25.4% females. In those we have histories of there is a history of gastric disturbance over long periods—1 to 20 years. Practically all gave that typical history of duodenal ulcer, i. e., a period with symptoms, then a period when they felt well.

The outstanding symptoms given were distress in the epigastrium coming on one-half to three hours after taking food (relieved by food or alkali), vomiting, heartburn, gas, tarry stools.

In only six have we any record of analysis of gastric contents, and in only one of these was there a hyperacidity reported. In six the stools were examined, and occult blood was found present in two.

X-RAY EXAMINATION.

In 37 we have no record of X-Ray examination. It was probably, however, done in a large number of these previous to admission, as you will see later. In 21 we have a record of X-Ray examination. Eighteen were diagnosed as duodenal ulcer, and three as pyloric obstruction. In the record system we have no way of checking up our X-Ray findings with our operative or clinical findings.

We are unable to tell how many, if any, cases were diagnosed duodenal ulcer and when operated on no ulcer found or *vice versa.*

Of these 59 cases of duodenal ulcer, 47 (or 79.6%) were treated surgically; 12 (or 20.4%) were treated medically.

In those treated surgically, six were perforated ulcers. In five of these closure alone was done, and in one closure of the opening and a gastroenterostomy was done. In the other 41 cases a posterior gastroenterostomy was the operative procedure. In 11 the appendix was removed as well, and in two cases a cholecystectomy was added.

The six perforations were all done on the day of admission; 24 cases were done the day after admission, and the others varied from two to 22 days. Those kept in longer periods than two or three days before operation were cases for diagnosis or a trying-out of medical treatment. In this series of 59 cases of duodenal ulcer there were no deaths. All cases were reported as being well on discharge. The average days' stay in hospital was 23.7 days. A number of cases had discharge from their wounds following operations, but it is impossible to give the percentage of these.

Twelve Cases Were Treated Medically.

Eleven received dietetic and alkali treatment. In none, however, was a true Sippy regime carried out.

One case was not diagnosed until after death, when post mortem showed a large ulcer of the duodenum. This case was admitted to hospital with a profound anemia, red blood count 1528000 H. B. 12%. A number of blood transfusions were given. The case was in hospital 30 days. The other cases were discharged as one well, one unimproved, and nine improved. Average days' stay in hospital, 20 days. We are unable to state how many of these received further treatment, medical or surgical.

Gastric Ulcers.

There were 18 cases of gastric ulcers, 14 males and four females. In not one of these was there any record of analysis of gastric contents. In seven no X-Ray findings were reported. In six the X-Ray diagnosis was pyloric ulcer, and in five ulcer of the lesser curvature, and in one no ulcer was found. Fifteen of these were treated surgically and three medically.

Of those treated surgically:

Two were perforated; in both only closure of the perforation was done.

In two the ulcer was excised and a posterior gastroenterostomy done.

In five the ulcer was excised.

In five a posterior gastroenterostomy was the surgical procedure.

One a posterior gastroenterostomy, which had been done before, was enlarged.

The appendix was removed as well in two cases.

There were three deaths.

One from general peritonitis. Died on the 17th day. Post mortem showed leakage of the gastroenterostomy suture line.

One died on the 21st day; cause not very definite.

One of the perforated cases died on 31st day. Post mortem showed subphrenic abscess and a right empyema.

The perforated cases were operated on at once, five the day after admission and the remainder from five to 25 days.

Average days' stay in hospital, 28.

THREE CASES WERE TREATED MEDICALLY.

One pyloric ulcer; in hospital 12 days; discharged unimproved.

One ulcer of the lesser curvature; in hospital eight days; slight improvement; this case also had an aortic aneurysm.

One a case that had a gastroenterostomy seven years before, came in having had a hematemesis just before admission. X-Ray showed posterior gastroenterostomy functioning well. No ulcer was seen. Patient was in 15 days and discharged improved. This was probably a case of gastro-jejunal ulcer.

I wish also to report:

(1) One case where two years before an ulcer of the lesser curvature had been excised and a posterior gastroenterostomy done. Symptoms returned; at operation a large mass was found at the site of an anastomosis, the gastroenterostomy was undone, the mass excised. An anterior gastroenterostomy and a jejuno-jejunostomy was done. This case recovered; was in hospital 90 days. Pathological report showed mass was inflammatory, probably a gastro-jejunal ulcer.

(2) A case that had had a gastroenterostomy elsewhere a number of years before; symptoms were not relieved. X-Ray showed gastroenterostomy placed high up towards the cardia. The gastroenterostomy was undone and a Finney gastro-duodenostomy done.

GASTRIC AND DUODENAL ULCERS FOR 1924.

Report to the Staff of the Vancouver General Hospital, compiled by Dr. G. E. Gillies.

Gastric	21
Duodenal	60
Total	81

DUODENAL ULCERS.

Operations—	
Gastroenterostomy	55
Suture	3
Combined suture and gastroenterostomy	2
Deaths—	
In duodenal ulcer cases	4
Perforations	3
General peritonitis	1
Complications in duodenal ulcer cases—	
Perforations	5
Chronic appendicitis	15
Cholecystitis with and without stones	3
Average days' stay in hospital of duodenal ulcer cases	22

GASTRIC ULCERS.

Operations—	
Gastroenterostomy	4
Excision	2
Sutured	5
Combined gastroenterostomy with excision or suture	10
Deaths in gastric ulcers (both perforation)	2
Complications in gastric ulcers—	
Perforations	5
Chronic appendix	1
Gall stones	1
Average days' stay in hospital	27

THE LABORATORY AND THE BEDSIDE.

By H. W. HILL, M.B., M.D., D.P.H., L.M.C.C.

Director, Vancouver General Hospital Laboratories; Professor of Bacteriology; and of Nursing and Public Health, University of British Columbia, Vancouver, B. C.

(Presented to the Vancouver Medical Association, meeting of Nov. 3, 1925.)

Many thanks, Mr. President and Gentlemen, for your kindness to me, a newcomer and successor to the late Dr. R. H. Mullin, and also for this opportunity to lay before you plans for the future of the relationships in laboratory and hospital we shall, I hope, mutually enjoy.

Although a newcomer, my previous association with Dr. R. H. Mullin and Dr. F. F. Wesbrook in Minnesota years ago, makes the organization and methods here very familiar to me, on both the Hospital and University sides, so that the homeless feeling, usual to newcomers, is completely lacking.

If you will let me count as my first laboratory an abandoned chicken house, organized for chemical "experiments" at the tender age of twelve, in which laboratory bad smells, explosions and burned fingers were the predominant features, I have had to do with laboratories of many kinds, chemical, biological, bacteriological, pathological, clinical, for over forty years. But during the last fifteen or eighteen years, field work in connection with the laboratory—epidemiology with its constant clinical and field, as well as laboratory, diagnoses—has been my chief technical work.

Naturally, therefore, the correlation of laboratory findings with field uses has been my chief technical interest. In the field, in public health investigations, just as in clinical diagnoses, many things can be done—must be done—without laboratory help; but on the other hand, many things can be done better, some things can be done only, with and through the laboratory.

Thus in smallpox diagnosis, one must use purely clinical methods—the laboratory cannot give practical aid; but in diphtheria, one is foolish to trust to clinical methods alone when laboratory aid can be had. Just so, one needs no laboratory to prove contamination of a water supply if one sees sewage running into it; but it would be foolish to decide without laboratory tests that there was no sewage contamination of the water merely because one could not find a sewer discharging into it. Decisions of importance—and all clinical and public health decisions are of great importance—should not be made without the completest evidence possible.

The laboratory furnishes an extension of one's senses—the microscope and the X-Ray, of sight; the plethysmograph, of touch, etc.—just as the stethescope does of hearing, or chemistry of taste and smell. The laboratory in these ways establishes certain facts not ascertainable by the unaided senses. But it is the clinical man in medicine, the fieldman in public health, who, first, last and always, must correlate all the facts, the facts of the patient's history, those of bedside or field observations, those of the laboratory—"*all* the available data." It is for the patient that the clinician exists; it is for the clinician that the clinical and pathological laboratory exists; the clinical or pathological laboratory examination is merely one way—sometimes the only way—of "finding out things," which is the great essential to the modern practice of medicine and surgery.

Nor are the services of the clinical and pathological laboratory to the clinician small. That which the telescope and spectroscope have done for astronomy, the oldest science, that it has done for modern medicine, the newest and most rapidly growing of the sciences. These services are some of them general, useful in all medicine; some of them individual, directly useful in the specific case.

As the first of the general services rendered, I would place the establishment on a new plane of that fundamentally important conception, a clinical entity. In the dark days of medicine, an assemblage of symptoms was the only criterion of a clinical entity. Each little variation in any symptom constituted a new combination, and therefore a different disease. Endless indeed were the clinical entities so constituted. But the laboratory, perhaps even more the laboratory method—experiment, observation, conclusion —has produced the present day conception that a clinical entity is any assemblage of symptoms, however varied, which is due to a common cause; whether that cause be infectional, metabolic, hereditary or other. It is on the basis of common cause that we group together and see the relations between such symptomatically unlike diseases as the old "white swelling of the knee," the old "phthisis," and meningitis of tuberculous origin.

Again, the discovery of the diphtheria bacillus furnished us not alone with a mere new method of diagnosis; it established also a clear-cut entity for diphtheria itself. We now see that diphtheria is a clinical condition, whatever may be its particular symptoms, which is due to the poisons of the diphtheria bacillus. It is a striking fact that when the early bacteriologists were attempting to show that the diphtheria bacillus caused diphtheria, search of the throats of the diphtheria patients of that day discovered diphtheria bacilli in only 50% to 60% of them. To us to-day that means that the unaided diagnosis of diphtheria in that day was 40% to 50% in error; that the purely clinical diagnosis of diphtheria included 40% to 50% of cases that were not diphtheria at all—and, doubtless, *vice versa*.

But diphtheria diagnosis illustrates also the point of how essential to the specific case, to the actual individual, is the clinical bedside correlation of laboratory-ascertained facts. To begin at the beginning, it is the clinical man only who can say whether the patient is sick or not; the laboratory finding of diphtheria bacilli shows only their presence—it does not show the extent of their effects or even imply that they are having any effects at all. The bacilli thus found may be non-virulent; this, it is true, can be decided by further laboratory tests. But even if virulent, the bacilli are not necessarily producing any trouble, for the patient may be immune. There are many other combinations, but these will suffice to show that the success of laboratory work depends upon the clinician's application of it.

The laboratory is, and must be, the handmaiden of the bedside work—the back of the razor, of which the clinician is the cutting edge; the results of the stroke depending upon where the cutting edge goes.

With such a viewpoint, our Laboratories offer for your consideration the following four future developments we propose to you and for which we seek your approval. All are aimed to further the usefulness of the laboratory to the bedside, to enhance the correlation between laboratory and clinical findings and to promote their most efficient employment by the clinician.

First, we propose that a committee of the laboratory men of this province should be created by, say, the Vancouver Medical Association—perhaps the Physiological and Pathological Section would be the logical section to father the move—a laboratory committee, including some clinical men, to devote itself to *standardizing clinical laboratory methods*, as the laboratory men of the public health associations have standardized public health laboratory methods.

Second, that the Vancouver General Hospital Laboratories should *publish a (say, twenty-page) pamphlet*, outlining the clinical laboratory tests now in use, detailing their clinical applications and interpretations, and adding, at Dr. J. M. Pearson's admirable suggestion, notes on the misinterpretations or other pitfalls which sometimes arise.

Third, that the V. G. H. technical workers, in association with the other excellent laboratory men of this vicinity, attempt a *series of demonstrations* before your Association, at which laboratory methods may be shown, interpretations discussed, and many useful suggestions may come to us from the clinicians.

Fourth, that the consultations already carried out with such excellent results between, for example, V. G. H. clinicians on the one side and Dr. R. E. Coleman and Dr. A. W. Hunter of the V. G. H. laboratory staff on the other, be extended; in other words, that the *clinicians everywhere call the laboratory men everywhere* to the bedsides of their patients, for the discussion

there, with *all the available data* in full view, of the details of the case.

Later on I hope to discuss with you two other immensely important phases of clinical laboratory work, Finance and Research; but to-night, in thanking you for your very kind attention, I ask particularly your comments on these four suggestions.

* * * *

B. C. MEDICAL ASSOCIATION NEWS.

The Blubber Bay, Texada Island, Hospital Association has appointed Dr. Kingsley Terry, of Victoria, to take charge of its medical work as from the 1st December next.

Dr. R. S. Henderson, of Tranquille Sanatorium, is leaving on Nov. 15th for the Engineer gold mine, at which place he has been appointed medical officer.

Dr. John Sandilands has returned to his old practice at McBride, B. C., after an absence of about two years.

Dr. C. D. McBride has left Michel for the coast, and has been succeeded by Dr. G. F. Young.

It is with very sincere regret that we learn, as we go to press, of the death of Dr. R. L. Fraser, of Victoria, on Nov. 15th. Dr. Fraser was one of the outstanding figures of the profession in B. C., and at the time of his death was a member of the B. C. Medical Council, a position he held for many years, testifying to the confidence and trust placed in him by his fellow medical men.

The Victoria Medical Society held its annual meeting on October 5th in the Library rooms, with a large attendance. It will be of great interest to the members of the Vancouver Medical Association to know that our Victoria brethren are making great progress with their Library, which is such a vital feature in the growth and development of an Association. Members of the Society are appointed to review and abstract the current periodicals and bulletins, and read reports of their findings at the meetings of the Society. There is no better way of stimulating interest in the contents of the Library.

At the meeting referred to, Dr. Carr, radiologist at the Royal Jubilee Hospital, dealt with the recent advances in radiology, notably in connection with gall-bladder examination. Dr. M. W. Thomas dealt with advances in medicine; whilst Dr. Thomas McPherson reviewed the latest contributions to our knowledge in surgery. Dr. J. M. Fowler's discussion of pediatric literature was particularly full and interesting; whilst Dr. R. B. Robertson dealt with the section of the Library devoted to obstetrics and gynaecology. The speaker of the evening was Dr. T. C. Routley, General Secretary of the Canadian Medical Association, whose presence

in B. C. was due to two reasons: First, to take up the matter of the Annual Meeting of the Canadian Medical Association, to be held in Victoria next June; and, secondly, to discuss with the profession the scheme for "Extra Mural Post-graduate Medical Education," to which reference was made in the last number of the BULLETIN. The B. C. Medical Association is very pleased to report that the Victoria Medical Society has accepted our offer to help in connection with the Annual Meeting.

The following is a brief summary of the impressions received by a member of the B. C. Medical Association, who heard Dr. Routley's address on October 15th, dealing with "Extra Mural Education in Canada." Unfortunately the fog, which was so prevalent at that time, prevented Dr. Routley from addressing the luncheon of the B. C. M. A. which had been arranged, so that members could hear him on this subject. At a small meeting of some thirty members of the profession, he outlined the plans. Our reporter says:—

"The idea of sending teaching teams of two, three or four men to the various hospital centres of Canada from Halifax to Victoria, has long been a dream of Dr. Routley's. The materialization of this ideal was made possible through the generosity of the Sun Life Insurance Co., who, as announced at the regular meeting this year, gave $30,000 to the Canadian Medical Association for this purpose.

"Dr. Routley made it clear that his executive does not think that all teaching ability is confined to the medical schools, as they plan to utilize those men in each province doing special and general work, who have demonstrated their familiarity with a certain subject and their ability to explain it to others. The local organization in each province has been asked to confer with the executive of the Canadian Medical Association in the selection of such speakers.

"In 1902, Sir William Osler addressed the Canadian Medical Association in Montreal and made his usual whole-hearted appeal for: 'The open mind, the free spirit of science, the ready acceptance of the best from any and every source—the attitude of rational receptiveness rather than of antagonism to new ideas; the liberal and friendly relationship between different nations and different sections of the same nation.' How he would have rejoiced in such a scheme of national extra-mural medical education open to and brought to every member of the Canadian Medical Association—nay more. Not only medical education but assistance from the nation's best teachers in medicine, in surgery and in the various special departments, for any man may bring to his hospital centre his difficult cases and problems of diagnosis and treatment and obtain counsel, advice and encouragement.

"To ensure the success of this vast undertaking, only the enthusiastic acceptance by the rank and file of the profession throughout Canada is necessary. Just now the full executive of the Canadian Medical Association is meeting in Montreal—guests of the Sun Life Insurance Co., who are paying all the expenses of the meeting—to discuss the final details and itinerary of each team. Two of the other large insurance companies of Canada have asked how they can assist in this mighty work.

"In conclusion, remember that the initial gift and the two further proposed gifts are unconditional—there is to be no featuring of insurance; no advertising programme. It was given simply with best wishes to the medical profession of Canada. Truly the dinner is ready. May the guests prove worthy."

Ford
THE UNIVERSAL CAR

Thousands of Medical men from coast to coast are finding in the FORD closed car the solution of their transportation problem from the standpoints of ECONOMY, COMFORT and SERVICE. WHY NOT YOU?

We offer you a 24 hour shop service. Leave your car at night and it will be ready in the morning.

STONEHOUSE MOTORS LTD.

Ford Dealers

418 GEORGIA STREET WEST
VANCOUVER, B. C.

Christmas Cards

Our stock, which is of a large and pleasing variety, will surely contain something that will please you ~ drop in and look them over.

McBeath Spedding Ltd.

Printers and Publishers

569 Howe Street *Phone Seymour 2487*

Gillespie & Ault Ltd.

Successors to D. K. Book, Limited

Correct Clothes

117 Hastings Street West
Vancouver, B. C.

Beg to announce to the medical profession of British Columbia that the old policy of sending goods to out-of-town doctors on approval will be continued. You may select what you like from lines sent to you from our complete stock of men's furnishings and clothing; return any you do not like and us a cheque for the ones you keep. We pay mailing charges each way. Just let us know your preference as to size, color and price.

Shirts, collars, ties, handkerchiefs, socks, gloves, etc.

PRESCRIPTIONS

filled exactly as written

Phones: Seymour 1050 - 1051

Day and Night Service

Georgia Pharmacy Ltd.

Georgia and Granville Sts. *Vancouver, B. C.*

B. C. Pharmacal Co. Ltd.

329 Railway Street,
VANCOUVER.

Manufacturers of Hand-made Filled Soluble Elastic Capsules.

Specimen Formulae:

No. 20a—
Cascara Liq. Ext., 30m
Euonymin, 1 gr.
Podophyllin, ¼ gr.

No, 29—
Cod Liver Oil, 25m.
Quinine, 1 gr.
Creosote, Beechwood, 2m.
Guaiacol, Pur., 2m.

Special Formulae Made on a Few Hours' Notice.
Price Lists and Formulae on Application.

Say it with Flowers

Cut Flowers, Potted Plants, Bulbs, Trees, Shrubs, Roots, Wedding Bouquets.

Florists' Supplies and Funeral Designs a specialty.

Three Stores to Serve You:

48 Hastings St. E. — Phones Sey. 988 and 672
665 Granville St. — Phones Sey. 9513 and 1391
151 Hastings St. W. — Phone Sey. 1370

Brown Bros. & Co. Ltd.

VANCOUVER, B. C.

Frost Pharmacy Ltd.

Gordon Frost

Prescriptions a Specialty

TWELFTH AVE. AT GRANVILLE

Phones:

Bay. 540 **Bay. 1720**

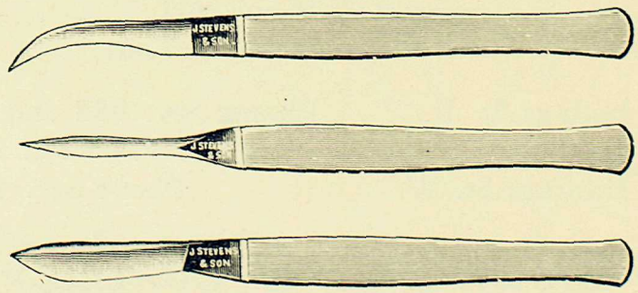
Nearly

A CENTURY OF SERVICE

The STEVENS Companies have supplied four generations with
HIGHEST GRADE SURGICAL INSTRUMENTS

STEVENS
English Hand-Made
OPERATING KNIVES

of finely tempered surgical steel are warranted to give long
and satisfactory service.



Special prices during run of this advertisement. Write for quotations

B. C. STEVENS CO., LTD., 730 Richards Street

Want X-Ray Supplies "P-D-Q"?

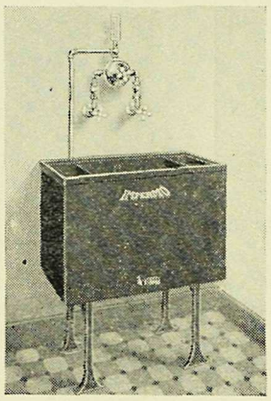
There are over 30 Direct Branches now established by the Victor X-Ray Corporation throughout U. S. and Canada. These branches maintain a complete stock of supplies, such as X-Ray films, dark room supplies and chemicals, barium sulphate, cassettes, screens, Coolidge tubes, protective materials, etc., etc. Also Physical Therapy supplies.

The next time you are in urgent need of supplies place your order with one of these Victor offices, conveniently near to you. You will appreciate the prompt service, the Victor guaranteed quality and fair prices.

Also facilities for repairs by trained service men. Careful attention given to Coolidge tubes and Uviarc quartz burners received for repairs.

VICTOR X-RAY CORPORATION OF CANADA, LTD.

Vancouver Branch - 910 Birks Bldg.



"IMPERMO"

The new material which solves your developing tank problems. Light in weight—non-corrosive—acid-proof. An exclusive Victor product, backed by the Victor guarantee. Made in six sizes. Send for catalog.

Quality Dependability Service Quick-Delivery

~ ~ Price Applies to All ~ ~

The Owl Drug Co., Ltd.

All prescriptions dispensed by qualified Druggists.

You can depend on the Owl for Accuracy and despatch.

We deliver free of charge.

5 Stores, centrally located. We would appreciate a call while in our territory.

Ambulance Service

TELEPHONE
Fair. 58 & 59

Mount Pleasant Undertaking Co. Ltd.

R. F. Harrison W. E. Reynolds

Cor. Kingsway and Main

OFFICE STATIONERY

Of the better kind.

PHONE SEYMOUR 2487

McBeath Spedding Ltd.

569 Howe Street Vancouver, B. C.

Nurses' Central Directory

Phone Fairmont 5170
Day and Night

Hourly, Institutional and Private Nurses Supplied

Registrar--Miss Archibald, R. N.
601 13th Ave. West, Vancouver

Patronize the

BULLETIN

advertisers.

Orthopedic Appliances

Extensions for short limbs, Trusses, Arch Supports Abdominal Belts, Sacro-Iliac Supports and Artificial Limbs, manufactured and made by Experts and guaranteed by

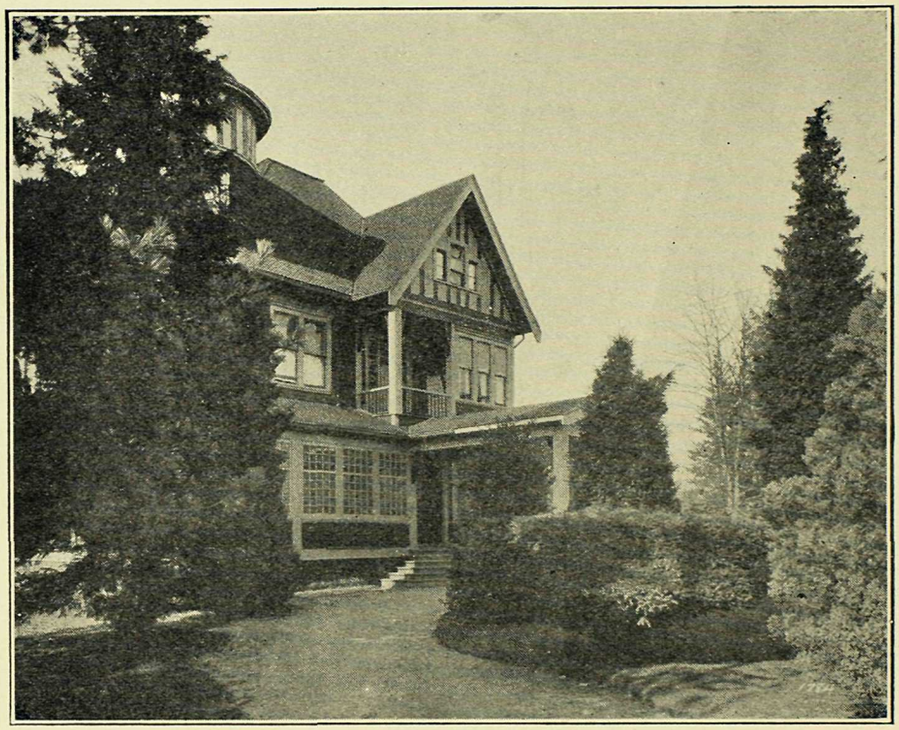
A. Lundberg Co.

938 Pender Street West
Vancouver, B. C.

Our Advertisers

Use this journal for the purpose of procuring business from the Medical Profession.

Are you assisting in the publication of The Bulletin by patronizing our advertisers?



Hollywood Sanitarium

LIMITED

For the treatment of

Alcoholic, Nervous and Psychopathic Cases
Exclusively

Reference ~ B. C. Medical Association

For information apply to

Medical Superintendent, New Westminster, B. C.
or 515 Birks Building, Vancouver

Seymour 4183 Westminster 288