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THE VANCOUVER MEDICAL ASSOCIATION

BULLETIN

Published monthly at Vancouver, B. C.

Programme for Season 1924-25

Abstract of Address by Dr. Urooman

B. C. Medical News

OCTOBER, 1924

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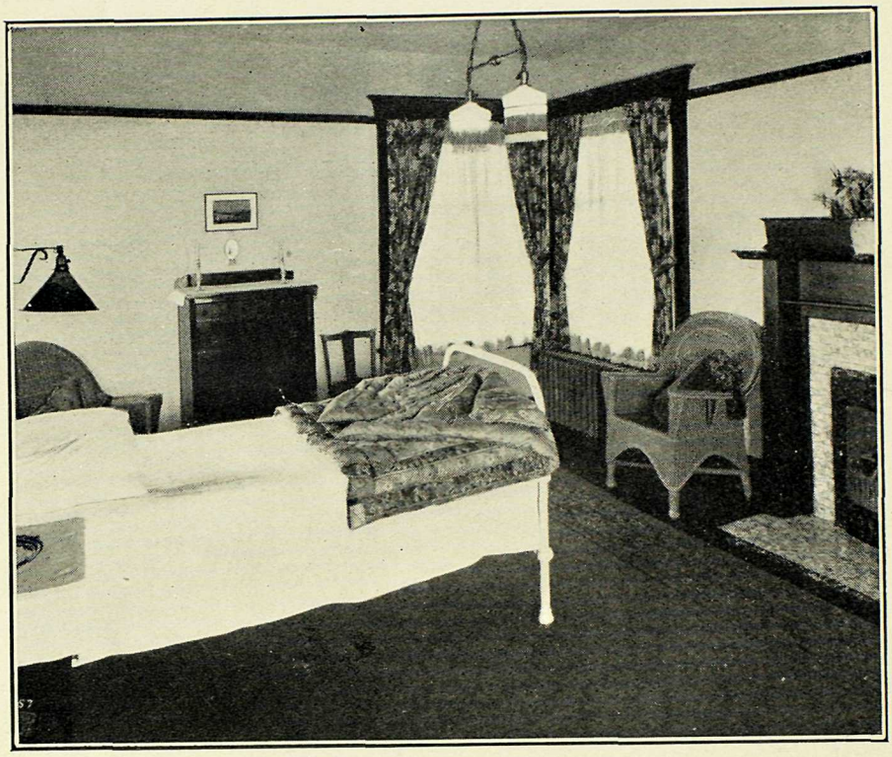

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THE VANCOUVER MEDICAL ASSOCIATION

BULLETIN

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

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VOL. I. OCTOBER 1st, 1924 No. 1

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VANCOUVER MEDICAL ASSOCIATION

Founded 1898. Incorporated 1906.

Programme of the 27th 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:

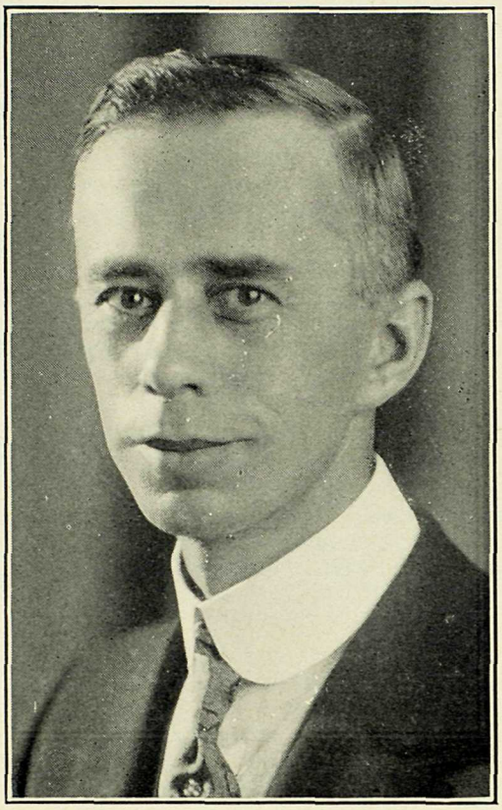
8 p.m.—Business as per Agenda.
9 p.m.—Paper of Evening.

1924.

OCTOBER 7th—	*General Meeting.* Presidential Address: DR. H. H. MILBURN.
OCTOBER 21st—	*Clinical Meeting.*
OCTOBER 28th—	*Special Clinical Meeting.* DR. R. C. COFFEY (of Portland, Ore.) Subject: "The Quarantine Pack in Abdominal Surgery."
NOVEMBER 4th—	*General Meeting.* Paper: DR. J. J. MASON, "Abdominal Hysterotomy."
NOVEMBER 18th—	*Clinical Meeting.*
DECEMBER 2nd—	*General Meeting.* Paper: DR. G. A. LAMONT, "The Early Weaned Baby."
DECEMBER 16th—	*Clinical Meeting.*

1925

JANUARY 6th—	*General Meeting.* The OSLER LECTURE by DR. FREDERIC BRODIE, "Aphasia."
JANUARY 20th—	*Clinical Meeting.*
FEBRUARY 3rd—	*General Meeting.* Paper: DR. W. A. DOBSON, "Neuroses in Everyday Practice."
FEBRUARY 17th—	*Clinical Meeting.*
FEBRUARY 25th—	*Special Clinical Meeting.* DR. C. E. HAGYARD (Seattle). Subject: "Colitis."
MARCH 3rd—	*General Meeting.* Paper: DR. R. B. BOUCHER, "Inflammatory Diseases of the Ear."
MARCH 17th—	*Clinical Meeting.*
APRIL 7th—	*General Meeting.* Paper: DR. J. L. TURNBULL, "Differential Diagnosis of Acute Abdominal Conditions."
APRIL 21st—	*ANNUAL MEETING.*



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Mr. A. T. Morrison has recently taken over the management of our business. His twenty-five years' experience in all branches of the Surgical trade will greatly add to our ability to give you the best service, which will be our earnest endeavour at all times.

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EDITOR'S PAGE

THE first issue of this Bulletin by the Vancouver Medical Association is an important event, because it represents the first attempt at systematic medical publication in the Canadian West. It is important, also, as evidence of the continued vitality of the Association, and the progressive spirit of the officers temporarily responsible for its destinies.

For twenty-seven years the Vancouver Medical Association has laboured for the good and advancement of the medical profession. By means of this small monthly publication we hope that its beneficent work will be strengthened and enlarged. With only this end in view, we take up this work, if not cheerfully, at least with composure. We shall strive for accuracy in our news, for good-will and consistency in our comment, and where such appears lacking we request your indulgence in advance. We hope from time to time to publish certain papers or abstracts and report certain discussions as they may take place in our Association meetings, thus giving our readers opportunity for further study and appreciation of these efforts, as well as affording, we hope, additional incentive to those who prepare these papers. Facilities will be gladly extended to our sister society, the British Columbia Medical Association, to utilize our pages for the furtherance of their legitimate aims. It is the intention of the Executive to distribute this Bulletin to medical men throughout the province, in order to keep those outside the city in touch with what is going on at the headquarters of these societies.

In conclusion, we would remind our readers that even minor publications live by their advertisers, and those advertisers by the sale of their goods. *Verb. sap.*

* * *

It is with sincere regret that we chronicle the untimely death of our esteemed friend and fellow-worker, Dr. R. H. Mullin. As Director of Laboratories at the General Hospital, he had built up a large and efficient organization, which laboured to combine efficiency with economy. Endeavouring on the one hand to meet the legitimate demands of the profession for installation of new methods; on the other, recognizing the necessity of keeping within the restricted financial bounds of an institution in chronic need of funds.

In addition to his work at the General Hospital, Dr. Mullin held the position of Professor of Bacteriology in the University of British Columbia, where he also took an active part in the public health work of that institution.

A good fellow, a lover of his fellow men, a loyal member of his profession, a public spirited citizen, a laboratory worker of no mean ability, and keenly interested in all branches of his chosen calling, Dr. Mullin has been called away. We shall see the genial "Bob" no more.

* * *

NOTES AND NEWS

Dr. H. H. Milburn was recently called to his home near Peterborough, Ont., owing to the serious illness of his father.

* * *

The sympathy of every member of the Vancouver medical profession is extended to Dr. A. J. MacLachlan and Mrs. MacLachlan in the sudden death of their infant son, on August 20th, at Roberts Creek, B. C.

* * *

Dr. Roger S. Countryman, who was an Interne at the Vancouver General Hospital during 1920, was married on September 3rd, 1924, to Dr. Dorothy M. Trapp, of New Westminster, B. C. Dr. Countryman is now in medical practice in St. Paul, Minn.

* * *

On the evening of August 26th, during the visit to Vancouver of several members of the British Association for the Advancement of Science, a dinner was tendered by members of our Association to Sir David Bruce and the following medical members of the visiting Association: Dr. E. P. Cathcart, Dr. Ivy MacKenzie, Dr. H. K. Corkhill, Dr. R. E. R. Burn, Dr. F. C. Shrubsall, and Dr. J. B. Collip of Edmonton. Short addresses were given by all the guests, and an enjoyable evening was spent by all present.

Nearly fifty entered for this year's medical golf tournament on August 28th. The cup donated by Dr. Worthington, to become the property of this year's winner, stimulated enthusiasm. Medal play and handicaps counted. The four best net scores of the qualifying round competed later by match play for the Worthington cup. These were Drs. Seldon, Nelles, H. H. McIntosh, and with Dr. D. M. McKay tied with Dr. Lyall Hodgins for fourth place. In the finals Dr. D. M. McKay won the cup in a closely contested match with Dr. H. H. McIntosh. The first and second prizes for the best net scores on the qualifying day go to Drs. G. E. Seldon and T. B. Nelles. It is rumoured that the prizes on the 24 handicap and beginners' classes were won by Drs. F. P. Patterson and W. D. Patton. A noteworthy feature of the day was the careful way in which the four members of the committee studiously avoided winning any of the prizes. One afternoon in July, at Burquitlam, the medical men lined up in a friendly battle with the Dentals, resulting in a draw. This ought to be fought to a finish while the weather is good. The only golf fixture of the year left is the trip to Victoria. If you don't belong to the "golfers," start now.

* * *

The Annual Dinner of the Vancouver Medical Association will be held in the Ambassador Cafe on the evening of November 7th, 1924.

* * *

The attention of members is called to the necessity for prompt payment of their annual dues. These dues are properly payable at the beginning of the Association year in April, and early payment makes it very much easier to carry on Association business during the year.

* * *

It is inevitable that there should be, during autumn and winter, a greater demand for hospital service. Whether or not there is now a real shortage of hospital beds in Vancouver, may be open to argument; but it does appear (and is especially applicable to beds for infectious cases) that the population is growing more rapidly than the recognition of the need for more accommodation. If one also accents it as a fact that the total hospital beds do not provide exactly flexible accommodation, and that there exists a serious shortage of facilities for the care of incurable, chronic and convalescent cases, it is evident that hospital beds for acute medical and surgical cases must be conserved for the winter. Doctors can assist the hospital staffs greatly by discharging their patients as early as may be consistent with good treatment. Cases which are apparently not remediable should not be sent for admission merely to provide shelter for them, and patients for whom treatment is purely elective might well be held over this difficult time of the year.—(By Dr. F. C. Bell, Superintendent, Vancouver General Hospital.)

* * *

A Memorial Service for the late Dr. R. H. Mullin was held in St. Andrew's Presbyterian Church on the evening of Sunday, September 7th. This service, under the auspices of such public bodies as the Vancouver General Hospital, the University of British Columbia, the Vancouver Board of Trade, and the Vancouver Medical Association, was largely attended by representatives of these institutions and other friends. The service was conducted by the Rev. W. H. Smith, and the address was given by the Rev. C. C. Owen, whose duties as Hospital Host brought him into close contact with Dr. Mullin.

* * *

We would call the attention of our readers to the advertising columns of this issue and urge them to extend their patronage to our advertisers as far as possible, mentioning the BULLETIN when so doing. We regret that, owing to the difficulties attendant on the first issue of a new publication, several prominent business firms have not been canvassed, but we hope this will be remedied before the next issue.

LIBRARY NOTES

"We may make a library, if we do but rightly use it, a Garden of Eden without its one drawback, for all is open to us, including and especially the fruit of the tree of knowledge."—*Sir John Lubbock.*

Through the courtesy of the Executive, the Library Committee has been allotted space in the Bulletin. This space will be used in an endeavour to increase the value of the Library to the Association, and to make it of the greatest use to the greatest number. To attain this the Committee needs the active co-operation of every member of the Association, and it will welcome both suggestions and constructive criticism. Tell us what you want to read, and tell us how you think the routine and regulations could be improved on. Read over again your copy of the Library Rules and then take this in. Herbert Spencer once had a Beautiful Theory that was murdered by a Gang of Brutal Facts. We, too, had a delightful theory—the theory that Library Rules would be lived up to. Around that theory we built the rules and prided ourselves as builders, until the Gang, using their keys, broke in, blackjacked our Theory and left but a shape without a heart. Probably all have sinned in some way against the rules, and none of us is in a position to throw the first stone; but the fact that members do take out books and journals without signing should not be. In these cases the property of the Association is permanently missing, and not only is there involved a loss of money, but the books and journals are oftimes difficult to replace. Below is printed a list of "missing articles," and if the forgetful members who have the same will return them, no questions will be asked—this time. We give here, also, a list of the purchases made since the Annual Meeting. From it we plan, from time to time, to specially draw the attention of the members to important additions to our shelves. The Library is maintained for you, and we want you to use it to the limit, simply remembering that the rules are made in an attempt to prevent loss and to give the other fellow an equal opportunity to use the material available.

ADDITIONS TO LIBRARY

Since Last Bulletin, April, 1924.

Ministry of Healing (Report of Lambeth Committee).
Glycosuria and Diabetes. Hugh McLean.
Practical Midwifery. Gibbon Fitzgibbon.
Physiology of the Capillaries. A. Krogh.
Operative Surgery. E. S. Taylor.
Medical Annual for 1924.
Scientific Methods. Ritchie.
Transactions of the American Proctologic Society for 1924.
Transactions of the Amer. Laryn. Rhinol. and Otol. Society for 1923.
Music, Health and Character. Dr. Agnes Savill.
Master Johann Dietz. Autobiography.
History of Physiology in 16th, 17th and 18th Centuries. Sir M. Foster.
Circulatory Disturbances of the Extremities. Buerger.
Cleft Lip and Palate. Brophy.
Ophthalmic Surgery. Josef Meller.
Dislocations and Joint Fractures (1924). Frederic Cotton.
Applied Pathology in Diseases of Nose, Throat and Ear. Beck.
Mayo Clinic Papers for 1923.
Human Physiology, third edition, 1920. E. H. Starling.
Diphtheria, Its Bacteriology, Pathology and Immunity. A. Bulloch *et al.*
Practice of Medicine. Osler and McCrae. Ninth edition, 1923.
Diseases of the Eye (1923). Sir J. H. Parsons.
The Leucocyte in Health and Disease. C. J. Bond.
Medical Clinics of North America for March, May and July, 1924.
Surgical Clinics of North America for February, April and June, 1924.
Lead Poisoning. R. M. Hutton, Provincial Board of Health, Ontario, 1923.
American History of the War. Vol. XI. Surgery.
History of the Great War. Medical Services. Two volumes.

BOOKS AND JOURNALS MISSING

Cures. J. J. Walsh.
Early Symptoms of Circulatory Disease. Wilson.
Nose and Olfactory Organ. Schaffer.
Local Anaesthesia. Hirschel.
Medical Electricity. Jones.
Diseases of Nose and Throat. Phillips.
Diagnostic Symptoms in Nervous Diseases. Hunt.
Surgical Clinics of North America for August, 1921.
Practitioner for February, March, June, August, October and November, 1923.
Boston Medical and Surgical Journal, August 16th, 1923.
American Journal of Physiology, Vol. 56.
Canadian Medical Association Journal for May and August, 1924.
Medical Journal of Australia, July 21st, 1923.
American Journal Medical Sciences, March, 1924.
Surgery, Gynecology and Obstetrics, March, 1923.

LIBRARY RULES

The following are the present Library Regulations as recently revised by the Library Committee:—

1. JOURNALS are not to be taken from the Library until One Month following arrival.
2. Unbound Journals, Bound Journals and Books must be returned within SEVEN days.
3. All members or visitors must register in the book provided near the door, each visit to the Library, and also make a note there of books or journals borrowed or returned.
4. No member shall loan a borrowed book or journal to another member.
5. Members failing to return books or journals within the time limit shown above will receive a written notice from the Librarian to that effect. If the member then fails to return the book or journal within three days, his name will be read out at the next meeting of the Association.
6. The Librarian is authorized to refuse to loan any old book or journal which is out of print. KEEN'S SURGERY and the OXFORD LOOSE LEAF MEDICINE are to remain in the Library for reference use there only.
7. Members borrowing books or journals must produce their membership cards when requested to do so by the Librarian.
8. In emergencies, books or journals may be telephoned for and delivered to members within the city limits at the expense of the Library. These must be returned within the specified time by the borrower.

THE LIBRARY COMMITTEE,
VANCOUVER MEDICAL ASSOCIATION.

B. C. MEDICAL ASSOCIATION NEWS

The B. C. Medical Association Executive desires, in the first place, to express very cordial thanks to the Vancouver Medical Association, which has granted it the privilege of using the columns of this Bulletin. It is intended that copies of the Bulletin shall be sent to members of the B. C. Medical Association outside the radius of Greater Vancouver.

During the last year the B. C. Medical Association has continued the policy of furnishing speakers to the meetings held by the District Associations.

The Annual Meeting of No. 6 District Medical Society was held at Nanaimo on May 20th, at which the following officers were elected: Dr. T. J. McPhee, President; Dr. W. H. McIntyre, Secretary-Treasurer. After the business meeting, Dr. Pearson and Dr. Wallace Wilson, of Vancouver, gave addresses—the former on "Diabetes," with special reference to Insulin; the latter on "Rheumatoid Conditions of Joints and Various Forms of Chronic Arthritis." This paper represented several months of work at the Shaughnessy Military Hospital, and was of great interest and value. The evening closed with a supper, and the whole meeting was a very great success.

The Annual Meeting of the Prince Rupert and District Medical Society (No. 7 Branch of the B. C. Medical Association) was held in Prince Rupert on August 29th.

Dr. C. H. Vrooman, President of the B. C. Medical Association; Dr. J. M. Pearson, and Mr. C. J. Fletcher, Executive Secretary of the Association, attended the meeting from Vancouver.

A dinner was held at the St. Regis Cafe, at which clinical papers were read by Dr. Vrooman and Dr. Pearson, the event being presided over by Dr. H. E. Tremayne, President of the No. 7 District Society. In attendance were all the doctors of Prince Rupert, and Dr. A. E. H. Bennett, of Ocean Falls; Dr. W. Sager, Port Simpson; and Dr. E. W. Ewart, of Terrace. Dr. Pearson spoke on "Hypertension," and it is hoped to print his address in an early number of the Bulletin. Dr. Vrooman's paper appears in this number, and we understand that both papers were very well received by those present.

The Annual Meeting of the No. 4 District Society (Okanagan) is being held on Sept. 16th at Kamloops, and, by the time this goes to press, will be over. We are sending representatives to the meeting, and an account of the proceedings will appear in the next number of the Bulltin.

It is intended to continue the monthly luncheons inaugurated during 1923-24, and it is hoped that all out-of-town members who can possibly attend will make an effort to do so. These luncheons have been a very great success and some interesting, as well as valuable addresses, have been heard at them. Emphasis was laid last year on "Health Insurance," and we had the privilege of hearing addresses from Mr. Winn, of the Workmen's Compensation Board; Alderman Pettipiece, representing Labor interests; and Dr. H. E. Young, Provincial Medical Health Officer. President Klinck, of the University of B. C., spoke on "University Problems," and we had an excellent address on "Industrial Surgery," from Dr. Frederick J. Cotton, of Boston, U. S. A. It is hoped to make these regular monthly events. In connection with these luncheons we would strongly urge that the District Associations inaugurate something of the kind for themselves. This practice obtains generally in Ontario, where it has been productive of very much good. Eminent men, not necessarily medical men, are invited to address the Association. Members of the Legislature should be invited, and other men of importance in the community. Our first luncheon will be held late in September or early in October, and will be addressed by the Hon. A. M. Manson, Attorney-General of the Province. Full notice will be given, and we urge a full attendance.

We would take this opportunity of calling the attention of the medical profession to the opportunities presented by membership in the Boards of Trade, in their respective centres of the province. Some three or four years ago the Vancouver Board of Trade, a large and influential body, including some 1,300 members representing every business in the city, established a Health Bureau, in

line with its policy of sub-dividing the work of the Board into departments or bureaus. The first Chairman of the Health Bureau was Dr. R. H. Mullin, who held office for two years, and during his term of office excellent progress was made by the Bureau. The possibilities of this work can hardly be over-estimated. Fortnightly meetings are held at which every aspect of medical work, as it affects the community, is dealt with in turn. The Health Bureau has now on hand a scheme to look into the establishment of a Preventorium for dealing with incipient tuberculosis in childhood, and if it is able to push this scheme to completion it will have thoroughly justified its existence.

The meetings of the Bureau arouse the keenest interest amongst all members of the Board. We would urge upon medical men residing within the radius of the Board of Trade, to make every effort to induce their Board to imitate this action of the Vancouver Board. We can assure every medical man that it is well worth his while to belong to the Board of Trade of the city or district in which he lives.

An obituary of the late Dr. R. H. Mullin appears on another page of the Bulletin, and we would merely add an expression of our keen regret and sorrow in his loss. Dr. Mullin was a very loyal and greatly valued member of the B. C. Medical Association. He was a man whose friends were legion, and who touched the community at many points—as Professor of Public Health of the University of British Columbia; as Director of the Vancouver General Hospital Laboratories; and as an active member of the Board of Trade. He took keen interest in athletics and sports of all kind—a many-sided man whose place we shall find it hard to fill.

We would regretfully record the death of Dr. E. H. S. McLean, of Nakusp, a very highly valued member of the B. C. Medical Association, whose obituary notice appears in the Canadian Medical Journal. Dr. McLean had been in practice at Nakusp and elsewhere in the province for many years, and had the respect and affection of all who knew him.

Following the Annual Meeting of the B. C. M. A. in July, the Standing Committees for the year were appointed by the Executive. The chairmen are as follows: Industrial Service, Dr. A. B. Schinbein; Legislative, Dr. M. J. Keys; Publicity and Educational, Dr. Wallace Wilson; Constitutional, Dr. Bagnall; Ethics and Discipline, Dr. J. A. Gillespie.

These chairmen have appointed their committees, and work has started for the winter. It is hoped this year to lay special emphasis on educational work. In connection with this, it may be stated that the Canadian Medical is planning an extensive campaign of publicity along health lines, to extend all over Canada.

In conclusion, we would remind members that the officers of the Association are at their disposal for any help or advice that we can give. We have been able to assist a great many men in various ways—amongst others may be mentioned the providing of men as *locum tenens*, of whom we have at all times a list—advice as to suitable places in the province to locate, etc. Mr. Fletcher, our Executive Secretary, is in touch with all parts of the province, and can supply information on any point.

POINTS IN DIAGNOSIS OF LUNG CONDITIONS

By Dr. C. H. Vrooman.

After a general review of the scope of the subject, the lecturer proceeded to consider certain specific diagnostic points, particularly in connection with Pulmonary Tuberculosis.

History.—*Age*—Old age is not commonly associated with pulmonary tuberculosis, but my experience is that positive sputum is much more frequently found after sixty than before sixteen. During the month of August I had four men, age 64, 68, 74 and 74, respectively, all of whom had sputum positive to tubercle bacilli, none of whom had been diagnosed previously because of the mistaken impression that tuberculosis is not common in the aged. All had very extensive disease of the lungs, but the clinical symptoms were those commonly associated with chronic bronchitis and debility of old age.

Occupation.—A man of 45 or thereabouts, who gives a history of working as quartz miner for several years, and who complains of shortness of breath, and irritative cough, generally has extensive silicosis and very frequently tuberculosis engrafted upon it. This may be so even though his exposure to quartz dust was some years previous. The physical signs are frequently slight, while the X-ray plate will show most extensive mottling. Coal miners, on the other hand, are not quite as subject to tuberculosis as the average population. They frequently, though, have emphysematous chests and hypertrophied hearts.

Race.—The Irish are about five times as liable to tuberculosis as the Italians, and between three and four times as liable as the average population. Finns and Scandinavians closely rival the Irish both in infection and lack of resistance. The prognosis is not good in pulmonary tuberculosis in any of these races. Jews, on the other hand, are comparatively immune and show good resistance.

Family History.—A history of tuberculosis in the immediate family of a patient means that there is six times the liability to tuberculosis as if there were no such history.

Asthma.—About one-half of the cases of asthma give a family history of asthma or hay fever.

Previous Illnesses.—A history of under-nourishment, poor growth, and repeated colds, in childhood, is often the indication that there has been early mediastinal glandular tuberculosis. The importance of the acute infections such as whooping cough, measles, scarlet fever, etc., are too obvious to dwell on at length. A history of whooping cough, followed by persistent cough, occasional foul sputum with many basal rales, generally means chronic bronchiectasis. A history of a chronic otitis media or chronic nasal discharge, or suspicion of some sinus infection, is often the cause of a persistent bronchitis. Tonsils are often blamed because they can be looked at, when in reality the infection is in either the sinuses or the naso-pharynx.

Physical Examination.—For a chest examination the patient should be stripped to the waist. There are still, I fear, those who sometimes try to make a diagnosis through the shirt. All the various methods of physical examination will at times reveal some evidence leading us to correct our diagnosis, and all should be carefully used.

Inspection in a good light will often reveal some condition that may be invaluable to our diagnosis.

Palpation is much neglected in chest cases. Yet it is surprising what information as to wasting and spasm of muscles, areas of tenderness, etc., systematic feeling will give. *Percussion*, let me remind you, is a gentle art and information is not gained by using a bludgeon.

Auscultation is the most important of all our methods. Care, rather than acuteness of hearing, is necessary for its proper use and interpretation.

The most important and most constant sign of pulmonary tuberculosis is the presence of persistent moist rales at either apex. They often cannot be heard on the ordinary deep breath, but by having the patient expire and then cough and then inspire a deep breath, a shower of fine crepitatious will often be heard at the end of the cough or at the commencement of the inspiration. Nine times out of ten this means pulmonary tuberculosis, but it must be remembered that the tenth case comes along occasionally. Chronic influenzal infections generally attack the base of the lung, but they may attack the apex and be a cause of persistent apical rales. The X-ray is generally negative in these cases.

After a careful examination and a careful review of the symptoms, write down the diagnosis. This is a good thing before any laboratory examinations are made. Do not, though, tell the patient he has no tuberculosis before you get the sputum report. I would have saved myself some embarrassment on several occasions if I had not told a patient they had no tuberculosis, only to find they had tubercle bacilli in the sputum. On the other hand, repeated negative sputums do not necessarily mean no tuberculosis, especially when other signs and symptoms are definite. Where, though, a patient is expectorating large quantities of purulent sputum which is repeatedly negative, the case is probably non-tubercular and diagnosis should be reviewed.

X-Ray Examinations.

This most valuable method of confirming our clinical findings is too often abused. The X-ray will give valuable and often unexpected information, but in most cases it should only confirm what our senses have already told us. . . .

Let me emphasize the point that the X-ray laboratories, the clinical laboratories, etc., should be our servants, not our masters. Or, as one writer puts it: "The medical profession should not be paralyzed because the laboratory boy has gone to dinner."

In the diagnosis of empyema, and pleural effusions, we are all too apt to neglect the use of the aspirating needle. Dullness at either base persisting even with breath sounds, may mean an encysted fluid, and that fluid may even, in the most unsuspected case, turn out to be pus. Pus may become encysted and remain in the chest for over a year, causing very little temperature, and work its way either into the lung or to the surface. If a case justifies the insertion of a needle at all, it justifies its insertion half a dozen times at least.

Pulmonary tuberculosis is the most difficult condition to diagnose, and in the exclusion of it practically all other conditions are considered. To review its symptoms would carry us through the whole realm of clinical medicine. I would like to present to you, as the most concise standard for the diagnosis of active pulmonary tuberculosis, the five criteria laid down by Brown and Heise in a recent number of the Review of Tuberculosis:—

1. History of an haemoptysis of a teaspoonful or more, without obvious cause, *e. g.*, Mitral Stenosis.
2. The occurrence of pleurisy with effusion.
3. The presence of persistent moderately coarse rales in the upper half of the chest.
4. A definite parenchymatous X-ray lesion of a tuberculosis character in the upper half of the chest.
5. Tubercle Bacilli in the sputum.

The occurrence of any one of the above conditions should cause you to treat the case as pulmonary tuberculosis until proven otherwise.

In a later article, Brown and Heise examined carefully a large number of cases and compared the X-ray findings with the other four standards. Their conclusions were as follows:—

"A definite parenchymatous lesion was demonstrated in the X-ray plate, in:—

"1. Almost all who had a positive sputum, 97.4%.

"2. Nine out of ten cases with rales.

"3. Nine out of ten cases who had haemoptysis.

"4. Eight out of ten cases having early a history of dry pleurisy or pain in the chest.

"5. Six out of ten cases with pleurisy with effusion."

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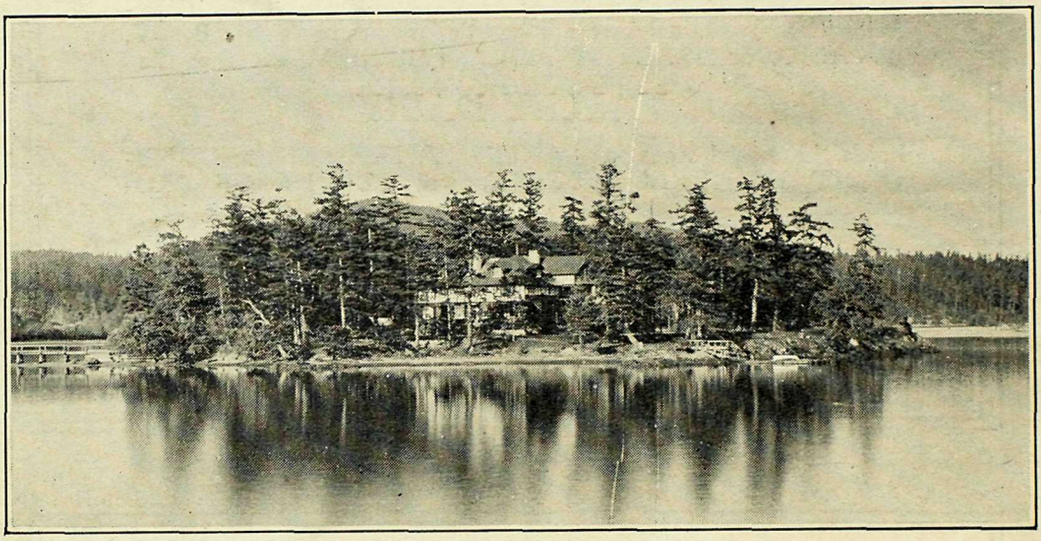

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