THE VANCOUVER MEDICAL ASSOCIATION

BULLETIN

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

Offices: 203 Medical-Dental Building, Georgia Street, Vancouver, B.C.

EDITORIAL BOARD:

DR. J. H. MACDERMOT

DR. G. A. DAVIDSON DR. D. E. H. CLEVELAND

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

Vol. XXII MAY, 1946 No. 8

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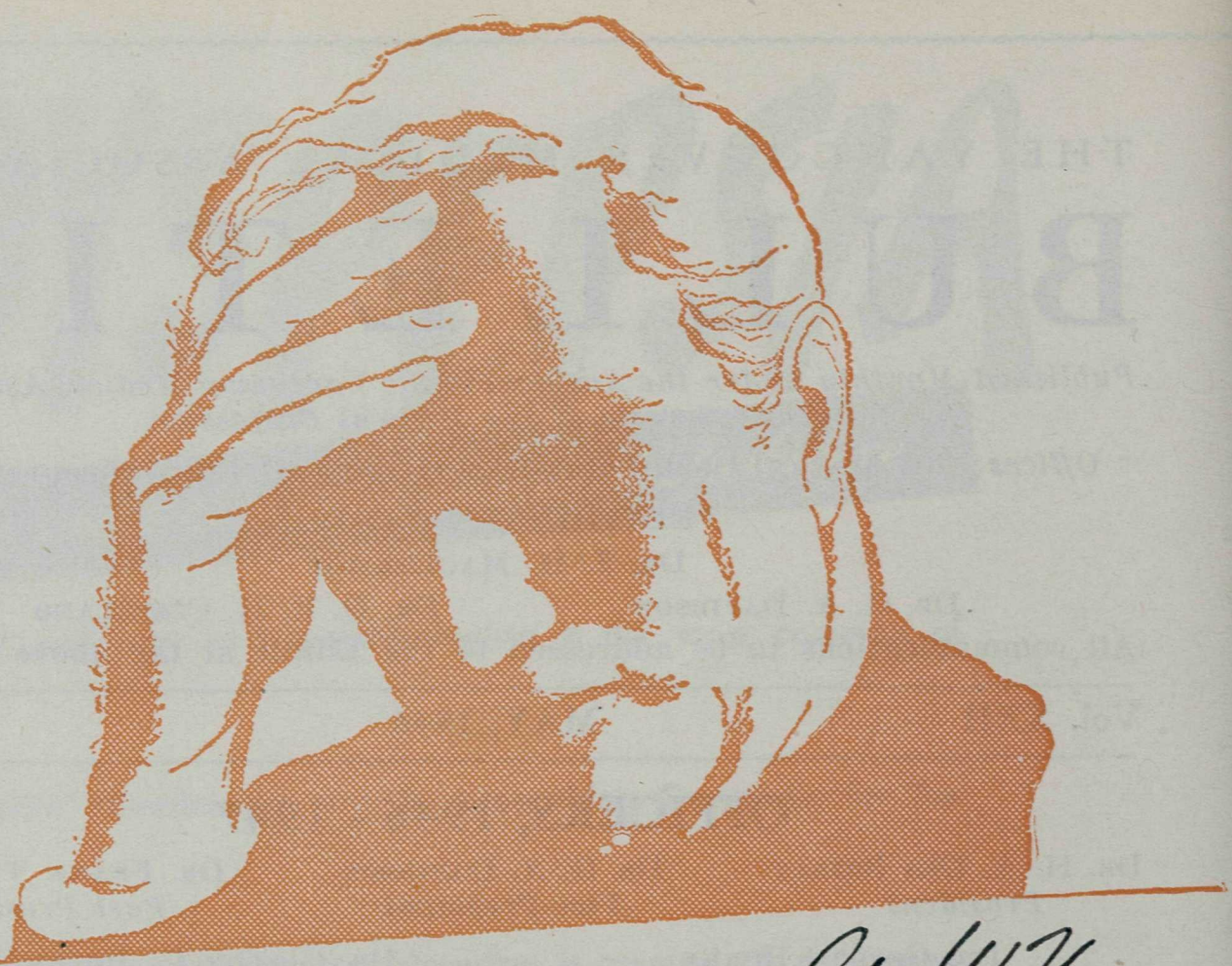

Patient is a 70 year old W.H., well preserved male

Truly well nourished? Then he'd be outstanding. The hurdles of mastication, digestion and absorption which the aged have to meet frequently threaten nutritive intake. Only by careful inquiry can the vitamin status of elderly patients be determined.

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Squibb Basic Formula is the identical formula used by Spies[1,2] and Jolliffe and Smith[3]—based on years of clinical experience.

Each Squibb Basic Formula Vitamin tablet contains: thiamine HC1 10 mg., niacinamide 50 mg., riboflavin 5 mg., ascorbic acid 100 mg.

For our newest professional leaflet with complete information, write on your prescription blank "Nutritive Failure," and mail to E. R. Squibb & Sons of Canada Limited, 36-48 Caledonia Rd., Toronto, Ont.

Basic Formula SQUIBB

1. Spies, Tom D.; Cogswell, Robert C., and Vilter, Carl: J.A.M.A. (Nov. 18) 1944. Spies, Tom D.: Med. Clin. N. Am. 27:273, 1943. 2. Spies, Tom D.: J.A.M.A. 122:911 (July 31) 1943. 3. Jolliffe, Norman, and Smith, James J.: Med. Clin. N. Am. 27:567 (March) 1943.

For literature write

E. R. SQUIBB & SONS OF CANADA LIMITED • 36 - 48 Caledonia Road, Toronto, Ontario

VANCOUVER HEALTH DEPARTMENT

STATISTICS—MARCH, 1946

Total population—estimated	323,850
Japanese Population—Estimated	Evacuated
Chinese population—estimated	6,566
Hindu population—estimated	361

	Number	Rate per 1,000 Population
Total deaths	324	11.8
Chinese deaths	13	23.3
Deaths—residents only	286	10.4
BIRTH REGISTRATIONS:		
Male, 323; Female, 323	646	23.5

INFANT MORTALITY:	March, 1946	March, 1945
Deaths under 1 year of age	22	16
Death rate—per 1,000 live births	34.0	25.8
Stillbirths (not included above)	5	12

CASES OF COMMUNICABLE DISEASE REPORTED IN THE CITY

	February, 1946		March, 1946		April 1-15, 1946	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Scarlet Fever	29	0	41	0	27	0
Diphtheria	2	0	0	0	1	0
Diphtheria Carrier	6	0	0	0	0	0
Chicken Pox	124	0	206	0	103	0
Measles	7	0	10	0	2	0
Rubella	3	0	3	0	1	0
Mumps	90	0	132	0	144	0
Whooping Cough	3	0	2	0	0	0
Typhoid Fever	0	0	0	0	1	0
Typhoid Fever Carrier	0	0	1	0	0	0
Uudulant Fever	0	0	0	0	3	0
Poliomyelitis	0	0	0	0	0	0
Tuberculosis	91	0	87	8	0	0
Erysipelas	1	0	1	0	2	0
Meningococcus Meningitis	1	0	0	0	2	0
Infectious Jaundice	1	0	0	0	1	0
Salmonellosis	3	0	6	0	9	0
Salmonellosis (Carrier)	0	0	1	0	8	0
Dysentery	2	0	2	0	0	0
Syphilis	89	3	105	2	0	0
Gonorrhoea	221	0	237	0	0	0
Cancer (Reportable):						
Resident	99	0	90	0	0	0
Non-Resident	25	0	34	0	0	0

BIOGLAN "C"

Prepared separately for *male* and *female*.

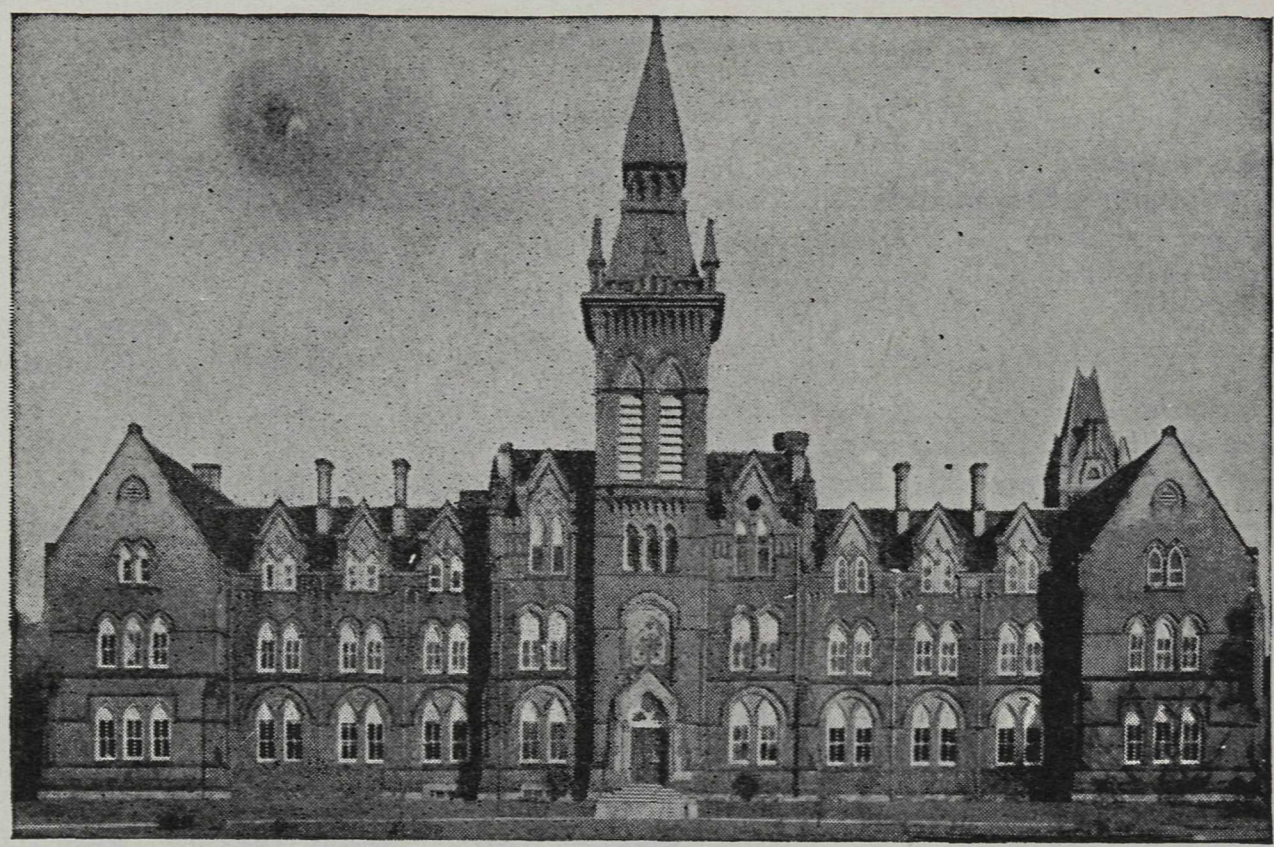
Composition: Anti-thyroid principles of the pancreas, duodenum, embryonin, suprarenal cortex, tests (or ovary). Each 1 c.c. ampoule contains the equivalent of approximately 29 grams of fresh substance.
Indications: Graves's disease, hyperthyroidism, exophthalmic goitre, thyrotoxicosis. The most effective therapy available.

Stanley N. Bayne, Representative

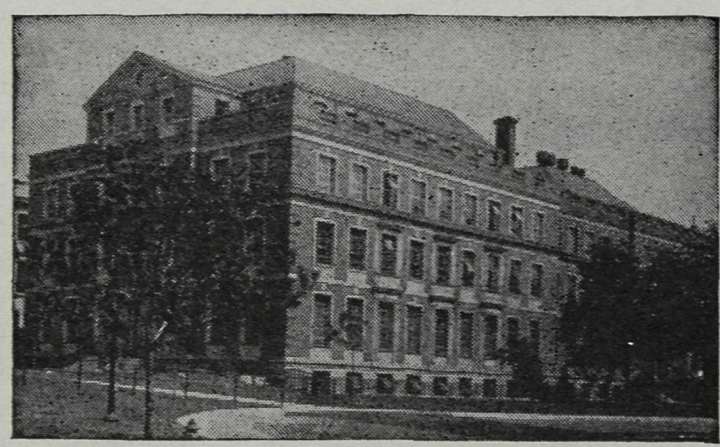
Phone MA. 4027 **1432 MEDICAL-DENTAL BUILDING** **Vancouver, B. C.**

Descriptive Literature on Request

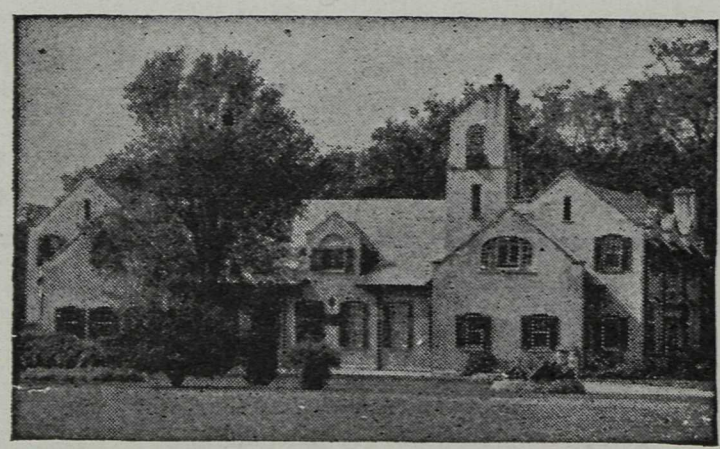
THE SCIENTIFIC HORMONE TREATMENT



Spadina Crescent Building, providing administration, research laboratories and the production of Penicillin.



School of Hygiene Building, a portion of which accommodates additional research laboratories and the preparation of Insulin and other glandular products.



Virus Research Laboratory, one of the research laboratories in the Dufferin Division, a 145-acre farm Property 12 miles north of Toronto.

CONNAUGHT MEDICAL RESEARCH LABORATORIES

In 1914 the preparation and distribution of essential public health biological and related products were undertaken in the University of Toronto in the Antitoxin Laboratory. In 1923 the greatly expanded undertakings were named Connaught Laboratories.

The work of the Laboratories is well known because of the widespread distribution of products. Throughout the years, however, research in preventive medicine has been a primary function. The number of research undertakings has kept pace with the growth of the Laboratories and to-day more than fifty studies are in progress.

To express the fundamental interest of the Connaught Laboratories in research, the Board of Governors of the University of Toronto has approved of the inclusion of the words "Medical Research" in the name of the Laboratories, which will now be known as "Connaught Medical Research Laboratories."

The preparation and distribution of biological and related products will be continued.

CONNAUGHT MEDICAL RESEARCH LABORATORIES

University of Toronto - Toronto 4, Canada

Depot for British Columbia

MACDONALD'S PRESCRIPTIONS LIMITED - MEDICAL-DENTAL BUILDING, VANCOUVER, B.C.

The Editor's Page

A situation has been brought to our notice about which we feel that something should be said.

One has only to pick up a daily newspaper and scan the classified ads, to come across something like this: "Skino," the Wonder Remedy, guaranteed" (here one must imagine successive sentences, capitalized, asterisked and exclamation-pointed) "to cure Asthma, Psoriasis, Rheumatism, Piles, Pediculosis Capitis, and all diseases of the Blood and Ductless Glands."

Sold by (and here follows the name of a druggist, whom we had always thought to be reputable and of a better class, one who constantly looks to the medical profession to send its patients and prescriptions to his store).

Now, we have no objection to legitimate advertising on the part of any business man or firm. A druggist is a man of business—his store is a business house—he has wares to sell, often other than drugs and chemicals—and he has every right to urge their sale through advertising. But a druggist is something more. He is a member of the profession of pharmacy—and it is an honourable profession—its members take pride in this fact, and most rightly so. His profession touches human life and human well-being—he contributes greatly to the measures taken for human healing, and the relief of human ills. In his hands are drugs and medicaments, potent for good or evil, as they are rightly or wrongly used.

Thus, our friend and helper, the pharmacist, has a great responsibility, as we see it—even the same responsibility that we, the men of medicine, have—to see that this power, this possession of the means of healing, which can so easily be perverted and changed into weapons of hurt, be not abused and not prostituted for gain. And we submit in all friendly sincerity, that when a man, with the training and knowledge that a pharmacist possesses, advertises for sale a filthy, lying quack nostrum, which he knows full well cannot possibly do the things, any of the things, still less all of the things, that it purports to do, he is acting in a manner unworthy of his noble calling. For we respect and honour the ethical and the honourable pharmacist—but we have no respect for the man who, for a few dollars, will swindle a suffering man or woman, by selling them stuff that is not honest or clean, or worth anything to them for relief of their ailments.

It is the tendency, and a good tendency, for human institutions, constantly to try to raise their standards, to promote honesty and fair dealing and truthful practice amongst their members. And it is because we know full well that the profession of Pharmacy follows and abides by this rule, and believes in this concept, that we write this. We do not need to say this to the great majority of men of this profession—it would be impertinence on our part to remind them of what they so well know—but the very few who are guilty of such action, are casting an undeserved slur on the good name of their own profession, and doing what they must know is unworthy and false: nay, more than this, they may be doing actual harm, delaying cure of the illnesses which these "remedies" cannot help in any way, so that those who are sick may be led to put off seeking competent care, and many suffer aggravation of a condition which, properly treated at its onset, might have been promptly and safely cured, but which, if wrongly treated, may develop into a serious illness, if no worse befall.

Vancouver Medical Association

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Vice-President ..... Dr. G. A. Davidson
Honorary Treasurer ..... Dr. Gordon Burke
Honorary Secretary ..... Dr. Gordon C. Johnston
Editor ..... Dr. J. H. MacDermot

SUMMER SCHOOL
VANCOUVER MEDICAL ASSOCIATION
HOTEL VANCOUVER
September 9th to 13th incl.

Plans are being made to hold the annual Summer School in September, on the above dates, and this year the lectures will be arranged over a five-day period, instead of the usual four, to allow for some leisure time in the evenings. The slate of speakers is now complete and we take pleasure in announcing that the following outstanding men will participate in our programme:

Dr. Elmer Belt, Urologist, Los Angeles.

Dr. Simeon T. Cantril, Director of the Tumor Institute of the Swedish Hospital, Seattle.

Dr. Russell L. Cecil, Professor of Clinical Medicine, Cornell University Medical College, New York.

Dr. J. R. Lindsay, Professor of Surgery (Otolaryngology) University of Chicago.

Dr. Roy D. McLure, Surgeon in Chief, Henry Ford Hospital, Detroit.

Dr. N. W. Philpott, Dept. of Obstetrics & Gynaecology, McGill University, Montreal.

THE LIBRARY

HOURS: (From June 15th to September 1st)
Monday through Friday, 9:00 a.m. to 5:00 p.m.
Saturday, 9:00 a.m. to 1:00 p.m.

NOTICE

Please note that the evening hours in the library will be discontinued during the summer months but will be resumed in the fall.

RECENT ACCESSIONS TO LIBRARY:

Surgical Clinics of North America, Symposium on Surgical Diagnosis, New York Number, April, 1946.

Transactions of the American Therapeutic Society, 1943-1944.

Psychiatric Dictionary with Encyclopaedic Treatment of Modern Terms, 1945, by Leland E. Hinsie, and Jacob Shatzky.

Nelson Loose Leaf System

Revisions of the following articles have been received:

Vol. I —Measles, by Ruth K. Russell.
Rubella, by William St. Lawrence.

Vol. II —Anthrax, by Herman Gold.
Infectious Hepatitis, by John R. Paul.
The Mycoses, by David T. Smith.

Vol. III —Hodgkin's Disease, by Henry Jackson, Jr., and Frederic Parker, Jr.

Vol. VIII—Filariasis, by Richard P. Strong.

ARTICLES OF SPECIAL INTEREST:

J.A.M.A. 131: 81-86, May 11, 1946—Radioactive iodine in the study of thyroid physiology. Saul Hertz, Boston, and Arthur Roberts, Cambridge, Mass.

J.A.M.A. 131: 86-91, May 11, 1946—The Treatment of hyperthyroidism with radioactive iodine. Earle M. Chapman and Robley D. Evans, Cambridge, Mass.

The above noted articles from the Massachusetts General Hospital give a very lucid exposition of the principles upon which this recent advance in the therapy of goitre depend, together with results of their clinical application.

BAL (British Anti-Lewisite):

Attention is drawn to a very complete article in *Science* vol. 102: 601, Dec. 14th, 1945, on the value of BAL in the treatment of arsenical poisoning and poisoning by the heavy metals, such as lead, cadmium and zinc.

This review gives a brief summary of the information on BAL, particularly with reference to its development in the United States.

DEPARTMENT OF VETERANS' AFFAIRS

Every member of the profession in British Columbia will by now have received a letter from this Department dealing with the Medical Treatment of Veterans by the Doctors of their Choice.

We urge all medical men to read with great care all the rules and conditions laid down for their guidance in this care of returned veterans. This undertaking by the Department of Veterans' Affairs should mean great benefit, both to the veterans coming within its purview, and to the medical profession. It is a sound piece of work—and if we do our part, and cooperate adequately, this can be of great significance in later years, when it comes to the widening of health benefits, to make them available to larger groups in the community.

We are assured by Dr. D. W. Johnstone, Medical Advisor to the D.V.A., that the Department is anxious to encourage veterans to seek medical aid from doctors of their own choosing. But only under certain conditions can this be secured—we must remember that the Department is responsible, in the last analysis, for the medical care of veterans, and we must work with the Department.

We would draw attention to the following points:

1. The main object of this scheme is the *rehabilitation* of the returned man—and his return to a life of usefulness in the community—and to the ability to earn his living. Our approach must be positive and constructive in every possible way.

2. Medical men *must make sure* that the veteran is eligible for treatment under this Act. Information as to eligibility can be obtained at once from the nearest D.V.A. centre.

3. We would call especial attention to Paras. 2, 3, 7 ,12 (two parts).

4. Families are *not* included in this scheme.

We note with satisfaction that home nursing care by the Victorian Order of Nurses is available for patients eligible for treatment under the Regulations. This is an excellent thing: as it will help to prevent excessive hospitalisation, and yet provide adequate nursing care.

GOLF

FIRST TOURNAMENT, MAY 9th, 1946

The first tournament was held at Burquitlam on May 9th, 1946. A warm sunny day attracted sixty-one golfers to this scenic course with its fairways bordered by dogwood trees in full bloom. Competition was keen and fifty-eight remained for the dinner and presentation of prizes. Dr. George T. Wilson, of New Westminster, welcomed the golfers to Burquitlam as president of the club.

Low gross scores of eighty-one were turned in by Drs. Leith Webster and H. Morton, both playing to a ten handicap. In the toss for prizes Dr. Leith Webster won the sterling silver cigarette cup. Playing faultless golf, Dr. George Clement turned in a net sixty-six to win the low net prize, a sport shirt donated by Straith's Limited. Dr. John Sturdy won the long drive and Dr. Tom McAlpine was nearest the pin. By scoring the only three on the seventh hole, Dr. R. Campbell won the hidden hole prize, a white sport shirt from Charlton & Morgan. Dr. George Upham turned in the high gross of one hundred and twenty-three to win the silver pen knife as prize.

Final plans were made for the trip to Seattle on May 16th and a team of eighteen players will participate. The next tournament will be held on June 27th, and it is hoped an even larger number of men will be participating.

VANCOUVER MEDICAL ASSOCIATION

ANNUAL REPORTS — 1945-46

REPORT OF THE HONORARY SECRETARY

Mr. President and Members:

During the past year eight general meetings were held, the March meeting as usual taking the form of a dinner at the Vancouver Hotel to observe the annual Osler Lecture, which was given this year by Dr. A. L. Lynch. On the same evening P. G. F. Degrees were conferred on Doctors W. T. Ewing and W. L. Pedlow.

There has been an encouraging increase in the attendance at meetings, the average being 73 as compared to 57 in the previous year.

Membership

The total membership of the Association, including applicants awaiting election stands at 366, made up as follows:

Life members	13
Active members	295
Associate members	53
Privileged members	5

An outstanding feature of the past season has been the marked increase in membership, 46 applications having been received, of which 32 have been elected to date. We are happy to report, too, that most of our members who were serving in the Armed Forces have returned to active practice, and there are now very few to come back.

It is regretted that the Association lost eight members by death during the year—

Doctors: J. R. Atkinson, J. A. Gillespie, Colin McDiarmid, Murray Meekison, H. H. Planche, Bruce Smith, James A. Sutherland and K. H. Wray-Johnston.

The Executive Committee held ten regular meetings during the year.

Respectfully submitted, GEO. A. DAVIDSON, *Honorary Secretary.*

REPORT OF THE HONORARY TREASURER

Mr. President and Members:

I beg to submit herewith the following financial report of your Association for the year 1945-46, which has been duly audited by Plommer, Whiting & Co., Chartered Accountants, under date of March 31st, 1946:

Receipts and Expenditures

Receipts:			
Income from members' annual dues		$4,740.00	
Interest on invested funds		380.68	
Profit on sale of bonds		491.87	
Relief Administration, Management Allowance		600.00	
Profit on Association Bulletin		129.56	$6,342.11
Expenditures:			
Salaries	$3,573.51		
Rent	1,377.00		
Total	4,950.51		
Received from C. P. & S. and B.C.M.A.— their share	2,453.88	$2,496.63	
Other running expenses		774.51	
Total expenditures, apart from library maintenance			3,271.14
The Association has also expended on the library $1,224.75			
Excess of Income over Expenditures			$3,070.97
Depreciation:			
Library	$1,306.37		
Furniture and Equipment	107.16		$1,413.53
Net transfer to General Surplus Account			$1,657.44

General Fund Bonds and Savings Accounts

Present value (as at March 31st, 1946) $14,342.91

(One $1000 Dominion of Canada Bond was purchased during the year from the General Account).

Trust Funds

Historical and Ultra-Scientific Fund, Savings	$ 361.67
Stephen Memorial Fund, Savings	30.46
Sickness & Benevolent Fund, Savings (including proceeds from levy, $262.00)	1,113.55
Benevolent Endowment Fund	734.00
Pearson Lecture Fund, Savings	819.69
Pearson Lecture Fund	2,981.25

The Summer School Fund, which is not invested separately, amounts to $4,079.66, an increase of $78.09 over last year.

The receipts for the year show an increase of approximately $1,000 over last year. This is accounted for by an increase in receipts from members' dues, and a profit of $491.87 on the sale of some of our bonds, which has been distributed amongst the various Funds.

Respectfully submitted, GORDON BURKE, M.D., *Honorary Treasurer.*

REPORT OF TRUSTEES

The Board of Trustees begs leave herewith to submit the Annual Report.

It is with regret that we report the passing of Trustee Dr. J. A. Gillespie. He was active on this committee. He served long and efficiently. During the year Dr. William T. Lockhart resigned to retire to a more salubrious climate on a sunny Gulf Island. Dr. George H. Clement was appointed to fill the vacancy created by Dr. Lockhart's resignation.

The Treasurer's and Auditors' report, as of March 31st, 1946, have statements of the amounts in the various funds over which the Trustees have control.

During the year a number of bonds were converted, resulting in a profit of $491.87. This was distributed proportionately in the funds from which the bonds were sold. A Dominion of Canada Bond ($1,000.00) was purchased from the General Fund.

All of which is respectfully submitted, A. W. HUNTER.

* * * *

REPORT OF THE LIBRARY COMMITTEE

Mr. President and Members:

I beg to submit herewith the annual report of the Library Committee for the year ending March 31st, 1946:

BOOKS ADDED TO LIBRARY—				
General Collection—	51	new books added at a cost of		$ 371.60
	6	gifts		
	2	from Nicholson Fund, at a cost of		7.88
Total	59	books added at a cost of		379.48
NICHOLSON FUND:	2	books purchased at a cost of	$ 7.88	
		leaving a balance of	281.03	
MEDICAL JOURNALS:	64	journals subscribed to at a cost of		581.40
	57	journals received as gifts		
Total	121	journals received in Library.		
OTHER EXPENSES—	107	volumes bound at a cost of		235.25
		Dues to Medical Library Ass'n.	16.76	
		Miscellaneous	11.86	28.62
TOTAL				$1,224.75

During the year seven meetings were held, and these were well attended.

Because of a marked increase in the volume of work in the Library, due in part to members returning from the Active Services and to library privileges extended to medical officers in the Forces, as well as an increased membership, it was decided to ask for permission to keep the Library open several nights a week, and to obtain the services of a part-time assistant in the Library who would be in attendance during the evening hours. This new schedule was authorized an dhas been in effect since the first of March. We are glad to report that there is evidence of increasing use of the Library during the evenings, and it is felt that as more members become aware of this extended service, it will prove to be of much value.

It was the opinion of your Library Committee, too, that it might be wise to commence planning for a new library, to be constructed when possible, and in this connection they recommended that the Librarian should visit a number of medical libraries in the United States and Canada, with a view to studying their methods and plans. This was approved and the sum of $750.00 was voted to the Library Committee at a General Meeting. It has not been possible, to date, for the Librarian

to make the suggested tour, but arrangements are being made to enable her to get away within the next few weeks.

It was felt that the most suitable way of recognizing the long years of service to the Library by the late Doctor A. W. Bagnell, would be to place a memorial plaque in the Reading Room. This was authorized by the Executive Committee and plans are under way to have it completed as soon as possible.

The Library is fortunate each year in being the recipient of gifts of valuable books and specialized journals, which it would otherwise lack. To all those who have made these generous contributions throughout the year, your Committee wishes to express herewith its thanks and appreciation.

All of which is respectfully submitted,

W. J. DORRANCE, M.D., Chairman.

* * * *

SUMMER SCHOOL COMMITTEE INTERIM REPORT

Your Summer School Committee is making plans for the Annual Session, which will be held this year from September 9th to 13th, incl., the change in time being necessitated by the fact that the Canadian Medical and British Columbia Medical Associations are having their Annual Meeting at Banff in June. It will be noted that the Summer School will last for five days in order to allow a little leisure time during some of the afternoons and evenings.

Drug exhibits will be arranged this year, to accommodate those who usually exhibit at the British Columbia Medical Association Meeting in the Fall.

A number of prominent speakers have been contacted and so far your Committee has had definite acceptances from Doctors Elmer Belt, Urologist, Los Angeles, Calif.; Simeon Cantril, Director of the Tumor Institute of the Swedish Hospital, Seattle, and J. R. Lindsay, Assoc. Professor of Surgery (Otolaryngology), University of Chicago, School of Medicine.

L. G. WOOD, M.D.,
Chairman, Summer School Committee

* * * *

REPORT OF THE PUBLICATIONS COMMITTEE

During the past year, this Committee has attempted to hold regular meetings monthly, and has succeeded on all but one or two occasions. The work of the Bulletin has gone on regularly, and thanks to the very great help given by our Librarian, Mrs. Craig, has been by no means a heavy burden to those concerned.

Financially, we have had our most successful year so far. We have a credit balance on the Calendar Year 1945 of some $500.00, owing largely to the fact that we have had considerably more advertising than formerly. The Executive of the Association considered the question of raising our advertising rates, which at the present time, are well below the regular rates that our circulation would allow us to charge, and has decided to raise them, as the contracts fall due late in the year. We shall not feel the effect immediately, but shall do so later, and we shall probably be able to report an even larger balance next year.

We hope, however, to turn some of this balance back into the Bulletin, and secure some improvements. Thus we might initiate the practice of illustrations and cuts, which add so much to the interest and value of articles.

Again, we desire to thank our publisher, Mr. W. E. G. MacDonald, most sincerely for his invaluable help and loyalty to our interests. He has made the Bulletin one of his chief personal concerns, and it is difficult to thank him adequately for his co-operation; he is always most willing and eager to help us in any way possible. His wide business contacts have enabled him to secure advertising, and he keeps our interests always in mind. His firm has been most generous in the matter of extra

copies, for which we are constantly asking, e.g. for the Council of the Canadian Medical Association.

Lastly, I desire to thank personally, the other members of the Publications Board, who have worked so loyally and willingly in regard to the Bulletin, and without whose help and advice it would have been impossible to do as well as we have been able to do. Present conditions have made any changes or modifications inadvisable at present, but we hope to do all we can to improve the Bulletin constantly, and make it an even better journal as time goes on.

Others who have helped us greatly, and whose help we gratefully acknowledge, are Mrs. Bender of the B.C. College of Physicians and Surgeons, Miss Smith, her assistant, and Dr. M. B. Caverhill, Executive Secretary of the B.C. Medical Association.

All of which is respectfully submitted.

J. H. MacDERMOT, *Editor.*

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REPORT OF HISTORICAL COMMITTEE

I regret that, owing to illness, I am unable to present this report personally. Work on the History of the Vancouver Medical Association has progressed during the year. Considerable statistical work has been done, which is essential but of no great interest.

The Editor of the Bulletin kindly suggested that installments of the history might be published, and a few have appeared. This may have the effect of mistakes being discovered before the material is finally deposited in the Archives. It is hoped that anyone noting such mistakes, will call attention to the same.

G. E. KIDD,
Chairman of the Historical Committee.

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REPORT OF THE RELIEF ADMINISTRATION COMMITTEE

The Relief Administration Committee has suffered the loss of two of its members during the year, Doctors C. A. McDiarmid and J. A. Sutherland. Doctor Sutherland was one of the original members of the Committee which was formed in 1934 and Doctor McDiarmid joined the Committee in 1935.

Doctor W. T. Lockhart retired from active practice at the beginning of the year and handed in his resignation. He too was a member of the original Committee and during his twelve years of service rarely was absent from a meeting. He is making his home in Ganges, Salt Spring Island, and we wish him many happy years to enjoy his favourite pastime, golf.

The amounts paid for relief work during the past year ranged from 100% paid in September, October, November and December down to 70% paid for March accounts. The gross amount of accounts for the year ending March 31st is $79,973.30 and the amount paid to the men doing the work, $46,840.28, no one receiving more than $75.00 in any one month.

There has been a slight increase in the amount of accounts over the year 1944-45, but there has been a marked increase in the number of doctors doing the work. In the heaviest month in 1945, 149 men handed in accounts while in March of 1946 there were 174.

The Relief Administration Committee now consists of Doctors D. F. Busteed, Gordon Burke, A. O. Brown, F. Day-Smith, A. T. Johnston, Neil McNeill and J. C. Grimson.

All of which is respectfully submitted.

J. C. GRIMSON, *Secretary.*

REPORT OF THE CLINICAL SECTION

Seven meetings of the Clinical Section were held during the year, three at the Vancouver General Hospital, two at St. Paul's, and two at Shaughnessy.

This was the first time that more than one meeting in the season was held at Shaughnessy, and their excellent programmes were much appreciated.

All meetings were well attended and the programmes presented were of a high standard.

Your Committee wishes to take this opportunity of expressing its appreciation to the officers and staff of the three Hospitals for their kind co-operation and hospitality.

Respectfully submitted,

S. E. C. TURVEY, *Chairman.*

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REPORT OF PAEDIATRIC SECTION

Executive: Chairman, Dr. H. Spohn; Secretary, Dr. R. P. Kinsman.

Five regular and special meetings were held during the year.

At the December meeting the following motion was adopted:

> That the Paædiatric Section goes on record urging that a survey be made regarding the building of a children's hospital centre, bearing in mind its value as a teaching centre for the university, and, that the Professor of Pædiatrics, of McGill, and Toronto Universities, and Dr. Harvey Agnew, be asked to select the person to make such a survey.

Acting on this resolution, conferences were held with orthopedic surgeons and others, and with a social service group, and as a result of these conferences, Dr. Alan Brown made the survey. Work is proceeding on this project.

During the year was instituted the procedure of weekly Pædiatric ward rounds. These were held at the Vancouver General Hospital, St. Paul's Hospital, and the Crippled Children's Hospital.

This report is respectfully submitted.

R. P. KINSMAN, *Secretary, Peadiatric Section.*

Whereas, the City Council has been granted the power by Provincial legislation, this section recommends the said City Council enact bylaws which will enforce the universal pasteurization of milk within the City of Vancouver.—Motion passed by the Pædiatric Section at meeting in May, 1946.

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REPORT OF THE EYE, EAR, NOSE AND THROAT SECTION

During the past twelve months the section has held an increased number of monthly evening meeting, six such meetings having been held. In addition two luncheon meetings were held during the week of the Summer School.

The outstanding scholastic event was the visit of Dr. David Webster, Surgical Director, Manhattan Eye, Ear and Throat Hospital, New York, N.Y. who was one of the speakers at the last Summer School for 1945.

The two luncheons noted above and an eye clinic in addition to the regular lectures gave all doing eye work an excellent opportunity of obtaining much knowledge from this truly great man who possessed in addition to his special knowledge great kindness and human understanding. The section feels the Summer School Committee is to be commended on having selected Dr. Webster as a speaker.

The section during the past year welcomed the return of several of its colleagues from the armed services.

Respectfully submitted,

H. R. MUSTARD, *Chairman.*

REPORT OF THE NEURO-PSYCHIATRIC SECTION

A Neuro-psychiatric section of the Vancouver Medical Association was formed on December 11th, 1945. The section has a membership of twenty, and meetings have been held each month following its inception. Some time was devoted to the study of Juvenile Delinquency, and two speakers from the Juvenile Court addressed the section. One meeting was devoted to a round-table discussion on psychiatric problems, in preparation for the Annual Meeting of the Canadian Medical Association. A final dinner and clinical session was held at the Provincial Mental Hospital at Essondale, with a total attendance, including guests, of forty.

The section demonstrates much strength and enthusiasm and we look forward to a full educational and social program for the ensuing year.

A. M. GEE, *Chairman.*

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REPORT OF THE COMMITTEE ON SHORTAGE OF HOSPITAL ACCOMMODATION

This Committee has held three meetings since it was formed early in March. At these meetings discussions have been held with representatives of the Registered Nurses Association, the Nursing Directors of the main Vancouver Hospitals, and with Doctors Haywood and Seymour of the Vancouver General Hospital. The Committee has also studied the very thorough Report of the Study Committee on Hospital Planning submitted to the Provincial Secretary in February of 1945. In addition various suggestions and recommendations submitted to the committee by various individual members of the Association have been sifted and studied.

Shortly after the formation of the Committee it was announced by the Provincial Government that a survey of the Hospital situation in the Province is to be made in the early summer by Mr. Graham L. Davis, Hospital Director of the Kellogg Foundation. Mr. Davis desires to hear any recommendations or suggestions from any interested bodies.

As a result of the work of the past ten weeks your Committee would like to place before you the following suggestions and recommendations:

(A) The immediate problem—

1. The doctors in general should devote more attention to the possibility of saving hospital days by adoption of early ambulation in all suitable cases.

2. Determined efforts should be made to discharge all patients as soon as possible. It is realized that this is linked in many cases with the social and welfare problems and the lack of convalescent and chronic hospitals.

(B) The long term policy—

1. There should be set up at the earliest opportunity a Provincial Hospital Commission or Council who could control and coordinate the location and types of hospital centres throughout the Province, acting through district or area hospital councils. The major initiative should be left to the voluntary hospitals, but the Provincial Government should encourage development and necessary expansion in accordance with a definite long term plan, and by the granting of necessary financial and other appropriate assistance.

2. The most urgent need would appear to be for suitable convalescent and chronic hospitals and certain special hospitals such as one devoted to sick children. If these facilities were provided, the acute general bed shortage would be relieved.

3. Your Committee also feels that competent authorities should enquire into the whole question of hospital construction. It would seem that the time honoured form of hospital construction, following which hospitals are built to endure for many generations and become obsolete in one or two, are needlessly costly, especially in this Province. It is felt that commonly quoted cost figures can be very materially reduced, especially in the case of convalescent and chronic hospitals.

4. Although the number of nurses in B.C. has increased 55% since 1939, and although B.C. is very favourably situated in this regard compared to other provinces, the demand for nursing services has increased to the extent that now the demand cannot be met. Hospitals cannot maintain their nursing staffs at an adequate level. It is suggested that all possible efforts be made to make institutional nursing more attractive. This means larger salaries and better living and working conditions. Facilities for training larger classes should be made available and consideration given to the possibility of shortening the training period for the general duty nurse.

5. It is felt that many more quickly trained lay help, both female and male, could be made available for hospitals if working conditions and salaries were made more attractive, and this lay help could take over much of the work now done by graduate nurses.

Your Committee would emphasize that this is only a brief summary of findings to date, and they feel that this study should continue. However, if the suggestions as outlined are approved, your Committee requests authority to incorporate the general suggestions into a brief to present to Mr. Graham L. Davis when he commences his survey in June. Your Committee would also like authority to lay these views before the Coordinating Council of Welfare Groups with the joint presentation to the Provincial Government.

All of which is respectfully submitted.

A. TAYLOR HENRY, M.D., *Chairman.*

NOTICE

Please note that the evening hours in the library will be discontinued during the summer months but will be resumed in the fall.

B. C. CANCER INSTITUTE

CLINICS

Monday and Wednesday	10.00 a.m.	Gynaecology
Tuesday	9.00-10.00 a.m.	Honorary Attending Staff
Thursday	10.00 a.m.	Breast Clinic
Friday	9.00 a.m.	Skin Clinic

NEW PATIENTS EVERY DAY.

* * * *

Monday and Thursday Mornings	RADIUM APPLICATIONS—UTERUS AND CERVIX—Main O. R., V.G.H.
Tuesday and Wednesday Mornings	RADIUM IMPLANTS—LIPS AND SKINS —B. C. Cancer Institute.
Every Day—All Day	X-RAY THERAPY—B. C. Cancer Institute.

Issued April, 1946

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PROVINCIAL BOARD OF HEALTH

DIVISION OF VENEREAL DISEASE CONTROL

SCHEDULE OF MORNING CLINICS—9.00-12 Noon

Monday—General Venereology; Eye, Ear, Nose and Throat Conference 9.00-10.00 a.m.

Tuesday—General Venereology.

Wednesday—General Venereology, Cardiology, Dermatology.

Thursday—General Venereology, Neurology.

Friday—General Venereology, Neurology.

Saturday—Pediatrics.

SCHEDULE OF EVENING CLINICS—5.30-7.00 p.m.

Monday—General Venereology; Neurology (one per month).

Thursday—General Venereology.

The Vancouver Clinic welcomes physicians to observe diagnostic and therapeutic procedures. Instruction and consultive advice are available on all phases of venereal disease. Approximately 700 patients are in attendance weekly and provide a wide range of clinical material.

Issued April, 1946

PROVINCIAL BOARD OF HEALTH

DIVISION OF TUBERCULOSIS CONTROL

VANCOUVER UNIT

	9 - 12	9 - 12	9 - 12	1 - 2.30
Monday	Outpatient Diagnostic Clinic	Outpatient Survey	Inpatient Pneumothorax Clinic (9.00)	Outpatient Pneumothorax Clinic
Tuesday	Outpatient Diagnostic Clinic	Outpatient Survey Clinic	Inpatient Pneumothorax Clinic (9.00) Bronchoscopic Clinic V.D. Heart Cl.	Outpatient Pneumothorax Clinic
Wednesday	Outpatient Diagnostic Clinic	Outpatient Survey Clinic	Inpatient Pneumothorax Clinic (10.00) Eye, Ear, Nose, Throat Clinic	Outpatient Pneumothorax Clinic
Thursday	Outpatient Diagnostic Clinic	Outpatient Survey Clinic	Inpatient Pneumothorax Clinic (10.00) Surgical T.B. Clinic Lipiodol injections	Outpatient Pneumothorax Clinic
Friday	Outpatient Diagnostic Clinic	Outpatient Survey Clinic	Inpatient Pneumothorax Clinic (9.00)	Outpatient Pneumothorax Clinic
Saturday	Outpatient Diagnostic Clinic	Outpatient Survey Clinic		

Note:

1. Ward rounds posted at information desk.
2. Chest Surgery I.D.H. 4 operations will be posted at information desk.
3. Chest films read daily, beginning at 9.00 a.m., in X-ray view rooms.
4. Dental Clinic, Monday, Wednesday, Friday, 9-12.
5. Special cases—slides in view room and photographs and histories in library.
6. Rehabilitation project — Vancouver Occupational Industries — open daily.
7. For further information apply at information desk.

Issued April, 1946

VANCOUVER GENERAL HOSPITAL

OUTPATIENTS DEPARTMENT CLINICS

MEDICINE	General	Daily
	Cardiovascular	Monday
	Dermatology	Tuesday
	Neurology	Every Second Tuesday
	Gastro-intestinal	Wednesday
	Psychiatry	Wednesday and Friday
	Diabetic	Thursday
	Hematology	Friday
	Arthritic	Saturday
SURGERY	General	Mon., Wednesday, Friday
	Proctology	Every Second Wednesday
	Orthopedics	Thursday
	Urology	Friday
	Varicose Veins	Friday
OTO-RHINO-LARYNGOLOGY		Thursday
OPHTHALMOLOGY		Tuesday
REFRACTIONS		Friday
PEDIATRICS		Saturday
OBSTETRICS AND GYNAECOLOGY	Clinic	Monday
	New Admissions	Wednesday
DENTAL		Daily
NUTRITION		Daily

from out of town. A cordial invitation is extended to everyone to attend these Clinics, where much good material is to be found.—Ed.

	VANCOUVER MEDICAL ASSOCIATION	VANCOUVER GENERAL HOSPITAL	ST. PAUL'S HOSPITAL	SHAUGH-NESSY HOSPITAL	VANCOUVER MILITARY HOSPITAL	CANCER CLINIC	CHEST CLINIC	VENEREAL DISEASES CLINIC
MONDAY		Medical Ward Rounds 8.30-9.30 a.m. (Dr. Strong) Surgical Ward Rounds 12.30-1.30 p.m.						Staff Clinical Conference 9 a.m.
TUESDAY	1st Tuesday of Month: Regular Meeting 8 p.m. 3rd Tuesday Clinical Meeting For Location, see Office	Medical Ward Rounds 9.30-10.30 a.m. (Dr. Desbrisay) Staff Clinical Meet. 4th Tuesday each month		Staff Clinical Meeting 2nd Tuesday 8 p.m.	Clinical Meeting 4-5 p.m.	Cancer Conference 9 a.m.		
WEDNESDAY		Clinical Pathological Conference 9-10 a.m.	3rd Wednesday Combined Clinical and Staff Conference	Medical Ward Rounds (Dr. Baird) 9 a.m.			Medical Ward Rounds (Dr. Kincade) 9 a.m.	
THURSDAY		Orthopaedic Ward Rounds 8 a.m. Medical Clinic 9-10 a.m.		Neurological Ward Rounds (Dr. F. Turn-bull) 2 p.m.	Radiological Conference 1-2 p.m.			
FRIDAY		Medical Ward Rounds 8.30-9.30 a.m. (Dr. Turvey) Paediatric Ward Rounds 9-10 a.m.	Friday, 11 a.m. Pathological Conference	Surgical Ward Rounds (Dr. Huggard) 11 a.m. Clinical Pathological Conference 12.45 p.m.	Medical Ward Rounds 9 a.m.	Skin Cancer Conference 9 a.m.		
SATURDAY		Radiological Conference 9-10 a.m.					Staff Conference 9 a.m.	

JUNE TO SEPTEMBER—VANCOUVER MEDICA' IATION: JULY AND AUGUST—SHAUGHNESSY: NO ACTIVITIES.

MODERN TRENDS IN MEDICINE

By D. M. Baillie, M.D., *Victoria, B.C.*

It is interesting and instructive to look back through the past twenty-five years and trace the changes in medical practice and organization in this country of ours. We can see these changes occurring at an ever increasing tempo as the Science of Medicine broadens in scope and increases its demands.

A generation ago the focal point in Therapeutic Medicine was the general practitioner. Specialists were few in number and most of these were in the field of Ophthalmology and Oto-Rhinology. Partnerships were, also, few in number in these days of robust individualism, while the number of clinics in Canada and the U.S.A. could almost be counted on the fingers of one hand.

Medicine has gone a long way in these intervening years. Knowledge has increased immeasurably and dazzling discoveries in Medical Science have forced the coming of some remarkable changes which, even today, are not by any means appreciated and appraised by the rank and file of Medicine. These changes have come about relatively slowly, and against a great weight of inertia and conservatism. There seems to have been in the Medical profession and in its leadership a great reluctance to "think ahead." The "daily round, the common task" have filled our consciousness to the exclusion of many things, particularly those that have to do with a more rapid raising of standards and an increasing efficiency. Why are unlicensed practitioners and quacks so rampant in this country? Surely to a great extent because of our deficiencies—largely due to faulty and inadequate organization in our profession.

The Rise of the Specialist.

Perhaps the most striking change has been the rapid increase in the number of specialists and practitioners who are specializing along certain lines. I have no figures to quote but the number now in Canada must be very large. A rapid survey of the situation in Victoria gives the following information:

General Practitioners	19	General Practitioners majoring along specialized lines	15
Specialists	30		

Some of these, I'll admit, are difficult to classify. For example there are a few men who are specialists in anaesthesia who, also, do some general practice. There are some medical specialists who may do a limited amount of Obstetrics but no Surgery. There may be some obstetricians who are not above doing tonsillectomies. The figures are startling, however, when compared with the conditions in this community twenty-five years ago, when the only specialists were four men in the Eye, Ear, Nose and Throat division. Incidentally I haven't included among the specialists three radiologists and two pathologists at the local hospitals.

In recent years, too, I have noticed a tendency towards earlier and more exclusive specialization. This trend towards specialization is not confined to this community but operates throughout the North American Continent. The reference is, of course, that the general practitioner—in the larger centres—is being remorselessly squeezed out. He is coming to the conclusion that he is nothing but a "feeder" of specialists. The younger men and women show their awareness of this phenomenon by the number of them who "work into" specialization, sometimes even before they leave Medical school. And herein lies a great danger, because a specialist above all things must have maturity, balance and wisdom, which can only be acquired in contact with the variegated ills and troubles of mankind.

There is another incentive: The young man knows that he can make more money with shorter hours and much less effort as a specialist than as a general practitioner. He, also realizes that he can make himself much more valuable and efficient in a restricted field. As a matter of fact it is impossible for the doctor of average intelligence to cover the whole field of General Medicine in these modern days. The best he can do, if he attempts to do so, is to be what one might call a "casualty clearing station."

I think, perhaps, we had better make up our minds that the days of the general practitioner are nearly over. It is possible that in isolated country districts he may continue to exist to some extent, although already we are witnessing the shuffling, by air, of more serious cases to the urban centres.

Group Medicine

Another phenomenon has been noticed in this changing medical scene. A process of "clumping" or "agglutination" is going on, especially among the specialists. This "clumping" is sometimes of a loose kind and is manifested by the referring of cases from one specialist to another so that the patient revolves in the orbit of a galaxy of specialists without reference to the general practitioner at all. These specialists may all have their separate offices and be financially independent of one another, but aware, all the same, of the merits and virtues of co-operation and symbiosis. Of late years there has been a stronger tendency towards cohesion and a stronger agglutination manifested in the formation of medical co-operatives and clinics. Their number is increasing rapidly. I am advised that there were 697 of them in 1940 in the U.S.A. and Canada and the number has increased since then. They seem to become increasingly attractive to the younger men. The "set up" is, of course, familiar and some of them have grown to amazing size, e.g. the Roos Loos Clinic in Los Angeles which has a medical personnel of some three hundred. The number of specialists in a group varies, but most of them have from 10 to 30 individuals. Some as in the instance above quoted are composed of specialists and general practitioners who may or may not aspire to specialization. There are other groups, primarily of general practitioners, each anxious to develop along a specialized line. These are particularly applicable to the smaller urban centres or even country districts. We have some of these in British Columbia, e.g. in Trail, Nelson, and Kamloops, which have been eminently successful. I am surprised that they have not been copied more widely. The benefits and advantages are very obvious. The tremendous benefit occurring from the close association and interchange of information and knowledge between the older men's experience and the younger men's recently acquired ideas of techniques, which redounds to the increased betterment of the patient, should not be difficult to appreciate. The development of teamwork in Surgery and the ability to specialize in Regional Surgery and Medicine are made considerably easier. The great increase in leisure and the consequent raising of one's cultural level, that would follow the establishment of an eight hour day, the enjoyment of week-ends, when one can "go off duty" without worrying about one's patients, are all of great value. The possibility of increased holiday time, of the opportunity and necessity of post-graduate study should appeal to most of us. There are other advantages, not the least being that of increased economic security.

There is another slant to this question. What do the public think of these groups and clinics? To judge by the large numbers of people who flock to them the reaction is extremely favorable. The public is quick to appreciate the efforts made to improve the services rendered to them, and has become much more sensitive to the scientific standard of the practitioner than to his personal qualities. The slave-like devotion of patient to doctor, so common a generation ago, has very largely become a thing of the past. In the main, the patient goes where he feels he can get the most value for his money.

What are the disadvantages of group practice? One of the most obvious is that each member has got to conform to the wishes of the majority, in other words he loses part of what he would call his "personal liberty." There is no doubt that the "clash of personalities"—more often than not due to prejudice, gossip and misunderstanding is one of the unfortunate and grievious things in Medicine. We see it, more particularly in the smaller towns, where some of the men will not even speak to others if they can possibly avoid it. It would be so much better if they could get together and help each other in giving a better service to their public. There is another difficulty. These groups, especially in the larger centres, so often incur the enmity and hostility of the other men in private practice. This is, in the nature of things, almost inevit-

able, and can be chalked up as the price we have to pay for change and progress. The phenomenon I have been describing will go on despite it.

How will these groups fit into a National Insurance or State Medical Scheme? The answer is that they will be ideally suited to that purpose. We find that in Aneurin Bevan's projected scheme for National Health in Great Britain the focal point is going to be the "Medical Centre." In the U.S.S.R. the "working unit" is not the individual medical doctor but the "Clinic," "Polyclinic," "Ambulatorium," "Medical Centre," where doctors work in groups to fill the health needs of their communities. Time cannot stand still. We in Canada are caught up in the current of world events and we have, willy nilly, to adapt ourselves and our institutions to meet the rapidly oncoming changes that surge down upon us.

What are We Going to Do About This Problem?

Well, we can carry on as we are and retain a *"laissez faire"* attitude. "Let things work themselves out." I cannot help feeling, however, that something should be done by the leaders of the profession to actually encourage the formation of these groups. There are great opportunities in the smaller communities for the medical men to thus get together to help each other become more proficient in some specialty. This policy should be particularly attractive to the younger men, whom I would advise in any case to give this matter serious consideration whether they practice in city or country.

Let us overtake the future and not allow the future to overtake us.

THE MOUKDEN MEDICAL COLLEGE IN RECENT YEARS

Reproduced from a letter to Mr. F. J. Fish of the Vancouver General Hospital, from Dr. H. S. D. Garvin, formerly Second Assistant Superintendent in that hospital.

In the spring and summer of 1931—almost twenty years after the founding of the college—the future looked bright indeed. Here in summary was the position:

A complete new storey had just been added to the teaching block to provide new class rooms and museum space. The Chinese staff had grown to 22 members and of these seven had completed or were just completing Post-Graduate study in Britain and Europe. The total number of graduates had risen to 192 and at that moment 40 were actually in mission employ while many others had given years of service to missions in Manchuria and China before beginning private or government work. The first women graduates had already been qualified for a year or two and all doubts of the wisdom of their choice of career and their future sphere of usefulness had disappeared. There were in residence 90 students of whom 23 were women. They were undergoing a seven years course of training, two years of premedical study, four years of preclinical and clinical study, and one year of interneship in the Moukden Hospital. In College and Hospital a larger and larger share of the burden was being shouldered by the growing Chinese staff. Good progress had been made in our aim that the college should be "controlled, staffed and financed by the Chinese themselves."

The measure of confidence which the College enjoyed in the Chinese community was evidenced by the proposal which had been made by the government North Eastern University. This was nothing less than the suggestion that the Moukden Medical College—a private missionary institution—should become the medical faculty of the Government University. After long and careful consideration, a provisional agreement, in which the Christian basis and character of the College were adequately safeguarded, had been drawn up.

Such a plan was rudely shattered by the irruption of Japanese troops into Manchuria in September, 1931, and the subsequent establishment of the new state of Manchoukuo under the aegis of the Japanese Army of Occupation. This resulted in the closure of the Government University and the withdrawal of its staff to China within the great wall. The College stood alone as a private institution.

In the first years of the occupation no grave difficulties were encountered. This was largely due to a Japanese professor of international repute on the staff of the Japanese medical school, run under the auspices of the South Manchurian Railway. He volunteered to guide the College in its relationships with the new government and ensured its registration and continued existnce as a registered medical school.

The respite was short, for in 1935 members of the Chinese staff, students and many others suffered persecution at the hands of the Japanese special police, the "Gestapo" of Japan. After their release from prison the continual spying and informing against them, their wives and their families, resulted in the loss of seven of our nine members of staff who had now had Post-Graduate study in Europe, and also of many of the junior staff. Our loss was Free China's gain.

Increasing pressure from the totalitarian state was evident in the necessity for the re-registration of the College with the government authorities. This involved a considerable loss of freedom of action, and a lowering of the teaching standards. It necessitated a reduction of the course of study from seven years to four. It also made necessary the reconstruction of the Board of Management in a Japanese registered "Judicial Person" or Board of Trustees, of which a number of Japanese had to be members. Transfer of the property from the Home Board was made to this new controlling body.

Further pressure against the freedom of the individual conscience and the institution came in the various orders that the College be officially represented at ceremonies, first in the Confucian Temple, later at the Japanese War Memorial, and last at the Shinto Shrine. Such questions had resulted in the closure of the Church of Scotland mission schools.

When, in 1941, Pearl Harbour was attacked, the foreign members of the staff still remaining in Moukden were interned. Later the British members were taken to Japan and after a period were returned to Brtiain in the "Gripsholm." Dr. Pedersen, of the Danish Mission, who was then Principal, was kept more or less confined to his house and until peace came in 1945 was not allowed to have any connection with the College or Hospital.

Drs. W. H. Gow and T. L. Leo, the two most senior Chinese members of the staff, graduates of the first class in the College, and a young Chinese staff were left on December 8th, 1941, to face the difficult situation. Dr. Chira, a Japanese Christian doctor, who had occupied official positions in the Manchoukuo government, became principal of the college, and other Japanese professors were appointed. The Chinese staff remained at their posts. The Board of Trustees was reconstructed and the college continued to function as a private institution with a Christian basis. The student activities were strictly supervised by the Japanese, the Chinese staff being allowed to do only the class room teaching.

Later Dr. Tamura, a Buddhist, who had previously held a post in a medical school in Japan, was appointed principal and Dr. Chira went back into official government work. Still later, however, he returned to the college as its head.

In 1945 the government announced its intention of commandeering the college and although there was considerable delay it had actually done so before the war ended. When this happened the Chinese staff resigned "en bloc" but were asked to continue their work. A few weeks later peace came.

In the hospital, which lies immediately adjacent to the College, Dr. T. L. Leo had been allowed a much wider measure of freedom. He had been able, in spite of all the difficulties, to keep the staff, doctors, nurses, dispensers, and others, together

as a working unit, and able to continue the extensive work of the in-patient and out-patient departments. Christian work in the hospital also went on all through this period. In addition to the Moukden Hospital, Dr. T. L. Leo and a church committee had been able to keep eight of the smaller outstation mission hospitals open.

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When peace came in the Pacific, the Japanese staff in the College handed over the keys to Drs. Gow and Leo, and were then interned in the foreign staff houses which they had been occupying. Dr. Pedersen was soon able to establish contact with the Chinese staff and visit the College and Hospital. In the first excitement of their new freedom, the young members of the staff and the students were influenced by strong nationalistic feelings and expressed the desire to be free from all foreign connection. This wave of not unnatural feeling, however, soon passed and will, I am convinced, disappear.

In his visit to the College, Dr. Pedersen found the building and its equipment intact. There has been no destruction of property and only one microscope is reported missing. The building, however, will need extensive cleaning and redecoration.

Peace brought its problem to the Chinese staff who had endured so much, waiting for just this day. They had themselves now to cope with all the teaching. After the Government commandeered the College, students with a very inadequate preliminary training in school were forced on the College, and they received Government pay and allowances. These, of course, stopped abruptly, and problems of maintenance are acute.

The general situation has been very unsettled owing to the presence in Manchuria of the Soviet Occupation forces, the Eighth Route Army, and the Central Chinese Government troops. For the last three months no news of the actual situation has reached this country. In the last news received, the College had been able to keep its doors open and the hospital was full to overflowing.

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A group of church leaders in Moukden, although unable to get a representative meeting from all the districts due to these disturbed conditions, has sent out a letter. It would welcome the arrival of a Commission from Scotland to examine the situation at first hand, confer with the church and with them plan the wisest way for our continued co-operation in the whole programme of Christian work in Manchuria. The Church of Scotland had already decided that this should be its method of procedure before actually beginning its post-war activities there. This commission is leaving now for Manchuria.

There is at the moment no properly constituted governing body of the College in the field and one of the first duties will be to reconstitute a Board of Directors in Moukden. In the College there will be the need for a return to a high standard of teaching. This will prove long and arduous, for the general standard of school work has fallen greatly during the Japanese occupation. Fourteen years of steadily falling standards will mean years of patient reconstructive work now.

Soon it should be possible to see the reunion of the scattered Chinese members of the staff. To those who remained in Moukden and determined with dour courage and resource to stand by the College and Hospital in the great hope that one day freedom would return, will be added those who in varied capacity have served in Free China. In Government medical schools and hospitals, Christian medical schools and elsewhere, they have given a great account of themselves and occupied positions of responsibility. Their wish is to return to Moukden. their "alma mater," to serve there again. After these hard years of exile, which have brought them great breadth of experience and depth of insight, they have much to give.

And to these two groups there can be added those of the foreign staff who have in varied ways and on different continents worked through the war years with hope and longing and are now waiting to return to the work they chose years ago.

Surely there is material here to begin again the task of giving to Manchuria a Christian Medical profession; doctors versed not only in the Science of modern medicine but also in the spirit of that Art of medicine whose founder was and is the Good Physician.

Glasgow, December, 1945. H. S. D. G.

GENERALIZED SCLERODERMA

By B. KANEE, M.D.

The occurrence of generalized scleroderma in a child is indeed a rarity. Since the prognosis is today regarded by internists as serious, the following case is presented to stimulate further interest in this problem.

CASE REPORT

History: E. R., a white male aged ten years, was first seen on November 27th, 1945, through the kindness of Dr. J. W. Millar, presenting a generalized skin involvement of at least two months' duration.

Present Illness: According to the child's mother, she first became aware of an infiltration of the skin involving the cheeks about two months ago; when she noticed that on pinching her son's cheeks she was unable to raise the skin up into folds as one normally is accustomed to. I was unable to elicit any history of subjective complaints, nor that of fever, common cold or any illness preceding the above observation. In the intervening two months the patient has had no treatment and there has been no change noticed by his mother.

Past Illnesses:

1. Appendectomy in 1941.
2. Mumps in 1943.
3. Swollen cervical glands in 1944 of six weeks' duration.
4. Rash on the trunk and extremities in the fall of 1945.

Family History: Father, mother and two sisters alive and well.

Skin Examination: The face appears puffy and although ruddy has a waxy appearance. There is a loss of the normal lines or furrows on the forehead and face resulting in a masked expression. Palpation readily reveals the fact that the entire skin of the face and forehead except for the central portion, namely the nose and peribuccal area, is infiltrated and one is unable to lift up the skin in folds in the usual manner seen in normal skin. He has no difficulty in opening or closing his mouth nor on swallowing. There is an infiltration of the skin of the upper extremities, trunk and thigh, but to a less degree than on the face and neck. Small, oval and circular depigmented spots are present on the extensor surfaces on the upper extremities as well as on the back. The genitals are apparently normal.

Physical Examination: A healthy, robust looking youngster in no apparent distress. Weight—80 lbs. Physical examination is essentially within normal limits.

Laboratory Data: A blood count on November 29th, 1945, showed: erythrocytes, 4,750,000; leukocytes, 3,500; hæmoglobin content 81%; polymorphonuclear neutrophils, 4%; staff forms, 50%; lymphocytes, 37%; eosinophils, 3%; monocytes, 6%.

Chemical examination of the blood on November 30th showed a total calcium of 12 mg. per cent (normal 9-11).

A rœntgenogram of the chest on December 1st was essentially normal, showing no evidence of any tuberculous process nor any evidence of pulmonary fibrosis. The tuberculin test to old tuberculin, 1/20 mg., was negative. The basal metabolic rate was 7 per cent above the average normal.

On December 20th the patient was presented at ward rounds at The Vancouver General Hospital and in view of the elevated blood calcium and low white count which could be the result of sclerosis of the bone marrow, it was recommended that further investigations be carried out to rule out hyperparathyroidism.

Blood count repeated on December 20th showed erythrocytes, 4,460,000; leukocytes, 5,850; hæmoglobin content, 80%; polymorphonuclear neutrophils 62%; staff forms, 4%; lymphocytes, 32%; monocytes, 2%. Sedimentation rate was 1/4 mm. Chemical examination of the blood on December 24th showed serum calcium 10.89 mg.. per cent; phosphorus, 4.8 mg. (normal 3.7-5); and phosphatase, normally 4-10 Green units—11.2 per cent.

In hyperparathyroidism one would expect an elevated serum calcium, a lowered serum phosphorus and an increased phosphatase if there was any osteoporosis and bone atrpohy present.

A rœntgenogram of the long bones and abdomen on January 4th showed no evidence of cystic bone lesions nor any calculi in the urinary tract.

Histologic Study: Biopsies of the skin of the left cheek, forehead and left arm showed changes compatible with the diagnosis of scleroderma.

Treatment and Subsequent Course: The patient is under observation and at present is receiving prostigmine bromide internally as well as cod liver oil and the recommendation of a daily massage to the affected parts.

Comment

Scleroderma or Hidebound Disease is characterized by the affected skin and subcutaneous tissue becoming hard and thickened and usually resulting in atrophy. There are two types:

1. Generalized or diffuse scleroderma.

2. The localized variety known as "morphea." In children when this occurs on the forehead in band formation (called morphea encoup de sabre) it is often followed by hemiatrophy of the face. As a rule the generalized form of scleroderma affects adults and rarely children.

Etiology: The disease is of unknown origin and may occur at any age. Females are affected three times as frequently as men. There may be a predisposing history of acute infectious disease, trauma or endocrine disorders including hyperparathyroidism.

The acute variety as exemplified by the above case report begins gradually with the appearance of symmetrical areas of non-pitting œdema and may terminate in spontaneous cure after a few months or enter the chronic phase.

Histopathology of the Skin: In the acute infiltrative stage there is considerable œdema of the collagen bundles in the cutis along with some interstitial œdema, perivascular round cell infiltration in the subpapillary cutis, along with mild epidermal hyperplasia. Later on there is marked atrophy of the epidermis, disappearance of the inflammatory infiltrate and fibrosis of the cutis and subcutis and loss of the appendages. Morphea presents the same picture with the addition of telangiectasia.

The clinical picture in the chronic form is that of progressive scleroderma with typical sclerodermatic facies (ironing out of the normal lines of the face, beaked nose and drawn expression)[1], pigmentation and telangiectases. These may be preceded by or associated with vasomotor disturbances such as parasthesias, acrocyanosis and angiospasm or a Raynaud-like syndrome, usually of the upper extremities, resulting in sclerodactylia. There are frequently associated calcareous concretions and ulcers in the

affected areas. This syndrome occurs almost exclusively in women and usually makes its appearance at the menopause[2]. Occasionally, there are prodromal symptoms such as arthralgia, fibrositis and rheumatic pains resulting in limitation of movement of joints.

Generalized scleroderma is really a systemic disease as is often evidenced by the narrowing of the œsophagus[3], resulting in dysphagia, pulmonary fibrosis[4], abnormal electrocardiographic findings, as well as diffuse electrocortical activity revealed by electro-encephalographic studies[5].

Internists are evincing an increasing interest in scleroderma particularly in the generalized variety. Banks[7] has suggested that there is a common denominator of such serious and, at times, rapidly fatal diseases as dermatomyositis, acute lupus erythematosus, periarteritis nodosa and generalized scleroderma. Duryee[6] feels that the prognosis in generalized scleroderma is indeed a serious one.

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NOTICE

Please note that the evening hours in the library will be discontinued during the summer months but will be resumed in the fall.

News and Notes

It is with regret that we record the passing of John Ewart Campbell of Vancouver, and more recently of Secret Cove, where he retired in 1944.

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Sympathy is extended to Dr. Eric Elkington of Victoria, in the loss of his father, Mr. W. H. Elkington of Duncan; and to Dr. E. E. Day of Vancouver, whose mother, Mrs. Jane Day, died in that city recently.

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Congratulations are being received by the following proud parents, on the birth of sons: Dr. and Mrs. J. H. Black, Dr. and Mrs. W. G. Trapp of Tranquille, and Dr. and Mrs. W. M. G. Wilson of Port Alberni.

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Daughters were born to: Dr. and Mrs. H. G. Cooper, Dr. and Mrs. S. A. Creighton, Dr. and Mrs. B. T. H. Marteinsson of Vancouver, and Dr. and Mrs. H. Emanuele of Penticton.

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Major G. H. Francis has been discharged from the R.C.A.M.C., and has returned to Vancouver, where he will resume practice.

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Squadron Leader L. S. Chipperfield has received his discharge from the Air Force, and is now practising in New Westminster.

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Major W. R. Walker, R.C.A.M.C., has returned to civilian life, and to practice in Penticton.

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Colonel J. L. M. Anderson, who returned from service overseas some months ago, and received his discharge from the R.C.A.M.C., is carrying out the duties of Medical Health Officer for the City of Victoria.

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Lieut.-Colonel R. A. (Russ) Palmer has recently returned from overseas, and is enjoying a well-earned holiday prior to discharge. Colonel Palmer will be resuming practice in Vancouver shortly.

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Dr. G. B. Helem of Port Alberni was a recent visitor to Vancouver. His brother, Dr. E. V. Helem, formerly of the R.C.A.M.C., has joined Drs. G. B. Helem and W. L. Chisholm in the practice at that centre.

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Capt. F. L. Wilson, R.C.A.M.C., has received his discharge, and has returned to practise at Trail.

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Dr. G. B. Bigelow of Victoria was a recent visitor to Vancouver. While here he took part in the British Columbia Amateur Golf Tournament.

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Dr. R. Scott-Moncrieff of Victoria was a visitor to Vancouver recently.

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Dr. Arnold Francis of New Denver is in Vancouver, having a well-earned respite from practice.

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At the annual meeting of the Vancouver Medical Association, the following were elected to office: Dr. H. A. Des Brisay, President; Dr. G. A. Davidson, Vice-President; Dr. Gordon Burke, Honorary Treasurer; Dr. Gordon C. Johnston, Honorary Secretary.