# THE BULLETIN

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# OF THE VANCOUVER MEDICAL ASSOCIATION

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SUMMER SCHOOL
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Vol. VIII. AUGUST, 1932 No. 11

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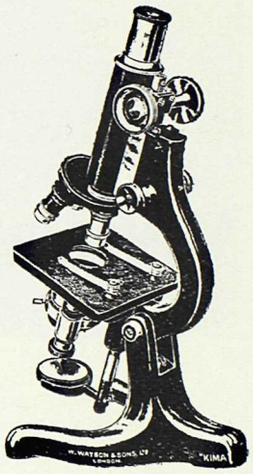

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THE VANCOUVER MEDICAL ASSOCIATION

# BULLETIN

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

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Vol. VIII. AUGUST, 1932. No. 11

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# VANCOUVER HEALTH DEPARTMENT

STATISTICS, JUNE, 1932.

| | | |
|---|---|---|
| Total Population (Census 1931) | | 246,593 |
| Asiatic Population (Estimated) | | 15,000 |
| | Rate | per 1,000 Population |
| Total Deaths | 164 | 8.1 |
| Asiatic Deaths | 11 | 8.9 |
| Deaths—Residents only | 148 | 7.3 |
| Birth Registrations | 303 | 15.0 |
| Male 154 | | |
| Female 149 | | |
| INFANTILE MORTALITY— | | |
| Deaths under one year of age | 11 | |
| Death rate—Per 1,000 births | 36.3 | |
| Stillbirths (not included in above) | 3 | |

CASES OF CONTAGIOUS DISEASES REPORTED IN CITY

| | May, 1932 | | June, 1932 | | July 1st to 15th, 1932 | |
|---|---|---|---|---|---|---|
| | Cases | Deaths | Cases | Deaths | Cases | Deaths |
| Smallpox | 0 | 0 | 0 | 0 | 0 | 0 |
| Scarlet Fever | 7 | 0 | 15 | 0 | 7 | 1 |
| Diphtheria | 1 | 0 | 2 | 0 | 2 | 0 |
| Chicken-pox | 84 | 0 | 68 | 0 | 5 | 0 |
| Measles | 5 | 0 | 2 | 0 | 1 | 0 |
| Mumps | 69 | 0 | 75 | 0 | 4 | 0 |
| Whooping-cough | 43 | 0 | 32 | 0 | 4 | 0 |
| Typhoid Fever | 0 | 0 | 1 | 0 | 1 | 0 |
| Paratyphoid | 0 | 0 | 0 | 0 | 0 | 0 |
| Tuberculosis | 87 | 21 | 60 | 12 | 15 | — |
| Poliomyelitis | 0 | 0 | 0 | 0 | 0 | 0 |
| Meningitis (Epidemic) | 1 | 0 | 2 | 0 | 0 | 0 |
| Erysipelas | 2 | 0 | 0 | 0 | 1 | 0 |
| Encephalitis Lethargica | 0 | 0 | 0 | 0 | 0 | 0 |


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# Canadian Interest in Pasteurization of Milk

It is well to remember that Toronto was one of the first cities on this continent to achieve the pasteurization of its milk supply, with the exception of certified milk, and there are a reasonable number of other Canadian cities with similarly protected milk supplies.

The Ontario Milk and Cream Distributors' Association has long shown a constructive interest in this matter of a safe supply and at their last annual meeting passed the following resolution:

*"Resolved, that whereas safe milk is recognized as the most nourishing food for infants and growing children, and*

*"Whereas, it is conceded by the medical profession that increased consumption of safe milk not only by children but also by many adults will be highly beneficial, and*

*"Whereas, it is recognized that practically all raw milk offered for sale is dangerous and liable to carry such germs as will cause tuberculosis, septic sore throat, undulant fever, diphtheria, dysentery, etc., and*

*"Whereas, efficient pasteurization of milk is the only known method by which milk can be made safe;*

*"Be it resolved, that this Association request the Provincial Government to enact such legislation as will require all milk offered for sale for human consumption in all cities, towns, and villages, where in the opinion of the Department it is practicable, in the province of Ontario, to be scientifically pasteurized."*

This statement of the case will rank with the best expositions of the reasons for and the method available for the protection of city milk supplies.

---


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# EDITOR'S PAGE

In these days of flux, when all our established institutions, all our most cherished ideas of civic management, are threatened, if not with actual disaster and overthrow, at least with radical change, it is interesting and to many of us a hopeful sign that the tendency is towards simplification of government, towards oligarchy rather than democracy, towards real control by a few capable people, rather than vague, unreal self-government, falsely so-called, by everyone at large, and nobody in particular.

Democracy—government by the people, if ever it has existed, is on trial, and has many weaknesses—some of which may prove fatal. For one thing it is too cumbersome—too slow and too wasteful. Wasteful beyond belief, unbusiness-like, open to corruption and to abuse of all kinds. It is too easy to "pass the buck," to evade responsibility, to put off till to-morrow, never to come to a definite clear-cut decision.

We must applaud the findings, for instance, of the Kidd Commission as regards B. C.—if they are as reported—and we must do our share in insisting that some immediate steps be taken to rid our province, and that means ourselves, of this awful incubus of politics and extravagance and inefficiency that has fastened itself on the state—that we have created ourselves, and put on our own shoulders.

No business could last a year or a day or a minute that was run as we allow our biggest and most important business to be run—the business of government. Yet we suffer silently, and pay taxes continually because we are assured this is democracy and self-government. As Kipling says: "If this be the price of sovereignty, Lord God! we have paid in full."

And so in our own medical affairs. We have seen how, in one province, Alberta, the medical profession has adopted this newer and more efficient plan, of an oligarchic system of government, has reduced its Board of Government, and is getting things done. And we are out to follow their example: we too have reduced our directorate and given its members wider powers, and we believe they will use them well and wisely.

The old idea was government by the few, regardless of the many. Then came government by the many, and corruption crept in. Now the new idea is government by the few—but with due interest in the process being taken by the many, each of these doing his share as it is given to him. It is not enough for us to say to the B. C. Medical Council, "We want all sorts of improvements and reforms." We must be behind the Council, every one of us. If the Council decides that the profession should take a certain stand on any matter, we must take a united stand. Otherwise, we might just as well give the members of the Council a holiday, give up paying our dues and give over trying any form of

organized medicine. Our weakness as a profession has always been a lack of understanding of the most elementary principles of organization: rules are all right for the other fellow, but do not apply to us personally. Till we can see things in a different light to this, medical organization is bound to be weak and more or less useless. Our battles in the past have been lost through a lack of loyalty to each other and to our leaders. Always, just at the critical point in the fight, our enemy has been able to divide us, and so conquer us. It was the fault of the rank and file, not only of those who were trying to lead. As individual medical men, we have a right to run our own affairs: as members of an organization our first duty is loyalty to that organization, that is, to each other, and a willingness to submerge our own individuality for the common good.

* * *

## NEWS AND NOTES

At the annual convention of that body held at Portland, Ore. on July 1st and 2nd, Dr. A. W. Hunter of Vancouver was elected president of the Western Branch of the American Urological Association.

* * *

Among the 1932 graduates in medicine is Dr. A. C. D. Frost, son of Dr. Anson C. Frost of Vancouver. We tender our congratulations to Doctors Frost, senior and junior, to the latter upon his taking his degree from his father's Alma Mater (McGill), and to the former for having succeeded in making the pursuit of the Tenth Muse appear in so attractive a guise as to win his son from more prosaic and less adventurous callings.

* * *

Dr. B. D. Gillies received a well-merited distinction when the North Pacific Medical Association honoured itself recently in electing him as its president.

* * *

There are ups and downs in the practice of medicine. We all have been known upon occasion to go up in the air over a case, metaphorically, but Dr. Fred Brodie enlivened his recent holiday at Kamloops by going up in the air literally. At the same time and thereby he became "front page news." A July 13th dispatch from Kamloops to the Vancouver *Daily Province* relates that while hastening from Kamloops to Trail by car to attend Dr. C. S. Williams, who had been taken ill, Dr. Brodie was overtaken at Vernon by an American aviator who had been participating in the B. C. Air Tour. As a result of a friendly lift he arrived at Trail after a rough flight, and a landing successfully made in semi-darkness.

We are not informed of the nature of Dr. Williams' illness, but trust that he is recovering successfully. We are reminded however that while the stork may have managed on many occasions to win by a

length in its old race with the doctor's buggy-and-mare, it will have to go into training to hold its own against modern doctors who may compete with it in its own element.

* * *

The marriage took place at Christ Church Cathedral at 7:30 p.m. on July 4th, of Miss Grace Hilton to Dr. J. W. Shier. The wedding-journey was to Dawson, Y. T., the birthplace of the bride. Mrs. Shier is a graduate in nursing of the U. B. C.

* * *

The Special Meeting of the Vancouver Medical Association called to hear Dr. Lower of Cleveland deliver an address on "Hypertrophy of the Prostate" was privileged to receive at first hand a resume of the original work which has been, and is still being, carried on by the research group of the Cleveland Clinic on this most important question.

Dr. Lower referred to the large percentage of men who attain the fifth and sixth decades who are afflicted with this serious disability, and he queried the belief which attributes the etiology to preceding inflammation either specific or metastatic. Their researches had shown that the enlarged prostate resulted from a true hyperplasia of glandular elements, probably a similar condition to that which obtains in the thyroid in simple goitre.

The development of the prostate was conditioned by a hormone derived from the corpus of the testicle. Eunuchs did not have a prostatic hypertrophy, and while vasectomy had no effect in preventing or relieving the condition, castration will do so. As a curative procedure, however, castration was inapplicable on account of its psychic by-effects.

It is known that a hormone is developed in the pituitary body which regulates the development and function of the gonads, also the associated sex organs and the secondary sex characters.

This hormone is present in minute quantities in normal urine, and Dr. Lower and his colleagues have succeeded in isolating it and have applied it experimentally to influence the development of secondary sex characters in castrated animals. The photographs of a capon before and after administration, and of dissections of animal sex organs similarly treated, were a striking demonstration of the potency of the hormone.

While as yet no definite method of prophylaxis or treatment of prostatic hypertrophy has emerged from these studies, they have undoubtedly clarified our views and increased our knowledge of the complicated endocrinology of the sex organs, and further investigation along the lines pursued by Dr. Lower and his colleagues may be expected to result in a practical method of treatment so ardently desired by the ordinary practitioner.

Dr. Lower's address was well illustrated by numerous photographs which forcibly demonstrated the success of the exerimental effects which he sought to obtain. Some of these experiments were most ingenious, more particularly the creation of artificial Siamese twins in order to demonstrate the presence in the blood stream of substances whose source had been removed in one of the animals so joined.

The Association is deeply indebted to Dr. Lower for his courtesy in presenting this address.

* * *

## MEDICAL ECONOMICS (6)

R. E. Coleman, M.B.

### RECONSTRUCTION

It is proposed to offer a solution. This solution is not designed for immediate relief nor is it complete. It merely indicates in a very general manner the writer's present conception of the direction in which the medical profession must travel to fulfil its biological function in the community. It is not anticipated that the suggestion will be received with any degree of pleasure: on the contrary, it is much more likely that it will meet with universal disapproval. This is not to be wondered at, for it is doubtful whether any individual, business or country, during the recent depression, has been pleased with the methods by means of which its budget has been balanced. Our present situation is to a large extent due to a refusal, on the part of medical men, to incorporate into their philosophy a sane attitude regarding the financial aspects of their services to the community. The result is that to-day the practice of medicine is threatened with complete commercial domination; and, what is worse, this commercial domination will be through the State. In view of the inefficiency of state financing on this continent as brought to light by the recent debacle, the prospect is not encouraging for either the future producer or consumer. In short, every consideration today points strongly to the necessity for the members of the medical profession to balance their budgets by private enterprise.

The suggestion is that the individual members of the medical profession reverse the time honoured custom of trying to "get rich quick" by transferring all of their savings to other industries. Any real discussion of the points involved would take many papers. The following points are only suggestive. In the past such financial transfers at their best probably did not build up industries as essential to the community as was the field from which they were taken. In actual practice it is known that here in Vancouver most of these financial transfers have simply led to the complete disappearance of just that much wealth, and yet the same physicians

are to-day complaining that their patients can not pay them. That is, medical men have contributed their share toward the dissociation of the dollar and the real wealth that it is supposed to represent—a process that has been largely responsible for the present condition. In this connection the analysis of the mental level of most business transactions is highly instructive. As a result of such analysis, the scorn of the security salesman for the "business ability" of the physician reminds one of the story of the Zulu who asked an Englishman about a "fool traveller" who had been through the Zulu country a few years before. When it was explained that the traveler was a Big Man, a scientist, in his own country, the Zulu was quite unconvinced since the traveller had been a poor shot. Had the scientist been forced to make his home with the Zulus, it is highly probable that he would have contributed so materially to their wealth and security that they would have gladly done all of his shooting for him. The recent collapse of our economic structure suggests very strongly that the average security salesman has been on a par with a physician treating diphtheria with antitoxin about which he knew nothing but the one dosage, and did not even know that there was a heart. Whether or not the security salesman has the mental capacity to learn now the relationship between the dollar and wealth remains for him to demonstrate. So far he has given no sign of it, and we now know that silence does not always mean deep thought. It may mean complete inability to understand.

Now that we have had a continent wide demonstration of the inability of the security salesman to steer his ship, while the practice of medicine has at the same time shown its ability to assume by far the biggest social service load of any group, it would seem that the medical profession might be well advised to use its surplus wealth for the process of building up its own business. Since the objective is private enterprise, the details must be worked out by those individuals with the vision to do it. It is suggested that the men over forty years of age review their position with a view to determining how they could invest money at five per cent interest in younger practitioners. In spite of what we may say and think of the mental capacity of our fellow practitioner, the mental capacity and the moral character of the medical profession does not indicate a greater risk than five per cent. The lending of this money would interest the lender in the success of the borrower, if for no other reason than the desire to secure his investment. The process would also tend to bring home the lesson that the industries have already learned; namely, that the failure of individuals in the end constitutes a liability to the survivors. For example, if a shoe store is threatened with failure here in Vancouver, the shoe industry has found that it is to its interest to give every assistance to prevent the failure. The application of this to medical practice must be obvious to all.

There is, however, a vastly greater gain from such a relationship between older and younger men. The fact is that the older man seldom dares to think in newer channels while the younger man can not help it. Since solutions originate in the younger minds, why not encourage them so that we can take advantage of them before they are old enough to be able to enforce them themselves? Under such conditions sociolog-

ical disasters can be largely avoided since it is probable that most such disasters are the result of factors that youth has correctly foreseen. On the other hand the young man must appreciate that by far the greater number of his ideas are fundamentally unsound, as experience will teach him. Therefore youth must not be discouraged when it finds that age can not accept what appears to be a wonderful idea.

Finally, the older man would be adding to the security of the younger man by discounting the younger man's future, while the older man would be securing his own future through returns on his investment.

# LIBRARY SECTION

## Abstracts and Reviews

*Conducted by The Library Committee*

Recently, through the Medical Library Association Exchange, duplicate journals have been sent out and received. Appreciative letters are on hand from distant points, including Dalhousie University, University of Kansas, University of Maryland, Tulane University.

*Book Reviews.*

Twenty-third report of the Henry Phipps Institute, University of Penn. 1931.

Tuberculosis in Medical and College Students, (Hetherington, McPhedran, Landis and Opie.)

279 premedical and 452 medical students were examined and results compared with students in high schools. It was found by the tuberculin test that tuberculous infection existed as follows:

| | |
|---|---|
| High School boys | 77.8% |
| Premedical students | 85.6% |
| Medical students | 93.6% |

Tuberculous infiltration of the apex of the lungs was present in 4.1% in high school boys and the same in first year medical students, but there was a rapid increase from year to year, 11.6% in second year medical students, and 20.5% in fourth year students.

*Mayo Clinic Collected Papers 1931.*

In the gastric-intestinal section the list of articles includes:

1. Pharyngo-oesophageal diverticula based on the records of 254 cases.

2. Oesophageal varices with splenomegaly.

An article based on over 3,000 test meals in patients with apparently normal stomachs shows a gradually increasing achlorhydria from youth to old age.

At age 65, 28% of women and 23% of men were achlorhydric.

The value of histamine in disclosing free acidity, masked by regurgitated base in duodenal or jejunal juices is dealt with.

"Cancer of the stomach in physicians" shows that they are as slow as their patients in seeking early diagnosis.

Articles on peptic ulcer and carcinoma are worth reading. Experimental work on dogs indicates that with obstructive jaundice there is a marked decrease in the resistance to the formation of peptic ulcer.

"Duodenal Ulcer among Physicians."

100 cases show that conservatism is the basis of treatment selected by physicians for themselves.

Tests of liver function are dealt with showing their value in confirming the diagnosis or to warn of post-operative complications.

*"The Relation of Pain to Jaundice"*

Jaundice developed with relatively no pain in 50% of the cases of carcinoma of the pancreas, in 55% of stricture of the common duct and in 14% of cases of stones in the common bile duct.

Studies on the physiology of the liver confirm previous work to show that direct van den Bergh reaction in the blood is evidence of reabsorption of bilirubin from hepatic cells. Bilirubin of extrahepatic origin is evidently a complex bilirubin, and gives the indirect reaction, while passage through the liver converts it to the simple bilirubin which gives the direct van den Bergh reaction.

Five cases of toxic cirrhosis in cinchophen poisoning are detailed.

Twenty-two cases of atrophy of the liver are reviewed.

Judd, in discussing diseases of the biliary tract, states that while hepatitis or cholangitis occurs routinely in the presence of cholecystitis, hepatitis may occur as a primary condition, and that the symptoms are similar to those of cholecystitis, and he feels that removal of the gall bladder in the cases of primary hepatitis will relieve the symptoms.

In treatment of endamebiasis:

Brown reports most satisfactory results with treparsol used in conjunction with emetin.

# EARLY COLONIAL HOSPITALS

(*Extract from "History of Medicine in B. C." by* Dr. A. S. Monro.)

British Columbia has always been generous in its support of public hospitals and probably no part of the Dominion is better served by these necessary adjuncts of modern life than is this Province. In the decade ending 1930, from a population of about 600,000, the contribution of the Provincial Government amount to over $23,000,000 and this does not include grants given by municipalities and the receipts derived from patients' fees.

Anyone viewing the modern well equipped hospitals in Victoria, and New Westminster, The Royal Provincial Jubilee and the Royal Columbian, can scarcely envisage the early beginnings of these institutions. In Victoria, the inception of the first hospital facilities must be attributed to the Rev. E. Cridge, Chaplain of the Hudson Bay Company, who arrived in that city in 1854.

The following is recorded in a little monograph entitled "Pioneer Days:"

"It was in 1858 that one day a sick man was found lying on a mattress inside the gate of this Parsonage. The man admitted that he had been brought there by certain parties, who shall be nameless. "I asked him," said the Bishop, "Why they had brought him to my house, and clandestinely, too?" "Oh," he said, "they thought you were the proper man," and I suppose I was under the circumstances. So the Parsonage became the first Home Hospital in the Colony.

The Bishop continued: "I appealed to His Excellency the Governor, who took the matter up and nominated a Provincial Committee as follows: Mr. Dallas, a director of the Hudson's Bay Company; Mr. A. F. Pemberton, Magistrate and Commissioner of Police, and myself, District Minister of Victoria.

We used, temporarily, a cottage kindly loaned (rent free) by Mr. Blinkhorn, on the corner of Yates and Broad Streets," afterwards occupied by the B. C. Hardware Company, and now by the J. M. Whitney Company, Jewellers."

Mr. and Mrs. W. S. Seeley were put in charge, the latter as "Steward," while a man of Spanish extraction, named Emmanuel, "a faithful industrious," was "man of all work," which, in those days, was not a misomer.

The name of the first patient was Braithwaite, and others soon followed, so that the cottage was generally full. As the necessity for more accommodation became urgent, the Committee was enlarged and set to work to secure a suitable site for a building, (The additional names are not given.)

Finally, after much difficulty and discussion they "took possession of" a piece of land on the Indian Reserve and erected a wooden building on the site what was, later, the Marine Hospital. "The Government," be it noted, "though not consulted, offered no objection."

Dr. Trimble was appointed Medical Officer in charge, a pamphlet containing the Constitution and By-Laws of the new institution was printed, and the Royal Hospital became an accomplished fact.

From Bishop Cridge's Diary we learn that Divine Service was held in the Hospital for the first time on December 19th, 1858, and a later note informs us that on Sunday, February 13th, 1859, collections for the Hospital were taken up in Christ Church at both morning and afternoon services, amounting to $149. This is the first record we have of an "Hospital Sunday."

In the following year 1863, provision was made for accommodation of female patients and a female infirmary was established in that year. The laying of the foundation stone took place in 1864.

The description of the laying of the foundation stone of this building, which was afterwards taken over by the Hospital authorities and became the Royal Hospital, should find a place in these records as it only ceased to exist when the present Royal Jubilee Hospital was built.

The following is from the Victoria Daily Chronicle of November 24th 1864.

"The ceremony of laying the corner stone of the Female Infirmary, at the head of Pandora Street, took place yesterday, and attracted a large concourse of people to the spot, a great proportion of whom were ladies. The building, which is to be a commodious one-story frame, is situated on a commanding site of the head of Pandora Street, overlooking the city and harbour, Royal Bay and the Straits, from Dungeness to Point Ringgold—the view taking in for distance the American and Metchosin shores, Race Rocks, etc.; the whole presenting a scene of unexampled beauty and loveliness to which the pencil of an artist could scarce do justice.

"Among those present we noticed Lady Douglas and Mrs. Kennedy, Admiral and Mrs. Deman, the Mayor and Mayoress, Rev. Mrs. Cridge, Mr. Dundas, and Mr. Woods, of the Church of England; Rev. Mr. Evans, of the Wesleyan Church; Rev. Mr. Hall, of the Presbyterian Church; Rev. Dr. Cohen, of the Congregational Emmanuel, and many others.

"Mayor Harris opened the proceedings by introducing Rev. Dr. Evans, who offered up a most impressive prayer, invoking the blessing of the Almighty upon the institution and upon those who had been instrumental in founding it, and concluding with the Lord's Prayer.

# Suppurative Wounds

Numerous applications have been used in the treatment of suppurative wounds, but recent investigations have disclosed the fact that the application of chemically pure glycerine is of definite value in diminishing the volume of exudate, inhibiting the spread of lymphangitis and reducing the swelling usually present about these wounds.

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"Rev. E. Cridge then read the following document, which was subsequently placed beneath the corner stone of the building, "and is the one which has been brought to light:-

"This day, Wednesday, November 23, A.D. 1864, was laid, in dependence on the blessing of Almighty God, the corner stone of the Victoria Female Infirmary, by Mrs. Harris, Mayoress of Victoria.

" 'Enclosed herewith are the first public appeal on behalf of the institution and the first annual report, conveying information as to its objects and early working; also copies of the local daily papers published in Vancouver Island.

The present members of the Association are:

" 'Patronesses: Lady Douglas, wife of Sir James Douglas, K.C.B., late Governor of British Columbia and Vancouver Island, etc., Mrs. Kennedy wife of Arthur E. Kennedy, C.B., present Governor of Vancouver Island, etc.

" 'President—Mrs. Harris, Mayoress of Victoria."

In a letter from Dean Cridge, July 22nd, 1869, the following excerpt is taken:

July 22, 1869.

"The building (Female Infirmary) is of a very superior character, was erected by public subscription and cost, together with the site, $4,000."

The Matron of this building "of a very superior character" was to receive the princely renumeration of $25.00 per month, and, to quote again from the minutes: "It was unanimously agreed that when there is no patient in the Infirmary no salary shall be paid to the Matron but that the usual allowances for board, lights and firing be continued."

In the annual report of the Hospital, 1865, the following are listed as the medical attendants:

| | |
|---|---|
| Dr. Ash | Dr. Haggin |
| Dr. Davie | Dr. Powell |
| Dr. Dickson | Dr. Trimble |

The medical men of the City cooperated very heartily in this movement, and the following letter was received by Rev. E. Cridge, Hon. Secretary:

Victoria, May 3rd, 1865

"My Dear Sir,

I am authorized on behalf of the Surgeons attending the 'Royal Hospital' to offer their services gratuitously to the Female Hospital.

"Will you be so kind as to place their communication before the Directresses at your earliest convenience.

I am, dear Sir,
Very faithfully yours,
"James Dickson, M.D."

And in addition to this, Doctors Trimble, Ash, Powell and Davie sent personal letters to the ladies offering their "professional services" to "your valuable Institution."

Needless to say these offers were gratefully accepted, each doctor "taking charge" by monthly rotation and being requested "to conduct to their respective terminations, the cases which he begins to attend."

In connection with this rotation in paragraph from T. W. Powell's letter is of special significance:

"The custom which prevails in the 'Royal Hospital' of physicians atending it in 'monthly rotation' is a most pernicious one, both to the responsible medical man and to the poor patient under his charge—a custom which, in my opinion, would be greatly obviated by three months continuous attendance instead of one. This would even be preferable to the system you are about to inaugurate, of no special time for attendance being allowed other than the principle of continuing a case to its termination."

Many references were made to the Female Infirmary in Dean Cridge's Diary, and it was not very long before circumstances pointed to the necessity for amalgamating the two hospitals.

The ladies were finding the financial burden too heavy for them and the public spirited citizens, already over-taxed, could not respond to the demands upon them for maintaining two separate Institutions involving duplication of equipment and service, and with but one aim and object—the care of the sick and the amelioration of suffering.

Dean Cridge, therefore, at the end of the year 1869, urged the union of the two hospitals, and Dr. J. S. Helmcken's suggestion "That the Board take over the Female Infirmary and that the patients from the Royal Hospital be moved there and the Institution in future be known as the The Royal Hospital, "met with universal approval, the Directors promising to maintain a Female Ward and the ladies pledging their continued interest and support.

Thus step by step this union was accomplished and the foundation "well and truly laid" for the great and noble work which later found fuller expression in the fine Institution now widely known as THE PROVINCIAL ROYAL JUBILEE HOSPITAL.

## ROYAL COLUMBIAN HOSPITAL, New Westminster.

In April 1859 following the arrival of the main body of the Royal Engineers in New Westminster, Staff surgeon, J. V. Seddall, opened the first hospital of its kind at the Engineer Barracks, constructed that spring at Sapperton on the present site of the B. C. Penitentiary.

Dr. Seddall's original hospital took care of surveyors and workers on the Cariboo Road during the following 4 years. When the Engineers were ordered disbanded 1863, their camp was dismantled and Dr. Seddall turned over his equipment to the New Royal Columbian which, late in 1862 had been organized by the citizens of New Westminster with the help of Col. R. C. Moody, officer in charge of the Engineers. The first building was at Agnes and Fourth Streets and accommodated 30 beds. The work of the Hospital from that time reflects interesting stages in the settlement of the mainland.

Sir James Douglas, Governor of Briish Columbia to 1864, and Frederick Seymour, Governor to 1869, always showed interest in the work of the hospital. W. H. Keary, secretary from 1875 to 1911, records numerous distinguished patrons and contributors including Lord Strathcona and the Duke of Sutherland. Lord Milton was a patient during his western tour in 1863.

While the gold rush was in progress, during the sixties and early seventies, the majority of the patients were miners, either ill or injured at their work. They often had to be transported immense distances by stage and wagon from the Cariboo to New Westminster, and in many cases the patients suffered from gangrene by the time they arrived. Numerous patients were treated for bullet wounds from brawls at the mining camps, or in clashes with hostile Indians during the height of the excitement.

Around 1879, there was a smallpox epidemic among the thousands of Indians populating the reservations in the lower Faser Valley. The Royal Columbian treated white people who were infected and, fortunately few succumbed, but the Indians, quarantined in a building on McBride boulevard and on Popular Island, suffered heavily.

Expanding with the growth of the population, the original Royal Columbian Hospital was moved from Agnes Street to its present site in Sapperton in 1889. In 1902 the women's hospital on Third Avenue was merged with it. Several frame structures were added on the ten-acre site by 1908. The modern brick building, capable of further expansion, was completed in 1914 and is now accommodating 212 beds.

* * *

## WILLIAMS CREEK HOSPITAL, Barkerville.

In 1863 when the Cariboo gold fields attracted thousands of men the need of a public hospital became urgent and the following record gives an account of the establishment of the hospital at Barkerville:

Cameronton, July 2, 1864.

To

His Excellency Frederick Seymour, Esq.

On the 22nd of July, 1863, the inhabitants of Williams Creek resolved at a public meeting "That a Hospital among them was imperatively demanded." On the 29th of that month they decided on building and on the first of October following, the institution was opened for the reception of patients.

From that time till now, 32 sick men have been admitted of whom 26 have been discharged cured; 3 have died, and 3 remain in the building. Up to June 1864 the sum collected for the Hospital amounted to $2694, (the approximate) expenditure up to that time being $7000. The Government grant of $2500 (for which we beg to tender our grateful thanks) being added to the former $2694, leaves a debt of $1806. All bills have been carefully audited, many of them taxed . . . .

Present Committee: That it is the desire of the Committee that the Hospital be made Government matter and that the funds for its support be supplied out of the General Revenue as a whole or from some specific item of the same." The expression of the Committee as contained in that resolution is but an echo of the voice of the whole Mining population. The collections are met with assertions as follows: We are taxed on coming into the Colony, our goods and food are taxed and retaxed in their transit to us." The prices of transfer have been increased and cannot the Government provide, out of its own revenue, a Hospital for our needy sick." The additional objections are also urged of the scarcity of labour and the consequent dearth of money. Your Excellency will allow that the exclusion of sick men from the benefit of Hospital . . . . . is no less a calamity than (we had almost said) a stain upon our national character but to this it must come if the institution has to depend on the voluntary subscriptions of an unwilling public. We have been informed that it was the declared intention of the late Governor Sir James Douglas to appropriate the entire "Head Money" of the Colony to Hospital purposes . . . . . It is our belief that $6000 per annum would suffice to maintain the Hospital in an efficient state.

"A. Browning"
Hon. Secretary.

Subsequent records indicate the progress of events, as follows:
Williams Creek Hospital, Barkerville.

Camerton, Williams Creek,
21st August, 1863

"I am happy to inform your excellency though this is away from my subject, that a Hospital for the sick of Williams Creek is now in course of erection on an excellent site above Cameronton, and it is expected that the Building will be completed this fall.

R. C. Lundin Brown to the Governor.

Williams Creek, 9th Nov. 1865.

Chipps, John (M.D.) Letter to Colonial Secretary.

Offer to take charge of Hospital without salary for two months accepted—and requesting funds for payment of necessities. Accounts enclosed.

Williams Creek Hospital,
Barkerville, 21st Sept. 1865.

William G. Cox, to Colonial Secretary.

Letters seeking advice re expenses of running Hospital and forwarding resignation of George Moss, steward of Cariboo Hospital; also information re Dr. Chipp's resignation and appointment of Dr. Thomas Bell.

26th, March, 1866.

Wm. G. Cox, to Colonial Secretary.

Enclosing return of the amount of aid given to the Cariboo Hospital, and the number of patients received into that Institution during the past year.

Return of subscriptions during 1865 to Hospital, to the amount of $171.

In September 1866, a report of subscription of $500, and $500 promised for repair of Hospital reported.

Richfield, 14th Nov. 1867.

Chartres Brew to Colonial Secretary.

Re suggested closing of Hospital," as the sum already expended greatly exceeds the amount which His Excellency is willing to grant for the maintenance of the Hospital, and as there is little prospect of obtaining subscriptions here to any amount sufficient to defray the difference between the sum granted and the amount expended. I regret to say that I fear the Hospital will have to be closed. The medical attendant's salary was reduced some months ago from $150 a month to $100 and the stewards salary from $120 to $80, besides which he is to do the washing.

Dr. Bell desires me to say that rather than have the Hospital closed he will give his professional attendance gratis after the 31st of December next. The method formerly pursued was to pay the Steward $40 a month for the food of each patient, at present the actual expense of providing food, etc., is paid on production of the bills, the result is that the monthly cost of feeding each patient is reduced to a little over $30 a month.

There are only two patients in the Hospital, one of them is able to pay for his board, and I have directed that he shall do so accordingly.

Richfield, 29th, November, 1870.

H. M. Ball to Colonial Secretary.

Appointment of H. M. Ball to be Inspector of the Cariboo Hospital which was in charge of Dr. Thomas Bell. Hospital consisted at this date of 1 ward, doctor's office, and kitchen, "the ward measures 24 feet by 23 feet and accommodates 6 patients and it is but seldom that the ward is filled." The doctor resided in the Hospital. Total number of patients from 1st of January to 31st of October was 34, and the average number of days in hospital 42. Attendance and medicine has also been given by the doctor to out door patients numbering 350. The daily cost of each patient averages about $1, and the balance of the Government grant after deducting wages and food of hospital attenddant has hitherto but poorly remunerated the doctor for his services, as no public subscription was raised for the support of the Hospital till this year, when thro' the exertions of the Grand Jury, subscriptions to the amount of $1,540 has been given.

With the decline of mining in the Barkerville district the number of patients requiring attention dwindled to such small numbers that the Government found it necessary to put in a subsidized medical officer to take care of the work, as no longer could adequate support be expected from the small mining population. Today, the hospital needs of this section are cared for in a well appointed and well equipped institution at Quesnel on the Fraser River, some 60 odd miles from Barkerville.

* * *

## MEETING

The Western Branch Society of the American Urological Association has just concluded a very successful meeting at Portland, Oregon, one of the most successful, in fact, of its history. In spite of the present economic conditions, the attendance was the largest ever recorded. Members came by auto, train, bus and airplane. One plane started at Dallas, picked up men at Tucson, Los Angeles and San Francisco, to land them on time in Portland.

Papers were scientific and timely and discussions were helpful.

The social programme was full and the entertainment varied, thanks to the Arrangements Committee of which Dr. Albert E. MacKay was chairman. Mrs. MacKay and her aides welcomed and entertained the ladies.

The following officers were elected at the meeting:
President—A. W. HUNTER, 1022 Medical Dental Bldg., Vancouver, B. C.
President-Elect—F. S. DILLINGHAM, 1016 Story Bldg., Los Angeles, Calif.
Secretary-Treasurer, GEORGE W. HARTMAN, 999 Sutter Street,
San Francisco California.

Executive Committee, W. G. SHULTZ, Tucson, Arizona.
MILEY B. WESSON, San Francisco, California.
WIRT B. DAKIN, Los Angeles, California.

The following were elected to Honorary Membership:

Professor Alexander Von Lichtenberg, Berlin Germany, Dr. Arthur Chute, Boston, Mass., Dr. E. G. Crabtree, Boston, Mass., Dr. W. E. Lower, Cleveland, Ohio, Dr. N. G. Alcock, Iowa City, Iowa, Dr. George R. Livermore, Memphis, Tenn., Dr. Robert C. Coffey, Portland, Oregon.

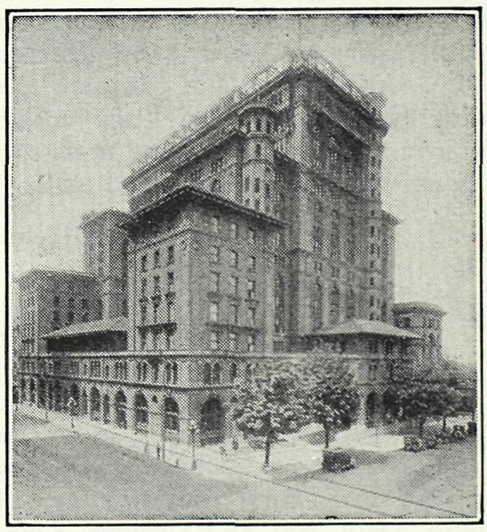
Next year's meeting will be held in Vancouver, B. C.

* * *

## SUMMER SCHOOL CLINICS

Vancouver Medical Association

Sept. 13 to 16th, (Incl.) 1932.



The programme of this year's Summer School will soon be sent out to all our readers, but in printing it herewith, it is felt that a few words of amplification may be of value.

The yearly Summer School meeting of the Vancouver Medical Association has become an established institution—and each year sees a better and fuller programme. The one presented this year is, we think, easily the best yet, and it is going to be worth any medical man's attention, and attendance.

The committee in charge evidently felt that in these times of, shall we say financial uncertainty, only a very attractive dish would tempt the appetite of the prospective customer—and they have worked early and late to secure fare that will, we think, be very hard to resist.

Wisely, too, they have reduced the attendance fee to as low a figure as is consistent with safety. For this Summer School costs some

money. The speakers and clinicians who come here are generosity itself. Many of them, in years gone by, have refused to accept their expenses—but it is felt and rightly, that any such suggestion must come from the visitor himself, and we are bound and more than glad, to ensure that at the least our speakers suffer no financial loss from the visit that means so much to us. And where one may ask, as one looks at the programme, could anyone secure so much for so little?

The time has been well chosen, too. Hitherto, these Summer Schools have been held in June or July, months cluttered up with medical meetings of all kinds; so that we must needs compete with other attractions, to our injury and theirs. But September is a good month—usually—in Vancouver, fine and sunny, with not excessive heat. The fall's work has not yet begun in earnest, the summer holidays are over, and one begins to feel like buckling down to work; and what better way to begin than by a refresher course such as the one presented herewith?

The place, too, is ideal. The Hotel Vancouver, is, as most of our readers know, especially well adapted to such meetings. The Oak Room, where the meetings will be held, is large and yet quiet, and a good place to hear.

Clinics will be held, of course, at the hospitals.

Examining the programme in detail, one finds almost an *embarras de richesse.* There is fare for every palate—and the outstanding feature of the programme is its adaptability to general practice. When one considers the calibre of the speakers, each of whom is a recognized leader in his field, one is impressed by the feeling that it would be a very great pity to miss any of the papers. Happy are those who come to it from outside the city, for, undisturbed by telephone calls, or resorts of the head on the perinaeum, they may take it all in. The man with specialised practice will find a great deal that he needs, but the general practitioner is the man for whom this programme is primarily designed, and he cannot afford to miss it.

The Committee in charge extends an invitation to everyone. Entertainment beyond a Golf Tournament and a Luncheon, has not been made a feature of the meeting. It is too full of clinical material to give much time to anything else. We feel that those who come to the Summer School would rather devote most of their time to the business of the meeting. Where one can get such a programme of addresses and clinics, it would be a pity to waste any of the time on other things.

One more word: you are asked to bring this copy of the programme with you or the one you will have received through the mail. In these somewhat straitened times, it is not possible to be as lavish with printing and stationery as one would like, and we are sure everyone will understand, that we may be able to devote our resources to the things that matter.

# SUMMER SCHOOL CLINICS
## VANCOUVER MEDICAL ASSOCIATION

### Programme

SEPTEMBER 13, 14, 15, and 16, 1932.

All meetings will be held in the Oak Room of the Hotel Vancouver.

Fee $6.00

*Speakers:*

DR. L. H. CLERF, Prof. of Bronshoscopy and Esophagoscopy, Jefferson Med. College, Philadelphia.
DR. L. ELOESSER, Prof of Clin. Surgery, Leland Stanford Univ., San Francisco.
DR. W. E. GALLIE, Prof. of Surgery, University of Toronto.
DR. GEO. C. HALE, Prof. of Medicine, Univ. of Western Ontario, London.
DR. H. HELMHOLZ, Prof. of Paediatrics, Mayo Foundation, Rochester.
DR. W. B. HENDRY, Prof. of Obstetrics and Gynaecology, University of Toronto.
DR. K. F. MEYER, Prof. of Bacteriology, Univ. of California, San Francisco.
DR. F. R. MILLER, Prof. of Physiology, Univ. of Western Ontario, London.
DR. T. C. ROUTLEY, Gen. Secy., Canadian Medical Association.

TUESDAY, SEPTEMBER 13th.

8:00 a.m.—Registration.
9:00 a.m.—Dr. L. H. Clerf: "Bronchoscopy in Diagnosis of Pulmonary Disease."
10:00 a.m.—Dr. G. C. Hale: "Cardiac Pain."
11:00 a.m.—Dr. W. B. Hendry: "Some Clinical Problems of Pregnancy and Childbirth."
12:30 p.m.—LUNCHEON—Speaker: Dr. T. C. Routley.
2:30 p.m.—Clinics: Dr. W. E. Gallie, at Vancouver General Hospital, Dr. H. Helmholz, at St. Paul's Hospital.
8:00 p.m.—Dr. F. R. Miller: "Recent Advances in Functional Neurology and Myology,"—1st lecture.
9:00 p.m.—Dr. L. Eloesser: "Diagnosis of the Suppurative Infections of the Lung."
10:00 p.m.—Dr. K. F. Meyer: "The Place of Biologic Products in Daily Practice."

WEDNESDAY, SEPTEMBER 14th.

8:00 a.m.—Dr. F. R. Miller: "Recent Advances in Functional Neurology and Myology,"—2nd lecture.
9:00 a.m.—Dr. W. E. Gallie: "Ununited Fractures—and the Transplantation of Bone."
10:00 a.m.—Dr. L. H. Clerf: "Pulmonary Abscess and Bronchiectasis viewed from a Bronchoscopic Standpoint."

11:00 a.m.—Dr. W. B. Hendry: "Modern Aids to Labour."
2:00 p.m.—Clinics: Dr. L. Eloesser, at Vancouver General Hospital. Dr. G. C. Hale, at St. Paul's Hospital.
8:00 p.m.—Dr. L. H. Clerf: "Diseases of the Esophagus. Their Diagnosis and Treatment."
9:00 p.m.—Dr. H. Helmholz: "Disturbances of the Thyroid Gland in Children."
10:00 p.m.—Dr. K. F. Meyer: "The Common and Rare Forms of Food Poisoning."

THURSDAY, SEPTEMBER 15th.

8:00 a.m.—Dr. K. F. Meyer: "The Present Status of Poliomyelitis and its Treatment."
9:00 a.m.—Dr. L. H. Clerf: "Chronic Hoarseness."
10:00 a.m.—Dr. H. Helmholz: "The Diagnosis and Treatment of Pyelitis."
11:00a.m.—Dr. L. Eloesser: "Treatment of Suppurations of the Lung, Abscess and Bronchiectasis."
2:00 p.m.—GOLF TOURNAMENT.
8:00 p.m.—Dr. W. E. Gallie: "Obstetrical Injuries to the Child."
9:00 p.m.—Dr. G. C. Hale: "Our Arteries."
10:00 p.m.—Dr. W. B. Hendry: "Pelvic Inflammation."

FRIDAY, SEPTEMBER 16th.

8:00 a.m.—Dr. G. C. Hale: "A Clinical Conception of Nephritis."
9:00 a.m.—Dr. F. R. Miller: "Recent Advances in Functional Neurology and Myology,"—3rd lecture.
10:00 a.m.—Dr. W. E. Gallie: "Sympathectomy."
11:00 a.m.—Dr. L. Eloesser: "Surgical Treatment of Pulmonary Tuberculosis."
2:00 p.m.—Clinic: Dr. W. B. Hendry, at Vancouver General Hospital.
8:00 a.m.—Dr. K. F. Meyer: "Animal-Borne Infections."
9:00 p.m.—Dr. F. R. Miller: "Recent Advances in Various Fields of Physiology."
10:00 p.m.—Dr. H. Helmholz: "The Diagnosis of Acute Abdominal Conditions in Childhood."

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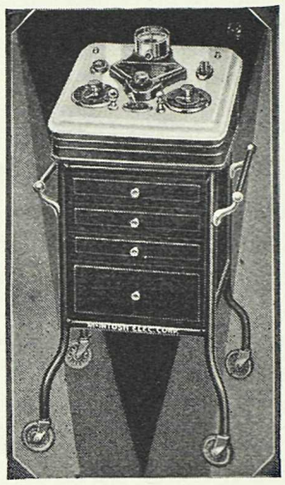

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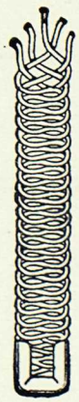

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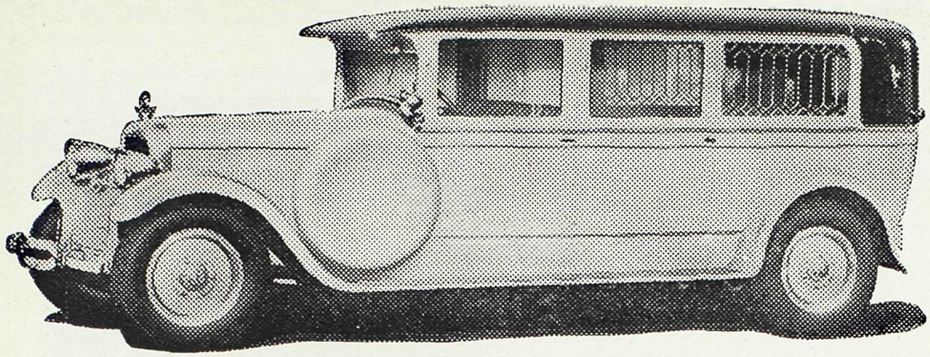

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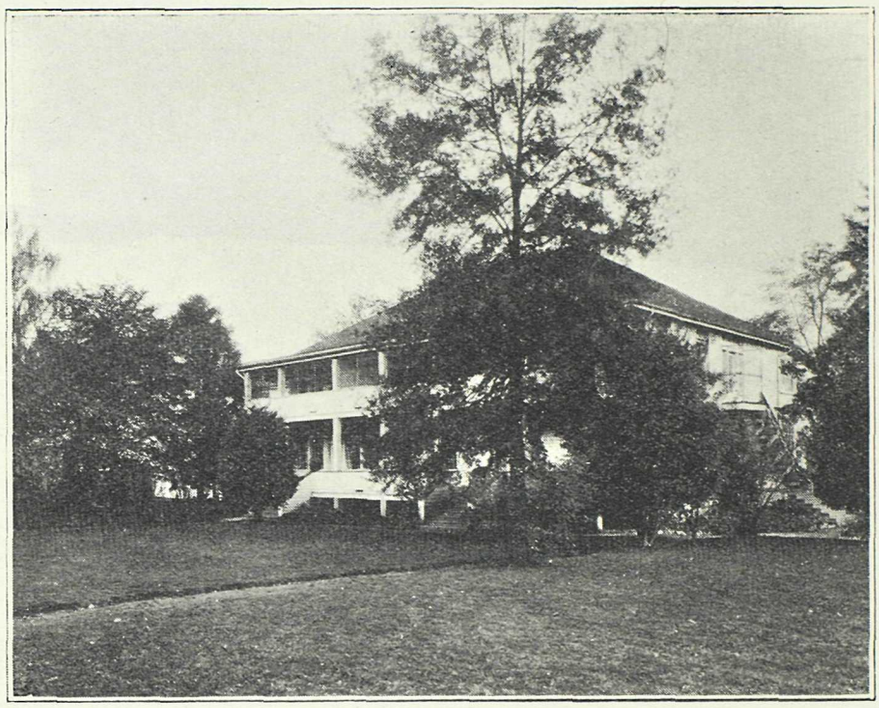

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