The BULLETIN
OF THE
VANCOUVER MEDICAL ASSOCIATION

Vol. XIV. APRIL, 1938 No. 7

UNIVERSITY OF BRITISH COLUMBIA
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In This Issue:

NEWS AND NOTES

QUO VADIS, MEDICINA?

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

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DR. M. MCC. BAIRD DR. D. E. H. CLEVELAND

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VOL. XIV. APRIL, 1938 No. 7

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VANCOUVER HEALTH DEPARTMENT

STATISTICS—FEBRUARY, 1938

Total population—estimated	259,987
Japanese population—estimated	8,685
Chinese population—estimated	7,808
Hindu population—estimated	335

	Number	Rate per 1,000 Population
Total deaths	217	10.9
Japanese deaths	9	13.5
Chinese deaths	11	22.9
Deaths—residents only	184	9.2
BIRTH REGISTRATIONS:		
Male, 168; Female, 173	341	17.1

INFANTILE MORTALITY:	Feb., 1938	Feb., 1937
Deaths under one year of age	10	17
Death rate—per 1,000 births	29.3	60.3
Stillbirths (not included in above)	7	6

CASES OF COMMUNICABLE DISEASES REPORTED IN THE CITY

	January, 1938		February, 1938		March 1st to 15th, 1938	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Scarlet Fever	47	0	87	0	53	0
Diphtheria	4	1	1	0	0	0
Chicken Pox	172	0	99	0	47	0
Measles	19	0	13	0	13	0
Rubella	3	0	2	0	3	0
Mumps	73	0	36	0	7	0
Whooping Cough	19	1	21	0	1	0
Typhoid Fever	2	2	0	0	0	0
Undulant Fever	0	0	2	0	0	0
Poliomyelitis	0	0	0	0	0	0
Tuberculosis	35	21	48	14	12	--
Erysipelas	1	0	4	0	0	0

V. D. CASES REPORTED TO PROVINCIAL BOARD OF HEALTH, DIVISION OF VENEREAL DISEASE CONTROL

	Vancouver Clinic	Hospitals and Private Doctors	Totals
Syphilis	127	39	166
Gonorrhœa	10	12	121

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EDITOR'S PAGE

"Tempora mutantur, et nos mutamur in illis"—which, being interpreted, means that we cannot stand still—we must go forward or backward.

The BULLETIN of the Vancouver Medical Association has come to one of the crossroads of its existence. For these thirteen or fourteen years it has served its original purpose as a record of the transactions of the Vancouver Medical Association; gradually it has widened in scope and function, till it has become in reality a provincial organ of medical opinion and activities. It is sent to every practising physician in the province each month.

Now it seems that we have to take another step, and perhaps two or three. Some months ago the Victoria Medical Society went on record as desiring to publish the transactions of that Society for preservation in permanent form, and very courteously entered into correspondence with the BULLETIN about this matter. Their problem was whether they should do this independently, or in conjunction with us, for a time at least.

Then the Vancouver General Hospital Staff appointed a Publications Committee to explore the possibilities of putting into coherent form the records of the work being done in that Hospital by the Staff. Dr. B. J. Harrison, the Chairman of that Committee, approached us with a view to ascertaining how this might best and most economically be arranged.

The BULLETIN's Editorial Committee feels that these two events are of crucial importance, and shew a very marked progress in the medical world of British Columbia. There can be no doubt that both these organisations should certainly do what they suggest: record and publish at suitable intervals the extremely valuable material that they both have made available.

It has always seemed to us, as regards the Vancouver General Hospital, that it is a very great pity that all the excellent material they have is going largely to waste. Time and again reviews and surveys have been made of different aspects of this work, and from time to time these have been published. But it would be much better if this were done systematically and at regular intervals. The same applies to the work of our sister Medical Society in Victoria.

So we arranged a round-table conference between Victoria, as represented by Dr. D. M. Baillie, the chairman of their Publications Committee, the Vancouver General Hospital, through Dr. B. J. Harrison, the Vancouver Medical Association, represented by Dr. G. H. Clement, and our own Publications Committee, and discussed the matter thoroughly with our publisher, Roy Wrigley Ltd., as represented by Mr. Macdonald of that organisation. We came to the following conclusions:

1. That steps should be taken forthwith to throw open the columns of the BULLETIN to Victoria (and perhaps later to other medical societies) and to the Vancouver General Hospital;

2. That this would entail enlargement of the BULLETIN, and the assignment to each of these bodies of a definite amount of space monthly;

3. That they would guarantee us against financial loss, but that if no loss were entailed, no charge would be made to them;

4. That the set-up of the BULLETIN would be to some extent altered; space should be set aside for various matters: *e.g.*, medical economics, medical history, news and notes, Library section, reviews, etc., and, as one of the group suggested, even a column of medical humour;

5. That efforts be made to co-operate with the health authorities, so that this journal would represent not only the therapeutic but the preventive side of medicine.

Other suggestions were made. We feel that we must go slowly, of course, and test each step as we go—but that the advance should be made. Our publisher assures us that there can be no doubt that extra advertising will be available to meet the extra cost; he told us a number of pleasant things about the BULLETIN as an advertising medium.

Further details will be given from time to time, as progress is made. It will be some months before we can get our new venture in working shape, but we have no doubt that the step is a right one to take.

* * * *

An important event, from our point of view, is the sitting of the Rowell Commission in Victoria, to which has been presented, by Dr. T. C. Routley, the General Secretary of the Canadian Medical Association, a Brief prepared by the Executive Council of this body.

This brief was very carefully drawn up after the fullest possible consultation with all provinces; it may be found in the latest issue of the *C. M. A. Journal.* Reading it, we think that every medical man will commend its breadth of vision and its sanity, and there is more to it than this. There is a restatement, if such is necessary, of our insistence on certain things. The first is a real attempt at prevention of disease. Merely to deal with the disease that is at present existing, by any means, no matter how excellent, is largely a waste of money and effort, unless prevention and elimination of causes of disease are a primary consideration. This, we insist, can only be done adequately on a national scale. The next point is the inclusion of the indigent, pensioners, low wage-earners, casual workers and the like, as an integral part of any scheme of Health Insurance or the like; since here especially is the need for improvement, if the rising tide of loss from disease is to be checked.

Adequate schemes of hospitalisation after a national survey are urged; the provision of means of diagnosis and so on; all these to precede or at least underlie any scheme of treatment. All through the brief, our opinion is emphasized that a sincere attempt should be made to regard and treat health problems from a national rather than a provincial standpoint. How much of our hopes in this direction will be realised is problematical, since Canada has become so very provincial in its outlook, and vested interests of a political nature have been built up and have become strong; but we at least hope that a start will be made in this, as in other directions, toward realising the dream of many of us, that visualises Canada as a nation and a people, rather than a collection of impotent and mutually suspicious Balkan states.

Perhaps our Brief will be a real, if small, contribution towards the realisation of this devoutly wished-for consummation.

SUMMER SCHOOL

Begin now to make your plans to attend this Summer School in June. The programme will soon be available for publication, but meantime we can assure our readers that this year's menu is going to be well up to the standard of previous years.

PATHOLOGICAL CONFERENCE

Every Wednesday, from 12 to 1, this Pathological Conference is held in the Chemistry Building at the Vancouver General Hospital, under the direction of Dr. H. H. Pitts, the Hospital Pathologist. Specimens are shown and cases discussed, and these meetings are rapidly becoming a very important institution. All medical men are invited, and will be welcome.

VANCOUVER MEDICAL ASSOCIATION

The regular monthly meeting of the Association will be held on Tuesday, April 5th, in the Chemistry Building at Vancouver General Hospital.

The programme for the evening will be: "Symposium on Liver and Gall-Bladder": Dr. Evelyn Gee—"Physiology of the Liver and Gall-Bladder"; Dr. H. H. Pitts—"Pathology of Diseases of the Liver and Gall-Bladder"; Dr. W. Graham—"Diagnosis and Treatment of Surgical Conditions."

* * * *

The Annual Meeting of the Vancouver Medical Association will be held on April 26th. Members are reminded that nominations should be posted in the Library prior to that date.

* * * *

Plans for the annual Summer School of the Vancouver Medical Association are well under way. The school will be held June 21st to 24th inclusive in the Hotel Vancouver. The following speakers have agreed to lecture, and the Committee is to be congratulated on securing again, this year, such outstanding men for the programme:

Dr. Ray F. Farquharson, Associate Professor of Medicine at the University of Toronto.

Dr. Andrew Hunter, Professor of Pathological Chemistry at the University of Toronto. Dr. Hunter is no stranger in Vancouver, as he has lectured at previous Summer Schools.

Dr. Oliver S. Ormsby, Clinical Professor, Department of Dermatology, University of Chicago. Dr. Ormsby's book, "Diseases of the Skin," now in its fifth edition (1937), has been added to the Library.

Dr. R. Glen Spurling, Associate Professor of Surgery at the University of Louisville, Kentucky, is a specialist in neurological surgery.

Dr. Waltman Walters, Associate Professor of Surgery, Mayo, Clinic, Rochester, Minn.

Details of the programme will appear in next month's BULLETIN.

LIBRARY NOTES

The Vancouver Medical Association has been the recipient of several very acceptable gifts during the last month. From Dr. D. E. H. Cleveland was received a most interesting set of Austrian stamps, on which are engraved photographs of famous doctors of the Vienna Medical School. These stamps are beautifully mounted and framed, and, as they are hung in a good light, have aroused great interest among those who have seen them.

Dr. E. J. Curtis has given to the Association a copy of the last photograph which Sir William Osler had taken. This has been suitably framed and will hang in the reading room.

Two useful books were given to the Library, one, from Dr. Busteed, "The Physicians of the Mayo Clinic," the other, from Dr. Colin Graham, "Diseases of the Ear, Nose and Throat," by J. Douglas McLaggan.

Recent Additions to the Library

The following new articles have been added to the Oxford System of Medicine:

"The Chemistry of Proteins in Relation to Disease," by Dr. W. T. Salter.

"The Vitamins," by Dr. E. V. McCollum.

"Albinism," by Dr. F. R. Taylor.

"Diseases of the Blood," by Dr. Duncan Graham.

"The Thymus and Status Lymphaticus," by Dr. D. Riesman and S. E. Harris.

"Diabetes Mellitus," by Dr. R. Fitz.

"Arachnidism," by Dr. F. R. Taylor.
"Dystonia Musculorum Deformans" and "Tick Paralysis," by Dr. F. R. Taylor.
"Brain Abscesses," by Dr. C. M. H. Howell.
"Intrinsic Diseases of the Spinal Cord," by Dr. W. R. Brian.
"Tumours of the Spinal Cord and Other Lesions Causing Compression," by Dr. W. R. Brian.
"Trophic Lesions," by Dr. H. Campbell.

New Books Added

"Emergency Surgery," by Hamilton Bailey, 1938.

"Surgical Anatomy of the Head and Neck," by J. F. Barnhill, 1937.

Yearbook, 1937, of General Medicine.

Yearbook, 1937, of Therapeutics.

Yearbook, 1937, of Neurology, Psychiatry and Endocrinology.

HEALTH WEEK

The forthcoming Health Week to be held this month, from April 12th to 14th inclusive, is an event that should receive from every medical man the strongest possible support. It will be a noteworthy event, well worth urging one's friends and patients to attend, and we believe it will attract wide attention and be productive of much good.

The Health Week is a joint effort, under the combined management of the Vancouver Medical Association and the Greater Vancouver Health League. It has the active support and co-operation of many bodies, such as the School Board, the Victorian Order of Nurses, Vancouver Welfare Federation, the Tuberculosis Division of the Board of Health, the Metropolitan Health Board, and many others.

The programme is an excellent one. It will be divided into afternoon and evening sessions. It is hoped to have the first session in the evening opened by His Excellency the Lieutenant-Governor of British Columbia and by His Worship the Mayor of Vancouver. This evening will be devoted to the Cancer Problem.

Dietetics, Physical Training, Maternal Welfare, Dental Care, Disease as related to industry and other topics, will be dealt with. One evening will be devoted to Heart and Lung conditions, the common cold, and so on.

The emphasis of the programme will be mainly directed to prevention of disease, promotion of health, habits of life, and most particularly it is intended to stress the importance of periodic health examinations, with a view to early diagnosis of cancer in its curable stage, the care of the heart and lungs, especially in children, in order to prevent heart disease and tuberculosis in later life, and the maintenance of health in relation to work.

Several prominent laymen are being invited to act as chairmen at the meetings.

All meetings will be held in the Ballroom of the Hotel Vancouver, and displays of various sorts will be given. Films and moving pictures will be shewn, and every sort of interest in health will be catered to.

Dr. R. H. Fraser, the Executive Secretary of the Greater Vancouver Health League, is working hard on the programme, which has been arranged by a joint committee of the two bodies, Dr. G. H. Clement, the President of the Vancouver Medical Association, being the chairman. We bespeak the support of the medical profession in giving publicity, and all the aid they can, to this most noteworthy project, which is their own undertaking jointly with the Health League.

GREATER VANCOUVER HEALTH LEAGUE

The Greater Vancouver Health League is becoming more and more a force for good in the community of Vancouver, and we feel that some of its recent activities deserve a word from us.

The medical profession of Vancouver knows little about the Greater Vancouver Health League, which is one of the agencies of Vancouver Welfare Federation. For years it has worked more or less silently as a coadjutor to existing health agencies, and a promoter of various new projects.

Early in its career it undertook a campaign for vaccination. The smallpox epidemic was on, and the antis were very vocal and were holding up the procession. The Health Departments of the City and Province were to a great extent handicapped by their official position from conducting any propaganda and the League undertook this work, and by paid ads and articles in the daily press was successful in overcoming the poisonous anti-social efforts of our opposition, to the extent that the great majority of the population was vaccinated.

Later, it undertook to aid those who were in charge of anti-tuberculosis work. Using the League office and secretarial facilities, through a grant secured by the League, through publications, pamphlets, etc., prepared by the League, and through other educational methods, those concerned, under the energetic direction of Dr. W. H. Hatfield and his associates, including Mr. W. Mainwaring of the Rotary Club, secured the acceptance of the public, and of the Government, of tuberculosis as a provincial responsibility. It is now a recognised and active department of the Provincial Board of Health, and is so off the hands of the League.

Similarly, in the early days of cancer activity here, the League nurtured and brought to a self-supporting stage the embryo B. C. Cancer Foundation, by methods similar to those described above. The B. C. Cancer Foundation was organised, officered, and acquired its own office and secretary—and so another child of the League left the home nest and started on its own.

Venereal disease activities, too, received help from the League, which still maintains a section dealing with venereal disease and assists in publicity and the dissemination of knowledge.

Many of our readers will have noticed the large posters all over the city on the billboards of the Ruddy-Duker Co., urging periodic examinations and "visits to your doctor." These are put out by the Greater Vancouver Health League, which owes to the Ruddy-Duker Co. sincere thanks and appreciation of their generosity and public spirit in donating these spaces entirely free for one month.

This year the League has made a new departure by engaging Dr. R. H. Fraser as Executive Secretary. This is the first time the League has had a medical man as secretary, and we feel that this is decidedly a good step to have taken. Dr. Fraser is very well equipped for this job. He is a public-health man, having obtained his D.P.H. at Toronto, but he has also done clinical work, and so sees from the practising physician's angle. He has been Lecturer in Physiology at Manitoba, worked with the late Dr. D. A. Stewart in tuberculosis work, and has been in charge of various public health projects. His presence with us should augur well for the work of the League, and should aid in enlisting the sympathy and active support of the Vancouver medical profession.

The League, it must be understood, is not a medical body. It is a "health" organisation, with a mixed membership, with no affiliations or entanglements, created as an educational body mainly, to assist existing public health organizations in every way and by all means in its power to foster the prevention of disease and spread knowledge regarding health. But it deserves, we feel, our recognition and support in ever-increasing degree, and we hope that these will be given freely. The success of the League can only redound to the good of ourselves and those we serve—the public.

NEWS AND NOTES

Dr. J. E. Walker and Dr. H. Scott have moved into offices in the Medical-Dental Building, where they have been joined by Dr. F. S. Hobbs.

* * * *

Dr. and Mrs. W. L. Pedlow have recently returned from a motor trip to Southern California.

* * * *

Dr. and Mrs. W. H. Hatfield have returned from a visit to Ottawa.

* * * *

Dr. J. K. Kelly, who has been in practice in Vancouver, has left the city and has taken up practice at Zeballos.

* * * *

Dr. D. S. Munro, formerly on the staff of the Vancouver General Hospital, has taken over the practice recently vacated by Dr. F. S. Hobbs on Fraser Street, Vancouver.

* * * *

Dr. Lillian M. Haig, wife of Dr. K. Haig, has arrived from Oklahoma and she and Dr. Haig will make a permanent home in Vancouver.

* * * *

Dr. W. F. Emmons is spending a vacation in Southern California.

* * * *

We offer congratulations to Dr. and Mrs. S. Stewart Murray on the birth of a son on March 2nd.

* * * *

We also offer our congratulations to Dr. and Mrs. F. S. Hobbs on the birth of a son on March 19th.

* * * *

Dr. A. J. MacLachlan, Registrar of the College of Physicians and Surgeons of British Columbia, and Mrs. MacLachlan are spending a well-earned holiday in California.

* * * *

Dr. S. C. Peterson has resigned as director of the B. C. Division of Venereal Disease Control and Dr. Donald H. Williams has been appointed as his successor. Dr. Peterson will enter private practice in Vancouver but will maintain his connection with the Provincial Board of Health. He will be engaged in clinical work for the Venereal Disease Division on a part-time basis.

Dr. Williams, who has come to Vancouver recently from the Mayo Clinic, will take over his duties immediately.

* * * *

Dr. and Mrs. David B. Ryall of Alert Bay are receiving congratulations on the birth of a daughter at Victoria on March 23rd.

* * * *

Dr. E. Maude Robertson of Sooke is on a month's vacation.

* * * *

Dr. John Brown of Vancouver is doing *locum tenens* for Dr. Robertson at Sooke during the absence of Dr. Robertson.

* * * *

Dr. Gordon A. Lawson of Port Alice has left his practice in charge of Dr. E. Hough during his absence of several weeks.

* * * *

Dr. G. B. Henderson of Creston visited the offices while spending a week at the coast.

* * * *

The Annual Meeting of the Prince Rupert Medical Association was held in March, 1938. The following were elected to office: President, Dr. J. P. Cade; Secretary-Treasurer, Dr. R. Geddes Large; representative to the Hospital Board, Dr. J. H. Carson. A motion picture, "Modern Methods of Anæsthesia," was shown.

Dr. C. T. Hilton of Port Alberni attended the meeting of the Board of Directors of the British Columbia Medical Association in Vancouver on March 23rd. Dr. Hilton is the representative of the Upper Island Medical Association. He reports a good start on his effort to help enrol a larger membership in the Canadian Medical Association from the Upper Island and West Coast of Vancouver Island. This is part of the province-wide effort to give this province a strong place in Federation, leading to British Columbia becoming a Division of the National organization.

* * * *

Dr. E. D. Emery of Nanaimo, the energetic secretary of the Upper Island Medical Association, reports progress in the development of the programme for the proposed spring meeting to be held in April, probably at Nanaimo.

* * * *

Dr. Campbell Davidson of Qualicum Beach wrote us the other day. There is a challenge for Bridge open for all comers at that centre. Doctors Strong and Thomas may yet turn the tables on our friend.

* * * *

Dr. Gordon Kenning, President of the British Columbia Medical Association, and Doctors Allan Fraser and Clyde Cousland crossed from Victoria on March 23rd to attend the meeting of the Board of Directors of the Provincial Association.

* * * *

Dr. C. C. Browne of Nanaimo has recovered from his recent illness. Dr. A. H. Meneely, the President of the Upper Island Medical Association, was reported seriously ill and we wish him a short and successful convalescence.

* * * *

Dr. John G. MacArthur of Prince George is away doing post-graduate work. During his absence of several months Dr. E. Aiello of Vancouver is doing *locum tenens* for him.

* * * *

Dr. J. P. Ellis of Lytton is away on brief vacation. During his absence Dr. T. W. Sutherland of Vancouver is carrying on the practice.

* * * *

We were all greatly pleased to see Dr. Gerald Baker of Quesnel. He is looking very fit.

* * * *

Dr. Stewart A. Wallace of Kamloops attended the Board of Directors' meeting on March 23rd.

* * * *

Dr. G. A. C. Roberts of Chilliwack attended the Osler Dinner of the Vancouver Medical Association on March 1st.

* * * *

Dr. W. J. Knox of Kelowna spent a week-end in Vancouver this month, where he visited his daughter, Mrs. H. H. Boucher.

* * * *

Dr. L. A. C. Panton of Kelowna was a visitor at the coast this month. He came down to meet his son Jim, who returned from the British Empire Games in Australia.

* * * *

Dr. and Mrs. D. M. King of Bralorne were visitors in the Okanagan this month, when they came over for the Coy Cup hockey finals.

* * * *

Dr. F. W. Green of Cranbrook returned recently from a holiday trip to the West Indies.

* * * *

Dr. D. Wade Davis of Kimberley is sailing March 25th on the *Duchess of York* after a three months' stay in England and on the Continent.

OSLER DINNER

The Osler Dinner of 1938 was a noteworthy event. The attendance was very large, some hundred and sixty-five members sitting down to dinner.

Victoria honoured us by sending several of its members. Among these were Dr. Gordon Kenning, the President of the B. C. College of Physicians and Surgeons, and Dr. T. McPherson; while New Westminster was also represented, Dr. W. A. Clarke being amongst those coming from that fair city.

Dr. L. H. Appleby was the speaker for this year, and his paper, "Quo Vadis, Medicina?" is published in this issue. We believe that it will be well worth our while to read this paper carefully and ponder on the wholesome, if not always palatable, truths that Dr. Appleby here utters. Alexis Carrel says something of the same kind in his "Man the Unknown," when he is dealing with the factors of personality and character, and deprecates one-sidedness. Medicine is an exacting mistress, but perhaps we should appreciate her more if we had a wider range of interests and avocations.

OSLER LECTURE, 1938

QUO VADIS, MEDICINA?

LYON H. APPLEBY, M.D., F.R.C.S. (ENG.), F.R.C.S. (CAN.), F.A.C.S.

Sir William Osler, in whose honour and to whose memory this evening is dedicated, addressing the Wistar Institute of Anatomy and Biology in 1894, made the following statement:

"In the continual remembrance of a glorious past individuals and nations find their noblest inspiration, and if today this inspiration, so valuable for its own sake, so important in its associations, is weakened, is it not because in the strong dominance of the individual, so characteristic of a democracy, we have lost the sense of continuity? . . . We are even impatient of the men who would recall the past. . . . Year by year the memory of the men who made this institution fades from out the circle of the hills and the shadow of oblivion falls deeper and deeper over their forms, until a portrait, or perhaps a name alone, remains to link the dead with the quick."

One of the world's great scholars, the Chinese philosopher Confucius, writing many years before Christ, said, "If thou wouldst learn something of the future of a subject, investigate its past." Again, the prophet Isaiah: "Look unto the rock whence ye are hewn, and to the hole of the pit whence ye are digged."

Early medicine cannot be divorced from the church, and with a prevalent belief in the supernatural and the lack of scientific knowledge characteristic of early times, illness was considered to be a visitation from the gods for sins or past offences, the manifestation of the wrath of an outraged Providence, or due to demoniacal possession. Treatment was its natural corollary, and consisted of propitiation, expiation, amulets, charms, chants, magic formulae, penance and prayer. The physical basis of disease was not appreciated. Most of the early centres of learning originated in connection with the various spas and a combination of religious temple and sanitarium developed. Treatment of sick persons was but a minor function of such organizations, and was wholly in the hands of physician priests, acolytes, nurses and slaves. Medicine itself was largely a matter of dream interpretation, divination and interpretation of signs from the gods. Treatment itself was restricted to bathing in sacred pools, massage, anointing with oil, and so forth. Such were the beginnings of the great institutions at Cos and Cnidos, and they are amongst the earliest recorded in history.

While medicine of a sort was being practiced at these sanitaria by physician priests, there was as yet no medical profession. Medical treatment at

[Read before the Vancouver Medical Association, March 1, 1938.]

Cos was something aside, and an unimportant part of the work of an institution created for other purposes. The actual birth of a profession, as distinguished from medicine itself, started with the Esclapiadae. These were a group of priests, and while theology was their main study and pursuit, the pressure of increasing medical interruptions gave rise to a division of the priesthood into religious and secular Esclapiadae. It was to this secular group that the care of the sick was entrusted. Certain of these centres became more famous than others, and those which developed fame as curative centres found that the medical work of the temples increased in importance and the more purely religious aspects declined. They became real health clinics, and from their beginning as a purely treatment centre the need for teaching arose, they became medical schools, and these secular Esclapiadae became the founders of the medical profession. Treatment was still mystery, magic and humbug, but real progress was made, the search for nostrums and cures inspired medical research on a physical basis, and the foundations of many of our basic sciences owe their origin to man's humanity to man, in his quest for cures. The investigation of metals, plants and herbs for curative purposes laid the basis of chemistry. The search for healing powers among the stars paved the way for the development of the science of astronomy, and many basic and biological sciences have their beginnings in the same unending quest.

One may go back to the very dawn of history and there find the names of men prominent in their times for the part they played as physicians. Nor can we, in these days of enlightenment, view with scorn many of their accomplishments; many modern usages have descended from them in but slightly altered form, many commonplaces with them have been lost to us, or have but recently been rediscovered.

One of the earliest was Hammurabi, King of Babylon, two thousand years before Christ. His most interesting claim to fame was his entirely modern graduated scale of fees, providing different rates of medical pay for patients of different social rank. The higher levels of society were expected to pay ten shekels, a freeman five and a slave two. Moreover, the practitioner must learn his art amongst the slaves before being permitted to attend the freeman, and must have given evidence of accomplishment and ability among the freemen before being permitted to approach the sacred persons of the patricians. Surely this is an ancient mandate for the popular and modern method of building a practice, which might be described as climbing over the backs of the poor into the pockets of the rich.

Almost all of the then existing nations contributed great Men of Medicine, whose names have been remembered for contributions far in advance of their times. India contributed Susutra of Benares, a surgeon who six hundred years before Christ was successfully removing the crystalline lens for cataract. Ancient China developed a medical science, many of whose features have been rediscovered only in our town times. Chang Chung Ching, the Chinese Hippocrates, about the time of Christ used anæsthesia and performed abdominal sections under its influence. He used antiseptics dissolved in wine and freely described their use and value in preventing and overcoming wound contamination. The Chinese at that time used an instrument which we smugly consider to be of twentieth century development, yet the fluoroscope was accurately described by Chang Chung Ching. The science of dactylography, or finger printing, was widely used in China and was lost for two thousand years. Vaccination against smallpox was a routine in China for untold centuries before Christ, was lost, rediscovered, and reintroduced by Jenner twenty-seven centuries later. In general their physiology was wholly fanciful, their conception of disease wholly that of demonology, their pharmacy consisted mostly of those ingredients which would disgust the demon in possession and provoke his flight. The rise of the Confucian philosophy in China dealt medicine a mortal blow. The reverence for the dead and the sanctity and worship of ancestors, both in Confucianism and its sister religion

the Tao, forbade the mutilation of bodies, and progress was halted. A survival of this same reverence for the corpse is one of the remnants of antiquity which has impeded the study of anatomy even today, though mighty little reverence is shown these same corpses prior to the evacuation of the soul. The waste of the dead is one of our modern extravagances. The Chinese doctor, at the time of Confucius, was employed by the state. His position was determined by the state examinations, which were repeated annually. A high standard of knowledge was rewarded with a position of trust and responsibility, but only for one year. If subsequent re-examination revealed that the high standard had not been maintained, demotion resulted. Conversely there was always the incentive toward study, research and improvement, since improved examination results from year to year carried with them the reward of more lucrative appointments and higher professional standing and responsibility. I sometimes wonder if the wise old Chinese had not a system here over which we might ponder today, to the advantage of organized medicine.

The physician priests of the Pharaohs developed the art of embalming and desiccation to a state of such excellence that it has never since been approached. These same priests of the Pharaohs collected the urine of women believed to be in early pregnancy. Vessels of grain were saturated with this urine and a similar vessel kept as a control. The rate of germination was always more rapid in the vessel of grain soaked with the urine from pregnant women. Today we have rediscovered the follicular growth hormone in the urine of pregnant women and animals, and have named the method for its detection the Ascheim-Zondek Test, and commercially, after an interval of three thousand years, urine-soaked grain can be seen in the springtime on the major stock farms throughout the world, sequestrating the pregnant from the unprofitable barren. We cannot afford even today to scorn the accomplishments of our predecessors, be they ever so remote.

It would be possible to elaborate at great length upon the great names of ancient Greek Medicine—Hippocrates, Herophilus, Celsus, Galen, men whose names are indelibly indited upon the walls of Valhalla. The springs of their enlightenment were the sources of the waters of wisdom that fertilized scientific thought throughout the ages. The Galenic tradition persisted for centuries.

The greatest single revolutionary change in Ancient Medicine followed upon the coming of Christianity. The compassionate teachings of Christ came ultimately to glorify suffering. The idea of another and better world after death helped people to bear with fortitude their various illnesses, and ultimately even to cherish them as a chastening process that was preparing them for a more glorious hereafter. Christian ideology encouraged compassion toward the sick, encouraged the building of hospitals, and conferred a special grace upon those who devoted their lives to their care. Treatment, however, was wrapped in theistic abstractions, cures were miraculous in nature, and pharmacy was the inculcation of an unquestioning and all-embracing faith. The Hippocrates of the early days of Christianity was the prophet Elisha. Down through the dark ages, medicine survived under the auspices and the protecting wing of the church. They and they alone merit our gratitude for its survival. Learning was concentrated wholly under its enveloping mantle. The people were ignorant, superstitious, uncultured and illiterate. The old manuscripts of Greece and Rome were faithfully copied by monks as a labour of love, without which the early history of the world in general and of medicine in particular would have been dark indeed. The Church was completely dominant, medicine entirely theurgic, books wholly in Latin, and the great masses of the people slumbering in abysmal ignorance. But a great change was to come over the world, involving medicine. The advance of science was not welcomed by the church, and its protecting wing, under which we had for so long survived, slowly became transformed into the vice-like grip of intolerance. Anything which interfered with the purely

theurgic concept of life or disease was not condoned, its exponents were heretics, their doctrines sacrilegious, and their fate usually the stake. The all-powerful church bitterly resented the intrusion of science, yielded ground grudgingly, step by step, and through its intolerance of scientific truth held up the advance of medicine and of science for centuries. Men like Galileo were formed to recant and deny publicly basic principles of truth. Leonardo da Vinci, perhaps the most versatile and illustrious man who ever lived, was forced to discontinue his paintings and drawings of human musculature since it was not in keeping with accepted Galenic tradition. Servetus was burned at the stake with his books, and his discovery of the pulmonary circulation was unknown even to Harvey. The extent to which intolerance was carried is exemplified by the case of a sailor from Columbus' second voyage of discovery to America who appeared upon the streets of Barcelona with his clothing smeared with the secretion of the rubber tree of the West Indies. He was tried in consistory, and publicly burned at the stake, for daring to shed God's holy rain from his person. But the avalanche of scientific truth could not forever be restrained. Little by little the practice of medicine separated from the church, slowly the masses of the people awakened from their coma, books were printed in the native languages, transportation became less difficult, the yeast of the printed word was rising, and painfully the world began to think. The Church, while doing nothing to advance medicine or science in any way, had kept its study upon a high philosophical plane. Like a boy plunged into the world and freed from the restraints of parental domination, medicine for a time ran wild. There came a great wave of medical humbug: prayer and expiation gave place to begoar stones and polypharmacy. Prescriptions were still written upon the assumption, something for the disease and something to disgust the demon; fifty ingredients were not uncommon, of which moss from the skull and dove's dung were invariable. The broth from Shakespeare's witches' cauldron was excellent pharmacy. As a general law, those who keep within restraints are seldom losers, but medicine freed from the high restraints of theurgic domination lost much indeed. The new profession, as yet without knowledge or with but the merest smattering, devoid of all cultural background, became largely a matter of pompous humbug. "While a few great names evolved, the general run of doctors was of a low class and medicine was largely theurgy, amulets, devil-baiting, witch stuff, barnyard and kitchen drugs and homely common sense. Surgery was mostly in the hands of barbers, sow gelders, executioners, butchers, bath keepers and travelling mountebanks" (Warbasse). To read the records of the most eminent men of these times is to wonder at the profundity of their actual ignorance, and realizing that these men represented the peaks to believe that effluvia must abound in its valleys.

As was to be expected, a great wave of charlatanism and quackery ensued, but it was difficult without organized control to distinguish the doctor from the quack. Alchemy, the philosopher's stone and the elixir of life were the objects of the most intense search for centuries. The arch quack of all times appeared about this time, Joseph Balsamo, the Count of Cagliostro, so well described by Alexander Dumas. He possessed the elixir of perpetual youth and sold it to the French nobility for fabulous sums, enjoying the protection of princes and the awe of paupers. The distinguished gallants of the time of Du Barry flocked to him to have their youth restored. Quackery, then as now, flourished by the unscrupulous taking advantage of established superstition and defective reasoning, as well as the tendency of many diseases to heal themselves. The twin sisters, credulity and cupidity, go hand in hand. And even today many an aspermatic business man is pouring the golden grain at the feet of some modern Cagliostro.

While the emancipation of medicine from the domination of the church resulted in a wave of quackery and humbug, as was to be expected, yet noble minds began to be attracted to medicine. Strangely enough, very few of the fundamental discoveries to which medicine owes so much were brought for-

ward within our profession. We have proven ourselves to be a group of opportunists, seizing upon the works of others in sister sciences and applying them to our own advantage. The conquest of infection has been attributed to Lister, and rightly so, but consider the list of predecessors who, working outside the realm of medicine, made his achievement possible. Leonardo da Vinci developed lenses which in time came to be perfected into a serviceable microscope, but it was not a medical man who developed it, but the janitor of the town hall at Delft, Holland, Anton Von Leeuwenhoek. Leeuwenhoek paved the way for Pasteur, another non-medical scientist, whose work, in turn, led to the founding of an era. Medical research went hand in hand with scientific research, and not until we had broken completely away from the church and time had passed did the medical profession as we know it today come into being. While the healing powers of nature serve alike both the devout and the agnostic, many remnants of theurgic medicine remain, and evidences of our early origin may still be seen, as witness the annual cavalcades to Lourdes and St. Anne de Beaupre. Perhaps our emancipation has been too complete and could to our psychological advantage retract somewhat, for who can deny that even tonight many an anguished soul is soothed by the scapulars which kindly hands fasten to the breasts of the faithful.

Just two hundred short years ago we were legally and actually associated with the barbers. Legal separation took place in 1745 with the formation of the Surgeons Company. The growth of beards in late Tudor times having become unpopular, shaving became more profitable than surgery, and those whose duties were mostly surgical desired a separation from their less skilled associates. Corruption was rampant and complaints were made of the ease with which licenses could be obtained. The license itself, like some of our university degrees, did not carry with it the right to practice, but only the right to be considered by the bishop of the diocese in which the licensee wished to set up. Surgeons were not permitted to prescribe; this was the special prerogative of the Apothecary's Guild. Anatomy was permitted only upon the bodies of murderers or upon those "who, noxious in their lives, made a sort of reparation to their fellow creatures by becoming useful after death." The obstetrician, or male midwife, might not encompass any of the duties of the surgeon or apothecary. One hundred and thirty-eight years ago the Royal College of Surgeons was incorporated by Royal Charter, and the right to approve licenses, hitherto a prerogative of the bishops, became translated into their hands. While the founders and members of its Board of Governors were learned men, the rank and file were ill-educated, kept open shop, and belonged to the social class of the small tradesman. The striped barber pole of today survives as the sign of the phlebotomist.

The succeeding century, the one just past, gave rise to the greatest men of medicine; men of learning, culture and birth devoted their lives to the founding of our profession upon a basis of scientific truth, culture and philosophy. The glorious heritage which is ours today is the result of the labours of men who lived less than a hundred years ago. If I were asked to comment upon the characteristics of any great man of medicine of the past century, I should say that invariably he was a physician, a philosopher, a gentleman and a scholar. From the ranks of successful practitioners of a century ago came great scientists, artists, poets, dramatists, philosophers, statesmen and scholars. The modern medical profession produces skillful doctors. He whose memory we honour this evening, Sir William Osler, was one of the last of a long line of distinguished philosopher physicians. Deeply do I regret the passing of the old line philosopher physicians, for we have known such men within our own small circle, and all of them, in the interests of the higher attributes of medicine, were content, if need be, to live in want and suffering and die in comparative poverty. For certain grave changes have come over Medicine; the spirit of philosophy has gradually been displaced by the spirit of big business; the works of philosophy, art and science have been pushed aside to make way for the latest edition of Dun and Bradstreet or the

local copy of Who's Who. If I were asked again to describe the chief characteristics of outstanding medical men of today I should be inclined to describe them as Captains of Industry. All too frequently their positions have been gained, not through a profound knowledge of medical classics, but through astute business acumen and their ability to manipulate the machinations and undercurrents in the maelstrom of political chicanery. Medicine was originally a trade, was elevated to the status of an art, and is slowly degenerating into that of a business, and I cannot help but wonder if today the tree of medicine is bearing a fruit worthy of its roots, sunk as they are deeply into the rich soil of mental and moral philosophy. The advance of medical science has been so vast that the possibility of anyone acquiring more than a smattering of knowledge in all its branches is no more. The desire of our universities to instil as much essential knowledge as possible in a limited period of time has led to the relinquishing of the more purely cultural from the curriculum. Not many students in these days enter medicine thoroughly grounded in the classic languages, mental and moral philosophy; these subjects are today even scorned as not being essential to the earning of dollars and cents. Modern requirements tend to make a physician a man of aptitude and learning, but not a man of culture.

The outstanding characteristic of the modern medical man as compared with the great group of philosopher physicians which preceded us, is his inability to converse upon subjects of cultural interest. In fact, conversation itself is rapidly becoming a lost art, and the tendency is more and more to current politics, golf, or talking shop. I feel that this is but a part of the mad whirl of the times in which we live. The admirable discussion upon Leisure delivered here some years ago by Rabindranath Tagore falls upon barren ground. I am old enough now to have seen young men, keen, highly trained, intelligent, enter our hospitals, remain awhile and, enter practice in a veritable transport of enthusiasm. They had set themselves an ideal—to make enough money to take extensive post-graduate study to fit themselves as leaders of our profession. See these same men ten years later. The means, which is the money, to attain the ideal of the young physician too often becomes the bright object of his desires, which in the end recedes into the misty remoteness of obscurity. Something within the soul of these men has died. Faster, ever faster, grows the standard of their needs; farther, ever farther, backwards recedes their youthful ideal. In ten years we find a soul in labour, beating an endless tattoo on the endless chain of the treadmill of general practice. No time to play, forgetting how to play, he has neither time nor money for post-graduate work, harassed by a wife who is striving to keep up with the Junior League, by the time he has either the time or the money he has forgotten how to study. Early income and the second of the great primal urges has ruined the career of many a brilliant medical prospect. The physician who gets out of his profession only his pay cheats himself; to have earned only money is but the consolation of the huckster, the satisfaction of the trencherman. I am aware that this does not apply perhaps to the majority amongst us, and I am also aware that allowances must be made for differences in mentality, for the idea that all men are born equal does not apply to mental calibration. The highest class of men are those whose knowledge is innate; next are those whose knowledge is acquired by study; after them come those who are dull-witted, yet strive to learn, while those who are dull-witted and will make no effort to learn are the lowest of the people. Unfortunately we draw our medical men from all four groups. If we are becoming, or have become, a group of business men, could we not at least incorporate into our training some of the elementary principles of business, which would make us less susceptible to the sharpshooters who prey upon us. These young men leave our universities highly trained in the treatment of sickness; all too soon they discover that it is not sickness they are called upon to treat, but sick people. While the apprentice system of medicine is dead, and perhaps well dead, its most valu-

able recollection is that it did teach the young physician the handling of sick people as well as sickness. Is it any wonder that, wholly untrained in worldly ways as most of these highly trained scientific young men are, the incidence of economic failure should be so high? In all things success depends upon previous preparation, and without such preparation there is bound to be failure. If what is to be spoken be previously determined there will be no stumbling; if affairs be previously arranged there will be no difficulty with them; if principles of conduct have been previously determined, the practice of them will be inexhaustible. If we continue to train our young men as physicians only and then turn them out into a world of business for which they have had no preparation, the middle-aged misanthrope must result: a man disillusioned, hating his profession, hating his work, stooping to practices unbecoming to one of his heritage. Surely the sincere men and the intelligent men of medicine could devise some means of preparation for these men, could devise some means of permitting them to retain something of their early cultural training, and to escape, for a time at least, from the gruelling grind of monotonous routine.

A partial solution has been arrived at by our American cousins, with their clinic or group system of medicine, where periodic release from routine with continued and assured income is made possible, for the clinic idea in medicine is the department store idea of business, organized toward increased efficiency at lessened cost. But the costs of medical care have not been lessened; they steadily increase, and all too frequently the clinic, like the department store, is run by hirelings, while the Master summers in the Alps and winters on the Riviera. Perhaps a more complete solution has been reached by the system of army surgeons. While few of us could hold with the heel-clicking, cap-dusting tomfoolery of the peacetime army, yet the regular hours, less arduous service, promotion by routine, regular holidays, regular post-graduate courses, and the odd sabbatical year of grace, have more than just something to commend them. In sickness or in health these men are forever freed from the besetting fear of the human race, that of a dependent old age. Their pension is assured. Within our ranks many a disillusioned singer of that doleful "Song of the Shirt," their souls no longer lashed by the scorpions of ambitions, would gladly exchange.

One of the major tragedies of modern medicine has been the failure of treatment to keep pace with diagnosis. The advance of medical science in all its many mansions has made it possible to effect a diagnosis which twenty-five years ago could but be a matter of conjecture. Having made such a brilliant diagnosis, one is faced with an enquiring patient: "What are you able to do about it?" Too frequently the highly skilled investigation is followed by the proverbial bottle of medicine, the effect of which is little more than that of a fetish and whose value may be wholly psychological. We continue to be exploited by the wholesale pharmaceutical houses, and in many instances prescribe pharmaceuticals the actual ingredients of which are unknown to us. No inconsiderable part of medical research has even been usurped by these wholly commercially-minded pharmaceutical houses, and only too frequently valuable discoveries are held up pending the expiry of existing patents. While thousands of medical men are still sentimentalized by their patients, a part at least of the rising tide of discontent on the part or the proletariat is due to the failure of treatment to keep pace with diagnosis. We are still the victims of fad and fancy, and what looks like progress too often is merely change. The present craze is prontylin, and it is being exhibited from the Indian wickiups to the Palace of St. James.

A woman who recently asked if she should not take prontylin for her illness, recalled to mind the satire of Trosseau: "Yes, by all means take it, but take it quickly while it still cures." Medical men in their prescribing have enveloped themselves in an aura of uncanny inscrutability, and an austere pedantry has always been one of the dangers which threatened medicine.

Since medicine has encompassed so vast a field then tendency has been of necessity more and more towards specialization and sub-specialization. The natural tendency of men engaged in narrow specialties is to confine their lines of study to those things of direct interest in their own restricted field. We have men specializing in the eye, the heart, the bones. Let us follow some of these men to one of our major scientific clinical conventions. The eye men are in the eye clinic, the bone men are in the bone clinic. The section of biological chemistry is all but deserted, the physiological section is represented by the merest handful. It is becoming increasingly overlooked that the part is an integrate of the whole, and that to know what is best in your own field requires a day-to-day knowledge of this things which are now in other departments, particularly those which have to do with the fundamental sciences. Where practices are rigidly limited, there also, as a rule, is knowledge rigidly limited. What God hath joined together no specialism or sub-specialism can put asunder. The world is engaged in a mad pursuit of short cuts to knowledge. Our own mother country, England, alone among English-speaking peoples, has clung to the old-fashioned idea of an early gruelling in the fundamentals of preparation, believing that the direction in which education starts a man will determine his future life. Modern medical training turns out an excellent doctor, but not a thinker. Study without thought is vain, thought without study is perilous.

When one considers the statistics published by the Committee on the Cost of Medical Care and comes to realize the low average income of medical men, it is not unreasonable to believe that in attempts to enhance an inelastic income efforts should be made to encompass feats which are beyond the training and perhaps the capacity of the individual. Many a young man has watched the skilled physician collapse a lung by pneumothorax, or the radiologist demonstrate a lesser curve ulcer, or the surgeon excise a diseased gall bladder, and perceiving the apparent ease and precision with which these master craftsmen perform their duties, has without adequate preparation, training or experience attempted these undertakings himself. Not infrequently upon the result of these first forays will depend the future self-confidence of the individual, but to them I would like to say this: That craftsmanship is never an accident, but always the result of high intention, sincere effort, intelligent direction and skillful execution. Craftsmanship is an achievement, not an inheritance. On the whole, however, I believe the medical profession to be as free from mercenary considerations as any other occupational group.

I believe that under our present system of practice the fund of knowledge, with respect to the fundamental principles upon which the science of medicine is based, is at its peak in the recent graduate. His knowledge of anatomy, physiology and biological chemistry is never again so complete as when he leaves medical school. Wisdom may come, judgment may mature, but knowledge lingers only a short while unless continually refreshed. We have no measure of control over our practitioners except in a punitive sense. True, we can revoke their right to practice for crimes against the state, or for infamous conduct as physicians, but we have no control over the more substantial crime of men failing to keep abreast of the times, making no attempt to maintain the high standards of their heritage. We allow men to graduate, set up in practice, and while it is true we are highly organized in a scientific sense, present a wealth of conventions, spend thousands upon books and periodicals for our libraries, yet there is no compulsion requiring attendance at these conventions, no rules with respect to how much a man shall read. The fact that we can equip a physician to the present high standards and then permit him to slowly disintegrate and deteriorate, without any form of check or supervision, is definitely not right. With profit we might turn to the ancient Chinese system of three thousand years ago and insist that standards once attained should be maintained, as determined by periodic re-examination.

While one can readily understand that one practicing the rigorous life of practitioners in unorganized communities, remote from hospital facilities, deprived of the tonic of medical companionship, may gradually fall behind in the procession of life, it is more difficult to understand a system which permits men to practice in highly urbanized communities, where all facilities are at hand, access to which is denied them. Perhaps we in Canada cannot fully appreciate what this may mean, but in many large centres of the Empire panel practitioners have become mere sorting clerks, needing to know only when a patient is sick enough to be sent for care in an institution, in whose activities the practitioner has no part.

The development of quackery to its present high state has perhaps more to do with delinquency within our own profession than we are prone to admit. The neglect of chronic cases, the failure to provide relief for the neuroses and the borderline psychoses, and the many incurable ailments, such as arthritis, is the soil upon which irregular practitioners thrive. Unfortunately the defects of the individual are attributed to the profession as a whole. Uncertainty in any profession breeds fads and factious cults. The higher the general standards of medicine in any country, the fewer the quacks. While the quack has been with us from the beginnings of time, certain serious trends are to be observed when our governments see fit to legislate in favour of quack organizations whose foundations are nebulous, whose colleges are non-existent, and whose principles are wholly abhorrent and commercial, it must certainly mean that a large force of public opinion is in support of them. This is merely the corollary of the statement that a large force of public opinion views our own profession with something akin to distrust. The medical profession has in the past led crusade after crusade against the cults at great financial cost and much heartburning. I believe that most of this has been ill advised, for the coercion of minorities, even though their doctrines be dangerous, abhorrent and ridiculous, does more harm than the propagation of their theories can possibly inflict. History shows that quack has succeeded quack, and that one form of quackery has succeeded another, but the medical profession, from the security of her myriad bulwarks, has seen the sun of many empires rise and set. Our greatest security is the certainty of our knowledge. "Medicine is confronted by a multitude of problems such as this. Their solution is surely not attained by attacks upon anyone or his liberties, but by making the facts available to the public. When the medical profession has done this in simple and easily understood terms, its duty ends. The function of the doctor is to find the ways to relieve suffering, to make living more secure, and to serve those who want life. He is neither reformer, evangelist nor policeman, nor is he called upon to depart from his natural duties and go out into a world of stupidities to prevent the suicide of the incompetent" (Warbasse). Less than a hundred years ago we still charged admission to our insane asylums, where the mentally ill were exhibited like so many freaks in a circus. Today medicine treats the mental case as a sick man and as one entitled to compassionate treatment, and if there is now a large section of our people who are mentally ill, through the vulpine cunning of a commercially-minded group of pseudo-medical hucksters, then I think it is our duty as a profession to render them compassionate and curative treatment, difficult though such a course may prove to be.

I cannot pass without some reference to the gentilizing influence of the coming of women into medicine. Already the names of famous medical women are ornaments in our halls of fame. Their greatest services have been rendered in the fields of obstetrics, research, preventive medicine and child welfare work. Their coming has opened an avenue of escape for the timid, and a sanctuary for the prude. It was the coming of women into medicine that broke down the aura of reserve and hush surrounding the social diseases. The frank discussions by mixed organizations today is the result of the education of women by medical women, and many a musty idol has crumbled in the temple of traditional prudery as a result of their coming.

To my mind our most vulnerable weakness as a profession has been our failure to realize that we have emerged, by a process of evolution, from a scientific, philosophic and philanthropic profession into an ultra-scientific business. In our emergence we have failed as an organization to adopt the principles or even learn the rudiments of business into whose world we have slowly intruded, individually; the afternoon of life too frequently finds the physician with his future unsecured, having spent the greater part of his life and earnings in the furtherance of enterprises in which he never had a chance. As I mature in years I am more than ever convinced the best investment any medical man can make is a heavy investment in the fundamentals of his own preparation, even to the extent of laying a heavy mortgage upon his future. Collectively, we have repeated examples of the sudden intervention of governments into medical affairs. The coming of government-controlled medicine to England found a profession absolutely unprepared, worse still, it found them without any organization and without any organized or concerted thought having been given to its possibility. The story is repeated in nearly every country of the world where government schemes have been introduced. Precipitously, organization came about; it was after the deluge and for salvage purposes only, attempting to save something from a wreck which could have been more easily prevented than it could subsequently be repaired, confirming the wisdom of Confucius: "Taking an untrained multitude into battle is like throwing them away." Our profession is still unorganized in an economic sense, and in spite of the lessons of unpreparedness in other countries, except for isolated non-co-operative groups, we are still peacefully slumbering. Only two classes of men never change, the wisest of the wise and the dullest of the dull.

The somewhat pitiful state of our economic affairs is mutely manifest in the routine of our daily life. The state of affairs in our great general hospitals, whereby we care for such tremendous numbers of indigent patients, is an imposition which would not be tolerated by any other occupational group, and which the power of organized unity could terminate overnight. Collectively and individually we supinely submit to a civic license fee which confers upon us the somewhat doubtful privilege of gratuitously caring for the city's indigent sick. In respect to our contract practices, we permit two young men to enter practice in adjoining industrial communities; the one, a medical giant and a financial pigmy, signs a contract which signs away his soul; the other, a financial giant and a medical pigmy, obtains a contract the provisions of which are eminently satisfactory. The one must live on skimmed milk, the other has cake and wine. If our national organization had a bureau of minimum standards to which all such must attain, both could at least have bread and butter.

Certain grave dangers would appear to lie ahead, for the world is very disturbed; the very foundations of freedom are being undermined, dictatorship succeeds dictatorship, nation is rising against nation, pogrom is succeeding pogrom, socialism displacing democracy, and the while the world is engaged in a mad feverish preparation which it would appear was designed to precipitate civilization into another colossal traumatic epidemic. "The dominance of individualism so characteristic of democracy" (Osler) is slowly being dissolved, the group is succeeding the individual, and slowly but surely the state is taking away from the individual prerogatives enjoyed for centuries. Our profession is the child of the church. Yet what is happening to the very mother of our profession: torn from her temples in Russia, toppled from her throne in Mexico, crushed by Communism in Spain, raped by dictatorship in Germany. If the church which gave us birth is no longer secure in the eyes of those who are supplanting the established order of things, how much less secure are its children!

In our evolution as a profession we have climbed high upon the ladder of renown, but the slowly grinding mills of evolution work both ways. It buildeth up but it also teareth down, as witness the extinction of species,

racial declinations and the vanishing of entire peoples. Medicine itself is not threatened, but our established order of our dominance as individuals definitely is threatened.

During the past few years a threat to our individualistic system emanated from our great sanhedrin of political propagandists; it too found us unprepared, unorganized and bewildered. Fortunately time worked in our favour and our education was slowly developed; slowly, surely and painfully our medical men have learned the great lessons ofimilitary training—loyalty, discipline and trust in leadership. Today, as a result, along this particular line of economic research the medical profession of British Columbia leads the unregimented medical world. But that is not enough. During our travail we fought our cause alone; our sister provinces looked on with interest, but sent no ambassadors to our court, machinery did not and does not exist in other provinces which could be used in our support, and in spite of our struggles other provinces of our own Dominion, with few exceptions, have even now no similar organizations, and continue to slumber in a state of heavenly lunacy, secure only in the alembic of the mind, hoping that in the event of the coming of state medicine in Canada we in British Columbia may act as their pregustator.

During the struggles during which we have just passed, and whose recess we now enjoy, we found ourselves confronted not only by various and differing opinions but by various types of men within our own ranks. In our attempts to achieve economic unity we had to deal with a group of men who were in the main frankly honest, a few were openly rebellious, others subtly perverse, still others artfully pliant. Criticism of the efforts of our leaders was inevitable; differences of opinion were many and difficult; from time to time reproaches were heard: opportunities had not been seized, insults had been left unavenged, obvious sources of retaliation had been left uncultivated. Gradually we learned the lesson that next to knowing when to seize an opportunity, the most important thing in life is knowing when to forego an advantage. That certain disciples of Judas were to be found amongst us was inevitable; such men there will always be. I think that we must learn to accept these men without unphilosophical mourning and without chagrin. Yet these men are difficult, for I know of no useful purpose to which a man can be put upon whose word no reliance can be placed. The immortal philosopher Confucius might have had such men in mind when he said: "You may discuss higher things with those who have risen above the average level of mankind, but not with those who have sunk below it."

I believe I am not alone in viewing with alarm the socialization of medicine, for bureaucratic control stifles initiative and socialization is a great levelling process. But the great valleys of medicine will not be filled in by material brought in from without, but from the debris which has been knocked off her peaks. I cannot but believe that the urge towards state medicine, so evident in many parts of the world today, is in part due to the tolerance we have exhibited toward the evils existent within our profession, some of which I have herein reviewed. For the unfortunate fact must be faced that state medicine will, by release from drudgery and reduction in costs, unquestionably cure many of these evils.

Perhaps I am but pursuing the leprechaun, or what I see may be only a chimera, but I believe I do see clearly: that if organized medicine fails to take steps within its own ranks to cure the evils of drudgery, poverty, routine, deterioration and cupidity, these evils will be remedied by drastic forces operating from without, aided and abetted by those very malcontents within our own ranks, the vicissitudes of whose lives we have taken no steps to alleviate. For the church which gave us birth has survived through the earnestness and integrity of its proponents, through the unquestioned faith of its adherents, through the perpetuation of high cultural standards, through the charm of its imagery, and through something of its mysticism. We, too, have survived thus far for much the same reasons, but our motives and prin-

ciples are now subject to question, and a thinking and less romantic people are demanding results, and less mysticism. The threat to medicine, it is true, comes from without—the danger to medicine comes from within.

I believe the great need of the institution of medicine of the future to be an economic cohesion between every province, state and country which shall know no boundary, race or creed, in which every individual unit shall be an active, interested and integrated part, such that a threat to one brings the help of all. I believe that it must achieve the same high degree of excellence and importance as our scientific organization, where economic problems affecting medicine may be worked out by specialists, where principles of conduct may be formulated which shall govern the whole, for I believe you will accept as a truism this statement: that those who differ in their principles cannot help each other with their plans.

In our emergence from a philosophical profession into the realm of business we have been neglectful of our duties, in that we have failed to make the necessary observances of the golden god of business, whose name is Organization, and in our neglect have offended against the very heaven of Industry, and if in the future we fail so to do we shall, when adversity once again confronts us, find ourselves in the position of the man so graphically portrayed by that great scholar Confucius, who said: "He who offends against heaven has none to whom he can pray."

BRITISH COLUMBIA MEDICAL ASSOCIATION BOARD OF DIRECTORS

The Board of Directors of the British Columbia Medical Association held its regular meeting following dinner on March 23rd, 1938.

Present: Dr. Gordon C. Kenning, President; Doctors W. E. Ainley, L. H. Appleby, Stewart A. Wallace of Kamloops, W. Allan Fraser and P. A. C. Cousland of Victoria, D. E. H. Cleveland, N. E. MacDougall, F. R. G. Langston of New Westminster, H. Carson Graham of North Vancouver, Colin W. Graham, J. R. Naden, Walter S. Turnbull, C. H. Vrooman, C. T. Hilton of Port Alberni, H. H. Milburn, A. Y. McNair, G. F. Strong, E. Murray Blair, A. Howard Spohn, Wallace Wilson and M. W. Thomas (Executive Secretary).

Messages were read from Doctors F. M. Auld of Nelson, C. H. Hankinson of Prince Rupert, J. S. Henderson of Kelowna and George T. Wilson of New Westminster regretting inability to attend.

* * * *

Dr. T. C. Routley, General Secretary of the Canadian Medical Association, attended the meeting of the Board of Directors and with great benefit in that he was able to enter into the discussion freely and learn at close range of many provincial problems. His visit was most helpful.

BRITISH COLUMBIA MEDICAL ASSOCIATION

All of the members of the practising profession of Chilliwack and Sardis met at dinner at the Empress Hotel, Chilliwack, on March 11th. Those present: Doctors R. McCaffrey, L. A. Patten, R. W. Patten, W. E. Henderson, J. D. Moore, G. A. C. Roberts and A. R. Wilson of Chilliwack; Dr. H. W. Epp of Sardis, and Dr. M. W. Thomas, Executive Secretary.

The meeting took the form of a round-table conference, and Dr. Thomas was able to enter into the discussions and answer many questions. It was decided that this group should form a society, and with the view of developing an organization, temporary officers were appointed, with Dr. R. McCaffrey as presiding officer and Dr. G. A. C. Roberts as Secretary *pro tem.*

Returning from Chilliwack on Saturday and Sunday, after visiting the Chilliwack General Hospital, which it is planned to extend or replace, thus filling a long-felt need, the Executive Secretary visited the doctors in Abbotsford, Mission and Langley.

BRITISH COLUMBIA MEDICAL ASSOCIATION
COMMITTEE ON PHARMACY

Sulphonimide Now Only Available on Doctors' Prescriptions

In accord with the resolution of the Council of the Pharmaceutical Association of British Columbia, sulphanilamide has been added to part 1 of schedule A of the Pharmacy Act and can be sold only on prescription after March 27th, when the amendment becomes effective:

"21. Para-amino-benzene sulphonimide and preparations thereof; analogous compounds and the derivatives and preparations thereof, whether described as Sulphanilamide, Prontylin, Prontosil, or any other trade-name, trade-mark, or designation."

BRITISH COLUMBIA MEDICAL ASSOCIATION

The Annual Meeting of the British Columbia Medical Association has been arranged for September 15th, 16th and 17th, at the Empress Hotel in Victoria.

Dr. Hans Lisser of San Francisco and Dr. Edwin G. Bannick of Seattle, formerly of Rochester, have been secured as speakers. In addition to these we are making an effort to secure one or two surgeons from points on the Pacific Coast. From the East we will have the President of the Canadian Medical Association, Dr. Kenneth McKenzie, and the General Secretary, Dr. T. C. Routley. They will be accompanied by Dr. L. H. Newburgh of Ann Arbor, who is travelling across Canada in the interests of the Committee on Nutrition of the Canadian Medical Association. There is a possibility that we may have, in addition, a speaker on cancer. This should give us a well-rounded programme and ensure a successful meeting.

BRITISH COLUMBIA MEDICAL ASSOCIATION

The following are the members of the General Council of the Canadian Medical Association: Doctors Gordon C. Kenning of Victoria, President of the British Columbia Medical Association; G. F. Strong of Vancouver, representative from British Columbia on the Executive of the Canadian Medical Association; Wallace Wilson of Vancouver, Chairman of the Committee on Economics of the Canadian Medical Association; J. R. Naden, Honorary Secretary-Treasurer, British Columbia Medical Association; D. E. H. Cleveland, Vice-President, British Columbia Medical Association; P. A. C. Cousland of Victoria; C. H. Hankinson of Prince Rupert; W. J. Knox of Kelowna; H. H. Milburn of Vancouver; G. W. C. Bissett of Duncan, President of the Victoria Medical Society; R. E. McKechnie of Vancouver, Forrest Leeder and Hermann M. Robertson of Victoria, the three last named serving by virtue of their status as Past Presidents of the Canadian Medical Association.

* * * *

The Canadian Medical Association meets in Halifax June 20th to 24th. Please notify the office if you intend going. We may all travel together in a special car. Do not neglect to book your hotel accommodation early.

* * * *

A secretaries' conference will be held in Halifax on June 20th, the first meeting of secretaries. It should be productive of good, and contribute largely to the development of the national body and provincial interrelations.

COLLEGE OF PHYSICIANS AND SURGEONS

It was reported that a broadcast from a Vancouver station could not be approved under the regulations made under the Canadian Broadcasting Act. The programme was discontinued at once.

Section 13, subsection 5, in their Regulations, provides: "No continuity recommending any treatment for any ailment shall be broadcast until it has been approved by the Department of Pensions and National Health."

Another interesting section is 7, wherein subsection (f) controls "advertising matter containing false or deceptive statements."

(g) deals with "false and misleading news." It is interesting to note this new control. It is well to watch and report on all such. Further notes appear in the *Journal of the Canadian Medical Association*, February, 1938, pages 180 and 181.

INTERIM REPORT, CANCER COMMITTEE OF THE B. C. MEDICAL ASSOCIATION

The Board of Directors of the B. C. Medical Association at its last meeting in January asked the Cancer Committee to submit a concrete scheme of cancer control applicable to British Columbia. At its monthly meeting in February, your committee discussed this matter rather carefully and appointed a small committee to draw up a report for submission to a special meeting of the whole committee, called for the night of March 7th. This committee presented its report, dealing mostly with the principles involved rather than a concrete scheme. It provoked a good deal of discussion, out of which some rather importants points in reference to our cancer situation were more or less decided on. In view of the fact that a definite scheme was not laid down, it was decided in committee to submit this as an interim report only, and that another sub-committee be formed to formulate a definite concrete plan.

As an interim report we submit: That your committee recognizes the increasing importance of the problem of cancer control, both from the standpoint of the laity and the medical profession, and that leadership in this field should be assumed by the medical profession. We feel that any efforts that we can exert in the matter of control of cancer will have strong public support, and will well repay the profession in public esteem.

Some three years ago the Cancer Committee of this Association initiated a movement which resulted in the formation of the B. C. Cancer Foundation, whose main objective was the unification of activities in the field of Cancer Control in British Columbia under the one organization. This included the establishment of a central Cancer Institute and subsidiary cancer centres elsewhere in the province as the plan developed. The plan was in accord with the recognized better ones in effect in some European countries, notably Sweden, where cancer treatment is admittedly more advanced than it is on this continent. Unfortunately the progress made by the B. C. Cancer Foundation has been a great disappointment, and we find our problem about as it was three years ago. Your committee feels that with the development of the Canadian Medical Association programme in the matter of Cancer Control, we must again get in the field very actively and formulate plans that will include not alone the national set-up but also a provincial scheme to provide better diagnostic and treatment facilities for those suffering from cancer throughout B. C. A great deal of the educational work of the National Society would be lost if proper treatment facilities were not available. Your committee feels that whatever is undertaken must have the whole-hearted support and endorsation of the Board of Directors.

Fortunately, during the last two years, under the chairmanship of Dr. J. S. McEachern of Calgary, the Cancer Study Committee of the C.M.A. has been very active. It has been given $14,000 per year by the Trustees of the King George V Jubilee Cancer Fund to carry out a scheme of cancer control

and study which Dr. McEachern had presented to the trustees, and which the Executive of the Canadian Medical Association had previously endorsed. Dr. McEachern, at our Annual Meeting in Vancouver last September, outlined the plan to our Association and also to the B. C. Cancer Foundation, and received the endorsation of the members of the Foundation. It consists of two separate but interlocking organizations:

(a) Department of Cancer Control of the Canadian Medical Association with a Board of Directors composed of:
   1. Medical men, centrally located;
   2. The chairmen of the nine provincial Cancer Committees;
   3. Full-time provincial secretaries.

(b) The Canadian Society for the Control of Cancer, a lay-medical group.

For details of the plan we recommend the reading of Dr. McEachern's report published in the *Canadian Medical Journal* of September, 1937. We can now state that both organizations under it are well on the way to completion. This committee feels that it is a carefully-laid-out plan, amply supported financially, and one that it can recommend to the Board of Directors of the B. C. Medical Association.

In regard to (a), the Department of Cancer Control of the C.M.A.: Cancer study groups in all hospitals of 100 beds and over should be established as soon as possible, and once these are formed, a conference of the chairmen of these study groups with the other members of the Cancer Committee of this Association should be arranged, in order to formulate a unified plan of work for these various groups. This, we feel, would accomplish much more than if correspondence alone were depended on, and would create much more enthusiasm in the men taking part, which they in turn would tend to pass on to the various members of their respective groups. In this way the whole programme would get under way with the least amount of delay.

Your Committee is also in favour of an attack on the problem of providing adequate facilities for diagnosis and treatment of cancer in British Columbia. This evidently would not be included in the national scheme, which has to do largely with educational activities; so that a third organization would come into the picture, which would have to be a provincial one whose duty it would be to raise funds and carry out the original objectives of the B. C. Cancer Foundation. Whether this latter body can function in this capacity, in view of its disappointing progress in the past, is difficult to state at the moment. We feel that it should be urged to affiliate in some way with the national movement, and assist in the formation of the B. C. branch of the Canadian Society for the Control of Cancer. Your Committee visualizes in the final set-up of the Cancer Control programme in British Columbia that there will be three separate organizations:

(1) The B. C. Medical Association Cancer Committee, which will represent the Department of Cancer Control of the C.M.A.;

(2) The B. C. Branch of the Canadian Society for the Control of Cancer, whose activities will be largely educational in character;

(3) A provincial organization, which shall control the provision of diagnostic and treatment facilities for cancer throughout B. C.

These organizations, although separate, should be interlocking to prevent overlapping of duties.

The Cancer Committee of the B. C. Medical Association should be the leading and correlating force in the direction of the various activities of these organizations.

CHICAGO TUMOUR INSTITUTE

The Chicago Tumour Institute opened March 21st, 1938. It offers consultation service to physicians in the diagnosis and treatment of cancer and radiation facilities for cancer patients. The Institute also proposed to conduct research and to offer training to physicians who may wish to qualify as specialists in the study and treatment of this disease.

CANADIAN ASSOCIATION OF RADIOLOGISTS

The first Annual Meeting of the B. C. and Alberta members of the Canadian Association of Radiologists in Victoria drew to a successful conclusion at a dinner on the evening of February 5th, 1938.

During the two-day session several excellent papers were presented, one of which has just appeared in a supplment to the *Bulletin of the B. C. Board of Health*.

While most of the papers dealt with therapeutic radiology, economic and allied matters received attention. Many interesting films encountered by the members present provided material for considerable discussion in the diagnostic field.

The enthusiasm displayed by those in attendance augurs well for successive meetings. Next year's meeting is planned for Calgary.

VICTORIA MEDICAL SOCIETY

A special dinner meeting held on Friday, March 25th, at the Union Club in Victoria, was largely attended and provided the setting for the re-reading by Dr. Lyon H. Appleby of Vancouver of the Osler Oration, which had been especially requested following its presentation before the Vancouver Medical Association on March 1st. "Quo Vadis, Medicina?" was again much appreciated.

Drs. T. C. Routley and M. W. Thomas were added guests on that occasion. Dr. Routley addressed the Society, telling something of the trends and portents in National Medicine.

CANADIAN MEDICAL ASSOCIATION FEDERATION

The Board of Directors of the British Columbia Medical Association has endorsed the recommendation of its Committee on Constitution and By-laws in reference to joining Federation under the Canadian Medical Association by becoming a Division. The new proposed Constitution and By-laws of the C. M. A., with perhaps very minor amendments which will not affect the principles involved, will very likely be adopted at its Annual Meeting in June next.

It will allow each Division complete autonomy over its own local affairs and practical control of the selection of its representation on the Executive Committee, Nominating Committee and General Council of the National Association. Each Division in turn agrees to collect the annual fee, which will be reduced from $10.00 to $8.00, and remit same to the Canadian Medical Association, and also agrees to encourage as many of its members as possible to become members of the C.M.A. These are the major points involved and your Constitution and By-laws Committee feels that we should make every effort to make Federation an accomplishment as early as possible. Naturally, this cannot be done before the Annual Meeting in September—any action taken by the Board of Directors must be ratified by the Association at that time.

In the meantime, the matter of getting new members is the vital concern of your Committee on Constitution and By-laws, and your Committee urges any member who is not now a member of the Canadian Medical Association to earnestly consider making application as early as possible. The membership in the Canadian Medical Association for British Columbia was about 370 in 1937. Your Committee is particularly anxious to bring this up to at least 450 before the June meeting in Halifax; if so, our representatives at that meeting will be able to throw their chests out and shout, "Hurrah for B. C."

H. H. Milburn, M.D.,
Chairman, Committee on Constitution and By-laws.

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- Dr. W. J. Endicott
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- Dr. P. L. Wilson
- Dr. J. Bain Thom
- Dr. L. B. Wrinch
- Dr. L. N. Beckwith
- Dr. J. L. Gayton (M.O.H., Trail)

Castlegar:
- Dr. V. B. Goresky

Salmo:
- Dr. N. E. Morrison

Creston:
- Dr. G. B. Henderson
- Dr. J. Vernon Murray
- Dr. D. A. Campbell

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- Dr. W. H. Wood

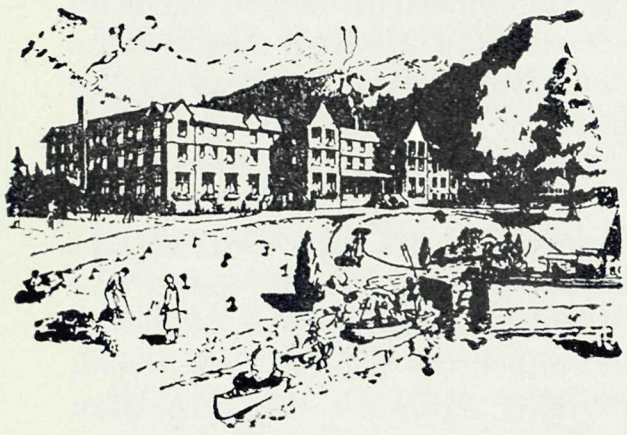
Grand Forks:
- Dr. C. M. Kingston
- Dr. Windsor Truax

Nelson:
- Dr. Fred M. Auld
- Dr. Clare M. Bennett
- Dr. L. E. Borden
- Dr. B. L. Dunham
- Dr. Donald W. McKay
- Dr. H. H. Mackenzie
- Dr. Robert B. Shaw
- Dr. Wilfrid Laishley, E. E. N. & T.
- Dr. F. P. Sparks (M.O.H., Nelson), (Pathologist, Hospital)

Kaslo:
- Dr. D. J. Barclay

New Denver:
- Dr. Arnold Francis

Nakusp:
- Dr. H. F. Tyerman



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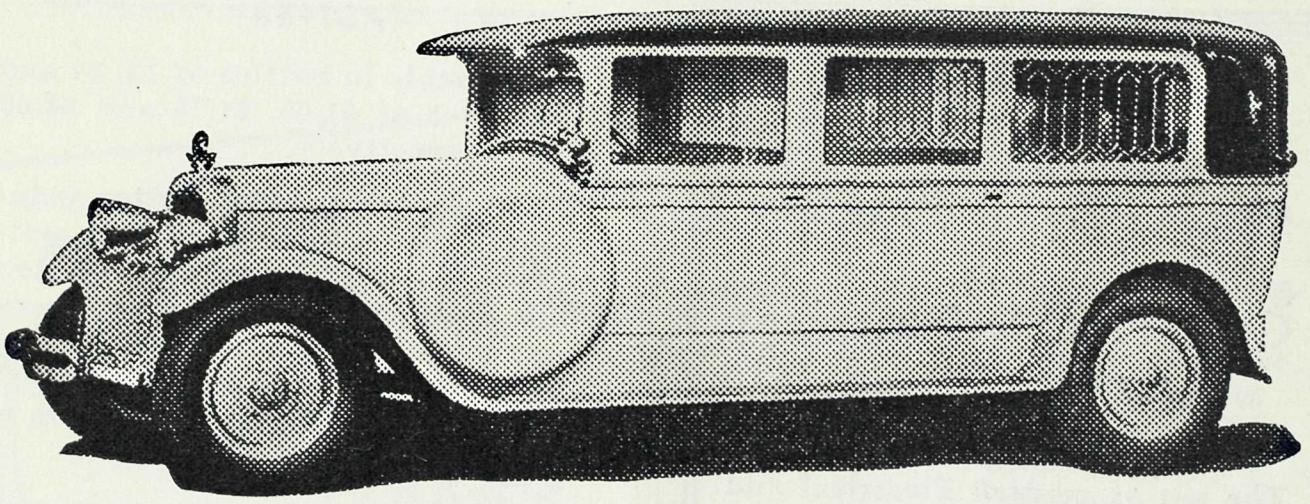

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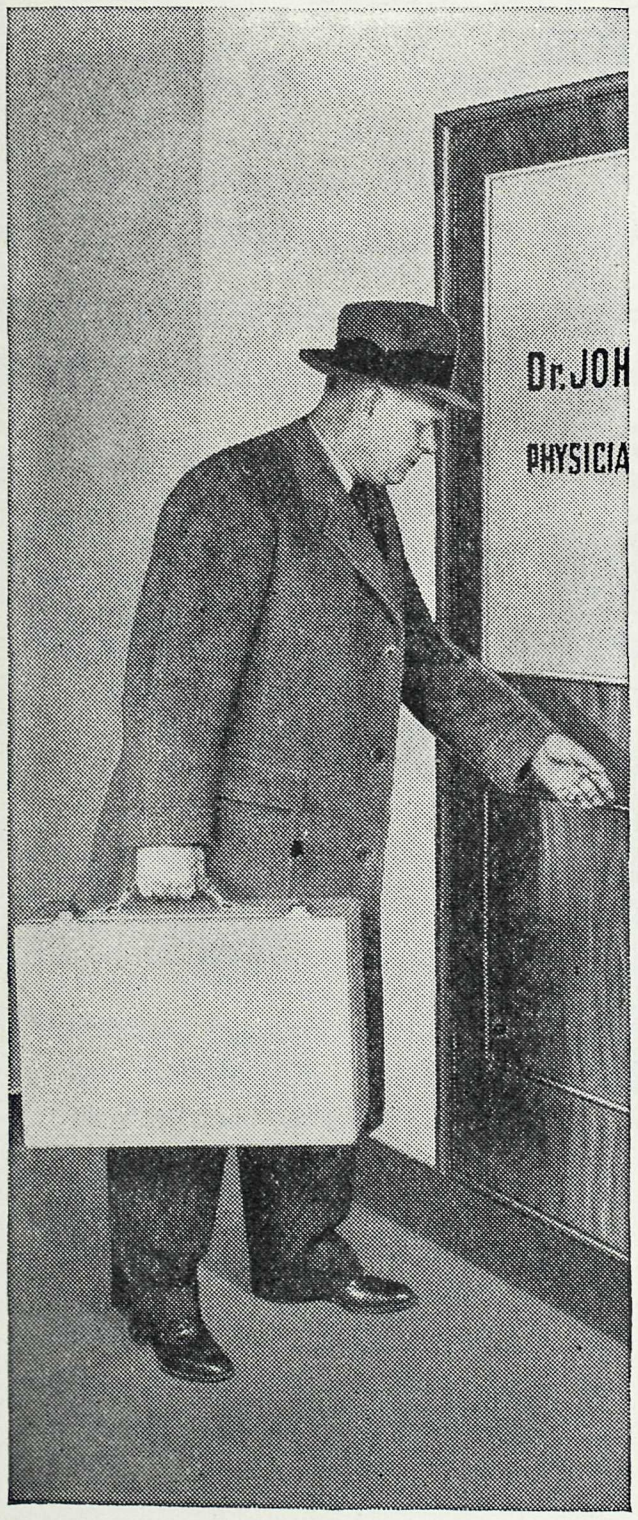

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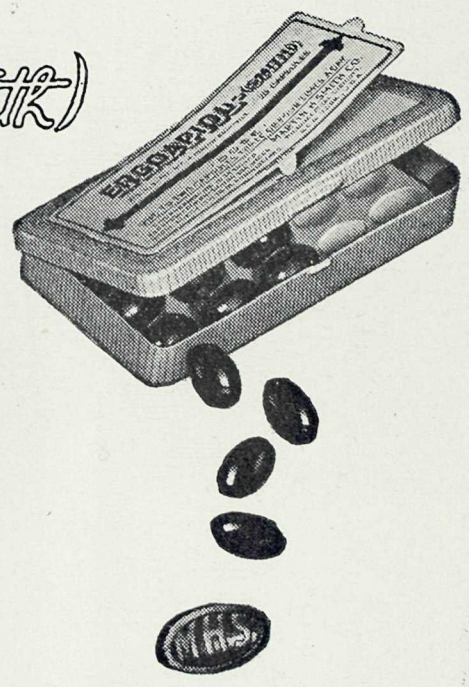

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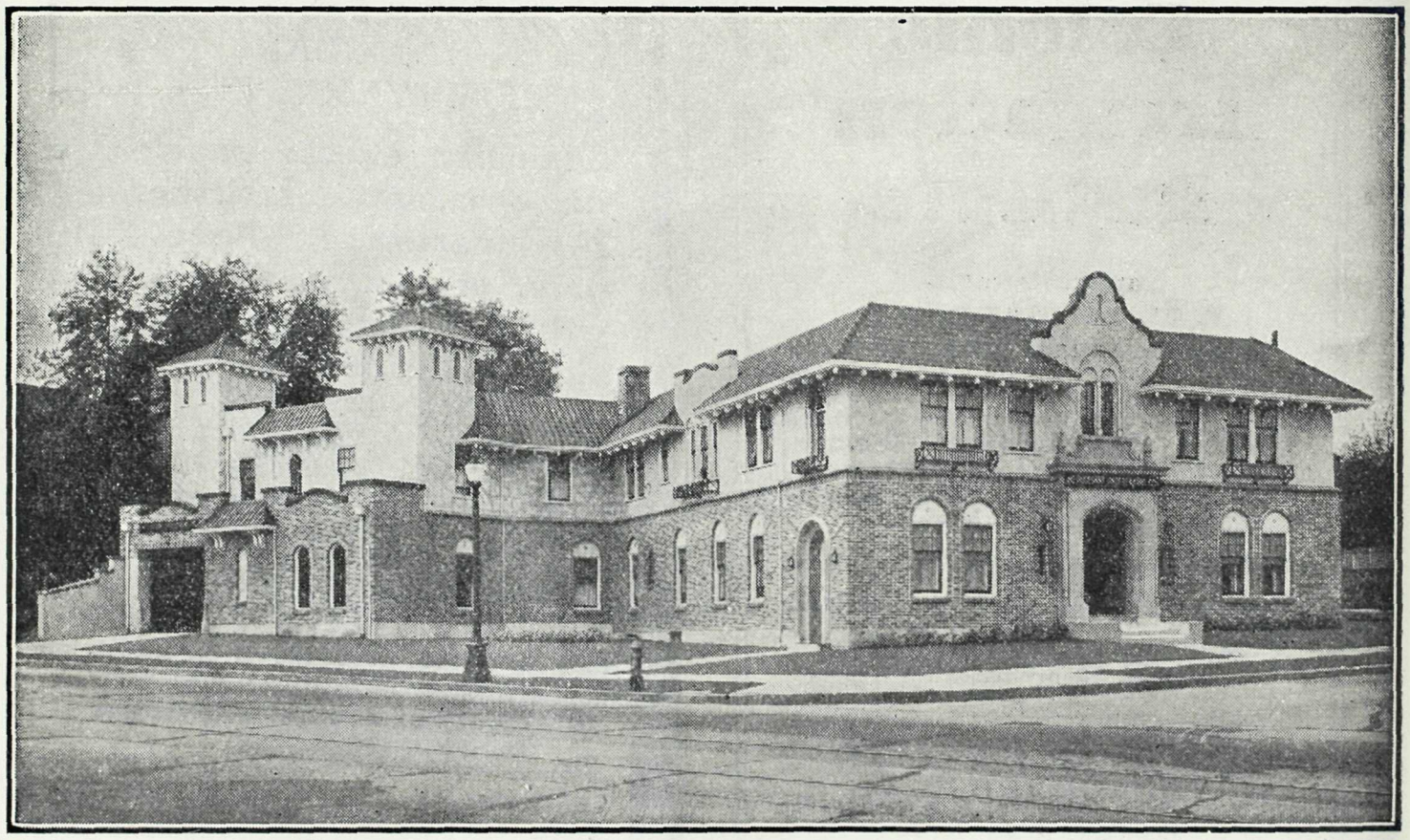

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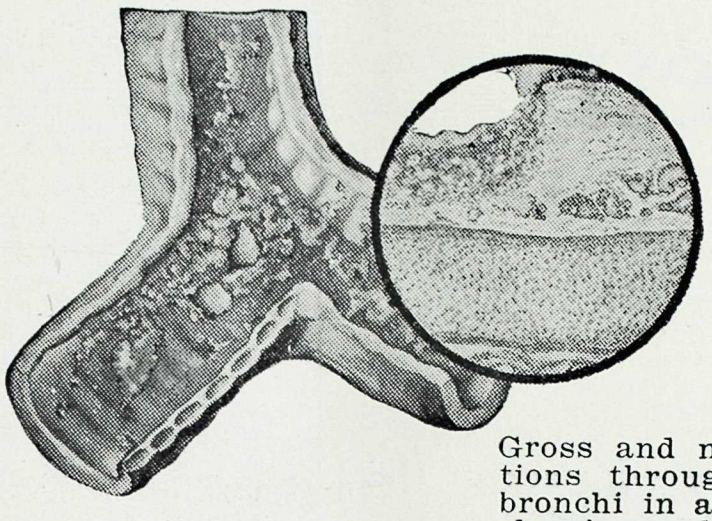

Gross and microscopic sections through trachea and bronchi in acute bronchitis, showing early ulceration and exudation.

AS EVERY PHYSICIAN KNOWS, THE ONSET OF BRONCHITIS NOT ONLY IS IN ITSELF SERIOUS, BUT ITS SEQUELAE MAY BE FAR-REACHING AND OFTEN DISASTROUS.

● To abort the condition, a thick, hot . . .

Antiphlogistine

dressing over the throat and chest is frequently *most effective*. Its long-retained heat, hygroscopic and therapeutic qualities may alter the course of the condition and be the means of completely disarming the bronchial attack.

Generous clinical sample and literature free on request from

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Made in Canada

It Can Happen Here

Example of severe rickets in a sunny clime

Courtesy of E. H. Christopherson, M.D., San Diego, and of "California and Western Medicine."

LEST WE FORGET—we who are of the vitamin D era—severe rickets is not yet eradicated, and moderate and mild rickets are still prevalent. Here is a white child, supposedly well fed, if judged by weight alone, a farm child apparently living out of doors a good deal. This boy was reared in a state having a latitude between 37° and 42°, where the average amount of fall and winte sunshine is *equal to that in the major portion of the United States*. And yet such stigmat of rickets as *genu varum* and the quadratic head are plain evidence that ricket does occur under these conditions.

How much more likely, then, that rickets will develop among city-bred childre who live under a smokepall for a large part of each year. True, vitamin D is more o less routinely prescribed nowadays for infants. But is the antiricketic routinel administered in the home? Does the child refuse it? Is it given in some unstandardize form, purchased from a false sense of economy because the physician did not specif the kind?

A uniformly potent source of vitamin D such as Oleum Percomorphum, admin istered regularly in proper dosage, can do more than protect against the gros visible deformities of rickets. It may prevent hidden but nonetheless serious malforma tions of the chest and the pelvis and will aid in promoting good dentition. Becaus the dosage is measured in *drops*, Oleum Percomorphum is well taken and wel tolerated by infants and growing children. Rigid bioassays assure a uniform potenc —100 times the vitamins A and D content of cod liver oil*. Oleum Percomorphum moreover, is a natural product in which the vitamins are in the same ratio as in co liver oil*.

Oleum Percomorphum offers not less than 60,000 vitamin A units and 8,500 vitamin D units (International) per gram. Supplied in 10 and 50 c. c. brown bottles, also in 10-drop soluble gelatin capsules, each offering not less than 13,300 vitamin A units and 1,850 vitamin D units, in boxes of 25 and 100.

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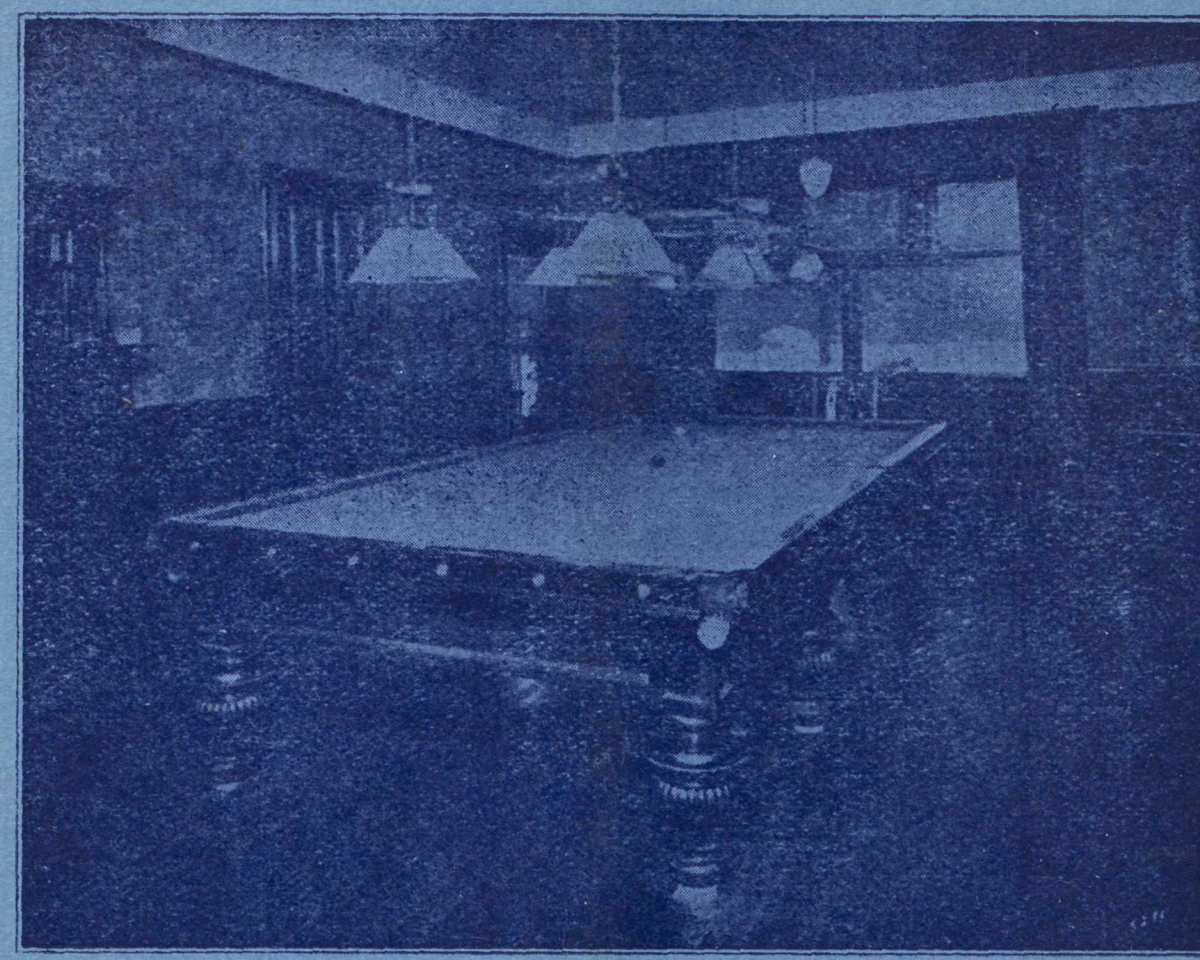

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