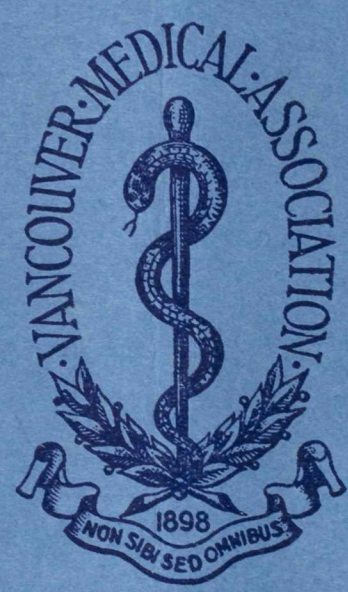
The BULLETIN

OF THE

VANCOUVER MEDICAL ASSOCIATION

Vol. XIV FEBRUARY, 1938 No. 4



In This Issue:

KIPLING AND THE DOCTORS

THE SOURCES AND CLINICAL IMPORTANCE OF THE VITAMINS

NEWS AND NOTES

VANCOUVER MEDICAL ASSOCIATION SUMMER SCHOOL
JUNE 21-24, 1938

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THE VANCOUVER MEDICAL ASSOCIATION

BULLETIN

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

Editorial Board:
DR. J. H. MACDERMOT
DR. M. McC. BAIRD DR. D. E. H. CLEVELAND

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

VOL. XIV. FEBRUARY, 1938 No. 5

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In a large proportion, estimated as well over fifty per cent, of all cases of lobar pneumonia, the causative agent is a Type I or a Type II pneumococcus. In treatment of pneumonia caused by either of these types of pneumococcus, favourable results from serum therapy had become, by 1934, so obvious that international units were then adopted for standardization of Type I and of Type II anti-pneumococcus sera.

In using anti-pneumococcus serum, its administration early and in adequate doses is, of course, a factor of fundamental importance, as is the use of serum specific for the type of the pneumococcus present in the case under treatment. By the Neufeld method of rapid typing, determination of type may be made in hospital or other laboratories, or a determination may be carried out by the physician with the aid of a microscope.

•

Information relating to Concentrated Anti-Pneumococcus Sera and to Pneumococcus Typing-Sera as prepared by the Connaught Laboratories will be supplied gladly upon request.

•

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VANCOUVER HEALTH DEPARTMENT

STATISTICS—DECEMBER, 1937

Total population—estimated	253,363
Japanese population—estimated	8,522
Chinese population—estimated	7,765
Hindu population—estimated	352

	Number	Rate per 1,000 Population
Total deaths	248	11.0
Japanese deaths	3	4.1
Chinese deaths	8	12.3
Deaths—Residents only	219	10.2
BIRTH REGISTRATIONS—		
Male, 174; Female, 157	331	15.4

INFANTILE MORTALITY—	Dec., 1937	Dec., 1936
Deaths under one year of age	7	10
Death rate—per 1,000 births	21.1	36.2
Stillbirths (not included in above)	11	3

CASES OF COMMUNICABLE DISEASES REPORTED IN THE CITY

	October, 1937		November, 1937		December 1st to 15th, 1937	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Scarlet Fever	43	0	37	1	17	0
Diphtheria	0	0	1	0	1	1
Chicken Pox	104	0	84	0	100	0
Measles	5	0	12	0	9	0
Scarlet Fever	43	0	37	1	17	0
Rubella	5	0	1	0	0	0
Mumps	47	0	49	0	46	0
Whooping Cough	17	0	9	0	14	1
Typhoid Fever	8	0	12	1	2	2
Undulant Fever	0	0	1	0	0	0
Poliomyelitis	0	0	0	0	0	0
Tuberculosis	26	14	36	16	16	--
Erysipelas	1	0	3	0	0	0

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

	Vancouver Clinic	Hospitals and private doctors	Totals
Syphilis	71	31	108
Gonorrhœa	91	23	114

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References: "Ask the Doctor who is using it."

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HYPOTENSYL is preferred to nitroglycerin and the nitrites as a hypotensive agent because of its more prolonged action. Reductions of 20 to 30 mm. Hg. beginning 12 hours after a single dose may be augmented and mantained indefinitely by continued medication.

Lowering of blood pressure is accompanied by striking relief of headache and dizziness in at least 75% of cases.

Three synergists, each an effective vasodilator, are combined in Hypotensyl; namely, Viscum album (European mistletoe), hepatic extract and insulin-free pancreatic extract. The effect of the synergism is to prolong and intensify the hypotensive action of each of these agents.

In essential hypertension, administration of Hypotensyl in conjunction with dietary restriction and suitable rest periods usually suffices to keep the condition under control. When hypertension is secondary to nephritis or other serious causes, Hypotensyl proves a valuable palliative.

The average dose is 1 to 2 tablets, three times daily, ½ hour before meals. Supplied in bottles of 50 and 500 tablets.

SAMPLES ON REQUEST

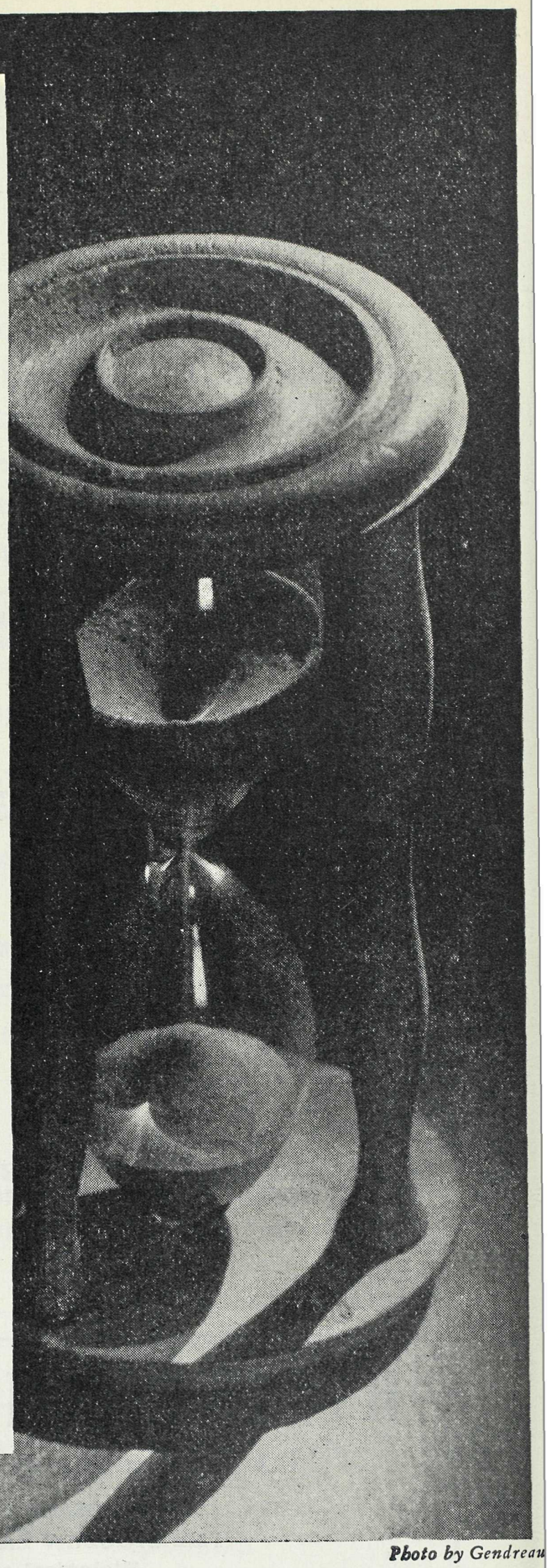

Photo by Gendreau

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VANCOUVER MEDICAL ASSOCIATION

Founded 1898 :: Incorporated 1906

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

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

Place of meeting will appear on Agenda.

General meetings will conform to the following order:

8:00 p.m.—Business as per Agenda.
9:00 p.m.—Papers of the evening.

Programme of the 40th Annual Session

February 9th—GENERAL MEETING.
DR. C. E. SEARS, Portland, Ore.: "The Pathogenesis and Treatment of Vascular Hypertension."

February 15th—CLINICAL MEETING.

March 1st—OSLER LECTURE—DR. L. H. APPLEBY.

March 15th—CLINICAL MEETING.

April 5th—GENERAL MEETING.
"Symposium on Liver and Gall-Bladder":
DR. W. GRAHAM: "Diagnosis and Treatment of Surgical Conditions."
DR. H. H. PITTS: "Physiology and Pathology of Liver and Gall-Bladder."

April 19th—CLINICAL MEETING.

BRITISH COLUMBIA MEDICAL ASSOCIATION CANCER COMMITTEE

A meeting of the Committee on the Study of Cancer of the British Columbia Medical Association was held on Monday evening, January 17th.

The following members were present: Dr. A. Y. McNair in the Chair; Doctors H. H. Milburn, M. W. Thomas, C. W. Prowd, K. F. Brandon representing Dr. J. W. McIntosh, H. H. Pitts, J. W. Thomson, F. R. G. Langston, Roy Huggard and Ethlyn Trapp.

The question of biopsies was again discussed, and a committee was appointed to interview Dr. H. E. Young, reminding him of the necessity of this service.

A progress report was received from the Canadian Society for the Control of Cancer. Proceedings leading to incorporation are now under way, and a book on the various aspects of cancer is being prepared for distribution to members of the profession throughout Canada.

The following resolution was passed for submission to the Board of Directors of the British Columbia Medical Association:

RESOLVED: That this committee recommend to the Executive of the B. C. Medical Association that on any lecture tours that may be undertaken this year a speaker be included who would deal with some problem in cancer and also be prepared to outline the various activities under way in the matter of cancer control.

It was decided that this Committee meet on the third Monday of each month, and they again ask for suggestions from doctors throughout the Province for the mutual benefit of the Committee and themselves in this phase of medical practice.

EDITOR'S PAGE

We take the greatest of pleasure in presenting to our readers, in this number of the BULLETIN, the very delightful paper that Dr. D. E. H. Cleveland read before the Association at its last meeting, on "Kipling and the Doctors." It reads, we think, even better than it sounds, which is a very severe test of a paper, since the critical faculty of the listener is to some extent lulled to inaction by the personality of the speaker, by the lack of time to dwell on any part of the paper, and so on. But this is an eminently readable paper, and we are grateful to its giver. It is one of the rare papers that can be handed to the printer as it is received, with no editing necessary.

We have been thinking of Dr. Cleveland's remarks to the effect that Kipling is kinder and perhaps fairer to the doctor than most writers are, and pondering on the reasons therefor, if haply these may be found. The doctor, as a class, does not have a "good press." His portrait, as presented by most of the writers who attempt to delineate it, is not flattering, to put it at its mildest; it very often makes one wonder if indeed we can be as bad as all that, and we have a feeling, perhaps a prejudiced one, that we are not any worse than anyone else. Yet we do suffer quite a bit at the hands of those who write about us.

Some of the writers are of the "debunking" turn of mind—Bernard Shaw being perhaps the outstanding example. Sinclair Lewis does it too, but he does not use the glittering rapier of Shaw—rather the keen dissecting knife, perhaps better the pruning knife—because he does acknowledge the existence of some good wood which is worth saving. On the whole, we cannot refute Lewis' charges half as well as we can those of Shaw, who, we feel, has overplayed his hand, has so exaggerated and distorted the picture that it is no longer even a good cartoon.

Others put the doctor on a pedestal, which make him look, and feel, rather ridiculous. It is hard to get down off a pedestal without considerable loss of dignity—indeed, without a fall—and the higher the pedestal, the greater the danger of a crash.

Where we must be grateful to Kipling is that he treated us as ordinary men, doing our work on the whole quite well, and shewing ourselves good craftsmen. How he loved a good craftsman! One sees it in so many of his writings. The man who loved good timber, and wrought out of it a bridge that would outlast many generations of men, or a ship that was staunch and seaworthy; the artist who was true to his vision, the civil servant that could be trusted, regardless of any honour or fame to be gained, or any hardship to be suffered, to "stand by the day's work and await further orders." His little poem on Martha's sons is one of the gems of his creation, and we feel that he must have read, again and again, that essay by Ecclesiasticus on the different types of men; in which he describes, first, and with evident delight in him, the worker at a craft, who merely does his work well. You will not, says this great old essayist, find his name in the list of the mighty, nor will he sit on high in the councils of the people, but "these men maintain the fabric of the world, and in their handicraft is their prayer."

That would be the best thing anyone could say of the doctor-folk, as Kipling might have called us: that most of us are good and honest craftsmen, doing our work without fuss, but as well as we know how. This implies silence and lack of publicity—and it is perhaps nothing to be ashamed of that as a class we are not good advertisers, nor do we appear attractive when appearing in public. There is a certain element of drama in our work, but when it becomes conscious of itself, it tends to become melodrama, and our best friends are those who do not try to make too much of us.

IMPORTANT SPECIAL NOTICE!

VANCOUVER MEDICAL ASSOCIATION.
REGULAR SCIENTIFIC MEETING POSTPONED!

Owing to the illness of Dr. Charles E. Sears, the guest speaker at the next monthly meeting of the Association, the meeting usually held on the first Tuesday in the month has been postponed until WEDNESDAY, FEBRUARY 9TH.

The meeting will take the form of a dinner meeting to be held in the Aztec Room at the Hotel Georgia, commencing at 6:30 p.m. The dinner is informal, and members are asked to come directly from their offices. Tickets are $1.00.

Dr. Charles E. Sears, the speaker of the evening, is a specialist in Internal Medicine and is Clinical Professor of Medicine at the Medical School of the University of Oregon, at Portland, Oregon. The subject of his paper will be "Pathogenesis and Treatment of Vascular Hypertension."

There will be a short business meeting immediately following the dinner and the paper will commence not later than 8:30 p.m. Those who are unable to attend the dinner are cordially invited to come in later.

NEWS AND NOTES

Dr. W. Norman Kemp is leaving Vancouver early in February for Montreal, where he will make his home for the next two years. Dr. Kemp has accepted the position of Director of Clinical Research at the Ayerst, McKenna and Harrison Company of Montreal, Pharmaceutical and Biological Chemists. Dr. Kemp will have the privilege of working with Dr. J. B. Collip of McGill and other prominent research workers, who are associated with Messrs. Ayerst, McKenna and Harrison in an advisory capacity. We offer our heartiest congratulations to Dr. Kemp on his appointment and wish him every success. The results of his work will be watched with interest by his former associates in Vancouver.

* * * *

Dr. Grant Lawrence has left for a two months' tour of Southern Mexico.

* * * *

Dr. and Mrs. A. C. Frost have left for a six weeks' holiday in Southern California.

* * * *

We offer congratulations to Dr. and Mrs. Fred Saunders on the birth of a daughter on December 21st.

* * * *

Dr. H. R. Mustard, Dr. Colin Graham, Dr. E. H. Saunders and Dr. F. W. Brydone-Jack attended the mid-winter Ophthalmological Clinical Course in Los Angeles in January.

* * * *

Drs. D. M. Meekison and J. R. Naden attended the meeting of the American Academy of Orthopædic Surgeons in Los Angeles in January.

* * * *

Dr. G. D. Oliver of Quesnel and Miss Louise Clunness were married on December 2nd at Williams Lake. Following a motor trip to the Coast they will return to Quesnel, where Dr. Oliver is associated in practice with Dr. Gerald Baker. They carry with them the best wishes of the profession.

* * * *

Dr. N. E. Morrison of Salmo has been appointed Medical Health Officer for Salmo and District, and School Health Inspector.

Dr. S. L. Williams of Nanaimo and Dr. T. C. Harold of Ladysmith are no longer associated with the Hall-Giovando group of Nanaimo.

* * * *

Dr. S. L. Williams has established himself in practice in Nanaimo in offices adjoining those of Dr. W. F. Drysdale. Dr. T. C. Harold is remaining in Ladysmith and will carry on in practice in that city.

* * * *

Dr. A. L. McQuarrie visited Upper Vancouver Island centres in the capacity of Provincial Medical Director of the Indian Affairs Branch.

* * * *

Dr. V. L. Annett has entered practice in Victoria with offices in the Bank of Toronto Building.

* * * *

Dr. M. D. McKichan of Sidney called at the office in January.

* * * *

The doctors in one area in District No. 4 have formed a clinical study club which includes in its membership Doctors Alan and Stuart Beech and Harry Baker of Salmon Arm, Reg. Haugen of Enderby, J. A. Shotton of Armstrong, Osborne Morris, J. E. Harvey, Frank H. Pettman, Hugh Campbell-Brown, Norman W. Strong, A. O. Rose and H. J. Alexander of Vernon. This interesting group has as its Chairman Dr. Morris, and Secretary Dr. Pettman. Clinical meetings will be held each month at one of the four centres and rotation will be determined by available material.

* * * *

Dr. W. T. Kergin of Prince Rupert has left on a two months' trip, going first to Toronto, whence he will drive westward and spend the remainder of the period motoring in California.

* * * *

Dr. A. E. Perry, formerly at Port Simpson, is now on the staff of the Department of Radiology at the Toronto General Hospital. Dr. C. A. Armstrong is now in the practice at Port Simpson.

* * * *

Dr. Bliss McQuarry, a graduate in Medicine at the University of Toronto, was recently married to Dr. L. J. Pugsley of the Fisheries Experimental Station at Prince Rupert, where they will reside.

* * * *

Dr. H. M. Robertson of Victoria has now recovered from a serious major operation and will spend the next month or so convalescing in Honolulu.

* * * *

Dr. and Mrs. Norman C. Cook of Victoria are receiving congratulations on the birth of a son and heir.

* * * *

Our congratulations to Dr. and Mrs. C. E. MacRae of Williams Lake on the birth of a daughter on January 18th.

* * * *

Dr. John A. Stewart of Victoria is attending the winter school in Eye, Ear, Nose and Throat held in Los Angeles, and will be away about two weeks.

* * * *

Dr. J. Stewart Henderson of Kelowna travelled to Vancouver to attend the meeting on January 19th of the Board of Directors of the British Columbia Medical Association. Dr. Henderson is President of No. 4 District Medical Association.

Dr. K. C. Wray-Johnston has returned from Great Britain and is again in the service of the Columbia Coast Mission, with headquarters at Pender Harbour.

* * * *

Dr. J. S. Cull, who, since relinquishing his post as Director of the Health Unit in the Peace River Block one year ago, has been an officer with the Metropolitan Health Board in Vancouver, will now succeed Dr. G. F. Amyot in the office of Assistant Provincial Health Officer and Advisor on Hospitals.

* * * *

Dr. R. B. Brummitt of Smithers has been in Vancouver and is now, we are pleased to report, sufficiently recovered from an operation to return to his practice. During his enforced stay in Vancouver, Dr. Brummitt's practice has been carried on by Dr. J. C. Poole of Fraser Lake. Mrs. Poole, known professionally as Dr. Lois F. Stephens, is conducting the practice single-handed at Fraser Lake during Dr. Poole's absence.

* * * *

Dr. A. O. Rose of Vernon called at the office before leaving Vancouver, he having convalesced rapidly from a successful operation in January.

* * * *

Dr. C. H. Ployart of Lillooet visited Vancouver in January.

* * * *

Dr. J. G. Robertson has returned to his practice at Tofino.

* * * *

Dr. George F. Young has returned to Vancouver from Tofino, where he did *locum tenens* during Dr. Robertson's absence.

* * * *

Doctors J. Bain Thom and M. R. Basted of Trail were in Vancouver January 19th and 20th. Dr. Thom attended the meeting of the Council of the College and Dr. Basted attended the meeting of the Board of Directors of the Association. Dr. Basted is President of the West Kootenay Medical Association.

* * * *

Doctors Frank P. McNamee and Stewart A. Wallace were down from Kamloops on January 19th. The former was here for the meeting of the Council of the College of Physicians and Surgeons and the latter attended the meeting of the Board of Directors of the British Columbia Medical Association.

* * * *

Dr. C. T. Hilton of Port Alberni, representing the Upper Vancouver Island Medical Association, attended the meeting of the Board of Directors of the Provincial Association in Vancouver, January 19th.

* * * *

Doctors Thomas McPherson, Gordon C. Kenning, W. Allan Fraser and P. A. Clyde Cousland of Victoria were in Vancouver January 19th attending meetings. Doctors McPherson and Kenning were over for the meeting of the Council of the College, and Doctor Kenning, as President of the British Columbia Medical Association, presided at the meeting of the Board of Directors, which was attended by Doctors Cousland and Fraser.

* * * *

Dr. S. Cameron MacEwen, President of the Council of the College, and Doctors George T. Wilson and F. R. G. Langston, all of New Westminster, attended meetings in Vancouver on January 19th. Dr. MacEwen presided at the meeting of the Council and Doctors Wilson and Langston were over for the meeting of the Board of Directors of the British Columbia Medical Association.

POST GRADUATE COURSE IN OPHTHALMOLOGY AND OTO-LARYNGOLOGY

THE EDITOR,

VANCOUVER MEDICAL ASSOCIATION BULLETIN:

We would like to call your attention to the Third Annual Post Graduate Course in Ophthalmology and Oto-Laryngology which will be held in Portland, Oregon, April 3rd to 9th, 1938. This course is sponsored jointly by the Oregon Academy of Ophthalmology and Oto-Laryngology and the University of Oregon Medical School. We would appreciate all the publicity you care to give the course in order that interested men not reached by our mailed announcement may get in communication with us.

The course is primarily intended for those in special practice. However, in the two previous years that the course has been given, a number of men whose general practice in certain districts necessitates care of eye, ear, nose and throat conditions have taken the course and pronounced it of definite value to them in their work. The program committee wishes it announced that subjects of practical interest to men in active practice will be given the first consideration.

Our guest teachers this year, Dr. A. C. Furstenberg and Dr. Sanford Gifford, certainly need no introduction. In addition to their fame as research students they are both gifted speakers and teachers. They will be with us all week. The mornings will be dedicated to programmed papers by our guests. There will be a round-table luncheon each noon hour with question box. The afternoon sessions will be held at the out-patient clinic of the Medical School, and in the evenings Dr. Olof Larsell, Professor of Anatomy at the school, will demonstrate the surgical anatomy of the head and neck. There are several other features in the formative stage which will be announced later in the preliminary program. Copies of this program may be secured by writing Dr. Paul Bailey, 929 Medical-Dental Building, Portland, Oregon.

Sincerely yours,

PAUL BAILEY, *Secretary.*

RADIOLOGICAL MEETING

On February 4th and 5th the Radiologists of Alberta and British Columbia will gather in Victoria for a session on scientific and other matters which concern Radiology. This meeting is in accordance with the policy of the newly-organized Canadian Association of Radiologists and is the first of what is expected to be an annual event held alternately in British Columbia and Alberta.

Dr. C. W. Prowd, counsellor for B. C., will occupy the chair. Local arrangements in Victoria are in the hands of Dr. Wm. H. Carr. Dr. H. H. Cheney, in association with Dr. W. H. McGuffin, counsellor for Alberta, is organizing the scientific programme.

Approximately a dozen Radiologists from B. C. are expected to attend, and a good representation of Alberta members is assured.

Included among the papers to be presented are the following: "The Canadian Association of Radiologists": Dr. C. W. Prowd; "Some Ideas About the Nature of Cancer": Dr. B. J. Harrison; "Skeletal Metastases in Mammary Carcinoma": Dr. W. H. McGuffin (Calgary); Subject to be announced: Dr. A. D. Irvine (Edmonton); "Trends of Radiation Therapy in Europe": Dr. Ethlyn Trapp; "The Development of Institutional Radiology": Dr. H. H. Cheney; "Contact Radiation Therapy, Chaoul Technique": Dr. F. H. Bonnell.

In addition to the presentation of papers, considerable time will be devoted to inspection and discussion of interesting films collected by those in attendance.

FRED H. BONNELL, M.D., *Secretary for Meeting.*

COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

[This should be kept for reference. The membership of other local medical societies will be published as opportunity allows.—Ed.]

THE FRASER VALLEY DISTRICT

FRASER VALLEY MEDICAL SOCIETY

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Secretary: Dr. L. R. Williams, New Westminster.

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- Dr. R. McCaffrey
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- Dr. L. Patten
- Dr. G. A. C. Roberts
- Dr. A. R. Wilson

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- Dr. L. C. Steindel

COQUITLAM:
- Dr. L. S. Chipperfield

IOCO:
- Dr. A. N. Beattie

EDMONDS:
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ESSONDALE:
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- Dr. E. J. Ryan
- Dr. J. P. Byrne
- Dr. Ernest A. Campbell
- Dr. L. G. C. d'Easum
- Dr. G. R. F. Elliott
- Dr. A. M. Gee
- Dr. B. Harry
- Dr. J. M. Jackson
- Dr. L. E. Sauriol
- Dr. S. S. Murray
- Dr. T. G. B. Caunt
- Dr. G. Kirkpatrick
- Dr. J. W. Vosburgh

HAMMOND:
- Dr. Lawrence Broe

HANEY:
- Dr. D. G. Morse
- Dr. J. F. Sparling
- Dr. A. M. Stewart

LADNER:
- Dr. J. C. Grimson
- Dr. A. A. King

LANGLEY PRAIRIE:
- Dr. Donald Beach
- Dr. A. McBurney
- Dr. B. B. Marr

MISSION:
- Dr. E. J. Eacrett
- Dr. E. H. Erickson
- Dr. W. H. McIntyre

WHITE ROCK:
- (Dr. G. W. Ross now in Wells, B.C. Area now covered by Drs. Sinclair and Steindel of Cloverdale.)

PORT MOODY:
- Dr. C. R. Symmes

STEVESTON:
- Dr. C. A. Greaves

NEW WESTMINSTER:
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- Dr. B. H. Cragg (Specialist, E., E., N. & T.)
- Dr. G. H. Manchester (Psychiatrist)
- Dr. R. E. Mitchell (Radiologist, Royal Columbian)
- Dr. W. Sager, M.O.H. (Burnaby)

LIBRARY NOTES

ADDITIONS TO THE LIBRARY

ALEXANDER, JOHN—Collapse Therapy of Pulmonary Tuberculosis. 1937.
BLUEMEL, C. S.—Stammering and Allied Disorders. 1935.
BUIE, L. A.—Practical Proctology. 1937.
GABRIEL, W. B.—Rectal Surgery. 1937.
JOSLIN, E. P.—Diabetic Manual. 1937.
MERRITT, H. H., and FREMONT-SMITH, F.—Cerebro-spinal Fluid. 1937.
PURVES-STEWART, SIR JAMES—Diagnosis of Nervous Diseases. 1937.
OSGOOD, E. E.—Atlas of Hæmatology. 1937.
STEEL, MATTHEW—Biological and Clinical Chemistry. 1937.

THE DAVID DONALD LABORATORY

QUEEN ALEXANDRIA SOLARIUM, VANCOUVER ISLAND

The David Donald Laboratory at the Queen Alexandra Solarium was formally opened by His Honor the Lieutenant-Governor.

This important adjunct was presented by the family and friends of the late Doctor David Donald as a memorial to his interest and work, in his lifetime, for children and their welfare.

Dr. Richard Felton, Medical Health Officer of Victoria, recounted the events which led up to the need and development of this department. He told of the work of Dr. Cyril Wace, the first superintendent, and spoke appreciatively of this valued contribution by Mrs. Donald, her daughter and friends who were present.

Dr. Glen Simpson, the Medical Superintendent, presented a microscope and other apparatus. The Laboratory will allow of blood and skin tests, sputum and other examinations, being done readily and conveniently. His Honour referred to the kindly and humanitarian spirit of the late Doctor Donald and added that no more suitable tribute to his memory could have been chosen.

BRITISH COLUMBIA MEDICAL ASSOCIATION

The Board of Directors of the British Columbia Medical Association held its regular meeting on January 19th in Vancouver.

The President, Dr. Gordon C. Kenning, was in the chair. Twenty-one members were present: Doctors G. C. Kenning, W .E. Ainley, L. H. Appleby, M. R. Basted of Trail, E. Murray Blair, D. E. H. Cleveland, P. A. Slyde Cousland and W. Allan Fraser of Victoria, J. Stanley Henderson of Kelowna, C. T. Hilton of Port Alberni, F. R. G. Langston of New Westminster, A. Y. McNair, H. H. Milburn, A. Howard Spohn, G. F. Strong, W. S. Turnbull, C. H. Vrooman, Stewart A. Wallace of Kamloops, George T. Wilson of New Westminster, Wallace Wilson and M. W. Thomas (Executive Secretary).

Notes were in hand regretting inability to attend from Doctors F. M. Auld of Nelson, W. J. Knox of Kelowna, D. Murray Meekison, J. R. Naden, Colin W. Graham, H. Carson Graham of North Vancouver and N. E. MacDougall, who were unavoidably absent.

Highlights of the business before the meeting arose out of the reports of the chairmen of standing committees. Dr. H. H. Milburn, Chairman of the Committee on Constitution and By-Laws, in his report stressed the subject of Federation as the matter most pressing upon the attention of his committee for study and action at this time. A large committee, the personnel representative of all districts, has been organized, and a letter written to each member outlining the various points which must be considered by the committee had evoked replies which were encouraging and showed a willingness and desire on the part of all to support any action leading to Federation.

Amendments to the Constitution of the Canadian Medical Association were now under consideration which would pave the way for the provinces to more easily become an integral part of the national organization. In this way, securing a sufficient quota of membership in the Canadian Medical Association from this Province would permit our organization to function as part of Federation. Considerable discussion followed and the sense of the meeting supported the Committee on Constitution and By-Laws in an effort to secure a larger membership in British Columbia in the Canadian Medical Association. In that the membership from this Province in the Canadian Medical Association was 370 in 1937, it was felt that an effort should be made to enrol between 100 and 200 new members within the next two or three months. Dr. Milburn accepted the assignment of this work on behalf of the committee of which he is Chairman.

Dr. Wallace Wilson, Chairman of the Committee on the Study of Economics, reported on the preparation and submission of the brief of the Canadian Medical Association to the Rowell Royal Commission. This document, he considered, covered the question fully from the standpoint of representation made from this Province. Much of the matter supmitted from the profession in British Columbia had been written in verbatim. Dr. Wilson reported that the submission had been made in January and suggested that it was probable that an opportunity would present itself for amplification before the Commission at a later date.

Dr. Walter S. Turnbull, Chairman of the Committee on Maternal Welfare, presented an interim report telling of a erview of the maternity situation in this Province and a report being prepared for the central committee of the Canadian Medical Association. The Committee, which includes Doctors A. C. Frost, A. M. Agnew and A. E. Trites, is considering a proposal for an educational programme which will be submitted to the Provincial Association.

Dr. E. Murray Blair, Chairman of the Committee on Pharmacy, reported that his Committee had co-operated with the British Columbia Pharmaceutical Association in the effort to control the sale of the preparations of sulphanilamide. This action by the Committee on Pharmacy was approved by the Board of Directors.

Dr. A. Howard Spohn, Chairman of the Committee on Public Health, reported that a committee has been appointed, and told of the study of the various provincial and municipal health problems.

Dr. A. Y. McNair, Chairman of the Committee on the Study of Cancer, described the set-up of the National Society for the Control of Cancer and the efforts of his Committee to have the representatives, lay and medical, appointed as members of the Board of Governors of this national body. Members representing all areas of the Province comprise his committee, and the projection of a Province-wide programme is being studied. A letter from the Committee was read to the Board of Directors. This presented a resolution, which was approved by the Board, recommending that one speaker on any proposed lecture tour throughout this Province should deal with the cancer problem and be prepared to give information on the proposed programme. The question of approach in the problem of control of cancer was discussed by Doctors H. H. Milburn, W. Allan Fraser, Stewart A. Wallace, G. F. Strong and C. T. Hilton. Dr. McNair will present a proposed plan to cover this whole subject at the next meeting of the Board of Directors.

Under new business many matters were introduced for discussion and were referred to the various committees for study and report. Thus ended a very enthusiastic and largely attended meeting of the Board of Directors of the Provincial Association.

Dr. H. H. Milburn, as Chairman of the Committee on Constitution and By-Laws of the British Columbia Medical Association, is accepting leadership in British Columbia in an effort to make federation of Canadian Medicine an

accomplished fact, and seeks the support of every member of the British Columbia Medical Association in the forthcoming effort to increase very conciderably the membership in this Province in the Canadian Medical Association. With the strong endorsation by the Board of Directors of the Provincial Association to such a move, he now appeals to the profession for a generous response from the members in all districts and thus place this Province in a strong place in nationally organized Medicine.

THE SOURCES AND CLINICAL IMPORTANCE OF THE VITAMINS

(Continued from last issue)

VITAMIN G (B_2)

The eight years 1919-1927 gradually brought full conviction that at least two substances, the antineuritic vitamin B and some other more heat stable vitamin, were involved in the functions which had been attributed to vitamin B. This other more heat stable vitamin is probably made up of several components. It has been called the vitamin B "complex." It is now known to contain a flavin (the "flavin factor") which is called vitamin G in America and B_2 in Great Britain. In addition there is at least one other nutritionally essential substance which has been variously designated as vitamin H, vitamin B_6, and which may be the same as the growth essential called "factor Y."

The term vitamin G or B_2 may now be considered as standing for the flavin factor. It has been concentrated from milk and shown to be a water-soluble crystallizable greenish-yellow substance belonging to the flavin group of organic compounds and is known chemically as *lacto-flavin.*

Deficiency of vitamin G in the dietary of experimental animals has the following effects:

(a) The growth is checked.
(b) The general health is impaired.
(c) Digestive disturbances are induced.
(d) General weakness and loss of muscular tone is induced.
(e) An unhealthy condition of the skin develops.
(f) The incidence of infectious disease is increased.
(g) The span of life is definitely shortened.

Pellagra, often considered as due to deficiency of vitamin G, is probably due to a deficiency of two or more vitamins and possibly a protein as well. Certainly pellagra is not a straight vitamin G deficiency as beriberi is a vitamin B deficiency.

Vitamin G is formed in the growth of green succulent plants. It is very probable that the amount of G present in such plants decreases as the plants dry and wither. The developing seed accumulates a fair amount of G but cereals contain less G than B. As in the case of the latter, much the greater part of G is rejected in the milling of grain. Animals derive their vitamin G from plants, possibly also from the flora of the intestinal tract. Liver shows a greater concentration of G than other tissues. Milk is the most important dietetic source of this vitamin.

VITAMIN H (B_6)

An important part of the "B-complex," vitamin H or B_6 is distributed similarly to G. Milk, liver and eggs are good sources of both G and A.

A good general rule concerning the intake of vitamin B and the "B-complex" is that given by the great American authority, Dr. H. C. Sherman: "If half of the needed food calories are taken as fruits, vegetables, milk and eggs, and if half of whatever breadstuffs and cereals are used are taken in

the whole-grain or 'dark' forms, there will most certainly be provided an ample supply of vitamin B and of many other important nutritional factors as well."

VITAMIN C

Scurvy, now known to be due to a dietary deficiency of vitamin C, is as old as civilization and has been responsible for the death of thousands.

The earliest recorded successful treatment of scurvy occurred in Canada in 1535 when Jacques Cartier, on the advice of a friendly Indian, gave his scurvy-prostrated men a decoction of young green succulent "shoots" from the spruce trees with successful results. These happy effects apparently were not appreciated in Europe, for scurvy continued to be endemic. In 1734 Bachstrom ascribed specific anti-scorbutic virtues to fresh vegetables. Twenty years later James Lind, a naval surgeon, conducted his celebrated clinical experiments whereby he, for the first time, established the efficacy of oranges and lemons in the treatment and prevention of this scourge.

The modern study of vitamin C commenced in 1907 with the demonstration of experimental scurvy in the guinea pig by Holst and Frolich of Christiania. Their work in this respect is comparable to the pioneer experiments of Eijkman in avian beriberi.

In 1932 Waugh and King precipitated from lemon juice an actively anti-scorbutic substance in crystalline form which they demonstrated to be identical with the "hexuronic acid" which Szent-Gyorgi had isolated from the adrenal cortex, from oranges and from cabbage as early as 1928. This substance is Vitamin C and has been named cevitamic acid or ascorbic acid. Its structure was established in 1933 by Haworth and associates and the same year Reichstein and Oppenhauer synthesized it.

In the body vitamin C plays a very essential role. It is necessary in the oxidation-reduction processes of biological chemistry and so-called tissue respiration. Wolbach and Howe state "scurvy is a condition characterized by the inability of the supporting tissues to produce and maintain intercellular substances." This function is deficient in scurvy as shown by the study of the teeth in regard to dentin, by the study of repair of soft tissues and in the study of growth and repair of bone in regard to bone matrix. The failure of capillary structure can be explained reasonably in the light of knowledge of other intercellular substances as due to failure of the endothelial cells to form cement substance, an inference arrived at by Aschoff and Koch.

The clinical signs and symptoms of acute deprivation of vitamin C, or scurvy, are well known. In the words of Dr. Ling of *H.M.S. Salisbury* (1747), "They all in general had putrid gums, the spots, and lassitude, with weakness of their knees." In adults, swollen and bleeding gums (gingivitis), weakness and pain in the lower extremities and subcutaneous hæmorrhages are the features. The skin is usually pallid and shows petechiae. Gingivitis is followed by loosening of the teeth due to resorption of the alveolar bones and infection. Fever is present and some complicating infection is common. In mild cases of scurvy the only signs may be swollen gums, rheumatic pains and varying expressions of the hæmorrhagic diathesis.

Infantile scurvy is the commonest form. Here tenderness and swelling of the thighs and a disinclination to move are common signs. Irritability and fretfulness are commonly present. Joint pains are frequent signs. Indeed, the latter make a diagnosis of rheumatic fever or osteomyelitis seem probable in some casts.

Latent scurvy or the sub-clinical forms of vitamin C deficiency are to physicians important and interesting phases of avitaminosis C. This condition is probably fairly common as indicated by recent studies. Methods of diagnosis consist of chemical studies of intake, excretion and blood concen-

tration, or, more commonly used, of methods designed to estimate the presence of the hæmorrhagic diathesis such as the capillary resistance test.

This test, as modified by Gothlin, consists in marking a circle of 6 cm. diameter on the patient's forearm just below the antecubital fossa and then inflating the cuff of the sphygmomanometer above the elbow to 50 mm. Hg. maintained for fifteen minutes. Then the number of petechiae within the circle are counted. More than eight indicates a lowered capillary resistance, the normal being about five. If the condition improves with vitamin C therapy one is safe in assuming that the lowered capillary resistance indicated the presence of latent scurvy. Using this method, twenty to twenty-five per cent of the poorer children tested in Sweden and New York were found to have sub-clinical scurvy, and to respond to increased vitamin C intake. Here it is relevant to recall the experimental work of Rinehart in the production of "rheumatic fever," mentioned earlier in the paper, under conditions of avitaminosis C.

The supposition that sub-clinical scurvy may be responsible for many cases of soggy, bleeding gums, seems to be supported by the experience of a number of physicians. Nordenmark found that two-thirds of his cases of gingivitis in children were associated with abnormally low capillary resistances. In eight out of nine cases, vitamin C improved the gingivitis and raised the capillary resistance.

The demonstrated relationship between vitamin C and the so-called hæmorrhagic diathesis opens up other fields of clinical investigation. Two of these, hæmorrhagic disease of the newborn and abnormal uterine hæmorrhage, are being examined with promising results.

The skeletal lesions of chronic scurvy and osteogenesis imperfecta are histologically remarkably alike. The use of a high vitamin C diet in the latter condition offers an interesting possibility for therapeutic experiment.

There is a considerable amount of evidence to show that vitamin C is an important factor involved in individual resistance to toxins and infections. King and Menten have shown experimentally that normal guinea pigs are twice as resistant to diphtheria toxin as those with latent scurvy. Here we note a similarity of action to cortin, the hormone of the adrenal cortex. It is possible that vitamin C may have a notable rôle to play in the future study of the least understood aspects of resistance to infection.

According to Hess' dictum, 2.5 mgm. of cevitamic acid per day will protect an infant from scurvy, while an adult needs 7.5 mgm. The latter amount is found in 15 c.c. of lemon or orange juice. It is very probable that an *optimal* adult requirement for robust health is higher than this. Many suggest from 20 to 30 mgm. daily.

Most fruits contain some vitamin C. Since it is oxidation rather than heat that is the destructive agent in respect to the preservation of this vitamin, commercial canning processes of fruits and vegetables delivers them with a high C content. Also foods preserved by quick-freezing processes have little loss of C. The citrus fruits, oranges, lemons and grapefruit, constitute the richest sources of vitamin C.

The International Unit of vitamin C is 0.05 mgm. of cevitamic acid. This is one-tenth the quantity required to prevent scurvy in a guinea pig on a scorbutic diet. This is equivalent to the cevitamic acid content of 0.1 cc. of fresh lemon juice. In other words, 2 c.c. of orange or lemon juice is the equivalent of 1 mgm. of cevitamic acid.

If 30 mgm. be considered the optimum daily vitamin C intake, this quantity can be obtained in:

60 c.c. (2 oz.) of orange, lemon or grapefruit juice;

4/14 oz. of tomato juice.

VITAMIN A.

NAME:

VITAMIN A.

DESCRIPTIVE NAMES:

ANTI-INFECTIVE.
ANTI-OPHTHALMIC.

PRECURSORS:

THE CAROTENES (veg. pigments).

FORMULA:

$C_{20}H_{29}OH$.

SYMPTOMS ASSOCIATED WITH EXTREME DEFICIENCIES:

XEROPHTHALMIA.

SUSPENSION OF GROWTH.

METAPLASIA AND KERATINIZATION OF EPITHELIAL TISSUES.

SYMPTOMS ASSOCIATED WITH PARTIAL DEFICIENCIES:

NIGHT BLINDNESS.

INCREASED SUSCEPTIBILITY TO INFECTION in specialized tissues (epithelium.

(a) Respiratory;
(b) Ocular;
(c) Skin (Furunculosis, etc.).

BEST SOURCES:

(a) NATURAL:
Green leafy vegetables (spinach).
Eggs; Milk; Liver; Apricots; Sweet potatoes; Carrots; Cheese.

(b) PHARMACEUTICAL:
Beta-carotene.
Halibut liver oil.
Cod liver oil.

PROPERTIES:

FAT-SOLUBLE.

EASILY OXIDIZED.

HEAT STABLE in absence of air.

DESTROYED by fermentation and rancid conditions.

EFFECTS OF COOKING: Not destroyed by ordinary cooking if air excluded.

HUMAN REQUIREMENTS:

Children: 4000-8000 I.U.
Adults: 5000 I.U.
Pregnancy and Lactation: 9000 I.U.

CLINICAL IMPORTANCE:

(a) To promote normal growth, health and nutrition.
(b) To maintain health of epithelial tissues, especially of the eye, respiratory tract and intestinal tract.
(c) As a part of the normal physiological reception of light in the retina.

THE VITAMIN B COMPLEX (B, G AND H)

NAME:	PROPERTIES:	DIETARY SOURCES:	CLINICAL SIGNS AND SYMPTOMS OF DEFICIENCY:
VITAMIN B or B_1. THE ANTINEURITIC VITAMIN B.	WATER SOLUBLE. RELATIVELY STABLE (EXCEPT TO HEAT PLUS ALKALI). IS NOT STORED.	Cereals; Whole grain foods; Yeast; Milk; Eggs; Liver. DAILY REQUIREMENTS: INFANTS: 50 I.U. ADULTS: 200 I.U.	EXTREME: BERIBERI with POLYNEURITIS, CARDIAC S. AND OEDEMA. SUB-CLINICAL: (1) Anorexia; (2) Constipation; (3) Neuritis (alcoholic commonly); (4) Toxæmia in infants; (5) Gastric anacidity; (6) Pyloric stenosis. INCREASED REQUIREMENT IN: (a) Pregnancy and lactation; (b) Hypermetabolism; (c) G. I. conditions.

NAME:	PROPERTIES:	DIETARY SOURCES:	CLINICAL SIGNS AND SYMPTOMS OF DEFICIENCY:
VITAMIN G (B_2) or THE FLAVIN FACTOR.	WATER SOLUBLE; MORE STABLE THAN B. IS STORED IN LIVER (not as well as A).	SIMILAR TO B, especially in Milk and succulent green vegetables. DAILY REQUIREMENTS: Not known.	In experimental animals a deficiency of G: (a) Checks the growth of the young; (b) Impairs the health at any age; (c) Causes digestive disturbances; (d) Causes general weakness and loss of muscle tonus; (e) Causes an unhealthy condition; (f) Causes the incidence of infectious diseases; (g) Causes premature senility.

NAME:	PROPERTIES:	DIETARY SOURCES:	CLINICAL SIGNS AND SYMPTOMS OF DEFICIENCY:
VITAMIN H or B_6.	WATER SOLUBLE.	SIMILAR TO B. DAILY REQUIREMENTS: Not known.	In experimental animals a deficiency of vitamin H: (a) Causes a florid type of dermatitis; (b) Checks the growth of the young; (c) Causes general debility; (d) Causes loss of hair.

VITAMIN C.

NAME:

VITAMIN C.

DESCRIPTIVE NAMES:

ANTISCORBUTIC VITAMIN.
(Cevitamic acid)
(1-Ascorbic acid)

FORMULA:

$C_6H_8O_6$.

PROPERTIES:

WATER SOLUBLE.

HEAT STABLE WHEN OXYGEN EXCLUDED, AND ALKALI EXCLUDED.

SYMPTOMS ASSOCIATED WITH EXTREME DEFICIENCY:

SCURVY:

(a) Swollen and bleeding gums;

(b) Pallor and petechiae;

(c) Weakness and pain in the lower extremities.

DIAGNOSTIC MEASURES FOR LATENT SCURVY:

(a) CAPILLARY RESISTANCE TEST.

(b) URINARY EXCRETION TEST.

(c) BLOOD PLASMA TEST.

BEST SOURCES:

(a) NATURAL:
Citrus fruits.
Tomatoes.
Raw cabbage.
Canned spinach.
Strawberries.

(b) PHARMACEUTICAL:
Cevitamic acid.

DAILY REQUIREMENTS:

MINIMUM:
20-30 mgm. or 2 oz. orange juice.

OPTIMUM:
40 mgm. cevitamic acid.

CLINICAL IMPORTANCE:

(a) To prevent scurvy and latent scurvy;

(b) To maintain general health (essential to tissue respitation);

(c) To insure normal tooth dentine;

(d) To prevent the "hæmorrhagic diathesis";

(e) In individual resistance to toxins and infection;

(f) Of importance in scar formation and possibly in the healing of tuberculous lesions.

VITAMIN D.

NAME:

VITAMIN D.

DESCRIPTIVE NAME:

ANTIRACHITIC VITAMIN.

PRECURSORS:
ERGOSTEROL,
CHOLESTEROL and
OTHER STEROLS.

FORMULA:
$C_{28}H_{43}OH$.

SYMPTOMS ASSOCIATED WITH EXTREME DEFICIENCIES:
RICKETS.
OSTEOMALACIA.
INFANTILE TETANY.

SYMPTOMS ASSOCIATED WITH PARTIAL DEFICIENCY:

DENTAL CARIES.
GROWTH DEFICIENCIES.

DIAGNOSTIC METHODS:

CLINICAL SIGNS.
X-RAY EXAMINATION.
BLOOD PHOSPHATASE TEST.
(Normal 5-6 mgm.%)

BEST SOURCES:

(a) NATURAL:
Milk (in summer).
Butter (in summer).
Eggs.
Skin irradiation.

(b) PHARMACEUTICAL:
Cod liver oil.
Fish liver oil.
Viosterol.

PROPERTIES:
HEAT STABLE.
FAT-SOLUBLE.

UNITAGE:
1 tsp. c. l. oil (standard) equals 306 Units.

REQUIREMENTS:

(a) PROPHYLACTIC—600-600 I.U. daily.
(b) THERAPEUTIC—800-1200 I.U. daily.

CLINICAL IMPORTANCE:
(a) To prevent and cure rickets.
(b) Essential to calcium phosphorous.
(c) Essential in pregnancy and lactation.
(d) Essential for dental health.

VITAMIN E.

NAME:

VITAMIN E.

DESCRIPTIVE NAME:
THE ANTI-STERILITY VITAMIN.

PROBABLE FORMULA:
$C_{29}H_{50}O_2$.

SYMPTOMS ASSOCIATED WITH DEFICIENCIES:

RESORPTION OF FOETUSES IN FEMALE RATS.

DEGENERATIVE CHANGES IN TESTES OF MALE RATS LEADING TO STERILITY.

BEST SOURCES:

(a) NATURAL:
Lettuce and green leafy vegetables.

(b) PHARMACEUTICAL:
Wheat germ oil.

CLINICAL IMPORTANCE:

Possibility of value in some cases of:
(2) Sterility in the male.
(1) Habitual abortion;

KIPLING AND THE DOCTORS

D. E. H. Cleveland, M.D.

(Read before the Vancouver Medical Association, January 4th, 1938)

If you go to our medical library and take down from the shelves a book entitled "The Story of a Surgeon," by Sir John Bland-Sutton, you will see as a frontispiece a photograph of the author. In the motor-brougham beside him, gazing at you directly but benignly from beneath his beetling brows, sits Rudyard Kipling; he of the jutting jaws and "gig-lamps." The time was October 1st, 1908; the occasion Kipling's arrival at Middlesex Hospital Medical School to present prizes.

In the preface which follows, the surgeon-author relates how on many occasions Kipling had prompted him to write in a personal form the Story of the Hospital. Kipling took the trouble to inscribe with his own hand on the flap of a portfolio, in quaint English, instructions for such a book. With his permission Bland-Sutton used this as a preamble for his book. I will not detract from your pleasure to be derived from reading it by quoting from it here.

Kipling, we may believe, was bound by ties of warm friendship to many medical men. Among them Bland-Sutton was one with whom he was for long on terms of intimacy. The great master of the short story shows his comprehension of our craft, and his appreciation of those who serve it, all through his writings, prose and verse. He never portrayed an ignoble member of our profession, yet never descended to mawkish adulation.

Something of the awe and mystery which once clung about the medicine-man as viewed by his fellow-mortals has colored the writings of most authors. Yet superstitious reverence never hindered a Chaucer or a Shakespeare from taking a shrewd dig at erudite medical pomposity, while their honest tributes to doctors we may remember as well. Later dramatists, and eighteenth century novelists, sometimes selected a doctor for their low comic relief. With the Victorian novelists the doctor fared indifferently. He was a boor and a rowdy, or an arrogant ignoramus, as Scott, Dickens or Thackeray sometimes portrayed him; a moral weakling or a prig, as we may find him in stories of George Eliot and Trollope. Today's novelists assume an attitude of free and easy familiarity in the fields of medicine and surgery and with those who practise therein, and apply liberally the methods of what in their own jargon has been called the "debunking" school. Doubtless each of these writers had met with prototypes of such characters in their personal lives.

Rudyard Kipling stands alone among writers of whom we have knowledge, whose active writing life belongs to the Victorian, the Edwardian and Georgian periods, as an author who knew and portrayed doctors at their work, without distortion. His insight into the problems of medicine, his appreciation of the philosophy of medicine, his understanding of the doctors' way of looking at the world, and the principles upon which they act, is unparalleled among authors. Let us consider how this may be accounted for.

In his own words on several occasions he seems to have given us a large part of the answer. He told the students to whom he presented prizes at Middlesex Hospital that there were "only two classes of mankind in the world—doctors and patients." Speaking as one of the latter class, he says it is "your business to make the best terms you can with Death on our behalf. . . . It follows, therefore, that you . . . must be amongst the most important people in the world." The world "has long ago decided that you have no working hours that anybody is bound to respect. . . . Have you heard of any legislation to limit your output? Have you heard of any bill for an eight-hour day for doctors?" (It is apparent that his prophetic vision had not considered State Medicine or Health Insurance.)

To Kipling the doctor was, like the Soudanese gentleman to whom he addressed a poem, "a first-class fighting man." His job is to fight the battle of Men against Death. Not alone by strategy in the field of preventive medicine, but with the tactics and weapons of therapeutic medicine. If Kipling's interest lingers more frequently on the latter phase, it is not merely because of its higher dramatic value, but because he knows that Death always wins the last hand. As Shakespeare makes Cymbeline say,

By medicine life may be prolonged, yet death
Will seize the doctor too.

But he knew, as none know better than those who have witnessed the sweep of epidemic disease in Oriental countries or in the field of war, what preventive medicine can and must do. Who of us that remember the South African war does not recall the terrible slaughter of typhoid and think of Bloemfontein? Writing of this many years later, Kipling said, "Our own utter carelessness, officialdom and ignorance were responsible for much of that death-rate . . . the organising and siting of latrines seemed to be considered 'nigger-work.' The most important medical office in any Battalion ought to be Provost-Marshal of Latrines." His unsparing and accurately-aimed denunciation of the sanitary situation there, and its results, could hardly have been bettered by a modern public health officer, and we would like to feel that some of the credit for the reform in this respect which we saw in a later war is his.

His remarks on venereal disease also indicate his modern view. "I came to realize," he says in speaking of his early years in India, "the bare horrors of the private's life, and the unnecessary torments he endured on account of the Christian doctrine which lays down that 'the wages of sin is death.' It was counted impious that bazaar prostitutes should be inspected; or that the men should be taught elementary precautions in their dealings with them. This official virtue cost our Army in India nine thousand expensive white men a year always laid up from venereal disease."

Once he wrote a fanciful story in prophetic vein, when thirty years ago he gave us a description of a night-flight from London to Quebec by dirigible at the end of the twentieth century. It is full of vivid photographic detail just as it might have been described by a bright young journalist, full of crackling phraseology. Nearing the Labrador coast early in the summer morning, they pass above another dirigible with cots and nurses in white uniforms on her decks. The officer on the control platform refers to the other ship as a "lunger." He explains, "Savages used to haul their sick and wounded up to the tops of hills because microbes were fewer there. We hoist them into sterilized air for a while."

There was an old astrologer-herbalist, Nicholas Culpeper. (You will find his book in our library, too.) He was a pet of Kipling's, and he became the hero of a story, "A Doctor of Medicine." Culpeper's argument, which commenced from an astrological false premise and led to a true conclusion by which he cleared plague from his village by exterminating the rats, is too lengthy and involved to repeat here. Let me recommend it for your great entertainment and edification. Thus did Kipling record triumphs of preventive medicine in olden times. Incidentally, you will also find in this story the directions for the Culpeper Cocktail, which you may wish to try when you are feeling low: "Waters, which I do not say cure the plague, but are excellent against heaviness of the spirits . . . white brandy rectified, camphor, cardamoms, ginger, two sorts of pepper, and aniseed." It is understood that the correct proportions of each are to be expressed by the abbreviation "q. s."

A copy of his book, "Rewards and Fairies," in which this story was included, was sent by Kipling to his friend Sir William Osler. In the same book was another story about a pioneer in clinical research and preventive medicine—Laennec. The story, "Marklake Witches," tells how the young

Laennec, himself a victim of pulmonary disease, lived as a French prisoner-of-war in an English household. He collaborates with an unorthodox healer in the village in treating the phthisical daughter of his host. She is tricked into breathing draughts of fresh air when they order her to prop her window open with a charmed stick of maple sixteen inches long, one inch for each year of her age. She must stand in front of this window five times daily, fasting, repeat the names of the Twelve Apostles, drawing her breath in through her nose before each name, and letting it out slowly through her pretty little mouth after the name. At the same time Laennec and his colleague are experimenting with little wooden trumpets. They place their bells against each other's chest, listen at the other end, and compare notes. They manage to bribe a few villagers to let them listen to their chests. Superstition soon runs riot; one man is dying from stitches in his side where the trumpet was placed; it is said that "it left round witch-marks on people's skins, dried up their lights, and made 'em spit blood, and threw 'em into sweats." The outraged village doctor who had lost cases to the unholy pair said they had "been impudently prying into God's secrets by means of some papistical contrivance." Thus did Kipling dramatize the origin of the stethoscope.

The Culpeper story was followed in the book by a set of verses, from which we quote some lines that show again how it was the humanity and bravery in the fight waged by the medicine-man that appealed especially to Kipling:

Wonderful little, when all is said,
    Wonderful little our fathers knew,
Half of their remedies cured you dead—
    Most of their teaching was quite untrue—

. . . . . .

Yet when the sickness was sore in the land,
    And neither planet nor herb assuaged,
They took their lives in their lancet-hand
    And oh, what a wonderful war they waged.

. . . . . .

Excellent courage our fathers bore—
    Excellent heart had our fathers of old.
None too learned, but nobly bold
    Into the fight went our fathers of old.

But natural results follow natural causes, and Kipling has amused us in his verses entitled "Natural Theology" by showing how primitive, pagan and mediæval man sought supernatural causes for ordinary phenomena, while modern scientific investigation has placed our remedies in our own hands.

PRIMITIVE

I ate my fill of a whale that died
    And stranded after a month at sea . . .
There is a pain in my inside.
    Why have the Gods afflicted me?
Ow! I am purged till I am a wraith!
    Wow! I am sick till I cannot see!
What is the sense of religion and faith?
    Look how the Gods have afflicted me!

PAGAN

How can the skin of a rat or mouse hold
  Anything more than a harmless flea? . . .
The burning plague has taken my household.
  Why have the Gods afflicted me?
All my kith and kin are deceased,
  Though they were as good as good can be.
I will out and batter the family priest,
  Because my Gods have afflicted me!

MEDIAEVAL

My privy and well drain into each other
  After the custom of Christendie. . . .
Fever and fluxes are wasting my mother.
  Why has the Lord afflicted me?
The Saints are helpless for all I offer—
  So are the clergy I used to fee.
Henceforward I keep my cash in my coffer,
  Because the Lord has afflicted me.

. . . . . .

CONCLUSION

This was none of the good Lord's pleasure,
  For the spirit He breathed in Man is free;
But what comes after is measure for measure,
  And not a God that afflicteth thee.
As was the sowing so the reaping
  Is now and evermore shall be.
Thou art delivered to thine own keeping.
  Only Thyself hath afflicted thee.

Of Kipling's personal friendship with doctors something has been said. One of his earliest medical friends must have been Dr. James Conland of Brattleboro, Vermont. After some financial reverses Kipling and his newly-married wife had gone to live in a cottage on the estate of her grandfather on the outskirts of Brattleboro. She was attended here in her first confinement, December, 1892, by Dr. Conland. In his posthumously-published autobiography Kipling speaks of him as "the best friend I made in New England." He was probably ten years or more older than Kipling, having graduated from the University of Vermont in 1878. Kipling says that Conland had served in the cod-fleet when he was young, and through his influence the writing of "Captains Courageous" was begun. Their adventures about Boston harbour picking up necessary local colour is described, and the author says: "My part was the writing; his the details. . . . Conland took large cod and the appropriate knives with which they are prepared for the hold, and demonstrated anatomically and surgically so that I could make no mistake about treating them in print." Conland also played him a trick to extend his familiarity with fishing, by sending him "out on a pollock-fisher, which is ten times fouler than any cod-schooner, and I was immortally sick, even though they tried to revive me with a fragment of unfresh pollock."

Many years later, when what he calls a "Super-film Magnate" was negotiating with him for the film rights of this book, Kipling innocently asked if it was planned to introduce much sex-appeal into the great work. On being told "Why, certainly," he went on to explain that a happily married lady cod-fish lays about three million eggs at one confinement. Sex-appeal on such a super-colossal scale rather floored the magnate, and Kipling prayed that wherever Conland, long since dead, might be, he may have heard.

Kipling, it may be observed here, retained something of late Victorian reticence upon some subjects. As he says in his poem of 1894, extolling the old "Three-Decker" novels, whose passing he seemed to mourn, with never a suspicion of the multi-decked Noah's Arks and their strange and varied cargoes yet to come:

> *"We asked no social questions—we pumped no hidden shame;*
> *We never talked obstetrics when the Little Stranger came."*

Dr. Conland, Mrs. Kipling's accoucheur, Kipling's beloved friend and boon companion in sailors' eating houses on the Boston waterfront, veteran of the Banks fleet, was a man of many parts and wide interests. He was a member of the Vermont State Tuberculosis Commission, and served two terms as a member of the State Legislature. He died in 1903.

Of Bland-Sutton mention has already been made. He evidently became Kipling's personal medical attendant, for he mentions in connection with his being created LL.D. of St. Andrews in 1923, in the same year in which Kipling became rector of this university, that Kipling had been seriously ill that year and he had operated upon him.

Of the familiar footing on which they were with each other a comical story related by Kipling gives evidence. On one Boxing Day Bland-Sutton came down to visit him at his home in Sussex, "very full of a lecture he was about to deliver on 'gizzards'." He mentioned that a certain authority had said that if you hold a hen to your ear, you can hear the click in its gizzard of the little pebbles that help its digestion. Most of us would be content to nod acquiescently and say, "So-and-so's authority, no doubt that's true." This is just what Kipling did, although it was his usual habit to verify his own references. But Bland-Sutton, after an uneasy silence, asked him if he had any hens about. Remorselessly, then, he worried Kipling into taking him down to the henhouse, catching an outraged pullet, soothing her while he took her pulse. (Can't you see the picture!—the most celebrated author of his time and the president of the Royal College of Surgeons standing out in the wintry day solemnly taking the pulse of a pullet!) The pulse-rate was duly recorded as one hundred and twenty-six. Then—"She clicks alright," said the surgeon. He made the author listen, too, who opined there was enough click for a lecture. But—"Wait a bit," called the surgeon, "let's catch that cock. He'll click better." They caught him after a loud and long chase, and he clicked like a solitaire-board. Full of indignation, and with ears full of parasites, Kipling stalked off to the house, and the fun escaped him until later.

It is easy to understand how Sir William Osler and Kipling could appreciate each other. Osler, with his love of whimsy, his highly developed imaginative faculty, his warm humanity, his entry into the hearts and minds of children, could not but recognize a kindred spirit in Rudyard Kipling.

It is possible that their friendship commenced from the time that Kipling was Osler's guest in his home at Oxford for the great gathering there in June, 1907, when Kipling and Mark Twain were among those who received degrees. Possibly Osler's old friend, Janeway of New York, who had attended Kipling in a serious illness some eight years before, had made them acquainted before this. There are many references to show what an admirer of Kipling's stories Osler had been, and at Oxford he speaks of him as "such a jolly fellow, so full of fun and with an extraordinary interest in everything."

Three years later, in 1910, Osler received a copy of "Rewards and Fairies," inscribed to him with the quotation: "Excellent herbs had our fathers of old," and with it a note:

"Herewith my book of Tales. I wouldn't bother you with it except for Nick Culpeper and Laennec, for whom I feel you are in a way responsible."

How quickly it was assayed and its gold put into circulation by Osler is apparent from the fact that a few months later, in an address which he gave

at Reading when unveiling memorials to the first and last abbots of Reading, he quoted a stanza from what he styled Kipling's "splendid poem, 'Our Fathers of Old'." Again, when he delivered the presidential address to the Bibliographical Society in January, 1914, he quoted another stanza from this poem.

In June, 1914, there was a Roger Bacon celebration at Oxford. Osler asked Kipling to come and stay with him and to recite something of his own composition appropriate to the occasion at a lunch at Merton College. Kipling was unable to accept, but some lines from his reply are amusing and characteristic:

"I can't tell you how shocked I am to find the practice of medicine at Oxford (Roger's own university) so grossly behind the age. It was Galen who laid down that 'anger at meat' (by which he meant all mental emotion save of the mildest) is the mother of evil; and here are *you*—Regius Professor—counselling me to recite my own verses 'at'—not before or after, but *at*—a bountiful meal. . . . Nicholas, who could write even if he couldn't cure for nuts—says at the beginning of his Herbal, 'I knew well enough the whole world and everything in it was formed of a composition of contrary elements, and in such harmony as must needs show the wisdom and power of a great God.' That seems to me to cover Roger Bacon's outlook and I present it to you for a quotation."

Finally, when death seized the great doctor too, it was a story from the Second Jungle Book, "The King's Ankus," which Archie Malloch read to him on one of his last nights alive, as he lay in his darkened room thinking of his lost son.

It has been noted by his critics and reviewers that Kipling was a man of enormous versatility. "He proved . . . that he could enter into the minds of sailors and schoolboys and animals, besides giving something very like consciousness to machines, with as much facility as he could enter into the minds of soldiers, Hindoos and the members of Anglo-Indian society." It is no wonder, then, that the minds of doctors were laid open to him; the only wonder is that this fact has not been more widely commented upon. It seems to us one of his most notable characteristics, yet examination of a fairly recent bibliography fails to show that it has been noticed. His "love of the masculine life . . . is the underlying and impelling influence. . . . He took things as he found them, the men who worked at manly crafts like soldiering and sailoring and engine-driving." Had the reviewer's knowledge and interests been as wide as those of his subject, he would have added "and doctors." Kipling thought of the doctor as a man, as a fighter and a humanitarian, often armed with inadequate weapons, but brave and many times displaying an innate wisdom of which he himself hardly was aware. Often a lone fighter, whose prayer Kipling formulated in the lines:

"Help me to need no aid from men
That I may help such men as need!"

Another critic says of him, "He has what cannot be acquired by any trick on earth—the grip on human life." He was "that man who looked at life with a huge and perilous curiosity."

These being the marks of the man, and his intimate acquaintance what it was, it is far from surprising that the behaviour of sick people and the phenomena of disease should be matters for his keenest observation and his most vivid graphic portrayal. His virility and sense of humour always saved him from what we call the morbid, in his writings. If the statement of an English literary critic, published shortly after his death, "He sees the savage in man and that it is not far below the surface, and he is disposed to question the benefits of civilization," were true, it would dispose of our claims for

Kipling. But he was no cynic; that species of schoolboy green-sickness had left no trace upon him. He never questioned the benefits of civilization, at least in respect to the advance of medical knowledge.

Kipling could see even what most lay writers miss, and—alas for our profession—many of us may lose: how medical men follow their light with the keen joy and pride of craftsmanship. He knew the Love of the Game, whether in Art or Science. Look again at such stories as "The Tender Achilles," and "Unprofessional." His lines on the Artist's Heaven we may take for ourselves, for what physician or surgeon worthy of his calling is not an artist?

> *"And only the Master shall praise us, and only the Master shall blame,*
> *And no one shall work for money, and no one shall work for fame,*
> *But each for the joy of the working, and each in his separate star,*
> *Shall draw the Thing as he sees It, for the God of Things as They Are."*

We are not unaccustomed to medical themes and pictures in the works of modern writers. Some are so replete with their anatomico-physiologico-psychopathological learning, so glibly accurate with their technical terms, that our recreative reading is spoiled by pathology dragged upon the stage in and out of season. Some of this writing is propaganda, some iconoclastic and some specimens which, curiously enough, have suffered more at the hands of lay than of medical reviewers, come under the description of washing dirty linen in public.

While Kipling's medical interest was in doctors rather than in patients, he had a genius for familiarizing himself with fields of intense activity. A sick man was to him a scene of warfare, a stronghold besieged or a hard-fought battlefield. Like his friends the Nilghai and Torpenhow in "The Light That Failed," he was drawn towards the arena with notebook and sketch-block.

He gave us some wonderful pictures. Many of them were drawn from his life with soldiers in peace and at war. Sometimes it is only a random snapshot. What had he in mind, for instance, when he described a Boer farmer's idiot son?—"His head was hairless, no larger than an orange, and the pits of his nostrils eaten away by a disease. He laughed and he slavered . . ."

He described cholera in an Indian troop-train on a siding until you smell it, and see, in Mulvaney's words, "The men . . . goin' roun' an' about like dumb sheep, waitin' for the nex' man to fall over," wholly without technical language.

The long monologue of the half-caste opium smoker in the story, "The Gate of the Hundred Sorrows," is a tonal masterpiece. The key is one throughout, fraught with drowsiness and apathy; the colour a flat gray through which Chinese reds and yellows show dully, and you are looking at the world through the eyes of one saturated with the poppy.

As a comic relief we cannot refrain from calling attention to one of Kipling's funniest stories, in which he describes—nay, invents—a dermatologic syndrome. It gives him an opportunity to dig our sobersides in the ribs with an impudent and friendly-humorous elbow, when he portrays the puzzlement of the doctors—including the dermatologists—in the face of a bizarre skin eruption with no suggestions or clues. An experimenter with chemical fertilizers is careless in his disposition of residues, and produces an eruption, quite unwittingly, among the neighbouring rural population of a pruritic, non-contagious character, appearing as orange and coppery-green blotches which seriously embarrassed the panel-doctors. Even white pigs were affected. The doctors "asked where they had been and what they had eaten. They had, it seemed, been in ever so many places, and by the way had eaten everything in Leviticus and out of it." (Which shows how much may be learned from asking for history in such general terms.) The tendency, in brand-new diseases, to treat them empirically with the latest specific discovered for some other disease Kipling was acquainted with, and he made the B.M.A. recommend the exhibition of chaulmoogra oil. The source of the

trouble is discovered by the inventor's scientist-son and his doctor-friend, and, after taking necessary steps to end the epidemic, they are enabled to utilize it hilariously to settle scores with a local snob and leader of opinion.

As a tragic recountal of the history and course of a disease, Kipling's *chef d'oeuvre* is found in "Love-o'-Women." Larry Tighe, gentleman-ranker of the Black Tyrone, "cud put the comether on any woman that trod the green earth av God." Mulvaney, one of the Soldiers Three, who tells the story, was transferred from this regiment, and some years later, after a battle, meets Tighe again. He is now known by his nickname. Mulvaney notices first that "whin he got up off the ground he shtaggered a little, an' laned over all twisted." In subsequent patrol-work, and when the camp in the Khyber Pass is being sniped by Pathans, Mulvaney soon learns that for some reason "Love-o'-Women" is deliberately courting death. He saves his life more than once and is cursed for his pains. Mulvaney again observes, "He set off from the halt wid a shunt as tho' he was bein' kicked from behind . . . wint back to his tint wid that quare lurchin' send-off that I cud niver understand." The man was being plagued by remorse: there had been a woman, one out of the scores to whom he had given no second thought; but there was something more. "Iv'ry time he got up afther he had been settin' down or wint on from the halt, he'd start wid that kick and traverse . . . his legs sprawlin' all ways to wanst. . . . Wan day . . . he stopped an' struck ground wid his right fut three or four times doubtful. . . . 'Is that ground?' said he . . . up comes the docthor. . . . Love-o'-Women starts to go on quick, an' lands me a kick on the knee while his legs was gettin' into marchin' order. . . . ' 'Tention,' says the docthor; and Love-o'-Women stud so. 'Now shut your eyes,' sez the docthor.'No, ye must not hould on by your comrade.' ' 'T is all up,' sez Love-o'-Women, thryin' to smile, 'I'd fall, docthor, an' you know ut.' We wint back together, an' I was dumb-struck. Love-o'-Women was cripplin' an' crumblin' at ivry step. He walked wid a hand on my shoulder all slued sideways, an' his right leg swingin' like a lame camel. . . . In hospital but two days later . . . I shuk hands wid him, an' his grip was fair strong, but his hands wint all ways to wanst, an' he cud not button his tunic. . . . 'But fwhat ails him, docthor?' I sez. 'They calls it Locomotus attacks us,' he sez, 'bekaze,' sez he, 'ut attacks us like a locomotive, if ye know fwhat that manes. An' ut comes,' sez he, lookin' at me, 'ut comes from bein' called Love-o'-Women.'

" 'You're jokin', docthor,' I sez.

" 'Jokin'!' sez he. 'If ever you feel that you've got a felt sole in your boot instid av a Government bull's-wool, come to me,' he sez, 'an' I'll show you whether 't is a joke.'

"You would not believe us, sorr, but that, an' seein' Love-o'-Women overtuk widout warnin', put the cowld fear av Attacks us on me so strong that for a week an' more I was kickin' my toes against stones an' stumps for the pleasure av feelin' the hurt.

"An Love-o'-Women lay in the cot . . . and he shrivelled like beef-rations in a hot sun, an' his eyes was like owls' eyes, an' his hands was mut'nous." Of how his end came we are not concerned here, but the story, medical interest apart, is worth many readings. It was written, we should remember, over thirty years ago when Schaudinn's discovery was very recent news in medical circles, and the spirochaete was not yet fully established in the minds of all as the cause of tabes. Kipling's story could not have been written at that time had he not been made acquainted by authority with the fact that locomotor ataxia is syphilis of the spinal cord.

There are many other things in Kipling's short stories, his verse, and even in his few novels, of special interest to the medical reader. You will be repaid in more ways than one by watching for them as you read. You may possibly, if you are crank enough, read into them something that the author had not thought of.

For instance: There are two women who are major characters in the novel, "The Light That Failed." Dick Heldar, the hero, is in love with one of them, Maisie, whom he has known as a child. She shares a flat with the other, whom we know only as "the red-haired girl." Maisie lets Dick take her to dinner and on day-excursions to the sea-side, but holds herself aloof from his warmer advances. He must not interfere with her desired career in the studio. The "red-haired girl" says little to Dick, and he is unaware of her. She releases her emotions inspired by him in bitter castigation of Maisie for her feline acceptance of Dick's bounty. Maisie goes away, and Dick goes blind. Sun-glare in the desert and a sword-blow on the head in a Soudanese melee years past have combined to produce optic atrophy. He manages to get back to the Soudan, where the Mad Mullah has risen again, and meets a carefully-planned death by an enemy bullet between his sightless eyes. Not much of a story, perhaps, but Kipling was not made famous by his novels. An endocrinologist might lead us on an interesting speculation over how the course of events turned upon sex-hormones, and how a judicious exhibition of certain ductless-gland extracts might have made Kipling say, as he was used to, "But that is another story."

Now some of you who were at McGill in 1913 may remember how in those dark pre-endocrine days Sir Arbuthnot Lane once lectured before the two senior years on the redundant colon and "Lane's kink." His description of the unfortunate young female thus afflicted was most affecting and picturesque. A sallow skin, a pimply chin, flat breasts, partial amenorrhœa, chronic dyspepsia and colonic stasis were not all of her troubles. Her disposition was frigid. The opposite picture of the young lady who had either been short-circuited, or who had never stood in need of such ministrations, was easily imagined. She had all, and was all that her sister was deficient in. Then he turned to "The Light That Failed" for a classical illustration in the persons of Maisie and the "red-haired girl." The latter had been blessed with a short taut transverse colon, and hence no inhibitions. Poor Maisie, on the other hand, according to the eminent surgeon, had a colon that festooned and draped itself all over her cold little insides, hence her and Dick's tragedy.

But would it not have been sad had Sir Arbuthnot met her before Rudyard Kipling heard of her, and short-circuited her?

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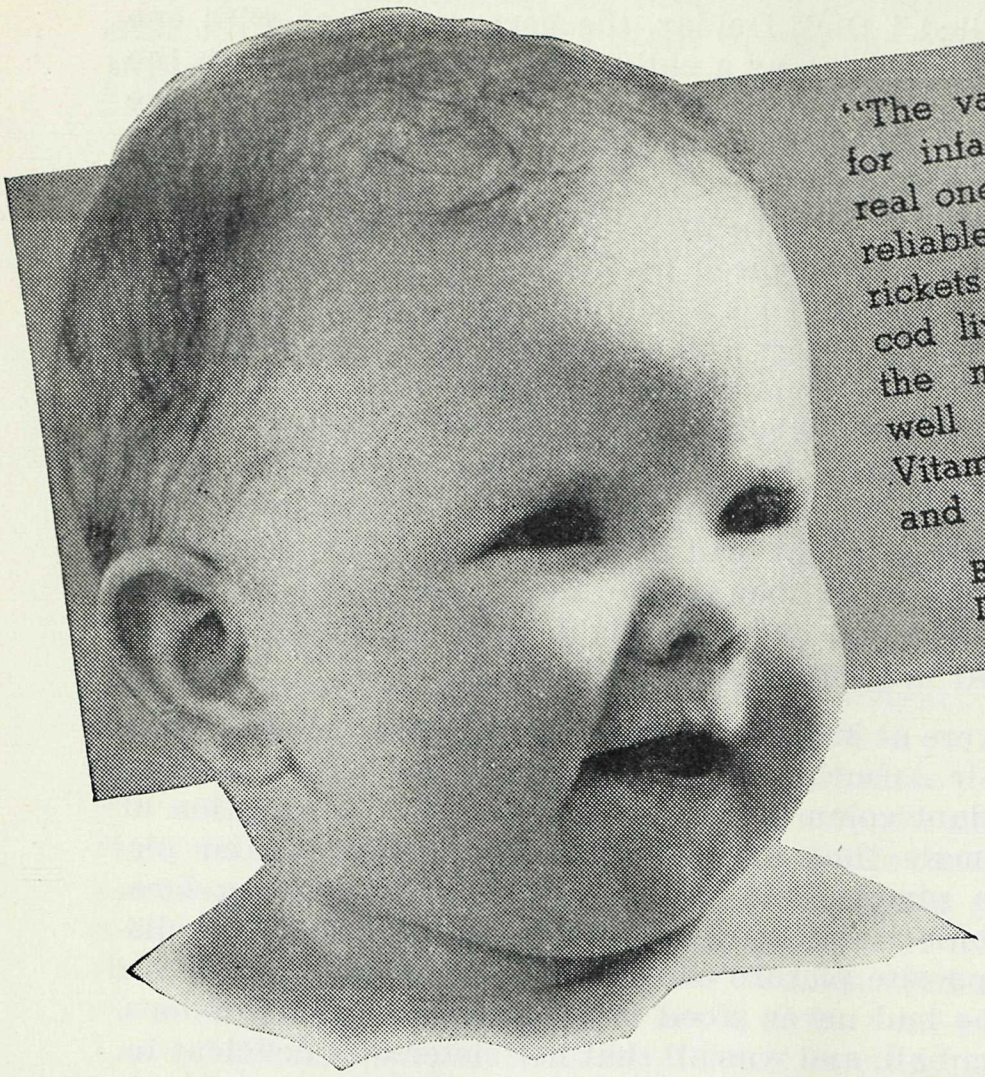

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BUNKER, I. W. M.: J. Am. Diet. Assoc.; p. 431, Jan., 1937.

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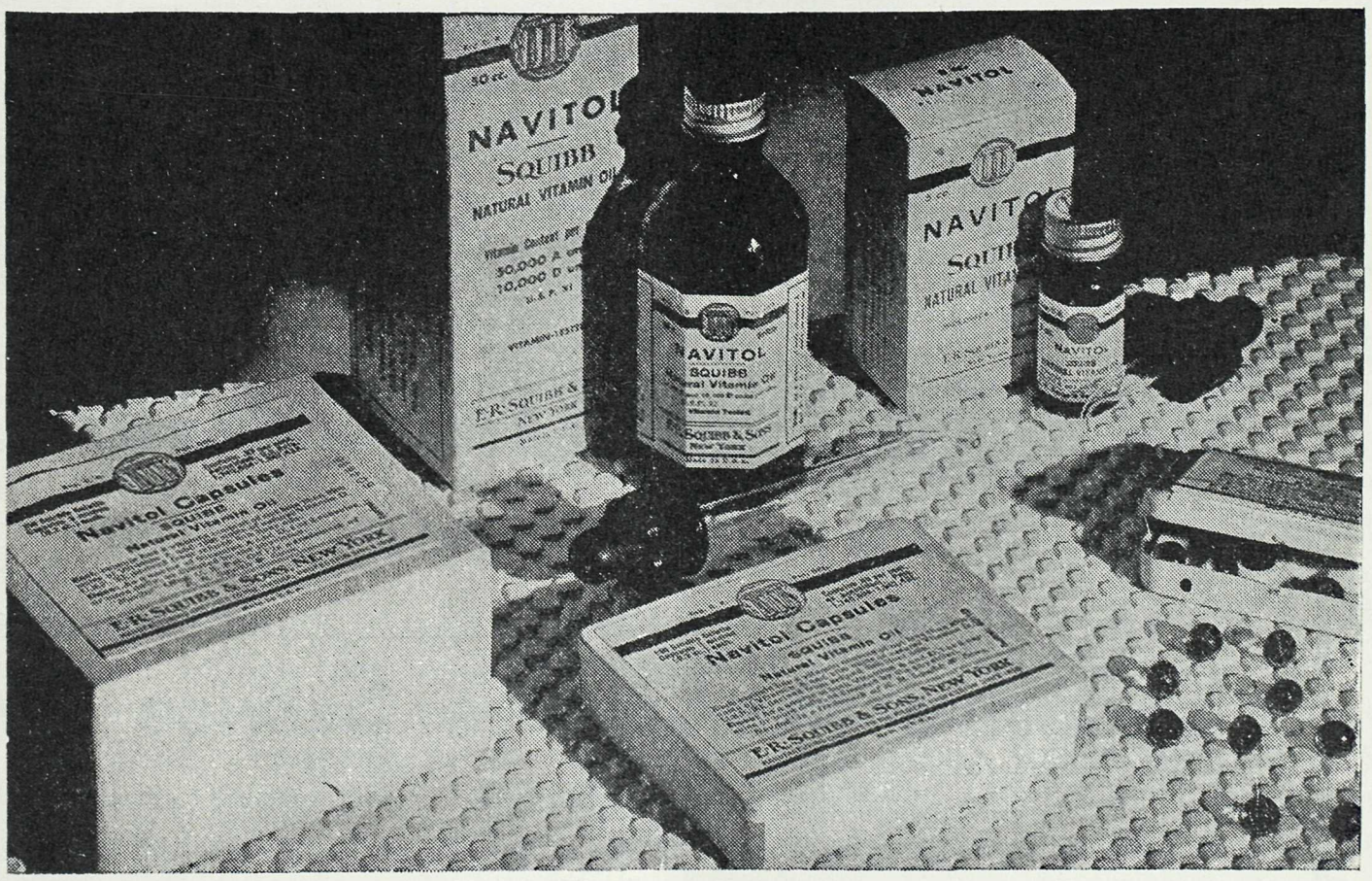

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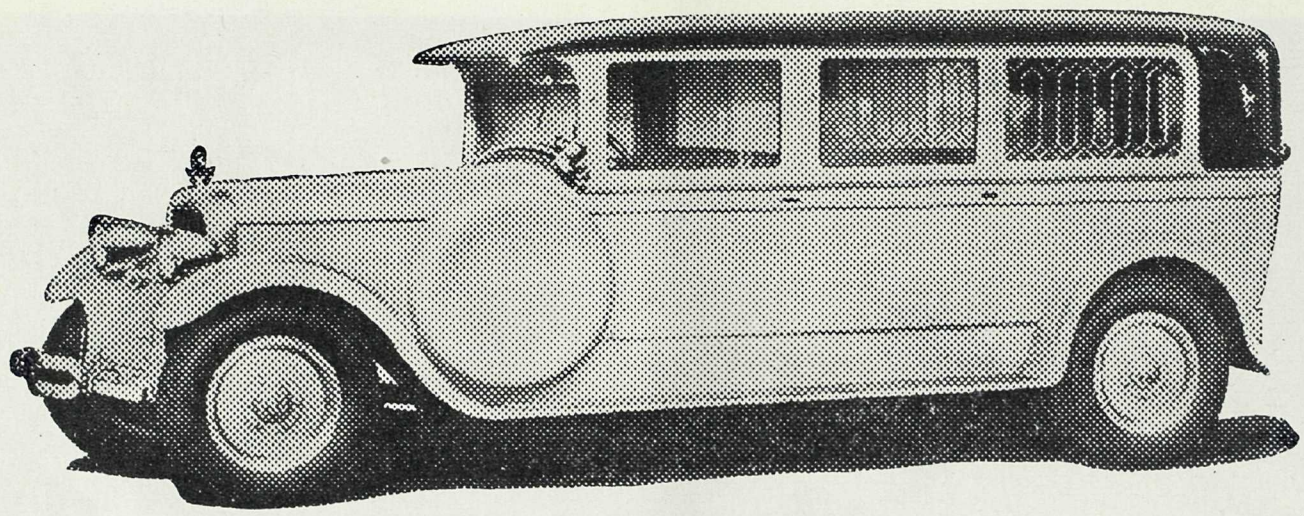

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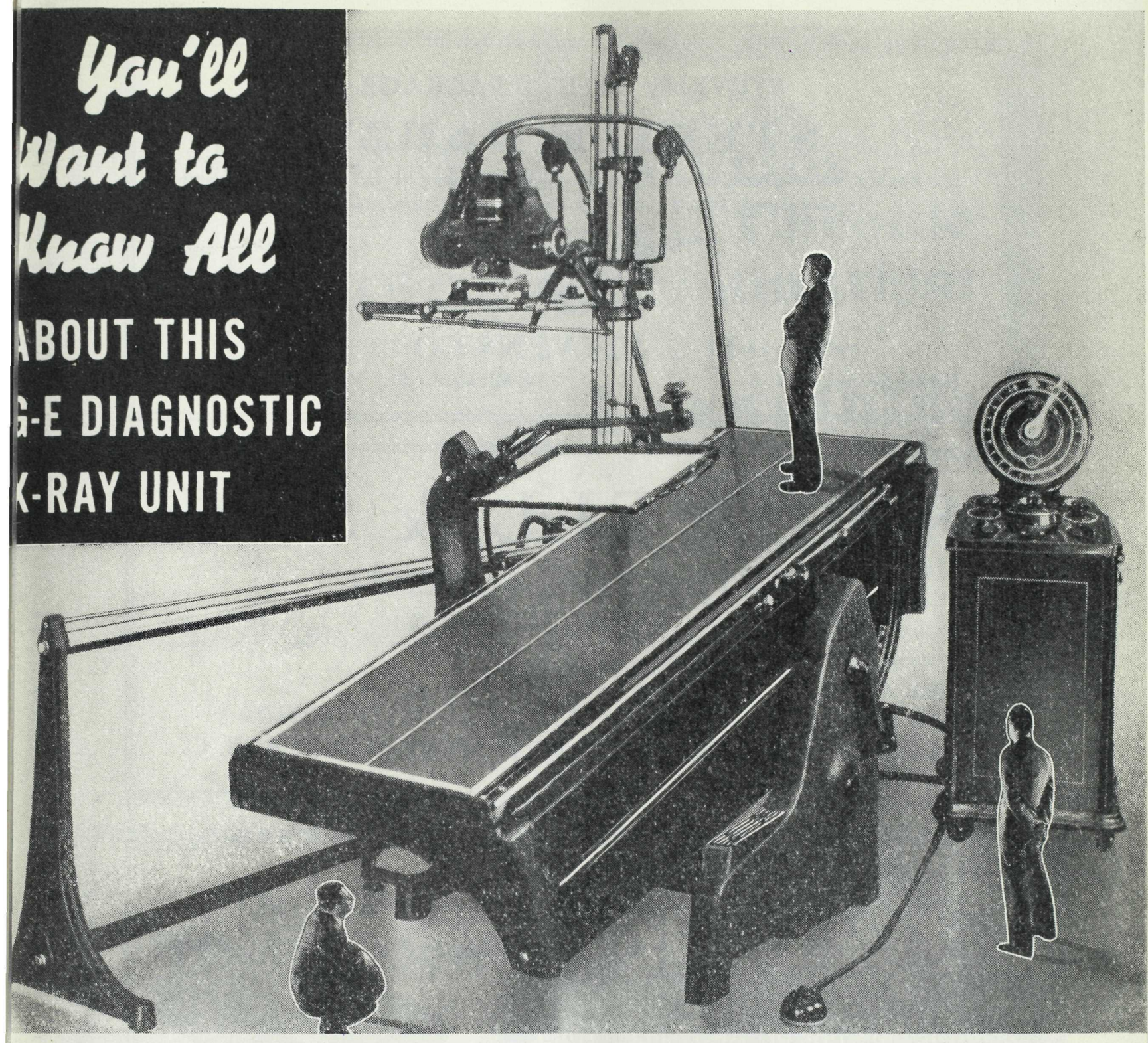

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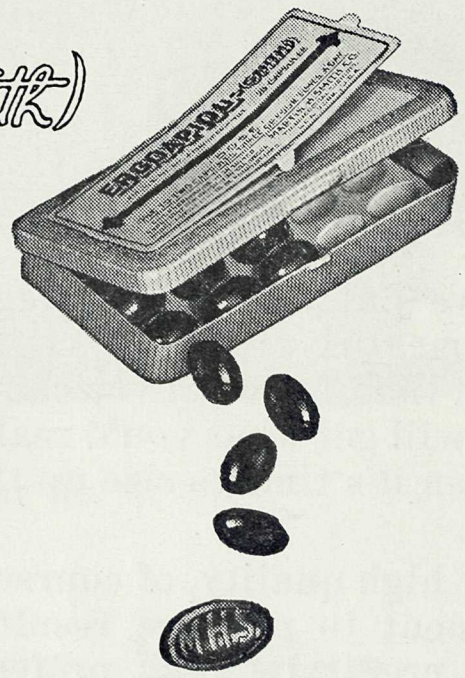

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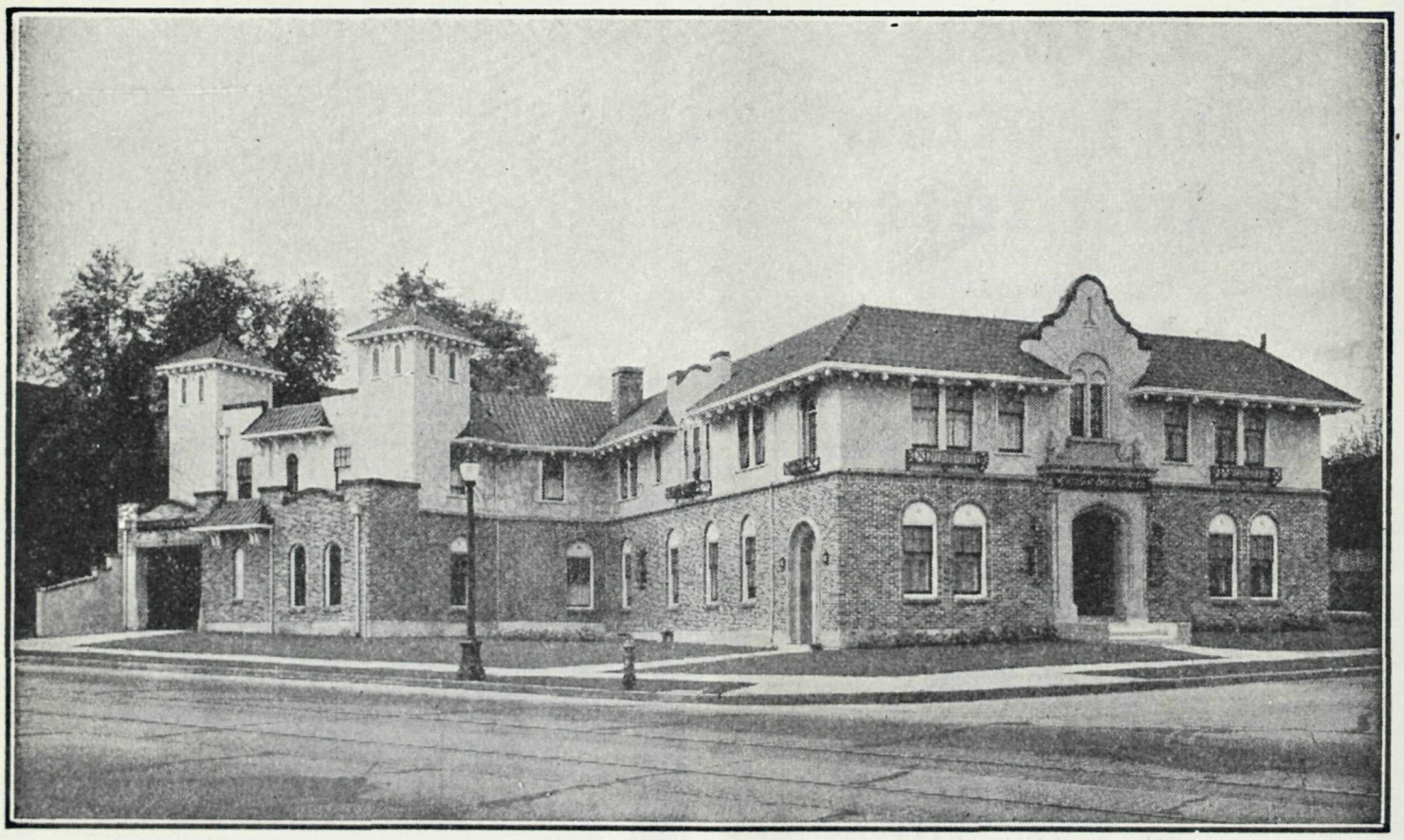

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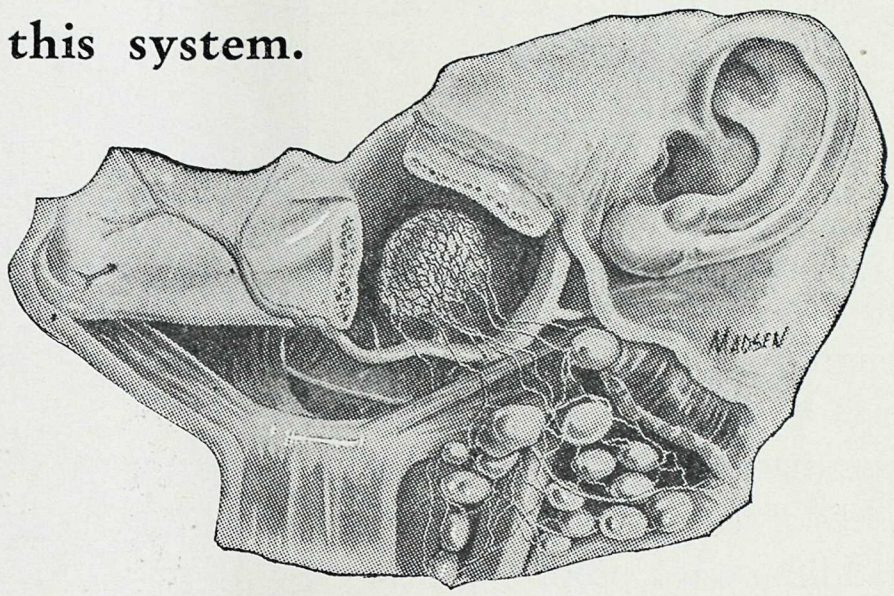

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STRAPPED FOR RICKETS

The swaddled infant pictured at right is one of the famous works in terra cotta exquisitely modeled by the fifteenth century Italian sculptor, Andrea della Robbia. In that day infants were bandaged from birth to preserve the symmetry of their bodies, but still the gibbous spine and distorted limbs of severe rickets often made their appearance.

A bambino from the Foundling Hospital, Florence, Italy,—A. della Robbia

SWADDLING was practised down through the centuries, from Biblical times to Glisson's day, in the vain hope that it would prevent the deformities of rickets. Even in sunny Italy swaddling was a prevailing custom, recommended by that early pediatrician, Soranus of Ephesus, who discoursed on "Why the Majority of Roman Children are Distorted."

"This is observed to happen more in the neighborhood of Rome than in other places," he wrote. "If no one oversees the infant's movements, his limbs do in the generality of cases become twisted. . . . Hence, when he first begins to sit he must be propped by swathings of bandages. . . ." Hundreds of years later swaddling was still prevalent in Italy, as attested by the sculptures of the della Robbias and their contemporaries. For infants who were strong Glisson suggested placing "Leaden Shooes" on their feet and suspending them with swaddling bands in mid-air.

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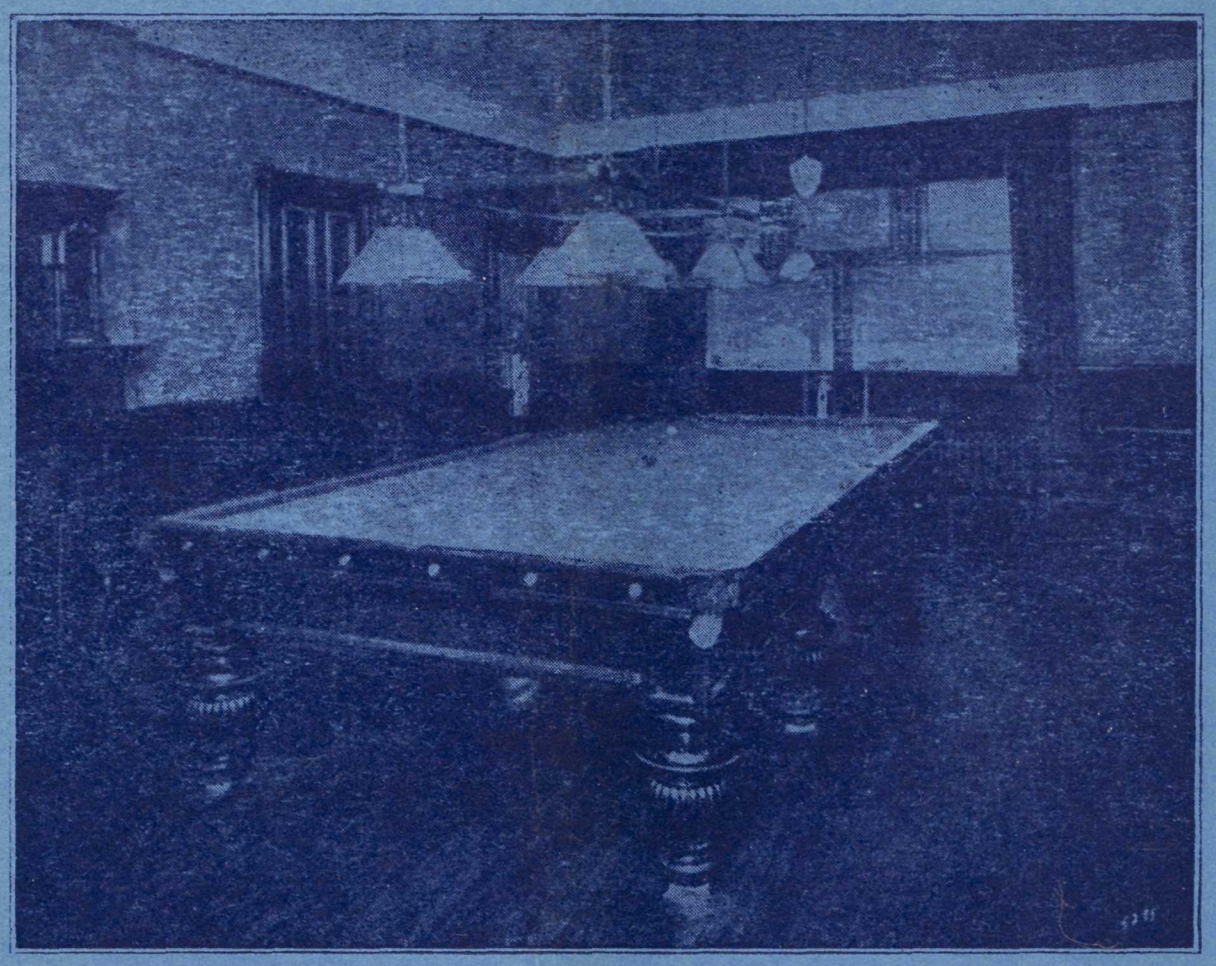

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