THE VANCOUVER MEDICAL ASSOCIATION

BULLETIN

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

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

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

Vol. XXII APRIL, 1946 No. 7

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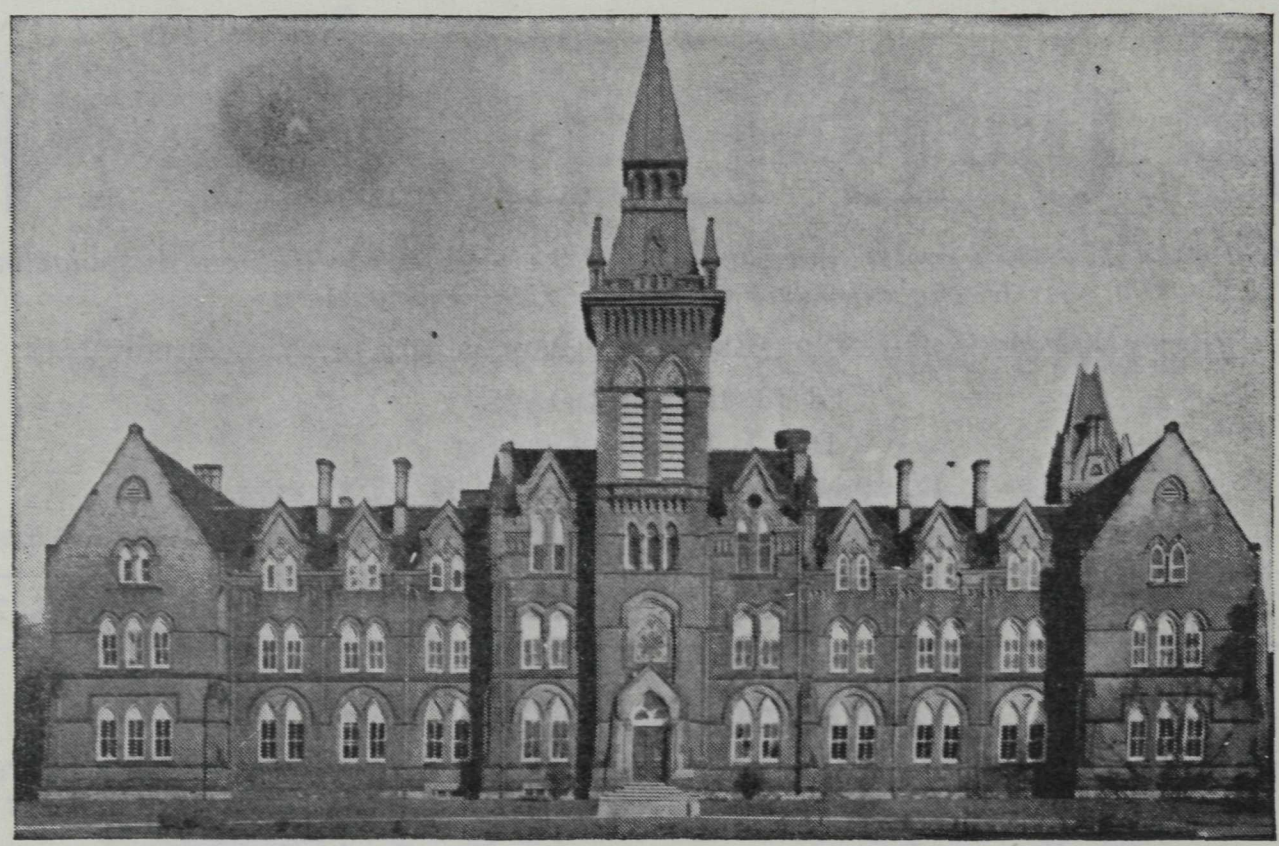
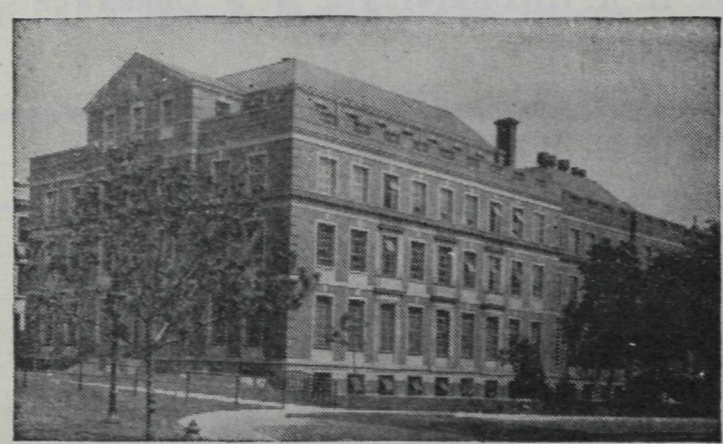
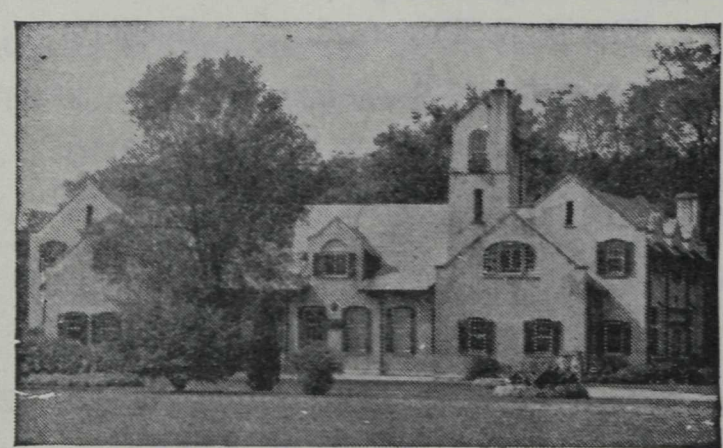


Spadina Crescent Building, providing administration, research laboratories and the production of Penicillin.



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



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

CONNAUGHT MEDICAL RESEARCH LABORATORIES

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

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

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

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

CONNAUGHT MEDICAL RESEARCH LABORATORIES

University of Toronto - Toronto 4, Canada

Depot for British Columbia

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

VANCOUVER HEALTH DEPARTMENT

STATISTICS—FEBRUARY, 1946

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

	Number	Rate per 1,000 Population
Total deaths	321	12.9
Chinese deaths	19	37.7
Deaths—residents only	273	11.0
BIRTH REGISTRATIONS—		
Male, 300; Female, 278	578	23.6
INFANT MORTALITY—	Feb., 1946	Feb., 1945
Deaths under 1 year of age	13	17
Death rate—per 1,000 live births	40.5	30.9
Stillbirths (not included above)	9	6

CASES OF COMMUNICABLE DISEASE REPORTED IN THE CITY

	January, 1946		February, 1946		March 1-15, 1946	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Scarlet Fever	58	0	29	0	24	0
Diphtheria	3	0	2	0	0	0
Diphtheria Carrier	14	0	6	0	0	0
Chicken Pox	193	0	124	0	109	0
Measles	8	0	7	0	5	0
Rubella	13	0	3	0	2	0
Mumps	84	0	90	0	73	0
Whooping Cough	0	0	3	0	2	0
Undulant Fever	0	0	0	0	0	0
Typhoid Fever	0	0	0	0	0	0
Poliomyelitis	0	0	0	0	0	0
Tuberculosis	72	22	91	9	0	0
Erysipelas	1	0	1	0	1	0
Meningococcus Meningitis	0	0	1	0	0	0
Infectious Jaundice	1	0	1	0	0	0
Salmonellosis	5	0	3	0	2	0
Salmonellosis (Carrier)	0	0	0	0	0	0
Dysentery	0	0	2	0	1	0
Syphilis	117	1	89	3	0	0
Gonorrhoea	241	0	221	0	0	0
Cancer (Reportable):						
Non-Resident	162	0	25	0	0	0
Resident	63	0	99	0	0	0

BIOGLAN "C"

Prepared separately for *male* and *female*.

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

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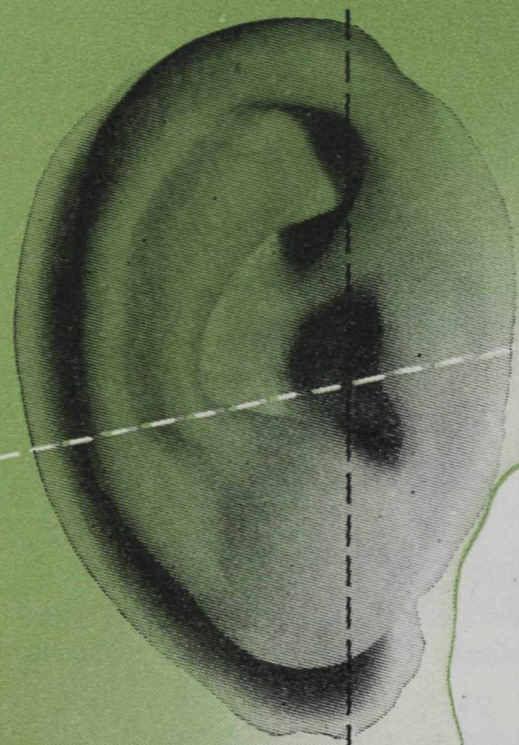
THE SCIENTIFIC HORMONE TREATMENT

for topical treatment of otologic infections



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- **Potentiated antibacterial potency—because of combined effects of urea with sulfanilamide.[2]**
- **Non-irritating—free from unphysiologic alkalinity.**
- **Effectively analgesic—without impaired sulfonamide activity.**

White's Otomide is a stable, non-irritating solution. Composed of 5% Sulfanilamide, 10% Urea (Carbamide) and 3% anhydrous Chlorobutanol in a specially processed glycerin vehicle of unusually high hygroscopic activity.

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64-66 Gerrard Street, East, Toronto, Ontario

1. Strakosch, E. A. and Clark, W. G.: Minn. Med., *26*:276-282 (March) 1943.
2. Tsuchiya, H. M., et al: Proc. Soc. Exper. Biol. and Med., *50*:262-266 (June) 1942.

VANCOUVER MEDICAL ASSOCIATION

Founded 1898 :: Incorporated 1906

PROGRAMME OF THE FORTY-EIGHTH ANNUAL SESSION (SPRING SESSION)

GENERAL MEETINGS will be held on the first Tuesday of the month at 8:00 p.m.

CLINICAL MEETINGS will be held on the third Tuesday of the month at 8:00 p.m. These meetings will continue to be amalgamated with the clinical staff meetings of the various hospitals for the coming year. Place of meeting will appear on the agenda.

February 5—GENERAL MEETING. Dr. D. H. Williams: "Recent Advances in Dermatology."

February 19—COMBINED CLINICAL MEETING—St. Paul's Hospital.

March 5—OSLER DINNER—Hotel Vancouver. Osler Lecturer: Dr. A. L. Lynch.

March 12—COMBINED CLINICAL MEETING—Shaughnessy Hospital.

April 2—GENERAL MEETING. Dr. Carl G. Heller, University of Oregon Medical School: "Uses and Abuses of the Male Sex Hormone."

April 16—COMBINED CLINICAL MEETING—Vancouver General Hospital.

May 7—ANNUAL MEETING.

Ergoapiol-(Smith)

Breaks the vicious circle of perverted menstrual function in cases of amenorrhea, tardy periods (non-physiological) and dysmenorrhea. Affords remarkable symptomatic relief by stimulating the innervation of the uterus and stabilizing the tone of its musculature. Controls the utero-ovarian circulation and thereby encourages a normal menstrual cycle.

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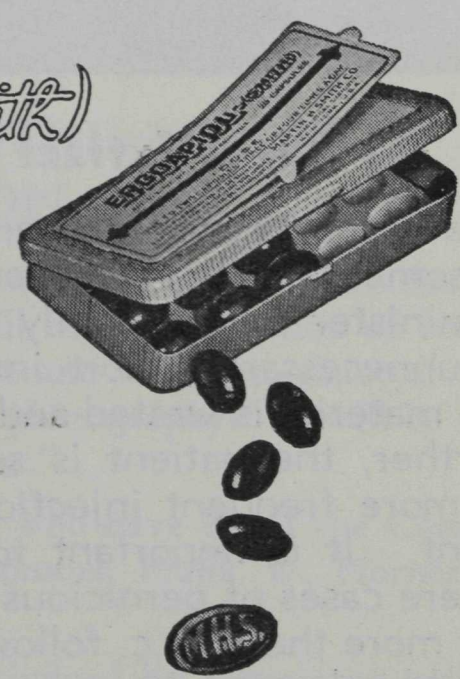

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Ethical protective mark MHS embossed on inside of each capsule, *visible only* when capsule is cut in half at seam.

Full formula and descriptive literature on request

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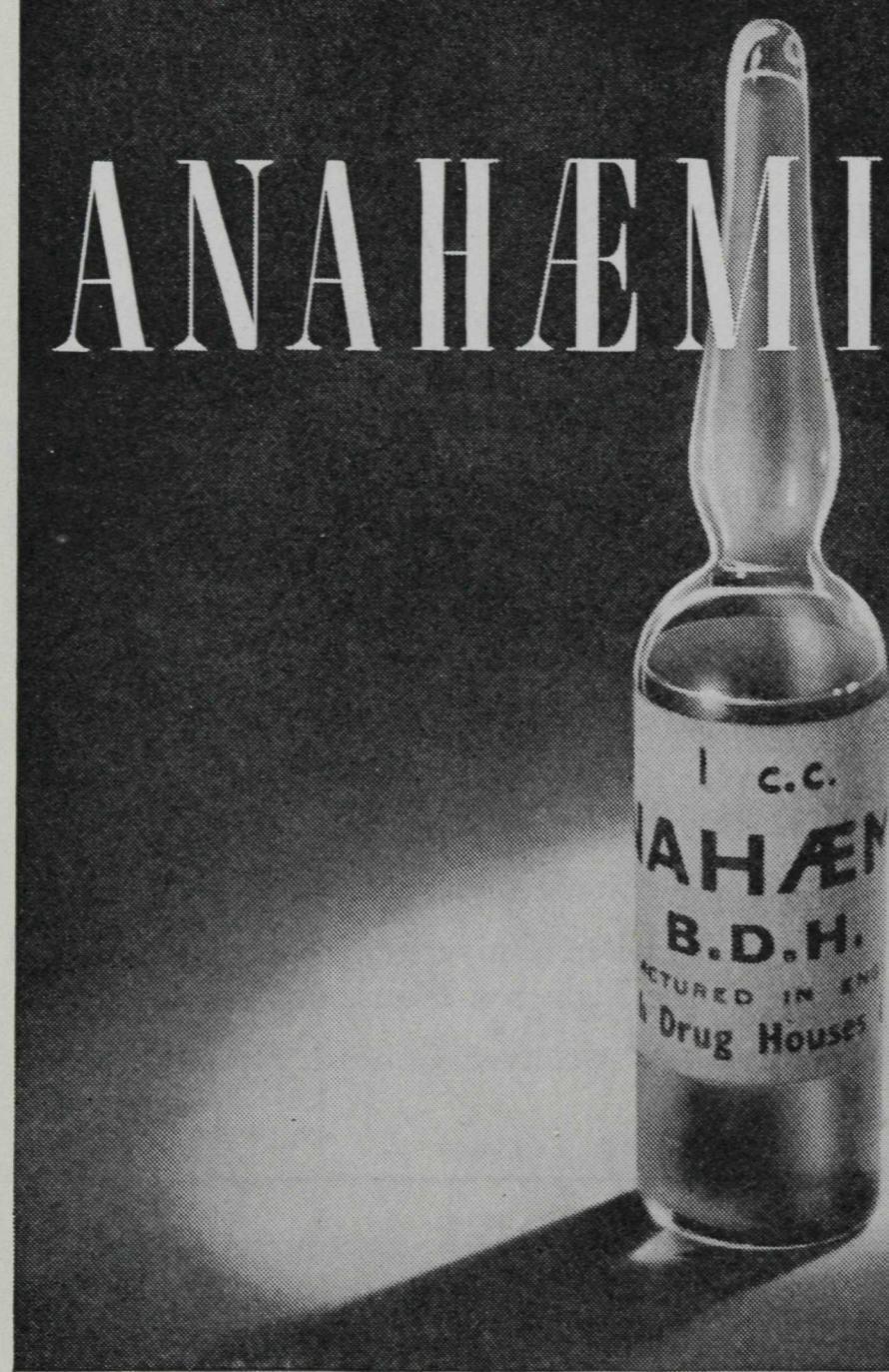

Liver Extract Injectable 15 Units per c.c.

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Thus, although the cost *per ampoule* of Anahæmin may seem to be high, the cost of treatment over a period is low.

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The Editor's Page

This issue is mainly given up to the affairs of the British Columbia Medical Association, whose Annual Meeting will be held at Banff during the Victory Meeting of the Canadian Medical Association. The reports of the various Committees are published herein, to afford the membership an opportunity to study them at leisure. We believe they will repay study. Further, this will obviate the necessity of presenting them *seriatim* at Banff, thus saving a great deal of time.

* * * *

The next thing is the C.M.A. meeting at Banff, the Seventy-seventh Annual Meeting of that Association, its "Victory" meeting. It is a great pity that all who would like to attend cannot do so, on account of the limitations of space for accommodation. Every effort has been made, the available space has been stretched to the cracking-point—but it has been impossible to avoid disappointing many. Let us hope that next year will see a removal of these restrictions, that have made things so difficult this year. Meantime, those who have been fortunate enough to secure accommodation, may rest assured that they will have a meeting to look back to with pleasant memories. The programme is excellent, and the entertainment provided should contain something to the taste of everyone, young and old. The meeting is being conducted by the British Columbia Medical Association, and it is a point of honour with that body to see that the meeting will be an outstanding one. The Hotel authorities at Banff have given their utmost in help and cooperation, and the signs are all set fair for a record meeting.

CANADIAN PHYSICIANS' FINE ART AND CAMERA SALON

A Salon of the pictorial art of physicians will be held at the Canadian Medical Association convention this year, in Banff. There will be a combination of both photographic and "fine art." Oil paintings, water colours and etchings, charcoal drawings, pastels and temperas will this year be combined with photography. It will be known as the "Canadian Physicians' Fine Art and Camera Salon."

Keen interest is already being evidenced by those who have heard the Camera Salon has been extended to combine these arts, and the sponsors, Frank W. Horner Limited, are prepared for a large exhibit.

Arrangements have been made to have all work judged by prominent artists, right on the scene at Banff, and the hanging of accepted pictures will take place concurrently with the convention. Presentation of plaques will be made by Dr. T. C. Routley, General Secretary of the Canadian Medical Association, The plaques will be bas-reliefs of the head of Sir Frederick Banting, himself a noted artist, with a suitable inscription; they will be presented to the prize-winning doctors in the photographic and "fine art" field.

Entry forms for submitting pictures to this exhibition will be mailed shortly from Montreal to physicians throughout the country.

Vancouver Medical Association

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

NEW MEMBERS ELECTED TO VANCOUVER MEDICAL ASSOCIATION

Dr. T. J. Agnew
Dr. C. E. Battle
Dr. D. J. FitzOsborne
Dr. W. R. S. Groves
Dr. Benj. H. Harry
Dr. A. W. Holm
Dr. Paul Jackson

LIBRARY NOTES

HOURS: Monday, Wednesday, Friday, 9:30 a.m. to 9:30 p.m.
Tuesday, Thursday, 9:30 a.m. to 5:30 p.m.
Saturday, 9:30 a.m. to 1:00 p.m.

RECENT ACCESSIONS TO LIBRARY:

The Human Mind, 3rd ed., 1946, by Karl Menninger.

Gastro-Enterology, Vol. III, Liver, Biliary Tract and Pancreas, Parasites, Secondary gastro-intestinal disorders, by Henry L. Bockus.

Surgical Clinics of North America, February, 1946, Symposium on Surgical Technique.

Medical Clinics of North America, March, 1946, Symposium on Problems in Post-war Medicine (Second Service Command Number).

Alexander Ogston, K.C.V.O., Memories and Tributes of Relatives, Colleagues and Students, with some autobiographical writings, 1943, compiled by his son, Walter H. Ogston, O.B.E. (Gift of Osler Library, McGill University.)

NEW JOURNALS:

Blood—The Journal of Haematology, a new publication appearing this year, has been added to the list of subscriptions. This Journal is published bi-monthly by Grune and Stratton, and the Editor-in-Chief is Doctor Walter Dameshek, Clinical Professor of Medicine, Tufts Medical School, Boston.

A copy of the Table of Contents of the first issue (January, 1946) is given below, and as might be expected, all the articles deal with haematological problems:

Blood: A brief survey of its chemical components and of their natural functions and clinical uses, Edwin J. Cohn.

Primary congenital and secondary acquired splenic panhematopenia, Charles A. Doan and Claude-Starr Wright.

The megakaryocytes in idiopathic thrombocytopenic purpura, a form of hypersplenism, William Dameshek and Captain Edward B. Miller.

The value of penicillin in the treatment of agranulocytosis caused by thiouracil, Mary C. Tyson, Peter Vogel and Nathan Rosenthal.

Differentiation of pernicious anaemia and certain other macrocytic anaemias by the distribution of red blood cell diameters, Geneva A. Daland, Clark W. Health and George R. Minot.

The diagnosis of Hodgkin's disease by aspiration biopsy, Lucile Loseke and Lloyd F. Craver.

A regular feature of this Journal, too, will be abstracts of articles dealing with blood conditions and book reviews on related subjects.

British Columbia Medical Association

(Canadian Medical Association, British Columbia Division)

President ..... Dr. A. H. Meneely, Nanaimo
First Vice-President ..... Dr. Ethlyn Trapp, Vancouver
Second Vice-President ..... Dr. E. J. Lyon, Prince George
Honorary Secretary-Treasurer ..... Dr. L. H. Leeson, Vancouver
Executive Secretary ..... Dr. M. R. Caverhill, Vancouver

ANNUAL BUSINESS MEETING

TIME—Tuesday afternoon, June 11th.

PLACE—Banff Springs Hotel.

Your attention is called to the reports of Standing Committees published in this issue for your advance information.

* * * *

Members of the British Columbia Medical Association and their wives will be hosts to General Council of the Canadian Medical Association at dinner at 7:00 p.m. on June 11th, in the Fairholme Dining Room, Banff Springs Hotel.

Dinner will be followed by an illustrated talk by Mr. Dan McGowan, on the natural history and scientific beauty of the region around Banff and Lake Louise.

There will also be dancing in the Ballroom.

* * * *

TRANSPORTATION

If you have not already made your train reservation directly with the C.P.R. do so NOW. The Transportation Committee has arranged with the C.P.R. for provision of special cars on the regular trains, but are NOT MAKING INDIVIDUAL RESERVATIONS.

The Transportation Committee is assured by the C.P.R. that reduced Summer Return Fares will be in effect. The Summer Return Fare is considerably lower than the Convention Fare, and the Convention Identification Certificates will NOT be needed.

Condensed C.P.R. train schedules are shown below:

	Leaves Vancouver	*Arrives Banff*
Train No. 4	7:15 p.m. daily	5:30 p.m. next day
Train No. 8	7:45 p.m. daily	6:00 p.m. next day
Train No. 2	10:30 a.m. daily	10:00 a.m. next day

* * * *

ACCOMMODATION

The Housing Committee of the Canadian Medical Association Convention has been confronted with an impossible task. There are almost 2000 applications on file, and less than 1100 beds available. Two objectives have guided its action:

(1) First to give accommodation to all whose official duties required their attendance at the Convention in executive, administrative, and programme capacities, having due regard to the genuineness of their official duties.

(2) Having provided the above official list with accommodation, to then arrange reservations for all other applicants on the basis of first come, first served, and to rigidly maintain this rule.

Reservations arrived in very large numbers in January and early February, and the official list became larger than originally estimated, with delay in completing it. Thus, many whose applications arrived at a comparatively early date, and were acknowledged,

are now unable to have accommodation allotted them, as the large number of very earl applications have taken all the available space.

The Committee trusts that the profession will understand and appreciate the difficul situation that has arisen.

REPORTS BY CHAIRMEN OF STANDING COMMITTEES

The following reports of Committees of the British Columbia Medical Associatio are published in advance in the hope that time will be saved at the Annual Meeting o the Association on Tuesday, June 11th.

Members are requested to read these reports. They contain much valued informa tion, and will be open for discussion at the Annual Business Meeting.

REPORT OF COMMITTEE ON CONSTITUTION AND BY-LAWS

This Committee has been interested during the past year in certain proposed change in the By-Laws of the Canadian Medical Association. These proposed changes were finally dealt with by vote of the Directors at a meeting on November 8th, 1945.

No matters affecting the Constitution and By-Laws of the British Columbia Medica Association came to our attention during the year.

D. F. BUSTEED, *Chairman.*

REPORT OF COMMITTEE ON PROGRAMME AND FINANCE

In the Fall of 1945, your Committee arranged for speakers at the Annual Meetings of the West Kootenay Medical Association and No. 4 District Medical Association. These meetings were held at Nelson on October 25th and at Kamloops on October 27th, respectively.

Dr. Ethlyn Trapp and Dr. L. H. Appleby presented papers. Dr. A. H. Meneely, the President of the British Columbia Medical Association, accompanied by Dr. H. H. Milburn, representing the College of Physicians and Surgeons of B. C., also attended these meetings and discussed the affairs of the Association.

No special meetings of the British Columbia Medical Association were held during the year.

Preparations have been made to hold the 1946 Annual Meeting as a Business Meeting on the afternoon of Tuesday, June 11th, during the Annual Meeting of the Canadian Medical Association at Banff.

On the evening of June 11th, your Committee is arranging a dinner in the Banff Springs Hotel, at which the members of the British Columbia Medical Association will be hosts to the General Council of the Canadian Medical Association.

Respectfully submitted,

J. R .NEILSON, *Chairman.*

REPORT OF COMMITTEE ON MEDICAL EDUCATION

The activities of the Committee on Medical Education have again been entirely devoted to the establishment of a Faculty of Medicine at our University. In previous years this Committee was instrumental in having a pre-medical course established, which made a saving of one or two years in pre-medical university studies. It continued to stimulate interest in the establishment of a Faculty of Medicine, and the programme culminated with the organization of a delegation representing all organized Medicine in the Province. The delegation laid its case before the Provincial Cabinet in January, 1945, and soon afterwards Premier Hart announced a large grant to the University, which included one and one-half million dollars to construct and equip buildings to house the Faculty of Medicine. The project then passed into the hands of the Uni-

versity proper, and this Committee had no further authority. One year ago, in April, 1945, Dr. MacKenzie, President of the University, announced that medical classes would probably be started in 1946, but that before making definite plans the University proposed to have an extensive survey made of modern Medical Education, which would be conducted by Dr. C. E. Dolman. The annual meeting of the British Columbia Medical Association held last June approved a plan to conduct an independent survey, and voted funds for the purpose, and this Committee was instructed to implement this plan, and also to continue its active interest in the establishment of the new faculty.

This, then, has been the programme during the past year. The Committee has been made as representative as possible with a membership of fourteen, and has endeavoured to work in close touch with Dr. MacKenzie, who has attended most of the meetings. He has approved the second survey, and has stated that he would welcome our advice on technical matters. Before starting our survey a sub-committee was formed under the chairmanship of Dr. G. F. Strong to collect data concerning especially the questions of Dean, budget, location of buildings, and hospital requirements. Valuable data was reported to the Committee at its meeting in January, and at that time Dr. Strong agreed to undertake the survey for the British Columbia Medical Association. It was arranged that he should visit Seattle, Portland and San Francisco at once, and make a report on matters which applied to our new school. He presented his report at a meeting on March 28th. This meeting took the form of a dinner to entertain Doctors Baird and Holman of the University of Oregon, who very kindly had come to Vancouver to make a study of Vancouver hospital facilities for medical teaching, and to give us the benefit of their experience in organizing and conducting medical teaching in Portland, Oregon. Dr. MacKenzie was also a guest. The main points established by the survey and from data obtained from questionnaires sent to the Deans of Canadian and American medical schools are as follows: The whole four years of a medical course should be housed together near a hospital. There is no clearcut division between pre-clinical and clinical teaching, and a separation would interfere with the best results. This opinion was unanimous. Dr. MacKenzie expressed the opinion that any plan which involved the complete separation of the Medical Faculty from the University area would arouse opposition, and suggested that we might obtain the opinions of University administrators as opposed to the medical groups.

As regards budget figures, the estimates presented by Dr. Dolman last year are much lower than those reported by American schools, but are in line with Canadian standards. Full-time professors, much to be desired, entail much higher expenditures. This question requires more study. The Dean should be a full-time administrator, possibly doing some teaching, but he should not be head of another department. This Committee has been advocating the early appointment of a Dean, even a temporary Dean, as there is a great deal of detail work required before even the first year of the medical school can be organized. The appointment, however, rests with the Governors of the University, and they are not acting until the survey of Dr. Dolman is completed.

As regards hospital beds for clinical teaching, a minimum of two hundred beds is required at Vancouver General Hospital, with additional facilities at St. Paul's, Shaughnessy, and possibly Grace Hospitals. The teaching beds must be free beds with possibly private cases being used when convenient. In the opinion of Dr. Baird, who is Dean of the Portland school, our hospital facilities here are adequate.

The survey will be completed later by a visit to Eastern medical centres. We have been promised an opportunity to study the survey report made by Dr. Dolman for the Governors of the University. It has probably been completed as this is written, April 24th, but has not been released, and we are anxiously awaiting its appearance. It is expected that a general discussion will reveal a number of points on which further study is indicated. The Eastern survey will concentrate on these points, and we believe that collaboration on the two surveys between the Board of Governors and our Committee will produce the best results. Two members of the Committee, namely, Dr. A. B. Schinbein and Dr. Frank Turnbull, have been recently appointed to the University

Senate, giving us another point of contact with the University. Dr. Schinbein has also been made a Governor.

From the students' point of view, the delays attending the birth of our new Faculty are most distressing. There has been so much time lost that classes should normally be started in the Fall of 1947, but they are urgently needed this Fall, for the large group of students in Vancouver, who have completed their pre-medical work. Last Fall seventy students had completed pre-medical work, and were ready to enter medical school, but only twenty were accepted by Eastern schools. Twenty dropped out, and thirty are taking an extra year's work, hoping for better luck next Fall. But there will also be another seventy students finishing pre-medical work this Spring. So we will have one hundred students wishing to start Medicine at U.B.C. this Fall, and if there is another year's delay the class will have grown to one hundred and fifty a year from now. Perhaps twenty students will be accepted in other schools each year.

Our new school is planned to accept about sixty-five students each year, probably graduating a class of fifty. If first year classes are started this Fall, the situation can be handled, but if nothing is done until next year it will be impossible. Many pre-medical students are war veterans, who are depending on government grants to see them through their medical course, and a delay of another year will be disastrous to them. Therefore if the Board of Governors feels any responsibility for the students who have received their pre-medical training at U.B.C., a class will be started this year. It is over a year since the funds were voted by the Provincial Government, and these students have been led to believe that a medical course would be started in 1946. It must be realized by students that in all medical schools today many prospective students cannot be accommodated. The lucky ones are those possessing honour standing, who on personal interview impress the university authorities as being candidates who will uphold medical ethics and live up to the standard of conduct set forth in the Hippocratic oath. Let me recall its final sentence: "While I continue to keep this oath inviolate may it be granted to me to enjoy life and the practice of my Art, respected always by all men but should I break through and violate this oath may the reverse by my lot." I believe that more is expected of medical students today than ever before.

There is no definite news about the medical buildings. The original plan was to construct a pre-clinical building on the University campus, a clinical building near the General Hospital, and an Institute of Preventive Medicine also on the campus, each building with its equipment to cost approximately $500,000.00. The Institute of Preventive Medicine was to be used to some extent for pre-clinical teaching, and was also to house the Provincial Laboratory. It now appears that the Provincial Laboratories will be consructed as a separate unit downtown. If pre-clinical and clinical teaching are to be carried on together, the whole school will be housed in one large building near the General Hospital, and the Institute of Preventive Medicine will be a much smaller affair than originally planned.

So the picture is not clear at the moment. The University was established to educate our young people, and to give them an equal chance in life with all other Canadians. From a national standpoint a medical faculty is essential here now, but more important to us, it is needed to provide education in Medicine, just as much as in law, engineering, etc., and we should insist that students already embarked in Medicine are not sacrificed this year by delays. I would urge that a Dean of Medicine be appointed at once to organize first year classes for 1946. The classes would be held in temporary huts on the University campus until such time as the medical building is completed. Funds are available, but an organization is lacking.

There are difficulties concerning anatomy, but a partial course can be started as a beginning. First year instruction is standardized and is not affected by any survey. There has been great expansion at the University in other branches, but Medicine appears to have come up against a stone wall.

As this report goes to press we hear unofficially that the Governors of the University have received Dr. Dolman's survey report and have agreed to his recommendation that

o classes in Medicine be started this year. This will be a disappointment to prospective ıedical students, though a special effort will be made to have up to forty of them ccepted by various medical schools. The report also indicates that our original estimates f costs are too low to establish a first class school. A third recommendation that is eing considered is that a University hospital should be constructed on the Campus. This may be more than a hope. Vancouver urgently requires more hospital beds now nd funds will have to be provided by the City and the Province for construction. A University hospital of 400 beds will provide those beds and will also be an important actor in the establishment of a compact and modern medical faculty constructed on he University campus.

Respectfully submitted,

K. D. PANTON, *Chairman.*

REPORT OF COMMITTEE ON MEDICAL ECONOMICS OF BRITISH COLUMBIA

The Committee on Medical Economics of British Columbia was formed in November, 1945, as a Joint Committee on Medical Economics of the College of Physicians and Surgeons of B. C. and the British Columbia Medical Association. The Chairman was named by the Council of the College, and the vice-chairman appointed by the British Columbia Medical Association. Sub-Committees were established in the various District Medical Societies, and also sub-committees in each of the main phase of activity were formed. Chairmen of each of these sub-committees were members of the Cntral Joint Committee, thus making the central Committee representative of the profession throughout the Province.

Since its formation in November, four meetings of this Committee have been held. Dr. T. C. Routley and Dr. A. E. Archer were present at a meeting held in January, and discussed matters of interest to the profession in other Provinces of Canada.

A watching brief has been kept on the subject of Health Insurance in B. C. During the past year this matter has not been prominent in B. C. It would appear that until such time as Dominion-Provincial relationships are finally settled, that Health Insurance is not a live issue in this Province.

A considerable amount of discussion and effort centred on the D.V.A. "Family Doctor Scheme." This schedule failed to become operative as the Treasury Board refused to accept the Schedule of Fees mutually agreed upon between the Canadian Medical Association and the Department of Veterans' Affairs. At the moment an alternative schedule is being worked out for presentation to the Executive of the C.M.A. at the annual meeting. This has also resulted in a delay in the betterment of relations between the profession and the Dependents' Allowance Board of Trustees, who had agreed to accept the proposed D.V.A. Schedule of Fees.

The Sub-Committee on Revision of Fees, under the Chairmanship of Dr. Roy Mustard, is presently engaged in the revision of our own minimum Schedule of Fees insofar as it concerns the general practitioner. It is hoped that this revision will be completed at an early date.

During the ensuing year it is hoped to further strengthen the organization of this Committee to ensure that it is fully representative of medical opinion in this Province. It is felt that only by a strong, active, well-informed and fully representative Committee on Medical Economics can the best interests of the profession in the Province be served.

Respectfully submitted,

H. H. MILBURN, *Chairman.*
G. F. STRONG, *Vice-Chairman.*

REPORT OF COMMITTEE ON ARCHIVES

I have the honour to submit the report of the Committee on Archives for the year 1945-46, there being nothing of particular importance to report, and no problems of interest to this Committee were submitted during the year. H. H. PITTS, *Chairman.*

REPORT OF COMMITTEE ON MATERNAL WELFARE

1. It is recommended that consideration be given to the possibility of giving clinical demonstrations of obstetrical procedures in connection with the annual meetings of the Association.

2. It is recommended by the Committee that the Canadian Red Cross Society be given every encouragement and assistance in providing stored blood and plasma for use in obstetrical requirements, as it is felt that, to a large extent, the lack of readily available whole blood constitutes an important factor in contributing to maternal mortality.

3. It is recommended that a plan be instituted for the detailed investigation and study by the Committee on Maternal Welfare of the British Columbia Medical Association of the causes and preventability of indviidual maternal deaths each year in this Province. It is suggested that such a plan be formulated in conjunction with the Provincial Board of Health.

The Provincial Health Officer, Dr. Amyot, has indicated the willingness of his Department to co-operate in any way possible and concurs in the desirability and value of such a procedure.

This recommendation is made in the conviction that the causes of individual maternal deaths are not, as a general rule, adequately investigated with a view to determining the means of their prevention for the education and enlightenment of the medical profession as a whole.

4. Because of the time-consuming details of organizing the work of the Committee on Maternal Welfare each year, it is suggested that, in so far as possible, the personnel of the Committee be reappointed in such a manner as to retain their services and interest for a period of at least two years at a time. It is considered that in this manner much more may be accomplished.

All of which is respectfully submitted on behalf of the Committee.

A. B. NASH, *Chairman.*

REPORT OF COMMITTEE ON PUBLIC HEALTH

Your Committee on Public Health reports that during the year a considerable amount of work has been undertaken with the Milk Associations of the Lower Mainland, in regard to securing more extensive pasteurization of milk. Largely through the very commendable efforts of the Milk Associations, an amendment was passed during the last Legislature, giving power to the Vancouver Council to introduce universal pasteurization of milk, if that body so wishes. Within the past few days this matter was again referred to the Council of the City of Vancouver, and was deferred for two weeks. A motion urging immediate action on pasteurization will be presented following this report.

Your Committee has been endeavouring to gain some information on the Tuberculin testing of dairy cattle in British Columbia. It would seem the periods of testing are not as frequent as necessary, and that the only Government testing is done by the Dominion Department of Agriculture. More specific information is gradually being accumulated.

I am sure the members of the Association will all deeply deplore the action of the legislative leaders of the City of Vancouver and other adjacent municipalities in discontinuing the chlorination of water. Your Committee on Public Health, working through the A.R.P., had a great deal to do with the introduction of chlorination as a war measure, and it is a very serious backward step to have the opinions of non-medical men prevail over well recognized public health procedurse.

Your Committee also wishes to draw attention to the very serious increase in dysentery in the Greater Vancouver area and other parts of the province. No direct evidence has been brought out that the infection is water-borne, but chlorination is one

prophylactic procedure. In our opinion, the threat of dysentery is not being attacked vigorously, and great danger already exists. There never have been as many cases in Vancouver.

Some information is being gathered in regard to improper ventilation of schools in the Greater Vancouver area.

A. H. SPOHN, *Chairman.*

REPORT OF COMMITTEE ON ETHICS AND CREDENTIALS

Two matters have been brought to the attention of our Committee during the year.

1. A letter from Dr. J. D. Adamson, Chairman of the Committee on Credentials and Ethics of the Canadian Medical Association, asking our opinion on the question of whether it is right and proper for a doctor to give a report to Life Insurance Companies regarding illnesses of an applicant, when that applicant has signed a written permission that such information be given by any doctor having attended him. A fee of $2.00 is usually enclosed by the Insurance Company, and a copy of the agreement from the applicant to give such information.

We replied that it was our opinion that the doctor giving such information is protected, and that it is proper to do so when the applicant for the insurance has signed consent for such information to be given. It was our opinion that the company, before issuing insurance, justly deserves information about any past illnesesses of the applicant, that the applicant wants insurance, and it is the doctor's duty to help him get that insurance or to protect the insurance company as the case may be.

2. The second matter was concerning the practice of referring work by eye specialists to optical companies. Two prescriptions were enclosed, one from an eye specialist in Vancouver. This prescription was enclosed in an envelope printed to one certain optical company. We could find nothing unethical in this prescription, nor enclosing it to a certain optical company.

The second prescription was from a specialist in Saskatoon. We considered we could have nothing to do with a case outside this province.

Hoping these decisions have been fair.

P. L. STRAITH, *Chairman.*

REPORT OF COMMITTEE ON PHARMACY

Since our last yearly report no new or important matters have arisen.

The new sections on Vitamins and Hormones, being prepared for the B. C. Formulary, have been held up due to the inability of the combined committees to hold a meeting to straighten out the material.

However, we have set a tentative date, early in May, at which meeting we should be able to finish this part of our work.

Respectfully submitted,

R. A. GILCHRIST, *Chairman.*

REPORT OF COMMITTEE ON HOSPITAL SERVICE

I have pleasure in submitting this Annual Report as Chairman of the Committee on Hospital Service for 1945-46. The members of the Committee are as follows:

Chairman: Dr. R. A. Seymour, Vancouver; Dr. R. A. Gilchrist, Dr. F. E. Saunders, Dr. F. J. Hebb, Dr. G. E. Langley, Vancouver; Dr. E. J. Lyon, Prince George; Dr. A. G. Naismith, Kamloops; Dr. H. Campbell-Brown, Vernon; Dr. W. F. Anderson, Kelowna; Dr. J. R. Parmley, Penticton; Dr. A. B. Hall, Nanaimo.

Because of the geographical distribution of the members of the Committee there have been no special meetings called. The subject referred to this Committee, namely, Hos-

pital Constructions Costs, with the question of how high should it be necessary to go for satisfactory hospital service, is under study at this time. I regret I can only report progress at this time.

Respectfully submitted,

R. A. SEYMOUR, *Chairman.*

REPORT OF THE COMMITTEE ON THE STUDY OF CANCER

The work of the Committee on the Study of Cancer during the past year has, by the very nature of things, not been as broad in its scope owing to the present campaign. The contentious questions of biopsy service and other such matters, which I noticed were on the agenda before the war and still are, were postponed until the close of this present continental drive to expand work in cancer.

We have only one meeting, at which policies were decided upon, and I may say that we committed our Association to unqualified support of the B. C. Cancer Foundation and the Canadian Cancer Society in their present joint effort. A considerable amount of executive work has been done in joining forces with these agencies, and in the next few days much activity will be seen by observing newspapers and other methods of dissemination of public information. We are in high hopes that the financial goal will be reached, which will mean a distinct improvement and expansion of existing therapeutic facilities, as well as the undertaking of a long term education policy for the laity.

If I may say so, in the coming year this Committee, by virtue of the consummation of this campaign, will have an abundant amount of work before it, and may then proceed along definite policies, particularly in relationship to graduate education in this subject and improvement and expansion of diagnostic facilities throughout the Province. At this particular stage one cannot report any progress, as the drive has just begun, but we all anticipate its unqualified success.

L. H. A. ROY HUGGARD, *Chairman.*

EDITORIAL BOARD

This committee has not a great deal to report for the past years. We wish to acknowledge the cooperation, in every possible way, of the Vancouver Medical Association, which has always been most generous in affording opportunities to the B. C. Medical Association for the publication in the BULLETIN of any notices, reports of Committees, reports of Association activities, etc. Notably, this has been true with regard to the work of the Committee on Economics, under the chairmanship of Dr. H. H. Milburn, who has thus kept the profession informed regarding a great many things of vital interest.

On several occasions, it has seemed to your Committee regrettable that we have not a permanent Public Relations Committee, which could deal with the flood of misleading and unwholesome publicity by many reactionary and, one might even say, hostile interests and individuals. We refer to such matters as the chlorination of water, pasteurization of milk, health insurance, and so on. The public is constantly supplied with misinformation on these matters, and all this handicaps the work of those who are responsible for the Public Health in our province.

We feel, too, that much could be done, not only in combating misleading publicity, but in educating the public in such things as the need for a medical school, etc. All this, of course, would have to be very carefully done, and in these days, when medical men are so busy, it is very difficult to get it done—but we feel that it is worth our thought and consideration, and submit it to you for this reason.

All of which is respectfully submitted.

J. H. MACDERMOT, *Chairman.*

REPORT OF COMMITTEE ON MEMBERSHIP

The position in British Columbia with regard to membership in the Canadian Medical Association is a creditable one. Of those in active practice in 1945, only 28 failed to take membership. Of this number the majority were more than one year in arrears, indicating that neglect was not the cause of failure to obtain membership. A letter has been drafted in an attempt to stimulate interest in the Canadian Medical Association. It will be forwarded to the physicians concerned.

Returning Service physicians are given honorary membership in the C.M.A. for the year following their discharge. It is hoped that this honorary membership will be followed in subsequent years by a regular membership.

This report is respectfully submitted.

G. D. SAXTON, *Chairman.*

REPORT OF COMMITTEE ON INDUSTRIAL MEDICINE

The meetings of the Committee on Industrial Medicine have been well attended during the past year. A brief in support of the establishment of a Division of Industrial Hygiene in the Province of British Columbia has been prepared and approved by your Board of Directors. Owing to the pressure of government business it has been difficult to contact the Provincial Secretary in order that this brief might be presented. However, after his return from the Dominion-Provincial Conference at Ottawa it is hoped this will be accomplished.

A questionnaire has been prepared for the purpose of making a survey of the present practice of Industrial Medicine in the Province. This questionnaire will be sent out as soon as the stenographer in the office is free to do so.

Under the chairmanship of Dr. D. J. Millar a programme has been arranged for the Section of Industrial Medicine at the June meeting of the Canadian Medical Association at Banff.

From time to time new members were added to this Committee as they enetred practice of Industrial Medicine in the Province. A very comprehensive plan has been started by the British Columbia Telephone Company under the direction of Dr. John MacMillan, and he is making splendid progress with this service. Numerous requests have been received from business firms and returning medical men regarding the possibility of full time or part time Industrial Medicine practice. One full time appointment is pending the finding of a suitable man.

Throughout the year the need for a full time director of a Division of Industrial Hygiene has become more and more apparent. It is hoped that the work of this Committee may be continued with the same support from the Board of Directors and the members at large as we have enjoyed during the past year.

Respectfully submitted,

J. C. THOMAS, *Chairman.*

REPORT OF DIVISIONAL ADVISORY COMMITTEE

In October, 1945, the Canadian Medical Procurement and Assignment Board held a meeting in Ottawa at which delegates from the Provincial Divisional Advisory Committees were present.

The business before the Board was of general interest in that rapid demobilization of doctors was being instituted. It was apparent that by March 31st, 1946, only 25 per cent of doctors in the Medical Services would be retained.

This demobilization had progressed by the time of the next meeting, March 6th, 1946, to assure the civilian population that it was hoped that adequate medical practitioners would be available.

With the return of doctors a serious office housing situation has arisen and is still a factor in their rehabilitation.

Offices which had been vacated by doctors entering the Services during the war years, had been occupied by others who had come to British Columbia. Although their presence was a help to the civilian population and has in some manner decreased the work of the already overworked British Columbia doctors, their presence in these offices created a situation which, to say the least, was not appreciated by Service doctors who had been away, had lost their years of practice and association with their patients, and who felt that consideration should be given them by the present tenants.

The Divisional Advisory Committee is so closely associated in the present work of the Rehabilitation Committee of the College of Physicians and Surgeons that many doctors are members of each Committee. The enquiries made to the Divisional Advisory Committee are varied and numerous. The majority of returned doctors are under the impression that this Committee has lists of offices available,—that is not so. We attempt in so far as possible to direct doctors to the buildings which have offices vacant, and if not vacant, suggest that they keep in contact with the several buildings or rental agencies.

As the C.M.P.A.B. has officially finished its work under sponsorship of the Department of National Defence, this Divisional Advisory Committee loses its association so much appreciated during the war under the able direction of Dr. Murray Blair. As the work of assisting doctors to duties in the Medical Services is now past, it is respectfully requested that the work of the Divisioal Advisory Committee as such be terminated and the membership dissolved.

Respectfully submitted,

LAVELL H. LEESON, *Chairman.*

REPORT OF THE COMMITTEE ON EMERGENT EPIDEMICS

It is gratifying to be able to report that no major epidemic has occurred in the Province of British Columbia requiring the activation of the very effective organization planned under the former Committee on Emergent Epidemics and its able Chairman, and therefore no other report from this Committee is necessary at this time.

If the occasion should arise demanding special epidemic services and procedures, the various parts of the Province are so organized that extensive hospital, medical, public health, nursing and co-operating group facilities could function with very short notice and develop a programme of control to meet any emergency.

This report is respectfully submitted.

G. F. AMYOT, *Chairman.*

REPORT OF COMMITTEE ON REVISION OF FEES

A representative from each of the nine Provinces met under the Chairmanship of Dr. Fred McGuinness of Winnipeg for three days in October, 1945. Here a schedule of fees for general practitioners was drawn up.

On December 14th, 1945, a schedule of fees for specialists was submitted to Ottawa.

Both these schedules of fees were said to have been approved by the Department of Veterans' Affairs. About one month ago it was said that the schedule was held in abeyance. The only written statement as to what has occurred was a letter received from Dr. Routley dated March 13th, 1946, which was as follows:

"Dear Dr. Mustard:

At the request of Dr. McGuinness we are enclosing herein a copy of the Schedule of Fees as presented to the Department of Veterans' Affairs. This Schedule was approved by the Department, but has been held up in the Treasury Board. We are awaiting further developments.

Yours sincerely, (Signed) T. C. ROUTLEY."

A committee has been formed to revise the fees of the College of Physicians and Surgeons of B. C. It is hoped that the first meeting of this committee will take place within the next few days.

ROY MUSTARD, *Chairman.*

The Committee on Medical Economics
of British Columbia

JOINT COMMITTEE OF

Committee on Economics of the Council of the College of Physicians and Surgeons of British Columbia and the British Columbia Medical Association

Canadian Medical Association (*British Columbia Division*)

The Sub-Committee on Revision of Fees, under the Chairmanship of Dr. Roy Mustard, is presently engaged on a revision of our Minimum Schedule of Fees insofar as they concern the General Practitioner. It is hoped that this revision will be completed shortly.

* * * *

We are informed that the Schedule of Fees agreed upon between the Canadian Medical Association and the Department of Vetrans' Affairs for us in the D.V.A. Family Doctor Scheme has been definitely turned down by the Treasury Board. It is understood that the D.V.A. are now preparing a new schedule of fees for presentation to the Executive of the Canadian Medical Association at the Annual Meeting in June.

* * * *

It has come to our attention that the Canadian National Railway Employees' Medical Association will disband on June 1st. No doubt new contracts will be proposed, and an opportunity is offered to see that any new contracts are drawn on a basis acceptable to th eprofession. This Committee will be glad to receive suggestions from those who have given service under the old contract.

We urge all doctors to read the following release carefully, and act accordingly.—Ed.

WARTIME PRICES AND TRADE BOARD
SPECIAL TO MEDICAL MAGAZINES
EXTRA RATIONS

Ottawa, March 20th.

For the benefit of those doctors who wish to obtain extra rations for their patients, the Wartime Prices and Trade Board has issued a reminder that the doctor's statement to the Board must contain the following information: name and address of the applicant, name of the disease, kind and amount of rationed food required over and above the regular ration, the length of time these extra rationed foods will be necessary, and the age of the patient, if under sixteen.

The Ration Administration has experienced considerable difficulty in complying with doctors' requests for extra rations when complete information as to their patient's requirements has not been given. For example, a doctor will write in to the Ration Office saying that Mrs. Jones needs extra sugar because she has a certain ailment, but there is no indication as to how long the patient needs the extra sugar, or how much she needs, etc.

For those doctors who are not familiar with the amount of sugar, corn syrup, or other preserves which each ration book holder may obtain without any extra requisition, the Board has drawn attention to the fact that each suger-preserves coupon is worth one pound of sugar or any one of the following: 30 fl. oz. of blended table syrup, cane syrup or corn syrup, two quarts of molasses, 24 fl. oz. of jam, jelly or marmalade, four pounds of maple sugar, or 80 fl. oz. of maple syrup until May 31st, and 48 fl. oz. after that date.

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

JUNE TO SEPTEMBER—VANCOUVER MEDICAL ASSOCIATION: NO MEETINGS.

JULY AND AUGUST—SHAUGHNESSY: NO ACTIVITIES.

JUNE, JULY AND AUGUST—ST. PAUL'S HOSPITAL: NO ACTIVITIES.

VANCOUVER GENERAL HOSPITAL

OUTPATIENTS DEPARTMENT CLINICS

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

We publish below an article published in *The Linacre Quarterly*, which we regard as of considerable interest and value, and feel will repay study.

The Linacre Quarterly is "a Journal of Philosophy and Ethics of Medical Practice," published by the Federation of Catholic Physicans' Guilds in St. Louis, Mo., U.S.A., which has been good enough to send us copies of its Journal. For some time, the Publications Board has been considering the possibility of publishing a series of short articles on Legal Medicine, or rather Medico-Legal matters. We have felt that these could be of great value to men practising medicine. The first suggestion along this line came to us from Dr. H. H. Murphy of Victoria, and we have by no means given up the idea, but it will take some care and trouble to get authoritative articles, and in the meantime, this paper, written by a man who has studied the matter very carefully, will be of interest. We acknowledge our indebtedness to *The Linacre Quarterly*.—Ed.

THE DOCTOR GOES TO COURT

VINCENT C. MOSCATO, M.D.
Chairman, Workmen's Compensation Committee,
Erie County Medical Society,
Buffalo, New York.

The doctor may be called upon to appear in trial courts of various jurisdictions. In the State of New York, he may appear in one of the federal courts, in the Supreme Court of the State, in one of the County Courts, in the Surrogate Court, and he may appear before the Workmen's Compensation Commission.

Moreover, the doctor may appear in court as a plaintiff, as, for example, when he himself sues for the reasonable compensation for his services; or as a defendant when, for example, he is sued in a malpractice action; or he may appear, as happens most frequently, as an expert witness.

PRIVILEGED INFORMATION

In whatever of these three capacities the physician appears in court he may be confronted with the obligations arising from his possession of privileged information. In the State of New York, the Civil Practice Act[1] provides that a duly authorized physician shall not be allowed to disclose information which he acquired in attending a patient in a professional capacity, and which was necessary to enable him to act in that capacity unless the patient is a child under the age of sixteen or the information acquired by the physician indicates that the patient has been the victim of a crime. If the physician knows that the patient has been the victim of a crime, he may be required to testify in any legal or juridical proceeding in which the commission of such a crime is under inquiry. In order that the information possessed by a physician may be actually considered privileged information, the relation of physician to patient must exist. Therefore, for example, in an action involving negligence resulting in personal injuries, a physician employed by the defendant to examine the plaintiff, not for the purpose of treating the patient, but in order to ascertain the extent of his injuries, may testify freely, since in this instance the physician is not functioning in a physician to patient relationship[2].

Privileged information may be acquired by the physician, while attending the patient through the physician's examination of the patient or through observation or through statements made by the patient or others present at the time. Information gained at autopsies by doctors who did not attend the person during his illness but who are present at the autopsy is not privileged since a deceased person cannot be a patient. It should be noted, however, that information acquired during an autopsy may still be confidential and must be treated as such, since such information may involve the rights of persons connected intimately or remotely with the deceased.

PATIENT-PHYSICIAN RELATIONSHIP

The point deserves emphasis that the payment of a fee is not essential to create the

physician to patient relationship nor is employment by the patient essential in the development of such a relationship. In a recent case, a bell boy in a hotel summoned a physician to attend a guest who had taken poison. The guest, with curses, ordered the doctor from the room. It was held by the court subsequently, that the doctor was barred from giving any information while treating the guest.

Malpractice Suits

It is clear that a physician suing his patient for payment is under a legal handicap. Nevertheless, despite the section of the Civil Practice Act quoted above, a physician is not prohibited from testifying to such ordinary incidents and facts as are plain to the observation of anyone not having professional knowledge, that is, a physician may testify that he performed an operation on a certain person at a certain time, even though the physician does not describe the operation or the conditions disclosed by his examination. The physician may also testify that he attended a certain person on a certain date and that the person was ill. If the character of the sickness was not plain to the observation of laymen, but required expert skill to detect it, the physician may not testify that the patient was ill. The patient may claim whatever rights follow from the fact that his physician has privileged information concerning him. Hence, the patient has the right to decide whether to claim or to waive the privilege of such information. The Civil Practice Act of New York (Section 354) provides for a waiver during a trial permitting the physician to testify freely, except to such information as would tend to disgrace the memory of a deceased patient. Once the privilege is waived it is waived for all times. In the absence of a waiver, hospital records are inadmissable as records because of the privilege. The same rule applies to a death certificate offered to show the cause of death. Although physicians are requested by law to report certain diseases, the records of these reports shall not be made public[3]. The law governing malpractice suits in the State of New York is excellently summarized in the following terms:[4]

> "The law relating to malpractice is simple and well settled, although not always easy of application. A physician and surgeon, by taking charge of a case, impliedly represents that he possesses, and the law places upon him the duty of possessing, that reasonable degree of learning and skill that is ordinarily possessed by physicians and surgeons in the locality where he practices, and which is ordinarily regarded by those conversant with the employment as necessary to qualify him to engage in the business of practicing medicine and surgery. Upon consenting to treat a patient, it becomes his duty to use reasonable care and diligence in the exercise of his skill and the application of his learning to accomplish the purpose for which he was employed. He is under the further obligation to use his best judgment in exercising his skill and applying his knowledge. The law holds him liable for an injury to his patient resulting from the want of requisite knowledge and skill or the omission to exercise reasonable care or the failure to use his best judgment. The rule in relation to learning and skill does not require the surgeon to possess that extraordinary learning and skill which belong only to a few men of rare endowments, but such as is possessed by the average member of the medical procession in good standing. Still he is bound to keep abreast of the times and a departure from approved methods in general use, if it injures the patient, will render him liable, however good his intentions may have been. The rule of reasonable care and diligence does not require the exercise of the highest possible degree of care, and to render a physician liable it is not enough that there has been a less degree of care than some other medical man might have shown, or less than even he himself might have bestowed, but there must be a want of ordinary and reasonable care leading to a bad result. This includes not only the diagnosis and treatment, but also the giving of proper instructions to his patient. The rule requiring him to use his best judgment does not hold him liable for a mere error of judgment provided he does what he thinks is best after careful examination. His implied engagement with his patient does not guarantee a good result,

but he promises by implication to use the skill and learning of the average physician, to exercise reasonable care and to exert his best judgment in the effort to bring about a good result."

Expert Testimony

Lack of proper skill, failure to use good judgment, a departure from approved methods or failure to use reasonable care and diligence can only be proved by the testimony of medical men as expert witnesses. To illustrate: a physician defendant found the plaintiff suffering from a ruptured ectopic gestation. During the subsequent operation gauze packs, each with a small metal snap attached, were used. A count of the packs was kept by one of the clinic nurses and at the conclusion of the operation it appeared that all had been removed. The defendant examined the abdominal cavity before it was closed. He found no foreign substance. Some months later, one of the packs was located in the abdomen when an X-ray picture was taken and a second operation was necessary to remove it. When the surgeon was sued for malpractice the plaintiff's attorney claimed that the presence of the pack in the abdomen, several months after the operation, offered such obvious evidence of a want of care on the part of the surgeon, that expert testimony was unnecessary. The court ruled, however, that this theory of the plaintiff was untenable. As a matter of fact, the defendant called an expert, as witness, who said that proper and approved methods were used in the operation; it being customary for a surgeon to rely on the nurse's count of sponges and packs. The defendant is not chargeable with the negligence of the nurses employed by the hospital.

The necessity for expert testimony applies only to an action in negligence. In an action brought on alleged assault and battery, the plaintiff need not call in medical experts. Such an action may ensue when a physician operates without consent, express or implied, or when the patient consents to one operation and the surgeon performs an operation different than the one for which he obtained permission, if, for example, the surgeon operates on the right ey eof the patient instead of the left eye. Consent should be expressed, but it may be implied by circumstances, as, for example, in emergencies requiring immediate action to save life or limb.

In this State (New York) the statute of limitations bars an action for malpractice or for assault after two years. An action for debt is barred after six years. There are times when it is "good policy" for a physician not to sue a disgruntled patient for payment until after two years have elapsed, should there be reason to believe that he may file a counter claim for malpractice.

Regarding the liability of hospitals, the rules vary according to the character of the institutions involved. Strictly public institutions, such as State hospitals, are not liable for the negligence of their agents, as these institutions are governmental agencies and the doctrine of *respondeat superior* does not apply.

Private institutions of an eleemosynary character which minister to public charity are generally not held liable for injuries to patients arising from malpractice of its doctors or nurses.

Institutions of a strictly private character conducted purely for profit are liable to patients for the negligence of their servants and others connected with the institution. However, a charitable hospital must exercise care in the employment of its personnel in order to enjoy immunity, for if a charitable institution has negligently employed incompetent servants, it may be held liable for injuries to its patients.

We will now consider the doctor on the witness stand. If he appears as a voluntary witness, he is entitled to a fee for his time and services. If he is compelled to appear under subpœna he will in this State (New York) receive $0.50 per day, plus $0.08 per mile of travel, beyond three miles. The "subpoena" may be a *subpoena duces tecum* requiring the physician to bring his records with him.

The doctor testifies to facts and opinions. Generally a witness must testify to facts only, as it is for the jury to draw conclusions and inferences from the facts. However, the opinions of experts are admitted on the grounds of necessity. The administration of justice requires that a jury shall receive the assistance of those especially qualified by

experience and study to express an opinion on questions of fact relating to science or art.

Physicians may give opinions as to matters connected with their profession, even though they have not made the matter in question a specialty. A medical witness who has not examined the person under consideration may state, in answer to a hypothetical question, whether in his opinion a certain physical condition would probably result from a given cause. A doctor who has knowledge of the case may express his opinion as to the probability of the patient's recovery or the probable continuance, duration, or permanence of the disability. He will not be permitted to express an opinion as to future consequences which are contingent, speculative, or merely possible. There must be a reasonable certainty that such consequences will result.

A question which embodies facts claimed to have been proved and which requests the witness's opinion as to probable effects produced by these facts on the matter under investigation, is a hypothetical question. The expert is expected to assume that the things mentioned in the question have been proved and to base his answer only on such an assumption and not on any knowledge which he may have on the case personally, unless, of course, the tenor of the question makes other demands on the witness.

It is an important rule of law that hear-say is not admitted as evidence, and, therefore, scientific books or reports are excluded as hear-say when offered as proof of the facts asserted in them. Such books, however, may be used on the cross examination of an expert in a proper case. Thus, for the purpose of affecting the expert's credibility, the cross examiner may call his attention to books upon the subject and ask whether or not authors whom he admitted to be good authority had not expressed opinions different from his. The reference to the books is not for the purpose of making their statements part of the evidence bot solely to assist in ascertaining the weight to be given the testimony of the witness. Where the expert has referred to a book as supporting his views, it may be read on cross examination, to establish an alleged fact.

The testimony of medical experts in admissible to explain X-ray plates which have been properly introduced as evidence. It is improper to permit an X-ray specialist to testify from his notes concerning a picture when he did not take the picture or/and had not seen the patient; when the picture was not produced and the person who took the picture was not called as a witness. Mere testimony that the plate which the expert saw, bore the name of the patient is not sufficient to establish the alleged relationship between the plate and the patient.

Diverse Problems for the Expert

Regarding the "pathometer" or lie detector," the New York Court of Appeals has rejected its use as evidence, on the ground of an absence of general scientific acceptance of its alleged efficacy and reliability.

By statute, in this State (New York), whenever the parentage of a child is in question the result of blood tests are received in evidence only when they definitely establish non-paternity.

Also by statute, the Court may admit evidence of the amount of alcohol in a motorist's blood, as shown by the analysis of blood, urine, saliva, or breath, if the blood sample is taken within two hours of the time of the motorist's arrest.

Regarding mental diseases, the diagnoses of dementia praecox, paranoia, and paresis must be reported to the Court with the utmost awareness of the implied consequences of such claims. Usually, the diagnosis of mental disease is considered by the Court chiefly for the purpose of committing the patients to institutions. When an expert witness is called in a case involving criminal liability, insanity is accepted by the law as an excuse only upon proof that at the time of the criminal act the defendant was laboring under a defect of reason to such an extent as not to know the nature of the act he was performing nor to know that the act was wrong.

Competence of the Testator

A last will and testament may be contested on the ground of lack of testamentary capacity of the testator at the time when the will was made. If the testator had a full

and intelligent consciousness of the nature and effect of the act in which he was engaged, a knowledge of the property he possessed, and an understanding of the disposition he wished to make of it by will, and of the persons and objects he desired to participate in his bounty, he had sufficient capacity to make a will. The question involved is not whether the testator was sane or insane before or after he made the will, but whether he had testamentary capacity at the time he executed the instrument. It may be that his mind was not sound at the time but that this did not influence the distribution of his possessions. The will of a drunkard or of a drug addict is not invalid unless his mind was so distorted that he did not have the testamentary capacity defined above at the time of making the will. A testator may suffer from delusions which do not affect this capacity. A person may be competent to engage in complicated business transactions and nevertheless be subject to certain delusions destroying his testamentary capacity.

Regarding hospital records, these are now admissible as evidence in the various courts of the State, and it is no longer required that for their acceptance as evidence all who took part in making them need to be called into court as witnesses[5]. A hospital record can be used to prove certain material dates, the services rendered, the daily observations of the patient's condition, the doctor's diagnosis, etc., etc., whether the doctor is or is not present in Court. In view of this important law, it is well to remember at all times that careful, complete, and accurate records should be kept on hospital charts so that a true history of the patient may be presentable as evidence at all times.

The medical witness should have no personal interest in the outcome of the case. Contingent fees are incompatible with good ethics. If a physician's fee depends on the outcome of the trial, his testimony will surely betray him.

* * * *

Comments and Discussion

This paper of Dr. Moscato's presents, in summary form, many, if not all, of the features of the physician's relation to the courts. While Dr. Moscato discusses this from the viewpoint of a physician-lawyer, he necessarily touches upon many moral questions involved in medical practice, as well as in legal practice. Many phases of the moral questions involved in the two professions of law and medicine become focused in the obligations of one person when the physician deals with the court, as, for example, when he himself is the defendant in a malpractice suit or when he appears as an expert witness. And so, Dr. Moscato touches upon such moral problems as those associated with privileged information, the patient-physician relationship, the physician's malpractice, malpractice suits, the functions and obligations of the expert witness, the court's competence in judging the parentage of children, the physician's place in assisting a testator to make a will, and the moral competence of the testator. Each of these problems is apt to arise with more or less weight and insistence in the daily experience of the physician, and Dr. Moscato has, therefore, done a great service in presenting his paper before the staff conference of the Mercy Hospital, Buffalo, New York. The Editor of *The Linacre Quarterly* is grateful to him for permission to publish this paper.

1. *Privileged Information.* Questions arising from the protection or use of privileged information, as is well known, occur frequently in a physician's practice. In these days when there is a tendency in certain groups to place health, personal or community, above all other considerations, forgetful of the fact that one may not commit moral wrong even for the sake of preserving his health, any occasion upon which the sanctity of privileged information can be re-stated should be grasped by those in responsible positions. To emphasize again the obligation of preserving professional secrecy, what the theologian calls the *secretum commissum,* it is well known that even the judge or a higher superior cannot abrogate the natural law with reference to the preservation of such a secret. The patient has a right to expect that the physician will maintain the professional secret, even under extreme strains to his self-interest; otherwise the foundation of confidence in our personal relations with one another would give way to the greater detriment of society than, for example, if we were to expose society to a smaller

injury through the revelation of such a secret. Needless to say, the subject demands the utmost cautious, conservative, but also large-minded study and opinions concerning such matter demand competence not merely of one person but of many, particularly in this case a meeting of minds of the physician and the theologian.

2. *The Patient-Physician Relationship.* The patient-physician relationship implies all of the moral problems involved in the safeguarding of privileged information, but it implies much more. The safeguarding of privileged information is only one phase of that relationship. The patient gives the physician much more than his confidence and his trust with reference to diseases, the existence of which is to be kept a secret. He entrusts to his physician, if he really desires to avail himself of the physician's best medical care, information concerning himself and his family, his business, his recreation, his environment, his past experiences, and his future plans, all this going far beyond disease as narrowly understood. The physician becomes a counselor, an adviser, an inspirer, a planner, a guide, and performs many more functions which in an ideal relationship again imply ethical and spiritual values, too complex and numerous to be easily analyzable. These concepts, too, will be seriously imperiled by various forms of routinized medicine and impersonal medical practice. It behooves those deeply concerned with the preservation of the sanctities of medical practice not only to state and re-state their convictions, but especially to give to the world examples of the finest flowerings of mutual trustfulness, competence, and effectiveness, so that the practice of the physician may not belie his ethical protestations, or better still, so that the influence of the worthy physician may be traceable unmistakably in the lives of his patients.

3. *Malpractice and Malpractice Suits.* That a physician's reputation is legally and ethically hazarded has been stated many times. The ease with which in some jurisdictions malpractice suit can be instituted is apt to lend encouragement to both the ignorant and the malicious who are aided and abetted, sometimes, by some of the less worthy members of the legal profession. It is altogether too common today to find persons who accept the fact that they can sue a physician for malpractice as a moral sanction for such a suit. It is easy to forget that the law may permit certain practices because it cannot prevent their occurrence, but that such an attitude on the part of the law is not to be mistaken for a moral sanction. A person may do a physician a grievous and lasting wrong by a malpractice suit, even though the plaintiff may win the suit. There is an endless number of distinctions to be made with reference to individual instances when one attempts to judge the legitimacy of a malpractice suit or the legitimacy of accepting the judgment resulting from such a suit.

4. *Expert Testimony.* The principles governing the moral aspects of expert testimony before a court are, of course, clear enough, but their application in individual instances is beset with numerous difficulties. Needless to say, the witness must qualify first and foremost by his knowledge and skill as an expert. Even if he has not professedly stated his qualifications he must be prepared to prove them on inquiry from duly constituted authority. But, what is even more important, he implicitly claims such required knowledge and skill when he accepts a call to act as expert witness. A deep appreciation of "the finer shades of truth," of the effacement of self-interest, of scrupulous objectivity, of delicate discrimination in the use of implications in language, all of this and many equally intangible refinements of character and competence can either elevate the appreciation of the physician in the minds of his hearers, clients, witnesses, and auditors alike, or can justifiably damn him in their opinion. The attitude of the court in a given jurisdiction will have much weight in increasing or decreasing the appreciation of the medical profession. All of this is, of course, to be said with even greater emphasis of those who make a habit of appearing as expert witnesses. The conflicting opinions of physicians testifying on the two sides of an argument concerning mental competence of a plaintiff or a defendant is, of course, difficult to understand by the non-medical laity. People who are accustomed to think in terms of dogmatic assertions or denials cannot evaluate alternatives in a sequence of probabilities, especially when shades of probabilities are involved. Where morality, that is, truthfulness or pre-

varication, is likely to enter into the finer discriminations in the statements made by experts, it is again a matter for only the expert to judge, the expert psychiatrist or the expert moral theologian, or the expert trial lawyer or judge. Here, certainly, is a field where even angels would fear to tread. The important thing that should be emphasized, however, is how much under these conditions is demanded of a physician who takes his profession and the ethical demands of his profession seriously.

5. *The Physician and the Making of Wills.* The patient-physician relationship is apt to result in particularly vexing problems when doubt is cast upon the mental or moral competence of the patient to make a will or when the relationship develops into one between a testator and a physician. While some physicians take the position that they are never to advise with reference to such matters, it may still happen that a physician might be morally obligated either to his patient or to the patient's relatives to express opinions and to communicate judgments or that he may be obligated in charity to do what he can to assist in vindicating the rights of parties who, without the physician's participation, would be seriously injured. It is almost useless to discuss these principles, segregated from actual facts because the circumstances of each case become so vastly influential in judging of a particular instance. Thus, for example, in Dr. Moscato's paper there is defined the minimal capacity for making a will. The criteria, at first sight, seem to be objactively easily applicable, but when we really try to determine whether a testator had "testamentary capacity," the judgment on such a point cannot be based merely upon a literal application of any merely legally established criteria. Moral problems for the physician participating in such coneroverted cases are too numerous and complex to invite participation by any than those who have a highly developed sense of moral values. There is no place in these problems for reckless rashness nor for indifference to ethical right or wrong.

Presented before the Staff Conference, Mercy Hospital, Buffalo, New York.

1. Section 352.
2. *Editor's Note.* It is interesting to note that by implication there is here recognized a distinction between medical practice, that is, for example, the mere examination of the patient, and the physician to patient relationship.
3. Public Health Law, Section 25.
4. Pike vs. Honsinger, 155 N. Y. 201.
5. Civil Practice Act, Section 374-A.

The American College of Surgeons announces that arrangements have been completed for the holding of its Thirty-second Clinical Congress at the Waldorf-Astoria, New York, September 9 to 13 inclusive. Plans include the usual extensive program of demonstrations, scientific sessions, panel discussions, symposia, forums, Hospital Standardization Conference, medical motion pictures, business meetings, and educational and technical exhibits, which will be held in the headquarters hotel, and operative and non-operative clinics in the local hospitals.

This will be the first Clinical Congress since the meeting in Boston in 1941.

Dr. Howard A. Patterson and Dr. Frank Glenn of New York City are Chairman and Secretary respectively of the Committee on Local Arrangements. Dr. Henry Cave of New York, a member of the Board of Regents of the College, is also active in directing the local plans for the meeting, attendance at which is usually around five thousand surgeons and hospital representatves.

IMPORTANT

C. M. A. MEMBERSHIP

Physicians are reminded that membership in the C. M .A. is essential for those attending the Annual Meeting of the Association in Banff.

DR. J. A. GILLESPIE

Obiit

To all the older practitioners of Vancouver, and to a great many of the younger men as well, the death of "Jim" Gillespie has meant a personal loss of no small degree. He died at an age well past that allotted by the Psalmist —but till the day of his death, he was in full possession of his faculties—his judgment was sound, and he was active at his work.

Gillespie was an outstanding man, not only as a doctor, but as a citizen and as a man. He himself would probably not have admitted the truth of this statement, as he had no vanity, and like the ideal man of the ancient Psalm, he "set not by himself, but was lowly in his own eyes." But he filled a large place in the community in which he lived, and was a leader in all his varied activities.

As a medical man, he was well above the average—an excellent surgeon, and a careful and conscientious man of medicine. Honesty and sincerity were his leading characteristics, in all his relations to life—and he was of a high integrity. He was an honour to his profession, and the recognition of this lay in the fact that he served, at one time or another, in nearly every office within the gift of his fellows in medicine. During his late years, he was a Trustee of the Vancouver Medical Association; he had been its President, and had filled many other posts well and truly. He was a Senior Member of the Canadian Medical Association. Jim always gave freely of his best, in service to his fellows. He carried his full share of the load, and more. He was a firm believer in organized medicine, and worked for it constantly. His judgment was greatly trusted by other members of the profession, his advice, based upon very high ideals, was always sound and to be depended upon. He was a thoroughly loyal man, and yet was able and willing to see the other man's point of view, and to be generous as well as just.

His work in other departments of civic life was invaluable, and has left lasting results in this city. He was deeply interested in the Y.M.C.A., and the youth of the city owes him much. He was an ardent church worker—and here again his loss will be greatly felt. Athletics interested him too very greatly—and in his time he was a very noted athlete. Physically, he kept himself in good shape at all times.

He belonged to the Kiwanis Club and many other organizations. In fact, he lived a very full and useful life—and we are the better for his presence amongst us. We shall all miss his kindly, lovable personality, with his generous liking for all men, and his eagerness to help in any way he could. To his family we extend our sincere sympathy in their loss.

FUNCTIONS OF FEDERAL AND PROVINCIAL VENEREAL DISEASE CONTROL DIVISIONS

I. DEPARTMENT OF NATIONAL HEALTH AND WELFARE

The role of the Federal Division of Venereal Disease Control is to give leadership in reducing the menace of venereal infections in Canada:

(a) By planning, in consultation with the provinces, adequate control measures on a comprehensive, effective basis;

(b) To assist in the implementation and carrying out of the plans for the annual provision and distribution of federal grants;

(c) To perform the functions of co-ordination, integration, standardization, survey and appraisal, and general exchange of administrative ideas by consultation and conferences with the provinces and national agencies and groups;

(d) To assist in the provision of lay and professional information services; and

(e) To encourage research and improve training facilities for professional personnel.

II. PROVINCIAL DEPARTMENTS OF HEALTH

All Provincial Divisions of Venereal Disease Control offer the same general type of service with slight modification to suit local conditions. These services may be briefly described as follows:

(a) Collection of statistics on the incidence of venereal disease;

(b) Provision of laboratory facilities for the diagnosis of venereal disease;

(c) Maintenance of provincal clinics for the free treatment and diagnosis of venereal disease.

(d) Distribution of medication to physicians for the treatment of their patients;

(e) Epidemiological investigation by social service workers of persons who are named as contacts to cases of venereal disease.

(f) Case-finding of venereal disease through blood test and medical examination of special groups such as prostitutes;

(g) Application of "Venereal Disease Control Act" in cases where patients with venereal disease in a communicable form refuse to take treatment;

(h) Education of the ppoulation on venereal disease.

The experience of the three Armed Forces in Canada from 1940 to 1945 reveals that the ratio of gonorrhoea to tatal syphilis in Canada for that period was approximately 6 to 1. It is apparent, therefore, that reporting of gonorrhoea by physicians in Canada is very inadequate. There is reason to suspect that syphilis is not being reported completely.

We know definitely that 15,278 cases of syphilis came to attention. Admitting that the ratio of gonorrhoea to syphilis was 6 to 1, it is estimated that in 1945 there were at least 90,000 cases of gonorrhoea in Canada. Of these, only 25,237 were reported by physicians.

There has been during the year 1945 a slight improvement over the preceding year in the reporting of gonorrhoea.

The above are prelimniary figures and are subject to revision.

News and Notes

It is with regret that we record the passing of Dr. H. B. Rogers of Victoria, who died on May 4th. Dr. Rogers registered in this Province in 1902.

* * * *

Congratulations are being received by Dr. and Mrs. H. Dumont, Dr. and Mrs. H. S. Hamilton and Dr. and Mrs. Andrew Turnbull all of Vancouver, on the birth of sons.

* * * *

Daughters were born to Dr. and Mrs. R. H. Marshall and Dr. and Mrs. J. H. Sturdy of Vancouver.

* * * *

Major F. L. Skinner has received his discharge from the R.C.A.M.C. and is now in practice in Vancouver.

* * * *

Lieut.-Col. J. A. F. Elliott, a native son of this Province, who served with the R.C.A.M.C., has been discharged, and is now practising in Vancouver.

* * * *

Dr. L. C. Steindel, formerly of Cloverdale, returned from overseas recently, and is going back to England for post-graduate study.

* * * *

Capt. G. H. Stephenson, who recently received his discharge from the R.C.A.M.C., has gone to Beattie Anchorage, Queen Charlotte Island, to look after the medical services in that area.

* * * *

Dr. and Mrs. W. H. Fahrni have left for the Old Country, where Dr. Fahrni will do post-graduate work for a year.

* * * *

Flight-Lieut. H. D. Sparkes is now at Oliver, following his discharge from the Air Force.

* * * *

Major J. K. Kelly has received his discharge from the R.C.A.M.C.

* * * *

The following Medical Officers have received their discharge from the Army, and are at present on the staff at Shaughnessy Hospital: Dr. J. C. Poole of Vancouver, and Dr. R. S. Clarke of New Westminster.

* * * *

Dr. G. O. Hallman of Vancouver is back in civilian life following his discharge from the Army.

* * * *

Capt. J. F. Tysoe is now out of the Army, and in practice in Victoria.

* * * *

Dr. Ella Cristall Evans and Dr. Sidney E. Evans of Vancouver have left for the Old Country, where they intend to stay for the next year.

* * * *

Lieut. D. D. Vollan has received his discharge from the United States Navy, Medical Corps, and is now at Caulfeilds.

* * * *

Capt. G. J. A. Kirkpatrick, recently discharged from the R.C.A.M.C., has started to practise in Vancouver.

* * * *

Dr. C. M. Robertson has returned to Nelson from overseas.

We are pleased to hear that Dr. J. R. Parmley of Penticton is making a good recovery from his illness.

* * * *

Dr. C. H. Hankinson of Prince Rupert has returned from New York, where he took a post-graduate course.

* * * *

Dr. J. G. M. McMurchy has opened an office at Nelson, as have Drs. A. J. Beauchamp and A. K. Gibbons.

* * * *

Dr. J. S. McCarley is associated in practice with his father, Dr. R. V. McCarley, in North Vancouver.

* * * *

Capt. G. H. Worsley of Vancouver received his discharge recently.

* * * *

Dr. G. McL. Wilson of Kelowna visited the office when in Vancouver.

* * * *

Dr. E. W. Boak of Victoria called at the office on his way home from a trip East.

* * * *

Dr. H. Cantor is at New Denver, relieving Dr. Arnold Francis.

* * * *

Dr. and Mrs. W. H. White of Penticton motored to Vancouver recently.

* * * *

Dr. and Mrs. H. P. Barr of Penticton spent a week in Vancouver.

* * * *

Dr. L. M. Greene has returned to Smithers, from a trip East.

* * * *

Dr. W. S. Kergin of Prince Rupert was a visitor to Vancouver recently.

NOTICE

The following invitation has been received by Dr. Bourne of Montreal from the Association of Anæsthetists of Great Britain and Ireland:

Dr. Wesley Bourne,
4833 Western Avenue,
Westmount, Montreal, Que.

28th February, 1946.

Dear Dr. Bourne,

The Association of Anæsthetists of Great Britain and Ireland is making arrangements to commemorate the centenary which occurs this year of the first administration of ether in this country, and the Council of the Association extends to you and the members of the Canadian Association of Anæsthetists a very warm invitation to take part in our celebrations which will be held in London on October 30th, 31st and November 1st. Full details of the arrangements will be sent you in due course, and it is very much hoped that at least one representative of your Association will be able to join us then.

Yours sincerely,

W. ALEXANDER LOW, M.C., M.B., B.S., D.A.,
Hon. Secretary.

NOTICE

Problems confronting the profession will be discussed at the Annual Meeting of the College of Physicians and Surgeons of British Columbia being held in Banff, on Tuesday, June 11th next, during the Annual Meeting of the Canadian Medical Association.

You are requested to send in your questions to the Registrar in order that they may be placed on the Agenda.

WARNING

VACCINATION MAY CAUSE FALSE POSITIVE TESTS FOR SYPHILIS

We are requested by the Division of Venereal Disease Control to call attention to the following:

Ten to twenty-five percent of persons with vaccinia or vaccinoid reactions show false positive serological tests for syphilis. These usually appear about twelve days after vaccination and persist from several weeks to several months.

Because of recent mass vaccinations in British Columbia physicians should be specially alert for this phenomena.

Whenever a positive serological test is obtained on a recently vaccinated individual the above contingency should be kept in mind, and repeated blood tests taken on the patient for a period of three to six months. If results are conflicting or inconclusive for syphilis, treatment *should not* be commenced except upon the opinion of an expert.

For further information regarding false positive serological tests for syphilis please write to the Division of Venereal Disease Control, 2700 Laurel Street, Vancouver, B. C.

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"Dyspepsia" due to hyperchlorhydria is the most common of all gastric disturbances. • • By prescribing Creamalin for the control of hyperacidity, the physician is assured of prolonged antacid action without the danger of alkalosis or acid rebound. Through the formation of a protective coating and a mild astringent effect, nonabsorbable Creamalin soothes the irritated gastric mucosa. Thus it rapidly relieves gastric pain and heartburn.

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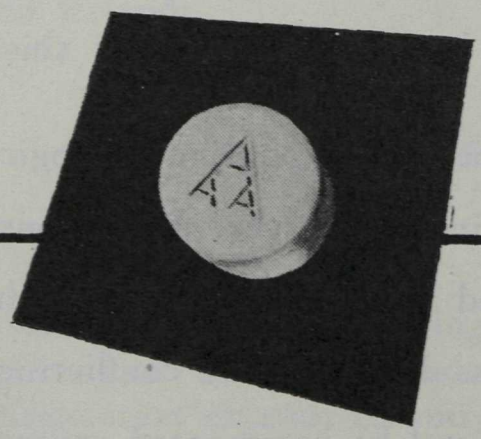
TABLETS



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