THE VANCOUVER MEDICAL ASSOCIATION

BULLETIN

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Subscription $1.50 per year

Annual Meeting

Vancouver Medical Association

Canadian Medical Association Lectures

MAY, 1926

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THE VANCOUVER MEDICAL ASSOCIATION

BULLETIN

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Offices:
529-30-31 Birks Building, 718 Granville St., Vancouver, B. C.

Editorial Board:
DR. J. M. PEARSON
DR. J. H. MACDERMOT DR. STANLEY PAULIN

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

VOL. 2. MAY 1st, 1926 No. 8

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VANCOUVER MEDICAL ASSOCIATION.

Founded 1898. Incorporated 1906.

The 29th Annual Session

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

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

Place of Meeting will appear on Agenda.

General Meetings will conform to the following order:—

8.00 p.m.—Business as per Agenda.

9.00 p.m.—Paper of Evening.

CITY HEALTH DEPARTMENT.

VANCOUVER, B. C.

STATISTICS — MARCH, 1926.

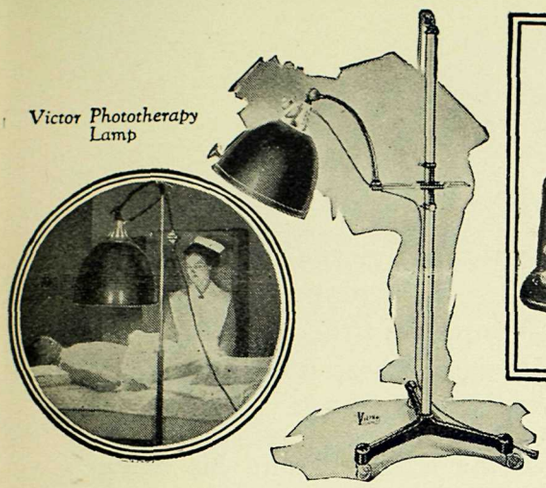
Total Population (estimated)	128,366
Asiatic Population (estimated)	10,100

		Rate Per 1000 of Population per Annum
Total Deaths	128	11.7
Asiatic Deaths	17	19.8
Deaths (Residents only)	89	8.2
Total Births—Male, 172 Female, 148	320	29.4
Stillbirths—not included in above	14	
INFANTILE MORTALITY—		
Deaths under one year of age	13	
Death Rate per 1000 Births	40.6	

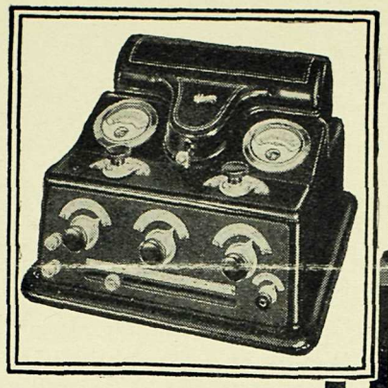
CASES OF INFECTIOUS DISEASE REPORTED.

	February		*March*, 1926		*April 1st to 15th*, 1926	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Smallpox	0	0	0	0	0	0
Scarlet Fever	5	0	9	0	5	0
Diphtheria	9	1	25	2	12	1
Chicken Pox	30	0	73	0	25	0
Measles	4	0	32	0	30	0
Mumps	167	0	342	0	68	0
Erysipelas	3	0	4	1	1	0
Tuberculosis	6	2	16	14	7	0
Whooping Cough	6	0	29	1	17	0
Typhoid Fever	0	0	4	0	0	1
Cases from Outside City—included in above:						
Diphtheria	3	0	4	0	2	1
Scarlet Fever	2	0	3	0	0	0

F. T. UNDERHILL,
Medical Health Officer.



Victor Phototherapy Lamp



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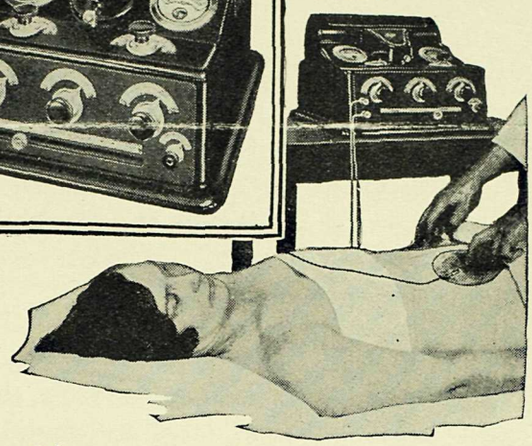

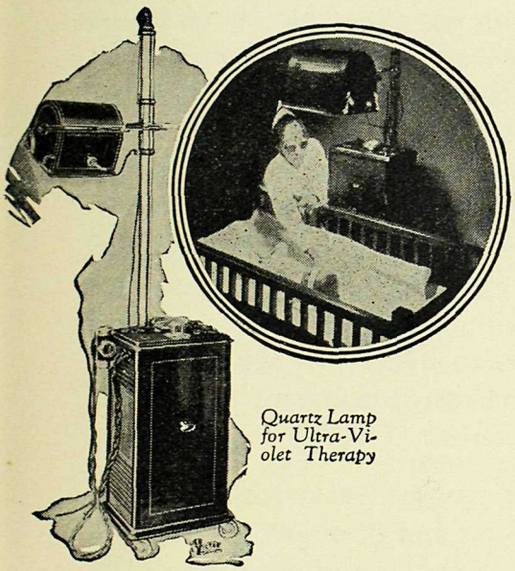

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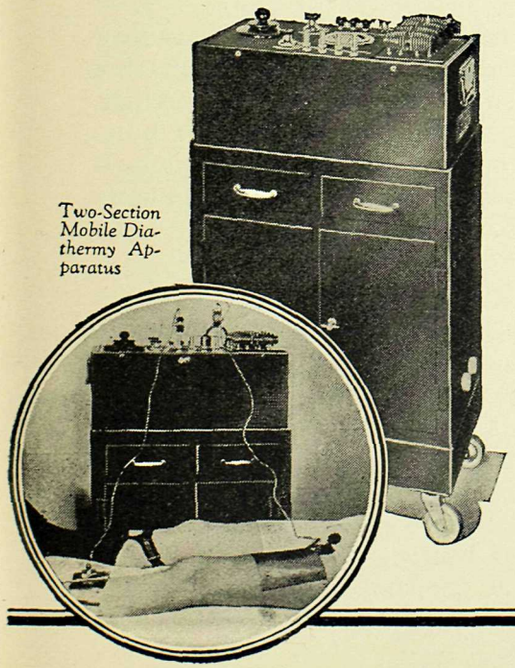

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EDITOR'S PAGE.

Amid the enthusiastic applause of the large audience assembled the retiring President, Dr. J. A. Gillespie, introduced the new incumbent of that office, Dr. A. W. Hunter, and the Twenty-eighth Annual Session of the Vancouver Medical Association came to an official end.

We must congratulate the retiring President and his officers upon the successful conclusion of their labours. It is indeed an arduous task to administer the affairs and to guide the destinies of a Society so large and having so many contingent interests. Yet though the offices may be insistent in their requirements, we have wondered at times whether the policy of the Association in changing its officers for the most part yearly, is altogether wise. It is true that within the last few years the services of the retiring President have been retained on the Executive for the succeeding year, which gives a degree of continuity, and it not infrequently occurs that other members of that body are also retained. It might, however, be wise at times to break through what has become through lapse of years the considered policy of the Society and re-elect a President for a second term.

Surveying the crowded agenda paper filled with its notices of reports of committees of various sorts and of allied interests and undertakings, we realize how a Society grows and acquires a place of value in the community.

We welcome the new officers and members of the Standing Committees. Our readers are referred to an earlier page in this issue for full particulars. We feel sure that they will worthily represent the best interests of the Association and carry on its honourable traditions. They will find their own special problems to solve, and will doubtless introduce innovations and developments which are necessary if stagnation is to be guarded against.

* * *

We call the attention of our readers to the advertisement which appears in this issue of the meeting of the Canadian Medical Association, in Victoria, on June 21st to 25th. There is no need to extol to residents of British Columbia the advantages of Victoria as a Convention City. Its climate, the beauty of its setting and surroundings, and the adequate accommodation, are known to all. We believe that when the programme is issued an intellectual treat of no mean order will be discovered. Headquarters for the Convention will be at the Empress Hotel.

NEWS AND NOTES.

The April Regular Meeting of the Vancouver Medical Association was held in the Auditorium, Tenth and Willow, on Tuesday, the 6th, when 37 members attended.

After the minutes of the previous meeting had been read and adopted, the Secretary read a letter from the Victorian Order of Nurses relative to its Annual Campaign for Funds, and announced that the President had appointed Drs. Sievenpiper and Craig to collect funds for the Order on behalf of the Association.

Dr. A. B. Schinbein moved an extraordinary resolution in terms of the notice of motion given by Dr. Pedlow at the last regular meeting, to rescind the extraordinary resolution carried at the meeting on December 10th, thus restoring Section "C" of By-Law No. 1 to its original reading. This was carried unanimously.

The Chairman explained the aims and purpose of the proposed Solarium for Crippled Children on Vancouver Island, and on motion of Dr. Vrooman, seconded by Dr. C. F. Covernton, the undertaking was endorsed by the Association.

Drs. B. H. Champion and A. W. Hunter presented the paper of the evening on genito-urinary work. Dr. B. H. Champion spoke on "Diagnosis and Treatment of Lesions of the Bladder and Lower Urinary Tract," while Dr. A. W. Hunter spoke on "Diagnosis and Treatment of Lesions of the Kidneys and Ureters." Films were shown, and the papers were followed by a good discussion, in which Drs. C. E. Brown, A. B. Schinbein and H. C. L. Lindsay participated.

We are pleased to report that Dr. Neil MacDougall, who was confined to St. Paul's Hospital for about four weeks suffering from a cellulitis of the scalp and face, is now convalescing satisfactorily and it is hoped after a short holiday he will be fit to resume practice.

Dr. T. F. Saunders was recently a patient in the Vancouver General Hospital, following an appendectomy and gastro-interostomy for gastric ulcer. A few days subsequent to operation Dr. Saunders had some obstructive symptoms which caused anxiety, but we are happy to say he is now back home and reported to be getting along satisfactorily.

The Vancouver Medical Association golf tournament is now being played on the various links and it is expected will be completed early in May. We are informed there are four prizes this year: First prize, one for the runner up, one for the gross medal score, and one for the net medal score.

A group of Vancouver and Victoria medical men went to Seattle for the annual inter-city golf match on April 29th. The results will be reported in our next issue.

B. C. MEDICAL ASSOCIATION NEWS.

In connection with the recent appointment of Drs. Bonnell and Petrie by the C.P.R. Medical Association, we wish to make the following statement: The names of those applying for this position were referred by Dr. Procter, Chief Surgeon of the C.P.R., to the Executive of the B. C. Medical Association, and only those names which represented members in good standing were considered for the positions. Drs. Bonnell and Petrie are members in good standing of the B. C. Medical Association. It may also be well to point out, in view of certain comment, that the choice was made, not by Dr. Procter, but by the C.P.R. Medical Association.

Dr. H. N. Watson, of Duncan, Vancouver Island, has been confined to bed for a few days with influenza, and is at present recuperating in Vancouver, meeting many old friends. His practice is being cared for by Dr. G. A. Petrie.

A meeting of the Executive Committee of the B. C. Medical Association was held on March 24th, 1926, when the following were present in addition to local members: Dr. M. J. Keys, Victoria; Dr. T. J. McPhee, Nanaimo; Dr. H. H. Murphy (President), Kamloops; Dr. M. G. Archibald, Kamloops; Dr. F. W. Andrew, Summerland; Dr. E. J. Rothwell and Dr. W. A. Clarke, New Westminster. Nineteen doctors were elected to membership. Reports from the various committees were made, and the date of the Annual Meeting arranged for June 22nd, in Victoria, B. C., at the Empress Hotel.

The following letter, dated March 29th, 1926, has been rerecived from the Vice-President of the Canadian National Railways, Montreal:—

> "On behalf of the Radio Department of the Canadian National Railways (over which I have jurisdiction), I beg to express appreciation of the address delivered by you from our radio station 'CNRV' on the 16th instant, as also your undertaking to give from that station a series of health talks. It is, I can assure you, a great encouragement to the Department in its efforts to maintain a high standard of such entertainments to have the co-operation of men of your attainments."

Such comment is very gratifying, as it shows that we are on the right path in our efforts at publicity. The Vancouver *Daily Star* has been added to the list of daily newspapers publishing these articles, and we must again take this opportunity of thanking the New York State Health Department for its courtesy in allowing us to use its articles. They are carefully prepared for broadcasting, and in addition to being readable, are accurate and informative.

The details of "Canadian Medical Night" were given in the last number of the BULLETIN. Drs. Boyd and Galloway

spoke in Victoria to a large and enthusiastic audience, which included members from points on lower Vancouver Island, in addition to Victoria doctors. It is felt that this move of the C. M. A. is an exceedingly good one, and we take this opportunity of expressing our appreciation of the generosity of the Sun Life Insurance Company which made these courses possible.

Our Executive Secretary, Mr. Fletcher, has just returned from his annual tour through the Okanagan and Kootenays, where he met practically every physician practising in this area. He was received cordially by every man visited, and was able to discuss medical matters fully with them, as these affect the province. He also made a trip up the coast as far north as Anyox and Stewart.

A well attended luncheon meeting of the B. C. Medical Association was held on March 25th, when Dr. Forrest Leeder, in a witty and humorous address, gave some interesting facts relative to the value of efficient organization in medicine. We had with us as guests Dr. Wm. Boyd and Dr. H. P. H. Galloway, of Winnipeg.

Under the auspices of the Canadian Medical Association, an Extra Mural Postgraduate tour throughout British Columbia is being arranged for next September. Tentative programme has been submitted to Dr. T. C. Routley, and it is hoped the itinerary will, in addition to the Vancouver Summer School, include Victoria, Nanaimo, Prince Rupert, Prince George, Kamloops, Penticton, Nelson and Cranbrook.

* * *

ANNUAL MEETING.

The Twenty-eighth Annual Meeting of the Vancouver Medical Association was held in the Auditorium of the old University buildings, Vancouver, on April 29th, 1926, the retiring President, Dr. J. A. Gillespie, in the chair.

After the minutes of the last general meeting had been read and adopted, the Secretary read a letter from the Vancouver General Hospital calling for nominations for the appointment of Proctologist to the Hospital. On motion, duly put and seconded, Dr. J. A. Sutherland and Dr. A. J. MacLachlan were elected nominees of the Association.

Reports of the Hon. Officers of the Association were then received.

Dr. G. H. Clement, Secretary, said that during 1925-26 eight special and seven regular meetings had been held. Some of the leading authorities in medicine had addressed the Association, notably Dr. L. F. Barker, Dr. Lundy, Dr. William Boyd, and

Dr. H. P. H. Galloway. The general meetings had been addressed by Drs. J. Tate Mason and L. J. Palmer, of Seattle, and Drs. Gillespie, Hill, Wallace, Wilson, Hodgins, Hunter and Champion had read papers which proved of general interest to the members. Dr. E. D. Carder delivered the Osler Lecture for 1925-26.

The Treasurer, Dr. A. B. Schinbein, presented the financial statement, showing a credit balance of $1,758.06, of which $1,575.33 was earmarked for Summer School purposes. Expenditures for the year amounted to $3,540.54, $2,348.62 being for working expenses, $1,034.92 for Library expenses, and $157 donations, etc. The amount collected in fees was $3,610. Dr. Schinbein explained the origin and present state of the two special funds (Ultra Scientific and Dr. Stephen's Memorial Fund), both of which showed creditable balances. The total membership at date is 193, nineteen of which are not paid up for the past year.

The Auditor's report was presented by Dr. A. C. Frost, and the Trustees presented a statement of the securities held by them belonging to the Association.

The Editor of the BULLETIN, Dr. J. M. Pearson, reported as follows—

Nineteen numbers of the paper have been issued and the total net profits to date are $411.32, an average of $21.65 per issue. According to our present arrangements with the publishers, after paying the cost of printing, the balance is divided between them and the Association equally. Our share in therefore $205.66, or about $11 per issue. The cost of printing each number is $85. For the April issue the advertisements brought in $116, leaving for that month a net profit of $31. From our share of this has to be deducted the cost of distribution, which amounts to about $3.50. It is gratifying to the Committee to feel that even this small profit has been shown from the beginning, and with different arrangements there is no reason why it should not be materially increased.

The reports of the various Sections of the Association were then received.

Dr. F. N. Robertson, Secretary of the Clinical Section, stated that six meetings were held during the year. Four of these were held at the General Hospital, one was given by the doctors of the Workmen's Compensation Board and aroused particular interest, one was held at St. Paul's Hospital, and one at Shaughnessy Hospital. The Committee felt these meetings might be more useful and would stimulate greater interest if the cases shown were of common interest along the line of the daily work. The large attendance and interest in the discussions justified this opinion. The Committee thanked the staff of the different hospitals, and also the members who had shown cases and spent much time in their preparation, and also the Editorial Board for reporting the meetings in the BULLETIN.

The work of the Section of Physiology and Pathology was

outlined by Dr. C. H. Bastin, Secretary, who reported a very satisfactory season's work. Ten meetings had been held, with good attendance. At the last meeting plans for next season's work were agreed upon and the Chairman and Secretary elected. Dr. Bastin is the new Chairman and Dr. C. E. Brown was chosen as Secretary.

Dr. H. A. Barrett, speaking on behalf of the newly formed Physiotherapy Section, said that fortnightly meetings had been held during the session. The membership at present was small, but with increasing interest in this branch of medicine he hoped the Section would be much larger next year. He wished to emphasize the fact that physiotherapy was not a specialty, but rather a mode of therapy applicable to all branches of medicine and therefore of general interest. The American Medical Association has recently appointed a committee consisting of pathologists, physicists, clinicians and others, to thoroughly investigate physiotherapy and standardize apparatus and technique.

The Eye, Ear, Nose and Throat Section, through the Secretary, Dr. E. H. Saunders, reported.

Dr. G. F. Strong gave an interim report on the proposed arrangements for the 1926 Session of the Summer School. The meetings this year are to be held in the week of September 13th. The tentative programme includes: Dr. A. S. Warthin, Pathologist, University of Michigan; Dr. George Gellhorn, Obstetrician, University of St. Louis; Sir Henry Gauvain, the noted Orthopaedist, from England; and others. The full programme will not be published until after the close of the Canadian Medical Association annual meeting in Victoria in June.

On behalf of the Library Committee the Secretary, Dr. W. F. McKay, reported an expenditure of $1,034.92, of which $811.70 was for books and journals. This exceeded the previous year's expenditure by $137. Dr. McKay stated that 59 journals are now on file in the Library. During the year 53% of the membership availed themselves of Library privileges, a total of 661 books and 817 journals being borrowed. He expressed the thanks of the Committee to the various members who had donated books and journals, and also to those gentlemen who had been kind enough to contribute reviews of books and abstracts of journal articles for inclusion in the Library pages of the BULLETIN. Fuller details of the Committee's activities are on file in the Library and can be consulted by anyone interested.

Dr. Lachlan Macmillan, speaking for the Orchestra Committee, said that owing to the change in the personnel of the Dinner Committee just before the Annual Dinner, the Orchestra had not functioned to its usual limit. The more work it was given to do the better it did it. This year he hoped its work would be mapped out in good time and better results achieved.

The Credentials Committee reported that ten applications for membership had been received. All applicants had been fa-

vourably reported on and seven had been elected to membership. the remaining three would be voted upon at the October meeting.

The year's work of the Credit Bureau was reviewed by Dr. Lachlan Macmillan, Chairman. In presenting his report Dr. Macmillan reminded the Association that the Bureau had now been in operation for eleven years. Very little had been done to advertise its merits, but much routine work had been accomplished. He wished to thank his Committee for their loyal support and the Manager, Mr. Welch, for his untiring efforts to produce the maximum of results with a minimum of expense. The Bureau had increased its membership from 10 to 114, and the annual turnover is now $25,000. The financial statement was appended to Dr. Macmillan's report.

Dr. Pearson made a short interim report of the work done by the Committee appointed to consider the question of closer co-operation with the B. C. Medical Association. After several meetings the Committee had drafted a series of definite suggestions as a basis for future discussion. These were submitted to the committee of the B. C. Medical Association, and in reply a similar series of suggestions from them was handed to Dr. Pearson recently. There was considerable variation in opinion, but at least the ground was cleared and the proposals are in writing. It remained for the Committee, or some other committee, to extract some concrete proposition out of them.

Coupling this interim report with his remarks as Editor of the *BULLETIN*, Dr. Pearson asked permission of the Chair to make a short statement as to the possibilities of the BULLETIN as a money producer for the Association. He thought an increase in the staff of the Association was now warranted, and made various suggestions whereby he thought the membership in the Association could be materially increased.

Dr. A. J. MacLachlan, representative of the Vancouver Medical Association on the Executive of the B. C. Medical Association, reported in part as follows:

"The past year has been mostly one of routine work as regards the B. C. Medical Association. I am simply mentioning some of the points which I think will be of interest to the members of the Vancouver Medical Association. In conjunction with the Summer School Committee of the V. M. A. a scheme is being worked out for post-graduate work in this province under the Canadian Medical Association.

"At the first Executive meeting it was decided that the Industrial Service Committee of the B. C. Medical Association should offer its services to the Workmen's Compensation Board as an arbitration committee. This was taken advantage of by the W. C. Board, but it was felt that as the Committee was not a true arbitration committee this service should be discontinued. I might say no disagreement with the W. C. Board was met with: in

fact, the utmost courtesy was shown, but all the recommendations of the Committee were not carried out.

"The C.P.R. situation remains more or less in an unsettled state. Dr. S. Bonnell and Dr. Petrie have been appointed to succeed Dr. de Muth and Dr. Lyons, whose services have been dispensed with. It is unfortunate that Vancouver men were not appointed to these positions, as to my mind it was understood that men from Vancouver would be appointed. A letter was sent out to the profession from the Executive of the B. C. Medical Association which was interpreted by many to mean that the B. C. Medical Association was responsible for the supposed settlement, but this was not the case; the negotiations were carried out by Dr. Procter, acting on reports by men who were not even members of the B. C. Medical Association, and the B. C. Medical Association really had no direct hand in the settlement which has been made, except that the members of the Executive met Dr. Procter on three or four occasions and were assured by him that only members of the B. C. Medical Association would be considered for the positions. In fact I now think it was unfortunate that the Executive of the B. C. Medical Association sent out letters asking men to apply for this contract.

"A number of articles are being published under the direction of the Publicity Committee of the B. C. Medical Association. They are appearing in various papers throughout the province, and to date none but favourable comment has been heard."

The work of the Staff of the Vancouver General Hospital was reviewed in a very comprehensive manner by Dr. J. W. Thomson. Extracts from this review will be published in later numbers of the BULLETIN.

Dr. E. J. Gray, on behalf of the Staff of St. Paul's Hospital, said that ten meetings were held, the average attendance being 80%. Papers were read on Caesarian Section, Diseases of the Thyroid, Fractures, Thymus Gland, and Recent Work in Blood Chemistry. These papers included detailed reports of cases occurring in the hospital during the past three years. At each Staff meeting a complete report of cases treated in the hospital during the preceding month is read and discussed, after which clinical cases are presented.

Before proceeding to the Election of Officers and members of Standing Committees, Dr. J. A. Gillespie, retiring President, addressed the members present on the work of the past year. After thanking the members generally for the loyal support accorded him during his year of office, he particularly thanked the Dinner Committee for taking hold at the last moment and achieving such satisfactory results.

Dr. Gillespie said he concurred in the view expressed by the past President, Dr. H. H. Milburn, that the Association should have a President-elect as a member of the Executive, who would

thus have a year in which to become conversant with the work before taking office. He commended this idea to the incoming Executive. He thought progress had been made during the past year. The standard of papers given had been a high one; the meeting place was an improvement on former years, thanks to the goodwill of Dr. F. C. Bell and the Hospital authorities. The attendance at meetings still left much to be desired, though the average had been fair. With regard to a permanent home for the Association, he had been approached personally and the Executive had been interviewed many times by various promoters regarding the erection of a Medical Building, but nothing definite had yet been decided. He hoped the Association would soon have a home of its own.

Touching on the suggestion which had emanated from some quarters as to the possibility of students taking two years of their medical course at the University of B. C., Dr. Gillespie said he thoroughly approved of the suggestion. While the time was not yet ripe for the establishment of a Medical Faculty, he thought it would be a great boon and saving if two years of the medical course could be obtained in British Columbia.

With regard to membership in the Association, Dr. Gillespie said there were over 240 names in the telephone directory, which meant that only about 55% of the medical men in the city were members of the V. M. A. This situation should not continue. He agreed with Dr. Pearson's suggestion that if they had someone whose business it was to look after the financial end of the Association the membership fees could be increased by about $1000 per annum. He did not think $20 could be spent to better advantage than by membership in the Association. He recommended the new Executive to carefully consider Dr. Pearson's remarks as to co-operation with the B. C. Medical Association. At present there was an undercurrent of discontent among the members, who felt that $20 was too much for Vancouver men to pay to the Provincial Association.

As regards the C.P.R. situation, he felt that the contract system was a bad one. The man doing contract work could not give the same service as the man who got paid regular fees. The Association should consider the possibility of getting that work thrown open to all the men in the city.

Under new business, Dr. Vrooman explained the proposed Preventorium for Children to be established under Rotary and the I.O.D.E. A committee was in process of formation, and a representative was desired from the Medical Association. He moved, seconded by Dr. Carder, and carried unanimously, that a representative be appointed and that such representative be Dr. Lyall Hodgins.

The meeting then proceeded to the Election of Officers and members of Standing Committees, the following appointments being made: President, Dr. A. W. Hunter; Vice-President, Dr.

A. B. Schinbein; Secretary, Dr. F. W. Brydone-Jack; Treasurer, Dr. W. S. Turnbull; Auditor, Dr. F. W. Lees; Editor, Dr. J. M. Pearson; Representative to B. C. Medical Association, Dr. A. C. Frost. Clinical Section: Chairman, Dr. F. N. Robertson; Secretary, Dr. Wallace Wilson; Library Committee, Dr. Wallace Wilson and Dr. C. H. Bastin; Dinner Committee, Dr. C. F. Covernton, Dr. A. C. Frost and Dr. G. B. Murphy; Orchestra Committee, Drs. F. N. Robertson, L. Macmillan, J. A. Smith, W. L. Pedlow; Credentials Committee, Drs. E. H. Saunders, B. H. Champion and T. R. B. Nelles; Credit Bureau Committee, Dr. D. McLellan.

* * *

FROM THE VANCOUVER GENERAL HOSPITAL LABORATORIES.

By invitation Dr. H. W. Hill, Director, Vancouver General Hospital Laboratories, and Professor of Public Health, University of B. C., presented "The Non-Relation of Malnutrition to Infection," before the Oregon State Health Officers' Convention in Portland, on March 31st, 1926, and before the Oregon State Medical Society on April 1st.

Being invited to describe and demonstrate the Canadian (puncture) method of anti-smallpox vaccination, Dr. Hill had the unexpected pleasure, on March 31st, of vaccinating the President and Secretary of the State Board of Health, full time and part time health officers and some nurses, to the total number of thirty; and on April 1st of performing a like service for 20 members of the State Medical Society.

The American method of vaccination (two parallel scratches) leaves two scars; the British vaccination leaves four; the Canadian custom seems to be three. Dr. Hill pointed out to his victims that any takes they secured would label them permanently as "Canadian three scars." This did not dampen the enthusiasm of our good Oregonian friends, who in medical affairs seem to regard but lightly the well known 49th parallel.

The Women's Auxiliary to the State Medical Society, composed largely of the wives of members, held a banquet of their own at the same time and hotel as the banquet of the State Medical Society, but in a different room. Dr. Hill was invited to address them and also a luncheon nearby of the Portland Social Service Society; six addresses and 50 vaccinations in all in 36 hours.

* * *

Toxin-antitoxin is no longer supplied by the Connaught Laboratories, its place as a producer of active immunity to diphtheria having been taken by "diphtheria toxoid." Dr. J. G. Fitz-

gerald, Director of the Connaught Labortories, has been good enough to forward a sample outfit to us; and Dr. F. C. Bell, Superintendent of the Vancouver General Hospitals, has ordered it stocked in the hospital pharmacy, for local use. This diphtheria toxoid is the "anatoxin" of Ramon—a diphtheria toxin, treated with formaldehyde in such a way that the diphtheria toxicity is destroyed, while the ability to elicit diphtheria-immunity is retained. The dose is small, the reaction in children almost or quite nil, and the immunity develops in about six weeks. The absence of serum from this toxin-formaldehyde mixture does away with any fear of anaphylactic sensitization, which is a definite drawback of the toxin-antitoxin mixture. "Full directions with each package."

Despite the housecleaning and painting which has upset the Laboratories so badly of late, the routine laboratory work done has broken all records for similar periods. During March we averaged 200 urines per day, reaching over 260 in one day on several occasions. This corresponds somewhat with the unusually high congestion of the Hospital, where March yielded almost 26,000 "hospital days," as against the usual figure of about 23,000.

The University of Toronto *Medical Bulletin* of February, 1926, contained so excellent and concise an article on "Blood Grouping and the Selection of Donors for Transfusion," by I. H. Erls, that we have applied for 100 reprints, intending to distribute them to interested physicians attending the Hospital.

We are expecting, also, 100 copies of a recent symposium on the Kahn and Wassermann tests for syphilis, issued by the Michigan State Board of Health.

On receipt of such literature for distribution, it will be placed, by consent of the Superintendent of the Hospital, in the Physicians' Room, with an invitation that each physician "Take one *only*, but take *one*" so long as they last). We hope to secure other material from time to time for similar distribution—not necessarily "new," but we hope, usually *good*.

"Disappearing Diseases."

B. M. J., Feb. 20, 1926.

Table showing the decline in the death rates (per 1,000 population) from certain infectious diseases in the period 1871 to 1924.

Great Britain	1871-1880	1924	Decrease
Death Rate	21.40	12.20	43.0%
Infant Mortality (1891)	150.00	75.00	50.0%
Diphtheria (1891-1900)	0.26	0.06	77.0%
Enteric Fever	0.32	0.01	96.9%
Scarlet Fever	0.72	0.02	97.3%
Smallpox	0.24	0.00	100.0%
Tuberculosis (Respiratory)	2.13	0.84	60.0%

CANADIAN MEDICAL ASSOCIATION EXTRA MURAL LECTURES.

The following abstracts are from addresses delivered before the Vancouver Medical Association on March 25th, by Dr. William Boyd and Dr. H. P. H. Galloway, of the University of Manitoba.

Some Aspects of Heart Disease.

Dr. Boyd took as his subject "Infections of the Heart" as represented by acute rheumatic infection, acute bacterial endocarditis, or ulcerative endocarditis, subacute bacterial endocarditis and syphilitic infection.

He emphasized the necessity of regarding these infections as affecting the entire "cardium," including the endocardium, the pericardium and the myocardium. Referring to the effects of rheumatism on the heart, Dr. Boyd said that in many of these cases the joint lesions were of decidedly minor importance, the brunt of the disease being borne by some portion of the heart structure. By means of an excellent series of lantern slides Dr. Boyd demonstrated the lesions which may result from rheumatic infection.

Taking, first, the myocardium, Dr. Boyd showed illustrations of the Aschoff bodies as found lying in the muscle wall of the heart. These bodies are giant cells, irregular in shape, having one or more nuclei, and are regarded as definite evidence of rheumatic infection. The infiltration of small round cells accompanying these bodies is evident more in the neighbourhood of the vessels, producing a cuff-like appearance in many instances.

The later effect of this inflammation is, of course, the onset of fibrosis in which scar tissue obliterates and replaces the musculature. As a cause of scarring of the heart wall rheumatic infection is common. If the infection occurs in the neighbourhood of the Bundle of His interference with the conduction system of the heart might become evident and heart block of a more or less permanent nature would occur.

The pericardium was also frequently involved in the rheumatic process and two varieties of lesion might occur. One, in which the two layers of the pericardium were affected and became ultimately more or less adherent to one another, was characterized as not being of very great significance or interfering with the action of the heart. But when, in addition, a mediastinitis occurred and adhesions of the parietal pericardium to the surrounding structures or to the chest wall became evident, then a serious impediment was offered to the action of the heart, leading to dilatation and cardiac failure.

Slides were shown exhibiting the effect of the rheumatic processes on the endocardium, which chiefly affected the free edge of

the valves, generally the mitral. A thin layer of vegetation could easily be demonstrated and was of frequent occurrence.

Dr. Boyd said that it had always been somewhat incomprehensible to him how the subsequent deformity which was found in these cases of rheumatic endocarditis could occur from the simple involvement of the endocardium overlying the valve. However, on section of the valves themselves the explanation is abundantly clear, in that the substance of the valve is affected in precisely the same manner as the general musculature of the wall, and it was the subsequent fibrosis and contraction following this inflammation which produced the great deformity not uncommonly seen in these cases.

Illustrations of the funnel shape and buttonhole form of mitral valve lesions were shown. An interesting point was brought out by Dr. Boyd when he explained the manner in which the rheumatic infection might involve the wall of the aorta, and slides were exhibited showing the presence of the Aschoff bodies lying in the wall of that vessel. The late effect of this implication of the arterial wall appears to be that of a weakening or dilatation rather than a contraction such as occurred in the valves. This dilatation doubtless expresses itself in the enlargement of the aortic ring leading to the presence of regurgitation. Whether or not the rheumatic process was concerned in the actual production of aneurysm, Dr. Boyd was not at present prepared to state.

Turning to the question of bacterial endocarditis, in the acute or ulcerative variety the offending organism might be the streptococcus-haemolyticus, the staphylococcus, pneumococcus or occasionally the gonococcus. It was, in most instances, an incident in a generalized septicaemic infection, a focus in some more or less distant portion of the body having become generalized and the endocardium being secondarily affected in the form of large ulcerative vegetations. From these, septic emboli were readily distributed and the condition proved rapidly fatal.

In the sub-acute infective variety, on the contrary, the chief organism found was the streptococcus viridans, an organism of low virulence originating doubtless in some focus, the presence of which could rarely be demonstrated, so that the heart lesion assumed a prominent place in the picture. The duration of life in these cases was very variable, ranging from a few weeks or months to two to three years.

The character of the lesion as found upon the valve differed considerably from that of rheumatism, especially in its tendency to involve the wall of the adjacent auricle or ventricle. In specially stained slides, pictures of some of which were exhibited, large masses of bacteria can be demonstrated and it is easy to see how in such a condition small embolic foci can be detached and carried into the general circulation. In this way, doubtless, the blood infection found at times occurred. It is important to remember that the infective organism is not pyogenic in character in

contradistinction to the organism of ulcerative endocarditis, consequently embolic foci of suppuration were not found in this disease. As a later manifestation these vegetations and their surmounting organisms became covered over with a layer of mucoid material, thus sealing the lesion, and this might account for the fact that in later stages the blood stream, which had before yielded cultures of the streptococcus, might now be found free.

It is probable, the lecturer said, that all or most of us, at one time or another, became infected with this organism, and why, he asked, was it that only in certain circumstances it found a lodging in the valves of the heart? He thought the explanation—or one explanation—might be found in the work of Gross on the circulation of the heart. If the infection is a blood-borne one, how is it that the valves become involved when the actual cusps themselves are generally regarded as being devoid of vessels? In the adult this is certainly the case for the most part, but in early life, as Gross has demonstrated, the valves are very fully supplied with a system of blood vessels and in some instances, even in adult life, as he has shown, the system of blood vessels persists, and it is doubtless in these individuals who maintain definite circulation in the valves to adult life, that infections of this nature may occur.

The lecturer here showed one of Gross' preparations which demonstrated the point at issue. The injected blood vessels were clearly to be seen ramifying throughout the substance of the valve and it was perfectly comprehensible how infection might occur in this instance.

Finally, Dr. Boyd referred to conditions of exacerbation of old syphilitic myocarditis producing symptoms of infection and cardiac failure. His attention was drawn to this interesting subject by a paper published by Dr. Warthin, of Ann Arbor, which appeared in the first number of the *American Heart Journal*, and subsequently in looking through his old material he had come across a case which appears to confirm Dr. Warthin's views. Sections being taken from this heart revealed the presence of spirochaetes in considerable numbers. Slides from this case were shown and also one taken from Dr. Warthin's paper. He desired to draw attention to this new syndrome as a possible explanation of otherwise inexplicable occurrences of sudden death of apparent cardiac origin.

Fractures of Elbow and Hip Joints, Common Fractures.

Dr. Galloway took as the subject of his address "Details in the Management of Some Common Fractures." The lecturer desired to emphasize the word "details" in the title, as in his opinion good or bad results very often turned upon the careful management of fractures. Dr. Galloway said he had originally intended to speak on four different varieties of fractures, viz., those in connection with the elbow joint, fractures of the neck of the femur, Colles' fracture and Potts' fracture, but he found that as

he developed his theme time would not permit him to speak on all four. He had, therefore, decided to confine his remarks firstly to fractures involving the elbow joint, and, secondly, to fractures of the neck of the femur.

Fractures of the elbow joint were of rather common occurrence, especially in the young, and were often the cause of a good deal of deformity and disability in after life. He thought the most important single contribution which had been made to the treatment of this difficult class of fracture was that enunciated by Sir Robert Jones, of Liverpool. Sir Robert Jones, if he did not actually discover the method of treating these cases in acute flexion, had certainly popularized and standardized the method. The idea underlying this method of treatment was his famous saying of "right of way."

As to the diagnosis of this condition, it was not thought of prime necessity that the exact direction of the line of fracture should be ascertained. Prolonged and undue examination, especially under an anaesthetic, should be avoided. The X-rays unfortunately, as so many of these cases occurred in children, did not give us the assistance that we require. Only too often an examination of the skiagram showed that considerable portions of the ends of the bones involved in the fracture were still in a cartilaginous condition, and consequently did not show clearly in the picture. However, the exact diagnosis was not absolutely necessary in the condition, as the treatment for all these classes of cases was much the same. Sir Robert Jones' directions in regard to this fracture were:

First: extend the arm gradually to its fullest possible extent, supinate the forearm completely. Having done this, manipulation of the fragments might be attempted. Then, maintaining the traction in extension, the arm is slowly brought up into complete flexion; if complete flexion was found to be impossible, the manoeuvre must be repeated, and in cases where complete reduction had been effcted acute flexion could be readily established. There are occasions where the traumatism has been very great and consequent swelling extreme, in which it would not be advisable to maintain the extreme acutely flexed position for a few days. In fact it must always be remembered that the circulation should be carefully watched. The nurse, or parents, should be instructed to examine the finger nails, and by pressing upon them from time to time be sure that no impediment exists. As a final dressing Dr. Galloway uses plaster of paris, and by means of a picture thrown upon the screen he showed the method in actual use. The dressing is usually left on from three to four weeks, but upon this point opinions differ, some advocating a shorter time.

Following the removal of the dressing the forearm is lowered. Day by day the child is encouraged to flex the arm. Meanwhile the wrist rests in an ordinary sling fastened round the neck. If the flexion can be painlessly accomplished, all is well. The lecturer deprecated the endeavour to carry out passive movements

especially in those fractures in which there is joint injury. Indeed the endeavour to carry out such movements may produce pain, and with the pain comes increased inflammation and limitation of movement.

Fractures of the Neck of the Femur.

If the method of Jones is of value and importance in connection with fractures round the elbow joint, the work of Royal Whitman, of New York, is of equal value in connection with fractures of the neck of the femur. It has too long been the general impression of the medical profession that fractures of this nature carry a very bad prognosis. Occurring as they are supposed to do chiefly in elderly people, treatment has been perfunctory. In this connection Royal Whitman has said that treatment of these fractures is inefficient because the prognosis has always been regarded as bad, whereas the prognosis is bad largely because the treatment is inefficient.

Contrary to the generally accepted opinion, many of these cases occur comparatively early in life. Hamilton quoted 241 cases occurring in three consecutive years, and he found that of these 241 patients only 37 were past the age of 60, while 40 per cent. were 50 years of age or under, and, in addition, he found that only three of these cases terminated fatally.

Dr. G. A. Moore, of Boston, reporting on 48 cases occurring in private practice, found that on the contrary most of the patients were round 65 years of age, and it is interesting to note the difference in age onset as shown in these two sets of cases.

We have further been taught that in cases of impaction it was very unwise to disentangle these impactions, as it greatly increased the possibilities of non-union. Whitman describes his method of treating these cases as follows: The patient is placed on some variety of fracture table. If a Hawley or similar table is available, as it is in most large centres, this is, of course, the best. If not, other methods may be used, and Dr. Galloway illustrated by means of lantern slides a home-made table which he had constructed and which was most useful as a substitute for the more complicated apparatus when such was not available. With the patient on some such table, traction is made by two assistants, one on either limb, it being, of course, understood that unless the uninjured member is properly controlled the manipulation of the injured limb is apt to result in tilting of the pelvis.

Having produced this traction, both limbs are placed in an abducted position, the injured side being pulled outwards to its physiological limit. With this traction and abduction goes an internal rotation on the injured side.

By means of diagrams the lecturer showed how muscular contraction is by this means relaxed, and use is made of the fulcrum offered by the ring of the acetabulum and the iliac bone.

With the limb in this position the lower part of the trunk,

pelvis, entire injured limb and part of the sound limb are placed in a plaster spica. Special attention is paid to the groin, where the plaster is very apt to crack, and re-enforcement with a strip of iron is often used to strengthen the cast at this point.

A modification of this method has been introduced whereby, while abduction is maintained, the thigh is flexed upon the abdomen and the knee upon the thigh, thus allowing the patient to be nursed in a sitting posture, avoiding the tendency to any passive congestion of the lungs as a complicating factor. If this method of treatment is properly carried out, the results are often surprisingly good, and are by no means so bad as we have been led to suppose.

It will be found that when the plaster is removed the knee joint is apt to show considerable stiffness, but this can gradually be overcome by massage and movement.

Dr. Galloway concluded his interesting address by again emphasizing the importance of the most careful attention to details in following out these well-thought out principles of treatment.

* * *

BOOK REVIEW.

Fractures and Dislocations.

Wilson and Cochrane. 1925. *J. B. Lippincott Co., Philadelphia and London.* $11.00.)

It would seem that the number of books on fractures at present was amply sufficient to meet the demands of the medical profession. However, this new volume is a most welcome addition to the already large library on this subject. The views expressed therein are not original with the authors, but are the results of the practice of the fracture staffs of the Massachusetts General Hospital at Boston and the Edinburgh Royal Infirmary. Consequently the book is much more authoritative than if it contained the expression of opinion of merely two specialists in fracture work.

The volume is written primarily for the general practitioner and the non-operative treatment of fractures has been emphasized. The indications for surgical interference are, however, pointed out and in a general way the nature of the operation. Stress has been laid upon anatomy, and the matter of after-treatment very carefully gone into.

The first three chapters cover the general principles of treatment, the emergency splinting and compound fractures. The remainder of the book is divided, as is general, into chapters on regional fractures. All the modern apparatus that has been found worth while is fully described and illustrated by photographs; in fact the illustrations, including Roentgenograms, clinical photographs and anatomical diagrams, are very numerous and of an unusually high type of excellence.

Taken all in all, the book is a most welcome addition to the Library. H. R. S.

STUDY OF CYSTOSCOPIES.

Report on Cystoscopies done in the Vancouver General Hospital, in 1924, by Dr. A. W. Hunter.

In the study of 140 case reports for 1924, in the Vancouver General Hospital, 70 were examined and deductions drawn from those examined. This shortening of the examination was done on account of the lack of material evidence in the reports submitted. It was considered that the deductions drawn from 70 cases would apply to the 140.

The examination shows that clinical histories were written in 40% of the cases, while in 60% of them no histories were available. The histories that were most valuable were those written by the attending surgeons. These histories were generally a short synopsis of the case, dictated to the operating room stenographer. The histories written by the internes were generally incomplete and no diagnosis was available. It would appear that the interne started his history, left it and never returned to complete it.

The ratio of sex in the cystoscopic examinations shows that 47% were on males and 53% on females.

The cystoscopic findings were generally very complete, giving details of the lesions, such that usually a correct diagnosis could be made from the findings recorded, but it is regrettable that some doctors are loath to make a written diagnosis. The lack of summarizing the cystoscopic findings, discounts their report: you have to make your own conclusions, and these may be incorrect, as your perspective of the case is biassed by the findings given and not by those omitted.

Cystoscopic reports were available in 47% of the cases. In 16% of the cases the cystoscopic report had been dictated, and these reports were lost or misplaced. In 10% no reports were made.

The comparison between the cystoscopic findings and those of the X-ray department show that there is a very high percentage of concurrence in diagnosis. In 90% of the cases cystoscopic examination and X-ray examination agreed, and only in 10% would they disagree. This report is limited, as only cases cystoscoped and X-rayed without operation were examined. The disagreement was due in one case to the cystoscopist being wrong in his inference, and in the other the increased capacity of the kidney pelvis was due to distortion produced by a former operation on the case; but both agreed that operation was not indicated.

The cystoscopic diagnosis was confirmed by X-ray and by operation in 87% of the cases. The prinary findings show a very high incidence of red blood corpuscles in both diseased and healthy sides, demonstrating that red blood corpuscles in themselves are most frequently of traumatic origin, and here it brings out the importance of the surgeon making the deduction from the urine analysis, and not the laboratory.

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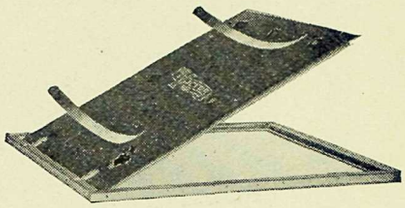

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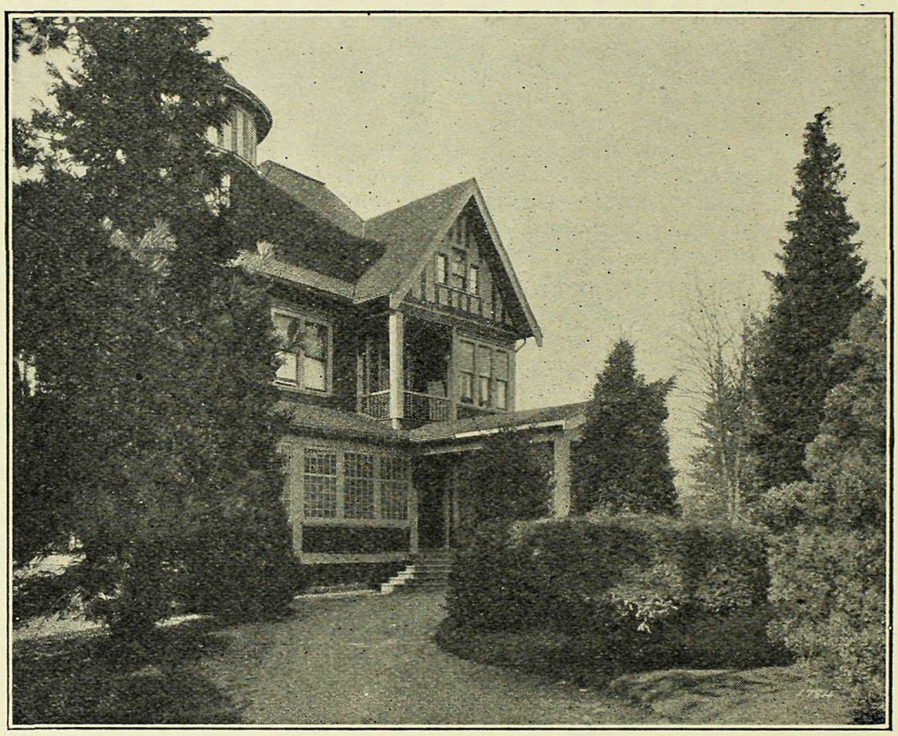

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