THE BULLETIN

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OF THE
VANCOUVER MEDICAL ASSOCIATION

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C. M. A. Meeting
Laboratory Medicine in Canada
Early Medicine in B. C.

Vol. VII. JULY, 1931 No. 10

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THE VANCOUVER MEDICAL ASSOCIATION

BULLETIN

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Vol. VII. JULY, 1931 No. 10

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VANCOUVER HEALTH DEPARTMENT

STATISTICS, MAY, 1931

Total Population (Estimated)		242,629
Asiatic Population (Estimated)		14,227
	Rate per 1,000	Population
Total Deaths	167	8.1
Asiatic Deaths	19	15.7
Deaths—Residents only	150	7.3
Birth Registrations	362	17.6
Male 193		
Female 169		
INFANTILE MORTALITY—		
Deaths under one years of age	14	
Death Rate—Per 1000 births	38.7	
Stillbirths (not included in above)	17	

CASES OF CONTAGIOUS DISEASES REPORTED IN CITY

	April, 1931		May, 1931		June 1st to 15th, 1931	
	Cases	Deaths	Cases	Deaths	Casse	Deaths
Smallpox	0	0	0	0	0	0
Scarlet Fever	13	0	10	0	4	0
Diphtheria	14	0	4	0	2	0
Chicken-pox	54	0	64	0	25	0
Measles	1	0	1	0	1	0
Mumps	108	0	95	0	23	0
Whooping-cough	6	0	12	0	1	0
Typhoid Fever	0	0	2	0	0	0
Paratyphoid	0	0	0	0	0	0
Tuberculosis	75	18	67	15	24	—
Poliomyelitis	0	0	0	0	2	1
Meningitis (Epidemic)	0	0	0	0	1	0
Erysipelas	11	1	11	1	1	0
Encephalitis Lethargica	0	0	0	0	0	0

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OBITUARY

It is with the greatest regret that we record the death of Dr. Thomas Bennett Green, who has been practising in New Westminster for the last twenty-five years. His death occurred on June 5th, after a long illness during which he had gallantly continued to do his work almost to the very end.

Dr. Green was a native of Ontario, where he was born, in 1874, at Listowel. His original occupation was that of a school teacher, and he practised this profession for some years, obtaining his B.A. at Manitoba University in 1899. The following year he came to British Columbia where he taught for two years when he decided to take up medicine. He graduated from McGill in 1906, and returned to B.C., where he married Mary Lloyd, daughter of Mrs. J. B. Kennedy, of New Westminster. After a short period of practice at Lilloet, he became the partner of Dr. R. E. Walker, of New Westminster, and was associated with him until the latter's death. Dr. Green saw active service overseas during the Great War, first in No. 5 Canadian General Hospital, which he joined in 1915, and later with the Canadian Red Cross Hospital at Taplow, England. On his return from overseas, he continued work with the S.C.R. and later he was positioned to the Provincial Penitentiary and the C.P.R. He was a Mason and a member of the Kiwanis Club and I.O.O.F.

He left beside his wife, a daughter and son to mourn his loss.

Dr. Green was more than merely a practising physician of medicine. He had a keen sense of his responsibility as a citizen and as a member of the medical profession. Whilst never specially active in political life he commanded the respect of his fellow citizens and of the Government, which appointed him a member of the first Commission on Health Insurance.

He maintained membership in good standing of the Fraser Valley Medical Association, the B. C. Medical Association and the Canadian Medical Association and was an Associate Member of the Vancouver Medical Association. He served as an Examiner for the Medical Council of Canada and was a valued member of various committees of the B. C. Medical Association. Dr. Green was one of the men whom it is an honour and a delight to know and to work with. He was a man of outstanding sincerity and honesty of mind, frank to give his opinion without fear or favour, but equally amenable to reason and to argument. His death leaves a distinct gap in the ranks of medicine in British Columbia and those who he dealt with in his capacity of a physician, will miss him sorely and long, for he was above all things, an example of the good physician.

CANADIAN MEDICAL ASSOCIATION MEETING

The Sixty Second Session of the Canadian Medical Association is now a matter of history. The meeting was, as all must feel who took any part in it, an unqualified success. Misgivings we had felt, fears that had beset us, engendered by the prevailing economic depression, were all shown to be unnecessary and groundless. Here we would pay especial tribute to the courage and vision of those who were in charge of the arrangements for this Session. In normal times, it would be a hard enough task, to prepare for such a Convention, but in this year of our Lord, it required considerable faith, and more than ordinary devotion, to undertake its organization, and carry it through.

They have their reward, however, in one of the most successful meetings the Canadian Medical Association has had. Everything has proceeded on schedule and with the smoothness and exactness of a well-oiled machine. A large and complicated programme has been carried through without a hitch, with no disappointments, no delays and no friction. Vancouver may well be proud of the men whom it chose as directors and organizers. From the President, Dr. A. S. Monro, through the Local Secretary, Dr. G. F. Strong, and the Local Central Committee, down to the humblest worker, there has been the most complete efficiency and harmony. As we heard one of the Committee remark a few days before the Convention opened, it was a delight to see how Committee after Committee turned in its completed work, finished and polished to the last detail.

And of equal, perhaps greater, importance, was the work of the Ladies' Auxiliary Committees. This has been beyond praise; and the result of their work wil last in the memories of us all and especially in the memories of those who brought their wives and families with them. On every side one heard comments on the quality as well as the quantity of the entertainment provided for our visitors—and everyone seemed to feel at home, and to be having a good time.

It was a great pleasure to review acquaintance with so many old friends. Genial Dr. Bazin, Chairman of Council, looking very much as he did when the present deponent first knew him, some quarter-century ago—friendly, wise, genuine—no mere politician, but statesman is he. One's only difficulty with him is that when one has at length cornered him for a talk on some vital subject, every minute or half-minute he is claimed by some "old student," who, whatever else he does or does not do during the Convention, *must* see Dr. Bazin for a minute.

Everyone was glad to see Dr. Fred. Bell looking better and brighter than he has done for years.

The years do not take any energy or vitality away from our old friend Dr. Primrose, of Toronto, that pillar of the Canadian Medical Association. His accumulated wisdom, and quiet sagacity, are of inestimable value in Council discussions. He speaks seldom, but always to the point.

Congratulations are in order to Dr. L. J. Austin, the new president of the Ontario Medical Association—also we congratulate the Ontario

Medical Association. To see him roaming blithely around, in a characteristic hand-in-pockets, pipe-in-mouth attitude, was to be transported back some years.

We were glad too, to see Dr. F. N. G. Starr, stalwart and active as ever, surrounded by old Toronto graduates, and welcomed by all.

Of course, we missed some faces. Perhaps, most of all, that of Dr. A. D. Blackader, that grand old man of the Canadian Medical Journal, to whom we owe so much in Canadian Medicine. He sent his love and best wishes for the success of the meeting. It is pleasant to think that he was honoured in the Blackader Oration, given by Dr. Park, on the subject of "Rickets."

One missed, too, Dr. A. H. Gordon, whom all of us from McGill would like to have met.

But there is a great generation in medicine coming up: headed in this Convention by Dr. Rabinowitch, of Montreal, who is a dynamo of energy and keenness. He was the "willing horse" of the Convention, but never seemed to tire. Many are the words of praise one heard, of the addresses he gave: all seemed to feel that they came away from them with a wealth of information, with stuff that they could use, that was not merely stimulating (though it was that, too) and theoretical, but practical and usable. We shall hope to see him here again.

And if we say this of Dr. Rabinowitch, it is in no disparagement of the other speakers—far from it: for they were all good. Their stuff was good, and given well. Truly, there was no scamping of work here. As one heard the carefully prepared papers, illustrated with slides and tables, and thought of the amount of effort that had gone to the making of these addresses, one felt that the personnel of the programme had been well chosen. We shall look forward to seeing these addresses in the Journal, where we can take our time over the assimilation and digestion.

One of the delightful things about this week has been the catholicity of its programme. It entered into every department of our lives, did this Convention, and the city shared in it. Thus our City Council showed hospitality to our guests in the boat trip up Howe Sound, that they so graciously tendered; and our thanks are due to them. Luckily, the day was fine (comparatively) and everyone enjoyed the trip. Then the Vancouver Harbour Commissioners extended hospitality to some of the visitors and showed them over the Harbour.

The invitation to the Horse Races, on Thursday, must also be acknowledged here with gratitude. All those who went, had a good time, some had an especially good time owing to the soundness of their judgment, and the excellence of their choice. Windfalls are always far pleasanter than fruit one must climb for.

Private hospitality, of course, abounded, and none of those who visited us, we feel sure, were overlooked. To the many gracious hostesses, who did so much to make our visitors' stay pleasant and memorable, we render our hearty thanks.

Service Clubs, Women's Associations, the Nursing Association of the City, took advantage of the presence of eminent medical men to the full. Dr. Grant Fleming's address to the Kiwanis Club is a notable example. We are sure that our Medical Health Officer, Dr. J. W. McIntosh, will not readily forget this address, which was a notable and eloquent appeal to the public to support, both financially and morally, the Public Health Department. When Dr. Fleming stated in the presence of most of the aldermen (one wonders who engineered their invitations) that if a City wanted an adequate health service, it must be prepared to spend two dollars and a half per capita yearly, one could feel the McIntosh smile. No doubt he woke too soon from the beautiful dream, but it was delightful while it lasted. It was at this meeting that Dr. Monro appeared, wearing his badge of office for the first time in public. It created great interest and commanded awe and respect.

In one particular only were we badly let down—and that was in the matter of weather. For the first three days the rain held off fairly well, though there were mutterings and occasional light showers; then on Thursday, the day sacred to the deity Golf the heavens opened, and Vancouver weather proceeded to show what it could do. It was one of our wettest rains, and Golf had to forego his sacrifices. Very fortunately, our wise men had arranged to circumvent the weather and to counteract its treachery by arranging for our visitors to go to the races at Lansdowne, so that the Goddess Chance had her innings instead of the Great God Golf—again the woman's last word.

Attendance at the meeting was good beyond our most optimistic expectations. We had hoped for 400, and would have felt resigned to 350, but when the attendance mark passed 400, on Tuesday night before the real programme had actually begun, we discovered that Dr. "Fritz" Strong is only human after all. He was, indeed, almost delirious, as he circulated at a rapid rate through the corridors and lobby of the Hotel Vancouver, announcing the fact that 400 had registered. But this was not the end ,and by Thursday, 478 men, with 240 ladies, had registered, the final figures being over 500 men and 260 ladies. We venture to say that this is an extremely good record, when one takes everything into account, the distance, the present financial stress, and so on.

Victoria, as always, played up splendidly. They are sportsmen, those Victoria men, and as one saw them, one after the other, one was conscious again of that feeling of warmth and friendliness towards these good fellows. They have, apparently, no Laodiceans over there, it must be something in the climate. Victoria must have been almost without medical men for some days.

Lastly, we must acknowledge a debt of gratitude to the Canadian Pacific Railway, who were "mine host" to the Convention. The Hotel Vancouver provided an excellent setting to the affair, roomy, dignified, with its finished and complete service, it gave a feeling of comfort and ease to the proceedings, and one felt as if in a well-appointed club, or, which is very much the same in essentials, in a good home. As Dr. Woolner of Ayr, Ontario, said, all or almost all, the comforts of home were provided.

The proceedings began with the meeting of the Council of the Association on Monday and Tuesday. Under the Chairmanship of Dr. A. T. Bazin and guided by the expert hand of Dr. T. C. Routley, our General Secretary, these meetings accomplished a tremendous amount of real work in very short order. The work, of course, had largely been done through the year by various committees, whose reports were presented, but it was a pleasure to one privileged to attend these meetings to see the absence of irrelevant and wasteful talk. The speeches made were short and to the point, and the work goes on to next year's Committees to carry on.

The keynote of the meeting was perhaps medical economics. At the luncheon given the Council by Dr. A. S. Monro at the Vancouver Club, on Monday, Dr. Harvey Smith of Winnipeg, retiring President of the Canadian Medical Association, sounded this note clearly in his valedictory address. Dr. Smith is excellently qualified to speak on this subject. He has given long and earnest study to the question of medical economics and has been mainly instrumental in arousing in Manitoba a widespread interest in the subject. Keen discussion followed the report to the Council on Medical Economics—and the Canadian Medical Association will, as a result of a resolution passed at this meeting, undertake a serious study of this subject, as it concerns the entire profession of Canada, in an attempt to evolve a unified policy for the whole Dominion.

It is a very great privilege to attend the meetings of Council, with its members gathered from all parts of Canada, even from far Prince Edward Island, which sent one delegate, Dr. McNeil. One gets a glimpse of the wide diversity of viewpoint, caused by widely diverse conditions throughout Canada. Quebec has its point of view, Ontario has one somewhat different, the prairie provinces and B. C. have their own problems, and it is vitally necessary that we should learn to know the various viewpoints—or we shall get nowhere, except it may be into trouble. But the free and frank discussions in the Council meetings remove many misunderstandings, and dispel many clouds and fancied grievances.

It is very interesting to see how the Postgraduate work of the Sun Life Assurance Company has grown, and how much good it is doing. Delegate after delegate testified to the value of this work, to its effect in raising the standard of medical work everywhere. The Sun Life deserves our highest gratitude for this work.

Tuesday was the B. C. Medical day as well, and the afternoon and evening were devoted to its Annual Meeting and Dinner. These were well attended and very successful; perhaps the most important matter discussed was closer affiliation with the Vancouver Medical Association. The B. C. Medical Association made it quite plain that it is willing to go a very long way to bring about this most desirable consummation.

The three remaining days were devoted to the scientific programme. The papers delivered in this will be published later in the Journal, and we will not refer to them further now, except to say that they were excellent; but it is to be regretted that the acoustics in the ballroom are very bad, and made it difficult for speakers and audience alike.

One feature that was extremely successful was the public meeting on Tuesday, when hundreds of people failed to obtain admittance, and

a packed ballroom listened to the men who gave addresses on tuberculosis and cancer and public health generally.

The Convention closed on Friday evening with a Dinner Dance, which was one of the pleasantest items of the whole meeting.

It would be impossible to name and thank adequately all those who did so much and gave so much time and hard work to make this Convention a success. Our Library Staff, the Registration workers, our Ladies' Auxiliary, the members of the various Committees made up a great team and spared nothing to bring the work of many months to the triumphant conclusion which it reached.

RECENT ADDITIONS TO THE LIBRARY

Chest in Children, Roentgenologically considered. Stoloff.
Pathology of Internal Diseases. William Boyd.
Neoplastic Diseases. Ewing, 3rd Edition.
Medical Clinics of North America, January, March and May, 1931.
Clinical Allergy. Rackemann.
Antiquity of Man. 2 Vols. Sir Arthur Keith.
Applied Physiology. Wright.
Surgical Clinics of North America. February and April, 1931.
System of Bacteriology. Medical Research Council, Vol. 8. Immunity.
Transactions American Association Genito Urinary Surgeons, 1930.
Transactions Ophthalmogical Society of United Kingdom, 1931.
Medical Annual, 1931.
Surgeon General's Library, Vol. IV. Index Catalogue, 1931.
Proceedings of Interstate Postgraduate Medical Association of North America. Minneapolis Session, 1930.
Heart Disease. Paul White.
Report of the Henry Phipps Institute for 1930.
Studies from Dept. of Surgery. Cornell University Bulletin. April, 1931.
Factors of Infection in the Rheumatic State. Coburn.
Mayo Clinic Volume, 1931.
New and Non Official Remedies. American Medical Assn., 1931.
System of Bacteriology. Vol. VIII. Fungi Pathogenic to Man, etc.
Radium Therapy. G. E. Birkett.
Recent Advances in Forensic Medicine. Smith and Glaister.
Noguchi. Gustav Eckstein, 1930.

AN ADDRESS
on
THE STATUS OF LABORATORY MEDICINE IN CANADA

By

I. M. Rabinowitch, M.D., C.M., F.R.C.P., (Can.)

Assistant Professor of Medicine, McGill University; Director, the Department of Metabolism, The Montreal General Hospital, Montreal, Canada.

Mr. Chairman, Members of the Vancouver Medical Association and Guests,—The Council of the Canadian Medical Association:

Delivered at the Dinner of the Vancouver Medical Association, Vancouver, B. C., June 22nd, 1931.

Though there is some vanity in all of us, may I say that I am not vain enough to fail to recognize that the courtesy of this invitation to address you was not meant for me, but for McGill University and the Montreal General Hospital, with which I have the honour of being associated.

Your cordial reference to my work, Mr. Chairman, I also appreciate was due largely to the generosity which your office, on an occasion such as the present, permits. May I, however, state that if the efforts of the Metabolism Laboratories of the Montreal General Hospital have not been without some success, it was not due to the activities of any one individual, but to the hearty and never-failing co-operation of the entire staff of the hospital and not in a small measure to the interest and active support of our past Superintendent, whom I see here this evening and who is now Superintendent of your Vancouver General Hospital. Comparisons, at any time, are invidious, and I believe it was in Osler's Aequanimitas I found Montaigne's warning that "one never speaks of oneself without some detriment to the person spoken of," but, speaking of our hospital, I do not hesitate to state that I know of no institution where a happier, a more ideal relationship exists between the laboratories and the wards.

I should here like to take the opportunity of expressing my appreciation of another group of men—our Governors. We may not be in the same material position as hospitals of similar size with respect to endowments for purposes of research, but we are fortunate in our Governors. The Montreal General Hospital has now served the public of Montreal for over one hundred years. By far the great majority of its patients are public and it is not a civic hospital. Its financial state is, therefore, readily appreciated. It has, however, never, as yet, had to close its doors nor discontinue research because of lack of funds. Speaking from personal experience. I have yet to hear the word "No" to any request I have made during the last ten years, and I may tell you I have made many. The silent method of the philanthropy of these men has become a tradition, handed down from father to son, and perhaps no better example of this tradition can be found than in the present occupant of the President's chair—Colonel Herbert Molson.

In accepting your invitation, Mr. Chairman, I was influenced by two considerations. Firstly, the compliment which it conveyed called for the courtesy of acceptance. Secondly, the subject about which I have been asked to speak affords me an opportunity of presenting before a representative body conclusions at which I have arrived after some reflection, and of submitting them for consideration to the best of my ability. I am to speak about the present status of laboratory medicine.

My difficulties are immediately obvious: I am to speak to a body of men, the great majority of whom are my seniors and, as a matter of fact, amongst whom I recognize some of my teachers. There is, however, one redeeming feature: being my seniors you, as I, have missed in your college training some of this newer knowledge known as laboratory medicine. We all, therefore, have two alternatives: we may either confine our work to phases which do not require the newer training we missed, or we may

return to studies and make good our deficiencies. Most of us, particularly those who teach, have been forced to such studies, but there is, as yet, much confusion of thought as to the practical value of these efforts.

When we compare the present rate of accumulation of knowledge with that of the past, we find this is an age of rapid advancement—a period of fruitful toil—and medicine is attempting to keep pace with other sciences. The assertion is not infrequently made by those outside of our profession that medicine is backward in this respect, because it has, as yet, failed to conquer certain diseases and, in a scornful manner, cancer and the ordinary cold are commonly cited as examples. The question may well be asked—is medicine alone in this respect? What about the economists in the present epidemic of world depression? These critics fail to appreciate our efforts and handicaps in our duties to alleviate suffering and to lessen the chances of death. In order to perfect its technique, present-day medicine draws from every possible fountain of knowledge: newer ideas of radio-activity find their application in our use of X-rays and radium; the science of thermo-dynamics is used in calorimetry; newer chemical technique is applied to investigations of the composition of blood, urine and other body fluids; physical chemistry is made use of in the study of such conditions as oedema and the regulation of the reaction of body fluids. Even the value of mathematics is not lost sight of; mathematics is employed constantly in the co-ordination of the experimental results; the efficiency equation finds its applications in the study of haemolysis, precipitation phenomena and the dissociation of haemoglobin; the differential and integral calculus and trigonemetrical ratios are used in animal mechanics (muscular action); there are the numerous physiological applications of thermodynamic equations and the pathological chemist makes use of the Law of Organic Growth; medical statisticians apply the Laws of Probability and nomographic charts are used daily in the calculation of basal metabolic rates.

What is disturbing is the fact that there is still some uncertainty as to the value of these laboratory methods in the minds of some members of our own profession. Differences of opinion are met with, not only in general practice, but in medical schools. Universities disclose their widely divergent views by their appointments of those who are to direct the teaching of their students and to formulate their curricula. Teachers of medicine may be divided into three groups: Firstly, there are those who are clinicians anly and frankly say so. Expert as they may be in clinical methods, they possess little knowledge of the experimental sciences and frankly admit it. Next, there are those who may be familiar with the experimental sciences but their knowledge of clinical medicine is limited. This group, also, recognizes, and frankly admits, its limitations. All humanity has its proverbial types and medicine is no exception. There is, therefore, unfortunately, also a third type which may perhaps briefly, but tellingly, be described as "he who knows not and knows not he knows not." Each group has its own views as to what the student of medicine should be taught and when curricula are based upon differences, instead of unanimity, of opinion, one can sympathize with the student. His position is somewhat analogous to that of a mariner who is attempting to guide his ship through a reef-strewn sea by means of charts which

contradict each other, a compass with no indicator and lighthouses whose gleams are as confusing as they are faint. In less hyperbolic phrase, such curricula are full of courses, but lack guiding principles. In practice, the differences of opinion as to the value of laboratory methods are still more marked because of the conditions under which this type of medicine must be practised.

We may immediately dispense with those few who still cling dogmatically to the idea that laboratory medicine is a fad, and, like all fads, may be disregarded, as it will have its day and disappear. On careful analysis, what at first appears to be a well-considered and unbiassed opinion, is usually found to be the result of a limited liability clause with respect to breadth of vision. These men usually tell of successes of the good old days of clinical medicine. This recalls to mind those who still harp back to the "good old days" before the modern speed of transportation. Such individuals ought to live in that part of China where more than fifty million people still depend upon crude wheel-barrows for transportation by land. It is admitted that one can travel from Montreal to Vancouver in a wheel barrow. A journey of a few days only under the conditions which modern transportation companies offer does, however, appear to be more comfortable. This, however, is not a perfect analogy; laboratory medicine does not merely accomplish a similar object in a better way, it often succeeds where clinical medicine alone fails. We, as a rule, tend to be conservative and resist change; but though in some instances we may submit to the inevitable reluctantly, in others we should welcome the change. Modern life and laboratory medicine afford appropriate examples. In this mechanized age, we are travelling with a furious and relentless velocity and the past is being obliterated. It is admittedly sad to see the romance of native populations disappear as economic forces sweep across them and huge steel and uncomely structures replace the feudal facade; and what is more pitiful than the electrically-lighted coloured glass of the crowded apartment in the attempt to replace the fire place of the spacious home. Some of us may agree that these changes are not necessarily conducive either to happiness or the prolongation of life and health; but can one argue logically that our advances in medicine do not tend in that direction?

The inconsistencies of those who fail to recognize the unavoidable and necessary changes in the practice of medicine at times afford amusement. He who would make use of clinical methods only should, to be consistent, dispense with his thermometer, the blood pressure apparatus and blood cells counts. It would be interesting to note the amount of information the present day student would obtain with respect to temperature by means of the palpation method alone. Again, to be consistent, he should dispense with the X-ray. But would he condemn his daughter to vegetate in a sanatorium without X-ray evidence of the presence of tuberculosis and the extent of the lesion? Or, would he expose his wife to a major operation for chronic cholecystitis without preliminary visualization of the gall bladder, or to a gastro-enterostomy for ulcer without a preliminary investigation with the aid of the bismuth meal? To be consistent, he should confine his practice to that possible with the limited armamentarium of the days of Laennec, or, to be more exact, to the days of Sydenham.

It is perhaps best to define our terms. What are the aims of laboratory medicine? Laboratory medicine merely attempts to make the doctor introduce the same spirit at the bedside which the experimental scientist finds indispensable in the laboratory. The doctor of the past, in his diagnosis, considered that he performed his duty when he succeeded in giving his patient's disease a name. The physician of the future will, as Noel Paton put it, "care less and less for such names. He will be concerned only with the solution of the questions—What is abnormal. Why is it abnormal?" What is the mechanism of the production of a given sign? How may it be modified? Medicine will then be a science as well as an art. Laboratory medicine aims at assisting him in these quests. It is the scientific method of approach to the problem. It involves, firstly, a clear recognition of the nature of the problem; secondly, honest observation of what happens; thirdly, the correct recording of phenomena, and, lastly, the drawing of conclusions based upon logic and not influenced by preconceived ideas. It aims at discouraging the habit of accepting statements unquestionably and on mere authority. It helps to inculate the principles of intellectual curiosity and intellectual honesty—that desire to know and that refusal to allow impulses other than tha intellectual to operate in ascertaining facts and drawing conclusions. It, therefore, tends towards more logical treatment. The change in our technique that laboratory medicine demands is not destructive; it is rational; it attempts to put medicine in the position it must occupy if our profession is to be taken seriously in the future. We may, if we wish, continue our practice as in the past, but, if the results happen to be satisfactory, let us admit the frequent and kind assistance of the *vis medicatrix naturae* and in our success repeat with Ambrose Pare "I dressed him—God healed him."

I am obviously not suggesting that the spirit which laboratory medicine tends to inculcate was not seen in the past and may not be observed at present. The master clinician possessed, and still possesses, all of the necessary qualities. What is more inspiring than these men while at their work at the bedside? They possess all of the attributes of the scientist. In their silent efforts we see the embodiment of the truism, with respect to knowledge, that the highest state of advancement is the lowest descent in humility. I see a number of them daily in my duties about the wards. But what is that number? It can be counted on the fingers of one's hand. Significant enough is the fact that these men, at least in my experience, are the first to encourage the attempt of methods which might enhance knowledge. Sad it is, but these master clinicians are disappearing and who is to blame? Count the number of Grade A medical colleges on this continent. Count the number of prizes and scholarships offered by these institutions for research. How many for the experimental sciences—chemistry, physics, physiology, etc? How many are for purely clinical medicine? The ratio on this continent at least is about 150 to 1.

Since these are the aims and attributes of laboratory medicine and since there are few master clinicians and still fewer being developed, the question may well be asked—Why is there such disagreement on the part of those whose opinions are very highly respected? Why has laboratory medicine not been accepted unanimously? I may say that I have de-

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voted some time to this question and humbly submit my conclusions for your consideration.

One reason is that laboratory medicine is in its infancy and its progress is largely the result of the activities of comparatively young men and, therefore, relatively inexperienced in the art of clinical medicine. If it is human to err, it is a prerogative which belongs chiefly to youth and the inexperienced. In general, limited experience and dogmatism may be said to exist in symbiosis; and medicine is no exception. Lack of appreciation of clinical phenomena has frequently resulted in a diagnosis by the laboratory worker which was clearly incompatible with clinical experience. This has done much to discredit laboratory medicine. On the other hand, if dogmatism of the young laboratory worker has, at times, led to error, we have the not infrequent bedside diagnosis incompatible with a laboratory finding, the reliability of which is no longer questioned. If such errors do not discredit clinical methods, they should not, logically, discredit laboratory methods.

Lack of co-operation between the clinician and the laboratory is another common cause of error. It is not uncommon to find that the one responsible for the performance of laboratory tests has no knowledge whatever of the clinical aspects of the case. As a matter of fact, he may not even be a physician. His duties are merely to test materials which were obtained from patients and submitted to him at the request of their physicians. Under these conditions, the clinician must rely upon his own interpretation and unless he is thoroughly familiar with all of the possible sources of error of the tests requested; unless he is thoroughly familiar with the underlying principles of their use and all of the possible physiological variables, he cannot possibly interpret such tests correctly. One may hope for the Utopia where there will be the happy combination of clinician, chemist, physicist, biologist and mathematician. Such a superman has not, however, as yet, appeared on the horizon, nor is he very likely to do so.

Another practice, and one which I may say is commonly found in large hospitals and is, unfortunately, finding its way into Canadian institutions, is to differentiate between routine laboratory work and that done for research purposes. Such differentiation cannot but lead to the discredit of laboratory medicine. In this practice, though most careful attention may be paid to details, technical and otherwise, when a test is performed for purposes of research, relatively little attention is paid to exactness when the test is used for routine clinical purposes; for example, Internes are permitted to perform chemical and other analyses. With all due respect to these men, it may here be observed that they have been trained to be physicians and not chemists or physicists. With extremely few exceptions, they possess neither the skill nor the necessary training for this work. The results of such practices cannot help but be disastrous and strengthen the views of the unsympathetic.

Parenthetically, a word may here be said about some present-day practices, even in research. These also tend to discredit laboratory medicine. I refer particularly to the large amount and type of work which is now being done by those not properly trained. The results of this practice are reflected in the literature. What is rather amazing is the freedom with which such work is permitted by those apparently in

controlling positions and qualified to judge. This is truly the "Golden Age of Mediocrity." I have no hesitation in venturing the opinion that a large number of investigations which were made in hospitals of high reputation and reported in the best of journals of clinical medicine on this continent, would not have been accepted for publication in journals whose editors are specially trained for the critical analysis of chemical and physical data. Examples of such publications are found monthly. Their one contribution to the literature is confusion.

Lastly ,and again the result of improper training, there are the exaggerated deductions which have not infrequently led to unwarranted recommendations of treatment. The use, or I should say the abuse, of vitamines may be cited as an example. Although the nature and chemical composition of vitamines are still unknown, no one with a knowledge of this subject doubts either their existence or importance. There are still those who insist upon a demonstration of their chemical composition before they will accept their existence or importance. Such people, as Hopkins put it, to be logical, should avert their eyes from such agents as toxins and anti-toxins; these powerful remedies also still elude both objective and quantitative study. Important, however, as these vitamines may be, their improper evaluation has led to practices which tend to discredit them. I refer to the exaggerated claims with regard to the different window glass preparations, because of their properties with respect to penetration of ultra-violet light, the ridiculous applications of quartz light therapy and the use of yeast and irradiated foods. If, on a journey through the Congo, we encountered the practices of the "medicine-man," we would regard them as impregnated with belief in fetish and tabu, and our reactions would probably be justified. Let us humbly admit we have our own "glass houses" and one of them is constructed of vitamines. The apotheosis of the application of our knowledge of vitamines is found in the irradiation of laundry and cigarettes. For this, however, the medical profession is not to blame. In its fundamental instincts, the human race is well found. The average normal individuals, when he sits down to breakfast, knows and cares very little, and needs to know and care very little, about the vitamine content of his food. Normal man heeds the dictates of his instinct and experiences and his experience has been a long one and not without some success. This is one of the many examples which might be cited; practices in endocrine therapy afford a number of others, and the *n*th degree has been reached in the recommendation by "73 leading dermatologists" with respect to the use of soap.

These, then, are the matters which I submit for your consideration. If I have dealt with them at some length, I may say, in extenuation, that the opportunity afforded me was not to be wasted, and it would have been wasted if I failed to give you something to carry away. In a recent address, Sir Arthur Keith spoke of the inexorability of the Laws of Evolution in the practice of our profession. In this evolution, we have reached the stage of laboratory medicine. This does not, by any means, dispense with clinical methods. One cannot stress too greatly the importance of not only retaining, but emphasizing, certain aspects of these methods. Our attitude towards clinical medicine should be respect tempered with criticism; respect, because the great majority of the

practices which have helped those of the past are most likely to be of use to us also; and criticism, because, however valuable past practices may have been, they should not deprive the younger generation, with its newer equipment, of its right to enquire into and sift the evidence of their value, provided it is properly trained to do so.

I have outlined a number of causes of differences of opinion and misunderstandings which, at least in my opinion, may be considered seriously in the development of medicine in Canada. Canada may be comparatively young, but its institutions of medicine are not mean. In the advancement of knowledge, these institutions have done, and are doing, their share. We have much to be proud of and our training should greatly assist us in this transition stage of medicine. As I stated before, one may hope for the Utopia where there will be the happy combination of clinician, chemist, physicist, biologist and mathematician. Since such a superman has, however, as yet, not appeared on the horizon, and is not very likely to appear, let us follow the next best course—avoid the errors which have been made and let the watchwords of both clinician and laboratory worker be co-operation and correlation. Medicine cannot posibly advance without the laboratory, nor can the laboratory accomplish much without the patient; as our Dean put it, "the patient remains and ever should remain the central feature of the problem."

I thank you, gentlemen, for your indulgence and again assure you, Mr. Chairman and Members of the Vancouver Medical Association, of my appreciation of your kind invitation.

EARLY HISTORY OF THE MEDICAL PROFESSION IN BRITISH COLUMBIA

By Dr. John Eden Walker

My interest in this subject was aroused when looking through an old scrap book of my father's in which were numerous newspaper clippings relative to events pertaining to medical affairs in this Province, when some of the various acts governing the practice of medicine and the foundation of our present medical societies and governing bodies, were being initiated. It is of some interest, perhaps, to learn how these institutions came into being.

In the last few years, the subject of pioneer days seems to have taken quite a hold on the public imagination, if one may judge from the numerous articles that have been appearing almost weekly in some of our daily newspapers.

In this paper I hope briefly to bring out some points of interest in the history of our profession up to the year 1898 by which time most of what we may style the essential pioneer work had been completed.

Up until 1850 the practice of medicine in what is now British Columbia was non-existent, although if we search the records of history, we will note the names of various medical men that visited our Coast. In 1774, the Spaniards, under Juan Perez and Quadra, explored the West

Delivered before the Osler Society of Vancouver, March 1931.

Coast of British Columbia and Queen Charlotte Islands and probably carried ship's surgeons with them, but if so we have no record of their impressions. Four years later Captain James Cook, on his third and last voyage, explored these regions on the "Resolution" and the "Discovery" and with him were two medical men, Wm. Anderson and John Law. It is interesting to read in Capt. Cook's Journal the following passage concerning Dr. Anderson:

"Monday, August 3, 1778—Along the Alaskan Coast.

Mr. Anderson, my surgeon, who has been lingering under consumption for more than twelve months, expired between 3 and 4 this afternoon. He was a sensible young man, an agreeable companion, well skilled in his profession and had acquired considerable knowledge in other branches of science. Soon after he had breathed his last, land was sighted to the westward, twelve leagues distant. It was supposed to be an island and to perpetuate the name of the deceased, for whom I had a very great regard, I named it Anderson Island."

Further along in the Journal, we come upon another incident.

"During a trip in a launch by some members of the expedition, a small inlet in northern B. C. was explored. Some of the sailors, seeing the rocks covered with mussels, ate heartily of them as they would have done in England. But all who partook of them became violently ill, with vomiting and purging; the party became so ill they regained the ship with difficulty. One poor fellow died in spite of treatment;" this constitutes the first recorded death of a white man in B. C.

In 1790, Capt. George Vancouver made his first appearance, having been sent out by the British Government to take over this region from the Spaniards, who, up to this time had lain claim to the whole western coast of North America. He had with them two ships, the "Discovery," Capt. Cook's old command, and the "Chatham," both of which had ship's surgeons, Cranston and Walker. Cranston was later replaced by Archibald Menzies, who in addition to being a medical man was also a naturalist of great ability. He made great collections of plants and other natural objects and at the present time there is a set of his collections in the British Museum.

For the next sixty years there were no, what we might describe as, practising physicians, though doubtless there were other ship's surgeons visiting these shores from time to time. In passing, I might mention that the Chief Factor sent out by the Northwest Company, which eventually amalgamated with the Hudson's Bay Company, was a medical man, by name McLaughlin, who played a very leading part on the Pacific Coast, but whose duties were administrative rather than professional in character.

We now leave the period of what we may call exploration and fur trading for that of colonization and settlement. In 1850, John Sebastian Helmcken, a surgeon trained at Guy's Hospital, was brought out by the Hudson's Bay Company to Victoria, where for several years he was able to claim the title of leading practitioner from San Francisco to the North Pole and from Asia to the Red River of the North; for in truth he was the only doctor in all that vast territory. We may gain some

idea of the tough constitutions of the early pioneers from the following extracts:—"One of Dr. Helmcken's duties was to put up the medicines for the various Hudson Bay Company's trading posts up the Coast and in the interior, for Victoria was the distributing point. The factors at these posts had to do their best to treat what came their way, and as their medical skill was nearly a negative quantity, the medicines sent had to be divided into their proper doses, and properly labelled. Accordingly, as the doctor relates, he had to make up so many dozen purges, so many dozen pukes, for medicine was a vigorous science in those days, so many doses of quinine or calomel, and off these deadly missiles were sent, to wreak their dire effects. However no casualties were reported, which we must attribute either to the rugged constitution of the early pioneers or to the skill of the doctor."

We now pass to the year 1867. Up to this time there were no laws governing the practice of medicine in B. C. Between 1867 and 1898 there were passed eleven acts in all by the local Legislature, but of these three stand out prominently: these are the ordinance of 1867, the Act of 1886 and the Act of 1898. The first Act to be passed in B. C. is entitled "An Ordinance Respecting Practitioners in Medicine and Surgery." It is dated as having passed the Legislative Council on April 1st, 1867, and assented to in her Majesty's name by Frederick Seymour, Governor, at New Westminster, on April 2nd. The clauses of this Act were few in number. First it provided for a Registrar, the deputy provincial secretary to act in that capacity. The qualifications set forth as necessary to enable a medical practitioner to register were on the broadest lines. The Act provided for the registration, upon application, of any person possessing a diploma or license from any school, college, society or faculty of medicine or surgery in the United Kingdom or a foreign country provided such school required a compulsory course of study extending over not less than 3 years. The fee for registration was $10.00. Under this ordinance it was unlawful for anyone to assume the title of physician or surgeon or doctor of medicine unless he was registered. Those doing so without registration were liable to a fine not exceeding $100.00.

A copy of the register was to be published yearly in the B. C. Gazette. In 1871, four years later, the Gazette contained only two names, those of J. S. Helmcken, registered December 24th, 1869; and John C. Davie, registered March 8th, 1870—both of Victoria.

From 1867 to 1886 there were several medical acts passed, but these were not of major significance. During this period of time it was only natural that abuses should creep into the practice of medicine, considering the very elastic and insufficient legislations governing this practice. One of the most glaring examples of this abuse was the circumstance that on account of the ease of registration, many itinerant medical men came to B. C., as a mere matter of speculation, stayed a short time, and did a cash business only. These men advertised in the most objectionable manner, and then, having done what damage they could, would leave for other fields. Often these individuals would fraudulently make use of the card and name of some well known San Francisco specialist, representing that they were the man himself or his partner. The first

medical society in our Province was formed in Victoria in 1885, primarily to deal with this evil, one must suppose, for when the new legislation had been evolved, this society, which was called the British Columbia Medical Society, ceased to exist; its whole lifetime extended over a period of less than one month.

The chief features of the new Act which passed the Legislature on April 6th, 1886 were:

"1st, the election of a medical council by the practitioners of the province.

"2nd, registration of all persons already registered under the old act and further the registration of all persons upon application and after passing an examination set by the medical council of B. C., provided the applicant held a diploma from any school or college, giving a three year's course in medicine.

"3rd, the infliction of a penalty upon all persons practising without first securing registration. The officials of the first medical council of B. C. were: President, Dr. I. W. Powell, Victoria; Vice-President, Dr. C. N. Trew, New Westminster; Treasurer, Dr. J. C. Davie, Victoria; Secretary and Registrar, Dr. G. L. Milne of Victoria."

The first examination by the Council was held on November 3rd, 1886, when Dr. W. A. Dewolf Smith, of New Westminster, presented himself and having passed a satisfactory examination was registered. One notices that at this time Vancouver had no representatives on the Council. Vancouver at this time was but newly born, its incorporation as a city only taking place on April 6th, 1886, and its population at this time being somewhat under two thousand inhabitants.

Between 1886 and 1898, there were several amendments to the Act —some of which arose from causes not unlike some of the difficulties under which we labour at the present time—namely the control of cults outside the medical profession. In 1889, two amendments were introduced, much against the wish of the Council and the profession, relative to homeopathic practitioners, thereby enabling them to register on application and upon producing a diploma from a college or school requiring a three year's course, but without examination from the Medical Council. This aroused considerable opposition and through the influence of the Medical Council this was repealed the following year and a clause substituted, whereby in addition these homeopathic practitioners had to pass an examination by the Medical Council.

As time went on, it became apparent that more comprehensive legislation was required. The Act of 1898 was prepared. This Act provided for the incorporation of the members of the profession into a body corporate styled "the College of Physicians and Surgeons of British Columbia." The registration of members was as in the preceding Act and its amendments with the addition, however, that the minimum period of study was raised to four years. It also gave the Council of the College wider powers to make laws governing its procedure. It provided for the enforced payment of annual dues, and for the removal from the register of names of persons who were adjudged guilty of infamous or unprofessional conduct.

The British Columbia Medical Association was formed in 1900. It is interesting to note, in the presidential address of the year 1902, that the question of the formation of a Dominion Medical Council was first brought to the attention of the members. It was not, however, until several years later that this body came into being. The bill providing for this body was ratified by B. C. in 1913.

The first Health Act passed by the Provincial Legislature of which I find any record, was passed in 1895. The first Board of Health consisted of five members, Dr. J. C. Davie, of Victoria, being chairman, Dr. A. T. Watt, Secretary; and Dr. J. M. Lefevre, of Vancouver; Dr. R. E. Walker, of New Westminster; and Dr. L. F. Davis, of Nanaimo. Public health matters in the Province at this time appear to have been handled under very primitive conditions, and apparently great agitation was necessary to educate not only the population, but strange to say, even the legislature, as to the importance of what to us seem very elementary principles. One reads in one of the newspapers published in 1897, a very spirited editorial aimed principally at the slackness and the dilatory manner in which the recommendations of the Board of Health were being carried out by the Government.

I have not attempted to bring this history up to our present time or even to sketch in full the events that took place in the period I have covered. Since the year 1898, there have been several acts and amendments passed which, however, we can hardly refer to as belonging to pioneer days.

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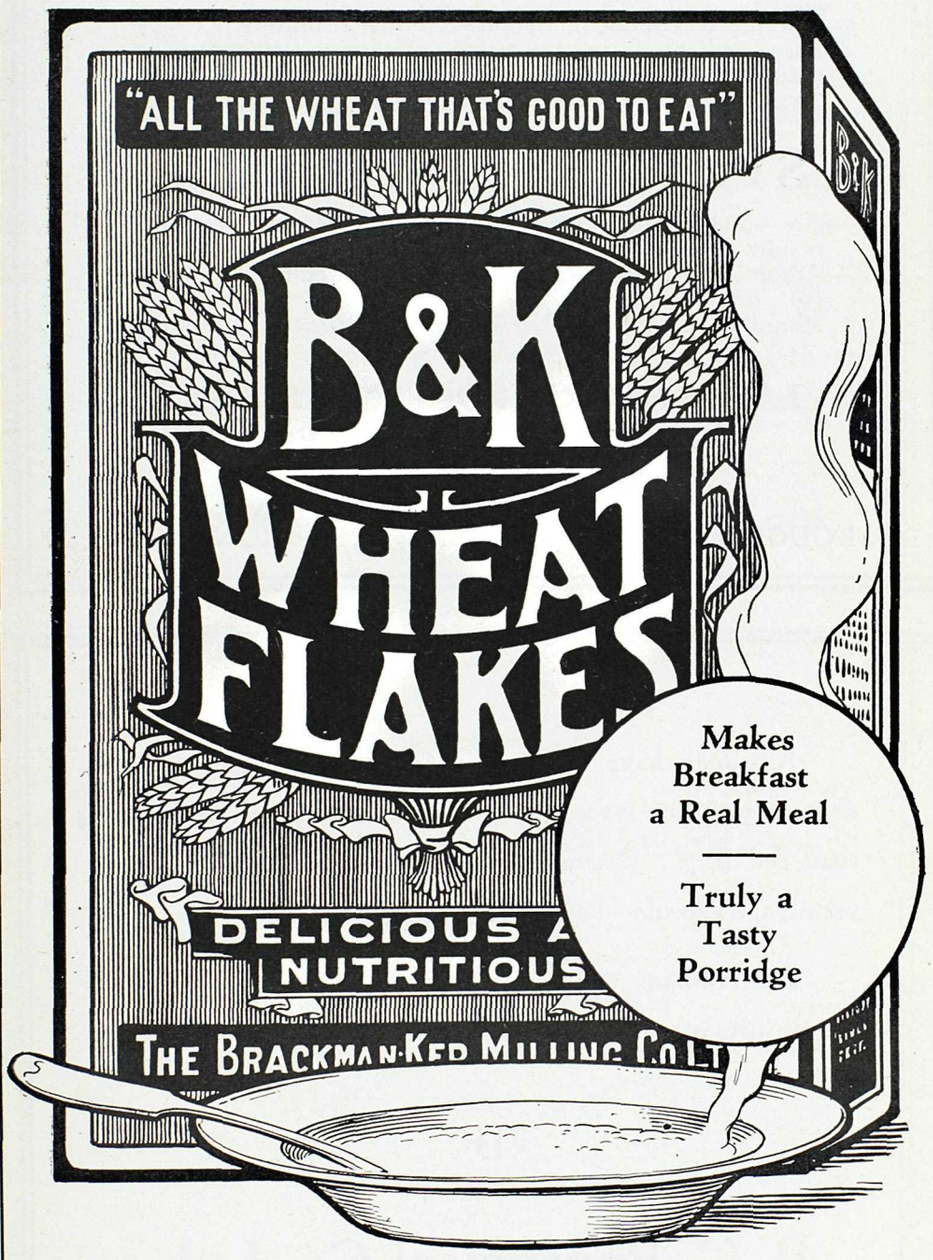

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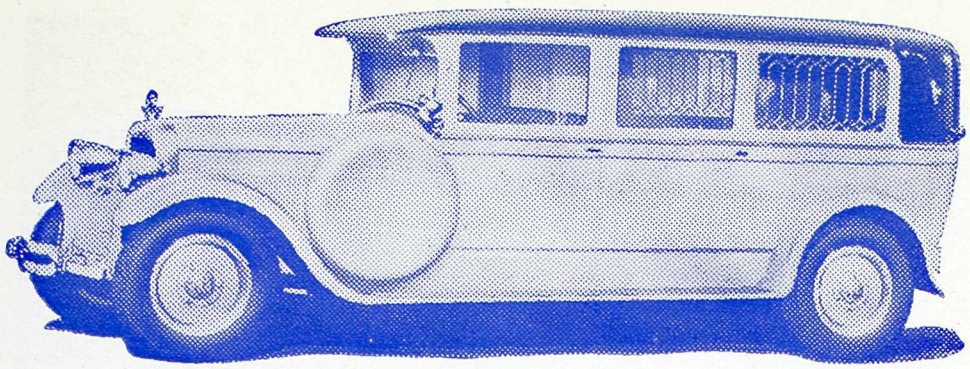

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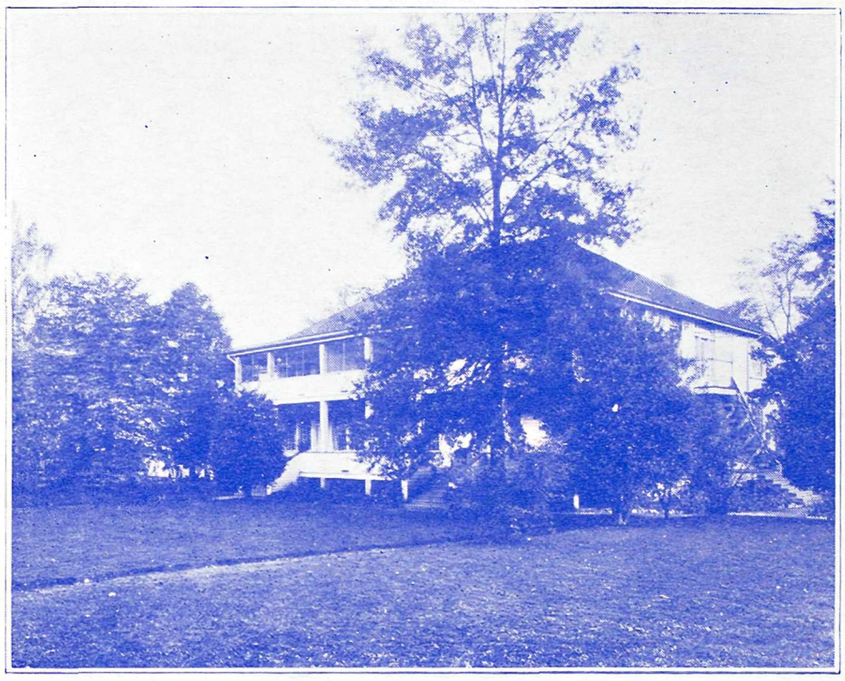

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