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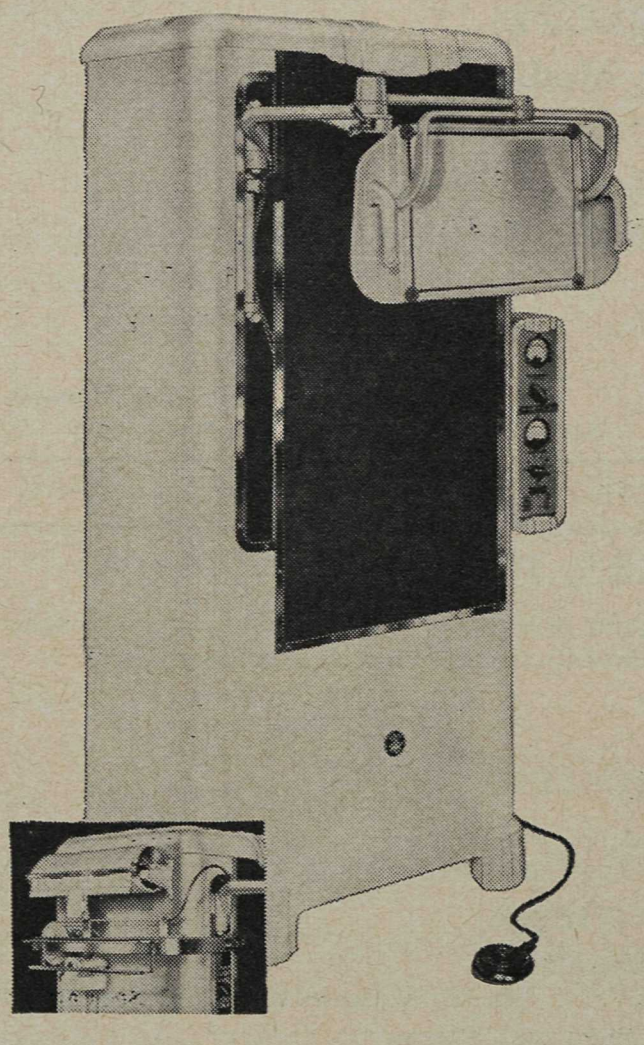

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VANCOUVER HEALTH DEPARTMENT

CASES OF COMMUNICABLE DISEASE REPORTED IN THE CITY

STATISTICS — APRIL, 1949

Total Population—Estimated	376,000
Chinese Population—Estimated	7,455
Hindu Population—Estimated	275

	February		March	
	Number	Rate Per 1000 Pop.	Number	Rate Per 1000 Pop.
Total Deaths	396	12.7	399	12.7
Chinese Deaths	12	19.3	14	22.5
Deaths, Residents Only	359	12.4	356	11.4

BIRTH REGISTRATIONS—Rehidents and Non-Residents.

	February		March	
Male	350		441	
Female	373		433	
	723	23.1	874	27.9

INFANT MORTALITY—Residents Only.

	February, 1949	March, 1949	March, 1948
Deaths Under 1 Year of Age	4	22	13
Death Rate Per 1000 Live Births	7.6	36.0	21.3
Stillbirths (Not Included in Above Items)	10	9	5

CASES OFCOMMUNICABLE DISEASES REPORTED IN THE CITY

	Number Rate Per 1,000 Population					
	February, 1949		March, 1949		March, 1948	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Scarlet Fever	44	0	9	0	12	0
Diphtheria	0	0	0	0	0	0
Diphtheria Carriers	0	0	0	0	3	0
Chicken Pox	360	0	530	0	68	0
Measles	228	0	243	0	255	0
Rubella	13	0	9	0	8	0
Mumps	17	0	57	0	7	0
Whooping Cough	1	0	0	0	1	0
Typhoid Fever (Carriers)	1	0	0	0	1	0
Undulant Fever	0	0	0	0	0	0
Poliomyelitis	0	0	0	0	2	0
Tuberculosis	44	13	72	15	46	11
Erysipelas	2	0	0	0	2	0
Meningitis	2	1	0	0	0	0
Infectious Jaundice	0	0	0	0	0	0
Salmonellosis	0	0	1	0	0	0
Salmonellosis Carriers	0	0	0	0	0	0
Dysentery	1	0	0	0	0	0
Dysentery (Carriers)	0	0	0	0	0	0
Tetanus	0	0	0	0	0	0
Syphilis	31	4	48	4	75	7
Gonorrhœa	244	0	189	0	206	0
Cancer (Reportable:						
Resident	62	51	74	61	104	78
Non-Resident	21	10	14	11	23	15

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The Editor's Page

We listened with great interest the other night to an address by Mr. Clyde Gilmour, of the Editorial Department of the Vancouver *Sun*. His subject was "Publicity—Good Medicine for the Doctors." We hope later to publish this in written form—his address was extempore—but Mr. Gilmour has promised to give us a condensed version of it. We think our readers will find it interesting and stimulating reading.

Mr. Gilmour took the gloves off, and spoke very frankly. He pointed out the danger, both to ourselves and the public at large, of our failure so far to take the latter into our confidence, and to realize and appreciate their difficulties and problems. At least, if we do appreciate them, we do not show it. He felt that we have not been willing to co-operate with the press and other agencies for disseminating news and informing public opinion. Again, there is a tendency on the part of the medical profession to oppose change and resist suggested reforms, without offering suggestions of their own which will meet the difficulties and needs which have been the cause of the demands for change and reform.

From the point of view of a trained publicist, we have no doubt that this indictment has a very great deal in it. It behooves us to consider very carefully what Mr. Gilmour said, and to "see ourselves as others see us" is always a salutary experience. It is time, perhaps, that we descend from our ivory tower, and learn something of the facts of life. This is an age that has seen a tremendous increase in media of publicity and public information—the press, the radio, the film, and now television. These are conditions that exist, whether we like it or not—these sources of information and often of propaganda are there, and we should take cognizance of the fact. Often the facts, especially as regards medical matters, are distorted, out-of-date, sentimentalized, incorrect—just pick up almost any copy of the *Reader's Digest*, for example. We have done little or nothing to correct this error.

We are told that truth is mighty and will prevail—but it has quite a struggle at that, and we should be in its corner, giving what help we can. Surely the events of the last thirty years or so should have taught us how easy it is for propagandists to organize and regiment public opinion, often along entirely wrong lines. And we too often "keep silence, even from good words." It is not enough for us to sit back, conscious of our own rectitude, while the stress of misrepresentation continues. The public has only the one point of view presented for its consideration, and if we do not present our side, we can hardly be surprised if the other side wins all the arguments.

And there is another mistake that should not be made. We have been accused of merely digging in our heels, when any reform is suggested, and resisting any attempts at change, just because it is change. This charge was brought against the American Medical Association not only by the proponents of free medical care and government controlled Health Insurance, but by the very publicity agency that the A.M.A. has engaged to organize a publicity campaign for them.

If we object to change, we must be prepared to do two things—give good reasons why the change should not be made along the lines suggested, and at the same time be prepared to offer suggestions as to how the changes should be made, and the needs met that have arisen.

There is, definitely, a realization of these facts by the leaders of medicine, here and in the U.S.A., and this is very hopeful. As Mr. Gilmour suggested, we should meet and co-operate with the press and other agencies of publicity—explore their possibilities, get their advice and utilize the help they are so ready to give; give them our point of view, and the facts as we know them. We are sure, if this is done, it would lead to

nothing but good. We in British Columbia, as the speaker acknowledged, have made a small start along these lines, but it is so far only a beginning.

Some of Mr. Gilmour's suggestions were rather revolutionary, and we need, perhaps, a little more education along publicity lines before we can accept them—but this was inevitable. It was a timely and appropriate step that the Executive of the Vancouver Medical Association took, when they asked Mr. Gilmour to speak to us, and we owe him a debt of gratitude for doing so.

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Tuesday and Thursday ..... 9.00 a.m. to 5.00 p.m.
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RECENT ACCESSIONS TO LIBRARY—

Bacterial and Mycotic Infections of Man edited by R. J. Dubos, 1948.

Fatigue and Impairment in Man by Bartley, S. H. and Chute, E., 1947 (Gift of Dr. H. W. Riggs).

Fundamentals of Pulmonary Tuberculosis edited by F. W. Hayes, 1949.

Hematology by C. C. Sturgis, 1948.

Hemolytic Syndromes by W. Dameshek et al, 1949 .

Medical Research Council Report No. 264—Vitamin A Requirement of Human Adults—An Experimental Study of Vitamin A Deprivation in Man. A report of the Vitamin A Sub-committee of the Accessory Food Factors Committee (compiled by E. M. Hume and H. A. Krebs), 1949.

Medical Research Council Report No. 265—Observations on the Pathology of Hydrocephalus by D. S. Russell, 1949.

Osler's Principles and Practice of Medicine, edited by H. A. Christian, 16th edition, 1947.

Symposium on the Treatment of Long-term Illness, Medical Clinics of North America, March, 1949.

Symposium of Abdominal Surgery, Surgical Clinics of North America, April, 1949.

The Years After Fifty by W. M. Johnson, 1947 (Gift of Dr. H. W. Riggs).

The Thyroid and Its Diseases by J. H. Means, 2nd edition, 1948.

Treatment by Diet by C. J. Barborka, 5th edition, 1948.

Viral and Rickettsial Infections of Man edited by T. M. Rivers, 1948.

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BOOK REVIEW

PRIVATE ENTERPRISE OR GOVERNMENT IN MEDICINE. Louis H. Bauer—Chas. Thomas, Springfield, 1948, p.p. 201.

The author of this monograph is a trustee of the American Medical Association and immediate past president of the Medical Society of the State of New York. In summar-

izing the "background of the problem" he states: "Estimated expenditures of the national income indicate that the average American spends slightly more for his automobile per year; slightly more for motion pictures and tobacco; and nearly twice as much for alcoholic beverages as for medical care." (Perhaps so, but when one thinks of specific instances of economic hardship resulting from illness, a lot of other factors appear to be operative.) A terse review is presented of compulsory health insurance in foreign countries, with a rather superficial comparison of the quality of medical practice in those countries and the U.S.A. The main portion of the book is devoted to an excellent survey of the attempts to develop compulsory "sickness insurance" in the United States. The reasons for opposition of the American Medical Association to the Wagner-Murray-Dingell bill are explained. This bill, which has the support of President Truman proposes a federal system of socialized medicine. American doctors feel that it would bring the medical profession and the sick whom they treat, under political control. Proponents of the bill have scurrilously attacked and vilified the American Medical Association, suggesting that the Association is run by a reactionary "hierarchy." Dr. Bauer answers these criticisms by a clear description of the organization of the A.M.A., which appears to be a very democratic body. Whether reliance on an appeal to maintain the "American way of life," or support of recently proposed legislation that is advanced by the Republican Senator Taft, will stem the political pressures for national compulsory sickness insurance, appears doubtful from this side of the 49th parallel. Recommended for all students of medical economics.

F. T.

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NEUROLOGY OF THE OCULAR MUSCLES (1948)

DAVID G. COGAN, M.D.

The author of this excellent and concise handbook of 167 pages is the Associate Professor of Ophthalmology at Harvard Medical School and Director of the Howe Laboratory of Ophthalmology at Boston. His avowed purpose is to present "the physiologic and anatomic bases for the ocular motor disturbances as indissociable from the clinical manifestation" and his "data are arranged according to the objective signs rather than disease entities." This approach is particularly valuable in the study of an organ which is pertinent, not only in the field of the Ophthalmologist but also in the fields of Internal Medicine, Neurology, Neurosurgery and Psychosomatic Medicine. Therapeutic measures are not discussed.

That the author has been able to write such a valuable treatise on such a complex subject, and yet not make the Ophthalmology and Neurology too abstruse nor too simple for either specialities, is a good indication of his success.

There are nine chapters, with a summary at the end of each. To illustrate the concise brevity, the first two chapters of nineteen pages describe the pharmacology, physiology, histology, gross anatomy and action of the extraocular muscles. The other chapters describe the role of tonus (labyrinth ,retina, cortex), nerve supply, supranuclear connections, pupils, and nystagmus.

The diagrams and most of the photographs are good but leave much to be desired. The last chapter, which deals with nystagmus, is one of the best, and the note on that type due to "neuromuscular insufficiency" is timely and is only too often ignored by standard texts and by clinical teachers.

The author's style is lucid and easy to read. This inexpensive book could be read with advantage by all physicians and students.

S.E.C.T.

OSLER LECTURE 1949

— A HUNDRED YEARS AGO —

By MURRAY BAIRD, B.A. (U.N.B.), B.M., B.Ch. (Oxon.), M.R.C.P. (Lond.), F.R.C.P. (C)

In choosing as the title of my remarks this evening, "A Hundred Years Ago," it was not my intention to deal exclusively, or even mainly, with the year 1849. Indeed, my title is a most rough and approximate indication of the material which I have to lay before you. The year 1849, however, is notable for two events of importance in medical history, events which must necessarily have some significance on the occasion of an Osler lecture in the year 1949.

The first of these happenings took place in London on the 15th of March, 1849, when a physician of Guy's Hospital, named Thomas Addison, read a paper before the South London Medical Society in which he called the attention of his colleagues to a remarkable form of anaemia. In this paper he gave his first imperfect description of one of the diseases which bear his name, and stated that so far in only three cases had there been an inspection after death and in all of them a diseased condition of the suprarenal capsules was found. He felt that this disease was the cause of the clinical symptoms.

The second event occurred on the 12th July, 1849, when William Osler was born, the youngest son of a family of nine, at Bond Head, Tecumseh County, in the wilds of what was then Upper Canada, and is now the Province of Ontario.

It would appear at first sight that these two events, taking place so far apart, could not possibly have any connection with each other. However, in the year 1905, Dr. William Osler, a distinguished and internationally known physician, newly appointed Regius Professor of Medicine at Oxford University, addressed the inaugural meeting of the Pupils' Physical Society at Guy's Hospital.

The meeting was a notable one and was attended by many distinguished physicians, as well as the pupils themselves. Dr. Osler opened his address "by professing himself to be a Guy's man, if not by birth, at least by adoption and grace, as while yet in his pupilage, he had sat at the feet of a Guy's man and had received to himself the traditions of its school."

That there was both truth and tact in this statement by the eminent physician may be surmised when it is recalled that Osler recognized three men as his early teachers, and that one of these men was James Bovell, M.D., M.R.C.P., whom Osler first met as a schoolboy at Trinity College School in Weston. Later, in Toronto, he was intimately associated with Dr. Bovell and from him he learned a great deal in his early days when he was experimenting with the microscope and the preparation of specimens.

Bowell was born in Barbados in 1817 and went to England in 1834, entering Guy's Hospital to study medicine, where he enjoyed the friendship of both Bright and Addison. It was probably quite true that this man handed on to the young and enthusiastic student not only the traditions, but also the sound methods of study, clinical teaching and research, with a strong emphasis on morbid anatomy, which he had acquired at his old school.

It is with this idea in mind that I have planned to tell you something of Guy's Hospital and its medical school during the time when James Bovell was a student there, and particularly I wish to mention three members of the staff, Richard Bright, Thomas Addison and Thomas Hodgkin, whose names are familiar to all of us. It is not the lot of many physicians to have diseases named after them, and the fact that these three were all at one hospital at one time is noteworthy.

Guy's Hospital was begun in the year 1721, as the result of a wish on the part of Thomas Guy, a Governor of St. Thomas' Hospital, to found a hospital for incurables. He gave the money, some £20,000, and leased the land from the governors of St.

Thomas' Hospital. An early map shows the site of the two hospitals near the south end of London Bridge. Thomas Guy, at that time, was a successful businessman, a publisher in the city of London, one of his most lucrative lines being the publication of Bibles. He invested heavily in the South Sea Company, which at that time was backed by the Government of the day, and as a result of selling out before the crash, he made a fortune of considerable proportions. When he died in 1724, he left the sum of some £220,000 as an endowment, and the hospital was opened in 1725. For over 150 years, this Hospital carried on its work without appealing for funds of any kind, and for 220 years without accepting any state aid, so jealous was it of its independence. During practically the whole of the 19th Century, the Hospital enjoyed a period of great prosperity and became famous throughout the world as a teaching centre.

This success was to no small extent due to the work of a great lay administrator, Benjamin Harrison, who was Treasurer from 1797 to 1848. He was a benevolent despot, who managed the finances, made all the appointments and supervised every detail. In 1825, when the medical school was separated from that of St. Thomas', he determined to make it the best possible; his whole life's work was devoted to the hospital and school and upon them he spent a good deal of his own private fortune.

Some idea of the size of the hospital and the method of teaching employed may be obtained from Dr. Barlow's Introduction to the first number of the Guy's Hospital Reports dated January, 1836. He states, "Guy's Hospital contains within its wards a constant succession of above five hundred patients . . . selected by the physicians and surgeons as those whose diseases are the worst and most acute, or most interesting and instructive. . . ." "There are also in this hospital two spacious wards . . . set apart for the purpose of clinical instruction. Into these wards are received such patients as the clinical physician may deem most fit for the purpose of illustrating disease." These "Clinical" wards at Guy's were, and remained for many years, a unique teaching institution.

To this Hospital, Richard Bright was appointed Assistant Physician in the year 1820, at the age of 31. He was born in Bristol in 1789, and was fortunate in that his family was in good circumstances. He was educated at schools in various parts of the country and finally studied medicine at Edinburgh University, with two years which he spent at Guy's in 1810-12, but his degree was the Edinburgh M.D. for which he wrote a thesis in Latin on the subject "Erysipelata Contagiosa."

Bright plunged into the work of the Hospital with eagerness, and it is related of him that he spent on the average, six hours every day either in the wards or in the post mortem room. It was a stimulating age in medicine. The work of Morgagni had shown the importance of morbid anatomy and Bright was one of the earliest physicians to teach observation of the symptoms and signs presented during life and their explanation by the morbid appearance after death. His interest, therefore, in post mortems was tremendous and he would go to any trouble to obtain a post mortem examination, even travelling miles into the country when he had seen the patient previously during life. In 1827, he published the first volume of his famous "Reports of Medical Cases Selected with a View to Illustrating Symptoms and Cure of Diseases by Reference to Morbid Anatomy" and in his preface remarks "the work which I now commence will not, in theory at least, be thoroughly completed until every disease which influences the natural structure or originates in its derangements has been connected with the corresponding organic lesion." A second volume of his reports appeared three years later in 1830, but it is the first volume for which Bright has been remembered because it contains an article entitled "Cases Illustrative of some of the Experiences Observable in the Examination of Diseases Terminating in Dropsical Effusion," and in it he first calls attention to the changes in the kidneys which are found in patients dying of dropsy, and points out that during life he has often found "the dropsy connected with the secretion of albuminous urine, more or less coagulable on heating. I have never yet examined the body of a patient

dying of dropsy with attendant coagulable urine, in whom some obvious derangement was not discovered in the kidneys."

It is certain that the diseased condition of the kidneys noted by Bright had been seen by other observers previously, but they had failed to grasp its significance, and it was Bright, with his highly developed powers of observation, who put together the three facts of anasarca, coagulable urine and diseased function going on to diseased structure of the kidney. Thus arose the conception of Bright's disease between the years 1826 and 1836, and his conclusions, although there were some doubters, were very generally accepted. In 1836, Dr. Bright published, in the first volume of the Guy's Hospital Reports, a paper summarizing his present ideas about the condition which bore his name. The title of his paper was "Cases and Observations Illustrative of Renal Disease Accompanied with the Secretion of Albuminous Urine." This paper is to be read by anyone in the Library of the Vancouver Medical Association in its original form. In the same volume is a statistical study of 100 fatal cases in tabular form, and Bright remarks that he was present at the examination after death in practically all cases.

Though Bright is known for his original work on renal disease, he made many other original observations. Amongst his most notable contributions was a series of papers on abdominal tumors published in the Guy's Hospital Reports in which he first describes acephalocyst hydatids, an original observation. He also published a paper entitled "Cases and Observations Connected with Diseases of the Pancreas and Duodenum" in which he shows that disease of the pancreas can be associated with glycosuria and also with jaundice and fatty stools. In his observations on jaundice, he describes cirrhosis, and also acute yellow atrophy under the heading "Jaundice of a Most Intensive Character without Mechanical Obstruction and Apparently Depending on Inflammatory Action in the Liver." One case was in a girl, aged 18, who suffered from jaundice and torpor. Later she was delirious, had a rapid pulse and soon died. The liver was unusually small, of a brightish yellow colour, with portions marked with purple or deep brown. He also described in this paper portal pylephlebitis but he did not separate this from acute yellow atrophy. He illustrated his paper with drawings such as the ones of acute yellow atrophy and cirrhosis done by C. J. Canton. He also wrote a perfect little paper on a case of diaphragmatic hernia entitled "Account of a Remarkable Misplacement of the Stomach," which subsequent writers on the subject have for the most part failed to notice.

In the first volume of the Guy's Hospital Reports, published in 1836, Dr. Bright has a paper on epilepsy from local disease, in which he describes very clearly a case of Jacksonian epilepsy affecting the right arm caused by an abscess on the surface of the left cerebral hemisphere; and he makes the following observations, "My reason, then, for supposing that the epileptic attacks, in this case, depended rather on a local affection than on a more generalized state of cerebral circulation or excitement *was the degree of consciousness which was observed to be retained during the fits*: for although we meet with a great variety in this respect, yet in two cases which have occurred to me, the fact of the patient generally remaining conscious has been a remarkable feature; while, in each, the injury on which the fits depended was on a local rather than a constitutional or a general character." Time proved this to be an observation of remarkable astuteness, far in advance of contemporary knowledge.

In addition to his assiduous study of morbid anatomy, the writing of papers, and the clinical teaching of pupils at the bedside, which it is clear from contemporary accounts was carried out in the Hospital, Bright was appointed lecturer to the Medical School, and for many years he and Addison lectured on medicine. Besides all these activities, Dr. Bright carried on an active consulting practice. Though he had his detractors, Bright's ability was recognized during his lifetime. He was honoured by many learned societies and became internationally famous.

He was truly a remarkable physician, gifted with tremendous powers of observation and the ability to put together these observation into a coherent picture. Many of his descriptions of diseases cannot be bettered to this day and certainly cannot be phrased

in better English. As a teacher, he was popular with his students, and he realized the value of teamwork since in his studies on the kidney he made use of the younger men in the Hospital, particularly Drs. Barlow and Rees, but always most scrupulously gave them credit for their contributions. He was also a prodigous taker of notes, a habit which also was characteristic, you will remember, of another physician many years later, named William Osler.

Dr. Bright retired from the staff of Guy's in 1843, possibly because he was aware of ill health. He lived until 1858 when he died fairly suddenly following a gastrointestinal haemorrhage. A laudatory obituary appears in the Lancet of that year together with the results of a post mortem examination, which one would expect Bright to desire. It showed calcific aortic stenosis and to the surprise of the examiners, no local disease in the gastrointestinal tract. The gall bladder, however, showed several stones.

The second physician about whom I wish to tell you something is Thomas Addison, who was appointed assistant physician to Guy's in 1824, four years after Bright. Addison was a North Country man and was born in the village of Long Benton near Newcastle in the year 1795. His people were in very moderate circumstances, but evidently there was enough money to send him to school and when the time came, to Edinburgh University, where he graduated as M.D. on the 1st of August, 1815, having written a thesis on the subject "De Syphilide et Hydrargyro." He evidently did not have too much money, but enough to go to London, where he took a house appointment as house surgeon to the Lock Hospital. In 1817 he became a pupil of Guy's Hospital, paying £22-1-0 to be a perpetual physician's pupil. For eight years, he worked at the general dispensary, and here he studied skin diseases under the celebrated Dr. Bateman, and skin diseases remained one of his great interests throughout his medical life.

We have very little information as to what he did at Guy's as a pupil, but when the appointment of Assistant Physician became vacant through the promotion of Dr. Bright to full Physician, Addison submitted his application. In those days, as in these, there was considerable competition. Three other physicians withdrew their names, leaving Addison and a Dr. Seymour as the sole contenders. Dr. Seymour was a fashionable physician in the West End and had apparently done some lobbying amongst the governors, and even got a recommendation from the future King William IV. However, Addison had the support of that benign dictator of the Hospital, Mr. Benjamin Harrison, and he won the post by 38 votes to 6. At the same time, he was appointed lecturer on Medicine along with Bright, and he also lectured on Materia Medica. He was an excellent lecturer and his pupils considered every word he uttered as gospel. In fact, it is to Addison probably more than to any other man that Guy's Hospital at this period owed its very high reputation as a teacher of students. Addison was a tall, well-built man, with much personal attractiveness, a good presence and an excellent presentation of any subject. He was apparently of rather retiring disposition and sometimes this was mistaken for undue haughtiness. Consequently he was admired and even revered rather than loved. He had the excellent quality of never making disparaging remarks about his professional colleagues. Addison was the kind of clinician who examined the patient thoroughly from top to toe and then quite typically cogitated about the diagnosis on his way to his next case. It is recorded of him that once he rushed into the clinical ward late in the evening to the astonishment of the sister, because he had forgotten to examine a certain patient for hernia.

Sir William Hale-White states that it was Addison who, in 1828, introduced to Guy's the practice of having his clerks systematically write reports of the cases. There should now be at this Hospital written, bound and indexed, histories extending back 120 years, which I should think constitutes a record and an example to be followed.

It is fascinating to read Addison's original papers as they were published later by the New Sydenham Society. One that casts a great deal of light on his ability as a clinician is entitled "On the Difficulties and Fallacies Attending Physical Diagnosis of Diseases of the Chest." Addison was a great chest physician. It has to be remembered that about

that time Laennec in Paris was the great authority on chest diseases and had introduced the stethescope, which had arrived at Guy's about this time. Addison set to work to use it, and his paper is perhaps a supreme debunking of physical examination of the chest and heart long before X-rays were ever thought of. I should like to quote you one or two of his propositions of which he listed some 42. For instance, "Auscultation alone cannot determine whether what has been called a mitral murmur results from organic or functional change." "No physical examination will enable us in many instance correctly to analyse the morbid condition of a heart whilst that organ continues to be greatly overcharged with blood." He advises the student to wait a little while before giving a positive opinion. Again, "when the pericardial friction sound is single, auscultation may fail to distinguish it from a valvular murmur and especially so when the single friction sound it heard most distinctly over the situation of the valves." I have seen this difficulty occur in cases of coronary occlusion. Also, "physical examination cannot determine whether pneumonia in any of its forms have or have not supervened upon tubercles, although the prognosis in the two cases would be very different." Moreover, "I very much doubt whether physical examination can in any instance determine with certainty the existence of simple tubercles in the lungs." There is a great deal in this original paper which would be of value to the medical student of the present day.

In another paper, Addison deals with pneumonia and its consequences, and he was the first to give an accurate description of all the stages of lobar pneumonia and the various complications that might ensue. He was also far ahead of his time in describing the minute anatomy of the lung. He disagreed with Laennec and other authorities that pneumonia affected the interstitial tissue of the lung. He says "I entirely fail to discover any structure to which the terms "interstitial' and 'parenchyma' can be fairly applied. Accompanied by a corresponding branch of the pulmonary artery, I trace a filiform bronchial tube to a lobule or bunch of cells in which it abruptly terminates; the blood distributed over these cells being received by the pulmonary veins which pass exteriorly to the air cells in a loose and very distinct, interlobar, cellular tissue." This description of the minute anatomy of the lung is really remarkable when we consider that it was almost a naked-eye description and that Addison had at best a magnifying glass to help him arrive at these conclusions. In fact, he goes on to say "but notwithstanding the most careful investigation aided by injections into the tubes and cells and by the use of magnifying glasses, I must confess myself unable to arrive at any positive conclusion either as regards the elementary tissues which compose the air cells of the lungs or the exact construction and arrangement of the cells themselves. These are questions which there is reason to hope will, ere long, receive a satisfactory solution from those who have already distinguished themselves as successful cultivators of microscopic anatomy."

Addison goes on to describe what happens in pneumonia, that it is a consolidation of the lungs due to effusion of solid albuminous matter into the air cells, and remarks on the fact that this very rarely leads to actual abscess formation or gangrene.

In another paper, Addison quotes cases of a condition which we now know as xanthoma and the title of his paper was "On a Certain Affection of the Skin, Vitiligoidea —Plana Tuberosa." He describes the lesions of the skin in several patients, one of whom was a diabetic, and also reports two patients in whom the condition was accompanied by chronic jaundice. In his paper, he states "The connection of this affection of the skin with hepatic derangement is obvious. . . . In what way the defective action of the liver operates can perhaps be no further explained at present than by the general theory of disordered circulating fluids." This was in fact quite close to the truth, though blood cholesterol levels were to come much later. Another paper of more interest to physicians dealing with skin disorders is one written "On the Keloid of Alibert and on True Keloid." This paper gives a clear word picture of what we now know as scleroderma, and in fact this condition is sometimes known as Addison's keloid. In the index of the 5th Edition of Osler's Medicine you will find Addison's keloid listed.

The most important paper which Addison wrote and upon which his fame for the most part depends, was entitled "On the Constitutional and Local Effects of Disease of the Suprarenal Capsules." It was published in 1855 and in it he describes two diseases, pernicious or Addison's anaemia and what we now know as Addison's disease. It is apparent from reading his paper that his description of Addison's anaemia is, as he says, a preface to his subject, in that he stumbled upon the diseased suprarenals in the course of his researches into the cause of death in these anaemic patients. His description of the anaemia is classical and very little has been added to it. As a short sample, I should like to quote a few sentences. "It makes its appearance in so slow and insidious a manner that the patient can hardly fix a date to his earliest feeling of that languor which is shortly to become so extreme. The countenance gets pale, the whites of the eyes become pearly, the general frame flabby rather than wasted, the pulse perhaps large but remarkably soft and compressible and occasionally with a slight jerk especially under the slightest excitement." After describing the successive stages of the disease, he says: "On examining the bodies of such patients after death, I have failed to discover any organic lesion that could properly or reasonably be assigned as an adequate cause of such serious consequences."

Having described this disease, very briefly, he proceeds to deal with Addison's disease itself, "The general languor and debility, the remarkable feebleness of the heart's action, the irritability of the stomach, a peculiar change of the color of the skin occurring in connection with a diseased condition of the suprarenal capsules."

The cases are quoted in detail with the results of post mortem examinations, and one of the examinations after death was performed by his "distinguished friend, Dr. Hodgkin," who describes the renal capsules as being "interspersed with irregular spots of opaque yellow matter, the whole bearing a strong resemblance to an enlarged mesenteric gland mottled with tubercular deposit. Such was probably the nature of the change which the organ had undergone." It is interesting that in one of the cases a condition of atrophy of the suprarenal capsules was found.

Bright and Addison started out to write a textbook which they called Elements of Practical Medicine. They published the first volume in 1839, which got a very scathing review in the Lancet, and for some reason a second volume never appeared. This book is interesting in that it contained a perfect clinical description of acute appendicitis with post mortem findings. This description is so accurate and so well expressed that it has not since been improved in any essential particular.

In spite of his hard work and his brilliant teaching, Addison was not well known amongst his contemporaries in London and was not particularly honoured during his lifetime by any of the learned societies. The importance of his description of his cases of disease of the suprarenal capsules was recognized by Trousseau in France before it had attained much prominence in England, and on the continent he seemed to be a much more notable figure than in his own country. Addison did not have a large consulting practice, but it is recorded that on one occasion he was called to Paris to see a member of the Rothschild family, whereupon the prominent physicians of the city gave him a complimentary dinner with many expressions of their regard and esteem.

Addison continued to lecture at Guy's until about 1855 and resigned his post of physician in 1860 because of ill-health. During the last few years, he suffered from gallstones and jaundice, but he died in Brighton of a cerebral condition; just what, I am unable to say. His death occurred in 1860, and he was buried in the North Country where he originated and where he always spent his holidays. His death went unnoticed by both the Lancet and the British Medical Journal.

The third physician of whom I wish to speak is Thomas Hodgkin, who was born of Quaker parents at Pentonville in 1798. His father was a grammarian who taught fashionable young ladies the three R's, and Hodgkin was evidently well educated, since it is stated that he was fluent in Latin, Greek, French, Italian and German. He entered the study of medicine at Guy's and also travelled abroad, but he graduated from Edin-

burgh University with the degree of M.D. in 1823, writing a thesis in Latin on the appropriate subject "De Absorbendi Functione." Following his graduation, he went abroad, and studied under the great physician, Laennec. This gave Hodgkin a tremendous stimulus to study morbid anatomy, and he also learned the use of the stethoscope, which it is probable he introduced to Guy's on his return to London.

In 1825, Hodgkin was appointed, at the age of 27, Curator of the Museum and Lecturer on Morbid Anatomy at Guy's, and he remained there for twelve years, during which time he did practically all the medical work for which he is noted. His chief claim to fame rests upon a paper which he read to the Medical and Chirurgical Society, the antecedent of the Royal Society of Medicine, in 1832. This paper was entitled, "On Some Morbid Appearances of the Absorbent Glands and Spleen," and he described seven cases in which the glands were enlarged together with changes in the spleen, giving descriptions of cases which were undoubtedly what we now know as Hodgkin's disease. The original paper, however, included other conditions and was somewhat discursive, and did not even indicate that a new condition was being described. It is probable that his connection with this disease would have been entirely lost had it not been for Bright, who quoted Hodgkin's work in his long paper dealing with abdominal tumors. When speaking of disease of the spleen, Bright states, "There is another form of disease which appears to be of a malignant character, though it varies from the more usual forms of malignant disease, and which has been particularly pointed out by Dr. Hodgkin as connected with extensive disease of the absorbent glands. The whole of these absorbent glands or large masses of them become large and firm without any tendency to suppuration, and at the same time the spleen becomes more or less completely infiltrated throughout its whole substance with a white matter of almost the appearance of suet." It is evident that Hodgkin was familiar with this condition and realized that it was different from glandular enlargements due to infiltrating tumors, tuberculosis or syphilis. Even so, his discovery would probably have been unrecognized had not Samuel Wilks in 1856, in describing cases of lardaceous disease, come across Bright's description and Hodgkin's original paper. Wilks recognized immediately that Hodgkin was familiar with these cases and he called the disease Hodgkin's Disease, by which name it has been known ever since.

Hodgkin was ambitious to become a clinician, and in 1837 he had an opportunity, when a vacancy on the medical staff occurred. There were two candidates, Thomas Hodgkin and Benjamin Guy Babbington. Why Hodgkin was passed over in this election, it is difficult to say, but Dr. Babbington was chosen probably because Mr. Harrison, the treasurer, approved of him. Hodgkin also was a social reformer and was inclined to introduce into his lectures matters which were considered to be political, which perhaps did not altogether suit the powers that were at the hospital at that time. As he had failed to get the appointment, Hodgkin left Guy's and became lecturer on the Theory and Practice of Medicine at St. Thomas' Hospital and Curator of the Museum. He continued to write many papers on morbid anatomy, and published a two-volume work on the subject. He was regarded as one of the outstanding morbid pathologists of the time, but he apparently lost interest in medicine and gradually spent more and more of his energies in other activities, especially philanthropy. He became a friend of Sir Moses Montefiore, and was travelling in the East with him on an expedition to aid the Jews when he contracted dysentery in Jaffa and died in 1866. An obituary of eulogistic type appeared in the Lancet of that year, which stated, "Few men were more beloved than Dr. Hodgkin; his truly Christian charity, his unostentatious piety, his utter self negation, won and kept the esteem of all who knew him." Hodkin did engage in private practice to some extent, but he was not a great success, and it is said that one one occasion after he had sat up all night with a very wealthy man, who recovered, the patient was so grateful that he handed Hodgkin a blank cheque, telling him to fill in any amount he liked. Hodgkin entered £10, and when the patient asked him why he entered such a small amount, he replied that he thought his client looked as though he could not

afford more. It is said that the patient was so angry that he never again asked Hodgkin to see him.

In1925 Dr. Herbert Fox, of Philadelphia, cut some sections from tissue specimens placed in Guy's Museum by Hodkin 97 years before. In the Guy's Hospital Reports of 1936 one may see a reproduction of one of these sections, which as Dr. Fox points out, is typical of Hodgkin's disease, and shows remarkable preservation of structure.

Such were the men who taught James Bovell, who in turn taught Osler. In Osler's subsequent career, it is possible, I think, to trace something of the example set by these great predecessors. There is the same emphasis on basic science, especially pathology, the careful history and physical examination, the taking of notes, and writing of papers, the statistical method originated by Bright with his kidney cases, and especially the insistence on bedside teaching which Osler fought for in the United States.

Guy's Hospital has now been taken over by the State, and this process is one which appears to be extending throughout the world. It is to be hoped that under this new management, such centres will remain places where doctors can work freely, healing the sick, teaching the pupils, diligently pursuing new knowledge and recording well-attested facts for their successors. It is to be hoped also that the public, if it should insist on changing the pattern of medical practice, will take care along with us, that what is good will be preserved. For we know that with good physicians, the patient's welfare is always first, and there have been instances in the past ten years where the interests of the patient and of the State have not been synonymous. No man can serve two masters.

We know also that medicine is not, and never will be, a business, nor a science, but a scientific art; and we can agree with Sir Samuel Wilks, a pupil of Addison's, that "It is not enough that you bring to it that knowledge which is essential to the cure of diseases. Suffering humanity requires something more; it desires sensibility of heart and those exalted feelings which distinguish the good and worthy man."

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An old friend of ours, Dr. W. B. McKechnie of Armstrong, and once a well-known surgeon in Vancouver, has written a letter, which we reproduce. Very generously, he encloses a cheque for $100, as a donation to the Library. We feel that the latter institution might do well to send Cushing's "Life of Osler" to some other members—they might catch the same infection as Dr. McKechnie.—Ed.

Armstrong, B. C.,
March 22, 1949.

Dear Doctor:

Have just finished "Life of Osler" by Cushing. What a task it must have been to compile that biography, and what a biography. It is a case of "and still they gazed and still the wonder grew, that one small head could carry all he knew." I had never realized before what a truly great head he was.

I was struck by his reference to the likelihood that sometime there would be a cure for diabetes. What a thrill he would have got had he lived to see Banting's work.

Very interesting, too, are his references to Vancouver, in his two letters to the Society. One to you personally. I suppose you had met him in Baltimore.

But the two very pathetic parts are very touching. The decease of his idolized son and his own last illness.

Such a Bibliophile, almost you might say a Bibliomaniac. Was not his breadth of reading and his ability to quote, phenomenal? From Burns to the Bible and all between. Doesn't it make some of us feel like microsporons—or something akin?

His bibliomania was somewhat infective. I enclose a small mite for the Library. ($100.00.)

Your books just arrived. I shall enjoy them. Thanks for all your trouble.

Sincerely yours,
(Signed) W. B. McKECHNIE.

P.S.—Have just returned the Osler books.

ANNUAL REPORT OF COMMITTEE ON MEDICAL ECONOMICS, 1948-49

Mr. President and Members:

This is the first year that a Committee on Medical Economics has functioned in the Vancouver Medical Association. A chairman and four members were appointed by the Executive on June 2nd, 1948. Two additional members were added in August, 1948. The chairman of this committee sits as a member on the main Committee of Medical Economics and the Executive Committee of Medical Economics of British Columbia.

The Committee was very active in the three months prior to the Annual Meeting of the British Columbia Medical Association in September, 1948. Four committee meetings were held and a special meeting of the Vancouver Medical Association was convened by this committee on September 7th.

The Committee studied several problems but most particularly voluntary pre-paid medical care plans and government health insurance. The considerations together with resolutions were brought before the Association in a "round-table" discussion at the General meeting on September 7th. Thinking and action were stimulated among the members of the Association. Because of these efforts it was felt that members of the Association were better informed and better able to decide on certain economic problems presented at the Annual Meeting of the College of Physicians and Surgeons.

It is considered that the Committee can perform valuable service to the members of the Association and to the profession at large, particularly at this time when change in the economics of medical practice remains critical.

The Committee's most important functions are considered to be:

1. Study of economic problems.
2. Presentation of knowledge gained from such studies for the purpose of keeping the profession informed. This is to be done through meetings of the Association, writings in the BULLETIN, etc.
3. Formulating resolutions which can be considered by the Association and will result in actions which the Association suggests the whole profession of British Columia take.

The following recommendations are made:

1. The Committee on Medical Economics be continued.
2. That the Vancouver Medical Association devote at least half of its monthly meetings to economics or related matters. The programme for such a meeting might include an address by an appropriate speaker, or a debate or "round-table" discussion. The Committee would expect to share in the responsibilities of such a programme.
3. That "study clubs" or small groups of physicians in Vancouver meet informally with members of the Association informed in economic matters, with the idea of disseminating knowledge and obtaining a united professional front.

Respectfully submitted,

J. A. GANSHORN, M.D., Chairman.

REPORT OF RELIEF ADMINISTRATION COMMITTEE FOR ELEVEN MONTHS ENDING FEBRUARY 28, 1949

The members of the Relief Administration Committee have examined from 1700 to over 2000 accounts each month.

During the war years when there was no lack of employment and we did not have so many social assistance cases, the doctors received 100 per cent of their accounts, but since the end of the war the percentage has become increasily less and it has been the responsibility of the Committee to eke out the funds to be administered.

The attendance at the meetings has been remarkable in view of the fact that the meetings were held at 5 o'clock p.m. As a rule, the attendance was 100 per cent.

Doctor Mustard has served continuously on the Committee since 1935, with the exception of the war years, when he was on active service.

Doctor Burke has been on the Committee since 1941 and each month has signed from 150 to 275 cheques.

Doctors F. C. Day-Smith and J. C. Grimson have served since 1945, Doctors McNeill and T. A. Johnston since 1947 and Doctor J. W. Shier since April, 1948.

The Relief Administration Committee has felt for some time that the amount received from the City of Vancouver for the medical care of Old Age Pension, Mothers' Allowance and Social Assistance cases was insufficient but in view of the fact that the Government had approached the College of Physicians and Surgeons regarding a province-wide scheme with increased remuneration, the Committee was obliged to await the outcome of their negotiations. As you are all aware, the Social Assistance Medical Service is now in operation and the Relief Administration Committee has been relieved of its duties.

The cost of medical care for all Social Assistance cases has increased considerably during the past year.

For 12 months ending March 31st, 1948, the gross amount of accounts was $115,870.25.

For 11 months ending February 28th, 1949, the gross amount of accounts was $123,116.25, an increase of $7,246.00, though the figures are for 11 months only.

The net amount of accounts for 12 months ending March 31st, 1948, was $95,932.33 and for the 11 months ending February 28th, 1949, $106,454.84.

The amount paid to the doctors for 12 months ending March 31st, 1948, was $51,612.66 and for 11 months ending February 28th, 1949, $52,974.37.

When the Relief Committee was set up in 1934 there was an average of 166 doctors a month participating in the scheme, while at the present time we have an average of 249.

In April, 1948, Doctor J. W. Shier joined the Committee and has given excellent service. Other members of the Committee are as follows:

Doctors Gordon Burke, Chairman, and Doctors F. C. Day-Smith, T. A. Johnston, Roy Mustard, Neil McNeill and myself.

All of which is respectfully submitted.

J. C. GRIMSON, M.D., Secretary.

REPORT OF THE HISTORICAL COMMITTEE, 1948-49

Since the death of Dr. G. E. Kidd, terminating his excellent coverage of the organization of the Vancouver Medical Association from 1898 to 1906 and the British Columbia Medical Association from 1899 to 1900, there has been very little added. Dr. Kidd's excellent history of the Association included the formation of the Medical Library in 1902, and the various steps and movements of the Library from the Fairfield Building and Birks' Building to the Medical-Dental Building in 1929. Dr. W. D. Keith and Dr. J. E. Walker have been added to the Committee, and a follow-up of the growth of the Vancouver Medical Association in the various activities such as the Summer School, Health Insurance and Hospital Insurance will be dealt with in forthcoming issues. A suggestion is made that an adequate clipping service be available for historical reasons to the members and the Vancouver Medical Association.

Respectfully submitted,

G. H. CLEMENT, M.D., Chairman.

REPORT OF THE HONORARY SECRETARY, 1949-49

Mr. President and Members:

During the past year, seven general meetings and thirteen executive meetings were held. Three special meetings were called to discuss medical economics. A special executive meeting was held on January 18th, with the express purpose of appointing a representative of the Association to act on the Board of Management for Social Assistance Medical Service. Accordingly, Dr. Paul Jackson was appointed to this office.

The average attendance during the year was eighty-one, and the members were given the opportunity of hearing three well-known visiting speakers—Dr. G. R. Brow, McGill University; Dr. E. H. Botterell of Toronto, and Dr. Frank S. Brien, University of Western Ontario.

Because this year marked the fiftieth anniversary of the Association, a dinner was held to commemorate this event on December 7th, at the Hotel Vancouver. Dr. J. S. L. Browne, Research Professor of Medicine, McGill University, was present at this dinner and delivered the inaugural Pearson Memorial Lecture.

The Osler Dinner was held as usual in March, at which Dr. Murray Baird, the 1949 Osler lecturer, delivered a particularly brilliant and interesting paper. The dinner had one of the best attendances ever recorded at this annual event. The P.G.F. Degree was bestowed the same night on Doctor Gordon Burke and Dr. George Clement.

Owing to the formation of the "College of Physicians and Surgeons of British Columbia Social Assistance Medical Service," the function of the Relief Administration Committee has ceased, as this new service now handles all city and provincial relief acounts. With the dissolving of this committee, the position of secretary, which has been ably filled for many years by Mrs. Bender, also automatically expired. On her retirement a small honorarium was presented to Mrs. Bender, together with a letter of apprciation for her years of faithful service to the Association.

Membership in the Association has shown an excellent increase this year, twenty-six active and eleven associate members being elected, with sixty-seven applications still pending election. The count now stands at 552 in the following classifications:

Active, 434; Associate, 94; Privileged, 4; Life, 20. (This count includes members pending election.)

We record with regret the passing of the following members during the year:

Dr. Walter S. Baird, Dr. Mervyn R. Caverhill, Dr. E. J. Gray, Dr. W. R. S. Groves, Dr. George E. Kidd, Dr. B. D. Gillies.

Respectfully submitted,

H| SCOTT, Honorary Secretary.

REPORT OF THE HONORARY TREASURER, 1948-49

Mr. President and Members:

I beg to submit herewith the following financial report of your Association for the year 1948-49, which has been duly audited by Messrs. Plommer, Whiting & Co., Chartered Accountants, under date of March 31st, 1949:

RECEIPTS AND EXPENDITURES

Income from members' annual dues	$ 8,380.50	
Interest on invested funds	528.20	
Relief Administration, management allowance	600.00	
	$ 9,508.70	
Deduct loss on Association Bulletin	646.05	
		$ 8,862.65

NOTE: (March issue profit of $15.00 not shown in Auditors' report.)

EXPENDITURES

Salaries		$ 4,682.50		
Rent	$ 2,319.00			
Credit by payment from C. P. & S.	773.04			
		1,545.96		
			6,228.26	
Other expenses			1,669.59	
				$ 7,897.85

(The Association also expended on the library $2,042.63.)

Excess of Income Over Expenditures		$ 964.80
Depreciation:		
Library	$ 1,374.51	
Furniture and Equipment	97.53	
		1,472.04
Excess of Expenditure Over Income		$ 507.24

General Fund Bonds and Savings Accounts, as at March 31st, 1949:

Present value (Bonds at cost)	$ 16,375.41
Cash on hand and in Bank	561.88
TOTAL	$ 16,937.29

ASSETS

Investments:		
Historical and Ultra Scientific Fund:		
Bank savings account	$ 572.77	
Bonds at cost	2,479.38	
Owing by general fund	.16	
		$ 3,052.31
Stephen Memorial Fund:		
Bank savings account	6.08	
Bonds at cost	100.00	
		106.08
John Mawer Pearson Lecture Fund:		
Bank savings account	739.37	
Bonds at cost	3,654.50	
		4,393.87
TOTAL		$ 7,552.26

The annual income from membership dues shows a substantial increase this year, amounting to $1,482.50, owing, of course, to the large increase in membership.

Loss on the BULLETIN is based on the disbursements over receipts for the period from April 1st, 1948, to March 31st, 1949, and amounts to $646.05. We must also report a small deficit of $178.68 for the Annual Summer School.

Disbursements are much higher in all branches—salaries, rent and library expenditures. Owing to the dissolving of the Relief Administration Committee, the annual income derived from Relief Administration management and amounting to $600.00 yearly, has also ceased.

As predicted a year ago, membership has shown a great increase this year and expectations are that it will continue to grow in the coming year.

All of which is respectfully submitted.

GORDON BURKE, M.D., Honorary Treasurer.

V.O.N. ADVISORY BOARD

The V.O.N. Advisory Board was not called upjon during 1948 and thus there is nothing to report at this time.

ISABEL DAY, M.D.

ANNUAL REPORT OF THE PAEDIATRIC SECTION, 1948-49

Five regular meetings were held during the year 1948-49. hese were attended by almost one per cent of the members. Two guest speakers were heard—Dr. Donald Starr and Dr. Peter Spohn, both of whom gave interesting papers.

At the June, 1948, meeting the Section again reaffirmed its approval of the principle of the eventual establishment of a Children's Medical Centre in Vancouver.

At the January, 1949, meeting, the Section approved of the principle of holding a survey of crippling diseases in children in British Columbia.

All of which is respectfuly submitted.

GORDON MATTHEWS, M.D., Chairman.

REPORT OF THE CLINICAL SECTION, 1948-49

During the year 1948-49 there have been seven monthly meetings of the Clinical Division of the Vancouver Medical Association. Two of these meetings were held at the Vancouver General Hospital, two at St. Paul's Hospital, two at Shaughnessy Hospital and one at Children's Hospital. Two of these meetings were devoted to bedside presentation of cases which allowed for considerable diversity of material, and it is felt that this type of presentation is very helpful in demonstrating progress made in the various branches of medicine.

E. B. TROWBRIDGE.

EYE, EAR, NOSE AND THROAT SECTION

I herewith present a report on the activities of the Eye, Ear, Nose and Throat section of the Vancouver Medical Association for the year 1948-49. There were nine regular meetings held and one special meeting. Of the regular meetings, five were dinner meetings, followed by scientific papers of much interest. In March, by invitation, Dr. J. Weber of Seattle presented a paper before the meeting.

During the year, two members have joined the section, Dr. Wilson from Toronto and Dr. Simpson from New Zealand. The average attendance at the meetings was twenty members.

In all, it has been a successful year, with much interest being shown, and the papers presented have been of a high calibre.

All of which is respectfully submitted.

G. H. FRANCIS, M.D., Chairman.

ANNUAL REPORT OF THE VANCOUVER ORTHOPAEDIC ASSOCIATION

During the past year several business meetings were held with good attendance. A dinner meeting at which Dr. W. H. Fahrni was the guest speaker took place at the Capilano Golf Club in February, 1949. Dr. Fahrni's paper, "McMurray Osteotomy", was enthusiastically received and a round table discussion followed. Dr. F. P. Patterson was elected by the Vancouver Orthopaedic Association to represent Western Canada in the British Orthopaedic Tour, his election was received and accepted by the Canadian Orthopaedic Association and Dr. Patterson is now on this Tour.

This Association now entertains the membership of ten Certified Orthopaedic Surgeons, namely: Dr. H. H. Boucher (Chairman), Dr. G. Burke, Dr. K. Haig, Dr. A. S. McConkey, Dr. J. R. Naden, Dr. F. P. Patterson, Dr. C. Ryan, Dr. J. W. Sparkes, Dr. D. S. Starr, Dr. R. H B Reed (Secretary)

R H. B. Reed, M.D., Secretary.

ANNUAL REPORT OF THE SECTION ON NEUROLOGY AND PSYCHIATRY, 1949-49

Seven regular monthly meetings of this Section have been held from October to April inclusive. These consisted of three clinical meetings at Shaughnessy, Vancouver General and Essondale Mental Hospitals; four lectures and papers by visiting speakers. Several meetings were devoted to the topic of Psychiatry in Medical Education.

We were very fortunate in having as guest speakers this year, Dr. Daniel Blan, Medical Director of the American Psychiatric Association, and Dr. George Stevenson, Professor of Psychiatry of Western University, London, Ontario. These men both presented very interesting papers.

The meetings this year have all been very stimulating and have been exceptionally well attendd.

The usual subscription to the Journal of Nervous and Mental Diseases was donated to the Library by this section.

Respectfuly submitted,

A. E. DAVIDSON, M.D., Chairman.

REPORT OF PUBLICATIONS COMMITTEE, 1948-49

In reference to the Auditor's report, which shews a deficit on the Bulletin of over $600.00, I should like to point out that this is incorrect, when all the figures for the year are in. The receipts for March of this year, which amounted to $689.14, did not reach the auditors in time for their report—and so are not shewn. They are, however, part of the year's operations, and when included, shew an actual profit of some thirty or forty dollars. The auditors, of course, are not to blame for this, as they could only report figures given to them, and doubtless next year's balance sheet will shew a profit beyond our actual receipts for the year.

I should like, first, to read a report sent me by our publisher, Mr. Macdonald:

Circulation

Figures for circulation have gone up approximately one hundred and twenty-five (125) in the past year and we obtain an outside audit known as the Canadian Circulations Audit Board figures on this. (Total 1825.)

Subscriptions

As you know, there is no subscription price published in The Bulletin and the figures of revenue are for net sales of advertising and do not include any subscription revenue.

Reprints

Out of the revenue of The Bulletin comes the following reprints:

1948—	May	$ 14.25
	September	25.95
	October	23.51
	November	20.24
1949—	January	28.66
	March	17.16
		$129.77

In the past these have been looked upon as a gesture to our contributors but it is hardly fair that this should come out of revenue and a notice is to be published in the next issue of The Bulletin advising that all reprints must be paid for by the individual.

A further sum taken from revenue and paid for by The Bulletin is for indexes which are supplied on request to individual members of the Profession or to libraries. Having these figures in mind, the actual operating profit of The Bulletin would be two hundred and three dollars and thirty-eight cents ($203.38).

Advertising Rates

Unlike most publications, we have kept our rates low in spite of increased printing costs, but six months' notice of an increase was given last February and new rates will go into effect on September first. This will increase the net revenue for the coming year and will provide means for further expansion as the circulation continues to grow.

The accounts receivable which are not taken into consideration in the auditor's report, are approximately thirty-two hundred dollars ($3,200.00) which is an increase of approximately six hundred dollars ($600.00) over last year.

W. E. G. MACDONALD, Publisher.

THE BULLETIN

12 months— April, 1948-March, 1949

Month	Total Cost	Net Revenue
April, 1948	$ 620.88	$ 629.34
May	761.50	868.78
June	718.48	809.32
July	536.81	522.03
August	537.80	474.62
September	756.79	787.33
October	162.71	777.06
November	637.02	635.78
December	549.90	504.43
1949		
January	595.66	541.96
February	612.31	564.27
March	674.59	689.14

Net profit for 12 months—$39.61

The Publications Committee has held regular monthly meetings during the past year. There have been no marked changes in the Bulletin, except that we have been able from time to time to add cuts to some of the papers—and hope to do this more frequently in the future, as there is no doubt that this adds greatly to the appearance and interest of the papers.

We have found it very difficult to attain regularity in the publication of the Bulletin. This is due to several things. Labour conditions in the printing industry have been somewhat unsettled from time to time—and the fact that this industry is operated on a five-day week seems to make the week very short, and to pass very quickly.

Your Committee feels that there should and can be considerable improvement in our mthod of securing material. A method could, perhaps, be worked out by which all papers read before the Association should be secured for use in the Bulletin, if deemed advisable. This would include all papers read at the Summer School. We have made a practice of writing in advance to all speakers, and asking them for copies of their papers—but this does not always secure the desired result.

Papers read before the B. C. Medical Association should also be regarded as the property of that organisation, and made available for publication in the Bulletin, since this is the organ of that body, and reaches every member of the B.C.M.A.

We have been fortunate in securing much valuable material from the Staffs of the Vancouver General and St. Paul's Hospitals. This is a field that offers a great deal if it is carefully cultivated, and we should undoubtedly see that it is.

We have proposed to the Executive of the Vancouver Medical Association that a wire recorder might be obtained for use at meetings, to record addresses given during the year. Naturally, it would not be necessary, if we could get the written papers—but many men speak from notes, films and slides, etc., and here it would be of great value.

The machine could also be used in the Library for dictation of letters, etc., and would, we believe, be well worth while.

There is one matter that we feel should be brought up here. From time to time articles are written or papers read before medical meetings by medical men. Sometimes these represent original work of a very high order, and the authors feel quite rightly that they are entitled to recognition and priority. Many feel that the only way by which they can secure this is by publication in some Journal of wider circulation and one more widely known than the Bulletin—notably in the Journal of the Canadian Medical Association.

We cannot quarrel with this, and we are aware that we cannot, in the Bulletin, hope to reach as large an audience as can our national Journal. But we should like to remind our readers of certain things which have a bearing here.

First, the Bulletin is one of the Canadian medical journals which have been recognised by the Index Medicus of the Surgeon-General's Library at Washington, D.C., for listing of articles deemed worthy of recording in this way. Hence, we can assure our contributors that all articles of merit and of a standard that is set by the Index Medicus will be listed in that publication, and we have repeatedly noted such listings.

Secondly, as regards the circulation of the Bulletin. This, in B.C., is now some fifteen to sixteen hundred monthly, and the Bulletin thus reaches in this province a larger number of readers than any other journal, the next being the Canadian Medical Journal with some eight hundred.

In addition, the Bulletin has a large number of exchanges with libraries, universities, and other medical journals, both in Canada and the U.S.A., and in other countries as well, and we have, very many times, received requests for reprints of articles, from all parts of the world.

It is, we feel, the responsibility of all of us to do all we can to build up the Bulletin, and make it bigger and better. There is no doubt that we have available, enough material to double the size of the Bulletin—and with a Medical School in the offing, there will be more and more avenues of usefulness for us to explore, in addition to the many that are as yet only half opened up. We can, we are assure, obtain more advertising with little effort—we can, if necessary, obtain a larger income from a subscription rate, which we have so far avoided.

The Bulletin has reached a point when some decisions will have to be made. We need some more secretarial help, to obtain more regularity, and get work done better—our present rather haphazard methods are becoming out-of-date, and are impairing the efficiency and usefulness of the publication.

One more point—about reprints. These can be obtained relatively cheaply, if they are asked for immediately after printing, while the type is still set up. If not obtained then, the type has to be melted down, and then it is practically impossible to get reprints. We urge our contributors to get their reprints early.

In closing, I should like to express my personal gratitude to the members of the Committee, Drs. Cleveland, Grant, Desbrisay and Steele, who have cooperated so loyally in the work of the Bulletin. Without their help and counsel it would be impossible to carry on. To the secretarial staff of the Vancouver and British Columbia Medical Associations, I would also tender my thanks, especially to Mrs. Nowell of the V.M.A., who has cheerfully answered all the many calls made on her time. To Mr. W. E. G. Macdonald, our publisher, go our special thanks for his loyal support of the Bulletin, and the great amount of time and work he has given to it. He has been a faithful attendant at our Committee Meetings, and we greatly appreciate his efforts on our behalf.

Respectfully submitted,

J. H. MacDERMOT, Editor.

REPORT OF THE SECTION ON RADIOLOGY, 1948-49

During the past year the activities of this section were directed almost exclusively towards obtaining a uniform and satisfactory basis for the provision of radiological services under the British Columbia Hospital Insurance Act. Numerous discussions were held with the executives of the Vancouver Medical Association, the B. C. Medical Association, the College of Physicians and Surgeons of British Columbia, and Dr. Hershey and his Advisory Council, through the Joint Committee on Economics.

For purposes of administering the Hospital Insurance Act, radiology was defined as a hospital service and, while the radiologists are still of the opinion that it should be classes as a medical service, there was insufficient support from the rest of the profession for this point of view to persuade the Commissioner to alter his opinion. Consequently after months of protracted negotiation the radiologists practising in hospitals found themselves faced with the choice of accepting contracts which, while technically perhaps recognizing the fee-for-service principle, nevertheless committed them to a fixed salary income, or removing themselves from their respective institutions.

It is to be hoped that this line having now been drawn can be maintained and that other medical specialist groups will be able to successfully resist any government attempts to peddle their services except under terms satisfactory to the specialists concerned.

In spite of the time and effort consumed by the above negotiations, several clinical and scientific sessions were held at Shaughnessy Hospital, The Vancouver General Hospital, St. Paul's Hospital and the X-Ray Department of the Workmen's Compensation Board. These were largely devoted to the consideration of interesting and problem films submitted by the members of the Section. All of the above activities were under the direction of Dr. Andrew Turnbull, President, Dr. R. W. Boyd, Vice-President, and Dr. W. L. Sloan, acting as secretary owing to the enforced absence of Dr. M. R. Rickey.

Respectfully submitted,

W. L. SLOAN, M.D., Acting Secretary.

ANNUAL REPORT OF THE LIBRARY COMMITTEE, 1948-49

BOOKS ADDED TO LIBRARY

General Collection

74	new books added at a cost of	$ 697.91
104	gifts.	
4	books from the Nicholson Fund at a cost of	27.18
182		$ 725.09
2	books purchased from the Stephen Memorial Fund at a cost of $13.95.	
4	books purchased from the Historical and Ultra-Scientific Fund at a cost of $16.75.	
188		

Nicholson Fund

4 books purchased at a cost of $27.18 leaving a balance of $210.20 in this fund.

Medical Journals

77	journals subscribed to at a cost of	$ 793.45
47	journals received as gifts.	
36	journals received in exchange.	

160 journals received in Library.

135 volumes bound at a cost of	$ 442.23
Other Expenses	
Dues to Library Associations	$ 27.47
Miscellaneous	54.39
	$2,042.63

LIBRARY STATISTICS

Books and journals loaned—		
Borrowed direct from Library	2,787	
Borrowed by messenger service	124	
Borrowed by mail	164	
		2,689
Interlibrary loans—out	69	
—in	17	
		86
Books returned by messenger	194	
Visits to Library—		
Members	2,712	
Others	739	
		3,451
During evening hours (9 months):		
Members	169	
Others	153	
		322
		3,773
Bibliographies prepared		260

Seven meetings and one specia lmeeting were held during the year.

Looking over the past year's work regarding the Library, one can see from the statistics that the work of the Library continues to grow, by the number of members using its facilities and by the number of books added to the general collection.

Evening hours were started again after the summer months as the Library Committee felt that the Library should be kept open for those members who were unable to make use of it during the day, and it is encouraging to see from the figures kept that there was a substantial increase in the members taking advantage of this service.

In May last year the Army Medical Library started a free loan service of microfilms, which has enabled our Library to borrow microfilms and return them within three months without any cost. We feel that this excellent service has been of great use to members in the preparation of papers ,etc.

There has been a marked increase in the use of the interlibrary loan service, but the Committee feels that if a book is really needed by a member and it is not available in our Library, it is one of the increased services that the Library can offer to members of the Association by obtaining the volume from another source.

During the year an arrangement was made with the Committee on Medical Economics of British Columbia whereby any publications that they purchase on Medical Economics will be looked after by the Vancouver Medical Association Library. We felt that this was the best way of keeping up to date with the latest developments in the field of Medical Economics which concern us all so much today.

It is the policy of the Library Committee to bring up to date all the sections of the Library and much groundwork has been done in this respect. Costs have risen during the year and your Committee was not able to buy as many books as it would have liked, owing to the financial situation. The question of finances was discussed at several meetings, and after much thought on the matter a letter was sent to the Executive Com-

mittee, requesting a budget of 25% of the previous year's income of the Association, so that we can know ahead exactly how much can be spent on the Library.

Among numerous books donated to the Library during the year were several valuable first editions. A gift of $100.00 was made to the Library by Dr. W. B. McKechnie and this money was placed in the Historical and Ultra-Scientific Fund. The Committee wishes to take this opportunity to express its appreciation of these gifts. Individual acknowledgements have been made already.

A special meeting was held during the year to consider the plans for the new library and some alterations were suggested to the existing blue-print as the Library Committee felt that the maximum amount of space should be provided in a new library and the Reading Room should be situated in a quieter part of the new building.

Last June, Miss Berkeley took over the position of Librarian and the Committee would like to thank her and her assistant, Mrs. Briscoe, for their work during the year. I wish to take this opportunity to thank the members of the Committee for their work during the past year and for rendering so much of their valuable time to the service of the Library.

It is the aim of your Library Committee to continue giving as much service as it possibly can to all members of the Association by increasing facilities in the Library.

Respectfully submitted,

F. S. HOBBS, M.D., Chairman.

ANNUAL REPORT OF THE BOARD OF TRUSTEES, 1948-49

At the end of the fiscal year, the financial standing of your Association is as follows: General Fund Investments, $16,375.41; Cash on hand and in the bank, $561.88; Special funds $7,522.26; making a total of $24,489.55.

As no specific instructions were given as to the purpose for which the monies in the Benevolent Endowment Fund were to be used, a motion was passed at the General Meeting of November 2nd, 1948, granting authority to amalgamate this Fund (amounting to approximately $740.00) with the Pearson Memorial Fund. The main object of this transfer was to simplify bookkeeping.

With the amalgamation of these two funds, the Pearson Memorial Fund now has a balance of $4,393.87. In December, 1948, $500.00 from the savings were withdrawn to reimburse the speaker at the inaugural Pearson Memorial Lecture, held in honour of the late Dr. J. M. Pearson, founder of the Association. This Fund was found in 1936 for this specific purpose.

The Historical and Ultra-Scientific Fund amounts to almost $3,100, and has this year been swelled by the gift of $100.00 from Dr. W. B. McKechnie. The earnings are used by the Library Committee for the purchase of books and journals in this classification.

The total in the Stephen Memorial Fund including invested funds and savings is $106.08. This fund is also used by the Library Committee expressly for the purchase of books on Tuberculosis, which was the wish of the donor, the late Dr. Stephen.

After seeking investment counsel, your trustees made new investments from the savings in the General Fund amounting to approximately $2,000.00. There is approximately $600.00 left in the various savings accounts which we ask your permission to invest in the coming year.

Respectfully submitted,

G. H. CLEMENT, M.D.

REPORT OF SPECIAL MEMBERSHIP COMMITTEE

The membership committee held several meetings and organized a membership drive. Letters were sent to all members of the profession in Vancouver who were not already members of the Vancouver Medical Association, inviting them to join. This was followed by either a personal call or telephone call and a very satisfactory result was obtained.

During the year 26 doctors became active members—and 11 associate members—of Vancouver Medical Association, and there are at least 67 more doctors who have made application but on whom voting has not taken place as yet.

Yours sincerely,

E. C. McCOY, M.D., Chairman.

INTERIM REPORT OF THE SUMMER SCHOOL COMMITTEE

Plans are now well advanced for the Annual Summer School Clinics of our Association to be held May 31st to June 4th, inclusive. An imposing group of speakers has been arranged and this includes the following:

Dr. D. L. Bingham, Professor of Surgery, Queens University, Kingston, Ontario.

Dr. Alexander B. Hepler, Senior Visiting Urologist, Children's Orthopedic Hospital, Consultant and Visiting Urologist at the Swedish Hospital, Seattle, Washington.

Dr. P. E. Ireland, Professor of Otolaryngology, University of Toronto, Toronto, Ontario.

Dr. John A. Leutscher, Jr., Associate Professor of Medicine, Stanford University, San Francisco, California.

Dr. John L. McKelvey, Professor of Obstetrics and Gynaecology, University of Minnesota, Minneapolis, Minnesota.

It is expected that this year's Summer School will maintain the high standard of previous years.

All of which is respectfully submitted.

D.S. MUNROE, Chairman.

DR. ARCHIBALD C. SINCLAIR

Obiit April 29th, 1949, Aet. 60.

The death of Dr. A. C. Sinclair, of Victoria, marks the passing of one of the older medical men of that city. Dr. Sinclair had practised in Victoria for thirty-eight years, a respectable time even for that city, where people live a long time. He occupied the same office, we are told, in the Scollard Building, during the whole of his practice.

He was born in Fingal, Ont., and took his medical training at the University of Toronto. He served in the first Great War overseas, being attached to the Royal Canadian Medical Corps.

Dr. Sinclair was a general practitioner and belonged to that fast-vanishing group, the family doctor. He was a member of the Staff of St. Joseph's Hospital. He was an ardent sportsman, fishing being perhaps his chief hobby—but he was interested in sports generally.

He will be greatly missed by a large clientele, whom he served faithfully and well, and by his many friends. To his family we extend our deepest sympathy in their loss.

DISTRICT MEDICAL MEETINGS

Prince Rupert Medical Association — May 17th and 18th
Central Interior Medical Association — May 20th and 21st

The clinical programme at both meetings was:

Dr. F. M. Bryant—

"The acute abdomen—Differential Diagnosis and Treatment."

"Management and Treatment of Massive Hemorrhage."

Dr. W. D. Marshall—

"Difficulties and dangers in the induction of labor."

"Indications and contra indications for Cæsarean section"

"Vaginal discharges—Diagnosis and treatment."

All papers were well received and there was lively discussion after their presentation. The subjects were chosen as a result of suggestions made at previous meetings.

In Prince Rupert, Dr. F. L. Whitehead spoke to the Gyro Club at a luncheon meeting, and at Prince George, Dr. G. L. Watson spoke to the Rotary Club, on the subject of "M-S-A, and what it is trying to do."

Dr. D. W. Johnstone who recently attended a conference on atomic energy, in Washington, D.C., gave a resume of current thinking in regard to the use of atomic energy in warfare and the present knowledge regarding use of radioactive isotopes in treatment of disease. There is much being written in the popular magazines about the use of the atomic weapon and it was interesting to learn that actual experience which has been gained as a result of the use of the bomb at Hiroshima and Nagazaki and the underwater detonation at Bikini.

In Prince Rupert the visiting and local doctors were entertained at the homes of Dr. and Mrs. W. S. Kergin, Dr. and Mrs. G. Large and Dr. and Mrs. L. W. Kergin. At Prince George Dr. and Mrs. L. Maxwell and Dr. and Mrs. J. T. MacArthur lent their homes for informal receptions.

At both meetings the question: "Are these meetings worthwhile, and are they worth continuing?" was asked. The reply from the doctors who were questioned was the same: "Very definitely—yes." The meetings are valuable clinically and socially and they help to bring the man on the spot up-to-date on what is going on in the economic sphere.

News and Notes

We regret to record the passing of three well-known B.C. medical practitioners; and extend sincere sympathy to the families.

Dr. C. H. Hankinson for many years a resident of Prince Rupert was keenly interested in the social and economic problems facing the medical profession and a Past President of The British Columbia Medical Association. Dr. Hankinson received his medical degree at McGill University in 1919 and has practised in B.C. since 1921.

Dr. A. C. Sinclair a familiar and much loved figure of the medical fraternity in Victoria died suddenly at his home. Dr. Sinclair was born in Ontario and graduated in medicine from the University of Toronto. He has practised medicine in Victoria for the past forty years.

Dr. Gordon James died suddenly at his residence in Vancouver. Dr. James received his M.B. at the University of Toronto in 1926 and registered here the same year. He practised medicine at Britannia Beach for over twenty years before coming to Vancouver to reside.

Dr. J. R. Naden, President of the North Pacific Orthopaedic Society, welcomed members from Washington, Oregon, Idaho and British Columbia at their Annual Meeting recently held in Vancouver. Doctors H. H. Boucher and Harry Fahrni, of Vancouver, were guest speakers at the two-day meeting.

Dr. H. F. Inglis has been appointed Medical Health Officer and School Health Inspector at Gibson's Landing, in place of his brother, Dr. A. M. Inglis, who left to take a post-graduate course.

Dr. J. B. Fenwick will leave Shaughnessy Hospital on the 1st of July to go to the Pathological Institute of the Royal Victoria Hospital, Montreal.

Dr. C. E. G. Robinson has left Vancouver to take post-graduate studies at Queen's University, Kingston.

After practising here for 40 years Dr. W. H. Lang has retired and will make his home at Granthams Landing.

Dr. Duncan McColl formerly of Wells is now practising at Schelt.

Dr. H. E. Hamer has been elected President of the Revelstoke Rotary Club.

Congratulations are extended to the following doctors and their wives on their recent good fortune:

Dr. and Mrs. H. K. Fidler—a son.

Dr. and Mrs. W. C. Gibson—a son.

Dr. and Mrs. E. N. Hughes—a daughter.

Dr. and Mrs. C. G. Pow—a son.

Dr. and Mrs. G. B. Wilson—a daughter.

Dr. K. C. Boyce of Woodfibre has gone to Queen's University, Kingston, to do post-graduate work.

One of our B.C. registrants, Dr. J. A. Hay, has left Canada to take charge of the Kanye Medical Mission, Bechuanaland Protectorate in South Africa.

Deepest sympathy is extended to the following doctors on their recent breavements: Doctors J. A. Ganshorn, Kathleen S. Graham, H. M. Robertson and G. A. Upham.

CORRECTION

Dr. J. A. Macdonald, formerly of Port Simpson, is now practising at Prince Rupert in partnership with Dr. L. M. Greene.

Dr. J. A. MacDonald, formerly of Vancouver, is now practising in Burnaby with Dr. S. A. Bell.

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