THE VANCOUVER MEDICAL ASSOCIATION

BULLETIN

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Hospital Extension

Myasthenia Gravis

Carcinoma of Heart

AUGUST, 1926

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THE VANCOUVER MEDICAL ASSOCIATION

BULLETIN

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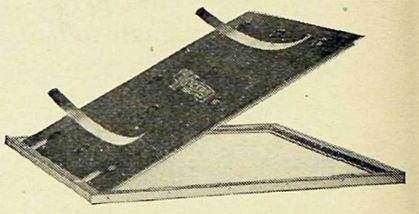

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EDITOR'S PAGE

The pressure upon the Hospital accommodation throughout the city has continued unabated during the summer months. Usually when the fine weather sets in and spring work opens up a considerable relief on the demand for beds is felt, particularly in the public wards of our hospitals. This occurs partly from the diminution of seasonal, particularly respiratory, disorders and partly because many patients without settled abode and not well enough to look after themselves during the inclement winter season are now able to utilize their moderate stock of energy under more favourable climatic conditions. This year, as we have said, this natural relief upon Hospital accommodation has been more than offset by the influx of patients with ailments other than seasonal in character.

It seems futile to discuss any longer why this state of affairs should exist or what measures can be taken to prevent it. Whatever we may think, it is abundantly evident that the demand for beds will continue and will continue to increase. The situation must be faced and we think that the Board of Directors of the General Hospital have acted in a timely manner in composing the letter which they have recently addressed to the ratepayers of the city on this question.

The Hospital By-law, which was voted upon on July 15th, providing for $50,000 as the city's contribution towards the completion of the building for the care of Tuberculosis was good as far as it went. It was obviously required to supplement and make available the large sum already expended on the building and to complete a very necessary work for the health of the city. Unfortunately while it will give increased accommodation for patients afflicted with tuberculosis it will do little or nothing to relieve the general hospital situation.

The problem requires careful consideration and in this connection we should like to call the attention of our readers to an important leading article which appeared in the Vancouver "Province" of June 27th and which we believe should have considerable influence on the subject. We refer to the article under the caption of "A Medical Faculty."

It is not our purpose just now to discuss the pros and cons of a Medical School in connection with the University of British Columbia. It will suffice for our purpose if we say that this considerable article published in the lay press and indicating by its contents a somewhat intimate familiarity with the medical situation in Western Canada, seems to show that the establishment of such a Faculty is not an impractible visionary idea.

Possibly the cry of the homeless would-be medical student looking for a shelter, has made itself heard, or the lopsided appearance of the University attracted attention.

Be this as it may the shadows of the coming event are evident enough and the point we wish to make is that the hospital extension situation in Vancouver should be considered with this in mind. No scheme of extension looking to supply the hospital needs of the near future should be presented to the people which does not include the possibility of teaching

requirements. To ignore this and embark in such an undertaking would be unwise and uneconomical, as the establishment of a Medical Faculty would of necessity considerably influence Hospital affairs in Vancouver.

* * *

We have recently received from Dr. M. T. MacEachern, late superintendent of the Vancouver General Hospital, a reprint of an address read by him before the Congress on Medical Education, etc. held in Chicago last spring.

Dr. MacEachern's paper deals with the "Educational Opportunities in the Open Hospital" and he has a great deal to say which is of interest particularly to the doctors of Vancouver where one of the largest and most successful of the Institutions of this type is situated.

Of course we all know and recognize, in theory at all events, the possibilities along this line that open hospitals possess, and at times we lament our inability to utilize these possibilities in Vancouver to the full, or even at all, in communal fashion at all events.

Discerning outsiders who visit us see our opportunities well enough, and on occasion have no hesitation in pointing out the folly of their insufficient exploitation.

Not that they are entirely neglected. Individually we all profit. Some more than others according to their zeal or ability. As Dr. MacEachern points out the very environment of a physician who avails himself of the privileges of a large hospital is such that knowledge soaks into him almost unawares, and his practice and procedure are insensibly modified and influenced by what he sees and hears around him. What Dr. MacEachern stresses is the necessity for a more deliberate, more purposeful, more conjoint use of the great educational advantages which there is no need to labour in the demonstration.

The burden of this paper is, of course, the Staff—the much abused, long suffering visiting Staff, which has everything to work with except incentive and leadership and where everything is left as between the individual and his Maker.

We suppose that is really the crux of the whole matter and the solution returns so far as Vancouver is concerned to the discussion and the resolution of the Medical Association last Fall.

Given an adequate organization all else, all the educational possibilities which are recognizable enough and unused, will naturally take their rightful place in the development and training of those who practice in the hospital.

Meanwhile we would heartily endorse Dr. MacEachern's plea for better educational supervision of the Internes of the Hospital. Something even considerable, has already been done, so far as the General Hospital is concerned. More is required. If we accept Internes, especially undergraduates, a very real responsibility lies with the Hospital towards them and the people among whom they will practice.

We feel sure that the present management and Staff will give full attention to this important phase of their work.

While we have fitted our comments on Dr. MacEachern's paper especially into our own local situation, the paper itself, of course, dealt with the question in its broader aspect. If space permits we may hope in a later issue to give a fuller abstract for the benefit of our readers.

* * *

Once again, and it seems as if the last occasion were but a few weeks ago, we take our typewriter in hand, to call attention to the notable programme of the Summer School which appears in our advertising columns and elsewhere.

When a book gets into its sixth or seventh edition, that, in itself, is some guarantee, if not of its excellence, at least of its popularity. When the Summer School of the Vancouver Medical Association returns that often we may be asured both of its excellence and its wide appeal. As an institution it holds rank with any similar organization elsewhere and with each succeeding year experience dictates and directs improvements. Particularly would we urge this meeting of September 13th to 17th on the attention of our out of town readers. They will find the intellectual nourishment there obtainable well worth the trip. No amusements are provided, no extraneous matters of organization are allowed to interfere with the scientific work of the sessions. We trust the very efficient Committee will be well rewarded for its labours by a record attendance.

* * *

METASTATIC CARCINOMA OF THE HEART

Report of Case from Pathological Department, Vancouver General Hospital Laboratories, by R. J. Wride, M.D., Asst. Pathologist

HISTORY OF THE CASE

Patient, a white male, 54 years of age, a widower and lumberman, of only fair mentality, was admitted to the Vancouver General Hospital on March 12th, 1925 under the service of Drs. Lineham and Gordon to whom I am indebted for the history and clinical findings. With the exception of occasional nocturia, his health prior to December, 1924, had always been good. At that time he left his work because of hematuria and at time of admission he rose about twice during the night to urinate. The hematuria was characterized by blood clot at the beginning of urination followed by clear urine and then again blood. There had been pain in the left flank, not colicky, and tenderness over the left kidney region. At time of admission, a palpable tumour could be felt below the 11th rib, in the mid-axillary line on the left side.

Cystoscopy on March 18th, 1925, revealed a normal bladder, but with blood escaping from the left ureter. Pyelogram at this time showed a kidney of very large size, with dilatation of pelvis and upper part of ureter. The pelvis and calyces were incompletely filled with the opaque solution. Radiographic diagnosis was made of kidney tumour. Subsequent radiograph on October 19th, 1925, following a barium enema, showed a flattening of the descending colon over the tumour mass. Extensive rarefaction was noted in the body of the second lumbar vertebra which was reported as secondary metastatic growth. Urine examinations showed an

almst constant acid reaction; specific gravity, 1015-1022; albumen, plus 1 and plus 2; sugar, negative; casts, granular, occasional; erythrocytes, numerous; leucocytes, occasional. Phenolsulphonephthalein test on March 23rd, 1925, showed 9.5 per cent. for first hour and 6.0 per cent. for second hour; and on April 4, 1925, 17.0 per cent. for first hour and 17.1 per cent. for second hour. On March 17th, 1925, the blood showed 50 mgms non-protein nitrogen per 100 cc. of blood and on April 14th, 1925, 47 mgm non-protein nitrogen. Blood count, April 29th, 1925: erythrocytes 2,000,000; hemoglobin, 41 per cent.; leucocytes 8/100 with 81 per cent. polymorphonuclears. The blood Wasserman was negative both with cholesterinized antigen and acetone insoluble antigen.

During the patient's stay in hospital salicylates and codeine were adminstered for pain. Mesothorium, minums 5, was given intravenously every five or six days. In December, 1925, the left lower extremity became almost completely paralyzed and the right partially so. Oedema of the lower limbs developed and became progressive and most marked in the left knee. The temperature ranged from 97-100 degrees with a pulse rate varying from 80-115. Respirations throughout, 20-22. Death occurred suddenly, April 10th, 1926.

NECROPSY REPORT

April 12th, 1926, (A-26-38, V.G.H.)

The body was that of an elderly, emaciated white male. The pupils were equal and regular, 3 mm. in diameter. Both lower extremities were oedemaous below the knees, more marked on the left side. The left knee showed much swelling, the patella riding. The gastro-intestinal tract throughout was collapsed and not remarkable. The descending colon was adherent to a mass in the left upper quadrant and flattened out over its surface, although there was no definite obstruction to its lumen. The liver was large, (2260 grms.) the left lobe showing a tumour mass. The gall bladder was normal. Liver and spleen showed chronic passive congestion, the latter 235 grms. in weight. The pancreas showed tumour involvement of its tail. The adrenals were normal. The right kidney, 210 grms., showed a moderate hydronephrosis with multiple small calculi of mulberry appearance in the pelvis and calyces. There was incomplete obstruction of the ureter, due to the presence of a small calculus, with thickening of the ureteral wall 5 cm. below pelvis of the kidney. The left kidney, 1295 grms., showed extensive tumour involvement. It was more or less regular in outline, its posterior aspect showing the pressure outline of enlarged lymph nodes. On section the fibrous capsule was thin, the kidney cortex only here and there demonstrable. The circumscribed mass showed many lobulations, with some hemorrhage, central necrosis and softening. There was extension into the kidney pelvis with involvement of the upper one-fifth of the ureter. The renal vein showed extension into its lumen and, by continuity, the upper 5 cm. of the lumen of the left spermatic vein was involved, producing a varicocele on the left side. Likewise, the neoplasm extended to the inferior vena cava, although not completely obliterating its lumen, and to the right auricle. The inferior vena cava below the junction of the left renal vein, was not involved. The mesenteric glands and the retro-peritoneal glands were everywhere involved. The lumbar glands, especially posterior to the left kidney formed a

mass in size equal to that of a normal kidney. The heart, 415 grms. in weight, was large, pale and flabby, The pericardium was normal. The right auricle showed attached to its wall an irregular, friable tumour mass and thrombus which was continuous with that found in the inferior vena cava. The cavity of the auricle was almost filled with the growth. The right ventricle and left side of the heart showed some antemortem clot adherent to the chordae tendinae. There was a moderate degree of sclerotic thickening of the free margins of the valves and a slight coronary sclerosis. The pleural cavities on both sides contained a turbid fluid, the right 200 cc., the left 800 cc. Here and there the pleurae were adherent by tumour growth. The lungs each showed scattered nodules with involvement of the hilar lymph nodes; the vertebral column revealed tumour involvement of the 2nd, 3rd, 4th lumbar vertebrae, with recent tranverse fracture of 3rd. The left knee joint was markedly involved in the process.

Microscopic sections of left kidney showed atrophy of kidney tissue with much increase of interstitial fibrous tissue. There was a chronic iflammatory reaction and deposition of hemosiderin. Circumscribed by fibrous tissue was a tumour mass of a papillary character, composed of polyhedral or columnar epithelium. The cells were for the most part of good size and showed either a clear or granular cytoplasm, the latter predominating. The nuclei were large and here and there showed mitotic figures. In some areas, adjacent strands of connective tissue stroma seemed to enclose columns of cells. The tumor growth appeared to be a papillary adenocarcinoma of the kidney, as described by Ewing, although the reproduction of hypertrophic renal tubules, which would have ruled out the adrenal origin, was not observed.

Sections of liver, lung and lymph nodes, showed metastic nodules similar in morphology to the primary tumour, but with considerable central degeneration and necrosis. The growth within the lung was alveolar in type, with papillary proliferation. Sections of the right auricle showed a carcinomatous growth similar to that found in the kidney and infiltrating the endocardium which was thickened. There was no definite infiltration of the myocardium, although the muscle cells were atrophic. Sections of the mass within the auricular cavity showed carcinomatous growth with degeneration.

In this case the findings were "carcinoma of left kidney with extensive metastases to regional lymph nodes, tail of pancreas, left lobe of liver, lungs and pleurae, bilaterally, lmmph nodes at hila of lungs; the spine—involving the 2nd, 3rd, 4th lumbar vertebrae with fracture of 3rd; the left knee—direct extension to the left ureter in its upper one-fifth; the left renal vein, left spermatic vein; the inferior vena cava and upward nito the right auricle of the heart.

CORRESPONDENCE

To the Editor,
THE BULLETIN, Vancouver Medical Association.

Dear Sir:

To convey to those of your readers who have not visited the Mayo Clinic any definite idea of its scope and organization would be impossible

in a short letter. I will confine my remarks to the treatment of certain types of cases only.

Having visited the Crile Clinic in Cleveland I was doubly interested in the present methods of handling Toxic Goitre cases at the Mayo Clinic. on the service of Dr. H. S. Plummer. Some of the impressions noted were:

1. Preoperative treatment averages 8-14 days. The cases associated with cardiac decompensation are treated for considerable periods and so increase the general average preoperative course. Three days postoperative the patients are gotten out of bed and on the fifth or sixth day usually sent to convalescent hospital.

2. Lugol's solution is given only in Exophthalmic Goitre and usually about 30 minims daily before and after operation. After discharge the patient is advised to take 10 minims daily for eight weeks. Cases in crisis or delirium are given 50 to 100 minums daily until the crisis is controlled.

3. Iodine is definitely of no value in a hyper-functioning adenoma and may do harm.

4. The decompensated cases are put at rest, Digitalis is used very rarely and only after a prolonged rest has failed to improve the decompensated heart definitely. When used, three cc's. are given daily until 9cc's. only have been given.

5, Digitalized Goitre cases are never operated until the Digitalis is completely eliminated as they are in danger of developing very severe and at times fatal post operative cerebral complications.

6. In toxic cases showing foci of infection as tonsils, teeth, etc., the Goitre is first operated and the foci of infection are later removed.

7. Subtotal Thyroidectomy is done in the great majority, lobectomy occasionally, and ligation very rarely since using Lugol's solution as at present.

8. Chloral is given first place among sedatives and where vomiting is present is given by rectum. Ten grains three times daily is the usual dose. Morphia is given but infrequently.

Dr. Norman Keith demonstrated a number of cases of oedema from various causes in which he got very interesting and beneficial results. The method of treatment has been checked up very carefully including animal experimentation. Cases of oedema associated with cardiac conditions, cirrhosis of the liver, or nephrosis, are put on the following regime:-

1 .Rest. 2. Ammonium chloride or nitrate, ten grms, daily for periods even as long as a month. 3, Low water intake 1200 to 1500 cc's. daily including the water in the food. 4. Low sodium chloride intake, 1-4 grms. daily. 5. Low food intake while at rest, e.g. protein 40, carbohydrate 190, fat 60 grms. for a 70 kilo man. 6. Novasurol is also being given to the resistant cases to eliminate oedema.

As much as seven and eight litres of fluid have been eliminated in one day on this treatment and the cases apparently continue to remain free

from oedema. He believes that ammonium nitrate is probably better than the chloride on account ofthe possibility of and acidosis following the liberation of the chloride. The ammonium is broken up and eliminated as urea but shows no tendency to increase the blood urea. As increased blood urea at the outset of the above regime usually showed a reduction to normal.

Dr. Wilder has charge of the Diabetic cases. At present he is placing most of his cases on a diet o f protein 50 grm., total glucose content 120 grm., and fat sufficient to make a total intake of a basal requirement plus 30-70 per cent. depending on the age, activity, etc., of the patient.

He is attempting in this way to simplify the diet for diabetics. His new Primer for both physician and patient, published by Messrs. Saunders, will be out shortly.

Dr. George Brown is at present working on some of the problems of vascular disease, including cases of phlebitis. The operation of lumbar sympathectomy gives promise of great benefit in cases of Raynaud's and Buerger's disease.

* * *

THE PACIFIC NORTHWEST MEDICAL ASSOCIATION

Spokane, July 1-3.

The registration this year was in the neighborhood of four hundred and in spite of the warm weather the attendance at the meetings was very good. The morning and evening sessions were general, the afternoon programme being run in two sections, roughly medical and surgical. The Davenport Hotel with its famous service and pleasing arrangements proved to be very convenient as headquarters.

Dr. Howard Lillienthal gave two interesting papers, one on his work in Surgical Treatment of Pulmonary Tuberculosis and a second; "Pulmonary Non-Tuberculous Suppuration; Its Surgical Treatment." In the latter attention was drawn to the following statements.

(1) An abscess of the lung that has not perforated into the Bronchus should be opened early before rupture takes place. If opened previous to rupture coughing has a marked effect in extruding the pus through the incision and leads to early healing.

(2) Aspiration for lung abscess is never done through the chest wall. The chest is opened and the abscess exposed. If no adhesions are present the lung is packed around with gauze and a rubber dam placed over it and closed for 24 hours. At the second operation and not till then is the abscess aspirated.

(3) In diagnosing lung abscess it is necessary to examine the patient in different positions for varying physical signs. X-ray films should be also taken in the lateral position.

(4) On opening the chest the lung collapses. This makes it difficult to locate foreign bodies as their position as shown by the X-ray is changed. To avoid this an artificial pneumothorax is produced previous to taking the pictures.

(5) At operation for Empyema it is advisable to look for a perforation into the lung and when found the opening should be enlarged.

(6) Septic arterial emboli are not uncommon in lung work. Headache and depressed mental condition are early prodromal symptoms.

Dr. Karl F. Meyer, Professor of Bacteriology, University of California, proved to be a popular lecturer. The subjects discussed were: (1) Local Immunity; (2) Tetanus, and (3) The Prevention of Food Poisoning.

In his talk on Tetanus he drew especial attention to the following points:

(1) The best disinfectant in puncture wounds which are soil infected is a solution of 5% Iodine and 70% Alcohol.

(2) Antitoxin treatment in Tetanus has probably little value except that intravenous injection neutralizes the toxin in the blood and lymph streams. Doses of antitoxin of less than 50 thousand units are unsatisfactory. Large doses given early, diluted in 20% Glucose solution, cleansing of the wound, nursing and sedatives are the best treatment. Repeated doses of antitoxin are very disturbing to the patient.

(3) Intrathecal treatment with antitoxin has been of no value, (Sir David Bruce) and has probably been harmful.

(4) Twenty-five per cent. of all people examined showed B. Tetanus in intestines or stools. There are 5 or 6 types of the organism but Nos. 1 and 3 types are the common ones and are used for making antisera.

(5) Prophylaxis in badly infected wounds should consist of three weekly injections of 1500 units of Tetanus antitoxin.

Dr. A. C. Ivy, Professor of Physiology at the Northwestern University Medical School was a worthy successor to Dr. Carlson who gave such interesting lectures on Physiology at the Seattle meeting in 1923.

In his three morning lectures Dr. Ivy covered the newer Physiology in regard to the Gastro-intestinal tract and also spoke of the progress in the fields of kidney function, nutrition, metabolism and circulation.

The response of the stomach to stimuli is in three phases: (1) cephalic; (2) stomachic; (3) intestinal phase. The latter was demonstrated in animals by producing a duodeno-oseophagostomy and making a transplanted subcutaneous pouch of the stomach. One to two hours after ingestion of food the stomach secretes freely. This is a result, probably, of an intestinal hormone.

In a dog with the stomach side-tracked, a severe anaemia developed which could be controlled by the use of iron and cod liver oil though not with iron alone. HCL also helped in the control of anaemia. Cod liver oil promotes metabolism in the bone marrow.

A diet of 200 grms. of cooked liver, 200 grms. of muscle, abundant vegetables and low amount of fat is recommended for anaemia.

Spleen and bone marrow increase the resistance to erythrocyte destruction.

Dr. J. Whitridge Williams, Professor of Obstetrics at Johns Hopkins University discussed Caesarean Section, Eclampsia and Multiple Pregnancy in three lectures. At a banquet given the last evening of the meeting he spoke on "The Personality of Osler" and revealed many sidelights on the more humorous side of Osler's life at Baltimore.

His attitude in regard to Caesarean section was very conservative, the number of cases in his service now being subjected to this operation is relatively very small.

Since 1912 the treatment of eclampsia has been put on a very conservative basis and the methods of Strogoff are being followed. Depending on the type, 95% of cases of eclampsia can be prevented by simple methods with sedative treatment without interrupting pregnancy. In only 5% of cases, women with high pressure, amaurosis, etc., should pregnancy be interrupted.

The nephritic type of toxaemias do progressively worse with pregnancy and these cases should be sterilized.

Previous to 1912 the treatment of eclampsia at Johns Hopkins was emptying the uterus and the mortality was slightly under 25%. Since then the mortality in the mild cases has been reduced seven times and in the severe cases to less than half.

Avoid anesthetics. In animals it has been found that lesions produced by anesthetics are similar to those found in cases of eclampsia viz., involvement of the liver and kidneys, with increase of uric acid, lactic acid and sugar in the blood, and a lowering of the CO2 combining power, an acidosis. Local or spinal anesthesia is indicated.

Caesarean section is being avoided in eclampsia as death rate is very high.

Dr. H. Lisser of the University of California gave an endocrine clinic as well as two lectures on disturbances associated with the glands of internal secretion.

The lecturers were without exception of a very high standard and lack of space compels me to pass without comment the addresses of such men as Drs. George Dock, A. W. Adson, J. B. Collip, Walter E. Dandy, George W. Holmes, Albert Keidel, Edward H. Mason, Howard Naffziger, H. L. Parker, George H. Semken, and Arthur Steindler.

I trust that the above notes may be of interest to a few, at, least, of your readers.

Yours sincerely,

C. E. BROWN.

July 19th.

NEWS AND NOTES.

Dr. C. E. Brown has returned to the City from his recent trip East. In another column he gives an account of his visits to the Mayo Clinic and the meeting of the Pacific North West Medical Association at Spokane.

Dr. G. H. Clement and Dr. A. W. Hunter were among the Vancouver men who attended the Washington University Extension lectures in Seattle at which Drs. George Dock, Fred W. Rankin and W. F. Braasch were the speakers.

Dr. C. H. Bastin has received the appointment of medical referee to the Workmen's Compensation Board left vacant by the resignation of Dr. D. J. Miller, who has joined Dr. Marlatt in practice at Powell River.

Dr. W. A. Dobson has given up the offices in the Orpheum Building recently occupied by himself and Dr. Bastin and has taken offices with Dr. D. M. Mackay in the Vancouver Block.

Among the British Columbia men who attended the meeting of the Pacific North West Medical Association at Spokane were Drs. A. S. Monro, B. D. Gillies, H. A. Spohn, H. A. Rawlings, F. C. MacTavish, and C. E. Brown. Boise, Idaho, was selected as the place of meeting in 1927, Dr. Stewart of that City being elected President. Dr. C. E. Brown of Vancouver was elected second vice-President of the Association.

Dr. W. C. Walsh and family spent a very enjoyable holiday at Parksville, Vancouver Island.

Dr. J. L. Turnbull and Dr. J. H. MacDermot, with their families, are spending the summer months at their homes on Savary Island.

* * *

An advertisement of the Vancouver Medical Association Summer School appears in another column. Below are the names of the speakers and a list of the subjects on which they will lecture:

SIR HENRY GAUVAIN, M.D., M.C. (Camb.), English Orthopaedic Surgeon.
Two subjects to be announced later.

DR. A. S. WARTHIN, Professor of Pathology, Uuniversity of Michigan.
1. Syphilis of the Heart and Aorta.
2. The Nature of the Inherited Susceptibility to Cancer.
3. Some Unusual Forms of Diseases of Children.
4. The Causes of Renal Insufficiency.

DR. C. A. HEDBLOM, Professor of Surgery, University of Illinois.
1. Differential Diagnosis and Treatment of Chronic Pulmonary Suppurations.

2. Phrenicotomy and Extrapleural Thoracoplasty in the Treatment of Pulmonary Tuberculosis.
3. A Study of the End Results following Radical Amputation of the Breast for Carcinoma.
4. The Differential Diagnosis and Treatment of Acute Abdominal Conditions.

DR. GEORGE GELLHORN, Professor of Obstetrics and Gynaeology, St. Louis University.
1. Milk Injections for Pelvic Infections in Women.
2. Syphilis in Gynaecology and Obstetrics.
3. The Treatment of Postpartum Haemorrhage.
4. Causes and Treatment of Vaginal Discharge.

DR. R. R. MacGREGOR, Professor of Pediatrics, Queen's University.
1. The Common Nutritional Disturbances of Infancy observed in Practice.
2. Chronic Intestinal Indigestion.
3. Pyelitis of Infancy.
4. Intestinal Intoxication.

DR. GEORGE HALE, Professor of Medicine, Western University.
1. Nephritis from the standpoint of the General Practitioner.
2. Functional vs. Organic Cardiac Disease.
3. The Patient Complains of Dyspepsia."
4. A Confusing Syndrome.

DR. FRASER GURD, Associate in Surgery, McGill University.
1. Treatment of Fractures Involving Ankle Joint.
2. Empyema—Acute and Chronic.
3. The Treatment of Acute Perforated Appendicitis.
4. The Treatment of Compound Fractures.

* * *

Dr. Maude E. Abbott, Curator of the Medical Museum of McGill University and a well-known pathologist, addressed a special meeting of the Vancouver Medical Association on July 5th, on her way East after attending the Canadian Medical Association Meeting at Victoria. Dr. Abbott is one of the many friends of the late Sir William Osler who are responsible for the Memorial volume recently issued, which is Bulletin No. IX of the International Association of Medical Museums, and Dr. Abbott chose this book as the subject of her address at our meeting. After listening to Dr. Abbott's talk on the "beloved physician" we can quite understand and endorse Dr. Welch's remark in his foreward to the volume that "during the five years of preparation for the work under the irresistible enthusiasm, zeal and indomitable energy and perseverance of the Managing Editor, the underlying purpose has been so expanded that there are now scarcely any aspects and no period of Osler's life and work which have escaped attention."

Dr. Abbott's lecture was profusely illustrated by slides taken from pictures in the book. The idea of the Memorial volume took shape at a meeting of the Cornell University College in 1920 and the book in

its present scope was made possible by the liberal assistance and support received from the National Research Council of Washington, and the contributions made to the publication fund by those who stood close to Osler in his professional and private life. The classified annoated Bibliography of Osler's writings account for some 200 pages of the book. Associated with Dr. Abbott in the compilation of this Bibliography were Dr. E. B. Krumbhaar, Miss Minnie Blogg, Archibald Malloch, Fielding H. Garrison and H. W. Cattell. The annotations have been made in accordance with Osler's expressed preferencee for bio-bibliographical presentation rather than dry lists of titles.

> *"What then do these men not owe to him who gathers up their works, and in so doing recalls their achievements, and thus labours to lift that icy pall of oblivion which descends upon everything human."*

After her talk on the Osler Memorial volume Dr. Abbott gave a short address on "Congenital Cardiac Disease" It is always a privilege to hear an authority speak and those who had the pleasure of hearing Dr. Abbott's short talk on this subject were indeed fortunate. Because the lantern was not functioning properly the many valuable illustrations that Dr. Abbott had provided were not available; in spite of this her talk was most instructive. She emphasized the importance of keeping the physiology of the circulation in mind in classifying and studying congenital heart disease. She discussed the importance of cyanosis and pointed out that far from being a common symptom in congenital heart most cases did not show it. Cyanosis where present usually was evidence of an arterial shunt, with increased pressure on the right side of the heart causing admixture of venous with arterial blood. The commonest type of congenital heart to show persistent cyanosis was that with a defective intra-cardiac septum associated with some cause of increased right heart pressure, such as pulmonary stenosis. Defects in the cardiac septum not associated with other anomalies did not produce cyanosis except in some in which it appeared as a terminal condition resulting from a failing left heart, with a consequent proportionate increase in the pressure on the right side. Dr. Abbott particularly emphasized the fact that all cases with congenital heart lesions, even those showing no symptoms, should be treated as potential cardiacs and given the treatment usually accorded such cases.

* * *

LIBRARY NOTES.

RECENT ACCESSIONS TO THE LIBRARY.

(*The Library is situated in* 529-531 *Birks Building, Granville Street, Vancouver.* LIBRARIAN: MISS FIRMIN. *Hours*: 10 *to* 1, 2 *to* 6.)

"Transactions of the American Proctological Society," 1926.

"Transactions of the American Laryn. Rhinol. and Otol. Society," 1925.

"Surgical Clinics of North America," Philadelphia number, December, 1925.

"Diabetic Manual," E. P. Joslin, 1924.

"Medical Clinics of North America," Chicago number, March, 1926.

"Modern Medicine" (Osler and McCrae), volumes 1, 2 and 3 of new edition, 1926.

"Abdominal Operations," Sir B. Moynihan, 4th edition, 1926.

"Middle Age and Old Age," Leonard Williams, 1925.

"Action and Uses of Digitalis and Its Allies," A. R. Cushny, 1925.

"Tumors of the Spinal Cord," C. Elsberg, 1925.

"Dermatology," W. A. Pusey, 1925.

"Medical Diagnosis," Anders and Boston, 1926.

"Transactions of Ophthalmological Society," of the U. K., 1926.

"Surgical Clinics of North America," February, 1926.

"Archives of the Andrew Todd McClintock Memorial Foundation," 1925.

"Chemistry and Recent Progress in Medicine," J. Stieglitz, 1926.

"International Clinics," December, 1925, and March, 1926.

"Rheumatic Heart Disease," Carey Coombs.

"Collected Papers of the Henry Ford Hospital,' (1915-1925), 1926.

"Thoracic Surgery," 2 vols., Howard Lilienthal, 1925.

"Contributions to Ophthalmic Science," by pupils and colleagues of Edward Jackson.

"Parasitic Protozoa of Man," C. F. Craig, 1926.

"Surgical Clinics of North America," San Francisco number, April, 1926.

"Obstetrics," J. B. de Lee, 4th edition, 1925.

"Urology," 2 volumes, Hugh H. Young, 1926.

"Modern Views on Digestion and Gastric Disease," Hugh McLean, 1926.

"Infant Feeding," Dennett, 3rd edition, 1926.

"Mayo Clinic" volume, 1926.

"Medical Annual," 1926.

"Neuritis and Neuralgia," Wilfred Harris, 1926.

"Osler Memorial" volume, 1926.

"Medical Clinics of North America," Chicago number, May, 1926.

"Technique of Radium Therapy," H. E. Pinch.

"Biological Relations of Optically Isomeric Substances," A. R. Cushny, 1926.

"Facts on the Heart," R. C. Cabot, 1926.

"Chemical Pathology," H. G. Wells, 5th edition, 1925.

A new periodical, The Journal of Neurology and Psycho-Pathology, has also been ordered. This is a quarterly journal, published by the

British Medical Association and edited by Dr. S. A. Kinnear Wilson. Its aim is stated to be "to supply, in the form of abstracts and critical reviews, up-to-date information in reference to the whole field of neurology and psycho-pathology." It will also contain original articles from the leading neurologists and psychiatrists of all countries. It is hoped that it will prove of much interest and value to our members, most of whom will remember the admirable addresses we had the privilege of hearing from its editor two or three years ago.

* * *

SOME MISSING BOOKS.

(The members who have the following are asked to return same to the Library as soon as possible):

"Mayo Clinic" volume XVI, for 1924.

"Practice of Midwifery," by Fitzgibbon.

"Early Symptoms of Circulatory Disease," by Wilson.

"Internal Derangements of the Knee Joint," Fisher.

"Sympathetic Nervous System in Disease," by Langdon Brown.

"Pelvic Surgery," Skeel.

"Neurological Clinics," Collins.

"The Way of Life," Osler.

"Man's Redemption of Man," Osler.

"Annals of Otology," for June, 1923.

"American Journal Medical Sciences," for November, 1924.

* * *

BOOK REVIEW.

Biological Relations of Optically Isomeric Substances by *Arthur R. Cushny, M.A.M.D., L.L.D., F.R.S., Williams and Wilkins,* Baltimore, 1926, $2.00 cloth.

This, one of the Charles E. Dohme Memorial Lectures, well serves the object of the founder of these lectures—"to promote the development of a more intimate relationship betwen chemistry, pharmacy, and medicine." Beginning with a pleasing reference to Pasteur's work on the isomers of the tartrates the author points out the differences between many optically isomeric bodies from the standpoint of their physical characteristics, their destruction by enzymes, their digestion in the animal body, and their pharmacological effect. The last named consideration is given the greatest space. With a skilful avoidance of the technicalities of crystallography and colloid chemistry the subject is presented in an entertaining and readable manner: in fact the selection and

arrangement of the subject matter makes this small work a model of the short medical monograph.—D.F.B.

* * *

VANCOUVER GENERAL HOSPITAL LABORATORIES.

Dr. R. E. Coleman, Assistant Director V.G.H. Laboratories returned from the East (Toronto) about the end of June.

Vacation time fortunately corresponds with a falling off in specimens for laboratory examination. Were the rush of March to occur in July, vacations would be impossible.

The Laboratory is again carrying on a culture of Bacillus acidophilus. This culture will be carried on so long as there is sufficient demand for it to make it worth while.

Dr. C. H. Vrooman and H. W. Hill have returned from the second of the trips, (this time to Alert Bay) to be made investigating the prevalence and epidemiology of tuberculosis amongst the Coast Indians. Dr. A. S. Lamb, representing the Provincial Board of Health, accompanied them and took part in the clinical examinations. Over 200 Indians underwent clinical, Von Pirquet, and X-ray (fluoroscopic) tests. Incidentally the almost complete absence of goitre was noted.

This, with the previous trip to Bella Bella, makes a total of nearly 400 Indians of the Kwaqalas, individually examined, and many others casually seen. The Tsimpsians (of Port Simpson) and the Haidas (of Queen Charlotte Island) still remain to be investigated.

Seaweed, a definite item in the food of the Bella Bella Indians, is used at Alert Bay also, but in smaller quantities, obtained by purchase from Bella Bella and Hartley Bay Indians, who in turn collect it on the West Coast of Vancouver Island, for themselves and for sale. They regard the seaweed of the inside channels as not edible.

After the clinical examinations were finished, the Indian Agent, Mr. W. M. Halliday, conveyed Dr. Hill on a two-day epidemiological tour of the outlying canneries and villages on the Indian Department boat "Gi-KumiII."

* * *

B.C. MEDICAL ASSOCIATION NEWS.

Dr. Guy Palmer, who during the past few months has been practising at Merritt, B.C., has left for Ucluelet on the West Coast of Vancouver Island where he will take care of the medical services at that place.

Dr. H. C. Wrinch of Hazleton is taking a three-months' holiday. Dr. Geo. More of Nanaimo is relieving him.

Dr. W. J. Lightburne is relieving Dr. A. J. Stuart of Mission for two months as from July 1st.

Dr. B. Asselstine of Fernie is leaving this month for a six-weeks' vacation in Nova Scotia.

The Fraser Valley Medical Society held its annual meeting on June 10th, when Dr. G. W. Sinclair of New Westminster was elected President, Dr. D. A. Clark of New Westminster, Vice-President and Dr. O. Van Etter, Secretary-Treasurer. At this meeting the question of changing the Royal Columbian training school to one of a graduate nursing staff was brought up but the doctors of the Fraser Valley Medical Society were unanimously in favour of continuing the training school.

Professor Miller of the Department of Pathology, Queen's University, gave a paper before the Fraser Valley Medical Society on cancer research.

Dr. D. J. Millar, Chief Medical Referee of the Workmen's Compensation Board of British Columbia, who resigned his position with the Board, was, on June 30th, presented by the Commissioners and Staff with a slight token of their regard. Mr. E. S. H. Winn, K.C., Chairman of the Board, made the presentation and remarked on the energy displayed by Dr. Miller during his term of office. He stated that the Board always regretted the resignation of one of its Staff and in wishing Dr. Miller every success in his new venture, trusted that his new field of labor would be more remunerative. Dr. Miller replied in suitable terms and expressed regret at severing his connection with the Board. The presentation consisted of a smoker's cabinet, a case of pipes, together with a desk model B.D. Sphygmomanometer. Dr. Miller is entering practice with Dr. C. R. Marlatt of Powell River after a period of service with the Workmen's Compensation Board of nearly seven years.

* * *

MYASTHENIA GRAVIS.

Report of case from the Medical Wards of the Vancouver General Hospital, service of Dr. J. M. Pearson.

A . . . . A . . . . Age 24. Male. Logger. (B13988)

First admitted Vancouver General Hospital, December 4, 1921. Discharged, January 16, 1922.

COMPLAINT.—General weakness with dimness of vision; seeing double at times. He gave a history of having fallen 35 feet from the mast of a boat into the water striking the side of the boat in his fall.

This occurred in August, 1920. He laid off work for three weeks though not showing any evident injury. On returning to work found himself too weak to carry on and after ten days he desisted and has not done anything since.

FAMILY HISTORY.—Is negative, and his own previous history the same, except for an attack of typhoid fever four years previously.

On examination considerable general muscular weakness was evident, more especially in the arms and back, less evident in the legs. There is no muscular wasting. He appears well nourished. When lying on his back he is unable to lift himself into a sitting posture or even to raise his head off the pillow. When he desires to sit up he rolls to one or other side and pushes himself into a sitting position with his arms. He is unable to raise his left arm at right angles to his body and maintain that position. The right arm appears to be stronger. Both become fatigued readily. There is no evident ptosis, though before his admission, patient said that left eyelid drooped. Considerable muscular weakness is evident in jaws during eating, and patient at times assists mastication by placing his hand under his chin. Fluids sometimes regurgitate through nose. Some salivation is present most of the time. Appetite is fair. Bowels regular. Urine reported as negative. Weight 148 lbs.

Neurologically, superficial reflexes are normal and the deep reflexes are unaltered. No abnormal reflexes. Cranial nerves are normal except as regards regurgitation already referred to and tiring of voice on talking. Co-ordination is normal. Gait is unaltered. There is no anaesthesia; vision is unchanged. Electrical examination of muscles of arms shows good contraction with faradism. With galvanism muscles respond some to O.03 M.F. others requiring O.05 M.F. Blood showed 4.616.000 R.B.C. Hg 90% W.B.C. 10,000. P.72, L22. Wasserman test of blood was negative.

SECOND ADMISSION.—(B17835) March 22nd, 1922. Discharged November 9th, 1922. No improvement in condition. Has had chiropractic treatment. Weight still remains at 148 lbs. General condition appears little changed, no evident wasting or increased loss of power. Eye examination at this time shows fundi normal, slight error of refraction. Bilateral paresis external recti. As there was some apparent slight thyroid enlargement his basal metabolic rate was estimated and ranged from minus 5 to plus 7. Temperature and pulse normal throughout. Electrical reaction tests showed that if muscles such as the deltoid and supinator longus of the arms were tested there occurred at first a brisk reaction to faradic stimulation which was well maintained for a few seconds. After four or five stimulations a greater current was necessary to produce contraction, and after three or four more stimulations it was impossible to produce a contraction which could be maintained. The administration of thyroid substance in increasing doses was tried without effect. Later large and increasing doses of strychnine were used. Patient was not confined to bed but walked about freely.

THIRD ADMISSION.—December 27, 1924. (B53239). Died February 1, 1925.

Patient had been lost sight of since November 9, 1922. He was reported to have kept fairly well until within the last six months. Failed rapidly since then.

Was very considerably wasted and much weaker though still able to walk. Had difficulty in masticating and swallowing, so that he was only able to take very soft food. Muscular weakness was pronounced but variable. At times, especially in the morning, he had considerable power in his hands and arms. Towards evening less. In any event, power of voluntary muscular contraction would rapidly diminish with repeated or sustained effort. He talked as if he had his mouth full of food. In appearance there seemed to be some increased coarseness of features. His weight was now 108 lbs. (a loss of 40 lbs. since November, 1922). Temperature was normal. P. 80 to 100 and of fair quality. Examination of spinal fluid (which was clear and not under pressure) no cells, no increased globulin content. W.R. was negative. Muscular electrical reactions—with continuous faradic stimulation, brisk contraction occurs, which is only maintained for a few seconds. For two weeks previous to the end the patient complained of increasing difficulty in respiration. This was in fact owing to difficulty in keeping his head from falling backwards. He had to remain in bed on that account. Death seemed to occur from respiratory failure. For a day or two he complained of pain in his chest. Dr. Pearson saw him two hours before he died. He was then unconscious, breathing imperceptibly, pulse regular and of quite good quality, colour pale.

* * *

AUTOPSY REPORT.

The body is that of a well-developed, poorly-nourished, young white male. There are no external marks of violence visible.

PERITONEAL CAVITY is negative.

PLEURAL CAVITIES show nothing remarkable.

LUNGS appeared negative.

HEART.—Wt. 275 gms. P.V. 65 T.V. 1.5 M.V. 8 A.V. 7 R.V. .7 L. V. 1.5. The heart is of average size, and the coronary arteries, valves and muscle are negative.

LIVER.—Wt. 1,150 gms. The liver is not large, and it is of a dark red color, with poorly-defined markings.

SPLEEN.—Wt. 140 gms. The spleen is dark in color and its markings are not sharp.

KIDNEYS.—Wt. L. 150, R. 125 gms. The kidneys are of average size, dark in color, with no gross lesion visible.

GASTRO-INTESTINAL TRACT showed nothing remarkable.

The thymus gland weighed 15 gms. The thyroid gland weighed 25.8 gms. The prostate gland weighed 25 gms., and both adrenals, 15 gms. There was no marked evidence of arteriosclerosis, but there was definite evidence of yellowish degenerative changes, scattered here and there in the vascular system, even involving the coronary arteries.

HEAD was opened and the membranes were negative, and the convolutions of the brain appeared dry. It had the appearance as if there were intra-dural pressure. The arteries were visibly distended, but no actual congestion could be made out. The brain was not sectioned but was put in 10% formalin in normal salt solution. The spinal cord was taken out and put in similar solution.

Sections of the muscles of the back were made. No definite abnormal appearance was visible, but the muscles appeared small.

The brain and spinal cord sealed in jars were sent to the Department of Neuro-Pathology, the University of Minnesota Medical School at Minneapolis. Dr. J. C. McKinely reports as follows:

"We removed blocks from various parts of both sides of the cortex, from the basal ganglia, midbrain, pons, medulla, cerebellum and several levels of the cord. There is nothing in any of the sections which I can recognize as pathologic. A small amount of serum and a few hemorrhages were present in parts of the cortical meninges, but this is a common finding in normal cases as well as those containing the most diverse pathologic processes and I have come to consider it due to extravasations from handling the brains post mortem. The sections sent me already prepared appeared to be normal except Dr. Bell thought the thyroid was not altogether normal but would not venture a definite opinion as to the thyroid condition.

"I believe negative findings are the rule in the nervous system in myasthenia and consequently was not surprised in the present case. Lymphocytic infiltrations in the skeletal muscles have occurred in some of the cases."

NOTE:—Sections of skeletal muscle were examined by Dr. A. W. Hunter Pathologist to the Vancouver General Hospital who reported that lymphocytic infiltration was present but that there were signs of pigmentation of the muscle fibres in places.

* * *

CITY HEALTH DEPARTMENT.

STATISTICS — June, 1926.

Total Population (estimated)		128,366
Asiatic Population (estimated)		10,100
		Rate per 1000 of Population per Annum
Total Deaths	121	11.5
Asiatic Deaths	13	15.6

Deaths (Residents only)	88	8.3
TOTAL BIRTHS—		
Male, 126		
Female, 120	246	23.3
Stillbirths, not included in above	13	
INFANTILE MORTALITY—		
Deaths under one year of age	20	
Death rate per 1000 Births	81.3	

CASES OF INFECTIOUS DISEASES REPORTED IN CITY.

	May, 1926		June, 1926		July 1, to 15, 1926	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Typhoid Fever	1	0	2	0	0	0
Smallpox	1	0	0	0	0	0
Scarlet Fever	13	0	0	0	0	0
Diphtheria	18	3	14	2	8	0
Chicken-pox	70	0	68	0	10	0
Measles	180	1	186	2	49	0
Mumps	111	0	45	0	1	0
Erysipelas	2	1	2	0	2	0
Whooping-cough	34	1	12	0	0	0
Tuberculosis	7	8	13	7	5	0
Typhoid Fever	1	0	3	0	0	0
Cases from Outside City—included in above.						
Diphtheria	2	1	5	0	0	0
Scarlet Fever	3	0	2	0	1	0

Vancouver Medical Association

Sixth Annual Summer School

SEPTEMBER 13th-16th

Each of the following speakers will deliver a series of lectures and some clinics will be arranged—

Sir Henry Gauvain, M.D.,M.C. (Camb.) English Orthopedic Surgeon.

Dr. A. S. Warthin, Professor of Pathology, University of Michigan.

Dr. C. A. Hedblom, Professor of Surgery, University of Illinois.

Dr. George Gellhorn, Professor of Obstretics and Gynaecology, St. Louis University.

Dr. R. R. MacGregor, Professor of Pediatrics, Queen's University.

Dr. George Hale, Professor of Medicine, Western University.

Dr. Fraser Gurd, Assoc. In Surgery, McGill University.

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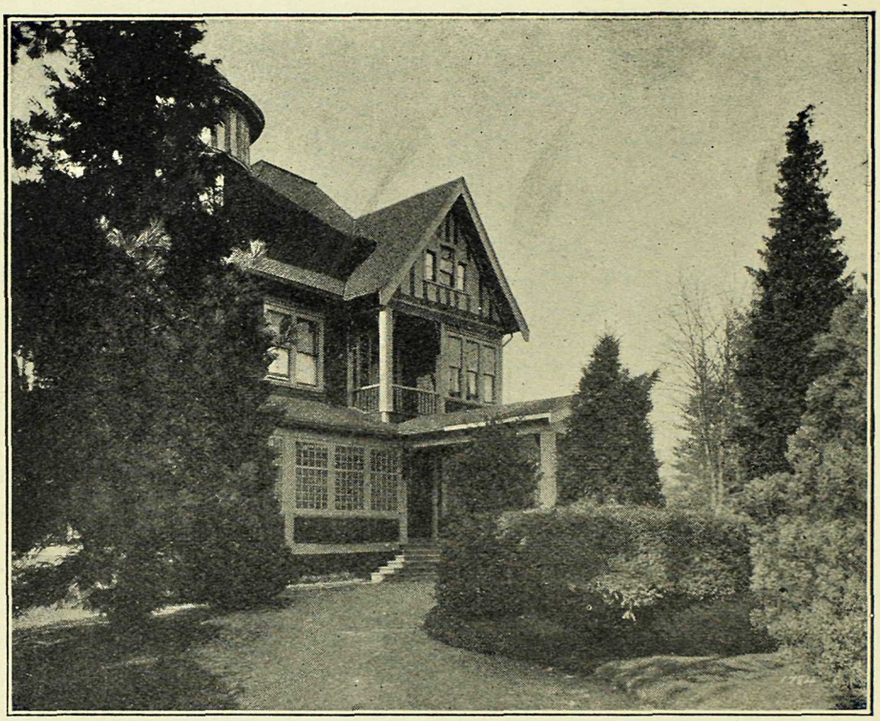

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