THE VANCOUVER MEDICAL ASSOCIATION

BULLETIN

Published monthly at Vancouver, B. C.

Annual Meeting

Impetigo Contagiosa

Health Statistics

MAY, 1925

Published by
McBeath Spedding Limited, Vancouver, B. C.

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ANNUAL MEETING

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(Inserted by Regina Medical Society.)

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THE VANCOUVER MEDICAL ASSOCIATION

BULLETIN

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VOL. I. MAY 1st, 1925 No. 8

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VANCOUVER MEDICAL ASSOCIATION

Founded 1898. Incorporated 1906.

28th Annual Session

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

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

Place of meeting will appear on Agenda.

GENERAL MEETINGS will conform to the following order:

8 p.m.—Business as per Agenda.
9 p.m.—Paper of Evening.

The regular work of this Session will commence on Tuesday, Oct. 6, 1925. Programme to be announced later.

* * *

VANCOUVER HEALTH DEPARTMENT.

STATISTICS, MARCH, 1925.

Total population (estimated)	126,747
Asiatic population (estimated)	9,960

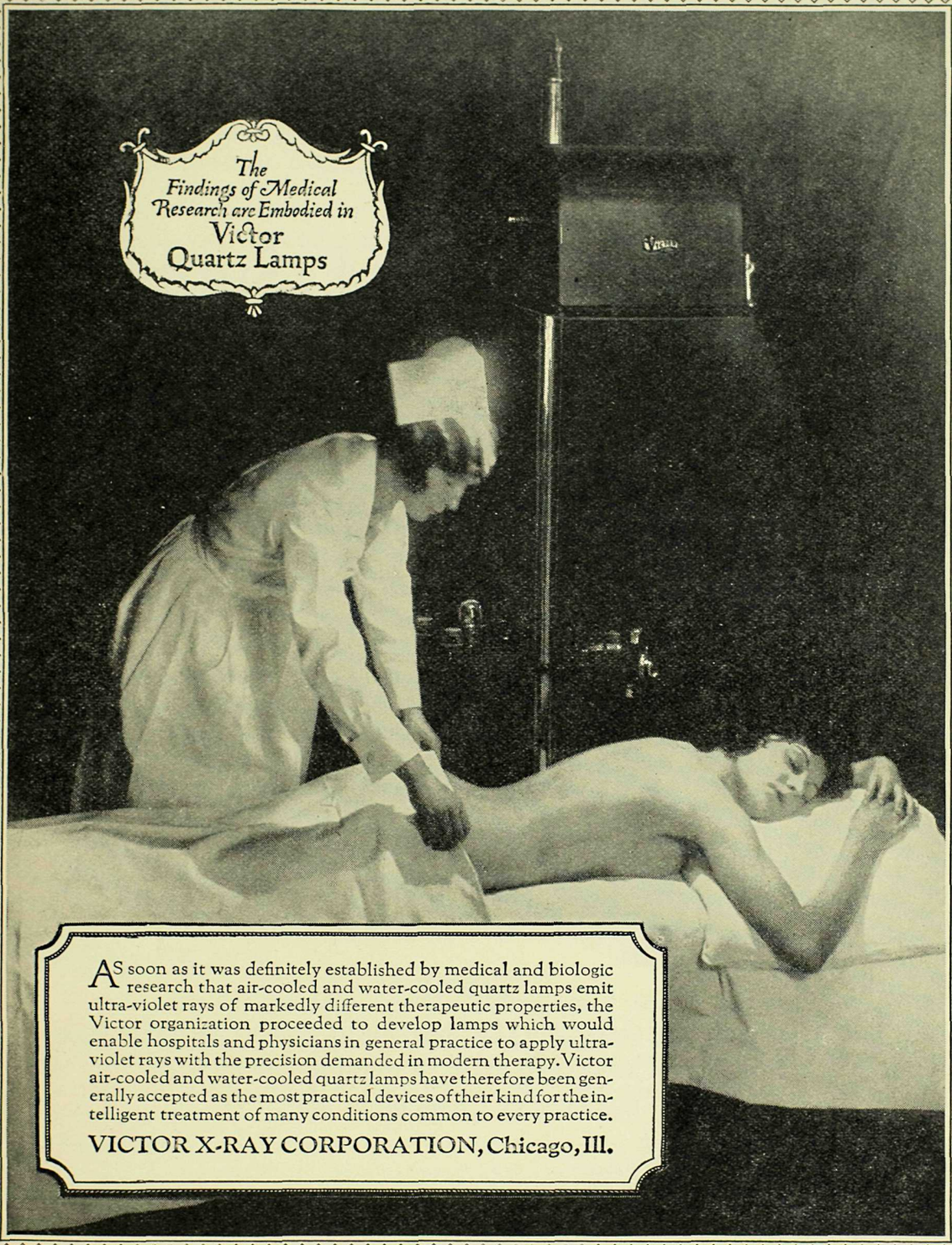
		Rate per 1000 of Pop. per annum
Total deaths	113	10.5
Asiatic deaths	13	15.4
Deaths—residents only	85	7.9
Total births—male 161 female 147	308	28.6
Stillbirths—not included in above	11	

Infantile Mortality—

Deaths under 1 year of age	9
Death rate per 1000 births	29.2

Cases of Contagious Diseases Reported.

	March.		April to 15th.	
	Cases.	Deaths.	Cases.	Deaths.
Smallpox	92	0	15	0
Scarlet Fever	66	0	13	0
Diphtheria	11	1	6	0
Chicken-pox	83	0	11	0
Measles	2	0	0	0
Mumps	47	0	11	0
Erysipelas	2	0	0	0
Tuberculosis	14	10	1	0
Whooping-cough	8	0	0	0
(Cases from outside city included in above.)				
Diphtheria	1	1	0	0
Smallpox	4	0	0	0
Scarlet Fever	6	0	0	0



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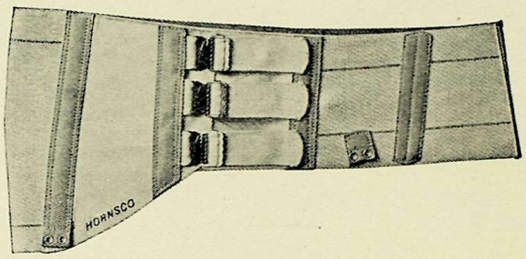

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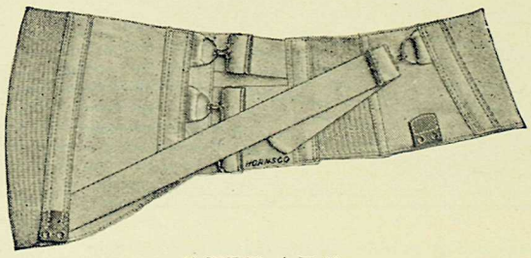

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EDITOR'S PAGE.

In this issue of the BULLETIN we record the Annual Meeting of the Vancouver Medical Association.

At this meeting the officers who will guide the affairs of the Society during the coming year were selected, and the 28th Annual Session of the Association was officially launched. Our readers are referred to a previous page for the full list of officers and members of committees.

The retiring officials have spent themselves freely, and we are sure their zeal has not passed unnoticed.

The business of the Association—scientific and material—has prospered under their hands, and we only voice the sentiment of the entire membership when we thank these retiring officers for their efficient work. By a wise change in our constitution it is now possible to retain as an active member of the Executive the outgoing President. Thus the Society secures immediate experiences, resolutions, observations and conclusions regarding its affairs before the lapse of time has made them less poignant. It is no small obligation to undertake to carry on the management of this Association with its numerous ramifications, even for a year. All honour to our members that, year by year, some are willing to sacrifice themselves on the altar of duty and receive at the hands of their fellows the glittering but unsubstantial attributes of high office. We wish our incoming officers well. They follow a lengthening line of always hard-working and in some cases illustrious predecessors. We recommend a "saturation" in the affairs of the Association. An ever-present sense of interest is a wonderful provider of occupation for the spare moments which even the busiest golfer must have.

Reviewing the work of the session just closed, we may perhaps with modesty be allowed to call attention to ourselves as one of the outstanding achievements of the Executive. Called into being (or should it be resuscitated?) we have endeavoured through the medium of this little publication to stimulate interest in the Association and carry news of its activities into a wider field. How far we have succeeded in carrying out the wishes of the Executive it is not for us to say. Any shortcomings are our own. The aspirations of Dr. Milburn and his associates were sufficiently lofty.

The tone of the papers presented this session has been excellent, much care and thoughtful work having gone into their construction, and we note with interest the increased attendance at the later meetings.

The problem of housing the Association is still unsolved, and every year becomes more pressing. This we hope to refer to later.

We would call the attention of our readers to the advertisement which appears in our pages of the Annual Meeting of the Canadian Medical Association at Regina. This meeting will be held in June, commencing on the 22nd and ending on the 26th. We understand that arrangements for the programme of this meeting are nearing completion and that already speakers of considerable eminence have agreed to attend. Among these we note the names of Mr. H. W. Carson, Senior Surgeon of the Prince of Wales Hospital; Dr. Pritchard, of Battle Creek Sanatorium, who will speak on chest work, especially X-Ray findings in tuberculosis. Dr. Picini, of Chicago, will take up the subject of physiotherapy. Other speakers are being arranged for, and we understand that in due course the full programme of the meeting will be in the hands of the profession. We would urge upon our readers the desirability of attending this meeting in one of the cities lying midway between the East and the West, forming a common meeting ground between the two sections of the Dominion. Adequate arrangements are being made for the entertainment of visitors, and we feel sure that the time occupied by a visit to Regina this summer will be well spent.

* * *

NEWS AND NOTES.

At a special meeting of the Vancouver Medical Association held on March 27th, to discuss the vaccination question in Vancouver, the following resolution was adopted:—

(1) That the Vancouver Medical Association endorses the action of the health authorities in their efforts to control the smallpox situation in Vancouver.

(2) That the members of the Vancouver Medical Association emphatically endorse vaccination as the only method of protection against smallpox.

Fifty-six of our Vancouver medical men entered the golf tournament recently initiated by President Dr. H. H. Milburn. The contest is narrowing down and at the time of going to press the following remain from low handicap flight: Drs. Lyall Hodgins, Colin Graham, D. M. McKay, W. T. Lockhart, E. D. Carder, and J. A. Houston.

Over 20 Vancouver city doctors are visiting Seattle on May 1st for the opening round of the Tri City golf contest. Subsequent games will be played in Victoria and Vancouver.

Dr. Fred Robertson has returned from taking a post graduate course in New York. He reports having had a very satisfactory six weeks' work.

The Pacific Coast Oto Ophthalmological Society holds its Annual Meeting in Vancouver, June 18th, 19th and 20th, under the presidency of Dr. H. M. Cunningham. The Society, which draws its members from the Province of British Columbia and the States of California, Oregon, Washington and others in the west, was established some 14 to 15 years ago. The last meeting was held in Portland, Oregon. Amongst the speakers who are expected to attend this meeting are Dr. Gordon New, of the Mayo Clinic; Dr. Edward Jackson, of Denver, Col., editor of the *American Journal of Ophthalmology*; and Dr. George Piness, of Los Angeles, who will address the Society on the subject of "Allergy." The Secretary of the Society is Dr. Hoffman, of Seattle, to whom communications may be addressed. The meetings will be held in the Hotel Vancouver.

* * *

BACTERIOLOGY OF SPINAL FLUID.

From the Laboratories of the Vancouver General Hospital.
Dr. R. E. Coleman, Acting Director.

The following data have been tabulated to correlate the bacteriological findings with the final clinical diagnosis of cases clinically suspected of septic meningitis.

	1923.	1924.	Total
Total number of cases	37	59	96
Cases cultured	19	31	50
Cultures made	28	56	84
Culture sterile	6	17	23
Culture sterile at first puncture, but giving growth at later puncture	0	1	1
Definite disagreement between Bacteriological and Clinical diagnoses	4	2	6
Cultures showing growth only after 48 hrs.	1	0	1
Meningococcus	3	2	5
Streptococcus	3	5	8
Pneumococcus	1	4	5
Staphylococcus Albus	2	1	3
Staphylococcus Aureus	1	0	1
Gram Negative Bacillus	2	1	3
Mixed Culture	2	0	2
Unidentified	0	1	1

For the most part the table is self-explanatory, but certain data are worthy of mention owing to their significance in making a clinical interpretation of laboratory findings. Of fifty cases, in only one was an organism recovered at a subsequent examination when the first was sterile, and in no case was a later culture sterile if the first one gave a growth. In 84 cultures yielding a growth only one required re-incubation for a second day. The cases showing definite disagreement between the organisms found and the final clinical diagnosis were as follows: In four cases with a clinical diagnosis of epidemic meningitis, in one a pneumococcus was

recovered, one showed a mixed growth, from one a streptococcus was recovered on three different days, and in one tubercle bacilli were found.

In two cases with a final clinical diagnosis of tubercular meningitis, one gave a streptococcus on culture and another an unidentified organism.

* * *

LIBRARY NOTES.

REPORT OF THE LIBRARY COMMITTEE.

The Library Committee submits the following report of its activities for the past year:

There were ten well-attended meetings of the Committee. Books and journals to the value of $674.50 were purchased. The total expenses for the past year were $841.92, made up as follows:

Books and Journals	$674.50
Freight	16.32
Binding	138.10
Steps	3.00
Medical Library Association	10.00
	$841.92

A comparison of the expenses of the past three years shows a steady fall:

1923	$1,377.64
1924	1,012.28
1925	841.92

Sixty-five per cent. of the members have used the Library during the past year.

During the year there were 1,035 journals taken out and 566 books, showing that the journals are used about twice as much as the books.

The Editorial Committee of the Vancouver Medical Association has granted the Committe space in the BULLETIN, so that now new books or other items of interest in the Library are published regularly in the BULLETIN. The opportunity to publish reviews of books in the BULLETIN has resulted in the donation of several books to the Library Committee for review, which, of course, increased the Library facilities.

The following books have been sent for review by the publishers:

Common Disorders of Digestion. Kantor.
Oedema. Loeb.
Race Hygiene and Heredity. Siemens.
International Clinics for 1924.
Basal Metabolism. King.
Calorimetry in Medicine. McCann.

Modern Methods of Treatment. Clendinning.
Manual of Gynaecology. Skeel.
Physical Diagnosis. Rose.
Compend. of G. U. Diseases. Hirsch.

The following authors have donated copies of their works:

Dr. C. J. Bond: *The Leucocyte in Health and Disease.*
Dr. H. C. Vines: *The Parathyroids in Disease.*
Sir J. Purves Stewart: *Diagnosis of Nervous Diseases.*
Dr. C. Miller: *Cosmetic Surgery; Rubber Injections.*
Dr. Lewellys Barker: *Blood Pressure.*
Dr. Gibbon Fitzgibbon: *Practical Midwifery.*
Dr. C. M. Sampson: *Physiotherapy Technic.*
Dr. W. Taylor: *Operative Surgery.*
Dr. F. X. Dercum: *Biology of the Internal Secretions.*
Dr. J. Willard Stone: *Blood Chemistry.*
Dr. F. M. Pottenger: *Symptoms of Visceral Disease.*

Donations of books, journals and transactions have been received from the following:

Dr. G. S. Gordon, Dr. A. E. Smith, Dr. J. A. Patterson, Dr. A. B. Schinbein, Dr. W. F. MacKay, Dr. R. E. Coleman, St. Andrew's Institute. American Proctologic Society, American Laryngological Society, General Education Board, Johns Hopkins University, Peking Union Medical College, American Paediatric Society, Medical Research Council.

Exchanges have been effected through the Medical Library Association Exchange with the following:

University of Oregon Medical School.
Clifton Springs Sanatorium.
Academy of Medicine, Toronto.
City of Chicago Tuberculosis Sanatorium.
Columbia University.

REVIEW.

Diseases of the Heart. By Dr. Henri Vaquez, Professor of the Faculty of Medicine of Paris. Translated and edited by Geo. F. Laidlaw, M.D., Associate Physician to the Fifth Avenue Hospital, New York City. Introduction by Wm. S. Thayer, M.D., Professor Emeritus of Medicine, Johns Hopkins University. Octavo of 743 pages, illustrated. Cloth, $8.50. W. B. Saunders. 1925.

Written by the leading French cardiologist, a follower of the renowned Potain, and excellently translated into English, this book is certainly a valuable addition to any medical library. It gives the French viewpoint and in a typically French way, with a vividness of description and every attention to detail. This is particularly noticeable in the chapter on Angina Pectoris.

The special attention given to the radioscopic examination of the heart in Professor Vaquez' clinic has led to a refinement of

technique that is probably unexcelled, and no doubt will lead to a wider use of this method than at present in vogue in most at least of our Canadian clinics. The attention of our radiologists is drawn to this aspect of the book especially.

The historical aspect is well taken care of in the introduction to each chapter, and a complete bibliography is placed at the end of the different chapters.

To the surgeons the remarks on the benefits of the operation of cardiolysis will be of interest.

C. E. B.

* * *

B. C. MEDICAL ASSOCIATION NOTES.

The Annual Meeting of District No. 6 of the B. C. Medical Association was held in Nanaimo on March 27th. Interesting addresses were given by Dr. Vrooman and Dr. Mason, of Vancouver. In addition to the local doctors present were Dr. Morgan, of Alberni; Dr. Hicks, of Cumberland; Dr. Rogers, of Chemainus; Drs. Maxwell and Henry, of Ladysmith; Dr. Bissett, of Cassidy, and Dr. Patterson, of Victoria. The officers for the ensuing year were elected as follows: Dr. Rogers, Chemainus, President; Dr. G. A. B. Hall, Vice-President; Dr. McIntyre, Secretary-Treasurer. Drs. Hicks, Maxwell, Morgan and Bissett were appointed on the Executive. Dr. McPhee was appointed as representative to the B. C. Medical Association.

The monthly luncheon of the B. C. Medical Association took place on the 29th of April at the Ambassador Cafe, Seymour Street. Mr. Justice D. Murphy was the speaker. A full report of the luncheon will appear in the next issue of the BULLETIN.

Mr. C. J. Fletcher, Executive Secretary of the Association, has recently returned from his annual tour of the upper country, where he made a personal visit to every practising member of the profession. He reports keen interest in the activities of the Association and a very cordial reception from all those he visited.

The attention of the British Columbia medical men is called to the Summer School of the Vancouver Medical Association to be held in Vancouver, July 2nd to 4th, inclusive. Some very able speakers have been secured for this meeting, amongst them being Sir Henry Gray, of the Royal Victoria Hospital, Montreal; Dr. Hugh Cabot, of the University of Michigan; and Dr. Alan Brown, of Toronto. This list of speakers affords an idea of the benefit that may be received from attending this Summer School.

Word has just been received of the appointment of Dr. Hibbert Winslow Hill, of London, Ontario, to the Chair of Public Health and Bacteriology in the University of British Columbia, left vacant through the lamented death of the late Dr. R. H. Mullin. Associated with this appointment is the position of Director of Laboratories of the Vancouver General Hospital.

ANNUAL MEETING *of the* VANCOUVER MEDICAL ASSOCIATION.

The Annual Meeting of the Vancouver Medical Association was held in the auditorium of the Normal School on Tuesday, the 21st of April, 1925, with the retiring President, Dr. H. H. Milburn, in the chair.

Reports of the activities of the various standing and appointed committees were read.

Notice of motion was offered by Drs. H. A. Barrett and G. A. Greaves to provide for the formation of a Section of Physiotherapy.

The Secretary, Dr. O. S. Large, reported as follows:—

"As Secretary of the Vancouver Medical Association for 1924-25, I beg leave to submit the following report of the activities of the Executive and Association to date.

"Seven regular meetings of the Vancouver Medical Association were held, at which excellent and instructive papers were presented by various members of the Association. The discussions were free, showing the intense interest and appreciation on the part of the members present.

"Your Executive, according to the constitution, held two meetings a month, at which the general business of the Association was dealt with. As far as possible, matters not affecting the Association as a whole were dealt with, but all important matters were referred to the Association at the general or special meetings. In this way the Association, at its regular meetings, was relieved of much routine and unnecessary work.

"At the beginning of our year's work the President called a meeting of the executive and various committees of the Association to discuss the year's programme, at which Dr. H. H. Milburn, our President, introduced, after much thought and careful study, the question of the establishment of a monthly bulletin, to be under the supervision of the Editor of the Association. We now feel, at the end of the year, that the BULLETIN has proved a decided asset to the Association.

"Also at this meeting our President suggested that two special meetings be held, at which outside speakers of prominence be invited to address our members during the winter. We were very fortunate in having Dr. Coffey, of Portland, address us on the subject of 'The Quarantine Pack in Abdominal Surgery'; and also Dr. Haygard, of Seattle, on the subject of 'Colitis'—both doctors giving a clinic at the Vancouver General Hospital in the morning and presenting papers in the evening. After the evening lectures refreshments were served, at a very small cost to the Association.

"Two other special meetings were called during the year—the first on July 3, 1924, to hear Dr. Strothers, of China, give an address on 'Kalaazar,' and the second in March, 1925, to discuss the vaccination question."

After thanking the various members of the Executive and the permanent Secretary of the Association for the great assistance they had rendered during the year, Dr. Large moved the adoption of the report, which was unanimously carried.

The Treasurer's report showed the finances of the Association to be in a sound condition, a considerable balance remaining in the bank at the end of the financial year. The various special funds of the Association were reviewed and found to be in excellent shape.

The report of the Credit Bureau was presented by Dr. G. A. Lamont. This report showed that the collections for the year had been very considerably in advance of any previous year. This was attributed to the more ready support given to the Bureau by the members of the Association and to the improved organization which greater experience and better financial standing enabled the Credit Bureau to use. Dr. Lachlan Macmillan, speaking to this report, said that the committee was only too glad to receive criticisms on their work because only in this way could improvements in the methods of the Bureau be brought about.

Dr. Pearson reported on behalf of the Editorial Committee. He referred to the establishment of the monthly BULLETIN of the Association which had now passed through seven numbers and had entirely cleared all expenses of publication and distribution. He took occasion to refer again to the advertising matter of the BULLETIN, and insisted that the support of the advertisers by the individual members of the Association was a necessity. It is necessary to show to those who insert advertisements that the BULLETIN is a good medium for bringing their business propositions before the medical profession, and Dr. Pearson stated that only by the continued goodwill of the advertising world could successful publication of the BULLETIN be continued.

The report of the Clinical Section was read by the Secretary, Dr. Pedlow. This Section has been active throughout the year and made a strong appeal to the Society for yet better support of its work.

Dr. Coleman presented the report of the Section of Physiology and Pathology. This Section held seven regular meetings during the year and discussed with considerable thoroughness the Autonomic Nervous System. Dr. Coleman announced that the officers for the ensuing year had already been selected, and that Dr. G. F. Strong had consented to act as chairman and Dr. C. H. Bastin as secretary.

The work of the Eye, Ear, Nose and Throat Section was detailed by Dr. Colin Graham—five meetings having been held dur-

ing the session, at which papers of interest had been read and important clinical cases shewn. Dr. Graham referred to the election of Dr. H. M. Cunningham as president of the Pacific Coast Oto-Ophthalmological Society. The meeting of this Society is more fully referred to in another column of this BULLETIN.

Dr. G. F. Strong gave an interim report on the progress of preparations for the forthcoming Summer School. The meetings will be held on July 2nd, 3rd and 4th, and it is probable that the sessions will be held in the business section of the city. Among the speakers selected are Sir Henry Gray, of Montreal; Dr. Hugh Cabot, of Ann Arbour; and Dr. Alan Brown, of Toronto. Dr. Roscoe Graham, of Toronto, is also expected to lecture, and other speakers will be announced in our next issue.

The report of the Library Committee was read by Dr. Coleman, and appears in full under Library Notes.

The Milk Committee, consisting of Dr. A. P. Procter, chairman, and Drs. C. F. Covernton, G. B. Murphy and C. S. McKee, presented their report as follows:—

"Since reporting last, your Committee is pleased to be able to report a general improvement in the milk supply of this city, largely the result of the new regulations in which your Committee had some part. What your Committee is particularly anxious to bring before you is the matter of the application of The Brooks Bank Laboratories, who are about to place on the market a certified milk of unquestioned quality at 25c a quart.

"Some months ago these people submitted to your Committee their plans for their plant, which is situated on Lulu Island, just across the Eburne bridge. Your Committee went thoroughly into their plans and assured these people that if they lived up to these plans and produced this milk in accordance with the regulations governing certified milk, that they would unquestionably have the support of the profession. It was felt by your Committee that anybody going to the expense and trouble of placing a first-class milk of this kind on the market at reasonable prices, ought to be able to demand the support of our profession, especially when that milk is placed on the market at such a price as to be within the reach of everybody. These people have gone ahead, established a first-rate place fulfilling every requirement and within a few days will be able to place certified milk on the market at the price quoted. Their premises have been inspected by Dr. Underhill, the City Health Officer, and by the writer of this report. It became necessary, under the regulations governing certified milk, to state on the cap that this milk had the approval of your Committee. This your Committee had no hesitation in granting. In asking your approval for what has been done by the Committee on your behalf in this connection, your Committee desires to make one thing quite clear, and that is that we hold no brief whatever for this particular concern. We stand quite ready to give our approval to any concern, or concerns, of a like nature

who satisfy your Committee that they are placing upon the market a milk which your Committee can guarantee, and which for some years the profession has been trying to get. We do feel whenever any concern goes to the expense and labour of producing such a milk that it ought to have the whole-hearted support of our members."

Dr. J. A. Gillespie reported as Representative on the Executive of the B. C. Medical Association as follows:—

"As your representative I have attended practically all of the meetings of Executive, and wish to report that the Executive of the B. C. Medical Association has been active and energetic during the year. The Executive has been working harmoniously and has, I believe, accomplished a great deal of good work.

"The different committees have been functioning efficiently.

"Under the able leadership of Dr. W. Wilson there has been considerable publicity work done by his committee. The Legislative Committee and other committees have been active, and as you will receive their report in the near future, it is not necessary to make any further mention of their work.

"The Health Insurance Committee has been carrying on further investigation and has issued a recent report and has, I believe, agreed on a definite plan of action based on certain fundamental principles which will protect the medical men when a health insurance scheme is brought forward, as will likely be done in the next few years.

"The Industrial Committee, under the able leadership of Dr. Schinbein, has dealt with many problems in W. C. B. work and has been of great help to out-of-town men in dealing with industrial matters.

"After two years of work on the Executive of the B. C. Medical Association, I can confidently state to this Association that I believe the B. C. Medical Association is doing excellent work. It is uniting the medical men of the province, and is doing a work that no other association can do. I believe the worth of this Association is not appreciated by our men as it should be, and one of the reasons is that there is not sufficient co-operation between it and the Vancouver Medical Association owing partly to the work not being sufficiently brought to the notice of the Vancouver Medical Association.

"I believe there should be a large representation on the B. C. Executive from this Association, and one of the officers of Vancouver Medical Association should be *ex-officio* a member of the B. C. Medical Executive, and that the work of B. C. Medical Association should be reported to this Association at least every three months.

"It will also be wise if an arrangement can be made to occupy the same offices, as it would save some of the overhead expense and bring the work of the two Associations in closer touch."

In regard to the raliway dispute, Dr. Gillespie said that progress had been made and it seemed probable in the near future considerable changes in the existing arrangements would be made.

Before proceeding to the election of officers, Dr. H. H. Milburn, the retiring President, addressed the meeting on some of his experiences and conclusions in regard to the work of the past session. He said it appeared to him that there was a certain overlapping and conflict of interests in the work of the Vancouver Medical Association and the B. C. Medical Association which might ultimately detract from the value and usefulness of both Associations. At present it appeared that the work of the B. C. Association was largely conducted in Vancouver and by Vancouver men, and this might be a factor in the falling off of interest in, and attendance at the meetings of the local Society which had been increasingly evident during the last few years. He considered that some arrangement, giving to various Sections and Societies throughout the province a greater measure of local autonomy, linking up their activities through the central body of the B. C. Association, would be a good thing, and he suggested that it might be advisable for the meeting to discuss his suggestions and possibly appoint a committee to enquire into the mutual arrangements of the two Societies.

In the discussion which followed, Dr. Vrooman took exception to the President's remarks. He thought the B. C. Association occupied a distinct and separate field and dealt with questions affecting the province as a whole. It formed a valuable link holding together members of the profession living in scattered districts, and he considered that those Vancouver members working in the interests of the B. C. Association were also amongst those most active in the work of the local Society.

Dr. Pearson agreed with Dr. Milburn that there might be overlapping in the work of the two Societies, and considered that it was somewhat unfortunate that the importance and size of Vancouver seemed to naturally fix the headquarters of the Provincial Association here. He moved that a committee of enquiry along the lines suggested by the President, be appointed.

Dr. A. W. Hunter, in seconding the resolution, recognized the lack of interest in the work of the local Society, but was doubtful whether the cause was not internal rather than external.

Dr. Wallace Wilson also agreed as to the somewhat apathetic condition of the affairs of the Vancouver Medical Association, but did not consider that the cause of this apathy should be laid at the doors of the Provincial Association.

The motion to appoint a committee finally carried, and the following selection was made by the President, with instructions

to report at an early date: Dr. J. M. Pearson, Dr. R. Crosby, Dr. F. P. Patterson, Dr. W. D. Brydone-Jack, Dr. W. D. Keith.

Dr. Milburn also made the suggestion that a President-elect of the Society should be appointed one year before taking office. He referred to the question of a permanent home for the Association and its Library, and said that possibly in the near future a concrete plan looking to this end might be offered.

Report of the Staff of the Vancouver General Hospital for the past year was presented by Dr. J. J. Mason, chairman. He said the Staff had been undertaking surveys into the work of the various departments of the hospital. One survey had been made of the infant deaths and stillbirths. Another survey had been made of the recurrent attacks of Impetigo Contagiosa, which had occurred among infants. A survey had also been undertaken of the cystoscopic work of the hospital and its correlation with subsequent operative findings, and at the last meetings the work of the T. B. ward had been surveyed and various suggestions made and conclusions arrived at in consequence. He said that it was proposed from time to time to present these surveys in more detailed fashion at the meetings of the Association, and meanwhile permission was granted by the Association to the Editorial Board to publish in the BULLETIN such of these surveys as appeared suitable.

In the absence of Dr. Keith, the report of the Staff of St. Paul's Hospital was read, and referred to similar examination work which had been done there.

The election of officers for the session 1925-26 then followed. Dr. J. A. Gillespie was elected President, and Dr. A. W. Hunter Vice-President. Dr. G. H. Clement and Dr. A. B. Schinbein were appointed respectively to the offices of Hon. Secretary and Hon. Treasurer. Dr. Frost was re-elected Auditor, and Dr. J. M. Pearson was again chosen as Editor. Dr. A. J. MacLachlan was elected to represent the Association on the Executive of the B. C. Medical Association.

The following were appointed to the various Sections and Standing Committees:—

Sections: Clinical Section—Dr. W. L. Pedlow, Chairman; Dr. F. N. Robertson, Secretary.

Physiological and Pathological Section—Dr. G. F. Strong, Chairman; Dr. C. H. Bastin, Secretary.

Eye, Ear, Nose and Throat Section—Dr. Colin Graham, Chairman; Dr. E. H. Saunders, Secretary.

Genito-Urinary Section—Dr. G. S. Gordon, Chairman; Dr. J. A. E. Campbell, Secretary.

Committees: Library—Dr. Wallace Wilson, Dr. A. W. Bagnall, Dr. W. D. Keith, Dr. W. F. McKay.

Orchestra—Dr. F. N. Robertson, Dr. J. A. Smith, Dr. L. Macmillan, Dr. A. M. Warner.

Dinner—Dr. N. E. MacDougall, Dr. A. W. Hunter, Dr. F. N. Robertson.

Credit Bureau Committee—Dr. Lachlan Macmillan, Dr. J. W. Welch, Dr. G. A. Lamont.

Credentials Committee—Dr. Lyall Hodgins, Dr. R. Crosby, Dr. J. A. Sutherland.

Summer School Committee — Dr. Alison Cumming, Dr. Howard Spohn, Dr. G. S. Gordon, Dr. Murray Blair, Dr. W. D. Keith, Dr. G. F. Strong.

* * *

VANCOUVER GENERAL HOSPITAL STAFF REPORT.

Infectious Skin Diseases in New-born Infants.

By Dr. T. R. B. Nelles.

"Before considering the incidence in our Hospital of impetigo contagiosa of the new-born and the measures which are taken to prevent and to discover the occurrence of new cases, I would like to review, briefly, what is known about the disease and a little of the history of epidemics in other institutions.

"*Pemphigus Neonatorum*, the name which has been given until the last few years to the disease, is a bad name, a misnomer, as the disease has only a superficial resemblance to pemphigus and is not in any sense of nervous origin, but has been proved to be a pyogenic infection of the skin of new-born babies which can often be traced directly to the common impetigo contagiosa or other staphylococci infections in adults, and, furthermore, adults have frequently contracted the common impetigo as a result of contact with babies suffering from the bullous impetigo of the new-born.

"Included under the name 'impetigo neonatorum,' are those cases occurring a few days after birth, most of which are extremely mild and only evidenced by the appearance of a few flaccid vesicles, blebs or bullae on very slightly reddened skin. These may appear on every part of the body; usually about the axillae, groins, buttocks and lower thighs. The eruption may, however, become quite extensive, covering a large part or even almost the entire surface of the skin, but with very slight systematic disturbance, and as a rule complete recovery in from ten days to three weeks. Contrasted with these mild cases, are those with numerous blebs or bullae, severe toxaemia as in extensive burns, and severe constitutional symptoms, many of which cases go on to a rapidly fatal termination and show post-mortem nothing beyond a slight congestion, especially of the digestive and respiratory tracts, and the nervous system. Fever may or may not be present. The rare *dermatitis*

exfoliativa neonatorum, or Ritter's disease, is regarded as a third type by most dermatologists.

"Usually met with in maternity hospitals, impetigo of the new-born has frequently been traced directly to a nurse or mother who shows one or more patches of simple impetigo contagiosa. House surgeons, and in a few instances visitors, handling the baby have been the unwilling cause of epidemics, and groups of cases have been reported in the practices of obstetricians where the patients were scattered in different hospitals and homes; also in the practices of midwives and nurses, in house to house practice. So that physicians, by avoiding unnecessary pawing of the baby, particularly with unscrubbed hands, can do their bit in the prevention of the disease.

In reviewing reports of a large number of epidemics in America and in England, and on the continent, I found the mortality rate varied from nothing at all (in several epidemics of from five to nineteen cases) to fifty per cent., the average rate being about thirty per cent., the fatal cases succumbing within a week or ten days. (J. H. Blaisdell, Boston, in J. A. M. A., Sept. 13, '24—6 deaths, 144 cases, 16 epidemics, 8 hospitals.)

"The infective nature of the disease has long been recognized, and the most frequent organism found in cultures made from the blebs, has been the staphylococcus aureus; in cultures made from the blood of malignant cases, the streptococcus. Some men, like Adamson and Sequiera and Sabouraud, believe the staphylococcus is only a secondary factor, the true cause being the streptococcus, and Pusey believes that the lesions may be produced by different layers of pus-producing organisms.

"Now, to consider the routine in the nurseries of this Hospital, and the precautions that are taken to prevent the occurrence of epidemics: The well babies are bathed, as you know, on the slab which is wiped off with weak lysol solution between baths; the nurse scrubs her hands with soap and brush between each bath, the babies are dried and dressed each on its own blanket; there is a tray for each baby with individual thermometers, boracic solution, powder, pins, brush, etc. So that there is no object which comes in contact with more than one baby.

"The nurses and the hospital heads are very much on the alert for the appearance of spots and any vesicle or bleb, or even the tiniest pustule or blotch or eruption of any description, is at once reported and noted on the daily record opposite the baby's name, and seen by the Superintendent or Assistant Superintendent and initialled after he has examined the baby and satisfied himself as to the nature of the eruption. The attending physician is also notified. If the case is considered to be impetigo, the baby is at once isolated, the nurse and the linen.

"The routine treatment: The bleb is pricked with a sterile needle, the contents absorbed on cotton so as to prevent further

spread; the thin wall of the bleb is wiped away and the base of the bleb is sprayed with alcohol and a powder dusted on Zinc Oxide oz. 2, Boracic oz. 1, Calomel oz. 1, Starch ozs. 6, and quartz light treatment is ordered if the attending physician is willing.

"Incidence in V. G. H.: 1923-1924, 23 cases in almost 1100 babies.

"It seems to me that the measures taken to prevent and to discover impetigo here are careful and thorough; that isolation of cases which do occur is as complete as the urgent demand for space and the available supply of nurses will permit. Sporadic cases, it is true, keep cropping up sometimes, as many as four or five at a time, but nothing that could be called an epidemic of impetigo has occurred for years.

"Criticism re linen of mother: Recommended that not only linen of infected baby, but also linen of mother of infected baby be treated separately."

Dr. Greaves spoke and said effect of light has been proved to be especially effective in preventing spread of disease in infants.

Dr. Carder spoke and said he was quite satisfied of the effect of light treatment, but considered application of 1-10.000 bichloride, instead of alcohol, more effective and less irritating.

Dr. Nelles said the rash appeared usually on the fourth to seventh day.

Dr. Brydon-Jack reported one case born with the disease.

Dr. Greaves mentioned that most of the cases come in spring and fall; and Dr. Nelles said this was when impetigo appeared more in older children.

* * *

INFLAMMATORY DISEASES OF THE EAR.

DR. R. B. BOUCHER.

PART II.—*Of the Membrana Tympani and of Foreign Bodies in the Ear.*

ANATOMY.

The Membrana Tympani, or Drum, is the thin vibrating membrane which is situated at the bottom of the external auditory meatus. In adults it forms an angle of 45° and is much more oblique in infants. It is oval in shape and measures in the vertical 9 to 10 m.m. and in the transverse 8 to 9 m.m.

Its inner surface is invested by the mucous membrane of the tympanic cavity, and the handle of the malleus is closely related to it, directed from above down and inclined slightly backwards. Near the upper periphery the short process of the malleus projects

attached to the extremities of the notch by which the continuity of the tympanic ring is interrupted above and in front. This is known as *Shrapnell's Membrane*, and is much more flaccid than the rest of the membrane.

In close relationship to the inner aspect of the membrana tympani, near its upper part, is the *Chorda Tympani Nerve*, inclosed in a fold of mucous membrane. Beneath the mucous membrane is thin fibrous tissue. Two sets of fibres are described—an outer radial set, diverging from the attached extremity of the outwards and is attached by its tip to the membrane. From this short process two folds diverge in an upward direction, and are malleus, and a deep, or circular set, which are stronger at the periphery. The outer layer is a continuation of thin layer of skin.

The outer surface is smooth and shining. A little below its centre is a depression—the Umbo—caused by the inward direction of the handle of the malleus, the extremity of which is attached here. This gives the light reflex.

The vessels of the membrane are mainly in its cutaneous and mucous layers. Its outer aspect is supplied by the deep auricular branch of the internal maxillary artery. Its inner, or mucous aspect, by branches derived from the stylo-mastoid branch of the posterior auricular.

The Nerves. The outer aspect of the membrane receives filaments from the auriculo-temporal nerve and from the auricular branch of the vagus. The inner layer receives offshoots from the Tympanic Plexus.

(1) *Injuries.* Rupture of ear drum.

While injuries are comparatively rare, nevertheless, when they do occur it is necessary to know how to proceed.

Injuries by direct violence may be due to attempts to remove cerumen from the meatus by a pin, hairpin, match, etc.

The accidental thrust of any long slender instrument, or splinter of wood.

By the introduction of caustics or hot fluid into the meatus.

By the fracture of bone which supports the membrana tympani.

By too forcible sneezing, inflating of the ear, etc.

Injuries by indirect violence by the violent and sudden compression of the air in the meatus by a blow on the ear with the palm of the hand, or concussion of the atmosphere during a violent explosion.

Symptoms. Pain is a prominent symptom in those cases where there is severe reaction, otherwise it is slight.

Haemorrhage more or less severe may immediately follow the injury, and in rare cases may continue for some time.

If the injury extends to the labyrinth there may be faintness, giddiness, nystagmus, staggering gait, convulsions and nausea. This may also occur in those cases in which the foot plate of the stapes is forced inwards.

The loss of hearing may be partial or complete, and temporary or permanent. Tinnitus may be present in various cadences.

When the labyrinth is injured the hearing is greatly impaired. In some cases the orientation for sound is lost, in others there is simply a feeling of fullness.

If there is an adhesive catarrh of the middle ear an injury sometimes overcomes the adhesions and does good.

The rupture is usually located in the posterior inferior quadrant of the membrana tympani, the periphery not usually being involved, as the membrane is usually thicker near its border. The appearance of the rupture is usually a mere slit, but it may be quadrilateral or round, with ecchymotic spots scattered over the membrane. The ossicles of the middle ear, more particularly the malleus, are sometimes fractured.

Prognosis. The prognosis is usually good, as the injury most commonly consists of a simple laceration. In labyrinthine involvement the prognosis should be very guarded. If the ossicles are fractured, permanent impairment of hearing results.

Should purulent inflammation complicate the case, the prognosis becomes more grave.

Treatment. In the ordinary cases no treatment should be used other than the introduction of sterile absorbent in the meatus. Should marked inflammatory symptoms develop, the application of leeches in front of the tragus and over the mastoid area should be tried. Should the symptoms still progress and suppuration ensue, the case must then be treated as an acute suppuration of the middle ear.

The great point to remember, however, is in the ordinary case, *masterly inactivity* — meddlesome treatment is to be condemned.

Foreign Bodies in the Ear.

Foreign bodies in the meatus are most frequently met with in children, who insert such various articles as peas, beans, pieces of paper, cherry stones, coffee beans, sealing wax, slate pencils, buttons, etc., into their ears. In the case of adults, foreign bodies in the meatus are generally accidental, except in those mentally deficient. (I remember picking out at least 20 metallic clips from the ear of a patient in the asylum at Westminster.) Other foreign bodies observed are pieces of lead pencil, matches, toothpicks—

anything used to scratch the ears; occasionally one sees grains of wheat, millet.

Symptoms. These are not so serious as was formerly believed—indeed experience has absolutely shown that the ill effects which follow are due (with but few exceptions) to the unskilful attempts at extraction.

Foreign bodies will remain for months and years in the ear without producing symptoms. Politzer once found a piece of a slate pencil in the ear of a patient who was seventy years of age, which according to his own statement had been in the meatus 50 years. As the patient experienced no discomfort, he allowed it to remain until deafness, caused by a ceruminous plug, caused him to seek medical advice. Brown found in both meatus of a boy several pebbles which had remained there for several years. Many other cases are recorded. I was consulted by a patient for deafness a year or so ago, and on examination removed a piece of absorbent cotton from the bony canal, which the patient insisted had been inserted several years before.

Sometimes foreign bodies cause not only violent reflex phenomena of the trigeminus and vagus nerve supplying the external meatus, but also persistent general nervous attacks, which disappear after the removal of the foreign body. The literature on diseases of the ear abounds with cases of this nature. Frey and Fuchs maintain that epileptic attacks are induced in children and in predisposed individuals by foreign bodies in the ear and nose. Arnold found that two beans in the ear of a girl were the cause of a persistent cough, associated with frequent vomiting. After removal these symptoms vanished.

I was consulted the other day by a patient for a persistent hacking cough. After examination I removed a large plug of hard cerumen from the canal of the ear, with complete relief of the cough. As a rule, however, the ill effects of foreign bodies are produced by the irrational and forcible attempts at extraction. Through an endeavour of this nature, the meatus, and sometimes the ear drum, are not only injured, but the body which is frequently situated in the cartilaginous section, is driven into the osseous meatus, and is either driven into the narrowest part of the latter, or after rupture of the ear drum, is forced into the middle ear.

Through such attempts, which are usually combined with haemorrhage, a painful traumatic otitis externa, and sometimes a suppurative inflammation of the midde ear, are produced. As a result of this, the meatus becomes so narrowed, through swelling and the formation of granulations, that the foreign body is hidden from view, and its removal rendered very difficult.

In addition, where the membrana tympani is injured, suppuration of the middle ear ensues, which may be of long duration, and may lead to serious impairment of hearing.

That unskilful attempts at extraction may also cause serious complications by injuring the walls of the cavum tympani, and labyrinth, is proved by the recorded cases of fatal termination in consequence of meningitis and abscess of the brain and sinus thrombosis, as reported by Frankl, Lucae, Moos, Lewi, and several others. A short time ago I saw a boy who had an intense middle ear suppuration, following the so-called extraction of a shell of barley. When the swelling subsided sufficiently to enable me to see the area properly, I removed the offending shell.

Once again, the main point is close observation and remembrance of the length and contour of the canal.

Treatment. The extraction of a foreign body depends on its seat, consistency, size and form, and on the condition of the meatus at the first examination. In other words, whether no attempts have been previously made, or whether the meatus is injured, inflammed and narrowed by violent procedures, the removal is, as a rule, easy, provided the area has not been too much abused. In many cases over-anxious relatives push the foreign body into the deeper parts, where it becomes impacted.

First of all, examine the canal and find out by observation and touching with a probe the exact foreign body present. If it is a foreign body which absorbs moisture, such as peas, beans, etc., and which is well impacted, repeated instillations of alcohol before syringing is of great benefit. The removal of a foreign body which is heavy is facilitated by previously instilling oil or glycerine.

Syringing, then, is the first method employed. A good English syringe with a fine rubber tube attached, and pushed as far as the foreign body, is useful. Do not be too rough, but with enough pressure thrown back or forwards, to send the stream about a foot. Syringing is only contra-indicated when the foreign body is the head of a small lead pencil and its cavity directed outwards, the reason being that the pressure on the cavity of the pencil head only drives it further in. Another contra-indication is the presence of a dry perforation in the drum membrane.

In 109 cases reported by Zanfal the foreign body was removed by syringing in 92, while 17 had to be removed by instrumental means.

If the foreign body is so firmly fixed in the auditory canal that it cannot be removed by forcible injections, we may then try the agglutinative method of Lowenberg, which consists of drying the foreign body, and then dipping a camel's hair brush into a concentrated solution of glue, introducing it into the meatus until it comes in contact with the foreign body, and remaining there until it dries. This method cannot be employed if there is any inflammatory condition in the meatus.

When these means fail, operative methods must be tried. No fixed method can be laid down, as all cases vary. Suffice to say, we have various catch forceps, hooks, spoons, etc., which may be utilized, and it may even be necessary to go through the posterior meatal wall.

Before leaving foreign bodies, I would mention insects—fleas, bed bugs, cockroaches, etc. They frequently stick in the cerumen and die there. On the other hand, they may get into the osseous meatus and as far as the membrane tympani. When they do, they produce the most violent noises and tormenting sensations, such as headache, pain, vomiting, and sometimes convulsions. Insects in the ear are most rapidly killed by instillations of oil, after which the ear is washed out with warm water.

(To be continued.)

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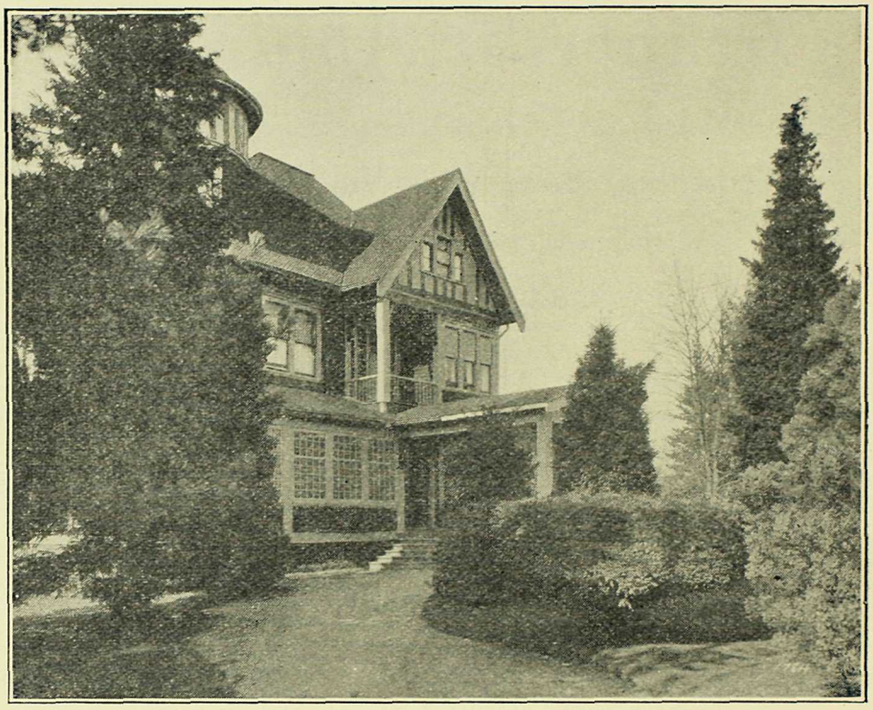

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