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BULLETIN

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Abstract of Presidential Address

Book Reviews

The Infectious Diseases Hospital

NOVEMBER, 1924

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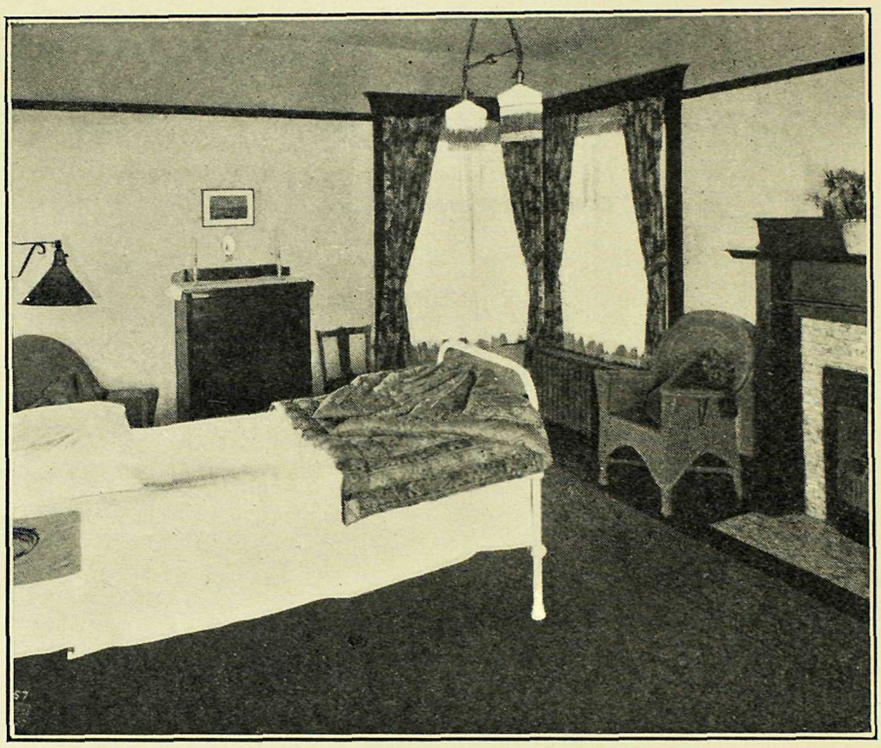

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THE VANCOUVER MEDICAL ASSOCIATION

BULLETIN

Published Monthly under the Auspices of the Vancouver Medical Association in the Interests of the Medical Profession.

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VOL. I. NOVEMBER 1st, 1924 No. 2

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VANCOUVER MEDICAL ASSOCIATION

Founded 1898. Incorporated 1906.

Programme of the 27th 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.

1924.

OCTOBER 7th—	*General Meeting.* Presidential Address: DR. H. H. MILBURN.
OCTOBER 21st—	*Clinical Meeting.*
OCTOBER 28th—	*Special Clinical Meeting.* DR. R. C. COFFEY (of Portland, Ore.) Subject: "The Quarantine Pack in Abdominal Surgery."
NOVEMBER 4th—	*General Meeting.* Paper: DR. J. J. MASON, "Abdominal Hysterotomy."
NOVEMBER 18th—	*Clinical Meeting.*
DECEMBER 2nd—	*General Meeting.* Paper: DR. G. A. LAMONT, "The Early Weaned Baby."
DECEMBER 16th—	*Clinical Meeting.*

1925

JANUARY 6th—	*General Meeting.* The OSLER LECTURE by DR. FREDERIC BRODIE, "Aphasia."
JANUARY 20th—	*Clinical Meeting.*
FEBRUARY 3rd—	*General Meeting.* Paper: DR. W. A. DOBSON, "Neuroses in Everyday Practice."
FEBRUARY 17th—	*Clinical Meeting.*
FEBRUARY 25th—	*Special Clinical Meeting.* DR. C. E. HAGYARD (Seattle). Subject: "Colitis."
MARCH 3rd—	*General Meeting.* Paper: DR. R. B. BOUCHER, "Inflammatory Diseases of the Ear."
MARCH 17th—	*Clinical Meeting.*
APRIL 7th—	*General Meeting.* Paper: DR. J. L. TURNBULL, "Differential Diagnosis of Acute Abdominal Conditions."
APRIL 21st—	*ANNUAL MEETING.*

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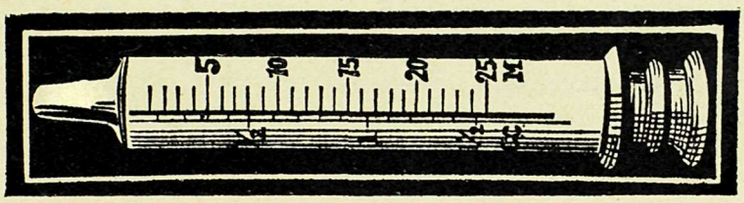

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EDITOR'S PAGE.

Our readers will have noticed in the last issue of this Bulletin a short communication from Dr. F. C. Bell, Superintendent of the Vancouver General Hospital, on a constantly increasing demand for hospital accommodation. This is a problem not confined to Vancouver. Every section of the community is having similar difficulty. The immediately pressing need of this city is that of room for the commoner "infectious diseases"—Scarlet Fever, Diphtheria, Measles, Chicken-pox—which in spite of the unceasing vigilance of the Health Department and the School authorities, recur in season with distressing regularity. The hospitalization of these cases has long been urged by those engaged in public health work, and is becoming gradually recognized by the laity as necessary. Not only can, in most instances, better treatment and better care be afforded, but economically great relief is offered to the immediate family of the patient by an earlier release of quarantine restrictions. In any event, such a large part of our population is housed in hotels, rooming houses and apartments that the incidence of cases in these quarters unavoidably entails removal to a hospital. We are of the opinion that this tendency, as regards infectious diseases at any rate, is one to be encouraged. This year our always inadequate and antique accommodation has been convincingly demonstrated to be both insufficient and out of date. In the recent epidemic overflow quarters were hastily requisitioned and shift made by a long-suffering Hospital staff to meet the demand. A new Infectious Hospital is inevitable. Opinion will be divided on details only. Apart from a certain natural fear that, in view of the ratepayers' thrifty attitude of late regarding money by-laws, the funds may not be forthcoming, the chief points under discussion will be those of site and management.

On the one hand there are those who believe that the best interests of the community will be served by the choice of a site adjacent to the General Hospital, and by retaining the management as at present under that institution. This would provide us with better and larger quarters mainly for city use. On the other hand there are those, taking shall we say, a wider view, who would choose a site, it may be remote from the present situation, but one designed to accommodate not only the needs of Vancouver but also those of surrounding municipalities.

Exponents of this scheme again differ as to whether the management of an institution so placed should be retained in the present hands, the Directorate of the General Hospital, or should be directly under the charge of the city authorities.

We have no hesitation in proclaiming ourselves to be of a "Metropolitan" cast of mind. To us it seems futile and impossible to draw the line of Vancouver's influences at any of the city boundaries. For the present the City of Vancouver, Hastings Townsite, Burnaby, South Vancouver, and Point Grey, should in our opinion all be considered, and a site selected which will serve the best interests of the district.

As to management, there is much to be said for the administration of the Infectious Hospital by the civic and municipal health authorities as an open hospital.

Infectious diseases are distinctly a community problem, and the various health bodies concerned must necessarily require to be closely in touch with all that concerns such diseases. Admission, discharge, quarantine, entailing as they do penalizable obligations on the public, are the affair of those with plenary powers. Methods of infection, locality of outbreak, results in the mass, are health problems. The nursing of infections remains almost a special branch of that profession, including as it does a knowledge of the natural history of the disease in question, in order that its complications may be readily and easily recognized. Probably the most common argument in favour of centralized control is that of economy. We think that in the purchase of supplies this economy is more often desired than attained. What is even more necessary than purchase in quantity is ability to pay promptly and receive every discount the trade allows for such methods of payment.

We trust that the amount of the by-law which the City Council must submit to the ratepayers in the event of the erection of an Infectious Diseases Hospital, will receive the most careful consideration of all concerned.

The belated sense of economy recently awakened in those who are to be asked to provide the money, is commendable if it is not allowed to become extreme. It is certain that the demands of the by-law will be scrutinized with care and an excessive size in the amount asked will only defeat its own object. The ratepayer has no opportunity of bargaining about the size of a by-law. He must accept it or reject it as it stands. Publicity will be required, and though the public memory is proverbially short, we trust that the experiences of the present year will not be forgotten.

* * * *

NEWS AND NOTES.

The first regular meeting of the Session, 1924-25, of the Vancouver Medical Association, was held in the Physics Building, University of B. C., on Tuesday, October 7th.

The President, Dr. Milburn, was in the chair, and some forty-six members were present. In the absence of Dr. O. S. Large, General Secretary, who is at present visiting the Orient, Dr. Hodgins acted as Secretary of the meeting.

A request was received from the Secretary of the Shipping Federation of B. C., asking the members of the Association to notify them of all accidents to longshoremen, and enclosing a suggested form for that purpose. After consideration, it was decided to recommend that where possible this be done.

Dr. H. A. Barrett was elected to membership.

Dr. Milburn referred to the extensive programme of the Association for the session now beginning, calling special attention to the visit of Dr. Coffey, of Portland, on October 28th, and of Dr. Hagyard, of Seattle, on February 25th. He urged that members should endeavour to attend all meetings and take an active part in the work of the Association.

Dr. Pearson reviewed the work which had led up to the establishment of the Bulletin, and gave an account of the arrangements under which it is published.

The President, Dr. H. H. Milburn, then delivered his annual address, an extensive abstract of which will be found on another page, after which the meeting adjourned.

* * * *

It is to be hoped that all our members will be out on the evening of November 7th for our Annual Medical Dinner, to be held at the Ambassador Cafe. We are promised by the Dinner Committee that the programme will be up to all previous standards, and that the evening will be replete with "snappy songs, snappier music, and peerless vaudeville."

* * * *

Staff lectures and clinics for the internes of the Vancouver General Hospital were resumed on October 2nd. It is intended to have a lecture every Thursday evening and a bedside clinic every Friday morning, given by a member of the Staff.

* * * *

Dr. Charles S. McKee has recently been placed in charge of the Department of Bacteriology at the University of British Columbia.

* * * *

Miss H. Bennett, Supervisor of the Operating Rooms at the Vancouver General Hospital, who has recently recovered from an attack of scarlet fever, has gone for a trip East. She attended the meeting of the Hospitals Association at Buffalo, and is also visiting various other centres to acquaint herself with their operating room technique.

* * * *

Dr. W. S. Turnbull has completely recovered from his indisposition of the past summer. He is now in Toronto taking special work in Obstetrics and Gynaecology. He expects later to proceed to New York for further work along these lines.

* * * *

Dr. W. T. Lockhart left on the Blue Funnel liner "Achilles" on October 23rd for Kobe, Hong Kong, and Manila. He expects to return about the end of January, 1925.

* * * *

The discussion on Dr. J. J. Mason's paper, "Abdominal Hysterotomy," to be given on November 4th, will be opened by Dr. W. C. McKechnie and Dr. W. B. Burnett.

Obituary

Again must we record the death of one of our profession in the person of Dr. Charles Woollard, who died after a short final illness on September 29th, 1924.

Dr. Woollard was born in London, England, 52 years ago. He came to Canada when a young man of nineteen, and for a time worked on a prairie farm. He decided to go in for Medicine and entered the Manitoba Medical College in 1897. In 1900, when the South African War broke out, he volunteered and went overseas with the Canadian Artillery. He was wounded in the arm and returned to Winnipeg, finished his medical course, and was an interne in the Winnipeg General Hospital. He started practice in Winnipeg, but owing to ill health took a position as ship's surgeon on a boat sailing between Vancouver and Australia. After two years of life at sea he went home to London, England, and in nine months was able to take the London qualifications of M.R.C.S. and L.R.C.P. He returned to Canada and started to practice in Vancouver in 1911, shortly afterward affiliating with the 18th Field Ambulance, the local unit of the C.A.M.C. In the spring of 1915 he proceeded overseas with a draft from the 18th Field Ambulance. Later he was selected for the Headquarters military medical staff in London, and was highly thought of as a dependable officer. He attained the rank of lieutenant-colonel in the C.A.M.C. When the Vancouver Military Hospital was organized, he became the first Commanding Officer, being asked to return from the scene of conflict to take up this important post. Dr. Woollard relinquished the command of the hospital when it came under the direction of the S.C.R., and subsequently was appointed one of the local medical officers of the Board of Pension Commissioners. Of a retiring nature, he was highly respected by his confreres, and also by hundreds of ex-soldiers with whom he came into contact in the work of his profession.

In spite of many rebuffs of ill health, he maintained a cheerful courage and philosophy which made him beloved by all. As one of his friends, who knew him long and well, said of him: "He was one of the most straightforward men I ever knew." Dr. Woollard leaves a wife and two little girls, besides a large circle of close friends.

THE CREDIT BUREAU.

Before you glance over these few lines, STOP. Turn to Page 23. Cut out the advertisement inserted by the Credit Bureau of the Vancouver Medical Association, paste it carefully in a conspicuous place on your desk or on a firm piece of card for frequent reference.

Now for a story.

Fifteen years ago, a book agent of thirty-three years' experience (let me say "God bless him!") made this remark to a young physician just starting practice in Vancouver:

> "Young man, if you will collect carefully your bills before they become *bad debts*, you will make more friends than enemies, and be able in ten years to build and pay for a fine residence for yourself; have a first-class library, medical and general; and in twenty years, to pay for enough life insurance to properly protect your wife and family in case you die—as a basis of a good practice—all of these out of collections, you will certainly lose by bad business methods."

It was this rather serious remark that indirectly led to the formation of the Credit Bureau.

Established in 1914 with ten members, it now serves one hundred and sixty members, and is still growing.

During the past ten years numerous collecting agencies have been born in hope, lived on the monies due their clients, and died because doctors had good reason to distrust them.

You should know that the Bureau is associated with the American Collection Service, whose members are bonded up to an amount not exceeding One Thousand Dollars on any claim, so that when a debtor moves to another city in any part of America, every cent collected is safe. In this way the Bureau prevents any of its claims falling into the hands of the many fraudulent agencies operating in every city.

The Manager of the Credit Bureau, Mr. J. C. Welch, is a member of the American Collection Service, and also of the Pacific Coast Collectors' Association, and is regarded by them as a very efficient and capable collector. At their request, he has given addresses before both the Washington and Oregon Associations as to the most successful methods of collection, and his ability in this line is duly recognized.

LIBRARY NOTES.

When good old Omar went singing into the wilderness with a book of verses, a loaf of bread, a jug of wine, and "thou beside me," he confined himself strictly to the essentials and carried no superfluous baggage.

He was wise.

In the bygone days before the war Vienna was known as the medical lunch counter of Europe. When a man's time was limited and he wanted a particular course, he stepped up, ordered, and received it unaccompanied by an array of unnecessary side dishes. The counter did a big business.

The purpose of the Library is to cater to the reading wants of the members of the Association, but at the present time there is so much medical literature coming off the presses that it is impossible (and because of the varied quality entirely undesirable) to purchase or read all that is published or even one narrow specialty. So the Library stocks representative journals and, from time to time as they are issued, new books that appear to be valuable contributions to the subjects discussed. It is important that the members should know of these and at the same time not be forced to search through them, when a special article and reference, or definite information on a certain subject is required. Call up the Librarian, who knows what is on the shelves, tell her your wants and the available literature will be sifted out. Thus will worry be avoided, time saved, and you will not take home a book only to discover later that it does not contain just the exact thing you were after.

Following its policy, the Committee appends a list of books received by the editors for review, and short reviews of some of them. These books are recommended to the attention of the readers of the Bulletin. Further reviews will appear in the next issue.

BOOKS RECEIVED.

The Treatment of the Common Disorders of Digestion—A Handbook for Physicians and Students. By John L. Kantor, Ph.D., M.D. 1924. 245 pages with sixty-four illustrations, all original. C. V. Mosby Co., St. Louis. $4.75. (Canadian Agents: McAinsh & Co., Toronto.)

Edema—By Leo Loeb, Professor of Comparative Pathology, Washington University. 1924. Cloth, 178 pages. Williams & Wilkins Company, Baltimore. $3.00.

Race Hygiene and Heredity—By Hermann W. Siemens, M.D. Translated and edited by Lewellys F. Barker, M.D. 1924. Cloth, 178 pages. D. Appleton & Co., New York and London. $2.00.

Cosmetic Surgery—The Correction of Featural Imperfections. By Charles Conrad Miller, M.D. With one hundred and

forty illustrations. 1924. 263 pages. F. A. Davis Company, Philadelphia. $4.00.

International Clinics—A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles. Edited by Henry W. Cattell, A.M., M.D., with the collaboration of Chas. H. Mayo, M.D. Volumes I. and II. Thirty-fourth Series. 1924. J. B. Lippincott Company, Philadelphia and London. $2.00 a volume.

Basal Metabolism—Determination of the Metabolic Rate in the Practice of Medicine. By John T. King, Jr., M.D. 1924. 112 pages. Williams & Wilkins Company, Baltimore. $2.50.

Calorimetry in Medicine—An Analytical Review and Summary of the Entire Field of Determination of Basal Metabolism. By William S. McCann, M.D. 1924. 98 pages. 304 references. Illustrated. Williams & Wilkins Company, Baltimore. $2.25.

Blood Pressure, Cause, Effect and Remedy—By Lewellys F. Barker and Norman B. Cole. 1924. 154 pages. D. Appleton & Company, New York and London. $1.25.

NOTES ON NEW BOOKS.

Modern Methods of Treatment—By Logan Clendinning, M.D. With Chapters on Special Subjects by H. C. Anderson, M.D.; J. B. Cowherd, M.D.; Carl O. Rickter, M.G.; F. C. Neff, M.D.; E. H. Skinner, M.D.; and E. R. deWeese, M.D. 1924. Pages 692. Illustrated. The C. V. Mosby Company, St. Louis. $9.00. (Canadian Agents: McAinsh & Co., Toronto.)

The author introduces this work by a pungent preface in which he takes exception to previous books on Treatment, their scheme and method, the language and style in which they are written. Inferentially improvement in the present case is suggested. Such a beginning naturally sharpens the critical eye of the reviewer, especially if he also happens to be an author in *esse* or in *posse*. We, not being either, are of opinion, after a perusal of this work, that the writer has endeavoured to justify his position and has partly succeeded. The book is divided into two parts, the first dealing with the materials, appliances and methods used in treatment; the second, with their application to disease. It is doubtless true that exception will probably be taken to some of the procedures recommended by Dr. Clendinning by those who practise medicine as a branch of the higher mathematics, but to the practitioner, urged by the condition of his patient no less than by the clamour of the patient's friends, who feels that something must be done, this book will be welcome. The author has detailed, dogmatically maybe, but definitely, certain methods of treatment. As he remarks, no doubt with an eye on the "atrocious English" of which he complains in his preface, "*a* method is better than any old method." Some sections receive more attention than others.

The thyroid seems to us to get less than its due. The articles on the heart and on digitalis are excellent. We are intrigued by the graphic methods of enforcing systems of treatment such as that for congenital universal asthenia on page 638. Such a method of presentation is modern, but not necessarily unsuited to a medical textbook. There are occasional errors. We note on page 631, "calcined carbonate" is printed for what is evidently intended to be "calcium carbonate," and on page 104 the author has grains VI. to grains VII. of Digitalis leaves as the apparent equivalent to one to two drams of the tincture. The format is admirable, making allowance for the heavy paper which seems inseparable from the reproduction of good illustrations, but which renders the work less a handbook than a desk-book.

—J. M. P.

* * * *

A Manual of Gynaecology and Pelvic Surgery—For Students and Practitioners. By Roland E. Skeel, M.D., A.M., M.S. Second edition, 1924. With 281 illustrations. Pages 674. P. Blakiston's Son & Co., Philadelphia.

A Manual of Gynaecology and Pelvic Surgery, by Roland E. Skeel, of Los Angeles, formerly of Cleveland, has many commendable features. The inclusion in textbooks of gynaecology of a chapter on appendicitis, haemorrhoids, etc., is, to the reviewer, unwise. The first chapter on anatomy of the pelvic organs is quite orthodox, with possibly too little emphasis given to the important supportive tissues of the pelvis. The chapter on physiology is lacking in many essentials (eight pages given to physiology in a book of 649 pages). The chapter on symptomatology and diagnosis is one of the best and will be read with profit by practitioners. The use of the Harris Segregator in this day, when in any centre men can be found proficient in the use of the ureteral catheter, is unnecessary. The author takes up in rotation, from the vulva upwards, diseases of the different organs. The symptoms, diagnosis and pathologic descriptions, leave little to be desired. The description of plastic vaginal surgery is not as well done, and many ancient operations and descriptions could be supplanted with more modern work. The chapter on prolapse of the uterus is decidedly mediocre. The description and drawings of hysterectomy fail to show the round ligaments sutured into the cervical or vaginal stump. The chapter on extra-uterine pregnancy is well written, although the majority of gynaecologists will not look with favour upon double salpingectomy, so that the remaining tube may not become ectopic later. Indeed, the majority of gynaecologists to-day do not sacrifice the whole of the affected tube, and in some instances even not a part in operating for ectopic pregnancy. In the chapter on ovarian tumours nothing is written of Sampson's or Bell's recent work on ovarian haematomata. The article on sterility is incomplete. Gynaecological therapeutics is quite to the point. In the article on cystitis the modern urologist will question the remark that practically all cases of cystitis which one sees are the result of infection which ascends through the urethra, or

is introduced into the bladder by means of instruments. The subchapter on asepsis and antisepsis is of high standard.

Taken as a whole, the book is well written, devoid of hobbies, and covers the field. It will be more useful to the student than to the specialist.

—J. J. M.

* * * *

Physical Diagnosis—By W. D. Rose, M.D. Fourth Edition. 1924. 755 pages. Three hundred and nineteen illustrations. The C. V. Mosby Company, St. Louis. $8.50. (Canadian Agents: McAinsh & Co., Toronto.)

While there is little new material to be put into a textbook of this kind, there is always need for a concise, orderly statement of the known principles of physical diagnosis and the physical findings in the commoner diseases, and such a statement is to be found in Dr. Rose's *Physical Diagnosis* (fourth edition). The book is especially well adapted for the student who wants a complete discussion of the subject in a rather elementary way. The greater part of the book is devoted to the study of the lungs and heart, and probably rightly so. These subjects are treated first by reviewing the anatomy, then considering the various deviations from the normal, and finally by enumerating the physical findings as they occur in the commoner disease. The attempt has been made throughout to adhere strictly to objective signs of disease, a factor that has made for simplicity and clearness. It is doubtful if the chapter on Radiographic Diagnosis has a place in such a text, for while this section is well written and illustrated, it is impossible to cover the subject of radiography adequately in twenty-eight pages. The section on Sphygmomanometry seems unnecessarily short, especially since no further mention of blood pressure is made in the discussion of the various types of cardiac and vascular disease. The chapter on diagnosis of abnormalities of the heart beat, by Dr. Drew Luten, of St. Louis, is admirable, emphasizing the correlation of the electrocardiographic and clinical findings in the study of these conditions. It is from such an attempt as this that the graphic method of the study of cardiac irregularities will achieve its greatest usefulness, which must be the training of the observer for correct diagnosis at the bedside.

—G. F. S.

* * * *

PERIARTERIAL SYMPATHECTOMY.

Every artery of the body may be regarded as a scaffolding for the support of a leash of sympathetic nerve fibres, which fibres are responsible for the maintenance of, and variations in, arterial tone. Physiologically there are no vaso-dilator fibres, the dilation occurring as a result of inhibition of the constrictor fibres.

Leriche, of Lyons, showed that if the sheath of an artery be opened and the adventitious coat dissected therefrom, for an inch

or so, the interruption of the sympathetic vaso-constrictor impulses throughout the distribution of the vessel, results in a marked dilation of the arterioles, with increased local temperature and a more efficient nourishment of the parts. He has utilized this physiological finding by stripping off the adventitious coat of the main artery to a limb in a great variety of conditions, and reports very marked improvement in such conditions as intractable varicose ulcers, trophic ulcers of tabes and syringomyelia, threatened diabetic gangrene, frost bite, ischaemia, Raynaud's disease, and many other ischaemic or under-nourished conditions. Although reported results are not wholly uniform, the operation is sound physiologically, and practically has given sufficiently good results to warrant a thorough trial in these otherwise intractable cases.

The following literature on this subject is available in the Medical Library:

B. M. J.—165-66. Aug. 2, 1924.
J. A. M. A.—Vol. 180: 173-175. Jan. 20, 1923.
Ann. Surg.—Vol. 77: 30-37. Jan., 1923.
Ann. Surg.—Vol. 78: 323-325. Sept., 1923.
Ann. Surg.—Vol. 74: 385. Oct., 1921.
Med. Jnl. & Rec.—553-54. June 4, 1924.
S. G. & O.—Vol. 38: 81-82. Jan., 1924.

—L. H. A.

* * *

B. C. MEDICAL ASSOCIATION.

Dr. D. P. Hanington, of Kimberley, B. C., who is enjoying a six weeks' vacation, will return on November 1st. His practice was cared for by Dr. Wm. Rose, who has had considerable experience this year doing *locum tenens* work throughout the province.

An interesting ceremony took place in Vancouver on the 6th of September, when Dr. Jas. W. Lang, of Hutton, B. C., was married to Miss Florence Lott, R.N., of Pictou, N. S. Dr. Lang is a McGill graduate, 1923.

Dr. W. Laishley, of Giscome, and Dr. J. W. Lang, of Hutton, have recently been appointed Medical Officers of Health for their respective districts.

Dr. Walter Bapty has been appointed to the Executive of the B. C. Medical Association as representative of the Victoria Medical Society.

The semi-annual meeting of No. 4 District Medical Society (Okanagan) was held at Tranquille Sanatorium on Sept. 16th. Delegates from the B. C. Medical Association to this meeting included Dr. C. H. Vrooman and Dr. J. H. MacDermot, of Vancouver. Mr. Fletcher, Executive Secretary, also attended the meeting. A paper on "Diagnosis of Some Lung Conditions" (abstracted in the last number of the Bulletin), was read by Dr. Vrooman. Dr. MacDermot, Secretary of the Association, spoke on "Medical Organization"; and Mr. Fletcher on the activities of the B. C. Medical Association in particular. The members were

entertained at dinner by Dr. Lapp, of the Tranquille Sanatorium, and the whole day was enjoyed greatly, the weather being at its best, even for Tranquille. The following officers were elected for the ensuing year:—

President—Dr. J. J. Gillis, Merrit, B. C.
Vice-President—Dr. J. H. Hamilton, Revelstoke.
Secretary-Treasurer—Dr. Lee Smith, Princeton.
Representative on Executive of B. C. Medical Association—Dr. J. E. Affleck, Penticton.

The first luncheon of the session was held at the Ambassador Cafe, Vancouver, on the 3rd October. Many members from other districts were present, including Dr. H. E. Young, Provincial Medical Health Officer; Dr. E. J. Rothwell, New Westminster; Drs. Archibald and Murphy, of Kamloops, and others. The Honourable A. M. Manson, Attorney-General of B. C., gave a forcible and interesting address on the duty of the medical man to take his part in the political life of his country. The address was a surprise to many men who had expected the speaker to deal with some matter more closely affecting the medical profession, but was probably none the less timely and valuable, because it touched on matters which receive, perhaps, too little attention from the busy medical man. The members of the Provincial Parliament were invited to attend the luncheon. Unfortunately Mr. Walkem and Mr. A. McC. Creery were unable to attend, but we had the pleasure of the company of members of both the Liberal and the Labour parties, and received expressions of regret from those members who were unable to be present. Dr. H. H. Murphy, of Kamloops, moved a vote of thanks to Mr. Manson in a very delightful speech, full of wit and good sense.

An executive meeting of the B. C. Medical Association was held on Friday, Oct. 3rd. Reports of committees were adopted and the work for the session outlined. A committee has been appointed to go into the matter of the establishment of a Benevolent Fund for the Association, and a report will be made at a later date.

We record with very great regret the death of Dr. Charles Woollard, one of our members. An obituary notice appears in another column of the Bulletin. We offer our respectful sympathy to his wife and two little daughters.

The Health Bureau of the Board of Trade held its first meeting on Wednesday, October 1st, and the question of the "Mentally Deficient Child" was taken up, and a very able address given by Miss Dauphinee, of the Vancouver School Board. A committee has been appointed to go into this question and prepare a report for the Council of the Board of Trade, in order that some steps may be taken towards providing proper institutional treatment for children of low mental grades, and a proper classification of children in general for educational purposes. This Bureau offers great opportunities to the medical profession, to perform

more fully its duty to the community, by giving us an outlet for the expression of our knowledge to a section of the public that is particularly interested in promoting the welfare, and increasing the business efficiency of all classes, which realizes, too, that health is one of the chief assets, from a business point of view, that a city can possess. The preventive side of our art can be dwelt on with especial emphasis, and the recommendations of this Bureau receive the closest attention and the warmest support from the Board as a whole. We may note here that at least one other Board of Trade, that of Kamloops, has an active Health Bureau. We would again urge on all medical men that they join the Board of Trade in their community, and work for the formation of Health Bureaux, where these are not already in existence. We are often accused, and not altogether without reason, of being dilatory in taking the public into our confidence, and indeed, there is much that we could give to the public, in ways like this, which would help to build up and safeguard its interests, which are also ours.

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PRESIDENT'S ADDRESS.

Vancouver Medical Association, Oct. 7th, 1924.

After expressing his sincere gratitude for the high honour conferred on him this year, Dr. H. H. Milburn stated that it had occurred to him many times that an Association of this size should devote at least one evening a year to the History of Medicine. He thought it "fitting that we should pay tribute from time to time to the great master minds of medicine whose efforts and character have added such lustre to our calling." Hoping that his effort would be repeated each year, he had selected as his particular topic "Thomas Sydenham, the Practical Physician."

After alluding briefly to what little was known of this great master's early life up to the time he entered Oxford a second time (1646), his course having been interrupted by four years of war between Charles I. and Parliament, in which "The Fighting Sydenhams," as they were called, served with great distinction on the latter side, the speaker referred to Sydenham's brief medical training in the university. He had been induced by the learned and honourable Dr. Thomas Coxe to study medicine. Sydenham's own biographical statement of this event was read. He was created M.B. on April 14th, 1648, by command of the Earl of Pembroke, then the Chancellor, barely a year after he began his studies. During the succeeding eight years he remained at Oxford, first as a Fellow of All Souls' College and later as Senior Bursar. Oxford at this time offered little facility for medical study; there was no hospital for clinical work. There was some regular teaching in Anatomy, Chemistry and Botany. Sir Thomas Clayton, Regius Professor of Medicine, gave bi-weekly lectures on the doctrines of Hippocrates and Galen. We imagine Sydenham here developing a good acquaintance with the writings and doctrines of Hippocrates, whose methods he so greatly respected.

After his marriage in 1656 he moved to London, where he took up practice in the Westminster quarter.

To explain the remarks of Dr. John Brown, who stated of Sydenham, "in the midst of what a mass of errors and prejudices, of theories actively mischievous, he was placed, at a time when the mania of hypothesis was at its height and when the practical part of his art was overrun and stultified by silly nostrums," the speaker dealt briefly with the different sects then existant in medicine, viz.; the Galenist, the Chemical sect and the followers of Sylvius. He also read a letter of Dr. George Wharton, an eminent physician and anatomist, portraying the invidious position of a physician of that day, which he wrote to dissaude a young man from embracing physic for a livelihood. This was a humorous sketch and quite applicable in some respects to present conditions.

Payne states that "it may be divined that Sydenham found his scanty stock of professional knowledge hardly sufficient for practising medicine with the thoroughness which his conscientious nature must have felt to be necessary. It was not in him to carry off imperfect knowledge by plausible manner or dogmatic assumption." So that one is not at all surprised to learn that his next step of importance was to go to the continent to improve himself.

It is now an almost undisputed fact that Sydenham studied at Montpelier under the celebrated physician and clinical teacher Barbeyrac, where he must have acquired a great deal of knowledge of an intensely practical nature. London, a fever ridden community on account of the great open marshes situated in the city, and the bad hygienic conditions of the streets and houses, was a fertile field for his newly-acquired knowledge. Sydenham's first recorded observations on the fevers of London began in 1661, presumably the year he returned from the continent. He obtained his licence from the Royal College of Physicians in 1663, but never obtained the coveted Fellowship. "From all we know of Sydenham," writes Payne, "we should conclude that he cared little about academic distinction, and doubtless bore this privation with equanimity."

Sydenham in the first place studied fevers, and after long and painstaking researches he discovered such a happy treatment that he obtained most remarkable success. His friends were desirous that he should make public the treatment, and finally he published a work which appeared in London in 1666, having for title "*Thomas Sydenham Methodus Curandi Febres Propriis Observationibus Superstructa*" (Thomas Sydenham's method of treating fevers based on his own observation). This is a small octavo volume of 156 pages, containing about 17,000 words. The treatise was written in Dorsetshire, where he had taken his family to protect them from the ravages of the Great Plague.

Dr. Milburn dwelt at some length on the contents of the "Methodus," noting the prominence of fevers in those old days

(Sydenham estimated that they made up two-thirds of medicine, as against the present percentage of one-tenth), and many of his unique observations and principles of treatment. There were four sections of the book: (1) continued fevers; (2) on certain symptoms that accompany continued fevers; (3) intermittent fevers; (4) smallpox, under which he includes measles. Sydenham was the first to distinguish the two types of smallpox, discrete and confluent. Sydenham's prefix to this work has often been referred to as his "Religio Medici," it reveals his lofty purpose and the high regard he had for his calling. "Whoever applies himself to medicine ought seriously to weigh the following considerations: First, that he will one day have to render an account to the Supreme Judge of the lives of sick persons committed to his care. Next, whatever knowledge he may, by the Divine favour, become possessed of, should be devoted above all things to the glory of God and the welfare of the human race. Moreover, let him remember that it is not any base or despicable creature of which he has undertaken the cure. For the only begotten Son of God, by becoming man, recognized the value of the human race, and ennobled by His own dignity, the nature He assumed. Finally, the physician should bear in mind that he himself is not exempt from the common lot, but subject to the same laws of mortality and disease as others; and he will care for the sick with more diligence and tenderness if he remembers that he himself is their fellow sufferer."

Four editions were published of this work, the last in 1685. "With all deductions," writes Payne, "this work will always remain one of the greatest of medical classics. The descriptions of many diseases and symptoms are so admirable and complete that they have never been surpassed, nor are they likely to be. Many flashes of insight and pregnant hints might be collected, which contemporaries did not understand, and to which later knowledge only is able to do justice. Above all, the resolute endeavour to study natural facts by pure observation, putting aside theories, facts and fictions collected out of books, which, he says, have as much to do with treating sick men as the painting of pictures has to do with sailing ships—this endeavour, successful or not, will always be the best example of method to all students of medicine."

Sydenham published many shorter writings. *Epistolae Responsoriae Duae* (further observations on the fevers of London, with a treatise on Venereal Disease) was published in 1680. *Dissertatio Epistolaris* appeared in 1682, and treated of confluent smallpox and hysteria, which he recognized as a distinct form of disease. The pictures of hysteria in women, which are often quoted, are vivid and true. In 1683 he brought out a short treatise on Gout and Dropsy. His work on Gout is the more important; so vivid and accurate is his description of the attacks that it has never been surpassed and remains to this day absolutely classical. He was himself a frequent sufferer from gout.

In 1686 Sydenham published his last work, "A Sketch by Way of Warning of the Approach of a New Fever." There is a

chapter on calculus, giving his own habits of life, as he was for many years a victim of this painful affection. There is a final chapter on Chorea—a masterpiece of description. Chorea in children described by him is often referred to as "Sydenham's chorea." At the end of the book, Sept. 29, 1686, he states "that he has now delivered nearly all that he knows respecting the cure of diseases." This was his last work. Three years later—Dec. 29th, 1689—the great innovator of practical medicine passed away in his 65th year.

After reading Payne's brief description of Sydenham, which pictures a manly and simple personality, gaining the most complete confidence of his patients by plain honesty and benevolence, and the ascendancy of a strong character, rather than by pleasing and flattery, and mentioning his regrettable indifference to the anatomical and physiological school of Harvey, the speaker closed by referring to the noble purpose expressed in Sydenham's own works: "As long as Almighty God shall give me life, I shall press forward to my avowed end of doing all the good in my calling."

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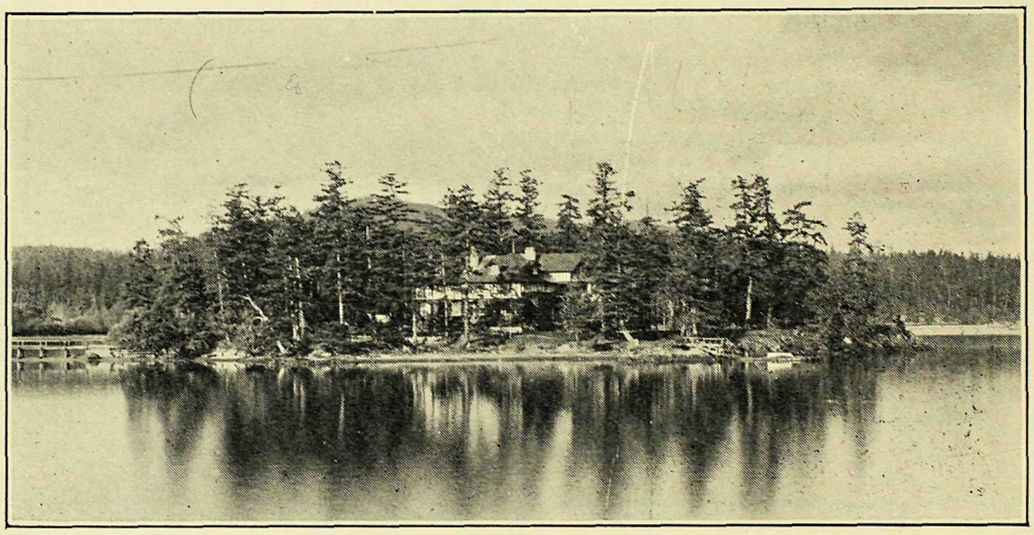

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