Vol. IV. SEPTEMBER, 1928 No. 12

The Bulletin

of the

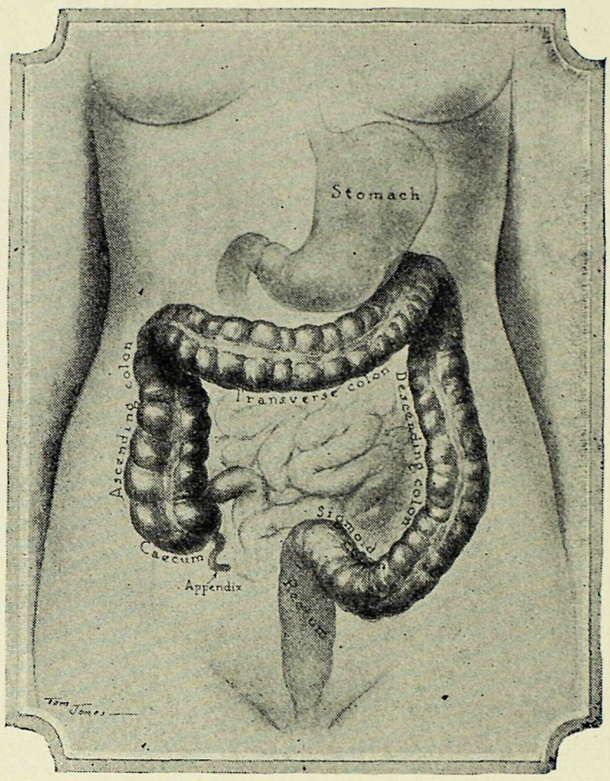
Vancouver Medical Association

Cancer

Mischievous Methods in Modern Medicine

Programme of Winter Session

Published monthly at Vancouver, B. C., by
McBEATH-CAMPBELL LIMITED
Price $1.50 per year



In Diseases of Sigmoid, Rectum and Anus

Where there is irritation or obstruction in the lower bowel, there is need for a soft formed, yielding fecal mass.

Here Petrolagar is invaluable because this emulsion is more than a mere lubricant.

—it permeates the mass, rendering it soft and easily passed.
—it provides comfortable elimination without strain, reducing congestion in the hemorrhoidal veins.
—it allays irritation.

Oral administration may be supplemented with Petrolagar diluted slightly with water given as an enema. It will be found superior to oils as a retention enema.

DESHELL LABORATORIES OF CANADA, LTD., DEPT. V.M.,
245 Carlaw Ave.,
Toronto, Ontario.

Gentlemen: Please send me copy of your new brochure "Habit Time" and specimens of Petrolgar.

Dr. .....

Address .....

.....

Deshell Laboratories of Canada Ltd.
245 CARLAW AVE. DEPT. V.M.
TORONTO, ONTARIO

Petrolagar

THE VANCOUVER MEDICAL ASSOCIATION

BULLETIN

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

Offices:
529-30-31 Birks Building, 718 Granville St., Vancouver, B.C.

Editorial Board:
DR. J. M. PEARSON
DR. J. H. MACDERMOT DR. D. E. H. CLEVELAND
All communications to be addressed to the Editor at the above address.

Vol. IV. SEPTEMBER, 1928 No. 12

OFFICERS, 1928 - 29

DR. T. H. LENNIE
Vice-President

DR. W. S. TURNBULL
President

DR. A. B. SCHINBEIN
Past President

DR. G. F. STRONG
Secretary

DR. J. W. ARBUCKLE
Treasurer

TRUSTEES

DR. W. F. COY DR. W. B. BURNETT DR. J. M. PEARSON

Auditors: MESSRS. PRICE, WATERHOUSE & Co.

SECTIONS

Clinical Section

DR. L. H. APPLEBY ..... Chairman
DR. J. R. DAVIES ..... Secretary

Physiological and Pathological Section

DR. C. E. BROWN ..... Chairman
DR. R. E. COLEMAN ..... Secretary

Eye, Ear, Nose and Throat

DR. W. E. AINLEY ..... Chairman
DR. F. W. BRYDONE-JACK ..... Secretary

Physiotherapy Section

DR. H. R. ROSS ..... Chairman
DR. J. W. WELCH ..... Secretary

Pediatric Section

DR. E. D. CARDER ..... Chairman
DR. G. A. LAMONT ..... Secretary

STANDING COMMITTEES

Library

DR. D. F. BUSTEED
DR. C. H. BASTIN
DR. W. A. BAGNALL
DR. LYALL HODGINS
DR. S. PAULIN
DR. W. A. WILSON

Dinner

DR. E. M. BLAIR
DR. L. LEESON
DR. H. H. PITTS

Rep. to B. C. Med. Assn.

DR. STANLEY PAULIN

Sickness and Benevolent Fund

The President
The Trustees

Orchestra

DR. A. M. WARNER
DR. W. L. PEDLOW
DR. J. A. SMITH
DR. L. MACMILLAN

Publications

DR. J. M. PEARSON
DR. J. H. MCDERMOT
DR. D. E. H. CLEVELAND

Credentials

DR. J. T. WALL
DR. D. D. FREEZE
DR. W. A. DOBSON

Summer School

DR. H. R. STORRS
DR. B. D. GILLIES
DR. L. H. APPLEBY
DR. W. T. EWING
DR. J. CHRISTIE
DR. J. T. WALL

Hospitals

DR. H. H. MILBURN
DR. A. S. MONRO
DR. F. P. PATTERSON
DR. H. A. SPOHN

VANCOUVER MEDICAL ASSOCIATION

Founded 1898 Incorporated 1906

PROGRAMME OF THE 31ST ANNUAL SESSION

GENERAL MEETINGS will be held on the first Tuesday and CLINICAL MEETINGS on the third Tuesday of the month at 8 p.m. from October to April inclusive. Place of meeting will appear on the Agenda.

1928

October 2nd—General Meeting:
Papers—Dr. J. J. Mason: "Genital Prolapse."
Dr. W. B. Burnett: "The Technique of Version."

October 16th—Clinical Meeting:

November 6th—General Meeting:
Paper—Dr. John Minor Blackford of Seattle: "The Clinical Side of Gall Bladder Disease."

November 20th—Clinical Meeting.

December 4th—General Meeting:
Papers—Dr. B. D. Gillies; Dr. G. E. Gillies: "Peptic Ulcer, its Medical and Surgical Aspect."

December 18th—Clinical Meeting.

1929

January 8th—General Meeting:
Paper—Dr. Ralph C. Matson, Portland, Oregon: "Surgical Treatment of Pulmonary Tuberculosis."

January 22nd—Clinical Meeting.

February 5th—General Meeting:
Paper—Dr. R. P. Kinsman: "Focal Infections in Infancy and Childhood."
X-ray films to be shown by Dr. H. A. Rawlings.

February 19th—Clinical Meeting.

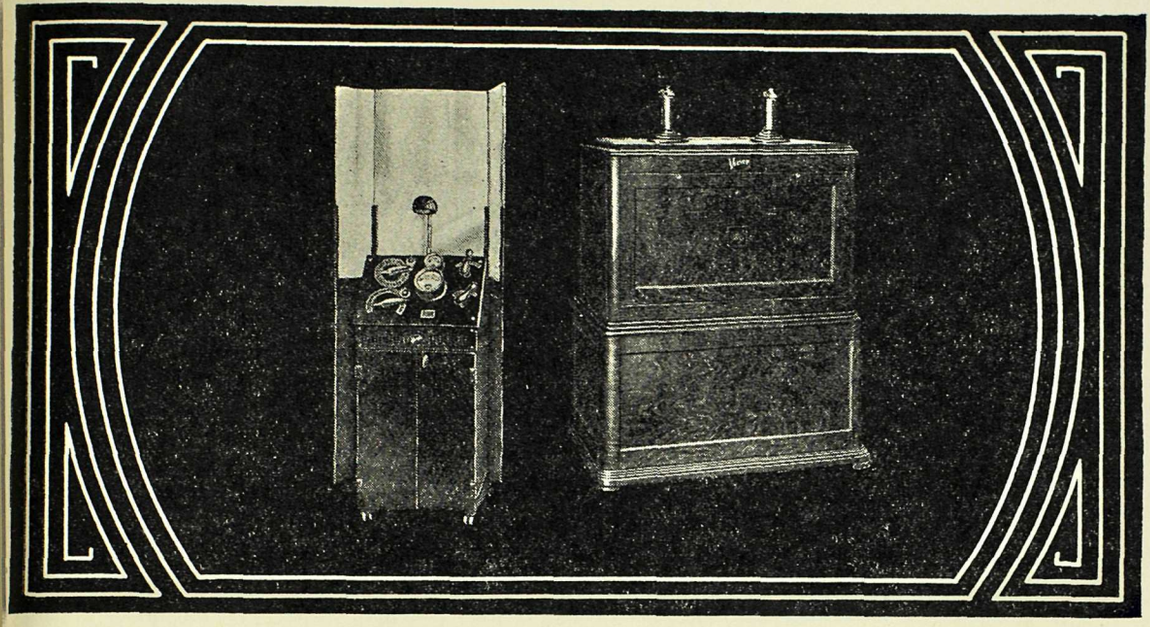
March 5th—General Meeting.
The OSLER LECTURE—Dr. H. M. Cunningham.

March 19th—Clinical Meeting.

April 2nd—General Meeting.
Paper—Dr. F. P. Paterson: Subject to be announced.

April 16th—Clinical Meeting.

April 23rd—Annual Meeting.



Who Would Trade in a Snook?

An extract from a report by a Victor representative, following his call on one of the largest clinics in the country:

"I just returned from ——— clinic and find the *Snook* Transformer that was installed in 1924 grinding out as strongly as ever. On Tuesday they ran two hundred chests, which called for four hundred exposures.

"I want to call your special attention to their 100 M. A. Coolidge Tube which they have been using on their *Snook* machine not quite a month. Radiographs of 3695 patients, or a total of 7308 exposures, were made with this tube and it is still going strong."

To give such consistent service a machine must be correct in design.

A FEW months ago a Victor representative called on a physician who for several years had been using a *Snook* machine in his completely equipped X-ray laboratory.

This physician, being successful both professionally and financially, had come to the conclusion that inasmuch as he turns in his auto every other year or so, to get the advantages of the latest model, it was high time that he turned in his *Snook* for the same reason. The idea was dispelled, however, when the doctor was informed that even though he had purchased his *Snook* ten years ago, it would be equal to all demands of present-day technic in radiographic diagnosis.

The *Snook* stands alone in this respect, and users in all parts of the world attest to the economy of their original purchase, also to the advantages in having a machine with which they can produce radiographic results second to none, and continue to do so *consistently.*

There is only one SNOOK!

VICTOR X-RAY CORPORATION

Manufacturers of the Coolidge Tube and complete line of X-Ray Apparatus VICTOR *Physical Therapy Apparatus, Electrocardiographs, and other Specialties*

2012 Jackson Boulevard *Branches in all Principal Cities* **Chicago, Ill., U.S.A.**

A GENERAL ELECTRIC ORGANIZATION

Vancouver Branch: Motor Transportation Bldg. 570 Dunsmuir Street

EDITOR'S PAGE

The borderland of disease is wide and shadowy. The shadows may serve to obscure the picture or they may simulate substance and in that way also confuse the issue.

The complaints of the patient are numerous, variable and indefinite. Pain is sure to be one of them. The tale of symptoms is exaggerated by repetition in the endeavour to explain and to attract attention, for it is sure that the dwellers in this region have been hither and thither among the regulars as well as among those not so regular. A history is difficult to evaluate on account of its profusion and its confusion. There is no better case with physical signs. Variations from the normal may be discovered but not in convincing amount.

In a conscientious endeavour to exhaust our diagnostic possibilities various means of precision are employed, sometimes to follow up a supposed "lead" (which leads only into a blind alley) sometimes on a more general and more vague search to the limit of the patient's purse or our persistence.

At the end it may be that we and the patient are much as we were when we started. It is then that the convenient terms "neurasthenia" or "hysteria" complete their insinuating persuasion. When complaints cannot be substantiated by evidence the derangement is termed "functional" or the individual's reaction to minor stimuli, excessive and pathological, asthenia of nerves or of the psyche.

This is the dangerous stage of our diagnostic survey, for while these functional or asthenic disturbances may and do occur their differentiation from obscure or latent or early manifestations of physical disease is difficult and uncertain. When we consider the stealthy onset and protracted course of some tumours of the brain, particularly those in the frontal region, or the slow, uncertain, indefinite symptoms of early carcinoma of the large bowel or remember that such conditions as pernicious anaemia and diabetes mellitus must have had obscure beginnings, indefinitely affecting the individual long before they are recognizable clinically, we pause and wonder whether a tonic and a confident assurance that all will be well, quite meets the situation.

And what about those common tubercular infections recognizable so frequently at autopsy which depress the health, diminish the strength and reduce the weight for a variable time, ultimately, as the autopsy again witnesses, to be generally overcome. The individual regains his normal condition with or without the assistance of the physician and both remain forever unaware that, as Osler puts it "the shadow of the black hawk's wing has ever rested upon him.' '

What then is the solution? Recognition of the problems is necessary. Eternal vigilance here as elsewhere is part, at least, of the price of success. Such contribution as lies within our capacity towards the great common effort to push forward the boundaries of knowledge, which is power.

Particularly, one may add, knowledge of the dawn of disease, a period which as Mackenzie pointed out and Moyniban has lately emphasized, is the peculiar prerogative of the general practitioner.

ANNUAL DUES

The Treasurer wishes us to remind our readers that the Annual dues for the current year, April, 1928 to March, 1929, were payable on April 1st last.

* * *

NEWS AND NOTES

Dr. Robert C. Coffey in a paper on "Chronic Peptic Ulcer" read before the Southern Surgical Association in December, 1927, and published in the Journal of the American Medical Association for July 7th, 1928, describes in detail an operation in which he makes use of a new "loop tractor" for use in gastro-intestinal anastomosis devised by Dr. W. H. Lang of Vancouver. The device consists of a metal frame 5″ by 7″ rectangular in shape, having a holding button situated at the middle of either end. The button is seated closely on the frame so that a suture passed around it at once grips without tying. Dr. Coffey's article shows several illustrations of "Dr. Lang's ingenious little frame" in actual use. An account of this loop tractor first appeared in the Canadian Medical Association Journal for December, 1927.

Dr. Coffey has demonstrated the use of this instrument before several Surgical Societies in Canada and the States.

* * *

We extend our heartiest congratulations to Dr. Clarence E. Brown on his marriage to Miss Nellie Edith Workman of Burnaby, which took place on August 25th, the Rev. A. E. Mitchell officiating. After the ceremony Dr. and Mrs. Brown left on a motor trip to Ontario and the Eastern United States. On their return late in October they will reside in Vancouver. The doctor intends to do some post-graduate work while on his trip and has promised to communicate anything of medical interest which comes in his way to the Bulletin.

* * *

MISCHIEVOUS METHODS IN MODERN MEDICINE

An address delivered before the Vancouver Medical Association on July 10th, 1928 by Dr. Lewis Smith (formerly on the Medical Staff of the London Hospital, London, England.)

Mr. President, Ladies and Gentlemen:

First of all may I express my appreciation of the honour you have done a straight Britisher by allowing him to address such a meeting as this in the "wild and woolly West." I can see we are, perhaps, unusually happy in having such a united family gathered together in Vancouver. It is a good augury for the medical family that so distinguished an American physician as Dr. Berglund, so distinguished a group of Canadian graduates, should be willing to bear with a senile Englishman here tonight.

I have only this last fortnight been exceedingly fortunate and happy

in being allowed to talk a little at the Summer School of the University of California, and I have come away, and come here tonight, and I am going back to England, with a very increased pride in that brotherhood of medicine which. I think, is bigger than patriotism and bigger than most of the things which bind men together in this world. Speaking on Canadian soil I have nothing to say but to tell my colleagues here that our appreciation in England of Canadian medicine is not only high, but increasingly high. A country that has given medicine an Osler, a country that has given us quite recently the discoverer of insulin, needs no praise from me or anybody else. We in England are proud of our Dominions. We are proud of medicine in none more than Canada.

Now I had intended to apologize for my subject, but it is customary and properly so, to serve the most nutritious courses early in a dinner, and I can only congratulate the medical calling in Vancouver on the very excellent meal that Dr. Berglund has placed before us and I feel now that I need not apologize, as the remarks I am going to bore you with may be regarded in the nature of, let us say, the ice cream one finds everywhere here.

My suggestions tonight must not be read so much as an accusation against American medicine today—I wish them to be taken as a sort of talk to my fellow craftsmen in the nature of a stock-taking, where we are, whether our stock is quite good, whether some of it does not want replacing, whether certain of it had not better be got rid of. I cannot urge that my qualifications for this post are other than advanced age and a somewhat prolonged experience, not only in teaching medicine, but in practising medicine, because I hold very strongly that we get the best view of medical methods today by having ourselves to go into the battle, having ourselves to take part in the fray and realize what weapons are useful and what parts of our equipment are unnecessary, and so, because I have been in consulting practice for nearly thirty years and have met all sorts and kinds of doctors and have made all sorts of mistakes myself, I feel I am qualified to say something about some of what I consider "Mischievous methods in modern medicine."

Not that I am pessimistic for a moment. No man can be prouder of his calling than I am today. No one can have a higher opinion of the rank and file of our profession. I am certain that the position of medicine and the medical profession today is vastly better than it has ever been before, but we want it better still, and if we can get rid of some of our methods it is all to the good. I would urge too, that my knowledge of Canadian practice of medicine is not large. The suggestions I may make and the criticisms I may offer, are intended and would be intended for medicine as it is practised in England today and I am pretty certain that methods in England are fairly closely followed by our colleagues in Canada.

First and foremost I will put in a plea for the "art" of medicine. I would say, without fear of contradiction, that medicine can never be a pure science. We have got to call science to our aid. We shall never progress without science. All that can be given us from laboratories and from research workers is not only helpful, it is the very marrow of our existence.

But we must not forget medicine will have to remain and *must* remain an "art" and we must be careful that we do not neglect the art of medicine with all the scientific medicine that we are getting every day. We must welcome as priceless aids all the help we can get from the new tests, from those new aids—biochemistry, radiology—from every progress that is being made in medicine, but we must not forget that medicine of itself must always remain an art, and I think at present we are sometimes a little in danger of forgetting our art and teaching and reaching forward too far to what is called "scientific medicine."

"Slot medicine" will never come. There will never be a time when a man can have one single test to find out what is the matter with him, and so long as our bodies remain the complicated mechanism they are we should always have the art of medicine at our fingers' ends. In my youth we were told sometimes of "clinical instinct" and after a long and varied existence I have ceased to believe in "clinical instinct." We were told of those men who would stand at the end of a bed and look at a patient and diagnose his case, and there is no doubt that experience teaches a lot. Our eyes learn not only to see but to preserve and guesswork becomes a fine art. Clinical instinct I deride. Clinical examination, yes—clinical experience, clinical investigation—but not clinical instinct.

Some years ago I had an argument with a bacteriological enthusiast who held that empiricism and clinical medicine were synonymous and as such to be dispensed with, and I asked him to attend my out-patients department one day and it did not take very long to make him retract his opinion and to confess that an art of medicine, however annoying to a bacteriologist, should still be allowed to exist.

I find there is a tendency among our young men to consider that old fashioned methods of medicine are not worth bothering about. I find, for instance, the investigation of pain is very little dealt with. I wonder how many of you have read that wonderful classic—Hilton's "Rest and Pain." It shows you how our forefathers thought about their work and the care with which they investigated a patient's symptoms. But I find today a man says he has a pain *here*—while the locality is paid some attention to, the details of working out a case of pain, from the point of view of diagnosis, are often omitted. I find it a good plan to get a patient to localize his pain. I always carry a blue pencil, and if the patient tells me he has a pain I ask how high, and I make a mark, and how far to each side, etc., and it is astonishing how far you can get towards a diagnosis. What you will find out is marvellous. Find out the areas to which the pain radiates, the position—if it is superficial or deep in—the nature of the pain itself, as to its kind—whether dull and boring or sharp and keen. We are too apt to say "Oh, a pain here—yes, stomach" and let it go at that. We take it all for granted. The very last one of that kind I saw just before I left England. I was asked to see a very extraordinary case of headache—where a man had a very severe headache. I was asked to see him as to the probability of the presence of a cerebral tumour although the headache had come on very suddenly. The pain was confined to the hairy scalp, and on examination I found

there was oedema and the patient had erysipelas. And all because my friend, a most excellent practitioner, had not paid sufficient attention to the pain, where it was, and examined exactly the locality. That is one argument for not forgetting our old methods of clinical examination.

Most of you have heard of Sir Andrew Clark, a famous Scotch physician of the mid-Victorian period. I only saw him once. I was a student at the time, and although I knew nothing about medicine then I learned something from him which I have never forgotten and which I have told many doctors since and which has saved me many a time from mistakes in diagnosis. He said "When you get a case that you can get no definite line on, or symptoms for which you can find no cause and a physical examination reveals nothing, do not think it is "nerves." Do one thing, get your patient to describe to you one of his ordinary average days, from the time he gets up in the morning till he goes to bed. Get him to tell you the time he gets up, what kind of breakfast he has, what he does afterwards, go through the whole day with him and you will make some amazing discoveries."

We ask a patient "Do you take ordinary diet?" and you write it all down "normal." Go into it fully, ask the patient exactly what he calls a normal diet. In Australia you will find, if it is a woman, that she has tea before breakfast, tea at breakfast, tea in the morning, tea at lunch, and so on. If you are in England you will be surprised to find what amounts of alcohol are consumed in the course of a day. (Not so, of course, in America). That is a useful hint to follow where a patient says he is leading an ordinary life. Find out the amount of exercise he takes, the amount of food, the amount of sleep—it may clear up the diagnosis and explain his symptoms as nothing else will.

I want to mention a thing that has been a bee in my bonnet perhaps. That is—do not label a case "Bright's Disease" because you find a trace of albumen in the urine. If there is one thing that has done harm it is that "trace of albumen." I need not insult this audience by reminding you that it may be a little cystitis, or a little urethritis, or a dozen other things may account for it, but I find too often that a trace of albumen has been labelled a case of nephritis.

Nor need I here remind my friends that in all abdominal cases the man who does not put his finger up the rectum will probably put his foot in it.

Now for one or two more definite mischievous methods which I must hurry over and on which I want to touch lightly.

Laboratory Tests

Are we not in danger of developing our art too much on laboratory lines? Are we not getting to rely or place all our faith in those invaluable tests which research workers have given us but which, priceless tests as they are, must not take the place of eyes, fingers and common sense. Use these tests, fellow craftsmen, but do not abuse them. Do not let our diagnosis of symptoms rest upon a positive or negative Was-

sermann. I need not tell you that laboratory workers are not infallible. Need I remind you that specimens sometimes get wrongly labelled. Must I confess that I have sent a patient's blood to two distinguished laboratory men and had a positive Wasserman from the one and a negative from the other. While the Wassermann is an invaluable aid it is not on that alone we must make our diagnosis. I never can forget years ago in a doubtful abdominal case coming to the conclusion that the patient's symptoms (which were associated with a very definite positive Wasserman) were due to a syphilitic infection and labelled it so and treating it so and then finding out some time afterwards that the man had undoubtedly a neoplasm in the colon which I ought to have found and ought to have treated and did not recognize until it was too late, because I had trusted too much to that positive Wassermann. Nor need I remind you that all is not gold that glitters and the fact that you find bad teeth in a patient does not mean that he must have all his teeth out, or that all his symptoms are due to the condition of his teeth. One rarely sees a patient with pernicious anaemia who has not been told that all his troubles are due to his teeth and that if he will undergo the tortures of the dentist's chair he will be cured. We must not be content, on finding something wrong to take it for granted that the symptoms are due to that one thing. We must ask ourselves whether what we find will account for the symptoms and must not be satisfied until we have made a complete diagnosis.

Laboratory tests, gentlemen, by all means, but they must not replace critical physical examination.

Bacteriological Bunk

Another thing I must mention, what I must call "bacteriological bunk." I have some idea that in this country you have not fallen so much under the heels of the bacteriologist as we unfortunately did in England at one time. We all, I am sure, in England and Canada alike know good bacteriologists, but there are limits and the idea that bacteria of all sorts are our enemies, that if you find a bacterium in the body it is doing the mischief is all wrong and I do not need to labour the point of pathogenic and non-pathogenic organisms. Professor Almroth Wright, a very wonderful man, when he propounded his wonderful work and his suggestions for vaccine therapy somehow hypnotised us and it has been very hard to work our way through and out of a cloud of mysterious and pseudo-scientific bunk. Vaccine therapy undoubtedly has a place in our armamentarium. But vaccine therapy in England at one time became deplorably common and was pandered to, of course, by the craving for scientific help which the public demands. I will only quote two examples which I shall never forget. One was a man who had a cough and his bronchial secretion was found to contain the usual mixed flora and a vaccine was prepared and weekly injections were made, till somebody found and showed that all his bronchial trouble was due to decompensation of a badly failing valvular heart. I saw the poor wretch at his last gasp and it was incredible that no thorough examination had been made and for months the poor man had been wasting his time on this useless vaccine treatment.

The other common picture—the difficult abdominal condition. The examination is made with great pride of the intestinal flora, and there again we are sadly familiar with the report we get of the streptococcus, etc. I remember a case which had been treated with vaccine for a long time and it only needed a very few minutes to show that the abdominal symptoms were entirely due to a colitis. This vaccine therapy, this jumping to conclusions that if you find an organism somewhere, that *that* is the cause of the patient's symptoms, *that* is the thing to be treated —is leading a great many people hopelessly astray.

Endocrine Mania

Now the third heading is what I would call "endocrine mania." Those wonderful ductless glands are responsible for clinical symptoms undoubtedly. No better clinical work was ever done than the working out of the theory of myxoedema, its recognition and its cure, but there are others I could mention, of which far too little is known to warrant the wholesale diagnoses which are being made. We hear of "a break in the endocrine chain." What is meant by that I do not know. Mysterious symptoms are attributed to the failure of activity on the part of one or other of these glands which the present state of our scientific knowledge does not warrant. This too often occurs when a man comes for examination and nothing definite can be found, no definite symptoms, but he has perhaps increased a little in weight. It may even happen that he has lost some of his hair, but almost before he has mentioned these symptoms he is deluged with thyroid very much to his disadvantage. I regret to say that at the moment in England we are suffering from an avalanche of all the glands of all the animals in creation. Some of them come from across the Atlantic. I am well aware of their usefulness in certain directions but I have found in the last few years a great tendency to diagnose mysterious symptoms as due to failures of activity on the part of the endocrine glands, and sometimes the results are tragic. I remember one poor woman at the menopause. She was told "Oh, it is the time of life. We have now a scientific preparation of glands. . . . . " But she insisted upon seeing someone else and the condition she had was cancer of the rectum which no one had looked for. Another case in a lady who had been addicted to sitting over the fire and who had large pigmented patches on her legs, which we used to call "lazy patches," but which an enthusiast in endocrinology had labelled "Addison's disease." The whole family was prepared for the fact that she would shortly be removed to another sphere and she was placed in bed and given enormous quantities of adrenalin. No other tests had been made and I was not popular when I told her to get up and walk about and not sit over the fire.

I suggest endocrinology has its place—it is a new science and it is not wise to jump to conclusions or to assume too great a knowledge of what we do not know.

Surgical Perils

Perhaps I shall be treading on delicate ground if I say that I think surgical perils are still with us. No one is more enthusiastic about surgery than I am. By the way I think it a pity that surgeons and

operators should be regarded as synonymous terms. A surgeon must be an operator but he should be something very much else as well. Of course my friends always tell me physicians are the best surgeons. But I want to protest against "crazy surgery." Organs are removed whether there are symptoms or not, and I know a number of individuals who, having lost their colons are wondering whether endocrinology will cause another one to grow.

Meddlesome surgery is also a thing we must set our faces against. I may mention this wholesale removal of goitres. I know and you know that there are enlargements of the gland which demand removal. We know too that an enlarged thyroid gland is very often a protest. We see it enlarged, for instance, at every menstruation. We see it enlarged at pregnancy. We see it enlarged in protest at certain emotions. But it is unfortunate that the poor thyroid gland, if it ventures to protest should be stolen in this deplorable way. It is the tendency in the present day to remove altogether too many thyroid glands. I think the war familiarized a great number of men with certain elementary surgical operations, but we must remember that, however much we may talk about surgeons, our friend the surgeon is a very highly trained man. He is an operator, but his work involves a long course of training, and surgery should never be done except by very highly trained surgeons. I am speaking here, of course, of major surgery. And with regard to "exploratory laparotomies" resorted to as a *dernier ressort*. What was explored we did not know, what to hope for we did not know, but I should think looking for a needle in a haystack was an easy task to what I saw in my youth of exploratory laparatomy. But today, with the help of radiology, with the help of the biochemist, exploratory laparotomies should be very few.

In cases of difficult diagnoses—I am afraid we physicians rather postpone consultation with the surgeon. Instead of trying everything before the patient sees a surgeon I always say "I want you to see a surgeon *now* before we try anything. Let us have the benefit of his opinion before we try anything at all." I think we do not give our surgical friends a fair chance when we look upon them as a last resource.

The Abuse of Drugs

The fifth group is, I am happy to think, like the dodo, becoming almost extinct. Still one does come across cases, and that is the man who was always a kind doctor and who was usually very popular but who pandered unnecessarily to the urge that the patient (at any rate in England) has for medicine. He has a prescription for every symptom. One woman was referred to me who had a book as big as a family Bible made up of prescriptions. She had prescriptions by the hundred bound up in a big book. I think we have to reconsider, in the light of our present knowledge, the use of drugs. A patient comes to you, he is simply eating too much, or drinking too much, or exercising too little. Tell him so and give him rules for his food, exercise, etc. Tell him what he needs. Do not let him think he is paying a fee for a bit of paper with your writing on it. We must not pander too much to these patients' urge for physic. I do not know what a tonic means. All these people

say"Doctor, I want you to give me a tonic." I think if a man is tired he should be told so and given a rest. If he has something the matter with him tell him what it is, but it is this pandering to drugs without rhyme or reason that is so bad. And again why do we always give medicine three times a day? It has become a sort of shibboleth. If one has to give physic then give it as often as it is wanted. I very often give doses every two hours, frequently I use it once a day. If we want to give drugs give them simply and give them for a limited time and mark your prescription for one-two-three weeks.

Two more groups and I have finished.

X-ray Exaggeration

X-ray examinations have been of the utmost value and are still of the utmost value and are of increasing value in the estimation of difficult cases, but I am not quite sure the time has not come when we must be more careful in our interpretation of shadows. It is so easy to find something abnormal when we do not know the normal and I do not think we should allow our friends the radiologists to make diagnoses for us without meeting them and giving them a history and seeing the pictures ourselves and asking them for their reasons, *why* they say a man has a duodenal ulcer, etc. I have seen terrible mistakes made for lack of these simple rules. Perhaps the most difficult cases of all are the x-ray examinations of the thorax. Radiographic appearance of abnormal lungs are very easy to find. In fact I do not think I have ever seen a report on the lungs that did not show an enlargement of the "peribronchial" glands. I want us to be careful in examining x-ray pictures—to get our radiological friend's opinion without letting him know the signs and symptoms, and seeing the plates with him ourselves and going over the plates with him. If you have a patient a little on one side your shadows become thrown out of gear and are capable of all sorts of interpretations, and if I may mention one thing and which I have found useful, I have always insisted upon a second radiographic examination before pronouncing sentence(and sometimes it has been by another radiologist).

Cranks and Cure-alls

Last of all I want to say, venturing on very thin ice, something about the place of cranks and curealls which the whole of this civilized world is plagued with at the present time, and from my short examination of the newspapers in Vancouver I think there are interesting specimens of the genus here. There is not time tonight for me to suggest the causes of this terrible plague, which is bringing such discredit on medicine and the profession today. There are many reasons for it. Are we doctors not partly to blame for this curse? Is it not partly because we are not always as careful and thorough as we should be with patients? Take the case of one of these poor overstrained women with curious symptoms—pain in their backs—pain in their heads—we have found nothing to account for their symptoms. Are we always patient enough to explain to them that there is such a thing as central pain. Are we patient enough to talk to them about poor over-sensitive, over-registering

nerves? If we were I do not think we should have so many of these poor good people giving their dollars to build up these beautiful edifices of Christian Science which I see scattered all over this continent. You know the poem:

"There was an old lady of Deal
Who said "Though all pain is unreal—
If I sit on a pin and it punctures my skin,
"I don't like what I FANCY *I feel."*

Although Christian Science has a great deal in it, to me it is comical that people of sense and intelligence can accept some of its teachings which are so manifestly opposed to common sense and when unfortunately such tenets lead to such tragedies. I suggest we doctors are largely to blame. And then, too, are we definite enough in regard to these food-faddists. Food consciousness seems to be reaching its zenith in this part of the world and personally I think it should bring grist to the medical mill, but it seems extraordinary how the papers and everything here exploit it. On all sides we see "If you do not take enough raspberry juice you will, etc., or if you take this or that, or do not take this or that—" I do not think we are definite enough in our rules about diet. We tell a man he should take a light diet. If we all wrote down our ideas of a light diet, the result might be instructive. A man comes to you who is putting on undue weight—you know it is due to over-eating—you tap him on the shoulder and say "Go a little easy with the knife and fork." He likes you at the moment but when he gets home he does not know what you meant. We find these people—these cranks and curealls—are worldly wise. They say definitely "You must only eat once or twice in 24 hours—you should not touch so and so—something definite—or they tell you oracularly "You should *never* drink anything with your meals." There is no reason why anyone should not drink with his meals but the crank knows you do not eat so much if you have dry meals—they are worldly wise. So I think we should be more definite in cases of over-feeding, and tell a man exactly what he is to eat and what he is not to eat.

We do not tell these people that second helpings are a crime. Very often we tell them "a little less starchy food." They do not know what starchy food means. If you told them they must not take sugar that would be something definite. But I am afraid we get slack, we are bored, we get careless, and I think that is why so many of these diet cranks are springing up all around us.

Well, fellow-craftsmen, I have said enough to annoy some of you and I have made some of you smile—that is something, after all. What is the burden of this poor song of mine? I think it comes out to this:

Medicine is doing well. Mind you there is no calling in the world that makes a greater demand on its followers than medicine. There is no body of men who are doing their work better today, but we want it to be better still, and if I have hinted at anything that may help I shall not have spoken in vain. We want more art in our work and not less

science. We want *more* science, but it must not replace common sense methods in what I have said is our art. So complex is the human machine that diagnosis still often remains a balance of probabilities. We must aim at the prevention of disease. I am delighted at the modern tendency to *prevent* disease, but in spite of this a great part of our work will still be the patching up of permanent damage. My plea is for a more thorough examination of our patient, a more balanced diagnosis and a more definite and detailed treatment.

* * *

B. C. MEDICAL ASSOCIATION NEWS

The Annual Post-graduate Tour throughout British Columbia has already started. Meetings and clinics have been held at Cranbrook and Grand Forks. Kelowna, Chilliwack, Vancouver, Nanaimo, Victoria, Prince Rupert and Prince George will also be visited. The speakers this year are Drs. A. T. Bazin and A. H. Gordon of McGill University, and Dr. Gordon Bates of Toronto. Dr. Theo. H. Lennie of Vancouver, Vice-president of the B. C. Medical Association, is accompanying the speakers from Cranbrook to Vancouver and Dr. Howard Spohn of Vancouver will travel with them to Prince Rupert and Prince George. Further particulars of the tour will be published in the next issue of the Bulletin.

* * *

Dr. J. W. Arbuckle of Vancouver and Dr. J. G. McKay of New Westminster took the post-graduate tour of Alberta in July, giving lectures and holding meetings under the auspices of the Canadian, Alberta, and British Columbia Medical Associations. They were accompanied by Drs. Geo. R. Pirie of Toronto and S. G. Ross of Montreal. Meetings were held at Medicine Hat, Lethbridge, Calgary, Drumheller, Calgary, Red Deer, Stettler, Camrose, Edmonton and Vermilion. The speakers were accorded an enthusiastic reception and they report very satisfactory meetings.

* * *

At a meeting of the local Executive held on August 3rd, the following members were re-elected on the Council of the Canadian Medical Association:

Dr. J. W. Arbuckle	Vancouver
Dr. A. W. Bagnall	Vancouver
Dr. F. M. Bryant	Victoria
Dr. W. A. Clarke	New Westminster
Dr. T. B. Green	New Westminster
Dr. G. L. Hodgins, Secretary	Vancouver
Dr. E. H. McEwen	New Westminster
Dr. H. H. Murphy	Kamloops
Dr. H. M. Robertson	Victoria
Dr. J. F. Haszard	Kimberley
Dr. G. T. Wilson	New Westminster
Dr. Wallace Wilson, President	Vancouver

Dr. R. J. Wride of Atlin has been appointed Superintendent of the Whitehorse General Hospital.

* * *

We publish the following resolution passed by the Executive Committee of the Canadian Medical Association at their recent Annual Meeting in Charlottetown, with covering letter from Dr. T. C. Routley. The letter is fully explanatory.

> "It has been frequently suggested by members of the Association that the month of October would be a more convenient time for the payment of membership fees than immediately following the Christmas and New Year season when financial demands are usually very heavy. This change has been under considera-ation by the Executive Committee for some time, and was brought to the attention of Council at the recent Annual Meeting when the following resolution was approved: "That, henceforth, membership fees for the ensuing year be collected in the month of October instead of January as heretofore."

* * *

Some time ago the B. C. Medical Association took up the question of Government employees who did not meet their financial obligations to doctors. This was looked into by the Canadian Medical Association at our request and the following is taken from a letter written by Dr. T. C. Routley, the General Secretary of the Canadian Medical Association. We think that this will be of interest to medical men who may govern themselves in accordance with the information given:

> "The salaries of permanent civil servants cannot be attached or anticipated for payment of debts. This does not apply to wages received by C. N. R. employ-ees nor to others in Government employ who are not permanent civil servants, nor does it apply to any other personal property which the civil servant may own, and which can be attached in the regular way for collection of debt. Any permanent civil servant, however, can be brought up under the De-linquent Debtor's Act and an examination made into his ability to pay, and the judge in that court can order the man to pay a proportion of his salary, if the judge so decides this under the Provincial Statute."

* * *

It is with great regret that we hear from Mr. C. J. Fletcher, Execu-tive-Secretary of the B. C. Medical Association that he is having a very stormy time and has been suffering greatly following two operations that he has had performed at the Mayo Clinic, Rochester. He is still in the hospital and will not be back for some weeks yet. However, it is hoped that he will be completely cured on his return.

WHAT EVERYONE SHOULD KNOW ABOUT CANCER

By Joseph Colt Bloodgood, M.D., Professor of Surgery,
Johns Hopkins Hospital, Baltimore, Maryland.

Editor's Note:—*This paper, which in part was incorporated in Dr. Bloodgood's address before the Summer School of the Vancouver Medical Association, June, 1928, appears as printed directed to a lay as well as to a medical audience.*

It may perhaps be taken as an example of the information which an experienced surgeon considers can be assimilated by and be beneficial to the public in the prevention of cancer.

Dr. Bloodgood commenced his lecture by saying that today correct information is the only protection against cancer about which no one should be ignorant—further protection depends upon research.

The informed individual who acts immediately has at the least a sixty per cent chance of a cure, while the individual who is not correctly informed and who on account of this, delays, has less than a ten per cent chance of a cure.

Here is the whole problem in a nut shell. Correct information through education protects sixty out of a hundred; the remaining forty per cent. can only be cured by research which will find the cause, the means of prevention or a specific cure.

What should everyone know about cancer which will thus protect them and give them the best chance of prevention or a cure? Everyone should know that cancer does not begin as cancer. There is first something that is not cancer and this something that is not cancer which may develop into cancer is a local spot, a local condition, and not a general disease or a general condition.

This local spot which must form before cancer can start is either a little tumour or nodule with which we are born or a little tumour or sore the result of injury or chronic irritation. When external this little spot can be seen or felt. It is well-known to everybody. A wart, a mole, a sore place in the skin or in the mouth, a white patch in the mouth, a red or scaly area on the skin, a pigmented area or black spot or an elevated pigmented area called the pigmented mole. Any bit of skin or bit of the lining of the mucous membrane of the mouth which does not look like the normal skin or normal mucous membrane should be looked upon as suspicious just as the more definite mole, wart or sore. Then there are lumps that can be felt. It does not make any difference where the lump is or what the age of the individual, new born babe, infant, child, young or old adult, man or woman. If you feel a lump or a mass or a hardening or a thickening or an enlargement or a waxen kernel or a tumour or a swelling, they are all the same thing. Don't "watch and wait," go and find out what it is. The most dangerous lump is the lump in the breast in women over twenty-five. In any part of the body the same kind of a lump or sore may start, as we can see and feel the wart or mole or the sore spot begin in the skin or the lining of the mouth. Fortunately the human body is perfectly wired; nothing can happen anywhere without touching the wires and sending some kind

of message to the brain. We may call it pain or misery or discomfort, but everyone is aware of this new message from some spot in the body where as yet nothing can be seen or felt. You must pay attention to these messages, just as you do the telephone, the telegraph, the letter, or to someone calling you, or to an unusual noise; these messages must be read and interpreted.

Sometimes when it comes from the region of the abdomen we call the message indigestion, colic, nausea. When it is in the head we call it headache. Sometime it is an itching or a burning sensation. Everyone understands the message.

Then there is a third way in which some part of our body tells us that there is an abnormal spot which should be examined and properly treated; that is the unusual discharge, for example, from the ear, or a nose bleed, or a patient coughs up a bloody phlegm, or there is an unusual discharge from any outlet of the body which may or may not be bloody. Everyone is aware of these things. What they must be taught is that it is a message or sign from a certain spot in the body which has changed and become an abnormal spot, and this abnormal spot may develop into cancer. Why not have it looked at and cured before it develops into cancer? There is a fourth way in which the body tells us that something is wrong somewhere. We call it loss of function. There is a limp. We can't move some part of the body as easily as we could before. We don't see well, hear well, smell or taste well. There may be vomiting after eating, or an irregularity in the movement of the bowels. The majority of these things can be taught to children. Children have warts and moles. They have toothache and sore mouths, they have nose bleeds and spit up blood, they feel lumps. The most dangerous form of cancer called sarcoma, which begins as a lump beneath the skin is most frequent in children; so children must be taught to report to their parents the moment they feel a lump or experience painful sensation, or if they limp. Practically everything in relation to cancer can be taught to children in primary schools.

EDUCATION OF CHILDREN: Many grown-ups do not realize how much their children are being taught by the well educated and well informed teachers in our primary schools today. When I spoke to a lay audience in Mobile some weeks ago there was a young girl of ten sitting in the first row. To demonstrate what children are being taught to this audience I asked the little girl to stand up and tell them what she would do if she stepped on a rusty nail. She answered without any fear or hesitation "I would wash my foot with soap and water, pour a little medicated alcohol on the wound and put on a bandage. I would then go to the doctor's office and tell hime to give me the anti-toxine for tetanus." Later I met the Mayor at dinner. He was sitting near this child and he told me he over-heard the remark by a few in the audience that they were certain that this was a put-up job; but it was not.

There seems no question that the best way to reach the great masses of children is through their teachers in the primary schools and to reach the great masses of grown-ups there is as yet no substitute for the daily press. The press has done more than any other agency to dis-

seminate correct information in regard to cancer and everything that has to do with health and preventive medicine.

EXPERIMENTAL CANCER: For many years research workers in the laboratories have produced cancer of the skin by irritating the skin repeatedly and continuously with a coal tar product. This irritation first produces in the skin a local condition that is not cancer, that does not look like cancer under the microscope and when the irritation ceases the local spot, sore or a wart, which under the microscope does not look like cancer, gets well and heals. If the irritation is carried out further the local spot looks like cancer under the microscope, but again if the irritation stops it heals. Now if the irritation is carried further and then ceases, the local spot which looks like cancer does not heal and ultimately the animal dies and the cancer cells which have been produced in the local spot by the irritation of tar are found disseminated throughout the body. The same can be done by feeding animals some kind of worms which lodge in the walls of the stomach. The entire scientific world accepts the conclusion that chronic irritation can produce a local area in which the cells ultimately become cancer cells. These cells leave this area by wandering and infiltrating the surrounding tissue or they are carried throughout the body in types of vessels or tubes that we have in the body—the blood vessels or the lymph vessels. Just as the body is well wired to carry messages to and from the brain and spinal cord, so it is well supplied with two systems of tubing to carry blood and lymph to and from the heart. The thing that kills ultimately in cancer is the dissemination of these cancer cells through these vessels to the other parts, because the cancer cell is able to grow wherever it lodges.

EXPERIMENTAL CANCER IN THE HUMAN BEING: For years the human being has produced cancer within its mouth and on its skin and is continuing to do it by chronic irritation in practically the same way as research workers have produced cancer in the skin of animals by chronic irritation with tar. The continuous and prolonged irritation of tobacco with ragged dirty teeth or ill-fitting plates is the cause of cancer of the mouth. A little area on the skin which forms a scab which is scratched and is not kept clean and is continuously irritated by scratching or rubbing of the clothes and by dirt, ultimately develops into cancer.

Cancer of the mouth and cancer of the skin can be prevented. Any irritation of the skin of any kind should be treated like a fresh cut until it heals or disappears. It should be washed once or twice a day with warm water and soap, should be wiped off with cotton and medicated alcohol and should then be covered with white vaseline or 2% yellow oxide of mercury ointment, and if necessary with a piece of gauze fixed with adhesive straps or collodion. Then if the little area of irritation does not heal you should see a doctor and have it removed. It is just as important for people to be taught first aid in the treatment of irritation of skin, warts or moles, as to be taught to treat a freshly cut wound. Most people know that the danger of a fresh wound is infection and possibly blood poisoning, but very few know that the danger of an irritated area of the skin is cancer. Blood poisoning can take place

within a few minutes. Cancer takes months or usually years. There is no difficulty whatever in preventing cancer of the mouth. Teeth must be kept clean and smooth. The moment an artificial plate produces a sore spot, take the plate out and do not get a new plate until the sore spot heals. Tobacco can be used with very little danger if the teeth are clean and smooth and the individuals stop smoking the moment a sore spot or white patch is noticed. These are very simple rules to remember. Many people are ignorant about them. Others are skeptical and many are careless, but it is remarkable how rapidly in this country both children and adults are learning the importance of clean mouths and perfect teeth. Fortunately we have good dentists so that when our teeth must be removed they can be replaced. Cancer of the mouth and skin must be looked upon as a disease of dirt and ignorance.

PAGET'S DISEASE OF THE NIPPLE: This was described by James Paget, English surgeon and pathologist, more than seventy years ago. Before there was any experimental work on animals demonstrating the relation of chronic irritation to cancer and before we were as certain as we are today that chronic irritation is the cause of cancer of the mouth and skin, Paget wrote that women came to him with hopeless cancer of the breast who had observed an irritation of the nipple for one to three years before they had noticed the hardness or lump in the breast. They observed weeping, itching, the formation of a crust or a scab, finally a little ulcer, then the disappearance of the nipple and then the hardness or lump in the breast. Such cases were never cured by Paget nor have they been cured since by the best surgery in the world, nor have they been cured by radium or the x-ray; but today we can prevent Paget's cancer of the nipple by teaching women that any irritation of the nipple when they are not nursing a child is just as dangerous as a cause of cancer as any irritation of the nipple when they are nursing a child is as a cause of an abscess of the breast. It is not difficult for women to learn that the moment they notice any irritation of the nipple, the slightest redness, the most minute weeping, the just appreciable scaling, that part of the body must not only be kept perfectly clean with soap, water and medicated alcohol, but must be kept protected with vaseline and covered with a piece of gauze fixed in place by adhesive straps. Then if it does not heal they must see a good doctor and the surgeon will remove the nipple, immediately study it under the microscope and if the condition is not yet cancer, the breast and the life of the patient is saved. If cancer shows under the microscope the breast must be removed.

PREVENTION OF CANCER IN HUMAN BEINGS: Paget's cancer of the nipple and all forms of cancer of the skin can be prevented as just described by immediate attention to any irritation on the normal skin or any irritation of a congenital abnormality of the skin, such as a mole or a birth mark. Keep the area clean with soap, water and alcohol and protect it with vaseline, and if it does not heal within a few weeks have the area completely removed by a surgeon who will submit it at once to microscopic study.

The majority of nodules or tumours or waxen kernels which can be felt beneath the skin in any part of the body are not yet cancer, but many of them ultimately change into cancer. Surgeons know what

tumours or nodules of this kind should be removed. These little tumours can be completely removed under local anaesthesia and in this way cancer is prevented. It is always best, especially when the lump is in the breast, to have the nodule examined at once with the microscope so that if cancer is found to have started in the lump a more extensive operation can follow. This is always necessary in the breast. I am confident we can save thousands of people from deaths from cancer by teaching children and grown-ups this correct information about the mouth and skin and the little nodules or tumours beneath the skin.

There is a fourth type of cancer which we are inclined to believe can also be prevented. It is the cancer that attacks women that have children. If these women are properly taken care of by the medical and nursing profession and all the injuries of labor are repaired and if these women are instructed and influenced to follow the instructions for a periodical examination afterwards, few if any, will die of cancer. It is not sufficient to tell women who have borne children to report for an examination the moment they notice anything unusual in the monthly period or its reappearance after the menopause; this saves many lives and prevents many cancers, but it does not give the same protection as periodical examinations.

At the present moment we do not know how to prevent cancer of the oesophagus, stomach, colon or rectum. We feel convinced that it is some form of chronic irritation. A great deal of investigation is going on, but we are not in a position to suggest a diet which will prevent cancer. There is every reason to believe that the simplest and least irritating diet which is best for the health of all may be the diet best to prevent cancer. There is no doubt that constipation is dangerous and may be the cause of cancer of the large bowel, and the colon and rectum.

PERIODICAL EXAMINATIONS: The care of the expectant mother throughout the country by members of the medical and nursing professions, either by their family physician or through the dispensary of some obstetrical clinic is becoming more and more widespread; so much so that we can safely say that the medical and nursing profession, given an opportunity through periodic examinations, can do much to safeguard the mother and the child.

Children in the public schools are becoming very familiar with periodic examinations. They are beginning to learn where their tonsils live and what adenoids are. They know they should see a dentist before they have a toothache. They have learned not to be frightened when drops of blood are taken from their ears or fingers or when they receive a subcutaneous injection of serum to protect them against diphtheria. They quickly learn what the stethoscope is for and are interested rather than frightened when an x-ray picture is taken of some part of their body. Periodic examinations of various sorts by nurses, doctors and dentists are increasing in the primary schools, and in the best private schools and all colleges and universities the young men and women are being examined just as the young men were examined in the draft. No boy can enter a training camp without this examination. I have just gone over two and there are some very remarkable and up-to-date statements "You can't enter camp if you have had typhoid fever, unless your urine is free from typhoid bacilli. You can't enter camp if you have

not been vaccinated for small pox, received the protective serum for typhoid and diphtheria or unless you are willing to have it done." There seems no doubt that the draft and what we found in our physical examinations at that time is beginning to bear fruit. Physical examinations were beginning to be done in industries before the war, but since 1920 are becoming more frequent. Those who are neglecting physical examinations are the men and women between thirty and forty who are not employed in industries or in the army or navy or in any position in which a physical examination is compulsory. Volunteers for physical examination in adults between thirty and forty are just beginning to filter in. If you are to start protective physical examinations and wish to reap the greatest benefit, start before forty. Remember that by such examinations blindness and deafness can usually be prevented. Root abscesses which may irritate the heart and start the hardening of the blood vessels can be recognized in the x-ray films before the tooth is loose or painful. Men who have such periodic examination before forty and after need have no fear that an enlargement of the prostate can reach a dangerous stage.

X-RAY EXAMINATION OF STOMACH AND INTESTINES: There is no question that cancer of the stomach has been cured by cutting out (resecting) the piece of stomach in which the cancer is situated. It is twenty years since my first operation which accomplished a cure and this patient lived eighteen years, but the number of people who are actually cured by this simple operation, providing it is done in time, is relatively small. In spite of our educational effort, in spite of the wonderful development of the x-ray for diagnosis, patients with cancer of the stomach come for examination when in at least half of the cases the condition is hopeless and not more than twenty to twenty-five per cent. of those in which the removal of the cancer is possible are ultimately cured. This is not the fault of surgery nor of the x-ray. It is the fault of our education. Indigestion is so common, while cancer is relatively rare. The majority of people when they have stomach ache are willing to take bicarbonate of soda but are not willing to have an x-ray picture of their stomach taken. No one today who has a pain in the region of the heart objects to an examination with the stethoscope. In fact patients who think they have heart trouble go to a doctor and say, "Please examine my heart," but if they think that they have indigestion they go to the same doctor and say, "Please give me some medicine for my stomach ache." We must so influence the public that they will behave in the same way when they have stomach ache as when they have a sensation in the region of the heart and then they will go to their doctor and say, "Please study my stomach with the x-ray." At the present moment I see of no other way of increasing the number of cures for cancer of the stomach, colon or rectum.

X-RAY EXAMINATION OF BONE: I find that grown-ups themselves and the parents of children realize the importance of an immediate x-ray of the bone if there is any pain or swelling or limp or loss of function. Apparently we have been able to educate the masses on the value of an x-ray examination to detect the earliest stage of any trouble in the bone. Without much doubt it was the x-rays of fracture that helped us in this further enlightenment. Cancer of the bone (sar-

coma) in the past was practically a hopeless disease. In the clinic at Johns Hopkins we never accomplished a cure of a sarcoma of bone by amputation until 1913, and by 1920 there were but two cures, less than four per cent. of the total. Since 1920 in the same clinic the percentage of cures has risen to twenty-five and in many instances we have been able to resect the diseased bone, transplant into the defect a new piece of bone and save both life and limb. This is not due to improvement of surgery, but is entirely due to the education of parents and grown-ups on the importance of an immediate examination of the bone or joint the moment there is the slightest symptom. This giving of medicine for rheumatism without examination is rapidly disappearing; no enlightened individual will put up with such mediaeval treatment. The calling of such pains and discomforts in children "growing pains" is passing with other folklore dangerous statements. I wish that we could get older people to demand as quickly x-rays studies of their stomachs.

What are We Going to Do About It? In the Johns Hopkins Hospital up to 1900, among the patients admitted to the hospital or dispensary with cancer, more than half the cases were hopeless. Today this has been reduced to less than ten per cent. I have already stated that the percentage of cures among properly informed individuals is increasing to sixty per cent and more, while before in the ignorant individual it was ten per cent or less. Since 1920 more than sixty per cent of individuals who think they have trouble with the mouth or skin, or the cervix or the uterus, come under observation before the local lesion is cancer, and in all of these cases cancer is prevented. Then again the number of individuals with small apparently innocent lumps who come to the clinic and asks to have these lumps removed has greatly increased. Previous to 1900 the percentage of cancer in lumps in the breast was about eighty, while lumps that were not cancer composed about twenty. Women who sought advice because they thought that they felt a lump, but who on examination did not have a lump were less than one per cent. Since 1920 the women who consult the same clinic who think they have some trouble with the breast and who on examination have either nothing or something that can be relieved without operation has increased to almost seventy-five per cent., while cancerous lumps have been reduced to twenty-five per cent. This change is largely due to the co-operation between the medical profession, those in and those without the Health Department, the daily press and the weekly and monthly journals. Public meetings of various kinds are making the correct information news, and it is appearing in the most prominent places, and appearing at frequent intervals. Perhaps what we need most now is someone or some group to write a uniform text book or text books for the schools, and someone to write popular books for the grown-ups. We must get the correct information in the detective stories, in the novels and in bed-side stories for children, and perhaps what is most important get the people who do the talking and gossiping about preventive medicine and about maintenance of good health and about the earliest recognition of disease to get their information correct. We must change the statement of Artemus Ward who said, "There were too many people saying things that ain't so."

INDEX TO VOLUME IV.—1927-1928

Abdominal Tumours, diagnosis of 117
Abstracts 312
Alkaptonuria 189
Aneurysm of Abdominal Aorta 272
Appleby, L. H., "Blood Transfusion" 224
" " "Intestinal Obstruction" 344

B. C. Laboratory Bulletin 17, 47, 82, 113, 149, 186, 218
B. C. Medical Association Notes 177, 250, 309, 361, 373
B. C. Medical and Vancouver Medical Assns. Co-operation 245
Blood Grouping 221
" Cross Agglutination 116
" High Red Count 18
" Leucocyte Count 160
" Transfusion 19, 224
Bloodgood, J. C., "What Everyone Should Know About Cancer" 385
Breast, Tumours and Inflammation of 53
Buerger's Disease, Gangrene of Extremities in Relation to 355
Burke, Gordon, "Some Impressions of the Summer School" 327

Cancer 385
Champion, Dr. B. H., Obituary 7
Cleveland, D. E. H., "On the Recognition of Syphilis" 79
Clinical Meetings 41, 72, 156, 273
Coleman, R. E. "Inadvisability of Keeping Transfusion Blood" 19
" " "Why Order Rest in Bed?" 289
" " "Normal Ranges for Laboratory Findings" 286
Comparative Wassermann and Kahn Blood Tests 292
Co-operation Between Medical Associations, Report of Committee 245

Diagnosis of Abdominal Tumours 117
Dowsley, Gertrude, "Milk Counts" 115

Encephalitis Lethargica, Some Sequelae of 314
Epplen, F., "Newer Methods of Diagnosis in Renal Disease" 243
Eykman Water Test 17
Ewing, W. T., "Method of Obtaining Urine from Male Infants" 105

Gangrene of Extremities and Buerger's Disease 355
Glucose Curve, Clinical Value of 114
" " A Report on 22 Glucose Curves 83
Goitre, Toxic 180
Goitre Review 44
Gregerson Benzidine Test 149

Health Dept. Statistics 27, 59, 92, 127, 198, 204, 261, 296, 330, 336, 362, 394
Hill, H. W., "Lowered Resistance and Some Fallacies Regarding it" 278
" " "New Methods in Vaccination" 219
" " "Vaccination Dressings Encourage Post-vaccinal Tetanus" 159
" " "Solution of the Problem of Excessive "No Growths" from Diphtheria Swabs" 49
Hollywood Sanitarium 106
Hospital Beds 153

Iodine in Lillooet River Water 186
"Intestinal Obstruction" 344

Judd, H. E., "Comparative Wassermann and Kahn Blood Tests" 292

Keith, W. D., "The Metabolism Test" 24
" " "Goitre Review" 44
Kerr, D. E., "Clinical Value of a Glucose Curve" 114
" " "Cross Agglutination" 116
" " "A Report on 22 Glucose Curves" 83
" " "Variation in Iodine Concentration in Lillooet Rvier Water" 186

Lennie, T. H., "Toxic Goitre" 180
Library Notes 111, 240, 360
Lowered Resistance 278

Malcolm, M., "Chronic Septicaemia due to Unknown Organism" 50
Mason, J. J., "Leucocyte Count in Abdominal and Pelvic Inflammations" 160
Medical Pilgrimage 161
Metabolism Test 24
Metropolitan Hospital Scheme 153
Meyers Memorial 111
Milk Counts 115
Milk, Pure 353
Mischievous Methods in Modern Medicine 372
Moffit, H. C., "Diagnosis of Abdominal Tumours" 117
Myositis Ossificans 41
McKay, F. H., "Some Sequelae of Encephalitis Lethargica" 314

Naismith, A. G., "Non-diphtheritic bacillus mistaken for b. Diphtheriae" 48
Narcotic Drug Act 43
National Tuberculosis Association Meeting 343
Newer Methods of Diagnosis in Renal Disease 243
News and Notes 8, 39, 71, 103, 140, 176, 242, 273, 308, 338, 372
Non-Protein Nitrogen Test 51
Normal Ranges for Laboratory Findings 286

OBITUARY:
Dr. B. H. Champion 7
Dr. T. A. Swift 39
Oille, J., "High Blood Pressure and Arteriosclerosis" 9
Ootmar, G. A., "Eykman Water Test" 17
O'Rourke, F., "Blood Grouping" 221
Osler Lecture, Discussion of Dr. Seldon's 91
Osler Lecture, "Tuberculosis" 208

Pathology of the Thyroid Gland 142
Paediatric Meetings 341, 354
Pitts, H. H., "Pathology of the Thyroid Gland" 142
Pottinger, W., "Micro-Widal Reaction by Dark Field" 152
Presidential Address, Dr. A. B. Schinbein 76
Primrose, A., "Tumours and Inflammations of the Breast" 53

Renal Disease, Diagnosis of 243
Rest in Bed 289
Reviews of Books 111, 240
Riggs, H. W., "A Medical Pilgrimage" 161

Schinbein, A. B., Presidential Address 76
Scrimger, F. A. C., "Gangrene of Extremities and Buerger's Disease" 355
Smith, Lewis A., "Mischievous Methods in Modern Medicine" 372
Smith, R. P., "Gregerson Benzidine Test for Occult Blood in Faeces" 149
Special Meetings 140, 339
Statistics, Vital (See Health Department) .....
Strong, G. F., "Non-Protein Nitrogen Test 51
Summer School, Some Impressions of 327
Swift, Dr. T. A., Obituary Notice 39
Syphilis, Recognition of 79

Thyroid Gland, Pathology of 142
Toxic Goitre 180
Transverse Abdominal Incision 104

Vaccination Dressings and Tetanus 159
Vaccination, New Methods of 219
Vrooman, C. H., "Development of our Knowledge Concerning Tuberculosis" 208

Wackenroder, H., "Practical Application of Transverse Abdominal Incision" 104
Welsh, R., "Alkaptonuria following Carbolic Acid Applications" 189
Widal Reaction 152
Wilson, G., "High Red Cell Counts" 18

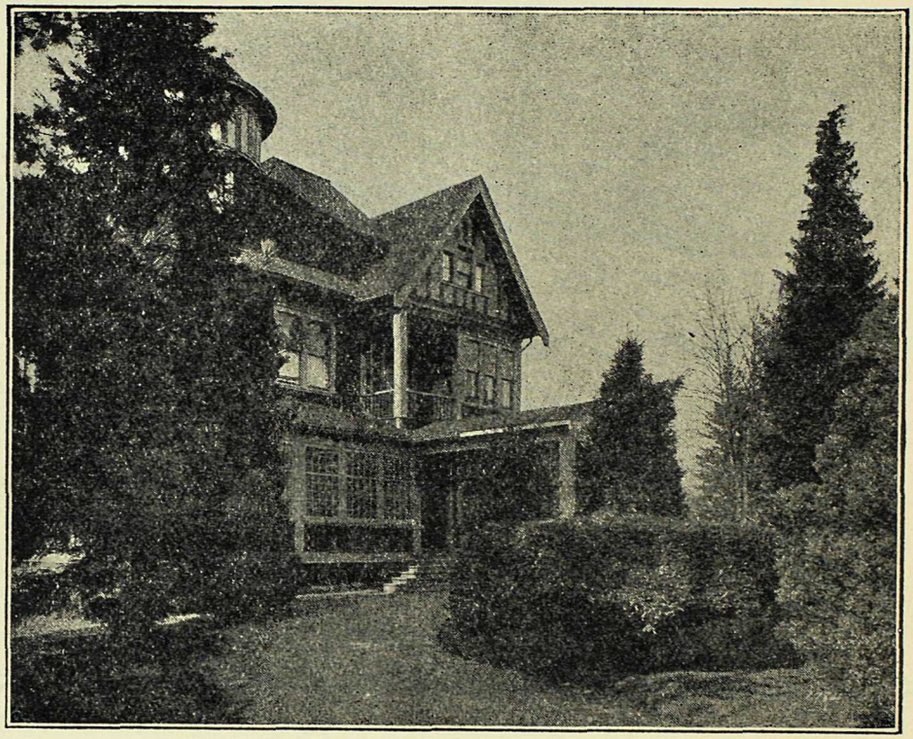
VANCOUVER HEALTH DEPARTMENT

STATISTICS, JULY, 1928

Total Population (Estimated)		142,150
Asiatic Population (Estimated)		10,940
Total Deaths	141	11.71
Asiatic Deaths	21	22.66
Deaths—Residents only	94	7.81
TOTAL BIRTHS	258	21.43
Male 127		
Female 131		
Stillbirths—not included in above	9	
INFANTILE MORTALITY—		
Deaths under one year of age	14	
Death Rate per 1,000 Births	54.26	

CASES OF INFECTIOUS DISEASES REPORTED IN CITY

	June, 1928		July, 1928		August 15th, to 15th, 1928	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Smallpox	4	0	11	0	3	0
Scarlet Fever	6	1	6	0	1	0
Diphtheria	43	7	37	2	19	1
Chicken-pox	26	0	2	0	4	0
Measles	2	0	2	0	1	0
Mumps	14	0	3	0	2	0
Whooping-cough	4	0	6	0	0	0
Typhoid Fever	2	0	2	0	0	0
Tuberculosis	18	16	16	14	11	–
Erysipelas	5	0	4	0	1	0
Cerebral-Spinal Meningitis	0	0	1	1	0	0
Poliomyelitis	–	–	3	0	6	1
Cases from Outside City—Included in above.						
Diphtheria	17	4	16	1	10	1
Scarlet Fever	3	0	3	0	0	0
Smallpox	0	0	2	0	0	0
Typhoid Fever	1	0	2	0	0	0
Poliomyelitis	–	–	3	0	3	1



Hollywood Sanitarium
LIMITED

For the treatment of

Alcoholic, Nervous and Psychopathic Cases
Exclusively

Reference ~ B. C. Medical Association

For information apply to

Medical Superintendent, New Westminster, B. C.
or 515 Birks Building, Vancouver

Seymour 4183 Westminster 288