

THE CANADIAN PHYSICIAN

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HEALTHY IMMIGRANTS WANTED

Nature's rule of "the survival of the fittest" is being followed by the medical opinions of the day in Canada. This country wants immigrants, but it needs both healthy, and industrious immigrants to build up a greater Canada in the future. The Canadian Medical Association has decided to invite fraternal delegates from the British and American Medical Associations to be present at their annual meeting next year in Victoria, B.C., for the discussion of plans to co-operate with Government agencies regarding the health of immigrants coming to Canada. It will be suggested that medical examination of immigrants be carefully and systematically carried out, and that unfit ones, or those developing incipient disease, soon after arriving in Canada, be deported.

Health is just as important an asset to Canada as money, brains, or brawn, and it is a wise step the Medical Association is taking to emphasize this fact. It should also impress the public of Canada with the high ethical standards of the profession, who seek more the good of others than their own benefit. The medical profession will use every means to prevent sickness, though sickness is its chief means of financial profit.

PREVENTIVE MEDICINE

There is no doubt that the maintenance of health and prevention of disease is attaining popularity to a far greater extent than ever before. Immunization from infection and contagious diseases is occupying the minds of bacteriological experts to a very marked degree.

Anti-vaccinationists grew to be a very strong opposition to the furtherance of preventive treatment of smallpox, and the public lay mind could not move quickly enough to accept the discoveries of science as convincing evidence in favor of the vaccine theory. But vaccine prophylaxis is beginning to assert its claims more strongly than ever, and those who avail themselves of it are finding how much

more pleasant life is without the chronic winter catarrh, October hay fever, bronchial asthma, and the oft-recurring bronchitis and pneumonia. Stock vaccines are now used in the treatment of acne, coryza, erysipelas, chronic gonorrhoea, whooping cough, rheumatism, furunculosis, bronchitis, asthma and influenza. Besides, vaccines are prepared from colon bacillus, streptococci and staphylococci, pneumococci, and mixed infections. The catarrhal vaccine is very useful, made from micrococcus catarrhalis, streptococcus, pneumococcus, Friedlander's bacillus, and staphylococcus.

Besides immunizing precautions, there are also many health aids found to-day including improved conditions of drinking water, strict notification of infectious and contagious diseases, free health clinics in the large cities; and health talks by medical men in the daily papers.

No wonder that many medical men are falling in line with advancing ideas, and inaugurating services to improve the health of their patients, instead of waiting for sickness to enlist their services.

The public will soon be educated to the extent of preferring to pay for their health than for their sickness.

DESERVING OF HONOR

Six years have passed since Sir William Osler died at Oxford. In the ordinary course of events, even members of the medical profession who were famous in their lifetime are all but forgotten in the lapse of six years. But the fame of Osler is even greater now than it was while he lived. He was so big a man and his field of achievement was so large that it has taken years to enable the world of science to view him in proper perspective. Many are of the opinion that he was the foremost physician of his age.

It is therefore fitting that medical men should start a movement to establish a memorial in honor of the man whose personality and life-work reflected so much honor on the profession. The Hamilton

Medical Association has originated this movement, and expects co-operation from the whole profession, not only in Canada, but also in the United States, where Osler did some of his best work. It is proposed to erect a memorial in Dundas, Ont. This is appropriate, for, although Bondhead and not Dundas was Sir William's birthplace, it was in the valley town that he passed his boyhood and received his primary education.

But Canada alone cannot claim him, though he was Canadian-born. It was in the United States that he attained his full stature as a medical scientist, and it was in England that he did much of his most valuable and enduring work as an educator and author. In fact, he placed the whole world in his debt, and his name is revered in countries where but little is known of Canada.



CANADIANS SUCCEED

Canadians have done well in many parts of the world in many fields of endeavor, but the medical profession offers, perhaps, a more interesting subject for review than any other.

Take the city of London, only, for example, and note the achievements of some of its medical men:

Dr. Thomas Cullens, formerly chief of the department of gynecology at Johns Hopkins, Baltimore, and recognized to-day as one of the foremost authorities in his field, is a former Londoner; in the same institution, Dr. Llewellyn Barker is physician-in-chief. In the Manhattan Hospital, Dr. Fred Fitzgerald, also a Londoner, is head of the eye and ear department.

Mavo Brothers' clinic at Rochester, has as its physician-in-chief, Dr. Leonard Rowntree, of London; in the same place two surgeons of note are Dr. Weir, formerly of Hyde Park, and Dr. McVicar, of London.

The chief physician at the Battle Creek Sanatorium is Dr. Charles Stewart, born at Pond Mills. During the period of the war, the head of the National Hospital in London, England, was Dr. Lewis Yelland, who, from observations on shell-shock cases, developed new methods, which were incorporated in a book, "Hysterical Developments of the Great War." His work is regarded as having opened a new field in the treatment of nervous disorders.

In our own land Dr. Charles Parfitt is head of the Gravenhurst Sanatorium, and regarded as an authority on tuberculosis. At McGill, the chief obstetrician is Dr. Herbert M. Little, of London, while the head of the Provincial Hospital of Manitoba is another Londoner, Dr. Fred Barnes. Dr. Banting, the discoverer of insulin, while not a Londoner, was practicing in that city before he decided to devote his efforts to research.

The list given above is not complete, and other names will suggest themselves to readers of those who have gone from London and other Canadian cities and attained success in medical and surgical fields.

The product of a life is the quality of accomplishment multiplied by its quantity.—Hooker.

THE NAUSEA AND VOMITING OF PREGNANCY

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Nausea and vomiting occur in about 50 per cent. of pregnancies. Luckily in the majority of cases it never assumes a serious form and may often be nothing more than an inconvenience. In fact, so widespread has become the belief that a certain amount of sickness accompanies pregnancy, that the phenomenon has become to be regarded as physiological in character, and many physicians neglect entirely its treatment, confident that it will disappear at about the fourth month of pregnancy. Nevertheless, the condition is amenable to therapy, and a case should not be allowed to go on with the symptoms unchecked until it reaches a more severe form.

The symptoms of mild nausea and vomiting of pregnancy have been described often as a "morning sickness." The subject is afflicted with nausea, accompanied with more or less vomiting, on arising. The act of vomiting brings a certain amount of relief, and later in the forenoon the patient recovers and is able to resume her normal habits. The immediate cause of the act of vomiting has been described to the writer as a rising up of fluid or mucus into the oesophagus, and it is the effort to swallow this fluid that brings on a feeling of nausea or the act of vomiting itself. This description, however, may not be true in all cases. Mild cases of nausea and vomiting do not always show symptoms in the early morning. It may occur late in the afternoon, and in this event there will be a repetition of symptoms at the same time of day. This has been called a diurnal or minor periodicity in contrast to the trimestrial or major periodicity, marking its relation to the total pregnancy.

There is no unanimity of opinion that the mild nausea and vomiting of pregnancy is connected with the severer forms, which are usually designated as "pernicious vomiting of pregnancy," or, to give it its title, "hyperemesis gravidarum." That, however, is the opinion of the writer. The mild cases pass insensibly into cases of a more severe and pernicious type. These are marked by more continuous vomiting: no food may be retained, and even water rejected. Wasting inevitably occurs and the patient may rapidly sink unless relief is promptly and effectually given. Epigastric pain, jaundice, oliguria, and, above all, dehydration, become the more prominent symptoms of the severe case. The end is marked usually by a weak, thready, rapid pulse, followed by collapse.

There have been many theories of etiology proposed, and it must be confessed that even now, although the practice of treatment has greatly improved, we are still in the dark as to the origin of this condition. Some time ago the writer proposed the theory that either an actual or a relative deficiency of glycogen in the maternal liver might be connected with nausea and vomiting of pregnancy. The idea was based on the fact that the minor