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ANNUAL MEETING SASKATOON July 6, 7 & 8

Saskatchewan Medical Journal

VOL. I. JULY, 1909 No. 3

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Original Memoirs
Editorial
Regina Clinical Society
The Saskatchewan Medical Association
News Items
Personals
Book Review
Obituary

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Saskatchewan Medical Journal

(Official Journal of the Saskatchewan Medical Association)

Published by the Committee of Publication
Saskatchewan Medical Association

HARRY MORELL, M.D., C.M.
Chairman of Publication Committee

G. A. CHARLTON, M.D., C.M.
Secretary-Treasurer

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NOTICES

All communications, books for review, and matters relating to this publication should be addressed to the Journal of the Saskatchewan Medical Association, Box 1106, Regina Saskatchewan, Canada.

All matters relating to questions regarding the Saskatchewan Medical Association should be addressed to Dr. G. A. Charlton, Regina, Saskatchewan, Canada.

THE SASKATCHEWAN MEDICAL JOURNAL

VOL. 1. JULY, 1909 No 3.

Original Memoirs

*EXTRA UTERINE GESTATION: OPERATION: RECOVERY

ANDREW CROLL, M.Ch., M.D. (Edin.)
Saskatoon

J. F., age 29, consulted me on the 8th December, 1908, bringing with her a note from Dr. Edgar, of Zelma, Sask. The note gives a good outline of the case from the time she consulted him on November 20, 1908, and reads as follows: "Primipara: "married twice; first husband died of Tuberculosis, and a "brother died of Pernicious Anæmia a few months ago—other- "wise her family history good.

"Five or six years ago had a miscarriage at three months.

"Personal history good. Menstruation normal until three "(3) months ago, when it became profuse, and for the last 6 "weeks has occurred every 2 weeks, with flooding on exertion "and finally continuous flowing. *Pain never very marked*, and "no clots came away.

"Temp. and Pulse normal or nearly so during this sick- "ness. Urine normal. Bowels regular. *Breasts*: No sign of "pregnancy. *Cervix*: lacerated with hard nodale. *Uterus*: at "first soft—could not outline it—great enlargement to the right "side.

"On November 30, 1908 a curettage was performed but "nothing was found in the Uterus—the canal curved to the "right for 3 inches. There was a bulging to the right of the "Uterus—the Curette seemed to ride over some large rounded "body in the right side of the Uterus as if there was a *Fibroma* "*or Fibromyoma.* No decidua in Uterus—a few clots or rather "sticky gelatinous bloody mucus, but not ordinary clots."

She was admitted to St. Paul's Hospital. When I saw her on December 8, 1908 she looked very ill. She was very sallow in appearance, and anæmic murmurs were heard over the base of the heart. The pulse was 98 and the temperature =98.6°. As she gave the history of robustness prior to the onset of this illness it was apparent that she had lost considerable flesh. There was not history of amenorrhœa; no morning sickness; no enlargement of breasts sufficient to attract attention. On examination of abdomen it was found somewhat distended and tympanitic with slight tenderness in the right Iliac region.

Per Vaginam: The mucous membrane and labiæ were very dark in appearance.

Os Uteri was hard and nodular.

Body of Uterus: Enlarged to the size of an orange, and in the right lateral fornix was to be felt a firm well defined mass *continuous with the body of the Uterus.*

There was a fœtid vaginal discharge. The breasts were not enlarged, but on deep firm pressure a suspicious exudation could be made out.

In view of the unhealthy condition of the Uterus a preliminary curettage was done. Small fragments of decidua were removed, but no trace of chorionic villi detected in them. No further hæmorrhage taking place the patient was allowed to rest for a few days preparatory to having a laparotomy performed. On December 16th, 1908, the abdomen was opened. In the pulvis were found dense adhesions of the omentum and bowel to the right tube and broad ligament, the separation of which revealed a large mass in the right broad ligament continuous at the side with the uterus and above with the fallopian

tube. The mass consisting of fallopian tube, broad ligament and ovary was removed. In the removal the mass was torn and a considerable amout of dark blood escaped. The inner half of the fallopian tube was greatly dilated and a large partially disintegrated blood clot was removed from it. The tube was thickened and its uterine extremity very patent.

The patient took the anaesthetic badly, artificial respiration having to be resorted to during the operation. The after history was uneventful, and she was able to leave the hospital three (3) weeks after the operation. When questioned recently she says that she is very well and has menstruated regularly since leaving the hospital.

This case reveals some very interesting clinical features. There are few conditions which give rise to greater difficulty in diagnosis than extra uterine gestation. With the classical signs of acute abdominal pain and hæmorrhage following a period of amenorrhœa, some cases are so characteristic that their nature is easily recognised. In this case menorrhagia was substituted for amenorrhœa; and the early symptoms of pregnancy, namely, breast changes and morning sickness were entirely absent. When questioned minutely the patient admitted that she had been lifting heavy things when the first severe attack of pain came on, and that it was more for the pain than the loss that she sent for the doctor. Amenorrhœa does not occur in more than 50% of the cases of extra uterine pregnancy. While it is useful as a positive sign, the absence of it is unimportant for diagnostic purposes. As tubal pregnancy is usually disturbed about the second month, there is no time, as a rule, for the early symptoms of pregnancy to appear.

That the pain was not more severe in this case was due, I think, to the fact that the rupture of the tube was *extra* peritoneal, that is to say between the layers of the broad ligament; and also because the very patent fallopian tube allowed the escape of blood into the uterus and thus lessened the tension and tended to prevent *intra* peritoneal rupture. While each case of extra uterine gestation has to be considered on its merits, and no absolutely infallible guides are constantly present, I

believe that *pain*—severe, sharp abdominal pain—and *Haemorrhage,* are more or less constant symptoms in the early stage of rupture, followed, it may be after some hours, by a *tender swelling in the pelvis.*

I am indebted to Dr. Edgar for his valuable notes, and to Drs. Weaver and Young for their able assistance at the operation.

OPTHALMIA NEONATORUM*

BY A. S. GORRELL, M.D., C.M.
Regina

Gentlemen,—

The history of infantile blindness is the history of the world as from the earliest preserved accounts of men and their conditions we have detailed instances of blindness from earliest childhood and we have good reason to believe that the causes then in operation are the same as those with which we are to-day doing battle, and as our modern conditions provide for the public maintenance of the destitute blind so are the baneful effects of this calamity removed from the purely personal to the fosterhood of the state. Disregarding those conditions of accidental blindness of traumatic in the newly born, we are principally concerned in infections resulting in the loss of vision to the new born babe. Modern science has clearly demonstrated the fact that the great majority of diseases resulting in such blindness are of an infectious nature directly communicated from the mother to the offspring and in very many cases preventable by the accoucheur at the time of delivery.

Practically all of the opthal. ia of the new born of a virulent type, is caused by a specific germ of the Gonococcus. The clinical aspect of this disease is characteristic and can be diagnosed by inflammation of the conjunctiva distinguished by great swelling and discoloration of the eyelids, serous infiltration or œdema of the ocular conjunctiva, ulceration of the cornea, and a free discharge of contagious pus. A form of conjunctivits due to a specific organism, if untreated is disastrous in its results and particularly important as to its specific treatment and prophylaxis

*Read before the Regina Clinical Society, June 5, 1909.

Etiology.

It is caused by the introduction into the infant's eyes of the infecting material from some portions of the genito urinary tract of the mother during the course of labor—or afterwards by the infected hands of the midwife. The infection may be purely gonococcus or mixed with streptococcus and other organisms. Two forms are recognized.

(*a*) The *severe type* always caused by the gonococcus and forming the great majority of cases, of great rapidity and malignancy with invalvement of the cornea.

(*b*) Milder type, caused by other organisms than the gonococcus. This type has a tendency to recover without destroying sight.

The inoculation may occur at any time after the rupture of the membranes and the period of development not usually longer than 48 hours and as early as 12 to 24 hours after birth. In fact in cases of delayed labor has been found well advanced at the completion of the second stage—even to such an extent that the cornea was well advanced to destruction.

The true gonococcus infection advances with great rapidity—rise of temp., enormous swelling of lids, chemosis of conjunctiva, and discharge at first of a sanginous watery fluid rapidly changing to pus. The great chemosis causes strangulation of the corneal circulation—decay of epithelium and consequent ulceration and destruction of cornea with possible evacuation of the contents of the eyeball. This may occur within 24 hours.

In some cases the cornea may ulcerate but not be penetrated, the subsequent cicitrization causing complete blindness. General infection of the system may take place resulting in articular synovitis, etc. In the milder form of the disease the symptoms are less pronounced. The cornea seldom involved and the tendency to repair more rapid.

The corallary to the above is that in every case of ocular infection of the newly born a microscopical examination should

be made which finding would indicate the nature of the infection.

Prognosis.

Very grave in severe cases of pure gonococcic infection.

In milder cases under proper treatment vision is generally preserved.

Prophylaxis and Treatment.

It has been alleged that absolute prevention of these cases is possible and if proper precautions are taken the disease can be eliminated.

I will not occupy time in quoting statistics in regard to the great advances made in the prevention of blindness from this infection, nor will I quote methods previously adopted for its eradication but will immediately proceed to the methods advised.

(*i*) For several days before the expected confinement the vagina is irrigated with antiseptic solution, so that it may be made *relatively* antiseptic.

(*ii*) As soon as child is born, head, face and especially eyes are washed with sterile water.

(*iii*) Eyelids opened and one drop of 2% solution of $AgNO_3$ from aseptic dropper, placed into each eye.

The above is routine procedure but who would urge that it be adopted in every case of pregnancy. Public opinion would soon demand an explanation from the physician but I would strongly urge that in all cases where gonorrhœa is suspected or known to have taken place either in the father or mother of the expected child, that these above precautions or their modifications be fully carried out.

Every midwife should be carefully instructed as to the serious danger of the condition and never permit the application of breast milk or tea leaf poultice under the impression that the discharge is due to a bad cold. Some objection may be taken to the indiscriminate use of 2% $AgNO^3$ but permit me to say that in cases where the bacteriological examination shows

true gonococcus it should always be used. In cases of other infection 10% protargol will answer all demands.

So much for phophylaxis.

The treatment of the condition must be energetic except in the very early stages. While the discharge is sanguinous the eyelids should be opened every 20 minutes to permit of the escape of the fluid and flushed every hour with an antiseptic, either saturated Boracic, or 1-8000 corrosive sublimate. On the appearance of pus the eyelids should be thoroughly painted with 2% solution of $AgNO^3$ excess washed out with normal salt solution and the opening of the eyelids and irrigation continued. In the event of the cornea becoming involved scarrification of the ocular conjunctiva *may* be practiced and the instillation of 1% solution of Atropia Sulph every four hours must be employed.

Education.

The mother and father should be further instructed and taught the great seriousness of this fell affliction, and in addition the young man or woman about to be married should be fully conversant with what may be expected, especially if they have previously suffered from an attack of gonnorrhœa. It is a disputed point as to whether the physician should report these cases of opthalmia neonatorum. In the present condition of society and the lusty vigor displayed by damaging rumor in circulation it seems to me that undeserved odium would happiness of many a home be unnecessarily blighted by such happiness of many a home unnecessarily blighted by such action.

CASE OF HYDRAMNIOS*

BY H. M. STEVENS, M.D., C.M.
Regina

Patient an English lady, aged 41 years. Had always been healthy. No illness previous except confinements. Present pregnancy was her seventh time. Had never had any miscarriages, her six previous pregnancies ran a normal course and in six healthy living children, the youngest about eight years of age.

The patient menstruated last on the 7th day of Sept., 1907. On Jan. 3rd, 1908, she consulted me about pain and swelling in the legs, which were covered with large varicose veins, which threatened soon to rupture in two places. She was much stouter than she should be at that time of pregnancy, and also complained some of feeling very full, short of breath, and said she thought the flow of urine was less than it should be. No examination of the abdomen was made at this time, the legs were ordered bandaged and saline cathartics and diuretics with digitalis were prescribed.

The varicose condition on the legs improved, but the stoutness increased much more rapidly than ordinary pregnancy. By Feb. 1st the woman was as stout as she should be at full term. Now she complained of pain around the heart, and suffered from dyspnœa so that she was unable to lie down in bed, appetite was failing, and she was showing signs of the wear of the disease, pulse was failing in volume and strength and at times irregular.

I now made an examination of the abdomen and diagnosed the condition as one of hydramnios. The woman was kept on a dry diet, bowels relaxed and kidneys active, but the conditions grew worse each day. Woman could get no sleep, appetite gone and heart showed signs of dilatation, pulse getting very bad. Advised drawing off some of the fluid and let delivery

*Read before the Regina Clinical Society. June 5, 1909.

follow if it so desired. But the lady's husband was in the east at the time and she wished proceedings delayed if possible until he arrived home. His arrival home was delayed through illness until about the 22nd of Feb. After explaining to him what was the matter and what I proposed to do, I asked for another physician to see the case for the sake of my own protection. Dr. Coles was called in and he also advised that pregnancy be terminated at once.

On Feb. 28th the woman was anaesthesied and the os dilated about two inches. This was done with the fingers so as not to rupture the membrances. I would have dilated much more but on account of the rigidity and length of time required I considered it best not to continue longer. The membranes were now punctured with a small probe and the liquor Amnii allowed to trickle away slowly. After five pints had drained away the flow stopped and the woman was kept very quiet the rest of the day so as not to start up the flow again, with the object of not emptying the uterus too fast or reducing the internal too much so as to cause anæmia of the brain. Early next morning, March 1st, the flow of liquor amnii commenced again and another five pints escaped, the patient being kept on a Kelly pad constantly up to this time. She was kept in bed all day with slight flow of waters which was collected by frequent changing of napkins; there was no commencement of labor pains. Next day, March 2nd, woman was allowed up in a chair and felt more comfortable than she had for three months previous. Early in the evening labor pains began quite regular but weak, pains continued until 2 a.m., when woman was getting tired and pains were not making any apparent movement of the child, the only difference was that the previous rigid os was now quite soft and fully dilated. The patient was given a full dose of ergot and a little later a few whiffs of chloroform and the forceps applied, when the child was delivered slowly and with very little traction.

From the over distention of the uterus and the character of the uterine contractions I had anticipated a post partum hæmorrhage, which followed the birth of the child, but before

applying forceps I had a fountain syringe filled with hot water and hung at the foot of the bed in readiness. The uterus could not be made to contract by external manipulation, so I used the hot water at once and most of the flow stopped, but uterus did not contract. Then passing the hand into the uterus, the partially detached placenta was separated and removed, but there was difficulty in getting the membranes which were firmly adhered to the uterine wall and were only scraped away by using my finger nails. The hot water douche was again used and more ergot given which checked the hæmorrhage, but the uterine contraction was never good. A saline enema was given and the woman made a rapid and good recovery. The liquor Amnii when examined was of a neutral reaction. Sp. Gr. 1004, and about two-thirds volume albumin.

The child appeared to be close to the end of seven months development, was alive when born, but only lived a few minutes. Abdomen very protuberant, which when the cord was cut collapsed like a balloon, a large amount of waters similar to the liquor Amnii escaping through the area occupied by Wharton's jelly. Other ways the child was perfect from external appearances.

*OBSTRUCTION OF BOWELS

W. R. COLES, M.D., C.M. (Trin.)
Regina

M., aged about 25 years; occupation, in charge of grader.

Present history: Had slight abdominal pains during morning, increasing in severity towards noon. Ate a light dinner and returned to his work, but had to return home about two-thirty on account of pain.

Past History: Had some abdominal trouble when a boy of fourteen which he called an "impackment of bowels." This trouble kept him in the house practically all of one summer. According to his description this pain was general over the abdomen. I was called about 3 p.m., when patient was found to be suffering acutely, pain was continuous with exacerbations, pain was general, but more pronounced in region of umbilicus. Diagnosis at the time was "an attack of colic" from constipation or obstipation. Reason for such a diagnosis was that patient told of having eaten some sort of dried fruit which the Germans are fond of, and which is kept for sale in the small stores in the east end of the city.

Directions were given for a S. S. Enema and an ounce of Castor oil per mouth. He also received a 1/4 gr. morphia hypodermically after which he slept for two hours. There was no result from the enema. Castor oil was retained for nearly two hours, when it was vomited along with some of what he had eaten at noon. Vomiting continued at frequent intervals till 10 p.m. Morphia had controlled the pain but was beginning to lose its effect and pain was very severe. At 10 p.m. he was given a high S. S. Enema and quite a large evacuation of hard fæces followed. Castor oil and morphia repeated, diagnosis unchanged, patient had four or five hours of comparative comfort after which the pain and vomiting returned but not as severe as the previous evening.

*Read before the Regina Clinical Society, May 1, 1909.

Somewhat undecided in diagnosis. No movement of the bowels and at 8.30 a.m. morphia and enema were repeated with a small evacuation following and sleep until noon, when he awoke feeling fairly well. Three hours after the relatives phoned that they wished a consultation as he had been vomiting frequently since noon. The diagnosis was quite plain when Dr. Ellis and I arrived and an operation was advised immediately, but was immediately refused. The cause of the obstruction was not clear by any means, there was no dulness so far as I can recollect.

We endeavored to get a passage through with different forms of enemata but without any result.

All the symptoms, viz., vomiting, pain, slight rise of fever, pulse becoming rapid, and pinched expression, continued till next morning, when relatives were told very decidedly that if they wished him to recover they would have to give their consent to an operation. They were still reluctant, and by mutual consent agreed to a second consultant, Dr. Low, whose diagnosis prognosis and treatment agreed with that of Dr. Ellis and mine.

They finally, after three or four hours, consented to operation.

The conditions found on opening abdomen were: Moderate distension of intestines and matted together by inflammatory adhesions. The omentum being quite firmly adherent in left iliac region. On following the ilium from the caecum for a distance of two or three feet a firm band of organised adhesions was discovered completely strangulating a loop of the intestines. This was cut between legatures. The abdomen was closed and glass drain introduced.

The patient required almost constant attention the first three days following the operation, after that the recovery was uneventful. The distension, while considerable, was not expressive; the bowels were acuated on the third day, following a high enema of May sulph, glicerine and water,

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Editorial Notes

How many of us realize the great good we derive, in many ways from conference? The greatest value, of course, is to those who attend but there is also the value to the state at large.

The Value of Conference

Each meeting something new comes up to be considered, discussed, and acted upon. We learn through mingling with others of the same profession as ourselves, hearing their opinions and ways of doing things, their experiences, and their views. There is great need of spreading intelligence in this way. How else can we get in touch and sympathy with each other?

At these meetings we speak freely of our work, it is the discussions which are of immense value to all. Some one has wisely said, "Conference reduces the tuition fee in the school of experience." It is well that we as medical men bear this in mind, because experience with us is bought very dearly sometimes.

One of very best means then of gaining experience and knowledge is by such conferences; and there is another value which is very beneficial, and that is the acquaintances we make

and the friendships we renew. How much prejudice is broken down by these meetings, and how we are brought in close touch and better understanding with one another.

We can also measure our work and determine whether it is up to the highest standard, where our weak point is, and how we can strengthen it. There is usually some one at these meetings with a new idea, and we are sure that all worthy of the profession are most anxious for improvement, the one most anxious is the one on the upgrade. Come to the meeting at Saskatoon then, "Come and let us reason together," and realize more and more how we can best utilize our forces for the elevation of the standard of our profession.

Regina Clinical Society

Stated meeting held May first, 1909.

The president, Dr. John M. Shaw, in the chair.

The following members were present: Drs. Low, Shaw, Thompson, Gorrell, Stephens, McLeod, Rothwell, Coles, Morell, Associate Member Dr. Tyerman. Minutes of previous meeting read and adopted. It was decided to lease suite No. 3 in Masonic Temple building for one year. The executive were empowered to purchase suitable furniture, etc. Dr. W. R. Coles presented "Obstruction of the Bowels," which appears in this issue. This case developed considerable discussion.

Stated meeting held on June 5, 1909.

The president, Dr. John M. Shaw, in the chair.

The following members were present: Drs. Stephens, Coles, Gorrell, Rothwell, Shaw, Ellis, McLeod, Thomson, Morell. Minutes of previous meeting of May 1st read and approved. Dr. J. A. Cullum, of Regina, was elected.

The following were elected Associate Members: Dr. J. W. Wickware, Craik; Dr. H. F. Tyerman, Milestone; Dr. A. C. McKean, Rouleau. Dr. H. M. Stephens presented a clinical report on "Hydramios." and Dr. A. S. Gorrell read a paper on "Proper Treatment of the Eyes in the New-born." Both these papers were discussed at length and appear elsewhere in this issue.

Saskatoon

THE PLACE OF MEETING.

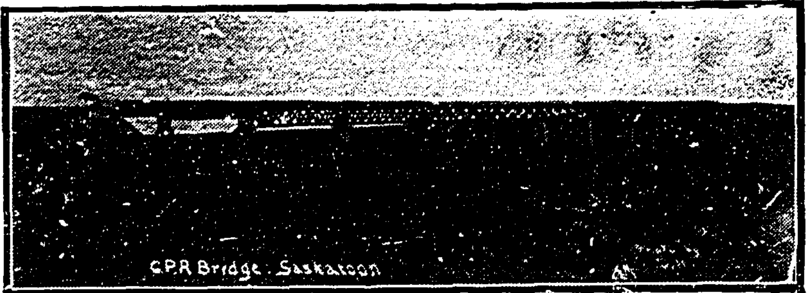
The fourth annual meeting of the Saskatchewan Medical Association will be held in Saskatoon, July 6th, 7th and 8th under the presidency of Dr. H. E. Munroe, of this city.

It is hoped that every medical man in the province will make an effort to attend this meeting; Saskatoon is convenient of access and its hotel accommodation ample and certainly the

city is worth a visit at this time of the year so endowed is it with natural beauty, and with so much to interest, that great pleasure and profit may be derived from this meeting.

Saskatoon is aptly called the "Busy Metropolis of Central Saskatchewan"; during the past five years it has grown from a small village to a city, the population being conservatively estimated at 9,000. The city is very pleasantly situated on the Saskatchewan river, and is the centre of the very heart of the wheat growing districts and can boast the proud possession of four separate bridges, which show most conclusively not only

the natural trend of commerce, but the recognition of the importance of that commerce by the great transportation companies. The accompanying photographs show the solidity of these bridges: the C.N.R. bridge, 1,000 ft. long; C.P.R. bridge,



1,300 ft. long; G.T.P.R. bridge, 1,530 ft. long, and a traffic bridge, 1,000 ft. long.

The city is indeed a busy railway centre and new railway extensions taking place are too numerous to mention in this short article. Saskatoon is to-day more amply provided with

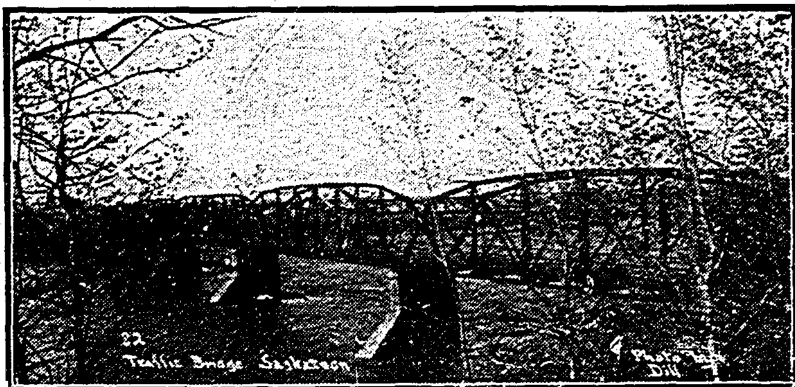
railroads than any other city in the west. The C.N.R. is about to erect a new station which will be a credit to the city.

In contemplating these facts, we are forced to the conclusion that Saskatoon must have a splendid class of citizens

who have brought about this singular development. The Board of Trade here is an invaluable asset, and this progressive body is permeated by all those elements which make for the real good of the city. Certainly the members of the Board and the officers of this municipality have been faithful to the trust imposed upon them. The phrase "The Saskatoon Spirit" is known throughout the province as synonymous of the real true civic spirit, without any personal motive.

There are fifty wholesale firms established here, some of the largest wholesale manufacturers in the world having opened branches.

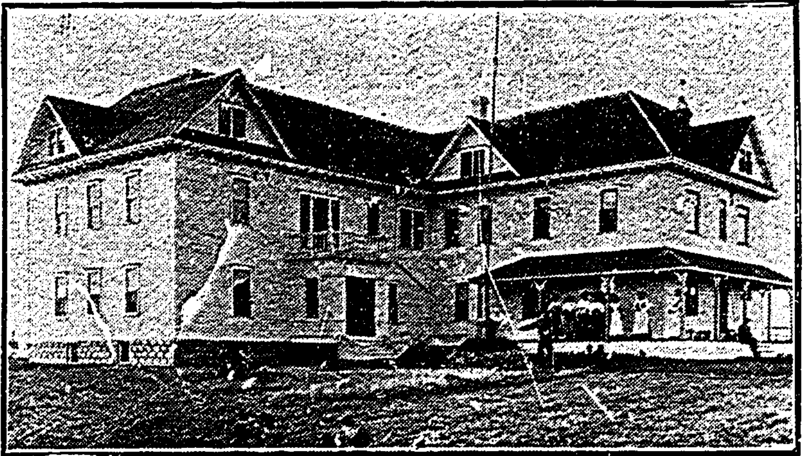
The city is well governed, and too much credit cannot be given His Worship Mayor Hopkins and the City Council.



Saskatoon has the distinction of being the first city in Canada to instal the automatic telephone system. The fire system is up-to-date, there being no less than three fire halls, which are adequately equipped with fire saving apparatus. The sewage system is not fully completed, though a comprehensive scheme has been laid out and is being pushed to completion. The electric light and power is municipally owned and operated, the water supply is of the best, and the city possesses a great supply of fuel. The streets are wide and well arranged and there are many fine buildings.

The number of comfortable and attractive residences in the various streets and avenues points to Saskatoon as being a city of homes. The churches are worthy of note, there are ten and the Salvation Army.

Saskatoon is proud, and justly so of the fact that she has been selected as the seat of the University of Saskatchewan and of the Agriculture College and Experiment Station. A beautiful site for the new University Buildings and Agricultural College has been purchased, comprising 1,172 acres on the east



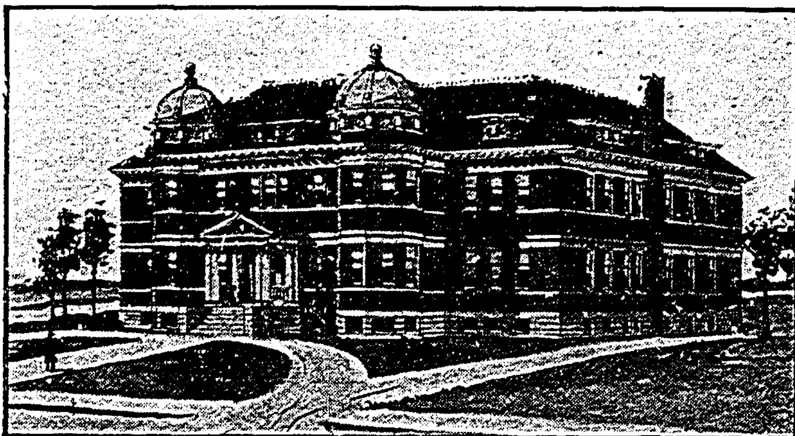
side of the river. Work on the new buildings will begin at an early date.

The Collegiate Institute has a bright future, although the youngest institution of its kind in the province, it already has an enviable reputation. The High School and the various Grade Schools are of the highest standard.

And lastly, but of most interest to the profession are the hospitals of Saskatoon, and again the city shows her progressive spirit. There are two general institutions. St. Paul's, operated by the Grey Nuns, in the west end, is a large institution. Unfortunately the writer was not able to visit this hospital; however, it is an established fact that St. Paul's is well up-to-date, being lighted by electricity, having its own pharmacy, etc., and

can accommodate about sixty to sixty-five patients, and nothing but praise has been heard of the devotion to duty and care bestowed on the patients and the courtesy and assistance given to physicians by the Sisters in charge and their assistants. The accompanying photograph does not really do justice to this institution, and does not show the recent additions.

The writer, though having visited this hospital, cannot improve on the description given by the architect, Mr. LaChance. The illustration of the exterior, which is reproduced, has been



kindly placed at our disposal by that gentleman also. The history as to the events leading up to the erection and completion of the institution has been culled from various sources, as the "Canadian Courier," "Western Municipal News," etc.

One evening a little over four years ago, a few far-sighted ones met together in the office of the late Dr. Stirton, to discuss hospital questions, among them was Dr. H. E. Munroe father of "Saskatoon's Municipal Hospital," and president of the "Saskatchewan Medical Association."

This meeting proved to be a vital one, and it was here that really the birth of the modern hospital occurred, and after working under many disadvantages in quarters which were inadequate—facilities which where not available—the population

of the city increasing rapidly, it was felt that something should be done. Dr. Munroe's mind grasped the situation, and his scheme for a modern hospital was launched and carried through after many vicissitudes, which culminated in the "Saskatoon City Hospital" of to-day.

It is only fair that those who worked for the carrying out of this project deserve the thanks of the community in which this institution is placed, and especially Dr. Munroe, or as the "Western Municipal News" has put it, "Doctor H. E. Munroe "was the man who conceived, fostered and fathered the project. "To him the fullest credit is due, and is now yielded."

On account of the very great general interest evinced in this hospital, we give a detailed statement taken from the architect's description in part, as follows:

A hospital building must be constructed properly. If there are not sufficient funds at hand to do this, the entire project should be held over until there are. The plans should be carefully and thoughtfully considered, so that the money at hand can be employed to the best advantage; the ward water supply, the equipment of the laundry refrigeration, kitchens and diet kitchens, surgical department, the matter of disinfection and sterilization, and the accommodation of minor employees, are mentioned here to show some of the items that are responsible for the increased cost of hospital construction.

Light.

It is not so extremely simple to plan a building so that every room and ward will have sunlight during some portion of the day, that it is worth mentioning that the general plan and position of the Saskatoon Civic Hospital have been laid out with this in view. The building faces north and gives one side to the morning sun, the other side receives its share in the afternoon. The large open court opening to the south gives abundance of air and light. It is plain that the cost of construction in this case is easily less than any other arrangement, but this is not all; the distance of travel required by those employed in caring for the sick, is materially reduced.

The Site.

The site is admirably situated close to the river banks and overlooking the city to the south, away from noisy railway tracks, yet handy to the town.

Sewerage.

Careful attention has been given the sewerage system which is gone into thoroughly in the specifications.

Exterior.

A word might be said here as to the general aspect of the building. It is neat in design and as artistic as possible in a simple construction of this class of building, with no more expenditure than an ordinary building. It is wrong to suppose that environment, especially the exterior, has no effect upon the patient. For an hospital well located with lawns and trees about it, and having the appearance of a home-like instituiton, or even large residence, will often attract people who would under no circumstances go to such a place. It has also its mental effect as well as upon the public at large.

Basement.

The basement plan shows a convenient arrangement, with an outside entrance in the rear of court, from which the tradesmen can deliver goods direct to the kitchen stores department or refrigerator without passing through the kitchen. There are also three other entrances, two of which enter the main corridor, the third serving the morgue. The kitchen is ample in size, with serving pantry and butler's pantry well located, and the dining room is served through this pantry, thus isolating the smells from the kitchen proper. A refrigerator is built in the stores department and ice is supplied from the outside direct to the refrigerator. The dining room for the staff and nurses is well lighted and has a china closet off, and is entered from the main corridor. Rooms are provided for chef and steward to the left of the dining room and opening off the main corridor. A locker room is provided in which the patients' clothing is kept in metal lockers, which are of open construction, thus doing away with closets in all rooms. Dumb waiters are

centrally located in the main corridor, easily accessible from the kitchen, and which run from basement to attic floors with openings at each floor into the diet kitchens, from which the food is served to the wards. Soiled linen is collected on the different floors and placed in sterilized linen bags and dropped into clothes chutes to basement, where it is sterilized before entering washing machines. A morgue is provided for in the basement, and a large lift or hoist suitable for a stretcher. A toilet containing w.c., slop sink and wash basin for the help is also located in the basement, as well as work shop, laundry, and ironing room and sewing room.

Ground Room.

From this plan it is easily seen that the growth of a rapidly filling city is provided for in the nucleus for a larger building, as from the ends of each corridor, east and west, can be added, at some future time, corridors which will connect with wings that may be built towards the north and not interfere with the light of the present building. Entering the building through a vestibule lands you in the rotunda. Opening off this to the right is the parlor and the matron's room, office and house physician's room, thus bringing the administration portion together in the centre of the building. In the rotunda is a large open staircase, easy risers and wide treads which lead to upper floors, and under this is the stairway to basement. To the east and west are the corridors leading to the male and female public wards, and to the semi-private wards. Accommodation for twenty-seven patients is to be had on this floor; diet kitchens, with dumb waiters from kitchen supply the nurses on this floor with food for the patients; cupboards, drawers, and shelving, and sink are fitted up in convenient manner. The toilet rooms contain slop sinks which have a patent arrangement to clean bed-pans without unnecessary handling; wash basins, bed-pan racks, w.c., and bath tubs, are arranged on rubber wheels, so that they can be rolled into any ward at will. A hoist is centrally located to convey patients to the different floors. Balconies with stairways that can be used as fire escapes are located

at either end of the male and female wards, where convalescents can be wheeled to enjoy a view of the city and river.

First Floor.

The first floor plan is a duplicate of the wards below excepting the wings are divided off into private wards, giving sixteen private wards and room for eight in the semi-private wards. Special attention is directed to the arrangement of the operating room and its auxiliaries. The writer has not found any arrangement in any of the hospitals visited that provides the accommodation that this affords. The patient is wheeled into the private or sub-passage way, then into the etherization room, and sees no preparation being made for his case. The physician enters this same private passage way and enters his room, his street attire may be changed to a uniform. He is then at liberty to examine the patient, operating room, sterilization and bandages, and laboratory, the assistants doing their work outside the operating room, thus avoiding crowding. The laboratory is convenient, so that an examination can be made and a report returned while the physician is still operating. The writer has been complimented by several physicians on this unique arrangement.

Attic Floor Plan.

The space in the roof is utilized for nurses' quarters and minor help, there being twenty rooms available here. It is only by adding this portion and finishing same that allows the possibility of a training school for nurses, which will be found of great benefit to the hospital as by so doing the expense of maintaining nurses' help is materially reduced.

Conveniences.

Each and every patient has an electrical push button at the head of his bed, so that, in the event of his wanting the nurse's attention, he can light a small red lamp located in the corridor, which attracts the nurse's attention and does away with the ringing of bells which irritate other patients.

A hot water heater and crematory are provided in the basement, whereby hot water is obtainable at any hour of the day or night, and at the same time the fuel that is necessary for this burns all the refuse and bandages accumulating through the day.

In addition to the low pressure steam plant, a system of ventilation is contemplated, which allows the outside fresh air to be taken in, warmed and distributed to each and every room in the building. In summer time the air is cooled by passing over a coke basket sprayed with water and delivered to the rooms. All rooms are ventilated through registers and ducts, which convey the foul air out through the ventilators in the roof.

All windows are double glazed, which obviate storm sash and makes rooms cooler in summer and warmer in winter.

All doors are built up of pine cores and veneered with a sheet of oak, making a perfectly smooth plain door without moulding or panel. Glass knobs are used in place of metal. All walls are lathed with metal lath. Coved corners and rounded corners are used throughout. No window or door casings are allowed. Hardwood floors, oiled and varnished, are used in all rooms, except basement (which is of cement), operating room and toilet rooms. These are of sanitary cement flooring. All floors are sound deadened.

Saskatchewan Medical Association

PROVISIONAL PROGRAMME

On July 6th, 7th and 8th, the fourth annual meeting of the Saskatchewan Medical Association will be held at Saskatoon. A very large attendance is anticipated, and the various committees are doing everything that can be done to make this year's meeting a success. Although it is impossible to give a complete programme at this time, there is every reason to believe that there are many events which will prove intensely

interesting to the members. The following is a partial list of papers which will be presented.

PROVISIONAL PROGRAMME.

John McCrae, B.A., M.D.; Lecturer in Pathology and Demonstrator of Clinical Medicine; McGill University, Montreal. "Recent Advances in Medical Practice."

M. M. Seymour, M.D.; Provincial Health Officer, Province of Saskatchewan. Address on Tuberculosis, illustrated by lime-light views.

Paper, subject to be announced.

W. R. Coles, M.D., Regina. "Summer Diarrhœa of Infants."

D. Low, M.D., Regina. "Cerebral Abscess."

V. Bouju, M.D., Sintaluta. "Autointoxication."

Harry Morell, M.D., Regina. "Gall Stones."

W. A. Thomson, M.D., Regina. "Dissemination of Typhoid fever by the house fly."

G. A. Charlton, M.D., Regina. Subject to be announced.

H. A. Stuart, M.D., Saskatoon. "Cholelithiasis."

Andrew Croll, M.Ch., M.D. (Edin.), Saskatoon. Subject to be announced.

There are other papers which will be presented, but at the time of going to press, no definite information has been obtained.

The committee of entertainment have arranged the social part of the meeting, and we have been assured of elaborate functions, as garden parties, motor drives, musical programmes, etc.

His Worship Mayor Hopkins will address the convention.

Every member of the Profession in the Province of Saskatchewan is assured of a courteous welcome to this meeting.

News Items

At the annual meeting of convention of the University of Saskatchewan, held in Regina, June 10th, the degree of M.D., C.M., was conferred on the following: Arthur Stirling Gorrell, William Dow, Arsenias G. Graves and Harry Morell.

At the Brandon meeting of the Manitoba Medical Association held on June 23rd, the following officers were elected: President, Dr. Harvey Smith, Winnipeg; first Vice-President, Dr. Hicks, Griswold; second Vice-President, Dr. J. Matheson, Brandon; Hon. Sec., Dr. J. Halpenny, Winnipeg; Hon. Treas., Dr. Rorke, Winnipeg; Executive Committee, Dr. Wright, Oak Lake; Dr. Keele, Portage la Prairie; Dr. Ross, Selkirk; Dr. Speechley Piolet Mound; Dr. Harrington, Dauphin.

The City of Regina is calling for tenders, for the erection of a hospital to cost not less than one hundred thousand dollars. The tenders must be in before July 10th.

The Gray Nuns of Regina are completing arrangements, and tenders will be called for shortly, for the erection of a hospital to cost one hundred and fifty thousand dollars. This hospital will be placed on land contributed by the City of Regina.

On the 23rd, 24th and 25th of August, the annual meeting of the Canadian Medical Association takes place in Winnipeg, under the presidency of Dr. R. J. Blanchard.

The following is clipped from a recent number of The New York Medical Journal: A Student Regiment at Toronto University, Dr. J. T. Fotheringham, colonel of the Army Medical Corps for Military District No. 2 of the Province of Ontario, is organizing a student regiment of undergraduates at the Toronto University, the hospital corps of which will be made up of medical students.

Personals

Dr. H. A. Stewart, of Saskatoon, was in the city on June 14th, en route home from the East.

Among the names of students of McGill, this year, we notice that of W. F. Morris, a freshman, obtained in the honour class, fourth place. The young gentleman mentioned above is a son of Mr. L. Morris, of Regina.

At the recent meeting of the Masonic Grand Lodge of Saskatchewan held at Moose Jaw, Dr. John M. Shaw was re-elected Grand Secretary. Dr. Shaw is the president of the Regina Clinical Society.

Dr. A. S. Gorrell, of Regina, has returned from the Military Camp at Winnipeg, where he was assigned to duty.

Births

GORRELL—At Regina, Sunday, June 27, to Dr. and Mrs. A. S. Gorrell, a son.

Book Reviews

Text Book of Gynaecological Diagnosis. By Dr. George Winter Professor and Director of the Klg. Universitats-Frauenklinik in Konigsberg, Prussia. With the collaboration of Dr. Carl Ruge, of Berlin, edited by John G. Clark, M.D., Professor of Gynecology, University of Pennsylvania. After the third revised German edition. Illustrated by four full-page plates, and three hundred and forty-six text illustrations in black and colors. Philadelphia, London and Montreal: J. B. Lippincott Company, 1909.

This work before us, has something that we are at once struck with, we refer to the general outline of description, as for instance, looking at the subject of displacements of the uterus, we find that the illustrations are all original, and the text is made clear, but this applies to so many points that it is almost next to impossible to mention them. A review appeared a short time ago in the "Medical Record," and we quote from it as follows:—

"In this volume we have the foremost German work on gynecological diagnosis, admirably translated, and edited (with necessary emendations) by a well-known gynecologist. The result is that this is the most complete work on gynecological diagnosis yet published. The book is divided into three parts, the first devoted to general diagnosis, the second to special diagnosis, and the third to analytical diagnosis. In the first part will be found sections on: External examination, internal examination, combined examination, rectal examination, examination of the genitalia through the bladder, method of using specula, the uterine sound, microscopic diagnosis, cystoscopy, bacteriological diagnosis, and radiography. Part two contains over five hundred pages and forms the mai npart of the work. In this part will be found a thorough exposition of every possibility in gynecological diagnosis. In spite of the large amount

of material; the arrangement is so orderly that the reader is never bewildered, and the wealt hof detail never becomes burdensome. The third part contains only about fifty pages, in which are discussed: The causes of hæmorrhage, of amenorrhea, of dysmenorrhea, and of sterility, and analytical diagnosis of abdominal tumors. This part, though brief, is valuable, and with the exception of the last section, might be studied before the part dealing with special diagnosis. The book is very readable, and in this respect is unlike many translations."

This book is strongly recommended to practitioners.

HARRY MORELL.

Textbook of Diseases of the Nose, Throat and Ear. For the use of Students and General Practitioners. By Francis R. Packard, M.D., Professor of Diseases of the Nose and Throat in the Philadelphia Polyclinic, and College for Graduates in Medicine, etc. Philadelphia, London and Montreal: J. B. Lippincott Co., 1909.

This volume is written by one who gained his experience in a large Post Graduate School, and as he states that "some knowledge of this subject, however, is absolutely necessary to every practitioner," there are probably no special branches of medical science which come so intimately in relation to the work of the general clinician as these do, and there are none in which a little knowledge may be turned t oa more useful account.

The book is well written and the style is clear and with the illustrations, go to make up an extremely useful book for office use, the student, and general practitioner, to the latter especially.

HARRY MORELL.

College of Physicians and Surgeons of Saskatchewan

The first election for the council of the College of Physicians and Surgeons of Saskatchewan took place on June 16th, the time for receiving ballots expiring on the 15th. For the purposes of the College the province is divided int oseven districts, each of which is entitled to one member on the council. The counting of the ballots, which was conducted under the supervision of the acting registrar, Dr. G. A. Charlton, with J. A. Cross and F. W. Turnbull acting as scrutineers, shows the following elected:—

Dist.

1—Stanley Miller, M.D., Battleford.
2—A. M. G. Young, M.D., Saskatoon.
3—J. T. Irving, M.D., Yorkton.
4—A. E. Kelly, M.D., Swift Current.
5—W. A. Thomson, M.D., Regina.
6—H. Eaglesham, M.D., Weyburn.
7—A. W. Argue, M.D., Grenfell.

The act under which the college was constituted was passed by the Legislature in 1906, but owing to the delay in passing a similar act in the province of Alberta, the medical profession in both of the new provinces has until quite recently been subject to the rules and regulations which obtained in the old territorial days. Each province now, however, has its separate college which has control over the medical profession within its own jurisdiction.

Obituary

BALLAH—At Regina, June 1st, Dr. John R. Ballah, aged thirty years. Dr. Ballah was the first Assistant Pathologist in the Provincial Bacteriological Laboratory at Regina. He was ill only a week, and his many friends mourn his loss. He was a quiet and unassuming gentleman, and though his work did not bring him in contact with confreres, his stirling worth was recognized.

MARTIN—At Regina on April 30th, Dr. A. S. Martin, in his 35th year. Dr. Martin was one of the first graduates of the Regina High School, and obtained his medical degree from Trinity University, Toronto. A widow and parents mourn his death. All of Dr. Martin's professional career has been spent in Regina.

ANDERSON—At Toronto, Ont., on June 8, Dr. John N. Anderson, aged 68 years.