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able, and can be chalked up as the price we have to pay for change and progress. The phenomenon I have been describing will go on despite it.

How will these groups fit into a National Insurance or State Medical Scheme? The answer is that they will be ideally suited to that purpose. We find that in Aneurin Bevan's projected scheme for National Health in Great Britain the focal point is going to be the "Medical Centre." In the U.S.S.R. the "working unit" is not the individual medical doctor but the "Clinic," "Polyclinic," "Ambulatorium," "Medical Centre," where doctors work in groups to fill the health needs of their communities. Time cannot stand still. We in Canada are caught up in the current of world events and we have, willy nilly, to adapt ourselves and our institutions to meet the rapidly oncoming changes that surge down upon us.

What are We Going to Do About This Problem?

Well, we can carry on as we are and retain a "*laissez faire*" attitude. "Let things work themselves out." I cannot help feeling, however, that something should be done by the leaders of the profession to actually encourage the formation of these groups. There are great opportunities in the smaller communities for the medical men to thus get together to help each other become more proficient in some specialty. This policy should be particularly attractive to the younger men, whom I would advise in any case to give this matter serious consideration whether they practice in city or country.

Let us overtake the future and not allow the future to overtake us.

THE MOUKDEN MEDICAL COLLEGE IN RECENT YEARS

Reproduced from a letter to Mr. F. J. Fish of the Vancouver General Hospital, from Dr. H. S. D. Garvin, formerly Second Assistant Superintendent in that hospital.

In the spring and summer of 1931—almost twenty years after the founding of the college—the future looked bright indeed. Here in summary was the position:

A complete new storey had just been added to the teaching block to provide new class rooms and museum space. The Chinese staff had grown to 22 members and of these seven had completed or were just completing Post-Graduate study in Britain and Europe. The total number of graduates had risen to 192 and at that moment 40 were actually in mission employ while many others had given years of service to missions in Manchuria and China before beginning private or government work. The first women graduates had already been qualified for a year or two and all doubts of the wisdom of their choice of career and their future sphere of usefulness had disappeared. There were in residence 90 students of whom 23 were women. They were undergoing a seven years course of training, two years of premedical study, four years of preclinical and clinical study, and one year of internship in the Moukden Hospital. In College and Hospital a larger and larger share of the burden was being shouldered by the growing Chinese staff. Good progress had been made in our aim that the college should be "controlled, staffed and financed by the Chinese themselves."

The measure of confidence which the College enjoyed in the Chinese community was evidenced by the proposal which had been made by the government North Eastern University. This was nothing less than the suggestion that the Moukden Medical College—a private missionary institution—should become the medical faculty of the Government University. After long and careful consideration, a provisional agreement, in which the Christian basis and character of the College were adequately safeguarded, had been drawn up.

Such a plan was rudely shattered by the irruption of Japanese troops into Manchuria in September, 1931, and the subsequent establishment of the new state of Manchoukuo under the aegis of the Japanese Army of Occupation. This resulted in the closure of the Government University and the withdrawal of its staff to China within the great wall. The College stood alone as a private institution.

In the first years of the occupation no grave difficulties were encountered. This was largely due to a Japanese professor of international repute on the staff of the Japanese medical school, run under the auspices of the South Manchurian Railway. He volunteered to guide the College in its relationships with the new government and ensured its registration and continued existence as a registered medical school.

The respite was short, for in 1935 members of the Chinese staff, students and many others suffered persecution at the hands of the Japanese special police, the "Gestapo" of Japan. After their release from prison the continual spying and informing against them, their wives and their families, resulted in the loss of seven of our nine members of staff who had now had Post-Graduate study in Europe, and also of many of the junior staff. Our loss was Free China's gain.

Increasing pressure from the totalitarian state was evident in the necessity for the re-registration of the College with the government authorities. This involved a considerable loss of freedom of action, and a lowering of the teaching standards. It necessitated a reduction of the course of study from seven years to four. It also made necessary the reconstruction of the Board of Management in a Japanese registered "Judicial Person" or Board of Trustees, of which a number of Japanese had to be members. Transfer of the property from the Home Board was made to this new controlling body.

Further pressure against the freedom of the individual conscience and the institution came in the various orders that the College be officially represented at ceremonies, first in the Confucian Temple, later at the Japanese War Memorial, and last at the Shinto Shrine. Such questions had resulted in the closure of the Church of Scotland mission schools.

When, in 1941, Pearl Harbour was attacked, the foreign members of the staff still remaining in Moukden were interned. Later the British members were taken to Japan and after a period were returned to Britain in the "Gripsholm." Dr. Pedersen, of the Danish Mission, who was then Principal, was kept more or less confined to his house and until peace came in 1945 was not allowed to have any connection with the College or Hospital.

Drs. W. H. Gow and T. L. Leo, the two most senior Chinese members of the staff, graduates of the first class in the College, and a young Chinese staff were left on December 8th, 1941, to face the difficult situation. Dr. Chira, a Japanese Christian doctor, who had occupied official positions in the Manchoukuo government, became principal of the college, and other Japanese professors were appointed. The Chinese staff remained at their posts. The Board of Trustees was reconstructed and the college continued to function as a private institution with a Christian basis. The student activities were strictly supervised by the Japanese, the Chinese staff being allowed to do only the class room teaching.

Later Dr. Tamura, a Buddhist, who had previously held a post in a medical school in Japan, was appointed principal and Dr. Chira went back into official government work. Still later, however, he returned to the college as its head.

In 1945 the government announced its intention of commandeering the college and although there was considerable delay it had actually done so before the war ended. When this happened the Chinese staff resigned "en bloc" but were asked to continue their work. A few weeks later peace came.

In the hospital, which lies immediately adjacent to the College, Dr. T. L. Leo had been allowed a much wider measure of freedom. He had been able, in spite of all the difficulties, to keep the staff, doctors, nurses, dispensers, and others, together

as a working unit, and able to continue the extensive work of the in-patient and out-patient departments. Christian work in the hospital also went on all through this period. In addition to the Moukden Hospital, Dr. T. L. Leo and a church committee had been able to keep eight of the smaller outstation mission hospitals open.

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When peace came in the Pacific, the Japanese staff in the College handed over the keys to Drs. Gow and Leo, and were then interned in the foreign staff houses which they had been occupying. Dr. Pedersen was soon able to establish contact with the Chinese staff and visit the College and Hospital. In the first excitement of their new freedom, the young members of the staff and the students were influenced by strong nationalistic feelings and expressed the desire to be free from all foreign connection. This wave of not unnatural feeling, however, soon passed and will, I am convinced, disappear.

In his visit to the College, Dr. Pedersen found the building and its equipment intact. There has been no destruction of property and only one microscope is reported missing. The building, however, will need extensive cleaning and redecoration.

Peace brought its problem to the Chinese staff who had endured so much, waiting for just this day. They had themselves now to cope with all the teaching. After the Government commandeered the College, students with a very inadequate preliminary training in school were forced on the College, and they received Government pay and allowances. These, of course, stopped abruptly, and problems of maintenance are acute.

The general situation has been very unsettled owing to the presence in Manchuria of the Soviet Occupation forces, the Eighth Route Army, and the Central Chinese Government troops. For the last three months no news of the actual situation has reached this country. In the last news received, the College had been able to keep its doors open and the hospital was full to overflowing.

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A group of church leaders in Moukden, although unable to get a representative meeting from all the districts due to these disturbed conditions, has sent out a letter. It would welcome the arrival of a Commission from Scotland to examine the situation at first hand, confer with the church and with them plan the wisest way for our continued co-operation in the whole programme of Christian work in Manchuria. The Church of Scotland had already decided that this should be its method of procedure before actually beginning its post-war activities there. This commission is leaving now for Manchuria.

There is at the moment no properly constituted governing body of the College in the field and one of the first duties will be to reconstitute a Board of Directors in Moukden. In the College there will be the need for a return to a high standard of teaching. This will prove long and arduous, for the general standard of school work has fallen greatly during the Japanese occupation. Fourteen years of steadily falling standards will mean years of patient reconstructive work now.

Soon it should be possible to see the reunion of the scattered Chinese members of the staff. To those who remained in Moukden and determined with dour courage and resource to stand by the College and Hospital in the great hope that one day freedom would return, will be added those who in varied capacity have served in Free China. In Government medical schools and hospitals, Christian medical schools and elsewhere, they have given a great account of themselves and occupied positions of responsibility. Their wish is to return to Moukden, their "alma mater," to serve there again. After these hard years of exile, which have brought them great breadth of experience and depth of insight, they have much to give.

And to these two groups there can be added those of the foreign staff who have in varied ways and on different continents worked through the war years with hope and longing and are now waiting to return to the work they chose years ago.

Surely there is material here to begin again the task of giving to Manchuria a Christian Medical profession; doctors versed not only in the Science of modern medicine but also in the spirit of that Art of medicine whose founder was and is the Good Physician.

Glasgow, December, 1945.

H. S. D. G.

GENERALIZED SCLERODERMA

By B. KANEE, M.D.

The occurrence of generalized scleroderma in a child is indeed a rarity. Since the prognosis is today regarded by internists as serious, the following case is presented to stimulate further interest in this problem.

CASE REPORT

History: E. R., a white male aged ten years, was first seen on November 27th, 1945, through the kindness of Dr. J. W. Millar, presenting a generalized skin involvement of at least two months' duration.

Present Illness: According to the child's mother, she first became aware of an infiltration of the skin involving the cheeks about two months ago; when she noticed that on pinching her son's cheeks she was unable to raise the skin up into folds as one normally is accustomed to. I was unable to elicit any history of subjective complaints, nor that of fever, common cold or any illness preceding the above observation. In the intervening two months the patient has had no treatment and there has been no change noticed by his mother.

Past Illnesses:

1. Appendectomy in 1941.
2. Mumps in 1943.
3. Swollen cervical glands in 1944 of six weeks' duration.
4. Rash on the trunk and extremities in the fall of 1945.

Family History: Father, mother and two sisters alive and well.

Skin Examination: The face appears puffy and although ruddy has a waxy appearance. There is a loss of the normal lines or furrows on the forehead and face resulting in a masked expression. Palpation readily reveals the fact that the entire skin of the face and forehead except for the central portion, namely the nose and peribuccal area, is infiltrated and one is unable to lift up the skin in folds in the usual manner seen in normal skin. He has no difficulty in opening or closing his mouth nor on swallowing. There is an infiltration of the skin of the upper extremities, trunk and thigh, but to a less degree than on the face and neck. Small, oval and circular depigmented spots are present on the extensor surfaces on the upper extremities as well as on the back. The genitals are apparently normal.

Physical Examination: A healthy, robust looking youngster in no apparent distress. Weight—80 lbs. Physical examination is essentially within normal limits.

Laboratory Data: A blood count on November 29th, 1945, showed: erythrocytes, 4,750,000; leukocytes, 3,500; hæmoglobin content 81%; polymorphonuclear neutrophils, 4%; staff forms, 50%; lymphocytes, 37%; eosinophils, 3%; monocytes, 6%.

Chemical examination of the blood on November 30th showed a total calcium of 12 mg. per cent (normal 9-11).