GOLDEN JUBILEE

1900 - 1950

The British Columbia Medical Association

THE NEW ANTI-NAUSEANT Gravol

for

PREGNANCY
MOTION SICKNESS
RADIATION SICKNESS

And other conditions where nausea and vomiting are factors

Reports from the literature on beta dimethylaminoethyl benzohydryl ether 8-chlorotheophyllinate (GRAVOL).

GRAVOL IN PREGNANCY

"Out of forty-three women with symptoms from 4 - 6 weeks, thirty-one (72%) were completely relieved within 3 hours after treatment. Twelve women (28%) had no relief." (1)

GRAVOL IN MOTION SICKNESS

98.6% effective in prevention of sea sickness . . . eliminates symptoms in up to 97.6% of cases already developed. (2)

GRAVOL IN RADIATION SICKNESS

Out of 82 patients with moderate to severe radiation sickness, 65 reported good to excellent relief. (3)

FORMULA FOR GRAVOL:

Each scored tablet contains:
Beta dimethylaminoethyl benzohydryl ether 8 - Chlorotheophyllinate .....50 mg.

PACKAGE

Available in vials of 25 and 50 mg. tablets.

NOTE: To date there is no evidence of toxic reactions with Gravol. However, some individuals may become drowsy or confused on high or continuous dosage.

References:

1. Carliner, P.E., Radman, H.M., and Gay, L.H.: Science, 110: 215 (Aug. 26, 1949). 2. Gay, L. H., and Carliner, P.E.: The Prevention and Treatment of Motion Sickness. Bull, Johns Hopkins Hosp., May, 1949. 3. Beeler, J. W., Tillisch, J. H., and Popp, W. C.: Proc. Staff Meet. Mayo Clinic (Sept. 14, 1949).

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MONTREAL CANADA

GOLDEN JUBILEE COMMITTEE

B.C. MEDICAL ASSOCIATION

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Secretary	Dr. Peter Spohn
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Hobbies	Dr. G. Frost
Publisher	W. E. G. Macdonald

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From . . .

The Minister of Health and Welfare

Province of British Columbia

I am very pleased to have this opportunity to offer my congratulations to the British Columbia Medical Association on the occasion of their Golden Jubilee Anniversary. The fifty years since the birth of the Association have been crowded with developments of importance in medical science, developments which have brought to mankind longer and happier lives. Each advance, however, brings a clearer view of the other problems which still remain to be solved, and while on this occasion it is quite proper to glance backward and survey the progress made, let us not forget to glance forward and see what still remains to be done.

It is most appropriate that this year sees the beginning of realization of two dreams of the B. C. Medical Association. I refer to the opening of the Medical School at the University of British Columbia and the B. C. Academy of Medicine building. These are indeed milestones of progress.

As I commence my tasks as Minister of Health and Welfare I look forward to years of association and co-operation with the members of the Medical profession in this Province, years which I sincerely hope will continue to show real advances in the health of the people of this Province as in the past.

A. D. TURNBULL,
Minister of Health and Welfare,
Province of British Columbia.

A Medical Jubilee

The word jubilee is one of the oldest words in our language, being borrowed from the Hebrew, and in its early usage carried with it the idea and association of a trumpet—the blast of a trumpet, a shout of joy.

In the old Hebrew practice, a jubilee year followed a very sacred year —the seven times seventh year—7 being a sacred number, and any multiple of it more sacred still. (cf. The seventh son of a seventh son.)

And now we have the Sons of Asklepios declaring a Jubilee for this province. This they are producing true to ancient form, graced no doubt with the jubilee horn, and surrounded by all the conditions which make for the justification of its use. It is a Golden Jubilee, in that it follows a "seven-times-seven"-year period—a period, in this case, which must always be sacred to the people of this province, as indeed it should be to all Canada; for it is the period which has seen well and truly laid the cornerstone of a great medical community, which in turn, has given great leadership to this whole Dominion.

There is no ground for boasting in mere length of days: only in quality of service may we boast; and what a period of accomplishment this has been! What adventure, courage and faith have here been displayed! How general in this province has been the devotion to principle that has produced such acts of unity and wisdom as are possible only to a great people! A period to remember—accomplishments to celebrate. Therefore let the trumpet blow.

But, as always in Medicine, whether in corporate or in personal life, at the hour of our greatest triumph there comes in to preserve us from error the saving grace of Humility. While from the vantage point of the great milestone upon which we stand today, we may with pardonable pride look backward and count up our accomplishments, there must ever intrude upon us the consciousness that we may not put off our armour, that we have not come to the end of the war, that we must seriously contemplate a continuing way, and one beset with problems of even greater complexity than any that were met by our medical fathers.

This Jubilee therefore is an oasis on our route, wisely provided for our refreshment, but one in which we are called upon, every man of us, to gird ourselves to still greater effort to the common good, taking up anew those selfsame qualities which have already brought pre-eminence to this province—in full confidence as to their adequacy—and dedicating them with all our energy to the developing and the welding of those national bonds by which alone we may secure to our people the true benefits of Medicine and which alone may create for us as individuals a really effective unity.

NORMAN H. GOSSE, M.D.,
President
Canadian Medical Association

Service while it's hot!

GE MOTTO!

And that's exactly what we mean. GE X-Ray service is on the spot as soon after your S O S as we can get to your office.

Take for instance the fire that put the x-ray department of a Long Island hospital out of commission . . . damaging beyond repair their diagnostic x-ray panel. Prepared for any contingency, the hospital pressed a mobile unit into action and called GE X-Ray service.

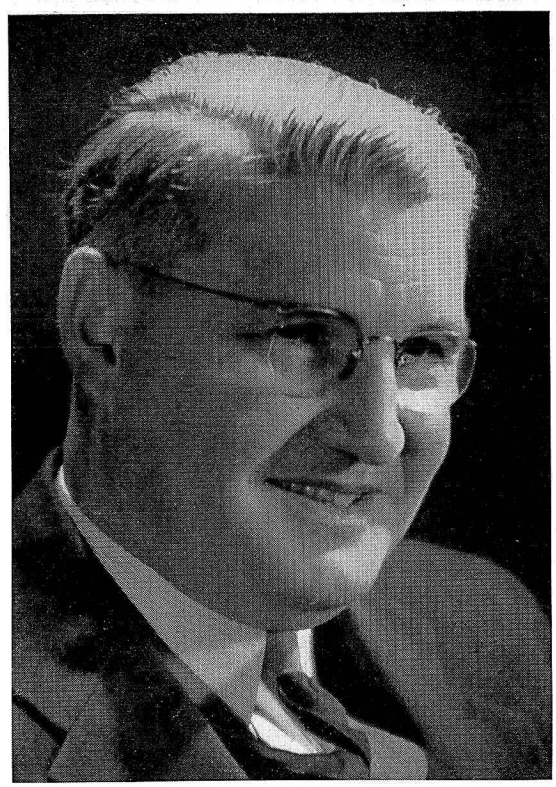
It took all night and two crews of servicemen to do it, but by dawn — the hospital's x-ray department was back in full operation.

This story is typical of the hundreds of documented GE service reports in our files. A service which proudly lends a new, broader conception to the guarantee that stands back of every GE installation.

GENERAL ELECTRIC X-RAY CORPORATION
LIMITED
MONTREAL TORONTO VANCOUVER WINNIPEG

MESSAGE . . .

From The President



Fifty years ago the first annual meeting of the British Columbia Medical Association was held in O'Brien Hall, in Vancouver, on August 9th and 10th, 1900. Two distinguished visitors, Sir Michael Foster, of Cambridge, England, and Prof. Adami, of McGill University, Montreal, took part in the scientific programme.

The minutes show that 43 members were present on this occasion. Our first president, the late Dr. R. E. McKechnie, addressed the opening meeting on the subject, "The Relation of the Profession to Politics". He pointed out the importance of the new association in influencing legislation which in all countries so carefully guarded the practice of medicine.

Half a century has passed and our association has grown to its present stature although its activities were suspended by the first World War. As one reads the history of our association, many outstanding men have contributed so much to its success that it would be impossible to even name them here. Elsewhere the editors of this booklet have provided short biographical sketches of some of these great men.

Today we have problems which are equal to those of our predecessors and the most important lessons we can carry forward from our first fifty years is the strength we gain by uniting together as we face the threat to our way of life in which we maintain free choice of doctor and free choice of patient. We recognize and accept the challenge to provide the best medical care for all who require it.

We are happy to have with us for this, our Golden Jubilee Meeting, so many distinguished guests. We welcome them to our meeting which we hope, with their help, will be a memorable one.

This booklet contains much interesting material about our association and the progress in medical practice during the past 50 years, and I heartily recommend it to you.

J. C. Thomas

President.
British Columbia Medical Association

Programme of First Meeting
B. C. MEDICAL ASSOCIATION

British Columbia Medical Association.

FIRST ANNUAL MEETING

TO BE HELD IN

VANCOUVER,

ON THURSDAY AND FRIDAY,

AUGUST 9TH AND 10TH, 1900.

EXECUTIVE COMMITTEE

PRESIDENT

DR. R. E. MCKECHNIE.....Nanaimo.

VICE-PRESIDENT

DR. R. E. WALKER ..... New Westminster

TREASURER

DR. J. D. HELMCKEN.....Victoria.

SECRETARY

DR. J. M. PEARSON.....Vancouver.

HOTELS.

Vancouver	$3.00 per diem
Badminton	2.00 "
Metropole	2.00 "
Commercial	2.00 "
Strand (rooms only)	1.00 and 75c.

Visitors will be met at the boats and trains by the Reception Committee.

COMMITTEE ON ARRANGEMENT

VANCOUVER.

Drs. Wilson	Drs. Weld
Tunstall	Underhill
McGuigan	Hoops
Lefevre	Monro
Maclean	

Members intending to be present at the meeting will kindly sign the enclosed post card and return at once.

Programme

THURSDAY, AUGUST 9TH.

AFTERNOON SESSION, 2.30 P. M.

Reception of Delegates.
Report of Executive Committee.
Adoption of Constitution and By-laws.

EVENING SESSION, 730 P. M.

President's address.
General business.

FRIDAY, AUGUST 10TH.

MORNING SESSION, 10 A. M.

Discussion on Appendicitis, opened by Dr. J. C. Davie, Victoria, followed by Drs. LeBau of Nelson, Lambert of Kamloops, and others.

Discussion on Pulmonary Tuberculosis—its Prevention and Treatment—opened by Dr. A. P. Procter of Kamloops, followed by Drs. Tunstall of Vancouver, Jakes of Midway, Duncan of Victoria, and others.

AFTERNOON SESSION, 2.30 P. M.

Discussion on Injuries to the Parturient Canal, opened by Dr. D. H. Wilson, Vancouver, followed by Drs. Jones of Victoria, Drew of New Westminster, Morris of Vernon, and others.

Reading of other papers contributed.

Election of officers, etc.

ENTERTAINMENTS.

On the evening of Thursday, the 9th, a Garden Party will be given by the nurses of the City Hospital, to which members and their friends are cordially invited.

On Friday, the 10th, a dinner will be tendered to visiting members by the medical men resident in Vancouver.

FARES.

C. P. R. offers a return rate of one fare and one-third to members and their wives.

C. P. R. offers a return rate of a single fare to members and their wives, on the Certificate Plan.

The B. C. Medical Association has now been in existence for fifty years. What has it done during that period, for its members? For the public which its members serve? Its record of achievement will be the true measure of its worth.

It began rather haltingly, and during the first few years of its existence it can hardly be said to have meant much to the bulk of the profession outside the big cities. This was to be expected.

The number of medical men in the Province was small, and they were widely scattered. Apart from the centres of Victoria, New Westminster and Vancouver, most of the centres of population were mining or railroad towns—Nelson, Trail, Kamloops, Ashcroft, Fernie, Nanaimo—all these were company" towns for the most part where the medical men were under contract to the companies that employed the greater part of the population. It was not easy for them to communicate with each other, and though attempts were doubtless made from time to time to bring about some sort of unity among the profession, it was not until much later that anything of the kind could be done.

Even in 1917. when the Workmen's Compensation Act came into effect, and it was found necessary to arrange terms between the Board and the medical profession, it was a very difficult matter to obtain the opinions and consent of men outside the Lower Mainland and Southern Vancouver Island. The writer of this remembers well, how Vancouver and Victoria got together to meet the Board, and were informed that the latter would not accept them as representative of the profession at large. Accordingly, we obtained proxies by letter from practically every medical man in B. C. authorizing us to represent them, and agreeing to abide by our decision. Armed with these, we met the Board, and in a sense constituted a B. C. Medical Organization.

This, however, marks the true beginning of an active and effective organization. The first step taken was the appointment of an Executive Secretary, Mr. C. J. Fletcher. This gentleman did yeoman service in the years during which he was Secretary. He visited all the medical centres, and for the first time brought to men in the rural areas the realization that they were part of a united body, which was dedicated to their problems, and intended to tackle them with the support of all medical men working together. As the years went by, and communication became easier, it became possible to hold meetings in each district of the province—speakers being provided. The enthusiasm shown by the medical men of the district had to be seen to be believed. Men thought nothing of driving up to a hundred miles each way to attend the meetings, and much good work was done in the effort to cement the profession together.

Gradually, through the years, the organization has become effective and truly representative of the profession throughout the province. The division of the province into districts—the loyal support given by each district and the ability and devotion of their representatives, have gradually welded us into a fairly strong and united body. It has not been easy—but various things have helped us. The most powerful bond is often a common danger—and we have certainly had our share of crises. The most dangerous and probably the most effective one was the threat of regimentation under the Health Insurance Act that was passed in 1936 and under which we unanimously refused to act, after two years of futile attempts to obtain fair and equitable terms. But the struggle taught us a very great deal—the need for unity and unselfishness, and the necessity for avoiding sectionalism, and parish pump politics. Our work in this matter, and the progress of events in B. C., were watched with the keenest interest by all the medical men in Canada—and it had its effect, we believe, in greatly strengthening and stimulating the bigger Canadian medical organization. This latter, the Canadian Medical Association, was of immense support and assistance to us in its turn, providing actuarial advice, and other assistance which we could ill have afforded ourselves, and yet which we badly needed.

As the work of the Association grew, modifications became necessary. It was found advisable that a medical man should be employed as Executive Secretary, rather than a layman—since it proved to be unpractical for the latter to speak with authority when dealing with laymen who employed doctors by contract, etc.

A very wise and fortunate choice was made in the person of Dr. M. W. Thomas, of Victoria, who relinquished his practice to become our first Medical Executive Secretary on a full-time basis. Dr. Thomas threw himself heart and soul into his new task—and the B. C. Medical profession owes him a debt that can never be fully acknowledged. He was a loyal and devoted servant of his profession—a fighter who really enjoyed a battle—and withal, a courteous and kindly man. He could carry on a fight without losing his temper, and his persistence was remarkable.

About the time Thomas took over, the contract situation in the Province was very bad — medical men were being exploited everywhere with little redress. Thomas entered the fight, determined to get better

terms for medical men—and he worked unremittingly, visiting logging, mining and other centres, insisting on fair treatment and adequate pay, and usually getting it. Whether the location of the trouble was at Trail or at Blubber Bay, Thomas would be there, vociferously demanding that the rights of the medical man be respected.

The tragic death of Dr. Morris Thomas, by drowning in the Cowichan River, was a very great loss to the medical profession.

Dr. M. Caverhill was the next Executive Secretary but he had barely started work with us when the Workmen's Compensation Board bid for his services, and he left us for the wider field.

He was followed by Dr. Fred Whitehead, who became a tower of strength, and gave yeoman service to the Association. He, more than perhaps any of his predecessors, took care to see that every member of the profession was kept constantly *ou fait* with the work of the Association. His newsletters were excellent, and highly valued. He had a flair, too, for public relations, and enjoyed the confidence of the press. We have, as his successor, Dr. Lynn Gunn, former medical superintendent of Shaughnessy Hospital, who is rapidly justifying the reputation he earned there as an organizer and leader.

Now, by a wise development, the B. C. Medical Association has become a section of the Canadian Medical Association, a step which has greatly aided both organizations, and has eliminated much overlapping and danger of misunderstanding.

As the years have gone by, medical economics has become a matter of tremendous import to the medical man. Social changes and development have altered to a great degree the whole picture of medical economics and it is more than ever essential that our interests should be looked after by an organization that is flexible enough, and active enough, to act quickly and decisively at all times—and one with which we can be quickly put in touch.

The B. C. Medical Association fulfils this part admirably. It represents every man in the Province—it is intimately connected with the Council of the C.P.S. on the one hand, and the Canadian Medical Association on the other. It affords a medium by which men can be kept in immediate touch with each other and with events of interest or importance—it is a protection and a bulwark against interests that might seek to exploit and injure us.

Lastly, a most important activity of the B. C. Medical Association is its educational work, which has developed through the years into a very significant affair. There is, first, the Annual Meeting, with its scientific programme, and speakers, lecturers and clinicians from all parts of Canada.

Usually, too, at this meeting a speaker is secured for a public meeting open to all laymen—the topic being one of general interest. These have been very successful.

But, perhaps, even more important are the district medical meetings held from time to time, attended by the President of the B. C. Medical Association, the Secretary, and a team of speakers, specialists in their line, who give a scientific programme. These meetings are usually fully attended, and are very much enjoyed by all concerned.

PERSONALITIES OF THE PAST

In none of the professions, perhaps, is personality quite so important as it is in the profession of medicine: for in no other profession does the professional man get quite as close to the person with whom he is dealing; and in no other profession is there such a need for confidence in the ability of the practitioner to give support and strength. Full often the moral and even spiritual support given by the doctor is quite as effective, if not more so, than the actual therapeutic measures he employs.

This was even more the case fifty or a hundred years ago than it is today. Medicine has advanced so greatly from a scientific point of view that today it can give far more in the way of cure and prevention of disease than it ever could before—and so does not need to rely so much upon individual personality—and to the hopeless diabetic or case of pernicious anaemia, to those cases of other diseases, then hopeless and beyond our power to do more than palliate, the comfort and the sense of strength that a good doctor could give, even though he was otherwise helpless, gave a relief and solace that meant a great deal. And the ability to do this, to give a merciful anaesthesia that smoothed the hard road to death, varied with the personality of the doctor.

Today, too, the advance of specialism, the coming of clinics, the departmentalising of medical practice, has to some extent lessened, or perhaps merely diffused, the personal contact between doctor and patient. But fifty years ago, we were all general practitioners—"family doctors", and what we lacked in exact knowledge, we had to make up by our clinical sense—and "clinical", we may remember, means "by the bedside". The men of those days had few instruments of precision—if they used a thermometer and a stethoscope, they were fully up-to-date — but they knew their patients, their families and background — their personal idiosyncracies—and they used their painfully acquired knowledge, moulding it by their own personality and force of character into a wisdom and kindliness that made them towers of strength to the people they served.

With the passing of the years, these men have mostly gone from us, and to the present generation their names mean little or nothing. But they laid the foundations of our modern structure of medicine, and they laid them well and truly. If today we have big, well-equipped hospitals, a health service second to none, pure milk and pure water, it is these men that we have to thank. C. S. McKee, who did more to give us pure milk than any one man, Alec S. Monro, a man very much of the type of Gerry McGeer, strong, energetic and driving, a man of vision and imagination, who with many others' help, put the Vancouver General Hospital on the map, and was chiefly responsible for the choice of its present site. When the Vancouver General Hospital was built, Fairview was relatively as far out of town as Lulu Island is today—it was all forests and rocks—only an old corduroy-decked bridge led to it from down town. The writer remembers bringing a man with a broken leg in an ambulance over this old Cambie Street bridge, and he yelled at every bump—and it was all bumps. Pearson and Keith gave us the Medical Library, and made the Vancouver Medical Association a reality—McPhillips and Boyle were the surgeons at St. Paul's Hospital, and guided its progress from a small wooden building to the magnificent thing it is today. W. B. Burnett was our leader in obstetrics, who did so much to make a modern obstetrical department at the General—and men like P.A. McLennan and Frank Patterson, pioneered orthopaedic work and started it on its modern road. Then there were Charlie Vrooman in tuberculosis, Pearson and D. B. Gillies

R. E. McKechnie,
M.D., F.R.C.S., L.L.D, O.B.E,

in internal medicine, Boucher and Glenn Campbell in ophthalmology, Farish in eye, ear, nose and throat, George Gordon in genito-urinary work, and many others, who were all general practitioners to begin with—but became interested in special work, took postgraduate courses, came back and set to work to bring in special departments, equip them, man them and put them on the road which has led to the splendid specialisms of today. It was not easy to be a specialist in those days. The public was not educated to it—the profession was not educated to it either. One had to be a strong and determined man to convince the hospital authorities that an electrocardiograph was an urgent necessity, and that more and better X-ray equipment was a *sine qua non*: that special wards should be set aside for eye men, and ear men, and g.u. men; and that modern conditions demanded the use of gloves, caps and masks at every operation. Most of these, our greatest of those days, have passed from among us—some few are still with us today, but we tend to forget the services they have given us, and the great contributions they have made. Men like Herman Robertson, O. W. Jones and T. McPherson, of Victoria, who made surgery a modern thing over there, with Scott-Moncrieff in the

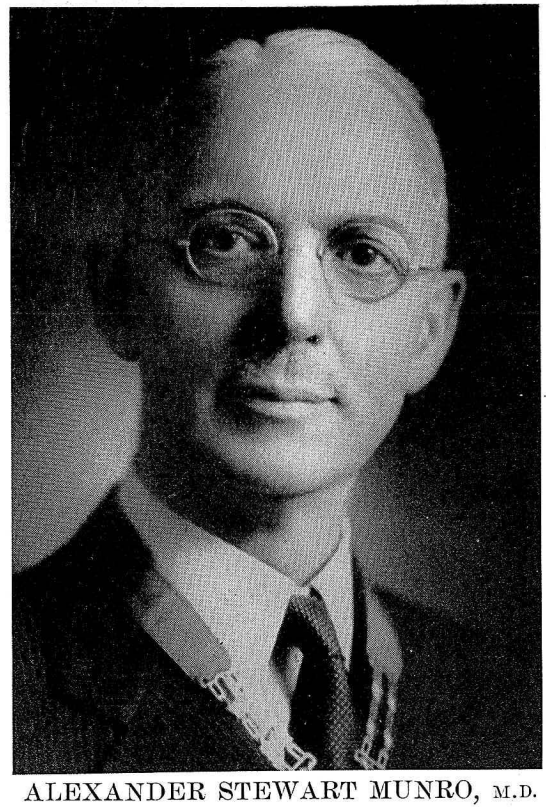
eye, and Baillie and others in medicine—men like R. Eden Walker and Drew, of New Westminster, Archibald and the Burrises and Murphy, at Kamloops, C. S. Williams, at Trail, Kingston, of Grand Forks; McGregor, of Penticton; the Gillis brothers of Merritt—all these and many others, honest, conscientious practitioners of medicine, have laboured through the past half century to hold the torch ever higher, to bring to this province, so long a backwoods, the knowledge and skills of the best and most up-to-date clinics and centres of medical practice. We cannot possibly single them all out—we cannot record anything but a fraction of the story that should be told.

There is, however, one man, still very much with us, and an actively going concern, who can tell us many tales about these personalities of the past. This is Dr. Peter A. McLennan, of Vancouver, who, when asked for some of his memories of these giants of the past, sat down and wrote out an account of many of them as he knew them in days of long ago—an account that is supremely readable, and that we wish we could publish in full. Some day, we think, it should be published in full. It is a rich storehouse of personalities; based on the amazing gift for friendship that is Peter McLennan's. No man ever had more friends—and perhaps it is because he loved his friends and spent himself on them. George Bernard Shaw says somewhere that the prime condition of friendship is that you must constantly cultivate it and keep it going—or words to that effffect. That's what Peter does, anyway.

As one reads this account, one is struck by the fact that the men of whom he speaks were artists. They were all general practitioners. He says:

"At the time the British Columbia Medical Association came into being, specialism was practically unknown in this Province. It was not until May, 1899, when Doctor I. Glen Campbell opened his office, and limited his work to diseases and abnormalities of the eye, ear, nose and throat, that any doctor in British Columbia did other than general practice. The work of those pioneers, naturally embraced all that is today performed by many and varied specialists. Each doctor was responsible for the care of all the ills exhibited by those who consulted him.

"It was a day when Medicine was almost entirely an Art. Laboratories, as we know them, were yet to come to British Columbia. Every doctor carried out in his office, what little laboratory work he considered was



ALEXANDER STEWART MUNRO, M.D.

essential in each case. This was largely limited to what would today be considered a very cursory urinalysis, and the examination of sputum for tubercle bacilli. A few did the occasional blood count, and fewer still, investigated digestive disorders, by the administration of a test meal, and anlysis of the resultant residue. Roentgenology was still in its swaddling clothes. Perhaps a few primitive old static machines did exist, but the potentialities of this powerful arm of the medical profession were almost entirely undeveloped and unexplored. No one in British Columbia had any special training or experience in this work. And the few sporadic attempts that were made to use this machine were of little value or assistance.

"The Practitioners of that day arrived at diagnosis, by the history gleaned from those who consulted them, coupled with a meticulous physical examination of each patient. They were men well equipped by training and experience in the interpretation of the information thus secured. Some were prone to rely on snap diagnoses, or to follow a "hunch", and the accuracy of the deductions they formed, was often truly astounding. They were masters of the art of clinical ex-

amination. It was imperative that they should be! They had no other means of diagnosis at their disposal."

Almost the first man he mentions is our old friend and leader, Robert E. McKechnie: who, for many years, meant British Columbia to all Canada and much of the U.S.A. He was a remarkable man, particularly because he was so unconscious of his eminence. Read what Peter says about him.

"As a surgeon he was the doyen of the Profession in Vancouver for many years. At the operating table he was superb, and the precision of his technique was always illuminating; this was particularly evident in gastro-intestinal work, where his suture work was a treat to behold. As a dissector he was without peer, and to view an axilla after he had performed a mastectomy for carcinoma with axillary involvement, was an education in this art. It is to be regretted that no written record of his work remains. Few surgeons have been so successful in so many fields as he had been. Though I am naturally unaware of much of his work, I do know of many cases of carcinoma of the breast in which he had ten years or longer cures. Even today I can call to mind a few, who still remain alive and well, twenty years after having had mastectomy performed by him.

"His success and honors bore lightly upon him, and he was at all times a delightfully simple man. If I should be asked to indicate his greatest gifts, I would unhesitatingly announce them as: his kindliness and his modesty. He possessed a fount of kindness that was inexhaustible as the widow's cruse of oil.

"While his modesty was evident to all who knew him, many of his friends—and I count myself as one of those—were often impatient with him by reason of his lack of assertiveness. Yet, today, perhaps all of us cherish his memory all the more fondly by reason of this charm.

"Doctor McKechnie will long be remembered as a great and outstanding surgeon; as a kindly, courteous, considerate and modest gentleman, he will never be forgotten."

Then Peter jumps to New Westminster (the man knew all the doctors in all British Columbia): there he finds memories of a great and gentle man, R. Eden Walker, whose son, Dr. J. E. Walker, is practising in Vancouver today. In another part of this memoir, McLennan also mentions Drew, who performed the first Caesarean section recorded in B. C. and did it by lamplight in a farm house, saving both patients. Drew was a musician and patron of the Arts.

"Doctor Walker was a particularly sound and stable personality, combining all the qualifiications of a good general practitioner, with those of citizenship of a very high type. As a doctor he perhaps leaned more to internal medicine than to surgery, but in the large practice he conducted for many years, his surgical work was of a very high order. He was a member of the Council of the College of Physicians and Surgeons of British Columbia for many years, and on this body his voice was always hearkened to, as his views and opinions were at all times of a sane and constructive nature.

"In the community where he resided he was deeply beloved by his patients, and highly respected by all who know him for the excellent character of his citizenship. I have known of no finer example of the family doctor, and in addition he possessed all the essentials of an honourable gentleman. When he passed on in 1923, British Columbia was the better for his sojourn within its boundaries and personally, I had lost a very dear and valued friend."

C. J. Fagan was another man who is recorded in this memoir. A genial warmhearted Irishman, he did yeoman work on tuberculosis in the Province. He was Secretary of the Provincial Board of Health, and registrar of the College of Physicians and Surgeons. To quote Dr. McLennan again, he was "a generous, lovable and warmhearted Irishman . . . whose death was mourned by a wide circle of friends."

Dr. McLennan had, of course, some very special friends amongst his professional brethren—men of whom he was particularly fond, and whom he admired greatly, generally for qualities of the head and heart. He had and has a great admiration for clinical ability based upon observation and judgment. One sees that in what he says about men like Boucher and Davie and R. E. Walker. But perhaps, most of all about one George D. Johnston, M.R.C.S. (Eng.), 1883, M.R.C.P., London, 1883 The writer remembers him vaguely, as Johnston retired soon after he (the writer) came to Vancouver—but there is no doubt he was a brilliant man, whose acumen and amazing powers of observation reminded one of such men as Charles Bell, the fore-runner of Sherlock Holmes, and of Jimmy Stewart of McGill, who diagnose almost anything by nose or ear. But we would do best to let Peter tell about his friend.

"GEORGE D. JOHNSTON, M.R.C.S., England, 1883 and M.R.C.P., London, 1883, came to British Columbia in 1888 and settled in Vancouver where he continued until his retirement a few years before his death. A man of brilliant attainments, and possessed of a scintillating mind, he enjoyed the confidence of his medical brethern to a degree that is achieved by few. As a diagnostician he was unique, and many instances could be cited of his quick and sudden estimation of a case, all of which bordered on the eerie.

"One of such was the occasion when in the Vancover General Hospital he looked over a screen which surrounded a bed in which an emergency case had just been placed. After one glance he turned to the doctor who was with him and said,

"Too bad, too bad, that poor fellow has a ruptured jejunum."

"Later autopsy revealed that the patient's jejunum was torn across at the ligament of Treitz. Like many other geniuses, he no doubt could not define the reasons which caused him to draw such snap conclusions; this power was innate in him and such diagnoses were invariably correct."

Dr. Herman Robertson, of Victoria, is another man to whom McLennan devotes much time, and those of us who have known this quiet, courtly gentleman for years, know that he deserves a book to himself. He is one of the men who, in the old Latin phrase, "bene meruit"—has deserved well of his country.

"After graduating from McGill in 1897, he returned to Victoria in 1898 and being registered that same year, he settled in his home city where he has since resided. It would be redundant to state that his years of service in British Columbia have been deeply appreciated by his many patients, as well as by his colleagues. Many well-merited honors have been accorded him; such as his election as President of the Canadian Medical Association; his election as President of the North Pacific Surgical Association; membership of the Council of the College of Physicians and Surgeons, to mention only a few.

"It has been my privilege to be associated with him since our undergraduate days, when we were both members of the McGill Track team. In athletics he excelled, and in 1896, he won the Governor's Trophy, which was awarded to the all-round champion of the year. My first recollection of him dates back to theatre night in 1894, when from "the gods" of the old Queen's Theatre, he thrilled the audience with solos rendered in beautiful voice. The thunderous applause which followed, was not alone from his friends in "the gods", but was joined in most heartily and enthusiastically by the whole house. In addition to his talent as vocalist, he was also an accomplished pianist. He had a flair for music, and had he chosen to follow it as a career, I am sure he would have enjoyed a success in that field, quite equal to the outstanding achievements which have marked his career as a well beloved and much appreciated physician and surgeon.

"Having been born in Victoria, I feel that I am correct when I credit him with being the first Native Son of British Columbia to practice medicine in this Province. Here he has established a standard and pattern, that not only Native Sons, but all members of the Profession may take as a lamp to their feet and a light to their path, with credit to themselves and benefit to their patients."

Another medical man of great eminence in his line deserves more than a passing mention. This was Oswald Meredith Jones, of Victoria, who was the outstanding surgeon of all that area, and whose fame was spread wide through the province. Of him, Peter McLennan writes:

"Another distinguished member of the Medical Profession at this time was Oswald Meredith Jones, Memb. R.C.P.&S. England, 1887. Memb. R.C.P London 1888. Fellow of the Royal College of Surgeons, England, 1889, of Victoria.

He was born at Llondilo, Carmathenshirt, South Wales, and received his early education at Bristol Grammar School following which he took up the study of medicine at the London Hospital, where he was dresser for Sir Frederick Treves. He joined the British Navy about 1890, and shortly after came to Canada as fleet surgeon on Her Majesty's ship "Warspite", the flagship of the North Pacific Squadron of the British Navy which was stationed at Esquimalt. He registered in British Columbia in 1892, and in 1893 he resigned from the Navy, having decided to settle in Victoria. He was associated with Doctor Davie for a short while, before establishing his own office in Victoria.

In Victoria he occupied a position very similar to the one maintained by Doctor McKechnie in Vancouver and its environs. On becoming established he rapidly accumulated a large practice extending over all of Vancouver Island, and along the Coast from Alaska to Oregon. His repute extended far into the Interior of the province, and I can

recall two occasions during my years of residence in Nelson when he was called to that city. He was at all times a surgeon of the first rank and in addition was a particularly skilful internist, and a splendid example of the well-trained physician and surgeon, with a wide and comprehensive knowledge of the Arts in general. Endowed by nature with a fascinating personal charm, he carried on for many years and was dearly beloved and respected.

It was my good fortune to be associated with him through the years as a member of tht Council of the College of Physicians and Surgeons of British Columbia, and during this period I learned much of this great man. Kindly, broad-minded and tolerant, with a keen sense of humor, he was a delightful associate.

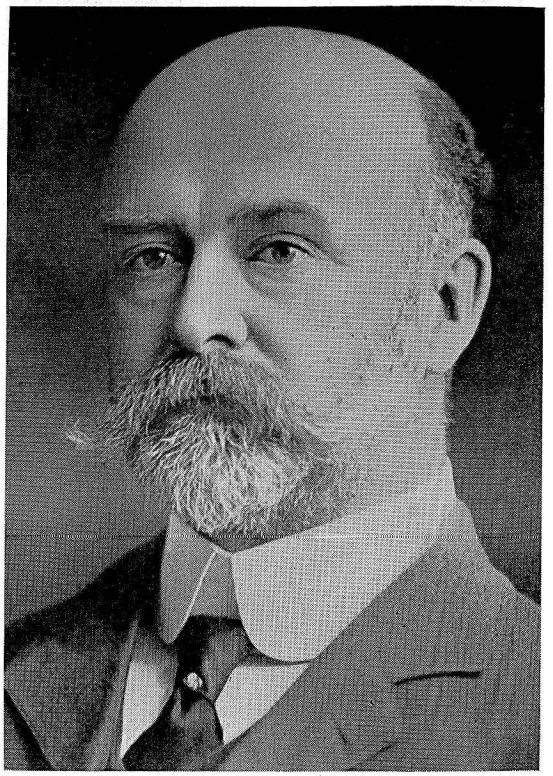
During the First World War there was a dearth of doctors in Victoria, as well as elsewhere. In this emergency Doctor Jones conscientiously carried his share of the load, even though he was in failing health. There can be little doubt but that this over work hastened his end, and he died in harness in 1918, at the relatively early age of fifty-five

In his death the Medical Profession lost a wise and learned counsellor, and a very conspicuous ornament. One whose wide experience and ripe judgement were always at the disposal of his confreres and their patients. It cast a pall of gloom over a wide area, and in his passing British Columbia lost one of its most valuable citizens. On this occasion it might have truthfully been said. "This day hath a Prince and a Leader fallen in Israel."

Then there was Dr. D. H. Wilson of Vancouver, a man of good prominence both as a doctor and a citizen. His nephew, Wallace Wilson, is one of our leaders today, and carries on the tradition so worthily begun by his uncle.

We quote from Dr. McLennan who says: "Doctor David H. Wilson graduated from Toronto and Trinity Universities in 1878, and terminated a brilliant undergraduate career, by being awarded a Fellowship in Trinity College, in addition to being medallist of his class.

After a brief term of practice in Ontario. he joined the western migration in 1880, locating in Nelson, Manitoba. Here he was the first qualified practitioner south of the Assiniboine and west of the Red River. In 1881 he was elected to the Legislature as member for North Dufferin, and was re-elected by acclamation in two subsequent elections. In 1884, he became a member of the



JOHN MATTHEW LEFEVRE, M.D., M.R.C.S.

Executive Council and the appointed Provincial Secretary, and in 1886, he assumed the Portfolio of Public Works. During his term of office he introduced a bill which brought the Medical Faculty of the University of Manitoba into being, and sponsored its passage through the Legislature. In 1889 he moved to British Columbia and settled in Vancouver, where he rapidly accumulated a large and representative practice.

Success continued to attend Doctor David Wilson's efforts and in the broader field of citizenship he again showed commendable interest. He became absorbed in business affairs which prospered under his master hand. The pressure from those and his increasing professional duties, bore heavily upon him, and failing health caused him to relinquish his medical work at a relatively early age. His retirement from the Medical field was an irreparable loss to the Profession.

It was not my good lot to be associated with him in any appreciable degree, as he was already easing himself out of practice at the time of my arrival in Vancouver. I was fortunate, however, in inheriting a few of his patients, and on two occasions, when serious illness developed among them, he graciously saw those patients in consulta-

tion with me. In each of these instances, both the patients and I were gainers.

A handsome man of commanding presence, and strong personality, it was little wonder that he inspired confidence in his patients and business associates. His death left a void in the community that long remained unfilled."

The mining and railroad towns of British Columbia have for us many names of men who have left their mark medically, politically and otherwise. They have been good men, and indeed in their work they had to be. The type of practice in these places is far from easy. It needs strong men, physically, mentally and morally, and it gets them.

Some of these men have joined the great majority, but many are still with us. There was "Billy" (W. H.) Sutherland, of Revelstoke, surgeon and M.L.A. As a surgeon he ranked high. He was one of the disciples of "Jimmy" Bell of McGill, one of the greatest surgeons Canada has produced. Billy Sutherland was a worthy pupil of Bell's, and his skill as a surgeon was of a very high order. He served in the Legislature and the Cabinet for many years and his influence politically was always for good.

Many of these men, however, are still with us. Dr. Saul Bonnell of Vancouver, who came to us via the Crow's Nest, is one such man. A first class practitioner of medicine, he is, too, well known for his work in the political arena, both provincial and federal, and he was a real pioneer in medicine in Fernie. His is a long and honourable record of service. Dr. J. H. King, too, needs no introduction to any British Columbian. His has been a life of service. We quote from McLennan:

"J. H. King graduated from McGill University in 1895, and registered in British Columbia in 1896, beginning practice in Cranbrook that same year. In 1899 he was joined by Dr. F. W. Green and together they rendered a vast volume of service to that city and district until 1903, when Doctor King was elected as Liberal member for Cranbrook in tht Provincial Legislature. The Liberal party was then in opposition and Doctor King served as a private member. With the return of the Liberal party to power in 1916, Dr. King was invited to join the Cabinet of Mr. Brewster, and served as Minister of Public Works. After Mr. Brewster's death the doctor was asked to join the Cabinet of Mr. Oliver, where he continued in charge of the same portfolio. During his term of office he laid the foundation for the excellent road system which has only lately begun to assume full realization.

On the advent of the Liberal Party to power in the Federal Parliament, the Premier—Mr. McKenzie King, called Doctor King to the Federal arena, where he served with Cabinet rank, until elevated to the Senate some years later. He was created a Privy Councillor in 1922, and was Leader of the Liberal Party in the Senate from 1942 until 1946. In the latter year he was appointed Speaker of the Senate. A position he has adorned with distinction. On September sixth, 1949, the city of Cranbrook conferred upon him a signal honor by making him a freeman of that city.

During a long career in British Columbia, Doctor King has stood out with conspicuous brilliance. In my book at least, he will always rate as one of the ranking personalities of the Medical Profession in British Columbia, during the first half of this century."

One man we should like to include in this sketch particularly as an example of a really good general practitioner. Hear what Peter has to say about him.

"Doctor W. J. Knox was graduated from Queen's University in 1903, and registered in this Province that same year. After which he found anchorage in Kelowna, where he has since continuously resided.

"He soon amassed a large practice as was to be expected from his talents and natural charm. Few men have ever endeared themselves to their patients as has Doctor Knox. In the Okanagan he is justly idolized and adored. His popularity has caused his friends to urge him to enter the political arena, but he avoided this lure, and has wisely and consistently eschewed the seeking of political laurels. Had he chosen to follow Public Life there can be no question, but that his career in that field would have been marked with the same success and achievement that has characterized all his other endeavors. But had he done so the Medical Profession would have been the loser.

"This chronicle of personalities was begun by mention of a kindly and modest gentleman, and it is appropriate thaat it should be concluded on a like plane. To this end there is no man who could be more fittingly selected than Billy Knox. As Doctor McKechnie will never cease to be remembered in Vancouver, so the name of Doctor Knox will continue in perpetuity among the residents of the Okanagan Valley, a people he has served with such skill, devotion and human understanding for so long a period.

One could go on forever. But the great service that McLennan has performed lies in the fact that he has given us pen pictures, living and warm, of men whose pictures deserve to be hung in the galleries of our minds —men like H. E. Young, one of the best Medical Health Officers B. C. ever had. Simon T. Tunstall, that old "preux chevalier", courtly, debonair, spruce and withal a man of high intellect and keen brain. R. B. Boucher, another man who ranked as one of Peter's closest friends — a man of many parts, an excellent surgeon and general practitioner, beloved by all who knew him.

"Doctor Boucher was another ranking example of the good all-round doctor. There was nothing in the Art of Medicine that he could not do and do well. He will always remain in my mind as the most capable and efficient doctor in the Interior of British Columbia during the years he remained there. In the speciality he chose, his name is already writ in large characters.

"In Phoenix he was worshipped by his patients, and on many occasions, when a patient of his came into my hands, I have been asked if I knew Boucher. On my answering in the affirmative, I have heard those patients say:

"So you know Boucher? Well, there is one grand guy. I don't care how badly a man is smashed up; if you can get him to that old blankety blank (always used as a term of endearment by the miners of that day) he'll pull him through and make him as good as ever."

"A brilliant doctor and a dignified citizen was R. B. Boucher. His death left a void in the hearts of many, that even time finds hard to fill."

And many others—would that we could quote them all—their names ring through one's head, and waken nostalgic memories. Frank Patterson, George Gordon, C. M. Kingston, Bill Sutherland, Gerald Baker, of Quesnel, R. B. White, of Penticton—and many, many others. Many of them served their country in other capacities than purely professional ones. They were in politics and did good work and contributed to the growth of their native or adopted land. They were all strong men, generous, unselfish, keen—good at their work, uncompromising, ready to serve in any capacity. They had few of the amenities of modern practice. Hospitals were few and often ill-equipped—roads were poor, travel was hard. They had to know all that was to be known, do all that was to be done, and they did it well. May their sons do as well in their day.

These men, too, were the founders of the British Columbia Medical Association. Their vision was broad, and they saw beyond the immediate boundaries of their own interests. They saw the necessity for union and co-operation between the city and the country—the need for unity as a profession; the duty that those in the larger centres owed to their more isolated brethren—and they founded the B. C. Medical Association broadly on two bases: the economic base and the scientific base; and regarded both as equally important. So it is that today our Association fulfils its two functions: the one economic, guarding and strengthening our economic security, and representing us before the public, to the government and so on; and the other education, ensuring that there shall be a complete utilization of all our resources, making them available in all parts of the Province, and giving to our best minds the privilege and opportunity of sharing their knowledge with all the other members of their common profession.

Another old timer who was approached on the early medical history of the province is Dr. G. H. Manchester of New Westminster, a tough, old warrior who graduated from McGill in 1894, and went early into psychiatric medicine. His account of his early travels in B.C. is entertaining, and gives a vivid picture of medicine as it was then practiced. He met Hoyes and Corsan at Trail, Boyce at Kelowna, Morris at Vernon, Proctor at Kamloops and so on.

New Westminster, Dr. Manchester's home for over fifty years, burned to the ground the day that he arrived in Vancouver. He says, "This I wish you to understand, had nothing to do with my arrival. And I might go even forther and say that it little concerned mt at the time, for it was farthest from my thoughts that I would later spend fifty years and more in its precincts."

What happened to me next day was this. I decided to go over to New Westminster and see the ruins, and visit the mental hospital in which as ex-officer of an eastern mental hospital I was interested.

And it was most fortunate that I had that entree into such a place, because every restaurant in the town had been wiped out and there was no food to be bought, so that when I made myself known at the Mental Hospital, I was immediately invited to a meal. And more than that, when Dr. Bodington found out who I was, he did his best to induce me to stay and become his assistant. However, when I explained that I had made very fixed plans to go to London for the M.R.C.S. exams he exacted a promise to give consideration to the opening after I finished my task.

Dr. R. E. McKechnie, who was at that time in the Semlin Government as President of the Legislative Council, added his kind invitation to take up the work here when I had finished in London. And later on, in Feb., 1899, he cabled me to London to come at once if I wanted the superintendency of the Westminster Institution as the then incumbent was dying.

On coming to take up duty in 1899 at New Westminster I observed features of life that I think were interesting. The first was the scarcity of women. The population of B.C. was composed about 80% of the male sex. It was illustrated by the fact that of the eight wards in the Mental Hospital, seven were for men and one for women.

There were no domestic servants nor laundresses. Housework particlnarly that pertaining to the kitchen and to the garden was done by Chinamen, and it was a sight not to be forgotten to a newcomer who happened to be abroad on the streets of the towns in the early morning hours to see the swarms of Chinese cooks and houseboys streaming from their night quarters in Chinatown up to the residences of their employers.

Hospitals were in their infancy. There was but one in New Westminster, St. Mary's. What is now the Royal Columbian was represented by a small wooden structure, occupied entirely and run by the surviving pensioners of the early military occupation, the Royal Engineers, the Sappers, and Miners.

There also existed a small cottage hospital for women, with about six of eight beds on Third Avenue—later the home of Senator Taylor.

When a move was proposed to amalgamate this small hospital with the Royal Columbian it met with such opposition from the existing medical incumbent, who had for years been the sole medical attendant, that the matter got into a public issue, not only locally but extending to Vancouver and even to Victoria.

It was at this point that the need for a medical organization, province wide in its scope, became very pronounced and led to the birth of the B.C. Medical Association, the semi-centennial of which we are now celebrating.

Only those who have a strong imagination can picture the handicaps under which their predecessors in the profession did their work at this time. No x-ray, no laboratory help, no physio-therapy, no blood bank nor intravenous salines and glucose, poor illumination for surgical work, poor anaesthesia, no suction apparatus for tonsillectomy, and no compensation board to care for accidents.

Another of our band has joined the Personalities of the Past, in the person of Dr. A. J. MacLachlan, so long Registrar of the College of Physicians and Surgeons. He is a worthy member of the group, and has earned his place with our departed great ones. And to them we must add Wilbert Whitehead, Hamish McIntosh, Charlie Vrooman, Herbie Riggs, LeRoy Pedlow—all gone within a month of each other.

The Health Branch of the Provincial Department of Health and Welfare extends sincere congratulations to the British Columbia Medical Association on the occasion of their Fiftieth Anniversary, and the opening of the Medical School at the University of British Columbia.

In the early years of this century both the British Columbia Medical Association and the Public Health Service of this province were in their infancy. Among the medical pioneers Dr. Charles J. Fagan, the first full-time provincial health officer, was organizing the Anti-Tuberculosis League, and fighting for the establishment of the Sanitarium at Tranquille, the small beginning from which has grown the outstanding tuberculosis control service available today. His successor, Dr. Henry Esson Young, pioneered in the development of public health nursing services. The public health services have expanded rapidly since those days, until today almost every area of the Province has the benefit of trained public health personnel.

But today, as in the past, the success of the program to improve the public's health depends on the whole-hearted cooperation of the medical profession. Much credit is due to the many doctors who, through these years, have devoted time from their private practise to accept the responsibility for carrying out certain public health procedures in their communities, in the realization that by so doing they were rendering a valuable community service.

The realization of a long-planned dream with the opening of the Medical School should provide even greater opportunities for the advancement of both the fields of medicine and public health.

The mutual understanding and cooperation of the medical profession and public health services of British Columbia make possible the continued progress toward their common goal—the health of the people.

B. C. MEDICAL MEN IN POLITICS

The political history of British Columbia contains the names of a great many medical men, who have contributed greatly to the development and progress of the great Province in which they lived. This interest of medical men in the political life of their time goes back a hundred years or more when Dr. John McLoughlin, a native of Canada, was Chief Factor of the "District of the Columbia", which then included Oregon and Washington — later ceded to the United States. Associated with him at one time, was another doctor, Dr. William Fraser Tolmie, whose son was later Premier.

Dr. J. S. Helmcken was another medico who took a very prominent place in the Government of B. C. He was M.L.A., Speaker of the Legislature, filled various cabinet positions, and other ways did important work. There were many other doctors in the early days, who took part in the political life of the time. For example, Dr. James Trimble, whose name one will find attached to a street in Vancouver, Dr. Israel W. Powell, commemorated in the same way—as was also Dr. John Chapman Davie, whose son of the same name was a very eminent surgeon in Victoria at the beginning of the century. Dr. Powell was the first president of the Medical Council of British Columbia and took a prominent part in promoting the passing of the first Medical Act in B. C. Dr. J. C. Davie was responsible for the introduction of "Listerism" into B. C. He died of tuberculosis. Two of his brothers, Theodore and Alexander, were each Premier of the Province.

Dr. John Ash was another M.L.A. and Provincial Secretary, under the Premiership of Amor de Cosmos, that rather romantic figure of early B. C. Political life.

Others were Dr. A. W. S. Black, who practised in New Westminster, Dr. Brouse of Yale, whose son was well-known in Vancouver as a dermatologist, and whose grandson is now practising medicine in Saskatchewan.

Dr. R. W. W. Carrall, after whom Carrall Street, in Vancouver, is named, was the first medical man in B. C. to become a Senator.

In the early days of the province, there was none of the attention paid to public health and preventive measures that we now take as a matter of course—but there were a good many public-spirited and conscientious doctors who made this their business, and set about arousing public opinion. We owe much in this regard to men like J. C. Davie, of Victoria; J. M. Lefevre, of Vancouver; R. E. Walker, of New Westminster and others who formed the first Central Health Board. They dealt first with a typhoid epidemic in the Kootenays, in 1896—at which time Clive Phillips-Wolley, of Ganges Harbour, was special officer to enforce regulations. The writer of this had the great pleasure once of meeting this delightful old hunter and warrior, and hearing his first-hand account of his adventures while in this office. His enforcement was real and effective, even though at times he found it necessary to resort to physical force to obtain results.

Dr. C. J. Fagan's work in Tuberculosis will never be forgotten. He was responsible for the building of Tranquille Sanitorium, being greatly helped in this by A. P. Proctor, of Vancouver, and R. E. Walker, of New Westminster. Fagan was Registrar to the Medical Council. He also established the B. C. Anti-Tuberculosis Society, which did such excellent pioneer work in the field of treatment and prevention of tuberculosis.

As the country filled up with settled areas based on the new C.P.R. Railroad, and on mining and logging activities, we see many medical men coming with prominence politically. These men came from small towns, where they had practised for years and gained the confidence of the people. Such was Dr. J. D. MacLean (McGill, 1905) who practised in Greenwood for many years. He became M.L.A., was in the Cabinet for several years, and on the death of the Hon. John Oliver, became Premier.

Again, from Cranbrook came Dr. T. W. Green; from Merritt, Dr. J. J. Gillis, still an M.L.A. after many years, and an ornament to the House—a man who thinks for himself, speaks for himself, and whose whole energies are devoted to the welfare of others.

Dr. Roy, of Cranbrook, became Senator and later Canadian High Commissioner in Paris.

Dr. J. H. King is another famous name in Canadian political life. He is now speaker of the Senate, but has served B. C. long and well in various Cabinet and other positions.

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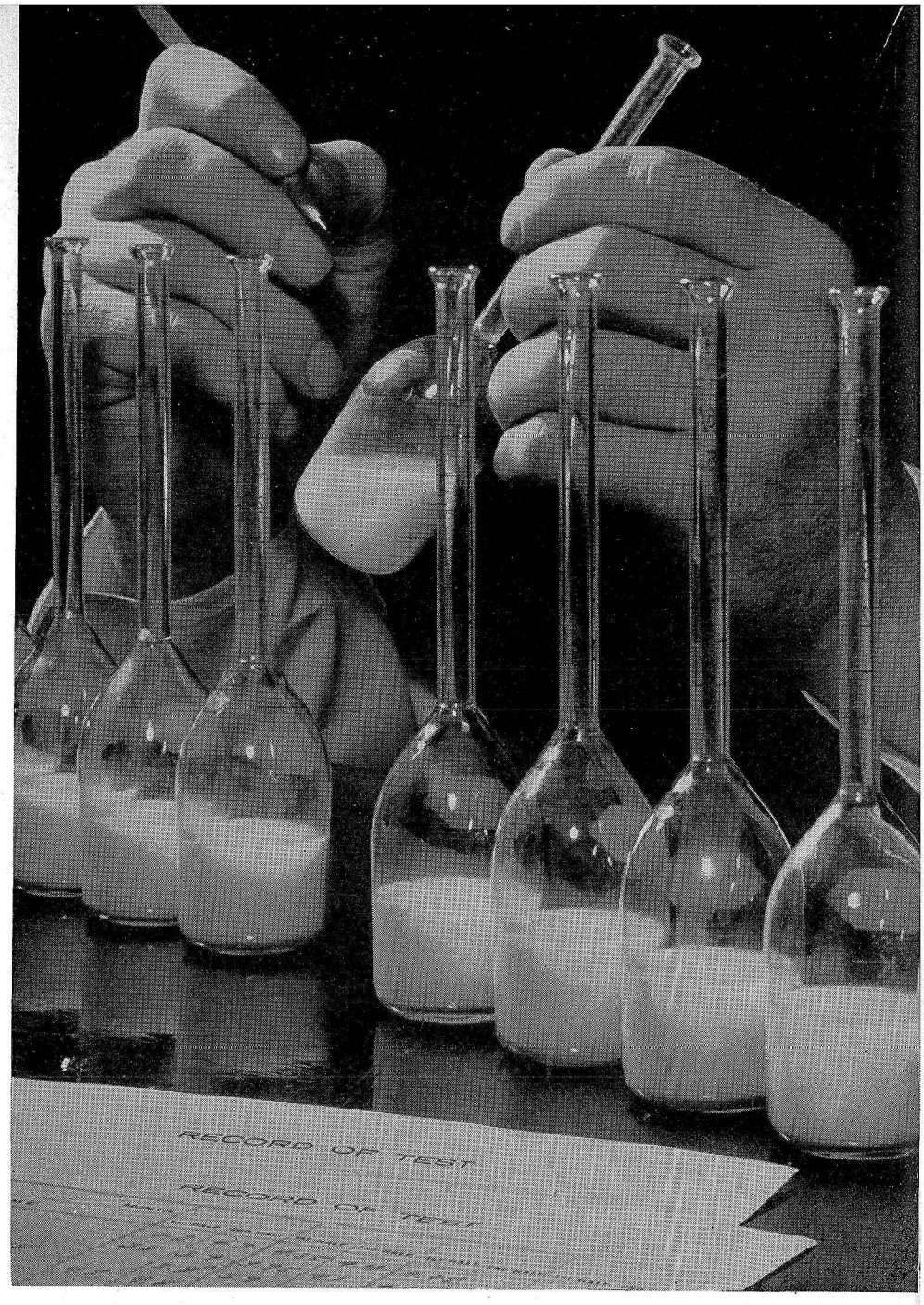

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out referring to men like W. H. Sutherland, of Revelstoke, now deceased. At the time he retired from politics he had been a private member longer than almost any other man up to that time. Eight of these years were spent as Minister of Public Works. Under his Ministry both the Pacific Highway and the Cariboo Highway were built and opened. Dr. W. W. Walkem, Dr. J. W. McIntosh, of Vancouver, Dr. F. P. Patterson, of Vancouver, Dr. Saul Bonnell, who was an M.P. in the Federal Body and is still with us; Dr. Lyle Telford, of Vancouver, that stormy petrel who had energy enough to be M.L.A. for Vancouver, and Mayor of that city at the same time, and filled both offices most ably.

There have been, too, many others whose names have added lustre to the role of those who take their share in the lawmaking and government of their country. To all these men, their political activities meant sacrifice of time and money and energy, but they gave these gladly and willingly, urged thereto by a feeling of responsibility that would not let them rest. All honour to them.

ORGANIZATION IN MEDICINE

Organization in medicine has grown up as a result of two distince purposes or needs. These are: (1) to provide a means of controlling the practice of medicine by promoting and effecting the establishment of a qualification in medicine, such that the holders thereof shall be empowered to practise.

(2) To advance the scientific educational and professional welfare of the Medical Profession, the promotion of health and the prevention of disease, the improvement of medical services, however rendered, the maintenance of the integrity and honour of the medical profession.

The legislative bodies are federal and provincial. The federal body is the Medical Council of Canada set up under the Canada Medical Act, 1901. This Medical Council was set up to promote and effect the establishment of a qualification in medicine, such that the holders thereof shall be acceptable and empowered to practise in all the provinces of Canada.

The provincial body is the College of Physicians and Surgeons in all provinces from Quebec west, and Provincial Medical Boards in the Maritimes. In British Columbia, this body was incorporated by the Medical Act, 1886, which set up the "Medical Council" of British Columbia and the register of members registered under this act. Subsequently, the College of Physicians and Surgeons became the corporate body and the Council of the College became the controlling and administrative body to govern accordingly to the Act.

Originally, there were seven members. Every person entitled to vote could vote for seven persons and the seven persons who had the highest number of votes at any election were made members of Council. Later, by amendment, the Province was divided into five medical electoral districts. Districts 1 and 3 were to elect two members, the others one each. The number of members from District 3 was increased to 4 in 1948, and the two new members were elected April, 1949. At first, elections were triennial but this was changed to biennial in 1947, with the term of office extended to four years. By so doing there was continuity of membership by having half of the members from Districts, and three retiring every other election year.

Various revisions and amendments have been made and in 1946 the whole act was revised. Provision is made for possessing unclaimed bodies for dissection and teaching.

Prior to the introduction of the Medical Act of 1886, the medical profession was governed by the "Medical Ordinance", passed in 1867. Briefly, it provided that anyone possessed of a diploma and then practising in the colony, could register, on payment of a fee of $10.00, also, that anyone possessed of a diploma or license to practise medicine or surgery from any school requiring a compulsory course of study extending over not less than three years, was permitted to register on payment of fees. It was later found that that ran counter to an Imperial Act and was amended in 1868, so that all Imperial practitioners were brought under the provincial Ordinance. Under these Ordinances the Register was kept by the Clerk of the Legislative Assembly, one Charles Good by

name. These Ordinances continued in force until the Medical Act of 1886 was passed.

The first name on the Register was James Dickson, registered March 11th, 1868, and taken off the Register April 15th, 1871. The next to register was John S. Helmcken, whose name was entered December 24th, 1869. His name is perpetuated by the street in Vancouver, opposite St. Paul's Hospital. After the Medical Act of 1886 came into cffffect the first meeting of Council was held in the office of the first President, Dr. I. W. Powell, on May 1st, 1886. According to the new act, all doctors registered under the Ordinances were continued on the Register.

The minute book of the first Council of British Columbia was opened May 1st, 1886. The new Council proceeded to register four new members who paid the fee of $10.00. They also authorized the Registrar to notify the members of the profession that registration was now compulsory. They were given until July 31st, 1886 to comply with this request. After electing its officers, the Council proceeded to set up a board of examiners to conduct the first examination, adopting the rules of the Ontario Board of Examiners as a guide. The following subjects were listed for both oral and written examinations:

1. Anatomy
2. Chemistry
3. Physiology
4. Pathology
5. Material Medica
6. Medical Jurisprudence
7. Theory and Practice of Medicine
8. Surgery
9. Obstetrics and Disease of Women and Children.

The standard set up was 50% in the first six subjects and 75% in the last three. The examination fee was set at $100.00, of which $50.00 was returned if the candidate was rejected. The first application for admission by examination was made in November, 1886, by Dr. W. A. DeWolf Smith.

In August, 1886, Council appointed a committee to prepare amendments to the Act and to prepare an Act for the establishment of a Provincial Board of Health.

On June 7th, 1887, the first committee was named to arrange a scale of fees. It is interesting to note that this committee was directed to consult each registered practitioner as to his opinions. This report was finally received and adopted on May 3rd, 1888.

They considered remuneration for members of Council and in the early years this varied a great deal, starting off with travelling expenses only, later $10.00 per day for those from outside the city of meeting. This varied all the way from $5.00 per day to $25.00 in 1913.

Much of the business of the early Council was dealing with the prosecution of men practising without a license, and concern with the problem or irregular practitioners. For some years a layman was retained as agent to obtain evidence against these people. Midwives were apparently very active at the turn of the century, but it was not until 1911 that a chiropractor is mentioned as practising contrary to the Act.

In 1919, when this province was under prohibition, the question of prescriptions for liquor was discussed. The Registrar was instructed to write to every man who had prescribed over 500 prescriptions during the month of May, stating that, in the opinion of Council, this was in excess of purely medical requirements and to give notice that any conviction of infringing the Act would be followed by disciplinary action. Council set a limit of 100 prescriptions for liquor per month and notified the government of this.

The Canada Medical Act was the outcome of efforts to provide uniform standards of qualification across Canada. With the passing of the B.N.A. Act in 1867, an attempt was made to place medical licensure on a federal basis. This failed because of the provision of the B.N.A. Act which placed education in the hands of the provinces. However, in 1901, an act was introduced as a private bill sponsored by Dr. Thomas Roddick, of Montreal. At that time, Health was under supervision of the Minister of Agriculture. The report of Hansard shows that most of the debate centred the question of the constitutional rights referred to above. This was largely overcome by the acceptance of an amendment which provided that all the provinces shall consent before the Act can become law.

The original composition of the Medical Council of Canada was altered in 1911, when the provincial representation was changed from "a number of members representing each province being fixed in each case according to the number of practitioners registered under the laws of the province" to two members appointed by each provincial College of Physicians and Surgeons. In addition, each University conferring medical degrees, elects one member. If a province

has no medical school, the Governor-in-Council appoints one member. Provision was made for homoeopathic physicians to have one representative on the Council.

Each province had to amend its own medical act to the effect that the L.M.C.C. would be accepted as satisfactory qualifications. The Canada Medical Act became effective November, 1912. The Medical Council of Canada cannot issue a license. Examinations for license were continued in British Columbia until 1920, when arrangements were made whereby examination by the Medical Council of Canada replaced them. The fee for registration of these candidates was set at $50.00.

In 1921, an interesting situation arose. Apparently the Medical Act in British Columbia had been amended, permitting chiropractors to become licensed in the province after passing a satisfactory examination. Examiners were appointed to hold an examination June 27th and, in the list of examiners, it is stated that a chiropractor from outside the Province be obtained to examine in practice and theory of chiropractic. Later in November, 1921, the same question came up and it is apparent that no one had presented himself for this examination and in a conference with the Attorney-General it was pointed out that anyone treating the sick should possess a standard of education which had been accepted by the Legislature. The question of prosecution then came upon the medical profession's shoulders.

The foregoing serves to show how the legal sides of medical organization came into being and by a process of evolution reached its present status. While all this was going on, the scientific and professional welfare of the profession was not neglected.

The medical profession at a meeting in Victoria, in January, 1885, *decided to form a medical society.* Invitations were sent to all the men on the register (about 35) to attend. The first president was Dr. John Sebastian Helmcken, the famous pioneer physician of Victoria. A committee was formed to frame regulations and the constitution of the society, and to draft an Act to regulate the laws governing the medical profession of B. C.

Apparently this latter was the motive for its formation, for it does not appear to have survived after the passing of the Medical Act of 1886, which set up the Council. Six recorded meetings were held.

Meanwhile, local organizations were formed. Victoria had a Medical and Surgical Society organized in 1895, but by June, 1897, it had ceased to exist due to internal dissension. In December, 1899, reorganization resulted in the formation of the Victoria Medical Society. New Westminster had a medical society and in 1898 the Vancouver Medical Society was formed. In January, 1899, the secretary of the New Westminster Society wrote to the Vancouver Society regarding amalgamation of the two societies. Later in March of the same year, it was suggested that these two societies combine their efforts to form a Provincial Medical Association. During the following summer the whole profession was circularized by a Committee and, as is usual, even today, only 18 replies were received from 150 circulars sent out. Thus discouraged, the Vancouver group apparently decided to drop the matter, but they were again asked to reconsider.

In December, 1899, a strong delegation from New Westminster, led by Dr. R. E. Walker, was sent to Vancouver. Plans for the formation of a Lower Mainland Society were discussed, the purpose being that this might constitute a foundation on which a Provincial Association might be built. There appeared to be a deadlock in the discussion so the matter was adjourned for one month. On January 4th, 1900, a prolonged discussion was followed by a resolution that "in the opinion of this meeting, it is desirable that a Provincial Association be formed." It was arranged that delegates be sent to Victoria to discuss the question. On January 18th, 1900, at the first annual dinner of the Victoria Medical Society, delegates who had been invited, discussed the question thoroughly, and reached complete agreement. The following day, January 19th, 1900, the Association was born at the Parliament Buildings with Dr. R. E. McKechnie, then of Nanaimo, as its first President.

The first Annual Meeting was held in the O'Brien Hall, Homer Street, on August 9th, and 10th, 1900. Thus our next annual meeting marks the Golden Jubilee. Meetings were held both on the Island and the Mainland, with local men giving papers at the scientific sessions. There is very little recorded up to 1913, except the papers given and the social functions and distinguished visitors.

The affairs of the Association were suspended from 1914-1919. In 1921, Victoria asked why the Association was dormant. The last officers were asked to call a meeting

to arrange for the revival. It is significant that in 1922 the Council of the College of Physicians and Surgeons received a letter asking that a grant of $2500.00 be made to the Association. During the ensuing years there was complete reorganization, and in 1936 the Association was incorporated under the Societies Act. Since that time the Constitution has been amended, as required, to provide for the setting up of the Benevolent Fund on a provincial basis and for Sections to be included.

Every member in good standing of the College of Physicians and Surgeons of British Columbia is eligible for membership and may become a member by signing an application form and delivering it to the Secretary. There is a Board of Directors consisting of the officers of the Association, the Past President, two members appointed by the Council of the College, one Director from each District Medical Association, five Directors-at-large elected at the Annual Meeting, the Chairman of each section or a member nominated by the section, and the chairman of all standing committees. In order to conduct the affairs of the association between meetings of the Board of Directors, provision is made for an Executive Committee consisting of the officers and such additional directors as may be appointed by the Board.

Under the present arrangement, no fees are collected, the finances of the Association being provided by the Council of the College of Physicians and Surgeons when requested by the Association. The Benevolent Fund is under the supervision of three trustees appointed by the Directors and is administered by them according to the By-laws of the Association.

Time does ot permit a detailed discussion of the state of medical practice in Eastern Canada which forms the background of the *formation of the Canadian Medical Association.* After the B.N.A. Act was passed in 1867, an organization meeting was held in Quebec City, at Laval University, on October 9th. The first officers were a President, Hon. Dr. Charles Tupper, a general Secretary and a treasurer, and a vice-president and secretary from each province. Standing Committees were set up dealing chiefly with medical education, ethics, licensing, vital statistics and hygiene.

Scientific papers were put in a secondary place on the programme at the early Annual Meetings. Much discussion centred around the proposed Canada Medical Act and at the meeting in Toronto, a whole day was devoted to a trip to Niagara Falls. Union with the American Medical Association was considered about 1872, but was dropped.

The first attendance of a member from British Columbia was recorded at the meeting in 1888. The following year the Annual Meeting was held at Banff, the first time a meeting had been held west of Toronto.

In 1897, the British Medical Association accepted an invitation to come to Canada and for the first time in its history met outside the British Isles, at Montreal. Sir Thomas Roddick was made President, the first Canadian to be so honoured. Twice subsequently they met together in 1906, at Toronto and at Winnipeg, in 1930, with Dr. Harvey Smith as President.

The first meeting of the C.M.A. in British Columbia was held in Vancouver, in 1904 with Dr. Simon J. Tunstall as President.

In 1914, it was noted that there were only 1483 of the 7500 registered practitioners in the Dominion, who were members of the Association (20%). Today, 1949, there are over 8800 members out of 13,300 physicians (66%).

No meetings were held in 1915 and 1916. Following the war, the affairs of the Association were in very poor condition and at the Halifax meeting, in 1921, there was a general reorganization. The Journal was made the official organ of each provincial association, and membership, to include subscription to the Journal, was fixed at $10.00 per year. The following year, Dr. T. C. Routley was made full time Executive Secretary.

Today, each province sends representatives to the General Council, which meets two days prior to the Annual Meeting, based on the number of members in each division. One of these representatives is named by the division to serve on the nominating committee and one on the Executive. The Central Executive consists of 14 elected members and certain non-voting ex-officio members, viz.: The President, President-elect, Past President, Chairman of Council, General Secretary, the Editor and Managing Editor. Standing Committees and Sections are provided for in the Constitution. In each case there is a corresponding set-up in each provincial division.

Having reviewed the two major organizations in medicine, one cannot resist looking to the future. Certain questions have arisen, particularly in the field of medical economics, which make us wonder whether

MINUTES OF THE

Officers ~~1899~~-1900
President
Hon Dr McKechnie
Vice President
Dr R.E. Walker
Secretary
Dr J.M. Pearson
Treasurer
Dr J.D. Helmcken

The first Annual Meeting of the British Columbia Medical Association was held in the O'Brien Hall, Homer St. Vancouver on August 9 & 10, 1900.

Present — Hon Dr McKechnie (President) in the chair — as visitors Sir M. Foster, Dr M. Foster & Prof J.J. Adami & Dr Harrison & Higgins as members Drs Fagan, Underhill, Davie, ~~Higgins~~, Hasell, Williams, McGuigan, Mills, Robertson, Jones, Walker, Helmcken, McAlpine, Drew, Manchester, Monro, Holden, Brice, Woodley, McPhee, Dr W. Smith, Young, Weld, Tunstall, Brydone Jack, D.H. Wilson, Proctor, Poole, Langis, Rothwell, Carroll, Green, McPhillips, Boyle, Farish, Campbell, McKibbon, Jeffs, McEwan, Sinkler, Lefevre, L.L. McKechnie

The first session was called to order at 2.30 P.M. on August 9th and after the President had spoken a few words of welcome, Dr Walker (Vice President) read the report of the Executive Committee, temporarily appointed at the organization meeting on Jany 19. 1900. He briefly sketched the various negotiations which had led to the formation of the Association by the Medical Societies of New Westminster, Vancouver and Victoria.

It was moved by Dr Brydone Jack, seconded by Dr Weld "That the executive report be adopted and the actions of the committee endorsed" Carried.

The meeting then went into a committee of the whole for the consideration of Bye Laws & Constitution which occupied the remainder of the session.

It was finally moved by Drs Walker & Davie "That the Constitution, Bye Laws & Code of Ethics as approved, be adopted, printed & distributed" Carried.

By Drs Fagan & Davie "motion to engage a stenographer" Carried.

FIRST ANNUAL MEETING

August, 1900

The meeting then adjourned.

In the evening the session was called to order at 8 P.M. and the President proceeded to deliver his address taking as his topic the relation of the Profession to Politics. Dwelt upon the uses of such an Association as the present one - upon the legislation which in all countries so carefully guarded the practice of Medicine, legislation which was really more in the interest of the Public than of the Profession & the necessity of educating the Public up to this view.
He closed an able address by references to our distinguished visitors & on resuming his seat called upon Sir Michael Foster of Cambridge University to address the meeting.
Sir M. Foster - who was received with prolonged applause, said that on leaving England he had said to his wife "well, at all events, I shan't be called upon to 'say a few words' anywhere until I reach my destination (San Francisco). All had gone well until he reached Banff, when the hitherto bright sky began to cloud culminating in a heavy rain when our President had asked him to "say a few words"!
In the course of his eloquent address, Sir Michael pointed out the necessity for a sound scientific training as the basis of all good medical work ~~He touched upon and endorsed the words of the President regarding the apparent monopoly enjoyed by the Profession~~. The lay idea being that there was one pill for each disease and that a box of Beecham's Pills was worth tons of pathology.
He touched upon and endorsed the words of the President regarding the apparent monopoly enjoyed by the Medical Profession

THE BRITISH COLUMBIA MEDICAL ASSOCIATION 1950 ANNUAL MEETING

— Programme —

WEDNESDAY
September 27th

THURSDAY
September 28th

FRIDAY
September 29th

MORNING SESSIONS

Chairman: Dr. James Wilson

8:30 a.m. Registration.

9:00 a.m. Dr. Hoyle Campbell: "Traumatic Surgery of the Extremities."

9:45 a.m. Dr. H. B. Atlee: "Chronic Right-sided Abdominal Pain in Women."

10:30 a.m. Dr. Norman Gosse: "Carcinoma of the Sigmoid and Rectum."

Chairman: Dr. Howard Black.

8:30 a.m. Registration.

9:00 a.m.—Dr. F. G. Ebaugh.
To be announced.

9:45 a.m. Dr. Hoyle Campbell: "Rehabilitation—a Medical Problem."

10:30 a.m. Dr. Robt. Williams: "Hypertension."

Chairman: Dr. E. Christopherson.

8:30 a.m. Registration.

9:00 a.m. Dr. Robt. Williams "Adrenal Physiology and Therapy."

9:45 a.m. Dr. J. W. Abbiss: "Banti's Syndrome."

10:30 a.m. Dr. Robt. Williams: "Thyroid Physiology and Therapy."

Ten-minute Interval.

11:30 a.m. Dr. J. W. Abbiss: "Cytology in Diagnosis of Cancer."

12:15 p.m. B.C.M.A. Luncheon.
(Banquet Room)
Guest Speaker: Dr. Norman H. Gosse.
Special Guests, Freshman Class. Faculty of Medicine, U.B.C.

11:30 a.m. Dr. H. B. Atlee: "Natural Childbirth and Such Other Considerations in Pregnancy and Labor."

12:15 p.m. Special Luncheon, Banquet Room, Kiwanis Club. Dr. T. C. Routley, speaker, "World Medicine. (Open to Medical Profession.)

11:30 a.m. Dr. V. Johnston.
"Relationship of the G. P. to Specialists and Hospital."

12:15 p.m. New Board of Directors of B.C.M.A. Luncheon Meeting. (Salon C)

12:15 p.m.—Special Luncheon, Banquet Room, Canadian Club.
Dr. Norman H. Gosse, speaker, "Government and Medicine." (Open to Medical Profession.)

AFTERNOON SESSIONS

2:00 p.m. Tour of Medical School, U.B.C.

3:30 p.m. Special Congregation, U.B.C.

5:00 p.m. Sectional Meetings:
Paediatrics—Salon D.

1:30 p.m. Golf Tournament. Shaughnessy Golf Club. Please register for golf early.

2:15 p.m. Round Table Conference.
"New Drugs."
Moderator: Dr. Robt. Williams.
Collaborators: Dr. R. Farquarson, Dr. R. Kerr.

3:30 p.m. Round Table Conference.
"Biopsy Techniques and Interpretations."
Moderator: Dr. J. W. Abbiss.
Five Collaborators to be selected.

4:30 p.m. Sectional Meetings.
General Practitioners—Salon A.
Anaesthetists—Hotel Board Room.
General Surgery—Salon D.
Pathologists—Salon E.

EVENING SESSIONS

7:30 p.m.—General Practitioners
Business Meeting.

8:15 p.m.—Public Meeting.
U.B.C. Auditorium.
Subject: "Essentials for Normal Personal Functioning."
Speaker: Dr. F. G. Ebaugh.

Informal Buffet Dinner Dance—
Stanley Park Pavilion.

7:00 p.m. Assembly

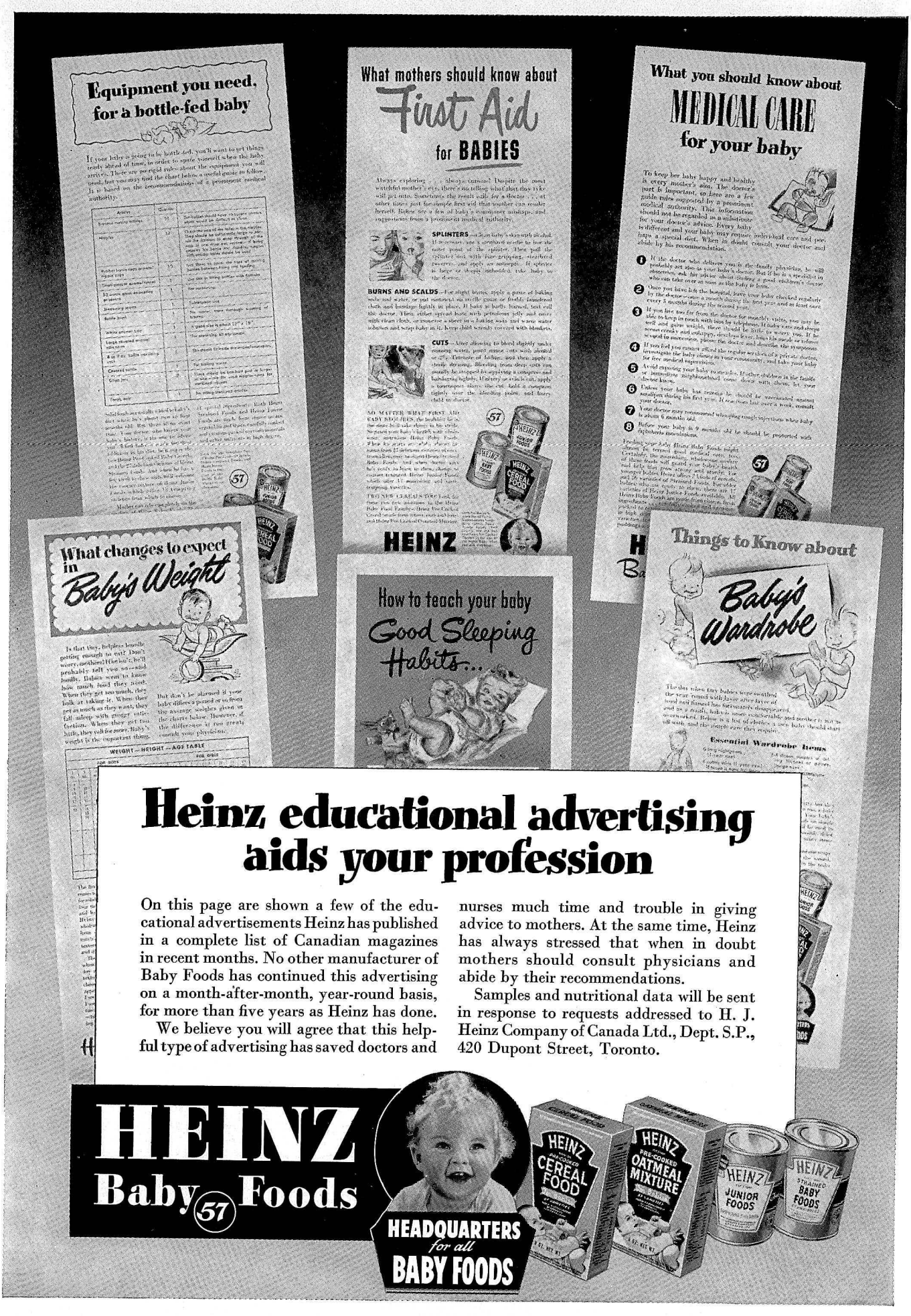
8:00-10:00 p.m. Buffet Dinner. Dancing.
Refreshments, 7-12.

7:15 Annual Dinner (Formal).
The British Columbia Medical Association. (Ladies and Gentlemen.)
Guest Speaker: Dr. N. A. M. MacKenzie, President, U.B.C.
Subject: "Our Troubled World."

6:30 p.m. Cocktails.

7:15 p.m. Dinner. Banquet Room, Hotel Vancouver.

the present organization is adequate to act quickly and well. Should the Council, the legislative body, who are elected under the medical act, primarily to protect the public from unqualified persons practising medicine, surgery, and midwifery in the province, enter into the economics field and place themselves in the position of negotiators for the profession? Could this result in a situation where government, by amending the Medical Act, could control the whole profession under whatever scheme of state medicine it chose to introduce?



Heinz educational advertising aids your profession

On this page are shown a few of the educational advertisements Heinz has published in a complete list of Canadian magazines in recent months. No other manufacturer of Baby Foods has continued this advertising on a month-after-month, year-round basis, for more than five years as Heinz has done.

We believe you will agree that this helpful type of advertising has saved doctors and nurses much time and trouble in giving advice to mothers. At the same time, Heinz has always stressed that when in doubt mothers should consult physicians and abide by their recommendations.

Samples and nutritional data will be sent in response to requests addressed to H. J. Heinz Company of Canada Ltd., Dept. S.P., 420 Dupont Street, Toronto.

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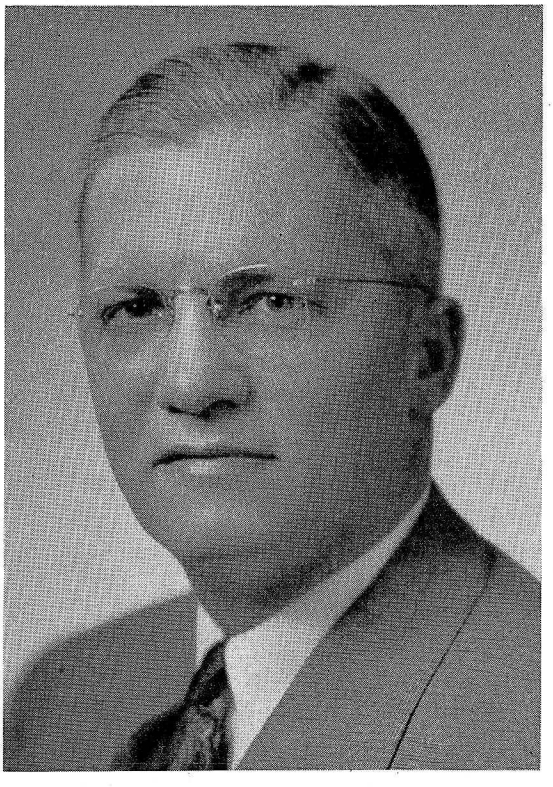
HISTORICAL DEVELOPMENT OF THE FACULTY OF MEDICINE, UNIVERSITY OF BRITISH COLUMBIA

The late Dr. F. F. Wesbrook came to the University of British Columbia as its first President in March, 1913. He was a graduate of the Manitoba Medical College, which later was to become the Faculty of Medicine, University of Manitoba. By formal training Dr. Wesbrook was a pathologist and bacteriologist. An interesting sidelight about his capabilities is provided by Dr. Daniel G. Revell in his contribution on the history of Canadian Medical Schools. When the latter visited the leading public health laboratories in Eastern Canada and the United States in 1907, those of the Minnesota State Board of Health impressed him particularly. They were under the direction of two Canadians: Dr. Frank Westbrook and Dr. Hibbert W. Hill. At the time of his move to Vancouver Dr. Wesbrook was Dean of Medicine at the University of Minnesota and, naturally, he had an abiding interest in medical education. It was his hope that a medical school might be established here at a very early date.

Since the University buildings adjoined the Vancouver General Hospital, and because Dr. Wesbrook's training in bacteriology in England especially qualified him for the role, he was early called into consultation to help organize a bacteriology laboratory within the Hospital. This was the first step toward establishing the basic science departments necessary for the preclinical instruction of medical students. President Wesbrook's untimely death in October, 1918, and World War I. combined to prevent more progress than this during Dr. Wesbrook's administration.

Several years passed during which the Province developed its system of higher education. The need for a centre of medical education in British Columbia steadily became more evident, and, among the foremost advocates of the idea were prominent practicing physicians of the area. Mrs. F. F. Wesbrook, who still lives in Vancouver, recalls that some of the medical leaders of a quarter century ago who were most earnest in their labours to have a Faculty of Medicine were Drs. R. E. McKechnie, H. W. Riggs, A. S. Monro, R. C. Boyle and J. A. Pearson.



M. M. WEAVER, Ph.D., M.D.
Dean of Medicine,
University of British Columbia

In 1934, Dr. G. M. Weir, serving in the Department of Veterans Affairs, was occupied with preparations for post-war training of veterans. Among other matters, he advocated the early establishment of a medical school. An expansion of the Committee on Medical Education of the British Columbia Medical Association followed under the chairmanship of Dr. K. D. Panton. In January, 1944, the Committee presented a brief to President L. S. Klinck of the University and to the Hon. H. G. T. Perry, Minister of Education, advocating the establishment of a medical school at the University. A Senate Committee on a Faculty of Medicine was set up by the University, under the chairmanship of Dean J. N. Finlayson, early in March of the same year. It was composed of members of the Board of Governors, of the

Senate and the Faculty, and it soon met with the Committee on Medical Education of the British Columbia Medical Association.

When Dr. N. A. M. MacKenzie succeeded Dr. L. S. Klinck as President of the University in 1944, he encouraged continuation of the studies on medical education, provided for representation of the University on a delegation which went to the Provincial Government to learn the attitude of the latter toward establishing a Faculty of Medicine. This meeting was held in Victoria in January, 1945. The Honourable John Hart, and the members of the Executive Council, gave a sympathetic hearing to the visitors from Vancouver. Shortly afterwards, as indicated in the Speech from the Throne when the Legislature opened, the Government made a capital grant to the University for the establishment of new faculties, including one in medicine.

Early in the summer, President McKenzie asked Dr. C. E. Dolman, Head of the Department of Bacteriology and Preventive Medicine, to conduct a survey of the leading schools in Canada and the United States and report on existing trends in medical education. A similar survey on behalf of the British Columbia Medical Association was undertaken by Dr. G. F. Strong. These surveys were completed in 1946.

The reports included a number of interesting recommendations and, among others, urged that a group of experts in medical education by invited to Vancouver to survey the local situation. The consultants were selected in due course and were invited by the University to give their opinions to an enlarged Senate-Faculty Committee on a Faculty of Medicine. During the year, the Committee received the views and advice of the following: Dr. John Grant and Mr. Graham Davis; Dr. Alan Gregg; Drs. R. F. Farquharson, E. W. Goodpasture and J. J. Ower; Drs. L. R. Chandler, Victor Johnson and H. G. Weiskotten; Dr. Wilder Penfield, and President Raymond B. Allen. Their contributions were most helpful in further planning for a Faculty of Medicine.

Exploratory joint meetings were held by the Board of Governors of the University and the Board of Directors of the Vancouver General Hospital early in 1947.

Out of the existing capital grant, it was decided to build permanent structures to house the Biological Sciences, the Departments of Bacteriology and Preventive Medicine, and Nursing and Health, and the University Health Service. It was realized that additional financing would be required to provide proper laboratories, lecture rooms, and other facilities soon to be required by the fundamental medical sciences. The solicitation of these funds from the Provincial Government was to await the appointment of a Dean of Medicine. In February, 1949, the University appointed Dr. Myron M. Weaver, Assistant Dean at the University of Minnesota Medical School, to this post, and he assumed his duties early in July.

During the year 1949-50, the first entering class of students has been selected, student laboratories have been put in readiness in temporary quarters, and an able staff of fundamental scientists has been assembled to head the Department of Anatomy, Biochemistry and Physiology. The year also has witnessed the appointment of the first two full-time clinical professors who will have a large measure of responsibiity over the next two years to prepare for the clinical teaching of the students when they are ready for their work with patients.

The major Faculty appointments in the past year have been as follows: Dr. D. Harold Copp, Professor and Head of the Department of Physiology; Dr. Paris Constantinides, Associate Professor, Department of Anatomy; Dr. Marvin Darrach, Professor and Chairman of the Department of Biochemistry; Dr. Sydney M. Friedman, Professor and Head of the Department of Anatomy; Dr. W. C. Gibson, Research Clinical Associate Professor of Neurology and Director of the U.B.C.-Crease Clinic Research Unit; Dr. Robert B. Kerr, Professor and Head of the Department of Medicine; Dr. H. Rocke Robertson, Professor and Head of the Department of Surgery; and Dr. Sidney Zbarsky, Associate Professor, Department of Biochemistry.

In addition to these appointments, the following intra-University transfers have been effected: Dr. Edgar C. Black, from the Department of Biology to the Department of Physiology; and Dr. Lawrence E. Ranta, from the Department of Bacteriology and Preventive Medicine to the Department of Public Health. Dr. Ranta will serve in the capacity of Assistant to the Dean.

NEW STUDY shows value of Swift's Strained Meats for allergy feeding

"Comparison of Nutritive Value of Mineral-Enriched Meat and Milk"

(Results of a newly completed study indicate that Swift's Strained Meats, enriched according to the formula shown here, offer an effective milk substitute for the infant who is allergic to milk proteins—or for children who will not or should not take milk. The summary of this report states in part:)

"THE nutritive value of cooked lean meat enriched with Ca, P and other minerals, as well as with fat, carbohydrate and vitamins, was compared with that of whole cows' milk in feeding experiments on young growing rats and on two adolescent boys. As judged by changes in body weight, whole carcass analyses, bone composition, blood serum analyses, character of the furry coat and spontaneous motor activity, growing rats thrived at least as well on the meat as on the milk regimen, when the two diets contained the same amounts of protein, fat, carbohydrate and Ca, P, Mg and K, as well as vitamins.

"Preliminary N, P and Ca balance studies on two adolescent human subjects showed the Ca- and P-enriched meat to be as good as or slightly better than milk as a source for these elements.

"For the rare patient who manifests allergic reaction to beef proteins, as well as to those of milk, other available meat products, such as lamb or pork, to which there may be no allergic reaction, should be substituted for the beef."*

Swift's Strained Meats offer six varieties

Swift prepares both lamb and pork, in addition to beef, veal, heart and liver.

Each of Swift's six varieties is *all meat*—appetizingly prepared soft and smooth. They are ready to serve—easily prepared in formulas, easy to feed early in life. All Swift's Meats for Babies and Juniors offer an excellent source of complete proteins, B vitamins and iron.

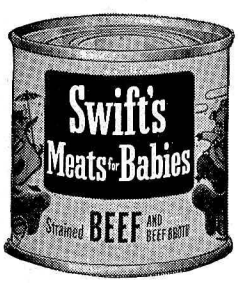
All nutritional statements made in this advertisement are accepted by the Council on Foods and Nutrition of the American Medical Assn.

ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION

Typical Formula

*for use as a substitute for one pint of whole milk**

STRAINED BEEF	*100 gm.*
SALT MIXTURE (*Ca-gluconate 6.3 gm., K_2HOP_4 1.0 gm. and Mg-citrate 0.4 gm.*)	*7.7 gm.*
LARD	*16.5 gm.*
RICE	*16.0 gm.*
SUCROSE	*12.8 gm.*
WATER	*347.0 gm.*
Total	*500.0 gm.*



**Nutritive Value of Mineral-Enriched Meat and Milk—Irvine McQuarrie & M. R. Ziegler, Pediatrics, Vol. 5, No. 2 (February, 1950), pp. 210-223.*

SWIFT QUALITY FOODS

SWIFT... foremost name in meats

...first to develop and clinically test 100% Meats for Babies

The Dean has had invaluable help from pre-existing committees and new committees. The President's Committee on the Organization of the Faculty of Medicine has been composed as follows: President N. A. M. MacKenzie, Mr. G. C. Andrew, Dr. A. W. Bagnall, Dean S. N. F. Chant, Dr. C. E. Dolman, Dean Walter Gage, Dr. Lawrence E. Ranta, Dr. H. Rocke Robertson, Dr. A. B. Schinbein, Dr. J. W. Shier, Dr. F. A. Turnbull, Dr. D. H. Williams, Dr. D. M. Whitelaw, Mr. C. B. Wood, Dean M. M. Weaver (Chairman). This Committee has recommended to the University Senate the entrance requirements to the Faculty of Medicine; it has proposed to the President the interim administrative policies which have been followed; and it has served as a selection committee to choose the first entering medical class. In addition, the President's Committee has dealt with the curriculum of the first and second years in medicine; it has interviewed a number of candidates for positions in the Faculty of Medicine; and has generally served to give proper advice to the University Senate and the Board of Governors about requirements in medical education.

The pre-existing British Columbia Medical Association Committee on Medical Education has also been helpful in providing advice and in effecting liaison between the University and the practicing profession. This Committee during 1949-50 was composed of Drs. A. W. Bagnall, M. M. Baird, H. A. DesBrisay, W. J. Dorrance, H. Carson Graham, W. H. Hatfield, S. G. Kenning, G. O. Matthews, G. A. McLaughlin, C. J. McNeil, H. Rocke Robertson, T. R. Sarjeant, A. B. Schinbein, G. E. Seldon, J. W. Shier, A. H. Spohn, G. F. Strong, Ethlyn Trapp and F. A. Turnbull; and ex-officio, Drs. J. C. Thomas and S. A. Wallace.

Negotions have proceeded with the Board of Trustees of the Vancouver Gentral Hospital looking to the designation of teaching beds at that institution for the instruction of medical sudents.

In addition to the facilities of the Vancouver General Hospital, use will be made of other local hospitals including St. Paul's Hospital, Shaughnessy Hospital, the Provincial Mental Hospital at Essondale, and certain others. The spirit of cooperation displayed by all hospitals in the Lower Mainland and on Vancouver Island has been most gratifying.

The Crease Clinic of the Provincial Mental Hospital has established a research colony at the University of British Columbia. This will provide for fundamental investigations in the causes of mental disease. The Director of this research is Dr. W. C. Gibson.

Some personal data about the individual members of the first medical class should prove interesting.

As was anticipated, the number of applicants exceeded the available places. Nearly three hundred applications were received. Of these, about one-half were within the range of acceptability.

The necessity to select only one out of approximately three applicants, each with a proper claim upon the facilities of the University, caused the Screening Committee much regret. However, it is anticipated that a sizeable number of those rejected may yet achieve admission after additional pre-medical preparation, or with their chances improved by a better showing in medical college admissions tests.

Of the sixty students registering on September 5th, twenty-five are residents of Greater Vancouver, twelve are residents of Victoria and other communities on Vancouver Island, six are residents of New Westminster and the remainder except for three, are residents of the Province.

The average age of the members of the class is twenty-four years. There will be thirty-six students who are under the average age of twenty-four years. Thirteen are married and, of these, six have one child each.

Although the minimum entrance requirement has been established at three years of pre-medical work in a Faculty of Arts and Sciences, fifty-two of the entering students possess the Baccalaureate degree. Of these, five have additional university or college preparation.

Twenty members of the first class in medicine had military service from one to six years in length in World War II.

Upon making application, each prospective student was encouraged to state his aspirations for medical practice. While no detailed statement on this point is appropriate in this brief sketch, it will interest those who have concern about some trends in physician distribution to learn that thirty-nine students volunteered their intention to be general practitioners and/or to engage in country practice.

In conclusion, it has not been possible to pay tribute to the many individuals and groups of individuals in Vancouver, Victoria and other parts of the province who have furnished valuable assistance in starting the Faculty of Medicine. A few which must be singled out are the Minister of Education and of Health and Welfare, the Medical Board of the Vancouver General Hospital, the staffs of St. Paul's Hospital, Shaughnessy Hospital, the Provincial Mental Hospital at Essondale, the Children"s Hospital and the British Columbia Cancer Institute, the Vancouver Medical Association, and the Health Committee of the Vancouver Board of Trade.

SOCIAL LEGISLATION AND GROWTH OF SOCIAL PROGRAMMES IN BRITISH COLUMBIA

Social legislation in British Columbia is outstanding both in its coverage and in its administration. Because British Columbia is a young province, it has been able to profit by the experience of other provinces and other countries when the need arose for social legislation. It is true, in almost every case, that an Act was passed to fill a definite need and that its provisions were governed both by that need and by the experience of other places in meeting a similar situation. Social legislation in British Columbia is outstanding also in the recognition of the principle that an Act is only as good as its administration and the financial provision to carry out that administration. It is also outstanding in the fact that as the need has changed, Acts have been amended and brought up to date to keep pace with the growing demand of our people for various types of social security. The population of British Columbia has never been one to adopt the "laissez-faire" policy but individuals and groups are always vocal in any situation in which they feel the needs of the underprivileged or the dependent are not being met.

There is little social legislation which is not of interest nor of benefit to the doctor, since his patients come from every walk of life and bring him not only their problem of illness but all the other related problems which stand in the way of recovery of health.

For this reason, the Social Assistance Act, passed in 1945, has wide implications which are of great value to the doctor. The definitions of social assistance given in the Act show the growing awareness of the tie-up between welfare and illness. Social assistance is defined as:

(a) financial assistance
(b) assistance in kind
(c) institutional, nursing, boarding or foster home care
(d) aid in money or in kind to municipalities, boards, commissions, organizations or persons providing aid, care or health services to indigent, sick or infirm persons and in reimbursement expenditures made by them
(e) counselling service
(f) health services
(g) occupational training, re-training or therapy for indigent persons and mentally or physically handicapped persons.
(h) generally any form of aid necessary to relieve destitution and suffering.

The persons whom this Act is intended to serve are those who, through mental or physical illness or some emergency, are unable to provide in whole, or in part, by their own efforts, through other security measures, or from income or other resources, funds essential to maintain or assist in maintaining, a reasonably normal and healthy existence.

It is through this Act, therefore, that special T.B. Allowances are granted, so that the breadwinner with T.B. can get assistance, not only in maintaining his family while he is ill, but in carrying on house payments, insurance, or other obligations undertaken before becoming ill. Through this Act also a family may be kept together by the provision of homemaker or housekeeper services in the home. Through this Act, the Social Assistance Medical Programme with the B. C. College of Physicians and Surgeons was worked out, whereby a scale of fees was agreed upon and any person in receipt of social assistance can go to the doctor of his choice and have his medical bills paid. In addition to this, his drugs are provided, hospital insurance dues and ancillary services paid for. It seems a far cry to the day when the doctor, faced with an indigent patient, knew that the latter could not pay his medical bills but also that practically all other aids back to health were beyond his financial power. It should be remembered, however, that in those difficult days, in the City of Vancouver, the Out-Patient Department of the Vancouver General Hospital, through its staff doctors, played a magnificent part in giving medical and surgical care and drugs to those indigent patients who had no resources and for whom there were no established health services. Recipients of Old Age Pensions and Mothers' Allowances and children committed under the Protection of Children Act receives the same medical and hospital benefits as do those persons receiving social allowance.

Child Welfare legislation in British Columbia—the Adoption Act, the Children of

Unmarried Parents Act, and the Protection of Children Act—which safeguards our neglected and dependent children, cannot fail to be of interest and concern to the doctor. This is good legislation which is amended from time to time to keep pace with the growing knowledge of the needs and problems of children.

One other Act which, although it has no direct concern with health services, has been of inestimable value to all those who work with dependent persons, is the Welfare Institutions Licensing Act, and unwittingly many doctors had much influence in bringing this Act on the statute books. The Act provides for licensing such places as maternity homes, commercial boarding homes for children and old people, day nurseries, kindergartens and camps. To take one example only of the influence of the medical man, that on maternity homes: in the days before licensing, these homes, many of them, were commercial propositions, exploiting both unmarried mothers and babies. The mother, because of her situation, was unable to protect herself and without wise counselling, put her child into the hands of people who were out to make the most money possible out of the combination. It was a doctor who obtained the first definite evidence of falsification of birth certificates and the actual selling of infants to adopting parents, twenty five dollars for a baby but thirty-five if the adopting parents wanted a birth certificate in their name with it. The doctor was called in only for the delivery in the home and the patient gave her name as that of the adopting parents and the doctor in most cases would be none the wiser. But one doctor was suspicious and called the Child Welfare Division. Very shortly after this, the Act was passed with a definite provision that no maternity home might engage in adoption practices. Today, there are no commercial maternity homes in B. C.—the only ones left are those run by responsible groups who are running the home to be of service and which use accredited agencies to make plans for mothers and babies.

The Workmen's Compensation Act of British Columbia has been in force since 1917. Previous to that time, the victims of industrial accidents had, in many cases, to have recourse to law to get any compensation for their injuries, and the net result was that the award usually had to be spent paying legal bills. Even if an employer offered what appeared to be a reasonable settlement, the accident victim, badly advised either by his friends or a poor lawyer, would proceed to court and after the case had dragged out would find he had spent most of any sum granted, on the legal proceedings, and would not be able to meet his medical and hospital bills. The Workmen's Compensation Act has completely changed this picture; granted that in a percentage of cases there is dissatisfaction with the decisions, yet taking it by and large, the workman and his dependents are protected, medical and hospital bills paid and the family supported during his period of illness. New developments in the administration have made physio- and occupational therapy available in the Board's own building and developed a rehabilitation programme which assures the workman of re-training in a new job if he is unable to return to the old one.

Three acts under which outstanding programmes have been developed are the Mental Hospitals Act, the Tuberculosis Institutions Act and the Venereal Diseases Suppression Act.

The Mental Hospitals Act provides for the establishment by the Crown of public mental institutions and of licensing any place where a mental patient is received for care. It lays down regulations as to admissions and discharge and provides for the administration of public mental hospitals.

We are indebted to Dr. G. H. Manchester for history of the early developments of care for the mental patient. Dr. Manchester was for a period Superintendent of the Public Hospital for the Insane at New Westminster and in his annual report for 1901, he gives most interesting material about the beginning of the programme.

Apparently, the first record of a mental patient is in 1850, when a young man just arrived in Victoria, became mentally ill. The case was easily solved—he was sent home. However, this could not be done with all cases, and as the chief sailing route was from California to Victoria, mental cases were sent back to California over a period to be cared for in mental institutions there until the California authorities objected. Then they were kept in the lock-up, and milder cases moved to the Royal Hospital. An impasse was reached when the first female patient appeared, because both the hospital and the lock-up were restricted to the male sex. The women of Victoria felt this was most unfair so they opened a hospital for women on Pandora Street. This got into financial difficulties and eventually was taken over for a general hospital and the old

Royal Hospital made into an insane asylum for both men and women. This was the first Provincial Asylum, and was opened in 1871. In 1873, was passed the first Provincial Act, entitled the "Insane Asylums Act". This provided for administration, a resident layman who was responsible for the running of the hospital, and a non-resident medical man. Patients were admitted on the certification of two doctors who must examine the patient together. The first resident medical Superintendent was Dr. McNaughton Jones, of Victoria.

In 1877, this building could accommodate no more than the thirty-seven patients it had so a new asylum was constructed in New Westminster and opened in May, 1878. It had 28 small rooms for patients in units of seven and was overcrowded from the beginning. It all sounds a bit grim to the modern ear. There was outside plumbing—heating by stoves and fireplaces, lighting by coal oil lamps, and the barred windows in the wards were so high in the wall that the patient had to stand on a table to see out. The water supply was piped from the penitentiary and was continually failing. Before New Westminster put in municipal water works, the water supply had degenerated into a bucket brigade with a ditch behind the hospital as a source. History makes no mention of epidemics. Through the years, however, improvements and additions were made and when, in 1908, there were 509 patients under treatment, new plans had again to be made.

The Provincial Government, before constructing the new hospital which was to be built at Coquitlam, opened a competition for plans for an 1800-bed hospital which any architect could enter and the choice was made by the state architect of New York. At this time Dr. C. E. Doherty was medical superintendent and the information regarding the hospital at Essondale is taken from a paper given by him while the hospital was under construction. He emphasizes three features of the hospital which he felt were of prime importance, individual care and fresh air for the acutely ill—congregate dormitories for 90% of the patients: work shops, gymnasium and recreation hall. In this paper, Dr. Doherty pays tribute to Dr. Henry Esson Young, who was then Provincial Secretary and for whom Essondale was named.

After the death of Dr. Doherty, Dr. Crease became Medical Superintendent of the Mental Hospital and later Provincial Psychiatrist. The Mental Hospitals programme today is a credit to Dr. Crease and his associates, who have built it slowly but surely over the years. In 1948, 1260 patients were admitted to the Mental Hospital and 1193 of these discharged to return to the community. The programme is now one of active treatment and prevention rather than custodial care. There is the hospital at New Westminster for the feeble-minded, the Essondale Hospital for the treatment of Mental illness, the Homes for the Aged for custodial care of aged individuals whose aging symptoms are predominantly mental: the Child Guidance Clinic with two stationary clinics, in Vancouver and Victoria, and two travelling units. The latest development is the Crease Clinic of Psychological Medicine to house 325 patients. It is an active treatment and teaching centre for the patient suffering from the early symptoms of mental illness in which recovery may be anticipated within four months. From 1850 to 1950 has been indeed a century of progress in the treatment and care of mental illness in B.C.

The history of the care of Tuberculosis in British Columbia is different in that its inception was the result of voluntary effoffrt, of groups of citizens banding themselves together to impress upon government the menace of T.B. and the necessity for steps to be taken to control it. The man from whom the movement received its first impetus was the late Dr. C. J. Fagan, of Victoria. Dr. Fagan was secretary of the Provincial Board of Health and in 1904 he began to urge that something be done to stop the growing menace of tuberculosis. A meeting of citizens was called early in the year where much enthusiasm was shown but nothing came of it. Later in the year Dr. Fagan called a second meeting and he saw to it that the key people were present for he had a plan all prepared. The meeting was held at the back of the museum where he had put up tents for the treatment of tuberculosis patients and he explained how these could be used pending the building of a sanitarium. That day, the Anti-Tuberculosis Society, as it called itself, got off to a good start. The idea was to get every citizen to pay a dollar a year membership fee and by this and other subscriptions to raise enough money to build a sanitarium and even government Ministers apparently agreed to take subscription lists and get to work. Over the next three years, the society organized branches and worked very hard. By 1907, they had $50,000 promised and most of it collected. As it was considered essential to have the sanitarium in a dry,

sunny climate, the region around Kamloops was explored and finally arrangements were made to take over the Orchard Ranch. There were two buildings on this—a large farmhouse and a cottage. These had been used by the owners to board tuberculous patients but were not really suited for sanitarium use. However, they were altered and enlarged, and in November, 1907, the first ten patients arrived. Dr. Irving had been appointed Superintendent and Miss Jean Matheson, matron. There was also a manager for the farm.

It is interesting to note in Dr. Irving's record that Kamloops was solidly opposed to a sanitarium at Tranquille because of the danger of infestion, and no stores wanted to sell supplies. It was only with great difficulty that the sanitarium officials were able to place an order. Like the Mental Hospital, the building had to be heated by stoves and fireplaces and lighting was by coal oil lamps. Dr. Irving says "in the winter, the danger of fire was a nightmare . . . one night the Matron was called by a patient shouting that someone was running up and down the main hall upstairs. The poor chap had tuberculous meningitis. He got hold of some newspapers, lighted them over a lamp in the hall and with the blazing newspapers, was rushing up and down the hall until overpowered by the Matron and some patients."

Once the Sanitarium was opened it was swamped by applications and, although it was supposed to be for indigent cases, the majority were advanced cases who simply had nowhere to go. This gave impetus to the campaign for building and in 1909 the first new building was completed. Much material had been donated and practically all of it was sent up by C.P.R., loaded onto scows and taken across the lake. This was before the days of the C.N.R. and the difficulties of transportation added greatly to the costs. Money was always a problem, particularly for maintenance and in 1910, the governors of the society made a statement that they were ready to hand over to the Provincial Government all their rights, if the Government were willing to take over. It was not, however, until 1921 that this took place and the Provincial Government took over Tranquille. The Anti-Tuberculosis Society ceased to exist. The names of medical men connected with this society which should be remembered along with Dr. Fagan, are Dr. A. P. Proctor, Dr. R. E. Walker, and Dr. William Stephen.

In the meantime, in the City of Vancouver, the Vancouver General Hospital had borrowed a tent from Dr. Fagan, while a small building to house T.B. patients was being constructed. A minute of the Board of Directors on April 5, 1906, states that no male T.B. patients are to be admitted to the hospital proper but kept in a tent on the grounds. If one female patient was admitted she was to be isolated in a room in the hospital and as soon as there were two, they were to be placed in a tent. The special building was apparently completed in 1907 because there is a notation that the tent was returned to Dr. Fagan. In 1914, the building, along with other isolation cottages, were moved to where the Maternity Building now stands and remained in existence until 1925 when the University removed to Point Grey and the first part of the present Vancouver unit was taken over for its original purpose, that of caring for T.B. patients.

There had apparently been a T.B. Clinic in Vancouver, operating on the site of the old hospital on Cambie Street. This was moved to the General Hospital in 1915. In 1917,

the Rotary Club of Vancouver built, equipped and operated, for one year, a modern clinic on Pender Street. This was turned over to the City of Vancouver in 1918 and for many years remained the centre of Clinic work. In 1923 the Provincial Government sent out its first Travelling Clinic with Dr. Lamb in charge.

In 1933, the Vancouver Public Health Institute for Diseases of the Chest was opened, combining the Rotary Clinic and the Tuberculosis Pavilion of the Vancouver General Hospital, under the direction of the Vancouver City Health Dept.. In this connection, the name of Dr. J. W. McIntosh, City Medical Health Officer should always be remembered for his work in the preventative field.

In 1935, responsibility for the Tuberculosis programme was taken over by the Provincial Government and Dr. W. H. Hatfield was appointed Director. A year later in 1936, the Tuberculosis Institutions Act was passed, giving power to the Government to build and maintain tuberculosis hospitals in the Province. From that time forward, under Dr. Hatfield's leadership, the T.B. programme has developed steadily until now it reaches every part of the province.

There is still, however, lay leadership in the B. C. Tuberculosis Society which, through its Christmas sale, keeps the needs of the programme constantly before the public. Its latest gift of the building with a modern auditorium and chest surgery unit prove the value of such lay support. This whole programme shows the result of enthusiastic and informed medical leadership utilizing lay support in the field where it could be of most value.

The Venereal Diseases Control Act was passed in 1919, following federal leadership after the first World War. Clinics were set up which gave treatment, but there was no follow-up and no case-finding. It was not until 1936, when a new Act was passed and a Division of Venereal Disease Control set up that we had the beginning of our modern programme. With the appointment of Dr. Donald Williams, in 1937, as Director, the foundation of today's Clinics was well and surely laid. In this connection Dr. J. H. MacDermot has stated:

"As the disease came to be recognized for what it is, a community rather than an individual problem, immense improvement has followed. The individual physician has been helped by the generous and fair attitude of the Division and no medical man has suffered loss by the socialization of the treatment of venereal disease — his rights have been respected—he has been given generous help and counsel and in the meantime, th patient, the important person in the case, has been assured the most modern and complete treatment".

In 1947, the Act was re-written, but the pattern of the Clinics has changed very little from that set up in 1937 by Dr. Williams, except that epidemiology which was carried for eight years by the social workers was taken over in 1945 by public health nurses and the social workers transferred to specialized work of research and rehabilitation.

The last social legislation passed is the B. C. Hospital Insurance Act. In speaking of this Act Dr. MacDermot says "The B. C. Hospital Insurance Act has been, to a certain extent, experimental, and is as, all would admit, far from perfect . . . and needs considerable modification and adjustment. But it is emphatically a move in the right direction and when all its difficulties and problems have been solved and the hospital situation adjusted to meet the new conditions, it will undoubtedly emerge as an act of statesmanship and foresight on the part of the government that inaugurated it."

In the development of these health programmes, has come also the important development of medical social work Divisions in each to supplement the work of the doctors and nurses. Because these Divisions are a part of the Welfare Field Service of the Dept. of Welfare, they have all the resources of that service to draw upon. No matter from what area in the province a patient comes, there is available a social worker to report back to the Division the family situation and its problems, to arrange necessary financial help and counselling and to prepare histories of patients so that the doctor may know his patient's background and be in a better position to help him. Thus, because of social legislation, there is a network of services reaching out to those in need in every part of British Columbia.

THE DEVELOPMENT OF PUBLIC HEALTH IN BRITISH COLUMBIA

The story of public health in British Columbia is unique and rather amazing as are many aspects of life on the West Coast of North America. Because British Columbia was one of the last frontiers and since it has proved to be one of the most desirable places in the world in which to live, its growth and progress have been phenomenal. The population of British Columbia has increased thirty fold since the first regulations were promulgated for the protection of the health of the people. Even in the fifty years since the founding of the B. C. Medical Association, our population has increased ten times.

This unusual background accounts in no small measure for the happy position in which we find ourselves today in respect to Public Health Organizations.

Because of the frontier state of our province and its distance from the older established medical centres, the doctors who came here were men of action, full of energy and confidence, independent and perhaps in some cases, seekers of the adventure which was part of a new country where the hills were covered with mighty timbers and leaded with gold, where lakes and rivers teemed with fish, and wild game was everywhere abundant.

These men, having the knowledge of scientific medicine, and the vision to see how its widespread application would protect and benefit all the people, lost no time in putting their knowledge to work.

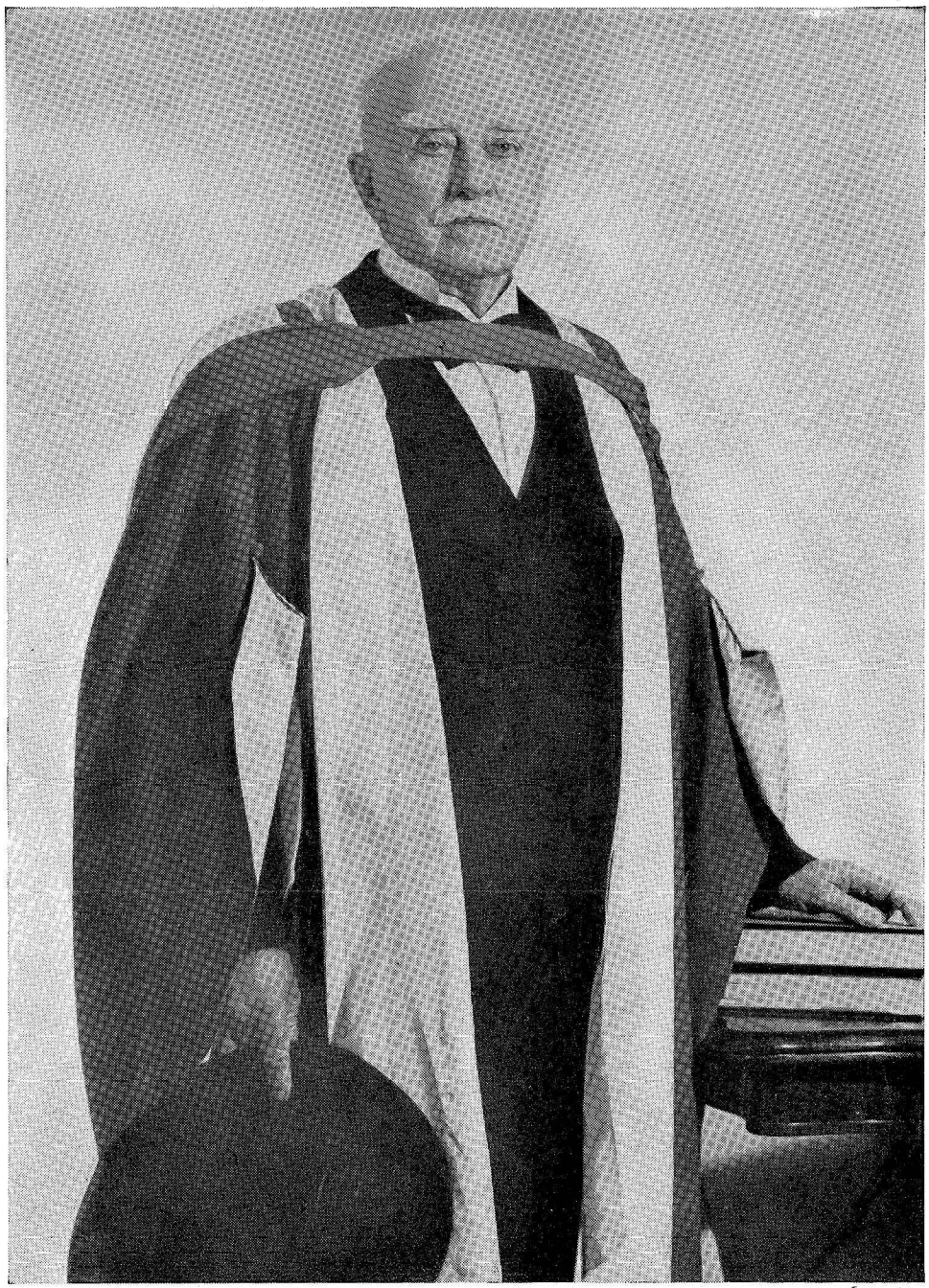
They, either as cabinet ministers, government officials, private members or consultants, planned legislation and when it was approved by the various governments, provincial or local, carried out its regulations.

Besides the individuals directly responsible, two factors in the situation were important in bringing about the rapid progress and great advances which have been made in health and welfare legislation in British Columbia. First, because our province was so young, we were unhindered by traditional or obsolete methods, customs and laws. We could observe the rest of the world, and on the basis of others' experience and knowledge, plan and initiate programmes which were likely to be successful, as they have proved to be.

The second factor was the spirit of the people. They were pioneer and "western" in attitude and temperament. They had left conservatism behind and welcomed change and progress. As opposed to the East Coast temperament of questioning and resenting change, B. C. people loved it. They were looking for new ideas and willing to try anything which appeared to have merit. Although they did not welcome regulations, many had learned that survival in woods and mountains depended on the stict observance of certain rules which trappers and prospectors had evolved for mutual protection. It was a logical step from this point to regulations dealing with isolation, immunization and sanitation which were obviously for mutual protection.

All these factors which have been so decidedly in favor of the development and continued progress of a scientific and comprehensive programme of public health, have indeed been effective. In almost every phase and department, the Public Health programme in British Columbia is today one of the best in Canada and in the world. To discuss or describe the public health programme in British Columbia including Provincial and Municipal Departments, is beyond the scope of this article but a few facts will help to substantiate the opinions expressed above.

During the second World War, Civil and Military authorities were confronted with the very serious and difficult problem of controlling the spread of venereal disease. A search was made throughout Canada for a venereal disease control programme which would be effective in the fight against these diseases. The programme of the Division of Venereal Disease Control in British Columbia appeared to be so effective and well organized that the director was given the job of planning and directing a programme for the Dominion Government and the Canadian Army. At that time, many ideas which had originated in the B. C. Division were accepted and used by Health Authorities in Great Britain and the U. S. A. The Venereal Disease Division continues to be one of the leaders in this field today.



H. E. YOUNG, M.D.

In 1948 the Vancouver Unit of the Division of Tuberculosis Control was cereified by the Royal College of Physicians and Surgeons of Canada as a post-graduate training centre in chest diseases. This indicates that the standard of medical practice in this Unit is comparable with that of Medical Schools and teaching hospitals throughout Canada. This goal has only been reached as a result of years of striving towards the highest possible standard.

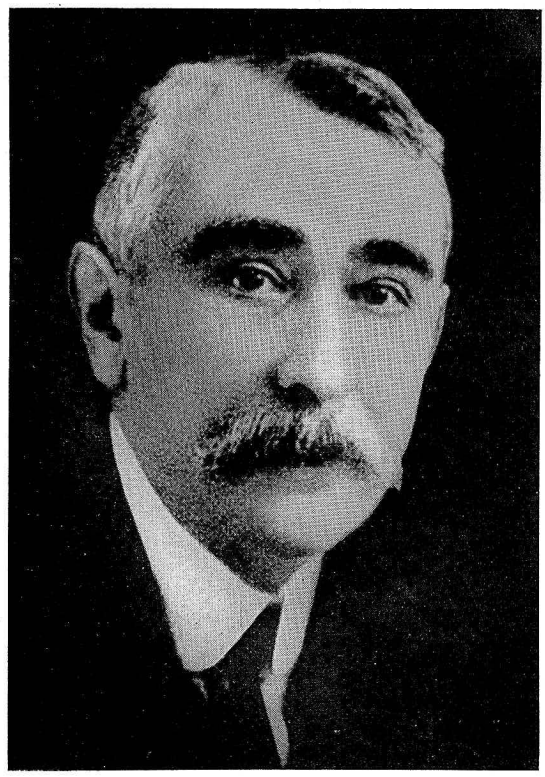
In 1919 the University of British Columbia offered a five year course in nursing leading to the degree of B.A.Sc. (Nursing). This was the first time any uni-

versity in the British Empire had offered such a course. Provision was also made for the training of graduate nurses in a one-year course leading to the diploma in Public Health Nursing. Graduates from these two courses during the past thirty years have helped to give to British Columbia people and committees the high standard of nursing with which we are all familiar.

In 1936 an experiment in community health organization, unique on the North American Continent, was begun in the Vancouver area. Six independent Health Departments, five independent School Medical Services and the University of British Columbia Medical Services, organized under one Health Board as the Metropolitan Health Committee. The Rockefeller Foundation aided considerably in the inauguration of the plan by giving financial contributions during the early years. The programme has been eminently successful and has been the pattern for similar programmes in North America and elsewhere.

The Division of Vital Statistics of British Columbia has always been in the forefront of progress. It has been a model of efficiency and as such has had considerable influence on the Federal and other Provincial Departments of Vital Statistics. This influence was strengthened some years ago when the Director of the B. C. Division was appointed as Director of Vital Statistics for the Dominion of Canada.

Forty years ago an act was passed by the B. C. Government to provide for the medical inspection of school children. In the years which have intervened a programme of comprehensive child care has been developed which is almost beyond belief. The present programme includes in many schools complete preventive dentistry where necessary, preschool immunization and regular booster doses, regular testing of vision and hearing, psychiatric examinations and mental hygiene, intelligence testing, permanent records on comprehensive report forms, sight saving classes, improved lighting and sanitation and many other things too numerous to mention. Parents in British Columbia are fortunate in the care that their school children receive through the School Medical Services. This programme is probably an important factor in the marked increase in size and vigor which school



CHARLES J. FAGAN, M.D.

children have shown in the past twenty-five years.

Within the past year, the Crease Clinic of Psychological Medicine has been opened at Essondale. The institution will devote its time and facilities to research in the prevention and treatment of mental diseases. The programme of this institution represents the most advanced and progressive approach to the whole problem of mental disorders. A mental disease presents one of the great medical and social problems in the world today, it is encouraging to know that our Public Health Authorities are organized and equipped to lead the fight against this tragic malady.

The health and welfare of the population is the concern of everyone and so in addition to the medical profession and government departments, there are a number of voluntary agencies who over the years, have made important contributions in this field. Everyone is familiar with the work of the older organizations such as the Canadian Red Cross, the Victorian Order of Nurses, the Canadian Tuberculosis Society and others, but in recent years, a number of societies have been organized to deal with special health problems. These

including the Canadian Cancer Society, the Canadian Arthritis Society, the Western Society for Physical Rehabilitation and others. Some examples of the work of these voluntary agencies in B. C. include the Rotary Clinic for Chest Diseases, the Centre in Vancouver for Physical Foundation, the programme and clinics of the B. C. Branch of the Canadian Arthritis Society and the operating suite, library and auditorium built through the sale of Christmas Seals by the B. C. Branch of the Canadian Tuberculosis Society. These few examples illustrate the contributions of the voluntary agencies to Public Health in British Columbia which in several instances as mentioned about, have been the first of their kind in Canada.

If space permitted discussion of the Division of Laboratories, Sanitation, Public Health Nursing, or Health Units, the story would still be one of outstanding achievement and pre-eminence in these respective fields.

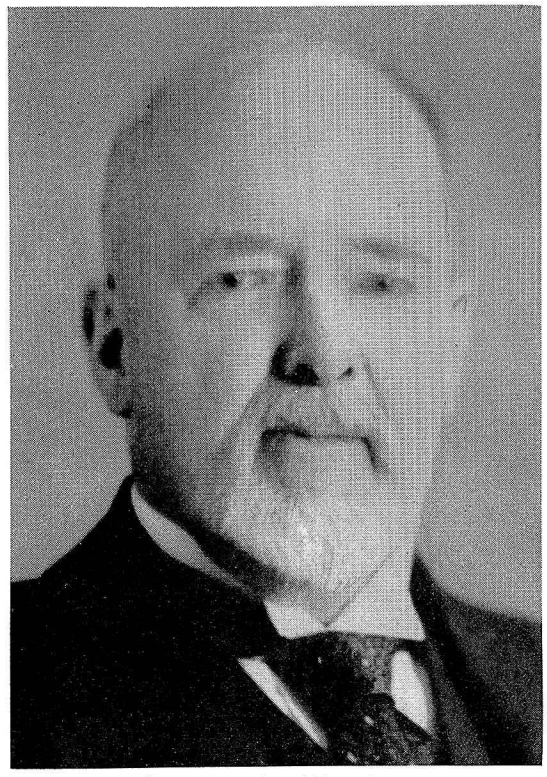
A comparison of the following rates for 1900 and 1949 shows statistically the improvement made during this period.

Comparison of Certain Causes of Death in 1900 and 1949

(Excluding Indians)

Cause of Death	1900 Rate	1949 Rate
Infant mortality	89.6	26.0
Tuberculosis	73.5	27.8
Pneumonia	57.6	28.9
Typhoid fever	43.5	——
Maternal mortality	5.1	1.1

The advances in public health which have taken place have been accomplished through the work of many people, both lay and professional. Some have done more than others, but they all deserve credit. Many of these men are still directing the departments or divisions which they have developed. Most of them are well known to you and it is therefore unnecessary to catalogue here their many achievements. However, it would be a serious oversight to close this record without at least a brief reference to a few of the pioneers who are no longer among us. The Health Act of 1899 made provision for the appointment of a qualified medical practitioner as secretary to the Board of Health. Dr. C. J. Fagan was appointed and assumed practically full control of all matters pertaining to Public Health.



FREDERICK THEODORE UNDERHILL, M.D., F.R.C.S.

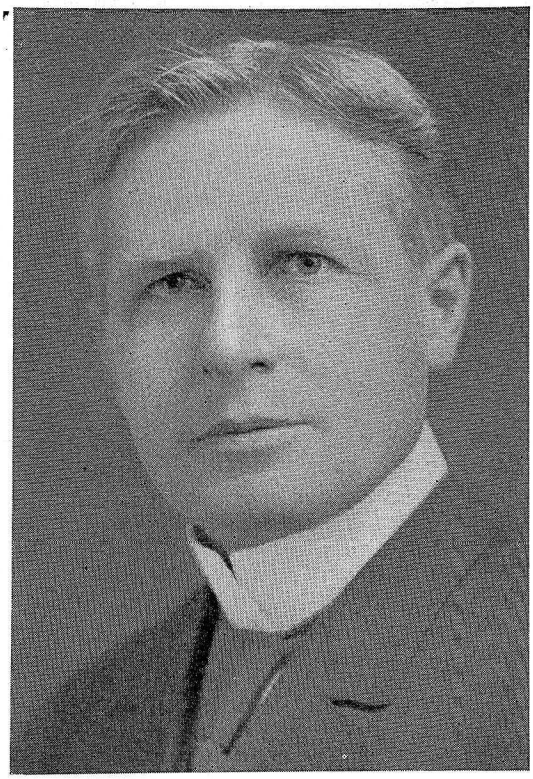
Doctor Fagan continued as secretary of the Provincial Board of Health until November, 1914, when continued ill-health forced him to resign, and he died at Victoria on February 10, 1915. Doctor Fagan was an Irishman by birth, with that fighting spirit so characteristic of the race, and was mainly responsible for the fight waged in British Columbia against tuberculosis. It was through his efforts that the Anti-Tuberculosis Society was formed, while the sanatorium at Tranquille will ever be a monument to his memory, for without his untiring work it is doubtful whether the sanatorium would have been built.

The Provincial Board of Health of British Columbia was under the jurisdiction of the Attorney-General until March 17, 1906, when it was transferred to the Agriculture Department. Less than a year later, on March 6, 1907, it was transferred to the Provincial Secretary's Department where it remained until the formation of the Department of Health and Welfare in 1946.

From March 6, 1907, until December, 1915, public health activities in British Columbia were under the supervision of Dr. H. E. Young, as Minister of Education and Provincial Secretary in the McBride Government, while on June 1, 1916, by virtue of his appointment as Secretary of the Provincial Board of Health and Registrar of Births, Deaths and Marriages, he assumed direct control.

Public Health in British Columbia progressed during the thirty years of Dr. Young's able guidance from a small struggling organization into a well balanced, smooth working machine. The high health standards which exist in the province today are due largely to his far sighted policies.

In 1904 Dr. F. T. Underhill was appointed Health Officer of the City of Vancouver and during his term of office which continued for the next twenty-seven years, he laid the foundations of the comprehensive programme carried out by the Metropolitan Health Committee today. Many of the city's bylaws on matters of health which are in force today were drafted under his guidance and supervision. During his regime, school health services were organized and developed to the extent that the budget of the time would permit. While serving as city Health Officer, he was at various times,



J. W. McINTOSH, M.D.

city analyst, coroner and hospital bacteriologist.

In 1931, Dr. J. W. McIntosh became Health Officer following the resignation of Dr. Underhill. In his private practice, Doctor McIntosh had specialized in Internal Medicine and during the 1st Great War, was a consultant to the Canadian Army in this field. The year prior to his appointment, Dr. McIntosh was the Health Officer for Burnaby and probably due to this experience his principle objective when he accepted the new position was to unite all the Health Departments in the Greater Vancouver Area so they could work together with a single well coordinated programme. It proved impossible to achieve this objective at the municipal level but with the assistance and cooperation of Dr. H. E. Young and the Provincial Department of Health, and the financial support of the Rockefeller Foundation, the Metropolitan Health Committee plan was inaugurated.

This plan which has proved so successful is a permanent memorial to Dr. McIntosh and to the wisdom and foresight

with which he carried out the duties of his office.

The progress of public health in British Columbia is truly remarkable. To really appreciate the extent of any change, it is necessary occasionally to look back and review the past as we have tried to do in this article. When the B. C. Medical Association celebrates its hundredth anniversary we hope the people of that day will look back on the achievements of the second fifty years with the same admiration that we today regard those of the first.

HEALTH INSURANCE

Of all the work undertaken by the B. C. Medical Association, as the active representative of the medical profession of British Columbia, there is none that has surpassed its efforts in the matter of Health Insurance in this Province. When history comes to be written, more objectively perhaps than is possible today, we believe that it will be acknewledged that the B. C. Medical Association performed a signal service, not only to the doctors of B. C. but to the public as a whole, and to constituted government.

Health Insurance has been a vexed question for nearly thirty years. The question was first raised as one for active discussion about 1922 or 1923 and at that time it came under discussion chiefly among the members of the medical profession. B. C. was, we believe, the first province to consider it seriously. In 1924, the Executive of the Association sent Dr. J. H. MacDermot to Ottawa to speak before the meeting of the Public Health Officials of Canada. He read a paper on Health Insurance which was published in the Canadian Medical Association Journal.

From 1924 onward, the subject became a very active one, both in B. C. and later, in the Dominion field. The Council of the Canadian Medical Association took it up, and for years discussion raged, from an early hostility, through compromise and uncertainty, to the present day, when the attitude of the profession of Canada has been officially expressed as agreement to the principle of Health Insurance.

The British Columbia Government under the Premiership of the Hon. N. Pattullo, took the matter up vigorously about 1932 or 1933 and the question became the subject of intense public interest. The public as a whole welcomed the idea.

Dr. G. M. Weir, then Provincial Secretary, was entrusted by Mr. Pattullo with the duty of drawing up an Act to give Health Insurance to British Columbia and also was commissioned to negotiate with the medical profession and to obtain their co-operation.

Dr. Weir was a very able and sincere man—honest and anxious to be fair. He met a Committee of the B. C. Medical Association, and submitted a plan. This plan, as he submitted it, and as we understood him, was to provide for medical care for all citizens below a certain salary or wage level. The worker would pay his contribution towards the scheme. The indigent, and those who were on the border of indigency, would be included in the scheme and their dues would be paid by the Government.

The members of the Committee did not altogether like the scheme but agreed to carry on negotiations, and were even favourably disposed to the scheme on the above terms—provided the remuneration to the doctor and the conditions of service were fairly worked out. But before our second meeting with Dr. Weir could be arranged, we learned that the Government had refused entirely to pay the dues of those persons who through lack of earning power were unable to pay either dues or medical fees. We were still to be responsible for their medical care but we were to lose a large part of our income by accepting a reduced fee for treating people on salary or earning wages.

For two years the discussion and interchange of views continued; our Committee, under the most capable direction of Dr. Wallace Wilson, held meetings with Dr. Weir and his representatives, with actuaries and with business men. Little or no progress was made—the gap between what the Government was prepared to offer and our minimum requirements, could not be bridged. The per capita allowance of about $4.00 per patient with an extra small allowance for

surgery, meant a very great reduction in our income. As representatives of the profession, our Committee could not accept the terms of the agreement. Finally, the Government passed the Act through the legislature and appointed a Commission to operate it. We were invited to meet the Commission, for a final discussion. The latter asked us to sign the agreement. They stated that all the concessions that could be made had been made and the Government had determined its course of action.

We asked (or Dr. Wilson asked) if that was their final word. They said yes. We asked leave to confer. It was granted. The decision was unanimous to refuse to work under the proposed Act. With regret, we so informed the Commission.

We pass lightly over the unpleasant consequences. There was a great deal of turmoil in the Capital—we were met by Premier Pattullo, who had confidently expected the Act would be accepted and had been told by his advisers that the medical profession could do nothing but agree. The Act, which had passed the House, was never put into effect. For this we were freely blamed by the government.

We also received blame from the public at large who have never been told the facts of the case—a thing which some of us have always regretted and which we thought should have been done.

If the Act had been put into effect, we believe the results would have been most unsatisfactory to all concerned. The history of panel practice shows that under such a plan the quality of medical care cannot be maintained at a high level and our people are accustomed to receive and expect a high standard of medical care. The later developments of national health insurance on the English model have only confirmed our belief in this regard.

Health Insurance may be a matter of practical politics in the future, but it will have to be along very different lines from those suggested in 1934. Modern medicine, modern hospital techniques, modern social and scientific developments have been so essentially changed in the years since 1909 when Health Insurance was introduced in England, that even if it had been a good method of medical care, then, a very different plan would be necessary today. The method of introducing it one step at a time, hospital care first, with other steps, cautiously taken, to follow may eventually solve the problem of providing adequate medical care for everyone.

The Golden Jubilee Committee of the British Columbia Medical Association wish to acknowledge with thanks the cooperation extended to them by the following firms.

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THE HOSPITALS OF B.C.—1900-1950

During the past fifty years, there have naturally been a great many changes in hospitals and hospital administration—quite apart from the actual growth in size and number of the hospitals themselves.

Some of us can look back forty to fifty years, and remember the hospitals as they were then: and it may be of interest to our readers of later vintages if we give some of the details about the hospital of, say, 1900 to 1905: the Vancouver General Hospital will serve as an example, or St. Paul's Hospital of that day.

The hospital of fifty years ago served two main purposes: it took in serious accidents, emergency operations such as an acute appendix or an unusually difficult maternity case; or it admitted the case which was beyond possible care at home, and so on. Otherwise, medical men did most of their work in the home. Curettages, tonsillectomies, even appendectomies, were done in the home—and the public looked upon the hospital, in general, as a place of last resort, and feared to go there.

X-rays were very primitive and elementary, and were used almost entirely in case of fractures or foreign bodies, such as bullets or needles in the hand. The whole X-ray department of the Vancouver General Hospital for example, consisted of one small room in the basement. The tubes were always going "soft", and the pictures mostly looked like a bone in a snow storm, which obscured most of the detail of the fracture. The law-courts of the day did not think much of an X-ray picture and the juries paid even less attention to it.

There was practically no laboratory until Dr. D. B. Gillies came out here as pathologist and started one. That was about 1906 or 1907. There was a small room with some test-tubes and a one-power microscope, which the interne, if there was one, used.

Talking of internes, there was usually one somewhere about, in addition to the medical superintendent. His duties consisted chiefly of urinalyses, an occasional blood count, removal of casts, doing dressings, and prescribing sedatives and *ol ricini* at night.

Surgery was not what it is today, yet it was probably the most up-to-date department of the hospital. True, most operations were done without gloves, which were chiefly used, if at all, in the presence of pus which might be a danger to the surgeon. You paid for your own gloves, if you wanted gloves, and if you were the finicky kind, who likes to be *au fin de siécle,* as the French have it. One surgeon, proudly preparing to don his first pair of gloves (this was at St. Paul's) said to the Sister—"Sister, we'll have to send these gloves back!" "But why, doctor?" asked the Sister—"They're both left hand" was the answer.

Anaesthetics were ether, by the Clover inhaler (a true invention of Satan) or the open mask, and chloroform. The anaesthetist was any doctor you could get to give the anaesthetic—and a few men acquired a reputation as anaesthetists and so were in demand. They were apt to be experts at chloroform, of which a great deal was used most skilfully. The men from Winnipeg particularly were artists with chloroform. For a local anaesthetic, ½ to 1% cocaine was the choice usually, and we all got some bad frights occasionally with its use.

Drains were used extensively, even in clean cases, and if there happened to be pus, rubber tubes were used as well. These were irrigated frequently—sometimes every two hours, and the fluid used varied from saline to 1% carbolic or 1/5000 mercury bichloride. The patients of those days were made of a very tough material, one feels, since most of them survived—but one shudders to think of what their peritoneal cavity must have been like afterwards.

The maternity department was also small and crowded. The labour room at the Vancouver General Hospital was the small elevator room of Wards S and T, and the maternity department was just opposite the internes' dining room. There were, if we remember rightly, six or eight maternity beds.

No self-respecting obstetrician wore gloves for a maternity case, and a simple rubber apron was the correct labour room attire. If you were fussy, you put on a cotton gown over it. Chlorform was practically the only anaesthetic used, and the unregenerate among those of us who practised in those days, still feel that for a good relaxation of the perineum and as a prophylactic against the need of episiotomy and for easy use of forceps, it is a hard anaesthetic to beat. There were very few accidents with its use, one seems to remember—but perhaps, like

the sundial, one tends to remember only the sunny hours—and there were probably more than one realizes.

There was from time to time, a good deal of puerperal infection, especially in the smaller "nursing homes", cottage hospitals and the like. These were legion in those days, especially in Vancouver. People who dreaded the bigger hospitals—quite unreasonably, for they were extremely well-run for the period—were quite willing to go to some small inconvenient nursing home, usually run by some "nurse", who might or might not have been trained in a general hospital. Some of these places were atrocious. Dirty, ill-kept, crowded—it was not to be wondered at that every now and then they caught fire from some puerperal blaze of infection, which swept through the place like a flame, and in one of these places, killed four otherwise normal women recovering from their labour.

The story is told of one such hospital where a woman was being delivered—following the delivery there was rather profuse haemorrhage, and the accoucheur reached for some gauze pads to pack the wound temporarily—the matron of the institution, who was watching the procedure, cried out in anguish, "Oh don't use those, Doctor, they're sterile!"

Fortunately, these plague-spots are now things of the past—and our present laws make any such type of nursing home impossible.

As the years have gone by, the condition of hospitals has steadily improved—and the improvement is due, not to pressure from without—but to the work of those who administer the hospitals—the medical superintendents and medical staffs. Such men as Malcolm McEachern, an early superintendent of the Vancouver General Hospital, who has devoted his life to the improvement of hospitals, deserves much of the credit for this. The standards set up by the American College of Surgeons, the grading of hospitals according to case recording, the employment of interns, the adequacy of equipment, and so on, have been of the greatest advantage—and today the Grade A hospitals of B. C. are equal to any in Canada or elsewhere. Even the Grade B hospitals are, in general, most efficient, and adequate for most work done in hospitals; their deficiences are chiefly that they are not in a position to employ internes, or do complete recording of cases. In the latter connection, some tribute should be paid to Mr. J. Fish, who for years was Director of the Case Records Department of the Vancouver General Hospital, and brought this department to a very high level of perfect. He is, in addition, an encyclopaedia of knowledge of all things pertaining to the history of the hospital. Today the major cities of B. C., Vancouver, Victoria, New Westminster, Prince Rupert, have large and fully modern hospitals: well-staffed, well-equipped, and competent to handle any operation or treatment known to medical science. There are one or two special institutions, such as the T.B. Institute, and the Children's Hospital in Vancouver, the T.B. Preventorium, also in Vancouver, the Solarium in Victoria, which devote themselves to special types of work. As time goes on, we may expect to see Women's Hospitals, Hospitals for Eye, Ear, Nose and Throat, Hospitals for Industrial Cases and so on.

This sketch, however, would not be complete without some reference to a remarkable chain of small hospitals that came into being in British Columbia as the realization of one man's idea. The man in question was the Rev. John Antle, D.D., an Anglican clergyman, who had a parish in Vancouver at the turn of the century, just about fifty years ago.

In 1904, John Antle was down at the Union Steamship's Vancouver wharf one day, when the old Cassiar, then the main means of communication between Vancouver and the various logging and mining camps of the coast, came in to port. On it were four badly injured men, two dead, and the others in critical condition. They had been hurt in logging camps—one of them had lain a week in camp before the boat came in to pick him up—others several days. Mr. Antle was shocked by this sight, and especially did it shock him when he thought that their lives might all have been saved, and much of their suffering prevented, if there had been a hospital within easy reach. At that time, there were no hospitals between Vancouver and Bella Bella, some five hundred miles or so north.

Antle (who died recently at the age of 84) was a Newfoundlander, born in the Crow's Nest, as they say there—used to ships and the designing and handling of them. He conceived the idea that since it was so difficult and dangerous to bring injured men to Vancouver, some means should be found of taking the hospital to them. He was a man of immense vigour and energy, and he set to work immediately. By one means or another, he interested business

VANCOUVER GENERAL HOSPITAL, 1900

men and those who were philanthropically inclined, in his idea. The Hastings Sawmill, wihch had great logging claims in operation at Rock Bay, agreed to help. In 1905 they put up a frame building, which became Queen's Hospital. An English nurse, Miss Franklin, was put in charge and rapidly became an authority amongst the loggers. At first, there was no doctor. Mr. Antle designed and built a hospital ship, the M. S. Columbia, a roomy and able craft, and skippered it himself. Dr. W. A. B. Hutton, a Manitoba graduate, acted as ship's doctor.

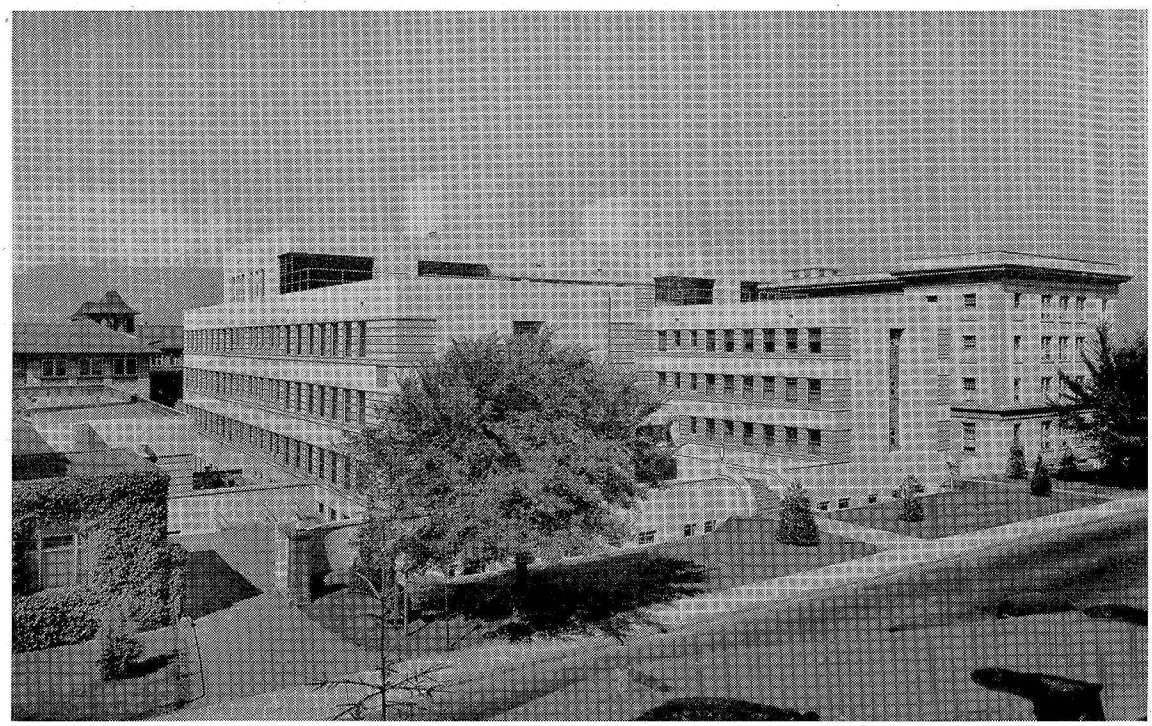
Later, Dr. D. P. Hanington became the medical superintendent of Queen's Hospital.

In 1909, St. George's Hospital was opened at Alert Bay, on Cormorant Island, at the northern extremity of Vancouver Island. Dr. M. D. Baker was the first medical man there. In this same year, Columbia Hospital was opened at Van Anda, on Texada Island. It was an old dance hall, and after conversion made an excellent hospital. Dr. J. H. MacDermot, now of Vancouver, was the first incumbent.

The latest of the chain was St. Mary's Hospital at Pender Harbour, a 17-bed institution which serves a large area.

Time will not allow us to enlarge on the work of these hospitals of the Columbia Coast Mission; but to any one with imagination, this must appear as one of the greatest contributions ever made to the well-being of the Coast. It meant safety and relief for the workmen in logging and mining camps. The hospital ships (there were more than one) acted as transport—would go anywhere at any time, in any kind of weather, to pick up sick and injured people. As a result of the hospitals, men could take their wives and families, in confidence that they would safe, up into all parts of the Coast.

Hundreds, yes thousands of people now live in safety and comfort in all parts of the great Coast areas of logging and mining operations. All the hospitals have been well-equipped and staffed—X-rays, laboratories, operating rooms, labour rooms, are available. The work done has been of the greatest value. Like Grenfell, of Labrador, Antle, of British Columbia and his hospitals and hospital ships have brought mercy and comfort, safety and health, to ten thousand people or more who live in widely scattered and hitherto mostly isolated areas.



RECENT ADDITION, VANCOUVER GENERAL HOSPITAL, 1950.

Yes, the hospitals have grown, in number and in stature. The modern hospital, with its education facilities, its nurses' training schools, from which come public health nurses, social service nurses, to act as centres of medical education wherever they go—its accurate case records, its magnificently equipped laboratories and X-rays—is very different from its progenitor of fifty years back—and is a gauge of the advance of medicine as a whole.

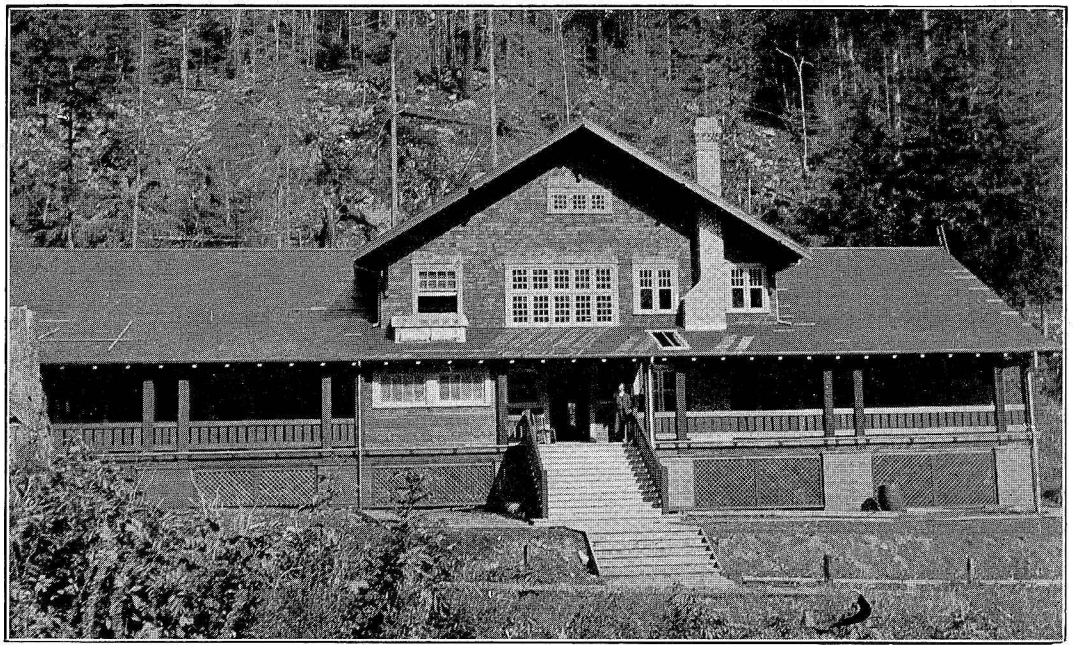
(We append to this a note on the hospitals of the United Church, in B. C., written by the Rev. S. S. Osterhout. These hospitals, with their hospital ship, perform the same service as those of the Columbia Coast Mission, but cover an area further north. The names of Darby and Wrinch will always stand for devoted service and highest standard of medical work.)

HOSPITALS OF THE UNITED CHURCH IN BRITISH COLUMBIA

The following points have been favoured by the services of highly trained medical men and nurses, graduates mainly from the outstanding Medical Universities and Hospitals in Canada, for the past fifty years.

Port Simpson, not operating as a hospital, but still first in a historical sense, as it was here that Albert E. Bolton, in 1888, with no commission from any Society or Communion, moved by the great need in the condition of a people just moving out of heathendom and dependent exclusively upon the cruelty and deception of the Halaidum Swanshk, (Evil Dancer), rolled up his sleeves and began a service to the Tsimshean Tribes, the Nishgas, the Haidahs and the Thlingets, (the Alaskans), all unknown by the outside world. Like the missionaries of those days he made a study of the language of the Port Simpson people, mastered it and found later that the language was a most valuable possession for the diagnosis and treatment of disease. The Methodist Church recognizing the value of Dr. Bolton's services soon assumed responsibility for the payment of his salary and the building and upkeep of his Hospital. An auxiliary building was provided also at Port Essington where his work and that of a few of his well trained nurses carried their services to the thousands of Indians who gathered there for the fishing of the Summer seasons.

Bella Bella (R. G. Large Memorial Hospital), now in charge of George E. Darby,



IN THE PAST 50 YEARS, HOSPITALS THROUGHOUT THE PROVINCE HAVE STEADILY IMPROVED.

B.A., M.B., D.D. He succeeded Dr. Large who founded the Hospital at Bella Bella and was later transferred to Port Simpson when Dr. Bolton retired to Vancouver. Dr. Darby excelled as a doctor, a surgeon, a justice of the peace: he possessed fine gifts for leadership and after more than twenty years of faithful service witnessed a significant change in the social life of the people. Tempting offers were held out to him but with no result. With the aid of a gasoline motor and the support of a portion of his staff he carries on the work among the fisher folk at Rivers Inlet where a fine auxiliary Hospital is maintained during the Summer months.

Hazelton (Horace C. Wrinch Memorial Hospital). Dr. Wrinch is remembered as the "Surgeon of the Skeena". He was the Gold Medalist of his class at Trinity College, Toronto. Being of a religious and missionary temperament, he went straight to the office of Rev. Dr. Alexander Sutherland. General Secretary of Foreign Missions of the Methodist Church to find the place of greatest need in the missionary field. Dr. Sutherland described the Upper Skeena, including Hazelton and the Indian village of Kishpyox, separated by ten miles of forest. The missionary must cover this every morning and evening, at first with a strong St. Bernard dog as companion and helper, the dog later succeeded by a span of horses as his territory increased to include other villages. His reputation as "Surgeon of the Skeena" became more widely known, on the merits of his heroic efforts to meet the needs of the district ever widening, as opposition and heathendom gave way before the skill of modern medicine and the miracles of the skillful surgeon won amazing victories of the well-directed knife, until after nearly forty years of service, a well equipped concrete structure just outside Hazelton, a Nurses' Home, and the residence of the Medical Superintendent, stand as monuments to the man who sought the field of greatest need in missionary service. Space permits only the mention of Dr. Wrinch, M.D., D.D., J.P., M.L.A., "Not a Politician, a Statesman"—(Hon. Justice Manson.)

Bella Coola. On a smaller scale than those just mentioned, beautifully situated at the mouth of the river of the same name, ministering to three distinct communities—Indian, Anglo-Saxon and Scandinavian — the last named being ten miles or more up the river. Judging by reports of the three nationalities, all are more than pleased with the services they are receiving. A spirit of optimism is manifested by all and here may be worked out some valuable suggestions for the framers of world or universal peace.

Queen Charlotte City. In addition to the thorough training given to medical men and women who constitute the permanent staff

of any of our United Church Hospitals, great care is exercised in choosing those who possess especially the spirit of willing sacrificial service. Conditions, as we find them in all out institutions are such as to discourage any others who enter the work. That requirement lacking, disillusionment soon follows, the worker soon abandons the undertaking altogether.

Thomas Crosby IV. This little ship, successor to a long line of service boats from the employment of the Glad Tidings, by Rev. Thomas Crosby, in November, 1884, a little steamer 71 feet over-all and 14 feet beam, built by William Oliver and commissioned to not only carry the missionary or missionaries over a coast seven hundred miles long but to visit lighthouses, Indian villages, lumber camps and scattered settlers anywhere who would welcome a visit from the Gospel ship.

In normal times, a medical man has been appointed to the Crosby and visits are made by him wherever the boat calls on her regular visits. Any serious cases of illness are taken on board and conveyed to the nearest hospital. Many lives have been spared in this service and many rescued people have kind thoughts and express their appreciation of the timely help they have received. "Never pass by a lighthouse" is a motto used in this arm of missionary work and the wisdom of the advice has been sufficiently proven on many occasions.

Burns Lake. This little Hospital was opened in 1932. The forerunner was established in the year 1919, at Francois Lake, in an area of 200 square miles then without a medical man. Burns Lake was a much more advantageous location, convenient by train for the doctor and nurses. This Hospital has been maintained by the W. A. of the church but by no means does it represent the amount of medical interest of that body of workers. Nurses have been supplied for the buildings above described and women of character and ability have given their full strength and skill to the Hospital service of the church everywhere.

CANCER CONTROL

On 25th March, 1935, at the request of the British Medical Association, six men met together in Vancouver to discuss the questions of cancer control in the Province of British Columbia.

They were Dr. G. F. Strong and Dr. H. H. Milburn of the B. C. Medical Association, Mr. W. C. Ditmars and Mr. W. J. Twiss representing the Vancouver Board of Trade Health Bureau, and Mr. N. C. Levin and Dr. B. J. Harrison of the Greater Vancouver Health League. This meeting was the result of a decision by the B. C. Medical Association that some move should be made in order adequately to investigate the social and therapeutic problems of people actually suffering from cancer.

Early in June of the same year an invitation to attend a luncheon went out to some sixty of Vancouver's prominent citizens. The invitation began this way. "The appalling situation as regards the Cancer problem in British Columbia is briefly set forth in the enclosed leaflet"— and it went on to explain that in order to consider what might be done to alleviate this condition a committee, composed of the above six men, had been formed. This Committee unanimously recommended that a Province-wide organization be inaugurated to institute a concerted drive against Cancer.

Thus, the British Columbia Cancer Foundation was founded and it was incorporated under the Societies Act, Mr. T. S. Dixon presided over this inaugural meeting. Many of the public-spirited people who attended the luncheon expressed their willingness to stand behind the movement and help attain its objectives which were the establishment of a proper system of cancer control in British Columbia and the raising of money and equipment to enable this ideal to be reached.

The Foundation consisted essentially of business men and medical men. The medical men acted mainly in an advisory role and the business men were the fund-raisers. The first President of the Foundation was Mr. E. W. Hamber, later Lieutenant-Governor of the Province.

One exciting day in 1936, through the offices of the Provincial Government, 3½ grammes of radium were bought, shipped from New York on May 12th and stored in the vaults of the Dominion Bank.

By April, 1937, the Cancer Foundation had outlined a scheme for the control of Cancer. It aimed to establish a central provincial institute in a new building sufficiently close to the General Hospital to enable it to buy some of the Hospital's ancillary services while retaining its complete autonomy. A number of subsidiary centres were to be established throughout the province, in the smaller centres, for diagnosis and minor forms of treatment.

The money necessary for this scheme was to be collected by public subscription, with the hope that the government would contribute dollar for dollar or pay for the erection of a building for the Central Institute. There was difficulty in agreeing upon a suitable date for the initiation of an appeal to the public. The minimum sum needed was $5,000. At this time, apart from the money received from the Government to help with the purchase of the 3½ grammes of radium, donations amounted to $3,932 including a sum of $2,000 received from the Rotary Club of Vancouver.

In July, 1937, Dr. Strong reported on the proposed formation of the Canadian Society for Control of Cancer with branches in each Province and suggested that Dr. Routley and Mr. McEachern be invited to explain this proposed Society at a meeting of the Foundation. A resolution was adopted authorizing Dr. Strong to convey to the Canadian Medical Association Cancer Study Committee the fact that the British Columbia Cancer Foundation was anxious to co-operate. As a result the B. C. Branch of the Canadian Cancer Society was formed.

The Chairman of the Board of Directors of the B. C. Cancer Foundation who have occupied this position since its inaugural meeting are as follows:

Mr. T. S. Dixon, who presided at the Inaugural meeting.
Mr. W. J. Twiss, July 1935-October 1935.
Mr. Harold Brown, October 1935-April 5, 1937.
Colonel E. B. Westby, April 16, 1937-March 4, 1938.
Mr. W. H. Malkin, April 21, 1938-October 9, 1945.
Mr. H. S. Foley, October 9, 1945-September 5, 1947.

Mr. R. B. Buckerfield, September 5, 1947-October 5, 1949.

Mr. A. H. Williamson, October 5th, 1949.

Still we had no building. But, in May 1938, an anonymous donor gave $50,000 to the Cancer Foundation for the setting up of an Institute where patients could receive radium treatment. Other generous donations were received during that year and, with the assistance of the Vancouver General Hospital, which provided essential services free, the Board of Directors were able to obtain a house at 685 West 11th Avenue in Vancouver to serve the purpose of an Institute. One gramme of the 3½ grammes of radium were sent to be processed and on Saturday, November 5, 1938 His Honour the Lieutenant-Governor of the Province, officially opened the British Columbia Cancer Institute. The first patient was admitted on November 7th.

The staff of the Institute at that time numbered **three**—Dr. A. Maxwell Evans and Miss Dorothy Findley, with Miss Olive Kennedy as the first secretary. Both Dr. Evans and Miss Findley had been in Europe studying radiotherapy and the treatment of cancer; Miss Mindley had returned to Vancouver in 1936 and Dr. Evans in 1938, and they were the obvious people to man this new project in Vancouver.

An honorary consultant staff representing the various specialties in medicine and surgery was appointed by the B. C. Medical Association, and this staff continues to be appointed annually by the Association. A weekly clinical conference of the entire medical staff is held in the Institute at which special cases are presented and discussed.

The war intervened. Dr. Evans went overseas with the R.C.A.M.C. in 1941, Miss Findley in 1942. But they were back again in 1945 since which time the B. C. Cancer Institute has moved steadfastly toward its goal. Now the staff consists of 3 physicians; 3 full-time radiologists and 1 part-time; 8 nurse radiological technicians; 2 physicists; 2 public health nurses, and a clerical staff of twenty-six doing medical records, secretarial work and administration.

On 14th December, 1949, a Nursing Home with 14 beds and a staff of 4 nurses, 1 cook and 3 ward-aids was opened so that cancer patients could be accommodated while undergoing treatment or observation. This nursing home was made possible by a grant from the Canadian Cancer Society, B. C. Division.

Now the Dominion Government gives a yearly grant for Cancer Control. In order to qualify for this the Provincial Government has to put up a like amount. Out of the combined sum the running expenses of the Institute and the Boarding Home are paid.

The Cancer Institute believes that in British Columbia we have a body of men and women, both professional and lay, whose purpose and integrity are such that the problem of cancer is being encountered with determination and energy.