THE

BULLETIN

OF

The Vancouver Medical Association

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*Zimmerman, F. T.:
Am. J. Psychiat. 109:767, 1953.

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Monday, 8:00 a.m.—Orthopaedic Clinic.
Monday, 12:15 p.m.—Surgical Clinic.
Tuesday—9:00 a.m.—Obstetrics and Gynaecology Conference.
Wednesday, 9:00 a.m.—Clinicopathological Conference.
Thursday, 9:00 a.m.—Medical Clinic.
12:00 noon—Clinicopathological Conference on Newborns.
Friday, 9:00 a.m.—Paediatric Clinic.
Saturday, 9:00 a.m.—Neurosurgery Clinic.

ST. PAUL'S HOSPITAL

Regular Weekly Fixtures

2nd Monday of each month—2 p.m. ..... Tumour Clinic
Tuesday—9-10 a.m. ..... Paediatric Conference
Wednesday—9-10 a.m. ..... Medical Clinic
Wednesday—11-12 a.m. ..... Obstetrics and Gynaecology Clinic
Alternate Wednesdays—12 noon ..... Orthopaedic Clinic
Alernate Thursdays—11 a.m. ..... Pathological Conference (Specimens and Discussion)
Friday—8 a.m. ..... Clinico-Pathological Conference (Alternating with Surgery)
Alternate Fridays—8 a.m. ..... Surgical Conference
Friday—9 a.m. ..... Dr. Appleby's Surgery Clinic
Friday—11 a.m. ..... Interesting Films Shown in X-ray Department

SHAUGHNESSY HOSPITAL

Regular Weekly Fixtures

Tuesday, 8:30 a.m.—Dermatology.
Wednesday, 10:45 a.m.—General Medicine.
Wednesday, 12:30 p.m.—Pathology.
Monday, 11:00 a.m.—Psychiatry.
Friday, 8:30 a.m.—Chest Conference.
Friday, 1:15 p.m.—Surgery.

BRITISH COLUMBIA CANCER INSTITUTE

2656 Heather Street
Vancouver 9, B.C.

SCHEDULE OF CLINICS—1953

MONDAY—9:00 a.m.-10:00 a.m.—Nose and Throat Clinic.

TUESDAY—9:00 a.m.-10:00 a.m.—Clinical Meeting.
10:30-12:00 noon—Lymphoma Clinic.

THURSDAY—11:00 a.m.-12:00 noon—Gynaecological Clinic.

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The Editor's Page

This issue of the Bulletin is intended to commemorate one of the greatest events in the medical history of British Columbia—the granting of the degree of Doctor of Medicine to the first graduates from the Faculty of Medicine of the University of British Columbia. This is a matter of intense pride and satisfaction to all citizens of British Columbia, and in no lesser degree, we think, it is important to the whole of Canada: for it marks the beginning of a steady stream of well-trained medical men and women, made available to the whole medical structure of our country.

To these graduates, who, through years of hard and conscientious work, have so well earned the honour that is theirs, we extend not only the congratulations that they so deserve, but also our heartiest and most sincere welcome into the ranks of the medical profession, as our colleagues and professional brothers. Some of us, who speak from many years in medical practice, can assure them in no uncertain terms that they have chosen well and wisely, when they entered this sphere of activity—and as the years roll by, they will find increasing happiness and satisfaction in their profession. It is not an easy profession to serve—it entails sacrifices, it calls for all that is best in a man or woman, patience and endurance and integrity, and most of all, sympathy and understanding. But, with all this, it is still, in our humble opinion, worth all that it demands of us, and through the ages, the term "Good Physician" has stood very high in men's esteem.

And they are graduates of no mean school—rather they come from a school recognized by the leading authorities in medical education as second to none. Their school is one of which they can be very proud now, and of which they will be prouder as the years go by. We have yet no million-dollar medical buildings, these are yet to come—our photographs in this issue show no massive triumphs of architecture—but it is not in buildings that the greatness of a school lies—it is in the hearts and minds and devotion of its Faculty—and the U.B.C. medical school has all of these in ample supply.

Here we would like to tell a little story. In getting photographs for this issue, we asked your Dean whether we could include one or two of the big buildings associated with medicine, but not primarily medical buildings. His answer is worth recording, we think. He said in effect, "We have no big buildings as yet—but I would rather show the buildings we have, where the students actually do their work"; the small frame buildings he meant, where you started. It was exactly the right answer. He and his staff took what they were given, and out of it they have made a medical school, the equal of any. So we pay tribute to them, too.

This school is the fruition of the hopes and efforts of many men—it did not just come into being suddenly—many of our leaders of the past worked for it, and hoped for it, and did constant battle for it—many of them have gone on, and are not here now to rejoice with us in its success. But they did their share, and deep in the foundations of this solid and enduring structure which we now admire, and in which we rejoice, are the foundation stones laid by the work and effort and faith of these men. So let us think of "our fathers that begat us", and in passing, pay them the tribute that is rightly theirs.

MINISTER OF NATIONAL HEALTH AND WELFARE

OTTAWA, CANADA

May 17th will be remembered as an important date in the life of this province, for it marks the graduation of the first class from the Medical School of the University of British Columbia. I welcome this opportunity of extending, through the medium of the Vancouver Medical Association Bulletin, my warmest congratulations to this year's graduates and to all who have had a part in establishing Canada's newest Faculty of Medicine.

There can be no question that the teaching facilities in medicine which have now been set up at the University of British Columbia will fill a long-felt need, not only for British Columbia and the Western Provinces, but for all of Canada. These added teaching facilities will help significantly in alleviating the shortage of physicians while, at the same time, maintaining the high standards of training and skill that are so characteristic of Canada's medical profession.

The establishment of a Faculty of Medicine at the University of British Columbia is a notable addition to this great Institution. I feel confident that graduates of this, its first class, will begin a bright, new chapter in an academic tradition that has won an honoured place in the life of this country.

Paul Martin

THE GOVERNMENT OF
THE PROVINCE OF BRITISH COLUMBIA

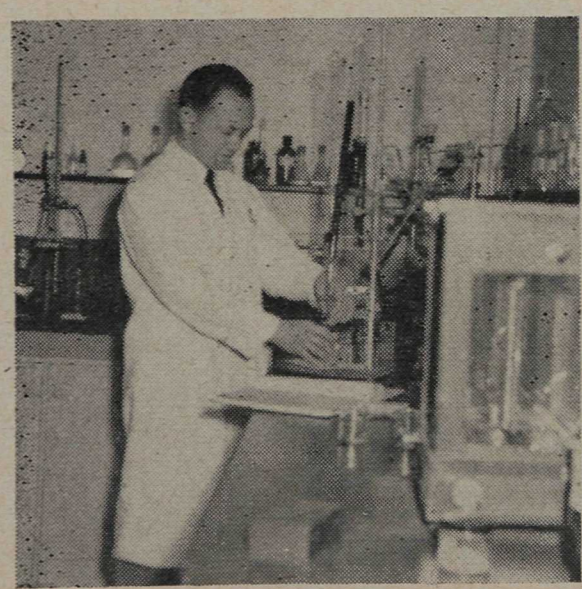
MINISTER OF HEALTH AND WELFARE — VICTORIA

It gives me a great deal of pleasure to extend congratulations on behalf of the Government of British Columbia to the members of the University of British Columbia Medical School graduating class.

As you are the first medical graduates in British Columbia, you are living symbols of the tremendous growth and vitality characteristic of our province. Your training has been of very high standards, and as you take your place in the medical profession, I am sure you will command respect.

I wish to extend my heartiest congratulations to you, and express the wish that your future will be successful and rewarding.

Eric Martin
Minister of Health and Welfare



Dr. Palgrave
Biochemical Research

Dr Zbarsky
Radio Active Laboratory

UNIVERSITY OF BRITISH COLUMBIA

OFFICE OF THE PRESIDENT

April 26th, 1954.

Dr. J. H. McDermot,

Editor, The Bulletin of the
Vancouver Medical Association,

3195 Granville Street,

Vancouver 9, B.C.

Dear Dr. MacDermot:

I should like to express to all readers of The Bulletin, the pleasure and gratification which members of the University of British Columbia feel on the occasion of the graduation of our first class in Medicine.

The establishment of a Faculty of Medicine is a particularly important development in the life of any university. It has been a source of great gratification to all of us in the University to work with the excellent Faculty which Dean Weaver has managed to assemble in a relatively short space of time.

It has equally been a matter of gratification to enjoy the support which has been given to the Faculty by the medical profession in British Columbia, and by those sections of the public interested in medical education.

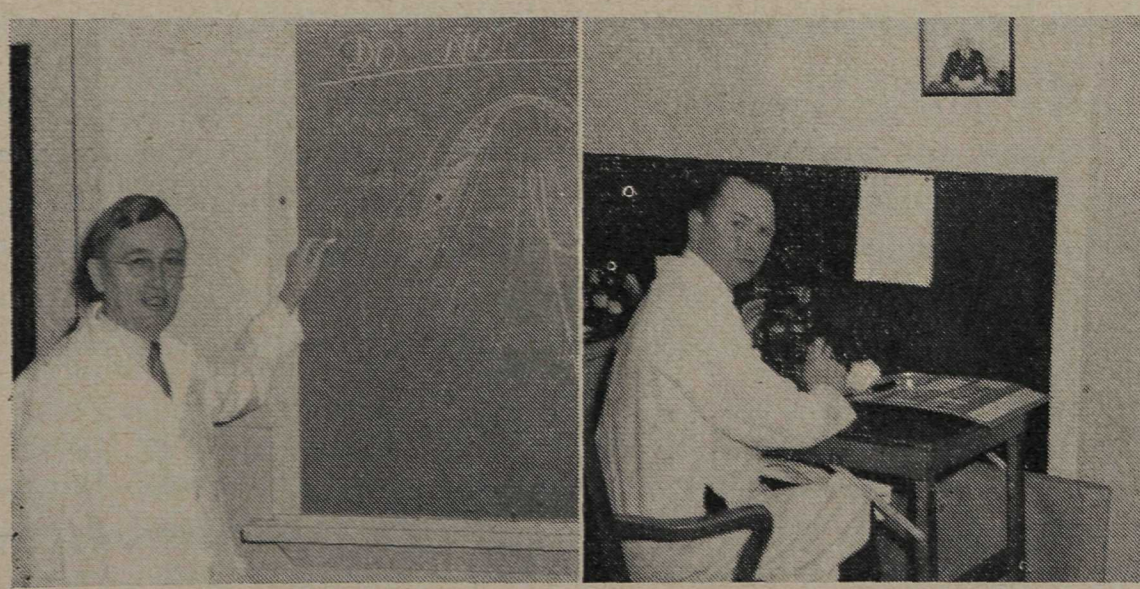
Quite apart from the professional work which the Faculty is pursuing, I would like to lay considerable emphasis on the general cultural contribution which members of this Faculty make to the University community.

For all these reasons, I should like to take this opportunity of expressing on behalf of the Board of Governors and the Senate of the University, the very great pride we take in making this particular contribution to the welfare and health of the Province.

Yours sincerely,

N. A. M. MacKenzie

Myron M. Weaver, A.B. (Wheaton), M.S., Ph.D., M.D. (Chicago), F.A.C.P., F.R.C.P.(C), Dean of the Faculty of Medicine, University of British Columbia



Dr. Edgar Black lectures in Physiology.

Dr. William Gibson at his microscope.

TO THE FIRST GRADUATING CLASS
UNIVERSITY OF B.C., 1954

It is my privilege on behalf of the Canadian Medical Association to extend to the Dean and the Department of Medicine, University of British Columbia, our sincere congratulations on this unique occasion, and to you, the members of the first graduating class in medicine, the C.M.A. extends its congratulations and best wishes.

It is a great undertaking to organize and to staff a medical school on so high a level of excellence as yours has proven to be. It is an ambition fulfilled and an achievement accomplished. To you of the graduating class it is a challenge to meet and even surpass the standards of the older medical schools across Canada. I am sure you are qualified to meet the occasion and to do honor to your University and its Medical Staff.

Recently a prominent University President remarked that the greatest advertisement a University receives is through the medium of its medical school. If this statement is accepted as a fact, it places an additional responsibility on each and every one of you, for the good name, and therefore the future of your school, will to a large extent depend on the calibre and behaviour of the students it graduates. I am confident you will be equal to the responsible task for which you were trained and which you will presently assume both as medical doctors and Canadian citizens.

There are many factors which contribute to the success of a medical practitioner, of these I believe two are most important. One is knowledge, the other is personality. In the competitive field of medicine, to possess a fund of knowledge is in itself not enough if you are lacking in human understanding and natural sympathy towards your patients. The easiest opposition you can encounter, even with inferior knowledge, is the man who lacks personality and a willingness to serve his people at all times. The young doctor who is reasonably well equipped with knowledge and who is endowed with a pleasing personality will succeed wherever he chooses to practice. It has been my observation that he will soon outstrip his more learned colleague who contributes nothing but his learning to his patients and to his community.

The greatest attribute any medical man can possess is integrity. If you are honest with yourself and with your patients you will be respected in your community and by your medical colleagues, and you will make few or no inexcusable mistakes. Never feel that it is undermining your own prestige to seek more experienced consultations when such are even remotely indicated. By so doing, your patients will develop on your behalf a sense of security and trust which nothing else can replace.

The best wishes of the Canadian Medical Association go with you in this, your new undertaking and accomplished ambition to serve the people of Canada. It has been a long, hard struggle but you will find it worth the years of study and the strenuous effort.

DR. C. W. BURNS,

President—C.M.A.

On behalf of the College of Physicians and Surgeons may I extend congratulations to you, the first graduating class in Medicine at U.B.C. This is indeed an historic occasion and will not be repeated in British Columbia. Likewise, the University Authorities and the Faculty of Medicine deserve much credit for a difficult task that has been well done.

You will presently enter the ranks of a great and honourable profession. From time immemorial legions have contributed to this greatness in terms of loyalty, understanding and service to mankind. No other calling can surpass these qualities. In a very real sense you are about to become custodians of this great heritage. For the next generation, the responsibility will be yours to see that the standards and ideals in the Art and Science of Medicine are held high.

May that satisfaction that is born of service well rendered ever be yours.

Sincerely,

ROY HUGGARD, *President,*

COLLEGE OF PHYSICIANS AND SURGEONS OF B.C.

B.C. DIVISION CANADIAN MEDICAL ASSOCIATION

It is a pleasure to extend congratulations to the graduates of Class '54 on this historic occasion—the graduation of the first class in Medicine from our own University. We have waited many years for this event, and already the impact of a medical school is being felt throughout the Province. The value of its contribution for the years to come, in new graduates and in scientific leadership, cannot be over emphasized.

In welcoming you to the ranks of practising physicians, I want to take the opportunity, to impress on you the importance of your Provincial Medical Association. The B.C. Division of the C.M.A. is here to serve you in any way possible, as you face the problems of beginning practice. The executive secretary, Dr. Gordon Ferguson, will be able to give you a wealth of information on such things as standard fees, prepaid medical schemes, Workmen's Compensation, medical ethics, etc.

May I also point out that you have a duty towards your Association. It is only by the support and participation of all the doctors of the Province, that we can properly accomplish our objectives. Let me therefore urge you to join our ranks, and actively interest yourselves in the affairs of organized medicine.

R. G. LARGE, M.D., Pres., C.M.A., B.C. Div.

GOOD WISHES FROM OTHER SCHOOLS IN CANADA

These extracts are from letters written to the President of the Medical Undergraduate Society of the U.B.C.

From—Dr. J. B. Collip, Dean of Medicine, University of Western Ontario:

". . . Extend congratulations to the Graduating Class . . . on having successfully completed your medical course, and best wishes for the future."

From—Dr. J. A. Macfarlane, Dean of Medicine, University of Toronto:

". . . Our best wishes to you . . ."

"The Students and Staff of the Faculty of Medicine in the University of Toronto salute the Medical Undergraduate Society of the University of British Columbia. . . ."

From—Dr. A. L. Richard, Dean of Medicine, University of Ottawa:

". . . My congratulations to the first graduates and my best wishes of success. . . ."

"Our sincere congratulations also to your Dean and Faculty. Their courage, ideals, work and sacrifices have been responsible for this achievement. . . ."

From—Dr. G. Lyman Duff, Dean of Medicine, McGill University:

". . . We are delighted to send our congratulations to the first graduating class in Medicine from our sister University. . . ."

From—Dr. G. H. Ettinger, Dean of Medicine, Queen's University:

". . . We congratulate the University of British Columbia on bringing its first class of medical students to graduation. We wish the members of that class success and happiness in their profession. . . ."

From—Dr. H. G. Grant, Dean of Medicine, Dalhousie University:

". . . We would like you to know that already your Medical School has gained a high reputation throughout Canada. . . ."

From—Dr. J. W. MacLeod, Dean of Medicine, University of Saskatchewan:

". . . The best of wishes as your first graduating class embarks on its exciting professional voyage. We are three years behind you, but you have left a good chart: your fine spirit has been contagious, and as frank admirers we salute you. Godspeed! . . ."

From—Dr. Wilfrod Bonin, Dean of Medicine, Universite de Montreal:

". . . I am happy to extend greetings to the first class which will graduate in medicine from the University of British Columbia.

"First graduates of a young and brilliant Faculty, may you be always inspired by the ideal of contributing to the advancement of your ALMA MATER, to the progress of medicine, and to the welfare of your magnificent Province. . . ."

From—Dr. John W. Scott, Dean of Medicine, University of Alberta:

". . . We are very happy, in this medical school, to have our sister school in British Columbia assume such an important place in the field of medical education in Canada.

"May we extend to you our best wishes and congratulations. . . ."

From—Dr. Charles Vezina, Dean of Medicine, Universite Laval, Quebec:

". . . Would you be kind enough to offer my best wishes to your students. . . ."

FACULTY OF MEDICINE
UNIVERSITY OF BRITISH COLUMBIA

The graduation of the first class in Medicine from the University of British Columbia will take place on May 17th. It will be a happy occasion not only for the nearly three score young men and women who will receive their M.D. degrees, and for their relatives and friends, but also for all those in British Columbia whose vision contributed to the establishment of this newest Faculty of Medicine in Canada. It will be an occasion long to be remembered also by a Faculty which has devoted itself unsparingly to the task at hand and has produced within the period of five short years a progressive and fully accredited medical school.

Some significant events in the planning for a Faculty of Medicine of the University of British Columbia over the past decade are worthy of mention.

Although a medical school had been envisaged from the inception of the University, a familiar combination of circumstances militated against action. However, much thought was given in the latter days of World War II to the need for starting the medical school at the University. This was not judged solely on the basis of the requirements of returning veterans, although it was realized that places in the established medical schools of Canada would be in short supply for some time after the war ended. With a Faculty of Medicine in British Columbia some of those who had contributed to the defence of their country would have the opportunity to become physicians who would be denied the privilege otherwise. But there were other important considerations.

It was realized that a unique opportunity was presented to the University to establish a medical school which would serve the province in many ways besides producing qualified practitioners of medicine. British Columbia had grown rapidly in population and there was every reason to believe this growth would continue. There would be increasing need for individuals trained in all the health professions and a Faculty of Medicine would play an important role in the required training programmes. There would be need for a diagnostic and treatment centre such as rarely is found except in association with a first class medical school. Not only the physicians in British Columbia but the public as well would assuredly benefit from the educational programmes which are sponsored by a medical faculty. There would be leadership and co-operation in matters of preventive medicine and public health. Finally, and very importantly, there could be the development of medical research on a plane which is usually not achieved except in conjunction with a medical faculty.

With such considerations in mind, in January, 1944, the Committee on Medical Education of the British Columbia Medical Association, under the chairmanship of Dr. K. D. Panton, presented a brief to President Klinck of the University of British Columbia and to the Honourable H. G. T. Perry, Minister of Education, advocating that a Faculty of Medicine be established. On behalf of the University, the Senate in March of the same year, established a Committee on a Faculty of Medicine under the chairmanship of Dean J. N. Finlayson. Joint meetings of the Committees followed.

When Dr. N. A. M. MacKenzie became President of the University in 1944, he and the Honourable Eric W. Hamber, who was then Chancellor, determined that a thorough study should be made of the problems to be faced should a medical school be established.

The Honourable John Hart, who was Premier, and members of his Executive received a delegation made up of representatives from the University and from the B.C. Medical Association in January, 1945. The hearing was a sympathetic one and the Legislature subsequently provided a capital grant to provide for the beginning of a medical school.

Two surveys in medical education were conducted in 1946 to assist and advise the Senate and the Board of Governors of the University, who were responsible for the

decisions in connection with the establishment of the Faculty of Medicine. On behalf of the University, Dr. C. E. Dolman surveyed leading medical schools in both Canada and the United States. Dr. G. F. Strong performed a similar service on behalf of the B.C. Medical Association. In addition, the University invited to Vancouver a distinguished group of experts on medical education drawn from both Canada and the United States.

With these surveys and the consultants' reports and recommendations in front of them, the Senate of the University on November 27, 1947, decided "That the establishment of a Faculty of Medicine be planned with the ultimate objective of locating the Faculty of Medicine as a unit on the University campus. That in the meantime, if it is impossible to establish it on the campus, the pre-clinical years be given on the campus and the clinical instruction be provided in existing hospitals when, in the opinion of the Senate and the Board of Governors of the University, the facilities are considered adequate."

Dr. Myron M. Weaver, who at the time was Assistant Dean of Medical Sciences at the University of Minnesota Medical School, was invited to become Dean of the Faculty of Medicine in February, 1949. He reported to take up his new responsibilities at the University of British Columbia on July 1st of the same year and immediately addressed himself to the problems of curriculum planning, admissions procedures, recruitment of faculty, and the preparation of lecture rooms, laboratories and other facilities for the basic science departments on the University campus.

The Board of Directors of the Vancouver General Hospital had indicated at an early date its willingness to set aside beds for the clinical instruction of students. This generous offer was now accepted by the University so that, at the same time the Departments of Anatomy, Biochemistry, Pathology, Pharmacology, Physiology and Public Health were being established or planned for on the University campus, the Departments of Medicine, Obstetrics and Gynaecology, Paediatrics, Psychiatry and Surgery were able to be accommodated or planned for at the Vancouver General Hospital.

THE FACULTY

During the past four years the twelve major departments in the Faculty of Medicine have been developed under the direction of the following Heads or Chairmen. Each has displayed a devotion to his task never surpassed in any medical school. In the order of their appointment they are:

H. Rocke Robertson, B.Sc., M.D. (McGill), F.R.C.S. (Edin.), F.R.C.S.(C), F.A.C.S., Professor and Head of the Department of Surgery.

Sydney M. Friedman, B.A., M.D., C.M., M.Sc., Ph.D. (McGill), Professor and Head of the Department of Anatomy.

Marvin Darrach, M.A. (Brit. Col.), Ph.D. (Toronto), Professor and Head of the Department of Biochemistry.

D. Harold Copp, B.A., M.D. (Toronto), Ph.D. (Calif.), Professor and Head of the Department of Physiology.

Robert B. Kerr, O.B.E., B.A., M.D. (Toronto), M.R.C.P. (London), F.R.C.P.(C), F.A.C.P., Professor and Head of the Department of Medicine.

Alec M. Agnew, M.B., M.D. (Toronto), F.R.C.S.(C), Professor and Head of the Department of Obstetrics and Gynaecology.

William C. Gibson, B.A. (Brit. Col.), M.Sc. (McGill), D.Phil. (Oxon), M.D., C.M. (McGill), Kinsman Professor and Chairman of the Department of Neurological Research.

John F. McCreary, M.D. (Toronto), Professor and Head of the Department of Paediatrics.

William Boyd, M.B., Ch.B., M.D. (Edin.), M.R.C.P. (London), LL.D. (Sask.), M.D. (Oslo), D.Sc. (Man.), F.R.C.S.(C), Professor and Head of the Department of Pathology.

James G. Foulks, B.A. (Rice), Ph.D. (John Hopkins), M.D. (Columbia), Professor and Head of the Department of Pharmacology.

James M. Mather, M.D., D.P.H. (Toronto), Professor and Head of the Department of Public Health.

George A. Davidson, M.D. (Man.), M.R.C.P. (London), F.R.C.P.(C), F.A.C.P., Professor (part-time) and Chairman of the Department of Psychiatry.

Within a Faculty which now numbers over 250 members it would be inappropriate to single out additional names although there are scores who have made extraordinary contributions in the development of the medical school. Over ninety percent of this staff serve without remuneration and the time which they donate annually to the teaching of students is well in excess of 10,000 hours.

MEDICAL SCHOOL BUILDINGS AND OTHER ACCOMMODATION

For the most part the first two years of the medical course are taught on the University campus where the Faculty of Medicine occupies well-equipped laboratories, lecture halls and offices in a group of excellent frame buildings. The Department of Public Health occupies quarters in Wesbrook Building and in the Wesbrook Building, also, the students receive their instruction in Bacteriology. Library facilities, including medical reference sections and a study area are located in the Bio-Medical Section of the University Library. The Pathology Museum established by Dr. William Boyd is already superior to many which are found in much older institutions.

At mid-point in the second year the students begin to receive a part of their instruction at the Vancouver General Hospital. This instruction includes introduction to the clinical subjects of Medicine, Surgery, Obstetrics and Gynaecology and Paediatrics.

Throughout the third year of the medical course the students spend the majority of their time at the Vancouver General Hospital where they receive lectures, attend bedside and theatre clinics, and serve as clerks while performing supervised ward work.

In the fourth year the students work in the Out-Patients' department, live-in hospital during clerkships in obstetrics, and psychiatry respectively, and participate in clinical pathological conferences and theatre clinics, to mention but a portion of their assignments.

At the Vancouver General Hospital there is a Bio-Medical Branch of the University Library where current textbooks, standard medical periodicals and reference works are readily available to both faculty and students.

In addition to the Vancouver General Hospital there are now affiliated with the Faculty of Medicine the following hospitals:

Children's Hospital
Grace Hospital
Provincial Mental Hospital
Shaughnessy Veterans' Hospital
St. Paul's Hospital
Western Society for Rehabilitation.

Within these hospitals a large proportion of the teaching is at the bedside.

MEDICAL RESEARCH

Since its beginning, the Faculty of Medicine has been acutely conscious of the importance of research. The Clinical and Basic Science Departments have embarked energetically on a wide variety of important investigation and the scientific literature

is being enriched by an increasing number of publications from the new school. During the past year, over $100,000.00 in research grants from outside agencies has been available for original studies in the various departments of the medical school. In addition, many members of the faculty have participated in investigation going on in affilated teaching hospitals.

Although there is a considerable staff of full-time research assistants the medical students are given every opportunity to participate in research activities. They may undertake original problems in fulfilment of their thesis requirement for graduation. It is hoped increasing funds will be made available to provide summer employment for the students desiring to work in the research laboratories. It is most important for the future of medicine to cultivate the inherent interests in and capacities for research discovered among undergraduate medical students.

The present is not the time to elaborate plans and programmes of post-graduate training and other educational responsibilities which the Faculty of Medicine will undertake.

The Faculty has made good progress up to this point toward many of its fundamental objectives. The undergraduate medical course is established on a sound basis. An excellent pre-clinical and clinical Faculty is organized. Facilities at the University are adequate, but temporary, and at the Vancouver General Hospital will remain cramped until a new medical school building, which is projected, is completed.

Interest at the present time focuses on the remarkable development of the past five years. The foundation has been well laid. The future can be looked forward to with confidence.

GRADUATES

FACULTY OF MEDICINE
UNIVERSITY OF BRITISH COLUMBIA

DEPARTMENT HEADS

FACULTY OF MEDICINE

UNIVERSITY OF BRITISH COLUMBIA

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THE MEDICAL SCHOOL AND LOCAL MEDICAL SOCIETIES

This spring, at the University of British Columbia, the first graduating class in Medicine will emerge from its academic cocoon. Nearly all members of the class are native sons of B.C. Most of them will remain in this Province to practise. Hitherto there has always been an annual 'return' migration of recent medical graduates who were native born or bred. They were the minority. A trickle of this migration will continue, along with some graduates from other provinces or countries. But a new, strong homogeneous group emerges next month. Twenty years hence, this class, and their successors, will be the dominant force in the medical profession of B.C. What can we do to lift them up, and strengthen their hand?

The medical students at U.B.C. represent every settled area of the Province. Through their families, the medical school is linked to many communities, large and small. But contact between the school and the medical profession at large, outside of the teaching group in Vancouver, is still ill-defined. The time is opportune for local and district medical societies to establish a friendly, firm link with the University. There is no better way, at the present time, to form this initial liaison, than by the offer of a bursary or scholarship to the medical school.

Doctors who are not recent graduates, or who have not had recent close contact with University students, may have forgotten how narrow is the gap between financial security and real poverty for many students, and medical students are no exception. A scholarship may enable a gifted student to enter his medical course, or bursary enable a needy student to complete a year.

Most medical societies have a bank balance that is sufficient to subsidize an annual gift of fifty or a hundred dollars, or more. The contribution of a bursary or scholarship will establish between the donor society and the University of B.C. Medical School a new and happy relationship.

The gift may be provided to the school with no strings attached, or it may be designated for students whose home is in a specific area of the Province, or for any other good purpose that the donor requests. Detailed information may be obtained from Dean Walter Gage, Administration Bldg., U.B.C., or from the Director of the U.B.C. Alumni Development Fund at Brock Hall, U.B.C.

Before the first class in Medicine at U.B.C. was under way in the first year, the North Shore Medical Society (North and West Vancouver) established an annual scholarship. That spontaneous gift was a bright crest on the early horizon, cheered the Dean, and made a propitious start. This year, 1954, should be the year of the heavy ground swell. Now is the Time.

F. T.

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PUBLIC HEALTH AND MENTAL HEALTH NEWS

G. F. AMYOT, M.D., D.P.H.,
Deputy Minister of Health, Province of British Columbia

A. M. GEE, M.D.,
Director, Mental Health Services, Province of British Columbia

THE HEALTH OF THE PEOPLE

The population of British Columbia was estimated to be 1,230,000 in 1953, an increase of approximately 32,000 over the previous year. Over 40 per cent of this increase occurred among the population under ten years of age. However, British Columbia has a greater proportion of older people than has Canada as a whole. This characteristic is illustrated by the fact that almost 16 per cent of British Columbia's population was 60 years of age and over, whereas the Canada-wide figure for this same age-group was only slightly more than 11 per cent. On the other hand, people under 20 years of age comprised approximately 34 per cent of the Provincial population and 38 per cent of the population of Canada.

The average number of persons in a British Columbia family was slightly more than three. Of all Provinces in Canada, British Columbia had the smallest average family group.

Over 68 per cent of the people resided in urban areas (metropolitan areas and communities with populations of more than 1,000). Only Ontario had a greater proportion of urban residents.

More than 366,000 square miles in area, the Province as a whole had only 3.2 persons per square mile. This population density was the second lowest among the Provinces of Canada. (Newfoundland had the lowest with 2.4 persons per square mile.) In the vast regions of the Province outside the highly populated Lower Mainland and Vancouver Island, the density was slightly less than one person per square mile.

All of these characteristics had, and will continue to have, an important bearing on the approach to public health services and the costs of these services.

The health status of any group of people is generally, and possibly most meaningfully, reported in negative terms; that is, in terms of death rates, causes of death, and sickness experience. This will be the principal method used in this report.

Notwithstanding the fact that there has been a steady ageing of British Columbia's population—a fact which might be expected to produce a steady increase in the death rate—the crude death rate has remained almost constant over the past ten years. The preliminary figure for 1953 was 10.0 per thousand population, compared with the final figure of 10.1 for 1952.

Numerically, the three leading causes of death continued to be heart-disease, cancer, and vascular lesions of the central nervous system, in that order. However, the Director of Vital Statistics again directs attention to the interesting and important concept of life-years lost, which indicates that the three conditions listed as leading causes, on a numerical basis, may not have been the most important causes. This concept takes into account the fact that the death of a young person is usually a more serious event than the death of an older person because more years of the anticipated life-span have been lost. Calculations made on this basis place heart-disease, cancer, and vascular lesions of the central nervous system in the third, fourth, and seventh positions of importance and raise diseases of early infancy and accidents to the two most important positions.

An encouraging change in the tuberculosis death rate has taken place in recent years. In 1947 approximately 51 persons in every 100,000 died from this disease. In 1953 this rate had dropped to less than 12 per 100,000. (These rates include the Indian

population.) The Director of Tuberculosis Control attributes this decline in deaths chiefly to improved methods of treatment, including the use of streptomycin and other antimicrobials.

The decline in the incidence of tuberculosis has not been so marked as the reduction in deaths from this disease, although the number of new cases discovered in recent years has decreased. This is particularly encouraging in view of the increased efforts to discover new cases. Analyses of the records over the past ten years reveal that the morbidity rate is slightly higher for females than males up to age 39. Among the group over 50 years of age, however, the morbidity rate for males is almost twice as high as that for females.

The Director of Venereal Disease Control states that the number of venereal-disease cases reported in 1953, including non-specific urethritis, was 3,671, some 240 fewer than the number reported in the previous year. Infectious syphilis has become a clinical rarity, and late syphilis and prenatal syphilis, as reported to the Division, have also shown a marked decline. Non-specific urethritis presents an increasing problem, and the Division is taking the necessary steps to cope with it. It is encouraging to note that at the Vancouver City Gaol examination centre the number of newly diagnosed gonorrhoea infections decreased to an all-time low. The Director feels that this reflects accurately the prevalence of gonorrhoea in Vancouver.

Although many of the foregoing data indicate gratifying trends, there was a large number of cases of poliomyelitis. The incidence, which was 64.0 per 100,000 population, was the highest of any year to date. (The highest rate previously recorded was 49.6 for 1952.) The epidemic was not concentrated in any one particular area, and it continued over a longer period of the year than those of other years. However, notwithstanding the greater number of cases during 1953, the case-fatality rate was lower than in any previous recorded epidemic. The incidence was decreasing slowly toward the year's end.

Drawing upon earlier experience, particularly that gained during 1952, the Health Branch officials, the Poliomyelitis Committee composed of experienced physicians, and other agencies had already made co-ordinated plans to meet the problem and to provide patient-care as efficiently as existing facilities would permit. Private physicians, the Vancouver General Hospital, the Royal Jubilee Hospital in Victoria, the British Columbia Poliomyelitis Foundation, and the Royal Canadian Air Force worked in close co-operation with Provincial and local health services. Further plans are being made to deal with the situation should there be many cases next year.

An earlier reference has been made to cancer as a cause of death. Although the statistics, based on cases reported, may vary from year to year, there is good reason to believe that the problem actually remains quite constant in magnitude. In helping to combat this disease, the Federal and Provincial Governments share equally in meeting the operating expenses of the British Columbia Cancer Institute and the nursing home, both located in Vancouver, and the consultative and diagnostic clinics operating at ten centres throughout the Province. With this assistance, the British Columbia Cancer Foundation is able to provide very modern facilities and services.

The total incidence of notifiable diseases, including the four discussed above, was 3,104.9 per 100,000 population for 1953. (Indians are included in the calculation.) A comparison with the incidences of 3,565.2, 4,092.7, and 3,312.3 for 1950, 1951, and 1952, respectively, indicates that there has been an improvement in 1953.

Among school-children there was the usual number of cases of chicken-pox, measles, mumps, and rubella, with definite upward trends in certain instances. The incidence of major infection among school-children was not serious.

The Director of Local Health Services reports that the health of school-children during the academic year 1952-53 was, on the average, satisfactory and differed little from that exhibited over the previous four years. A good immunity-level has been achieved. More than 60 per cent of the pupils have been immunized against such major

communicable diseases as diphtheria and smallpox, and a smaller proportion have been immunized against scarlet fever, whooping-cough, and typhoid fever.

Studies conducted by the Consultant in Nutrition supported earlier findings that the chief deficiencies in children's meals were milk, a Vitamin D supplement, and foods rich in Vitamin C. Although meat, potatoes, and bread are eaten in satisfactory amounts by the majority of children, there is an excessive consumption of sweet foods, such as candy, soft drinks, and cake.

Records of the past year again revealed that dental decay in children is a serious problem. The Director of Preventive Dentistry emphasizes the great need of more dentists, particularly in the rural areas, and the hope which may be placed in fluoridation of water-supplies in meeting the problem.

(Source: Annual Report, 1953, Health Branch, Department of Health and Welfare, Province of British Columbia).

IMPORTANT NOTICE

It has recently been demonstrated that the early diagnosis and treatment of complete or partial deafness in children materially affects the course of the disability and its ultimate prognosis. Because of this, permission has been obtained from the B.C. Division of the Canadian Medical Association to develop a pilot clinic of approximately 12 young hard of hearing children at the Health Centre for Children regardless of the child's economic status. It is hoped to confine this group to those children in whom the diagnosis has been made as near the age of one year as possible, but children over one year of age may have to be included in order to obtain the quota.

The object of the clinic will be to diagnose the severity of the deafness in each case and instruct the parents in its early treatment. This will be particularly directed towards the use and adaption of hearing aids. If surgical treatment is found necessary the Doctor referring the case will, of course, be consulted and it is expected that he will participate.

An attempt will be made to commence this special hearing clinic as soon as possible and so the names of any children that might benefit should be referred by May 15th or before.

All communications should be addressed to the Paediatrician in Charge, Outpatient's Department, Health Centre for Children, 715 West 12th Avenue, Vancouver 9, B.C.

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A LOOK AT MEDICAL COLOUR TELEVISION

Vancouver will be the first city in the Pacific Northwest to view what promises to be the medium of the future in medical teaching—colour television—at the Canadian Medical Association meeting in Vancouver for the annual June conference.

Though medical colour television was introduced to the medical profession—its first audience—only five years ago, it has already matured to the point where virtually all new hospitals are designed to provide for installation of colour television equipment.

The uses of colour television as a teaching aid are responsible for this significant addition to the planning of hospital observation facilities for medical students. Classrooms for medical instruction have been designed to accommodate but a small number of undergraduates, so as to afford everyone an opportunity for close observation of clinical material and demonstrations. With televised teaching clinics, it would be possible to enlarge the classroom, increase the number of students watching any single teaching clinic, and still provide every student with a "front seat" view of whatever was being presented.

A member of the Canadian Medical Association taking an extensive tour of the entire colour television operation at Vancouver need not have the medium's teaching advantages pointed out to him. They would be evident from the start of his tour.

To begin his television excursion, he would travel out to the Willow Chest Centre of the Vancouver General Hospital, where he would be directed to the suite of operating rooms on the third floor of the Centre. Here, in a converted operating room, a complete mobile studio has been set up by the Medical Colour Television Unit of Smith, Kline & French, of Montreal, the pharmaceutical firm that is sponsor and producer of the CMA colour programs.

Should he look into the studio during the televising of a clinical presentation, a physician, however, will note the great diversity of pertinent clinical material—varying in size and description from a minute leson to a huge heart-lung machine—which can be brought before the cameras in a relatively short time, the ease with which patients and other doctors can be physically introduced into the presentation, the relaxed character of patients that is not usually the case in a platform clinic where the subject is directly confronted with a large audience, and the number of visual aids which the doctor-participant can employ to illustrate and reinforce his discussion points. Charts, slides, X-rays, models, instruments, apparatus and equipment—the latter either mechanically or electrically powered—can all be utilized for demonstration during the course of a single presentation.

The doctor will also see that this great versatility is made possible by the SKF Unit's use of their two television cameras. One is a studio camera, highly mobile and equipped with a colour-adapted sliding lens that replaces the three or more fixed lenses previously required to televise material at different ranges. The other camera is like none in existence. Affectionately called "Clara Belle" by members of the Unit, it is a mobile surgical camera, specially built for Smith, Kline & French by the Research and Development Division of the Columbia Broadcasting System. It is employed for televising wide views of the general studio area, and for X-rays and slides. With the two cameras operating in this manner, not only a smoother picture is sent the audience, but a more visually interesting one.

Let us assume that our visiting doctor has looked in on an hour-long presentation concerned with fractures of the lower extremities. The presentation is being conducted by a Dr. Doe, assisted by fellow specialists. For the first half hour, a round-table discussion of treatment has been supplemented by the actual application of a cast to a patient's leg and a demonstration of the function of a bed-mounted traction frame.

After contributing his share to the clinical discussion, Dr. Doe turns the remainder of the half hour over to the other specialists while he goes to the operating room and prepares for the second part of the presentation—an operation on a fracture of the ankle. The studio camera continues televising the discussion as the surgical camera,

now off the air, follows Dr. Doe to the operating room. While the doctor is scrubbing, an CKF technician focuses the camera head of "Clara Belle" on the operative field, a clean exposure of the fracture already having been made by Dr. Doe's assistants. Even as Dr. Doe scrubs, he is being "wired for sound" by another technician. A small microphone, pinned into a surgical mask, is fitted over the doctor's regular mask and an earpiece is placed on his ear. Thus, he can narrate the operation, hear the doctor-participants in the studio and, at the same time, receive cues from the television engineer in the control room.

Looking through the window in the door of the operating room, our visiting physician can see the surgical camera suspended three to four feet over the operating field and immediately above the heads of the operating team. Though the surgical camera, being spark-proof, can televise operative procedures requiring a potentially explosive anesthetic, a local anesthetic has been administered for this particular operation. The operating team is in no way inconvenienced by the cameras; in fact, in a small way, they are aided in their work by the extra lamps brought in to provide the light necessary for a television picture of high quality.

While our touring doctor has seen a great deal of medical colour television from the production end, he has not yet viewed a program as a member of the medical audience. During the program's noon intermission, he leaves the Willow Chest Centre for the Vancouver Hotel, headquarters for the CMA meeting. By early afternoon he is seated with 700 other physicians in the Banquet Room of the hotel, receiving point for the telecasts.

Having heard from other doctors about the medical colour television program for the CMA meeting at Montreal in 1951, he had assumed that a dozen or so small receivers would be lining the walls of the Banquet Room. Instead, he finds but one receiver and one screen. However, it is evident that the lone screen is more than sufficient since it measures 4½ by 6 feet and shows a picture approximately 27 times larger than the small-screen sets used at the 1951 CMA meeting. The picture is thrown on the screen from a custom-built projection-type receiver. To give the brightness necessary for projection of this highly magnified image with good resolution and clearness, the receiver draws on a power supply of 80,000 volts.

The first presentation on the afternoon program is a dermatology clinic. Four specialists plan to discuss the subject and demonstrate a group of patients. As the presentation unfolds, our doctor in the audience has opportunity to notice some aspects of colour TV which were impossible for him to observe while at the Chest Centre. It soon becomes evident to every program viewer that the unique advantages brought to a Clinical presentation by the medium itself cannot be neglected. The picture presented to the audience by the camera's eye shows easily and uninterruptedly physicians, patients, clinical material and visual aids. And, unlike any platform or classroom clinic, an audience of hundreds is brought to within a few feet—or a few inches—of whatever medical subject matter is being shown, in this instance a series of very small body lesions. The participants as well as the audience also benefit from the fact that no activity going on outside the field visible to the camera can detract in the least from the picture seen by the audience.

A surgical presentation follows the clinic on dermatology and what is probably the most significant contribution of colour television to medical teaching comes to light. The vantage point gained by the surgical camera affords each physician in the audience a view of the operation equalled only by that of the surgeon. A procedure actually contained in an operative area of approximately one square foot has this field magnified on the video screen to a size of 16 or 18 square feet. All details of techniques, no matter how fiine or intricate, are clearly visible to the audience. At times, unforeseen difficulties arise during the course of an operation and the audience is then afforded the rare opportunity of watching the solution of an urgent operative problem.

Important as these advantages are, probably the most distinctive asset of the Vancouver television program is colour. Especially when X-rays and one-colour slides are shown does the value and importance of colour in medical television assume its proper status. By contrast, monochrome television is entirely inadequate as a teaching medium, particularly for the satisfactory reproduction of material whose chief medical interest lies in its peculiar or unusual colouring.

As the television program for the day concludes, the touring physician of our story might feel that he could present a convincing argument for the qualifications of colour television as the medium of the future for medical education.

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