

1706
no. 64

THE CANADIAN PRACTITIONER AND REVIEW

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PUBLISHED BY THE PROPRIETORS, 1111, BROADWAY, N.Y.

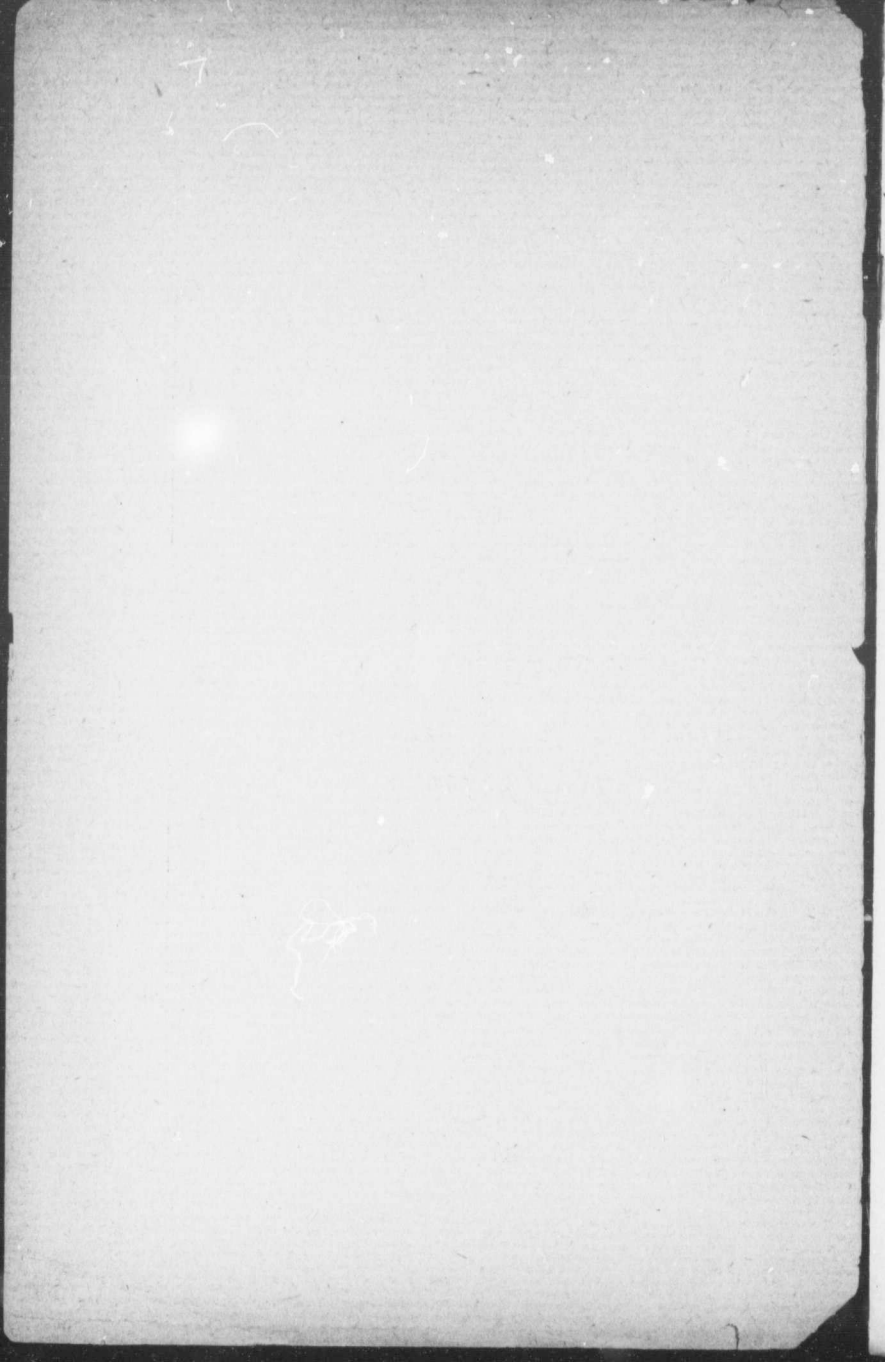
PRICE \$2.50 PER ANNUM IN ADVANCE

Evolution of Medicine in Ontario



. . . BY .
 H. B. Anderson, M.D., L.R.C.P. (Lond.), M.R.C.S. (Eng.)







Ramph
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EVOLUTION OF MEDICINE IN ONTARIO.*

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In assuming the duties of President of the Toronto Clinical Society for the coming year, I wish to express to you my deep appreciation of the honor. To be elected to the chief office in a society which represents so much of the medical life of a great city is something of which any man might be proud. Limited though it is in numbers, within the membership of this Society are found many of those whose eminence as clinicians has gained for the medical profession of Toronto the place it now holds in the confidence and esteem of the community, and whose ability as teachers and wisdom as counsellors has contributed largely to mould the medical thought and direct the policy of our profession during one of the most important periods in its history. While appreciating the honor, equally do I realize the responsibilities which the position involves, and how much one lacks the qualifications to properly discharge them. I shall continue, however, to rely on that personal kindness and friendship which has been one of the most valued assets of my professional life, and shall ask of you and my associates in office the same sympathetic and loyal support so freely accorded my predecessors in the chair. During my tenure of office I can assure you that my best efforts will be devoted to maintaining the high character which has distinguished the work of this Society since its organization, and which has made the meetings so valuable to us all.

It is not my intention to occupy much of your time this evening with any introductory remarks. Not that the present is an inopportune time, nor that a Clinical Society is an unsuitable place to discuss many matters of importance to the profession of our country—matters which the rapid evolution of events will force upon our consideration in the near future, and in the solution of which a society of the standing and influence of this must play a considerable part.

The epoch making nature of the events which have been taking place around us since the organization of the Clinical Society in 1893 must have occurred to all of us, not in the medical profession alone, but in every line of intellectual, industrial, commercial and political activity in our country. After long years of waiting and hope deferred, we are privi-

*Presidential Address, Toronto Clinical Society, Oct. 10th, 1906.

leged to live at the beginning of the century which by common opinion belongs to Canada—an era which is to witness the transformation of an obscure colony into one of the great nations of the world. Our illimitable natural resources and opportunities are attracting attention from all quarters of the globe. Ever alert, financial, commercial and industrial interests have quickly grasped the situation, so that on every side we see an extension of enterprise, a broadening of foundations and a perfecting of organization to meet rapidly-growing requirements and to take advantage of the golden opportunities which the future has in store.

It therefore appears a fitting time to glance at our own profession—its past history, present condition and future prospects. As an index to our hopes it is instructive to recall the transformation which a century has produced in the country which is so frequently compared to our own. At the beginning of the last century the United States had a population of about 4,000,000. The first medical school in that country, now the Medical Faculty of the University of Pennsylvania, had been established only thirty-five years; the Medical Department of King's College, N.Y., now Columbia, thirty-three years; Harvard, seventeen years, and the Medico-Chirurgical Faculty of Maryland, eleven years,—all struggling institutions whose influence at that time had produced no effect on the medical world at large. In the whole country there were but two general hospitals, one medical journal (*The Medical Repository*, New York, 1797); and the only medical libraries were one each in connection with the hospitals of New York and Philadelphia. For the education of medical students the old apprentice system was still largely in vogue.

Reflection on the position of the profession in our own country, our medical laws and institutions at a corresponding period in national development, is indeed reassuring and must impress us with a deep sense of the gratitude we owe those worthy pioneers, the military surgeons, who at the beginning of the last century were laying the foundations of the profession in this province. We of the present generation are reaping the advantages of the high ideals by which they were actuated, and of the strenuous efforts they put forth to establish and maintain in a struggling colony the honorable character and traditions of the profession of the motherland. From the view-point of the present it would be not only instructive, but inspiring, to look back and consider for a moment what manner of men they were, these pioneer surgeons,

the difficulties they encountered, what they accomplished, and to trace their influence on the evolution of the profession in the province; but the time at my disposal will permit of only a brief reference to them. They were men socially of high rank, and certainly well abreast with the advancement of medicine at that time, thoroughly trained in the schools of London, Edinburgh and Dublin at a period made brilliant by the labors of the Hunters, Edward Jenner, Percival Pott, Benjamin Bell, John Bell and other great teachers. They possessed a wide experience, not only of medicine, but of men and affairs, gained by active service during the wars of that period. The influence of these early military surgeons has been indelibly stamped on the medical profession of this province, and has been an important factor in giving character to our clinical teaching and practice. To their efforts we are indebted for the first efficient legislative control of the practice of medicine, obtained by the Medical Act of 1818 under which the Medical Board of Upper Canada was created. From that time until its last meeting in 1865, before the formation of the College of Physicians and Surgeons of Ontario, this Medical Board guarded the entrance to the profession and practically controlled the medical affairs of the province. Up until 1830 the influence of the military element in relation to the medical profession was practically supreme and undisputed. In the very nature of things they were in close touch and sympathy, and evidently possessed the confidence of the Governors and the Executive, which, in the period preceding the MacKenzie Rebellion, administered as they deemed best the affairs of the province. This intimate association of the founders of our profession with the all-powerful Family Compact was a potent factor in securing the sympathetic co-operation and often active assistance of the early Governors and other branches of the Administration, in establishing the profession on a proper basis. In this connection it is pleasant to note, in parenthesis, that the profession in the early days had a warm friend and able advocate in the Rev. Dr. Strachan. In all ages the true followers of Aesculapius have had to deplore the ease with which too frequently clerical support has been enlisted in behalf of their enemies, the rapacious irregulars and quacks who fatten on the ignorance of the laity in matters medical, but the prevalent quackery of the days prior to the Medical Board got no quarter from this strenuous ecclesiastic.

It was through the efforts of the military surgeons that the

General Hospital was established in 1819, at a time when the population of Toronto was less than 1,200. The outstanding figure among them, who for thirty-five years was chairman of the Medical Board and the recognized leader of the profession, was Dr. Christopher Widmer. Resigning his commission in the service and undertaking civil practice in York in 1815, at a time when the medical needs of the population could no longer be properly cared for by the surgeons attached to the garrison, for many years he had practically a monopoly of the practice of the town, and until his death in 1858 his name appears in connection with every movement for advancing the welfare of the profession. When Dr. Widmer began practice there were only about forty regularly qualified doctors in the province. He was one of the founders and first President of the Medico-Chirurgical Society of Upper Canada, established in 1833. A perusal of the minutes of the Medical Board during his thirty-five years as President indicates his broad grasp of medical politics, and illustrates with what constancy, courage and military precision he directed its proceedings. In speaking of him, Dr. Osler says: "One picture on the canvas of those early days lingers in the memory, illustrating all the most attractive features of a race which has done much to make this country what it is to-day. Widmer was the type of the dignified old army surgeon, scrupulously punctilious, and in every detail regardful of the proprieties of life." Dr. Christopher Widmer has therefore justly been called the Father of Medicine in Ontario. He and his associates on the Medical Board were early and vigorous advocates of the necessity for providing for the medical education of those desiring to enter the profession in the province, and they were largely instrumental in securing the establishment of a medical department in King's College when that institution began operations in 1844. Tories by instinct and association, they had an antipathy to everything American, born, no doubt, of the Revolutionary War, perpetuated by the influence of the United Empire Loyalists on the politics of Upper Canada, and intensified by the experiences and memories of the War of 1812. This ever-present fear of American influence was one of the chief reasons continually urged on the Government of the importance of establishing a medical school in Upper Canada, so that our students might be educated at home, without their loyalty being exposed to the possibly too democratic atmosphere of New York and Philadelphia.

Between 1830 and 1840, however, with the gradually

increasing population, another element became prominent in the medical as well as the political affairs of the province. They were not of the military type, nor were they the favorites of the Family Compact; consequently they soon came into opposition alike with the Government and the dominant medical faction. Much dissatisfaction arose from the composition of the Medical Board, the control of the examinations for license, the administration of the General Hospital and other public medical institutions. This discontent culminated in the calling of a public meeting in 1836, at which these grievances were ventilated and resolutions adopted for transmission to the Government, embodying many suggestions for reform. Resolution No. 4 reads as follows: "That it is the opinion of this meeting that over the Hospital of this city a veil of obscurity impends which it is highly advantageous to have removed. No appointed days await the attendance of medical men in connection with the institution; no published reports inform the public of the number of those who have been restored to their friends, cured of their infirmities; the passing bier alone affords a melancholy proof that the institution still exists in active operation." The clouds of discontent were evidently deepening over the medical as well as the political institutions of the province. The struggle for responsible government was being bitterly prosecuted, and in the movement no class of the community took a more prominent part than a section of the medical profession, of whom Drs. John Rolph, William Warren Baldwin, Thomas David Morrison and Charles Duncombe were the leading spirits. It therefore appears how inevitably a breach in the medical profession occurred between the adherents and intimates of the administration and those who espoused the cause of reform. Of the latter Dr. Rolph was for many years such a conspicuous figure in the medical affairs of the province that to us his career is of unusual interest. He was a student of Guy's and St. Thomas' Hospitals, and a pupil of Sir Astley Cooper; at the same time he studied law and became a member of the Inner Temple. He first devoted himself to the practice of law, being called to the Bar of Upper Canada in 1821. By his great intellectual endowment and eloquence he soon acquired a large practice and became one of the leaders of the profession. Early at variance with the judiciary owing to his political views, in 1828, dissatisfied with a decision of Justice Sherwood, he with Dr. Wm. Warren Baldwin (who also practised dual professions), threw off his gown, and left the court. He thenceforward devoted himself to poli-

ties and medicine, passing the examination of the Medical Board in 1829. He was then nearly forty years old, and his subsequent career is a brilliant example of a man's capabilities in medicine after that age. He soon attained a position in the medical profession as eminent as the one he had forsaken in law. He was appointed a member of the Medical Board in 1832, and for some years was an active advocate of a medical department in the projected King's College. Of the part he played in the struggle for responsible government, his association with the Rebellion, and his six years' exile in Rochester, I shall say nothing. Returning to Toronto in 1843, out of touch and sympathy with the newly created medical faculty of King's College, he established a private school in rivalry with that institution, which afterwards became known as the Toronto School of Medicine. These details are given to show that, in the beginning, political disagreement at that period was responsible for producing school divisions and rivalries, which affected the profession of the province long years after the original cause was forgotten.

In 1850, after the ascendancy of the Reform party, King's College passed from under the control of the Anglican Church and became a secular institution under the name of the University of Toronto. Through the efforts of the Rev. Bishop Strachan, Trinity University was then established in connection with the Anglican Church, and the Upper Canada School of Medicine was constituted its Medical Faculty, with Drs. Hodder, Bovell, Bethune, Hallowell and Melville as lecturers. This school, however, lasted only a few years. Owing, it is said, to the influence of Dr. Rolph in the Reform Government of Sir Francis Hincks, the Medical Faculty of the University of Toronto was disestablished in 1853.

In 1856 a disagreement arose between Dr. Rolph and his colleagues, Drs. Workman, Aikins, Langstaff and H. H. Wright, of the Toronto School of Medicine, a separation occurred, and after some litigation Dr. Rolph established a school in Yorkville, which became the Medical Faculty of Victoria University. As such, due largely to his wonderful powers as a teacher, this school had a prosperous career until Dr. Rolph's death in 1870.

The resuscitation of the old Trinity School shortly after this time, by Drs. Geikie, Hodder and others, the reorganization of the University of Toronto in 1887 with the Toronto School of Medicine as its Medical Faculty, with the subsequent events leading up to the amalgamation of Trinity in

1903, are matters so familiar to all as to require no reference to them.

Kingston was early an important centre, medically speaking. The Kingston General Hospital was completed in 1835, with a capacity of 120 beds, Dr. James Sampson being its first physician. The Medical Faculty of Queen's College, Kingston, was organized in 1854 chiefly through the exertions of Dr. J. R. Dickson and Dr. Horatio Yates, with the able support of the late Sir John A. Macdonald.

We are thus able to trace the formation of the various medical schools in Ontario between 1843 and 1856.

Of Dr. Rolph, it is difficult even yet to estimate the value of the services he rendered the profession in this province. He represented a strong independent sentiment which won many adherents. He apparently commanded the admiration and affection of his friends as much as he aroused the bitterness of his enemies, but all had to respect his ability. An unprejudiced judgment must acknowledge him as a great teacher whose view of medical affairs was at times biased by his strong political convictions. Dent says of him: "He possessed talents which under favorable circumstances would have made him a marked man in either political or public life in any country. Chief among his qualifications may be mentioned a comprehensive, subtle intellect, high scholastic and professional attainment, a style of eloquence at once ornate and logical, a noble and handsome countenance, a voice of silvery sweetness and great power of modulation, and an address at once impressive, dignified and ingratiating."

For us of the present day, forgetting the differences of the past and the causes which produced them, we cannot look back on the history of the profession in this province without a feeling of admiration for the ability, courage and foresight of those who labored so earnestly to establish its foundations on a basis which enables us to begin the century free from the difficulties with which they had to contend. The founders of our profession were men of whom we may well be proud, not alone for their achievements in medicine, but for the important part they played in the social and political development of the province. Widmer, Rolph, Baldwin, Rovell, Hodder, Workman, King, Gwynne, Bethune, and, later, Aikins, Ross, Fulton and Graham are representatives of a group of men who must always command our respectful admiration and regard. A few of the same type still remain

with us. Some have retired from active work, others still in the harness distinguish their calling. These doctors of the old school furnish many examples of all that is implied in the best sense of the term, gentleman—high in ideals, scrupulous in honor, dignified in bearing, broad in culture, and courageous in their adherence to principle. In this age of material prosperity, and lacking much of the environment which developed their characters, it will be no easy task for their successors to maintain the standards they set as citizens as well as physicians.

In the evolution of our system of medical education, the traditions and methods of the London schools, of which most of the early members of the profession were graduates, exerted the greatest influence. The schools of Edinburgh, Glasgow and Dublin furnished many able representatives, but on the whole they played a secondary role—in fact until 1839 their graduates were not recognized by the Medical Board on an equality with those of the London schools—a cause of much dissatisfaction in the early days of the province.

It is interesting to note here the causes which have helped to determine certain differences which have characterized the educational and clinical methods of the American profession as compared with our own. The important influence of the military element has already been alluded to. Another potent factor arose from the estrangement between the United States and the mother country following the Revolution, on account of which American students went to Paris instead of to London. There, at the beginning of the last century, they came under the influence of the great teachers who laid the foundations of modern clinical medicine—Bichat, Laennec, Corvisart, Louis and others. The scientific and clinical awakening which began in France did not reach Great Britain until about the thirties, at the time of John Cheyne, Graves, Stokes, Bright, Addison and Latham, all of whom came under its influence. Through their students it extended to Canada between 1830 and 1840. The French school maintained its position until the time of Trousseau (1866), when the German influence began to dominate medical thought and progress. Vienna and Berlin then became the centres of attraction for American students. The American profession then passed under the dominating influence of Virchow and his followers, where they have remained until the present time. In contrast to ourselves, during the greater part of the past century, French and German methods have been much more powerful than British in mould-

ing the medical thought of the American profession. That we have been affected by French and German scientific methods, especially in later years through our close association with Johns Hopkins, goes without saying, but they have been modified by passage through English channels. The majority of our students still go to London rather than the Continent. Whether this has been a misfortune or not is a debatable question. If we missed the direct quickening influence of the scientific awakening of the French and German schools, we have avoided the therapeutic nihilism which followed in its wake. If our medical horizon has thereby been narrowed, if we have remained too much under the thralldom of authority, having accomplished little in the way of original investigations, we have avoided the tendency which for a time made the study of medicine an accumulation of dry scientific facts, obtained by the observation and research into the phenomena of disease as exhibited by plants, animals and man in the aggregate, rather than of an art which has for its main purpose the prevention or relief of pain and suffering as it affects the individual. Moreover, what Osler says of the American profession applies equally to our own, "Justice compels us to acknowledge that while winning an empire from the backwoods, the people of this land had more urgent needs than laboratories of research." Medicine with us, as with the English-speaking people in general, has been essentially utilitarian and practical, exalting the art rather than the science. "Sydenham, not Lineacre or Harvey, is the model English physician in whom was concentrated all those practical instincts upon which we lay much stress in the Anglo-Saxon character (Osler)." As the result of this practical trend our race may lay claim to most of the great discoveries which have lessened the suffering of mankind. Sydenham introduced the treatment of malaria by quinine, Jenner discovered vaccination, Simpson and Morton general anæsthesia, and Lister the use of antiseptics in surgery.

There is apparently at the present time a movement to pursue scientific work along lines of more immediate value to the clinician, as exemplified by the revival of interest in the study of therapeutics and the brilliant researches of Sir A. E. Wright. This closer association of the science with the art of medicine will more strongly appeal to men of our race. The maxim of Sir Astley Cooper still reflects the attitude of the majority of our profession, "Profound erudition is good for a man of means and practical knowledge for the physician and surgeon."

The outlook in all branches of medicine was never so bright as at the present time, and in the progress that is bound to take place during the 20th century, no country is more favorably circumstanced than our own for playing an important part. That Canadians are possessed of the intellectual capacity, the energy and the zeal, has been amply demonstrated by what our countrymen have already accomplished, and it should be a source of no small degree of pride to a country so young, that Dr. William Osler, a fellow citizen, should be the greatest living exponent of internal medicine.

As for Toronto, the most favorably located city on the continent, medically speaking, with a great university, one of the largest medical schools in the world, with the assurance in the near future of the best hospital facilities and abundance of clinical material, with a medical profession unsurpassed in the average of attainment, and supported by a country of unlimited resources, if we avail ourselves of the opportunities presented, and fulfil our stewardship to posterity as faithfully as the Fathers of Medicine in the province did for us, we may indulge the most sanguine hopes of its future as a centre of medical activity.

