

The Future of the Medical Profession
in Canada¹

by

Sir William Osler, Bt. M.D. F.R.S.
Regius Professor of Medicine, Oxford.

Uppermost in my mind when I speak to Canadian and American doctors is a realization of the sacrifice they have made in coming over - a sacrifice appreciated at home, and deeply appreciated here. Then comes the question - what is to happen on your return? It is all very well to leave a practice for a few months or even a year, but what will happen at the end of two, three or four years? We all know the assets representing much hard work, will have vanished. Many of you will have to start life anew, and some will start not so strong in health or pockets. I am not surprised then to have been asked to speak on the future of the profession in Canada. I may claim without conceit to have seen a great deal of it during the fifty years that have passed since I entered the old Toronto School of Medicine. It may not have escaped your notice that while I have always expressed a due Hippocratic reverence for my teachers, in equal proportion has been mixed an affection for the general practitioner, very many of whom have been my dearest friends. How I wish for example, we could have in full the professional story of some of our smaller towns - but it is too late! My good friend Canniff did a great work for the history of the profession in Upper Canada; but there is so much that can never be recovered. The trials and triumphs of the men, their failures and foibles, and the personal traits that make a man - this is the sort of knowledge we want, but it dies with each generation. Let me try in a few words to reconstruct the story of the profession in the little town of Upper Canada in which my boyhood was spent.

Going west from Toronto to Hamilton, as you cross the Desjardin Canal at the head of the Lake Ontario you catch a peep of a lovely valley, Cootes Paradise, the early settlers called it, rising gradually for three or four miles towards Ancaster and West Flamboro. Going West, the Great Western R.R. climbs the north side of the valley and as the summit is reached there is a wide view of the Lake, of Burlington Bay and Hamilton, and below at the head of the Desjardin Canal, the flourishing town of Dundas, to which my father moved in 1857. Let us glance at a century of its professional history. On Xmas afternoon, 1876, I walked up the Galt road along the north side of the valley, and at the summit of what we called the Mountain, turned into a beautiful oak grove, in the centre of which, over-looking the valley was a comfortable old

¹An address before the Med. Soc. of the C.A.M.C.
Shorncliffe, Sept. 9th 1918.

frame house with a wide verandah. Here in an arm chair wrapped in his furs was the mentor of the profession of the district, Dr. James Hamilton who through me as a conductor greets you across a century this evening. In 1818 fresh from Edinboro, he had settled in this district, at first at Ancaster and in 1820 in West Flamboro, on this beautiful site overlooking the valley. To the Grand River on the South and for twenty miles on either side of the lake extended the area of his practice. And he had had a singularly successful life, for he was a hard-headed, good hearted Scot, equally careful of his patients and of his pocket. On the visits to my home, both as a student and a young doctor, I had been in the habit of calling on the dear old man - I have always loved old men! - and I enjoyed hearing his anecdotes about Edinboro in the palmy days of *Monro primus*, and of his early struggles as the pioneer practitioner of the place. This time I saw that he was hard-hit, with the broad arrow in his forehead. He spoke pathetically of his recent losses, of which I had not heard, and quoted the well known verse beginning "Naked I come ec". The scene made an enduring impression. The veteran after sixty years of devoted work, beaten at last by a cruel fate. Call no man happy till he is dead! He had been an exceptionally prosperous man. One of the founders of the Canada Life, Surgeon for years and afterwards one of the Directors of the Great Western Railway. The savings of a life-time had gone in mills! He died in March 1877.

Dr. James Mitchell, a pupil of the Hon. John Rolph's, who was licensed in 1836 practiced for some years in the town, but left, I think before we came. His successor Dr. James McMahon, I knew well, an able practitioner and universally respected, who took good care of himself and of his patients. As a 2nd and 3rd year medical student I worked in the office of Dr. Holford Walker, a Queen's man, who came to the town about 1867. He was a good type keen, resourceful, energetic, also early made the good resolve never to turn a case from his doors. He became an excellent surgeon, did a score or more of lithotomies with exception success, many ovariectomies; and after practicing for twenty years in the town moved to Toronto, where he had an excellent Sanitarium in Isabella St. I owe much to his care. He had a big library, left by an uncle in England, a good laryngoscope and ophthalmoscope with the use of which I became familiar, and an exceptionally fine microscope. The two long vacations spent with him were most helpful, and I owe him a lasted debt of gratitude for the patience with which he endured my vagaries, and the dangerous messes I made in his well ordered pharmacy.

Dr. James Ross, who took over Dr. McMahon's practice was an old McGill pupil, and a warm friend. He was a model practitioner, able and conscientious, who quickly secured the confidence of his colleagues and the public. It was always such a pleasure to me to watch his upward progress, but alas! he was cut off by pneumonia at the height of an unusually happy career. His son - a good copy! -

3.

is with us in the C.A.M.C. Dr. Bertram, at present the leading practitioner in the valley, has maintained the traditions of the place, and is the worthy successor of a line of able men. That is a good professional record for 100 years in my native town, and I look back upon the friendship with those men as one of the privileges of my life.

It was my pleasure also to know many of the older men of the district. J.D.McDonnell, Isaac Ryall and McKelcan of Hamilton, Covernton of Simcoe, the older Woolverton of Grimsby, the Ortons, and the O'Reilleys and McCasgow. One of their senior men, Dr. William Case, was the son of an American doctor of the same name who settled in the township of Barton, in the outskirts of what is now the city of Hamilton. Some of you may remember on the south side of the Gore a delapidated old frame house, unpainted and weather-worn. It was entered from the side street. There in 1889 I saw the old man for the last time when we was close upon ninty, but still in practice. The front door of the house is unique, and I described it somewhere in a note on Doctors Signs. On the upper panel was a wide shallow depression about the level of a man's head where the elders had knocked; at a lower level a smaller one where the women had knocked, while lower down the raps of the little children had made a smaller one. The door is preserved in the Durdum Museum.

My associations with the profession of Hamilton were very dire and I numbered among my dearest friends Drs. Mullin, Mallock, Ridley and Woolverton. As I look back the proportion of doctors of the district who had happy and successful lives seems very large; but there comes a shadow over the picture when I recall the failures. To what were they due? In the main to three causes. The first and the worst was drink. How thankful you younger men should be that this evil has diminished in our ranks. Some of the biggest and the best in my generation were ruined by Bacchus. Of the second evil, I hesitate to speak in the presence of so many men from the West, and why in a happy gathering like this should I rub an open sore? But the evil is grievous and I know you will not mind a warning even tho' it may be late! 'Tis speculation, a sin that so easily besets the best of us..Let me tell you a story with a moral. I was interested in a case of Hodgekin's disease sent by Dr. Sherman of Morrisburg. A telegram came one day asking me to come up for a post mortem. I took the evening train, and arrived at Morrisburg after mid-night, where I found Dr. Sherman and half a dozen doctors of the neighbourhood with two teams. We started for a twenty five mile drive due north in the county of Dundas, and reached the farm house early in the morning only to find, to our disgust, that the body had been buried on the previous day, in the orchard close to the kitchen. There were days in the 70 ties when the terror of the resurrectionists spread far up and down the river from Montreal, and the people feared to bury in the graveyards. Dr. Sherman was furious

as he had sent word that a professor was coming from Montreal! They gave us a good breakfast after which the Doctor took the old farmer and his boys aside, and in a few minutes we saw that matters were settled. The body was to be exhumed. It was a most unpleasant situation from which I should have been glad to escape as one could not help sympathizing with the poor people. The body was taken to the barn, and I held the post mortem before a motly gathering of the neighbours, none of whom looked very friendly. I improved the occasion by speaking of the variety of the disease, and got them interested by demonstrating the various organs. We did not get away until noon, but parted from the family in friendly terms. On leaving I said to Dr. Sherman "How did you manage to persuade the old man?" "Manage it" he said, "I told the---that if he did not produce the body, I would foreclose the mortgage on his--farm. That's how I settled it." Dr. Sherman died rich. You may draw your own meral The rakes - I mean the doctors progress as a speculator is nearly always to financial perdition. The exceptions merely illustrate the rule when you see the doctor's motor outside a broker's office early in the morning you know that he is lost, whether in Cobalt or Wall street. We are such easy prey for the mining and other sharks!

A doctor who comes to me with broken nerves is always asked two questions - (It is unnecessary to ask about drink, as to the practiced eye that diagnosis is easy) about Wall St. and politics. It is astonishing how many doctors have an itch to serve in parliament, but for a majority of them it is a poor business which brings no peace to their souls. There is only one way for a doctor in political life - to belong to the remnant, the saving remnant of which Isaiah speaks, that votes for men not for parties, and that sees equal virtues (and evils) in Grits and Conservatives. I have had one political principle (and practice) I always change with the government. It keeps the mind plastic and free from prejudice. You cannot serve two masters, and political doctors are rarely successful in either career. There are exceptions, for example Sir Charles Tupper a first class surgeon in his day and a politician of exceptional merit. Nor do I forget that the great Clemmenceau is a graduate in Medicine of Paris, and that we have three members of the profession in the Imperial Cabinet, one of them the Professor of Anatomy at McGill. All the same let the average man who has a family to support and a practice to keep up shun politics as he would drink and speculation. As a right-living clear-thinking citizen with all the interests of the community at heart the doctor exercises the best possible sort of social and political influence.

II

But I must come to our main business - the Future. Many of you have been stirred by the discussions which have taken place here on the possibilities of a state medical service which has been so attractively portrayed by Sir Bertram Dawson. It is really an old affair with us as there were state doctors in the palmy days

5.

of Greece, and one of the best stories in Herodotus is of Democedes who was so popular that the cities vied with each other in offering the largest salary. In this country with its concentrated population it may be possible in time to make all doctors servants of the state, but there would be greater difficulties in Canada. There, the general practitioner already does a great deal of state work not only in school inspection, vaccination, poor law etc., but the national insurance bill makes him more or less civil servant.

It is to be noted - ie wo's have written apr.

The written 'Stero-pyric' note continues to follow -

But of course having City Physicians and Health Officers is a very different matter, to having all of us engaged as state servants, and personally I do not see that in Canada it would be a feasible thing if any Ministry organised the taking over both the Health and the Disease of the entire community, and offered a service which would minister to both the health and the sickness of the entire community. And yet this is what is done in England, the organisation of a State Service, as some of you may have read in the Lancet. Of course, in a small Community, organised as it is here, it is within the bounds of possibility, but with a quarter of the population, such as is in Canada, where the practices are so scattered, I do not think that on the whole the general State Service is likely to be of practical value. But there is no question that we shall have, as a Profession, to do a great deal more of preventative work than curative work in the future, that is to say we shall have to be employed by the State to do a great deal more work in connection with preventative medicine than we have. I think that one of the things you will find better organised and equipped in this Country is not so much City Health work, as that in the Country. There is no question that the sanitation here is far ahead in the Country. Districts to that of either Canada or the United States, and I think we could do a great deal to assist in Canada all organised sanitation to diminish very much the diseases that are preventable. There is no question that in cases of diseases such as Tuberculosis, in which in many parts of Canada a great deal has been done, the General Practitioner could do very much more than he does, particularly in two directions, viz. in regard to early diagnosis of cases, and in making provision for the children, so that a child who is likely to be affected is carefully guarded, and that provision is made for early care of the disease. This work could very well be taken over by the General Practitioner. Then the whole question of skilled instruction, which is very important, and which is already being done, is work which brings the Doctor into direct and personal contact with the State. This is State work for which he should receive State pay. Then in the more

6.

scattered Districts I have no doubt that within a few years there will be travelling clinics. It is much better for the Doctor to go to the Patient than for the Patient to go to the Doctor. I have no doubt that we shall have the practice occurring that the Doctor and the people will be notified when a Dentist, an ophthalmologist and a laryngologist forming a team will come to their district and hold a Clinic in a suitable place. This can be done in this Country and also in Canada, and to do this properly we should use good District Nurses very much more than we do. I think one of the most important developments in the practice of Medicine, has been the acquisition by the Doctor of a third hand i.e. a good Nurse, for a good nurse is able to help in clinical work, in school work, dental work and anaesthetics. Within a few years we shall use Nurses very much more than now for these purposes. Then the question of skilled District Nursing has not, I think come up in Canada quite as much as it should. In this Country the District Nurse is a very valuable woman - spares the Doctor many a long visit, notifies him of the condition of his patient, does minor surgery and very often acts as Midwife, takes the responsibility and care for maternity cases which would not be financially worth the Doctor's while to take, so that I think the question of a District Nurse is a very important one, and one which we should look forward to developing in the outlying Districts in Canada. Then another thing in which the State should come in and help is in the starting of Maternity Centres. There are a good many difficult cases in labour, and I may say that I speak here as an expert when I speak of maternity cases, as my record is unique, having in an extensive practice, I may say lost 50% of the children saving 100% of the mothers and all the fathers, having only attended two cases in my life.

The question of these maternity centres is, I feel an important one and a department of medicine which Hospitals have not developed as much as they should. Even the General and Royal Victoria Hospitals of Montreal, and the General Hospital of Toronto have never had a Maternity Department. I think it should be extended and Maternity Centres started in each Country so that there should be a good Maternity Home in which women in all grades of society could go, and go for a period of six weeks and have a comfortable delivery under circumstances very much more favourable than at home, where there would be a good doctor to attend the case and an expert who could be called in to help in cases of emergency.

Now these are the directions in which I think it is possible that a good deal of the extension of State work could be done, without interfering with the independence of the practitioner nor with the development of the individual doctor. Personally I am afraid that even under the most favourable circumstances if the general practitioners were made State officials, no matter how carefully graded the services would be, there would be that absence

7.

of competition and that sense of independence which after all is the most important factor in a man's individuality in his professional career. I should like to mention that I think we should look forward very much to what is called team work in the Country districts than we have ever had here before. Of course, in a successful Hospital, team work is all essential, but I do not know that any one district in Canada or elsewhere the doctor in say 6 or 8 adjacent villages, or districts have combined, i.e. to say done different work by different men and practically organised a group of practices into a sort of professional clinic. There are such practices in this Country in large Colliery or Manufacturing Districts, but I do not know of any in Country Districts -

Next page missing.

to teach them Physics, Chemistry, Biology, general Literature and subjects of general education so that a man would pass on to the Medical School knowing his Biology, Botany, Chemistry and Physics thoroughly. It follows that a man who has had Chemistry for 2 years requires only three months at Clinical and physiological Chemistry. If he has a good equipment of general knowledge on entering a Medical School, there is no doubt that the curriculum can be re-arranged so that it will be very much easier for the student and very much better for his intelligent development. There are a great many subjects that could be dealt with in a shorter period of time. A man who knows his Biology and embryology does not require two long courses of lectures on anatomy and embryology. There could be a great reduction in the lecture courses. Already this has been done but there has not been much reduction in the number of didactic lectures... The number of lectures in each subject should be reduced. I do not say that all lectures should be done away with, but in a great many of the subjects lectures should be reduced to a minimum. I see no reason why a student should waste his time listening to didactic lectures on Anatomy and Medicine. But Physiology and Pathology demand didactic lectures. They should be left to the individual professor and there should not be laid down a strict rule. I suffered under it not only as a student but also as a teacher. I was in the School of Medicine at Montreal and had to give 5 didactic lectures a week and I had not one prepared. There is no reason why these didactic lectures should not be reduced. If a student knows his biology and embryology there is no reason why he could not get sufficient anatomy and Physiology within one year, and this would enable him to get his Pharmacology and practical Therapeutics and other subjects so that he should reach the point at the end of his 3rd year where the pupils are now at the end of the 4th and 5th. I would leave the final year free and give the student his option of 6 or 8 courses. Any man ought to be able

8.

to judge his own ability and choose his own subjects by that time. If he wishes to take practical surgery, let him be in the Hospital and do nothing but surgery. If he goes in for Public Health, let him go into a Public Health Department. If he is going to take internal Medicine let him develop along that line in his last year. I am sure that there is a method by which our students could be developed more efficiently than now. At present they are all put in the same mill and are turned out all of the same type.

With regard to re-examinations - there is no question that the examination system has been a failure for the medical profession. There is no question but that we should modify the method of testing men's capabilities. I would have every man come to an examination Board and before a question was asked, I should have him present his record from his first to his last year. A record of his work even when in the Arts or Science course, a record of class work, a record of work through the Hospital and this record should be put before the Examiners and they should note what he has done so that they should have a record of his education and not of his memory, (cheers!) i.e. not a record of how much he writes, but of what he has done, and my opinion is that the present system will be changed before many years.

Of course, one of the difficulties which comes up in Canada is that the Medical Council of a Province controls the licence and curriculum of its Province. The first thing to be done is to get rid of this control. I do not know if any of you have read the report of Chief Justice Hodgkins on medical education. If not, make a note and read it next year when you all go home. It is a great piece of work, well done and will do you all good. He says some good things about the medical council and examinations. The matter must be re-arranged and I hope it will be re-arranged at an early date. I remember that even as a student I felt that it was only right that the medical profession should have the control of the profession and its education.

These are the important points that I have wished to bring before you. There are a great many other I would like to speak of but one Paragraph I would like to read from Judge Hodgkins at present. His report is really a very full one and it is made by a layman. He mentioned the subject of examinations and the relation of the University to the Student and the Council. It suggests all examinations should be scrapped. It is absolutely necessary that the degrees given by the University should be certificates given by the Professors.

(leave a space here of 6 lines)

One thing I think in regard to the Council of the different Provinces should be carried out, that is an increase in reciprocity. It is an insult to ask a man who has passed at Toronto, (and an outrage on professional education) to submit himself in his own Country to re-examination in another province. This is not fair and right. Just as it is not right that any student should be re-examined on the same subject under any circumstances. A man who has a reputable degree and has passed one of the Council Boards of any one of the Provinces, should be able to register in any Province without having to appear before another Board.

I have not said much about the question of State Control as you and some of the others would like, but I really do not think that any of the Provinces of Canada would ever be likely to have a complete State control of the profession. I do not believe that it would be good for the profession or good for the Public. I think the profession must stand on the individual work of the Doctors and the more he realises that individual work is his own special job so that he will gradually year by year know his work better, deserve the better confidence of his colleges and the confidence of the Public, year by year that man goes on increasing his professional knowledge, and increasing his sphere of influence, until as a general Practitioner whether in Town, Village or on the Cross Road, he reaches a position that is second to none in the Medical or any other profession, for I have had experience of men who have practiced on the Cross Roads who were Specialists in Humanity and the best Practitioners whom I have ever known and they owed everything not to training but to the individual natural ability that rests in every one of you." (Cheers)

Sir William Osler was heartily thanked for his address. He gave a clinic next morning which was attended by upwards of a hundred medical officers.