'Future of the medical profession in Canada', address, Canadian Army Medical Corps, Shorncliffe, 1918.

'The value of theobromine in the treatment of the angina of effort' (after Nov. 1918).

Memoranda:

Dr. James Ross of Dundas & Graham Ross leaf 22

Autopsy + exhumation, or mortgage foreclosed ll. 13 verso & 23.

various drafts of the address

"The Future of the Medical Profession in Canada"

delivered before the Medical Society of the C.A.M.C.

Shorncliffe 9, Sept. 1918.

[It was intended to publish this address in the Bulletin of the C.A.M.C. but it never appeared. The first leaf is Sir William's original outline of the address. The first typewritten leaves give the stenographer's or Secretary's report of the meeting. Sir William Osler has covered these with his attempts at revision. Following the original outline are leaves of the final draft in Sir William's hand (part II of which he did not finish). Last of all are placed four typewritten leaves — a copy of Sir William's final draft.]

The Future of the Medical Profession in Canada by

Sir William Osler, Bt. M.D. F.R.S.

Regius Professor of Medicine. Oxford

~~The thought~~ Uppermost in my mind when I speak to ~~an audience~~ Canadian or American doctors ~~over here~~ 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 ~~of~~ representing much hard work, will have vanished. Many men will have to start life anew, and some will start not so strong in health or pocket. I am not surprised that ~~to~~ have been asked to speak on the future of the Medical Profession in Canada. ~~of which~~

Future of the Medical Profession 1

I

The General Practitioner -

The Unit - the Man behind the guns - the essential factor in any System.

100 years of history in a Canadian Town.

(1) James Hamilton. (2) Mitchell. (3) MacMahon + Walker (5) Ross. 6 Bedford ... ? Neighborhood.

The Cases. - The 3 dangers of doctors - Speculation - Drink - Politics. (the door.)

II

Question of a State Service

1). National health a national concern.

2. Preventive med - the Med - of the Future.

1) Better Sanitation 2) The Beginnings of disease. - School inspection - Tuberculosis Syphilis. Degenerative diseases - education

3 Is a whole time salaried service possible.

1) central hospitals 2) Travelling Clinics 3 District nurses 4) Maternity centres. 5 Graded medical service - a double bed. - Alternation

I Team work - Groups of 8 - 10 doctors centre

1) a good district hospital.

2) Staff of nurses.

3) active cooperation with the M.O.H. in helping 1) School inspect. 2) Insp. Dream 3 Health propaganda

13, NORHAM GARDENS,
OXFORD.

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~~The thought~~ Uppermost in my mind when I speak to ~~an address~~ Canadian or American doctors ~~over here~~ 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 ~~of~~ representing much hard work, will have vanished. Many men will have to start life anew, and some will start not so strong in health or pocket. I am not surprised that ~~to~~ have been asked to speak on the future of ~~the~~ profession in Canada. ~~of course~~

I may ~~say~~ claim without conceit ~~that I~~ have seen a great deal ~~of it~~ of it during the fifty years that have passed since I ~~entered~~ 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 nursed an affection for the general practitioner, very many of

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

Canal at the head of the Lake ~~[illegible]~~ catch a peep of a lovely valley, Cootes Paradise, the early settlers called it, rising gradually for three or four miles towards Ancaster & West Flamboro. Going ~~towards London~~ westward the Great Western R.R. climbs the north side of the valley, & as the summit is reached there is a wide view of the Lake ~~Ontario~~, ~~and~~ of Burlington Bay & of Hamilton, & below at the head of the Desjardin Canal, the ~~flourishing~~ town of Dundas, to which my father moved in 1857. Let us stay at a ~~the~~ Century of its professional history ~~[illegible]~~. On Xmas afternoon, 1876, I walked up the Galt road along the north side of the valley, and at the summit, just where we called the Mountain, turned into a

Trench Fever

Report of Commission, Medical Research Committee, American Red Cross. Printed at the Oxford University Press. 1916.

beautiful oak grove, in the centre of which, overlooking the valley was a comfortable old frame house with a wide verandah. There in a ~~comfortable~~ arm chair wrapped in his furs was the Nestor of the profession of the district, or James Hamilton, who through me as a conductor greets you across a century this evening. In 1818 fresh from Edinburgh he had settled in the district, at first at Ancaster & 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 & tended 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 & of his

whom have been my dearest friends. How I wish, for our example, we could have, in full, the professional story of some of our smaller towns - but it is too late! My good friend Cornish died a great loss for the history of the profession in what he could for Upper Canada; but there is so much that can never be recovered. The trials & triumphs of the men, their failures and foibles, & their personal traits that make us 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 Desjardins Canal at the head of the Lake Ontario you catch a peep of a lovely valley, Cooley's Paradise, the early settlers called it, rising gradually for three or four miles towards Ancaster & West Flamboro. Going west the Great Western R.R. climbs the north side of the valley, & as the summit is reached there is a wide view of the Lake, of Burlington Bay & of Hamilton, & below at the head of the Desjardins Canal, the town of Dundas, to which my father moved in 1857. Let us stay at a Century of professional history in its ~~which was well known to me~~. On Xmas afternoon, 1876, I walked up the Galt road along the north side of the valley, and at the summit, where we called the Mountain, turned into a

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man, who came to the town [illegible] was a good type, keen, resourceful, energetic, who early made the good resolve never to turn a case from his door. He became an excellent surgeon, did a score or more of lithotomies with ~~the~~ unblemished success, many ovariotomies, & after practising for twenty years in the town moved to Toronto, where he had an excellent familiarity in Isabella St. I owe much to his care. He had a fair library, built by an uncle in England, a good laryngoscope & ophthalmoscope with the use of which I became familiar, & an exceptionally fine microscope. The two long vacations spent with him were most helpful, and I owe him a lasting debt of gratitude for the patience with which he endured my vagaries, & the ~~hopeless confusion in which~~ dangerous messes I made in ~~always left~~ his well ordered pharmacy on James Ross, who took over on McMahons

I know what he meant, and it made an enduring impression. He had been an exceptionally brotherly man on the Founders of the "Canada Life", further he was the G.W.R. officer who brought out an exceptionally good business

practice was an old McGill pupil, and a warm friend. He was a model practitioner, able & conscientious, who quickly secured the confidence of his colleagues & 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 entry! – is with us in the R.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 priveledges of my life.

It was my pleasure also to know many of the district – Dr J. D. McDonnell 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 & afterwards one of the Directors of the G.W. Western Railway. The savings of a lifetime had gone in mills! He died in March 1877. Dr James Mitchell, a pupil of the Hon John Ritchie, who was licensed in 1836 practised for some years in the town, but left, I think, before we came. His successor Dr James McMahon I knew well, an able practitioner & universally respected, who took good care of himself and of his patients. As a 2nd & 3rd year medical student I worked in the office of Dr Holford Walker, a Queens man, who came to the town about 1867. He was a good type, keen, resourceful, energetic, who 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 exceptional success, many ovariotomies, & after practising for twenty years in the town moved to Toronto, where he had an excellent familiarity in Isabella St. I owe much to his care. He had a fine library, left by an uncle in England, a good laryngoscope & opthalmoscope with the use of which I became familiar, & an exceptionally fine microscope. The two long vacations spent with him were most helpful, and I owe him a lasting debt of gratitude for the patience with which he endured my vagaries, & the dangerous messes I made in his well ordered pharmacy when I knew what he meant, and it made an enduring impression. He had been an exceptionally prosperous man, one of the founders of the "Canada Life", Surgeon to the G.W.R. & afterwards President, and an exceptionally good business man. Dr James Ross, who took over Dr McMahons

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It was my pleasure also to know many of the older men of the district – Dr J.D. McDonnell Isaac Ryall. & McMillan of Hamilton, Coventry of Simcoe, the Elder Woodworth of Grimsby, the Ostrons & the O'Reilleys & McCasson. ~~Colonel~~ One of these senior men Dr William Eare, was the son of ~~an~~ an American doctor of the same name who settled in 1800 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 ~~an~~ a dilapidated old frame house, unpainted & weather-worn. It was entered from the side street. Here in 1889 I saw the old man for the last time when he was close upon ninety. but ~~seemed~~ still in possession. The front door of the old house is unique, & I described it somewhere in a note when I recall the pattern.

They due? ~~would~~ In the main to these causes. The first and the worst was drink. How thoughtful you younger men should be that this evil has diminished in our results. ~~Many~~ Some of the brightest 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 ~~spoil~~ scare? But the evil is serious & I ~~cannot expect~~ though you will not mind a warning. 'Tis speculation, even too, it may be late! a sin that so easily besets the best free. Let me tell you a story with a moral. I was interested in a case of Hodgkin'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

I knew what he meant, and it made an enduring impression. He had been an geologically broadminded man on the Foundery of the "Canada Life", further he was the G.W.R. agent in Brandon, and an exceedingly good business

train, and arrived at Morrisburg after mid-
night, where I found Dr Sherman and half a dozen
doctors of the neighborhood ~~met me~~ with two
teasers. 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 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 ressurectionists spread far up & 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 in a few minutes

on Doctor's 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 little
children had made a smaller one. The
door is preserved in the Dundurn Museum.
My associations with the profession of
Hamilton were very close and I numbered
among my dearest friends Drs Mullin,
Mallock, Ridley & 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? ~~both~~ In the main to three causes.
The first and the worst was drink. How
thoughtful young & younger men should be that
this evil has diminished in our ranks. ~~Many~~
Some of the brightest and the best in my gener-
ation were ruined by Bacchus. Of the second
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I knew what he meant, and it made an enduring impression. He had been an epileptic, broken down by the Founders of the "Canada Life", Turpin for years the G.W.R. office in Toronto, Donald an Scotchman, good business

train, and arrived at Morristburg after mid-night, where I found Dr Sherman and half a dozen doctors of the neighborhood ~~met me~~ with two teasers. 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 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 ressurectionists spread far up & 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 & 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 ~~made~~ held the post mortem before a motley gathering of the neighbors, none of whom looked very friendly. I improved the occasion by speaking of the rarity 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

I knew what he meant, and it made an enduring impression. He had been an Englishman, brought up in the Foundling Hospital, London, and an Englishman, and Liberal, mean-but al-

nerves? It is always asked two questions (It is unnecessary to ask about drink, as the practitioner says that diagnosis is easy) about Wall St. and politics. It is astonishing how many doctors have an itch to serve the state 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 rump – the saving remnant which Isaiah speaks, that votes for men not for parties, & that sees equal virtues (& evils) in Grits & Conservatives. I have ~~only~~ had one political principle (& practice) – I always change with the government. It keeps the mind plastic & free from prejudice. You cannot serve two masters, and political

doctors are rarely successful in either career. There are great exceptions, for example Sir Charles Tupper ~~who in his day was~~ a first class surgeon in his day & a politician of exceptional merit. Nor do I forget that the great Clemenceau is a graduate in medicine of Paris, and that we have had 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 & 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

I must come to our main business — persuade the old man?" "Manage it" he said "I told the — that if he did not provide the body I would foreclose the mortgage on his — farm". That's how I sellled it". Dr Sherman died rich. You may draw your own moral. The rables — I mean the doctors progress as a speculator is nearly always to perdit financial perdition. The exceptions merely illustrate the rule When you see the doctors motor outside a brokers 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! ~~When a~~ doctor, who comes to me with broken nerves, is always asked two questions (It is unnecessary to ask about drink, as the practised eye that diagnosis is easy) about Wall St. and politics. It is astonishing how many doctors have an itch to serve the state 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, & that sees equal virtues (& evils) in Grits & Conservatives. I have ~~only~~ had one political principle (& practice) — I always change with the government. It keeps the mind plastic & free from prejudice. You cannot serve two masters, and political

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II

But I must come to our main business — the future. Many of us 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 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 ~~possible~~ 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

The Bulletin"

12

e Future of the Medical Profession in Canada.

eeting of the Medical Society of the C.A.M.C., Shorncliffe. 9th Sept 1918

an address by Sir William Osler Bt. M.D. F.R.S.

the 9th ~~September~~ at which Sir William Osler delivered ~~said that he~~ we all realized the sacrifice ~~the Canadians~~ you ng this War, ~~that~~ sacrifice ~~is already~~ much appreciated in l be by those who come after us. The thought arises ~~to us~~ doubly so "What is to happen ~~to us~~ on your return." It ~~was~~ is all eave our practice for a few weeks or a few months, but ppens to a practice after three years. We know that it nto thin air. Most of you will have to start life anew, have to start not so strong in health, or pocket as before, ~~s a serious~~ involved in the problem. - The future of the Medical Profession

Sir Wm. Osler ~~continued~~ " I may say without conceit that I have eal of the profession in Canada. ~~I can go over the~~ Let me speak for the century little town ~~for the last hundred years~~.

ng West from Toronto, ~~and turning~~ as you cross the Desjardins Canal at the Calic end of Lake

in Canada. Here the general practitioner already does a great deal of state work, not only in school inspection, vaccination, Poor law &c, but the National Insurance bill makes him more or less a civil servant

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I knew what he meant, and it made an enduring impression. He had been an geologically brought up in the Founders of the "Canada Life", Sir Joseph for years the G.W.R. & afterwards Director, and an Geological & civil business man - but al-

For "The Bulletin"

The Future of the Medical Profession in Canada.

Meeting of the Medical Society of the C.A.M.C., Shorncliffe. 9th Sept 1918

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This meeting was

~~was held on the 9th September at which Sir William Osler delivered an address. He said that he~~ we all realized the sacrifice ~~the Canadians~~ you have made during this War, ~~that~~ sacrifice ~~is already~~ much appreciated in Canada, and will be doubly so by those who come after us. The thought arises ~~to us as Medical Men,~~ "What is to happen ~~to us~~ on our return." It ~~was~~ is all very well to leave our practice for a few weeks or a few months, but what ~~was to~~ happens to a practice after three years. We know that it ~~would~~ vanishes into thin air. Most of you will have to start life anew, and some will have to start not so strong in health, or pocket as before. ~~The reform, it is a serious~~ I know you are all interested in the problem. - The future of the Medical Profession in Canada

~~Sir Wm. Osler continued~~ " I may say without conceit that I have seen a great deal of the profession in Canada. ~~I can go over the~~ Let me speak first of the century history of one little town ~~for the last hundred years.~~

"Going West from Toronto, ~~and turning~~ as you cross the Desjardins Canal at the end of Lake Ontario, ~~after crossing the Desjardins Canal~~ you ~~can see the peck~~ catch a peep of Coutes Paradise - a lovely ~~spot~~ valley at the end of the lake ~~at~~ in Lancaster. If you ~~Then~~ going towards London, there is a gradual ascent of which ~~as~~ boys we called the Mountain, ~~and at~~ rising the top of which ~~you~~ ~~have~~ is a superb view over ~~the~~ Burlington Bay & Hamilton & Lake Ontario ~~to Lancaster.~~ In 1877 when I visited ~~it~~ my home at Christmas, as was my custom, I went ~~up an old grove~~ to an old house on the top of the mountain in a beautiful old grove where lying on his death bed was Dr. James Hamilton ~~who One hundred years ago that young Scot went out~~ a raw ~~graduate, and~~ Edinburgh graduate settled in West Flamboro', at that time not even a village, ~~with the magnificant position looking across the Valley to the grand rivers, and southwards to Niagara.~~ Here in this beautiful spot - overlooking Hamilton & the western end of lake Ontario he practised for nearly eight years. At first he had a district extending to the Grand River in the south & for twenty or more miles on either side of the lake ~~Now~~

"~~Now~~ He was a hard headed, good hearted Scot, Equally careful of his patients, of his pockets, ~~and his money;~~ he lay dying ~~and told me of~~ he said his early struggles, ~~saying~~ " 'Naked almost and truly naked in my pocket I came to this place, and naked I am leaving it ' ~~He had been one of the founders of Canadian life in that district, but he had listened to the voice of the tempter and had put his money in mills and it had all gone. But for all that he was a fine type of all the doctors of that valley.~~ He was succeeded by Dr. James Mitchell, ~~and~~ an able surgeon. After him came Dr. James MacMahon, ~~a thrifty and~~ an excellent practitioner and a warm friend of mine ~~brother of Judge MacMan of Toronto.~~ As a 2nd and 3rd year medical student, I ~~came into contact with his successor~~ worked with Dr. A. Walker, ~~He was a fine~~ ~~good~~ type, and a good ~~keen~~ business man, ~~He came as a raw graduate and determined~~ who never ~~to~~ send a case from his door. ~~At first this was hard, but later on it was harder.~~ He did all his own operations, including many cases of lithotomy. ~~There were no brain cases in these days.~~ ~~His~~ He died soon afterwards, where he still lives. I owe much to the boy in his patience the annual disturbance of his pharmacy ~~was a success due to his own determination.~~ He was followed by Dr. James Ross, an old student of mine ~~whom I knew as a Student~~ and ~~later as~~ a keen ~~general~~ practitioner, the best of the lot who prematurely died of pneumonia. ~~Now~~ There followed Dr. Bertram a worthy ~~good~~ successor ~~of his predecessors~~, who practises with ~~his~~ head, his hands and his heart. That is a fine record of a century of practice in my native town; and all but one of these men I knew well - all lived good clean clear lives

" ~~That is the record of six first class Doctors, of good clear, clean lives, except two of them, all have resisted the temptor or temptress. That~~ It is a ~~good~~ record, ~~but that can~~ be paralled, ~~in~~ I dare not say many other places. ~~I knew the great grandfather, the father and the son who practised in that district.~~ It was my privelege to know many men of the district, some of the Adams pioneers like Dr Hamilton - Dr Macklean, Dr J. D. Macdonell, Dr Ryan - Dr Covernton of Grimsby, the Orlons. One remarkable family filled out a century, the Cases. On the south side of the Gore in Hamilton stood an old frame house, unpainted & weather-worn where ~~There~~ the grandfather started the ~~making head~~ in 1810, ~~and~~ On entering the front you saw a remarkable ~~thing~~ record. ~~along the side of the door~~: The door had never been painted; - ~~but~~ at the level of ~~a man's~~ shoulder was a wide shallow impression where men had knocked for three generations. ~~In the middle~~ at a lower level another impression where the women had knocked, and, below, a tiny one ~~for~~ where the little tots had called when the door ~~for~~ three generations ~~there~~ had been no knocker, ~~and the generations~~ had left their marks ~~behind them~~ on the door now in the museum of the city.

I know what he meant, and it made an enduring impression. He had been an exceptionally prominent man on the "Founders of the Canada Type", Turnbull for years the G.W.R. surgeon in Brandon, Found an Academy & Grand business man - but at 18 years he had hung his sacrificial shingle "Hamilton" & it had all gone. I remember him as from boyhood as a clear cut strong man with the bearing of the Valley & the Dominion

Dwelling in the Valley below is one who brought up of Dundas in which I was

& Stenographic report; corrected by author

My associations with the profession of Hamilton was always very close & I numbered among my dearest friends Dr Mullin, Mallock, Ridley, Woolverton, & others. And I knew the men of the district and always followed their careers with interest. As I look back it seems a remarkable number of them were successful. but there comes a shadow over the picture - the failures, and from various causes but chiefly three. The first and the worst is drink! How thoughtful & young men should feel at the remarkable diminution of drinking in the profession. Many of the very best standard and brightest of my generation were ruined by Bacchus

"~~That door is now in the Museum at Hamilton. They were a fine group in Hamilton. Dr. McDonald, Mr. alp . Whites and Archie Maller, who went there in 1866. So you see my personal experience gives me a great idea of the possibility of the Profession. It is the man and the Doctor who makes his success and not the environment.~~

"~~Now where are the failures? We all know that there are failures, and there are three great reasons for them. And the first is drink.~~ There is a diminution ~~in the number~~ of men ~~who are ensnared by drink, and we are grateful for it.~~ Before a Canadian audience I am embarrassed to speak of the second, but I had better 'out' with it, after all it is not so bad as a drink — Speculation. ~~If there is one thing that has ruined doctors, it is~~ that the saying of "slow and sure" is ~~not encouraged.~~ The doctor who ~~If you~~ lives straight, sober ~~and~~ honest life and is ~~are~~ not a natural born fool, slowly and surely, (provided ~~you have~~ he has not serious domestic ~~wife~~ troubles, & alhers money ~~will accumulate.~~ ~~Its scientific~~ value to a doctor was evident to me when I went by train from Montreal to Morrisburg to do a P.M. The case was one of Hodgkins disease and an early case. We arrived at 1am. - the evening train - all the doctors from the neighbourhood had collected, and we drove 22 miles back into the country. It was mid-winter and cold as Greenland. We arrived at 6.am. ('Oh, - one or two stops') and then found that there wasnt to be any PM. Rumours had gone around that resurrection men were arriving, and all up the Ottawa Valley as soon as a death occurred, burial was prompt. The farmer concerned explained "The women are scared, a body was stolen last year, so we have buried him at once, but you can have your breakfast alright" The

Turn to the back please.

~~The~~ doctor then took the old farmer aside, and he soon called his sons together, and an announcement was made to us that it was all alright. We would have breakfast and then find the body in the barn. I asked the doctor how he had arranged matters, and he told me that he had threatened the farmer that if he did not ~~produce the body, that he would forclose the mortgage from the farm.~~ Then I knew why he died rich. Most of us have speculated on and those who have not hope to do so. I have studied the doctors and Rake's progress when I see the doctors carriage standing outside a brokers' office in the morning. " There is a lost one" I say, no matter whether it is Cobolt, British Columbia or Gold mines. It is no ligitimate practice for the Doctor, and we are victims for sharks of all kinds.

The third reason for degeneration is politics. There is only one side of Politics authorized to the doctor. I have lived a decent political life, and I don't know that I have ever voted, but I have consistently turned with the Government. Iziah or another said, "there must be a saving remnant in every community". It is the remnant that go for men and not for party. My advice is to support the Government that's in. Think of the number of doctors, - of well educated doctors who have mixed with politics and gone to the devil. It makes a my blood boil to think of it. There are some rich men who are good for politics, ~~but should~~ who have a sufficiency for their family, so as to avoid political temptations."

There is only one way for the doctor to live a decent political life - to support ~~vote for~~ the government. It has been my only political principle. Belong to the saving remnant in every country that votes for men not party, and who sees equal virtue in Grit or Tory so long as he is an honest man. It is distressing to think of the number of good doctors in Canada who have ruined by mixing in politics. There have been great successes - like Sir Charles Tupper, and have we not that doctors in the present Imperial cabinet & one of them a Professor of McGill, but for the average man who has a family to support and a practice to keep up let him shun politics as he does drink & speculation. As a right-living, clear thinking man with all the interests of the community at heart, the doctor ~~has~~ appears plenty of the best sort of political influence

Let me tell a story. In Montreal I was very interested in a case of Hodgkins disease sent to me by Dr Sherman of Morrisburg. One ~~evening~~ day I had a telegram that the boy had died & ~~that if I came~~ to come up for a post-mortem. I took the evening train and got to Morrisburg ~~about~~ shortly Midnight. Dr Sherman had collected half a dozen doctors from the neighborhood, & with two teams we started for a twenty five mile drive due north into Glengarry. I remember it well as it was bitterly cold, though in the month of august. We got to the farm house early in the morning, and learned to our disgust that the body had been buried in the orchard close to the kitchen. Those were days of the resurrectionists when the people, even at that distance from Montreal, feared to bury in the graveyards. Dr Sherman was furious. They gave us a good breakfast, after which the Doctor took the old farmer & his boys aside, and in a few minutes we saw that he had settled matters. The body was to be exhumed. It was a most unpleasant situation from which I should have been glad to escape, as we could not but sympathize with the poor people. The body was taken to the barn and I made the post-mortem before a motley gathering of the neighbors, none of whom looked very friendly. I improved the occasion by talking freely to them of the rarity of the disease and got them interested by demonstrating the various organs. We did not get away until noon but parted with the family in a very friendly mood. As we were 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 old farm. That how I settled it" I need scarcely tell you that Dr Sherman died rich. The rate — I mean the doctors, progress as a speculation is to financial perdition — nearly always. The exceptions simply illustrate the rule. When you see a doctors motor at the brokers office early in the morning you know he is lost, whether it is Cobalt or Kootenay or Wall street. What easy prey we are for the mining & other sharks

On Monday the 9th September, 1918 at the Officer Mess of the C A.M.C. Depot, as most interesting Lecture on the future of the Medical Profession was delivered by Sir William Osler.

The Minutes of the previous Meeting were read and approved.

There was a large gathering of the Members of the C.A.M.C. Medical Society, Shorncliffe, and among the distinguished guests were the following:- Col. C.A. Smart, CMG. Col. Wallace.A. Scott. CMG. ADMS. S'cliffe, Col. Williams Lt. Col. G. A. Mason, O/C. C.A.M.C. Depot. Col. Finlayson, Consultant in Medecine, Lt.Col. S.R.Harrison, Lt.Col. Kendall, Lt.Col. Nettleton, Lt.Col. McKinnon, and Major J.R.Goodall, D.A.D M.S.

Continuing Sir William Osler.

~~He~~ stated that he was not particularly in favour of a large number of Doctors going into Politics, although he admitted that seeing that there ~~were~~ was such a large number of them, many of them fine young fellows, who had been good practitioners, well educated and of nice family, that there were bound to be a certain number who were ~~well-~~ so situated that ~~they~~ he could not but recommend that they should go into Politics. He certainly thought it as well for the Medical Profession to have a certain number of men representing them. But these should be men who had already made provision to secure their families from care.

In this connection he would like to mention Sir William Tupper a Politician who was also an excellent Doctor, in fact one of the best Doctors Canada ever had, and who told the lecturer in the year of his death that he had amputated a thigh on a kitchen table, 25 miles away from his house, with complete success although he never had time to see the case again for three months.

Sir Wm. Osler then continued: " Now I come to the question you have asked me to discuss - the future of medecine in Canada. The future depends on you young fellows who are now far from your h

On May the 9th September, at the Officer Mess of the O.A.M.C. Depot, an most interesting lecture on the future of the medical profession was delivered by Sir William Osler.

The minutes of the previous meeting were read and approved.

There was a large gathering of the members of the O.A.M.C. Medical Society, Sherwood's, and among the distinguished guests were the following:- Col. O.A. Smart, O.C. Col. Williams, A.D.M.S. Maj. Gen. Hood. Gen. Adm. Wolfe, Col. Williams Lt. Col. O. Lt. Col. Mason, O/C. C.A.M.C. Depot. Col. Williamson, Consult. in Medicine, Lt. Col. S. Harris, Lt. Col. Tomkins, Lt. Col. Nettleton, Lt. Col. McKinnon, and Major J. Stoddart, A.M.C.

Sir Wm. Osler then continued: "Now I come to the question you have asked me to discuss - the future of medicine in Canada. The future depends on you young fellows who are now far from your

stated that he was not particularly in favor of a large number of doctors going into politics, although admitted that seeing that there were such a large number of them, many of them this young fellows, who had been g od practitioners, well educated and of nice family, that there were bound to be a certain number who were well so situated that they he could not but recommend that they should go into politics. He certainly thought it as well for the medical profession to have a certain number of men representing them. But those should be men who had already made provision to secure their families from care.

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Sir Wm. Osler then continued: "Now I come to the question you have asked me to discuss - the future of medicine in Canada. The future depends on you young fellows who are now far from your

~~with a good deal of mental turmoil as to what is to be your future~~

Homes and ~~the jobs that in peace time you would have had~~.
There is a great deal of apprehension as to what is to be the future, and one of the important things is whether we are to have the State interferring and taking us all over bodily and making state Servants of us. This is no use. The Medical Profession ~~stated that~~ started with State Doctors. One of the best stories of the Medical Profession is of the Greek Doctor DEMOCEDES.. who was so popular that they bid for him in different Greek Cities, and he went to Athens, as he was offered the largest salary there as a State Doctor.

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 medecine than we have .
I think that one of the things you will find better organised and equipped in this Country is not so much ~~Urban~~ CITY Health work, ~~but~~ 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, ~~instances of a great many of~~ the diseases that are preventable. There is no question that in cases of diseases such as Tuberculosis, in which

5-16

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 direction, 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 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 will be when notified, 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 Medecine, 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 medecine which Hospitals have not developed as much as they should. Even the ~~The Montreal~~ General and Royal Victoria Hospitals of Montreal, Toronto and the General Hospital of Toronto have never had a maternity department ~~and~~ 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 extention of State work could be done, without interferring with the independence of the practitioner ~~and~~ 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 of competition and that senge of independence which after all is the most important factor in a man's individuality in his professional carear. I should like to mention that I think we should look forward very much more 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 doctors 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

to teach them Physics, Chemistry, Biology ~~and~~ general literature? and subjects of general education so that a man would pass on to the Medical School ~~with a knowledge of~~ knowing his Biology Botany, Chemistry and physics thoroughly. It follows that a man who has had Chemistry for 2 years ~~has not had much time to specialise over~~ requires only three months at clinical and physiological ~~(?)~~ Chemistry ~~but~~ If he has a good equipment of general knowledge on entering a Medical School, there is no doubt that the curriculum can be rearranged 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 ~~pathology~~ 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 or Medicine. But Physiology or 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 ~~XXXX~~ only as a student but also as a teacher. I was in the School ~~(?)~~ of Medecine at Montreal and had to give 5 didatic lectures a week and I had not ~~them~~ one prepared. There is no reason why these didatic lectures should not be reduced. If ~~the~~ a student ~~s~~ knows his biology and embriology there is no ~~medical student who~~ reason why he could not get sufficient anatomy and Physiology within on e year, and this would enable him to get ~~practical~~ 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 ~~for certain things~~ the student his option of 6 or 8 courses ~~out of 6 or 8, I would give him the option of subjects~~. Any man ought to be able 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 ~~or special things~~. 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 rexaminations - 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 ~~xxxxxxxx~~ 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. New Paragraph Of course, one of the difficulties which comes up in Canada is that the Medical ~~Colleges~~ Council of a Province ~~which~~ controls the licence ~~as they have control of the~~ and curriculum of its Province. The first thing to be done is to get rid of this control ~~(?) and they would have to be got hold of.~~ I do not know if any of you have read the report of Chief Justice Hodgkins ~~H.....~~ on medical education, ~~in~~ ..... 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 ~~and~~ says some good things about the medical council and examinations. The matter must be rearranged and I hope it will be rearranged at an early date. ~~Of course there is The question of the Medical Council.~~ I remember that even as a student I felt that it was only right that the medical profession should ~~xxxxxxxxxxxxxx~~ 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, ~~as~~ it is made by a layman. He mentioned the subject of examinations and the relation of the University

goes in for Public Health, let him go into a Public Health department. If he is going to give internal (?) medicine let him develop along that line in his last year. I am sure that there is much work to be done on examinations could be developed more efficiently than now. At present the, are all put in the same mill and are turned out all the same type.

With regard to examinations - there is no question that the examination system has been a ..... for the medical profession. Here in my question 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 would 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, i.e. not a record of how much he writes, but of what he has done. And my opinion is that this will be changed before many years. For one of the difficulties which comes up is the medical curriculum (?) and they have to be guided by it. I do not know if any of you have read a report of a Flexner 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 and gives some good things about the medical council and examinations. The matter must be tackled and I hope it will be tackled at an early date.

As a student I felt that it was only right that the medical profession should have the control of its profession and education.

These are the important points that I have wished to bring before you. There are a great many other I would like to touch on but one paragraph I would like to read from Judge Hodgins at present. His report is really a very full one, as it is made by a layman. In addition 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 reciprocraty. It is an insult to ask a man who has passed at Toronto, (and an outrage on professional education) to submit himself ~~that he should have~~ in his own ~~onw~~ Country to ~~submit to an~~ 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, ~~so that~~ A man who has ~~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 ~~had~~ much about the question of State Control as you and some of the others would like, but I ~~think that for one reason, I~~ really do ~~did~~ not think that any of ~~in~~ the Provinces of Canada would every be likely to have a complete State control of the profession. ~~and~~ 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 reliases that ~~that~~ individual work is his own special job so that he will gradually year by year know his work better, deserve ~~xxxxx x~~ the better confidence of his colleagues ~~colleges~~ and the confidence of the Public, year by year that man goes on ~~the profession~~ increasing his professional knowledge, and increasing his sphere of influence, until as a general Practitioner whether in ~~the~~ Town, Village or on the Cross Road, he reaches a position ~~proficiency~~ that is second to none in the Medical profession, or any other profession, for I have had experience of men who have practiced on the Cross Roads who were ~~have~~ Specialists in ~~of~~ 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 ~~about~~ a hundred medical officers

The Future of the Medical Profession in Canada*

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 exsample, 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 Desjardins 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 Desjardins 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, overlooking the valley was a comfortable old frame house with a wide verandah. Here in an arm chair wrapped in his furs was the Nestor 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

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

Su #8277,
at p. 189 in
Scrap-book,
#3577
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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 etc". 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 3nd year medical student I worked in the office of Dr. Holford Walker, a Queens 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 exceptional success, many ovariotomies; 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 opthamoscope 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!- 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 priveledges 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 he 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~~ Dundurn 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 thank-

dear!!

see above bef Brown above

ful 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 B acchus. 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? B ut the evil is greivous and I know you will not mind a warning even tho it may be late! T'is 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 desease 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 dodtors of the neighborhood 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 ressurectionests 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. I t 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 neighbors, none of whom looked very friendly. I improved the occasion by speaking of the varity of the deseade, 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 forclose the morgage on his-- farm.That's how I settled it" Dr. Sherman died rich. You may draw your own moral The rakes - I mean the doctor's 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. Itis 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) Ialways 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 Emperial 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 of Greece, and one of the best stories in Herodot~~ias~~us 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

(continued above at bef 15)
WMT

Material for an article entitled

"Treatment of Certain Forms of Angina Pectoris with Theo-Bromine"

a later title in Sir William's hand reads "On the Value of Theo-Bromine in the treatment of the Angina of Effort"

[not published. An addition (on p. 2) written in Sir William's hand bears the date "Dec. 3rd 1918". On the verso of the last leaf in Sir William's hand are some remarks on angina pectoris written in pencil and scored through]

On the value of Theobromine in the treatment of the angina of Effort.

TREATMENT OF CERTAIN FORMS OF ANGINA PECTORIS WITH THEO-BROMINE.

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

In ~~the~~ my Lumleian Lectures ~~on Angina Pectoris~~, 1910, ~~I referred~~ made a reference to ~~a~~ the strong advocacy by Prof. Marchiafava of Rome of theo-bromine. ~~Since then I have recommended~~ From my experience in angina pectoris its use in a number of cases, ~~and have come to~~ the conclusion has been reached that the drug has a ~~very~~ definite value in certain forms. It ~~is of no value~~ has failed in the syphilitic variety, with aortitis, ~~nor when there is~~ in cases of wide-spread disease of the coronary arteries, ~~nor~~ in the angina of aneurism, ~~nor~~ in the senile type,-in all of which forms I have watched its use without any benefit. But there is a type of case, characterized mainly by pain on effort, the angine d'effort of the French, in which the results ~~in several cases~~ have been so striking that I feel that it cannot be a matter of simple coincidence, and what jogged my memory to make this note was that the other day in the Underground Railway I met Dr. - of Great Marlow, who said "Well! that theo-bromine has settled Mrs. ----'s case. She is going all over the place, and seems perfectly well".

The following reports illustrate its use.

Mr. P. aged 54, a large framed full-blooded man, seen first in the autumn of 1908, complaining of pain, inability to walk more than a few hundred yards without pain in the chest. In several sharp attacks he had turned pale, sweated, and almost fainted. He was very stout, the blood vessels were very full, the arteries just palpable, blood pressure 180, heart sounds clear. He was put upon a diet, urged to take very little exercise, and put upon iodide of potassium. I did not see him again for nearly a year, when he returned in much the same con-

dition. Even walking up stairs, he had to stop once or twice, particularly after meals. He had to give up riding, and became very nervous and apprehensive. The blood pressure was lower, and he had lost 1½ stones in weight. He was then put upon theo-bromine, 20 grains three times a day. At first, ther did not seem to be any benefit, but I urged him to continueits use. A few weeks later he wrote that he could walk longer distances without having pains, that he was better in every way. He took the drug at intervals for more than a year, and gradually reached a condition in which he could again ride, and go up a moderate hill without having to stop. I have seen him four times since, the last occasion in October 1913. The blood pressure is lower, his general condition is excellent, and he has not had a severe attack for more than three years.

Dec. 3rd 1916. Two recent attacks of pain at night, quite severe & extending to both elbows. The heart seems in the worst condition of the whole case. Not able to walk fast up a hill. He has lost 2 stone in weight. Blood pressure 175, pulse tolerable. Heart sounds clear. Has not taken the theobromine for this year.

Equally good results followed in the case of Mr. ---, aged 56, a patient of Dr. Elliott's of Chester, a very robust, energetic, active man, muscular and full-blooded. The first attack was in September 1911 when he was bicycling up a hill - evidently a severe one, as he had to get off, and could get relief only on 'all-fours'. These attacks recurred, so that he had to give up bicycling, and tobacco and alcohol were cut off. Then the attacks gradually grew worse; he would have them at night and going to bed, and could only get relief in the knee-elbow position. He would have pain on bending to tie his shoes, or if he lifted his arms. At the end of a hundred yards he was, as he expressed it, "tied up in a knot, could not move a step". He became practically incapacitated. He was a very healthy looking man, with no evident cardio-vascular disease; the arteries only just palpable, and the examination of the chest negative, blood pressure under 160. The suspicious thing in his history was that he had had syphilis as a young man. I thought it was an instance in which complete rest for a time was important, and this was carried out. For two months he did nothing; he took potassium iodide and theo-

bromine, 15 grains three times a day. The attacks gradually lessened and he began to get up and do a little quiet work every day. I saw him again on April 26th, 1913. He was very much better, the systolic blood pressure 135, cardiac examination negative, except that there was a very soft apex systolic bruit. He was urged to continue the theo-bromine and get at his work gradually. I saw the patient again on May 16th, 1914. He says he is perfectly well, can walk a mile and a half without stopping. If he walks fast up-hill immediately after a meal, he feels a little twinge beneath the breast-bone. He took the theo-bromine for more than a year, but he has now stopped it. He attributes the good results entirely to the drug.

Against these very satisfactory cases must be placed several in which the drug proved useless.

A very vigorous man aged 45, good history, no syphilis, with characteristic attacks, which had occurred on and off for more than a year. The examination of the cardio-vascular system was negative; the superficial arteries were visible; they were not sclerotic. The systolic blood pressure was only 145. The sounds were clear. As the attacks came on so definityly after exertion, it seemed just the sort of case, like the others, in which the drug would be helpful, but it was quite useless. He died suddenly in an attack. There were areas of subintimal fatty degeneration on the ~~right~~ arch of the aorta, the valves were normal. Of the Coronary arteries the orifice a branch of the left was free, but in the right, a little distance from the orifice, there was an extensive atheromatous change, narrowing the lumen to one third. This is a case which illustrates that wide-spread disease of the coronary arteries may exist without any clinical signs.

In another instance, a man aged 57, with a very severe type of angina and attacks that followed the slightest exertion, theo-bromine was tried without any benefit. It was a case with

signs of hypertrophy of the heart, and aortic insufficiency appeared later, and he died suddenly. He took the theo-bromine for four months without any benefit.

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