

A BRIEF HISTORY OF MEDICINE IN NOVA SCOTIA PART 2

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The teaching facilities offered by the Provincial and City Hospital led Dalhousie to heed the advice of some of the leading medical men in Halifax and create a Faculty of Medicine in 1868. At the beginning there was enthusiasm and the number of students that enrolled was satisfactory. But in any new venture there are difficulties to be overcome and the necessary spirit of co-operation was lacking to meet the challenge successfully. Accordingly in 1873 Dalhousie relinquished the project.

In the same year (Chapter 90, Acts of Legislature) an Act was passed entitled "An Act to incorporate the Halifax School of Medicine". Nothing came of this except a change in the Act in 1874 (Chapter 89), and this resulted in no visible action. Finally, on May 6, 1875, (Chapter 104) an Act passed the Assembly entitled, "An Act to incorporate the Halifax Medical College". The petitioners named in this Act are: Dr. Alexander P. Reid, Dr. Wm. B. Slayter, Dr. Edward Farrell, Dr. Alfred St. Woodill, Dr. John Sommers and Dr. Hugh Alexander Gordon. This time action was quickly taken and teaching was soon underway. A building was erected at the South east corner of College and Carleton Streets, and there instruction began. At the beginning there is a tradition that relations with Dalhousie were not very cordial, but need of the new medical school induced a new warmth. For many years all Chemistry was taught by Dalhousie. Then the Halifax Medical College relinquished its degree-granting powers to Dalhousie. Finally, in 1911, its doors closed forever and the University resumed its full teaching programme.

The Halifax Medical College, in spite of its small size and limited facilities produced many excellent physicians. If its equipment was meagre its clinical facilities were good and

in time became better and better. But most of all its success depended on the interest and enthusiasm of its Faculty, and that was always present in full measure. When the College operated "in the red" the Faculty made up the deficit out of their own individual pockets. The instructors were men of high principles; how high we shall soon learn.

In 1872 the Provincial Medical Board of Nova Scotia was created to regulate the requirements for licensure, conduct examinations to that end, and enforce discipline within the profession. By the same token it was empowered to prosecute persons who practised Medicine illegally. This body has throughout the years exerted a marked influence on medical education and practice in Nova Scotia and we shall hear more of it later.

In 1882 the Poor's Asylum at the Corner of Robie and South Streets burned down, depriving the College of clinical obstetrical teaching except through the Halifax Dispensary. This institution, until recently in operation, provided an outpatient and home service to the sick poor of Halifax who did not need hospital care. Pre-natal care as we know it today did not exist. The emphasis was on delivery. The loss of the Poor's Asylum affected the Provincial and City Hospital which drew many of its patients from the former institution. As a result a good deal of tension was created which no doubt contributed to the critical situation which developed in 1885.

In that year the Provincial and City Hospital needed a House Surgeon. In those days this was a duly qualified graduate in Medicine who lived in the Hospital and in fact provided most of the care needed by the patients from day to day.

The Administrative body of the Hospital consisted of equal representation by the City and Province, chaired by the Mayor of Halifax. This body asked the Medical Staff to aid in selecting a House Surgeon from the two

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The Medical Society of Nova Scotia

The Nova Scotia Division of the Canadian Medical Association

Founded in 1854 and incorporated in 1861, the Medical Society has 12 Branch Societies throughout the Province. There are 13 Sections within the Society representing groups with particular interests in various areas of Medicine.

Thirty-five committees and eight representatives to other organizations are responsible for projecting the policies of the Society. The governing body is a Council of approximately 120 members which reports to the Annual Meeting. The Executive Committee is responsible for the business of the Society between Annual Meetings.

Group Disability Insurance, Overhead Office Expense Insurance, and Life Insurance are available to members in good standing. The Society publishes The Nova Scotia Medical Bulletin monthly. Membership in the Canadian Medical Association provides the Canadian Medical Association Journal weekly and eligibility for participation in the Canadian Medical Retirement Savings Plan and the Canadian Medical Equity Fund.

Conjoint membership in The Medical Society of Nova Scotia and the Canadian Medical Association is available to any physician licensed to practice in Nova Scotia.

Further information may be obtained from:

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men who applied. An examination was set. Both men passed. One was from the City, the other outside it. The outside man passed with far higher marks than his City competitor, and was recommended for appointment accordingly. The Board of Management took a different view. It said in effect: "Since both men passed both are qualified," and it chose the man from Halifax. The Medical Staff protested without avail and when there was no longer a chance of compromise, it saw to it that adequate medical care of the patients would be available, and resigned in a body. As the Medical Staff was also the Faculty of Medicine, the College found itself wholly without clinical teaching facilities and was forced to close its doors.

The storm that followed was severe, bitter and far reaching in its effects. There is no point in recounting it here in detail. It ended by a complete withdrawal of the City from the Hospital with regard to management and ownership. From 1887 it became the property of the Province of Nova Scotia, and, as this was the year of Queen Victoria's Golden Jubilee it was re-named Victoria General Hospital.

After this housecleaning both the Halifax Medical College and the Victoria General Hospital "took on a new lease of life". The Province added 100 beds to the hospital. New and younger men were added to the Faculty and to the Medical Staff, and the great new discovery in Surgery was explored to the full. This, of course, was the application first of Listerian antiseptics and later of asepsis in Surgical techniques. Only three years later the importance of training of nurses was realized there in the establishment of a school of nursing.

These events had a profound effect upon medical practice throughout the Province. The Halifax Medical College was assuming a higher status. Its graduates had better training than ever before and they were finding increased acceptance everywhere. Halifax had the only two general hospitals in the Province. Outlying towns became increasingly aware of their local needs in this respect and received the support and approval of the medical profession. Accidents played a major part in arousing public opinion so it is not surprising that the earlier hospitals outside of Halifax were built in industrial areas; Springhill, New Glasgow, Sydney and Glace Bay. From

1890 to 1900 surgery came into its own as an elective procedure. Aspiring surgeons sought training abroad, and coming back "learned by doing". New instruments and other surgical devices were being invented and used. The surgeon was by force of circumstances becoming a specialist if his reputation was good. By contrast certain physicians who abjured surgery altogether and did Medicine along with a limited or non-existent obstetrical practice were likewise becoming designated by the public and the profession to a special field, particularly in Halifax. The one unquestioned specialist that came into his own in this decade was the one confining his practice to the eye, ear, nose and throat. Of course, the teacher had a well recognized status in his own field, but even here the specialties were practically limited to Medicine, Surgery, Obstetrics and Eye, Ear, Nose and Throat. Gynaecology and Urology were offshoots of surgery. Transportation and communication in Nova Scotia had a profound effect upon medical practice. In the early days the only roads worthy of the name were the coach roads. The rest were only trails. The doctor in the City or Town had his horse and carriage or in winter a sleigh, but until 1890 or later many country doctors kept saddle horses for regular use with a wagon or sleigh available in favorable seasons and locations. The doctor carried a supply of drugs and instruments in saddle bags and learned to use limited household facilities to supplement them. It may startle medical students of today to realize that reliable automobiles were not available insofar as a doctor was concerned, until at least 1915; that electric light for domestic use was rare in towns up to 1910, and in the country not at all, at that time; that telephones were equally rare; and that up to the early 1930's the only paved road in Nova Scotia outside a City or Town was from Halifax to Bedford. In 1860 if a traveller wished to go from Halifax to New Glasgow he went to Truro by train, and by a horse-drawn coach the rest of the way. It may be noted in passing that in the early 1900's the doctor in winter often drove his horse and sleigh on the railroad with a careful eye for trains, rather than face the highways often unbroken for days or even weeks at a time.

The population at large valued a doctor's services because they were not easily obtained.

Even one visit was considered an event. He was not called unless he was really needed. Sometimes people were brought to him but not often as he was usually away from home. Instead the need for his help was passed by word of mouth one to another until it reached him. Then he responded as soon as he was able. In rural areas people were imbued with a measure of fatalism. If a member of the family seemed really ill they sent for the doctor, "because it was the right thing to do." If he died it was the will of Providence; if he lived, Providence rather than the doctor, got most of the credit.

Home remedies were extensively used. Faith added to their small or doubtful virtues. As a result patent medicines were in tremendous demand as their appearance suggested a superior product to which were added testimonials of a most convincing nature. Quacks of every description peddled their wares and some set up in regular practice. In the 80's and 90's the Provincial Medical Board spent large sums prosecuting them or according to the public "persecuting" them.

Bacteriology had established itself in the early 90's and in the next two decades this became a diagnostic and therapeutic arm of Medicine of real value. Vaccines of different sorts came on the market and were used, often empirically. Diphtheria antitoxin was used early in the new century but in small doses and with great caution.

Public health was making progress too. Pulmonary tuberculosis was endemic and in some areas almost epidemic in the 90's. Whole families were wiped out. One small sanatorium was built in Kentville but it had little effect on the total treatment programme, and preventive measures were almost wholly neglected. It is not unfair to say that the foundations of the present public health programme in Nova Scotia were laid by the various aspects of prevention and treatment of this disease and of typhoid fever. The greatest major tasks at the start were the conquest of public ignorance, the prevention of spread, and effective measures of home treatment. Three men deeply concerned with the problem decided to try to do something about it. One was a physician, one was an engineer, and the third knew a good deal about publishing and publicity. They wrote a book on "Consumption", which was distributed throughout Nova Scotia between 1910 and

1914. Between fifteen and twenty thousand copies were given free. If you are interested you may find a copy in the Library of the Medical School. Dr. George Cox of New Glasgow and John W. MacLeod, M.A. then on the Faculty of St. Francis Xavier University - did the greatest part of the work. Today some parts may cause a tolerant smile in the light of our newer knowledge of the disease, but in the main it represented the best thinking of the time and far beyond it.

There is no doubt that this book achieved its purpose. It aroused public interest and hope where there had been despair. The medical profession reacted by giving more attention to all aspects of the disease. It would still be ten years before X-rays would play much part in diagnosis, but more care was given to office procedures.

Venereal disease, the scourge of the ages, was still a most formidable opponent. Mercury and potassium-iodide were the most effective weapons against syphilis. Organic arsenic (606) while available earlier was scarcely used until after World War I was over.

This conflict, in which doctors and nurses from Nova Scotia played a magnificent part, is too long to deal with in an article of this length and is fully recorded elsewhere. The Dalhousie Hospital Unit under the Command of Col. (Dr.) John Stewart, and later commanded by Col. (Dr.) E. V. Hogan was a Source of pride to Nova Scotia and to Dalhousie in particular for its work in France. On the home front medical men worked harder due to depleted numbers. Progress was slower; all seemed to mark time. Those who were in the Services returned with some useful experience, and a few with post-graduate training. However, interest in Medicine led to a larger number of students. Professional life quickened greatly. There was a feeling of great progress at hand. How great it was to be, few indeed could picture in their wildest dreams.

Today we frequently meet a tendency to regard the physicians of the era we have carried, most superficially, as well meaning but ill trained and ignorant. That was far from the case. As bedside clinicians the best of them were splendid. Their powers of observation were trained far beyond ours. Their closeness to the patient, his character, his home life and his kinfolk, gave them an advantage, we

have lost in great measure. They found time to be human and they remembered that "a glad heart doeth good like a medicine". They injected hope, where it had room to exist, and they carried the conviction into the lives of their patients - that whatever could be done would be done. Progress was never so fast that it prevented experience to produce proof of worth before something else obtruded. We can regard our inheritance from it as rich indeed and worthy of pride.

Though a measure of fatalism effected the public image of the physician as a person to secure results, it did not prevent his pro-

fession from occupying an extremely high place in public esteem. It was admired for its ideals and its dedication to the relief of pain and suffering. People literally worshipped the man who would come when called, day or night, in storm or sunshine, regardless of personal hardship. Money entered the picture as a secondary consideration by both doctor and patient. Few doctors became rich but fewer still were ever in want. In many ways it was a Golden Age for the Medical profession but as so often happens this was only recognized when it was beginning to fade.

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