

## A BRIEF HISTORY OF MEDICINE IN NOVA SCOTIA

### PART 3

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The decade, 1920 to 1930, was significant in respect to advances in Medicine in Nova Scotia. Besides departmental changes in the Faculty of Medicine there were changes in the internal arrangements of hospitals of the greatest importance. The War had returned men to practice who had acquired new techniques in dealing with traumata and their effects. For example, Dr. Alan Curry brought back all the necessary instruments to deal with the reduction and plating of fractures by open operation following the technique of Sir Arbuthnot Lane. The Thomas' Arm and leg splint came into general use as a great improvement, especially in dealing with compound fractures. Skin grafting, the use of intravenous and intramuscular fluids after operation, bone grafts in delayed union of fractures and many other procedures came into common use. Nitrous oxide and oxygen along with ethyl chloride were added to the anaesthetists' armamentarium, although chloroform and ether were still in general use. Many new instruments were available. The Department of Physiotherapy at newly opened Camp Hill Hospital, while in some ways elaborately equipped, might create in its procedures a tolerant smile today, but it was a genuine beginning. In Medicine, Dr. Kenneth A. MacKenzie brought back a polygraph of the type used by Sir James MacKenzie. Gastro - intestinal X-ray examinations became valuable diagnostic aids and so did cystoscopy and pyelography. Chest radiography was useful but had not reached the necessary degree of diagnostic detail for accurate results before the end of the decade. If all these things began in a teaching centre, it is logical that they should radiate to all parts of Nova Scotia and in time they did.

In 1921, under the direction of the American College of Surgeons, a programme of

hospital standardization was started in Canada and the United States. The minimum standard for approval might be briefly stated as follows: -

1. The hospital must have a visiting staff of qualified, ethical practitioners, who met not only for staff purposes but to review their own work in hospital.

2. Members of the Staff must keep accurate and complete records of all patients admitted, and these formed the basis of staff review of performance.

3. There must be adequate X-ray and laboratory services under the direction of qualified medical personnel.

4. The hospital had to provide nursing, dietary and such like services in keeping with its size.

It may seem surprising today to think of a hospital of over 25 beds, in a small community, that would not be able to meet this standard. In 1921, things were different. The first two requirements were unusually if not rarely met. Hospital Staffs existed, and met, but not to review their own work with a critical eye. How could they when case records were so scant as to be useless for clinical purposes? The Victoria General Hospital, the first I believe, in the Province, was granted full approval in 1923.

Early Staff meetings were conducted in a tense atmosphere. In a review of the deaths of the week, of errors in diagnosis and like matters, the staff member bared his soul with difficulty and some scarcely at all. But gradually realization began to dawn that this was a good thing. One could not point the finger of scorn at another for his own day of reckoning would surely come. Communication became easier and better. The clinician who had earlier to justify himself to Students of Medicine had now to do the same to his peers. He himself became a student again in order to meet the challenge. Everybody received benefit and the patient most of

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all. In every way the move was good and in an upward direction.

The Rockefeller Foundation began a survey of Medical Education in the United States and Canada about the same time as the hospital survey began. It too revealed amazing inadequacies. In Dalhousie the teaching was good and in clinical subjects first class, but the premedical sciences had inadequate laboratory facilities and the Medical Library was housed in two rooms in the Forrest Building. The Rockefeller Foundation found this University ready and willing to amend but lacking the funds necessary. These the Foundation supplied, and early in the decade this school received an A rating which it has never lost.

This turned out to be a splendid thing. Students from the Maritime Provinces and Newfoundland (as of that time) went willingly to the new school and took pride as its graduates. It was not long before as many settled in this area as could find a livelihood under existing conditions of practice. Habits of people do not change rapidly and it was some time before they got out of the way of seeking medical aid only in emergencies.

The newly stimulated school wished to reach out and show its wares to the profession. Annual post-graduate refresher courses were started with two or more visiting specialists from the United States and Canada to add authority to local teaching. What was started amidst doubt and speculation turned out to be a first rate move and each year saw an increased attendance. These refresher courses have continued to the present time and have without doubt conferred great benefit to the profession and public in this part of Canada. Incidentally, it may be added that the Provincial Medical Board of Nova Scotia created an endowment, the income to be used to bring to this course each year an outstanding medical teacher from abroad to participate in the programme and deliver the Doctor John Stewart Memorial Lecture in memory of that illustrious Dean. For some years too at the end of the Twenties the Canadian Medical Association sent traveling clinicians to various parts of Canada, including Nova Scotia who gave lectures both in Halifax and in a number of towns throughout the Province.

Insulin for diabetes, liver for pernicious anaemia, X-ray and radium for neoplastic

diseases, and better biological products were the chief additions to the physician's armamentarium during this decade. Apart from these the Galenical pharmacy still held sway. True, prescriptions were shorter, fewer of the gunshot variety and directed more specifically, but that was all. It was stated categorically that one could not sterilize the blood stream without destroying its normal cellular components. Beverage alcohol was by law restricted to medicinal use and obtained from a Legal Vendor on a doctor's prescription. "Scripts" retailed at fifty-cents each, sometimes three for a dollar. Doctors wrote them cynically and few refused to do so.

Two definite forward steps in public health should be noted. The first of these was free treatment for venereal disease. Clinics were set up in larger centres, but the individual physician was able to secure and administer the necessary drugs in his own office. Gonorrhoea in the male and female was common and there were many cases of syphilis, both congenital and acquired. Tertiary syphilitic manifestations were frequently met, so frequently in fact, that you suspected it until a Wassermann test put your mind at ease. It took such a variety of forms that some older doctors gave potassium iodide almost routinely in chronic and obscure complaints, now and then with dramatic results. As the saturated solution was used the prescription was sometimes referred to as "The constitutional drops". Mercury by inunction was now being replaced by intramuscular injection and one or other preparation of arsenic intravenously was used concurrently. Treatment extended over long periods and one still wonders how effective it proved to be in the long haul. It is still far too soon to dismiss Tertiary syphilis from our clinical minds.

Towards the end of the twenties Dr. Joseph Hayes of Halifax began to tour the Province with a proposal: that local hospitals erect annexes for the admission and care of persons with pulmonary tuberculosis. Government aid would assist towards building and per diem costs and the result would be, hopefully, that a majority of active cases would come under institutional care. The reaction, as one would expect, was mixed but on the whole favorable and in the next decade was given effect with much success.



About the same time the Provincial Health authorities decided to test cattle throughout the Province for tuberculosis as the bovine strain was constantly appearing in children and young adults. Infected cattle were slaughtered and a bounty paid to the owner. The Provincial Health Officer then proposed to test school children. In some way a rumor got abroad that children reacting positively would be killed like the cattle. Naturally this created an uproar. At a meeting of Government the Health Officer was summoned to explain his plan. He replied by writing a letter. The Government replied that it did not wish a letter, it wished his presence. He replied with another letter and in return received his dismissal. This was a good example of the need of public education before the institution of a public health procedure that affects substantial numbers of the population.

On November 29th, 1929, the New York Stock Market crash began and during the next few days riches turned to rags. In Nova Scotia the effects were not at all apparent to the population at large. Sure, investors trading on a ten point margin suffered near or total bankruptcy to cover their losses. There were a good many of these but for the time being they seemed to be isolated individuals. Their misfortune was their's alone. But by the spring of 1931 the "pinch" began to be felt. Money was scarce and interest rates climbed. The Government cut Civil Service salaries by ten per cent up to \$3,000 a year, with an additional cut above that figure. Business and industry slumped, unemployment was rife. The Great Depression was on!

The Medical profession felt it keenly. It was expected and in fact did give the same amount of service as before, but with fewer and still fewer persons able to pay even modest fees the younger practitioners particularly had a very difficult time. Older men who had some savings weathered the storm with varying degrees of success. A few with capital poured it into the market to buy shares at giveaway prices and eventually reaped a fortune. Others did the same in real estate which reached bottom values at the same time. For the time being everybody shared a degree of mental depression and consequent apathy unless forced out of it by dire need. A personal recollection: A young specialist leaving

the Hospital on Christmas Eve, 1934, I think, remarked to me, "I'm going to buy my wife a Christmas gift; I'm going to give her a set of fire irons. Things are beginning to improve. I'm sure I'll make \$180.00 this year." Before he died he was making \$25,000 a year!

In spite of the depression there was progress. The Government had created a ministry of Health for the first time and the first incumbent Dr. George H. Murphy proceeded with the hospital annex programme with vigor. In 1931 quietly and without fanfare initial steps were taken to build a new Victoria General Hospital. Consultants were employed and plans made which never got off the drawing board. In terms of today's money it was a bargain but it was far too much for a Provincial Government to undertake then. That had to rest for several years. By 1935, the depression was lifting economically, and in terms of mental outlook as well.

Late in the Winter of 1938 a ship landed a few sick seaman in Halifax for care in Camp Hill Hospital. Soon after admission they were found to have smallpox. As quickly as possible they were removed with necessary attendants to the Quarantine Hospital on Lawlor's Island. As many contacts as possible were rounded up and vaccinated, but the accounts in the press struck terror into the Halifax population. It had been over twenty-five years since there had been an outbreak in the city - but memories of it were still strong. Thousands of people were vaccinated. Doctors would return to their offices and find a line-up on the street and a crowded waiting room. After a week or ten days the situation eased. No cases appeared among the general population but some of the nurses who accompanied the sick to hospital (contracted the disease). It was a virulent form and there were a few deaths.

During the years just preceding World War II the "Sulfa Drugs" appeared and marked the beginning of a therapeutic revolution. It is difficult to describe the change; only experience could do it justice. For example, lobar pneumonia with a mortality rate of about 35% in average adults almost hit bottom, and in the aged where it was almost uniformly fatal before, the outlook became favorable if treated early. All along the line results were from good to dramatic. Renal

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involvement soon raised its ugly head and required a more judicious use of the drugs and with alkalais in association. Almost before this could be perfected penicillin came on the market. The Age of Antibiotics had arrived!

Something else came too - The War. It is too soon, even twenty years after its end in Europe, to fully evaluate its place in the history of Nova Scotia Medicine. Medical men in the combat zones as well as those in Service "on the edge of things" brought glory and credit to their homeland. For those at home either through choice or in most cases through dire necessity, practice was a nightmare of problems. Practically everything was in short supply and some items went off the market entirely. One of the most difficult items to regulate in a fair manner was the supply of gasoline. Though extra allowances were made to physicians and especially for those with rural practices a considerable amount of care had to be observed to live within available supplies. Once again as so often in earlier days the public and the doctors co-operated. People adjusted their demands for service to the medical manpower available. In Dalhousie the Medical Course was accelerated, reducing vacations to a minimum which placed an extra burden on hospital and teaching staffs, but borne with cheerfulness.

In attempting to write a brief history of Medicine in Nova Scotia one is constantly in fear of omitting something of general importance and this writer does not pretend that he has included everything. Most of all he regrets the necessary omission of de-

tails of physicians and their achievements except in a few instances as passing references. They provided the color, the romance if you will, of many events which a simple recitation can never convey. Strangely enough one often remembers them by their beloved eccentricities, by their singular devotion to ideals, by their independence of character and their innate kindness of heart. Much of the best we have we owe to them.

In the past half century there has been greater scientific progress in Medicine than in any like period in world history. At the same time the public at large has become more and more intellectually associated with all aspects of disease prevention and treatment. No longer is the doctor of Medicine a man of mystery, a master of the occult, in the eyes of the public. The same public expects him as a scientist to produce the same results in dealing with the human organism as of an engineer in constructing and repairing a bridge or a skyscraper. The medical profession knows this is not true, can never be true, so long as people are human individuals and not robots. The doctor knows that science alone is not the answer, but that mysterious combination of science and empathy which raises practice to its highest level of achievement. To convey this idea to the public and gain its acceptance is the difficult task which lies ahead. To achieve this goal, to restore the physician to his former public image which he values and craves, requires not only scientific competence but the exhibition of all the traits of character which bespeak honesty, sincerity and the exhibition of human kindness.



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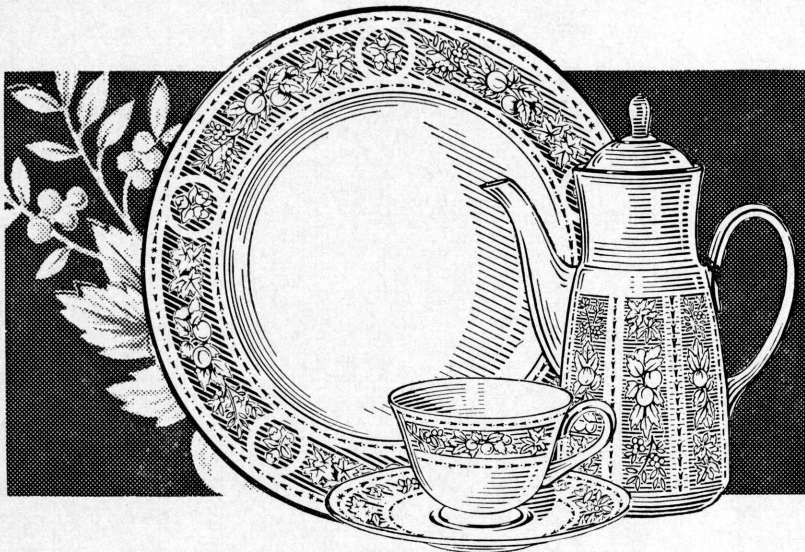
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