



The *Great* Canadian  
Catholic Hospital History Project

Documenting the legacy and contribution of the  
Congregations of Religious Women in Canada,  
their mission in health care, and the founding and operation of Catholic hospitals.

---



Projet de la *Grande* Histoire  
des hôpitaux catholiques au Canada

Retracer l'héritage et la contribution des  
congrégations de religieuses au Canada,  
leur mission en matière de soins de santé ainsi que la fondation et l'exploitation des hôpitaux catholiques.

---

**St. Paul's Hospital  
Vancouver, B.C.**

**The History of the Medical Staff  
1920 – 1940**

**Source:** Providence Health Care  
Vancouver, BC

**Copyright:** Public Domain

**Digitized:** October 2014

ST. PAUL'S HOSPITAL  
VANCOUVER, B.C.



THE HISTORY  
OF  
THE MEDICAL STAFF  
1920 - 1940

ST. PAUL'S HOSPITAL  
VANCOUVER, B.C.



THE HISTORY  
OF  
THE MEDICAL STAFF  
1920 – 1940

## ACKNOWLEDGMENTS

I wish to extend my many thanks to Sister Celina, Sister Superior of St. Paul's Hospital 1951-2-3-4 for placing the minutes of the Medical Staff at my disposal for many months, also for permission to use photographic plates picturing St. Paul's Hospital at various times in its structural development, also the plates of a number of the doctors who played a part in the early years of St. Paul's existence.

Many thanks are given to Sister Charles who has been within the walls of St. Paul's for many years, whose vivid memories of early happenings and Doctors, so accurately recalled, have so freely been given.

Sister Columkille has given much valuable data in connection with the earlier years and development of the laboratory; for this, and for her encouragement I am very grateful.

Certain doctors have been very generous with their help in recalling many facts in connection with the Staff and its deeds. Amongst these must be mentioned Dr. H.H. Milburn, Dr. Harry Bell, Dr. C.J. Roach, Dr. L.H. Appleby and Dr. E.K. Pinkerton. To these doctors I express my thanks. The splendid publication issued on the occasion of the Jubilee of St. Paul's Hospital 1894-1944, has been a valuable source of information and help in writing this history.

My many thanks are given to Major Matthews, the City Archivist, who has given a great deal of information about the early days of Vancouver and who has generously supplied photographs of early Vancouver scenes. Also, I wish to thank Dr. George Lamont, as Chairman of the Staff, who would not take "no" for an answer when I reluctantly accepted the position of Staff Historian.

## FOREWORD

In giving a proper picture in perspective of the formation and activities of the Medical Staff of St. Paul's Hospital it seemed wise to say something of the City of Vancouver; its beginnings, and the pioneer physicians who came here to take care of the sick and ailing and to seek, if not fortune, at least a good living. Then, to give a brief outline of the size and distribution of the inhabitants of the City of Vancouver at the time of the founding of St. Paul's Hospital.

St. Paul's Hospital, for the fifty-eight years of its existence, has made and continues to make a very valuable contribution towards the care of the sick, ailing and injured of Vancouver and adjacent territory. St. Paul's has grown very rapidly, as the City has grown, and has brought to this community scientific medicine with all its advanced laboratory and x-ray methods for diagnosis and treatment.

H. St. G. Saunders, in his recent history of the great Middlesex Hospital, London, sounds a note about that Hospital which I think applies very aptly to St. Paul's Hospital: -

"From the time of admission, the admitting nurse who receives the patient, the attending Sister or nurse who takes the patient to the allotted ward, the nurse in charge of the ward, the house physician who makes the preliminary examination, and the physician or surgeon in charge of his care are all thoughtfully courteous and kindly as well as efficient."

This is the atmosphere which the Sisters of Providence endeavour to obtain at all times towards all patients who entrust themselves to their care.

St. Paul's Hospital was founded by the Sisters of Providence, developed and carefully nourished by them through the years of its existence. The Medical Staff has nothing to do with the management of the Hospital; the worries of maintenance and development and economics which are part and parcel of the very existence of a hospital is the problem of the Sisters of Providence, but the Staff's interests are closely interwoven with the management in maintaining high standards of scientific medicine so that St. Paul's will always be recognized as an institution where scientific medical care is of the very best and the human personal side of practice is never forgotten.

CHAPTER 1

THE BIRTH OF A CITY AND SOME OF  
THE PIONEER MEDICAL PRACTITIONERS

## VANCOUVER

### THE BIRTH OF A CITY AND SOME OF THE PIONEER MEDICAL PRACTITIONERS

In 1885 the Canadian Pacific Railroad established its western terminus on the southern shore of Burrard Inlet at the small town of Granville. The area between Cambie Street, Hastings Street, Carrall Street and the beach gives one today a fairly accurate idea of the location of this town.

In the Directory of British Columbia published in 1885 we are told Granville had eighty-five general stores, three comfortable hotels, churches, a telegraph office, two trunk roads to New Westminster and a ferry to Moodyville.

At the foot of what is now Gore Avenue, the Hastings Saw Mill, with its few residential buildings and shacks, was situated. This mill was established in 1865 and began cutting lumber in 1867. The main industry of British Columbia in those days was lumbering, with fishing beginning to make itself felt.

In 1884 Sir William Van Horn, the President of the Canadian Pacific Railway, stated to a Montreal newspaper that if he had anything to say about the naming of the Western or Pacific terminus of the Canadian Pacific Railway, it would be called Vancouver. At a meeting of the citizens of Granville, called for the purpose of selecting a name, we are told one of the doctors was present -- Dr. D.R. Beconsale -- and took part in the discussion. It was decided to call the city Vancouver, and under this name the City of Vancouver was incorporated on April 6, 1886. In a few days over two months - June 13, 1886, the new city was destroyed by fire.

Dr. H.E. Langis and Dr. D.R. Beconsale both lost their offices and equipment. Dr. Langis, we are told, was away at the time of the fire, having taken a trip to San Francisco. However, both of these physicians reopened their offices almost immediately. In a couple of years Dr. Beconsale left Vancouver for the interior on account of poor health.

The earliest medical man to settle in the area which later became the City of Vancouver was Dr. Wymond W. Walkem who registered in B. C. in 1876 and moved to Burrard Inlet in 1877 and remained there as Justice of the Peace, Coroner, as well as physician, till 1882 when he moved to Nanaimo. \* In 1884 Dr. Duncan Bell Irving came to Burrard Inlet, being appointed physician to the Hastings Lumber Mill. Dr. Bell Irving remained here one year, went back to Scotland for about three years and returned in 1888 to settle permanently in Vancouver where he practised medicine for a few years and then retired.

\* History of Medicine in B. C. Dr. A.S. Monro

Dr. Henri Evariste Langis, a graduate in 1883 of the Victoria Medical College, Cobourg, a branch of the Ecole de Medicine et Chirurgie, Montreal, registered in B. C. in 1884. He practised for a time at Yale, B. C., moving to Vancouver in 1885. Dr. Langis was a very loyal supporter of St. Paul's Hospital from the time of its inception till his retirement to his farm on Vancouver Island in 1909.

Dr. John Mathew Lefevre graduated from McGill in 1879, registered in B. C. on March 19, 1886. He was the first C.P.R. surgeon in Vancouver. His certificate of medical education was sworn to before F.C. Innes, Notary Public, Town of Granville. Dr. Lefevre became a member of the City Council of Vancouver and later became President of the B. C. Medical Association, 1894-96. During the construction of the western division of the C.P.R. the main hospital was located at Yale, where all serious cases were sent; the cases not so serious were sent to the hospital at New Westminster. After Dr. Lefevre took charge in Vancouver I understand a small hospital, a two-roomed shack in the neighborhood of where the Sugar Refinery now stands, was opened where minor surgery or temporary care of patients was given. Dr. Lefevre was a friend of mine and on one occasion he showed me a letter from the Canada Life Insurance Company appointing him examiner for the company at Coal Harbour, B. C. The name of Coal Harbour was given to this portion of the inlet by Captain George Richards, R.N., of H.M.S. Plumper, in 1859 because a small seam of coal had been found on its shore.

In the handsome Jubilee publication commemorating the Fiftieth Anniversary of St. Paul's Hospital, 1894-1944, we note "in July 1938 the Hospital received the sum of \$35,000.00 as a donation from Mrs. A.L. (Lillian) Lefevre who had been for a number of years our greatest benefactress. Mrs. Lefevre had made donations of lesser amounts at various intervals, but this gift was in view of the erection of the new south wing." Some years after Dr. Lefevre's death Mrs. Lefevre had built a fine home near the University overlooking Howe Sound. Mrs. Lefevre took special delight in planning her garden, which was developed in a natural way with an abundance of flowers and flowering shrubs. The V-shaped lawn, running down to a point on the edge of the cliffs, was enclosed on each side by trees of the forest. One of Mrs. Lefevre's gifts was writing poetry and on the opening of the Lions Gate Bridge a poem written by Mrs. Lefevre was published on that important occasion. A few years ago the late Mrs. Lefevre's residence was taken over by Mr. Ronald Graham.

Another of the early pioneers in Medicine was Dr. W.J. McGuigan who graduated from McGill in 1879 and registered in B. C. in the town of Granville, March 3, 1886. Dr. McGuigan was a classmate of Dr. Osler and when I was introduced to

Dr. Osler in 1902 I told him that I had come from Vancouver, B. C. Dr. Osler asked me, "How is 'old' McGuigan?". Dr. McGuigan seemed not to like the endearing term 'old' because Dr. McGuigan said, "Did he call me 'old'? Why, I was a classmate at McGill with Osler." Dr. McGuigan, as an examiner for the B. C. Medical Council, used to boast that he had never plucked a candidate. Dr. McGuigan, by the way, became Mayor of Vancouver in 1906.

The main business street in those early days was Cordova Street. Later in the nineties, stores with in many cases offices on the first floor upstairs, were built on Hastings Street from Cambie Street west to Granville Street and then on south Granville Street as far as Georgia Street. Water Street and Cordova Street could boast of a number of hotels with saloons which did a thriving trade.

Dr. Langis and Dr. McGuigan had offices with a common waiting room upstairs in a red brick building at the southeast corner of Cordova and Abbott Streets.

Dr. J.M. Pearson's office was on the north side of Hastings Street, in the middle of the block between Richards and Homer Streets, over Obens Bakery.

Dr. J.M. Lefevre and Dr. O. Weld, the C.P.R. surgeons, had an office in the Empire Building at the northwest corner of Seymour and Hastings Streets.

Dr. Francis Xavier McPhillips came to Vancouver in 1893, the year before St. Paul's Hospital was opened by the Sisters of Providence. Dr. McPhillips quickly acquired a large practice and, as the years went by, did more and more surgery. He was a skilled operator and used good judgment in his selection of his operative cases. Dr. McPhillips associated himself early with St. Paul's Hospital, sending almost 100% of his hospital cases to that institution. When the nurses' training school was started in 1907 Dr. McPhillips lectured to the nurses, covering medicine as well as surgery. Dr. McPhillips was a very friendly, kindly man who was always ethical in his relationship to other physicians and never harbored ill thoughts of any of his fellows. He took pride in driving a fine horse and buggy.

The family of McPhillips became well known in B. C. as one brother, Mr. A. E. McPhillips, a lawyer who resided in Victoria, became a Judge of the Appellate Court and another brother, Mr. L.G. McPhillips, K.C., of Vancouver, was legal advisor to the Sisters of Providence of this Hospital for many years.

Dr. Lachlan N. MacKechnie graduated from the University of Toronto in 1892, located in Victoria in 1893 and moved to Vancouver the following year. Dr. MacKechnie early associated himself with St. Paul's Hospital where he sent almost all his work. Dr. McPhillips and Dr. MacKechnie were great friends and each assisted the other in their major surgical operations.

Dr. MacKechnie's first office was at the northeast corner of Carrall and Cordova Streets, sharing a waiting room with Dr. Jackson, a dentist. In a year or so Dr. MacKechnie and Dr. Jackson moved to new offices at the northeast corner of Hastings and Homer Streets. It was in the waiting room of these doctors that the initial meeting of the medical men of Vancouver, which resulted in the formation of the Vancouver Medical Association, was held. This meeting, I might add, was brought together by the late Dr. J.M. Pearson.

Dr. MacKechnie was always thoughtful of young doctors beginning practice in Vancouver, often giving them the task of administering anaesthetics for his surgical cases. He certainly was helpful to me on many occasions in this way.

Dr. Hugh MacKechnie, the skin specialist, is a son of the late Dr. Lachlan MacKechnie.

In the early days of medicine in Vancouver 98% of the men did general practice; some of these did considerable surgical work and of these a few were generally recognized for their skill and ability to excel in surgery.

Dr. J.M. Pearson was an Englishman who came to Manitoba to learn farming and to build up his health, which was threatened with chest trouble. After some years at farming near Winnipeg Pearson decided to study medicine, which he did at the old Trinity Medical College in Toronto. He settled in Vancouver in 1897. Through his efforts the Vancouver Medical Association was founded in 1898.

Dr. Robert Clarke Boyle was a graduate of Manitoba Medical College in 1892, practised for a while at Morden, Manitoba, and in 1899 came to Vancouver, associating himself for a time with the late Dr. D.H. Wilson, uncle of Dr. Wallace Wilson of this city. Dr. D.H. Wilson, it was generally regarded in 1900, had the largest general practice in Vancouver. Dr. Wilson's office was in his house on the southeast corner of Robson and Thurlow Streets, with entrance to the office on Thurlow Street. Dr. Boyle later built a large home with office attached at the southwest corner of Robson and Jervis Streets.

Down through the years Dr. Boyle was a very loyal supporter of St. Paul's Hospital. He was an able operator, I am told, though I never saw him operate. However, it is worthy of the record to tell how on one occasion he was quick-witted enough to succeed in getting an important patient into St. Paul's rather than allow him to be taken to the Vancouver General Hospital. It seems that after Dr. Boyle had been to see his patient in the morning, had diagnosed the condition as a surgical one and had made arrangements for him to be admitted to St. Paul's, another practitioner had been called in -- probably by the other side of the house. This physician immediately made all arrangements for the patient to be taken to the Vancouver General Hospital. By some means Dr. Boyle got word of this and had his patient forthwith taken in ambulance to St. Paul's where Dr. Boyle, assisted by Dr. R.E. MacKechnie, performed a successful cholecystectomy. Dr. Boyle's natural Irish quick thinking and resourcefulness did not fail him on this occasion.

I did not know Dr. Boyle very well but on one occasion Dr. Boyle was leaving town for a few days and asked me to look after his stepmother in his absence. His stepmother told me that a real son could not have been more kind or thoughtful of her than Robert was.

CHAPTER 2

THE FOUNDING OF ST. PAUL'S HOSPITAL

and

THE FORMATION AND EVOLUTION

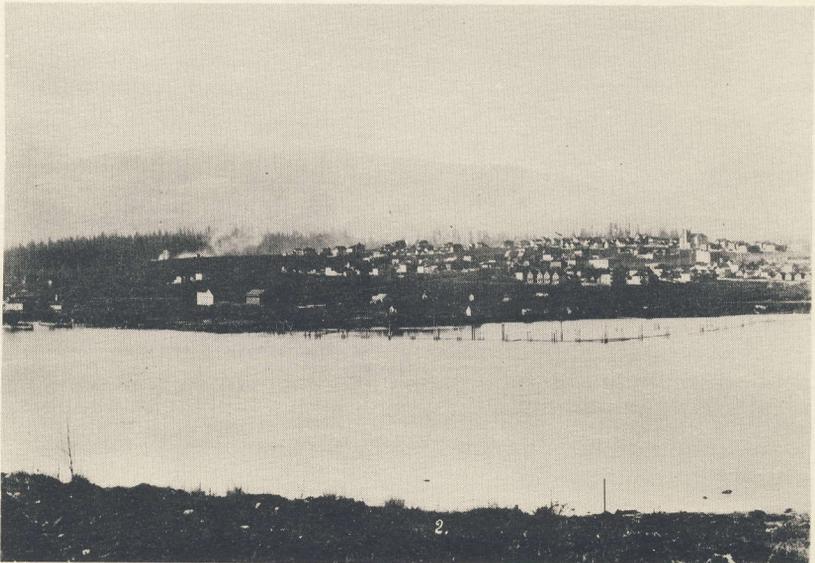
of

ST. PAUL'S HOSPITAL MEDICAL STAFF

FORMATION AND EVOLUTION  
OF  
ST. PAUL'S HOSPITAL MEDICAL STAFF

To understand the formation of the Medical Staff in St. Paul's Hospital one must know and appreciate something of the founding of this Hospital by the Sisters of Providence and how the faith, zeal and enterprise of the Sisters has kept it ever in the forefront of hospital endeavour in this fast-growing and what is now one of the great metropolitan cities of Canada.

In the year 1892 the Sisters of Providence, who had some years previously established a hospital in New Westminster, sent their leaders over to Vancouver to secure a site for a future hospital. It must have been with feelings of apprehension and misgivings as to the wisdom of their choice that seven lots were purchased on Burrard Street. This location was then on the very outskirts of the city of eight to ten thousand people. At that time there was only a trail from Burrard Street to English Bay and even the area on which the hospital was built contained several great stumps and charred remains of the forest which with underbrush and second growth trees covered the whole of what later became Vancouver's West End.



At this location, in 1894 the Sisters of Providence opened a 25-bed hospital. The hospital was a wooden structure built of timber hewn from the forests of B.C. Any practising physician in good standing could send and attend patients in St. Paul's Hospital. This was the small beginning from which evolved the great concourse of buildings which form the imposing structure - St. Paul's Hospital of today - 1950.

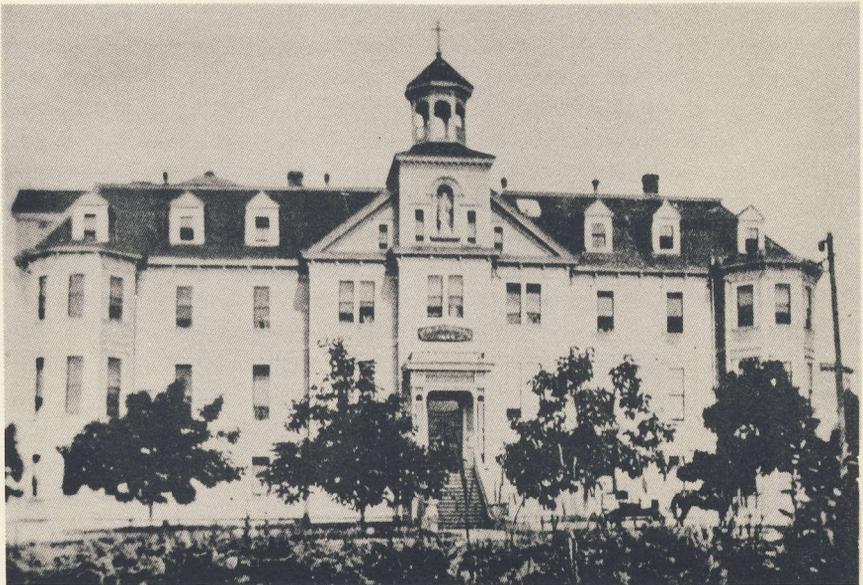


A story is told by Major Matthews - now for many years the City Archivist - that one afternoon in 1898 he and his wife wandered down a trail to English Bay; remained sitting and chatting on the logs a little too long, for darkness set in and the trail became difficult to follow and they lost their way. A light shining from a third-storey window of St. Paul's Hospital was the beacon which guided them back to the city and to security.

In those early times for some years certain of the Sisters went up the coast annually visiting the logging camps, where they sold tickets to the loggers, entitling the holder to hospital care when laid up with sickness or injury, the workman choosing his own doctor. One of the main topics of conversation in the logging camp bunk-houses was, we are told, which was the best hospital in Vancouver and who was

the best doctor. St. Paul's Hospital was a great favorite and a Doctor A.P. whom we all admired for his skill and rugged honesty; but who had occasional indiscretions with John Barleycorn, was known to be the top choice of many of the loggers.

The gold rush to the Klondike in 1898 brought a great increase in the business of Vancouver and a new stimulus to its growth. St. Paul's Hospital also was fast developing. In 1907 the Nurses' Training School of St. Paul's came into being and



in 1913 the erection and opening of the new main building took place. During the first few years of the Nurses' Training School Dr. F.X. McPhillips gave the lectures covering both Medicine and Surgery.

By the close of the First Great War in 1918 the population of Vancouver had grown to almost 100,000 and its position as an important Canadian city was beginning to be realized in eastern centres.

About this time, the American College of Surgeons, with the active support and

co-operation of the Catholic Hospital Association of America, had begun a movement to standardize hospital service in the larger centres throughout the United States and Canada, and the rating of these hospitals according to how well they succeeded in meeting certain standards. Hospitals were required to have an efficient x-ray department and laboratory facilities. Another requisite was a Medical Staff to see that proper records were kept of every case and that the Staff maintain high standards of scientific medicine by holding meetings regularly where clinical cases were reported and discussed and where internes could receive a good practical medical training. Thus, in April, 1919, when the representatives of the American College of Surgeons sent Dr. James Bowman as spokesman for the College and the Reverend Father Moulinier of the Catholic Hospital Association to the west coast to get all the leading hospitals to conform to the standards as laid down by the American College, the Sisters in charge of St. Paul's Hospital were ready to co-operate in every way possible, even if confronted with an entirely new phase of the Hospital's growth. Probably not the least problem in those days was the all-absorbing one of hospital finances. No doubt the plan outlined to the Sisters raised much doubt in their minds, yet a large number of the doctors had shown great steadfastness and loyalty to St. Paul's by sending many of their patients to St. Paul's Hospital and would likely feel honored to belong to the Staff.

On the evening of April 23, 1919 at 8:00 p.m. the following medical practitioners of the city responded to the invitation of the Sister Superior (Sister Mederic) and the Sisters' Council to meet the Reverend Father Moulinier and Dr. James Bowman with the idea of forming a Medical Staff for St. Paul's: - Dr. F.X. McPhillips, who occupied the Chair, Drs. R.C. Boyle, J.M. English, W.D. Kennedy, E.J. Gray, H.R. Storrs, C.W. Prowd, C.S. McKee, A.I. Brown, D.G. Perry, W.B. Burnett, F.P. Patterson, H.B. Gourlay, W.A. McConkey, J.J. Mason, W.D. Keith - the last mentioned being appointed Secretary.

The Reverend Father Moulinier paid tribute to the pioneer work of the Sisters of Providence in establishing the Hospital and spoke of the very valuable services it had been able to give the city, and of the financial difficulties of St. Paul's. He expressed the opinion that now was the time for the medical men interested in its scientific advancement to form a Medical Advisory Committee which would, it was hoped, eventually form itself into a Medical Staff. He urged that this Committee be formed immediately. Dr. James Bowman spoke particularly of the medical difficulties which would be confronted in achieving the end which the College had in view. Dr. Malcolm MacEachren, Superintendent of the Vancouver General Hospital, who had also been invited to attend the meeting, spoke of the ways of getting the Medical Board started and touched on the methods of making the work

of the Hospital better known. A Committee was formed to meet at a luncheon the following day to make preliminary arrangements for the formation of a Medical Advisory Board.

On April 24, 1919, on the invitation of Sister Superior to a luncheon, the representatives of the American College of Surgeons outlined to the Committee, which included Drs. F.X. McPhillips, H.R. Storrs, A.J. McLachlan, C.S. McKee, R.C. Boyle, H.B. Gourlay, W.D. Kennedy, C.W. Prowd, and W.D. Keith, the preliminary measures to be followed in forming the Medical Advisory Board. Dr. H.R. Storrs, as one of the Fellows of the American College of Surgeons, was appointed permanent Chairman of the Committee, and speeches were given by the visitors, and all members present discussed the problems. It was intimated by the representatives of the College that once a regular Staff was formed, from time to time their representatives would inspect the Staff's work in its various departments and would grade the Hospital according to the standards set down by the College.

At the meeting on April 28, 1919 of the temporary Medical Advisory Committee, Drs. Prowd, C.S. McKee, and H.B. Gourlay withdrew from the Committee and Drs. L.N. MacKechnie, E.J. Gray and T.B. Anthony were chosen to fill the vacancies. A subcommittee of Drs. Keith and Kennedy was appointed to draft rules and regulations to govern the actions of the Medical Advisory Committee.

Another meeting of the temporary Medical Advisory Committee was held on May 27, 1919 at 5:00 p.m. at the Hospital. After this meeting it is noticed in the minutes, that the word "temporary" has been discontinued and the medical body in connection with St. Paul's Hospital became known simply as the Medical Advisory Committee. Meetings were to be held monthly.

On September 10, 1919, the Reverend Father O'Boyle, who was the local representative of the Catholic Hospital Association of America and who attended all the meetings of the Medical Advisory Committee, and later the Medical Advisory Board, during the formative period of St. Paul's Medical Staff, addressed the meeting. Father O'Boyle suggested that a Medical Superintendent was of paramount importance and that before long a Medical Staff would be necessary, entirely distinct and subservient to the Hospital, and yet working in complete harmony with it in their efforts to obtain the highest quality of medical and surgical treatment for patients. After considerable discussion, Dr. H.R. Storrs was appointed Medical Superintendent, this appointment being known to be quite acceptable to the Sisters' Council.

It was intimated by the Catholic Hospital Association and the American College of Surgeons that as soon as a regular Staff was formed their representatives would inspect the Staff's work each year in its various departments and that they would grade the Hospital according to the standards set or laid down by the College.

On December 17, 1919, and afterwards, till the Medical Staff was officially formed, the medical body in connection with St. Paul's was known as the Medical Advisory Board.

The Medical Advisory Board held a regular monthly meeting, and on June 15, 1920, called a special meeting to select a Medical Staff for St. Paul's Hospital. After discussion it was finally decided to ask the following medical men to be members of St. Paul's Hospital Visiting Staff -- duration of appointments to be one year. Doctors occupying salaried positions in the Hospital were to be ex officio members of the Staff.

Dr. H.R. Storrs	Dr. C.S. Covernton	Dr. J.M. Pearson
Dr. F.X. McPhillips	Dr. J.C. Farrish	Dr. Archibald Smith
Dr. J.A. MacLachlan	Dr. H.B. Gourlay	Dr. T.A. Wilson
Dr. R.C. Boyle	Dr. B.S. Elliott	Dr. T.H. Wilson
Dr. W.D. Kennedy	Dr. R.E. McKechnie	Dr. G.S. Gordon
Dr. L.N. MacKechnie	Dr. W.C. McKechnie	Dr. C.H. Vrooman
Dr. E.J. Gray	Dr. H.H. Milburn	Dr. W.A. McConkey
Dr. T.B. Anthony	Dr. F.P. Patterson	Dr. C.W. Prowd
Dr. E.D. Carder	Dr. W.D. Patton	Dr. W.D. Keith

At the first meeting of the Attending Staff at St. Paul's Hospital on June 29, 1920 Dr. H.R. Storrs was appointed Chairman, Dr. R.C. Boyle - Vice-Chairman and Dr. W.D. Keith - Secretary. It was decided that the former Advisory Board members be appointed an Executive Committee of the Staff.

An important milestone in the development of the medical affairs of St. Paul's Hospital was the appointment of Dr. C.S. McKee in charge of the laboratory, as a part-time service. This was made known to the Staff at its regular meeting on January 5, 1921, at which meeting Dr. McKee was in attendance and urged the members to make free use of the facilities of the laboratory.

Dr. McKee had a laboratory at his residence on 15th Avenue West and did a great deal of laboratory work for the general practitioners. It was at the time when blood work was fast developing and the white cell count and differential was shown

to be very helpful in diagnosing the acute inflammatory abdominal conditions. Dr. McKee was a born pessimist as far as prognoses from blood counts were concerned and usually gave a grave outlook, and when he told us the prognosis was very serious we usually took some comfort from the fact that many of our patients recovered in spite of his gloomy view of the case.

In the very early years of St. Paul's Hospital Sister Charles, who was then in charge of the operating room, received a few lessons in urinalysis from Dr. Langis and in her spare time carried a small box filled with test tubes and other essentials for the analysis, to the various wards. Sister Charles also learned to prepare pathological and surgical specimens for microscopical examination and mounted the slides which were sent to Dr. A.W. Hunter, who was then in charge of the Pathological Laboratory at the Vancouver General Hospital, for study and report.

When Sister Columkille was placed in charge of the laboratory in 1920, the laboratory was still located in the operating room but was soon removed to quarters of its own, room 413 in the main building. It was in this location when Dr. Charles S. McKee in 1921 (January) was appointed on a part-time basis in charge of the laboratory.

Sister Columkille was taught by Dr. McKee to do blood examinations and bacteriology, and Dr. A.W. Hunter, then in charge of the laboratory at the Vancouver General Hospital and who at this time reported on microscopical sections sent from St. Paul's, taught Sister Columkille the preparation, sectioning, staining and mounting of pathological specimens. After about 12 months sojourn in #413 larger quarters were secured in the main building, where the Emergency is now. Then in 1921 it was found expedient to move the laboratory to the east end of the second floor south, about where the internes reside now. In 1925 Sister Columkille was given an examination by Dr. McNair on laboratory work, which Sister passed very successfully, and was given a Certificate of Proficiency.

During the years 1931-1932-1933 Sister Columkille spent six months of each year at Seattle College which, by the way, is affiliated with the University of Washington, and successfully graduated with the degree of B.Sc.

Before the results of the examinations were announced Sister was afraid that she had not done very well. However, when the report came out we learned that our St. Paul's Sister had placed, if not first, at least very near the top of the honor list. Sister Columkille remained in charge of the technical side of the laboratory

till 1937, when she became Superintendent of the St. Paul's Hospital Training School for Nurses.

Sister Columkille's outstanding technical skill and knowledge in laboratory work - her willingness on any occasion, at any hour, to put the facilities of the laboratory at the disposal of the attending physicians - most often, in the early days particularly, doing the task herself, had a great influence in making the laboratory of ever increasing usefulness and availability.

In 1925 the laboratory work had grown to such an extent that the Sisters appointed Dr. Allan Y. McNair on a half-day service in charge of pathology as well as bacteriology and blood work.

When the new north wing of the Hospital was completed in 1931 the whole of the ground floor of the western section was laid out as a complete entity for laboratory work. The ideas of Dr. A.Y. McNair in the laying out of this space were no doubt of great help to the Sisters.

In 1924 at the Annual Meeting on June 11, the Staff became divided into the following sections: -

Medicine	Surgery	Obstetrics & Gynaecology
Dr. C.E. Brown	Dr. R.C. Boyle	Dr. A.J. MacLachlan
Dr. W.D. Keith	Dr. F.X. McPhillips	Dr. W.D. Kennedy
Dr. H.H. Milburn	Dr. A. Smith	
Dr. C.H. Vrooman	Dr. H.R. Storrs	
	Dr. W.C. McKechnie	
Orthopaedics	Paediatrics	Eye, Ear, Nose & Throat
Dr. F.P. Patterson	Dr. Howard Spohn	Dr. T.B. Anthony
Urology	X-ray	Pathology & Bacteriology
Dr. A.W. Hunter	Dr. C.W. Prowd	Dr. C.S. McKee

CHAPTER 3

THE CONSTITUTION AND RULES

## THE CONSTITUTION RULES AND REGULATIONS

Even in the early days when the Medical Advisory Committee was formed a sub-committee was appointed of Drs. W.D. Kennedy and W.D. Keith at the meeting of April 29, 1919 to draft rules and regulations governing the procedure and functions of the Medical Advisory Committee. These were reported and adopted on May 16, 1919 and proved a sufficient guide for the time being.

When the Medical Advisory Board with the addition of a number of other physicians became the Medical Staff of St. Paul's Hospital in June, 1920, it was decided that the rules and regulations be drawn up by the Executive. Mention is made in the Staff minutes that at the meeting on July 7, 1920 a motion was passed making eleven members necessary for a quorum.

Evidently the Executive attended to this matter for further mention is made in the minutes regarding the Constitution and the Rules and Regulations of the Staff on March 27, 1923, when Dr. Vrooman moved and Dr. F.P. Patterson seconded that the Executive be authorized to appoint a committee to modify the Constitution with the consent of Sister Superior. Dr. Vrooman and Dr. Patterson were appointed on this committee which, on the request of Dr. Patterson, was enlarged on February 22, 1924 to include Dr. W.D. Keith and the Executive.

A preliminary report of this committee was made by Dr. Vrooman at the meeting on April 3, 1924, with hope of stimulating discussion by the members. On May 14, 1924, the committee reported the various changes suggested in the Constitution - a copy of this report having been sent to each member prior to the meeting. Dr. Vrooman moved that these be taken up clause by clause. The important change dealt with the clause governing the organization of the Staff.

Section 7 stated that the Staff shall consist of a Consulting Staff and an Active Staff. The Active Staff shall be divided into the following sections: -

Medicine	Four members	Eye, Ear, Nose & Throat	Two members
Surgery	Four members	Genito-urinary Surgery	One member
Gynaecology & Obstetrics	Two members	X-ray	One member
Orthopaedic Surgery	One member	Pathology & Bacteriology	One member
Paediatrics	One member	Anaesthetics	One member

Increase in the number of members appointed to any Section may be made from time to time by one month's notice of motion and approval by voting at the following meeting.

#### APPOINTMENT OF THE STAFF:

CONSULTING STAFF appointments shall be made annually from the retiring members of the Active Staff. These appointments shall be made at the first monthly Staff meeting subsequent to the Annual Meeting.

ACTIVE STAFF shall be elected annually at the regular meeting in June. Nominations to be made in writing during the month of May, preceding the Annual Meeting. Before election all nominations shall receive the approval of the Sisters' Council. Election shall be made by ballot. The majority of votes cast being necessary for election. Ballots with names of candidates shall be posted to each member of the Active Staff before the Annual Meeting.

Active Members only may vote.

The Chiefs of Departments or any full-time Heads of Departments who may be appointed at any time shall be ex-officio members of the Staff, with the privilege of taking part in the discussions but not of voting. Vacancies in the Staff may be filled at any time in the year in the same manner as at the annual elections. Nominations to be sent to the Secretary of the Staff in writing during the previous month. Moved and carried.

Some changes in the Constitution took place during the next two or three years. It is noted in the minutes that at the meeting on December 15, 1926, Dr. H. H. Milburn proposed that a committee be appointed to draft a Constitution which would include various rules and regulations carried at previous meetings. A committee of Dr. H.H. Milburn, Dr. E.J. Gray and Dr. A.Y. McNair was appointed on this matter. Other activities cropped up during the ensuing months but the minutes do not record any definite report from this committee.

A lapse of over ten years went by when at the Staff meeting on October 13, 1937, Dr. H.H. Milburn, the Chairman, expressed the thought that it was high time the Constitution of the Staff was revised and brought up-to-date. It was moved by Dr. Prowd and seconded by Dr. J. Christie that a committee on By-laws and Constitution be appointed to revise the Constitution and bring it up to date. On January 9, 1938 Dr. Vrooman, chairman of this committee, read a report of the

proposed new Constitution and stated that the whole matter would be presented for discussion, clause by clause, at the next Staff meeting. The chairman of the Staff, Dr. Milburn, was a great driving force in getting this matter attended to, and as a member of the committee gave unstintingly of his time and thought to the bringing of the Constitution up to date.

At the meeting on March 16, 1938, Dr. Vrooman read the proposed new Constitution over, clause by clause, and had each one discussed. However, Dr. Vrooman gave notice that two additional clauses would be amended and presented for adoption at a future meeting.

These Rules and Regulations and the Constitution of the Medical Staff remained in force for some years.

CHAPTER 4

THE HOSPITAL RECORDS

## THE RECORDS COMMITTEE

Probably there is no better way to record the functioning of St. Paul's Hospital Medical Staff than to report the work done by the various Standing Committees from the time the embryo Staff, the Medical Advisory Committee, was formed in 1919 till the Staff had reached the mature age of twenty years in 1940.

The Standing Committees were three in number: -

- (1) The Records Committee
- (2) The Programme Committee
- (3) The Interne Committee

1. The Records Committee whose duties were:

- (a) To see that every patient admitted to St. Paul's Hospital had a proper history taken of his or her illness.
- (b) That at each monthly meeting a report of all cases admitted and treated in the Hospital during the previous month be presented and read to the members of the Staff.
- (c) That it was the duty of each member to criticize this report from any angle which seemed to be abnormal or inconsistent. In cases of dying, the cause of death must be clearly stated and follow the usual nomenclature and be consistent with the actual disease from which the patient had suffered.
- (d) That the Medical Staff should make suggestions to prevent the spread of infectious diseases, e.g. Typhoid, Dysentery, Impetigo, Tuberculosis, Venereal Disease, or the infectious diseases of childhood, etc.

The importance of all medical or surgical records of the patients being properly made out and kept on file was insisted on by the American College of Surgeons, as laid down by Dr. James Bowman and the Reverend Father Moulinier in their addresses when the Medical Advisory Board was formed.

At the meeting of the Medical Advisory Board on May 2, 1919, Drs. T.B. Anthony and E.J. Gray were appointed a Committee to make a report on this matter. This they did on May 25, 1919, and Sister Superior advised the Board that the Hospital would provide a six months' supply of history sheets. A notice was given to all

attending physicians and surgeons that the case record system would begin on July 1, 1919. The actual beginning was delayed some weeks through a printers' strike.

At a meeting of the Staff on September 22, 1920, Sister Gabriel, representing the Institutions conducted by the Sisters of Providence, reviewed the case records of the previous month. Sister Gabriel, a gifted and brilliant leader in the standardization of the Hospitals of the Providence system, spoke fluently and stressed many points which were essential to good hospital records.

On August 4, 1920, Dr. C.S. McKee, Chairman, reported for the Committee on Case Records. Already over two hundred summary cards were filled in and of these only four were open to criticism. It was decided by motion that the Records Committee make a note of what was considered a deficiency in any case and attach this to the summary card of that case and that Sister Maxima be asked to bring this note to the attention of the physician or surgeon attending the case in question.

May 4, 1921 - It was moved by Dr. C.S. McKee, seconded by Dr. Gourlay, that unfilled blue history sheets be brought before the Staff for discussion.

The first Annual Meeting of the Medical Staff was on June 1, 1921. Sister Gabriel spoke to the Staff on the necessity of filling in the history sheets more thoroughly. The Sister intimated that another Sister would shortly be added to the Case Records Department, and that in autopsy cases a second Sister would be supplied to take the notes. Also, the Sister thought that the Laboratory was not being used to the extent it should be - - also made suggestions as to the Constitution and Rules of the Staff.

At the Staff meeting of September 14, 1921, Reverend Father O'Boyle congratulated the members of the Staff on their progress, and Sister Gabriel enlarged on the character of the work of the Staff at its meetings and stated that friendly constructive criticism on any phase of the work of the Hospital would be welcomed.

On October 18, 1921, Dr. C.S. McKee, who was Chairman of the Case Records Committee, reported lack of necessary details in histories and criticized some of the reports. Again, at the meeting of January 18, 1922, Dr. McKee spoke for the Case Records Committee and stated that there was much room for improvement in history taking. At this time he suggested that any fracture case leaving the hospital wearing a splint should have a final report made out by the surgeon and this report should be written on the history sheet.

Thus the struggle went on for better and more accurate history records.

In March, 1922, Dr. McKee reported that histories lacked information.

On May 29, 1923, Dr. C.E. Brown was appointed Chairman of the Records Committee and drew attention to the failure of the attending physicians to fill in the history sheets and suggested that a letter be sent to those failing to fill in their patients' histories. November 22, 1923 - Dr. Brown drew attention of the members to the fact that the histories written were lacking in information.

August 3, 1924 - Dr. Patterson moved that all case records be the property of the Hospital. This was an important matter as attending physicians had on rare occasions borrowed the history chart and forgotten to return it.

On February 18, 1925, the Records Committee was asked to look into the matter of new history sheets. This was a problem which was considered by the Staff almost every year, but the feeling was that the ideal history sheet was difficult to decide on and that when a change was made it should be one that was permanent. No change was decided upon at this time.

December 16, 1925 - The Records Committee reported that the histories were being filled out in a satisfactory manner.

On January 20, 1926, Dr. McNair, the new Chairman of the Records Committee reported that certain doctors refused to write their case records.

At the meeting of September 21, 1927, Drs. Kennedy and Milburn were appointed as the Records Committee. On October 15, 1927, a motion was carried to form a Committee to look into the matter of hospital forms. Drs. Brown, Christie and Gray were appointed.

May 16, 1928 - Letter from American College of Surgeons re method of accrediting deaths following surgical procedures - a Committee was formed to report. On June 20, 1928, the Committee reported that the Hospital had no fixed system but the local Medical Health Department had a system which was followed more or less closely. It was decided to write to the American College of Surgeons for their system.

On October 17, 1928 the Hospital report for the previous month was read and as the result of the death on the operating table of a thyroid case, admitted to the Hospital

on the morning of the operation, the following resolution was passed: - That a Committee be appointed to draft minimum requirements of thyroid operation and report back.

On February 20, 1929, Dr. McNair reported for the Records Committee, stating that certain men refused to comply with the rules of the Hospital in this connection. The following resolution was moved and carried: - That if the Hospital could see its way clear, we suggest that a stenographer be available to receive dictation for record purposes in some pre-arranged place. It was the opinion of the meeting that the Hospital should insist on all cases having records completed.

Year after year the Committee on Records was confronted with the task of overcoming the inertia which pervades busy practitioners when asked to complete their patients' records.

May 15, 1929 - At this meeting, the Hospital report having been read, Dr. Patterson drew attention to the record of an operation for the lengthening of a nerve. This was to be checked up by Dr. McNair, Records Committee Chairman. On June 19, 1929, after report of the month was read, clarification of the cause of death in Case No. 45547 was to be ascertained. On further investigation the cause of death was found to be terminal bronchopneumonia instead of arthritis.

At the April, 1930 meeting, Dr. Christie and Dr. Appleby were appointed a Committee to interview the Mother Superior with the view of publishing an Annual Report of the Hospital statistics. The Hospital report was read by the Secretary and some discussion on the development of typhoid in the Hospital followed.

September 17, 1930 - The records of three deaths were sent back for correction in diagnosis.

March 18, 1931 - Death from "Myomatous Uterus" was referred back for correction. The question of histories not being properly written was referred to Sister Superior with the suggestion that the Sister put a note on all charts notifying the doctor that the history must be written within twenty-four hours.

On May 10, 1931, a letter to Sister Superior from Dr. Malcolm MacEachren was read regarding the case records of the Hospital. The following resolution was carried: - That the Hospital insist upon a history being written in all cases within forty-eight hours of admission and that the Sister in charge of each floor attach to each chart a notice card directing the attending doctor's attention to the fact that

the history is not written. If the attending doctor fail or refuse to write such a history, the Sister shall be empowered to send the interne into the ward for the purpose of writing such history whether the patient be a private or a public ward case, and further, that the names of all delinquents be posted.

June 17, 1931 - Two deaths inadequately reported were to be sent back to their doctors for completion.

On September 21, 1932 the Chairman read a letter from Dr. MacEachren to the Sister Superior regarding histories. During the discussion of this letter it was stated that all histories in the Records Room were complete but the representative of the American College of Surgeons had examined these histories on the ward. Sister Superior had replied to this letter in a suitable manner.

October 19, 1932 - Dr. Patterson spoke critically of the Physiotherapy report on the grounds of it not being specific. Several records of institutional deaths were discussed. Dr. Patterson urged that the blue history sheet be written within forty-eight hours of admission and that the Sister in charge of the floor should see that this was done either by the man in charge of the case or the house physician, and that all operative records should be completed as soon as possible and filed on the chart, progress notes should be made and special notes be made at least once a week and condition on discharge recorded. It was moved by Dr. Patterson and seconded by Dr. Vrooman that special sheets be placed on all charts for this purpose.

November 16, 1932 - Dr. Vrooman reported that fifty-two charts were examined and forty-two histories found completed - these were of patients in hospital more than forty-eight hours. Two histories were returned to the house staff for more data to substantiate diagnosis. Dr. Patterson noted marked lack of progress notes. Dr. Brown thought that if the Staff members dictated progress notes to the internes more histories would be completed.

January 18, 1933 - The records for the previous month showed that there had been six curettages for incomplete abortion and three for other causes; this was considered a large number and the Obstetricians were asked to look into it.

April 17, 1935 - Dr. Frost requested the Records Committee to look up operative diagnosis of "adhesions and anastomosis".

On February 18, 1936, the Records Committee asked to have charts #82268 and

#82387 shown at the next meeting. Also, on April 21, 1936, charts #83068 and #82894 were asked to be shown at the following meeting.

On May 20, 1936, Dr. Vrooman commented on the sketchy case histories and indefinite diagnosis in cases of death, and recommended that the attention of the doctors concerned be directed to the same.

November 17, 1936 - Dr. Vrooman pointed out that only thirteen sputums had been examined during the month of October. He felt that more specimens should be sent down - this to include specimens on any patient with a chronic cough.

On June 16, 1937, the Hospital report was discussed at some length as several of the diagnoses were incomplete and some of the causes of death were not very clear. The unsatisfactory charts were each discussed separately. It was suggested by Dr. Brown that the Hospital report be given to the Records Committee for approval before being presented to the Staff. Dr. Patterson brought up the question of uniform nomenclature for diseases and causes of death. It was recalled that the Massachusetts General Hospital Nomenclature had been adopted at a previous meeting and it was urged that all diagnoses and causes of death should conform to this system.

May 15, 1940 - A survey was read on the cases treated in St. Paul's Hospital during the years 1938 and 1939. This survey reported the number of cases treated in the various services: viz. - Medical, Surgical, E.E.N.T., Urology and Pediatrics. In the discussion which followed the reading of this survey it was considered advisable when the new wing of the Hospital was opened, that beds be allotted to each of these services and also that a number of single wards be set aside for observation purposes of cases not yet diagnosed.

During the first twenty years of the Medical Staff's existence there has been a gradual endeavour by the members to fulfil the demands of the American Catholic Hospital Association and the American College of Surgeons for complete and adequate records of the patients cared for in St. Paul's Hospital.

However, it has only been since 1945 that the Hospital has been able to have a sufficient number of Internes whose duty it is to take the history of every patient within a few days of his or her arrival. This is a development which has placed St. Paul's amongst the high standard Hospitals of Canada.

CHAPTER 5

RESIDENT SURGEON ANAESTHETISTS

AND

DEVELOPMENT OF THE DEPARTMENT OF ANAESTHESIA

DEPARTMENT OF ANAESTHESIA  
ITS EARLY HISTORY AND EVOLUTION

Long before the appointment of regular internes in St. Paul's Hospital, in the year 1909 to be exact, the Sisters' Council found it expedient to arrange for a Resident House Surgeon. Prior to 1909 surgeons performing operations in St. Paul's Hospital frequently made arrangements for their own anaesthetist, often some doctor friend of theirs whom they knew was able to give a good anaesthesia. With the rapid growth of the Hospital and the great increase of surgical work, the importance of having a resident doctor to administer anaesthetics on short notice day or night and to be on hand for medical or surgical emergencies occurring during the night, caused the Sister Superior to write to McGill Medical Faculty to secure a young graduate doctor to take such a position.

This resulted in the appointment of Dr. Harry B. Gourlay to be Resident Anaesthetist and Surgeon. Dr. Harry Gourlay, I might add, was the father of Dr. Robert Gourlay, recently (1952) appointed to the Surgical Staff of St. Paul's.

This was the very beginning of an Anaesthetic Department in St. Paul's. Dr. Harry Gourlay who initiated this service impressed the attending doctors with his ability and skill and steadiness under stress. From this time onward all anaesthetics were administered by the Resident Surgeon or by some doctor arranged for by Sister Charles, who was in charge of the Surgery at that time, and who had a list of all the young doctors in the city who were proficient in giving anaesthetics.

After a year's service, Dr. Gourlay resigned and was succeeded by Dr. A.J. MacLachlan in 1910. He in turn held the appointment for a year and was followed by Dr. Edward J. Gray, who also resigned after one year's service. All three of the above young doctors began general practice immediately after leaving St. Paul's.

Even in those days the atmosphere of romance was not unknown to St. Paul's, for both Dr. Harry Gourlay and Dr. Jack MacLachlan married young St. Paul's nurses-in-training, shortly after leaving the Hospital. Dr. Gourlay married Miss Gertrude Jenkins and Dr. MacLachlan married Miss Rita Ferguson. Dr. Edward Gray established himself in practice and then married in 1922.

Dr. T.V. Curtin, known to us all as Dr. Jerry Curtin, was appointed Resident Surgeon and Anaesthetist in 1912, a position which he held till 1917 when he resigned to enter

general practice in the city.

In 1912 Dr. Wallace Wilson held the position of part-time Anaesthetist and was on call for extra anaesthetic duty.

During the years 1912 and 1913 Dr. Harry Milburn was on call and gave anaesthetics on many occasions.

In 1917 Dr. Le Roche was a Resident Surgeon and Anaesthetist for about one year. In the same year Drs. F. Stainsby and W.C. Swenerton were on call as Anaesthetists. Early in the great influenza epidemic of 1918 Dr. Swenerton died after a very short illness - the first medical casualty from flu. In 1918 Dr. A. Francis was on call for anaesthetic work and had an all-day position during the summer of that year.

Dr. William A. McConkey, father of our esteemed Chairman of the Medical Staff - 1952-1953 - held the position of Anaesthetist on an 8 a.m. to 1 p.m. period of duty daily during 1919 and 1920.

From 1915 till 1920 Dr. H.H. Milburn, Dr. Robert Simpson and Dr. T.S. Lennie were on call in this department. Dr. Harry Bell held the position of Chief Anaesthetist from 1920-1926, residing in the Hospital. Dr. Joe Biladeau was on this service from 1920 till 1922 and then resigned to enter private practice in Bellingham. In 1922 both Dr. C.J. Roach and Dr. Frank Hogan were appointed to positions on the Anaesthetic Staff. Dr. Hogan resigned from his position in 1932 and Dr. Roach became head of this department.

The first two internes to be appointed by St. Paul's Hospital after the establishment of the Medical Staff were Dr. Zito and Dr. Rush. Dr. Zito is now in practice as an Internist in Rome. Dr. Appleby when in Italy as President of the International College of Surgeons in 1949 saw a good deal of Dr. Zito and learned that Dr. Zito has a son whom he hopes will interne in St. Paul's Hospital in a few years. Dr. Zito was about five feet, seven inches tall, fair skin, rather slender build, had an easy manner and was well trained and capable. He was a general favorite with the attending doctors.

At that time ether anaesthesia was the usual method. The St. Charles ether apparatus invented by Sister Charles in 1918 was in use in 1920. This apparatus gave a complete control of the amount of ether given throughout the anaesthesia and in this way must have lessened the amount of ether used and kept the mortality due to ether administration at an irreducible minimum. This machine is known, patented and sold as the St. Charles ether vaporizing machine.

On many occasions when assistants were not on hand Sister Charles was the only assistant to the Surgeon. As one Surgeon said to me "there was none better". Even if a sudden heart attack seized the operator he knew that Sister Charles would meet the situation satisfactorily. Sister Charles, besides being in charge of the Surgery, pioneered in establishing the Laboratory, as mentioned in another part of this historical sketch. The variety of talents of this Sister has not by any means been exhausted as in 1933 Sister Charles became the official manager of the X-ray Department, darting hither and thither in its various quarters, ever alert to the work in hand, with the efficient but kindly touch of a really great but humble personality.

In 1931 Dr. Beattie was appointed House Surgeon and in this position he soon learned to give anaesthetics. Dr. Beattie remained for another year, when he was joined by Drs. Pinkerton, Nash and Banting in September, 1932. These House Physicians were used as Anaesthetists quite frequently.

In 1928 Dr. Appleby introduced the use of sodium amytal as a basal anaesthetic. This was given intravenously in the ward before the patient was sent to the operating room; there, either ether or cyclopropane was given as supplementary anaesthesia.

In 1932 or a little earlier spinal anaesthesia using novacaine was introduced. Cyclopropane was introduced in 1936 and pontocain was introduced in 1937. During the war, 1939-1945, endo-tracheal anaesthesia using ether or sodium pentothal or cyclopropane with curare intravenously for its muscle-relaxing purposes. With the development of newer methods of producing anaesthesia, the Anaesthetist has become a very important specialist in the treatment of disease.

From the time that St. Paul's Hospital was founded in 1894 till well into the 1920's, any doctor giving an anaesthetic was paid \$5.00, no matter how long the duration of the anaesthesia. From 1915-20 Dr. R.A. Simpson informs me that in administering anaesthesia in local private hospitals he occasionally received \$7.50 or even \$10.00 for particularly long or difficult anaesthesia. This did not pertain, I understand, to the two large city hospitals.

With the development of the newer anaesthetics and techniques in the administration of these, special and highly trained minds have been encouraged to enter and pursue this specialty as a means of livelihood in their chosen profession. As a natural result the monetary return for the administering of an anaesthetic has been greatly increased. For a short anaesthesia of not longer than one-half an hour the Anaesthetist is now paid \$10.00 and for an anaesthesia of one hour's duration a charge of \$20.00 is made.

This is increased by \$3.75 for each additional fifteen minutes. The Anaesthetists on the Staff of St. Paul's Hospital in 1953 were Dr. C.J. Roach, Head of the Department, Dr. H.V. Hughes, Dr. L. Meloche, Dr. H. McIntyre, Dr. G. Robinson, Dr. N.R. McMillan, Dr. J.P. O'Donnell, Dr. G. Ulrich.

CHAPTER 6

INTERNES

## INTERNES

Even in the days of the Medical Advisory Board - May 27, 1919 - Dr. R.C. Boyle introduced the matter of suggesting to the Hospital authorities that a House Physician be secured. Dr. W.D. Kennedy and Dr. A.J. MacLachlan were appointed a Committee to look into the matter.

At the meeting of the Medical Advisory Board held on June 10, 1919 Dr. W.D. Kennedy reported that, as requested, he had written to a possible applicant regarding his taking a position as House Physician. He also intimated that he was continuing further correspondence in this matter.

On July 3, 1919, Dr. Kennedy reported that a letter had been received from a young doctor offering to come to St. Paul's Hospital for \$25.00 a month with accommodation and meals. This letter was referred to the Sisters with the suggestion that he be given a trial.

Evidently some hitch had occurred, for on November 12, 1919, the Committee reported that a University of Manitoba graduate offered to accept a position as Resident House Physician for a salary of \$100.00 a month with room and board. The Advisory Board suggested to the Sisters that he be given a trial for six months. However, no appointment was made at this time.

After the Active Medical Staff was formed in June, 1920 the Hospital carried on for a number of years without a Resident Staff, each attending physician being responsible for his own patients' history and emergency needs.

On a number of occasions the Medical Staff had discussed the need of having in the Hospital regularly appointed Internes; yet it was not till the meeting of the Staff on September 21, 1927, that the Staff recommended to the Sisters the appointment of a full-time House Physician. This proved not so simple a matter as one would think, as letters sent to various eastern colleges in the following year failed to obtain any response.

The Hospital Management authorized the Interne Committee to offer an advance or loan of \$100.00 towards travelling expenses to those Internes coming from a distance, as well as a salary of \$20.00 monthly.

September 19, 1928, Dr. Gray, Chairman of the Interne Committee, reported great difficulty in securing Internes. Dr. Harvey Agnew, C.M.A. official in charge of the

standardization of interne service in Canadian hospitals as to their ability to train Internes was written to, as well as five Canadian medical teaching centres.

Dr. Rush was now acting in the daytime and Dr. Zito remained in the Hospital during the night. This report brought out the fact that there was considerable dissatisfaction among the new graduates regarding the opportunities for instruction, bedside teaching and assisting at operations. It was decided to ask the Sisters to include in their notice sent to the various medical colleges that a salary of \$25.00 per month would be paid and a loan of \$100.00 for travelling expenses would be forwarded.

At the Staff meeting on February 20, 1929 the Chairman of the Interne Committee presented an interim report regarding the proposed circular to be sent to eastern medical centres regarding opportunities for Internes. An exhaustive discussion followed this report and the matter was referred back to the Committee to include ideas and suggestions made at this meeting. The Committee was to report at the next meeting of the Staff.

At the Staff meeting on April 17, 1929, Dr. Gray reported that two Resident House Physicians had been secured for next year. It was moved and carried that the Chairman of the Staff appoint a Committee of two to consult with the Sister Superior regarding the arrangements for the service and instruction of the House Physicians.

At the meeting of the Staff in April, 1930, it was decided to request of Sister Superior that Hugh MacKechnie, (son of Dr. L.N. MacKechnie, one of the charter members of the Medical Staff), who had just finished his fourth year in medical college, be engaged as an Interne during the summer months.

Another free discussion of the Interne problem took place at the Staff meeting on May 21, 1930. It was pointed out that the salaries for Internes at the Vancouver General Hospital is \$50.00 up. The Staff recommended that the salaries be the same at St. Paul's Hospital.

On December 17, 1930, Dr. F.P. Patterson raised the question of Interne service when the new wing of the Hospital was completed and a motion was passed to ask the Hospital authorities for six Internes. The Interne Committee was Dr. C.E. Brown (Chairman), Dr. L.H. Appleby and Dr. John Christie. Dr. C.E. Brown reported to the Staff on January 28, 1931, that Dr. Beattie had been engaged and another man interviewed. At the meeting on March 18, 1931, two Internes were reported as being secured to take service on June 1, 1931.

On May 20th, 1931 a letter to the Sister Superior from Dr. Harvey Agnew regarding interne training was read to the Staff. It was moved that the Interne Committee, with Sister Superior, draft a letter outlining the qualifications of the Hospital for interne training, to be sent to Dr. Agnew. Also, the Committee was to endeavour to obtain six internes by July 1st, 1931.

January 20th, 1932 - Letter received from Dr. Agnew stating that St. Paul's had been put on the approved list but that it could not be placed on the fully approved list in view of the fact that there were not enough post mortems being performed. The Secretary was instructed to write to Dr. Agnew pointing out that in the year 1931 14% of institutional deaths had post mortem examinations made, which was in excess of the requirements.

At the Staff Meeting on June 17th, 1931 Dr. C.E. Brown was appointed in charge of the Interne's Library, and on September 16th, 1931 the Chairman of the Staff, Dr. Vrooman reappointed Drs. Brown, Christie and Appleby as the Interne Committee. Dr. Brown reported at this meeting that the clinics given daily by the Staff members had been very satisfactory; also that it was reported that three current Medical Journals had been secured, and that Dr. Vrooman had obtained a number of books from the Vancouver Medical Association Library as a beginning of what was hoped would prove in the future to be a fair reference library. Books, journals or money would be appreciated from the Staff members.

On May 21st, 1932 a letter to the Sister Superior from Dr. Agnew was read to the Staff, in which St. Paul's Hospital was notified as being on the fully approved list for interne training.

September 21st, 1932 - The Interne Committee reported that Dr. Beattie was remaining for another year and that Drs. Nash, Pinkerton and Banting were the new appointees.

On November 16th, 1932 the Interne Committee reported that the internes complained of having too much to do. A survey of the histories at this time showed that the internes had written only a few of these. Also it was drawn to the attention of the Staff that the Canadian Medical Association required the internes to be in charge of ten maternity cases and that the internes should be asked to be second assistants at surgical operations.

March 15th, 1933 - The Chairman of the Staff read a letter sent to the Sister Superior from Dr. Harvey Agnew that St. Paul's had been placed on the approved list of hospitals for interne training.

At the meeting on April 19th, 1933 Dr. C.E. Brown spoke on the neglect of Medicine by the internes, and of the Staff physicians having to ask internes to see interesting cases. Dr. Patterson complimented the Interne Committee and spoke of certain principles of interne training. He suggested that the Staff give the Interne Committee unlimited support so that the internes would not only give but get the very best they could during their stay in Hospital.

September 21st, 1933 - The Interne Committee reported that lectures had been arranged for the internes and asked the members of the Staff to give their allotted lectures and clinics. Dr. Vrooman spoke regarding the instruction of the house physicians and suggested that the Chairman give special instruction to housemen on the relation of housemen to patients and to attending doctors.

On October 18th, 1933 Dr. C.E. Brown reported on behalf of the Interne Committee and explained that the C.M.A. requires internes in approved hospitals to have charge of at least ten maternity cases; this number not having been reached to date this year at St. Paul's. It was essential that more obstetrical cases be turned over to the internes. Last year sixty-five non-pay cases were admitted to the maternity wards and one hundred cases had unpaid hospital bills. Because of the large number of cases not paying for their hospitalization, it was only reasonable that the internes should get the benefit of attending a greater number. Also the internes should be allowed to act as second assistants in private surgical cases where a first assistant has been engaged by the surgeon. Dr. Brown asked that the members of the Staff give their slated clinics as regularly as possible. This is required in approved hospitals by the C.M.A. On behalf of the internes Dr. Nash asked that the internes be allowed to assist at deliveries where possible and that a nurse be instructed to give the anaesthetic, except in operative cases.

On December 20th, 1933 the Chairman of the Interne Committee asked that any complaints be reported to a member of the Committee in definite form, not vaguely. The writing of case histories and attendance at lectures were also brought to the attention of the members and discussed.

At the meeting on October 17th, 1934 and also at the following meeting on November 20th, 1934 Dr. Frank Emmons, Chairman of the Interne Committee, reported having had a meeting with Sister Superior re house physicians for the coming year. Dr. Vrooman stated that house physicians were not giving good attendance at the clinics, and there should be closer co-operation between the housemen and the Committee.

December 19th, 1934 - Dr. Prowd spoke of the appointment of new house physicians for the coming year.

At the meeting on November 19th, 1935 Dr. Keith gave a report on the formation of the internes' new Library. It was moved that a fund be started for the purchase of new books and magazines for the Internes' Library. These were to be given by the Staff, and books to be selected by the Staff representative and a representative appointed by the housemen. An annual amount of \$3.00 was to be collected from each member of the Staff. Moved and carried. On the following month a report told of the books purchased for the Internes' Library.

September 8th, 1937 - Dr. Milburn drew attention to the report on internes in the August number of the C.M.A. Journal. Also, Dr. Milburn drew attention to the benefits that would accrue to the internes by regular pathological conferences.

At the Staff Meeting on January 9th, 1938, Dr. Gray moved, and it was carried, that \$20.00 be assessed each member of the Staff for the Internes' Library. Dr. Whaley reported at the meeting of November 15th, 1938 that junior internes would in future receive \$35.00 monthly and that \$50.00 would be forwarded to each one to help defray railroad expenses, this money to be loaned with the proviso that the interne would stay one year and the loan would be deducted from their salaries during the year.

December 31st, 1938 - Dr. Whaley reported that one interne had left the Hospital to accept a post as ship's surgeon, leaving four to carry on. Because of this it was impossible for the internes to keep the records and the reports up to date. Dr. Whaley then moved "As the 1939 internes are receiving \$35.00 per month and certain internes may receive advance money for travelling, to the amount of \$50.00, I move that \$15.00 be held back from each interne's salary by the Hospital till the end of the term; and if any interne should leave before his term is up without just cause (such cause will be brought before the Staff) this reserve money will be held by the Hospital and used as seen fit by the Hospital Management and Staff." Seconded by Dr. Frost, and carried.

Dr. Whaley reported at the meeting on January 18th, 1939 that the renewal of the S.G. & O. Medical Journal was \$12.00 and was now due. It was moved and carried that \$3.00 be assessed each member of the Staff for Medical Journals and books for the Internes' Library.

On April 18th, 1939 Dr. Whaley reported that six internes were appointed for the coming year.

October 18th, 1939 - Dr. Whaley reported the following requests and suggestions by the Interne Committee: -

1. That the internes themselves brought up the question of administration of anaesthetics and stated that they would like to be given the privilege of giving complete anaesthesia under the observation of a Staff Anaesthetist.
2. Internes request more assists in obstetrical cases; also a new obstetrical history form.

After considerable discussion by the Staff members it was left to the Interne Committee to discuss (1) with the Anaesthetic Staff, (2) with Dr. Frost of the Obstetrical Staff, who agreed heartily with the suggestion. It was also agreed that a new obstetrical history form be outlined and printed.

November 21st, 1939 - A letter was read from the Canadian Association of Medical Students and Internes, notifying St. Paul's Hospital Staff of their plans for the coming year.

January 17th, 1940 - The question of lectures to internes was discussed. Were they so necessary now that a Tumour Clinic and Clinical Conferences were held each week? It was suggested to leave this matter in the hands of the Interne Committee.

On May 15th, 1940 Dr. Whaley reported for the Interne Committee that one of the internes who was supposed to come for the following year was unable to come.

A review of the difficulties and many problems in the development of an Interne Staff during the first twenty years of the Medical Staff's existence has been given and we trust that it will be of some interest to the present and to future members of the Staff of this ever-growing hospital.

CHAPTER 7

GENERAL BUSINESS AND MEDICAL PROBLEMS

GENERAL BUSINESS AND MEDICAL PROBLEMS  
DEALT WITH BY THE STAFF

1920 - 1940

Early in the development of the Staff, in fact during the Medical Advisory Committee's existence, at the meeting held on May 17th, 1919, the Sister Superior asked the Medical Advisory Committee to give its opinion on the proposed eight-hour day for nurses-in-training and showed a questionnaire she had received from the Graduate Nurses' Association on the matter. After considerable discussion the Medical Advisory Committee went on record as not favouring the nurses having an eight-hour day instead of twelve hours. However, it was suggested that time be included in the twelve hours for a study period.

Great changes in nurses' education and scientific training have taken place since those days, but the problem of intelligent, thoughtful and kindly care of sick or ailing human beings remains much the same.

At the meeting of the Medical Advisory Committee on July 3rd, 1919 the members discussed the question of the house physician giving anaesthetics and also of having a specially trained Sister to administer anaesthetics. A Committee was appointed to investigate whether there was any legal difficulty for the Hospital in having as an anaesthetist somebody who did not have a medical diploma. The Staff also felt that there should be some way by which the fees for anaesthetics might be increased.

On September 20th, 1920 as St. Paul's Hospital did not have an interne, the Staff passed a motion that, for major operations, the operator must bring or provide his own assistant.

Sister Charles relates that in the earlier days of the medical life of Vancouver, when a doctor was due in the operating room or needed to answer a telephone call, the Sisters or nurses only had to look out of the windows to recognize whether the doctor was in the hospital or not - the horse and buggy of each man was distinctive.

In the early 1920's, Comox Street from Burrard Street West was very muddy and deeply rutted, particularly during the wet season. This annoyed Dr. R.C. Boyle who drove a very fine horse and a smart looking buggy, for he reported to the Staff Meeting on January 5th, 1921 that he had written to the City complaining about the

condition of Comox Street near the Hospital. However, this letter received very little attention, for in the following year on February 15th, 1922, Dr. Boyle asked that the Secretary be instructed to write to the City Engineer about the state of the Comox Street roadway.

On January 5th, 1921 the Chairman brought up the question of admitting alcoholics to the Hospital and suggested that the Staff avoid sending these cases to the Hospital as far as possible. In the earlier years not infrequently alcoholics were sent into the Hospital for rehabilitation, but they proved such a nuisance as the years went by that the Hospital authorities ruled against the admittance of a person the worse for liquor, and that if perchance an alcoholic were admitted with some complicating illness, special nurses would have to be arranged for by the patient.

On February 2nd, 1921 the Chairman reported that the percentage of abdominal operations proven unnecessary on opening the abdomen was too large for some of the doctors operating. Dr. Patterson moved that the Executive look into the matter of unnecessary operations done in the Hospital, and the records of cases be laid before the whole Staff with recommendations for specific action if the Executive deemed it advisable.

March 2nd, 1921 - Dr. Patterson brought up the matter of the importance of a strong B.C. Medical Association. The B.C. Medical Association intended to affiliate with the Canadian Medical Association, and thus do its part to strengthen the Journal of the Association. A strong Canadian Medical profession would do much to protect the profession generally.

On June 1st, 1921 Dr. Patterson advocated that the individual members of St. Paul's Staff should take a more active part in the affairs of the Vancouver Medical Association and stated that as President of that Association he had arranged for two clinical meetings at this Hospital during the coming year. Dr. Patterson thought that if the members of the Staff would get busy, much might be done to improve ourselves and that our Staff would be recognized in the City as a much more important medical body than it had been considered before.

At the Meeting of September 14th, 1921 the Chairman intimated that the Hospital had made a new arrangement with Dr. C.S. McKee by which routine laboratory examinations were to be made for all patients, each patient to pay a charge of a dollar and a half to cover or partly cover this additional expense.

On January 18th, 1922 there was a general discussion on the best way to overcome the poor attendance at the Staff Meetings and it was decided that the Programme Committee would arrange for a subject based on the case records of the Hospital for the next meeting.

On February 15th, 1922, the Chairman reported that the Executive had elected Dr. Clarence E. Brown and Dr. Walter S. Baird as members of the Staff. Also at this meeting Dr. Archibald Smith brought up the matter of the need for a convalescent hospital for poor people.

March 27th, 1923 - Dr. A.W. Hunter was elected to fill the vacancy in the Staff in Urology and Dr. R.C. Boyle to fill the vacancy on the surgical services.

At the April 24th, 1923 meeting Dr. C.E. Brown moved and it was seconded by Dr. A. Smith that the matter of procuring an autopsy room be taken in charge by the Chairman to arrange with Sister Superior. Also, it was moved and carried that the Staff was in a position to take care of any charity cases that might be turned over to it.

On May 29th, 1923 it was moved by Dr. Vrooman that the present group on service continue until the end of June and that a new group be appointed to carry on during July, August and September. This was seconded by Dr. Boyle and carried.

The problem of dividing the Medical Staff into its divisions of Medicine, Surgery, Obstetrics and Gynaecology, Orthopaedic Surgery, Eye, Ear, Nose & Throat, and Urology and Skin diseases and other specialties is shown to be in the making.

November 22nd, 1923 - Moved by Dr. Keith, seconded by Dr. Brown "That the anaesthetist be instructed to refuse to administer an anaesthetic to any major operation case admitted to the Hospital the day of operation - provided the case be not one of emergency, this notice to be posted in the doctors' room."

January 23, 1924 - A complaint was read re the Gas Oxygen apparatus being out of order for use in a certain case which died in the Hospital. On investigation this was found not to be the case. Dr. Smith was asked to bring in a report on this case at a special meeting to be called by the Chairman.

It was also moved and carried that the Staff Obstetricians investigate the frequency of the use of forceps in their department and report.

At the following meeting on February 22nd, 1924 Dr. Smith moved "That the Staff of St. Paul's Hospital hereby affirms its complete confidence in the efficiency of Dr. C.H. Bell as anaesthetist, and in the perfect working condition of the anaesthetic apparatus of the Hospital." It was resolved that a copy of the above be sent to Dr. G.E. Gillies with a covering letter appended.

Dr. McPhillips brought up the question of men doing unnecessary operative work in the Hospital, which was endangering lives in some cases. A committee of the members was appointed to look into this matter and report later.

On April 3rd, 1924 Dr. Keith made a report on the surgical work done in the Hospital. Dr. McPhillips and Dr. Vrooman were also on this Committee. Six cases were reported on - all six operations were performed by a certain surgeon. Dr. Vrooman moved "That in the opinion of the Staff the Sister Superior be informed of such surgery being done and that the Staff entirely disapproved of such work." Dr. Patterson stated that this type of work should be regarded as criminal practice and should not be done.

Dr. Prowd moved that the Staff recommend the purchase of a metabolism machine. Dr. Brown, who had gone into the matter very carefully, was to be consulted in this regard.

At the meeting of November 19th, 1924 a discussion arose as to the advisability of suggesting to the Sisters' Council the carrying out of typhoid vaccination amongst the Nursing Staff, and also the isolation of wards after the development of infectious diseases. It was the consensus of opinion that the wards should be isolated if one of the acute exanthemata developed, till such time as the contract cases were over the incubation period of the disease in question. The Staff opinion was that the nurses should be advised of the value of typhoid vaccination, but that it not be made compulsory.

The Chairman, speaking on the question of lectures to nurses, stated that Dr. Spohn would lecture on Paediatrics; Dr. C.E. Brown on Medicine and Dr. A. Smith on "Emergency Surgery."

In 1924 the failure of Staff members to turn out in sufficient numbers to make a quorum caused the Staff to have a free discussion on this matter at the meeting on December 17th, 1924 and it was decided by motion that six members form a quorum instead of eleven as heretofore. Also, at this meeting, Dr. McPhillips, Chairman of the Surgical Committee, reported having investigated the preparation of solutions used in the operating room.

On January 21st, 1925 Dr. C.S. McKee brought to the attention of the Staff that in case of blood donors, far too many were having their veins cut down upon, thus injuring the vein for future supply. This was an early phase in the development of intravenous therapy, the difficulties of which were soon overcome by improved apparatus and greater skill.

At the January meeting Drs. McKee and Keith were appointed a Committee to look into the matter of the preparation of operating room solutions.

At the Staff Meeting on February 18th, 1925 the members discussed the ways and means of getting more material from St. Paul's Hospital published in the Bulletin of the Vancouver Medical Association; also, if possible, some material in the Canadian Medical Association Journal. The material was in St. Paul's but the initiative and the application of the Staff members seemed to be falling down.

March 18th, 1925 - Drs. Vrooman and A. Smith were appointed to bring in a report on the utilization of the Laboratory and Pathology Departments in connection with Hospital cases, as it was noticed that not sufficient advantage was being taken by attending doctors of this valuable adjunct to clinical medicine.

On April 15th, 1925 Dr. Vrooman, as Committee Chairman, read a report on the laboratory work done on 87 cases in the Hospital and the conclusions were: -

- (1) The Laboratory is not being used as it should be.
- (2) No case should be in the Hospital for 24 hours without a urine analysis.
- (3) All bronchitis cases should have a T.B. sputum test.

A suggestion was made by a Staff member that the Laboratory adopt a flat rate for laboratory work. At the Meeting on May 20th, 1925 Sister Columkille, who was Chief Technician in the Laboratory, stated that a flat rate for its work was not feasible at present. At the same meeting, after considering unnecessary operations, Dr. Gray moved and Dr. Kennedy seconded that the Staff recommend to the Sisters' Council that the Sisters in charge of Departments call in consultants (preferably a Staff member) in any case where it was considered in the interests of the patient or of the hospital.

On September 16th, 1925, upon the request of President Klink of the University of B.C., a Committee of two was appointed to serve on the Advisory Council of the National Research Committee.

October 21st, 1925 - A letter from the W.C.B. was received stating that St. Paul's was one of the Hospitals appointed by the Board to do physiotherapy treatments.

On November 18th, 1925 Dr. John Christie was elected to the Staff as Dermatologist. Also, the Committee on classification of diseases reported - after discussion, it was decided that the Massachusetts General Hospital classification, as used at the Vancouver General Hospital, be retained.

January 20th, 1926 - As a means of preventing diphtheria infections in Hospital, it was recommended that when this disease was prevalent in the City negative swabs taken the day before admittance must be obtained - a notice of this to be posted on the bulletin board.

February 17th, 1926 - Dr. Harry Bell resigned from the Anaesthetic Department and a letter of appreciation of his work in that Department over a period of years was to be sent to him by the Secretary of the Staff.

One of the problems confronting the Obstetrical Department was the not infrequent appearance of "Impetigo" in the newborn, and the Staff appointed Dr. H. Spohn and Dr. J. Christie to outline the best measures of preventing its occurrence. This Committee made a number of recommendations which when carried out greatly reduced the incidence and severity of the disease. One of the recommendations made was that the nurses wear rubber gloves when changing and bathing the infants. At a later meeting (June 16th, 1926) the Sister in the Obstetric Department reported that this proved not to be practical since it was found impossible to insert safety pins without puncturing the gloves and the use of oil was destructive to the rubber gloves.

On May 19th, 1926 Dr. Patterson resigned from the position of Chairman of the Staff and Dr. F.X. McPhillips was appointed to act as Chairman temporarily.

Suggestions made by the Staff at this meeting were that a full-time dietitian be secured and that an electrocardiograph instrument be purchased.

At the meeting on June 16th, 1926 Dr. Edward Gray was appointed Chairman of the Staff.

September 22nd, 1926 - The American College of Surgeons wrote a letter to the Sister Superior that the College expressed satisfaction with the progress being made in St. Paul's Hospital and suggested that all physicians attending St. Paul's be invited to attend the Staff Meetings where death had occurred in any patient under their care.

Announcement was made at the meeting on October 21st, 1926 by the Sister Superior that a full-time dietitian had been appointed. At this meeting the Secretary was instructed to send a letter of sympathy to Mrs. L.M. MacKechnie and family over the recent death of Dr. L.N. MacKechnie who was one of those who founded the Medical Advisory Committee and who had never wavered in his loyalty to St. Paul's from the time he began to practise in Vancouver in 1894.

March 16th, 1927 - A letter was received from the Vancouver Graduate Nurses' Association requesting the assistance and co-operation of the doctors on the Staff to aid the nurses in the collection of fees, at stated intervals, for services rendered to patients for protracted illnesses. It was moved that the Staff render as much assistance as possible and suggested the rendering of accounts by nurses weekly. This was incorporated in a letter to the Vancouver Graduate Nurses' Association.

June 15th, 1927 - Dr. Archibald Smith stated that he was going abroad for a year and that he did not wish to be a candidate for the Surgical Staff. He expressed his appreciation of being on the Staff and when he returned, if there was a vacancy, that he be re-elected. The Staff passed a unanimous vote of thanks to Dr. Smith for the faithful work he had rendered to the Hospital and to the Staff. Dr. Lyon H. Appleby was appointed a member of the Surgical Staff. December 21st, 1927 Dr. T.S. Lennie was elected to the Surgical Staff.

At the Staff Meeting on September 21st, 1927 Dr. Patterson brought up the matter of establishment of an admitting office more suitable to the business of the Hospital and moved that the Comox Street entrance be used for such an office. Carried. Since the completion of the main Hospital building in 1913 patients were admitted at the Burrard Street entrance.

Sister Superior announced at the Staff Meeting of December 21st, 1927 that the new admitting office would be open by the first of the year. At the same meeting Dr. Patterson drew attention to the shortage of fracture equipment in the Hospital and advised that standard equipment be secured. A number of the members had felt for a long time that the fracture equipment should be brought up to date. The Chairman appointed Dr. Patterson to designate the necessary fracture apparatus and the rules to protect same, as heretofore those in charge of the splints had great difficulty in preventing losses of apparatus, not infrequently by the carelessness and thoughtlessness of the attending physicians.

On January 18th, 1928 Dr. Patterson gave a list of splint requirements which he submitted to the Sister Superior and also suggested the following: -

That the person in charge of splints keep a record showing:

- (1) Type of apparatus used in each fracture case.
- (2) Date of removal of splint.
- (3) Name of doctor removing the splint.
- (4) Name of person giving splint out.
- (5) Date on which the splint or appliance is returned.

At this meeting it was reported that Dr. H.R. Ross had been appointed to take charge of the Physiotherapy Department, being in attendance in the forenoons. Dr. Ross was extended the privilege of attending the Staff Meetings.

March 21st, 1928 - Notice placed in the doctors' room that the Hospital has a well equipped post mortem room. It was also moved and carried that no bodies be removed from post mortem room till the consent of the attending physician has been obtained. Also, at this meeting Dr. J.H. Bricker was appointed as Hospital Dental Surgeon and thus became an associate member of the Staff.

May 16th, 1928 - A letter was read from the American College of Surgeons re the method of accrediting deaths following surgical procedures. A Committee appointed at this time to report on this matter did so at the following meeting on June 20th, 1928. The report stated that the Hospital has no fixed system but that the local Medical Health Department has a system which is followed more or less closely, this being an open Hospital.

October 17th, 1928 - The Chairman reported attending the opening of the Nanaimo Hospital.

January 16th, 1929 - As the result of a case of smallpox developing in the Hospital the following resolution was moved and carried: "The Staff recommends that all the present employees of the Hospital be vaccinated and that in future all nurses and other employees of the Hospital should be vaccinated on acceptance or produce a certificate of having been successfully vaccinated within the year".

On March 20th, 1929 Dr. Vrooman pointed out the great necessity for increased hospital accommodation with a view to strengthening the hands of the Sisters' Council who are already aware of such great need. He moved "That the Staff recommend that the Sisters seriously consider increasing the hospital accommodation and that the Executive Committee of the Staff meet and co-operate with the Sisters and assist them in every way possible in this matter." Carried.

April 17th, 1929 - Dr. Christie, Chairman, reported regarding increased hospital accommodation. The Sister Superior announced that the Mother Superior General would be in Vancouver in August. Dr. Christie also reported that arrangements had been made for the typing of operation reports in the operating room.

Dr. Milburn mentioned that three sailors had been admitted with "Typhoid" and that a case of typhoid had developed in the ward as a result. As the result of considerable discussion Dr. Brown moved, and Dr. McNair seconded that the Staff recommend, "That all sailors on admission be sent to their proper ward, and if no space be available on that ward, that infection-free cases be removed from the ward to make room for the new cases. Also, in the event of infectious disease developing in the Hospital, doctors having cases on that floor be notified of the type of the infection and of the time in which it developed."

May 15th, 1929 - Dr. Milburn read a letter from Dr. Stuart of Nanette in reference to a former pupil nurse of this Hospital who is suffering from miliary tuberculosis. Discussion by Drs. Vrooman, Hunter, McNair, MacLachlan followed. It was moved by Dr. Vrooman, seconded by Dr. McNair "That it be drawn to the attention of the Sisters that a routine sputum be sent to the laboratory for examination in patients who have a cough and sputum." Also, it was moved and seconded "That the Staff of the Hospital discuss with the Sister Superior the advisability of giving lectures to pupil nurses early in their training on the care to be exercised for the prevention of tuberculosis among nurses and patients." Also that Dr. Stuart's letter be presented to the Sister Superior for discussion.

June 19th, 1929 - At this, the Annual Meeting, after the election of the Staff, Dr. Brown moved and Dr. Patterson seconded "That the Secretary write to those members who had failed to attend 50% of the Staff Meetings, pointing out that this was contrary to the regulations of the Staff and that this rule would be enforced during the year."

On October 16th, 1929 Dr. Brown brought up the question of maternal morbidity in the Hospital stating that there had been some outside criticism.

Evidently the problem of "Impetigo" was presenting itself again in St. Paul's for Drs. Spohn and Christie were appointed by the Staff to investigate the possibilities of impetigo control.

January 21st, 1931 - the Nursing Technique Committee, Drs. Gray and Hunter, reported "That we recommended to the Sister Superior and Council:

- (1) That the Sister Superintendent of Nurses should have a post-graduate course in the training of nurses at one of the leading hospitals.
- (2) That the Assistant Superintendent of Nurses should have a similar course, or that she should be a graduate with special qualifications for the training of nurses."

Dr. Hunter, in his discussion of the above resolution, brought out that the Sister and graduate nurses in charge of the ward should be given additional instruction with a view to increasing the standard of technique throughout the whole Hospital. Discussed by every member of the Staff and passed unanimously. Dr. Gray asked for the Committee that they have authority to act on minor complaints without referring them to the Staff. This was given by the Chairman as being within the power of the Committee.

A motion by Dr. Spohn, that the Staff was of the opinion that an infants' department be incorporated in the new Hospital when completed, was carried.

Dr. McNair moved that it be found out what percentage of ward beds was being allotted in the new Hospital.

March 18th, 1931 - The question of osteopaths assisting at operations in the Hospital was brought up, the osteopaths having asked for a ruling. Dr. A.J. MacLachlan, Secretary of the Medical Council, stated that osteopaths were legalized under the Medical Act and that no general hospital could refuse patients of osteopaths. It was moved by Dr. Appleby and seconded by Dr. W.D. Kennedy "That no person who is not duly registered as a physician and surgeon in the Province of British Columbia, or a duly registered dentist of the Province of British Columbia be admitted to the practice of this Hospital. This practice may be extended to visiting surgeons or physicians as an act of courtesy." Carried.

May 20th, 1931 - A motion was made by Dr. McNair, seconded by Dr. Patterson "That no patient for operation be admitted later than four o'clock on the preceding day, except in case of emergency." Carried.

On June 17th, 1931 a letter from Sister Theresa, Superintendent of the School of Nursing in St. Paul's Hospital, regarding the medical requirements for admission to the Training School was read. Discussion followed and it was decided that the Medical Section of the Staff be appointed to investigate and act on this matter.

At the meetings on January 21st and March 18th, 1931 the question of recommending that the Hospital obtain an oxygen apparatus had been discussed and a Committee had been appointed to investigate the best type of machine to recommend. At the meeting of September 16th, 1931 the new apparatus was demonstrated by the firm's representative. It was the first of its kind in Vancouver.

The following notices of motion proposed at the Special Meeting on January 22nd, 1932 were: -

- (a) That one Neurologist be appointed to the Staff
- (b) That one Proctologist be appointed
- (c) That two members be added to the Pediatric Department
- (d) That at the age of 65 years a member must retire from the Active Staff
- (e) That an Honorary Consulting Staff be appointed and that the rules governing the appointments to the Consulting Staff be suspended for the period of the February Meeting when members could be nominated and elected to the Honorary Consulting Staff.

The notice of motion for the foundation of a Department of Bronchoscopy and Plastic Surgery was withdrawn.

The following doctors were elected to the Honorary Consulting Staff:  
Drs. R.E. McKechnie, J.M. Pearson, J.J. Mason, R.C. Boyle

Dr. T.M. Jones was nominated for Proctology  
Dr. D.L. Dick was nominated for Neurology

The Chairman stated that further nominations for these Departments, as well as for the two positions on Pediatrics would be received till the end of February.

On February 17th, 1932 Dr. J.W. Thompson was unanimously elected to the Surgical Staff.

On March 16th, 1932 it was moved and carried that the position of Urologist be left open for the present.

Four men were nominated for Pediatrics and Drs. Stewart Murray and C.A. Eggert were elected.

Dr. Brown withdrew the name of Dr. T.M. Jones for Proctology.

Dr. A.C. Frost was nominated by Dr. Kennedy to fill the vacancy on Obstetrics.

Dr. F.W. Brydone-Jack donated his bronchoscopic instruments to the Hospital and the Secretary was instructed to write a letter of appreciation and thanks to Dr. F.W. Brydone-Jack for his fine gift.

April 27th, 1932 -Dr. H. Spohn reviewed the rules for the admission of cases to the Pediatric Department and the rules governing the conduct of physicians, nurses and visitors to the Department, and moved that these be recommended to the Sisters for approval.

May 21st, 1932 -Dr. W.D. Keith was appointed as representative to attend a special meeting of the Greater Vancouver Health League to consider tuberculosis control. In an endeavour to hold down expenses the Sisters requested that the laboratory work on Staff and indigent cases be reduced as far as consistent with good treatment.

Dr. Appleby reported as Cancer Registrar that he had been sending in reports monthly of all cancer cases to Dr. J.W. McIntosh, City Health Officer.

Dr. A.C. Frost moved that all skin rashes developing amongst mothers and babies in the Obstetrical Department be at once reported by the Staff to the Staff Dermatologist.

The special Committee on Nursery technique held a special meeting in June, 1932. The following motions were made and adopted: -

- (1) That oiling technique as enforced at the Vancouver General Hospital be used in St. Paul's;
- (2) That babies be weighed at birth, then on the 4th day and every three days thereafter;
- (3) That babies be taken out individually to mothers.

It was recommended that a superheated room for premature babies be provided -- improved technique -- no colds in the Nursery or Pediatric Department -- no long fingernails -- every rash to be reported.

This report was adopted.

On June 15th, 1932 the Annual Staff Meeting was held. After the Staff elections the Staff retired to the nurses' dining room where refreshments were served by the Sisters. The members of the Consulting Staff -- Drs. R. E. McKechnie, W. C. McKechnie, R. C. Boyle were also present, the occasion being the retirement of Dr. F. X. McPhillips from active hospital service, he having been a member of the Staff since its inception. Dr. R. E. McKechnie, on behalf of the Staff, presented to Dr. McPhillips a gold pencil as a memento and as an appreciation of his long years of service to St. Paul's. Dr. McPhillips made a very happy speech of appreciation.

On November 16th, 1932 Dr. T. R. Whaley was elected unanimously to the Staff as Proctologist. At this meeting Dr. Appleby very ably discussed the results of the study of charts of patients with head injuries. He showed new charts especially designed for this type of case and moved that they be adopted.

A most important problem having to do with the immediate development of the Medical Staff of St. Paul's Hospital was brought to the attention of the members at the meeting on November 16th, 1932. Some months previously the Board of Trustees of the Vancouver General Hospital had passed a rule that the members of its Active Medical Staff could not be attached to the Active Staff of any other Hospital. This was a particularly difficult problem to be faced by St. Paul's Medical Staff at this time as it would remove certain specialists and leaders from the Staff.

This was a complete reversal of the policy of the Vancouver General Hospital as stated by Dr. Malcolm MacEachren when he was a guest speaker at the meeting of doctors assembled by the invitation of the Sister Superior when the Medical Staff was formed in April 1919.

At that time Dr. MacEachren felt he could state the Vancouver General Hospital, of which he was Superintendent, would do everything in its power to form a strong and vigorous Medical Staff at St. Paul's.

At the meeting on November 16th, 1932 Dr. Howard Spohn moved a motion, seconded by Dr. Charles H. Vrooman "That in the interest of medical progress in the City of Vancouver, a Committee of this Staff be appointed to discuss with the Vancouver General Hospital Board of Trustees the advisability of having the services of specially qualified men in the limited specialties of Orthopedics, Dermatology, Neural Surgery, Endoscopy and Urology, available for Staff appointments on more than one hospital in the City. A Committee of Dr. Keith, Chairman of the Staff, Dr. L. H. Appleby, Dr. J. W. Thompson, Dr. Neill E. MacDougall was appointed to interview Dr. A. T. Heywood, asking him to bring this matter to the attention of the Board of Trustees. This was done and Dr. Heywood promised to lay the matter before the Board.

On April 19th, 1933 a letter was read to the Staff from the Vancouver General Hospital Board, stating that it could not approve of a change in the ruling that members of their Medical Staff could not be members of any other hospital's Medical Staff.

Through this action St. Paul's Hospital Medical Staff lost the services of three valuable members -- Drs. A. W. Hunter, Urologist, Dr. T. H. Lennie, General Surgeon, Dr. A. J. MacLachlan -- Obstetrics and Gynaecology, who resigned in January 1932.

Much to the satisfaction of St. Paul's Staff this ruling was ignored by Dr. Frank F. Patterson, Orthopedic Specialist, and Dr. John Christie, Dermatologist, as each one of these doctors remained on the Medical Staff of both hospitals during their lifetime.

December 20th, 1932 - Dr. Malcolm MacEachren, representing the American College of Surgeons wrote the Sister Superior a letter of commendation regarding the attitude of St. Paul's toward osteopaths and other cults. At this meeting Dr. Appleby drew the attention of the Staff to the fact that accident cases occurring downtown were taken very frequently past St. Paul's to the Vancouver General. Dr. Patterson and Dr. Thompson were appointed a Committee to investigate this condition and report later.

January 18th, 1933 Dr. Stewart Murray was granted one year's leave of absence for postgraduate work in Public Health.

Dr. Patterson reported that he had interviewed Inspector Mortimore of the City Police who said that in case of a conscious patient, he was asked what hospital he wanted to go to. Unconscious patients were taken to the Vancouver General Hospital, as generally they were charity cases. Inspector Mortimore suggested that certain limits of the City be set regarding the disposal of accident cases to the different hospitals. This order could only be given by the City Health Officer. Dr. Patterson stated that St. Paul's was treating about 25 cases a month and that on investigating the Vancouver General Hospital records 543 cases were treated in one month there, and expressed the thought that these cases had a financial as well as a scientific value to the hospital. Dr. Appleby discussed the hospital problem of handling more than one accident case at a time -- a most important problem, the doctor thought. Dr. Vrooman moved that the Chairman appoint two members to be empowered to continue investigations till results were obtained and conclude arrangements if possible. Carried.

Dr. Appleby reported at the following meeting (March 15th, 1933) that during February, 30 cases had been treated in St. Paul's emergency, two of which were Compensation cases, thirteen paying cases and fifteen non-paying.

Emergency service was discussed by Dr. Patterson at the meeting on April 19th, 1933; he stated that he had interviewed Inspector Mortimore and also had interviewed the Mayor. Dr. Patterson said that the Hospital should decide to give a snappy service.

December 20th, 1933 - The Chairman read a letter from Chief of Police Cameron regarding the allotment of emergency cases and Dr. Appleby outlined the history of the negotiations to get this allotment. That the Staff might be prepared for an increase of emergency work, Dr. Appleby moved and Dr. Thompson seconded, "That a Committee consisting of the Executive and the Surgical Staff meet as soon as possible to consider the problem of accident cases and emergency work." Carried.

At the Staff Meeting on September 21st, 1933 Dr. Vrooman spoke regarding deaths from pulmonary tuberculosis and said there were always one or two cases of positive sputum in the hospital and nurses should be taught how to protect themselves by the use of proper hygienic measures. Nurses attending pulmonary T.B. cases were to wear masks, gowns, rubber gloves, or, following attendance, wash their hands in antiseptics and should teach the patients to protect others from the infection.

Dr. Vrooman moved that we recommend to the Sisters that open cases of tuberculosis be treated as infectious cases and be isolated from other non-infectious disease cases. Dr. Spohn thought that every graduate nurse should have a health examination and cited a case where a graduate nurse had carried the infection to others.

At the meeting on October 18th, 1933 the Chairman stated that he had interviewed Sister Superior regarding necessary precautions to be taken to protect nurses against tuberculosis. The Sister expressed her desire to do everything possible to protect the nurses.

January 17th, 1934 - Dr. W.D. Kennedy moved "That cases of incomplete abortion coming into this hospital be held for at least twelve hours under observation to determine the condition of the patient and the extent of hemorrhage before being taken to surgery for curettage." Carried. February 21st, 1934 Dr. Frank Emmons was appointed to the Staff as Neurologist, then at the next meeting his appointment was changed to that of Neurological Surgeon. Dr. George Clement was appointed as Surgeon.

At the meeting on April 18th, 1934 it was moved and seconded that a Committee be appointed by the Chairman to confer with the committee of the Vancouver General Hospital regarding the formation of a tumor clinic and that the St. Paul's Committee be instructed that any suggested scheme for the formation of a tumor clinic be first submitted to the V.M.A. before adoption.

At the meeting in June, 1934 the Chairman stated that Dr. Stewart Murray would not be returning as a member of the Staff as he had accepted a position at Essondale.

November 20th, 1934 - A letter was read from Dr. Franklin Martin of the American College of Surgeons re the placing of this Hospital on the approved list.

At the Staff Meeting on January 16th, 1935 Dr. Vrooman thought that the student nurses should have a better training in the art of nursing; their scientific training seemed good enough but in the actual handling of the patients there was need for improvement. He suggested that someone capable in this regard should be secured as critic and instructor -- someone who would go about the hospital wards making it her business to supervise the training of the pupil nurses in the art of nursing and its conversion into a profession by the addition of a scientific training. This was done through the American Hospital Association under which all our Canadian Hospitals were taken. He believed that this matter could be improved materially by some action by the hospital authorities. Dr. Vrooman was requested to take it up with the Superintendent of Nurses and report to the Staff at a later meeting.

April 17th, 1935 - Dr. A.C. Frost reported that the maternity department for 1932-3-4 showed a very low infant mortality and no deaths of mothers. Moved by

Dr. Spohn and Dr. Vrooman that this report be published in the Bulletin of V.M.A.

June 13th, 1935 - Dr. Earl Hall was appointed Urologist and Dr. Gordon Large was appointed to take charge in Bronchoscopy and Oesophagoscopy.

September 16th, 1935 - Dr. Spohn was appointed to meet the Sisters' Council to suggest that the nurses of St. Paul's be graded for the nursing degree at the U.B.C.

October 17th, 1935 - Dr. W.L.C. Middleton was appointed to the Staff in Urology.

At the Staff Meeting on November 19th, 1935 Dr. Keith spoke of the loss the profession and St. Paul's Hospital had suffered in the passing of Dr. Robert Clarke Boyle, commenting on his long and loyal association with St. Paul's. Dr. Brown concurred in these remarks and spoke of how deeply the members would miss Dr. Boyle's presence and companionship.

December 19th, 1935 - Dr. C.A. Eggert tendered his resignation in a letter to the Staff. In reply the Secretary was instructed to state that the Staff accepted his resignation. He expressed the loss this would mean to St. Paul's and to his fellow members on the Staff, and also wished him many happy years of his retirement.

Dr. Eggert, when I first knew him, was a pharmacist and worked for Mr. J.R. Seymour, one of the leading druggists, whose drugstore was located at the northwest corner of Seymour and Hastings Streets in the early days of Vancouver. Dr. Charles Eggert was a very friendly, genial man, evidently possessed with ambition for he later went to McGill for his course in Medicine, graduated and practised in Prince Rupert for a number of years, then did special postgraduate work in Pediatrics, which specialty he followed in Vancouver. He was the soul of honor, for those who knew him would trust him through thick and thin. He enjoyed being on the Staff of St. Paul's and added something of his own personality and fine character to its deliberations.

A letter from Mrs. R.C. Boyle was read at the December meeting and filed.

A special meeting of the Staff was held in the Internes' Library on March 14th, 1936. General discussion in regard to the position of the Staff as a body on the proposed Health Insurance Plan was carried out and the following motion was made and adopted, "We, the undersigned Staff of St. Paul's Hospital, wish hereby to pledge our loyalty and complete co-operation with the Health Insurance Committee of the College of Physicians, that in the event of a Health Insurance Bill being passed, we will be guided by the wish of the said Committee as to the care of

patients in this hospital."

At the regular meeting on May 20th, 1936 a discussion took place on the admission of erysipelas cases. The Staff approved the following regulation, "That erysipelas cases be admitted to private rooms and medical wards without necessarily having special nurses; these cases not to be admitted to wards with surgical cases."

June 17th, 1936 - It was duly proposed and passed that the Chairman of the Staff be the official representative of St. Paul's Hospital Staff on all matters pertaining to Health Insurance.

November 17th, 1936 - Dr. Vrooman again called the attention of the Staff to the few sputum examinations made the previous month and suggested that any patient with a chronic cough should have a sputum test.

December 16th, 1936 - Dr. Karl Haig was elected a member of the Orthopaedic Section of the Staff.

At the following meeting on January 20th, 1937 Dr. George Lamont was elected as a member of the Pediatric Section of the Staff.

March 17th, 1937 - Dr. Prowd brought up the matter of parking space for Staff members' cars. Dr. Whaley and Dr. Clement were appointed to a committee to interview Sister Superior on the matter.

On April 20th, 1937 the above Committee reported that there was no available space for parking cars. Also at this meeting Dr. McNair spoke about forming a tumor clinic at St. Paul's. Drs. McNair, Thompson and Prowd were appointed a Committee to study this matter.

May 19th, 1937 - Dr. Prowd complimented the Sisters on the high standing taken by St. Paul's nurses at the recent R.N. examinations.

Dr. McNair read a report of the tumor committee and moved its adoption. The report of this Committee should, I think, be given in full: -

"The Committee met several times during the last few weeks. A small sub-committee was asked to see the Sister Superior to discuss the matter with her. We were very well received and given assurance that the Hospital and the Sisters' Council will give its approval and the reasonably necessary help to put into operation and maintenance a tumor clinic."

The subcommittee recommends to the Staff:-

1. That a tumor clinic be started in St. Paul's Hospital.
2. That available space in the Laboratory be utilized for that purpose, and laboratory examinations be done where necessary.
3. That the clinic be held twice a month or more often if thought advisable, in the mornings between 10:00 a.m. till 12 noon.
4. That all members of the Staff comprise the personnel, under a Chairman and Registrar.
5. That a small fee be charged, for registration purposes, of each case.
6. That special record forms, such as the type used by the C.M.A. cancer control committee, be used.
7. That all services by members of the Staff be free.
8. That a subcommittee under the Medical Staff be formed as a Cancer Study Committee according to the plan submitted by the Cancer Study Committee of the C.M.A. and approved by the Cancer Committee of the B. C. Medical Association.

The motion was carried.

One of the questions that was near the heart of the Sisters of St. Paul's Hospital was the failure of the City Fathers to appreciate the valuable contribution to the city's welfare being made day by day and year after year by this hospital; so at this meeting the Sister Superior expressed the opinion that now was an opportune time to ask the City for a grant, and Sister Superior thought the Staff should pass a resolution that the hospital authorities should ask for a grant. Carried. This was immediately done.

Dr. H.H. Milburn, at the first meeting of the newly appointed Staff on September 8th, 1937, suggested the advisability of forming a Committee composed of representatives of each service to meet regularly with the Sisters' Council to discuss Hospital Affairs. Drs. Appleby, Vrooman, Frost, Large and Spohn were appointed a Committee to canvass the opinion of the individual members of the Staff and report to a future meeting.

At the meeting on October 13th, 1937 Dr. Appleby reported for the above Committee. First, the Committee met the Sisters' Council at which time the plans for the new wing were presented and the advisability of securing support by a Government grant for the building fund was brought up. Second, the Committee held a luncheon meeting at which it was decided to recommend to the Staff that the

Advisory Committee become a Programme Committee, with the duties of arranging programmes for the Staff meetings and continue to meet the Sisters' Council from time to time for further discussions. It was mentioned that efforts to obtain a grant for indigent patients might be the basis for a special meeting of the Staff. It was moved and carried that the report be accepted and the recommendations approved.

An important point was carried by motion at the Staff Meeting on November 16th, 1937, Dr. Vrooman being the mover, "That the head nurse on the floor should have the power to send routine sputum specimens to the laboratory for examination without consulting the physician in charge of the case."

At the meeting on October 19th, 1938 Dr. Milburn reported having interviewed the editor of the Bulletin of the V.M.A., Dr. J.H. McDermott, concerning the omission of St. Paul's Hospital from the face page of the new Bulletin. Dr. McDermott suggested that an Editorial Committee be formed which would be responsible for material for publication in future Bulletins. It was moved by Dr. Vrooman, seconded by Dr. D.M. Meekison and passed "That the Medical Staff of St. Paul's be prepared to furnish material for the Bulletin." Drs. W.D. Keith, H.H. Milburn and F. Bonnell were appointed as an Editorial Committee.

At the meeting on December 21st, 1938 the relationship between the B.C. Cancer Institute and the B.C. Medical Association was explained by Drs. H. Milburn and A.C. Frost. There will be fourteen positions open on the Staff of the Cancer Institute which will be filled by names forwarded by the B.C. Medical Association, and the Staff passed the following motion, "That the Staff of St. Paul's is willing to cooperate with the B.C.M.A. in regard to the B.C. Cancer Institute."

The letter to the Mother House was read pointing out the urgent necessity of the proposed new wing for St. Paul's. It was moved and carried that all members of the Staff sign the letter and the letter then be sent to the Mother House.

January 18th, 1939 - Dr. Whaley reported for the Interne Committee and it was decided by motion that each member of the Staff contribute \$3.00 for medical journals and medical books for the Library.

Dr. Whaley pointed out that each scrub-brush in the O.R. should be wrapped separately to prevent contamination. This was left to the discretion of the O.R.

Dr. McNair reported that the Tumor Clinic was working to better advantage, better records being kept and more interest was being taken.

The allotment of cases to the proper services and doctors on service at the time of admittance was discussed, and on motion it was decided to form a Committee of four to study the question.

February 14th, 1939 - The Editorial Committee reported and asked that the cases presented at the Staff Meetings should be ready for publication by the 18th of the month, as by that time the Bulletin goes to press.

May 17th, 1939 - Dr. Wallace Wilson addressed the Staff concerning the relationship of the Cancer Institute with St. Paul's.

Dr. Keith read a tribute on the passing of Dr. Neil MacDougall and a copy was ordered to be sent to Mrs. MacDougall.

October 18th, 1939 - Dr. McNair reported that the Tumor Clinic would begin to function next Wednesday morning.

Dr. Milburn stated that unless articles were presented to the V.M.A. Bulletin our name would be removed from the Bulletin. Dr. McNair promised an article for the next issue. A Committee was appointed to handle the editorial matter.

A wreath was sent to the funeral of Mrs. MacLachlan, wife of Dr. A.J. MacLachlan, and also a letter of condolence was sent.

November 21st, 1939 - Dr. Dorrance proposed that ward rounds be held Tuesdays 9:00 - 10:00 a.m. and be presided over by a Medical Staff member and the cases to be presented be presented by an interne -- these to begin the following Tuesday in the Clinic Room. Dr. Appleby moved that the members of the Staff be obliged to attend 60% of these meetings and a roll be signed. Carried.

Drs. Galbraith and Mustard were appointed to the E.E.N. & T. Department of the Staff and Drs. Steele and Beattie became members of the Associate Staff.

December 20th, 1939 - Season's Greetings were received from the Mother House of the Sisters of Providence and the Staff sent their greetings to the Sisters.

At the meeting on March 20th, 1940 the Chairman appointed Drs. T.B. Anthony, R.E. McKechnie II and T. Whaley as a Committee to see if anything could be done to facilitate parking in the neighborhood of the Hospital.

April 16th, 1940 - Dr. Spohn, the Chairman, asked that the younger members of the Staff attend weekly ward rounds more faithfully as the attendance in some cases was below 25%.

May 15th, 1940 - The Secretary read a report on the percentage of autopsies carried out in the last year in twenty-five hospitals of Canada. St. Paul's Hospital was among those having the larger number of autopsies.

A survey was read on the cases treated in St. Paul's Hospital during 1938-39. The survey showed the number of cases in each of the various services, namely Medicine, Surgery, E.E.N.T., Urology and Pediatrics. In the discussion following the reading of this survey it was considered advisable that when the new wing of the Hospital is opened that beds be allotted to each of these services, and also that there be a number of single wards where cases not yet diagnosed can be placed for observation.

Dr. C.G. Campbell of the X-ray Department and Dr. C.J. Roach of the Anaesthetic Department automatically became members of the Staff in conformity with the rules.

CHAPTER 8

CLINICAL MEETINGS AND CLINICAL ACTIVITIES

OF

THE MEDICAL STAFF

## THE CLINICAL ACTIVITIES OF THE MEDICAL STAFF

A fundamental principle laid down when the Medical Staff was formed was that the members should at each regular monthly meeting give up a certain amount of time for the presentation and discussion of clinical cases. This was a very vital cohesive influence in bringing the individual members of the Staff together. It revealed the way of approach that those participating made towards the everyday problems of medical practice. It taught each member of the Staff to respect the work done in his own and in other departments of the Hospital. It was a potent factor in raising the standards of each member and thereby the recognition throughout the City that St. Paul's Hospital had a high quality of Medicine to offer to the citizens.

Each year a representative of the Catholic Hospital Association and the College of Surgeons of America inspected the Hospital to learn how well the Hospital and its Staff were functioning. The Hospital was then classified according to how it met the standards as set down by this body.

During the first seven years of the Staff's existence there were no regular House Physicians in St. Paul's so that each member participating in a clinical programme had to work up and present his own case.

St. Paul's Hospital in those days did not have an Outdoor Clinic -- this has been established in a number of departments only since 1950. Yet the Hospital from its very beginning set aside a certain number of beds for charity cases. Also, St. Paul's accepted for treatment a great number of patients who intended to pay, were carefully treated by their own physicians and restored to full health in many cases, yet for one reason or another failed to pay the Hospital account. For all this charitable or unpaid work the annual grant from the City was very small, if anything.

The classification of Canadian Hospitals as institutions for training and teaching internes was taken over by the C.M.A. in 1927. At this time St. Paul's Hospital had begun to have resident House Physicians. The growth of this phase of St. Paul's was a natural one, as, under the guidance of the Sisters of Providence, St. Paul's was fast assuming the position of a metropolitan Hospital. It might be added that the Catholic Hospital Association of America and the American College of Surgeons even yet, when their representatives make the annual inspection, faithfully investigate the thoroughness of the teaching and training of St. Paul's internes.

The history of the clinical activities of the Medical Staff would be far from complete without reference to some of the members who from their ability and character added

a great deal to make St. Paul's Hospital Staff a success in the formative years. A number have gone to their great reward. The memory of these we shall ever cherish. Others have either retired from active practice or remain as Honorary Consultants to the Hospital Staff.

According to the rules and regulations governing the Staff, each year after the appointment of the new Staff it was the duty of the Chairman to appoint various committees and amongst these was the Clinical Programme Committee. The Chairman of this Committee worked hard to make the clinical presentations a success but there were many disappointments. At times the members failed, or were unable to keep their promises for one reason or another. As one looks back, and especially when one reviews the minutes of those early days, one is forced to the conclusion that the Staff carried on the Clinical Programmes with a considerable amount of success.

In the minutes of the Medical Advisory Board it is noted that arrangements were made for a clinical meeting of the V.M.A. to be held in St. Paul's Hospital February 25th, 1920 at 8:30 p.m. It is not recorded whether this meeting actually took place, but we presume it did. This then was the first time that a meeting of the V.M.A. of any kind was held within the precincts of St. Paul's.

At the first Autumn meeting of the Staff on September 20th, 1920 the Chairman appointed Dr. H.H. Milburn, Dr. Archibald Smith, and Dr. W.C. McKechnie as the Clinical Programme Committee.

At the Staff Meeting on October 6th, 1920 Dr. W. D. Keith presented a boy of eight years of age who four years previously had been under his care, suffering from acute osteomyelitis of the neck of the left femur. Traction had been employed on that occasion. Free movement of the hip joint and very little shortening, if any, of the leg had resulted.

At the following meeting on November 3rd, 1920 Dr. Frank P. Patterson gave a thoughtful address on Pyogenic Osteomyelitis -- its early recognition and hopeful outlook if immediate opening of the infected area by a trephining was performed.

Dr. Patterson was the outstanding leader in Orthopaedic Surgery in B.C. at this time. He was meticulous and demanding in carrying out the Lane technique in his operations. He was a forcible speaker and contributed on innumerable occasions to the deliberations of the St. Paul's Hospital Staff. Dr. Patterson, though a very

busy man, attended St. Paul's Staff Meetings regularly and was a vital constructive force in maintaining high standards for St. Paul's Hospital Staff.

November 3rd, 1920 - Dr. Archibald Smith reported a most unusual complication in a case when doing an operation on the neck. A large lymphatic vessel had been opened. Packing and pressure controlled the lymph flow.

Dr. William C. McKechnie gave a paper on Uterine Displacements at the meeting on December 8th, 1920. Dr. W.C. McKechnie, a brother of Dr. R.E. McKechnie and father of Dr. R.E. McKechnie, Jr., was a member of the original Medical Advisory Board of St. Paul's Hospital and, when in 1924 the Medical Staff was divided into special departments, Dr. W.C. McKechnie became a member of the Surgical Section. Dr. McKechnie did a considerable amount of surgery, particularly gynaecological surgery. This included patients referred to him by a number of his medical confreres as well as the surgery emanating from his own practice. He was a hard-working practitioner with a philosophy that all work was not wise, so he had the faculty of enjoying himself in the out-of-doors, shooting when in season, and fishing whenever possible. These were some of the things he delighted in talking about in his last few years when he had to live within the restrictions of progressive coronary disease.

On January 5th, 1921 Dr. George S. Gordon gave a paper on some unfortunate sequelae after prostatectomy.

Dr. G.S. Gordon was the first genito-urinary specialist to practise in Vancouver. He graduated from McGill in 1897 and shortly afterwards located in Phoenix, B.C. where he remained for a few years. After postgraduate work in Eastern centres, Dr. Gordon settled in Vancouver as an Urologist in 1904. He was one of those selected by the Sisters' Council to form the first Medical Staff in 1920 and remained a member for three years.

On February 2nd, 1921 Dr. C.W. Prowd, the chief in charge of the X-ray Department of St. Paul's, gave a paper on 'Radiation Therapy.'

Dr. Charles Wesley Prowd became associated with Dr. G.S. Richards in 1912 in the X-ray Department of St. Paul's. Dr. Prowd carried the X-ray Department on during the First War when Dr. Richards went overseas. After the war in 1918 Dr. Richards returned to Vancouver. In a few months Dr. G.S. Richards was offered, and accepted, the position of Radiologist-in-Chief in the Toronto General Hospital and

within a year or so he was appointed Professor of Radiology at the University of Toronto. After Dr. Richards left for Toronto, Dr. Prowd took full charge of the X-ray and Radium Department of St. Paul's. Dr. Prowd had been in general practice before taking up X-ray work and this gave him a sympathetic view when a physician went in to see the plates of his case. Often a suggestion or a hint given by Dr. Prowd would be of great value in restoring one's ego and enabling one to handle the patient and his condition with much more assurance. Dr. Prowd contributed on many occasions to the clinical programmes of St. Paul's Staff and was a great influence in making the Staff members acquainted with the ever-increasing value of X-ray as a diagnostic and therapeutic agent in curing some and alleviating others. St. Paul's was the first Hospital in B.C. to secure radium for use in treatment of cancer.

On March 2nd, 1921 Dr. W.D. Keith reported a case of Placenta Praevia with acute suppression of urine and fatal termination within a few hours.

Dr. H.R. Storrs reported a case of Eclampsia with death on the third day after delivery. Examination of the urine in both cases showed absence of albumen.

Dr. Storrs reported two cases: -

- (1) Prostatectomy -- this case Dr. Storrs felt was an example of the importance of incising the internal sphincter as advised by Dr. Gordon.
- (2) A patient with Leucocythemia which X-ray treatment had helped for the time being.

At the same meeting Dr. W.C. McKechnie reported a case of Pneumonia of two and one-half months' duration, the patient still running a high temperature. The only bacilli found were pneumococci.

Dr. Henry R. Storrs graduated A.B.M.D. Harvard in 1905 and came to Vancouver in 1907, opening an office at the corner of Hastings Street and Main Street. In a year or two Dr. Storrs was appointed Acting Assistant Surgeon U.S. Public Health Service, which meant that he was attached to the U.S. Immigration service with an office first at 433 West Pender Street, and in 1913, when the U.S. Immigration service moved to the Credit-Foncier Building, Dr. Storrs had his office there.

Dr. Storrs was one of the original medical men who formed the Medical Advisory Board of this Hospital and was in fact the Chairman of that body. Dr. Storrs, I

might add, was a Fellow of the American College of Surgeons. He threw his whole support behind the movement to form a Staff at St. Paul's and was elected its Chairman when the Staff was formed in 1920. This position Dr. Storrs held till 1924 when he resigned. During 1924 Dr. Storrs held the position of Medical Superintendent as well. He supplied the original Minute Book of the Medical Advisory Board and of the Staff when it was formed.

Dr. Storrs' work in the early years of the Staff was a very valuable contribution and when he resigned, the Medical Staff sent him a very appreciative letter.

On April 6th, 1921 Dr. R.E. McKechnie, the Dean of Vancouver surgeons, gave an address at St. Paul's on 'Some practical points in the conduct of surgical cases.' All medical practitioners of the City were extended an invitation on this occasion - about thirty were present.

Dr. R.E. McKechnie was an original member of St. Paul's Hospital Staff. He was at that time the leading surgeon in Vancouver, having come over from Nanaimo in 1903 where he had had the Colliery practice for a number of years. Dr. McKechnie began his Vancouver practice as a partner of the late Dr. Simon J. Tunstall, with offices in the Tunstall Building on the northwest corner of Dunsmuir and Granville Streets. In 1918 Dr. R.E. McKechnie became Chancellor of the University of B.C., a position which he held for over twenty years, and had affiliations with the Staff of the Vancouver General Hospital and these, with the demands of a large practice, precluded him from taking part in much of the pioneer work of development of the St. Paul's Hospital Staff. However, Dr. McKechnie did a great deal of surgical work in St. Paul's, was perfectly at home in its atmosphere, and the authorities of the Hospital admired him for his skill and ability. He, on his part, had a great respect and high esteem for the Sisters of Providence of St. Paul's.

At the Staff Meeting on May 4th, 1921 Dr. J.M. Pearson gave a paper on 'The Anemias and Leukemias.' Dr. C.S. McKee discussed the blood cytology in these diseases and Dr. C.W. Prowd the value of x-ray treatment. Dr. Pearson, like Dr. McKechnie, was an original member of St. Paul's Staff. He was a tall man - about six feet two inches - rather slender, and known by many of his doctor friends as "Long John Pearson." He graduated from Trinity Medical College, Toronto, in 1896 and settled in Vancouver the following year. Dr. Pearson had always been friendly to St. Paul's, sending many of his patients to that Hospital. He was a member of the Vancouver General Hospital Staff. Dr. Pearson was unique in one way in that he did all his work of visiting his patients on foot or by a street car and in this way he found it difficult to attend so many meetings. Dr. Pearson was an

intellectual man with a style in writing and speaking which made him outstanding in our medical body.

In 1932 Dr. R.E. McKechnie, Dr. W.C. McKechnie and Dr. J.M. Pearson were made Honorary Consultants to St. Paul's Hospital Staff.

At the meeting on November 16th, 1921 a general discussion on the subject "Pyelitis" took place.

On March 15th, 1922 Dr. C.E. Brown presented a case of "Lung Abscess" as a complication of tonsillectomy and stressed the importance of early diagnosis and surgical drainage. Dr. Edward Gray reported a case of lung abscess after tonsillectomy in his practice. Dr. Archibald Smith told of a case of his with lung abscess following resection of the stomach.

In these days - 1945 and onward - of antibiotics and sulpha drugs and improved anaesthesia a complication such as lung abscess after a surgical procedure is uncommon, though it does occur. It was a very serious and often a very crippling complication in years gone by.

At the same meeting a Staff member reported a case of a woman of thirty-eight who was operated on for what was diagnosed by her physician, Dr. W.D. Patton, as a chronic appendicitis. The patient was discharged from the Hospital on the tenth day but on the fourteenth postoperative day developed tetanus. The patient was readmitted to the Hospital immediately and was treated vigorously with anti-tetanus serum but died in about six days. Dr. Patton thought that the catgut was the cause, although he was unable to prove it. At about this time a number of deaths from tetanus after operations had occurred across Canada and it was thought that a defective batch of catgut had been distributed by one of the surgical supply firms. A post mortem of this case showed the surface wound and peritoneum perfectly healed but there was an area of about three-quarters of an inch in diameter in the subcutaneous, muscular and fascial tissue containing disintegrating gangrenous material. However, cultures taken by the laboratory from this tissue failed to grow the tetanus bacillus.

On April 19th, 1922 Dr. C.S. McKee, on request, briefly outlined important points in blood chemistry. Dr. Archibald Smith reported a case of calculus of the kidney and Dr. Prowd showed the x-ray pictures of this case and stressed the difficulty of obtaining positive results in diagnosis from x-rays.

In 1918, at the conclusion of the first Great War, Dr. C.S. McKee did occasional laboratory work for St. Paul's Hospital, looking at the blood smears and pathological slides which Sister Charles, and later Sister Columkille, had prepared for his examination and report. About the year 1920 the Sisters' Council appointed Dr. McKee in charge of the Laboratory on a part-time basis. This was one of the Departments which had to be developed by St. Paul's if that Hospital was to meet the standards laid down by the American College of Surgeons.

Dr. C.S. McKee had established his own laboratory in the basement of his residence on 15th Avenue near Oak Street. He was about five foot six inches in height and rather of slender build, had a mustache and goatee, and was an incessant pipe smoker, spoke and acted quickly. He had a very well-trained mind, particularly as regards blood work and blood chemistry, and microscopic pathology, though when it came to gross pathology some of us thought that he lacked the same mastery and enthusiasm.

Dr. McKee was an ex officio member of the Staff and attended the meetings regularly. He gave papers, made demonstrations and took part in discussions on many occasions. He remained with the Hospital till Dr. A.Y. McNair took charge of the laboratories in 1925. A few years after the Medical Dental Building was opened, Dr. McKee opened a private laboratory in that building which he carried on for a number of years, then retired to his farm near Abbotsford, where he still lives.

On May 17th, 1922 Dr. Neill MacDougall (by invitation) gave an address on Mastoid Disease - the anatomy, pathology, etiology and symptoms, particularly those indicating the necessity of an operation, were outlined. Dr. McKee spoke of leucocytosis and blood pictures in acute inflammation of the mastoid; he also discussed the bacteriology and Dr. Prowd told of some of the x-ray findings of recent cases of this disease.

The Minutes of the Staff were not recorded in the Minute Book from May 17th, 1922 till March 17th, 1923.

April 24th, 1923 - Two cases were reported by Dr. Keith: (1) An Indian girl with a temperature of unknown origin. (2) A case of Anaemia, probably pernicious. A free discussion took place and various diagnoses were discussed.

On May 29th, 1923 Dr. C.E. Brown moved that the Staff meet at least once a week to present cases as a ward clinic with the assistance of the special departments - X-ray and Laboratory - and that the first clinic be held a week from the following Saturday at 9:00 a.m. Carried.

These clinical meetings were carried on under Dr. Brown's leadership for a few months and as the attendance was mainly those interested in Medicine - Surgeons being busy operating at that hour - the numbers attending gradually dwindled and the clinics were discontinued.

On April 3rd, 1924 Drs. W.D. Kennedy and A.J. MacLachlan reviewed 156 recent hospital Obstetrical cases. The infant mortality compared favourably with any other hospital, but the reviewers were critical of the case histories and of the number of forceps deliveries - 37 - and that perineal sutures were used in 67 cases.

It was moved and carried that the above reviewers continue to make further reports from time to time. Dr. Patterson wondered if attention had been paid to the incidence of paralysis in the newborn infants. Dr. Kennedy in reply stated that this had been done.

December 17th, 1924 - Drs. R.C. Boyle and C.E. Brown gave a review of the cases of gallbladder - Surgical (Dr. Boyle) - Medical (Dr. Brown) - disease treated in the Hospital during the last two years.

January 21st, 1925 - Dr. A.W. Hunter reported in detail 10 cases of surgical disease of the kidneys which had occurred in 1924 and Dr. Keith reviewed the medical kidney conditions treated during the same period and outlined a routine to be followed that he considered of value in these cases.

February 18th, 1925 Dr. Patterson gave a report on joint disease occurring in the hospital in the last six months. After considerable discussion Dr. Patterson outlined his ideas on the treatment of chronic arthritis.

March 18th, 1925 - Dr. Hunter presented a case of perineal fistula of long standing which showed the advantage, in this particular case, of not being in too much haste to effect a cure, since the long delay was a great advantage to this patient.

Dr. Milburn and Dr. N.E. MacDougall presented a woman who had suffered a severe post partum hemorrhage followed by otitis media. Dr. Milburn also reported a case which had had a careful examination and history but the diagnosis of carcinoma of the stomach was only revealed by post mortem.

At the same meeting Dr. Gray showed an obscure case of arthritis of both hip joints and Dr. Prowd showed the x-ray plates. Dr. Patterson fully discussed the diagnosis.

Dr. Edward J. Gray was one of the original founders of the Medical Staff of St. Paul's Hospital and took a very active part in its affairs. Dr. Gray was born in New Brunswick, took his M.A. at St. Joseph's University and M.D. Harvard 1908. The Royal College of Physicians and Surgeons of Canada granted him a certificate in General Surgery and he was a member of the B.C. Surgical Society. He was a very faithful attendant at the Staff Meetings, presented cases on many occasions, and frequently took part in discussing cases shown by others. Dr. Gray came to Vancouver in 1910, was an interne at the Vancouver General Hospital for one year and the following year was resident physician at St. Paul's Hospital for one year. This was at a time before St. Paul's had a resident interne staff. Dr. Gray began private practice in Vancouver in 1913, having an office in the Dominion Bank Building, northwest corner of Hastings and Cambie Streets. Dr. Gray had a large practice and he and his wife a large family of seven children. This was in its day a record for size of family for Staff Members, though I understand that Dr. Dave Steele and his wife have the honor now.

May 20th, 1925 - Dr. A.J. MacLachlan gave a report on the Caesarian sections performed in the Hospital during 1923 and 1924. One mother and three infants died. A great amount of discussion ensued as to the various indications for this procedure. It was decided by motion that the Staff recommend to the Sisters' Council that the Sister-in-Charge of the Obstetrical Department call a consultant, preferably a member of the Staff, in any case where she considered the operation a questionable one.

Dr. A.J. MacLachlan graduated from Queens - M.D., C.M. 1905 and registered in B.C. in 1909. For part of that year at least Dr. MacLachlan became a ship's Surgeon on one of the Empresses sailing from this port to the Orient. Then Dr. MacLachlan followed Dr. H.B. Gourlay as resident doctor and anaesthetist in St. Paul's. In 1911 Dr. MacLachlan began general practice and from 1913 till 1922 Dr. MacLachlan was one of the C.P.R. Surgeons. From 1920 till 1932, with Dr. W.D. Kennedy, he was in charge of the Department of Obstetrics and Gynaecology of this Hospital and did much to maintain it at a very high standard of efficiency. Dr. MacLachlan possessed the qualities of friendliness and kindness to a greater degree than possibly any member of the profession in Vancouver. Owing to the rule put into force by the Vancouver General Hospital against members of their Staff belonging to any other Hospital Staff, Dr. MacLachlan, who was a member of that Staff also, resigned from St. Paul's Staff in 1932. At the Vancouver General Hospital he became Head in charge of the Department dealing with diseases of the rectum and colon and in a few years became Secretary of the B.C. Medical Council and it was felt by many that no better choice could have been made.

On October 21st, 1925 Dr. T.B. Anthony presented a case of Paresis of the Facial Nerve after Mastoidectomy, with almost complete recovery within three months. Dr. Neil MacDougall showed a case of depressed Fracture of the Left Antrum of Highmore, with excellent result after raising the depressed parts.

Also, Drs. Archibald Smith and C.E. Brown gave a very complete and detailed account of the Diseases of the Thyroid Gland treated in the Hospital during the past two years. Out of thirty-two thyroidectomies there was only one death, and this proved, on microscopic study, to be a malignant thyroid.

In his discussion of the above review by Drs. Brown and Smith, Dr. Howard Spohn expressed the thought that the school children in the City should have 10 mg. of iodine weekly during the school year of forty weeks, as a means of prevention. Five years later, Dr. Harold White in February 1930, introduced this method in the Vancouver City Schools of which he was Health Officer. Here a parent or guardian was required to sign a statement requesting this service. This service, carried on for twenty-one years, was discontinued by the City Schools in 1951 since all salt sold in Vancouver had become iodized salt.

At the same meeting, October 21st, 1925, Dr. A.J. MacLachlan and Dr. H.H. Milburn gave the history and presented the autopsy findings in a case of Cancer of both Ovaries. Also, Dr. A.Y. McNair demonstrated the diseased organs in a case of amyloid disease resulting from liver abscess.

It was at this meeting that Dr. John Christie was elected to membership on the Staff, becoming its first Dermatologist. Dr. Christie, a graduate of Toronto University Medical Faculty in 1907, came to B.C. in 1913 and spent some years doing general practice in Ocean Falls, B.C. before taking postgraduate work in Skin Diseases, settling down to this specialty in Vancouver in 1923. Dr. Christie was a quiet, unassuming man who did a lot of hard work as a member of this Staff, serving on many committees and giving valuable practical help towards making the clinical work of the Staff a success. In the year 1928 Dr. Christie became Chairman of the Staff, a position which he also held in 1929.

Dr. T.B. Anthony had the honor to be the first physician appointed as an Eye, Ear, Nose and Throat specialist on St. Paul's Hospital Staff. Dr. T.B. Anthony took a very active interest in the success of the Clinical Programmes and made many worthy contributions during the twenty years that he was a member of the Active Staff. His associate on the E.E.N.T. Department, Dr. Neil MacDougall, was elected to Staff membership in 1924. Dr. MacDougall also contributed on a number of

occasions to the Clinical Programmes. He possessed a keen sense of humor and great gifts as a story-teller, and added much interest and lightheartedness to our lives almost daily when we congregated in the doctors' cloakroom and listened to his vivid tales of characters he had met, or happenings in his life, in his boyhood, in his Medical School days, when at war, or in practice. Both of these doctors, Dr. T.B. Anthony and Dr. Neil MacDougall, became Chairmen of the Staff and gave fine leadership and service to St. Paul's.

Dr. Alan Anthony is a son of Dr. T.B. Anthony and has most successfully followed in his father's traditions as an Eye specialist and as Chairman of the Staff, and in his contributions to the many tasks with which the Staff has entrusted him.

November 18th, 1925 - Dr. H. Spohn gave a resumé of cases treated in the Paediatric Service in 1924 and drew attention to the limited number of beds for children and urged the advantage of the cubical system.

Dr. Spohn frequently presented cases at the clinical meetings. It was generally recognized that he always put his back into any clinical work he presented. His paediatric cases invariably taught some important lessons. Dr. Spohn was a tower of strength to the Staff and very persistent in his advocacy of anything which he thought would advance the Paediatric service of St. Paul's Hospital.

Dr. Howard Spohn was Chairman of the Staff in 1939 and in 1947 retired from the Active Staff. His son, Dr. Peter Spohn, is now an important member of the Paediatric Section of St. Paul's Hospital Staff and has recently become Associate Professor of Paediatrics of the faculty of the University of British Columbia.

On December 16th, 1925 Dr. J. Christie presented a case of Lupus Vulgaris, discussed it fully and also considered the subject of Lupus Erythematosus. Dr. Keith showed a case for diagnosis with trophic and vasomotor changes.

Dr. H.H. Milburn presented a patient with Primary Spastic Paraplegia.

The faithful and valuable services that Dr. Harry Milburn has given to Medicine in Vancouver cannot be overemphasized. Probably nowhere has he done more than in his work for St. Paul's Hospital Staff. He has filled every position of trust and responsibility which the Staff can bestow on one member. His leadership on several occasions in connection with the thankless task of revising and bringing up to date the constitution with its rules and regulations of the Staff has been outstanding. Dr. Milburn has never failed each year to make valuable contributions to the Clinical Programmes of the Staff.

During 1926 at every monthly meeting of the Staff except one, clinical presentations were made. Dr. McNair on January 20th, 1926 gave an address on "The Significance and Application of Laboratory Tests" and Dr. F.P. Patterson gave a review of the fractures treated in the Hospital during the previous fifteen months. Full discussion was curtailed by Dr. Patterson's being called away.

February 17th, 1926 - Dr. C.E. Brown reported a case of Cancer of the Brain with pathological specimens. Dr. Keith presented a case of Thromboangietis Obliterans, and Dr. McNair demonstrated specimens of a case of Banti's Disease.

All these reviews of Hospital work interested the members of the Staff very much as they gave an actual mental picture of the work done in various departments and provoked much discussion of a helpful nature.

On March 17th, 1926 Dr. Howard Spohn presented a case of Herter's Disease and Dr. Neil MacDougall a case of Iridocyclitis treated by milk injections.

April 21st, 1926 - Dr. C.H. Vrooman showed x-ray plates of various chest conditions and on October 20th gave an interesting account of the meeting of International Union against Tuberculosis which he had recently attended. Dr. Charles H. Vrooman, recognized in his day as a leading authority on Chest Tuberculosis in Western Canada, was an original member of the Medical Staff of St. Paul's Hospital. He contributed on many occasions to the clinical programmes by presenting cases, giving papers, addresses and clinical and x-ray demonstrations.

Dr. Vrooman graduated from the University of Manitoba, B.A., M.D. 1901 and came to B.C. in 1909. In the year 1910 he was appointed to be Medical Superintendent of Tranquille Sanatorium which position he held till the end of 1918 when he resigned to become Medical Director of the Vancouver Rotary Clinic for T.B. of the Chest, which was a part-time position. Dr. W.B. Burnett, who was one of the doctors who attended the first meeting called by the Sister Superior, Sister Mederic, to form the Medical Advisory Board of St. Paul's, had become president of the Caribou Gold Quartz Mine, appointed Dr. Vrooman to examine with x-rays the chests of all employees of that mine. This was the beginning of a great public health movement to eliminate the spread of Chest Tuberculosis and to limit the incidence and progress of Silicosis amongst the quartz miners of B.C.

All honour must be given to Dr. Burnett for the practical leadership and drive which he initiated and carried through so successfully. The first examination was made at the mine at Wells, B.C. by Dr. Charles H. Vrooman,

September 24th, 1932 - The plates of one hundred and forty men were examined. Two cases of active pulmonary T.B., with Tubercular bacilli in the sputum were found and there were two cases of Silicosis diagnosed. Dr. Vrooman spent, for the next four years, three days at the mine twice each year examining the chest plates of the men and making physical examinations where necessary and Dr. Vrooman excluded eight cases from the mine on account of chest disease during that time. From 1932 onward, efforts were made to get the Workmen's Compensation Board to recognize Silicosis as a compensatory disease. This was achieved in 1937 and Dr. Vrooman was appointed by the W.C.B. to examine and report on all x-ray plates of workmen seeking compensation for lung disease.

On May 19th, 1926 Dr. C.E. Brown presented a case of Toxic Thyroid and Dr. F.X. McPhillips on June 16th, 1926 showed a girl, age 16, with a tumour of the superior ramus of the left pubis and the ilium; from a section taken, the laboratory diagnosed the tumour as a sarcoma.

September 22nd, 1926 Dr. Keith presented a girl of fifteen with pulmonary disease thought to be Tuberculosis and also a case of Lues of the Heart with slight Hypertrophy. Dr. Brown presented a girl of thirteen years with marked anaemia following an extensive burn. Dr. Clarence E. Brown became a member of the Staff in 1922, as an Internist, strictly limiting his practice to that specialty. Dr. Brown's contribution to the various phases of the Staff's activities was very great. As Chairman of the Clinical Programme Committee he did everything possible to make this a success, giving leadership and making valuable contributions to the programme itself on many occasions. As Chairman of the Interne Committee for several years, he was ever alert to advance the teaching of internes at the bedside, and also to impress the Staff members with their responsibilities in this regard. In 1934 and 1935 Dr. Brown was honoured by the Members by being made Chairman of the Staff.

On November 17th, 1926 Dr. T.B. Anthony presented a case of burns of the eye with plastic operation on the conjunctiva, with satisfactory results. At the same meeting Dr. E.J. Gray and W.D. Keith presented a girl with recurring tenderness of the Thyroid, rather spastic gait, conjunctivitis with a positive von Pirquet Test. Considerable discussion followed this presentation.

Drs. Vrooman and Prowd spoke and showed films regarding the use of Lipoidal injections in chest diagnosis at the meeting on December 15th, 1926. Also at this meeting Dr. A.Y. McNair gave a microscopical demonstration of malarial parasites in blood.

A letter was read from the Chairman of the Clinical Section of the Vancouver Medical Association requesting that St. Paul's Staff provide the material for the Clinical Meeting to be held at St. Paul's on February 15th, 1927. It was the unanimous decision of the Staff to accept this request.

January 19th, 1927 - Dr. Howard Spohn presented a case of Congenital Lues. There were no signs of the disease at birth but when three months old the disease was fullblown. The blood Wasserman was negative in both mother and father. A case of Encephalitis Lethargica was discussed at length at this meeting.

March 16th, 1927 - Dr. A.W. Hunter presented several histories with x-ray and laboratory findings and genito-urinary patterns. Dr. Hunter emphasized the importance of considering extra genito-urinary disease being sought where pain in the G.U. tract was present. Dr. Patterson discussed the various diseases of the spine and adjacent bony structures which caused referred pain in the G.U. system.

April 20th, 1927 - Dr. Vrooman presented case reports, x-ray and P.M. findings in several cases of Silicosis. Dr. Prowd discussed the x-ray findings. Dr. Vrooman stressed the importance of early diagnosis and once the diagnosis is made the importance of change of occupation.

On May 18th, 1927 the "Pathogenesis, Diagnosis and Treatment of Diseases of the Gallbladder" was the subject presented at this meeting. Dr. C.E. Brown presented the medical aspect, Dr. A. Smith the Surgical, Dr. Prowd the Radiological diagnosis and Dr. McNair the Laboratory aids in diagnosis.

In June 1927 it is interesting to note that a Medical Clinic in connection with the Summer School of the V.M.A. was given in St. Paul's Hospital, Nurses' Auditorium, by Dr. Herbert Charles Moffitt, Professor of Clinical Medicine in the University of California, and that it was very largely attended.

On June 15th, 1927 Dr. Archibald Smith requested leave of absence for one year from the Staff as he was going abroad, and he expressed the hope that he would be re-elected to the Surgical Staff on his return if there was a vacancy. A vote of thanks was moved and seconded expressing the appreciation of the whole Medical Staff for the long and faithful services he had given St. Paul's Hospital.

Dr. E. Archibald Smith was a northcountry Englishman who was trained in the University of Manchester from which he graduated M.B. Ch. in 1896, took his F.R.C.S. (Eng.) 1900 and Ch.M. Manchester 1909. He registered in B.C. in 1911.

He was above the average in size and weight and of a robust appearance, and had a waxed mustache, and although he smoked, it was always a pipe. Dr. Archibald Smith, like a great many northcountrymen was direct in expressing his opinions, made no pretense to become popular with his confreres, but had no superiority complex. He was one of those chosen by the Hospital to attend the first meeting of the Medical Staff. He was faithful in his Staff obligations by attending meetings regularly, by contributing to the clinical programmes and by doing work on various committees. Dr. Smith was one of those operators who felt a greater confidence in his task when Sister Charles was operating-room nurse. He often posted his cases for operation at a time when Sister Charles would be in charge. Dr. Smith did not return from his leave of absence in England, so we presume he settled down to practise there.

October 15th, 1927 - Dr. W.D. Kennedy presented a review of the Hospital records of the years 1925, 1926 and 1927 of the Surgical treatment of Cancer of the Cervix. The consensus in the discussion which followed was that surgery was not giving the good results it should. Dr. C.W. Prowd read statistics of 109 cases of Cancer of the Cervix treated by radium.

The meeting recommended that, if possible, a cautery knife be purchased by the Hospital and a committee was appointed to confer with Sister Superior on this matter. It was also recommended that all cases of cancer of the cervix being admitted for treatment, either by surgery or by radium, should have a biopsy made before treatment.

Dr. W.D. Kennedy was an original member of the Medical Advisory Board. He graduated from Queens 1908. Physically a man of fine build, about six feet in height, he played a great game of rugby in his college days I am told. To me he is a friend, but friend or foe, he could never be anything but loyal to the great traditions of Medicine. As Head of the Department of Obstetrics and Gynaecology for many years, he gave sound, skilled leadership. Dr. Bill Kennedy gave many important presentations to the Clinical Programmes, and staff duties and attendances were never slighted.

January 18th, 1928 - Dr. Lennie and Dr. Brown reviewed Gastric and Duodenal Ulcers and their Medical and Surgical treatment. The problems evoked by a subject of such wide interest gave rise to almost all the members taking part in the discussion which followed.

On February 15th, 1928 Dr. A.Y. McNair showed specimens of kidney tumours, outlining the clinical histories in each case. Dr. Howard Spohn showed pictures of cured scurvy and also gave a history of a case of Hydrocephalus, with Dr. McNair demonstrating the P.M. findings.

March 21st, 1928 - Drs. T.B. Anthony and Neil MacDougall gave a report on the Mastoidectomies performed during the last three years and Dr. McNair discussed the bacteriology of acute mastoid disease.

At this same meeting (March 21st) Dr. T.B. Anthony showed microscopical section of a Melanotic Sarcoma of the Choroid.

On April 15th, 1928 Dr. L.H. Appleby reviewed the cases of Intestinal Obstruction during the last three years. Dr. Appleby remarked on the very low death rate and the number of cases of obstruction by bands.

The appointment of Dr. L.H. Appleby to the Staff of St. Paul's Hospital in 1927 has given to our Hospital outstanding leadership in Surgery, not only in this City, but also in Canada and other countries. As an outstanding leader he has attracted other fine surgeons to become members of St. Paul's Staff. One of these for whom we all had a high regard and respect was our former colleague, that forthright, splendid, gifted, orthopedic surgeon, Dr. Murray Meekison.

May 16th, 1928 - Case reports were given by Drs. Appleby, Kennedy and Prowd.

At the Staff Meeting on September 19th, 1928, Dr. C.H. Vrooman brought forward the idea of holding meetings at the noon hour, preceded by a luncheon, the cost of the luncheon to be undertaken by the members in attendance. This of course, was subject to the Sisters being willing to provide the luncheon and service - quite an undertaking. However, the Sister Superior rose willingly to the proposal. The reason for suggesting the clinical luncheons was because there had been a lag in the enthusiasm and attendance at the regular meetings. Only five clinical programmes had been given during 1928.

The monthly clinical luncheon-meetings began on January 16th, 1929. These meetings were very successful at first, but fell off in attendance gradually and had to be discontinued in September 1929. There are no records in the Staff Minute Book as to the cases or topics presented at these meetings.

On November 20th, 1929 Dr. E.J. Gray presented a case and Dr. Vrooman reported on a case which he had shown at a former meeting.

Dr. T.H. Lennie presented a clinical case on December 18th, 1929.

October 17th, 1928 Dr. E.J. Gray showed a case with multiple gangrenous small areas of the skin and subcutaneous tissue. Drs. Christie and Keith discussed various possibilities as to the cause and the treatment. Dr. H.H. Milburn presented a boy, age eight years, with Nephritis. Drs. Appleby, Spohn and Keith discussed the treatment.

At this meeting Dr. Appleby showed a case in which he had done an extensive Thoracoplasty for a neglected Empyema condition.

November 21st, 1928 - Dr. Keith reported a case of extensive calcareous degeneration of the arteries of the foot and leg in a man over 50. This patient, I can now report, remained quite active as a farmer, dying at the age of 78 in 1952 from cancer of the pancreas. An interesting discussion on cardiovascular disease followed.

The January meeting, 1930, of the Staff, was given over to a clinical meeting of the Vancouver Medical Association in St. Paul's at which the programme was wholly contributed by members of the Hospital Staff.

In February 1930 Dr. E.J. Gray presented a patient on whom he had performed an Albee graft for Tuberculosis of the Spine ten months previously. The result to date was excellent.

April 30th, 1930 - Dr. Vrooman showed a series of x-ray plates of patients with Silicosis and brought up the question of Silicosis being recognized as a compensable disease by the Workmen's Compensation Board.

Dr. C.W. Prowd showed plates of a case of what was thought to be cancer of the stomach, which proved at operation to be cancer of the pancreas. Dr. Prowd drew attention to the therapeutic relief which x-ray treatment gave in some bone cases with extensive degeneration and pain.

May 21st, 1930 - Dr. C.E. Brown presented a case report of a patient with Chronic Meningitis. Dr. A.Y. McNair reported on the outbreak of Paratyphoid Fever in the Hospital. Dr. Gray moved and Dr. Vrooman seconded a motion expressing to the Sister Superior the Medical Staff's appreciation and approval of the manner in which the Hospital Executive had dealt with the Paratyphoid situation.

A review of the Clinical Programmes of the first ten years of St. Paul's Hospital has been given and in a number of instances short personal sketches and references have been made.

During the years 1930 till 1939 inclusive, important changes took place in the Hospital itself and also in the personnel of the Staff. In 1931 the fine, new, six-storeyed north wing of the Hospital was completed. Its structural material and architecture followed closely in keeping with the main Hospital building. This splendid addition added a fine dignity and a spaciousness to the Hospital's appearance and provided on the 6th floor an operating department capable of taking care of every branch of surgical work and the very latest in arrangement of space and equipment.

On the ground floor of the new wing on the west side, ample quarters were allotted for a most complete laboratory equipment under the direction of Dr. A.Y. McNair. In the east wing of this floor an X-ray and Radium Department, the equipment of which was the most modern in Western Canada at that time, was under the direction of Dr. C.W. Prowd. The new wing also added 150 beds to the Hospital's capacity.

During this period (1930-39) many additions were made to the medical personnel of the Staff. A list of these with date of appointment is given:-

Dr. Anson C. Frost	- 1932	Dr. Karl Haig	- 1936
Dr. T.R. Whaley	- 1932	Dr. A.R. Anthony	- 1936
Dr. J.W. Thompson	- 1932	Dr. Keith Burwell	- 1938
Dr. Stewart Murray	- 1932	Dr. W. J. Dorrance	- 1938
Dr. Charles E. Eggert	- 1932	Dr. Arthur Lynch	- 1938
Dr. D.L. Disk	- 1932	Dr. E.K. Pinkerton	- 1938
Dr. Geo. Clement	- 1934	Dr. R.E. McKechnie, Jr.	- 1938
Dr. Frank Emmons	- 1934	Dr. Murray Meekison	- 1938
Dr. Earl R. Hall	- 1935	Dr. Evelyn Trapp	- 1938
Dr. Gordon Large	- 1935	Dr. H. B. Galbraith	- 1939
Dr. W. L. C. Middleton	- 1935	Dr. Roy Mustard	- 1939
Dr. G.A. Lamont	- 1936		

Each one of these additions to the Staff membership gave something of value towards making the clinical programmes a success. Two from the above list have in recent years retired from the Active Staff and their work in this direction was worthy of special commendation and will be mentioned further.

Dr. Thomas Whaley gave a number of contributions to the clinical programmes of the Staff. His work as Chairman of the Interne Committee was exemplary for he never shirked his duty or failed to report results at the monthly meetings. He was also at one time Chairman of the Records Committee and struggled valiantly to get the men to improve their case records.

Dr. Anson Frost not only gave valuable leadership to his special department but made many worthwhile contributions to the Clinical Programmes. Also, he holds the unique honour of being the father of the three Frost members of the present Staff, Dr. Gardner and Dr. Max Frost following their father's footsteps and being attached to the Obstetrical Department, while Dr. John Frost is on the Surgical Staff. This is a family record in Staff membership which present or future members will find difficult to equal.

Both Dr. Thomas Whaley and Dr. Anson Frost were, I believe, approached on more than one occasion to accept the nomination for the Chairmanship of the Staff, but for one reason or another each turned a deaf ear to this request.

In 1939 a real impetus was given to the clinical phase of the Staff's activities by Dr. W.J. Dorrance when he initiated the idea of holding ward rounds on Tuesday from 9:00 to 10:00 a.m. in the Clinic Room each week, to be presided over by one of the Staff members, cases to be presented by the internes. These clinics entailed a great deal of preparatory work, persistence and leadership which Dr. Dorrance was able to give and carried on with great success for two years. It seemed that a new era had dawned in our clinical affairs and in the teaching of House Physicians.

The success of the clinical programmes depended to no little extent on the whole-hearted interest and practical support which the X-ray and the Pathological Departments gave to the presentation of clinical material at the Staff Meetings. The work in this direction of Dr. Prowd has already been mentioned.

In 1933 the Sisters of Providence placed Sister Charles in charge of the management of the whole of the X-ray and Radium Department with, after Dr. Prowd's death, Dr. C.G. Campbell as Director of X-ray and Radium. Dr. W.H. Thorleifson and Dr. J.S. Madill are his able associates in this department and all have given freely of their time and special knowledge to make the clinical programmes as rewarding as possible.

From the time that Dr. A.Y. McNair in 1924 was appointed by the Sisters to take charge on a part-time basis of the Pathological Laboratories, till he retired from this work to enter into the practice of Internal Medicine, Dr. McNair has never failed to take a particular interest in the clinical programmes and their success. Dr. McNair gave addresses and talks, took part in discussions, gave demonstrations of gross and microscopical pathology and blood work on many occasions at the clinical sessions of the Staff and also, not infrequently, was available to fill in or substitute when one of those on the programme was unable to turn up.

The Pathological Department has grown beyond belief and has great influence on medical teaching in the Hospital through, particularly, its pathological conferences and demonstrations. The outstanding leadership of Dr. Harry H. Pitts, ably assisted by Dr. John Sturdy, has made this department even more than ever a mecca in time of need where one can get counsel and ideas.

APPENDIX

Physicians and surgeons who responded to the invitation of Sister Superior (Sister Mederic) to meet the representatives of the American College of Surgeons and the Catholic Hospital Association of America - Dr. James Bowman and the Rev. Father Moulinier - on the evening of April 23rd, 1919:

Dr. F. X. McPhillips	Dr. A. I. Brown
Dr. R. C. Boyle	Dr. D. G. Perry
Dr. J. M. English	Dr. W. B. Burnett
Dr. W. D. Kennedy	Dr. F. P. Patterson
Dr. E. J. Gray	Dr. H. B. Gourlay
Dr. H. R. Storrs	Dr. W. A. McConkey
Dr. C. W. Prowd	Dr. J. J. Mason
Dr. C. S. McKee	Dr. W. D. Keith

PHYSICIANS AND SURGEONS WHO FORMED THE FIRST STAFF IN 1920

Dr. H. R. Storrs	Dr. C. S. Covernton	Dr. J. M. Pearson
Dr. F. X. McPhillips	Dr. J. C. Farish	Dr. Archibald Smith
Dr. A. J. MacLachlan	Dr. H. B. Gourlay	Dr. T. A. Wilson
Dr. R. C. Boyle	Dr. B. S. Elliott	Dr. T. H. Wilson
Dr. W. D. Kennedy	Dr. R. E. McKechnie	Dr. G. S. Gordon
Dr. L. N. MacKechnie	Dr. W. C. McKechnie	Dr. C. H. Vrooman
Dr. E. J. Gray	Dr. H. H. Milburn	Dr. W. A. McConkey
Dr. T. B. Anthony	Dr. F. P. Patterson	Dr. C. W. Prowd
Dr. E. D. Carder	Dr. W. D. Patton	Dr. W. D. Keith

1924 STAFF DIVIDED INTO SPECIALTIES, WITH TIMES OF SERVICE

<u>MEDICINE</u>		<u>SURGERY</u>	
Dr. C. E. Brown	1922 - 47	Dr. R. C. Boyle	1920 - 32
Dr. W. D. Keith	1920 - 47	Dr. F. X. McPhillips	1920 - 32
Dr. H. H. Milburn	1920 - 47	Dr. A. Smith	1920 - 27
Dr. C. H. Vrooman	1920 - 47	Dr. H. R. Storrs	1920 - 24

II

OBSTETRICS & GYNAECOLOGY

Dr. J.A. MacLachlan 1920 - 32  
 Dr. W.D. Kennedy 1920 - 41

EYE, EAR, NOSE & THROAT

Dr. T.B. Anthony 1920 - 41  
 Dr. N.E. MacDougall 1924 - 39

ORTHOPAEDICS

Dr. F.P. Patterson 1920 - 38

PAEDIATRICS

Dr. H. Spohn 1924 - 47

UROLOGY

Dr. A.W. Hunter 1924 - 32

X-RAY

Dr. C.W. Prowd 1920 - 49

PATHOLOGY & BACTERIOLOGY

Dr. C.S. McKee 1921 - 25

The Medical Staff

St. Paul's Hospital

Chairmen

* Dr. Henry R. Storrs	1920 - 24	Dr. Howard Spohn	1939 - 40
* Dr. Frank P. Patterson	1924 - 26	Dr. Karl Haig	1940 - 41
* Dr. Edward J. Gray	1926 - 28	Dr. L.H. Appleby	1941 - 43
* Dr. John Christie	1928 - 30	Dr. W.J. Dorrance	1943 - 45
* Dr. Charles H. Vrooman	1930 - 32	Dr. Earl R. Hall	1945 - 46
Dr. William D. Keith	1932 - 34	Dr. W. Keith Burwell	1946 - 47
Dr. Clarence E. Brown	1934 - 36	Dr. A.R. Anthony	1947 - 48
Dr. T.B. Anthony	1936 - 37	Dr. G.A. Lamont	1948 - 52
Dr. Harry H. Milburn	1937 - 38	Dr. A.S. McConkey	1952 -
Dr. Neil E. McDougall	1938 - 39		

Physicians

* Dr. Charles H. Vrooman	1920 - 47	Dr. A.Y. McNair	1947 -
Dr. Harry H. Milburn	1920 - 47	Dr. Frank L. Skinner	1947 -
Dr. William D. Keith	1920 - 47	Dr. J. Freundlich	1947 -
Dr. Clarence E. Brown	1922 - 47	Dr. Bruce Shallard	1948 -
Dr. George Petrie	1940 - 41	Dr. John W. Caldwell	1948 -
Dr. E.T.W. Nash	1940 - 41	* Dr. David Christie	1948 -
Dr. A.N. Beattie	1940 - 42		

\* Deceased

### III

#### Surgeons

* Dr. Harry R. Storrs	1920 - 24	* Dr. Arthur L. Lynch	1938 - 44
* Dr. William C. McKechnie	1920 - 23	* Dr. Robert E. McKechnie	1938 - 41
* Dr. Francis X. McPhillips	1920 - 32	Dr. E. Karley Pinkerton	1938 -
* Dr. Robert C. Boyle	1920 - 32	* Dr. David A. Steele	1940 -
Dr. Archibald Smith	1920 - 27	Dr. Donald W. Moffatt	1941 -
* Dr. Edward J. Gray	1924 - 47	Dr. E.N.C. McAmmond	1946 -
Dr. T.R.B. Nelles	1926 - 27	Dr. T. Alex Johnston	1946 -
Dr. Lyon H. Appleby	1927 -	Dr. Paul Jackson	1946 -
Dr. Theodore S. Lennie	1927 - 32	Dr. P.B. Guttormson	1946 - 48
* Dr. James W. Thompson	1932 - 38	Dr. B.T.B. Marteinsonn	1947 -
Dr. George H. Clement	1934 - 45	Dr. John W. Frost	1947 -
Dr. Wallace J. Dorrance	1938 -		

#### Obstetrics & Gynaecology

Dr. W.D. Kennedy	1920 - 41
* Dr. A.J. MacLachlan	1920 - 32
Dr. Anson C. Frost	1932 -
Dr. W. Keith Burwell	1938 -
Dr. E.B. Trowbridge	1942 -

#### Paediatrics

Dr. Howard Spohn	1924 - 47
Dr. S. Stewart Murray	1932 - 34
* Dr. Charles E. Eggert	1932 - 35
Dr. George A. Lamont	1937 - 53
Dr. Harold Stockton	1941 -

#### Eye, Ear, Nose & Throat

Dr. T.B. Anthony	1920 - 41	Dr. H.B. Galbraith	1939 -
* Dr. N.E. MacDougall	1924 - 39	Dr. Harold Brown	1941 - 47
Dr. Gordon Large	1935 - 45	Dr. O.E. Kirby	1946 -
Dr. A.R. Anthony	1937 -	* Dr. R.S. Grimmett	1947 -
* Dr. Roy Mustard	1939 -		

#### Skin Diseases

* Dr. John Christie	1925 - 47
---------------------	-----------

#### Neurology

Dr. D.L. Dick	1932 - 33
---------------	-----------

#### Orthopaedics

* Dr. Frank P. Patterson	1920 - 38	Dr. R.H. Bruce Reed	1941 -
* Dr. Karl Haig	1936 - 58	Dr. Arthur S. McConkey	1946 -
* Dr. Murray Meekison	1938 - 45	Dr. John W. Sparkes	1946 -
Dr. Gerald L. Burke	1941 -		

#### Neurological Surgery

Dr. Frank Emmons	1934 - 40
------------------	-----------

Anaesthesia

* Dr. W.A. McConkey	1920 - 22
Dr. Harry Bell	1920 - 26
Dr. Joe Biladeau	1922 - 23
Dr. Frank Hogan	1926 - 45
Dr. Cecil J. Roach	

Urology

* Dr. G.S. Gordon	1920 - 23
Dr. A.W. Hunter	1923 - 32
Dr. Earl Hall	1935 -
Dr. W.L.C. Middleton	1935 - 42
Dr. John S. Balfour	1947 - 51

X-ray & Radium

* Dr. C.W. Prowd	1920 - 49
Dr. Fred Bonnel	
Dr. Evelyn Trapp	1938 - 44
* Dr. C. Gordon Campbell	1940 -

Proctology

Dr. T.R. Whaley	1932 - 47
Dr. E.N.C. McAmmond	1947 -

Dental Surgeons

Dr. Joseph Bricker	1928 - 43
Dr. W.G. Lavery	1941 - 50
Dr. W.D. McLeod	1943 -

Pathology & Bacteriology

Dr. Charles S. McKee	1921 - 25
Dr. Allan Y. McNair	1925 - 47
Dr. Harry H. Pitts	1947 -

Physiotherapy

Dr. H.R. Ross	1928 - 30
---------------	-----------

Honorary Consultants

* Dr. John Mawer Pearson	1932
* Dr. John J. Mason	1932
* Dr. William C. McKechnie	1932
* Dr. Robert C. Boyle	1932
Dr. William D. Kennedy	1942
Dr. Thomas B. Anthony	1941
* Dr. Arthur L. Lynch	1944
Dr. Aristide Blais	1944

Consultants

* Dr. Harry R. Storrs	1924
Dr. Charles S. McKee	1925
* Dr. Francis X. McPhillips	1933
Dr. Clarence E. Brown	1947
Dr. William D. Keith	1947
Dr. Harry H. Milburn	1947
* Dr. Charles M. Vrooman	1947
* Dr. John Christie	1947
Dr. Thomas R. Whaley	1947
Dr. Harold Brown	1947
Dr. Anson C. Frost	1947

\* Deceased

Printed By:

Office Assistance (Vancouver) Limited