

IN RETROSPECT



DR. K. A. MacKENZIE, '03

When I decided to study Medicine sixty years ago, I was a drug clerk in Springhill. My employers were physicians, two with degrees from McGill and one from the College of Physicians and Surgeons, N. Y. I was strongly advised to go to McGill but my decision to go to Dalhousie was made for economic reasons. I was encouraged by Dr. M. T. MacLean, Dal. 1899 who came to Springhill as a locum tenens. While Dalhousie was not as good as McGill, Toronto and some American schools he felt that the training at Dalhousie was quite good for a general practitioner. I entered the medical school in the Fall of 1899 and joined a class of thirty, P. E. I. 13, N. B. 2, Nfld. 1, and N. S. 25, the largest up to that year, and found that most of them

had economic difficulties similar to mine. Only two students (Ladies) had B.A. or M.A. Degrees. All the others had certificates from Academy or High School—Grade 11 or 12. Of the class of thirty, twenty received their degrees in 1903. Four went to other Schools, Toronto 2, McGill 1, and Bishops 1. Three graduated from Dalhousie a year or two later and three retired from Medicine.

The main subject in the first year was Anatomy and this kept most of the boys busy. I learned then and conformed my opinion later that Dr. Lindsay taught his subject as well as teachers in the Old Country or American Schools. He was assisted by a very capable Adjunct Professor, Dr. F. Uniacke Anderson and two junior demonstrators, Dr. E. V. Hogan and Dr. J. A. MacKenzie. Our Chemistry Professor, Dr. Eben MacKay was excellent. We were fortunate in having a young Scot, Dr. Andrew Halliday teach Zoology. He came from Sheubenacadie twice a week. His lectures were wonderful and adjusted to the needs of medical students. He gave interesting lectures with blackboard drawings on Embryology and on members of zoological world which had a special interest to medical students. We had good lectures on malaria, and parasites. Histology was well taught by Dr. G. M. Campbell and Dr. H. D. Weacer who, by the way, was the first doctor to bring an X-Ray machine to Halifax and he gave all the students the benefit of a demon-

stration in his office on Spring Garden Road. We were instructed in microscopy in Histology, Zoology and Botany. On the whole our first year was satisfactory and no student could complain of having too little instruction.

In the second year the major subject was Anatomy which was well taught. Organic chemistry was next in importance and was taught in a masterly manner by Dr. Eben MacKay. Materia Medica was probably next in importance and was taught by didactic lectures with practical instruction in the V. G. Hospital under Dr. Puttner. Physiology consisted in didactic lectures three times a week by Dr. Silver. There was still no laboratory instruction in Physiology or Pharmacology.

The third and fourth year was mainly clinical. Didactic lectures were given on all subjects of the curriculum and clinic, ward and theatre, were given daily in the Victoria General Hospital. Some of the teaching was excellent but there were some weak spots. It should be noted that all teaching was done without remuneration and the necessity to earn a living often kept teachers from keeping their appointments with their classes. An important advance was made in 1902 when a pathology wing was added to the Medical School building and Dr. Andrew Halliday was appointed full time director of pathology and bacteriology. The instruction on these subjects greatly improved under the supervision of Dr. Halliday, Dr. G. M. Campbell and Dr. W. H. Hattie. Halliday was a

man of great promise but unfortunately died of tuberculosis at the age of 36, in 1903. His successor was Dr. L. M. Murray. The Halifax Dispensary was open to students and quite a lot of minor ailments were seen there.

It is of some interest today to note some of the conditions which existed in 1900. The wooden operating table was still in use. No rubber gloves were used. Sponges were the commercial sea-sponges which were sterilized and used over and over again. The complicated methods of sterilizing the hands in some instances caused a dermatitis which forced some surgeons to abandon surgery. The only private rooms in Halifax were five in the V. G. Hospital and thirty in the Halifax Infirmary. Surgery was often done in the homes—kitchen surgery. Laboratory work in the V. G. Hospital was done by the Senior students and internes and included blood counts, urinary sediments and parasites. Chemical tests for albumen, sugar and blood in stools were routine. Sputum was examined for Tubercle bacilli and other organisms. Anesthetics were administered by senior students and internes. Ether and chloroform by open method. There were no specialist in anaesthesia.

The X-Ray had not yet come into use. Tuberculosis was recognized by a study of symptoms and signs and only diagnosed when in an advanced stage. Finding of tubercle was a step in advance but there was still no sign of a proper institution for Tuberculosis. There was no blood

chemistry yet, no blood pressure readings and no cystoscopy or other modern diagnostic aids.

It should be of some interest to the student of today to know what a medical education in Halifax cost in 1900. One hundred dollars paid for annual fees and twenty dollars paid for the required books. Most of the students "Lodged" which meant that the landlady received one dollar and a half a week and prepared and served the meals. Students purchased the food. In our house we purchased a winter's supply of potatoes from a schooner at the wharf for twenty-five cents a bushel. A barrel of apples could be bought for a dollar or some-

times a dollar and a half. Flour was bought by the barrel and baking was done by the landlady. The total cost of board varied from two dollars and a half to three dollars and caloric requirements were fully met. A few students boarded at three or four dollars a week. Re clothing—a custom made suit could be purchased at dollars—shoes cost \$1.00 or a little more a pair. The cap usually worn seldom cost more than twenty-five cents. A peabouncer was not allowed in college except by senior students. The total cost seldom exceeded three hundred dollars for those who were obligated to forego the luxuries.



THE GIST OF OBSTETRICS

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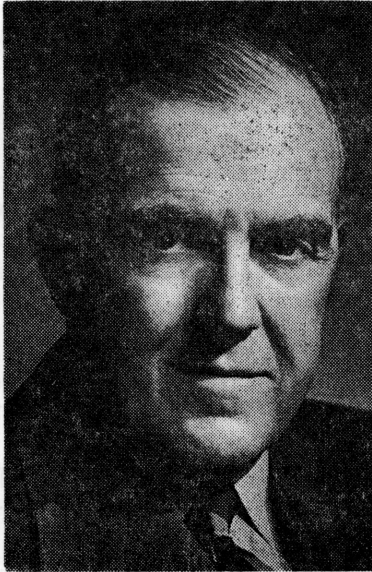
CLINICAL GASTROENTEROLOGY

By Eddy D. Palmer, Lieutenant Colonel, Medical Corps, United States Army. A presentation of gastroenterology as a clinical subject, intended for the use of those whose main interest is bedside medicine. 640 pages, 216 illustrations, 1957. \$20.25.

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DALHOUSIE MEDICAL SCHOOL, 1907 - 1957



DR. H. B. ATLEE

The age of miracles is not ended—not in Nova Scotia. If what has happened on the Dalhousie campus in the last 50 years does not constitute a miracle, I don't know miracles. When I came here as a student in 1907 practically the entire university and its faculties were housed in the Forrest Building; the Forrest Building was Dalhousie. Law and Engineering were encompassed within its fading brick walls, and Medicine—which had not yet become completely integrated—was represented only by a three storey wooden structure at the north-east corner of Carleton and College Streets. (This building still stands there but has lost the top storey in which we learned to dissect bodies and chew tobacco). Diagonally across a cinder-based field on

which we played football, lay the old Victoria General Hospital. These three buildings were all that served the teaching of medicine in the year 1907.

I suppose that the next four years constituted the absolute nadir of medical education here. The group of pioneers who had founded the Halifax College had lost their first fine careless rapture. They had no money aside from student fees and so could not afford to build the laboratories and other facilities that modern medical teaching was demanding. There was, for instance, no physiological laboratory—there was no real pathology laboratory. There were no full time teachers in the basic sciences. But, what was even worse, drink and dissension had destroyed a great deal of the teaching dynamic. Too many of the internists were the victims of alcohol and the surgeons of a disrupting emotional immaturity.

Two quite able surgeons were available. One passed the school by like the Levite, as beneath his efforts; the other withdrew entirely from teaching in sheer pique. As a result we were left with only one good surgeon, Murdock Chisholm, to carry on the surgical teaching. In medicine, the situation was even worse. In my third year I would say that we lost three-quarters of our lectures through the inability of a man who was a very able teacher when sober to eschew the bottle. In practical

obstetrics we were expected to witness only four deliveries. Having witnessed two of these at the Poor House, conducted under a blanket by a dear old Victorian obstetrician who felt that it was a mortal sin to expose a female perineum, I finally saw a baby being born only because Dr. Kenneth MacKenzie kindly allowed me to deliver two of his Grafton St. patients, my equipment for this consisting of a pair of scissors, some string to tie the cord, a bottle of carbolic acid and some gauze.

The medical course lasted four years only. I entered it from high school and my high school marks were my matriculation. Chemistry, Physics and Biology were taught in the first two years along with Anatomy and Physiology. Since the non-medical subjects were handled by the regular university teachers, this instruction was up to par. Furthermore, we got a very fine course in Anatomy from Dr. A. W. H. Lindsay; I doubt if many medical schools on this continent were giving better. But the physiology, which combined biochemistry and pharmacology, was that of Edinburgh, 1892 was practically a dead loss.

How could such teaching produce such able men as Hugh Schwartz, Kirk MacLellan, and the late Frank Davis and Dean Grant? Did these men excel in their fields despite the teaching, or could equally good men still be produced with less teaching than students now get? I ask this question—not that I yearn for the return of the bad old days of '07-11—but because as a teacher it has troubled me of late years. Are we

trying to cram too much into the modern medical student's head? Are we filling him so full of facts that his brain has no room for ideas? Is his nose being kept so close to the curricular grindstone that he has no time to look at the stars? I am convinced that this is a question for medical pedagogues to ponder—if they in turn can find time between practice, teaching and committee meetings for such a salutary meditation.

Well, there we were in 1907-11 at the bottom of the heap. And then Dr. Abraham Flexner undertook his survey of the medical schools of North America. Of course we didn't have a chance. We got so low a rating that only luck could salvage us from oblivion. What saved us was geography. We were the only medical school in the east of Canada. There simply had to be a school in this region. When a thing has to be done it usually gets done.

The university, which up to that time had been run by a dear old be-whiskered Presbyterian minister, and a moribund board of governors, began to feel the stirrings of new life. Mr. George S. Campbell became chairman of the board, and gathered around him such able younger business men as G. Fred Pearson, I. C. Stewart, W. E. Thompson, and H. E. Mahon. Despite the head-waggings and doubts of most of the rest of Halifax's citizenry, they had the temerity to buy the Studley property and to start building on it. This left the Forrest Building free for Medicine and Law.

Probably because they felt confidence in the integrity and initiative

of these adventurers, the Rockefeller and Carnegie Foundations came across with the required amount of mazuma to provide the necessary laboratories and full time pre-clinical teachers. Thus energized, the university took over entirely from the dying Halifax Medical College—and finally The Big Four appeared on the scene. The Big Four were four outstandingly able surgeons: Hogan, MacDougall, H. K. Macdonald and Murphy, all of whom were deeply interested in teaching, were close students of the expanding surgical lore of that time, and decidedly forward-looking citizens. Joined—after the First World War—by Dr. Kenneth MacKenzie as the leading factor in internal medicine, they made a most dynamic team of progressives.

In the preclinical departments Jock Cameron, Fraser Harris and E. V. Nicholls were outstanding men in their fields. Jock had been the head of anatomy at Middlesex Hospital, London, England. Nicholls had been associated with Adami at McGill in the latter's monumental texts on pathology. Even while I was at college the provincial government had set up its laboratory where it now stands, and the Children's Hospital was built. We were decidedly on the move.

The Twenties witnessed a most amazing expansion, not only in the medical school, but in the university generally. The Board of Governors, and President Stanley Mackenzie, let no slightest opportunity escape them. It was said of them by the head of the Rockefeller Foundations at that time that they could lay more stone

and mortar and create more educational facilities with fewer dollars than any other such group in America. They also kept pressing for any development that would benefit the medical school. They built the Medical Sciences Building. It was largely through their efforts that the Salvation Army gave up their small establishment on Tower Road and built the Grace Hospital. A lucky windfall dropped in their lap out of the tragedy of the Halifax explosion of 1917. The people of Massachusetts had raised a large amount of money as a gift to the city, and a committee, under the chairmanship of Fred Pearson, managed it so economically that when everything was cleared up about \$300,000 was left over. When Mr. Pearson offered to hand the residue back, the Governor of Massachusetts begged him to use it for some local purpose, and when the Dalhousie Public Health Centre was dreamed up he agreed that this was the very sort of scheme for which the money might best be used. In the meantime the Tuberculosis and Infectious hospital got built.

The present campus was now all but complete. One most important facility was still urgently needed. We had no real library. The achievement of our medical library was not an easy undertaking. Even to get a part of a room in the Forrest Building required much urging. Eventually, however, we did get a fair amount of space in the old building, but in the meantime the library committee, whose able secretary, Gordon Young, put in long days and arduous nights on the matter, had gathered a

great body of literature in its stacks. As this accumulation grew it became more and more valuable and more and more vital to the welfare of the school, the question of storing it in a fireproof structure became urgent.

But at that time the depression was leaving its mark on our mentality and money was scarce. However, as I have indicated previously, when a thing has to get done it usually gets done. A bottle of whiskey helped. Indeed, I am not so sure that the library would have been built for another ten years but for that bottle of whiskey. I think that it would be best for the real story of how the whiskey did the trick to await my gathering of my fathers. Of course, it would have got built eventually, but it is an interesting study of human activity to watch how these little trickles—whether aqueous or alcoholic—breach the dykes of doubt and timidity!

The final structural achievement on the medical campus is the new Dental Building. This will create further room in the Forrest Building for the expansion of our pre-clinical activities. Whether by design or not what has actually happened at Dalhousie is a most unusually convenient architectural setup. If you stood on the roof of the Health Centre and had a good youthful arm you could hit with a stone practically every building the medical student has to enter. He can move from building to building with an amazingly wastage of time.

I remember some years ago stand-

Hospital with Mr. George Vincent, the then director of the Rockefeller Foundation, who knew intimately every medical school on the continent, and the then dean of Harvard medical school. They were down here looking us over. Vincent swept out his arm and said to the Dean, "Look at it! Did you ever see a more convenient medical campus?"

I should now mention those further expansions of already existing situations, which have largely come about because of the increase in size and population of Halifax. The growth of population has brought more doctors to the city. Many of these men trained themselves through Certification and Fellowship to become members of the faculty, and clinicians in our expanding hospitals. Every clinical department has more than doubled its personnel. New departments such as psychiatry, neurosurgery, neurology, physical medicine, orthopedics and radiotherapy have been set up. A meeting of the faculty or the staff of the V. G. Hospital is now almost as large as the multitude that was fed by the loaves and the fishes.

To keep pace with this personnel expansion there has also been an expansion in facilities. The Victoria General Hospital has reared its new towers to the clouds—and is contemplating more new buildings. The Children's Hospital has built additions. The Grace Maternity Hospital has doubled its beds and incorporated a first stage of labor setup unique on the continent.

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various hospitals with which we are affiliated. In this respect we are deeply indebted to the sympathy and co-operation of their superintendants—of whom I must mention especially Clarence Bethune and Brigadier Atkinson, who have always been more than willing to lend their aid to any educational advancement.

When I hear the boys complaining about how slow we are down here in the Maritimes and how difficult it is to get things done, I refer them to this miracle of progress and expansion that has changed the hopeless and pathetic situation of 1907 to the present proud achievement. While some of it has been luck, and much of it the result of outside generosity and the vision of the provincial department of health—especially when headed by Drs. George Murphy and Frank Davis—some of it has happened because of the hard work and dedication of those men within the university and the medical faculty who had the courage of their hopes and the initiative of their dreams. Into this fabric of endeavor in particular has gone the labors and aspirations of men like A. W. H. Lindsay, Jock Cameron, Murdock Chisholm, John George MacDougall, Kenneth MacKenzie, Ray Bean, Frank Mack, Gordon Wiswell, R. O. Jones, Gordon Young, Beecher Weld and Deans Hattie and Grant.

Since so much of the success or failure of institutions is the resultant of the men who work in them, these memorabilia would be incomplete without a short account of some of the men whose work was vital to the

development of the present medical school.

Dr. A. W. H. Lindsay, the anatomist and registrar of the Halifax Medical College, through his office and his unremitting efforts did more than any other man of his time to keep medical education alive here in the early years of the century. A rotund bachelor with mutton-chop whiskers and a reserved manner, he conducted by far the best teaching department in the school, and was a truly first class practical anatomist. He supported himself in this rank on a very modest general practice. He possessed a quiet and sly sence of humor. In those days, when a student of some other faculty came to the dissecting room to deliver some urgent message to one of the dissecting group, Dr. Lindsay would make a point of retiring to this inner sanctum just before the stranger left. This allowed those who had been quietly gathering ammunition to use it when the time came, and saved Dr. Lindsay the embarrassment of having to restrain the fusillade of entrails that followed the stranger down the stairs. Is it a sign of increasing grace and tolerance or just of dumb conformity, that this sort of exhibition of intertribal antagonism seems to have ceased?

Dr. Murdock Chisholm was a kindly highlighted Scot, tremendously learned in the Bible, who wrote among other pamphlets a rather unusual exegesis of the Book of Daniel. He was the most amazing diagnostician I have ever known, and seemed to use a key seventh sense in arriving at some of his clinical conclusions. In

the pre-X-ray, pre-cystoscopic era he had a genius for hitting the correct diagnosis on the head. More than any other doctor in his or my time he helped and encouraged the younger practitioners of Halifax in a static and conservative era when practice-building was a much more difficult business than it now is. His kindness and tolerance saved him from the follies of the emotional immaturity of his surgical colleagues, and for some years it could be said without exaggeration that he was the department of surgery.

Jock Cameron was unquestionably the best-loved man who ever taught in the medical faculty. I first encountered him in London before the First World War when he was the anatomist at Middlesex, and was considered the best coach for the primary English fellowship. He came to Dalhousie during the war and when I returned after that event he was kind enough to take me on as an instructor. He loved Dalhousie and Dalhousie's medical students with an unquestioning love. I have heard him say on many an occasion about certain students who in the eyes of the rest of us were hardly worth the manure to bury them in; "A lovely fellow". He was always ready to help a student in trouble, always regarded failings with a blind eye, and played the piano execrably. He built "a wee hoose" on South Street, opposite Studley that had some unusual architectural features that appealed rather to the masculine than the feminine type of mind, and in this house he was a constant and genial host of hundreds of us—young

and old alike. He married quite late in life and not long afterwards left us. He left with regret and still keeps in touch with old students. After the last war he revisited us and it was a triumphal journey into the past. We gave him a dinner at the Lord Nelson, which was attended by a multitude of old students from all over the Maritimes. There could have been little doubt in Jock's heart at its end how much we loved him. He certainly was our Mr. Chips that night. He certainly also had been an outstandingly good anatomist and it was his work in organizing the first real full-time preclinical department that set the pace for those that came after.

John George MacDougall was probably the greatest medical clinician to practise in the Maritime provinces. He excelled in every phase of medical practice. With a long background of general practice in Amherst behind him, he came to Dalhousie during the First World War and immediately became the sparkplug of the clinical life of the city. Not only was he a profound student of medicine, but his eager, questing mind roved into every field of knowledge. He was primarily an outstanding surgeon, but he was also a first class physician, gynaecologist, obstetrician and urologist. He did the first cystoscopy in the Maritimes. In an age when surgery was a tremendously expanding art, when pioneers like the Mayos, John B. Murphy, George Crile, and Frank Lahey were exploring avidly all the body cavities, he kept in the very van and, as a vice-president of the American College of Surgeons, walk-

ed on terms of equality with such men. He pioneered more operations here than any other man and his eagerness and scholarship were a constant stimulus to the rest of the medical faculty. In the 1920's he was constantly on the move to towns like Truro, Wolfville and New Glasgow teaching the local practitioners the art of surgery, and his work in this field was probably as important and outstanding as in the undergraduate. His capacity for work was monumental, his capacity for absorbing new ideas was breath-taking, and his eagerness as a student was the envy of us all.

Dr. John Stewart was a reserved, austere man who moved in the mountains, tending to view us in the valley with a touch of disdain. He had been Lister's house surgeon and came back to Nova Scotia wearing this aura. Unfortunately, he refused to associate himself with medical teaching until Dalhousie took over the Halifax Medical College. By this time he had practically given up operating and was created the first Dean. In that capacity he acted rather as a noble figurehead—a role for which his tall figure and godlike white beard suited him—Dr. W. H. Hattie, as assistant dean, doing the routine work. While I, personally, was conscious of feet of clay, this minority opinion was not shared by the vast body of Nova Scotians who held him as a being pretty close to his Presbyterian God.

Kenneth MacKenzie did for the department of Medicine what John George did for surgery. A much

more modest and less flashy man, he was an outstanding teacher and clinician. He achieved this through simplicity. It was a privilege to watch him make a diagnosis—not by some leap of intuition—but steering by a few right stars. The ease with which, using his simple navigational aids, he arrived at the diagnostic port was amazing. Like John George he was a student whose mind ranged beyond medical texts and journals into the field of general culture.

Frank Mack inherited from his predecessor a peculiar clinical service—a combination of urology and dermatology—but only part of the former. He did the cystoscopies and made the diagnoses, and the general surgeons performed the operations. A similar situation had existed in Gynaecology until the Rockefeller gift made a properly combined Obstetric-Gynaecological department a must. Frank was a very skillful cystoscopist. Like Jacob he served many cystoscopic years before winning the surgical Rachel. The Big Four—perhaps understandably, considering their outstanding abilities—felt that they had been especially called upon by God to perform all major surgery at the Victoria General Hospital. It took many years of effort—helped undoubtedly by the ravages of Anno Domini—to persuade them that this delusion was being carried to excess. Eventually, Frank was given the full rights and privileges of his department, which he organized on its present advanced lines. He was a very modest man, who kept constantly and humbly questioning himself. Because of his avoidance of anything

suggesting the limelight, he was a very much bigger and better clinician than he seemed to be.

Ray Bean came as a New Englander to New Scotland and for many years seemed more of a Nova Scotian than the rest of us. In the later years of Dr. Hattie's deanship he, as secretary of the faculty, became to Dr. Hattie what Dr. Hattie had been to John Stewart. At that time—towards the end of the 1920's—he persuaded the faculty to set up the first critical examination of its workings that had to that time been essayed. Since Ray then knew more about our departments than we did ourselves, and since his acquaintanceship with the student body and knowledge of the problems of the students then attending the school were unique, he headed this endeavor. As a result of a whole winter's deliberations under his chairmanship, very considerable changes were made for the better. He urged almost singlehandedly a more comprehensive rotation of internes at the hospitals, and for years worked these rotations out. For some time after Dean Grant's appointment he was the latter's right bower, and a tower of strength to him. Ray's latter years were marked by a personal tragedy that in the end, robbed him of his gifts, but for ten years he was perhaps the most important and forward-looking member of our faculty.

Dean Grant was a man easily set on fire by an idea. He was peculiarly trained for his post. He had spent about six years in a general country practice. He then returned

to London for the second time and fitted himself to be an internist. But Halifax in those days was a hard place in which to build a practice. After a few years he was forced to give up the unequal struggle and enter the field of preventive medicine in the state of Virginia. I have said that he could easily be set on fire by an idea. I think everyone who served under him in the thirties and early forties will agree not only with that statement but also with the statement that he did try with what resources he could then command to put such ideas into effect. He was a most likeable person and had friends everywhere—particularly in the American Foundations, and in government circles. He was the first dean to tap local government sources and his various pioneering manipulations might be considered a model of enlightened lobbying. In any case the shekels came in for considerable expansions of staff, and a real building up of the preclinical departments. In his later years he had his mead of difficulties and frustrations, but out of conflict that seemed to defeat him, yet in which he played a most manly part, arose a new and better type of relationship between the faculty and the university. He loved equally to sit in on a game of poker, or a night of philosophizing. One of the most stimulating and exciting of my life—"and an indication of his interest in and tolerance of all human types"—was a bull session at his house that roamed from Moses to Shakespeare to Einstein in which Banting, of insulin fame, an eccentric young English physiologist then on our staff, and Pat himself partici-

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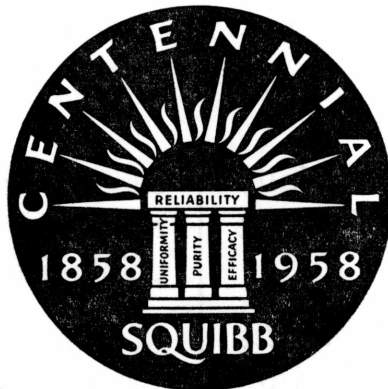


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pated. Despite the fact that he would have squirmed under the epithet of high-brow or egghead, he had read widely outside of medicine.

G. Fred Pearson, the most ardent of all Dalhousians, was much more deeply interested in the medical faculty than any lawyer could have been expected to be. When he was on the Board of Governors no day was so short that he could not find time to discuss any school matter. As one of the powers behind the throne of the local liberal government, he first suggested the commissioner type of management for the Victoria General Hospital, and so arranged matters that the university had the nomination of all members of its staff—and, through this example, of the staffs of other local hospitals. Before that time appointment was political and nepotic. More than anyone else he was responsible for the Dalhousie Public Health Clinic and the building up and housing of our first medical and dental library. During his regime as chairman and vice-chairman of the Board of Governors, any member of the faculty was free to go to him and discuss any university matter, and he never hesitated to put his back to any movement that would improve our status or increase our stature. No other layman did as much for us as he did, or gave such long days and laborious nights to our interests. It can be said of him without any exaggeration that during the 1920's he was the beating heart of Dalhousie. And it can also be said that when his colleagues on the Board failed to follow

him in a move they were forced to take ten years later, it broke his heart.

So much of the work of these men was over and beyond the ordinary call of duty. Most of it was voluntary and unpaid. But it must remain as a dynamic example to us all that while much has been accomplished much yet remains to be done.

In the past fifty years, our expansion has been to a great degree physical. It is true that, at the same time, the quality of the teaching being done has greatly improved. Yet, I wonder if, in the future, our further progress will not lie more in improving that quality than in raising further buildings? We are still cluttered with too much of the remnants of medieval pedagogy. We still overteach and underdevelop. We excel in the purveying of facts and in showing our students how to use their hands. I believe the time is arriving when we must try to teach them how to develop wisdom. It is not enough to turn out technological ignoramuses — scientific illiterates — men who do things for a dollar, without realizing fully why they do what they do or what the dollar actually means in their lives. In this respect — that of turning out thinking as well as practising doctors — we have not advanced so very far in 50 years. But is this not the way that we must advance in the future in order to play our part intelligently in an increasingly adventurous — and therefore dangerous — world?