Those were the days

An anecdotal history of the Academy of Medicine Ottawa

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In the continual remembrance of a glorious past, individuals and nations find their noblest inspiration.

— Sir William Osler
Preface

I like history. It is fun to read the tales of people from the past and wonder why their particular stories, good, bad, funny or tragic, found their way into the present. History in school was full of wars, kings, generals and famous people who made great contributions to mankind or caused terrible catastrophes and the pages of my history books were filled with huge events like the beginning of nations and the destruction of countries. Some of it was boring and I forgot it, especially the dates, two weeks after the examination. A great deal was not boring and caught my imagination. George Santayana’s dictum that “Those who cannot remember the past are condemned to repeat it” always rang as a truism and it became real to me as I grew older. History is honest. The past is cast in stone and no one can change or alter it, regardless of how much we might like to.

I read the minutes of the past Executive meetings of the Academy of Medicine Ottawa and the related material in the archives at the University of Ottawa and looked for what was exciting or worth remembering about those Ottawa docs whose names filled the pages. None of them made my history books and few of them were noteworthy enough to be named in the local newspapers, much less national papers. None of them received a Noble prize for contributions to medical research or innovations to clinical care. What they did was practice state of the art medicine and surgery in Ottawa, diligently look after their patients and attempt to solve the challenges of their era. They worked hard and we follow in their footsteps.

I interpreted the historical documents in the context of the current events of their era and in the light of our activities and medical practices of today and I added a few personal anecdotes for interest. The dialogue that introduces each article is imaginary and my personal musing about the future ends each episode.

This series of articles was written between December 2000 and December 2002 for DocToc, the quarterly publication of the Academy of Medicine Ottawa in response to a request from Dawna Feeley, the Executive Director. Dawna and my wife, Susan provided invaluable encouragement and editorial corrections for each article.

These writings are dedicated to the past, present and future members of the Academy of Medicine Ottawa.

January 2, 2004
Dennis F. Pitt MD
The Academy of Medicine Ottawa

“How about joining the Academy of Medicine?”

“I'm not much of a joiner. There are so many organizations out there that I can’t remember them all. All these society fees add up to a small fortune.”

“The Academy of Medicine has been around a long time and looks after a lot of things for physicians that you never really think about. I've never been to a meeting. What do they ever do for me?”

“I'm very busy with my practice, my family and teaching. It's fine for people interested in that sort of thing. I'm not a political person.”

“$120 isn’t much and you can tax deduct it. Here’s a brochure to look at in case you change your mind.”

The Academy of Medicine is very old, older that the Ontario Medical Association and older than the University of Ottawa Medical School. The Ottawa Medico–Chirurgical Society was created in 1874 in an era when most people were farmers and there were no telephones, no automobiles, no electric lights and no medical insurance. Horses and house calls were major concerns for practising physicians. Dr. Hammet P. Hill was the founding president. By 1890 membership had grown from the original 16 physicians to 30 members and the society was formally incorporated.

The Ottawa docs of that era were as politically active and independent minded as we are today. In 1893 the medical staff at the County of Carleton General Protestant Hospital resigned in protest about annual appointment changes and joined with colleagues at the Ottawa General Hospital to form the Ottawa Medical Society. This new society met at St. Luke’s Hospital at the corner of Frank and Elgin Streets. A few docs remained with the County of Carleton General Protestant Hospital and together with some newcomers formed the Ottawa Clinical Society.

The Ottawa Medical Society and Ottawa Clinical Society operated in competition for the next 10 years until the presidents, Drs. Robert Law and Clarence Brown convinced them to unite and reconstitute the Ottawa Medico-Chirurgical Society from the two separate societies. A gala dinner attended by physicians, MPs and prominent community members was held to celebrate the event. The main address was given by the most prominent physician of the era, Sir James A. Grant MD KCMG.

Recognition of the need for a modern name and new bylaws began during the Presidency of Dr. Omar Wilson in 1931. It was not until 1946 that Drs. J.F. Argue and W.E. Caven succeeded in officially changing the name to the Academy of Medicine Ottawa with new Bylaws and Letters Patent.

The Academy of Medicine has evolved and adapted to changing challenges and stresses for physicians over the years. Case presentations and clinical discussion dominated the Minutes of the early meetings when there was no
medical school in Ottawa and continuing medical education was difficult to access. The Curator was charged with maintenance of anatomical and pathology specimens and the instruments and microscopes. Formal dinner dances were major social events and the Ottawa Medical Wives Association was a prestigious affiliate.

Issues of public health for Academy of Medicine lobbying have moved from sanitation for typhus control to smoking bylaws for lung cancer and heart disease prevention. The Academy role in hospital affairs is minimal today although the President of the Academy did have a seat on the Restructuring Implementation Task Force in 1999–2000 when the Ottawa hospitals were being re-organized. Discipline of physicians has been taken over by the CPSO. The annual golf tournament is enjoying renewed popularity under a different format than 70 years ago when Dr. Omar Wilson donated the grand trophy that still sits in the Academy office.

The Academy of Medicine was involved with the founding of the Ontario Medical Association in 1880 and OMA affairs remain an important activity for members. The Academy is a branch society of the OMA and sends delegates to the biannual OMA Council. The Council is the governing body of the OMA and it formulates and approves (or deletes) OMA policies.

Media relations are the responsibility of the presiding Academy president who donates a lot of time to fielding questions and conducting interviews with reporters. The President has to concentrate on maintaining and augmenting the esteem of our profession in the public’s eye.

Physician finances are probably the number one topic of discussion today. Our colleagues of a hundred years ago would not recognize terms like AFPs, FHNs and practice plans, but they were alert to the same political manipulations with which we are grappling. The 1903 Minutes record Dr. H. Beaumont Small bringing forth the issue of discrimination against physicians who had to pay both income tax and property tax, in contrast to other professional groups like the lawyers. The culprits were the Toronto legislators, almost all members of the legal profession who were drafting laws to pad their own wallets (sounds like present day lawyers with their cash cow of medical malpractice).

The one Bylaw of the Academy of Medicine that is as paramount today as when it was adopted in 1946 is the final one: “generally to do and perform such acts, matters and things as may, in the opinion of the members of the said society, conduce to the interests of the Society and of the medical profession as aforesaid.”

Thousands of Ottawa physicians and surgeons have contributed to the rich and varied history of our society and benefited in return. I wonder what functions the Academy of Medicine will serve in the future for the medical profession.
The Ottawa Medical Wives Association

RRRing...RRRing...RRRing.
“David. It’s late at night and my wife isn’t home. Is she there with you?”
“I am in bed, Stan. Just a minute.” It was 1957 and Dr. David Roger knew exactly what Dr. Stan Mercer had phoned about.

“There’s a lot of chatter and laughing coming up from downstairs. The Ottawa Medical Wives Association Executive Meeting must still be going on. Their coats are piled on my bed. If you describe your wife’s coat to me, Stan, I'll tell you if she’s here.”

In years gone by, the Ottawa Doctors Wives Association (later The National Capital Area Doctors Wives Association) was an important and prestigious organization. Almost all the doctors were men and most of their spouses were housewives. Medical wives supported each other in coping with their spouse's long working hours, comforted the dinner party hostess whose husband was delayed at the hospital, worked long hours themselves to aid charities and put incredible hours into housework and child rearing.

“A man may work from sun to sun
But a woman’s work is never done”

Sir William Osler clearly stated a doctor’s position: “A doctor needs a woman who will look after his house and rear his children. Consult her and take her advice about the house and the children, but keep to yourself, as far as possible, the outside affairs relating to the practice”. Female physicians were rare in Osler's day and Ottawa dermatologist, Dr. Sue Swiggum, told me that the first female physician in Canada had to disguise herself as a man to practise medicine. The real identity of this brave woman was not discovered until “he” died.

A major social event in Ottawa 50 years ago was the Medical Wives Annual Dinner Dance at the Chateau Laurier. I can imagine the elegant, coiffured ladies in full-length formal ball gowns with long gloves, orchid corsages, dazzling jewels and the occasional tiara. Black tie for the men was not optional. The evening’s entertainment for the crowd was usually a floorshow with a cabaret, can-can, Highland Scottish dancers or a roaring twenties theme.

I can clearly remember a high school friend, Ann, being exceptionally proud of her mother, Mrs. Margaret Milliken, when she attained the Presidency of the Kingston Medical Wives Association in 1964. These noble ladies met monthly and were not to be disturbed by children, loud music or husbands.

In 1953 Mrs. E. Ainslie Harvey formed the Women’s Auxiliary (later the Ontario
Medical Wives Association) as a branch of the Ontario Medical Association and it reached a peak membership of over 2000 in 1968. Their good works included promoting friendship among doctors’ wives, arranging the ladies program at annual meetings, raising money for the Bursaries and Loan Fund, collecting surgical instruments for medical missionaries and working to improve the lives of native Ontario Indians.

The Ontario Medical Wives Association disbanded in 1977 due to dwindling numbers and today the Ottawa Medical Wives Association does not exist. Most of the new medical graduates are women and the most common spouse for a young physician is another physician. Dual income families are the majority. Men are taking on more responsibilities for household tasks and child rearing in dual-income families and we take pride in cooking, helping with the children and even changing diapers. I thought I was avant-garde in husbanding until Ottawa Family Physician, Dr. Grizel Anstee, told me that her husband got up in the wee hours to make tea for her when she was breast-feeding.

Dr. Judith Kazimirski, a past President of the CMA, says that: “The future face of medicine is female”. To illustrate this, she recounted a recent experience with a 10-year-old male patient whom she was establishing a rapport with. In response to being asked if he wanted to be a doctor when he grew up, he replied: “No. I can’t because I’m not a girl”.

As the percentage of women doctors continues to increase, I wonder if someday we will have an Ottawa Medical Husbands Association.

Credit for the anecdote to Dr. David Roger
Hi ho. Hi ho. It’s off to work we go

“Hi, honey. I’m home.”
“I thought you were going to be home for dinner at 5:30!”
“Yes. But I was walking out through Emerg and they asked me to see one of my patients with congestive heart failure and the chest x-ray wasn’t even done yet. I can’t understand how they could let him sit there for an hour and not even get his x-ray done when he was in obvious failure. Those guys in Emerg are such dolts sometimes.”
“The rest of your dinner is in the fridge. You can say good night to the kids. They’ve already had their baths.”
“You sound upset. What’s wrong?”
“I don’t mind being a househusband. I like looking after our children. I don’t mind putting my career on hold. My male ego is just fine. But this is getting ridiculous. I spend three hours making dinner and you don’t show up and don’t even call. You could care less. This is the third time this month.”
“Um... Ah... Dear, I’m sure it hasn’t been that often.”

September is back to work month for docs with the resumption of hospital and university meetings, teaching rounds and meetings of numerous medical associations like the Academy of Medicine Ottawa, Ontario Medical Association, Royal College and Canadian Medical Association, on top of full time clinical practice. Summer holidays are behind us and we go back to work as our children go back to school. The real world of work goes full force, in direct competition with family life.

A strong work ethic is probably the most universal trait of physicians and some docs are confirmed workaholics. Hippocrates said “No slave can serve two masters and Medicine is a very jealous master.” Students cannot get into or through medical school without putting in long hours at the books and they quickly learn the reality of Osler’s words: “What is the student but a lover courting a fickle mistress who ever eludes his grasp.” Few spouses are tolerant of a mistress.

Finding the right balance between Mistress Medicine and a significant other has always been a challenge for physicians and you may be surprised to know that we have it easier than our forefathers. Aspiring physicians in the past had relationship challenges we can scarcely imagine.

On November 1, 1818 Benjamin Tett, the great-great-grandfather of Dr. John Gray, CEO of the Canadian Medical Protective Association, signed an Indenture Contract to apprentice himself to James O’Hare, Surgeon and Apothecary of Perth, Ontario. This was the standard pathway to becoming a practising physician in those days and it was not until...
November 27, 1818 that the Parliament of Upper Canada passed an Act to establish a Medical Board “to hear and examine all persons desirous to apply for a licence to practise physic, surgery and midwifery”. Benjamin Tett’s Indenture Contract was for four years and a written requirement of the Contract was that “He shall not commit Fornication, nor contract Matrimony within the said term”. Even with consideration for the morals in the era of Queen Victoria’s parents, this sounds strict. Benjamin Tett was released from his contract after two years and went on to become a successful businessman and politician.

History gives almost no insight into Sir William Osler’s bachelor relationships and he remained single until he was 43 years old and married Grace in 1892. In Osler’s day the house staff at Johns Hopkins Hospital was all unmarried as a condition of their employment. When Dr. Osler’s niece, Georgina Osler came to Baltimore from Canada as his housekeeper, she promptly fell in love with a Johns Hopkins medical resident and after being formally married, they “moved on” from Baltimore to other opportunities. Apparently, marrying into the professor’s family did not open up career opportunities in Baltimore in those days.

When Dr. Frederick Banting attempted to establish a general surgery practice in London, Ontario in 1920, he had so few patients and was so desperate for money he was forced to take a part time job at $2 per hour at the University of Western Ontario as a demonstrator for medical students in anatomy and physiology. Although his fiancée was a successful school teacher, custom of the day did not permit a man to rely on his wife’s income and Banting had to struggle on without her. While preparing a lecture for the medical students on carbohydrate metabolism, the pancreas caught his attention and this reading led to his discovery of insulin after returning to the University of Toronto. We can only speculate about who would have discovered insulin if Dr. Banting could have married Edith and persisted in London with her financial support until his surgical practice was established.

Mistress Medicine managed to maintain a tradition of unmarried medical students until the Armed Forces veterans returned from the Second World War. A typical Canadian war veteran was Kingston family physician Dr. Harold Cumming, now retired. With a veteran’s financial stipend from four years service as an RCAF navigator and free tuition for academic excellence, he did not concern himself about the traditions of bachelorhood for medical students when he met Madeleine in 1946. Nor did his lowly status as a Queen’s pre-med student deter him from whisking her to the altar before she had time to consider the risk of a whirlwind romance. Five children and thirteen grandchildren later, they have great stories to tell about a medical school formal called “The Pop Hop” and the disrupting noises from the baby carriages in the balcony of Grant Hall at the 1951 Queen’s medical school graduation.

Spearheaded by Dr. Hugh Scully in 1973, the Professional Association of Internes and Residents of Ontario began to curtail Mistress Medicine’s dominance of residency programs. Although PAIRO did not influence most surgery programs until many years later and is still meeting pockets of icy resistance, today’s residents are often seen leaving the hospital in the early afternoon if they have been up most of the night before. What’s more surprising is that they don’t even look guilty about it.

Today’s medical students and residents sound determined to maintain a proper balance between their personal life and medical careers. I wonder how patients will adapt to this new generation.
The fashionable physician

“He looked awfully young.”
“He was very nice.”
“I’ve never seen a doctor dressed like that. That old patient of his in the waiting room had a suit and tie on.”
“He was very thorough. He said my check up was fine. My blood pressure was a little up and he’ll check it again next time.”
“He had the same clothes on as the kid who pumped gas yesterday at the ESSO station — jeans and a T-shirt.”
“I have to go back next week for my pap test.”
“I guess his clothes were clean.”

More formal attire was the fashion of our forebears. When William Osler began work in Philadelphia in 1884, his every day work clothes were “a frock-coat, top hat, a flowing red necktie, low shoes and heavy worsted socks”.

The 11 physicians who comprised the Medical Faculty of McGill University in 1869 wore frock coats, silk top hats (black in winter, gray in summer) and trousers with baggy knees. It was another 20 years before King Edward VII made creased pants popular. These 11 prominent general practitioners (specialists evolved later) all had whiskers, a fashion that reflected a health fad of the era. In the March 29, 1884 Minutes of the Ottawa Medical Chirurgical Society meeting, Sir Jas. A. Grant, MD KCMG said, “The hair of the face has a great effect in protecting the throat and should always be allowed to grow in those who are subject to renal trouble.”

Visit CMA House on Alta Vista Drive and go especially to the second floor Powell Argue Room to look at the vintage pictures on the walls of the docs at the Annual CMA Conventions. You will notice the impressive, flowing, full-length gowns worn by the ladies in 1912 and the enchanting bonnets that were in vogue for our great grandmothers 70 years ago. You will be able to imagine the pictures in colour on a clear, sunny day with scattered white clouds plastered on a blue sky and listen to the din of sociable chatter of docs from every province in Canada.

When I first hung out my shingle in Ottawa in 1980, I wanted to project a mature, experienced image by wearing a dull, gray, three-piece suit, white shirt and boring tie. It didn’t always work and I remember more than one patient thinking I was too young to do their surgery. Perceiving my lack of sartorial acumen, Riverside General Surgeon Dr. Ron Gilfillan advised me to frequent A.E. Fisher Men’s Shops on Sparks Street and for over 20 years I have benefited as their patron.

The standard uniform of a full professor or a doc aspiring to be a full professor is a charcoal gray suit and white shirt. At one of my Queen’s medical school reunions, John Jarrell appeared at the Friday evening get together in a charcoal suit, white shirt and somber tie, in keeping with his position as the Professor of Obstetrics and Gynecology at the University of Calgary. I wore the standard uniform of a Queen’s medical student: blue jeans,
Queen's sweat shirt and blue leather Meds jacket with a Labatts Blue grasped firmly in the right hand. One of my naïve, unworlly friends thought John had stopped at a funeral on his way to our party. Actually John's dour demeanor was due to a non-confidence motion from his "colleagues" that he had just beaten off in Calgary.

I had an interesting conversation recently with the community representative on the Queen's medical school admissions committee, Madeleine Cumming of Kingston. She assured me that the applicants for medical school at Queen's always dress their best when they appear for their interview with her and their best is not what they wear to the pub when the interview ordeal is over.

*Physicians should dress so that their grandmothers would be proud of them and feel comfortable to be treated by them.*

The classic Norman Rockwell print, Doctor and the Doll, hangs in my office, and the kindly family doctor wears a three-piece black suit and white shirt with French cuffs and gold cufflinks. His tie is black and his laced black leather shoes are polished so that you can almost see yourself in them. If you are aspiring to be the Norman Rockwell of the 21st century, I suggest Dr. Mark Hardy as a worthy model for the properly dressed physician. Dr. Hardy says that physicians should dress "so that their grandmothers would be proud of them and feel comfortable to be treated by them".

I took the liberty of interviewing Dr. Hardy about what he selects from his wardrobe when he wants to appear at work looking his best. His favourite sports jacket (courtesy of a doting mother-in-law) is a Gianni Versace of linen silk in a muted orange-red sheen, complimented by a dark silk tie and black silk shirt by Ermenegildo Zegna. Roberto Canalli linen slacks and a black leather belt, again by Zegna, complete the outfit. Surgeons spend a lot of the day on their feet and are particular about their footwear. Comfort is the prime consideration. During the interview Dr. Hardy was clad in soft black leather driving shoes by Aldo Brue and described his fondness for his Italian ostrich skin shoes by Moreschi. What props would be appropriate for this modern "Rockwell" painting? Obviously the stethoscope and black bag that Norman Rockwell used for a family doctor would not be appropriate for a prominent Ottawa Hospital General Surgeon, with an appointment to the University of Ottawa. Perhaps a scalpel and textbook with an operating room light in the background would compliment the portrait.

Are you wondering why I have ignored the fashion statements of female physicians of the 21st century? As the father of four daughters I am much too wise to venture into those treacherous waters. Can you imagine me interviewing Dr. Christina Hill and asking her the brand names and prices of the clothes she was wearing that day? Do you think she would take kindly to being interrogated about how many cystoscopies her shoes were worth?

The young generation has different fashions. I have been to rounds at the General Campus and listened to scintillating presentations from residents dressed in T-shirts, blue jeans and sandals. They made me feel like I should spend a few hours in the library. They made my tie feel tight.

I really believe a person should wear the clothes of his choice, clothes that are comfortable, clean and practical. I wonder if we will ever see a general surgery resident dress comfortably for his June oral examinations for Fellowship in the Royal College of Physicians and Surgeons (Canada) in cut-off jeans, tank top and sandals (*sans* socks).
“There’s a mistake in the VISA bill this month.”
“Good. I thought it was a little high.”
“$632.50 for a place called Chuck Browns. We’ve never eaten there and we certainly didn’t pick up the cheque for a whole group.”
“Hmm. Ah. Well, dear, it’s not a restaurant.”
“What do you mean it’s not a restaurant? I don’t have a receipt for that place.”
“Um... Ah... It’s a golf store.”
“A golf store!”
“Yes, dear.”
“Just what exactly did you buy? You already have enough golf equipment for six people!”
“Well, dear, it’s a Titleist-titanium driver with a graphite shaft. I got it at $100 off the list price. I’m sure it will improve my game.”
“Don’t ‘dear’ me! You are impossible! I want you to take that thing back this instant. $632 for one golf club. What’s wrong with the ones you have? We have a car loan and a mortgage to pay off still, in case you’ve forgotten. Sometimes I just don’t understand you at all. I don’t know if I married a doctor or some kind of golf nut!”

Few people are neutral about the game of golf and most are either hopeless addicts or could care less about the game. Winston Churchill said, “Golf is a game whose aim is to hit a very small ball into an even smaller hole, with weapons singularly ill-designed for the purpose.” Perhaps Sir Winston tried the game and had some trouble with his putting.

The game of golf is popular in our profession and is perceived by the public as the game we play on Wednesday afternoons, more concerned about our handicaps than our patients. Golf is the basis of numerous physician jokes.

The world recognizes Scotland as the birthplace of the modern game of golf and St. Andrews is the Holy Grail. Ottawa family physician Dr. Ian Warrack gained more recognition as the organizer of a golfing sojourn to the Royal and Ancient than as OMA President. It is recorded in parliamentary statute books of the 1400s that King James II of Scotland banned “the gouf” due to its interference with archery practice, necessary for national defence in the
frequent wars with England. Golf may have been a subject in the indenture contract of Benjamin Tett, the great-great grandfather of the CMPA’s Dr. John Gray. Benjamin Tett began his apprenticeship to Perth surgeon James O’Hare in 1818 under an indenture with a clause, “He shall not play at Cards, Dice, Tables, or any other unlawful games.”

The Academy of Medicine Ottawa used to host a biannual golf tournament with a bus to the spring tournament in exotic locales like Mont Saint Marie, Montebello and the Thousand Islands in the U.S.A. The fall event was closer to home to allow for reduced evening daylight. In 1929, Dr. R.E. Valin was the initial winner of the Dr. Omar Wilson Trophy for the Annual Competition Championship of the Ottawa Medical Golf Association.

I was the caddy for Kingston cardiologist, Dr. Jack Milliken in the 1964 Academy of Medicine Ottawa spring tournament at the Cataraqui Golf and Country Club in Kingston. Dr. Milliken, who shared an office for 5 years in Ottawa with orthopedic surgeon Dr. Ian Jeffrey, prior to setting up in Kingston, was on his way to low net when he drove his ball over the fence on 17, allowing an Ottawa doc to walk away with first place, much to his caddy’s disappointment.

It was as a naïve teenager that at the Cataraqui golf course, I first became aware of what a strange calling medicine was. The tale of Dr. Milliken, who shared the course record of 65 with club pro, Dick Green, awed my friends and me. Dr. Milliken liked to play early on Saturday mornings to reserve time for his large family and one such day went out with a 29 for the front nine, only to abandon the round because of a call from Hotel Dieu Hospital. It was beyond our wildest teenage imaginations what diabolical force could lure a man away from the brink of sole possession of a new course record.

There are many tales of colourful characters and humorous events at the Academy of Medicine tournaments. Ottawa family physician Dr. Collin Raymond Jones knew the proper way to enjoy a golf outing, dressed in his plus fours, with a lobster lunch from home and a carafe of white wine to wash it down. Ottawa anaesthetist Dr. John Cowan, a.k.a. “Honest John”, is renown for his reply when asked how he scored 17 on the difficult uphill par 3 eighth hole at the Rivermead Club in Quebec. With a straight face John said: “I chipped in from off the green with my seven iron.” Ottawa general surgeon Dr. Laurie Liberty, a confirmed golf addict, was hooked after his first round at the Academy of Medicine tournament in 1960 when he managed to lose only eight balls on the front nine. Subsequently he replaced his 1960 equipment ($50 for clubs, bag and balls) with SwingSync custom clubs and got his handicap down to 25. Laurie is one of those rare individuals whose golfing abilities are inversely proportional to his executive skills and his main claim to fame is as the organizer of many Academy golf tournaments.

Other OMA branch societies in Ontario have annual golf tournaments. When I was a surgery resident in London in the seventies, the general surgeons sponsored their residents to the London Academy of Medicine annual golf tournament and it was the only day of the year that the Professor of Surgery, Dr. Angus McLachlin tolerated a day off for his house staff.

Golf is a peculiar game where the low score wins, you hit down on the ball to make it go up and a phrase like “a long short hole” makes sense. You play against the course and the skill level of your playing partners is irrelevant. There has never been and never will be a perfect round of golf.

I watched the movie, The Legend of Bagger Vance, directed by Robert Redford. The descriptions of golf sounded like similes for the practice of medicine. “The greatest game there is. You can ask anybody. You stand out there on that green, green grass and there’s just you and the ball. There ain’t nobody to beat up on but yourself. Only game you can call a penalty on yourself, if you’re honest and most people are. There ain’t no other game like it.” “A game that can’t be won — only played.” “I play on. I play for the moments to come. I play for my place in the field.”
I quote from John Betjeman's poem, *Seaside Golf*:

How straight it flew, how long it flew,
    It clear'd the rutty track
And soaring, disappeared from view
Beyond the bunker's back-
A glorious, sailing, bounding drive
That made me glad I was alive.

And down the fairway, far along
It glowed a lonely white;

I played an iron sure and strong
    And clipp'd it out of sight,
And despite of grassy banks between
I knew I'd find it on the green.

And so I did. It lay content
    Two paces from the pin:
A steady putt and then it went
    Oh, most securely in.
The very turf rejoiced to see
That quite unprecedented three.

Ah! Seaweed smells from sandy caves
    And thyme and mist in whiffs,
In-coming tide, Atlantic waves
    Slapping the sunny cliffs,
Lark song and sea sounds in the air
And splendour, splendour everywhere.

Today the Academy of Medicine Ottawa has a yearly tournament in June with a new trophy courtesy of MD Management. The Dr. Omar Wilson Trophy is used as container in a contest where you guess the number of golf balls. More than $5500 was raised this year for the Ontario Medical Association Student Bursary Fund and 20 of the players were women.

The last Ontario Medical Association golf tournament, in co-operation with the Doctor's Lions Club was in 1996. I wonder if it is time for another OMA golf tournament.
“Honey. We do not need a BMW 2-seater convertible. “

“BMW’s are superb cars. Consumer Reports list their reliability and safety as the best there is. It’s the kind of car we would keep a long time.”

“Where do the four kids go? Just because the Chief of Surgery has a Porsche does not mean that you need a BMW.”

“That’s not the reason at all. I’ve always wanted a BMW roadster, ever since I was a teenager. They’re the best cars made. They drive so well that you can avoid accidents. You could choose the colour.”

“I can’t see any difference between a Honda Civic and a BMW, and a Honda is a quarter the price. We haven’t even paid off our mortgage yet!”

“Hmm. I guess you’re right.”

“Sweetie. You are much too young to have a mid-life crisis.”

I interviewed Ottawa Hospital General Surgeon, Dr. Robin Fairfull-Smith, who does own a Porsche, a convertible two-seater, silver 2000 Boxter with a 2.7 litre, six-cylinder engine that develops 217 horsepower. He confirmed that it is a superb driving machine. The purchase of the Porsche was prompted by sage advice from his younger brother Hugh, a practising geriatrician who told Robin that if he was ever going to buy a sports car he should get it while he was still young enough and thin enough and supple enough to bend enough to get into it. Under my interrogation about the rationale for such an extravagant purchase, Robin replied, not that it was part of a mid-life crisis, not that it was necessary for trauma call, not that it attracted young ladies, not that it enhanced his image as a successful surgeon, but rather that it fulfilled a boyhood fantasy. I cannot imagine a better reason to own a Porsche.

The car he or she drives often reflects a person’s family situation, social status, financial success and prestige. The physician who first directed me to the field of medicine, Dr. Homer McQuaig, Superintendent of the Kingston Psychiatric Hospital, drove a fully loaded British racing green V-8 1964 Lincoln Continental convertible with white interior and rear suicide doors. It never occurred to me to not take the advice of the owner of such a distinguished automobile.

I cannot envisage James Bond replacing his 1930 4.5 liter Bentley supercharged coupe with a Volkswagen Beetle. SMERSH would be hysterical. A Bond girl in a mini-dress and spike heels slinking down into the warm, soft luxurious Connelly leather of the contoured, body-hugging bucket seat in a Chrysler minivan — I don’t think so. Even Hollywood had sense enough to equip 007 with cars like the Aston Martin DB5, the Lotus Esprit Turbo and the BMW Z8.

In days gone by physicians relied on horse power with four legs rather than four wheels. *Equus caballus* of the
family *equidae* of the order *perissoddactyla* became extinct in North America during the glacial ages and was re-introduced by the Spaniards in the fifteenth century. Our profession has been well served by these noble creatures.

Charles Darwin's father, Dr. Robert Darwin used a sulky, a light, single seat carriage drawn by one horse to make the rounds of his rural family practice patients. A dogcart, a two-wheeled single-horse, light carriage with seats placed back to back was the usual mode of travel in Victorian London for Dr. James Watson and Sherlock Holmes. Originally the rear seat folded down to make a box for dogs.

Dr. William McGill of Oshawa reported the 1834 version of stop and go traffic on returning from a home delivery. As he rode around a bend in the road, he saw eight large wolves drawn up in a file blocking his way: “My mare was at this sight all but unmanageable, and it was all I could do with spur and club to prevent her turning and running back. Aided by my spurs and club and yelling with all the power of my lungs, I urged her to within twenty paces of the brutes, who were snarling and showing their white teeth to perfection…”

In the same era Dr. Charles Duncombe’s daughter, Eliza Duncombe described his journey from St. Thomas to treat a soldier’s dislocated neck in Ingersoll. Fog-lights were a thing of the future: “My father had to dismount to feel the road, as there was a road that led down to the River Thames quite out of the way. Frequently our horses were frightened by the wild animals running through the woods and crackling the limbs of the trees.”

Dr. Harold Geggie went to Wakefield, Quebec in 1911 to do a locum for Dr. Hans Stevenson and met the old country doctor just having returned from a house call on the other side of the partially frozen Gatineau River. The historic covered bridge at Wakefield, the Gendron Bridge that you can walk over today, was not built until 1915. In reply to Dr. Geggie’s question of how he crossed the river, Dr. Stevenson replied: “Built a plank bridge out to the ice and walked across. The winter road is safe enough, especially at night on the frost, but you must not step off it; you’d go down. The man met me with a team on the other side. He’d built another plank bridge ready for me. In the daytime with the hot sun, the ice is not so safe of course. But I made it all right once more.” Dr. Geggie practised in Wakefield for 55 years and three of his sons became Wakefield family physicians.

This travel did not come cheap. The Tariff of Professional Fees for Ottawa physicians in 1887 recommended billing $2 for the first mile of travel beyond the Ottawa city limits and $1 to $2 per subsequent mile.

I wonder if our next generation of physicians and surgeons will follow in the footsteps of Sir William Osler who used public transportation, riding a Baltimore streetcar to Johns Hopkins Hospital each day.
Money makes the world go round

“A surgeon’s office circa 1945.”
“Any problems since you went home after the surgery?”
“The incision’s a little itchy. That’s all.”
“Eating OK? Bowels and urine OK?”
“No problems. I can’t thank you enough. You’re as good as your reputation. Marvelous.”
“I’m glad you’ve done so well. Here’s your bill for the procedure.”
“$300 for a simple appendectomy?? I thought you said it only took 30 minutes! I’m the best-paid lawyer in Ontario and I charge $300 an hour!! That’s outrageous!!!”
“Here. Let me rewrite my bill for you.”

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal of appendix</td>
<td>$50</td>
</tr>
<tr>
<td>Knowing how to remove an appendix</td>
<td>$250</td>
</tr>
<tr>
<td>Total</td>
<td>$300</td>
</tr>
</tbody>
</table>

Money has been an integral part of human endeavour for a long time. History records the first use of coins to replace the barter system in the Asia Minor Kingdom of Lydia in 700 BC and the original paper money was printed in China in the eleventh century AD. The last use of the barter system for medical services in Canada was during the Great Depression 70 years ago.

The Ontario Medical Act of 1869 gave regional medical associations the right to set “a scale of reasonable charges” subject to approval by the College of Physicians and Surgeons of Ontario. In 1887 the Bathurst and Rideau Division Medical Association published the Tariff of Medical Fees for the City of Ottawa and the fees gave some discretion to the physician in choosing the appropriate fee. The physician could adjust the fee according to his own skill and reputation, the market place and the financial status of the patient.

<table>
<thead>
<tr>
<th>Tariff of Professional Fees for the City of Ottawa, 1887</th>
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</thead>
<tbody>
<tr>
<td>Vaccination</td>
</tr>
<tr>
<td>Office visit</td>
</tr>
<tr>
<td>Consultation</td>
</tr>
<tr>
<td>Caesarean section</td>
</tr>
<tr>
<td>Removal of kidney</td>
</tr>
</tbody>
</table>
Ontario physicians created Physicians Services Incorporated (PSI) in 1947 to provide insurance against bankruptcy from medical bills and 90% of Ontario residents were covered. After OHIP replaced PSI, the funds left over in the PSI operating budget were converted in 1970 to the PSI Foundation, providing grants for physicians to do medical research. Today the PSI Foundation assets are over $83 million and last year provided $5 million for research.

OHIP covers all Ontario residents and initially paid 90% of physician’s bills. Physicians could collect the other 10% from the patients. Unfortunately OHIP’s percentage of the OMA fee schedule has now dwindled to the point that the OMA fee is almost irrelevant and it is illegal for physicians to charge patients for any shortfall. Anyone who thinks OHIP is just an insurance company is dreaming in technicolour.

Fee for service has always been the main stay of physician remuneration and is preferred by most docs. This system is unquestionably fair and provides equal pay for equal work, true capitalism. Fee for service allows the market place to tell docs to shape up or get out and some notable physicians have been humbled by the reality of the market place. Sir Arthur Conan Doyle opened his family practice in 1882 and was never able to earn more than $1,500 a year. By 1886, with a new wife to support and free time between patients, necessity drove him to write the adventures of Sherlock Holmes.

The downside of fee for service is the pressure to expand the workload to chase inflationary office overheads with a flat OHIP fee schedule and to sacrifice health and home life in the process. Fee for service medical practice reminds me of the stories my dad told me of working piecemeal in a Leamington tomato-canning factory during the Great Depression. Modern powerful unions must think medical doctors are nuts.

Salaries sound like a civilized approach and are in keeping with our status as civil servants. With a salary we would be more inclined to delegate responsibilities to nurse assistants and to work civilized hours. OR closures might not send surgeons into fits of rage. The price for a secure salary may be our independence and the financial incentive to provide the best care for the most patients.

Sir William Osler took part in the debate about physician remuneration in 1911 when Johns Hopkins Hospital planned to put its physicians on salary and he wrote: “The Trustees have ... an exaggerated idea of the large fortunes made by the clinical men.” Osler recommended that the experiment be tried elsewhere.

This is the season for money issues confronting our profession. The Ontario Family Health Network plans to change the fundamental nature of the practice of Family Medicine. Health economists, politicians and lawyers do not understand fee for service and are convinced that primary health care will be better served and less expensive without it.

There is currently about $500 million of OHIP money going through Alternate Funding Plans in Ontario and there is a line up of groups of physicians wanting to negotiate AFP’s with the MOHLTC. The Academic Health Science Centres are being fast tracked in the footsteps of SEAMO at Queens.

We all agree that the current fee schedule has major flaws and we had great expectations from the RBRVS Commission. With their initial draft before us, we are now grappling with the ire of those practitioners that will lose money and those who have not gained enough. Psychiatry is the only section left still supporting RBRVS.

The political winds of change are blowing our profession away from fee for service and into the haven or onto the rocks of other payment methods. We can adjust our sails but we cannot change the wind. I wonder if we are witnessing the demise of the independent, self-employed, solo medical practitioner.
Asbestos and ashtrays

“What a wimp! Afraid of getting a little wet with that harmless spray. That facemask makes him look like an idiot. I can’t believe these college kids. I don’t know who hires them to work here for the summer. You’d think that bug killer was poison or something. All it does is kill mosquitoes.”

“He seems kind of smart. You know his father’s a Prof at UNB.”

“Smart? He’s so smart he’s stupid. How could bug spray have anything to do with dead birds? That old grey cat killed those birds. Martha lets him out every night to prowl around.”

The year was 1975 and the college kid was Dr. Rob Taylor, a well-known Ottawa Family Physician today. The harmless spray was a pesticide containing the organophosphates Malathion and Parathion, near relatives of the nerve gas Sarin. These chemicals inhibit acetylcholine esterase in humans just as effectively as in insects and Harrison's Textbook of Internal Medicine lists multiple neurological and respiratory ill effects from these agents. Fortunately Dr. Taylor has remained healthy to this day.

If you think our clean, wonderful city of Ottawa is free from pollutants go to www.pollutionwatch.org and type in your postal code. We have a lot of work to.

Physicians have a tradition of leading the way in public awareness of environmental health issues and of lobbying politicians and corporations for public health and safety. The Minutes of the Ottawa Medical Chirurgical Society from October 11, 1889 record the following:

“Dr. Powell — that this society earnestly advise the Corporation of the City to lose no time in appointing an inspector of plumbing and house drainage. In nearly every instance where the presence of Typhoid Fever or Diphtheria suggested the careful inspection of drains or plumbing, some serious defect in one or both has been discovered. Modern and expensive houses offer no exception to the rule. It is the opinion of this Society that the appointment of a qualified inspector, whose duty it shall be to inspect all buildings in process of erection and who may be applied to by all householders when there is any suspicion of wrong is absolutely necessary to protect the public health.”

Unfortunately, we also have a long history of occasionally being wise only in retrospect about environmental health hazards. One of my patients lived near an asbestos mine in South Africa as a child and she remembered playing in the “harmless” piles of asbestos with her friends. Her mother complained of the dust as a constant nuisance on their clothes and in the house. Not surprisingly my patient’s diagnosis was inoperable malignant mesothelioma. Despite the awareness of the health hazards of asbestos for over thirty years, there is still debate over the economic advantages versus the health hazards. As the restrictions on asbestos grow more stringent in industrialised countries, major corporations are encouraging less developed countries to expand their asbestos use.
The tobacco companies that turned to the third world when their North American profits shrank pioneered this marketing strategy.

It took a long time for us to figure out the harmful effects of the native Indian custom that Sir Walter Raleigh brought back to England from the New World in the late 1800’s. In 1979, OMA Council could not muster enough votes for a motion supporting a municipal bylaw requiring a “No Smoking” sign in elevators. Even Sir William Osler smoked cigarettes and he wrote to oppose attacks on tobacco use in the *British Medical Journal*:

As a cigarette smoker of some twenty-four years standing, I would like to make the counter statement, that to smoke a cigarette (a good one, of course) is to use tobacco in its very best form, and that in moderation it soothes physical irritability and corrects mental and moral strabismus.

In my medical student days, ashtrays were everywhere. Clinicians smoked in hospital corridors, patient rooms and elevators and the surgeons lounge was thick with the smoke of cigarette and pipe tobacco. It is only fifteen years ago that Ottawa hospitals became smoke free. I am proud to say that I was the mover of the motion to convert the Riverside Hospital surgeon’s lounge to non-smoking.

Tobacco control advocacy has been a success story in Ottawa this year with the passage of the strongest city bylaw in Canada to ban smoking in all public places, including restaurants, nightclubs, bingo halls, taxi cabs and limousines. Medical Officer of Health Dr. Robert Cushman championed the cause with active support from the entire Ottawa medical community. Dr. Joy Weisbloom provided strong leadership for the active role of the Academy of Medicine Ottawa. Much credit for making smoking socially unacceptable goes to the hosts and hostesses of Ottawa who make houseguests go outside to light up, even in the depths of Ottawa winters.

The City of Ottawa’s new bylaw is a battle won in a long, unfinished war. Tobacco companies have a proven track record of being innovative and resourceful in maintaining their sales quotas. In the 1980’s Phillip Morris paid $350,000 to have their brand of cigarettes smoked in the James Bond movie, A License to Kill. Al Pacino showed us how ruthless tobacco companies could be when their profits were threatened in the 1999 movie “The Insider”. Currently, Senator Colin Kennedy pushes forward his private member’s Bill S15, the Tobacco Youth Protection Act, to levy the tobacco industry $360 million annually to finance youth protection programs and the Ontario Campaign for Action on Tobacco (OCAT) continues the battle on the provincial front. The seductive propaganda of the tobacco companies must be countered with equally effective health care information.

Support for health care issues from the entertainment industry is growing and it is becoming cool to be an environmentalist. I watched the video this year of Julia Roberts’ marvelous portrayal of Erin Brockovich in her battle against Pacific Gas and Electric over the contaminated ground water from the rust inhibitor, hexavalent chlorine. Based on a true story, it was the largest settlement of a direct action lawsuit in US history. Today the United States Occupational Safety and Health Administration requires all chemical suppliers to provide material safety data information with their products.

I read the labels on packaged food, cleaning compounds, garden pest and weed killers, car products and hair sprays and I have no idea what most of the chemicals are. I wonder if some of these chemicals will be in medical textbooks twenty years from now in the same chapters as Malathion, Parathion, tobacco, asbestos and rust inhibitors.
Black balling new members

Minutes of the November 17 meeting of the Academy of Medicine Ottawa, Dr. Joy Weisbloom, presiding. A quorum was achieved.

The ten new applicants to our learned and prestigious society had been duly nominated. The box was passed to each member as the name of the new applicant was called. After each member had made their selection of a white or black ball for the applicant, Dr. Weisbloom opened the box. All the applicants received white balls with the exception of Dr. Pitt. A member claimed the black ball cast against Dr. Pitt. Dr. Weisbloom instructed Dr. Sitwell that he had the unpleasant task of informing Dr. Pitt that his application for membership in the Academy of Medicine Ottawa, had been denied. Of course Dr. Pitt would not be informed as to why his application failed and there would be no appeal.

This might have been the actual Minutes of last month’s AMO Executive meeting if I had applied to join the Academy of Medicine and the rules had not changed since the origin of our society in 1874. It was then called the Medical Chirurgical Society of Ottawa and there were 16 original members — all men. According to the bylaws the negative vote of two members could block a new applicant from joining the Society. Democracy, transparency and due process were not considerations.

When I was a medical student in Kingston in the 70’s, black balling was still a tradition at Medical House, a fraternity at Queens University. For each new applicant a wooden box the size of a shoe box with white and black marbles at one end was passed around to the members and they had the choice of moving a black or white ball to the covered end of the box. This choice was not evident until all the balls were cast and the President removed the lid. If a black ball was thrown, the question was asked, “Who claims the black ball?” If none of the members spoke up, the black ball was rejected and the applicant was accepted. If a member claimed the black ball, the applicant was rejected. A member was not required to state his reason for casting the black ball.

Sir William Osler was familiar with black balling and described the practice in a paper he wrote about the Athenaeum Club of London, England, a club with esteemed members like Rudyard Kipling and the Archbishop of Canterbury. Osler wrote “The club is a very sensitive body reacting promptly against any suspicion of bad breeding or poor morals on the part of a candidate” and he was not surprised that Sir Guy Lake, “a bounder of the first water” was black balled.

In the classic Ian Fleming novel, Moonraker, Commander James Bond accompanies M, an Admiral to his London club, Blades and describes the black balling of an unpopular candidate. Despite his demonstrated skill at bridge, Bond probably did not have enough money, rank or family heritage to become a full member of Blades.

We have come a long way since 1874 and the black balling of new members for Medical Societies is of historical interest only. I wonder if there are more sophisticated, subtler forms of black balling in our modern world.