

A HISTORY OF THE
DEPARTMENT
OF MEDICINE
DALHOUSIE UNIVERSITY
1868-1975



FOREWORD:
AN APPRECIATION OF THE WORK OF
DR. LEA C. STEEVES

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DEPARTMENT OF MEDICINE
DALHOUSIE UNIVERSITY
1868-1975

Lea C. Steeves, BA (MtA), MDCM (McG), FRCPC
with the assistance of
Robert M. MacDonald, BA (McG), MBChB(Edin), FRCPC

Lea C. Steeves, BA (MLA), MDCM (McG), FRCPC
1915 - 1994

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June, 1992

FOREWORD: AN APPRECIATION OF THE WORK OF DR. LEA C. STEEVES



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1915 - 1994**



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June, 1995

Dear Colleague:

This text is a tangible memorial to the late Lea C. Steeves, Professor Emeritus of Medicine, whose dedication to the Dalhousie Faculty of Medicine and our Department was an inspiration to all who knew him. With his friend and associate of many years, Robert M. MacDonald, Dr. Steeves has brought together many facts and figures which define our past. Above all, Dr. Steeves and Dr. MacDonald remind us of the personalities who laid the foundations for our present Department from its earliest days until the end of the Dickson era twenty years ago.

Although neither Dr. Steeves nor Dr. MacDonald graduated in Medicine from Dalhousie, their commitment to this School from the 1940s to the '90s has few equals. Dr. Steeves grew up in New Brunswick and graduated MD CM from McGill, while Dr. MacDonald, a Cape Bretoner, gained his medical degree from the University of Edinburgh, a seat of learning which influenced the Earl of Dalhousie and was the inspiration for the creation of this University. Their perception of people and events in our Department was influenced by this broad perspective, by a profound appreciation of the Maritime character and by direct knowledge of many of the players in the latter part of this story.

The short chapter on Dr. Martin Hoffman, first Research Professor of Medicine at Dalhousie, is remarkable. I had met Dr. Hoffman at the new University Hospital on the campus of the University of British Columbia shortly before his untimely death. When Dr. Steeves advised me in early 1993 that he was writing a paper on the History of Research in our Department, I told him that I would attempt to bring Martin Hoffman's son Brian, Professor of Medicine and Professor of Molecular Pharmacology at Stanford University, as our guest for the 1994 Research Days. Despite failing health, Dr. Steeves gave his paper on Martin Hoffman on May 5, 1994, just before the research presentation by Brian Hoffman. It is particularly poignant to re-visit this paper with the appreciation that Lea Steeves had no illusions about his personal future at the time of his presentation.

The history from 1975 to 1988 remains incomplete on aspects of divisional developments, a matter of some concern to Dr. Steeves in the months before his death on November 27, 1994. I made a commitment to him that we would publish the finished work up to 1975 and that research would continue around the terms of office of Ross Langley (1975-1982) and Bob Anderson (1982-1988). With the help of John Gray, an associate of Lea Steeves in the exotic field of Atari desktop publishing, with the editorial assistance and the preparation of an index by Barbara Blauvelt (herself an important part of the history of the Medical School!) and with the characteristically effective management of Graham MacIntyre, the first century of our Department's history is now a matter of record. In the spirit of lifelong learning, of which Dr. Steeves was Dalhousie's foremost ambassador, let us use the lessons of the past to enrich our present and enhance our future.

Yours sincerely,

S. George Carruthers, MD, FRCPC
Carnegie and Rockefeller Professor
and Head, Department of Medicine

SGC:tmm

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Dr. L. C. STEEVES- BA, MDCM, FRCPC, FACP, DSc, LLD (1915-1994)

Lea Chapman Steeves was born in New Westminster, B. C. but moved at an early age to New Brunswick where he graduated from Moncton High School with the Governor General's Medal. He obtained his BA from Mount Allison University in 1936 (the second of four generations of Mount Allison alumni) and graduated MDCM from McGill University in 1940. He served with the Royal Canadian Navy as Surgeon Lieutenant from 1940 to 1946 in St. John's, Newfoundland. In 1948 he joined the teaching staff of Dalhousie University, retiring from full-time activities in 1981 as a Professor. During his tenure with Dalhousie University he served as Associate Dean, Faculty of Medicine and was the founding Director of the Department of Continuing Medical Education. Honorary degrees were conferred on him by Dalhousie University, Mount Allison University and Memorial University. Dalhousie University also promoted him to Professor Emeritus in 1990. Additional honours include the Duncan Graham award for excellence in teaching from the Royal College of Physicians and Surgeons of Canada and Senior Membership with the Medical Society of Nova Scotia. During his career he served as President of the Canadian Association of Continuing Medical Education, Medical Council of Canada and the Medical Society of Nova Scotia.

Dr. R. M. MacDONALD- BSA, MBChB, FRCPC, FRCP(ED), LLD (1913-)

Robert Murray MacDonald was born in Sydney, N.S. where he completed his high school education. He graduated BSA from McGill University in 1934 and MBChB from the University of Edinburgh in 1939. During the years 1941 to 1945 he served with the Royal Canadian Navy in Halifax and overseas, attaining the rank of Surgeon Lieutenant-Commander. He joined Dalhousie in 1948, retiring from full-time activities in 1982 as a Professor. During his tenure with Dalhousie University he served as the first Dean of the Faculty of Health Professions, from 1963 to 1977. He was awarded an Honorary Doctorate from Dalhousie University in 1986 and was promoted to Professor Emeritus in 1994. Additional honours include the F.R.C.P. (Edinburgh), Recognition Award for Outstanding Service at the Victoria General Hospital, Senior Membership with the Medical Society of Nova Scotia and the Centennial Medal in 1967. Dr. MacDonald served as Senior President of the Royal Medical Society of Edinburgh. He was a member of the Faculty Authority and Autonomy Committee which helped shape the current administrative structure of the Dalhousie Medical School. He also served on the first Curriculum Committee of the Faculty of Medicine in 1953.

Professor R.N. Anderson, Head Department of Medicine (1982-1988) asked the authors, (active members of the Department since January 1948) to research available sources and prepare a history of the Department of Medicine.

Our initial study was of the Faculty of Medicine calendars. Until 1933-34 although individuals can be identified whose academic title includes "medicine" or a closely related term such as "therapeutics" there is no indication that a "Department of Medicine" existed. From 1868 to 1933 therefore is the "prehistory" of the Department.

The history of the Department from 1934 to 1988 can be roughly divided into five periods-the depression and World War II years, the post-war recovery period, and three subsequent decades of expansion and consolidation. Five Department Heads have directed the affairs of the Department during these fifty-four years-Doctors K. A. MacKenzie, C. W. Holland, R. C. Dickson, G. R. Langley, and R. N. Anderson. We have attempted to deal to some degree, depending on the records available to us, with the contributions of over three hundred fifty individuals who have been teachers of "Medicine" at Dalhousie. We have explored the growth of the academic structure within which these persons have taught, cared for patients, carried on their research and other academic pursuits, and contributed to the local, national and international medical community.

Starting with the Dickson era, documentation of departmental activities has increased from a trickle to overwhelming flood. As Subspecialty development increased through the Dickson and Langley periods the administrative solution of Divisions within the Department has so increased the historic data available within the Department since the late 1970's that it has been necessary to enlist the aid of a team of authors. One or more senior members of each Division are now filling the gaps in our history from the late 1970's to 1988.

Since 1988, under Professor George Carruthers' Headship, the Annual Reports of the Department have become the "Current History" of the Department of Medicine Dalhousie, in detail that cannot be reconstructed for earlier years.

This history is a first effort. We thank the many persons who have assisted us in various stages of its preparation. We request the help of all readers in detecting and reporting any errors or omissions, so that a revised and improved further edition may follow, produced by younger "senior" members of the Department.

THE PRE-HISTORY 1868-1933

1868-1911.

"This faculty has been organized and affiliated to the university for the special purpose of affording instruction in the primary branches of medical science, so as to enable students to become thoroughly prepared to carry out their studies and complete the medical curriculum elsewhere" --- "It is not intended therefore that the university shall exercise its power to grant medical degrees"...

...states the Dalhousie Faculty of Medicine calendar in 1868. That Dalhousie's present practice of exposing students in the first and second year of Medicine to patient contact has a long tradition can be confirmed from this same calendar -

"the provincial and city hospital is visited daily at 12.00 p.m. by the medical officers and may be attended by students without payment of any fee" - - - "clinical lectures will be delivered at the provincial and city hospital and city dispensary. Instructions will be given at the bedside including physical diagnosis."

Nor was concurrent assessment unknown - - -

"each lecturer shall examine his class weekly on the subjects treated in the preceding lectures and such examination shall be considered a lecture."

The Dean was also "Lecturer - Institutes of Medicine." This course was in fact a mix of histology, physiology, and general pathology rather than "medicine".

However, within two years the policy had changed as documented by the granting of the M.D.C.M. Dalhousie degree to five Nova Scotians in 1872. As early as 1869, twenty-two medical students were in attendance. The majority of these, following the policy of 1868, completed their education in other previously established medical schools. Change in policy is further confirmed by inclusion in the calendar for the first time in 1871 of this entry relevant to the Department of Medicine - -

"Alexander P. Reid, M.D., L.R.C.S. Edinburgh, L. C. P. & S. (Canada): Professor of the Principles and Practice of Medicine, and Dean and Registrar of the Faculty." He was further identified as "Physician to the City Hospital." His course was described as - - "divided into principles and practice. This course will be illustrated by colour plates and morbid preparations - special attention will be directed to diseases of the heart and lungs, and to their physical diagnosis, which will be illustrated by the numerous cases in the city hospital,

under the immediate instruction of the Professor, and to which cases every student may have direct access, thus enabling him to obtain a practical knowledge of this part of the profession." Professor Reid was required to "conduct the examinations of (their) classes at the bedside, submitting to them cases for diagnosis and treatment in the wards of the hospital; they shall also estimate the standard of members of their classes and the number of marks to be awarded, take into account the regularity of their attendance and the diligence and care they have evinced in reporting cases."

Students among other requirements had to "*furnish testimonials of attendance*" at two courses each of six months duration dealing with "*principles and practice of medicine*" and "*clinical medicine.*" This latter subject required as testimonial "*proof by ticket of having attended during twelve months the practice at the provincial and city hospital, or that of some other hospital approved by this university; and also a certificate of having six months practice in dispensing drugs.*"

The new Dalhousie Faculty of Medicine was dependent wholly on the modest tuition fees which were in fact inadequate to cover the overhead expenses although the whole teaching staff served without remuneration. By 1873 the university was forced, for financial reasons, to discontinue the teaching of Medicine. But the volunteer medical teachers showed their determination as well as their love of teaching by establishing the Halifax Medical College in 1875. (Stewart) Minutes of Dalhousie's Board of Governors record a "deed of affiliation" with the Halifax Medical College dated 29 July 1885. This affiliation continued until 1911 when the College closed its doors following publication of the Flexner Report. Flexner's visit to Halifax has been the subject of many articles. To quote directly from the Flexner Report - -

"Halifax Medical College. Organized in 1867. An independent school with a peculiar relationship to Dalhousie University, which provides satisfactory instruction in chemistry, physics and biology during part of the first two years of the five year course. In respect to all else the medical school is an independent institution though its students are practically all examined for their degree by Dalhousie University. The university thus furnishes part of the first two years teaching and is the final examining body; with the intervening years it has nothing to do"- - "Teaching staff: 33, of whom 16 are Professors. There are no full time Instructors. This does not include the instructors in the scientific branches furnished by Dalhousie University."

The Dalhousie Faculty of Medicine Calendar for 1909 -1910 lists a Faculty of 22. One was Professor of Chemistry. The remaining 21 were "Examiner", those in Medicine being George L. Sinclair, M.D., College of Physicians and Surgeons of New York, M.B. University of Halifax (i.e. Halifax Medical College); Andrew J. Cowie, M.D., University of Pennsylvania; W.H. Hattie, M.D.C.M., McGill; Norman F Cunningham, M.D., Bellevue Hospital Medical College. Flexner's report on clinical facilities is - -

"clinical instruction is provided at the Victoria General Hospital, - a government institution of some 200 beds, open to the medical school. About 70% of the cases are surgical. The staff appointments are made by the government for its own reasons; the medical college is forced to confer professorships on these appointees. Ward classes are conducted; individual cases are assigned, and a student's notes become part of the hospital records. Instruction in clinical microscopy is very limited. - - The college has no dispensary, but the students are required to attend the city dispensary, - an institution within which the medical school has no authority. The attendance is fair."

It should be noted, however, that among the eight medical schools in Canada visited by Flexner, Dalhousie (i.e. Halifax Medical College) though seventh in funding was first in staff/student ratio.

During the years that the Faculty of Medicine functioned as an examining body the questions were published in the Calendar. In 1900 the final Medicine written was of three hours duration - -

"(Answer 4 of A)

A1- Describe the important clinical features of diabetes mellitus.

A2- Describe fully the early symptoms and physical signs of chronic pulmonary tuberculosis.

A3- Describe the plan of treatment you would adopt in a case of acute Bright's Disease.

A4- Mention the chief complications and sequels of diphtheria.

A5- Describe the clinical features of smallpox when it develops in a person protected by vaccination.

B6- Give an account of a case of puerperal insanity describing symptoms, progress and treatment.

B7- Give the symptoms, diagnosis and prognosis and treatment of alcoholic neuritis."

President's Report July 1 1911-June 30 1912. Faculty of Medicine section: The Formation of the Dalhousie Medical School:

"In the early part of the year 1911 the Halifax Medical College, finding it difficult to carry on the work of Medical Teaching, approached the University with the request that it should undertake this task, and offered to sell it's property to the University, and assist the University in every way in obtaining an Act of the Legislature vesting in the University all the rights and privileges and teaching appliances hitherto held by the Halifax Medical College. After full consideration of the question, the Board of Governors consented, and the transfer was made, though the Board realized fully that they were making a heavy financial sacrifice in so doing. A provisional teaching Faculty of Medicine was appointed...."

This action, and the total absence of any reference to the Flexner Report says much concerning that report's reception by the Halifax Medical College and Dalhousie University.

1911-1933.

This is the period during which internal medicine at Dalhousie can be said to have a detectable history although there is no evidence in the calendar of the existence of a "Department". The 1911 - 1912 calendar devotes two-thirds of one small page to internal medicine. (Figure 1). This was the first year since 1873 that Dalhousie teachers held titles other than Examiner. Professor N. F. Cunningham M.D. had held that same rank in the Halifax Medi-

X.—MEDICINE

Professor N. F. CUNNINGHAM, M. D.
 Associate Professors. { L. M. MURRAY, M. D.
 { L. M. SILVER, M. B., C. M.

The course extends over two years, and embraces lectures and recitations on the principles and practice of medicine. Each class will meet three times a week.

1. A course of seventy-five lectures in which diseases of the digestive, circulatory, respiratory and genito-urinary systems, blood and ductless glands, will be discussed in the third year.
2. A course of seventy-five lectures in which infectious and constitutional diseases and those affecting the nervous system, will be taken up in the fourth year.

TEXT BOOKS: For class work, Osler, Anders. For reference, Roberts, Gibson, Osler, *Modern Medicine*; Church and Peterson, *Nervous and Mental Diseases*.

XI.—CLINICAL MEDICINE

Lecturer..... L. M. SILVER, M. B., C. M.
 Demonstrator..... _____

CLINICAL MEDICINE.

Clinical lectures and instruction will be given at the Victoria General Hospital daily, except on Fridays, throughout the session. Students will be called upon in rotation to examine cases.

All students before graduation will be required to produce evidence of having served for at least six months as clinical clerk in the Medical Wards and to submit complete histories of at least fifteen medical cases.

PRACTICAL MEDICINE.

Practical instruction in Physical Diagnosis, Urinalysis and in the use of the various instruments required for clinical examinations will be given.

TEXT BOOKS: Butler, *Diagnostics of Internal Medicine*; Page, *Physical Diagnosis*; Purdy, *Urinalysis*; Jacob, *Atlas Clinical Medicine*; Musser, *Medical Diagnosis*; Hutchinson & Rainey, *Clinical Methods*; Cabot, *Medical Diagnosis*; Da Costa, *Physical Diagnosis*.

Figure 1: from the 1911- 1912 calendar

cal College as early as 1898. Associate Professor L. M. Silver had been Professor of Physiology in the Halifax Medical College since 1898 and since 1901 also in Clinical Medicine. Associate Professor L. M. Murray was a relative newcomer. By 1913 Professor Cunningham had retired and been succeeded by Professor Silver. Dr. Murray had also been promoted to Professor, and Dr. M. A. B. Smith appointed Professor of Clinical Medicine. He had previously been Professor of Applied Therapeutics and Class Instructor in Practical Medicine in the Halifax Medical College. He was a graduate of the University of New York and resident in Dartmouth. Also appointed as Lecturer in Medicine was Dr. W. D. Forrest who had been appointed a Junior Demonstrator of Anatomy in the Halifax Medical College in 1903. Increasing the membership in Medicine to five was Dr. K. A. MacKenzie, a Dalhousie graduate destined to become the first Head of the Department of Medicine.

During World War I, while demands for Medical Assistants were depleting the student body, Faculty were also lost to overseas service with the Dalhousie Unit- #7 Stationary Hospital, Canadian Expeditionary Force. However, the overall increased requirements for medical services resulted in a rapid increase in Faculty. The calendar entry now occupied almost an entire page. Comparison of figures 1, 2 and 3 illustrates that the technologic explosion of Medicine in the twentieth century was already impacting on Medical Education.

FACULTY OF MEDICINE.

- A. Stanley Mackenzie, Ph. D., D. C. L., F. R. S. C., *President of the University*, 14 Hollis St.
 Donald A. Campbell, M. D., C. M. (Dal.), *Professor of Therapeutics*, 130 Gottingen St.
 A. W. H. Lindsay, B. A., M. D., C. M. (Dal.), M. B., C. M. (Edin.), *Professor of Anatomy*, 319 Pleasant St.
 M. A. Curry, B. A. (Vind.), M. D. (Univ. N. Y.), *Professor of Obstetrics and Diseases of Women and Children*, 71 Morris Street.
 Murdoch Chisholm, M. D., C. M. (McGill), L. R. C. P. (Lond.), *Professor of Clinical Surgery*, 303 Brunswick St.
 G. M. Campbell, M. D. (Bell. Hosp. Med. Coll.), *Professor of Clinical Medicine*, 407 Brunswick St.
 William H. Hattie, M. D., C. M. (McGill), *Professor of Mental Diseases, Provincial Health Officer*, Dartmouth.
 Louis M. Silver, B. A. (Vind.), M. B., C. M. (Edin.), *Professor of Medicine and of Clinical Medicine*, 63 Morris St.
 Montague A. B. Smith, M. D. (Univ. N. Y.), M. D., C. M. (Vind.), *Professor of Clinical Medicine*, Dartmouth.
 John Stewart, M. B., C. M., LL. D. (Edin.), *Professor of Surgery*, 28 South St.
 A. F. Buckley, M. D., C. M. (Dal.), Pharm. Lic. (Montr.), *Professor of Materia Medica*, 209 South Park St.
 E. Mackay, B. A. (Dal.), Ph. D. (J. H. U.), *McLeod Professor of Chemistry*, 24 Harvey St.
 E. V. Hogan, M. D., C. M. (McGill), M. R. C. S. (Eng.), L. R. C. P. (Lond.), *Professor of Surgery and of Clinical Surgery*, 323 Brunswick St.
 J. M. Murray, M. D., C. M. (McGill), *Professor of Medicine*, 89 Spring Garden Road.
 Howard L. Bronson, Ph. D. (Yale), *George Meuro Professor of Physics*, 45 Seymour Street.
 Clarence L. Moore, M. A. (Dal.), F. R. S. C. *Assistant Professor of Biology*, 87 Coburg Road.
 M. Alexander Lindsay, B. Sc. (Dal.), M. B., Ch. B. (Edin.), *Professor of Pathology and Bacteriology*, 319 Pleasant St.
 D. Fraser Harris, M. B., C. M., M. D. (Glasg.), B. Sc. (Lond.), D. Sc. (Birm.), F. R. S. (Edin.), *Professor of Physiology*, 80 South Park Street.
 W. Bruce Almon, M. D., C. M. (Dal.), *Associate Professor of Obstetrics*, 35 Hollis Street.
 James Ross, M. D., C. M. (McGill), *Lecturer on Skin Diseases*, 43 Spring Garden Road.
 W. D. Forrest, M. D., C. M. (Dal.), M. R. C. S. (Eng.), L. R. C. P. (Lond.), *Lecturer on Medicine*, 287 Pleasant St.
 James R. Corston, B. A., M. D., C. M. (Dal.), *Lecturer on Therapeutics and Hygiene*, 111 Gottingen St.
 Kenneth A. MacKenzie, M. D., C. M. (Dal.), *Lecturer on Medicine*, 74 Gottingen St.
 Philip Weatherbe, M. B., Ch. B. (Edin.), *Lecturer on Surgery and Demonstrator of Operative Surgery*, 144 Spring Garden Road.
 H. K. McDonald, M. D., C. M. (McGill), *Lecturer in Clinical Surgery*, 133 Spring Garden Road.
 Edward Blackadder, M. A. (Acad.), M. D., C. M. (Dal.), *Lecturer on Medical Jurisprudence*, 150 South St.
 C. B. Nickerson, A. M. (Clark), *Instructor in Chemistry*, 115 South Park St.
 R. E. Mather, M. D. (New York), *Lecturer on Diseases of the Eye, Ear, Nose and Throat*, 34 1-4 Morris St.
 G. H. Henderson, B. A., B. Sc. (Dal.), *Instructor in Physics*.
 J. L. Potter, M. D., C. M. (Dal.), C. P. A. M. C., *Lecturer on Hygiene*.
 H. P. Robinson, M. B. (Tor.), *Interim Lecturer in Anatomy*.
 M. A. MacAulay, M. D., C. M. (Dal.), *Demonstrator of Anatomy*, 327 Brunswick St.
 Lewis Thomas, M. D., C. M. (Dal.), M. R. C. S. (Eng.), L. R. C. P. (Lond.), *Demonstrator of Practical Surgery*, 299 Brunswick St.
 E. M. Macleod, Member N. S. Pharm. Soc., *Demonstrator of Practical Materia Medica*.
 G. A. MacIntosh, M. D., C. M. (Dal.), *Demonstrator of Physiology*, 566 Robie St.
 J. F. Lenzel, M. D., C. M. (Dal.), *Demonstrator of Anaesthesia*, 151 South Park St.
 John Rankine, B. A., M. D., C. M. (Dal.), *Assistant Demonstrator of Anatomy*, Kaye and Albert Streets.
 E. K. Maclellan, M. D., C. M. (Dal.), *Assistant Demonstrator of Anatomy*, 27 Ingile Street.

Secretary of the Faculty, Dr. A. W. H. Lindsay.

Address all correspondence to the Secretary.

Figure 2: from the 1914- 1915 calendar

FACULTY OF MEDICINE, 1916-17.

- A. Stanley Mackenzie, B. A. (Dal.), Ph. D. (J. H. U.), D. C. L. (Vind.), F. R. S. C., *President of the University.*
 Donald A. Campbell, M. D., C. M., LL. D. (Dal.), *Professor of Therapeutics, 130 Gottingen St.*
 M. A. Curry, B. A. (Vind.), M. D. (Univ. N. Y.), *Professor of Obstetrics and Diseases of Women and Children, 71 Morris St*
 Murdoch Chisholm, M. D., C. M. (McGill), L. R. C. P. (Lond.), *Professor of Clinical Surgery, 303 Brunswick St.*
 G. M. Campbell, M. D. (Bell. Hosp. Med. Coll.), *Professor of Clinical Medicine, 407 Brunswick St.*
 William H. Hattie, M. D., C. M. (McGill), *Provincial Health Officer, Professor of Mental Diseases and Lecturer on Hygiene, Dartmouth.*
 Louis M. Silver, B. A. (Vind.), M. B., C. M. (Edin.), *Professor of Medicine and of Clinical Medicine, 85 Morris St.*
 Montague A. B. Smith, M. D. (Univ. N. Y.), M. D., C. M. (Vind.), *Professor of Clinical Medicine, Dartmouth.*
 *John Stewart, M. B., C. M., LL. D. (Edin.), *Professor of Surgery, 28 South St.*
 A. F. Buckley, M. D., C. M. (Dal.), Pharm. Lic. (Mont.), *Professor of Materia Medica, 209 South Park St.*
 E. Mackay, B. A. (Dal.), Ph. D. (J. H. U.), *McLeod Professor of Chemistry, 24 Harvey St.*
 *E. V. Hogan, M. D., C. M. (McGill), M. R. C. S. (Eng.) L. R. C. P. (Lond.), *Professor of Surgery and of Clinical Surgery, 323 Brunswick St.*
 *L. M. Murray, M. D., C. M. (McGill), *Professor of Medicine, 69 Spring Garden Road.*
 Howard L. Bronson, B. A., Ph. D. (Yale), F. R. S. C., *George Munro Professor of Physics, Morris Street Est.*
 Clarence L. Moore, M. A. (Dal.), F. R. S. C., *Assistant Professor of Biology, 18 LeMarchant St.*
 D. Fraser Harris, M. B., C. M., M. D. (Glasg.), B. Sc. (Lond.), D. Sc. (Birm.), F. R. SS. E. & C., *Professor of Physiology and Interim Lecturer on Medicine, 80 South Park St.*

*Left on Dec. 31st, 1915, for overseas with No. 7 (Dal.) Stationary Hospital.

x Academic Staff. (7)

- H. K. McDonald, M. D., C. M. (McGill), *Professor of Clinical Surgery, 133 Spring Garden Road.*
 A. G. Nicholls, M. A., M. D., C. M., D. Sc. (McGill), F. R. S. C., *Professor of Pathology and Bacteriology and Interim Lecturer on Medicine, 10 South Park St.*
 John Cameron, M. D. (Edin.), D. Sc. (St. And.), F. R. S. E., M. R. C. S., *Campbell Memorial Professor of Anatomy, Birchdale.*
 W. Bruce Almon, M. D., C. M. (Dal.), *Associate Professor of Obstetrics, 35 Hollis Street.*
 Frank G. Mack, M. B., C. M. (Tor.), *Lecturer on Skin Diseases and Demonstrator of Sclerology, 305 Pleasant St.*
 W. D. Forrest, M. D., C. M. (Dal.), M. R. C. S. (Eng.), L. R. C. P. (Lond.), *Lecturer on Paediatrics, 257 Pleasant St.*
 James R. Corston, B. A., M. D., C. M. (Dal.), *Lecturer on Therapeutics, 337 Brunswick St.*
 *Kenneth A. MacKenzie, M. D., C. M. (Dal.), *Lecturer on Medicine.*
 Philip Weatherbe, M. B., Ch. B. (Edin.), *Lecturer on Surgery and Demonstrator of Operative Surgery, 66 Queen St.*
 Edward Blackadder, M. A. (Acad.), M. D., C. M. (Dal.), *Lecturer on Medical Jurisprudence, 150 South St.*
 C. B. Nickerson, A. M. (Clark), *Instructor in Chemistry.*
 R. E. Mathera, M. D. (New York), *Lecturer on Diseases of the Eye, Ear, Nose and Throat, 34½ Morris St.*
 J. G. McDougall, M. D., C. M. (McGill), *Lecturer on Clinical Surgery and Interim Lecturer on Surgery, 24 South St.*
 Charles S. Morton, M. D. (Tor.), *Interim Lecturer on Gynaecology, 52 Spring Garden Rd.*
 M. J. Carney, M. D., C. M. (McGill), *Interim Lecturer on Medicine and Practical Medicine, 315 Pleasant St.*
 Lewis Thomas, M. D., C. M. (Dal.), M. R. C. S. (Eng.), L. R. C. P. (Lond.), *Demonstrator of Practical Surgery, 299 Brunswick St.*
 E. M. Macleod, Member N. S. Pharm. Soc., *Demonstrator of Practical Materia Medica.*
 G. A. Macintosh, M. D., C. M. (Dal.), *Interim Lecturer on Medicine, 464 Robie St.*
 J. F. Lessel, M. D., C. M. (Dal.), *Demonstrator of Anaesthetics, 151 South Park St.*
 Judson V. Graham, M. D., C. M. (Dal.), *Demonstrator of Anatomy, 351 Brunswick St.*
 S. J. MacLennan, B. A. (Dal.), M. D. (Bell. Hosp. Med. Coll.), *Demonstrator of Anatomy, 28 South St.*
 Hugh W. Schwartz, M. D., C. M. (Dal.), *Demonstrator of Physiology, 294½ Gottingen St.*

Secretary of the Faculty, Prof. D. Fraser Harris.

Committee on Studies and Attendance. } Prof. Harris, Secretary.
 } Dr. L. M. Murray, Dr. McDougall,
 } Prof. Nicholls.

*Left on Dec. 31st, 1915, for overseas with No. 7 (Dal.) Stationary Hospital. (8)

The response of the public along the Atlantic seaboard of the United States to the Halifax explosion had a highly beneficial effect on the Faculty of Medicine and especially internal medicine. The minutes of the Board of Governors note in June 1920 the establishment of a Medical School Committee to deal with an approach to Dalhousie from the Carnegie and Rockefeller Corporations, each of which were prepared to donate \$500,000 U.S. for medical education and public health conditional upon

“improvements to and administration of the Victoria General Hospital and Pathology Laboratory and Dispensary.”

Funds from this source permitted the construction of the Dalhousie Public Health Clinic which opened in 1924 (later to become the Clinical Research Centre). These donations have been recognized by the establishment of the professorial Chair occupied by the Head of the Department of Medicine.

ASSISTANT CLINICAL INSTRUCTORS.

- Dr. E. F. Moore, of Nova Scotia Hospital Staff.
 Dr. W. B. Almon, of Halifax City Home Staff.
 Dr. M. T. Carney,
 Dr. E. Farrell,
 Dr. P. A. Macdonald, } of Children's Hospital Staff.
 Dr. L. M. Murray,
 Dr. P. Weatherbe,

BOARD OF EXAMINERS FOR FINAL PROFESSIONAL SUBJECTS.

- Prof. D. A. Campbell, } Therapeutics and Hygiene.
 Dr. S. A. Fulton, Truro,
 Prof. M. A. Curry,
 Dr. D. McIntosh, Pugwash, } Obstetrics and Diseases of Women and Children.
 Prof. A. G. Nicholls, } Medicine.
 Dr. M. S. Dickson, Dartmouth,
 Prof. L. M. Silver, } Clinical Medicine.
 Dr. A. M. Hebb, Chester,
 Prof. J. G. McDougall, } Surgery and Surgical Anatomy.
 Dr. J. W. MacKay, New Glasgow,
 Prof. M. Chisholm, } Clinical Surgery.
 Dr. G. H. Murphy, Halifax,

Figure 3: from the 1916-1917 calendar

Nineteen twenty-four was notable not only for the opening of the Public Health Clinic. That year the Faculty was operating three different courses.

“a six year course initiated in 1923 to be followed by students who are beginning the study of medicine. A six year course initiated in 1921, and a five year course applicable to students who commenced study prior to the session in 1921-22.”

Seven part-time physicians carried the entire teaching load for Medicine and Clinical Medicine. This was also the year that Dr. Clyde W. Holland, B.A. M.D.C.M.(Dal), joined the Faculty as Senior Demonstrator in Anatomy. He would become the first Geographic full-time Professor of Medicine. The mid 1920's saw a sharp increase in the numbers of persons teaching "Clinical Medicine". The majority of these were Demonstrators who taught in the Public Health Clinic for a few years only. Thereafter they appear in the calendar lists of Surgery, Pædiatrics, various subspecialties, and the membership roll of the Halifax Medical Society as General Practitioners.

A significant entry in the 1924 calendar was

“women are admitted to classes under the same conditions as men.”

This same calendar refers for the first time to the use of the Dalhousie Public Health Centre in teaching medical students. It developed into a superb ambulatory care institution surpassing in its relevance to community needs any of the conventional hospital based outpatient departments which supplanted it in the late 1940's.

Nineteen twenty-nine was the year of the great stock market crash and the commencement of the Depression. It was also the last year that clinical clerks had to submit complete histories of at least 15 medical cases; and the first year in which the "practical medicine" course included radiology and electrocardiography.

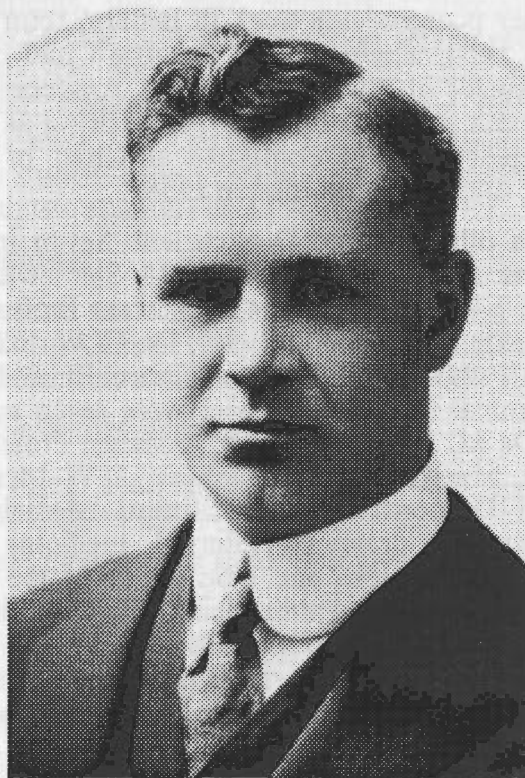
At the end of the 1927-28 year Dr. L. M. Silver resigned as Professor and Dr. K. A. MacKenzie who had been Associate Professor since 1923 became Professor of Medicine. He had been Professor of Clinical Medicine since 1922. He thus became the ranking Academic in internal medicine, with responsibility for administering the curriculum in internal medicine in the five years preceding the establishment of a Department of Medicine in the Faculty.

The Royal College of Physicians and Surgeons of Canada having been established in 1929, one would expect that senior academics in Medicine at Dalhousie would have achieved Charter Fellowship. This was the case.

Professor K. A. MacKenzie, Assistant Professors M. J. Carney and J. R. Corston became Charter Fellows in 1930.

By 1932-33 Medicine and Clinical Medicine were being taught by fourteen part-time physicians. They were the above three teachers, and Lecturers G. R. Burns, J. A. L. Churchill, C. W. Holland, S. R. Johnston, T. M. Sieniewicz; and Demonstrators J. W. MacIntosh, R. A. H. MacKeen, J. R. MacLean, J. W. Merritt, J. Rankine, J. W. Reid Jr. These were the last Faculty members to teach Medicine without Departmental status.

THE MACKENZIE YEARS (1933-1946)



Dr. Kenneth A. MacKenzie
1880-1958

The first reference to a Department of Medicine we could find is in the Faculty of Medicine Calendar for 1933/34.

Administration and Organization:

Two adjacent sections, headed 'Medicine' and 'Clinical Medicine' respectively, list Faculty followed by a description of the curriculum. The first entry is

"Professor and Head of Department... Dr. K. A. MacKenzie."

Born in Pictou County, raised in Springhill, he graduated from Pictou Academy and in 1903 from Dalhousie. He was class leader in both instances, and received the University Gold Medal. General practice in Cape Breton followed, then postgraduate study in Cardiology in Edinburgh. He had been appointed Lecturer in 1913, was on leave of absence overseas from 1915 to 1918, and after further postgraduate work in Britain, returned to the Victoria General Hospital in 1920, where he later became Chief of Medical Service. In 1922 he was Instructor in Practical Medicine, Associate Professor in 1924, and became a Professor of Medicine in 1928. Retiring as Head, Department of Medicine in August 1946, he continued as Chief of Service Medicine, Camp Hill Hospital, until 1949. He died in 1958.

There were fourteen others in the Department: Seven in "Medicine" (first appointed as Lecturer as dated) were; Dr. T. M. Sieniewicz (1921), Dr. S. R. Johnston (1922), Dr. J. R. Corston (1924) (Assistant Professor by 1933), Dr. J. A. Churchill (1924), Dr. G. R. Burns (1930), Dr. C. W. Holland (1931), Dr. A. F. Miller (1933). All these but Doctors Churchill and Miller also held appointments in Clinical Medicine. There were seven additional faculty in Clinical Medicine: Dr. M. J. Carney (1917), Assistant Professor; and Drs. J. W. MacIntosh, R. A. H. MacKeen, J. R. MacLean, J. W. Merritt, J. Rankine, J. W. Reid, appointed Demonstrators in Clinical Medicine. While all the members of "Medicine" practiced internal medicine throughout their careers, only Doctors MacIntosh and Reid did so of the group in "Clinical Medicine". Dr. Carney was a Pædiatrician, Dr. Merritt a Surgeon, Dr. MacKeen a Pathologist, and Doctors MacLean and Rankine General Practitioners. From its inception the Department of Medicine was interdependent with, and provided foundation experience for a variety of Specialties.

The first resignation from this group came in mid-year. Dr. R. A. H. MacKeen left for New Brunswick, where he became prominent in his discipline of Pathology, retiring years later as Provincial Pathologist. The first addition to the remaining fourteen came in 1934 in the person of Dr. R. Ian Macdonald. He soon moved to Toronto. This resulted from his dedicated

care of Dr. Robertson, a prominent Toronto Surgeon, who was trapped underground in the Moose River Mine Disaster of 1936. Dr. Macdonald became widely recognized as a Teacher, one of Dalhousie's most prestigious Internists.

We have not located any minute books, but Dean's Office correspondence indicates that the Dean, in consultation with the Professor, called meetings when necessary; e.g. to assign lecture duties for the next academic year. Students from the class of '38 report a well organized programme, but cannot recall a Department Office or Secretary. The Dean's Office was their source of 'paper work' information.

Patient Care:

Patients received good quality care of the era. While the Staff had some General Practice patients, they were recognized Specialists seeing referred cases in Hospital and Office. Sub-specialization was in effect, Dr. MacKenzie practising Cardiology, Dr. Sieniewicz, Dr. Miller, and Dr. Churchill Chest Diseases, Dr. Johnston Radiology, and Dr. MacKeen Pathology. Dr. Holland was noted for his work in General Internal Medicine, Diabetes, and Hæmatology, and as student health officer- the best known of all the Medical Faculty among Dalhousie students in all Faculties.

Undergraduate Teaching:

Annual calendars outline the curriculum. A meeting of the Department of Medicine called by Dean Grant (1932-1954) after consultation with Professor MacKenzie was held Tuesday evening 30 December 1935.

Teaching duties were assigned as follows:

Lectures- First Year: Introduction to Clinical Medicine - Drs. Rankine and Sieniewicz

Second Year: One hour a week first term, One hour a week second term.

Third Year: Lectures (Med 1)- two a week first and second term Tuesdays and Thursdays 4:00 to 5:00 pm 68 hours.

Diseases of the Heart and Blood Vessels- 20 lectures- Dr. K. A. MacKenzie;

Diseases of the Lungs- 12 lectures- Dr. Burns,

Diseases of the Gastrointestinal Tract- 18 lectures- Dr. Reid;

Practical Medicine: Cardiovascular- Dr. Holland, Respiratory System- Dr. Sieniewicz. - 16 lectures, 106 group clinics.

Gastrointestinal- Dr. Reid, 30 hours.

Nervous System- Dr. MacIntosh, X-ray- Dr. Johnston.

Eye Ear Nose and Throat- (pencilled in amendment, no lecturer identified).

Fourth Year: Lectures (Med 2)- Two hours a week in the first and second term Mondays at 4:00 O'clock, Wednesdays at 2:30 O'clock- 60 lectures.

Infectious Diseases - Dr. Churchill - 18 hours.

Nervous Diseases- Dr. Ian Macdonald- 18 hours.

Renal Diseases- Dr. Corston- 6 hours.

Blood Diseases and Diabetes- Dr. Holland- 12 hours.

Ward Walks- Victoria General Hospital- Monday: Dr. Corston 9:00 to 10:00, Tuesday: Dr. MacKenzie 9:00 to 10:00, Wednesday: Dr. Carney 9:00 to 10:00, Saturday: Dr. Burns 9:00 to 10:00. Clinical Medicine- Victoria General Hospital, Tuesday, 11:00 to 12:00, Wednesday 11:00 to 12:00, Thursday 9:00 to 10:00, Friday 9:00 to 10:00 (pencilled in- Woodbury [Dentist] Tuesdays, Burns Wednesdays, Carney Thursdays, Friday blank).

Clinics: Health Centre- no detail. (pencilled in Prescriptions 3-5 hours in the fourth year to be given by Dr. Reid). (One copy of this worksheet has pencilled in: Eye Ear Nose & Throat- Dr. Stoddard) (Dr. Stoddard was an EENT surgeon)

Fourth Year Lectures-

Endocrine, Blood Diseases and Diabetes: Dr. Holland;

Nervous Diseases: Dr. Ian Macdonald and Dr. Silver;

Infectious Diseases: Dr. Coward 12 hours;

Tuberculosis: Dr. Miller 3 hours, Dr. Sieniewicz 5 hours;

Allergy: Dr. Sieniewicz.

Clinics Health Centre- Monday 12:00 to 1:00: Dr. Merritt; Tuesday: Dr. Reid; Wednesday and Thursday: Dr. Ian Macdonald; Friday: Dr. Burns; Saturday: Dr. Rankine.

36/03/31 Dean H. G. Grant writes:

"Dr. K. A. MacKenzie, 89 Spring Garden Rd. Dear Dr. MacKenzie: There will be a meeting of the Medical Staff at the Health Clinic on Thursday April second at 8:30 pm to discuss the teaching in Medicine for the coming year."

The same letter individually addressed went to Drs.- J. R. Corston, T. M. Sieniewicz, G. R. Burns, C. W. Holland, M. J. Carney, J. Rankine, J. W. Merritt, J. W. Reid, J. W. MacIntosh, R. Ian Macdonald, and S. R. Johnston. The assignments were essentially unchanged from those above detailed for the previous year.

Beginning with the period 1934 and subsequently, there are student recollections available through interview. It would appear that the most highly regarded teachers were Dr. MacKenzie and Dr. Holland. Dr. Corston stood out as a clinical Pharmacologist. Dr. Reid and Dr. Holland were the scholars among the teachers, both achieving their FRCPC by examination in 1939.

The MacKenzie era was interrupted by World War II. This led to the loss on Active Service of Dr. G. R. Burns, an extremely popular practitioner and teacher, who was a war casualty. Dr. Sieniewicz proceeded overseas for the duration. The reduced teaching staff were involved twelve months annually with undergraduate teaching due to an "accelerated program" covering the five year curriculum in four years. Faculty was augmented by involvement of Naval 'Surgeons' at RCNH Stadacona, on leave of absence from Departments of Medicine inland. These included Dr. J. W. MacLeod (McGill), Dr. J. Lewis (Western), Dr. 'Skin' Mitchell (Toronto) among others.

Postgraduate Teaching:

This was a post war addition to the responsibilities of the Department of Medicine and will be introduced in that era.

Research and Development:

Despite the financial stringencies of the Great Depression during the 1930's, and the incredible staff and material shortages of the 1940's the Department of Medicine shouldered this area of its responsibilities well. For example, in its first year of existence, the Department's fifteen members published fifteen papers in the Nova Scotia Medical Bulletin alone. Output dwindled by the late '30's, and nearly ceased during the war years. New appointments were rare. Dr. R. I. Macdonald in 1934, Dr. N. B. Coward in 1938, and Dr. H. L. Scammell in 1940 were new members. Dr. J. W. Reid was promoted in 1937, and Dr. J. W. MacIntosh in 1940. Dr. N. H. Skinner was the first member of the Department from the Saint John Campus (then only involved in Interne training) when he became an Associate Professor in 1941, but soon took a leave of absence and went overseas. He was succeeded by Dr. D. J. Topping in 1944.

By 1945, however, after the end of World War Two, the complexities of operating a Medical Faculty Department had been demonstrated at other Canadian Medical schools to require the attention of a geographic full-time Head. This was being proven effective at Dalhousie by Dr. R. O. Jones in Psychiatry. It's need in Medicine was further emphasised by the Department of Veteran's Affairs policy decision to offer the services of their hospitals and medical staffs to local Medical Schools in the role of affiliated teaching hospitals. A new era was dawning.

Other University, Professional, Community Contributions:

The members of the Department were much involved. Doctors Corston and MacKenzie were on the Board of Governors at Dalhousie. Dr. Corston was for many years the U.S. Consular Office Physician. In 1915 he held the rank of Professor of Therapeutics and Hygiene independently of Medicine or Clinical Medicine. Dr. MacIntosh was a Demonstrator in Psychiatry. Dr. Holland, as Demonstrator in Physiology in 1922, had his request for upgrading the laboratory teaching debated by the Board of Governors. Cost containment is not a new problem for Faculty.

Dr. MacKenzie was elected as a Dalhousie University representative to the first Council of the Royal College of Physicians and Surgeons of Canada in November 1929. He served a second term between 1937-1945, including being Vice-President Medicine from 1941-1943. He served the local profession as President of the Medical Society of Nova Scotia in 1932-33. In his presidential valedictory address he stated:

"The function of medical education is not only to train specialists and produce a few discoverers but also to raise the standards in all ranks".

During his second term as Royal College Councillor he was President of the Canadian Medical Association from 1936 to 1938. His interests in medical history, particularly of Nova Scotia led to a number of publications. Dr. Holland's significant contributions to Students' Health at Dalhousie led to his involvement in this specialty in other Maritime Universities as a Consultant.

THE HOLLAND YEARS (1946-1952)



Dr. Clyde W. Holland
1896-1971

Clyde W. Holland was born in Halifax on 27 April 1896. He entered Dalhousie in 1912, but left in 1915 to join the Dalhousie Hospital overseas; then transferred to the Royal Naval Air Service, serving until 1919. He received his BA (Dalhousie) in 1921, his M.D.C.M. and the University Medal in 1923. He went to Britain for postgraduate study, but served instead for a year as Ship's Surgeon on the cableship *Lord Kelvin*. Back in New York he commenced his studies at the Sloan Hospital for Women, returning to Halifax in 1926. His Faculty of Medicine career commenced at once, as a Demonstrator in Anatomy, and later in Physiology. He served throughout his active career in the Students' Health Service, which he developed and maintained with great dedication and thoroughness. He also served from 1926 on the Medical Staff of the Dalhousie Public Health Clinic. He was on staff in Medicine at the Victoria General Hospital under Dr. K. A. MacKenzie, taking a leave of absence in 1928 to become a Rockefeller Fellow at Harvard (Peter Bent Brigham Hospital). He became a Lecturer in Medicine in 1931, and Assistant Professor in 1938. The war years were hectic, the Medical School and the Victoria General Hospital wards being entirely dependent upon the volunteer services of a reduced number of over-worked private practice physicians. The Victoria General Medical wards consisted of two services, headed by Drs. M. J. Carney and J. R. Corston respectively. They were assisted by C. W. Holland and J. W. Reid, both of whom were recognized by the students as able teachers. They had been the first two members of the Department to obtain Royal College of Physicians and Surgeons of Canada Fellowship by examination (in 1939).

At war's end three of the above retired from the Victoria General ward service, leaving Dr. Holland responsible. On 1 September 1946 he was appointed J. C. Tory Professor of Medicine, and the first geographic full-time member of the Department. He approached at least three Dalhousie graduates of the late 1930's who had special interest in Internal Medicine, and some formal training. Only one, Dr. D. J. Topping, accepted an appointment. Dr. Topping had graduated M.D.C.M. Dalhousie in 1938, and practised in Saint John. Research and Internal Medicine oriented, he had interrupted his practice several times for clinical traineeships in Boston and Montreal. During the War, he became the member of Faculty responsible for the Dalhousie Intern year training in Saint John in Medicine. He moved to Halifax as a large part-time member of the Department of Medicine soon after Dr Holland's appointment as Head. Despite the resulting heavy clinical and teaching responsibilities he soon commenced research in association with the Departments of Physics and Biochemistry.

Dr. Holland's status as geographic full-time had no accompanying benefits. Like his volunteer part-time predecessor, he had no University or Hospital Office, nor Secretary, with the Dean's Secretary carrying out his secretarial needs of the curriculum. However, his Students' Health unit, with office and Secretary, was in the Dalhousie Public Health Clinic. Clinical Lectures were shared, in sub-specialty blocks, by all eleven members of the Department. Dr. Holland dealt with Cardiovascular and all fields not dealt with by the other members of the Department; Drs. J. R. Corston with Therapeutics, J. W. Reid with Gastroenterology, J. W. MacIntosh with General Medicine, T. M. Sieniewicz with Allergy and Chest, A. F. Miller with TB, C. S. Marshall with Neurology, D. J. Tonning with Metabolism and Endocrinology, N. B. Coward with Pædiatrics, H. L. Scammell with Medico-legal, Ethical and Industrial Medicine, C. J. W. Beckwith with TB. Two lectures a week in third year covered diseases of the digestive, circulatory and respiratory systems. The same time in fourth year covered infectious and constitutional diseases, the blood, ductless glands, diabetes, and diseases affecting the kidneys, liver, and nervous system. The calendar entry for all this was "Medicine".

"Physical Diagnosis" stood alone in the calendar without any Faculty identified as responsible, nor sites used for teaching; preceded by "Pharmacology and Materia Medica" and followed by "Preventive Medicine". Next was "Medicine", followed by a calendar entry called "Clinical Medicine" which reads:

"Practical instruction in the methods of examining patients is given to the students of the second and third years. The class is divided into groups for instruction purposes."

The Faculty identified were the same as in "Medicine", except for Doctors Miller, Coward, and Scammell, plus one Demonstrator - Dr. W. J. Dyer, a General Practitioner interested in Internal Medicine. These nine Faculty gave a short introduction in second year, an applied physiology, biochemistry, and pharmacology course in third year, and conducted small group bedside exercises in third year at the Victoria General Hospital, Halifax Tuberculosis Hospital, Dalhousie Public Health Clinic, Children's Hospital, and Camp Hill Hospital. "Clinical Lectures" were also given.

The fourth year program detailed in this same calendar section of "Clinical Medicine" states

"the students serve as clinical clerks at the Victoria General Hospital, the Halifax Tuberculosis Hospital, The Dalhousie Public Health Clinic, the Children's Hospital, Camp Hill Hospital, and the Grace Maternity Hospital. Clinical conferences and lectures are

conducted at the Victoria General Hospital, Outpatient Clinics in the specialties are attended in small groups at the Dalhousie Public Health Clinic. Students attend in small groups at the City of Halifax Hospital for Infectious Diseases."

Written examinations were prepared by Dr. Holland at home, and typed and duplicated for the students in the Dean's Office. Clinical exams were held at the end of the fifth (interne) year, conjointly with the Provincial Medical Board, who provided half the examiners from among Nova Scotia practitioners not on the University Faculty.

This was an extremely demanding academic load for such a small Department, only two of whom were remunerated. Some fifty students were accepted each year, with about forty-five completing internship and graduating.

During the 1945/46 years the Victoria General Hospital, having obtained Royal College approval for Resident training, appointed two Dalhousie graduates upon their return from active Service. They were Dr. Harold C. Read and Dr. Clyde Strickland. Their "Resident Training" under the circumstances had to be essentially an apprenticeship, but they must certainly have eased the clinical load for Drs. Holland and Tanning. Clinical activities, both teaching and patient care in the Victoria General wards, were Holland/Tanning duties alone from 1945 until 1948. On 1 April 1948 Drs. R. M. MacDonald and L. C. Steeves, who had been on Staff at Camp Hill since January, doubled the size of the Victoria General Hospital Medical Department, sharing ward duties from that date.

Dr. Read had been put forward by the Department Head and the Dean for a Nuffield Fellowship. He was thus not only the first Resident in the Department, but also the first Nuffield Fellow. He went to London England in October 1947, returning December 1948. Nuffield Fellowships required Faculty commitment to provide an appointment upon return, which was contrary to established practice at the Victoria General Hospital. However, after a two month's wait, he received a Faculty appointment, and hospital appointments at the Victoria General Hospital, Camp Hill, Children's, and Red Cross Blood Bank in February 1949. This was a measure of administrative progress.

Drs. R. M. MacDonald (Edinburgh) and L. C. Steeves (McGill), RCNVR veterans who had completed Residency training at McGill, enquiring of Dr. Holland concerning Faculty appointments at Dalhousie and the

Victoria General Hospital in the Fall of 1947 were told that they would have to come to Halifax with no promises, establish a practice, and from that base apply for Hospital appointment. When they both obtained part-time Staff status at Camp Hill, Faculty of Medicine appointments as Instructor and Fellow respectively, and indicated their willingness to see Internal Medicine patients in private consultation, commencing early in January 1948; their Victoria General Hospital appointments followed, but not until April Fool's! Later that year, Dr. A. R. Morton, City Officer of Health, was appointed to the Department, charged with teaching Infectious Diseases at the City Infectious Diseases Hospital.

The next Faculty and Victoria General Hospital appointment made in Medicine, preceding that of Dr. Read, was Dr. R. L. Aikens, a Dalhousie graduate who started Resident training at the Montreal General and left to join the "Cherry Berets" in 1941. (They were twenty-five RCAMC medical officers loaned to the RAMC 22 December 1941 and sent to Britain) He had completed his training in General Medicine and Respiratory Diseases, and received his FRCPC in the fall of 1947, returning to Halifax in the summer of 1948.

In contrast to the first decade as a Department, plagued by the Great Depression and World War II, when membership declined from fifteen to eleven, Dr. Holland had recruited eight new Faculty in his first five years as Head of Department. While four of these were new part-time members of the Victoria General Hospital medical department, they did not ease the burden of Drs. Holland and Tanning, but rather made it possible for the group to cope with the opening of the Victoria wing of the Hospital in the summer of 1948. In addition to the substantial increase in beds and facilities requiring supervision, an Outpatient Department opened. This new and untried unit proved much more difficult to work in than the Dalhousie Public Health Clinic which it superceded. Fortunately, Dr. Holland was able to recruit a group of Veterans, who had commenced General Practice in Halifax after the War, to assist in the OPD. They included Drs. H. I. MacGregor, J. F. L. Woodbury (who soon left for postgraduate study in Rheumatology), and H. C. Still, who served as Clinic Assistants in the OPD. Medical staff, nursing staff, and patients all bemoaned the move, forced on us by the national accrediting agency which required the Victoria General Hospital to have an Out-Patient Department if aspiring to accreditation.

At this point it is appropriate to revert to the planned structure of this History.

Administration and Organization:

The Holland years were from the beginning under-funded, under-supported, under-staffed; faced with a catch-up period of moving into expanded facilities (not only at the Victoria General Hospital, but also at Camp Hill), adjusting to the loss of the Dalhousie Public Health Clinic as an established and outstanding ambulatory care teaching unit; and adding Faculty unaccustomed to working with one another, having trained in a wide variety of centres under circumstances compromised by Military Services.

Patient Care:

Dr. Holland's initial group were experienced clinicians, familiar with the local scene. The new-comers were matured beyond their years by Active Military Medical Service, and currently trained by periods of post-war Residency in different large centres. The two groups supplemented one another to the advantage of patient care in the Community, but the burden of in-patient care in the Victoria General Hospital wards, and at Camp Hill, fell on Drs. Holland, Tanning, and the post-war Specialist-qualified group.

Undergraduate Teaching:

The combined abilities and experiences of the two groups referred to above, and their increased numbers compared to the pre-1945 period, allowed more variety in the Lecture courses. However, the bedside skills of the Senior clinicians who had helped on the Victoria General Hospital wards throughout the war were no longer used after their retirement upon Dr. Holland's full-time appointment. Drs. Holland, Tanning, and the newcomers were able to increase teacher/student contact at the bedside.

Postgraduate Teaching:

Federal Government Rehabilitation Training for Veteran Doctors resulted in so many applications for Residency Training that many hospitals with specialty departments established one year Residencies, and some larger hospitals two to four year Programs. Among Dalhousie's affiliated Teaching Hospitals, the Victoria General Hospital and Camp Hill in Halifax, and the Saint John General and Lancaster Veteran's Hospitals in New Brunswick set up Residency training in Medicine. Because the Professor and Head of Medicine was by agreement also the Head of Medicine Victoria General Hospital, the Faculty, through the Professor, was implicitly involved. The first two residents in Medicine are identified above. Others followed, proceeding to other centres for more senior years of training. A majority of those from these early years returned to Faculty positions upon completion of their Royal College Certification.

Research and Development:

Despite the Administrative and Organizational difficulties alluded to during the 1945-1949 period, the overall result was rapid progress and expansion. The most ambitious manifestation of this was the establishment in 1950 of Research Medicine. A Lecturer in Experimental Medicine - F J. Moya, PhD (McGill), and Research Professor M. M. Hoffman, MD (McGill) joined the Department. The basement floor of the old Private Pavilion was converted to a research and special biochemistry lab, run by Dr. Moya. It was the base for the Research Professor. Martin Hoffman was already an internationally recognized authority and renowned teacher in Metabolism and Endocrinology. A native of Saint John, he had started Medicine at Dalhousie in 1936. Dr. Holland, in Students' Health, identified a thyroid nodule. Following radical treatment at the Lahey Clinic in Boston, Martin dropped out of Medicine, obtained his B.A. (Mt. A.'39), and took a M.Sc (Dal '41) in biochemistry, followed by a Ph.D ('43) and MDCM ('47) at McGill. His move to Halifax as Research Professor was a major academic coup. The Faculty of Graduate Studies established an Experimental Medicine Program leading to a M.Sc. after two years of study and successful completion of a thesis. The Faculty, all cross-appointed from Medicine were: Professor M. M. Hoffman, Assistant Professor (Biophysics) L. G. Stephens-Newsham, Lecturer F J. Moya, Research Fellows W. I. Morse, C. B. Stewart, D. J. Tanning, Research Associate Mrs. L. C. Stewart. This Program, in retrospect, was premature, and unable to survive the Administrative and Organizational problems referred to above. Dr. Hoffman resigned in 1952 and returned to McGill. The Faculty of Graduate Studies Programme was discontinued. Individual research efforts were continued by Dr. Tanning, Dr. Morse, Dr. Read, and others.

Other University, Professional, Community Contributions:

Dr. Holland, as Head, bore the brunt of commitments such as Governor of the American College of Physicians for the Maritimes Provinces, Physician Council Member of the Royal College of Physicians and Surgeons of Canada 1947-55; a Charter Member of the Canadian Cardiovascular Society, and ex officio a Member of the University Senate. He carried on a visiting Consultant service throughout Nova Scotia through his private practice, which was essential in the absence of any Specialists in Internal Medicine in Nova Scotia outside Halifax at that period. As Hospitals set up ECG services (in many instances without anyone in the community capable of interpreting them) he became increasingly involved in mail reports. He was instrumental in the establishing of the Nova Scotia Society of Internal Medicine (with several others of the Department); Nova Scotia Branches of the Canadian

Arthritis and Rheumatism Society (with Drs. Steeves and Woodbury), the Canadian Heart Foundation (with Drs. Steeves and Laufer), and the Canadian Diabetes Society (with Dr. Tonning).

While the Victoria General Hospital had always been the major site of clinical activity in the Department of Medicine, it never served alone. The two paragraphs above, starting "Physical Diagnosis", and "The fourth year" show that the Department made use of more institutions in Halifax in the late 1940's than in the 1980's.

Probably the greatest loss in the clinical teaching base ever sustained by the Department occurred in 1948 when the Dalhousie Public Health Clinic closed its medical ambulatory care services to accommodate the opening of the Victoria General Hospital Outpatient Clinic. (v. above) The DPHC, with over twenty-five years of development, had become an outstanding community health care facility, with invaluable patient records for longitudinal research, experienced and skilled nurses regularly visiting patients in their homes, and a full range of ambulatory care clinics operating at frequent intervals, tuned to patient needs. These clinics had a mix of senior clinicians and younger practitioners in attendance. Students were assigned in rotation during fourth year. The disruption of the move "across the street" set back ambulatory care teaching at Dalhousie for decades.

Camp Hill had been involved in a supportive role ever since World War One, providing both undergraduate clinics and internship rotations from time to time. At the end of World War Two, however, a Federal policy change led to Veterans' Affairs Hospitals being offered to Medical Schools as fully affiliated Teaching Hospitals, operated at Federal expense, staffed with full-time salaried Department Heads, and part-time clinical Faculty on sessional indemnity. Doctors R. M. MacDonald and Lea C. Steeves were the first appointees in Internal Medicine after the introduction of this new policy. However, at that time, and for the next several years, the patient care was maintained largely by previously appointed full-time medical staff, among whom Dr. Walter Leslie, a Neurologist, and Dr. G. A. Black, General Internal Medicine, subsequently joined the Faculty. Dr. K. A. MacKenzie was the Chief of Medical Service, part-time, but in failing health. On his retirement in 1949, it proved impossible to appoint a full-time Chief. Drs. MacDonald and Steeves became Associate Chiefs alternating at six month intervals between "Chief" and "Associate". This arrangement continued until 1955 when Dr. Steeves became GFT Director of Continuing Medical Education at Faculty level, while retaining clinical responsibilities at Camp Hill and the Victoria General. Dr. MacDonald remained Chief of Service, Medical, until 1969. In September 1963 he became the first Dean of the new Faculty of Health Professions, a rapidly increasing responsibility which proved to have a number of beneficial interactions with the Department of Medicine.

Most of the new Members of the Department of Medicine received hospital appointments at both the Victoria General Hospital and Camp Hill. They would round three days a week, on alternate days, teaching internes and fourth year clerks. Their second or third year undergraduate bedside teaching was concentrated at one or the other of the two hospitals. This larger and more complicated organization further stressed the administration of the Department.

By 1952 the membership of the Department had increased by 16: Dr. A. B. Campbell in Workman's Compensation, Dr. J. F. L. Woodbury in Rheumatology, Dr. D. R. S. Howell in Dermatology, Dr. W. A. Murray in General Medicine, Dr. A. E. Murray in Medico-legal Medicine in addition to the ones mentioned in earlier paragraphs. Still without an Office or Secretary, and with rapidly expanding academic responsibilities, Dr. Holland was confronted with a Department demanding a formal structure within which to meet their professional and academic responsibilities. Both the Dean and the President were made aware of the impending breakdown of the entire Department. The members of the Department were emotionally stressed to their limits. At this point, Dr. Holland suffered a major heart attack, and entered the Victoria General under the care of his close friend and colleague Dr. J. W. Reid. He submitted his resignation as Professor and Head, which was accepted; and followed by his appointment as Clinical Professor. He resumed his consulting practice, and remained a highly regarded clinician and member of the Department. He retired in December 1962, and was appointed Professor Emeritus. His son Jim graduated with the Gold Medal, in 1963. Jim specialized in Physiology and Respiratory Medicine, joining the Faculty in January 1971, just three months before his father died. Professor Holland received the Dalhousie LL.D in 1968 in honour of his many contributions to his University. This occurred at the Special Convocation recognizing the one hundredth anniversary of the founding of the Faculty of Medicine.

The Administrative Committee (1952-1956)

Following Professor Holland's resignation, and after consultations at the highest levels between the University, the Victoria General Hospital, and Department of Health, it was decided not to appoint an Acting Head. An Administrative Committee was struck, consisting of Dr. C. J. W. Beckwith, Director of the Halifax Tuberculosis Hospital; Dr. M. M. Hoffman, Research Professor; Dr. R. M. MacDonald, Chief of Service Medicine Camp Hill Hospital. Dr. Holland remained Head of Medicine Victoria General Hospital on sick leave, Dr. D. J. Topping acting for him. This was a most politic arrangement. An Office and Secretary was established for the Department in the Dalhousie Public Health Clinic, creating for the first time an

administrative base. This Committee ran the Department until 1956. The first annual report of the Committee survives:

“Memorandum concerning the teaching year 1952-1953, submitted by the committee in charge, Dr. Lea Steeves, Dr. R. M. MacDonald, Dr. C. J. W. Beckwith, Chairman:

At the time of the resignation of the Head of the Department of Medicine, University authorities appointed an interim committee to function until the appointment of a successor. This committee originally was made up of Drs. R. M. MacDonald, M. M. Hoffman, and C. J. W. Beckwith, Chairman. Dr. L. C. Steeves acted as a substitute for Dr. R. M. MacDonald during his leave of absence last summer and more recently has been requested to act on the committee to replace Dr. Hoffman following his resignation in August 1952. This committee was charged with the responsibility for the conduct of the affairs of the Department of Medicine and has been doing so since May, 1952.”

“From May until September meetings were held at least once weekly and more usually twice weekly and were devoted to (A) a review of progress made in the Department since 1945 (B) means of implementing projected essential changes which had not materialized in the interval and (C) exploring possibilities of expansion not previously considered.”

“Since August 1952, in addition to continuing the minimum weekly committee meetings, monthly meetings of the whole department on the first Tuesday of the month have been held for the purpose of encouraging discussion or modification or approval of the plans and activities of the committee. Each of these meetings has been very well attended and each member of the department has evidenced the utmost interest and active participation in departmental affairs. It is only because of this sustained individual active participation of interest that progress has been possible.

A budget which represented the essential financial support of the department's activities was approved in part and such changes that were made in it did not seriously affect our plans. Following approval of the budget space was sought for a departmental office. The committee was not successful in obtaining this space in the Victoria General Hospital. This, however, was because of the fact of insufficient space and the principle of the desirability of the office being in the Victoria General Hospital was accepted by all

concerned. Through the cooperation of the Dalhousie Public Health Clinic, Room 22 was allotted to the committee as the Departmental Office. On November 10, 1952, a Secretary for the Department (Mrs. Jacqueline Rice) was appointed and started working. These two very important developments have, in effect, provided centralization for activity which resulted in efficiency in handling the affairs of the department. As a result of this development the committee has had the advantage of centralizing all planning and information and the future Professor and Head of the Department will have available to him comprehensive records dealing with every aspect of Departmental operations. From this office each teacher is now notified in writing well in advance of his commitments for each term and receives a telephone reminder before each session. The subject for each lecture, clinic and demonstration is recorded and correlated in the departmental office to reduce to a minimum duplication of teaching or gaps in teaching.

The most essential anticipated change which failed to occur was an increase in the number of the teaching staff. This was due to resignation and reductions in contributions from individuals because of illness. These two factors have offset the gains through new staff appointments.

As a result the teaching commitments of the departmental members continue far in excess of what should be, so that the important development of clinical investigation has had to remain, with few exceptions, undeveloped. Further appointments of qualified men to the department of medicine are urgently required to present a rounded teaching programme, but to attract qualified individuals to a medical community of the size and composition of Halifax poses complex problems in medical economics, the solution of which requires keen analysis and close co-operation of all parties interested. The close co-ordination required between the University, the Department of Veterans' Affairs, Armed Services Medical Branches, and the Provincial Department of Health only serves as another point to emphasize the necessity of an early appointment of a full-time professor of medicine for the effective development of the department.

The institution of clinics in the first year has been a success and these have been held in the Victoria General Hospital under the direction of Dr. Steeves and Dr. MacDonald. Professor Weld or

Professor McCarter were in attendance at each of these and took part in the discussion following the clinical presentation. The hour has been seconded from physiology or biochemistry. In future it is hoped that an hour can be allocated for this correlation of early clinical study with the basic sciences. Professor Saunders is interested in considering participation in future years. The stimulus to an appreciation of these basic studies has been marked.

In the second year a change in the method of teaching physical diagnosis has been made. Efforts have been directed to widening the scope of this to include physical diagnosis and diagnostic procedures. A weekly class medical clinic in the Victoria General Hospital has been given and this is correlated with the group teaching. Previously this was limited to the second term. Pædiatrics is participating in this clinic.

The introduction to laboratory methods in the second term of second year has been enlarged beyond the original hæmatology and biochemistry and now includes Basal-metabolism, Electro-encephalography, Electro-cardiography, and so forth. This is correlated with the more advanced course by Dr. H. C. Read and Dr. C. M. Harlow in the second term of third year. Plans are already made to integrate these with supervision and instruction in the practical application of these studies during the period of clinical clerkship in the fourth year.

The decision to make eight groups in the third year in place of six groups last year has called for an increase in the teaching commitments of a number of people. However, this has enabled us to give more individual teaching to these students, who at this stage of their study, are particularly in need of this tutorial type of teaching. Dr. Chester Stewart has taken an active part in one of these groups and this has added considerably to the scope of teaching as carried out in the third year.

The fourth year still poses problems that are being studied in an effort to improve this most important year. The newly instituted seminars or journal club held weekly under the direction of Dr. W. I. Morse, has been a definite success. Dietetic instruction by Miss Brown and Miss Nowlan followed by dietetic ward rounds with the clinical clerks at the Victoria General Hospital and the dieticians under the direction of a clinician, Dr. R. M. MacDonald, have enhanced the training in this subject. The clinical clerks attend ward

rounds in the Metabolic ward as well as the General Medical wards and also attend the newly formed Diabetic Outpatient Clinic as well as those previously attended. Additional Out-Patient instruction in Dermatology is given by Dr. Howell and Dr. Goldberg at Camp Hill during the clinical clerkship at that hospital. Psychosomatic conferences at Camp Hill and the Victoria General Hospital with the joint participation of Medicine and Psychiatry are successful and should lead to more joint meetings of this type with Surgery and other related departments. Dr. Morse and Dr. MacDonald are holding a session at Camp Hill and the Victoria General respectively one afternoon a week with the clinical clerks in an attempt to fill in gaps in their instruction which would normally be done by Teaching Fellows or Senior Residents if such were available."

Note- there is no mention of fifth year- an indication of the degree to which this undergraduate rotating internship was left to the Administrator and attending Staff of the Hospital concerned.

It is of further note that the unrest in the Department that brought about Dr. Holland's resignation and the appointment of an Administrative Committee rather than another geographic full-time Head, was not the only problem facing the Faculty. The Dean had been in office since 1932, and was in failing health. The President was regularly attending Faculty meetings, and not infrequently pre-empting the Dean. Faculty was disturbed. Following Dean Grant's death this situation was brought under control with the appointment of Dr. C. B. Stewart, Professor and Head of Public Health and Preventive Medicine, as Dean, in 1954.

The Committee was faced with much more than routine housekeeping. The appointment of a new Geographic full-time Department Head was felt to be an urgent matter. Dr Ray Farquharson, a Past-President of the Royal College, and Professor of Medicine University of Toronto was invited to visit, assess the situation, and advise us. However, the death of Dean Grant dictated that a new Dean should be appointed prior to a new Department Head. An outstanding candidate, who was prepared to undertake both Deanship and Professorship visited, but did not receive the support of the Department of Medicine. The Department felt that our problems were too substantial and complex to be dealt with on a part-time basis by a person who also had the responsibilities of a Dean. Appointments of Residents had to be dealt with annually. New Faculty were desperately and immediately needed, but only six such appointments were made during the committee tenure, the final one recommended being Dr. R. C. Dickson. His acceptance of the position of Professor and Head of the Department of Medicine, effective 1 July 1956, marked the commencement of the Dickson era, a period of integrated development extending to mid 1974.

THE DICKSON YEARS (1956-1974)



Dr. Robert Clarke Dickson
1908-1984

Robert Clarke Dickson was neither a Maritimer nor a Dalhousie MD. He was, however, of Scots ancestry, born in St. Mary's Ontario on 24 September 1908. His primary and secondary education was there and in Ottawa, and University at Toronto. He qualified as an undergraduate member of Alpha Omega Alpha Honor Medical Society in 1932, and graduated MD Toronto in 1934, with honours and the Cody Silver Medal. His career in internal medicine began at once at the Toronto General Hospital, where he studied for five years under Dr. Duncan Graham.

He next spent a similar period in the Royal Canadian Army Medical Corps in Britain, in the Mediterranean Theatre, and in Western Europe. Returning to Toronto in 1945 as a Lieut. Colonel in the Reserves, he obtained the FRCPC, a Faculty position at University of Toronto, and a staff appointment at the Toronto General Hospital. Here he established an enviable reputation as clinician and teacher. In 1952 he became Associate Professor of Medicine and the Physician-in-Charge, Wellesley Hospital. This latter role, and responsibility for Postgraduate Medical Education (now Continuing Medical Education) furthered his administrative experience.

Doctor Dickson accepted the appointment effective June 1956 as Geographic Full-Time Professor of Medicine, Faculty of Medicine, Dalhousie University; and Physician-in-Chief Victoria General Hospital. Initial arrangements were to be reassessed in two years at the request of Dr. Dickson or the University, but did not include any reference to a time period otherwise. He served continuously until 1974. These eighteen years encompassed two different but closely related periods of development, each of which will be considered in the same categories used for the Holland and MacKenzie years.

The First Decade: 1956-1965

Administration and Organization:

Soon after Dr. Dickson's arrival the Administrative Committee, now redundant, ceased its work. The Department of Medicine's first office in the Dalhousie Public Health Clinic was closed, and a joint Hospital/Faculty Department of Medicine Office was established in the original Victoria General Hospital behind the new VGH (Victoria wing). He instituted his own administrative style and clinical teaching (especially of Residents). Regular business meetings of both the VG Department of Medicine and the Dalhousie Department of Medicine were held, with some formality. In keeping with the times, smoking was permitted, only the cigar smokers being frowned upon. Minutes were kept, decisions reached by vote. Although

the Chairman did not vote, his views were well expressed, and usually carried the day. The author recalls an instance when this was not the case. We were told that our democratically reached decision would be implemented, at least until it was brought forward for reconsideration at some later time! Each business meeting had an academic component. It was made a requirement that we submit any proposed presentation for critical appraisal by the entire group before it was presented at the Royal College or other major meeting. The number of papers from Dalhousie accepted by national meetings increased substantially as their number and quality improved with the Professor's urging.

The 1955-56 calendar listed 26 members of the Department: Professor of Clinical Medicine- C. W. Holland; Associate Professors- J. W. Reid, J. W. MacIntosh, D. J. Tanning, C. J. W. Beckwith, C. S. Marshall (Neurology), T. M. Sieniewicz, L. C. Steeves, R. M. MacDonald; Assistant Professors- R. L. Aikens, D. R. S. Howell (Dermatology), H. O. Tanning; Lecturers- W. A. Murray, H. C. Read, A. B. Campbell (Workmen's Compensation), H. I. Goldberg (Dermatology), A. R. Morton (Infectious Diseases), F. J. Moya (Experimental Medicine), A. E. Murray (Medical Jurisprudence), H. L. Scammell (Medical Ethics), J. F. L. Woodbury (Rheumatism & Arthritis), W. Leslie (Neurology); and Clinical Instructors- G. A. Black, C. A. Gordon, Margaret Gosse, D. L. Roy (Pædiatric Cardiology). Unlisted were Fellows; W. I. Morse (Experimental Medicine), G. J. H. Colwell (Physical Medicine), and J. W. MacIntosh Jr.

It is of note that four of these Department Members were Founding Members of the Department, listed in the 1934-35 Calendar which contains the first reference to a "Department of Medicine". They were then Lecturers T. M. Sieniewicz, C. W. Holland; Demonstrators J. W. Reid, J. W. MacIntosh. The majority of these were not involved in the day-in-day-out clinical teaching, or the general medical care delivered on the wards of the Victoria General and Camp Hill Hospitals. This was provided by Doctors Tanning, MacDonald, Steeves, Aikens, W. A. Murray, Read, Black and Gordon. The 1956-57 Calendar had four additions: Professor of Medicine and Head of Department R. C. Dixon (typo!); Assistant Professor M. Mendelson (cross appointee from Psychiatry), Lecturers, G. J. H. Colwell, A. H. Shears (both Physical Medicine).

Dr. Dickson faced one administrative problem of the same nature as Dr. Holland had. Shortly after he became Professor and Head, the Faculty was surveyed for the first time since 1947. AMA/AAMC Survey Faculty of Medicine Dalhousie 57/09 - The report of the Committee was forwarded to the University 11 Dec. 1957, with the information that Dalhousie University

had been granted continued approval. The Dalhousie Archives copy list 12 chapters which are not attached. Chapter 12, a report on each Department, "is confidential to the Head of the Department concerned". It has not been found. The general section contains a relevant paragraph however -

"In comparing observations of the present visit with those recorded of a similar visit ten years ago we feel that it is appropriate to commend the University and its Faculty of Medicine on the many significant achievements that have taken place." And "further necessary progress of the medical school will require increasing financial support... We would commend the institution on the selection of the full-time clinical personnel now available, and express the sincere hope that it will be possible to extend this principle so that there are at least two well qualified full-time staff members in each of the major clinical Departments, and preferably more in the Departments of Medicine and Surgery, both of which must assume broad teaching and research responsibilities."

Recruitment of Dalhousie MDs who had started Residencies in the VG or Camp Hill Hospital based programs, and gone elsewhere- e.g. McGill, Toronto, Mayo Clinic, London England, was not difficult. They had been encouraged by the over-extended Faculty to return, and Dr. Dickson welcomed them on a trial basis. Others came from Internal Medicine practice - S. J. Shane from the Nova Scotia TB Hospital in Cape Breton with interests in both Respirology and Cardiology. Dr. R. D. Drysdale, like Dr. Shane, a Dalhousie graduate, came from the University of Saskatchewan with interests in Hæmatology and Cancer Therapy. Dr. C. A. Gordon, another Dalhousie graduate qualified in Internal Medicine in 1952, and practicing Chest Medicine, joined the staff in 1957. Funding for new appointees was a problem. The Department of Veteran's Affairs provided a base in TB at Camp Hill for Dr. Gordon. Cross appointments helped in many instances. Dr. J. O. Godden qualifying in 1957 after Mayo Clinic training, held appointments in Students' Health and Preventive Medicine. Camp Hill Hospital appointments on a sessional indemnity basis of two half-days a week made it financially possible for a good number of the newcomers to the community to join the Faculty and accept non-remunerative appointment at the Victoria General Hospital. Almost doubling Department of Medicine size, twenty-four new Faculty were appointed in the first decade 1956-65.

The clinical base of the Department had expanded soon after Dr. Dickson's arrival by the addition of RCNH Stadacona. The first member of that hospital's medical staff to join the Department of Medicine (December 1957, as Clinical Instructor) was Surgeon Commander Richard H. Roberts, a Liverpool graduate who is listed in the 1959 calendar as an Assistant

Professor. He was actively involved in undergraduate clinical instruction and in resident training until his transfer to Ottawa, where he ultimately became Director General of Medical Services.

The Sisters of Charity had approached the Board of Governors of Dalhousie concerning a teaching hospital relationship in the early 1920's, but there was no need at that time. Informal use of Infirmary beds (presumably arranged by the Dean, or certain Department Heads) occurred some time after undergraduate (fifth year) rotating internships were introduced in 1934, and during World War II, but it was not until 1961 that a formal Hospital- University agreement of affiliation was signed. On 1 June 1961 the first joint appointee in Medicine, Associate Professor S. T. Laufer, succeeded Dr. J. W. MacIntosh as Head of Medicine, Halifax Infirmary. Dr. H. N. Segall, in his "Pioneers of Cardiology in Canada" devotes well over a page of biography to Dr. Laufer. He was born in Romania 30 June 1903. Following his MD (Naples) in 1930, he trained in Cardiology at the "Herzstation" in Vienna, publishing original work in electrocardiology and clinical cardiology. In 1939 he immigrated to Canada. Advised by Sir Frederick Banting and Dr. Segall, he settled in Halifax in the private practice of Cardiology, and on staff at the Halifax Infirmary. As early as 1943 he was providing seminars in electrocardiology and phonocardiography to Medical Officers from RCNH Stadacona.

Patient Care:

As new members with special qualifications joined the Department, Dr. Dickson reorganized the ward services at the VG to provide sections devoted to Neurology, Rheumatology, Dermatology, Diabetes and Metabolism, Chest, Cardiology, Gastroenterology, and Hæmatology. Advances in diagnostic methods, and in treatment were introduced by these new members. An example from 1962, brought to the author's attention through a chance encounter with Dr. Arthur MacNeil was

"The first cardiac monitoring outside of the OR in the VG Hospital, or in Halifax, was done in the treatment room on 4A in August of 1962. The interne was Arthur MacNeil, the Resident was Carl Abbott; it was a patient of Bob Anderson's; and the nurse was a student nurse by the name of Sandy Mitchell who is now Sandy Drover. The patient didn't make it, unfortunately."

Dr. Anderson introduced trans-septal cardiac catheterization to Halifax during that same period -

"we did a lot of trans-septals. And... It was strange, thinking of it now...the first trans-septals we ever did, we did ourselves... that I ever did myself. We tried that big long needle on a cadaver to get the angles right."

Physical Medicine and Rehabilitation was accommodated outside the VGH Department. To maintain the balance between general internal medicine services and subspecialty ones, Camp Hill under the direction of its Chief of Service Medicine, Dr. R. M. MacDonald, emphasized a general mix of patients on each of the six half-ward medical services there. Dr. Dickson held a Consultant appointment at Camp Hill. To expand the clinical services in Medicine at the Halifax Infirmary after 1961, Dr. Dickson encouraged several Dalhousie graduates, newly qualified in various specialties of Internal Medicine, to join the Infirmary.

Undergraduate Teaching:

Dr. Dickson started his term with a student body no longer dominantly consisting of mature WWII veteran's, but including particularly well-prepared students who had furthered their educations while deferred in entering medicine by the late 1940's early 1950's Veteran applicants' preferential position. The limitations of the physical facilities for basic sciences held the class size below sixty entering students. This was probably fortunate, considering the small size of the Department of Medicine in 1956-57 (28, 16 of whom contributed in subspecialty areas only). The Faculty of Medicine Calendar for 1957-58 describes a decrease in First year teaching. Basic Science correlative sessions with physiology and biochemistry were dropped. Second year small group sessions were extended from the last two trimesters to all three. Laboratory experience was modified to emphasise Hæmatology and Infectious Diseases. Third year group teaching continued in six groups, with increased teacher contact. Clinical exposure to chest diseases, especially TB, and to hæmatology and biochemistry, was increased, preparing students for more responsibility in fourth year.

“During the fourth year, most of the teaching is done with the students acting as clinical clerks in the hospitals. During the trimester which is devoted to medicine, the students spend their time on medical wards at the Victoria General Hospital, Camp Hill Hospital, and the Out-patient department of the Victoria General Hospital. The students do case histories, examinations and routine laboratory work, and in addition attend ward rounds, conferences, and seminars. They have an opportunity to attend special clinics such as Dermatology, Cardiology, Diabetes, Diseases of the Chest- Tuberculous and Non-tuberculous. Seminars or Journal reviews are held weekly. Special instruction in dietetics is given and weekly dietetic teaching ward rounds are carried out. Students attend staff conference meetings at the Victoria General Hospital and Camp Hill Hospital.”

The calendar description of undergraduate medical education by the Department of Medicine remained essentially unchanged until 1964-65, when the Halifax Health Centre (TB) and the Halifax Infirmary were newly identified as teaching third year groups (presumably for the first time in 1963-64). During this period, the entering size of the Dalhousie medical class reached 67 in anticipation of the opening of the Sir Charles Tupper Medical Building in 1967.

Postgraduate Teaching:

Although during WWII, hospitals, rather than Medical Faculties, sought and achieved paper approval of Resident Training from the Royal College of Physicians and Surgeons of Canada (the VGH for four years, and Camp Hill for one year), the fact that the Professor and Head of the Department of Medicine, Dalhousie, was also the Head of Medicine at the VGH blurred this distinction in practice. In the 1960-61 Faculty Calendar the closing sentence in the section devoted to the Department of Medicine stated (for the first time, and without emphasis of bold print)-

“Residency training is offered leading to Certification and Fellowship in the Royal College of Physicians and Surgeons of Canada.”

This antedated by a full decade Faculty acceptance of such a responsibility! Grand Rounds benefitted greatly from the Professor's presence, becoming a superb learning instrument. Attention was focussed on the quality of clinical teaching, both undergraduate and postgraduate. “Murder Rounds” consisting of an oral and clinical examination of each of our Royal College Examination Candidates (held in front of the rest of the Resident group) prepared Dalhousie Medicine Residents for their ordeal each Fall. Dr. Dickson's “boys” established an impressive performance reputation at the Royal College Exams. Those returning to Faculty appointments brought great strengths in depth and breadth. Subspecialties flourished and proliferated. Patient care became comparable to the best elsewhere. With abundant clinical experiences, and recently trained enthusiastic teachers, Resident Training was perhaps the best-balanced available in Canada. Members of the Department, although still over-extended, were now numerous enough to contribute most effectively to Undergraduate education in addition to their patient care and Resident training activities.

Camp Hill, being approved for only one year of Resident training in Internal Medicine, had usually only first year Residents, and rarely a full approved complement. Despite this, a valuable clinical experience resulted, because recently qualified specialists in Pædiatrics, and young war veterans newly established in general practice, worked on sessional indemnity to fill the gap. Fortunately DVA policy allowed such appointments, and the contributions of these medical officers were most appreciated.

At the time of his appointment as Head of Medicine at the Infirmary, Dr. Laufer had no Internes assigned from the Faculty of Medicine, nor Resident from the VGH or Camp Hill; although the Infirmary was approved for such training by the CMA and Royal College. However, there was no budget provision, so his initial appointees to postgraduate training were recruited and paid by him personally. Undaunted by limited Hospital and Faculty funding, he obtained equipment to initiate precursor intensive care activities, and expanded the teaching beds as house staff and attending staff were recruited. By the end of Dr. Laufer's term in 1968 forty teaching beds were in use in this traditionally private practice hospital.

Research and Development:

Although the resignation of Dr. Hoffman in 1952, and the subsequent dissolution of the Medical Research unit in the VGH, and closure of the MSc Experimental Medicine program, were disastrous events, a diversified restructuring began promptly, with full support of Dean Stewart. Dr. Dickson accelerated this activity. The 1956/57 appointments of Dr. S. J. Shane, qualified both in respirology and cardiology, and Dr. C. A. Gordon and Dr. Leon Cudkowicz, both respirologists, allowed for the establishment of a research unit in the old Dalhousie Public Health Clinic. A Cardiac catheterization unit was set up at the Victoria General by Dr. D. L. Roy and Dr. Shane. Dr. W. I. Morse returned to the Department after further training in Hæmatology and Metabolism to undertake research from a laboratory base at Camp Hill. Dr. Woodbury and Dr. H. C. Read were both studying the anemia of chronic disease at the Victoria General and the Pathology Institute. Dr. R. M. MacDonald was conducting clinical investigations at Camp Hill into Cough Syncope Syndrome. Dr. Tanning, with basic science interests in medical physics and biochemistry, was involved at that level, having developed a treatment regimen for methyl alcohol poisoning that was internationally recognized for its effectiveness.

An unprecedented practice, introduced during the Holland years at the level of President Kerr, was continued and extended. This had been initially a guarantee of appointment upon completion of subspecialty training and attainment of Royal College qualification. Dr. Read, the Department's first Nuffield Fellow, had benefitted from this prior to Dr. Dickson's appointment as had Dr. Woodbury from a Rheumatism and Arthritis Society Training Fellowship. Dr. Dickson's extension of this new recruitment approach at Dalhousie was to appoint newly qualified FRCPCs to Faculty as Lecturers, on leave of absence, to pursue subspecialty training. This was usually for one year, but extended to two years when considered in the best interests of Departmental development.

Other University, Professional, Community Contributions:

The Dickson family, Bob, wife Connie, son Bill, and daughters Shelagh and Jane, (with two Shelties) bought a home on Inglis Street near Robie which became the social centre of the Department of Medicine. Bob drove to and from the VG and Camp Hill in an MGB sports car, and bought a locally built small sailing cutter. With Ottawa, Toronto, and Kingston Ontario connections, and Reserve Army and Yachting interests, the Dicksons were quickly accepted among Haligonians. Christmas 1957 Bob and Connie invited the entire Department, Residents, and their partners to partake of Dickson hospitality, Bob's baking, personally prepared spiced beef and other seasonal goodies. Spontaneous pot-luck contributions of culinary items and potable liquids appeared. A joyous and durable tradition was born, solidly integrating the Department.

Dr. Dickson was ex-officio on Senate, and with other Department Heads, meeting regularly with Dean Stewart. His background in continuing medical education at Toronto led to his chairing an ad-hoc Committee to deal with a Dalhousie dilemma: The Dalhousie Refresher Course Committee had been established in 1926, and had presented this annual event with few exceptions ever since. The Dalhousie Postgraduate Committee was struck in 1951 upon receipt of a W. K. Kellogg grant, to expand the Faculty role in continuing medical education (at that time yet to be so-named). In 1956 these two committees, with overlapping membership and shared administrative support, still functioned semi- independently. Dr. Dickson's committee recommended the establishment of a "Postgraduate Division", answerable academically to Faculty, and administratively to the Dean, to incorporate these two committees. Such a Division would differ from a Division within a Department by having no members other than an administrative and secretarial staff. Its duties would encompass the administration of the internship, certain residency training activities, and continuing medical education. This Solomonic solution was accepted, and led to a second Kellogg Foundation grant, and a geographic full-time position in the Dean's office. Dr. Steeves retired from the position of Co-Chief of Service Medicine at Camp Hill to become Director of the Postgraduate Division in May 1957.

Dr. Dickson, like his predecessors Dr. K. A. MacKenzie and C. W. Holland was active in Professional organizations. He was on the Council of the Royal College of Physicians and Surgeons of Canada from 1957-1966 and 1970-1974. Dr. Steeves was Atlantic Canada's other Medicine representative from 1957-62 and 1966-70. In 1965 they briefed Faculty on a significant Royal College policy change. A study of high failure rates at Fellowship and Certification examinations had revealed that most failing candidates spent most or all of their five years training repeating years in a one-year-approved

hospital. The policy change to overcome this was to phase in by 1 July 1970 a withdrawal of approval from all programs unless affiliated with a Medical Faculty. McGill and University of Toronto had operated such programs for years. At Dalhousie, Dr. R. O. Jones, Head Department of Psychiatry, and Dalhousie's first GFT Professor had adopted this approach upon his arrival and proven it's practicality and quality from the late 1940's. Despite this on-site example, Dr. Dickson's motion to accept the Royal College policy, while adopted in principle, was not put into practice until 1 July 1971.

He was elected Governor of the American College of Physicians for the Maritime Provinces and Newfoundland in 1962 and later became a Master and Member of the Board of Regents.

In 1962, the Royal Commission on Government Organization (the Glassco Commission) reported. Among its many sections was one on Northern Health Services. Dr. Dickson was one of its authors. A strong association with the Grenfell Mission in Newfoundland/Labrador ensued. Dr. R. M. MacDonald, as Dean of Health Professions, and Dr. Dickson, together with Miss Electa MacLennan of the Dalhousie School of Nursing developed in collaboration with the Grenfell Mission, the Dalhousie Outpost Nursing Training Program. Basic data gathering skills were taught in the first year of this program by residents and faculty in the Department of Medicine from its inception to this day.

Following the structuring of the Royal Commission on Health Services (the Hall Commission) in 1961, seventeen studies were commissioned, one being on "Medical Education", published in 1964. It's author J. A. MacFarlane, Dean of Medicine, University of Toronto, appointed six prominent Canadian medical educators to assist him, one being R. C. Dickson. This publication provided a "blueprint" for Medical Education in Canada for at least two decades. A section dealing with continuing medical education had three authors, all Directors of W. K. Kellogg Foundation funded programs. Two had connections with Dalhousie Department of Medicine - Dr. R. Ian Macdonald, Lecturer 1935-36, and Dr. Lea C. Steeves.

Dr. Laufer's contributions to the community were outstanding. He was President of the Halifax Symphony, a founding member of the Nova Scotia Opera Society, and served on the Board of the Nova Scotia College of Art and the Nova Scotia Board of Directors of the Boy Scouts Association.

Department members who resigned to pursue distinguished careers elsewhere were moulded by their experience at Dalhousie while making important contributions to the Department of Medicine predictive of their futures. Dr. Martin Hoffman left the first Research Professorship in Medicine at Dalhousie in 1952 to return to McGill. Dr. S. J. Shane moved to

Toronto, and Dr. L. Cudkowicz to Yale. Dr. J. O. Godden (Lecturer, 1957) was a provocative and innovative Pictonian 1952 graduate of Dalhousie, who went to Toronto, gradually turned to literary activities in Medicine, in which he achieved an international reputation. He was co-founder of the journal "Humane Medicine" in 1984; "published to provide a vehicle for communication among all those who have something to share about ministry to the whole person - to body, mind and spirit."

The first of Dr. Dickson's resident-trained group to leave a Faculty appointment to the Department of Medicine was Assistant Professor J. E. Bethune. He left in late 1961 and later became an internationally recognized authority in metabolism, and Chairman Department of Medicine at LAC/USC Medical Center. He was followed by Dr. D. Hawkins in late 1966, who after further training in California returned to McGill, then Memorial where he was Head of Medicine, and then Dean, and now Executive Director of the Association of Canadian Medical Colleges in Ottawa. Dr. W. C. Nicholas left the Infirmary at the end of 1971 for McMaster, and a few years later went to Jackson, Mississippi, where he has had a prestigious career in metabolism and endocrinology. This trend of movement of Dalhousie-trained Faculty to other Faculty appointments elsewhere was proof positive of the quality of our Resident selection process, and the Resident training program. It has continued ever since.

However, the prime reason for Resident training in Internal Medicine at Dalhousie has to be to meet community needs for Consultants throughout the maritime provinces. Dr. R. D. Drysdale left in 1958 to join the Charlottetown Polyclinic in Internal Medicine- Hæmatology/Oncology. (a founder of this group clinic was one of Dr. Holland's invitees to join the Dalhousie Department in 1946). Dr. W. I. Morse resigned his appointment as Professor of Medicine (Research) to practice consultant Internal Medicine in Yarmouth in 1968. Dr. Donald Folkins moved to Truro as consultant in the summer of 1972. This trend accelerated through the 1970s and early 1980s.

Several items discussed above as occurring in the first decade of Dr. Dickson's Headship have been noted to continue into the subsequent period. This attests to the artificiality of dividing this era into two sections. The first section deals with founding of a modern Department of Medicine; the second with its consolidation, and the creation of its Divisions.

The Second Decade: 1966-1975

This arbitrary division of the Dickson years coincides with the second Faculty of Medicine external survey of the Dickson era.

"This department has undergone most substantial growth since the last survey. In nine years the University budget has more than trebled to \$191,120, of which \$186,120 is for salaries. At the same time extramural support for research is nearly eight times greater, moving from \$19,000 to \$148,850. In 1956-57 there were only two teachers giving full time to the department of Medicine, one being the present Head, Dr. R. C. Dickson who was in his second year as a member of the Dalhousie Faculty. Now there are seven salaried full-time teachers, including one who gives half time to Physiology, four Geographic Full-Time teachers, and twenty-three on a part-time basis, and five voluntary. There are nine post-doctoral appointees other than the fourteen hospital Residents. Incidentally twelve of the latter are graduates of Canadian Medical Schools. Seven medical undergraduate students held research appointments during the previous summer. Thirty-five journal articles were published by members of the staff."

Administration and Organization:

The Department, now much larger, with subspecialties represented by groups rather than individuals, had evolved a democratic organization. The Victoria General, Camp Hill, and Infirmary units of the Department were represented ex-officio on University Department of Medicine Committees. Federal-Provincial Hospital Insurance was in effect, and its Medical Care Insurance Program was being negotiated. This promised new and substantial funding for the Department- or for its members as individuals. A policy of Departmental solidarity was adopted, and mechanisms set up to ensure fair and equitable distribution of income derived from patient care on the teaching wards. Consultations with Accountants and Tax authorities were held. By late March 1969 the first operating version of the Department of Medicine financial plan was in place. Perhaps its most outstanding component was the Research Fund, into which all surplus funds were channelled, and from which much research activity was to be launched pending approval of Grant applications to national agencies.

Dr. Dickson was now a national and international figure, spending much of his time away from Dalhousie. Also it was perceived by some members of the Department that the traditional double appointment of Head Dalhousie Department of Medicine, and Head of Medicine VGH was interfering with

the University Head's responsibilities at Camp Hill and the Halifax Infirmary. The solution was to provide a Department of Medicine office for the Head (but not for administrative support personnel) in the Sir Charles Tupper Medical Building, and to hold Department meetings in that "neutral ground". This required the appointment of three comparably senior Hospital Department Heads. Dr. R. N. Anderson became Head Victoria General, Dr. Langley became Head Camp Hill, and Dr. Landrigan Head Halifax Infirmary, all on 1 July 1969. Dr. Dickson dropped his administrative appointment at the VG, Dr. R. M. MacDonald did likewise at Camp Hill, and Dr. Laufer retired age 65 at the Infirmary.

As noted previously, the Royal College of Physicians and Surgeons of Canada requirement that all Resident Training be University based by 1 July 1970 had been accepted in principle by the Faculty of Medicine. Individual Training Program Directors at the Hospitals were not as comfortable as Faculty with this policy. The Saint John General Hospital administration and medical staff were the first to act upon the fact that they would lose accreditation for Resident training if Faculty of Medicine integrated Postgraduate Medical Education was not made operative in Internal Medicine at Dalhousie (and other disciplines in which they were training Residents). Dean's office administrative activity in response to the New Brunswick approach broke down the resistance of certain Hospital Department Heads in Halifax, but not before a one year extension of implementation to 1 July 1971 had to be obtained from the Royal College. This must have been a major embarrassment for Dr. Dickson, who at this point was President of the Royal College (1970-72).

Undergraduate Teaching:

The 1966 external survey summarizes the Department's plan for the late sixties and into the seventies -

"The Department target to handle a class of ninety-six students is forty-five teachers with specialist qualifications, fifteen of whom should be geographic full-time. This takes into account staffing of the expanded Victoria General Hospital, and an extension of the teaching of Basic Science by clinical teachers. Six of the latter are now training in as many fields."

"Objectives of the undergraduate program in this department have been restated recently in educational or operational terms. One of these is 'to identify as soon as possible the student who will become a teacher, a research scientist, or a consultant, and encourage his or her development along the desired line.'"

“There is also the goal ‘foster better methods to assess student progress and methods of teaching. The department is sensitively aware of the need for Dalhousie University to contribute its share of the teachers that will be required in the expansion of medical education that lies ahead.’ ”. (Figure 4)

Historical Statistics of Canada
2nd Edition, F. H. Leacy, editor,
Published by Statistics Canada
Catalogue # CS11-516E ISBN 0-660-11259-0 Series 439-455
Fulltime University Undergraduate Enrollment
by field of Specialization and sex, Canada
selected years 1861-1975
column 446 Medicine

Year	Total	Fem.	Year	Total	Fem.	Year	Total	Fem.
1861	454	0	1871	452	0	1881	664	2
1891	1279	40	1901	1813	25	1911	1641	24
1921	3236	48	1925	2607	113	1930	2921	123
1935	3037	129	1940	2940	160	1945	3200	235
1950	4409	274	1955	4390	296	1958	4370	355
1959	4266	375	1960	4244	401	1961	4253	417
1962	4306	450	1963	4443	518	1964	4635	532
1965	4580	568	* 1966	4795	625	1967	5003	689
1968	5240	792	**1969	5558	951	1970	5733	1039
1971	6330	1282	1972	6815	1522	1973	7088	1722
1974	8631	2190	1975	8843	2401			

* Dalhousie Medicine entering class increased to 96

** Memorial Medicine first class enrolled

(Dalhousie Archives: Increases in entering classes in anticipation of occupying the Tupper building in Sept 1967 (previous size 60): 1965=67; 1966=75; 1967=88; 1968=85; 1969=86; 1970=88; 1971=91; 1972=96).

Figure 4

“First year students in their second term begin a course of lectures, demonstrations, and small group exercises in which they are introduced to the basic aspects of history taking and physical examination, as illustrative of the way in which clinical phenomena are manifestations of deranged structure and function. This course is correlated closely with the teaching of anatomy and physiology. At the same time the department of medicine assists in the program in physiology, in which patients are presented to the full class of first year students.”

"Teaching in the third year includes case studies with review and discussion in groups, seminars, chest disease, and a review of pulmonary physiology, and a period in rehabilitation medicine. Other medical fields are covered by lectures and small group classes which are called seminars. It has been difficult to consider a real clerkship in third year because the session is not divided into blocks."

"A fourth year student joins one of six firms consisting of four or five members of the attending staff, along with one first year Resident and a junior Intern. The firm looks after patients on the teaching unit and on the private wards. Each staff man on the firm is drawn from a different subspecialty within the field of Internal Medicine. During this clerkship of two months the student alternates history taking and the examination of new patients with the junior interne, but his night duty is confined to the earlier part of the evening, five nights a week. At five PM each day there is a clinical conference, at which the student presents a case of his choice, which is discussed successively by the interne and the resident, other members of fourth year, and a teacher."

"The general pattern of teaching is oriented towards management of the patient and an understanding of the disease process. Some concession is made to the desire of the students to gain practice in writing examinations later for the Medical Council of Canada. Little deliberate effort is made to involve the interest of students in research. The present timetable allows no elective time whatever. This they expect to see altered as the Faculty study of its educational problems proceeds. At this point the survey team noted the tendency for some teachers to think of research, or any other specific experience for that matter, to be 'in' or 'out', rather than an experience that might be suitable for particular individuals."

Postgraduate Teaching:

While the Dalhousie University Department of Medicine was not responsible for Residency Training until July 1 1971, this did not interfere with an informal loosely integrated program being operated by Dr. Dickson at the VG, Dr. R. M. MacDonald at Camp Hill, Dr. Laufer at the Infirmary, and Dr. Roberts at RCNH Stadacona prior to 1969. With the appointments 1 July 1969 of Dr. R. N. Anderson at the VG, Dr. Langley at Camp Hill, and Dr. Landrigan at the Infirmary this approach was further refined. The transition on 1 July 1971 to a Dalhousie Department of Medicine program was readily achieved. This, of course, included the Saint John General Hospital Department of Medicine, headed by Dr. H. O. Tønning, promoted

to Associate Professor. He had been appointed to the Faculty and Department in 1952 as the person responsible in that Hospital for Dalhousie's internes during their eight weeks rotation in Medicine. Eleven members of the SJGH Department of Medicine were appointed to the Dalhousie Department of Medicine, one Assistant Professor, ten Lecturers on 1 July 1971.

The Calendar for 1971-72 (which records those Members of the Department active during the academic year 1970-71 before Residency training programs became a Faculty responsibility) lists 57 members of the Department: 1 Professor and Head, 6 Professors, 9 Associate Professors, 9 Assistant Professors, 27 Lecturers, 5 Instructors. There were 96 undergraduate students, plus Halifax Hospital based Residents technically not a responsibility of Faculty members; (but actually so in their alter egos as Hospital Active Staff.)

The Calendar for 1972-73 lists 70 members of the Department: 1 Professor and Head, 7 Professors, 9 Associate Professors, 8 Assistant Professors, 39 Lecturers, 4 Instructors, 2 Demonstrators. Included are the 11 new members from SJRH. The Department had now added to their teaching responsibilities for 96 undergraduates per year in each of five years an almost open-ended responsibility for Residents, limited only by the achievement of Royal College approval of various Internal Medicine-related Specialties. At the time these included Research.

Other University, Professional, Community Contributions:

Dr. Dickson's Presidency of the Royal College of Physicians and Surgeons (1970-72) was a most historic one. In the Fall of 1970, he visited 21 Canadian centres promoting Council proposals for an integration of Fellows and Certificants of the College, and seeking a consensus on this long standing divisive problem. He succeeded, and in 1972 Fellowship became available to all Certificants who chose to request it. The College doubled in size that year. He was, at this same time, a Regent of the American College of Physicians, having served 1962-1968 as ACP Governor for the Atlantic Provinces.

Dr. Lea Steeves was President of the Medical Council of Canada and of the Medical Society of Nova Scotia in 1969-70, and Governor ACP 1968-1974; while Dr. J. F. L. Woodbury was President of the Medical Society of Nova Scotia in 1970-71. In mid 1969 Dr. R. M. MacDonald had resigned as Chief of Medicine Camp Hill and become the first Dean of the Faculty of Health Professions at Dalhousie.

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DR. MARTIN MENDEL HOFFMAN

FIRST RESEARCH PROFESSOR
OF MEDICINE

1949-1952

Dr. Hoffman was a member of the faculty of the
Department of Medicine in 1949. He was
Department of Medicine in 1949. He was
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He was appointed to the position of
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Department of Medicine in 1949. He was

Martin M. Hoffman was born in Saint John New Brunswick 17 July 1916. His parents had settled there following their arrival in Canada from Russia. Martin had an outstanding academic record in High School, and was deeply interested in natural sciences, maintaining a small museum in his bedroom. With the support of family and friends, and both bursaries and scholarships, he went to Mount Allison University in Sackville N.B. in September 1934 as a Freshie-Soph in BSc Chemistry. (Dr. Steeves refers to) My 1936 Year Book contains his signed portrait. The accompanying text reads:

"During his two years with us Martin has set up not a few records, scholastic and otherwise. Besides having made the highest mark in Biology 2 ever received, he has read every book in the Residence Lending Library, over 200 volumes. Martin, a graduate of the Saint John High School, started to take chemistry, but shifted to Biology. He intends to take up Medicine next year at McGill. For the past two years he has been an active member of the Pre-Medical Society."

The writer of this yearbook entry was unaware that McGill was introducing a new four year curriculum, with minimal entry requirement of a BA or BSc.

In September 1936, as the Department of Medicine was entering its third year of identifiable existence Martin started Medicine at Dalhousie. He dropped out in second year. He had seen Dr. Holland because of neck symptoms, been diagnosed thyroid malignancy, was sent to the Lahey Clinic, and treated by radical resection and radiotherapy. He returned to his first love - Chemistry, and enrolled in the MSc program at Dalhousie. His thesis dealt with female sex hormone effects in the male, himself the subject, and evoked great interest. After receiving his MSc in 1941 he entered the McGill PhD program, and was lecturing to medical students, with a Faculty appointment in Medicine, while still in course. He was a charismatic lecturer, his explanations of complex biochemical and endocrine matters spellbindingly lucid. On achieving his PhD in 1943, he was put in charge of the clinical biochemistry laboratories at the Royal Victoria Hospital, while completing his medical degree at McGill on a part time basis. It was noted in the week before graduation that he had never completed his anatomy at Dalhousie (a two year course at that time). A special examination was arranged, and he graduated MDCM, two Gold Medals, with his class of 1947. After his obligatory internship, he resumed his Faculty appointment in July of 1948, as Lecturer, already a legend in his own time.

His two prior periods at Dalhousie, the first tragic, the second triumphant, made his further academic achievements at McGill of special interest to his friends at Dalhousie, including Dr. Holland (now the J. C. Tory Professor and Head of Medicine and the Department's first GFT appointee). Dr. Holland's first appointees - Dr. Dan Tanning, Dr. R. M. MacDonald, and Dr. Lea Steeves had all worked with Martin Hoffman on one or more occasions, and were anxious to see him come to Dalhousie.

The first formal approach was by Dean Grant - a telegram on 23 December 1948 -

*"ASST DIRECTOR MCGILL UNIVERSITY CLINIC RVH
MARTIN HOFFMAN EXCELLENT OPPORTUNITY HERE
RESEARCH PROFESSOR CLINICAL MEDICINE STOP
DALHOUSIE UNIVERSITY WOULD LIKE TO HAVE YOU BACK
STOP IF INTERESTED WOULD YOU LET US KNOW SALARY
FACILITIES AND PRIVILEGES REQUIRED STOP REPLY
COLLECT HG GRANT"*

In keeping with his achievements, Martin was on a course of unprecedented advancement at McGill. McGill and the Royal Vic were the pre-eminent Medical Research units in Canada in the late 1940's. At Dalhousie, the AMA/AAMC survey of 1947 had this to say of Research in the Department of Medicine:

"NO PROGRAM OF CLINICAL INVESTIGATION HAS YET BEEN DEVELOPED, ALTHOUGH IT IS PLANNED IN THE NEAR FUTURE TO INITIATE SUCH A PROGRAM."

Given these contrasting situations, Martin's decision to come to Dalhousie must have been driven by his gratitude to Dr. Holland and to his mentors in Chemistry at Dal.

On 11 April 1949 Martin had accepted President Kerr's letter offering

"an appointment as Research Professor of Medicine with incidental charge of the biochemistry service which we are now supplying the Department of Health in the Victoria General Hospital."

The letter contained details of financing, facilities, support staff, and private practice privileges. These were far more favorable than those accepted in 1946 by the Professor and Head of Medicine. The Dalhousie Board of Governors approved the appointment of Dalhousie's first Research Professor of Medicine in June of 1949. Martin proposed preparing for his new position

APPENDIX A
IMPERIAL COLLEGE

by travel to various Centres in the United States during the remainder of 1949 and in early 1950. Correspondence with Dr "Tabby" Bethune, Executive Director of the Victoria General Hospital, and visits, led to speedy renovations, and by June 1950, the unit was open, occupying the entire basement floor of the 1921 Pavilion. (Now replaced by the west wing of the Centennial Building) The Victoria General Clinical Biochemistry Laboratory, directed by Frank Moya (Martin's recommended "young man who might be interested"), and a small Metabolism ward, together with support facilities and offices made up the Experimental Medicine Department of the Victoria General Hospital and Dalhousie. Martin was a member of the Department of Medicine - Research Professor.

Dr. W. I. Morse, MDCM Dalhousie 1945 had obtained his FRCPC while enrolled in the McGill Diploma Course in Medicine, but needed a research year to qualify for that Diploma. He became Martin's first Fellow-in-training.

The Faculty of Graduate Studies introduced an MSc in Experimental Medicine, which appeared in the 1951-52 Calendar. Hugh John Brown enrolled, completed his thesis in May 1953, and received the first and only MSc in Experimental Medicine granted by Dalhousie to-date. He then entered Medicine, graduating in 1958.

In addition to the setting up of the new Department, and launching the Graduate program, Martin lectured and conducted conferences and clinics for undergraduate clinical clerks, for internes and residents, and was in great demand for CME presentations throughout the Maritimes. He was considered by most of his listeners to be the best lecturer they had ever heard. He appeared to lecture without notes or text. His younger brother Sandy says that Martin had a highly organized and standardized system of summarizing facts, that enabled him to prepare his lectures for such outstanding presentation. He used small index cards, in a fashion similar to that used by Dr. Kenneth MacKenzie, the Professor of Medicine at Dalhousie when Martin was in first and second year September 1936- Spring 1938.

While all seemed well in Experimental Medicine, there was serious unrest in the Department of Medicine, and in the Faculty, for different and unrelated reasons. This must have bothered Martin. And there must have been additional problems, perhaps at the level of the Department of Health, unfamiliar as they were in dealing with Medical Research support. In August 1951 Martin wrote to President Kerr -

"It is with regret that I find it necessary to resign from the position of Research Professor of Medicine of Dalhousie University. You will recall that my purpose in coming to Dalhousie was to establish

within the Victoria General Hospital a Department of Postgraduate Study and Clinical Investigation. Since the existing conditions do not make this possible, I have no alternative but to submit my resignation. I am deeply grateful for the kindness and interest you have displayed toward me, and I regret that I have been unable to fulfill your expectations. In order to allow me to complete my commitments to Dalhousie and the Victoria General Hospital, I shall be grateful if this resignation did not become effective until June 1952."

I have been unable to discover how widely this resignation was known, prior to his departure in August 1952. Nor have I been able to learn from close confidants his detailed reasons for doing so. For the second time in three associations with Dalhousie, Martin Hoffman had faced major misfortune.

He returned to Montreal, where he went on to international recognition as a Teacher/clinician and outstanding interpreter of Metabolism and Endocrinology for the practitioner. He was a highly sought after Visiting Professor throughout Canada and the United States for the rest of his life. He was the invited speaker at a Faculty of Medicine "Friday at Four" some years later. This was his last formal visit to Dalhousie. He later moved to Vancouver. His survival for so many years was remarkable, but he died ultimately of a malignancy probably arising from his intensive neck radiation in 1938.

The dramatic stimulus of clinical investigation and Medical Research provided by Dalhousie's first Research Professor of Medicine was sorely missed. Those whom he mentored here carried on, inspired by his example. With the appointment of Dr. R. C. Dickson in June 1956, began the broad Departmental development that makes possible our present level of Research accomplishment.

It is appropriate that at the 16th annual Dalhousie Department of Medicine "Research Days", held May 5-6 1994, during the sixtieth anniversary of the founding of Dalhousie's Department of Medicine, we recognized the contributions to Dalhousie of our first Research Professor of Medicine. This was made even more timely in that we did so in the presence of his son, Dr. Brian Hoffman, whom we welcomed as our Research Days Guest Lecturer.

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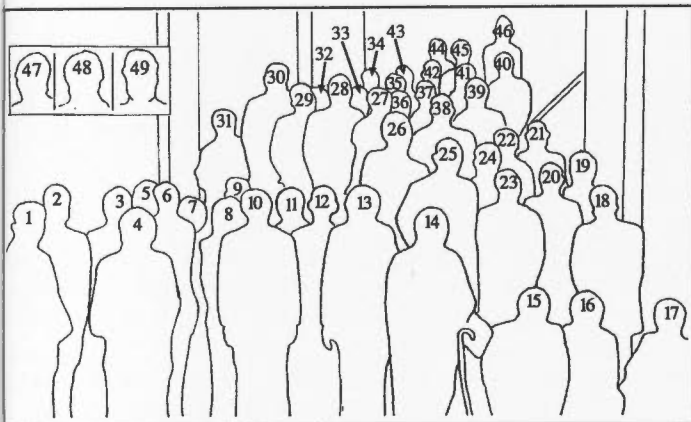
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DEPARTMENT OF MEDICINE STAFF,
ON THE OCCASION OF
DR. R. C. DICKSON'S RETIREMENT IN JUNE, 1974



- | | | |
|----------------------|------------------------|------------------------|
| 1: J. B. Ross | 18: R. N. Anderson | 35: C. A. Gordon |
| 2: J. F. L. Woodbury | 19: R. A. Fox | 36: A. R. MacNeil |
| 3: C. H. Felderhof | 20: G. R. Langley | 37: S. Ahmad |
| 4: A. D. Cohen | 21: J. M. MacSween | 38: J. J. Sidorov |
| 5: J. H. Haldane | 22: C. N. Williams | 39: P. MacGregor |
| 6: A. H. Shears | 23: P. L. Landrigan | 40: J. J. McKiggan |
| 7: H. I. MacGregor | 24: W. A. Murray | 41: H. N. A. MacDonald |
| 8: F. M. Smith | 25: B. M. Chandler | 42: S. F. Bedwell |
| 9: A. J. MacLeod | 26: L. P. N. Heffernan | 43: M. Scott |
| 10: R. B. Auld | 27: J. D. Gray | 44: E. Smith |
| 11: T. J. Murray | 28: C. H. Young | 45: S. York |
| 12: D. R. S. Howell | 29: L. K. Harris | 46: J. R. Rae |
| 13: B. W. D. Badley | 30: J. R. Dill | 47: D. J. Tanning |
| 14: R. C. Dickson | 31: E. C. Abbott | 48: S. Salisbury |
| 15: H. S. Murray | 32: L. C. Steeves | 49: I. A. MacDonald |
| 16: O. A. Hayne | 33: R. D. Gregor | |
| 17: J. W. Stewart | 34: A. H. Shlossberg | |

Key to the Group Photo Above:

Missing From Photo: R. L. Brown, J. C. Bruyere, G. J. H. Colwell, A. B. Crosby, F. A. Davis, G. D. Douglas, H. I. Goldberg, D. M. Gorelick, J. G. Holland, V. W. Ing, M. J. Lydon, R. M. MacDonald, D. W. MacIntosh, J. E. H. Miller, D. D. Murray, H. C. Read, B. L. Reid, E. L. Reid, D. L. Roy, G. Service, H. Still, J. P. Welch.



