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## OMA History Session

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### ARCHITECTURE

1. Records of the department of Physical Plant, McGill University.
2. Ramsay Traquair, Macdonald Professor of Architecture, 1914-38: lecture notes.

### ENGINEERING

1. Records of the Department of Electrical Engineering.

### OMA HISTORY SESSION

An interesting session of the Section of the History of Medicine was held at the 96th Annual Meeting of the Ontario Medical Association on May 19, 1976. Under the chairmanship of Mrs. Shirley McCracken of Hamilton, Chairman of Archives, the following program was presented:

Dr. George A. Mayer, Historian of the Kingston Academy of Medicine, outlined the story of the "First Womens' Medical College in Canada". In 1878 the Royal College of Physicians and Surgeons of Kingston, a school loosely connected with the Queen's University, offered a summer course for women and by 1880 three female undergraduates entered the regular sessions of the RCP & S,K. The hostility of a few members of the faculty and the majority of the male students manifested itself by 1882, and forced the withdrawal of the females. Public support and the energetic campaigning of Dr. Jennie Trout, a graduate of Geneva College, New York, resulted in the establishment of the Kingston Womens' Medical College and the provision of space in the imposing City Hall afforded facilities superior to those available to the Royal College. Sessions commenced October 2, 1883 and graduates received degrees from Queen's University until the college was closed in 1894. In sisterly rivalry with the Toronto-based Ontario Medical College for Women, the admission of women to University faculties was slowly and painfully achieved.

Dr. J.H. Ebbs had prepared the story "Alan Brown - Pioneer Pediatrician" and had linked it with the celebration, in 1975, of the Centennial of the Hospital for Sick Children, Toronto. Unfortunately, Dr. Ebbs was undergoing surgery at the time of the session and his profusely illustrated presentation had to be made by his substitute, Dr. A.D. Kelly. Alan Brown, whose mother had taken two years at the Womens' College Hospital School, graduated in medicine at the University of Toronto in 1909. After an initial internship at H.S.C., he spent three years in residency training at the Babies Hospital in New York under the eminent Emmeth Holt and a year in Munich, Vienna, Berlin and Paris. Returning to Toronto in 1914 he established speciality practice, though he was initially denied appointment at the staff of the H.S.C. Through the influence of Mr.

John Ross Robertson, Chairman of Trustees, the situation was remedied and the dynamic, determined and dogmatic Alan Brown revolutionized hospital practice and teaching on the medical side. His interest in infant feeding and nutrition gradually extended to all aspects of child health and he was instrumental in the introduction of the compulsory pasteurization of milk in Ontario. First President of the Canadian Society for the Study of Diseases of Children, he was also in 1935 the first to achieve for the field of pediatrics, Canadian academic recognition as a full Professor in a separate department. Dr. Ebbs quoted a Globe and Mail account of his death in 1960 as a fair appraisal of the man. 'When Alan Brown died this week, there passed from the scene a brilliant, irascible, dictatorial, dedicated man who was generally considered to be the best baby doctor that Canada has ever had.

Dr. Murray L. Barr, distinguished scientist and Professor of Anatomy, University of Western Ontario, contributed the history of "A Cottage Medical School in London 1882 - 1888". Precursor of the Faculty of Medicine, U.W.O. this semi-proprietary school had been set up by ten local physicians who had hoped to achieve recognition by the existing Anglican theological college. However, it was ruled that the presence of a dissecting room for the teaching of anatomy was not suitable and the new school settled for the use of a cottage on campus, formerly the janitor's quarters. Sixteen students enrolled in the first class of a four year course following Junior Matriculation and the school was financed by their payment of tickets for lectures. The first graduate was Dr. Wm. J. Roach in 1883 as he had received previous training at another school. Clinical instruction was given at the London General Hospital (now Victoria General Hospital) and at the London Asylum. By 1888, the school had outgrown its cottage and a new building was erected with public support and by financial pledges from all members of the teaching staff. The Flexner Report of 1911 was very critical of all propriety institutions and the London school was no exception. This led to the establishment in 1913 of the Faculty of Medicine of the University of Western Ontario. Dr. Barr's talk included sketches of the early teachers and students, many of whom attained national distinction.

The fourth presentation by Dr. Paul Potter, Hannah Professor of the History of Medicine and Science, U.W.O., was entitled "The Hamilton Polio Epidemic of 1910". Although the first description of infantile paralysis had been published in England in 1789, and its epidemic nature recognized in 1890, North America had largely been spared. Outbreaks first appeared in Eastern United States by 1900, but the epidemic manifesting itself in Hamilton during the summer of 1910 was the initial Canadian experience. As a consequence, Canadian doctors were largely unacquainted with the diagnosis, the transmission and such therapy as was available. 98 cases were diagnosed and reported, and

the fatalities numbered 12. The records of the Board of Health and announcements by Dr. James Roberts, M.O.H. amply document the outbreak and the columns of the Hamilton Spectator provides a flow of information for the public. Isolation and quarantine at home was the method adopted to control the spread, but correspondence is on record between Dr. John Parry, Dr. Theo Coleman and Dr. A.D. Unsworth, Secretary of the Hamilton Medical Society with Dr. Simon Flexner of the Rockefeller Foundation, the acknowledged expert in this new disease. He was unable to accept an invitation to address the society, but, in October, Dr. C.L. Starr of Toronto, spoke on the orthopedic approach and the handling of residual paralysis. Dr. Potter's talk provided an early example of the state of our knowledge in the pre-Salk era.

Dr. C.J. Wherrett of Ottawa, retired Executive Director of the Canadian Tuberculosis Association spoke on "Some Canadian Pioneers in T.B. Control". From the many individuals he selected three; Dr. Peter Henderson Bryce, Dr. Charles G. Parfitt and Dr. E.W. Archibald. Dr. Bryce was the first secretary of the Board of Health Ontario when it was established in 1882 and principal author of the Public Health Act. Under his energetic direction, local boards were established throughout the province, notification of communicable diseases including T.B. was instituted, vital statistics recorded and preventive measures applied. Later he was appointed a Health Officer in the federal Departments of Immigration and Indian Affairs. A founder member of the Canadian Tuberculosis Association, he fostered the sanatorium movement and took the first steps to control the spread of consumption which threatened to wipe out our native population.

Dr. C. Parfitt was chosen to represent leadership in clinical medicine as applied to diseases of the chest. He qualified at Trinity in 1894 and two years later attained the MRCP (London). Following his recovery from pulmonary tuberculosis he became Medical Superintendent of the Muskoka Free Sanatorium in Gravenhurst, later establishing the Minnewaska and Calydor Sanatoria in the same community. A teacher and a writer, he contributed more than forty articles to the medical literature and he was an early advocate of pneumothorax and other forms of collapse therapy.

Dr. E.W. Archibald, "the father of thoracic surgery in Canada", a graduate of McGill, took extensive training abroad and returned to teach at his alma mater where he became Professor of Surgery. He was an advocate of collapse to limit the encroachment of the infection, and pneumothorax, phrenicotomy, thoracoplasty and lobectomy became recognized surgical techniques under his encouragement. In discussion it was also revealed that he had been General Secretary of the CMA for four years circa 1911.

This mixed bag of historical topics and episodes was well presented and a very attentive audience provided encouragement for future sessions.