

See from where you cometh:



First CMA meetings in Alberta/NWT

By J. Robert Lampard, MD



Mounted Police Hospital, Fort Macleod. University of Alberta Archives. 75-112-30-14. H.C. Jamieson Photographic Records.

Retrospection has value. You see from where you cometh, how far and how fast. It clarifies your future vision. Or as Sir Winston Churchill said to the Royal College in 1944, "The longer you can look back, the farther you can look forward."

"The Canadian Medical Association and national medical issues were of considerable importance to the Alberta Medical Association and Alberta physicians; then as now."

Alberta's medical history dates from November 1874 when the first full-time physician Dr. R. Barrington Nevitt arrived in southern Alberta with Lieutenant Colonel James F. Macleod and the North West Mounted Police (NWMP),

They quickly built Fort Macleod with a one room hospital.

Until 1925, all Alberta physicians graduated elsewhere. The Canadian Medical Association (CMA) and national medical issues were of considerable importance to the Alberta Medical Association (AMA) and Alberta physicians, then as now.

Little is known about the roles the AMA and Alberta physicians played in the early years of the CMA. Not surprisingly, they were significant. Albertans are does not documenters. Thus, their heretofore contribution may be silent but it isn't non-existent. Two examples are the Federation of the CMA in 1938 and development of the CMAs consensus position and support for a national Medicare plan in January 1943, arguably the zenith of medical influence in Canada.

Since 1905, the relationship of Alberta's physicians with the Government of Alberta has been a close, cooperative, and constructive one. That relationship has contributed materially to the progress of medi-

cine in Alberta and Canada, albeit modified substantially by the national Medicare program of 1967.

With the CMA General Council meeting in Edmonton (August 14-17, 2005), and as Alberta and organized medicine celebrate their 100th anniversaries, a series of articles in the Alberta Doctors' Di-

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gest will highlight the role Alberta's doctors played in the CMA, with a focus on the first four CMA conventions in Alberta/NWT 1889, 1912, 1934, 1942.

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The articles are intended to supplement two rare books by Dr. Heber C. Jamieson, about Alberta's medical history (*Early Medicine in Alberta*, Alberta Medical Association, 1947), and by Drs. Donald R. Wilson and William B. Parsons on *Medicine in Alberta: Historical Reflections*, by the Alberta Medical Foundation, 1993.

The 22nd annual (MA convention: First in the west, Banff, 1889

Until 1921, the CMA annual convention was primarily a social affair. On one occasion there was a motion to disband the CMA (1893) and there would be another (1921).

Less than 100 physicians attended the conventions until 1900. The provincial medical associations were independent, autonomous and enjoyed their power. Memberships in the national and provincial associations remained separate until 1936-38.

Provincial medical associations were formed in British Columbia (BC) in 1885, in the NWT, 1889, and in Manitoba, 1890. BC appointed its first vice-president (VP)

to the CMA in 1887, and the Northwest Territories (Alberta, Saskatchewan) their first in 1888. At that time the CMA executive consisted of eight VPs, one from each province or territory.

The idea to hold the 1889 convention in Banff originated with CMA President Dr. James Ross, of Montreal. He persuaded the CMA Nominating Committee to address the anxiety felt, about the lack of progress of the association."

The arrival of the CMA's first member from the BC Medical Association, Dr. Milne, in 1888, cemented the idea. The "plus" was that members could enjoy the grandeur of the western Rocky Mountain scenery during and after the meeting.

"CMA President Dr. James Ross persuaded the CMA Nominating Committee to address the anxiety felt about the lack of progress of the association." They recommended holding a meeting west of Toronto, in Banff."

Three of the 1889 Canadian medical journals (*Montreal Medical*, *Canadian Practitioner*, *Canadian Lancet*) advertised the western trip. Eighty-nine physicians attended, eighty-two registered and each paid the \$2 registration fee. The 150 in attendance included guest speakers, wives, family, friends, and seventeen physicians from the Northwest Territories.

"Eighty-nine physicians attended, 82 registered and each paid the \$2 registration fee."

The west at that time was young, empty, and unexplored. Dr. James Hector had found and ascended the Kicking Horse River forty years before. The Alberta population was less than 5,000 whites in 1881. Following the Custer massacre, 2,900 Sioux came to the Cypress Hills seeking refuge. They stayed from 1876 to 1881. Up to 7,000 Blackfoot attended the signing of Treaty #7 at Gleichen (1877) and would expect health care to be provided pursuant to their treaty.

The construction of the Canadian Pacific Railway (CPR) in the prairie west (1882-85) plus the Northwest Rebellion (1885) would significantly change the prairie landscape.

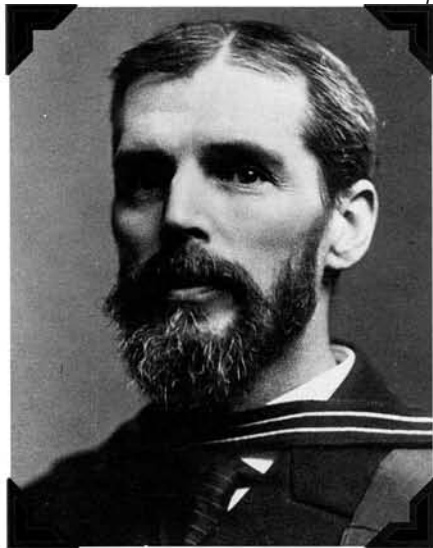
The NWMP

In 1873, the Federal Government established the NWMP. The 1874 trek to the west brought two American-born physicians, Drs. John Kittson and Richard Barrington Nevitt, to Forts Walsh and Macleod.

Under them were full-time hospital sargents were assigned to forts Calgary, Battleford and Regina, to provide medical, surgical and communicable disease care to the men in scarlet, the settlers who followed, and the Aboriginal people on the nearby reserves. They did so without discrimination, although the NWMP members remained their priority.

Surgeons held regular sick parades, passed judgment on the severity of each illness, exited some from the service, initiated





Dr. Richard B. Nevitt.
Alberta Medical Foundation,
Glenbow Archives

hygiene measures and vaccination programs, administered analgesics, and treated fractures, gunshots and accidents but always with a limited drug cupboard. The larger forts had hospitals, starting with Fort Macleod's twelve beds or cots – roughly five beds per 100 men.

Dr. George A. Kennedy

NWMP surgeons came and went on short-term contracts. However, Dr. George A. Kennedy, a University of Toronto silver medalist, came as a police surgeon, the fourth one, and replaced Dr. Nevitt at Fort Macleod. He remained in practice there from 1878 to 1913.

Dr. Kennedy graduated at the age of twenty: too young to enter practice or legally sign a prescription. He loved the outdoors, as did his nine-year older colleague, Dr. William Osler. Both were from Dundas, Ontario.

The year after Dr. Kennedy's arrival, he was called to Fort Walsh to save the lives of his two superiors, Dr. Kittson and Inspector Sam Steele, from the "unremitting" that was later recognized as typhoid fever.

Two years later (1881), he aborted the smallpox epidemic at the "Medicine Line" (49th parallel) by vaccinating 150-200 children with a 60% uptake. That gave him the reputation as the first "white man" in the territory.

The biggest medical problem Dr. Kennedy faced was "unremitting" or endemic fever at the forts. It was especially bad at Fort Walsh. Eventually, it would be fatal for twenty-five NWMP (1874-1900) and a much larger number of civilians and Aboriginal people. Drs. Kittson and Kennedy recommended the problem be researched in 1879 because of its variable presentation.

Dr. Kennedy requested this again, in his December report, after Dr. Osler visited Fort Macleod in the summer of 1886. The request fell on the "deaf ears" of senior surgeon Dr. Augustus Jukes, from St. Catharines, who had replaced Dr. Kittson in 1882. Jukes believed the etiology of the fever was malaria and refused the request.



Dr. George A. Kennedy, police surgeon,
NWMP, Fort Macleod.
University of Alberta Archives. 75-112-30-5.
H.C. Jamieson Photographic Records.

The Jukes family was well-known to Dr. Osler. He dedicated his 1892 Principles and Practice of Medicine to the naturalist Reverend Andrew Johnson, of Toronto, whose wife was a Jukes.

Dr. Kennedy had attended the St. Catharines' Collegiate when Dr. Jukes was in practice there and likely met him as the Canadian medical world was a small world at that time.

The CPR and the Northwest Rebellion in 1885

Immigration booms followed closely behind the westward thrust of the CPR. The rails started from Winnipeg in 1881, Regina in 1882 and Calgary in 1883. The transcontinental line was completed four months after the Northwest Rebellion, in November 1885.

At its peak, over 7,000 men in the Rogers Pass worked on the railway. Eyewitness reports indicate there were five physicians traveling back and forth on the line as the construction crews approached Calgary in the summer of 1883.

The Northwest Rebellion brought over 5,000 men to the west at a cost of \$4.5 million. At least forty-three physicians accompanied the men as regimental or hospital service physicians. Two (Drs. Kerr and Mewburn) were based at the Winnipeg General Hospital (WGH). The rest were in the field under Deputy Surgeon General Dr. Thomas Roddick.

Dr. Roddick established mobile field or tent hospitals that treated loyalist casualties, performed nine operations (at Batoche), treated or pronounced thirty-eight deaths and transferred eighty-one soldiers to the WGH.

Anecdotal accounts from the rebel's side suggest the rebel death total was at least that high, and

that on both sides totalled approximately 100 killed and about 300 injured. Only four typhoid cases were diagnosed, of whom one (Lieutenant Colonel Williams) died.

Experience from the rapid deployment of the medical corps on the plains of Saskatchewan demonstrated the need for a small permanent Canadian Army Medical Corps. It was formed after the Boer war in 1904.

It also demonstrated the military necessity to be able to compare medical qualifications in the pre-specialization era. The Canada Medical or "Roddick" Act, passed in 1912 after a thirty-four-year crusade by Dr. Roddick and others, established the Medical Council of Canada which now examines and grants a national licence, the LMCC, to all Canadian doctors.

Dr. Robert G. Brett

The leading prairie practitioners in the 1880s in "Alberta" were Dr. Kennedy (Fort Macleod), Dr. Brett (Banff) and Dr. Mewburn (Lethbridge).



Dr. Robert G. Brett, Lieutenant Governor.
University of Alberta Archives. 81-104-4-9.
H.C. Jamieson Photographic Records.

Dr. Brett was one of the eleven founders of the Manitoba Medical College in 1883. With Winnipeg's Dr. W.T. Orton, Dr. Brett managed the CPR's 1884-85 medical contract in the Rocky and Selkirk mountains. As the field physician, he located his hospital in a ca-boose that moved from Siding 29 (Banff) to Lake Louise and, eventually, Golden/Donald in BC.

Foreseeing the value of the Sulphur Hot Springs at Banff, Dr. Brett applied to lease the land, then built and sold the Grandview Hotel (1886), now the Rimrock Hotel. The next year he built the Brett Sanatorium on the Parks Administration building site. Both were opened before the Banff Springs Hotel was finished (1888). All were in the 250 square mile Rocky Mountain National Park, which had been established in 1885 and expanded in 1887.

In 1888, Dr. Brett decided to run for the NWT Legislative Assembly. No sooner was he elected than he proceeded to revise the 1885 "Medical Ordinance" or Registration Act. It was to approve new applicants, on the assessment and recommendation of two previously registered physicians. The revised 1888 act established a NWT College of Physicians and Surgeons. It became operational in 1889. Dr. Brett became the first chairman of the NWT Medical Executive Council.

In 1891, Dr. Brett and John Bett made the first trip to Ottawa to petition the Federal Government for NWT Legislative Assembly control over the two federal grants only a month before Sir John A. Macdonald died. They were partially successful. The power sharing of financial control started in January 1892 and represented the start of responsible government in the NWT.

Dr. Frank H. Mewburn

In January 1886, Dr. Kennedy was joined by the self-taught, McGill-trained Dr. Frank Mewburn. Dr. Mewburn had been the chief resident of the WGH military hospital during the Northwest Rebellion. He was also the fifth consecutive physician in a dynasty that would exceed 250 years.



Dr. Frank H. Mewburn.
University of Alberta Archives. 81-104-4-41.
H.C. Jamieson Photographic Records.

Dr. Mewburn moved to Coal Branch (Lethbridge) enticed by chinooks, a guarantee of a three-bed hospital and the freedom to operate. It was six months before the first scheduled, (June 1886), transcontinental train left Ottawa with Prime Minister Sir John A. Macdonald aboard.

Six weeks following Macdonald, a large CPR shareholder, Edmund Osler, invited his brother, Dr. William Osler, to join him for an August 4-27 transcontinental tour. The Osler party took two side-trips at Portage la Prairie, Manitoba, and on August 15-18, 1886, to Lethbridge and Fort Macleod.

Dr. Mewburn personally knew Dr. Osler as he was one of his McGill teachers. Dr. Kennedy probably knew Dr. Osler from one of Osler's four Hamilton/Dundas locums from 1868-72. Dr. Osler may also have visited Dr. Brett after he toured Calgary with Dr. J.D. Lafferty and headed west.

Dr. Mewburn had many prairie surgical firsts. Using a pool table for the first (1884) NWMP prairie operating table in Fort Macleod, Mewburn drained an abdomen (1887) and an empyema (1887), did a thyroidectomy (1887) and a heterologous bone transplant (1890) before an ectopic pregnancy (1892), the first planned appendectomy (1893), "lots of hernias" and his first Caesarean section (1903).

By 1913 he had an FACS. To fully polarize his practise to surgery, Mewburn accepted the appointment as the head of surgery at the Calgary General Hospital (1913). When Sir Sam Hughes refused Mewburn's military entrance (1914) because he was fifty-five, Mewburn headed for Britain at his own expense and was soon the chief of surgery (1915-18) at the Canadian Hospital #5 (Taplow) alongside the chief medical consultant, Sir William Osler. In 1921, Dr. Mewburn became the first full-time professor of surgery at the University of Alberta.

To the 1889 CMA convention

All three prominent NWT physicians attended the 1889 CMA convention. Dr. Osler did not, but Drs. Roddick and Shepherd came from Montreal.

Those coming west on the CPR "Special" paid \$110 for a double berth from Halifax, \$95 from Ontario/Quebec, \$50 from Winnipeg, \$30 from Vancouver and \$4.50 from Calgary. The sleeping cars left Montreal on August 6, headed by Engine # 144. The train arrived four hours late into Winnipeg but in

time for the 4 p.m. garden party, courtesy of Lieutenant Governor Dr. John Schultz. The reception continued downtown at 9 p.m., compliments of the Winnipeg medical community.

In the late night round of toasts, CMA President Ross predicted the Banff convention would be a success and would be "the most important step ever taken by the CMA toward the development of a national association." It was already the most national one. Only Prince Edward Island was not represented.

"CMA President Ross predicted the Banff convention would be a success and would be the most important step ever taken by the CMA towards the development of a national association."

Early risers on August 10 took the rail side-trip to the Stony Mountain penitentiary, where sentenced Northwest Rebellion Aboriginal people put on a war dance demonstration. The "Special" left at noon for the "boring" prairie trip, enlightened once by a mile-long prairie fire at 10 p.m. Four hours late, the train reached Banff at 9:30 p.m., August 11.

Day 1 at the 1889 convention

At 11 a.m., August 12, in Banff's Moulton Theatre, Dr. Brett welcomed everyone to the "distinctly national" convention with the words, "You could find no more appropriate place in which to conduct (your) important and useful affairs ... Your brief stay ... and the grandeur of the scenery ... with

the healthful qualities of the springs ... whose sanative properties are now so well-known, you may find something ... to treasure ... which it shall be a pleasure to recall."

The Canadian Lancet confirmed that during the two-day convention, "Numerous ... excursionists ... could be seen accepting the warm hospitality of the trickling spring, cooled with a pinch of spiritus frumenti."

Dr. Brett's welcome was followed by a "tiring" address from incoming President Dr. H.P. Wright. The program recessed for an afternoon of sightseeing. Unfortunately, the haze and smog from forest fires may have limited the views for the tourists.

The Nominating Committee returned at 5 p.m. It is likely at this meeting, or the one earlier in the day, that Dr. Brett was elected one of the eight CMA vice-presidents, succeeding Dr. Jukes. The committee also recommended that future representatives be elected by the members who were present at the meeting from each province and that the bylaws be amended accordingly. At 8 p.m. all the members reconvened for a discussion of the 1874 bylaws.

Day 2 – The Scientific Program

The usual two-day scientific program was compressed into one: August 13. It began at 9:30 a.m. with a presentation about the first public hospital on the prairies (Medicine Hat), given by the CPR Assistant Superintendent N.J. Niblock.

At the business meeting that followed, the Committee on Reciprocity with Britain reported that the CMA was unlikely to secure it with the Royal College. Another motion asked the Dominion government to give more information to members "so they might with greater confidence, send patients to these resorts."

A third asked the Dominion government to “establish a signal station at Banff and appoint a competent person to superintend it.” A fourth, moved by Drs. Stewart and Roddick, recommended that the federal and local governments be approached to reduce the tariff on surgical instruments.

The scientific program started in the afternoon. Eighteen papers were offered. It was more than expected. There must have been too much time on the train.

The first paper was by Dr. H.P. Wright on hematomas of the vagina and vulva. Then Dr. Kennedy spoke about the value of the climate of southern Alberta and its advantages to those suffering from pulmonary complaints. This was the premium presentation during the program as measured by the duration of the discussion.

Dr. Kennedy had already concluded that there were differences among in their disease responses, in the Aboriginal people and white men and that the climate was one of the reasons. His conclusions would reverberate for years and affect prairie immigration patterns, particularly favoring tuberculosis patients.

Kennedy's conclusions were corroborated by Drs. Henderson, Brett, and Lindsay. Others who raised points in the discussion of Kennedy's paper included Drs. Oldright, McInnis, Praeger, Bentley, McLelland and Spencer.

Before dinner, presentations three to eleven were given. They focused on: the origin of tuberculosis (Whittaker, Cincinnati), management of the hip joint (Gibney, New York), prevention of deafness (Buller, Montreal), Colles fractures (Grasett, Toronto), free incision treatment of empyemas (Ross, Montreal), the new drug Sulphanol (Stewart, Montreal), treatment of eye and ear infections (Reeves, Toronto), nephro-lithotomy (Shepherd, Montreal) and the epitheliomas (Bulkley, New York).

Sometime during the day, eighty-three members stepped outside the hotel for the famous Woodruff photograph (see photograph below and on cover).

In the evening there was a major presentation by Dr. Irving Cameron (Toronto) on hernias, followed by presentations about varicella by Dr. Whittaker, surgical cases by Dr. Praeger, and instruments by Dr. Dupuis.

The presentation by Dr. A. Jukes on endemic fever in the Northwest Territories was withdrawn. The meeting closed with four papers being declared as “read” because the speaker did not show up. Only the title was “read.”

Before the traditional toasts, there was a meeting of the officers of the CMA, who appointed the standing committees. These included the Climate and Epidemic Disease Committee to which both Drs. Kennedy and Jukes were appointed. That committee was the likely source of an earlier motion reminding members of “their duty to loyally comply” with provincial regulations on the reporting of communicable diseases.

The convention closed with a thank you, but no purse for Secretary Dr. James Bell for organizing “the most remarkable meeting in our history” Registrants then departed for Vancouver or to meet friends on the prairies, before returning to the east. They left behind the NWT doctors who held their formative meeting the next day, August 14, 1889.



Canadian Medical Association members at Banff, August 12, 1889. University of Alberta Archives. 81-104-5-173. H.C. Jamieson Photographic Records.