



Third CMA meeting in Alberta, 1934;

Dr. McEachern an outstanding medical statesman

By J. Robert Lampard, MD

“It is too soon to estimate the full value of McEachern’s contributions to Canadian medicine and to Canada, but he is now known and will be known in future days as one of Canada’s outstanding medical statesmen,” wrote Canadian Medical Association (CMA) general secretary Dr. T.C. Routley about Dr. John Sinclair McEachern in 1948.

Who was Dr. McEachern – the long-forgotten, pipe-smoking, quiet-natured, short-statured, hardworking general surgeon from Calgary?

At the 65th annual CMA meeting, June 18-22, 1934, at Calgary’s Paliser Hotel, 220 CMA members gathered and elected Dr. McEachern as their 1934-35 president.



Attending the CMA meeting and visiting the Sarcee camp and Stampede at the Sarcee (Tsuu T’ina) reserve, 1934.

L-R: Dr. J.S. McEachern, Dr. J.B. Collip, Sir Frederick G. Banting. (Glenbow Archives, NB-16-123.)

Four years later (1938), Dr. McEachern’s contributions to the CMA were recognized. He received the second STARR Award. The first in (1936) went to Drs. Frederick G. Banting, Charles H. Best and James B. Collip for their isolation of insulin in 1921-22.

Since then, two Alberta physicians have received the “Victoria Cross of Canadian medicine”: Drs. Walter C. Mackenzie (1972) and D. Lorne J. Tyrrell (2004).

Born in Ontario, Dr. McEachern graduated from the Trinity Medical College, University of Toronto (U of T), as the gold medallist in 1897. After seven years of general practice in Ontario and one year of surgical training in England, he came to Calgary, NWT, in 1905.

In late 1905, Dr. McEachern joined Dr. TH. Crawford to form the McEachern Group. It never consisted of more than six or seven specialists. Referrals came from all over southern Alberta. The McEachern Clinic lasted until 1978, when Drs. W. Ingram and W. McDonald closed it.

Not afraid of controversy

Dr. McEachern was a charter member of the Alberta Medical Association (AMA) in 1906. In 1908-09 he became the first AMA president from Calgary. It landed him in the middle of the Alberta-

led, Manitoba-supported controversy to form the Western Canadian Medical Federation.

The prairie initiative prodded the CMA in 1909 to revisit the stalled Roddick concept of a Dominion Medical Council. The Canada Medical “Roddick” “Act was passed in 1912. The Medical Council of Canada has now examined and licensed (LMCCs) Canadian physicians for almost 100 years.

1914-19

Wars challenge and change medicine. The WW I and WW II physician enlistment rate averaged 30%. On the prairies it was more than 35%. Those who “held the fort” during WW I had to treat another 100,000 returned disabled veterans.

The return of disabled veterans became a crisis after the April 1915 chlorine gas attack at Ypres. Senator James Lougheed was appointed chairman of the Military Hospitals Commission (MHC). It acquired or created almost 15,000 beds, or half the total in Canada. Lougheed was knighted for his effort (1916), the only Albertan to be so recognized.

Before WWI, the typhoid vaccine was available so that was not a problem. But Trench Fever filled one-quarter of all Canadian army

hospitals beds in 1916. Once the transmission vector (fleas) and prophylactic procedures were developed, by Alberta's Drs. A.C. Rankin and H.H. Orr, hundreds of thousands of allied soldiers benefited.

CMA 1920-21 turnaround

WWI and the 1918-19 Spanish Flu epidemic reduced the CMA membership to under 1,000. The CMA was near bankruptcy.

At the 1920 annual meeting Dr. Routley recalled, "I was attracted to Dr. McEachern ... who in clear, crisp and concise language was pointing out the necessity for the CMA to make every effort to resuscitate itself."

Dr. McEachern ended his presentation with the motion, "The CMA is not fulfilling all of its functions in a business-like way." He was appointed to the Bingham Reorganization Committee.

At the 1921 CMA meeting in Halifax, the Bingham Report was tabled. One delegate then moved that the CMA be disbanded. It was the second such motion after the first in 1893. Dr. McEachern was on his feet in a flash. "This is not the time to think about disbanding ... the CMA must make every effort to resuscitate itself."

The motion to disband the CMA was tabled - for one night.

Dr. McEachern was appointed a committee of one to present the solution. The next morning he did so, point-by-point. The recommendations included doubling the CMA fees and soliciting \$100 bond guarantees from CMA members.

Forty-three responded at the meeting. The CMA executive guaranteed the \$5,000 Canadian Medical Association Journal debt. Physi-

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cians across Canada oversubscribed the CMA debt of \$13,000. The impact was immediate. By the end of 1921 the CMA was financially secure. Dr. Routley was appointed CMA secretary, 1922-54.

Medicine in Alberta, 1920-23

1920-23 were three precedent-setting years. In 1913, the University of Alberta (U of A) started a three-year medical undergraduate program. The two finishing years were at McGill and the U of T. After his WWI demobilization, U of A president Tory appointed Dr. A.C. Rankin as the first dean of medicine (1920).

Tory's 1920 application for a \$500,000 Rockefeller Foundation grant for the medical school was conditionally successful. It required the U of A to finish building the medical school, extend the medical program from three to five years and grant medical degrees.

Interest income from the grant was to be used to upgrade the faculty. Tory approved the request by the first applicant, biochemistry professor J.B. Collip, a, who requested an eighteen-month sabbatical. It started at the UofT.

In December of 1921, Dr. Collip was added to the Banting-Best team. By January 1922, Dr. Collip had concentrated the pancreatic

extract into therapeutically effective insulin. Drs. Banting and Macleod received the Nobel Prize for isolating insulin, in 1923. Back at the U of A, in 1925, Dr. Collip isolated another endocrine secretion, the parathyroid hormone.

After finishing the new medical school and appointing two full-time clinical faculty (Dr. Mewburn in Surgery, Dr. Pope in Medicine) in 1922-23, the Faculty of Medicine received a Class A accreditation standing. The grant was released December 1923. It is the only one of the five Canadian Rockefeller Foundation grants still in existence.

The Rockefeller experience turned Tory's attention to research. He initiated the Alberta Research Council in 1920. In 1923, Tory was appointed to the National Research Council (NRC) and became its president (1923-35). The NRC began the Medical Research Council (1938) with Dr. Banting as the first director and Dr. Collip as the second.

State medicine and health insurance, 1929-35

After two years on the American College of Surgeons (ACS) board (1923-25), one as the second vice-president of the ACS, Dr. McEachern joined the CMA executive (1928).

In 1921, Albertans elected the "health care sensitive" United Farmers of Alberta (UFA) government. It started the first (with Saskatchewan) Municipal Hospital in Lloydminster (1917), the second Public Health Department (1918), the first VD Prevention Program (1919), the District Nurses program (1919), the Traveling Medical Clinic (1924) and the provincially funded northern doctors program (1929), it included Dr. Mary Percy.

In 1929 the UFA government took control of half of the University of Alberta Hospital (UAH) board position. That year an all-party supported Alberta Legislative inquiry concluded that a state medicine program was “feasible.” The AMA became wary.

Dr. McEachern attended the third Canadian Conference on Medical Services in November 1929. He reported to the AMA that the most important topic discussed was “state medicine.” The AMA “needed to nominate a committee of men ... who would be willing to serve from year-to-year ... to survey the problem ... (and) secure the points of view of the various doctors ...

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Dr. John S. McEachern

Calgary general surgeon. AMA president, 1908-09. CMA president, 1934-35. Founder and first president of Canadian Cancer Society. (Glenbow Archives, NA-2900-17.)

The one-month old Depression would reduce rural Alberta doctor's incomes by up to 80% in the drylands (Palliser Triangle) and by 50% in the cities.

In 1931 the pace quickened. The CMA appointed a Health Insurance Study Committee which included Dr. McEachern.

In March 1932, the UFA government appointed the Hoadley Commission (1932-34) to design a “state medicine” plan for the province. The CMA assisted the AMA and CPSA with its brief. Drs. A.E. Archer and W.A. Wilson presented it on November 8 and December 12-13, 1932. The Commission was persuaded the best approach would be through a contributory health insurance program.

Meanwhile, on November 29, 1932 the CMA authorized or directed its Committee on Economics to develop a Plan for Health Insurance in Canada (1932-34). Dr. McEachern was appointed to the committee. The principles of the AMA/CPSA brief became the foundation for the CMA's landmark report.

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Forty countries had already approved health insurance programs. None had revoked them.

In February 1935 the Alberta UFA government passed the Alberta Health Insurance Act. Alberta became the first government in Canada to offer to pay for the cost of a province-wide or an employee/employer health insurance program for those who couldn't afford it.

The UFA lost the 1935 election, to a man. The delay gave the CMA time to address some important unfinished business.

Federating the CMA, 1931-38

In 1930 Dr. McEachern was appointed the chairman of the CMA's Inter-Relations Committee. His 1931 report pointed out that the relationship between the provincial and national medical associations was one of no relations at all.

Drs. McEachern and Routley toured the provincial medical associations in 1932. The Manitoba Medical Association suggested federation as a solution.

During their 1934 presidential tour, Drs. McEachern and Routley presented a federation proposal to each association. More than 1,700 members heard it. Less than 1% disagreed with it.

By 1935, 80% of Alberta's physicians belonged to the CMA. The average in other provinces was less than 30%. Motivated, the AMA started the Alberta Medical Bul-

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letin (which led to the Alberta Doctors' Digest) in April 1935. At the September 1935 annual general meeting, Dr. McEachern moved that the AMA become the first provincial association to merge with the CMA. After the motion was approved, Dr. Routley observed, “Alberta's history-making step will be mutually beneficial ... The AMA has done far more than its members realize (to) foster and encourage unity.” An AMA plebiscite was held in 1936, 96% supported the merger.

By 1938 all provincial medical associations had agreed to federate with the CMA. The CMA became the spokesman for all Canadian doctors on national issues.

1934 CMA meeting highlights

Keynote papers were presented by Dr. H.C. Jamieson on Dr. W.M. MacKay; Dr. T.A. Patrick on Reminiscences of a Pioneer Saskatchewan Doctor, 1889-1919; Dr. E.P. Scarlett on Medicine in Satire; Dr. W. Webster on the relative merits of nitrous oxide and ethylene; Dr. C.A. Baragar on four years experience with the Sexual

Sterilization Act in Alberta; and Dr. Collip on the inhibitory effect of repeated pituitary gland injections. In the military medicine presentations, one paper suggested a wartime air ambulance service had possibilities but airfields would be a problem. Dr. Banting quoted a friend of Chancellor Hitler as saying, “No war could occur in Europe within five years, since til then Germany would be unprepared.”



Attending the CMA meeting and visiting the Sarcee camp and Stampede at the Sarcee (Tsuu T'ina) reserve, 1934.

L-R: Dr. J.S. McEachern, Sir Frederick G. Banting, Dr. J.B. Collip. (Glenbow Archives, NB-16-122.)

The 1935 and 1937 Gavels

In June 1935, Dr. McEachern completed his year as CMA president at the only joint American-Canadian Medical Association meeting in Atlantic City. He watched the symbolic presentation of a gavel – made of 1,000 year old British oak, American walnut and Canadian silver – by CMA chairman Dr. G.S. Young, to American Medical Association president Dr. Walter Bierring.

In September 1937, Dr. McEachern again watched as the U of A president, W.A.R. Kerr, presented a symbolic gavel to the incoming AMA president, Dr. J.K. Mulloy, as the “insignia of office” of the CMA

Alberta Division.

The gavel was made from a chair carved for Dr. John Rae at Fort Chipewyan in 1850 and from timber from the 1874 NWMP Fort Macleod. The gavel remains in the possession of the Alberta Medical Foundation.

The 1933 McEachern and McEachern golf trophy is another legacy.

Forming the Canadian Cancer Society

After his 1934-35 presidential responsibilities were over, Dr. McEachern was reappointed the chairman of the CMA Committee for the Control of Cancer (1936-38). He criss-crossed Canada in 1937 to federate the now-named Canadian Cancer Society.

In 1938, Dr. McEachern was elected the first president of the Grand Council, a post he held 1938-44. In 1946, Dr. McEachern was named the first life member of the Canadian Cancer Society, one year before his death in 1947.

In 1950, the Canadian Cancer Society established the John S. McEachern Memorial Fund. One of the first recipients was Dr. H.E. Duggan, later the professor and chairman of the departments of Radiology at the University of Alberta Hospital and Foothills Hospital.

In 1951 the Alberta Cancer Society raised \$150,000 to build the Dr. John S. McEachern Laboratory, located in the basement of the U of A medical school. Before the relocation of the Surgical Medical and McEachern Research Laboratories in 1977, more than 500 papers had been published.

The second STARR

At the June 1938 CMA meeting, Dr. A.T. Bazin, president, seconded by Dr. W.S. Galbraith of Lethbridge, proposed that the FNG STARR

► "When future histories of Canadian medicine are written, no man in the profession will be shown to stand above him in the quality of his service to his fellows. . . ."

Award be given to Dr. McEachern. Dr. McEachern accepted the award on behalf of the many others who had worked with him.

In 1940 the CMA executive observed, "... that the five-year pe-

riod, 1934-39, would stand as one of the most important epochs in the history of the association. The foundations for a truly national medical organization have been well laid."

In memoriam

In a 1948 eulogy, Dr. Routley wrote of his colleague of 27 years, "When future histories of Canadian medicine are written, no man in the profession will be shown to stand above him in the quality of his service to his fellows ... (We) are grateful for the inspiration he gave us. In judgment, he was shrewd and sound. In patience and tolerance, he abounded. In ability to conceive and carry through a project, he was brilliant and tireless.

"Those of us who are left to carry on might rest content if we could leave a record approaching that of John Sinclair McEachern."

In conclusion

CMA federation was just in time. The CMA's finest hour would come in WWII. It would be led by another physician from Alberta, Dr. A.E. Archer, of Lamont. The issues would be a federal health insurance program for Canada and the recruitment and distribution of physicians during the war.

