



Dr. William H. Mulloy and Dr. J. Robert Lampard, with remounted gavel. (Courtesy of Dr. J. Robert Lampard.)

AMA's 1937 gavel commemorated new era in Canadian medical history



By J. Robert Lampard, MD

The significance of the Alberta Medical Association's (AMA's) 1937 gavel to Canadian medical history is as remarkable as the object is to behold.

The gavel was introduced at a historical time for the AMA and Canadian Medical Association (CMA). It symbolizes unity, federation, vision and determination - Alberta physicians' contributions to Canadian medicine and, as a result, a national voice for physicians.

History in the making

On September 8, 1937, Dr. W.A. Kerr, president of the University of Alberta (U of A), presented a new gavel to Dr. J.K. Mulloy, the incoming AMA president. It was the "insignia of office" of the president of the new CMA Alberta division. The gavel confirmed the AMA's decision to become the first provincial medical association to federate with the CMA.

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AMA chronicler Dr. G.E. Learmonth described it in his Canadian Medical Association journal column as an epochal decision. All other provincial associations followed Alberta's lead by December 1938, making the CMA the official voice of Canadian physicians for the first time.

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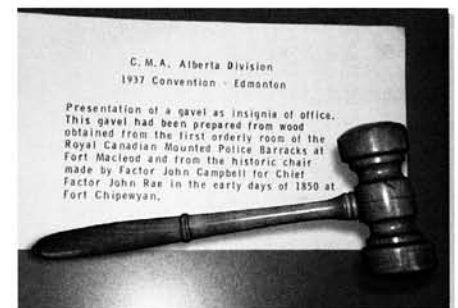
Dr. T.C. Routley, the CMA general secretary, congratulated AMA members. "Alberta's history-making step will be mutually beneficial to the profession and those dependent upon it . . . The Alberta Medical Association, in taking this step, has done far more than its members realize. It will do much to prosper and encourage unity in Canada.

"It will serve as a definite lead to other provinces. I heartily congratulate the medical profession in Al-

berta for having the vision and determination to take this action."

The emotion that evening might well have been captured by the eloquence of Lord Monaghan as he, on behalf of the Surgeons of the British Empire, presented a mace to the American College of Surgeons in Montreal, October 15, 1920:

"We pray that you may regard it as a symbol of our union as a pledge of our devotion to the same imperishable ideals as a witness to our unflinching faith and unchanging hope . . . that the members of our profession . . . shall be joined in brotherhood forever in the service of mankind."



AMA gavel, insignia of office, which was presented to Dr. J.K. Mulloy, incoming AMA president, 1937. (Courtesy of Dr. J. Robert Lampard.)

If the evening of September 8, 1937 were not momentous enough, Dr. Kerr spoke about the value of the profession to the citizens of Edmonton, Alberta and be-



yond during the Depression. Dr. Routley highlighted the progress the CMA had made by reviewing “the status of health insurance” and Dr. John S. McEachern spoke about “the public’s responsibility in the war on cancer.”

Finally united

Federation had been desired and discussed since at least the 1889 CMA meeting in Banff. It became a priority from 1935-38, as the CMA faced an increasing number of national issues including access to health care, health insurance, the formation of the Canadian Cancer Society and, one year later, responding to the exigencies of war.

The CMA had never attracted more than 20-30% of Canadian physicians as members. The decision by 96% of Alberta’s physicians to join the CMA “in principle” (1934) and in fact (1935) underlined the importance to the AMA of an integrated national organization.

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A tradition continued

The symbolic 1937 gavel was constructed from the oldest “medically related” wood that could be found in Alberta.

The handle was made from a chair that had been carved for Dr. John Rae, chief factor in charge of the MacKenzie district, and presented to him at Fort Chipewyan between

his second and third Franklin search expeditions in early 1850.

The mallet was made from the walls of the orderly officer’s room constructed in Fort Macleod in November 1874. That room was located in the same stockade as the first purpose-built hospital in Alberta.

The 1937 gavel presentation continued a tradition that recognized events of importance. Drs. McEachern and Routley had participated in



The CMA presented this gavel to the American Medical Association at the only joint meeting held, June 1935. (Courtesy of Dr. J. Robert Lampard.)

the presentation of the 1935 gavel to the president of the American Medical Association at the only joint meeting held by the American and Canadian Medical Associations.

They watched as a gavel, made from pilings under the first London Bridge, set down in 1098 and excavated in 1821, was presented to Dr. Walter Bierring, the American Medical Association president.

The AMA gavel today

The AMA’s gavel remains in mint condition. It has been remounted with a piece of wood from the plane tree, under which Hippocrates is reputed to have taught on the Island of Kos. It is flanked by two stones from the temples of Askalapios (healing) at Kos and Pergammon, where Hippocrates and Galen administered to their patients.

The gavel was re-presented this year to Dr. William H. Mulloy at the Foothills Medical Centre med-

ical staff banquet in Calgary on April 29. Dr. Mulloy is the son of Dr. J.K. Mulloy, a graduate of the first pre-medical U of A class of 1913, who received the gavel in 1937 from UofA President W.A. Kerr.

Conclusion of the centennial Digest series

This article concludes the Digest series of reflections on Alberta’s medical history and the role Alberta physicians played in the evolution of medicine in Canada, as viewed at the CMA conventions of 1889, 1912, 1934 and 1942. (See the Alberta Doctors’ Digest issues of July/August 2004, January/February 2005, March/April 2005 and May/June 2005.)

The influence of Alberta’s physicians in Canadian medicine is far more significant than has been previously accorded. Alberta physicians such as Drs. McEachern and Archer were satisfied to have made a difference rather than be credited for their accomplishments.

They would have been the first to acknowledge that “anniversary time ... is a time to recall your achievements, not in any spirited self-glorification, but as a yardstick by which your growth in the future may be measured.” (FE. Osbourne, 1933, at Rotary Club of Red Deer 10th anniversary.)

That quiet confidence has been a hallmark of medicine in Alberta and will continue as it faces its second century, to paraphrase Sir Wilfred Laurier, when, as prime minister, he spoke to the Canadian Club 100 years ago.

Much of the change in medicine will continue to emanate from Alberta. More importantly, the longer we can look back, the farther we can look forward (Churchill, 1944).