MEDICINE IN ALBERTA: THE WWII YEARS
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World War II created a military demand for doctors at home and abroad that severely strained the capacities of those available for both civilian and military duties. When Canada declared war on Germany on September 6, 1939 some Alberta doctors took the colors that very day. By October, nineteen were in uniform. Others were prepared to join up but waited until the state of mobilization would absorb them into the stream of enlistments. In 1941, the Department of National Defense surveyed the number of doctors who were willing to go into His Majesty's Services, emphasizing the continuing need. As mobilization speeded up, more and more doctors enlisted, but never enough. The Department of National Defense set up Medical Procurement and Assignment Boards in each province, both to stimulate recruitment among doctors and to determine civilian needs for doctors essential to certain communities or, as in the case of the University, to the war effort. The Chairman of the Alberta Board was Dr. H.H. Hepburn, an Edmonton neurosurgeon. By late 1942, one-hundred fifty-four Alberta doctors had enlisted in the three services, reducing the number of civilian doctors to four hundred ten compared with five hundred sixty seven in 1940, but the Department of National Defense still estimated its additional requirements at three hundred doctors.

As a result of its continual surveys, the Procurement and Assignment Board indicated to some physicians that their services would be of greater use to their country in the armed forces than in civilian communities. The Board had no coercive power but most doctors responded to their suggestions. The few who did not provoked friction. They included some who took the opportunity to move into Calgary or Edmonton from smaller communities without the excuse of doctors who had been declared medically unfit for active services. This tendency to migration raised several public proposals that doctors be frozen in their current locations.

The number of doctors who could not be used in the Services was small. Those who were unfit, or who were too old for overseas service, could readily be used in the Home War Establishment, particularly on Standing Medical Boards in any of the three services, and in Department of Veterans' Affairs (DVA) boards and hospitals.

Some doctors performed military duties under the Canadian government's General Order 139 of 1939, which permitted them to serve the military while preserving their civilian status. Some who had served in the First World War and were too old to go overseas, or who did not want to serve full-time in the Home War Establishment possibly because their services were required in the community in which they practiced did work under Government Order 139.

In the early days of the war, more doctors could have been used in the Home War Establishment, but the system to handle the enlistments had not yet been set up. The members of the militia units that were quickly activated received their examinations chiefly in Calgary where there was a medical board at Sarcee Camp. In the small centres about the province, civilian doctors carried out the examinations as provided for in the National War Measures Act. Local doctors conducted the required x-ray examination of the chest for each recruit and sent the film in for examination by a radiologist and filing in the recruit's records. Medical Boards were later established but not until October 1943 did the Army, Navy and Air Force set up Special Reception Centres with Standing Medical Boards in Calgary and Edmonton. Earlier, in 1941-42, a medical officer accompanied an Air Force Recruiting Team which toured Alberta and eastern British Columbia in an effort to recruit badly needed flying personnel.

By 1942, it became apparent that the military requirements for medical officers could not be met from the civilian population. In April the Minister of National Defense announced that 800 medical officers would be required that year. He asked the universities to accelerate their medical courses. After the first year, the government would compensate those who needed financial help and planned to go into the Armed Forces. Later the government allowed a medical student who had completed two years to enlist and receive pay and allowances. The universities decided that diluting the course content was not the proper way to achieve speed, so the traditional long summer holiday was abandoned and instruction was carried out the year round. At the University of Alberta, one medical class was registered June 1, 1942; the next on February 1, 1943. This naturally increased the burden on the teaching staff, which

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had been greatly diminished by enlistments. Those remaining, most of whom combined teaching with their practices, were already loaded with work due to the marked decrease in the general medical population.

Civilian hardship is a part of war. In the medical world this was experienced by both patients and doctors. The Alberta Medical Bulletin of January 1942 indicated that thirty-one communities needed doctors. Many of these had had a doctor until he enlisted. Patients then had to travel to a community where there was a doctor, only to find that a considerable wait might be involved. In an emergency, this was a particularly trying situation.

To the doctor, the shortage of confreres meant an increasing amount of work. For those on the university staff, the numbers of patients who came to their offices and the referrals of problem cases from out of town increased even as the university stepped up the pace of medical courses. One week after one class graduated, a new class was ready for instruction. This left no time for holidays even though they gave additional time to the Department of Veteran's Affairs in the Mewburn Pavilion at the University Hospital. Its two hundred and twenty five beds were usually fully occupied by problem cases sent in from the military hospitals and by those returned from overseas. The University doctors were also responsible for the medical care of the RCMP and the prisoners of war at Wetaskiwin.

Dr. Roy Anderson, one of very few general surgeons at the University Hospital after Dr. Fife died, spent many whole days in the operating room on DVA cases in addition to his regular practice and his university duties. Anything to do with the war effort had priority; this included looking after the wives and families of doctors who were in the services.

In Calgary, the situation was similar, though there was not the problem of the University. But all doctors were over-worked. Dr. Gordon Townsend, an orthopedic surgeon, reported that for a period it was almost impossible to get a surgical assistant, particularly for work done on Red Cross children at the General Hospital. He said that on several occasions Dr. Sidney Gelfand drove in from Canmore to assist him at 8:00 o'clock morning operations and then rushed back to his practice. This he did without compensation. Those in general practice were as busy as the rest, though Dr. Scott McLeod reported in his memoirs that each year during the war he took two or three weeks holiday in the summer.

At Medicine Hat, the establishment of an RCAF Service Training School and a POW camp, as well as a Defence Research Board station at nearby Suffield, all increased the medical load. Medicine Hat had been chosen for a training school because it had the most sunshine and the least rain in Canada, permitting more flying hours. Many of the permanent staff brought their wives and families from Great Britain, Australia and other areas of Canada, as did some of the staff in the other military establishments. All these newcomers placed a load on the local doctors. Though there had once been four independent doctors in Medicine Hat, by 1939 they had passed on, so that the Medical Arts Clinic alone offered medical service to the community. Two of the group had gone into the service, leaving five to carry on: Dr. D.N. McCharles and Dr. W.C. Campbell, surgeons; Dr. S.F. McEwen, radiologist, Dr. B.C. Armstrong, internist; and Dr. F.W. Gershaw, MP. As Dr. Campbell reported:

> *Some of doing surgery, worked six mornings a week and held office hours every afternoon and again in the evening from 7:30 to 9:00 p.m. House calls were very frequent and done in late afternoons and evenings. Sundays were not days of rest but were busy in the office in afternoons. During summer months, July and August, we alternated on Sundays, allowing us to take our families to Elkwater Lake or somewhere.*

In the small towns the situation was the same as in the cities, possibly worse since the area involved was greater. A specific case, possibly the worst in the province, illustrates the tremendous burden that some civilian physicians carried during the war.

Early in 1939 there were seven doctors in Red Deer. Two of them did the referred surgery for a large area; others acted as medical consultants. By mid-1942, four Red Deer doctors had enlisted, together with 11 from the referral area. Of the three remaining in Red Deer, Dr. Richard Parsons' working capacity was considerably diminished by a severe angina which terminated with a fatal coronary occlusion in 1944. Dr. C.R. Bunn, who served as a medical officer in World War I, was again in uniform, attending to his civilian practice while performing medical duties at the Army Services Corps Training Centre that had been established in Red Deer. This Centre, along with the Commonwealth Flying Training Centre at Penhold, greatly increased the civilian population of the city. There was only one full-time physician to serve them Dr. R. MacGregor Parsons, a surgeon. He was swamped in the flood of general practice and

the tide of surgery. Many nights he had no sleep. For surgical cases, it was the rule rather than the exception to be without an anesthetist or an assistant. The Medical Act, which required three physicians in attendance at all major surgery, demanded the impossible. The Deputy Minister of Health, Dr. Somerville, gave him special dispensation to administer the anesthetic, if possible spinal, turn it over to a nurse, and proceed with the operation, assisted by a nurse. This applied not only to relatively minor surgery but also in major cases involving gall bladder, stomach and bowel. The results compared favorably with those achieved under much better circumstances, but at the expense of the surgeon's health.

For a short time Dr. Parsons had an assistant with limited experience in surgery. One morning Dr. Parsons operated on a case of hyperthyroidism. The next morning when he arrived at the hospital he was alarmed to find that the patient had gone into thyroid storm, a very serious often fatal complication of thyroid surgery. He was more distressed when he heard that the night nurse had reported to the new assistant that this patient had a temperature of 104 degrees, almost certain evidence of a storm. The doctor told the nurse to give 30 grains of sulfanilamide, helpful in infection but useless here. Fortunately, the patient recovered, but Dr. Parsons decided that it would be easier to carry on alone rather than worry about inadequate help.

There does not appear to have been any analysis of the effect of these war years on the lifespan of the doctors who served on the home front. In Red Deer, the citizens became alarmed. Aware of the pressure under which their doctor was living they did not want to bother him except in extremely necessary circumstances. More than that, they did not see how a man could carry on at the pace he did over so many hours. They did not want to lose what they had. So the City of Red Deer, the Chamber of Commerce, the Canadian Legion, and many other public bodies petitioned the Federal Minister of Health, pointing out the gravity of the medical situation in the community and asking for the release of a medical officer from the Home War Establishment. The Minister replied, after consultation with the authorities involved, that none could be spared.

In the fall of 1943, the Board of Directors cancelled the traditional tour of the President-elect of the Alberta Division of the CMA because the few doctors in practice were too busy to attend the district meetings. For the first time since its inception in 1924, the Traveling Medical Clinic did not function due to lack of medical personnel. This Clinic had been organized by the provincial government to carry out health education, examine children, give vaccines, attend to teeth, and carry out minor operation, particularly tonsillectomies. In 1944, the attendance at the annual refresher course held in Edmonton was good, but most participants were service personnel. The release of doctors from the services was not a rapid process. Prior to the end of the European War a few doctors were demobilized for medical reasons. After the cessation of those hostilities the rate increased considerably. When the bombs were dropped on Japan the need for medical officers dropped sharply. Some stayed on with the occupation troops, and others were busy on the medical boards examining the troops being discharged.

With the hope of distributing returning doctors about the province in a manner to provide doctors to all communities requiring one, a Medical Placement Board was appointed. Having no power, it could merely recommend. Dr. H.H. Hepburn, the Chairman of the Board, found it a very frustrating job. Some of the doctors returned to their pre-war practices, but a great many wanted to set up in Edmonton, or failing that, in Calgary. Those going to the smaller towns wanted hospital facilities, preferably in their own towns or else in adjacent ones. Some communities used to having doctors before the war found themselves without a resident physician. Dr. Hepburn's disgusted comment was that "after a third war, for all of me, doctors can go to Mars or Venus".

Early in 1945, doctors invalidated out of the service and newcomers to the province brought some relief of the doctor shortage. In September there were four hundred and seventy-seven doctors registered in the province, of whom three hundred and ninety-seven were active in private practice.

The Medical Association, foreseeing that problems would arise in the post-war period, had formed a special committee under the Committee on Economics to study the situation of those rendering medical services in the province. With Dr. A.E. Archer as Chairman, the committee members, Dr. H.H. Hepburn, Dr. A.C. McGugan, Dr. Morley Young, Dr. Roy Anderson, Dr. Mark Levey, and Dr. H. Siemens, held four meetings during the winter of 1945 and subsequently met the representatives of at least nine important lay organizations. They were involved in the plans being made for veterans who

had not completed their internships, and they had a good fund of information produced by the Procurement and Assignment Board on medical services, disposition of doctors, number of people they served, age of practitioners, the number of hospital beds and the number of doctors in full- or part-time work.

The Committee found large areas in the province in which medical and hospital services were almost non-existent. While over sixty locations that had previously had medical services now had none, the greatest concentration of doctors was in Calgary and Edmonton. Overcrowding and long waiting lists characterized many hospitals.

The Committee presented a set of general conclusions about key trends in Alberta medical care at the 1945 annual meeting of the Alberta Division of the CMA.

1. Alberta had gone farther than most provinces in establishing certain medical services as a state responsibility, including the care of mental cases; the care of those suffering from pulmonary tuberculosis, venereal diseases, and infantile paralysis; the diagnosis and radiological and surgical treatment of those suffering from cancer; and free hospitalization for maternity cases.
2. Alberta has established seventeen full time health districts, though some are short of professional staff.
3. The Alberta Municipal Hospital Plan had been successful with forty-three hospital districts and had applications for twenty-five more.
4. Free hospitalization for maternity cases had created such problems for doctors practicing in areas without hospitals that they lost the maternity work.
5. Efforts should be made to obtain the use of any military hospitals which might be of use to the civilian population.
6. The services built up in Alberta were most worthy but if maintained and developed along the same lines, would constitute a system of State Medicine rather than State Assisted Health Insurance.
7. Conferences with lay organizations are of great value.

While the Committee clearly exhibited concern about the wartime tendency to organize state supported and controlled medical services, it also went on to express marked interest in preventive medical services. From the wartime legacy of crisis medicine under exhausting conditions, Alberta doctors looked forward to rebuilding a medical system that combined traditional practices with innovative approaches to health care.