

SPRING 2008

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**On our cover:**  
A beloved Dalhousie tradition continued with the 100th annual Med Ball.  
Inset: Alumni & Student Interactive Anatomy Lab

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Calnen Photography

## CORRECTION

In the last issue of VoxMeDAL, Allan Cohen's name was omitted from the Kidney Foundation of Canada prize. The write-up should have said "the Allan D. Cohen Kidney Foundation of Canada prize." We regret the error.

# VoxMeDAL

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## A Tribute to a Local Pediatrician

Dalhousie University and the IWK Health Centre would like to recognize Dr. Norman Barrie Coward posthumously for his generosity and vision. Dr. Coward devoted his life to furthering the study and practice of pediatric medicine. Through his recent \$6 million bequest to the IWK and Dalhousie University, his life's work will continue.

Following his graduation in 1928, Dr. Coward immersed himself in postgraduate training in pediatrics. He served as an intern at The Hospital for Sick Children in Toronto, a resident at the Riverdale Infectious Diseases Hospital and as chief resident for the Department of Pediatrics at Bellevue Medical Centre in New York. Later, he toured Britain, visiting children's hospitals in London, Edinburgh, Glasgow and Birmingham.

In 1934, Dr. Coward returned to Halifax as one of the city's first specialists in pediatric medicine. He joined Dalhousie's Faculty of Medicine as a lecturer and clinical instructor in the Department of Pediatrics. In 1958, he was appointed head of the Department of Pediatrics at Dalhousie. Five years later, he became pediatrician-in-chief at the Children's Hospital, now the IWK Health Centre, where he treated countless children for anything from broken bones to life threatening illnesses.

Dr. Coward will forever be remembered for his constant efforts to ensure that both Dalhousie University and the Children's Hospital had the best people, and the best programs possible.

Dalhousie University and the IWK Health Centre have a longstanding-tradition of working together to achieve excellence in healthcare for children, youth and their families in the Maritimes and beyond. Dr. Coward's work as a pediatrician with the children's hospital and as a Professor with the Dalhousie Medical School is a tremendous example of how this partnership has made an impact by advancing the field of pediatric medicine in our region.

Maritime children will ultimately benefit from Dr. Coward's legacy gift. It will support research for the benefit of children at the IWK and learning resources for medical students and professionals alike at Dalhousie's Kellogg Health Sciences Library. Together, these initiatives will enable new discoveries that lead to better, more efficient health care for children and their families and help attract talented professionals who want to be part of a vibrant research community.



Dr. Norman Barrie Coward  
1905 - 1997

Dr. Coward's legacy is an inspiration and his gift today will help ensure our future tomorrow.  
To establish your own legacy gift to honour a loved one and make a lasting impact in your community, please contact:



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# ONGOING WORK



By Dr. Margaret Casey, '68  
*President, Dalhousie Medical Alumni Association*

The DMAA celebrates its 50th anniversary and charts a course for the future

**O**n behalf of the Dalhousie Medical Alumni Board, I would like to extend warm wishes for the New Year to all of you. 2008 marks the 50th anniversary of the founding of the DMAA and the Board is planning events to celebrate the contributions of medical alumni to the Faculty of Medicine over the past half-century.

We have defined major goals to be addressed over the coming months:

- attaining financial sustainability;
- expanding the range of our operations to include, for example, residents in the Dalhousie residency training programs;
- increasing connections with physicians in communities across the Maritimes broadening representation on the Board, in terms of geography, specialty and age;
- enhancing the DMAA profile among alumni and in the broader community.

We have already made some progress and we look forward to demonstrating during this anniversary year, that the DMAA, 50 years later, continues to be a vigorous supporter of the Faculty of Medicine and students.

It is a great pleasure for me to welcome Joanne Webber, our new executive director. Her business background, combined with her energy and creativity, has brought an important dimension to DMAA operations.

She and executive assistant Heather Grant have been working on several fronts. I draw your attention to the list of current DMAA initiatives outlined in Joanne's message on Page 7.

Three of those merit special mention: our work in support of medical students' projects and initiatives such as the Everest Project and Code Red. The board considers work with students' issues to be the most important focus of the DMAA, linking generations of physicians with our future colleagues. Secondly, the class reunion program continues to expand. Last year, there were 12 class reunions and 13 are planned for this year. Thirdly, the George Flight Chair in Medical Education, an initiative of the DMAA spearheaded by the late Dr. George Flight, is now moving into a more accelerated phase with the help of the External Relations office. Our goal is to reach \$2 million by the end of 2008.

Also in this issue, Dr. Bob Anderson provides a synopsis of our history, on Page 6. It's important for our 6,700 members to understand why the DMAA was founded, its structural relationship with the university and faculty, including its evolving financial arrangements.

Also in this issue, Dr. Ross Langley writes about alumni who were honoured at the annual DMAA Awards Luncheon in October. The accomplishments of these four awardees (Dr. David Janigan, Dr. Graham Pineo, Dr. Michael Dunbar and Dr. Ken Murray) are outstanding. As fellow alumni, we take great pride in them and salute their achievements and contributions. We also acknowledge with pride other alumni profiled in this issue who have been recognized with awards in professional and community areas. The excellence demonstrated in the work and lives of these Dalhousie medical graduates gives inspiration to all of us.

At a special meeting held in October to discuss the future of the DMAA, the 40 attendees, including representatives of the Dalhousie Medical Students' Society, expressed their wish to maintain the DMAA as an organization under the direction of an active Alumni Board. We look forward to continuing and expanding the traditional work of the DMAA. I would like to express appreciation to Dean Harold Cook for his interest and support during this exciting period at the Medical School.

As we begin this 50th anniversary year, I urge you to consider how you can assist the DMAA to realize its potential of strong alumni commitment to our Faculty and students. We need your ideas, your presence on the Board and committees and your energy in moving strategies that will allow us to succeed. We encourage you to contact the DMAA office with your thoughts and suggestions. □

# THE STORY OF THE DMAA



By Bob Anderson, Class of '54

## Recapping the Association's first 50 years and looking to the future

In his masterpiece *Rashomon*, the great film director Akira Kurosawa showed that there are as many versions of stories as there are storytellers. Furthermore, it's true that in order to tell the story of the Dalhousie Medical Alumni Association (DMAA), it's now necessary to depend more on fuzzy memories than on accurate records. Nevertheless, even with such concerns regarding accuracy, at certain times it is important to remember history as best we can.

Medical alumni founded the DMAA in 1958 to ensure close relations between its members, its potential members (undergraduate students) and the Faculty of Medicine. They anticipated that this would benefit members by keeping them in touch with each other and the Faculty by keeping alumni informed as to its ongoing changes and needs.

At the time of our founding, medical students had little to do with the "upper campus" of Dalhousie. They saw its major roles as collecting fees and granting degrees. Graduates had much more loyalty to the Faculty than to the University, so the founding members felt that it would be best to keep the new association somewhat at "arm's length" from the latter. Thus, initially, the DMAA supported itself by annual dues and life memberships. Soon, an agreement with the University whereby DMAA financial support came from annual givings to the Faculty that were not designated to specific projects, replaced the previous arrangement.

This arrangement worked very well for many years. At first, expenses were minimal as the organization operated from the Dean's office. Expenses rose when the office was moved to the present location in 1980 but annual giving also increased to keep pace. Expenditures funded office staff and covered office expenses, allowed the publication of VoxMeDAL and supported projects (especially for undergraduate students). In the selection of these projects, special emphasis was placed on those of high priority to the students themselves but for which other sources of funding were difficult to obtain. The Dean of Medicine was always an ex-officio member of the DMAA Board so all initiatives were in concordance with Faculty goals.

Problems with the DMAA roles and financial arrangements seem to have begun in the 1980s, when income from annual givings

began to increase more quickly than in the past. The Annual Funds of all universities began to be used to help support basic university programs, rather than simply to provide for extras. As a result, disagreements over who "controlled" alumni organizations became very public both in Canada and the United States. In our case, there was some confusion about overlapping purposes of letters sent to alumni from the University, the Faculty and the DMAA, but these problems seemed relatively minor, and there was no indication of a need for major change.

And so, it came as a huge surprise when, in 2001, the University unilaterally discontinued the long-standing arrangement for DMAA funding by allocating all undesignated annual givings to the Faculty, instead providing the DMAA only those funds specifically designated for it. The default position for undesignated funds became the Faculty rather than the DMAA.

Regardless of any good intentions, this change had devastating effects on the DMAA. While we have managed to obtain sufficient funds from the Faculty and our own initiatives to keep functioning, the change has forced the association to expend most of its energy in the past six years in a struggle to maintain its existence. It had to discontinue support of most student projects and initiatives, at least temporarily. And, unsurprisingly, the unstable financial situation made it hard to retain valued office staff. The Faculty, through the Dean, has been as supportive and helpful as possible but has many other priorities.

In spite of all the difficulties, feedback from members has continued to favour maintaining our original structure and mandate. And so, efforts to regain stable long-term funding method are ongoing.

As we approach our 50th anniversary, in spite of the challenges, there have been continued achievements. VoxMeDAL still keeps you informed, reunions are well supported, some student projects have been reinstituted, support for the George Flight Chair in Medical Education continues to grow and new initiatives are in the works. But, much more can, and should, be done. □

# CULTURE OF THE ALUMNI



By Joanne Webber  
*DMAA Executive Director*

## Meet the DMAA's new Executive Director

Since August, I've had the pleasure of working with Margaret, Heather and the Board of Directors at the DMAA. The Faculty of Medicine is also an invaluable partner in our work. Before I go on, allow me to introduce myself. Although I'm originally from Halifax, I spent a large part of my adult years in Vancouver working in sales and marketing for wineries and distilleries and then for a number of years for Bacardi Rum International.

My career path has enabled me to work with some interesting people and has provided me with a broad perspective. In 2002, I continued my education with a degree in labour relations, human resources and specializing in industrial relations and collective bargaining.

During the summer, I had the privilege to work for a women's centre. I'm completing my masters in organizational management, specializing in workplace equity and cultural diversity. I currently live in New Glasgow. I'm very proud of children Scott (age 13) and Alanna (12), who love to travel, ski, play basketball, swim and boat in the summer at Melmerby Beach.

Throughout my personal life and career, I've seen the value of building commitment and engagement in an organization. The DMAA has had great success in that. Our fundamental philosophy fosters traditions of mentorship and grassroots initiatives. Alumni and faculty clearly demonstrate their loyalty, integrity and a high level of respect, through continuous small acts that cultivate and strengthen the bonds with medical students. This is one of the reasons why our Alumni Association is so strong; it's truly a unique association.

After examining other medical alumni associations, I believe that our 6,700-member association is one of the strongest in Canada. I'm pleased to highlight some of our current accomplishments.

- To date, the Medical Alumni Endowments & Scholarship Fund is at the substantial total of \$2,126,435.
- This year, the 2007 DMAA Entrance Scholarships have provided three incoming medical students with financial assistance.
- The \$30,000 raised by the DMAA for the Medicine in Humanities program in the Faculty of Medicine provided medical students the opportunity to study in India and Africa. For more details, see the article on pages 15–17.

- The DMAA holds more reunions than any other medical alumni association. In conjunction with class representatives, we will work on 25 reunions in 2007/08. There were 12 reunions last year and at least 13 are in the planning stages for 2008.

- New this year, the DMAA initiated the Interactive Anatomy Lab Experience for alumni and first-year medical students to share past and present educational experiences. Dr. Sinha facilitates this initiative, which we plan to offer three times each year. Students indicate they truly value this mentoring opportunity with alumni and welcome you to contact us to sign up for future dates.

- Our next initiative in January promotes "Lifestyles in Health," letting medical students and alumni meet informally to examine specialities such as "a day in the life of a surgeon, pediatrician and other specialities." Please contact us if you're interested in participating.

- Our collaboration with the Department of Bio Ethics promoted discussion panels allowing students to discuss ethical issues with physicians.

- Code Red (an HIV/AIDS awareness campaign) and Everest Project are just two of our many financial supported initiatives.

- Historically the DMAA contributes \$10,000 annually to the Dalhousie Medical Students Society. We also provide further support for special projects. Watch for upcoming DMAA events—we welcome your involvement so we can continue to provide DMSS funding.

We especially want to hear from our alumni in rural communities and hope to strengthen our overall alumni connections. Students have indicated a strong interest in connecting with alumni in many different ways. The DMAA is also interested in expanding new members to our Board of Directors.

Finally, I want to express my appreciation for this opportunity to work within this unique culture of the DMAA. I look forward to a very successful year. □

# EXCITING HORIZONS



by Dr. Harold Cook  
Dean, Faculty of Medicine

## The New Year brings new developments

**H**appy New Year! As we welcome 2008, I extend my best wishes to you and yours for peace, health and happiness.

The year ahead promises to be like no other in the history of our Faculty of Medicine. From a possible significant increase in enrollment to a major boost in our capacity for research and education, we're in the midst of several exciting initiatives that could significantly transform our medical school.

Just before Christmas, we completed the first phase of negotiations among Dalhousie University, the Province of New Brunswick and the University of New Brunswick with the submission of a draft agreement for the Dalhousie University Medical Education Program–New Brunswick (DMEP NB). It would establish a four-year medical undergraduate program in New Brunswick, serving 30 New Brunswick students per year.

The draft agreement awaits approval from the DMEP NB Management Committee, which will ultimately determine our progression. We anticipate feedback in early 2008, and look forward to updating you as we move toward this historic milestone.

Having completed the Royal College accreditation reviews of our 44 postgraduate residency programs, the spotlight has now shifted to undergraduate programs. Working jointly, the Liaison Committee on Medical Education (LCME) and the Committee on Accreditation of Canadian Medical Schools (CACMS) carries out these internationally-recognized assessments (scheduled for February 2009) at eight-year intervals. The accreditation process ensures medical education programs meet prescribed standards, while promoting institutional self-study and improvement. In preparation, we have begun to formulate our self-study and evaluation under the guidance of Accreditation co-chairs Susan Spence Wach, Associate Dean of Health Systems and Policy, and Dr. Doug Sinclair, Associate Dean of Continuing Medical Education.

In light of our recent strategic planning initiative, the upcoming accreditation and advancement of the DMEP NB proposal present unique opportunities to realize our goal of improving the health of our Maritime community.

In October, Industry Canada confirmed \$15 million in funding for the Life Sciences Research Institute (LSRI) to be built on the corner of Summer and College streets in Halifax, beginning in early

spring. This \$42-million building will provide centralized research space for the Maritime's growing life sciences and biotechnology centre. The LSRI's lead tenant will be the Brain Repair Centre (BRC), renowned for its advancements in research and innovative treatments for neurodegenerative diseases. Several leading local research groups are competing to determine which will occupy the remaining research space.

In addition to government funding, the Province of Nova Scotia and the Canada Foundation for Innovation have pledged support to the LSRI's capital costs. Several very generous private benefactors, including Dalhousie Medical Research Foundation, have also made financial commitments.

We hope that the Carleton Campus skyline will be graced with the addition of a second new building in the not-too-distant future. Collaborating with the faculties of Health Professions and Dentistry, we are working to define and ultimately implement, new inter-professional educational models that would ideally be supported by a new education building. The three health faculties have identified this initiative as their top priority for Dalhousie's Capital Campaign to be launched in 2008—an invigorating prospect for Carleton Campus.

As these projects and events unfold, an important part of our future is the continuing support of our community and, in particular, our alumni. The Dalhousie Medical Alumni Association, Faculty of Medicine and Dalhousie External Relations continue to work together to build stronger relationships with our graduates. I appreciate the major contribution that the DMAA has made over the years in helping alumni and the medical school stay in touch in ways that are mutually beneficial and lasting. As we embark upon the year ahead, I look forward to our continuing and close collaboration. □

# BACK TO THE FUTURE



By Sarah Lea, *President of Dalhousie Medical Students Society, Class of 2010*

## The DMSS and DMAA work to link the Medical School's past and future

Over the past few years, the Dalhousie Medical Students Society and the Dalhousie Medical Alumni Association have been working closely together to foster greater ties between the medical school's past and present.

Each year, the DMAA provides the DMSS with tireless support that allows us to offer services, events and even funding for student-based initiatives. So, this past October when the DMAA asked several of the DMSS Council members to come along to a meeting to discuss the future direction of the DMAA, we were more than happy to stop by and offer some insight into how closely we work with the DMAA.

On a rainy, cool October morning (less than one week before our Med 2 B&B exam I might add), I joined with Aisling Porter (our VP Internal) and Matt MacDonald (CMFS Jr. Representative and founder of Code Red) to speak to a group of Dalhousie Medical Alumni about how important the DMAA is to our work.

I spoke generally about the funding we receive from the DMAA that we put towards events and student initiatives. Aisling spoke of the events that we offer students, including the 100th Med Ball held on November 30. And Matt spoke about Code Red, an HIV/AIDS awareness campaign and fund-raising event, during which medical students spent a day biking across the province, from Sackville, Antigonish and Wolfville.

Speaking to a group of medical alumni that ranged from the class of '50 to the class of '06, I realized that one thing that is

missing is a greater link between students and alumni—the past and present. I commented on the need to better link the past and present. I mentioned that my grandfather was a graduate of the class of 1938 and how exciting it was for me to stand there and speak to a group of alumni, some of whom may have met him and worked with him throughout their medical careers.

After we spoke, I asked if anyone had any questions before we left, and an older gentleman, Dr. Ed Lund, raised his hand and asked where I was from. When I replied that I was from P.E.I., he asked my grandfather's name. After learning that my grandfather was Dr. Richard Gordon Lea, Dr. Lund bowed his head, paused for a moment and then looked up at me. "Your grandfather lent me the money to get through medical school," he said.

The whole room went silent, and tears welled up in more than a few eyes—it was incredible. After a few hugs and expressions of disbelief we parted ways and I think we all left the meeting that day with a renewed sense of community and a stronger desire to better link the past and present of Dalhousie Medical School.

The DMSS and the DMAA are now working on a Mentorship program that we hope will link current students with Dalhousie alumni across the country to provide guidance and support as we move through our medical studies and make decisions about specialties, residency location and our futures. If you're interested in learning more about the program, contact me at dmss@dal.ca. □

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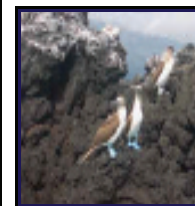
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<b>Aug 17 - 24</b> Alaska Glaciers	Addiction Medicine Psychiatry
<b>Sep 27 - Oct 11</b> Tahiti & Cook Islands	Travel Medicine Family Medicine
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# 25 years later

>> By John Hamilton and  
Minoli Amit, Class of 1977

## Reflections on a quarter of a century of health care in rural Nova Scotia

*At the DMAA, we're well aware of the vital roles physicians play in rural communities. They often go above and beyond the call of duty, working with limited resources under difficult conditions. If you're in a rural community anywhere in the Maritimes, e-mail us at [medical.alumni@dal.ca](mailto:medical.alumni@dal.ca) to share your story. Meanwhile, read on for the stories of two physicians who have made substantial contributions to their northern Nova Scotia communities.*

Angus Hughie came to my office on a cold, dark late November day. He was a short wiry man of about 83 with a steely glare. "Hamilton, you have got to fix my eyes," he sputtered. "I'm shingling my roof and I've been hammering the wrong nails!"

He held up both hands, with 10 fingernails blackened by losing battles with a hammer. "I've got cataracts and you have to fix 'em," he said. "In the meantime, I've figured out a system to save my hands: I stick the shingling nails into a piece of cardboard and when they are started, I pull the cardboard away and can hit the right nails."

He did have cataracts and after they were removed he successfully finished his roof and died a dozen years later while doing his spring plowing. The tractor went to the end of the row and never made the turn. Angus Hughie MacDonald joined his ancestors while in full control of his faculties at the age of 95. John attended his wake, as he did on the Sunday afternoon that he wrote this for two other patients. A wake is a common event in this largely geriatric specialty of ophthalmology.

In 1982, we arrived in Antigonish, at Saint Martha's Hospital and started new specialty services. Minoli was the only pediatrician and remained as such until 2000 when she was joined by a partner in practice and John was in a similar state until 1989.

It's not often one gets the opportunity to start with an absolutely clean slate. However, we made the commitment and chose to make availability a priority. Being available however, resulted in seven years of 24/7 call for John and 18 for Minoli. There were many birthday parties when one or the other of us was called away to attend to a patient. There were also many nights when three children were woken up, bundled and accompanied mother into the hospital so that someone else's child might be seen by the pediatrician. This was all in a day's work for the local ophthalmologist and pediatrician, along with meetings of an assortment of community groups, Boy Scout or Girl Guide camps, teaching Sunday school, hanging flowering baskets on "The Main," Highland Games and many more odd and not-so-odd jobs.

Life has always been full in health-care work but also in our total immersion in community. Over the years, our children have grown up and mostly left home, our interests have changed but our work in health care has always been central to our lives and we are



**Dr. Minoli Amit has practised medicine in rural Nova Scotia for some 25 years.**

continuously challenged and inspired by new issues and interests.

Our interest in improving health services for rural populations has taken us to the farthest reaches of our district. We've experienced the challenges of harsh road conditions and appreciated the excellent job done with the very limited services available in our small remote health centres. We have come to admire those physicians and others who accept these difficulties as part of their daily existence. We have struggled with them to provide good patient care with all the limitations and technological disadvantages challenging rural residents.

Our experiences have led us to take our concerns from rural Nova Scotia to many tables, provincially and nationally. A decade ago, we were founders of the Section of Rural Specialists within Doctors Nova Scotia—through which we've been able to advocate on behalf of physicians who choose to work as we do. We've both had opportunities to sit on our respective national specialty society organizations and Minoli presently provides this voice on the National Council of the Royal College of Physicians and Surgeons of Canada. We feel very strongly that rural health services need strong advocates at all tables.

It is hard to realize how limited access was to specialty services for much of the population outside of Halifax. There is much more to ophthalmology than cataracts: diabetic monitoring was poor and glaucoma treatment difficult, screening for pediatric ophthalmic disease was a luxury in most family's eyes. Children travelled regularly to Halifax for such basic things as asthma treatment. Geographic isolation was and is a problem because there is virtually no public transportation in this province.

Here, in eastern Nova Scotia and western Cape Breton, there were

challenges with poverty, a lack of awareness of available services and therapies, as well as racial and linguistic isolation. These problems are far from solved but are less of a barrier to access to specialty care than they were 25 years ago. Finding solutions to these challenges, the privilege of following patients over long periods of time, the collegiality and support of coworkers, the ability to explore new methods of care delivery and design them, have been significant areas of satisfaction. In small communities, it is indeed far easier to effect solutions to problems—as it is to see outcomes and resolutions.

There is a huge difference compared to the multi-layered complexities of academic departments and large urban centres. Now in 2008, rural specialty care is a good place to be, the requirement for 1 in 1 call, massive disruption of personal life and professional isolation has largely disappeared and has been replaced by a sense that we have a far greater effect than our numbers would suggest.

When people ask why we chose to come to rural Nova Scotia and

struggle with the work load, the constant scramble for equipment, technological and academic currency the answer is that this has been an opportunity to make a difference and to try to make the dream of the framers of Medicare real. It all really comes down to citizenship and the profound belief which we both share that there is not a first and second class citizenship in this country. Those who live outside of large urban centres have as much right to state-of-the-art health care as everyone else.

Moses Coady and Jimmy Tompkins who founded the Antigonish Movement certainly believed that as did the Sisters of Saint Martha who built our hospital on that principle. It has been an honour and a privilege to be trusted by irreducible individuals like Angus Hughie. This year, in November we celebrated 25 years of our journey through healthcare with many of our coworkers at Saint Martha's Hospital. We hope the years to come will be as rewarding as the past quarter century. □

# Humanitarian, healer, health promotor



Johnnie Williston touched countless lives during his medical career

Johnnie Williston put the same amount of energy into his medical practice as he did into his days playing hockey in the Sydney Forum as a child and later as a member of the Dalhousie varsity team. And it didn't stop there—his enthusiasm and passion touched the lives of many patients, athletes, Pictou County citizens and committee members during his 78 years. Johnnie is a good example of how to get the most enjoyment out of life.

He grew up in Sydney on Nova Scotia's Cape Breton Island, the son of a steelworker and member of a large family that supported each other through tough economic times. From the time he was old enough, he worked... at the corner store, selling popcorn at the local rink, delivering Coca Cola, and painting houses. He even sold pots and pans door-to-door in Toronto. Johnnie cared a lot about people and at one point considered becoming a minister.

His can-do attitude, energy and empathy are why a family friend encouraged him to study medicine at Dalhousie. There his work ethic continued to serve him. He did well academically, was a member of the hockey, rugby and boxing teams and looked after maintenance for his boarding house to pay for room and meals. In 1956, Johnnie graduated from Dalhousie medical school, married Phyllis and moved to New Glasgow, Nova Scotia to start his practice.

Johnnie practiced medicine in Pictou County for about 40 years. He loved every minute of it—helping people, the hectic pace. He particularly enjoyed diagnosing conditions. And he delivered babies, a lot of babies! One lady didn't quite make it to the delivery room and had her baby on the front lawn of the hospital. Johnnie teased her that the bill was for “green fees!”

House calls were an important part of a doctor's role in those days.

He got to know the back roads of Pictou County well. More than once, he travelled by snowplow to see patients during blizzards.

Running a general practice was tough sledding for any doctor in those days, with long hours and interrupted sleeps for house calls. He was also the plant physician for Scott Paper (now Neena Paper) for 25 years. He started “Double Check” with Phyllis, providing a complete physical and health assessment and improvement plan for executives of several firms in the area. He took great pride in motivating several business people to build exercise and healthy living into their busy life style. And he eventually started an allergy clinic helping patients from Cape Breton to Truro.

In his spare time, he was involved in his community in a big way—getting tennis courts built, fundraising, promoting fitness. His greatest and proudest contribution is the Johnnie Miles Marathon and events that he founded as chair of the recreation committee of New Glasgow in the 1970's. Like everything he got involved with, Johnnie threw himself into organizing and promoting the event for the next 30 years! Organizing the guest speaker, raising funds from local businesses, hand crafting the trophies and seeing the number of runners enjoy a top-notch event brought a great sense of joy and satisfaction to Johnnie for years.

Johnnie received several awards in recognition of his contribution to his community and the medical profession including Fellowship in Family Medicine, Senior Membership in the Medical Society of Nova Scotia and Life Membership in the College of Family Physicians of Canada.

Johnnie passed away suddenly in 2005. His epitaph “humanitarian, healer, health promotor” sums up a life well lived. □



# A legacy of Learning

WHEN STUDENTS AND ALUMNI MINGLED AT THE ANATOMY LAB, IT WAS AN EDUCATIONAL EXPERIENCE FOR BOTH GROUPS

**>> By Shane Hawkins,  
President of the Class of 2011**

*The DMAA's most important mission is to bring students, alumni and Faculty together. Recently, we hosted the first in an ongoing series of such events, offered three times yearly. We invite alumni to contact us to share ideas and take part.*

No doubt medical education has changed much in the 140 years since Dalhousie Medical School began turning out doctors but if the grainy black and white pictures lining the hallway entrance to the Tupper's 14th floor anatomy lab are any indication, the study of anatomy was present from the school's early days.

Perhaps no experience is more defining and memory forming of a new medical student's earliest days in the study of their new profession than those first moments in the anatomy lab facing a new cadaver and holding a scalpel in an uncertain hand, unsure what emotions will come as the clean white cloth is lifted away from the lifeless form. This experience is a common gateway to the practice of medicine, through which all attending Dalhousie must pass. Within moments or over weeks, hesitant hands become confident, fascination with the intricacies of the human body replaces reservations, minds become focused not on death but rather bent to the task of learning the great volume of anatomical knowledge that forms the base of medical studies.

Recently, through the initiative of Dr. Gita Sinha, a number of Dalhousie Medical alumni gathered with a group of first-year medical students in the Tupper's anatomy lab to see the facilities and learning

tools now enjoyed by students and to share their experiences of learning anatomy. All alumni present agreed the spacious, clean, and well lit lab space was an improvement over the rooms they had used in the Forest building in the 1950s and '60s.

As they donned the protective latex gloves being distributed an alumnus commented that no gloves were used during their dissection work, a stark contrast to today when touching a specimen with an ungloved hand unfailingly raises expressions of disapproval from classmates and a glove torn mid-dissection causes a grimace of distaste from its unhappy wearer. One alumnus even commented that it was perfectly normal to eat in the dissection theaters, a scalpel in one hand and a sandwich in the other, a scene not likely glimpsed among today's students.

There was some surprise to learn that the study of human anatomy now happens in eight weeks rather than being spread over the nearly two years most of the alumni spent working on their cadavers. Of course without the benefit of interactive websites, 3-D animation and digital video dissections enjoyed by today's students, the alumni had little choice but to learn their anatomy through careful and meticulous dissection of the entire cadaver.

Today's students are cautioned about spending too much valuable time trying to dissect "the hard parts", when these details are so easily learned using prepared sections, fine resin models and instructional DVDs. The alumni, however, didn't seem to regret their long hours



Front to back and L to R: Peter Lee '80; Zoe Yannakakis '62; Nick Sinclair '62; George Saunders '47; Dr. Gita Sinha, Department of Anatomy and Neurobiology; Bill Wood '52; Graham Pineo '62; Stan Epstein '62; Dr. George Yannakakis; Don MacEachen '62; Barbara Robinson '47; Carl Saiphoo '62; David Cogswell '60; Eric Cogswell '62, Ken Murray '72

spent in the anatomy labs, citing the close friendships formed over the dissection table and the anatomical knowledge that served them well in their careers. They began their practice before modern diagnostic medicine existed and often successful diagnosis depended on skilled history taking, physical examination and knowing well what structures lay beneath the skin they palpated.

The alumni offered guidance and advice to the attentive students, discussing their memories of anatomy studies. A common theme was the need for students to focus on developing good basic skills of history taking, physical examination and knowledge of the basic science of medicine. An oft-repeated sentiment was that with good basic skills and anatomical knowledge, advanced diagnostic tools can be unnecessary.

The session was enjoyed by both students and alumni and the time passed quickly. If this session is to be taken as any indication there may be unmet demand for forums, which allow alumni and students to interact in such an engaging way. □

## STUDENTS SHARE THEIR THOUGHTS

**Student 1:** "It was interesting hearing about alumni experiences and it reinforced how lucky we are to be practicing medicine in such a time. I really really enjoyed it. I think all who were involved did as well. I think it would be a worthy endeavor to have an event like that every year because so many people don't know what medicine was like back then."

**Student 2:** "I thought the Alumni luncheon was really worthwhile. Each of the doctors had such valuable insight and wisdom to offer from their respective experiences. To me, the universal message was their emphasis on the humanity of medicine: the importance of empathy and respect, that really listening to your patients is far more effective for diagnosis and treatment than any test - ultimately that medicine is first and foremost about helping and understanding the individual person, rather than simply attacking the disease. I think as med students we can get quite caught up in the technical

side of medicine—it can be easy to forget we are treating a person, not a disease, and there is a real person with a full life behind all those charts, tests and symptoms. That is something we should never lose sight of. I'm glad to hear you're writing an article about our impressions of the luncheon—I was going to offer. I'd definitely like to participate in more student/alumni events in future."

**Student 3:** "I think I just really enjoyed listening to their stories. It's so interesting to hear what graduates (from a long time ago) have to say about their experiences as med students. I really liked the interactive aspect. They wanted to know about our experiences just as much as we wanted to know about theirs. Which was nice, because it feels like you still have a link and a connection to those who have graduated. So I know that when I graduate I will still be welcomed back with open arms. It would have also been nice to see some of the more recent graduates." □

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# Do the right thing

Exploring issues in bioethics

>> By Dr. Lynette Reid,  
*Dept. of Bioethics*



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This fall, the Dalhousie Medical Alumni Association paired with the Faculty of Medicine's Department of Bioethics for a new initiative in undergraduate ethics education. Today, medical students take to the concept of patient autonomy very naturally. The challenging journey ahead is to learn how to support patients appropriately in making good decisions around health care. How far do physicians need to go to meet patients where they are coming from? What if the patients are too young to appreciate the consequences of their current choices or are gradually losing cognitive capacity in old age? What if there are hidden reasons constraining patient choices, like economic pressures or family dynamics?

At the beginning of November, the DMAA and the Department of Bioethics brought together three panels of clinicians to discuss with first-year medical students how they handle shared decision-making and informed consent with their elderly patients, with pediatric populations, and with patients who face socioeconomic challenges in their ability to make choices and act on them in their healthcare.

How can you work with a patient with a drug addiction who needs to go straight to emergency but is overwhelmed by the need to secure the next fix instead? How can a physician work with social services to support a disabled patient who wants to start a family? On November 5, Dr. John Fraser and Dr. Anne Houstoun of the North End Community Health Clinic presented challenging cases and the panelists and students together brought a range of concerns and creative ideas to the discussion. How far can you go thinking of other clinical options? What can a physician do to secure resources for patients? How do you manage your own feelings when patients aren't letting you provide the help you're trained to give?

On November 8, Dr. Walter Robinson of the Cystic Fibrosis Clinic at the IWK asked what happens when adolescent rebellion hits—for patients who need to be committed to intensive regimens of self-care. The

students wrestled with questions about how far professional responsibility goes in such a challenging case, whether adolescents should be allowed to make their own choices—and the limits of what can be forced on a young adult. And what happens when parents and physicians disagree?

The next day, Dr. Janet Gordon (Geriatrics) and Dr. Lara Hazelton (Geriatric Psychiatry) discussed issues of informed consent for patients with dementia. Laws and policies about informed consent are set up in a way that presumes most patients have families who can make treatment decisions for them when they are no longer able. But what happens when you have a patient with dementia who needs treatment but has no immediate family to give consent? Dr. Hazelton discussed such a case. Dr. Gordon discussed her experiences with geriatric populations and pointed out that even within families the consent process can be made difficult by fears and expectations about what a family member's role should be, and by co-dependencies. Many students posed questions to the clinicians about a research project they are doing this term, and benefited from the responses.

The panel discussions were part of an innovative new assignment for the ethics component in the first-year Patient-Doctor Unit. Taking the theoretical frameworks for ethics that students have learned from lectures or from previous coursework (approximately a third have taken a bioethics course in their pre-medical studies), students are working together in groups to do mini "empirical ethics" research projects. After investigating the literature, the students define an issue they want to understand better and interview physicians to find out more about how ethics is enacted in practice. These three panel discussions start the conversation about how ethics is intimately involved in day-to-day clinical encounters, where physicians use ethical analysis and reasoning together with other skills, like flexibility, clinical ingenuity, and "people smarts," to provide good patient care. □

A broad worldview is important for physicians—that's why the DMAA is working to raise funds supporting international travel by students. Events like the recent Vincent Lam lecture, presented with the Department of Humanities in Medicine, provide these funds, so stay tuned for your next opportunity to support this valuable work. Meanwhile, read on to discover how these projects are already shaping the next generation of physicians.

# A snapshot of India

In one of the world's most populous countries, gender inequality perpetuates a cycle of poverty, exploitation and poor health

»» By Matthew MacDonald, Class of 2010



If you look at the people who are struggling most to maintain their health, one group continually lacks power. They lack the power to make choices that will keep them healthy. I'm not talking specifically about any one country (like a Sierra Leone), or any one region (like a sub-Saharan Africa), but of a much bigger group. I'm talking about girls and women throughout the world. One of the strongest factors driving poor health is gender inequality.

Through the generous support of the Dalhousie Medical Alumni Association and the Medical Humanities Department, I had the privilege of working in Kolkata, India in the summer of 2007. I teamed up with a non-governmental organization that works to improve the socioeconomic and health status of disadvantaged communities. The Association for Social and Health Advancement (ASHA) has a particular focus on adolescent girls and women through its programs in reproductive and child health, gender equity, life skills education, nutrition, early child development and income-generation.

There are many factors that ultimately affect the health of young women, including the risks associated with early marriage, early pregnancy and childbirth, lack of education, and low socio-economic status. I have included one journal entry that speaks to these very points, and hope that it serves in its own way to detail how gender inequality affects health.

\*\*\*\*

There are 24 of them. Or 25—I have lost count. Half of them are lined up against a brick wall, sitting in the traditional way, with their legs folded. The other half are close by, sitting in twos and threes on the narrow dirt pathway that winds through their small village. They are adolescent girls in the village of Shibpur. They are all laughing.

They are all rolling beedis. Beedis are tiny cigarettes that serve as the sole income for many rural Indians in the state of West Bengal.

Each has a basket on their lap, their materials laid out in front of them. I am taken by the ease with which they take a dried leaf,

add a pinch of tobacco, roll the leaf and tie it with a light purple string.

The result is almost decadent, if it was not for the physical harm that beedis cause. Ah, forget the physical harm. In this village, it is the socioeconomic harm that pervades everything. Tobacco smoke works away at the lungs over years. The poverty and lack of control that the beedi work ensures for these young girls has immediate effects.

One girl in the front row is particularly good at what she does. Too good for someone only 12 years old. She pauses to use rusty scissors to cut the purple string. "Are you enjoying school?" I ask the group. The same girl in the front answers quickly and confidently.

There is something different about her, something difficult to describe. Her posture is a little more upright than most, her words a little more crisp. She is a leader in the group. "I like to read and write," she says. "I want to stay in school." Her tone changes slightly and she adds, "but I think my parents will not let me continue." They need her home to make beedis, to make money for the family.

"How many of you are no longer in school?" I ask. "I stopped in the 5th standard," says one. "I stopped in the 4th," says another smiling. She does not feel ashamed because she is not alone in her lack of schooling. About half the girls were not in school.

The conversation turns to the topic of beedis. "I make 1,000 beedis each day," one says. "I make 1,500 beedis!" shouts another. Topping them all, one girl shouts, "2,000!" "That's 80 rupees daily," Bhaskar, an ASHA worker, says to me. For the best beedi maker, that's \$2 per day, I realize.

The girls against the wall look young as well, but they are not as talkative, until the topic of marriage comes up. "Who is married?" I wonder aloud. "I am," says a 16-year-old girl. She looks 13 and her petite body reminds me of what my co-worker had said about the dangers of childbirth for women with small frames. Another answers that she was married at 15.

Instead of friendly competitions over playground games and school marks, these girls are shouting out numbers like 2,000 (for

the number of beedis made) and 15 (for age of marriage). Another girl in the middle of the crowd is breastfeeding her little boy; she continues to roll beedis the next minute.

As the talk ends, the young girl walks us to our motorcycle. She talks to me, as if I know Bengali, telling me things that I wish I could understand. I wonder what she says to me. In her hand is a drawing she did earlier. It is a picture of a young woman with long braids, a mark in the center of her forehead that denotes her beliefs and a stethoscope around her neck. We wave good-bye.

On the way home we cross a long bridge. "That's the Ganges," Bhaskar tells me. We stop to admire the sunset. Somehow it does not have the same impact when you know that five minutes away from the bridge, the girl has put down her picture of a young physician so that she can continue with her beedi work. She will continue to make beedis for two hours in the dark, after the sun goes down over the Ganges. □

**When medical students travel internationally, they discover the unique challenges and opportunities of working across different cultures.**



## Monsoon rains in Macleod Gange

Exploring the healing power of art in India

>> By Tania Wong '09



This summer, I was privileged to participate in a program called Art Refuge in Macleod Gange, India. This program is organized by an art therapist named Frances Fox. Locally in Macleod Gange, it is run by Tibetan refugee women named Ama Adhe and Lhamo. All around the world there are refugees of war and oppression and children who have lost their families.

Macleod Gange represents one these places and is full of Tibetan refugee children who have been sent by their families to cross the Himalayan Mountains from Tibet to Nepal and finally India to escape the oppression and inhumane treatment of the Chinese. Many have walked for one month in dangerous conditions with little food or shelter and by the time they reach the refugee centre they are shy, fearful and tired. Upon arriving to the centre, they are invited to visit the Art Refuge, which is located in a large open air classroom on the second floor. This classroom consists of a locker full of art supplies, a trunk full of toys, two Tibetan teachers and often times volunteers from around the world.

During my time in the Art Refuge, I was responsible for organizing daily art lessons which were held in the morning and activities held in the afternoon. Over the month, it was amazing to see the progression of the children as they learned how to hold a pencil for the very first time to painting a scene of their journey across the Himalayas. Afternoon activities ranged from visiting the temple and a privileged appearance from the Dalai Lama to walking to a nearby town to bathe in the waterfall (this was a favourite!).

By allowing these children to express themselves through art, we are allowing them to begin the healing process of the traumatic and isolating experiences they have endured in their own creative way. Each child's art tells their own personal story of what they have seen and lived through; creating a language that can be understood by everyone. □



# Out of Africa

When three medical students visited South Africa, they gained a new understanding of what we all have in common

>> By Chris Nash '09,  
Erin Palmer '09 and  
Ellen Forbes '10



Last summer, our group of three medical students headed out from Halifax for a three week elective in East London, South Africa. Our mission was to gain a better understanding of the health-care challenges in a developing country and to have some fun learning outside of a classroom along the way.

We worked with two amazing doctors who run Ikhwezi-Lokusa Wellness Centre, a non-profit HIV clinic. Ikhwezi provides one-stop comprehensive medical care for patients with HIV, including free anti-retroviral medications—all without government support. We also conducted home visits out in the townships of East London, which were home to most of the patients who visit Ikhwezi. Through these experiences, we developed a better understanding of the medical and social impact of HIV-AIDS.



With the generous grant given to us by the Medical Alumni, we were able to film a documentary while in South Africa. Youth have played a pivotal role in shaping South African history and particularly played a role in ending Apartheid. Currently, many issues are plaguing South Africa and once again, youth are called on to help shape the future of their country.

Our goal of the project was to interview South African youth about what issues they felt most needed to be changed in their country and how they hoped to accomplish this. While the number one issue for most South African youth is combating HIV, other issues include unemployment, racism, access to quality education, health care and the environment. These are similar to the issues affecting many Canadian youth. Through this video we hope to show that while South Africa and Canada are worlds apart from each other, we are all facing similar problems and as youth need to rally together to shape the future.

Our time in East London was not entirely spent working. We were also able to fit in some fun. We had the opportunity to lounge on the beach in Cintsu, hike the mountains of Hogsback, have a traditional South Africa barbeque (we're still unsure of what was in those sausages) and watch possibly the worst Guns n' Roses cover band in the world. This experience has provided us with memories of a lifetime and will help us to become globally conscious physicians in the future. □

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# Life before Med School

Reflecting on the transition to medicine from other careers



## Never too late

>> By Bradley Ball '11

Most students have trouble with mornings. That's not the case with me. How can it be when you've got three kids jumping on your bed at 6 a.m.? I'm a father of three wonderful children under the age of six and that's just where it begins to get interesting.

I've always wanted to be a physician. I've been talking about it as long as I can remember. I've also always been very involved in my faith community. As I maneuvered my way through high school, I enjoyed science and at the same time I was always at my church, continually getting drawn into the latest event. I had a decision to make at the end of high school. How does this all come together? I made my decision and I chose to enter training for the ministry. I still believe that was a good

decision even though I didn't begin to perceive all that would happen over the next few years.

I did become an ordained minister and I served in several churches as an associate minister in a First Nations community as well as in locales throughout Nova Scotia, New Brunswick and Newfoundland. To get to that point, I studied theology with a major in cross-cultural studies. It was a great journey filled with many wonderful people and a wide palate of learning opportunities. At the end of my degree, I did an internship in Kitwe, Zambia. The work and the experience shook the foundations of my worldview. That's when I paused at the crossroads of my career again.

The things I saw in Africa caused me to reflect on how all the elements in my life could come together. What was I to do next? I continued to minister in churches but I started to study biochemistry and microbiology at Dalhousie just a few years later. Maybe I was to pursue this dream of studying medicine after all? I lived an interesting paradox: absorbing a lecture on the Krebs cycle one hour, the next hour preparing the music program for a Sunday service. However, it came together and I enjoyed the journey immensely.

And so here I am: a husband, a father, a minister, a trainee in the Canadian Forces medical officer program and a medical student. It makes for a dizzying story but it's been great enjoyment and a great challenge thus far.

Looking back on my journey, I'm so glad people told me "It's never too late." Life unfolds one stage at a time, often quite differently than we anticipate. Here's to continued surprises along the way.



## Leap of faith

>> By David Sibley '11

Well I guess I'm really going to do this." That's what I convinced myself of as I mailed my acceptance letter to Dalhousie. This had been my third application to Dalhousie and now that I had finally made it, I had doubts of actually wanting to go through with it. That sounds crazy, I know, especially when I think of how much work I had put into getting to that point.

While working full-time as a paramedic, I completed my BSc in biology and self-studied for and passed the MCAT. I also continued to volunteer as a firefighter and do all the activities that I enjoyed doing, which are just as important when applying to medical school.

So now that I had finally earned the opportunity to go to Dalhousie, why was I questioning my desire to become a doctor? I had so many thoughts running through my head. "I am giving up a stable career of 10 years. It's been years since I have been in university. What if I forgot how to study? Can I handle the increased work load? Can I balance university and life again? Will I be smart enough? Will I make a good doctor?"

I now know that I was just experiencing a little anxiety (OK, more than a little) about leaving my stable, comfortable life. I was feeling apprehensive about moving towards the unknown. It's human nature to become complacent with what we have and be a little uncomfortable with change but every once in a while we need to take a little risk.

If we don't, life may not be as interesting as it could be. So, after some reassurance from my family, I decided to take a leap of faith.

I resigned from my job, moved to a new apartment in Halifax, and prepared myself for a new adventure. Looking back now, I am so glad I took that risk. Since starting medical school I have met so many nice people, I have learned a lot, and best of all I now know that I can do it. I know it will take a lot of hard work, but I feel I am on the right path, and one day I know I'll be a good doctor.



## Call of duty

>> By Captain Douglas Tuck '11

I have the dubious honor of being the "senior" member of the Class of 2011. I'm a serving member in the Canadian Forces, with over 15 years experience, primarily as a Nursing Officer. I've embarked on this latest adventure with a young family in tow, whose support makes this possible.

My wife asked me why I wanted to make the move when I put the bug in her ear nearly two years ago. It wasn't an easy question to answer. It wasn't as simple as wanting to help people. I was already in a caring profession, using my skills to that end. Nursing Officers work in both clinical and administrative positions. Over the course of my career, the amount of clinical contact I was afforded had been dramatically reduced. I enjoyed the different challenges and responsibilities that came with career advancement and seniority, but longed for the opportunity to work with patients. It was fair to say I was experiencing a reduced level of job satisfaction.

I had already begun preparing to apply to medical school years earlier, but had put my application on hold because of the birth of my first child and a looming deployment to Kabul. One of the most rewarding experiences in my life has been to serve with the multinational security forces in Afghanistan. The troops work and live under austere

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conditions and sacrifice a great deal while risking everything.

For this, I believe they deserve the best care possible. While on deployment I was accepted into an emergency nursing course and began immediately upon my return. Before I had even completed the course my commanding officer and I had discussed the possibility of my studying medicine. Throughout my career, I have had the encouragement and support of my peers and superiors. Therefore, it was a combination of my experience in Afghanistan and job dissatisfaction that renewed my interest in clinical medicine.

My whole life has been an exercise in continuing education. I believe being a professional is synonymous with lifelong learning and everyone should strive to meet their full potential. My enrolment in medical school is the next step in my evolution. As Medical Officer, I can work in a multitude of roles and settings, allowing me greater opportunities to serve my fellow Force members and citizens. The timing was right—a juxtaposition of my wife's career, sons' ages and my drive to self-actualize have led me to where I am today.

## From ledgers to ECGs

>> By Shane Hawkins '11

I don't know who develops the "career finder" self-assessments used by high school guidance counselors, but I think they're rubbish. Medicine didn't come up on my list, so I headed off to business school. As a kid from the 1980s, I blame that decision on too much Street Legal—suits and office politics had such allure. I was going to park my Beemer on Bay Street and eat sushi three times a day.

In hindsight, not having shared interests with my business school classmates should have been a tip-off that it wasn't a great fit



but I'm far too practical (a nice synonym for stubborn) to bail midway through a degree. After business school, I worked in finance and accounting at a large financial

services company in Halifax.

I was good at it and quickly had a position with significant autonomy and intellectually challenging problems to work on. No clerical duties, I got right to the good stuff and yet I was miserable. Here's a tip from my career guidance manual: if you can convince yourself you'll be more productive taking your laptop to the pub and working from there, it's time to change careers.

People sometimes admire the personal attributes exemplified by a person who makes a significant career change. This embarrasses me because I think that's hokey. When a person is miserable, change is the easiest route, sticking it out is the hard path. Mind you, I was 23 and income stability didn't seem worth worrying about.

Discovering that my interests lay in a medicine was anything but deliberate, I found a job working with homeless and high-risk youth. The pay was low and the hours stank (characteristics common of both jobs you can obtain without specialized training and medical residency), but I was pretty content doing it. It felt good to be helping people in a tangible and immediate way. These reflections percolated in my mind over the course of the next year.

I was fortunate to have some physician friends that shared another passion of mine: surfing. Hearing about medicine from their perspectives lead me to my hallelujah moment. How can you help people and apply specialized knowledge to solve challenging problems? Through medicine, of course!

I ditched the wetsuit and headed to Dalhousie's admissions office to sign up for med school—but it turned out that it wasn't quite that easy. Today, I receive complements on my persistence in pursuing admittance to medical school. But believe me, if I knew at the time that it was going to take six years, I'd still be an accountant.

Rejection letters stink, they make you angry and depressed in equal measure. That was the first time in my life I had worked hard to achieve a goal and not accomplished it. Fortunately, those emotions grew into renewed focus and determination. It's possible the reason I lasted through six years of working to get into medical school is because I react poorly to being told no.

And now I'm here, in medical school, and I'm thrilled and the years of effort seem well worth it. I know I made the right choice because when I get up in the morning to

prepare for the day, I'm not unhappy and wishing I could go back to bed, I'm content to make coffee and pack up my books knowing I'm going to medical school for the day and that's exactly where I want to be. It took six years to switch from reading ledgers to reading ECGs, and it was time well spent.



## Finding meaning

>> By Jonathan Layes '10

After I spent over a decade in the software industry, my decision to pursue medicine shocked those around me. Those close to me, though, knew I had been unhappy with the software business for some time. I worked for a variety of companies, both large and small, through the technology boom and bust of the 1990s and early 2000s.

While these varied jobs were financially lucrative and allowed me to see much of the world, they invariably left me feeling empty and unfulfilled. I knew that I needed change but, for many years, I simply didn't see an alternative path that suited my personality. Medicine hadn't even occurred to me as an option. With very little exposure to the health-care system, I had somehow developed a notion that hospitals were a place for others, not for me.

It was not until I watched my dad lose a very brief fight with cancer that I really saw our health-care system at work. I wrote the MCATs several months later. I have no previous exposure to the biological sciences, so the transition to medical school hasn't always been easy. With our first baby due in the spring, balancing the study of medicine with life's other responsibilities will become even more delicate. But despite the difficulties, I never complain about being unfulfilled at the end of the day. □

# The long trail winding

From the rugby fields of Dalhousie to the deadly mud of France and Flanders:  
the story of Major (Dr.) Walter L. MacLean, C.A.M.C

>> By **Ronald D. Stewart, OC, ONS, BA, BSc, MD, DSc**  
*Professor of Emergency Medicine and Director of Medical Humanities*

The drone of a single-engine enemy biplane grew louder as a surgeon was leaving the operating theatre in the low-light of the British Casualty Clearing Station on that cold and rainy November evening in the fourth year of “the war to end all wars.” He had been assigned temporarily to that station from his usual post behind the direct line of fire from German artillery guns. Major Walter MacLean was near collapse from the emotion and fatigue of almost 20 hours of continuous surgery. No real sleep. No real relief from caring for the mud-caked and bloodied boys battered and dying from the triumph and tragedy of taking the final hill, just a few hours before. That was “Passchendaele”—one word that came to symbolize the worst of the hell that was France and Flanders. And they seemed to him, an already-old man beyond his 32 years, “boys,” maimed and dying far from home and far from understanding why.

But Walter MacLean could not sleep. No time. More casualties arriving through the waist-deep mud needed immediate sorting—some to the “resuscitation ward” that he himself had championed in place of the dreaded “dying tent” of the early days of the war, some too far gone even to move beyond the stretchers soaked too with the driving rain, and some with “Blighties,” wounds that were serious enough to get them back to England and home. Some would require his new method of transfusing life-giving blood to strengthen them for the surgery that awaited them beyond the canvas veils dividing off the dark and dank caverns that was the forward Casualty Clearing Station. Walter MacLean could be proud of his growing reputation in the Allied lines as an innovator, a daring surgeon who ventured even into serious chest and belly wounds and who advanced the art and science of surgery in the process. But self-congratulations were not his style, and he had no time to think of such things in the doom and din that was the Western front.

But he was far from home too, far from Cape Breton, his roots, his busy surgical practice among the grateful miners of Glace Bay and New Waterford. His was a busy but rewarding life there, when it all came crashing down in August of 1914. By December of that year he had enlisted, leaving behind the love of his life, Lillie, his wife, partner and friend. But it wasn't for long. Mrs. Lillie Alberta MacLean decided knitting socks for the war effort wasn't enough. Determined to do her part, she had a plan. Leaving Cape Breton, and overcoming every obstacle the cold North Atlantic bristling with



U-boats could threaten, she landed in England, disembarked after the long and treacherous voyage across, and boarded the night-train to London. Finally she was near her soldier-hero, was doing her part in an ambulance corps, and now her world looked so much brighter than it did from far-off Cape Breton, despite the blackout blinds and the zeppelin raids of the London of 1916.

The drone of the enemy plane became almost deafening as Major Walter MacLean tried his best to get through the narrow canvas corridor from the operating “theatre” of the Casualty Clearing Station to the wall of wounded and dying that had been dropped off by the ammunition train from the front lines. And then it happened. The enemy aircraft had scored what was an almost-direct hit on the Station, and bodies flew everywhere in a soup of papers, furniture, canvas, glass, stretchers and human bits that just seconds before had been the wounded and the dying, the helpers and the helpless, those with hope and those without, the healers and the healing. And Major Walter Leonard MacLean- surgeon from Cape Breton, surgical innovator, blood transfusion pioneer, husband, about-to-be-father, and gracious human being- was no more. Gone with him were the wounded who thought they had reached safety, those who had a “Blighty” which would take them home, and those who were destined to die anyway. In death they were equal, and no rank or reason divided them. And gone forever were the records of his techniques,



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his innovations and his achievements in the field of war surgery.

She didn't need even to open the black-edged telegram when it came to her London address. She knew what it said, without having to read, "Regret to inform you..." Mrs. Lillie

Alberta MacLean, now about to deliver a daughter, felt alone and helpless, almost immobile in the profound grief of such a loss. But that too didn't last. She turned in her need toward the strength of family and the familiar.

The lurching train chugged through a dull autumnal English countryside as it carried her northward toward her kith and kin in Scotland. Eyes damp from tears, she gazed across the endless brown heath and thought of the beloved man who finally had given his all, ending a life of service and dedication to those he touched and sometimes healed. Whether the poor miner in Cape Breton struggling to blast out a living caked with coal dust miles out under the Atlantic, or the horribly mangled and bruised young soldier caked with mud from the soil of France and Flanders, she knew her Walter had given everything he had to both. Now it was time for her to build a life on his legacy; to care for the daughter that would soon be born, and to make a future for both of them in the country that she and her beloved Walter had so long ago left behind; a young country forged in the fires of a far-off Armageddon, a country now limping slowly toward what she hoped was a brighter future and where war might be no more....

*Author's Note: Mrs. Lillie Alberta MacLean delivered a healthy baby daughter in December of 1917. She eventually returned from Scotland to Halifax, became an administrator at Dalhousie University, and raised her daughter who in turn raised her own family. Alberta MacLean died in Halifax on March 6, 1994 at the grand age of 105. Her daughter, now a widow, continues to live in Halifax. □*



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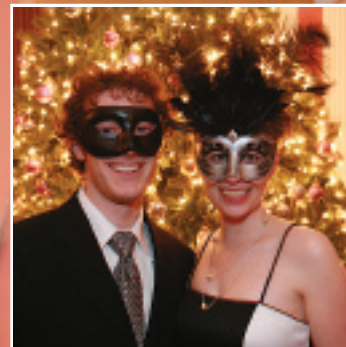
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# Having a ball

Celebrating the 100th Annual Med Ball

>> By Aisling Porter  
Photos by Kerry DeLorey/  
Calnen Photography

**T**he Annual Medical Banquet and Ball (Med Ball) marked its centennial on November 30, 2007 at the Lord Nelson Hotel with a masquerade ball. The event was well attended by students from all four classes. The 300-person crowd looked wonderful in their finery and masks.

The Sakura Quartet greeted guests at the reception. After they were seated, Dean Harold Cook formally welcomed everyone and gave thanks. The MCs, Karli Mayo and Tom Baxter, then began the award presentations. The award winners for the evening are listed below, congratulations to them all. The awards were presented throughout the dinner and there was a surprise slideshow, as well, prepared by the MC.

At each table there was a quiz based on the history of Dalhousie Medical School, provided by Dr. Ron Stewart. Dr. Margaret Casey also relayed some of the history of the school, as well as reaffirming the longstanding relationship between the DMSS and the DMAA. The dinner ceremony was concluded with the individual class slideshow presentations, a hit as always. Then the dance began. DJ Jeff Knee provided the music and everyone danced the night away with his or her mask in tow.

The Centennial Masquerade Med Ball was a huge success. Award winners were recognized, as was the long-standing tradition of the Dalhousie Medical School Ball. We're already looking forward to number 101!

## Med Ball Awards 2007

### Med I

Rock Solid—Patti Kibenge

### Med II

Graham Creighton—Matt MacDonald  
Professor of the Year—Dr. William Baldridge  
Stuart “Robbie” Robinson—Thomas Tran, Abigail Nowak, Sarah Lea

### Med III

L.B. MacPherson—Matt Acker  
Wood-Stonehouse—Mary Jamieson  
Professor of the Year—Dr. Dana Farina

## Euphoria 07 Winners—Class of 2008

Intramurals—Jake Morash and Jennifer Johnston; Stephanie Woodroffe, James Clarke and Mike Ripley



## Tell your story

By sharing their experiences, alumni can enrich medical students

By Thomas Tran, *Class of 2010*



**I**N THE PAST, MANY OF YOU HAVE donated generously to the Dalhousie Medical School and its many aspiring physicians. This time I ask that you enrich us by donating something that, in many respects, is more valuable than money. I ask that you donate your anecdotes, stories and life experiences.

I'd like to see where medicine has taken you and how it has changed who you are. Tell us about something that has happened during your travels abroad as a physician. Your memories could be about how treating a particular patient's illness has significantly affected you. They could be about something that has happened to you during practice that still makes you smile or laugh out loud. What you chose to share is

entirely up to you. All I ask is that these be written as short stories of at least 1,000 words with your name, e-mail and mailing address, plus your graduating class.

Ultimately, I hope to produce an anthology from these stories that proceeds will go towards benefiting the school and future medical students. In addition, a website will be constructed to house all these stories so that they may be enjoyed online.

As a medical student I find myself thinking about exams, possible residencies and career options but rarely about how medicine will change me as a person. My hope is that this project will show how becoming a physician can profoundly affect us as people. Please send your stories or questions to [dalmedstories@gmail.com](mailto:dalmedstories@gmail.com).

## A new approach

Students bring a new vision to aboriginal health issues



**T**he Aboriginal Health Interest Group (AHIG) is a student-run interest group associated with the Dalhousie Medical Students' Society (DMSS). The founders of the AHIG (Aisling Porter '10, Leah Genge '10 and David Shaw '10), recognized that aboriginal health could be emphasized more in Dalhousie's curriculum.

We formed the AHIG in an effort to target the lack of aboriginal health care providers and need for education regarding aboriginal health care. We're also very interested in addressing aboriginal cultural beliefs, particularly health and well-being, youth, women and historical perspectives.

The AHIG has based its goals on foundation work laid by Aisling Porter and Leah Genge in this area. We have several events planned to further the cultural education of Dalhousie medical undergraduates:

- An initiative to place medical students in aboriginal schools, in an attempt to promote medicine and health sciences as a career for aboriginal students;
- A speaker series to provide information from aboriginal people on cultural beliefs and practices;
- A journal club to discuss issues relevant to aboriginal health and culture;
- Movie nights, showing films that accurately and sensitively portray aboriginal culture.

The AHIG boasts 31 members drawn from all four undergraduate medical classes and began operations in September 2007. The group is in regular communication with the Dalhousie Medical Alumni Association through Dr Margaret Casey, and with well-known advocate of aboriginal health Dr Richard MacLachlan, plus the DMSS.

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## Back to our roots

A proposed garden would explore medicine's early days and beautify Dalhousie

Historical medicine often celebrates notable people who are credited with bringing us closer to the form of Western medicine we practice today, through some insight or technical contribution. For example Ignaz Semmelweis's success in reducing maternal deaths with better obstetrical hygiene, or through succumbing to an illness that was incurable in their time, thus cutting short their contribution to another aspect of our history (such as Mozart's early death).

Such people are prime players in the art of medicine, as they provide the interface between suffering and the alleviation of suffering. However, we increasingly rely on chemical compounds to manage symptoms and risks and these have a fascinating history of their own.

While drugs are increasingly the product of human design, the raw products that we derive them from are the legacy of generations of healers who preceded us and learned through trial and error, and possibly blind luck or divine intervention, to exploit plants and minerals for the improvement of human health. Yet they made their discoveries outside the annals of recorded history.

We have a proposal to capture some of medicine's ancient history, and to contribute to the well being of members of the faculty of medicine through the beautification of our surroundings. We propose a project to "green" the grounds of the Department of Medicine using plants with a medicinal history.

Imagine such a project incorporated into the long-term vision for our school. Graduating classes or alumni could bequeath small landscaped areas. We could identify each plant by its scientific classification and traditional name (for example, *Echinacea purpurea*—Purple coneflower), with a note on the context of its traditional use, the pharmacologically active compounds, and, where applicable, an elucidation how it contributed to the discovery or production of a modern pharmaceutical product.

The result would be a fitting tribute to preserving the ecological origins of our art,

while simultaneously improving our environmental impact on school grounds, celebrating the wisdom of different healing cultures throughout history and providing a peaceful space in which faculty can relax and rejuvenate. □



By Drea Mossman and Meena Natarajan, Class of '10

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## THE NEXT STEP

### Life Sciences Research Institute takes shape

**T**HE PLANNED LIFE SCIENCES Research Institute (LSRI) is one step closer to reality with the recent unveiling of architectural drawings. The LSRI will provide much needed research and incubator space for the region's growing life sciences and biotechnology sectors. The LSRI is a joint project of Capital Health, Dalhousie University and the IWK Health Centre.

"The LSRI is the culmination of years of community effort to create a facility that will enable our life sciences sector to truly flourish," says Stephen Dempsey, president and CEO of the Greater Halifax Partnership and host of the unveiling event at Pier 21. "Life sciences is one of the fastest-growing sectors in our region's economy. It has tremendous potential not only to create employment and attract investment but

to improve quality of health care, and life, for people in the region."

According to a 2004 Conference Board of Canada report, Nova Scotian employment in life sciences grew by an annual rate of 9 per cent between 1999 and 2002, compared to 1.6 per cent in the overall economy.

The lead tenant of the LSRI will be the Brain Repair Centre (BRC), a world-renowned collaboration involving a multi-disciplinary cast of basic scientists, clinicians (such as neurosurgeons and psychiatrists), other health professionals and trainees. Neurosurgeon



Dr. Ivar Mendez leads the BRC. Researchers are working to finding treatments, cures and prevention strategies for such devastating conditions as Parkinson's Disease, Alzheimer Disease and spinal cord injury.

"The LSRI will provide open-concept research space where all the brain-repair researchers can work together," Dr. Mendez says, adding that they currently work in separate labs located throughout Dalhousie Medical School, Capital Health and IWK Health Centre facilities. "The energy and synergy this kind of daily interaction generates are powerful catalysts for new ideas, discoveries and inventions."

Dr. Mendez has pioneered successful neural transplantation techniques to alleviate symptoms of Parkinson's, the world's first robotic tele-mentoring surgery, deep-brain stimulation in children, and a computerized pain control implant that can be recharged through the skin. He presented an audio-visual overview of the latest local neuroscience developments at the event.

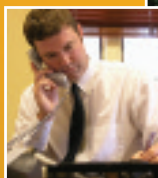
WHW Architects Inc. of Halifax designed the \$34-million, five-storey LSRI, to be constructed on property at College and Summer streets. The BRC will occupy 2.5 floors of the LSRI. More than half a dozen leading local research groups are competing to determine who will occupy the remaining research space. One floor will be devoted to helping scientists develop and find investors for commercially viable ideas. ☐

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# PARI-MP Update



By Dr. Gillian Bethune,  
*Class of '07, resident representative for DMAA*

**P**ARI-MP IS THE PROFESSIONAL Association of Resident Physicians in the Maritime Provinces. We consist of approximately 480 resident physicians registered at Dalhousie University and training in hospitals and health-care centres throughout the Maritimes. A board of directors is elected every year and consists of 24 residents in various positions, plus four full-time support staff.

This year, PARI-MP is negotiating a new contract, as the current collective agreement expires on June 30, 2008. PARI-MP is in the process of meeting with each residency program individually, as well as visiting the four off-site programs (Sydney, Moncton, Saint John, Fredericton) to get input from all residents regarding what they would like changed or improved in the new collective agreement. The hope is to have a new agreement in place for when the current contract expires.

Resident well-being is a top priority for PARI-MP. We strive to increase awareness of this issue, both in formal ways (such as contract negotiations involving work hours and post-call days) but also less formally in the way of regular social events for residents. Recent successful events already this year have been the Halloween party, a post-LMCC II party and, most recently, a holiday party.

This year, we will host a wellness workshop with guest speakers including a dietitian, to discuss balancing our busy lives. Family events are also planned, such as the children's holiday party in December. PARI-MP also supports the PIETA help line, a telephone resource for physicians encountering any sort of difficulty in their career or in their life outside of medicine. The PIETA help line number is (902) 468-8215.

Another branch of PARI-MP that has been very busy this year is the Maritime Physician Recruitment Initiative (MPRI). Established in 2003, this resident-driven initiative's main goal is to assist in recruiting Maritime-trained physicians to practice in the region. This resource allows residents to view potential employment opportunities and interact with recruiting communities confidentially. All available job opportunities will be posted on the website, organized by specialty and health region.

MPRI also has other initiatives to aid in Maritime physician recruitment. Most recently, the family medicine job fair took place in September and was a large success. Plans for a specialty job fair are currently underway. MPRI is not only an excellent recourse for residents, but also any physicians seeking job opportunities in the Maritimes. For more information, visit [www.mpri.ca](http://www.mpri.ca).

For more information about PARI-MP and its activities, surf to [www.parimp.ca](http://www.parimp.ca). □

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## Update: 50-For-Life

Working to reduce student debt

**By Dr. Richard B. Goldbloom  
OC, MD, FRCPC, Chancellor**

Being a medical undergraduate in 2008 isn't as easy as it used to be, because the cost of becoming a physician has gone steadily upward. Many students start their medical careers carrying a huge debt burden—often running to six figures. This is no way to begin a career in medicine and many of us are determined to alleviate the financial burden that so many Dalhousie medical students are carrying.



We have established a four-way partnership between medical undergraduates, medical alumni, the Faculty of Medicine and individual medical departments. The undergraduates themselves have committed \$50 per year (collected with their tuition) toward the bursary fund. The Dean of Medicine has matched them dollar for dollar. Individual departments have begun to contribute. The Department of Pediatrics has committed over \$80,000 and other clinical departments are expected to follow suit. And some alumni classes have begun to adopt the "50-for-life" concept, whereby each medical alumnus donates \$50 for each year since medical graduation and commits to a further minimum gift of \$50 per year thereafter.

The 50-for-Life initiative fits nicely with the overall Faculty of Medicine fund-raising priorities, which include raising a minimum of \$2 million in endowment for bursary support. I urge Dalhousie medical alumni to join the parade. Even if you are already a generous contributor to other faculty endeavours, please give just a little extra to help make the present and the future brighter for our wonderful medical undergraduates. They are, after all, our future colleagues and successors. □

# Giving back

Honouring a memory and supporting students

The **Annie Hamilton Scholarship Fund** honours the memory of Dr. Annie Hamilton by providing an annual scholarship to a second-year medical student at Dalhousie University.

Annie Hamilton was born on March 17, 1866 in Brookfield, Colchester County, N. S. Prior to entering medical school she graduated from the Normal School in Truro, and Pictou Academy where she received a gold medal. In 1894, she graduated from Dalhousie College as a Doctor of Medicine and Master of Surgery, the first woman graduate in Medicine in Nova Scotia. She set up a practice among the poor and working classes in north end Halifax.

In 1903, she went to China to work as a teacher and medical missionary. She spent the rest of her life in China, leaving only once in 1936 to visit her family. Dr. Annie Hamilton died in Shanghai on December 21, 1941 at age 75. To the end of her life she was passionate about her medical work.

The market value of the fund as of March 31, 2007 is \$75,806.51.

The following are the students that have received this award in the past:

- 1994/1995 Shelly Molyneux
- 1995/1996 Robin Bernard LeBlanc
- 1996/1997 Carloyn Joy Watts
- 1998/1999 Robert Green
- 2001/2002 Ben Isserlin/Megan Miller
- 2007/2008 Brett Vair, Debbie Li, Thomas Tran, Julien Marcardier, Ying Tang □

## WORTH 1,000 WORDS

The Medical Alumni Photo Gallery is an important ongoing project

**By Alan J. Dorey, Manager Media Services, MedIT**

You only have to walk by the Medical Alumni Photo Gallery to realize how important our photo collection is. Not a day goes by that I don't see someone taking a few minutes to browse over the faces of graduates from the past, a daughter or son or grandson or a great great grandson.



Over the past five years there has been a concerted effort to gather recent class graduation photographs and display them with pride on the walls of the Tupper Link area. People love photos; we take more and more every year. The age of digital photography has allowed us to take thousands more. The archivists are telling us no one is making an effort to save and store these volumes for the next generations to see. Fifty years from now there will be great gaps in the visual history of humanity.

We have been fortunate here at the Faculty of Medicine where the Dalhousie Medical Alumni Association in co-operation with the Office of The Dean of Medicine and our Students have committed to, and have made a great effort to preserve and display our recent images.

This year the DMAA has installed a computer monitor in our front glass case that offers a slide show of photos taken during 2007. These photos consist of Reunions, Student Graduation, Med Ball and DMAA Awards Luncheon. Again our long-term goal is to create an interactive space in the Tupper Building where students, alumni, faculty and visitors can search the database and hopefully on an interactive kiosk. Please consider to giving to The Photo Gallery Project to continue the overall project. □

*Please send us items that you would like to share. Submissions may include news like:*

- *Personal milestones (weddings, births, etc.)* • *New employment* • *Community involvement and recognition*
- *Awards and appointments* • *Published works*

**Dr. David Salgado**, class of '84, who practiced as a family physician in Hampton, New Brunswick for 22 years, recently closed his practice after being diagnosed with a serious illness. In December 2007, David and wife Sally went to Toronto where he's on the waiting list for a double-lung transplant. Following that, they'll stay in the city for up to six months. The DMAA has set up an account for donation to the family, who are now without a source of income. The pre-existing nature of the illness prevented him from obtaining insurance coverage. David was the only income earner, with Sally employed in his office. Their daughter is living at home completing her education and their son is now living independently. Mail donations to assist the family to:

The Salgado Family  
c/o Dalhousie Medical Alumni  
Association  
5850 College Street  
Halifax, NS  
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Make cheques payable to: "DMAA in trust for the Salgado Family."

To send greetings to David and Sally, e-mail [medical.alumni@dal.ca](mailto:medical.alumni@dal.ca) or write to the address above.

Halifax *Daily News* writer John Soosaar recently wrote a column recalling transplant pioneer **Dr. Kenneth MacKinnon**, class of '45. In 1958, he graced the cover of *Time* magazine after being a key member of the team of doctors that performed the first kidney transplant in the Commonwealth, and Canada's first successful kidney transplant that year. It was also the third such transplant in the world. A small-town doctor who gained a worldwide reputation as a urologist and surgeon, he practiced in hospitals in Canada and Kenya, holding visiting professorships at 13 medical centres in Canada, the United States and Israel. Returning to his home province in 1982, he became chief of staff at the Halifax

Infirmiry, where he established a palliative care unit, the first bed-based unit in Atlantic Canada. It would be a template for similar units across the country.

Inverness Country renamed the Inverness Arena the **Dr. Bernie MacLean Cultural and Recreation Centre**. Dr. Bernie, as he is affectionately known in the community, pointed out that county arenas are suffering because of declining populations of young people. He said that once there were 200 children born at the hospital each year and now there are only 30. He also said that arenas are needed more than ever to fight the obesity of our population by encouraging children to take up healthy activities.

An article in the *Windsor Star* recently told the story of a pair of brothers who graduated from Dalhousie University and went on to practise medicine in Ontario, being honoured by the LaSalle town council for their more than 40 years of service. **Dr. John MacKinnon**, who completed his surgical training in Detroit and practised surgery and family medicine, and **Dr. Mike MacKinnon**, a family doctor with special expertise in treating industrial acid skin injuries were recognized for delivering "an entire generation of LaSalle babies," plus founding the town's health centre. (Mike spells his last name differently because of typo on military paperwork while he served a three-year stint in the army.) Both brothers have sons who have also become doctors.

**Dr. Jeff Pike**, Class of 1998, and wife Samantha are pleased to announce the arrival of their second child, Emmett Anderson Pike, on June 20, 2006 in Moncton. His sister Madeleine is a very proud big sister. Jeff practices Rehabilitation and Sports Medicine at the Moncton Hospital where he heads the Neuro-Rehab unit.

The Belvedere Golf Club Charlottetown hosted the **First Annual Dr. Harry Callaghan Memorial Golf Tournament** on August 8, 2007, with the proceeds going to the pediatrics ward at the city's Queen Elizabeth Hospital. The tournament raised approximately \$40,000. The second Annual Dr. Harry Callaghan Memorial Golf Tournament will be held on Thursday August 7, 2008 with 36 four-person teams. Entry fee is \$900. For more information, contact Louis Kays at [VLK@Eastlink.ca](mailto:VLK@Eastlink.ca) or telephone (902) 894-7225 or (902) 629-5733.

In September, 2007, **Dr. Lindsay Myers**, class of '72, was inducted into the St. Francis Xavier University Hall of Honour. She



left a medical legacy in psychiatry in Nova Scotia. She provided decades of outstanding care, characterized by her deep compassion and dedication to improving the lives of others until she died in 2003 from myeloid leukemia. She started her career in Pictou, later becoming the first staff physician at the North End Community Clinic in Halifax. She returned to Dalhousie to study internal medicine and after completing her residency and obtaining a Fellowship in the Royal College of Physicians she began her career in that field in Antigonish. She later studied psychiatry, eventually becoming a staff psychiatrist at St. Martha's Regional Hospital and the community mental health clinic. As a testament to her tireless efforts to provide accessible mental health care in her community, the **Lindsay Health Care Centre for Women**, established through the Antigonish Women's Resource Centre, opened in 2005. Through this centre, her work continues. □

If you know of anyone to note in this section, forward the information to the DMAA by mail or e-mail [medical.alumni@dal.ca](mailto:medical.alumni@dal.ca).

**Dr. George Elmer Bonnell '53** passed away on Thursday, July 26, 2007 at his home in Fredericton. During the Second World War, he served overseas with the Royal Canadian Artillery and was awarded the 1939–1945 Star, the Italy Star, the France and Germany Star, the Defence Medal, the Canadian Volunteer Service Medal, War Medal 1939–1945 and was twice mentioned in Dispatches for bravery. Following graduation he then furthered his training at McGill University, earning his surgical fellowship in urology in 1960. During his urological training he was involved, as an assisting doctor, in the first kidney transplant ever performed in the Commonwealth. He set up his practice in urology in Fredericton, becoming the city's first urologist. He was Chief of Surgery at the Dr. Everett Chalmers Hospital. In 1992, he received the commemorative medal for the 125th Anniversary of the Confederation of Canada in recognition of his service to his community and to Canada. He was a member of the Royal Canadian Legion.

**Dr. Anna Mary Burditt '61** passed away in Moncton on December 15, 2007. She practiced family medicine from 1963 to 1976 in Saint John, N.B. and from 1977 to 1984 she served as assistant physician in the Division of Family Medicine at Montreal General Hospital and as assistant professor of Family Medicine at McGill University. She retired due to illness in 1984 but continued her studies. In 1996, she received her Masters in Sociology from Dalhousie University.

**Dr. John Roderick Cameron '40** passed away in September 2007. He began his career in a practice with the late Dr. Duncan MacMillan and moved to Middle Musquodoboit where he practiced alone in a very large practice. After completing his post graduate studies in Public Health he worked with

the Nova Scotia Department of Health as Director of the Atlantic Health Unit.

**Dr. Peggy Hansell**, Professor, Department of Anatomy was well-known to the Dalhousie medical community. She taught in the Department of Anatomy for 35 years and subsequently served a post-retirement position as a tutor until the Spring of 2005. She made a significant and lasting contribution to Dalhousie University Faculty of Medicine and her passing last Spring saddened our community. A memorial services was held November 20, 2007 where a tree was dedicated in her memory in the Tupper Quad.

**Dr. John Charles Jenkins '58** passed away on July 24, 2007. He was born in New Glasgow. He began his medical career in general practice in Simcoe, Ontario, until 1967 when he returned to Dalhousie to pursue studies in Anaesthesia. He completed his residency in Toronto in 1973 and practiced in Stratford until 1994.

**Dr. Hector Ian MacGregor '43**, passed away December 12, 2007 in Halifax. He served with the Royal Canadian Army Medical Corp during the Second World War. He held a family medical practice in Halifax from 1947 to 1993. He was a founding member of the College of General Practice of Canada (now the College of Family Physicians of Canada) and served as its president in 1973/74. He was instrumental in developing the Department of Family Medicine at Dalhousie. He was a model for family practitioners in his care for the whole person.

**Dr. Kenneth Joseph Chisholm MacKinnon '45** passed away on October 8, 2007. He began his career in family practice with his father but later moved to Montreal where he completed his post-graduate training at McGill in

urology. He was a key member of the transplant team that performed one of the first successful kidney transplants in the world. He developed a great interest and expertise in palliative care and following his retirement as a urologist, he made significant contributions in the advancement of palliative care. He received many honours and awards in his distinguished career.

**Dr. Deborah Karen Duerden McDonald '92** passed away on October 11, 2007. She was a captain in the Canadian military (air force). She entered private practice and then worked as Family Medicine Coordinator in the mental health service of Capital Health until illness forced her early retirement in April 2005.

**Dr. Ian Edwin Rusted '48**, passed away July 14, 2007 at age 86. He was a proud graduate of Memorial College, Dalhousie University, University of Toronto, McGill University and a fellow of the Mayo Clinic. In recognition of his work with many provincial, national and international organizations, he was granted honorary degrees from the Toronto, Dalhousie, Mount Allison and Memorial universities. He was also a Master of the American College of Physicians and named an officer of the Order of Canada in 1985. He worked unrelentingly towards the establishment of a medical school in Newfoundland and was appointed its first dean in 1967. His emphasis on strong clinical skills and community-based learning, interest in research and mentorship of faculty and students had a profound effect on the population of Newfoundland and Labrador.

**Dr. Donne Watson Smith '47** died on September 19, 2007. Originally from Shubenacadie, he moved to St. Andrews, N.B. where he served the community and physician and surgeon for 55 years. He was awarded a Life Membership to the New Brunswick Medical Society for his dedication in service.

**Dr. John Arnold Smith '55** passed away in October 2007. Originally from Hantsport, he continued his medical study in England after graduation. From there he went on to complete his anaesthesia training in Montreal and eventually moved back to Nova Scotia where he practiced medicine, taught at Dalhousie Medical School and raised his family. He retired to Hantsport in 1997.

**Dr. Nelson Wright Stott '53** passed away on November 16, 2007. He served with the RCAF in the Second World War as a wireless radio operator prior to entering medical school. He touched the lives of many in East Port, Maine and Nova Scotia where he was a General Practitioner.

**Dr. Henrik O. Tonning '43** passed away October 27, 2007 at his home. Originally from Norway, his family immigrated to Blacks Harbour, N.B. While at Dalhousie, he was awarded the

Kellogg Foundation Scholarship. After completion of his medical training, he enlisted and served in the Canadian Army Medical Corp until 1946. He established his practice in Saint John, N.B., specializing in Internal Medicine and Rheumatology. He received many awards and honours in his career and just prior to his death established an endowment with Saint John Regional Hospital Foundation to support New Brunswick students in their medical educational studies in the province.

**Dr. Hadsel Gordon Quigley '42** passed away on October 4, 2007 at the age of 94. Prior to graduating Dalhousie Medical School in 1942, he received mechanical and electrical engineering degrees from the Nova Scotia Technical College. He practiced Anaesthesiology, Obstetrics and Surgery in Halifax over the years. He also lectured at Dalhousie Medical School.

**Dr. Daniel G. Garnhum '62**, died peacefully on January 10, 2008. After completing his medical training, he spent his first years in practice with the Royal Canadian Navy, attaining the rank of Surgeon Lieutenant. He had a special interest in navy, and airforce, pilots and served as flight surgeon at RCAF Chatham and aboard HMCS Bonaventure. After leaving the navy, he practiced briefly in Blackville, N.B., then for several years in Stanley, N.B. In 1971, he began his busy practice on Quinpool Road in Halifax, where he worked for 30 years as a general practitioner with a special interest in allergies. His practice was in the city, but he was an old fashioned country doctor at heart. He was deeply loved by his patients. □

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# COME TOGETHER

The DMAA's Annual Awards and Reunion Luncheon lauds outstanding alumni

By Dr. Ross Langley

Photos by Kerry DeLorey/Calnen Photography

The Dalhousie Medical Alumni Association (DMAA) held its 2007 Annual Awards and Reunion Luncheon on October 5, 2007 honouring the accomplishments of many alumni. Honourees included Dr. David Janigan (Class of 1957), Dr. Graham Pineo (Class of 1962), Dr. Michael Dunbar (Class of 1992) and Dr. Kenneth Murray (Class of 1972). The event also recognized the classes of 1947, 1952 and 1962, who held reunions celebrating their 60th, 55th and 45th years since graduation.

DMAA president Dr. Margaret Casey welcomed the attendees to the Awards Luncheon held in Macdonald Hall at Dalhousie University. She introduced our new executive director, Joanne Webber and spoke briefly about two handouts which the attendees received on arrival, one of which concerned the future of the DMAA.

Dr. Casey announced that a special meeting to discuss the medical alumni perspectives on the future direction of the DMAA would be held later in October but noted that she had already found there is a great loyalty to the Faculty by medical alumni. She drew our attention to a second handout, a brochure outlining three programs. It included information on a new group sponsored by the DMAA, the Academy of Medicine. The brochure described its purpose and program for the next year; you can also find that information online at [academy.medicine.dal.ca](http://academy.medicine.dal.ca). The brochure also provided the schedule for the History of Medicine Society and the program of the Tupper Concert Band conducted by Bernie Badley.

Dr. David T. Janigan, Professor Emeritus of Pathology at Dalhousie University, was announced as the 2007 Honorary President. He played varsity football and basketball, was gold medallist for the class of 1957 and shared the class presidency with Bill Janes. He trained in pathology in Kansas and London, England and accepted a leadership position in pathology at McMaster before being recruited to Dalhousie in 1972. For more than three decades, Dr. Janigan was "Mr. Pathology" at Dalhousie, delivering many pathology lectures and repeatedly honoured as Professor of the Year by the students.

He made pathology an exciting subject through his encyclopedic knowledge, wit and self-deprecating humour, enlivening the atmosphere of the classroom and clinical conferences. His understanding of the clinical dimensions of the discipline, and particularity in pulmonary pathology, was attested to by the preferences of surgeons and radiologists for his presence and diagnostic evaluations when performing needle biopsies and by the consultation requests to him from around the Maritimes.

He headed the Department of Pathology at Dalhousie and served for the Royal College of Physicians and Surgeons of Canada, the Canadian Tumor Reference Board, Medical Research Council of Canada, National Cancer Institute, and editorial boards of U.S. pathology and toxicology journals. An inspiration for his many contributions was his wife and love of his life Marilyn, and their daughter Karen. Their appreciation of art and literature is reflected in Karen's continuing work as a journalist and writer.

Dr. Graham F Pineo, class of 1962, and currently professor of medicine at the University of Calgary, was introduced as the 2007 Dalhousie Medical Alumnus of the Year by classmate Dr. Michael MacKinnon of LaSalle, Ontario. Graham began his academic and clinical career in the Department of Medicine at McMaster before being appointed Director of the Department of Medicine at Calgary General Hospital and Professor of Medicine at the University of Calgary.

Over the years, he has continued his consulting practice and teaching in hematology and played a major role in developing residency training in Calgary. His research was largely carried out in the internationally recognized Thrombosis Research Unit of the university located at the Foothills Hospital. He developed an international reputation for his continuing research on venous thrombosis and pulmonary embolism, clinical trials in VTE and the use of low molecular weight heparins. He has served on the editorial boards of five journals, has been a guest lecturer in Canada, the U.S. and Europe, published over 200 scientific papers, edited 12 books and wrote chapters in 85.

He served his university in many administrative positions and served many national and international organizations. He is a Fellow of the American College of Physicians and was a Governor of the ACP and served on their Board of Governors. He has been recognized for teaching and research excellence, most recently being awarded a lifetime achievement award from Dalhousie. He is married to Liz Cogswell; they have three children and seven grandchildren.

Dr. Douglas Brown introduced Dr. Michael J. Dunbar, class of 1992, as the DMAA's Young Alumnus of the Year. Michael completed medical and orthopedic training at Dalhousie, achieving an FRCSC in orthopedic surgery in 1997. He continued orthopedic research in Lund, Sweden obtaining a PhD in 2001 based on a comprehensive study of patient outcomes after knee arthroplasty. After an arthroplasty fellowship at University of Western Ontario he joined the Department of Surgery at Dalhousie as a Clinical Research Scholar and Assistant Professor in Surgery with cross-

appointments to Community Health and Epidemiology and the School of Biomedical Engineering.

He continues as a scientific consultant to the Swedish Knee Arthroplasty Registry and is co-chairman of the Canadian Joint Replacement Registry. In 2005 Dr. Dunbar was appointed as an ABC Traveling Fellow (American, British, Canadian) to travel the United Kingdom and South Africa to lecture and observe best orthopedic practices. He is currently the Director of Orthopedic Research and associate professor of surgery at Dalhousie University with a busy practice in hip and knee arthroplasty surgery.

He is a leading orthopedic surgeon and researcher in radiological stereometric analysis of arthroplasty implants, and in introducing to this country computer assisted knee replacement surgery. He has held seven visiting professorships, reviews or sits on the editorial board of six journals, has held five CIHR grants and has authored more than 40 publications. He and wife Monica have two sons, Jon and Leif.

Dr. Douglas Roy introduced Dr. Kenneth Murray, class of 1972, as Family Physician of the Year. This is a new award introduced by DMAA this year and Ken is the inaugural awardee. After graduation, Ken and his wife Linda opened a practice in Neil's Harbour, on the northern tip of Cape Breton. They're still practicing there 35 years later.

His practice is based at Buchanan Memorial Hospital in Ingonish, where he became Chief of Medical Staff, a member of the Board and author of a history of the hospital. The Department of Family Medicine at Dalhousie asked Murray to join that department in 1986 and he continues as a lecturer in Family Medicine, preceptor and residency supervisor.

He researched and reported on an outbreak of Leprosy in the Lakes O'Law and Lake Ainslie area. He and Linda are deeply involved in community affairs and he was on the Board of Directors of several local organizations and coached the Junior High School Soccer Club. He's won several awards, becoming a Fellow of the College of Family Physicians of Canada in 1992, Preceptor of the Year in the Department of Family Medicine in 1994, receiving a service award of the Nova Scotia Addiction Services in 1988 and 2004, a Rural Service Award from the Society of Rural Physicians of Canada in 2007, and along with Linda, were Community Co-Citizens of the year 2006. They have four children: Daniel, Ian, Heather, and Steven.

The Awards Luncheon continues to be an important meeting for the Dalhousie Medical Alumni Association. It features the many class reunions, ordinarily held on conspicuous occasions, and the distinguished awardees for the DMAA's four awards. This luncheon meeting also provides an opportunity to summarize DMAA's activities for the year. Some class reunions are held at other times and places during the year, but most prefer to meet in Halifax, around the time of this DMAA gathering. □



Dr. David Janigan, class of 1957.

Photo: Jim Clark



Dr. Graham F. Pineo, class of 1962.



Dr. Kenneth Murray, class of 1972.



Dr. Michael Dunbar, class of 1992.



Dr. Ross Langley accepting on behalf of Dr. David Janigan, class of 1957.

## DMAA SCHOLARSHIP WINNERS

This year the DMAA is proud to present scholarships to three students. Congratulations to Robert Thompson, Natalie Parks and Jeff Parker.



### Robert Thompson '11

I would like to thank the DMAA for this generous scholarship. My classmates, colleagues and the faculty at Dalhousie have been welcoming and supportive. They will undoubtedly make my years at Dalhousie as a medical student very enjoyable. I see this scholarship as yet another sign of support from the medical community at Dalhousie. In addition to reducing my tuition for this academic year, I know that this award will reduce financial stress during my future years as a clerk and resident. Regardless of the career path I choose, I feel that this support will enable me to focus on what is most important: the study of medicine.

### Natalie Parks '11

Receiving an entrance scholarship from the DMAA was a wonderful surprise! Meeting alumni at the DMAA luncheon made me realize that Dalhousie Medical graduates form a strong community long after graduation. I'm grateful that the association invests the time and resources to support students. My first three months of medical school have been incredible.



### Jeff Parker '11

Having been out of university for several years prior to starting my medical degree, it means a great deal to me to be recognized by the DMAA for my past achievements. Being awarded this scholarship not only eases the financial burden of first year, it also provides me with the motivation to excel in my studies. I'm truly grateful for the DMAA's generosity and look forward to contributing to the organization as I progress through my career.

  
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**Dr. Jock Murray**, class of '63, Professor Emeritus and former Dean of Medicine, has been awarded honorary membership in the London Osler Society (U.K.). He is one of 10 medical historians awarded this recognition. Dr. Murray has just completed his presidency of the American Osler Society.



**Dr. Stephen Hart**, class of '72, was awarded the Order of New Brunswick for his tireless work for the people of his home province and for his outstanding role in promoting highway safety and other public health issues in New Brunswick and Canada. His newest challenge is serving as chairman of the New Brunswick Organ Donor Network, an effort to raise awareness of the importance of organ donation.



Photo: Steven Keizer

**Dr. Christine Chambers**, Associate Professor of Pediatrics and Psychology, received a 2007 Discovery Award for Science and Technology, handed out recently at the Discovery Centre's annual awards dinner. **Dr. Ryan D'Arcy**, Program Leader, and Research Officer, National Research Council's Institute for Biodiagnostics and Assistant Professor in the Department of Radiology was also nominated.

Recently, **Dr. Gita Sinha**, Associate Professor of Anatomy and Student Advisor; and **Dr. Ingrid Sketris**, Professor of the College of Pharmacy, School of Nursing, School of Health Services Administration, Faculty of Computer Science, and Department of Community Health and Epidemiology were honoured at the Canadian Progress Club, Halifax-

Cornwallis, annual Women of Excellence Awards Dinner. They were honoured in the Education and Research category, as women who excel in the field of education, or whose research has advanced a cause and bettered society. Chris Power, President and CEO of Capital Health, received a Women of Excellence award in Management and the Professions. This supplements the recognition given to her in Toronto earlier in the week as one of Canada's top 100 Powerful Women.



**Dr. Gita Sinha**

The Canadian Academy of Health Sciences recently announced the election of new Fellows for 2007, including three from Dalhousie, including two in the Faculty of Medicine: **Dr. Francoise Baylis**, Professor of Bioethics and Canada Research Chair in Bioethics and Philosophy; and **Dr. Donald Weaver**, Professor and Canada Research Chair in Clinical Neuroscience. **Dr. Susan Sherwin**, Professor of Philosophy and Gender, and Women's Studies was named the third Dalhousie fellow. Dr. Baylis was also recently named a Fellow of the Royal Society of Canada: The Academies of Arts, Humanities and Sciences.

**Dr. Joan Casey**, class of '66, was named Physician Honoree at the recent Celebrate Montefiore 2007 awards event held at the Waldorf-Astoria in New York City. Montefiore, where she worked for the past 35 years, is regarded as one of the top hospitals in the U.S. A widely respected infectious disease specialist, she was Professor of Medicine at the Albert Einstein School of Medicine, Vice-Chair of Medicine, Montefiore Hospital, Associate Head of the Division of Infectious Disease and the author of numerous publications. This latest recognition of her contributions is one of many she has received, among them a Lifetime Achievement Award (Albert Einstein) and the Montefiore Distinguished Alumni Award. In 1997, Dalhousie awarded Dr. Casey an Honourary Degree.

**Dr. William Stanish**, class of '70, a surgeon who spent much of his life promoting equality of sports medicine in the province has been awarded the Order of Nova Scotia. An orthopedic surgeon at the QE2 and a professor at Dalhousie University, he has worked with top athletes since the Montreal Olympics in 1976 and served as chief medical officer for the Canadian Olympic teams in 1984 and 1988. "I'm a believer in never standing still with a technique," he says. "I've always tried to advance it, whether it is with better diagnosis or a softer treatment in the operating room." The Order of Nova Scotia is the highest honour the province can bestow. Besides Dr. Stanish, the other recipients of the 2007 Order of Nova Scotia are Joyce Barkhouse, author of *The Pit Pony* and founding member of the Writers' Federation of Nova Scotia; Peter Clarke, board chair of ACA Cooperative and resident of a fourth-generation farm in the Annapolis Valley; Tom Forrestall, one of Canada's foremost realist painters, and Flora MacDonald, former cabinet minister and humanitarian.



**Dr. Robert Roberts**, class of '66, moved from Baylor College of Medicine to the position of president and CEO of the University of Ottawa Heart Institute in 2004. In 2005, he founded The Ruddy Canadian Cardiovascular Centre. The American College of Cardiology recently honoured him at its Annual Scientific Meeting in New Orleans with the title "Master of the American College of Cardiology" for his scientific contributions. He also recently received a \$12-million grant from the Canadian Foundation for Innovation and \$785,000 from CIHR to identify genes for coronary artery disease. He was co-discoverer of the first common genetic risk factor for coronary artery disease, published in the June 2007 issue of *Science*. This DNA factor is independent of known risk factors. □



# ALL IN THE FAMILY

Honouring 2007's Family Physicians of the Year 2007

By Jacquelyn Berrette, *Department of Family Medicine*  
Photos by Cory Aronec/Studio 448

The College of Family Physicians of Canada's (CFPC) Physician of the Year award honours "outstanding family physicians for their professional dedication, achievements, and the positive difference they make every day in the lives of many people," according to Dr. Tom Bailey, CFPC President. This year, Dalhousie University is proud to recognize our connection with the winners from the Maritimes.

- Dr. Chris O'Brien, MD, CCFP, FCFP, Dalhousie resident and clinical lecturer
- Dr. Lisa Bonang, MD, BSc, CCFP, FCFP Dalhousie ('93), resident and lecturer
- Dr. Barbara Flanagan, MD, BSc, MCFP, Dalhousie ('76)

This award honours the strong commitment that these physicians show to continuing education, family focus and patient-centred care.

"Family physicians are the backbone of our health-care system," says Dr. Bailey. "This year's award recipients exemplify the commitment to excellence of family physicians in Canada today."

Dr. Chris O'Brien of Saint John, New Brunswick has made a commitment to palliative care and end-of-life continuing medical education. "Serving my community as a family physician is a privilege, a passion and a pleasure," he says. "Every day I learn from patients, many of whom have become my mentors and friends. My special interest in palliative care has allowed me to bear witness to some of the most powerful life stories filled with courage and resolve."

Dr. Lisa Bonang of Musquodoboit Harbour, Nova Scotia is a teaching family physician involved in primary health-care research. Her practice is at the Musquodoboit Harbour Medical Clinic where she consistently takes on family medicine residents, plus third- and first-year medical students. She attributes her success to her family, teachers, colleagues and community.

She views teaching future family physicians as "...really enjoyable to have someone there that you can speak with, interact with and you're able to teach them and sometimes they're able to teach you back; I love having learners, it keeps you on your toes" (Daily News, Oct 10, 2007). Dr. Bonang has demonstrated the ability to balance a healthy work and family life as well as giving back to her community, and regards being a family physician as "the best job in the world!"

Dr. Barbara Flanagan of Prince Edward Island pursues emergency medicine and obstetrics at the P.E.I. Poly Clinic and sat on the P.E.I. College of Family Physicians for over 20 years as executive treasurer. She credits her success to balancing the needs of her practice and community with those of her family and friends.

She's involved in numerous community volunteer initiatives and says that being a family physician allows her to be a part of many families. She adds that "being a family physician is the most rewarding career I could have imagined."

Our Family Physicians continue to show their strength and vital role in our communities by giving back today and teaching the family doctors of tomorrow. Their dedication to their community, their patients, and continuing education demonstrates how family medicine goes beyond the boundaries of an office. □



Dr. Chris O'Brien, MD, Class of '84



Dr. Lisa Bonang, MD, Class of '93



Dr. Barbara Flanagan, MD, Class of '76

## Class of '47 Reunion

### CELEBRATING THEIR 60TH

By Barbara Robinson

Four classmates from the MD Class of '47 attended their 60th reunion alumni functions in Halifax, on October 4 and 5. Ken Rodger (and daughter Linda), George Saunders (and wife Emily), Avery Vaughan (and wife Helena) and Barb Robinson were happy to share memories. But we missed those no longer with us, as well as Graham Colquhoun, Ray Giberson, Doug MacKenzie, Stu Maddin and Bob Washburn who were prevented for various reason from attending but did send greetings.

On the evening of October 4, we joined with fellow Dalhousie alumni for the annual dinner, at which our DMAA President, Dr. Margaret Casey, received the A. Gordon Archibald Award for her outstanding contributions to the Dalhousie University. Following dinner, Dr. Jeffrey Hutchings took us on an exciting undersea adventure. On Friday morning, Dr. Wayne Hankey presented a very interesting and informative lecture as part of the MasterMinds Lecture Series.

Following the 2007 DMAA Reunion and Awards Luncheon, we met with Dr. Gita Sinha, Department of Anatomy and Neurobiology, and several medical students in the anatomy lab where we shared with the students old and current methods of teaching anatomy.

On the evening of October 5, we met for a private dinner, had photos taken and spent the evening reminiscing and sharing fond memories of absent classmates. On Saturday morning, at the Dean's Breakfast, Dean Harold Cook gave us an exciting overview of the many accomplishments and plans for the future of the medical school.



L to R: Avery Vaughan, George Saunders, Barbara Robinson, Ken Rodger

Photo: Kerry DeLorey/Calnen of Nova Scotia

## Class of '52

Bill Wood and Don MacEachen were pleased to join the classes of '47, and '62 at the fall reunion in Halifax. The event marked the 55th anniversary of their graduation. They enjoyed the time reminiscing and reconnecting.



Photo: Kerry DeLorey/Calnen of Nova Scotia

L to R: Don MacEachen, Bill Wood

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## 50th Reunion of the Class of 1957

Fifty years since graduation, somewhat incredulous that we made this milestone, the class of 1957 gathered in Charlottetown, September 6-9, 2007 for a splendid and memorable weekend, superbly organized by Margaret MacMurdo McMillan with the help of the Dalhousie Medical Alumni Association whose support is gratefully acknowledged. Some estimated that we had averaged more than 120,000 hours per classmate, spent in that privileged opportunity of working with or for patients. And half of the attendees at this 50th graduation are still practicing! We missed those who could not attend and felt great sadness at the earlier deaths of 17 of our distinguished and sorely missed classmates. Those and many other sentiments surfaced at this special 50th reunion of the Class of 1957.

We had entered Dalhousie Faculty of Medicine in 1952, gained some students and graduated 52 classmates after five years in medicine (the MD was granted after internship in those days). We dispersed then, 49 remaining in Canada, three leaving for or returning to, the United States. Some two-thirds began general practice, but many eventually entered specialty training so that over all nearly half made a career in family medicine. Of the slightly more than half who trained in other specialties there were anesthesiologists, general, oncologic, orthopedic, ophthalmologic, otolaryngologic and urologic surgeons, internists, neurologists, obstetricians and gynecologists, pathologists, pediatricians, psychiatrists, public health specialists and radiologists. The class practiced in a total of 20 specialties in laboratory and clinical medicine and surgery.

Twenty one classmates and 15 spouses or partners came for this four day weekend. Few were as resplendent as Ted and Pamela Agulefo in their beautiful Nigerian robes, but all looked pretty good, considering! During the reunion we reflected on personal stories, children and grandchildren, career anecdotes and on our many esteemed teachers, and particularly on memorable interactions, as with R.L. de C.H. Saunders, Norman G.B. McLetchie and H.B. Atlee.

Prince Edward Island and Charlottetown offer fine surroundings



Photo: Alanna's Photography

**front L to R: Bill Greenlaw, David Janigan, Paul Kinsman, Margaret MacMurdo, Rex Langdon, Ted Agulefo, Robert Ulberg, Mary Preston, Dorothy Saffron.**

**back L to R: Ross Langley, Ken Little, Rod Bergh, Ron Hurley, Jim Wickwire, Bedford Aylward, Mike MacSween, Doug Brown, Ken Grant, Graham Pace, Elmer McIsaac, Don Seaman**

and opportunities for a reunion. We gathered Thursday night for a reception, then off to dinner. Friday some played golf, others were taken by the Dean of the Atlantic Veterinary College of the University of Prince Edward Island for an extensive tour of their fine and impressive facilities. That night we were hosted for dinner by the Culinary Institute of Canada at Holland College (The Institute, representing Canada, became the 2007 World Culinary Junior Grand Prix Champions). The next day the Dean of Medicine gave us an interesting review of the recent activities of our medical school and a glimpse into its future planning. That evening we attended Canada's longest running musical, *Anne of Green Gables*, at Charlottetown's Confederation Centre of the Arts. Sunday morning at a class meeting it was agreed that five years was too long to wait for the next reunion and that we should meet again in three.



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# LOOKING BACK

The Class of 1962 takes time to reflect

By Nick Sinclair

The Dalhousie Medical Class of 1962 had its 45th reunion this October, and it was, from all the positive comments that circulated at the gathering, a great success. The Class of '62 is well into its retirement years and members now have time to reflect on their time in medical school and the careers that followed. What is more significant is that each of us is no longer preoccupied with the fascination and duties of our professional lives, so we can take more time to reconnect with our classmates.

Much of this connection centred naturally on statistics, such as the number of children and grandchildren (great-grandchildren didn't enter the equation) and the number of operations and life-threatening problems. We also talked fondly about those who are no longer with us.

More importantly, there was a feeling of companionship and respect that circulated amongst classmates. This was felt particularly at the reception that Caroline and Carl Abbott hosted and at the class supper where Mike MacKinnon spoke of this companionship.

Another occasion where we shared many of our hitherto non-verbalized thoughts was in the anatomy and neurobiology lab where we interacted with current medical students at meeting kindly organized and chaired by Dr. Gita Sinha, Assistant Professor of Anatomy and Student Advisor. The discussion was mainly about experiences and similarities/differences in situations between the Class of '62 and future classes.

In addition to the happiness of the reunion was the knowledge that one of us, Graham Pineo, received a well-deserved Alumnus of the Year Award from the Dalhousie Alumni Association.

All of us who attended the breakfast hosted by Dean Harold Cook were again impressed with the quality of Dalhousie's



Photo: Kerry DeLorey/Calnen of Nova Scotia

**Seated L to R: J.S. Noonan, Mike MacKinnon, Caroline Abbott, Zoe Yannakakis, Monty MacMillan  
Standing L to R: Carl Saiphoo, Graham Pineo, Nick Sinclair, Eric Cogswell, Kempton Hayes, Alan Ward, David Stewart**

Faculty of Medicine. As one would expect, the program demonstrates a lot of imagination, solid scholarly planning and community awareness, not only for the Maritime community at large but also for the medical community that depends on the leadership of the school.

I took time out from the usual reunion functions to meet with Dr. Katrina Hurley, who is in her final year of her residency in Emergency Medicine, to talk to her about her book on OSCEs (Objective Structure Clinical Examination), a process that many medical schools (including Dalhousie) use to evaluate the clinical skills of medical students. No longer are medical students put in a closed room with the patient to perform unobserved and come out with a diagnosis. The process of the interaction between medical student and patient is observed from start to finish. I can still remember when Stan Epstein and I were sent in to see a patient behind the curtains with mitral stenosis consequent to rheumatic fever.

This reminds me of an agreeable event that followed our reunion that occurred at

Stan and Paula Epstein's house in Toronto. Since Leith and Lorna Douglas could not attend the reunion, we got together at the Epstein's house with the Douglasses and the Ramkerrysinghs and Carl Saiphoo to talk about old times. (My wife, Rose, and I spent many agreeable hours with Carl at the reunion wandering the streets of Halifax and tasting many culinary delights.) The evening at the Epsteins' house was so enjoyable that Leith and Monty MacMillan are discussing the idea of the Class of '62 getting together, some time before the usual five-year interval, possibly in two or three years. Leith will be sending out a questionnaire in the spring of 2008 to get the opinions of the class.

We all missed those who usually come to reunions but were unable to do so mainly because of medical conditions, and, of course, we also miss those that never come to reunions. Leaving the medical school was not a parole to be forgotten, but a graduation to be treasured for what it was at the time and for the great careers it gave all of us.

# Reconnecting

The class of 1982 enjoyed a successful reunion in Cape Breton

By Rob Tremaine

Cape Breton's Keltic Lodge hosted the 25th reunion of the class of 1982 last summer, from August 10 to 12. It cannot be described as anything but a spectacular success. We had about 40 class members and without some last-minute cancellations, would've had close to 50.

The weather was hot and sunny, absolutely perfect for all our activities. We started with a meet-and-greet BBQ on Friday, which went well into the wee hours. CME sessions were held both Saturday and Sunday mornings and, believe it or not, were enlightening and well attended. Jeff Hans's talk on "How to Survive a House Fire" was particularly interesting, and a little heart-wrenching.

Saturday afternoon was taken up with a variety of activities. Special thanks to John Kirkpatrick (who took many alumni, spouses and children sailing from his beautiful cottage at Ingonish Beach) and Andrew Lynk (who led the hiking tours). The golfing was also great, with one match coming down to the last hole where it took John Ready four shots to get out of the bunker, clinching the game from his opponents (who never received payment of the wager). Also, John Murphy, proved again that the myth "surgeons work all the time" cannot be true as his low score showed how much time he must have to practice! Saturday was capped off with an exceptional lobster extravaganza outdoors overlooking the ocean with the Cape Breton Highlands in the background. It was a memorable evening.

As always, it was great to see all the regular reunion "culprits" but it was particularly nice to see a few faces who have not been to a reunion in some time—or ever! In particular, we should single out Shawn MacDonald who came all the way from Texas, plus Karen Trollope, Patti Dauphinee, Derek Nesdoly, John Stevens, Richard Aucoin, Trueman Smith and our B.C. contingent of Tom Young and Kathy Kelly. All of these people made special efforts, often from a



**1st row L to R: Mary Lynch, Cathy Carton, Rachel Kassner, Anne Francis D'Intino, Stephanie Casey, Mary Gorman**

**2nd row L to R: Andrew Lynk, Joan MacVicar, Peter Anderson, Derek Nesdoly, Lynn McAslan, Patti Dauphinee, Karen Trollope, Sue Robinson, Richard Aucoin, Jane Henderson, Kathy Kelly**

**Back row: George Murphy, Bruce Palmer, Rob Tremaine, Woody Grandy, Bob Maretll, Shawn MacDonald**

**Closest to back row: Dave Coleman, Mike Brennan, Tom Young, Paul Renault, Hugh Matheson, Bob VanDorpe, Ed Abraham, Jeff Hans**

**Next closest to back row: John Ready, John Kirkpatrick, Wade Watson, Trueman Smith, John Grantmyre, John Murphy**

long way, to be with us.

It was fantastic to spend time with old friends who we hardly ever see and amazing to remember how much our shared experience at Dalhousie Medical School will always link us together! We hope this reunion will encourage even more people to get together at the 30th!

## NEAR & FAR

Alumni travelled from across Canada and the U.S. for the Class of 1987's reunion

By Cathy Connell

The Class of 1987 was blessed with three days of glorious sunshine for a fun-filled August reunion in Halifax. Alumni travelled from all over Canada and the U.S. Celebrations started with a tour of the Halifax harbour, although we were all so busy talking I'm not so sure how much we saw.

Saturday was a fantastic day at Steve Beed's private "wonderland" (at least according to our kids!) on Grand Lake. The big kids and little kids alike jumped, splashed and slid the afternoon away working up an appetite for a gourmet BBQ and late night 'smores around the campfire.

It was the perfect relaxing atmosphere to catch up on everyone's news. We finished off all the festivities with a round of golf at Chester, a hearty brunch, and lots of 25th reunion plans.





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## 10 years later

The class of 1997 gathers in Digby, Nova Scotia

The Class of 1997 held their 10-year reunion in 2007, on August 3 and 4 at the Digby Pines. It was attended by 35 members of the Class of '97 and many children. The program was very informal and centred around family activities. Everyone who attended had a great time and we were all amazed at how little any of us had changed. The next reunion is tentatively planned for 2012 (location to be announced).



## Upcoming Reunions

Is your class reunion coming up? Planning is underway for several reunions. Contact the DMAA office at [medical.alumni@dal.ca](mailto:medical.alumni@dal.ca) for further information. The DMAA marks its 50th anniversary in the first week of October, 2008. Surf to <http://alumni.medicine.dal.ca> for more info.

### Class of 1943

65th Reunion  
Halifax, N.S.  
October 2-4, 2008

### Class of 1948

60th Reunion  
Doug Roy, reunion rep.  
Halifax, N.S.  
October 2-4, 2008

### Class of 1953

55th Reunion  
Contact DMAA for details.  
Halifax, N.S.  
October 2-4, 2008

### Class of 1958

50th Reunion  
Dennis Johnston,  
reunion rep.  
Halifax, N.S.  
October 16-18, 2008

### Class of 1963

45th Reunion  
Rollie Langille, reunion rep.  
Halifax, N.S.  
October 2-4, 2008

### Class of 1965

43rd Reunion  
Sugar Bay Club, St. Kitts  
March 23-29, 2008  
Bob Lea, reunion rep.

### Class of 1966

42nd Reunion  
Rocky Harbour, Nfld.  
September 4-7, 2008  
Pete Blackie, reunion rep.

### Class of 1968

40th Reunion  
Art Coakley and Stephen  
Brown, reunion reps.  
Halifax, N.S.  
October 2-4, 2008

### Class of 1973

35th Reunion  
Keltic Lodge, N.S.  
September 12-14, 2008  
Alf Bent, reunion rep.

### Class of 1977

31st Reunion  
Caribbean Cruise  
April 6-13, 2008  
Peggy Leighton and Nancy  
MacDonald, reunion reps.

### Class of 1978

30th Reunion  
Whistler, B.C.  
September 19-21, 2008  
Joanne Blaxland,  
reunion rep.

### Class of 1983

25th Reunion  
Stanley Bridge, P.E.I.  
August 1-4, 2008  
Jean Cameron and David  
Anderson, reunion reps.

### Class of 1988

20th Reunion  
Contact DMAA for details.

### Class of 1993

15th Reunion  
Halifax, N.S.  
August 15-17, 2008  
Stephen Miller, reunion  
rep.

### Class of 1998

10th Reunion  
Rodd Brudenell River  
Resort, P.E.I.  
August 8-10, 2008  
Rene Wong and Alyson  
Shaw, reunion reps.

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**Deadline:** August 15, 2008

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- Candidates must have an M.D. or M.D.-Ph.D. degree, hold an appointment or joint appointment in a subspecialty of clinical medicine, and hold a current license to practice medicine in the U.S. or Canada.
- Candidates must be academic investigators at the assistant professor or early associate professor level, holding a tenure-track or equivalent position at the time of application.
- BWF is interested particularly in supporting investigators who will bring novel ideas and new approaches to translational research.
- Degree-granting institutions in the United States and Canada may nominate candidates.

## 2009 Career Awards for Medical Scientists

**Deadline:** October 1, 2008

\$700,000 over five years for established physician-scientists

- Candidates should have an M.D., D.D.S., D.V.M., Pharm.D., or equivalent clinical degree.
- Proposals must be in the area of basic biomedical, disease oriented, translational, or molecular, genetic, or pharmacological epidemiology research. Proposals that are in the area of epidemiology should contact BWF to determine the eligibility of the proposal. Proposals in health services research or involving large-scale clinical trials are ineligible.
- BWF encourages proposals in reproductive science.
- Candidates must have at least two years of research experience and be in a mentored position at the time of application.
- During the award period, at least 75 percent of the awardee's time must be devoted to research-related activities.
- Degree-granting institutions in the United States and Canada may nominate candidates.

**Complete program information, eligibility guidelines, and application forms are available in June at [www.bwffund.org](http://www.bwffund.org).**

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