thrombosis will not occur. If the flow is poor, heparin will not help.

Prevention of most of the complications from femoral artery puncture could probably be achieved by the following precautions. (1) Never catheterize an artery in a patient with polycythaemia. (2) Puncture the common femoral artery, not the external iliac. (3) Do not use excessive or prolonged pressure to arrest bleeding, particularly in patients with small, soft arteries and a low cardiac output. (4) If the femoral pulse becomes impalpable, give intravenous heparin and arrange for exploration of the artery as an emergency, even in the absence of symptoms.

We are grateful to Mr. Peter Martin for allowing us to study his patients and to Professor R. B. Welbourn, for reading and criticizing this paper.

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Medical History

Medical History of British Columbia: Some Aspects*

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A hundred years ago there was nothing in Vancouver of man except an occasional Indian trail winding through the great trees, ten feet across at their base and towering up as high as the present buildings. And a hundred years before that, this magnificent province was not even on the map. In 1776 when Captain Cook landed on the west coast of Vancouver Island, he brought with him the first doctors, other than the native shamans, that this area had ever seen. They were British trained. Dr. William Anderson, the senior, was already sick and soon to die of tuberculosis in Alaska. William Ellis, the surgeon's mate, a botanist and an artist, was the first doctor to practise in this area. With some pride and at the risk of causing a little parochial disorder among my British Columbian colleagues I should point out that he was trained at Saint Bartholomew's Hospital.

Beginnings

In the early 1790's, when Captain Vancouver explored these waters thoroughly for the first time and when Alexander McKenzie struggled overland to Bella Coola, this great country began to open up. It is still amazing to me that as recently as 130 years ago, the colossal area stretching from Alaska in the north, right down to California in the south, was virtually ruled for the Hudson's Bay Company by one man—a doctor. For twenty years Dr. John McLoughlin, a Canadian whose grandfather had brought a Highland regiment to Canada with Wolff, was the emperor of all the west. If our ancestors had paid a proper attention to his reports and not regarded this whole area as a wilderness of rocks and Christmas trees, suitable only for the trapping of animals, and if Dr. McLoughlin himself had not used the British resources of the Hudson's Bay Company to

feed and succour the starving American overlanders of Oregon, Canada might now be in a possession of the whole coast, probably including California. Whereas this used to be a matter of regret, watching the development of California from this north, I think that it has since become a subject of relief.

The first doctor to settle down here and practise medicine was John Sebastian Helmcken, trained at Guy's Hospital. He sailed around the Horn in 1850 with a group of emigrants to the recently founded settlement of Victoria. His house is still standing and in it are some of his medical records and the original chest of medications he brought with him. He later became the first Speaker of the Legislature and he was responsible more than any other man for taking British Columbia into confederation with the rest of Canada. The brevity of our history was made startlingly apparent to me soon after I arrived in Victoria. I was asked to see a dear old lady in her 90's, dying of heart failure. I was told she was the first graduate nurse of the hospital. After a little medication her confusion appeared to clear a little; she rallied, looked at me and said, "Dr. Helmcken, I'm glad you have come."

A hundred years ago in Europe, Paris had barely survived its siege. Gladstone and Disraeli were struggling for control of the huge Empire, the growing nation of Canada in the East hardly recognized the existence of the West—a state of affairs we sometimes think has not altered a great deal. At that time there were in British Columbia, only 9,000 settlers, of whom eight were doctors, and still in Vancouver, there was nothing except the great silent forest. At the bottom of Hastings Street there were two timber mills and a handful of men working in them but nothing more. Victoria was well established, as was Westminster. The first doctor to visit patients in this area was Dr. Arthur Black, who practised in New Westminster and was a Member of Parliament for that city. Dr. Black was a Scot; a Crimea veteran; he did his medical training in London and in Melbourne, Australia.

In 1871 at the age of 38, he was called out at night to attend a drunkard who had attempted suicide at the Hastings Mill. Riding through the forest his horse slipped into a ditch, rolled on him and killed him. Both the horse and the drunkard survived. Whatever social conclusions you wish to draw from that, it was a very discouraging start for night calls.

* Based on the Presidential address given at the combined Annual Meetings at Vancouver on 18 June (see *B.M.J.*, 7 July, p. 40).

Victoria, British Columbia

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FIG. 1—Vancouver City Hospital, 1902. Beatty, Pender, Cambie streets, and lane. Photo taken looking south west. Twenty nurses and Miss Margaret Clendenning, Lady Superintendent. Owned by City of Vancouver, and operated as civic department until 1902, when it was incorporated as "Vancouver General Hospital." Vacated as a hospital, January 1905, and moved to Fairview. The white square on left is an outside cloth blind to diminish glare in operating room. The tall building directly behind is staff offices, pharmacy, private wards, women's ward, dining room, and kitchen. It was erected in 1897. The main building on right, erected several years earlier, contained surgical wards below, and medical wards above. It was an exceptionally well-equipped establishment surrounded with neat green lawns and beautiful flowers. After 1905 it was used, successively, as old people's home, creche, McGill University college, and Social Services department offices. On the evening of 18 November 1949, a largely attended reception was held as a farewell to the old place, soon to be demolished, and its site converted into parking accommodation for motor cars. Its condition is a tribute to the builder. (Reproduced by permission of the City Archives, Vancouver)

Then in the 1880's the whole picture changed. The incredible saga of the railway, which tied Canada together, I would recommend to everybody here who has not read it. The courage—political, financial, and physical—that drove the railway across the wilderness of northern Ontario, across the empty prairies, and through the incredible barriers of the mountains is a story that we can be as proud of as any ancient battle or siege from the turmoil of Europe. I am quite certain that the British investors of this fantastic enterprise would have had nothing whatsoever to do with it had they seen the kind of country through which the railway was to go. Any visitor should walk a mere fifty yards into the bush off one of our main mountain highways to see what I mean.

With the railway, Vancouver boomed. Bloomed would perhaps

be a better word because the whole wooden city caught fire and burned to the ground. Dr. Berkinsdale, one of the pioneer doctors, lost everything he had the night before his wife was due to arrive from New Westminster. Many of the pioneer doctors were British and British trained. Dr. Fraser Tolmie, whose son became Premier; Dr. Bell-Irving, who practised in Vancouver in 1833, whose medical descendants are still in the locality; and many others.

The year after the fire a wooden hospital was built which had six beds, and a year later the first Vancouver General Hospital was started on Cambie Street (fig. 1). The daily bed rate at that time was \$1.52. The railway soon brought distinguished visitors. In 1885 William Osler accompanied his brother Edmund, who was a director of the Canadian Pacific Railway. Entering into

FIG 2—Vancouver 1898 from windows of first Hotel Vancouver, looking over Granville and Georgia streets (Reproduced by permission of City Archives, Vancouver)

the spirit of the west, William Osler delivered a baby in the train's toilet. Mother and child did very well but Dr. Osler retreated to the quieter environments of John Hopkins and Oxford.

In 1895 the Vancouver Medical Society was founded. It had one meeting and at that meeting it was resolved that none of the members would have anything to do with lodge practice. This was the contemporary Medicare problem. It is interesting that this original group never met again because within a month all of them were busily engaged—in lodge practice. In ones and twos the doctors spread across the southern part of this province and what a paradise they found. Dr. Lambert, at Kamloops, caught with a friend within four days, 1,700 trout. Naturally, as a Cambridge graduate, he was using a fly.

Distinguished Medical Visitors

When the British Medical Association and the Canadian Medical Association met in Canada for the first time at Montreal in 1897, a very distinguished British quartet came to visit Vancouver by rail—Lord Lister, Lord Kelvin, Sir Charles Sherrington, and Sir Thomas Lauder Brunton, who discovered the cardiac actions of the nitrites. Charles Sherrington was anxious that they should see the view (fig. 2) from the highest possible point, which at that time was the partially completed old Hotel Vancouver, standing where the Eaton's Tower stands today. They went up to the 12th floor in the mason's elevator, opened a door, and nearly walked into space. Charles Sherrington turned to his shaken compatriots and made a remark that we can still echo today, "Don't be afraid, this is a new country and not everything is finished yet."

In 1904, when the C.M.A. held its first meeting in Vancouver, there were 30 doctors and one specialist—an ear, nose, and throat man. Three years later Sir Thomas Lauder Brunton, undeterred by his previous narrow escape, sent 500 volumes out from Britain to Dr. Keith to start off the Vancouver Medical Library. The traffic was both ways. Before the First War Geoffrey Jefferson, later to become Sir Geoffrey, and a distinguished neurosurgeon, was doing the first research work in British Columbia. He was studying gastric motility by radiography and his office was on Fort Street, Victoria, very suitably over a tea shop.

From these early contacts there has continued a very close relationship between Britain and the Can-

adian west complementing the influence of Eastern Canada and that of the States. Again, to put things in a proper Canadian perspective, I must remind you that, starting with Michel Sarrazen in 1696, Metropolitan France was the centre of Canadian medical education for a hundred years. In these early days there was no other place where one could obtain a medical degree and still many thousands of my French Canadian colleagues enrich our medicine with the best of French influence. When the Duchess of Aiguillon, a niece of Cardinal Richelieu, founded the Hôtel-Dieu de Quebec, in 1639, she started a tradition of religious nursing orders that has served Canada well. The oldest hospital in British Columbia—my own Victoria General Hospital—was founded as St. Joseph's by nursing sisters.

Equally, the influence of the Great Metropolitan areas of Eastern Canada—the homeland of the Banting's, the Best's, and the Barr's of Canadian achievements—has been of great importance. In fact I do not know a graduate of Toronto University who does not firmly believe that the influence of Toronto is paramount in all Canada. Here again in McGill and Toronto the inter-relationship with British medicine has been very strong. Three wars have taken thousands of Canadian doctors in Britain. Many of them have obtained their training in Britain and many British doctors have come here to practise and are now proud to be called Canadians.

3—Scene in 1884 at Burrard Inlet showing Indian ranches—present site of the City of Vancouver.