

To Home Physicians  
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My official involvement in geriatrics dates from 1953. At that time few in government or the medical profession showed interest in the care of the elderly - geriatrics. I did not then realize that the swift passing of years would so soon make me a recipient of some of the social benefits for senior citizens, since introduced.

I was indeed fortunate to have close contact through the years with progress in geriatrics and gerontology in the U.S. My many friends there in the American Geriatrics Society and the group around Clarke Tibbitts in Health, Education and Welfare, Washington, D.C., have been more than kind and most helpful through the years.

To return to the situation in Ontario it might interest you to learn how my appointment as consultant in geriatrics to the then Minister of Public Welfare, October, 1953, came about. I am sure many of you have had similar experiences and it will have a familiar ring. How often in the course of medical practice events occur that influence profoundly our future! The Minister of Public Welfare was under my care in hospital when he told me of all the new Homes for the Aged that were being built and the modernization of others in the Province of Ontario. He wanted me to give them guidance in setting up a program for the care of the Residents in these Homes. I felt I was too busy elsewhere. However, I finally consented with the understanding that it would be on my own time. I asked that no salary be attached to the appointment. Later I did accept an honorarium which has remained the same through the years. Mr. Goodfellow then turned me over to the Deputy Minister, Dr. James Band, who had already talked to me along these lines. His late wife, Lillian, had been a patient of mine since 1946. He in turn put me in touch with the then Director of the Homes for the Aged, Mr. Earl Ludlow. These three pioneers in the care of the elderly from

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the Ontario Department of Public Welfare I cannot praise too highly. The situation is well depicted in a statement made by Mr. Goodfellow's successor, the Hon. Louis P. Cecile, in presenting the estimates for the Department of Public Welfare, March 27, 1957: "The citizens of this Province owe a very great debt to the Honourable William Goodfellow, the (then) Minister of Agriculture for the services he gave them as Minister of Public Welfare. In a lengthy and progressive tenure of office he was probably responsible for more vital welfare legislation and expansion of services than any other Minister. He served to place Ontario in the forefront of services related to welfare. He received the wholehearted support of succeeding governments and legislatures in the many progressive measures he sponsored and introduced. There is no question that he built soundly and well."

These new Homes had provision for some bed care units. The idea of Homes supplying simply food and shelter no longer was adequate. Thus the problem of medical services arose. According to the Act each Home had an appointed physician who could be called by the superintendent (now Administrator) to attend a Resident who became ill. Many of these physicians gave their services gratis, others received an honorarium and a few a modest salary. If anything except minor illness developed it was the policy to transfer the Resident to the nearest hospital for treatment. General hospitals as a rule were not equipped to deal with ill old people on a long term basis and the result was marked functional deterioration. There was, and still is, a great hesitancy on the part of the general hospitals to accept such patients due to the acute shortage of beds and possible long stay of older people. However, the Homes had no facilities for proper investigation of illnesses and thus relied on the general hospitals for these services. Even at this early date Mr. Earl Ludlow was stimulating a policy of keeping the Residents active and occupied - he called it reactivation. His contribution was tremendous.

In 1956 the Geriatrics consultant was asked to review the medical services of Lambert Lodge - a large Home for the Aged - with over 700 Residents. It was obvious that one physician could not possibly cope with the necessary forms and admission and annual examinations, and as well supply adequate medical services. Medical care, records, reactivation and research were all considered in the reorganization of the medical services - many of the recommendations were not implemented at the time but are gradually being adopted. Three part time physicians were appointed to take over some of the duties from the Home Physician, Dr. Norman Page. Dr. S. Fay Liu was appointed to take over the annual examinations, keep good records and stimulate research. Dr. T. Ormiston Smith assumed the duties of supervising a program of reactivation consisting of physical medicine, recreation and occupational therapy. Later Dr. Shirley Colthart was appointed to advise on emotional and mental problems. These three physicians working at the "grass roots" level did pioneer work and made a tremendous contribution to the field. At the same time 10 outstanding consultants from various branches of medicine and surgery were appointed to Homes for the Aged of Metropolitan Toronto. They advised on care and research and never hesitated to give their advice freely. Special credit must be given to the late Dr. Martin Spooner who as genitourinary consultant - busy as he was regularly gave half a day a week to deal with problems that arose in his field.

It was advised in the report (1956) that consideration should be given to the development of Lambert Lodge as a Centre for Geriatric Research and teaching. The cooperation of the Ministers and the Deputy Minister, Dr. James Band and the Director of Homes for the Aged, Mr. Earl Ludlow was most gratifying. The next development is probably best depicted by again quoting from comments by the Hon. Louis P. Cecile in March, 1958. "We have in recent years been giving greater attention to the extraordinary needs of many elderly persons. This is an area which needs every consideration and service. We are all decidedly interested in the well-being of our older citizens

and earnestly hope that their remaining years will be spent in comfort and healthful living. We all know that medical services are required to a greater extent by older persons than by any other age group in the population. It is also known that there is a great unfilled need for research which could lead to improved health and vitality for all persons in their later years.

"In particular I am anxious that concentrated efforts be made for these persons who reside in our Homes for the Aged and for whom we have a large measure of responsibility. I am therefore appointing an Advisory Committee to carry out Geriatric Studies . . . The purpose of the studies will be:

- (1) To assure a high standard of medical care for geriatric patients with special reference to Residents of Homes for the Aged.
- (2) To study methods of prevention of deterioration and improve physical, mental and emotional fitness of older people.
- (3) To study cause, prevention and treatment of diseases associated with aging.

"We have obtained the full cooperation of Metropolitan Toronto in establishing a centre for this project at Lambert Lodge. A full-time medical doctor has been appointed and his services will be related to continuing studies in the integration of medical services and the variety of treatment which should be available to persons being maintained in Homes for the Aged.

"One of the primary purposes in appointing these outstanding medical men is to give emphasis to the development of a specialized program of medical treatment. There is much to be accomplished in a positive way and I believe the results will prove to be of great value."

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The late Dr. Keith Stuart was appointed as the full time medical specialist to serve in direct relationship to the work of the geriatrics committee. He was the first Director of the Provincial Geriatric Study Centre. His knowledge, organizational ability and zeal were responsible to a considerable degree for the success of this venture. When Dr. T.O. Smith was searching for someone with special experience in reactivation of the elderly he found Miss Amy de Brisay and the Ontario Geriatric Research Society arranged to employ her half time. Dr. Stuart teamed up with her to develop the Communication Classes. This eventually led to the Adjuvant courses which have been so successful in training personnel for the Ontario Homes for the Aged.

Many of you will encounter Adjuvants in your Homes. In the employment of Miss Amy de Brisay besides her studies on communication in stroke victims she was to teach others in her methods. Dr. Purdy had been instrumental in obtaining funds from the Downtown Kiwanis through the Loblaw Fund to support her work. Well I remember his insistence that she fulfil this second part of her appointment. As a result the Adjuvant classes were started. No one is more proud of these accomplishments than the Director of the Senior Citizens' Branch, the Chief Physician and the Medical Director of the Centre. They have fulfilled a very useful purpose and will continue to do so.

On April 18, 1962, the First Annual Conference of Physicians to the Homes for the Aged was held at the Provincial Geriatric Centre, 350 Christie Street, Toronto. In all 21 papers were presented by the consulting staff of the Geriatric Centre and the Homes for the Aged Branch of the Ontario Department of Public Welfare. It was held under the sponsorship of the Minister's Advisory Committee. The papers in this "Geriatric Symposium - Treatment for the Aged" were originally published in Applied Therapeutics in December, 1962 and January and

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February, 1963. Later they were brought together as one publication. This presentation serves to demonstrate the diligence and zeal of this group. This publication should be available from the J.W. Crane Memorial Library of Geriatrics and Gerontology housed at present with the Geriatric Centre.

The Ontario Medical Association formed a Section on Geriatrics in 1954 and this section has been active ever since advising on the care of the elderly and disseminating knowledge in this field.

In 1955, spearheaded by Mr. Harold Shannon - later assisted by such men as the late Carl Cannon, the late Harry Bawden, Norman Robertson and many others formed and kept alive the Ontario Geriatrics Research Society. Research needs money and they undertook to support Fellows to do research in Geriatrics.

I hesitate to single out any of the consultants at the Provincial Geriatric Study Centre. I have already mentioned several including the late Dr. Martin Spooner, Dr. S. Fay Liu, Dr. T.O. Smith and Dr. Shirley Colthart. However, I feel I must give special credit to Dr. Frank Cantelon for his contributions to the care of Diabetes in the elderly. No doubt you have read some of his papers on the subject. He richly deserves recognition for his pioneer work on his own initiative.

It became increasingly evident that if the Home Physicians were to supply the administrative and medical services required, they should be properly compensated; as well the irregularity of payment from the various Homes should be adjusted. In a meeting with the Deputy Minister, Dr. James Band it was agreed that in Homes that had no bed care, \$1.75 per month per Resident was allotted. Where there was bed care \$2.00 per month per Resident was allowed. This was very liberal considering the

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Welfare payments then under the jurisdiction of the Ontario Medical Association at the time. These fees were adjusted again in 1965. More recently a Task Force was appointed and considered this question December 1975 and January 1976. In spite of recommendations backed by the Director and the Chief Physician no increase was allowed by the A.I.B.

To retrace our steps, in 1957 the Deputy Minister, Dr. James Band told me as chairman of the Minister's Advisory Committee that he had taken on staff an exceedingly well trained Social Gerontologist in the person of Mr. Lawrence Crawford. This is an indication of the wise thinking of the Deputy Minister. He realized the importance of medical care (physical, mental and emotional) but saw that the sociological side of the care of old people had great importance. Mr. Crawford went along with me to Ann Arbor, Michigan in 1957 and we were able to renew acquaintances and make new contact with Clarke Tibbetts and associates. Mr. Crawford has contributed a great deal to the care of the elderly in Ontario and his sociological viewpoint has been very helpful in developing a balanced program. (Mr. Crawford succeeded Mr. Noble Drew as Director of Homes for the Aged and later the addition of the Office on Aging). In 1965 he organized a very successful and important meeting "Conference on University Education Related to Aging and the Teaching of Professional Skills in the Field of Gerontology", chaired by Dr. Robert Laird. At the same time Mr. Crawford acted as consultant and secretary to the Ontario Legislature's Select Committee on Aging during their hearings and deliberations.

An Interim Report of the Minister's Advisory Committee on Geriatric Studies published in 1963 records a detailed account of activities from 1958 to 1963. This is available at the J.W. Crane Memorial Library.

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The members of the original Minister's Advisory Committee appointed in 1958 were: 1. the late Mr. Carl Cannon, 2. the late Dr. John Phair, 3. Dr. Arthur Purdy, 4. Dr. Robert Laird, 5. the late Dr. Martin Spooner.

The Minister's Advisory Committee on Geriatric Studies recommended the establishment of the Provincial Geriatric Study Centre. They supplied a consultant service for the Residents of the Homes for the Aged in return for the clinical material for studies. The consultant staff of the Centre has always been of the highest quality - in most cases the best man available in the particular branch of geriatric medicine. They have produced a large number of valuable studies. A report on these would need to be a paper in itself. The funds to pay for the Fellows to do the work has largely been supplied by the Ontario (now Canadian) Geriatrics Research Society. Besides the Society has financed projects in other centres - any that their Medical Advisory Board felt were suitable. They have a creditable record of performance in sponsoring geriatric research. They also now own and support the J.W. Crane Memorial Library (Geriatrics and Gerontology) and it is closely tied to their research efforts.

The Minister's Advisory Committee also advised the establishment of the Acute Geriatric Ward at the Toronto Western Hospital. Dr. Laird at that time Chief of Surgery along with others at Western, was an invaluable supporter. These undertakings have been singularly successful and have attracted international attention.

When the late Dr. Keith Stuart left the Geriatric Study Centre to work on legislation at Queen's Park, Dr. Charles Harris assumed the duties as Director until Dr. Robert Laird took over. Both men have contributed much beyond the call of duty. They have supplied the stimulating leadership and vision



necessary for such an undertaking. Dr. Harris has been vitally interested in the library. Dr. Laird took an active part in the American Geriatrics Society and was President in 1973 - 74. The late Dr. Sam Mirsky of Ottawa did much to better the care of the elderly and headed the formation of a section on Geriatrics of the Ottawa Academy of Medicine. His now famous "The Fallacies of age 65" has been widely read.

I would now like to speak about the man who succeeded the late Dr. Martin Spooner as Chief Physician to the Province for the Homes for the Aged - Dr. Angus N. McKillop. It is my personal opinion and I am sure many here will agree, that this thoughtful, diligent physician accomplished much in his tenure of office for the good of the Residents of Homes, the elderly and the physicians to the Homes. Should he leave the Ministry, and somehow I still hope he won't completely, he will leave a vacuum that will be hard to fill. I am sure Dr. Lillias Beale, whom we welcome today, in spite of her similar Scottish background will soon find this out. Knowing Angus as I have for over 50 years I know he will do everything in his power to make Dr. Beale's task as easy as possible.

Before leaving this subject I would be sorely amiss if I did not pay tribute to the enthusiastic and loyal support of Dr. Henry Himel of the Jewish Home for the Aged. He has always been a staunch supporter of the Geriatric Section of the O.M.A. He has good judgment, a profound knowledge of the problems of caring for old people and he has been a loyal friend. At the same time I should pay tribute to a relative newcomer on our scene but a very important one - Dr. Irwin Lightman. His work with dental care of the elderly has always been outstanding. He serves on the Minister's Advisory Committee and has been a great help. Please forgive me for omitting the names of members of the committee and consultants who should very well have been included if time permitted.

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In Ontario the University of Western Ontario has a full time coordinator of geriatric medicine under the Department of Medicine - Dr. Ronald Cape - a well trained and dynamic geriatrician. He has shown leadership in training and research. He presently serves as a member of the Minister's Advisory Committee. At Kingston, geriatrics is included in a chronic hospital - St. Mary's on-the-Lake. I am told that this hospital has recently been modernized and updated to give proper care to the elderly. In Hamilton the new St. Peter's Hospital furnishes geriatric facilities (Dr. Ronald Bayne). It is under the Department of Medicine of McMaster University. At the University of Toronto a Presidential Task Force on Gerontology has been studying the matter. They already have two facilities in Sunnybrook Hospital (Dr. Rory Fisher) and the Baycrest Hospital (Dr. Cyril Gryfe). In the building program of Toronto Western Hospital an Acute Geriatric Ward was included. This was advised by the Minister's Advisory Committee on Geriatric Studies and given extra financing by the Ministry of Community and Social Services. The acutely ill or those in need of investigation such as provided by a general hospital are sent to this ward. They are under the University staff of the Toronto Western Hospital. As soon as the individuals are well enough they are returned to their respective Homes.

On the national scene Dr. David Sherman's name has long been associated with geriatrics. I first met him at the American Geriatrics Society and he later became president of that body. He continues to take an active part in clinical geriatrics and research in Montreal. He has been a pioneer.

Through the years Dr. Brock Fahrni of Vancouver has been active in the geriatric field. He presently is chief of the School of Rehabilitation Medicine and has a new 300 bed continuing care hospital under his administration. He must be considered one of the early leaders in the care of the elderly.

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At Winnipeg Dr. John MacDonnell has long been associated with geriatrics. Dr. G.F. Adams worked under him and published "Essentials of Geriatric Medicine". Besides his clinical interest in geriatric medicine at Deer Lodge Hospital, Dr. MacDonnell is a lecturer in geriatric medicine at the University of Manitoba. He also is chairman of the Advisory Committee, Housing for the Elderly Survey and Chairman of the Council on Social Development, Ottawa. He spearheaded a proposal to the Royal College of Physicians and Surgeons of Canada for the establishment of geriatrics in Canada as a subspecialty or area of special competence within the specialty of Internal Medicine. He certainly must be considered as a pioneer in the field of care of the elderly.

At the University of Saskatoon there have been developed splendid facilities for rehabilitation of the elderly. The University of Edmonton has certain facilities under the Department of Medicine. There are plans to build a 200 bed extended care wing to the general hospital. This should be a centre for the development of geriatric medicine. And the University of Calgary now has a new extended care centre (Dr. Gil Rosenberg, President, Canadian Association on Gerontology, is Director).

In this review of the history of geriatric medicine in Ontario and Canada I have only touched on the high spots as they occurred to me. Many names and facilities have of necessity been omitted. Much of the presentation is from personal experience. Perhaps it will serve to remind you that interest in the care of old people was not always as it is today.

We have in Ontario developed a quality of care of the elderly particularly in the Homes for the Aged of which the Directorate are justly proud. To use the Director's own words "we do not

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wish to see it down-graded or belittled". We try to treat to the best of our ability the conditions that arise and restore the individual to maximum function. We have learned to regard social and economic factors as well as psychological and psychiatric aspects as of major importance in the care of the elderly. It has been stated that "slowly progressive and incurable diseases in the late stages of aging and senility are avoided by the professor and student alike." We as physicians caring for the elderly must not let this occur. Remember that these individuals are our own parents and grandparents to whom we owe so much, including our present standard of living. One day you and I will be counted among these and we hope our children and grandchildren will have reason to be proud of us and give us the best available care. The elderly should be helped to sustain a sense of worth and dignity and maintain a maximum function as long as possible - preferably, we think, in the community.

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