



COMMEMORATING THE DISCOVERY of insulin 40 years ago, bronze busts of the late Sir Frederick Banting and Dr. Charles H. Best were presented to Lady Banting and Dr. Best. The ceremony at the Toronto Academy of Medicine to mark the event included presentation of the original research papers on insulin. Banting was lauded by associates as Canada's greatest scientist.

## Insulin's Fortieth Year Commemorated With Bronze Busts of Discoverers

"THE HISTORY OF MEDICINE is like the history of the world; it is the history of but a few people. Few men only, leave their footprints in the sands of time and if they would do so they must wear their working shoes."

The speaker was Professor William Boyd, professor emeritus of pathology at University of Toronto. The occasion was the presentation of bronze busts of the discoverers of insulin, the late Sir Frederick Banting and Dr. Charles H. Best, to Lady Banting and Dr. Best. They commemorated the 40th anniversary of the publication of the first clinical paper on the isolation of the hormone from the pancreas. The ceremonies were held at the Toronto Academy of Medicine where the original paper was given before the Academy in 1922.

The bust of Sir Frederick, done during his lifetime by Frances Loring, and of Dr. Best by Ruth Lowe Bookman of New York, were made possible by Eli Lilly and Co. (Canada) Ltd. which, with Connaught

Medical Research Laboratories, undertook the early production of insulin for clinical use.

Three other Canadian physicians who played the greatest part with Banting and Best in the further development of their discovery and its application to human patients, also participated in the commemorative ceremony. They were Dr. J. B. Collip, professor and head of the department of medical research at the University of Western Ontario (Dr. Collip retired as dean of medicine there 18 months ago); Dr. W. R. Campbell and Dr. A. A. Fletcher of Toronto. In 1922, both were practicing medicine on the staff of the Toronto General Hospital. Dr. Campbell also was in the department of biochemistry at the University of Toronto and Dr. Fletcher was a research fellow in medicine. Both have now retired from the university but remain active in medical work.

Dr. Best had warm praise for Sir Frederick Banting. "Fred Banting will live in the hearts of successive

generations of diabetics," he said. "He was the most wonderful man I have ever known and the greatest scientist Canada has ever produced."

Dr. Campbell said, "We were young and of a sure faith and knew it could be done and it was done," in recalling the pre-insulin days when "there were only two kinds of diabetics; those who died quickly and those who stuck around deteriorating slowly." He and his colleagues recalled the excitement of the discovery of the life-saving hormone and the heartbreak of early treatment when so little of it was available for the many who, for the first time, were given some measure of hope.

Upon receiving the bronze busts, Lady Banting and Dr. Best in turn presented the sculpture to the academy, asking that it be permanently displayed there. President of the Academy this year is Dr. Wallace Graham, who is also Chairman of the National Medical Advisory Board to the Canadian Arthritis and Rheumatism Society. FINIS

tion has awakened Canadian physicians to the point that they will once more turn out in force for our meetings and re-invigorate our discussions. It will only be by the vigor and enthusiasm of our membership that ours, like that of any voluntary organization, will flourish.

How strong should our Public Relations program be?

Very few Canadian doctors agree on how strong public relations should be on the Canadian Medical Association level, as has been abundantly debated in various issues of CANADIAN DOCTOR as well as elsewhere. At times there is a fear that a centrally established organization could become too strong and the personal touch might be lost. But on the other hand I challenge anyone to organize any national campaign to produce information for all the membership and the public unless there is a central organization.

#### *Provincial Divisions Ensure Balanced Members' Opinions*

The actual organization of the Canadian Medical Association should prevent too much centralization. With the Executive Committee representing each province and reporting to its own Divisional Executive, which in turn reports to each local society, it must be obvious that *all members* have a say in the affairs of the Association. Having been privileged to see the Executive Committee in action as well as to see several General Councils in deliberations, I have become firmly convinced that our affairs are in excellent hands and that we as members of the Canadian Medical Association have much to be thankful for in our elected representatives!

COMMUNICATION IS THE MAGIC WORD. Public Relations obviously means more than simply communication with the general public; it also means communication with every member. The machinery is already established for communication coming to the Executive and the General Council but we must also strengthen communication down to each member.

It is felt that the printing of newsletters by many divisions has greatly aided the transmission of information to the membership. Whether these are called presidential letters, newsletters, or bulletins, they all reflect an encouraging step forward in making every member aware of what is going on in *his* association and division.

THE LOCAL AND PERSONAL LEVEL OF MEDICAL PUBLIC RELATIONS:— So far I have dealt with public relations

and information on the national and divisional level. It also becomes obvious that a tremendous amount of work must be done in the field of the individual physician himself.

It is reported that in the TV season now under way (1962-63), there will be even more doctor-shows on television, and the only reason there is an increasing number is because these are popular. It is felt by the TV moguls that the public are ripe for medical information. Should not we, as physicians, attempt to help satisfy the interest in medical affairs that the public exhibits, and above all take the opportunity to produce a positive outlook towards the doctor?\*

#### *Individual Doctors Must Support Collective Effort*

The individual doctor must sell of himself to establish a practice. By selling is meant not a commercial activity; but by contact with the public (his patients and their relatives and friends) he displays not only his professional competency but an interest in his patients and their families. His sincerity and his reliability all contribute to develop a picture of a good doctor. IT IS THIS PICTURE THAT MUST BE PRODUCED AND TRANSMITTED TO THE PUBLIC AS THE PICTURE OF THE CANADIAN DOCTOR.

The time is long overdue for a de-

\*There is Canadian precedent that bears testimony to this. Most recently, very successfully enacted and received was the television series "Doctor's Care," 13 quarter-hour shows from April to June this year, each produced by a doctor. Beamed by the CBC in Winnipeg area as a public service, each program was introduced by Dr. K. R. Triseman, 1961-62 President of CMA's Manitoba Division which sponsored the program. The series was re-run in Flin Flon and Brandon areas, and may be repeated in Winnipeg next spring. The series is reported to be an "outstanding success from the CBC point of view (they carried it as a public service feature) and was well accepted by the public." (Ed.)

liberate program carried out by local societies and by individual doctors to transmit to the public what the average physician is like. We must portray the education and training of a physician (not only the aspects that have been glamorized by the press and TV but all the various types of training and experience that go to make up the well-rounded physician), and then go on to deal with the different types of medical practice and investigations carried on by Canadian doctors.

#### *Why Shouldn't Medicine Emulate Others' Frankness?*

Many drug companies have already started to explain the functions of certain specialists within Medicine, but in my opinion we require a planned pattern of public information in an attempt to explain the whole field of medical practice.

To accomplish such a program it is obvious that each Specialty Society, the College of General Practice, and the Medical Schools should immediately start planning an explanation of their roles in Canadian medicine.

The cornerstone of medical practice, it must be emphasized, is the family physician. And from this central idea the general public needs to be told of all the wonderful modern interests and activities that make present day medicine so fascinating.

CONCLUSION: If 1962 did nothing else to or for Canadian Medicine, I hope that it awakened in all of us a need to improve our Corporate Image in the minds of the public. *This cannot be a "crash program!"* This will have to be a longstanding campaign emphasizing positive aspects of the practice of Medicine, the image of the individual physician, and above all the tremendous responsibility for the health of all, that has been placed in the hands of Organized Medicine.

We, Medicine's Practitioners, individually, collectively and in unity, must be responsible for the comprehensive planning of how Medicine should be practised. FINIS

#### WESTERN PHYSICIANS THINK THE SAME:

"... we do not think the public as a whole appreciates our position. This is partly, if not mainly, our fault. WE HAVE NEVER TAKEN THE PUBLIC INTO OUR CONFIDENCE. We have allowed ourselves to be the villain of the piece. Our failures, our iniquities, our greed for money, have all been emphasized by the party of the other part ..."

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