HISTORY OF CANadian SURGERY

JAMES CAMERON CONNELL: 1863-1947

When James Cameron Connell died on October 5, 1947, Queen’s University, Kingston lost a man who, as a student, teacher, pioneer specialist, surgeon and administrator, had served his community for more than half a century. A grateful university had, however, long before his death recognized his single-minded loyalty by bestowing an honorary degree (LL.D. 1930) upon him at his retirement from active university affairs.

Dr. Connell was born of Scottish parents—James Connell and Elizabeth Cameron—on July 25, 1863 at Ayr, Ontario (Fig. 1).

He had two sisters, Elizabeth who remained unmarried and Jessie who, like her brother James, also graduated from Queen's University and later married the Reverend James Binnie. The Connell family moved shortly after Dr. Connell's birth to Dundas, Ontario where he completed his high school education. His Scottish-Canadian family were of modest means and reading was a major relaxation. His fondness of reading led to the accumulation of a substantial library and Dr. Connell became a man of wide culture who drew strength from the writings of great men of the past. This, along with his inherited Scottish tenacity, stood him in good stead in later life. He was a great admirer of Sir William Osler and like him he found a daily spur to action and a philosophy of life in Shakespeare's lines:

"The right purpose never is o'erlooked Unless the deed go with it."

From Dundas High School in 1880, at the age of 17, Dr. Connell entered Queen's University with intention of becoming a theologian. He remained in contact with Dundas by working in the post-office there during the summer recess—at a monthly pay of $12! Sometime during his student life, he changed careers and graduated B.A. in 1884, having taken an extra year in mathematics in which subject he received a Gold Medal. He graduated M.A. in 1885 and then entered medicine to graduate M.D., C.M. in 1888. As well as being a distinguished student, he found time to become a leader in many student activities and, in his final year in medicine, was elected to the coveted presidency of the Alma Mater Society.

After postgraduate work in New York, Dr. Connell returned to Kingston to set up practice as the first eye, ear, nose and throat specialist in the district, and indeed the second in Canada to devote his time solely to this specialty. He was appointed professor of this new department at Queen's University in 1891 and remained its head for almost 40 years. His practice grew rapidly and patients came to him from all parts of eastern Canada and New York State. His academic work was of the highest calibre and was recognized by the use for several years of his textbook on his own specialty. Dr. Connell remained active and accomplished in his field until 1937 when, at the age of 74, he retired to devote his time to his family and garden.

In 1903, the venerable Dr. Fife Fowler, who had guided Queen's Medical College through several metamorphoses, died and Dr. Connell was asked to become his successor. The appointment of a relatively young man, 40 years of age, to such a responsible position in a medical faculty was not common at that time. The wisdom of this choice was manifest many times during the ensuing 26 years that he remained Dean of the Faculty of Medicine at Queen's. He began a thorough and scholarly development and reorganization of the Medical School, built it up to Grade A standing and, by transforming and rebuilding the Kingston General Hospital, laid the foundations for the present excellence of the Queen's University Faculty of Medicine and its affiliated hospitals. Thus, to his already acknowledged fame as a surgeon, he added that of a skilful administrator with the genius and ability to do and to dare.

He always regarded the Medical School and the Kingston General Hospital as one institution and, in their history, his name is enduringly written. He personally considered the opening of the Douglas Wing and the Richardson Laboratories in October of 1925 as the high point of his career. That day he told the story of the Kingston General Hospital—the second oldest in Ontario—and in handing the buildings over to the Governors stated, "Nothing in my career has given me more satisfaction than to see these buildings come into being." He recounted that when he first knew the hospital its yearly income was less than $9000; in 1925 it was $170,000; would that he could be here today when the budget exceeds $10 million! In such programs as these he showed his breadth of vision, his place as a leader and, by promoting departmental and clinical expansion at Queen's University and the Kingston General Hospital, contributed more than any other man to the development of the medical faculty.

His devotion and loyalty to the medical faculty was forcefully demonstrated in 1913 when he tendered his resignation as Dean of Medicine (Fig. 2). The Whig at that time noted that his resignation was "a matter of public concern." Dr. Connell felt that the University policy was "starving" the medical departments, and interfering therefore with the development of the medical faculty which had had largely "to paddle its own canoe." The Whig described him as "a wise Dean of the Faculty of Medicine, bringing to his tasks order and system and business capacity, and as a result the medical college has come to occupy a unique and splendid position." Fortunately, the Trustees of Queen's University promised to accord the Faculty of Medicine better treatment in the form of financial support and Dr. Connell was persuaded to withdraw his resignation.

At the outbreak of hostilities in 1914, Dr. Connell was instrumental in organizing the No. 5 Stationary Hospital Unit which later became the No. 7 General Hospital Unit that served with distinction in Egypt and France. Grant Hall on Queen's campus became a convalescent hospital until 1920 and, as a Lieutenant-Colonel, Dr. Connell was consultant in his specialty as well as Dean of Medicine.

As President of the Board of the Kingston Health Association, he was instrumental in the establishment of the Mowat Sanatorium for the treatment of tubercu-
loss on the Van Straubeniz estate in the village of Portsmouth. This location was chosen because it could be easily reached from the Kingston Street railway yet was "sufficiently isolated that the most fastidious could not be annoyed." So successful was this venture that in July 1914 the Kingston Health Association reported that "The work of the hospital has resulted in the City of Kingston being cleaned up of tuberculosis. There is at present no known case of tuberculosis in the City of Kingston not being properly cared for."

After the war the question arose as to whether the medical faculty should remain in Kingston or move to Ottawa where a greater volume of clinical material was available. Dr. Connell was adamant that the Medical School should remain at Queen's and he was largely responsible for it staying. This was one of his finest hours and a time at which his determination and inborn Scottish tenacity was most needed and used. He lost friends over this but he won the respect of many opponents. Thus, in another of its hours of travail, Queen's University Medical School was fortunate in having a man at its helm whose courage and devotion ensured the survival of the Faculty of Medicine.

Dedicated men like Dr. Connell often meet opposition but his fairness and selflessness earned the respect of his opponents who oftentimes found their respect turning into affection. It was this incident that accelerated the remodelling of the hospital and the building of the Douglas Wing. Under his vigorous leadership as the chairman of the building committee, over $1.25 million was raised in the years 1920 to 1923 to complete the project.

In 1929, Dr. Connell retired after more than 25 years as Dean of the Faculty of Medicine. The Queen's Review at that time referred to him as a "Maker of Queen's" and referred to the medical faculty as "a fitting monument to his 26 years devotion to Queen's". The Board of Trustees of Queen's stated that "As a teacher and as administrator Dr. Connell has contributed more than any other man to the development and the excellence of the Medical Faculty... Queen's stands deep in his debt."

Fig. 3.—Portrait of Dr. Connell as Principal of Queen's University.

His retirement, so happily crowned by an LL.D. from a grateful alma mater, was short-lived because Dr. Connell was asked to act as Principal of Queen's University until a successor to Dr. Taylor could be appointed. He thus stepped into, from May until October 1930, a distinguished line of Queen's principals.

Dr. Connell was a man of many facets—a scholar, teacher and an administrator, pioneering a specialty in his profession and selflessly loyal to his university. In his "In Memoriam" address, Dr. W. E. McNeill said, "He was a man not only of vision, force and action, but also of rich humanity, kind and understanding, devoted to his family and loyal to his friends."

In 1889, Dr. Connell had married Agnes Hendry and their only son H. C. Connell also became an eye, ear, nose and throat specialist. Dr. Connell's home and lakeshore property, enhanced by his gardening skills, was the party scene for many graduating classes and returning alumni. In spite of his busy practice and administrative duties he made time to take a daily drive with Mrs. Connell. When Dr. John Austin arrived in Kingston as a guest in Dr. Connell's home, he put his shoes outside of his bedroom door for the servants to shine. It was only years later that "Blimey" learned the true identity of his shoe-shine boy!

As a pioneer in the specialty of eye, ear, nose and throat surgery, Dr. Connell brought to Kingston new operative procedures and techniques. His skill as a surgeon was widely recognized but his kindness and gentleness with children in particular was ever present on rounds. A gentle word and a coin in the hand of a fearful child won their confidence. When Dr. Connell's portrait (Fig. 3), painted by Kenneth Forbes, was unveiled at the October Convocation and presented to the University in 1930 by the medical graduates of Queen's University, Dr. E. Ryan (Meds. '89) said: "He was loved and respected by his students, by his conferees of the faculty and by his brothers in the profession."

There are few individuals who can look back on a life so rich in achievement. Dr. Connell had 10 years after his final retirement to enjoy life with his family and grandchildren (Fig. 4). No epitaph is more fitting than his own words taken from one of his own texts: "If one has lived well and full, known love and parenting, experienced success and failure, if he has done justly, loved mercy and worked humbly he can die with some measure of content and clear the stage for a newer and better play."

Fig. 4.—Happy retirement.

FAILURE AFTER VARICOSE VEIN

OPERATION

This paper gives the late postoperative results in 170 patients after 242 operations for varicose veins done between 1959 and 1963. One hundred and one patients (59.48%) had no symptoms and no evidence of recurrence; the remaining 69 patients had a recurrence, either asymptomatic or associated with subjective complaints.

The author distinguishes three forms of recurrence, one of which is on the inner aspect of the thigh, in the area of the removed great saphenous vein. This is caused either by improper ligation of the great saphenous vein at a distance from the saphenofemoral junction, which leaves a long saphenous stump, or by mistaken ligation of another vein, leaving the great saphenous vein undisturbed. Sometimes the recurrence is due to an accessory great saphenous vein.

A second form occurs in the lesser saphenous vein area most often in patients in whom this vein did not show any evidence of varicosity on preoperative examination and was not removed. Postoperatively, under new hemodynamic conditions, varicosities of the lesser saphenous vein may develop quite rapidly. Ubiquitous recurrence, the third form, arises from overlooked incompetent perforating veins. Knowledge of the anatomy of the perforating veins and thorough preoperative examination and marking helps prevent most of these recurrences.

The exact location of the incompetent perforators may often be recognized by characteristic, localized ectasia of the skin venules, by visible and palpable, easily compressible and promptly refilling vein blowouts, and sometimes by palpable defect in the underlying fascia.

Complications other than recurrent varicosities including damage to the saphenous and sural nerves during dissection and stripping, resulting in numbness of the corresponding skin, and complications resulting from coexistent impaired arterial blood supply to the operated extremity. The latter can be avoided by thorough evaluation of arterial circulation before surgical treatment.—Weber, F.: Missersfolge und ihre Ursachen nach Varicenoperationen, Chirurg., 38: 322, 1967.