The name of Thomas Roddick is linked with the early use in Canada of Lister's antiseptic method more definitely than is the case with any of his contemporaries; there is no doubt that he hastened the acceptance of its principle. By his personality and character he also exercised a wide influence in his time, professionally, socially, and politically.

Born in Newfoundland in 1846, Thomas George Roddick began life with all the advantages of a good education. Like many of his contemporaries he intended to take his medical training in Edinburgh, but was persuaded to enrol at McGill University, where he graduated in 1868 with high honours. His energy and unquestioned ability made him a natural leader, and he rose to high teaching and administrative responsibilities as Professor of Surgery and later Dean of the Faculty of Medicine at McGill. He was one of the group in Montreal which included such men as Osler, Shepherd, Blackader, Buller and James Ross, who met frequently to dine as a club, and incidentally to develop the activity which is so well reflected in the medical journalism of the day. He soon began to contribute to the *Canadian Medical & Surgical Journal*, under the influence of its editor George Fenwick, who had been mainly instrumental in having him train at McGill.

Roddick graduated about three years after Lister had begun his work on antisepsis. It would be interesting to know what reference to Lister's work had been made in the surgery lectures at McGill at the time that prompted the question on Roddick's final surgical paper, "What is meant by the antiseptic treatment in surgery? In what cases is the use of carbolic acid especially indicated?" Certainly no one in Canada seems then to have grasped Lister's idea, although A. E. Malloch of Hamilton, Ontario, one of Lister's house surgeons in 1868, had begun using Lister's method in 1869.

In 1872 Roddick visited Edinburgh and saw Lister at work, but not until after a second visit in 1877 did he bring back Lister's carbolic spray and begin using it in his hospital work. Within twelve months he read a paper at the annual meeting of the Canadian Medical Association, describing his experience with antisepsis, and one year later he published the first comprehensive Canadian report on a series of cases thus treated. These were from the wards of the Montreal General Hospital. He said that he had no "accurate comparative statement of the surgical results of the Hospital before and after the introduction of Lister's method", but his mortality rate was so strikingly low that his report carried immediate though perhaps not universal conviction. His comment was:

"We have then a record of 64 major operations with two deaths, being a mortality of..."

*Montreal General Hospital Reports, Vol. 1, 1880."
There was remarkable freedom from sickness amongst the troops. This was ascribed vaguely to "the tonic and strengthening properties of the northwest country", though these were of a somewhat heroic quality in view of the bitter weather which the men, most of them raw recruits, had to face without adequate protection during the first few weeks. It was fortunate that by the time warm weather arrived, with the attendant possibility of typhoid fever, most of the fighting was over. Roddick later spoke of the extraordinary freedom from infection amongst the operative cases, not with any special reference to antisepsis, for he had little chance of operating himself, but realizing that the tent hospitals had not the background of old septic conditions.

For about the next ten years Roddick was fully absorbed with his teaching and professional work, as well as general medical affairs. In 1897 he was chosen president of the British Medical Association on the occasion of its first visit to Canada, in conjunction with the Canadian Medical Association — the first Canadian to be chosen for this position. Lord Lister was his guest on his visit to Montreal at that time.

The Canadian Medical Association has received from Dr. T. C. Routley an interesting historical link in the shape of the badge which was worn by Lord Lister at this combined meeting; it was pinned on to his lapel by Roddick. A friend of the Lister family gave it to Dr. Routley in England, when he was completing the same duties as President of the British Medical Association which Roddick had carried out 59 years before in Montreal. It was thought appropriate by the donor that the badge should come back to Canada through the medium of one who had himself occupied this combined office.

In 1894 Roddick began active work on what was to be his most notable achievement, that of establishing uniformity of medical registration throughout Canada. Ever since its formation in 1867 the C.M.A. had given close and constant attention to this subject. In spite of most devoted labours it was eventually admitted that the matter presented apparently insuperable
difficulties. At the root of these lay the fact of Provincial autonomy in matters of education—*all* education. Registration of doctors involved their education, and so far it had never been possible to persuade all nine sternly independent (and not over-enthusiastic) Provinces to accept one uniform method.

Roddick was given the task of chairmanship of a C.M.A. committee on registration, and he began then his long uphill task of coordinating the views of the profession and soothing the sensibilities of nine Provincial licensing bodies. He actually managed to obtain most encouraging support from the profession on a report suggesting a form of Federal legislation. But as Parliament could not infringe on Provincial rights, and the Provincial legislatures would not unite to recognize a central board, an impasse developed.

Roddick was elected to Parliament in 1896, but as his party (Conservative) was then in opposition he could do little in the House and spent the next five years in influencing medical opinion throughout the country.

At last in 1901 he was able to bring in his Dominion Medical Bill. The essential feature of this was the formation of a Dominion Medical Council, whose diploma gave the right to practise throughout the Dominion. In 1902 he managed to get the Bill accepted in the House, and then came nine years of incessant labour to gain consent from each province separately, which had been conditional in acceptance of the Bill.

In 1911 his magnificent patience was rewarded by the passage of the Bill creating a Dominion Medical Council. Even Sir Charles Tupper, a master politician, had thought it was a hopeless venture and told Roddick that he would never be able to carry it through. Roddick was not essentially a politician. This particular achievement demanded qualities of tenacity, patience, good nature, and a knowledge of men, all of which may be found in a politician, it is true, but not necessarily with a personality such as his. His work was recognized by a knighthood in 1914.

Roddick is deservedly looked up to as a leading figure in Canadian medicine. He died in 1923, of a form of pernicious anaemia, with subacute combined sclerosis.

WILLIAM HARVEY IN RETROSPECT*

"The theme of this address has been suggested by the successful operation in Auckland over the past 12 months of the heart-lung machine. Inevitably our minds have been drawn the more closely to that great man who started it all, William Harvey. How he would have rejoiced in this working exemplification of his *de Motu Cordis et Sanguinis*. We might easily suppose that he could have foreseen, and perhaps did foresee this modern construction, in which 'he being dead yet speaketh'. It seems appropriate that we should again turn our minds to Harvey and his work, to see in retrospect their place in medicine historically and philosophically.

"We need not look on the history of medicine as something divided from us by a great gap. History is what has happened right up to this 'now' when time-past meets time-to-come. Our own teachers in the faith are as significant as those whose names we remember only because they are attached to a structure, a symptom, or a disease complex. Today in the face of so great an accumulation of detail in physiology, pathology and therapeutics, the past seems to have been blotted out by the overwhelming present. . . ."

"We can better estimate the greatness of Harvey when we remember that he worked and wrote without advantage of any magnification other than that of a hand lens and without knowledge of oxygen and oxygenation. His lecture notes show that as Lumleian Lecturer on Anatomy to the Royal College of Physicians he had been teaching the circulation of the blood for at least 12 years before he ventured into print. He was not himself unaware of the importance of his work . . ."