physician's responsibility to treat illness as well as disease. David reminded the Class of '95 that their relationship with patients should transcend the advances of science. His warning against co-opting patients as political allies in our disputes with the people who run the health care system is as timely as tomorrow. Sadly, too many professional organizations and individual physicians have abused the doctor–patient relationship in exactly that way.

I have been the fortunate beneficiary of innumerable past and present sources of family pride. These include finding myself in the middle position among 3 generations (so far) of Canadian pediatricians — my elder son, Alan, is the latest in that particular line of succession. With my younger son, David, I am in the midst of 3 generations of contributors to *CMAJ* over the last 81 years.

Most of all, I derive great pride from the wit and wisdom that has emanated from both extremes of our little familial strand of DNA. It is a privilege to be the middleman in such a sequence. ?

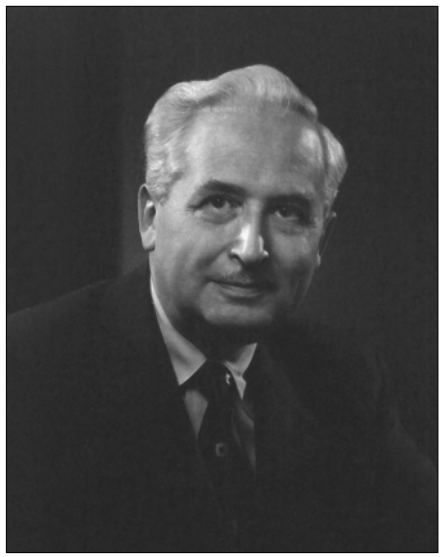
A message to the Class of '66

Alton Goldbloom, MD

The following are edited excerpts from Dr. Alton Goldbloom's address to the Class of '66, McGill University medical school.

The Class of '16 heartily greets and congratulates the Class of '66 — a full half century apart. We greet you with an *ave atque vale* [hail and farewell], with a glance backwards at what we were, at what we knew and what we were taught 50 years ago, and with a long look at the days to come. . . .

Our days in medical school were chiefly characterized by empiricism and didacticism. Physicians and surgeons were of necessity obliged to rely on their instincts, their limited knowledge and their judgement. When we began to study medicine it was little more than a decade since Ross's discovery of the parasite of malaria, the arsenicals had not yet replaced mercury in the treatment of syphilis, bacteriology was in its early adolescence and chemotherapy was a mewling infant. We were taught that with mercury, opium and salicylates, one could practise effectively if no other drugs were available.



Dr. Alton Goldbloom: time marches on

The list of diseases for which "expectant treatment" was the only treatment was formidable. When at the final examination we were asked how to treat, say, pneumonia, the perfect answer was always the same — "initial purgation, rest in bed, fresh air, plenty of fluids and treatment of complications as they arise." That always earned 100%.

Didacticism reached its apex during examinations. We learned that one must never give the examiner an answer, however original, which he did not expect. We learned from senior students and recent graduates who might ask what — and what answer to give to whom. We all wallowed in a morass of mutual ignorance, but it was only the student who was permitted to admit it. The physician and particularly the surgeon, and, heaven help us, the specialist — they must for their own self-esteem be positive. Not that we did not have inspiring teachers — we had Charles Martin, we had John McCrae, we had Harold Cushing, we had W.F. Hamilton, and they were outstanding — but medicine was in its infancy and only these few visualized its potential. X-rays were first discovered in 1895, and by 1911 they were still in limited use. Ponderous glass plates showed us fractures and empyemas. . . . The electrocardiogram was done in a dark room — half of it occupied by the apparatus itself, with the patient seated in a chair, his arms and legs emersed in buckets of salt solution. The rectangular glass slide was developed and then printed on photographic paper. . . .

Pneumonia and erysipelas were self-limited diseases, amenable to expectant treatment. I imagine "expectant" meant that you expected that the patient would either recover or die. We battled hopelessly with diabetes, scarlet fever and rheumatic carditis, and often, though not always, with diphtheria. . . .

It was with the discovery of insulin that endocrinology got its greatest fillip. We became interested not only in blood sugar but also in homeostasis, and not only in nitrogen balance but also in mineral metabolism as affected by vitamins, endocrines, age and so forth.

In his early research on rickets one of my classmates, Harry Goldblatt, was the first to separate vitamin A from vitamin D and to show that they were 2 separate vitamins. He also, without realizing it, virtually stumbled on irradiation of sterols in the production of vitamin D. Another classmate, the late Louis Gross, published his book on the circulation of the heart at age 24. It remains a classic. . . . [He] conceived the idea of infusing the heart with radio-opaque substances then taking x-ray photographs. . . .

In our day genetics consisted of a single lecture on Mendelian inheritance and a little bit about human chromosomes. Metabolic diseases were known but few were understood. Storage diseases were unknown as such and the word thesaurismosis had yet to be coined. Glucose was directly absorbed from the intestine without the agency of any enzyme system and converted into glycogen in the liver. Enzymes were talked about but chiefly in relation to digestion within the intestine.

No wonder we were empirical and didactic. In those days I often wondered if we were not more eager to have been proven right at the postmortem table because we were so often wrong and ineffective at the bedside. . . .

Of the present state of medicine, you new graduates can speak with greater knowledge and authority than we can. The past generation has [witnessed] the conquest of many bacterial diseases. We now face an era in which viral diseases will be conquered. This is your era and from you . . . may come the great breakthrough that we all eagerly await.

So, the Class of 1916 greets the Class of 1966 with congratulations, with hopes for your future, with an *ave atque vale* and, alas, with a *morituri te salutamus*: we who are about to die salute thee.

"You have been granted an extraordinary privilege"

David S. Goldbloom, MD

The following are edited excerpts from Dr. David Goldbloom's address to the Class of '95, University of Toronto medical school.

Ours is a highly conservative profession that frequently and morbidly predicts its own demise. Every evolution of our roles is inevitably labelled as "the end of medicine as we know it." Changes to reimbursement practices are a frequent undercurrent in perceived threats to the doctor–patient relationship. Such was the case when universal health insurance was introduced almost 30 years ago; more recently, as our society grappled with limited resources in the context of unlimited and competing needs, physicians were encouraged to politicize their patients through posters and pamphlets.

If you feel that "this political stuff" isn't why you went to medical school, then you should also assume that "this political stuff" isn't why your patient came to see you. Be careful about enlisting your patients in your profession's battles. You are there to serve their needs, not vice versa.

There is no question that the professional roles of physicians continue to be transformed. Indeed, there are only 2 things you can count on: further change is inevitable and the rate of change is going to increase. . . . The explosion in technology and information and the advances in therapeutics, as well as the ethical dilemmas they pose, will be viewed as quaint by medicine's next generation, but your relationship with your patients transcends these changes. As was the case 100 years ago, your patients look to you for the provision of hope and the reduction of suffering. If you lose sight of this as you fractionate their serum amylase or try to interpret their SPECT scan, you will have lost the essence of what it is to be a doctor.

The reality is that your role has many components. Recently an organization, Educating Future Physicians for Ontario, spelled out these different roles: medical expert/clinical decision-maker; health advocate; gatekeeper; collaborator; communicator; scholar; and professional person.

These roles are hardly new but they reflect the priorities and vocabulary of our times. It has also been written: "Now, more than ever, must the physician be regarded as the guide of those under his charge — not only a guide during illness, but a guide in health as well. The advice of the physician is now sought in matters quite far removed from problems in diagnosis and therapeutics, where a knowledge of physiology,