

A Book of Recollections

A Personalized History of the CTS

1958-2008

Compiled on the Occasion of the CTS' 50th Anniversary

October 2008

TABLE OF CONTENTS

Introduction.....	3
The Founding of the Canadian Thoracic Society, 1958	4
Recollections.....	7
Brian Sproule, President, 1972-73	7
Margaret Becklake, President, 1978-79.....	9
Nick Anthonisen, President, 1979-80	10
Peter MacLeod, President, 1989-90.....	11
Peter Warren, President, 1990-91	13
David Cotton, President, 1992-93.....	14
Yvon Cormier, President, 1993-94	16
Peter Paré, President, 1995-96	17
Robert Hyland, President, 1997-98.....	18
Valoree McKay, Administrator, Societies, 1998 - 2004.....	19
Louis-Philippe Boulet, President, 2000-2001	21
Gordon T. Ford, President, 2005-2006	26
Conclusion By Robert Levy.....	29
Presidents of the Canadian Thoracic Society.....	32
Acknowledgements.....	33

INTRODUCTION

On the occasion of the Canadian Thoracic Society's 50th anniversary, we have drawn on the experiences of past leaders to present a personalized history of the CTS. Throughout the following pages, you will find the words of past presidents, as well as those of a founding director and a former administrator, who recount the development of various aspects of the CTS, share humorous anecdotes and describe the challenges they faced.

You will gain a better understanding of the CTS, of its history and its members, and of its roots as part of The Lung Association. We hope these reflections will nourish and strengthen your desire to take an active part within the Society.

Immerse yourself now in the history of the CTS, through the unique points of view of its past leaders...

This personalized history presents the views of each of the contributing authors and does not represent the views of the Canadian Thoracic Society or The Lung Association.

THE FOUNDING OF THE CANADIAN THORACIC SOCIETY, 1958

A personal recollection by C. William L. Jeanes



William L. Jeanes

Graduating in Medicine in 1943 at Guy's Hospital, London, and surviving the war years through the Blitz, I had in 1948 become a Chest Physician serving two hospitals in Greenwich, in southeast London. Most of the medical problems in those years were chronic bronchitis and emphysema, aggravated by London's pea-soup fog, and pulmonary tuberculosis. In relation to tuberculosis, hope was dawning for a "cure" as the new specific drugs for tuberculosis became available: streptomycin, PAS, isoniazid.

I was an active member of the British Tuberculosis Association (BTA) later to become the British Thoracic Society (BTS) and also of a parallel organization, the British Chest and Heart Association (BCHA). I was elected an assistant secretary of the BTA in 1950.

In 1956, I was awarded a Travelling Fellowship by the Chest and Heart Association to visit Canada for four months and the United States for one month. My mandate was to travel far and wide, visit universities, hospitals, sanatoria, and health departments, and deliver a report to both the Canadian Tuberculosis Association (CTA) and my sponsor (BCHA).

In the States I visited and was "royally" received in some twenty institutions in New York City, Philadelphia, Washington DC, Chicago, Denver, San Francisco, Seattle, Rochester MN (the Mayo Clinic), and Boston – all this in four weeks!

I then started my Canadian tour in Victoria BC, and in four months I visited in every province, (except Newfoundland – travel there was considered to be too difficult then), by participating in medical rounds, staff conferences, attending lectures, (giving many myself). By the time I

returned to Ottawa to present my report, I was certainly well informed of the Canadian problems in chest diseases, especially tuberculosis. I had learnt a lot!

During this final visit to the CTA office in September 1956 in Ottawa, Dr. George Wherrett, who had been executive director of the CTA for over 30 years, informed me that the Association was considering expanding its medical programmes beyond its tuberculosis activities. To do this they needed to establish a medical section covering the whole field of respiratory diseases. I was offered the challenge to do this.

I had to return to England to my responsibilities there from which I had been on leave to come to Canada. During the ensuing fourteen months there were many communications from Canada by mail, which took only 3-4 days to be delivered across the Atlantic but there was a considerable delay caused by objections which were raised by some members re an “outsider from another country” being invited to come to Canada to undertake this task.

Eventually these objections were overcome, largely because I had visited practically every respirologist of note right across Canada – and as a bonus, across the U.S. as well. They knew me!

I returned to Canada with my family in November 1957, intending to stay for one year on sabbatical from my job in London. I immediately started on the task of organizing the proposed medical section and commenced a series of cross-country visits. These went very smoothly because I had made the same visits during my fellowship visit the year before. Everyone was most co-operative and enthusiastic. Not one of them objected to my being a Brit – and a Welsh one at that!

Within six months I had mustered support from across Canada and was able to call a meeting of about fifty interested physicians, who met in June 1958 at the Chateau Frontenac in Québec City. I took the chair for the first 15 minutes to introduce the concept of the new “medical section” of CTA and to call for nominations for officers. Dr. C.G. Shaver of St. Catharines and Dr. Philippe Landry from Montreal were elected joint chairpersons, and the meeting proceeded under them.

The first item of business was the name of the new organization. Dr. Landry proposed in French “Société canadienne de thoracologie”, which being translated was “Canadian Thoracic Society”, and so CTS was born.

I was invited to become medical director of CTS and to become a staff member of CTA. I accepted to stay in Canada with my family. We became Canadian citizens in the shortest time then permitted and have never regretted the decision.

The first few years were a struggle to make progress because tuberculosis was still such a major problem and was the dominating topic at meetings. Progress was also slow because in 1961 Canada hosted the World Tuberculosis Conference in Toronto and that undertaking monopolized all the resources of CTA for two years.

During the years 1958-1961, progress was made in establishing six societies in the provinces: BC, Alberta, Saskatchewan and Manitoba, Ontario, Québec, and the Maritimes and Newfoundland.

As soon as the 1961 World conference was over I was able to devote most of my efforts to CTS, and the 1962 meeting in Edmonton was truly the first Thoracic Society conference with respiratory diseases other than tuberculosis dominating the programme.

The progress of the CTS received a big boost when CTA established and funded the research programme which CTS administered.

CTS and its provincial affiliates continued to expand their activities, despite difficulties of travel costs to hold meetings – but we all survived and progressed.

I left CTS in 1973, to pursue other interests in international health for Canada, but have maintained my interest in CTS over these fifty years. I am so pleased that my “baby” has thrived and I thank you for honouring me on the fiftieth anniversary.

Dr. C William Jeanes was presented with a special CTS Recognition Award in Montreal on June 21st, 2008.

RECOLLECTIONS

BRIAN SPROULE, PRESIDENT, 1972-73



Brian Sproule

When I became President of the Canadian Thoracic Society in 1972, I did so with considerable trepidation. It was a time of change and I succeeded the formidable Dr. David Bates. He addressed the Society on the imperative of relabeling the organization. The Society had progressed semantically through various iterations from the “Canadian Tuberculosis Association” to the “Canadian Tuberculosis & Respiratory Disease Association” to the ultimate label of the “Canadian Lung Association”. His cherubic

countenance and twinkling blue eyes complimented his lilting English-accented persuasive voice as he beseeched the residuum of hardcore Tuberculosis Physicians that had formed the core of the System to accept a change in their label. His eloquent pleas, overcoming heartfelt objections, were of course ultimately successful.

In those days, the lay-fundraising part of the organization was firmly affixed to the medical portion. My impression remains that medical input had greater influence then than now.

Despite initial forebodings, my time as President was fascinating to me and afforded me an opportunity to meet a number of revered figures I only really knew through the literature. Recollections of Dr. Reuben Cherniak, Dr Peter Maklem, Dr. Nicholas Anthonisen, and Dr. Arnold Naimark striding into a smoke-filled meeting venue all puffing large cigars remain in my memory. The impossibility of it occurring now epitomizes the sea-change in attitudes that has fortunately occurred over the years.

As elegant and sophisticated as everyone I have ever encountered were the husband and wife team of Drs. Maurice McGregor and Margaret Becklake. During a Royal College Meeting in Edmonton, which gathering for many years always occurred in January, I toured Dr. McGregor around

the University Hospital. At that time the doctor's outdoor parking lot was equipped with rows of individual electric plugs necessary for the block heaters essential to all cars during Edmonton winters. He, initially hailing from South Africa, gazed on these with wonder since although essential in Edmonton, they were, of course, never heard of in South Africa or even seen in Montreal. Since then parking is in large part underground but even outside, because of global warming, electrical plugs and cords running to cars are virtually unknown.

Dr. Guy Scadding was known to me as the World Authority on sarcoidosis, Physician to the Queen, the Clinical Head of Brompton Hospital, and the legendary fearsome chief oral examiner of the Royal College. His beetling eyebrows when raised in interrogation reduced many examinees to sweaty speechlessness. He undertook a speaking visit across Canada during my term. My wife and I had the privilege of driving him and his wife Mabel on a tour from Edmonton to Jasper, then along the Icefields Highway, to Banff, Calgary then back to Edmonton which was a ritual for many visitors.

Evidence of his humanity surfaced associated with the enormous difficulty he had in getting his 2" x 2" slides projected at our meeting in Edmonton. I personally empathize greatly with confusion in coping with changing technology. It is personally mirrored by my own faltering attempts to keep up with laptops, iPods, Blackberrys, Facebook, and the other manifestations of the Information Age.

My wife Marnie and I found the Scaddings jovial, compassionate, inquisitive, and utterly gracious in every respect. Guy's humanity was further illustrated by a story told with relish about a visit to the London Theatre. Mabel had arrived and had been seated earlier than Guy who, as usual, late from work, breathlessly arrived and just as he sat, notice his zipper was undone. Momentarily, the Queen appeared and all stood as another late arrivee passed in front of him giving him a chance to quickly re-zip. As he once again sat there was a frantic tugging and he found he had zipped the folds of a passing lady's dress into his pants. The subsequent commotion was, in retrospect, described with much merriment.

My lengthy association with the Canadian Thoracic Society served not only to acquaint me with many good and great physicians, but a chance to evaluate in depth many innovative research and clinical advances and I consider myself to have been fortunate indeed.

MARGARET BECKLAKE, PRESIDENT, 1978-79



Margaret Becklake

The highlight in the period in which I served as President of the Canadian Thoracic Society was the inauguration of the Christmas Seal Visiting Professorships, established by the CLA in 1978. Two visiting professorships were awarded.

One was awarded to Dr. Jacques Chrétien, Chef du Service de Pneumologie (Clinique de Physiologie), Hôpital Laennec, Paris, who visited centres in Québec: l'Hôpital Sainte-Foy (Université Laval) and in Montréal l'Hôpital Maisonneuve-Rosemont, l'Hôpital Hôtel-Dieu and l'Hôpital du Sacré-Coeur, all teaching hospitals of l'Université de Montréal, and the

Royal Victoria Hospital, a teaching hospital of McGill University. After these visits he attended the annual meeting of the CTS in June, where he gave the Jonathan Meakins Lecture entitled: "Diseases of the Pleura".

The other was awarded to Dr. J.A. Peter Paré, Director of the Respiratory Division, Department of Medicine, McGill University. Dr Paré visited centres in BC (St Paul's Hospital, the Vancouver General Hospital, New Westminster and Victoria Hospitals), in Alberta (Lethbridge, Edmonton University Hospital and the Calgary Health Sciences Centre), in Prince Edward Island (Charlottetown Hospital) and in Newfoundland (Cornerbrook, and St. Claire Hospitals and the Health Sciences Centre, St. Johns). After these visits, he attended the annual meeting of the CTS where he presented a paper on "Recent advances in respiratory research: Clinical Significance".

The itineraries of these two men indicated the extent to which the objectives of the visiting professorships were met, namely that in addition

to the usual visiting professorships only to teaching institutions, non-teaching hospitals were visited, with the objective of promoting interest in respiratory disease. Both men were invited to advise provincial and national associations on observations made during their visits.

NICK ANTHONISEN, PRESIDENT, 1979-80



CTS Research Committee 1974-80

My most sustained and pleasurable CTS duty was to chair its Research Committee from 1974 through 1980. We met in Ottawa once a year and adjudicated grants and fellowships; at that time we were able to dispense funds that were truly meaningful in terms of numbers and amounts. Further, the Committee was good company on both personal and professional grounds.

The picture is of the Committee during one of our sessions. From the left, the members were: Norman Jones of McMaster, founding editor of The Canadian Respiratory Journal, and a superb clinician-physiologist with particular interests in exercise; myself; Raja Abboud of Vancouver, another clinician physiologist who was expert in diffusing capacity and the pathogenesis of emphysema; Bill Whitelaw of Calgary, a clinician physiologist with a background in Mathematics who studied control of breathing; Malcolm King, then of Montreal an expert on mucus, who has subsequently moved to Edmonton; Cameron [Cam] Grey, a clinician from Toronto who functioned as our TB expert, and was an ex-football player [I used to tease him about the Argos]; and lastly Barry Smith, then of

Kingston, who was a paediatrician-neonatologist interested in surfactant. He went on to have a very distinguished career in Boston and Toronto.

Of the group, Malcolm King is still going strong, Norman Raja, Bill and myself are at least semi- retired, and Cam and Barry are deceased.

PETER MACLEOD, PRESIDENT, 1989-90



Peter MacLeod wearing
CTA medallion, 1993

In the 1980s and 90s, I felt the CTS was more cohesive than the CLA and the lack of understanding of issues facing both the organisations led to the confrontations between the CTS and CLA over policy, procedures and research funding at various times.

In the 1980s and 90s, I felt the most important work done by the CTS was at the level of the Standards Committee. The consensus documents, now that I am "outside the loop" seem to be the most obvious feathers in the CTS cap and is a continuation of the work of the old Standards Committee.

Bill Jeanes told me a story of the creation of the first constitution of the CTS. It was decided to work on this for a weekend at an island cottage in the Laurentians. Two boats were required to transport the party and its provisions. The first boat held most of the CTS executive and the liquor. The remaining provisions would come in the second boat. A storm arose and the second boat never arrived. The group went through the weekend with only alcohol to fuel their thoughts. I do not know how much work was achieved.

I was fortunate to have been a clinical fellow of Peter Macklem's group in 1968 when Peter, Morin Campbell and Rube Cherniac revitalized the CTS and moved it into the post-TB era by emphasizing pulmonary pathophysiology. The meeting may have been in Calgary. The papers presented and the subsequent discussions were electrifying to an impressionable young clinical fellow.

The next most memorable (for me) meeting was the joint ATS-CTS meeting in Montreal in 1975. Montreal was still glowing over Expo 67 and was getting ready for the 76 Olympic games. The meetings were held in the Queen Elizabeth Hotel (and perhaps others). The rooms were intimate (i.e. very crowded), stifling, and some of the best discussions were held in cafes or homes of the Montreal contingent, sometimes into the wee hours.

Over the years, the CTS has done much soul-searching over the proper place for its annual meetings, and I think the latest format reflects the maturity this organization has achieved. I suspect this issue will recur.

Individuals in the CTS tried not to take themselves totally seriously. In 1993 or 94, when I was president of the CLA, there were still some hard feelings in the CLA that the CTS scientific meetings had separated from the CLA annual meeting. I invited Peter Macklem and Nick Anthonisen as guests to the CLA banquet in Winnipeg, hoping the appearance of these illustrious people would show the respect the CTS held for the CLA. At the end of the meal, Nick and Peter produced cigars and puffed away at them during the lengthy post-meal speeches. This humour was totally lost on the attendees and relations with the CTS were frosty for some time afterwards.

Canada is fortunate in having a huge cadre of academic mover and shakers. Over the entire existence of the CTS, these people have contributed to the sustenance and growth of the CTS. I was fortunate to have associated with them in a number of different roles.

During a joint meeting of the CTS, the CTA and the newly formed ATS in 1950, the Nova Scotia TB Association gave a medallion for the CTA President. A copy of this medallion was also presented to the president of the ATS. I believe it is still worn at the annual ATS meetings by the presidents.

PETER WARREN, PRESIDENT, 1990-01



Peter Warren

My first involvement in the CTS Board was in 1977 when I was asked to be program chair for the annual meeting that was held with the CLA. Reuben Cherniack was past president and Moran Campbell president. I felt very junior having been on faculty for only 3 years. I much appreciated learning from them as well as from Margaret Becklake, President Elect, about the CTS and academic medicine. As a result, over the years Moran became a very kind mentor to me. The one anomaly I recall about the experience was that the program chair was also called Vice President, a title quite out of step with my responsibilities.

Ten years later Nick Anthonisen and Whitey Thurlbeck asked me, in a bar, if I would organize the program for the annual meeting that now was to be held in Winnipeg with the Royal College. They were unaware of my previous experience of the position, and I said that as I had done it for Reube and Moran, who had a reputation for being tough, I felt that I could work with anyone. Thus I came once more to the CTS board, and in time it kindly asked me to be president.

A major problem Whitey Thurlbeck, President, faced in 1987 was that the CLA unfairly, and unkindly, dismissed Bill Jeanes, our medical director; an act the CLA did with no consultation with the CTS. The next few years we thought of leaving the CLA, but I am glad to say that we overcame the slight and did mend relationships.

In those days our medical director played a most valuable role in the affairs of the CTS. I like to think that asking Carole Guzman to be our medical director was my best act for she was much respected by all, and had the experience of the presidency of the CMA behind her. Similarly we were well served by Ian Warrack who, although not a respirologist, still looked after the best interests of the CTS with the CLA.

DAVID COTTON, PRESIDENT, 1992-93

Birth of a Journal



Ferguson Professors

Back: Drs. Cotton, Gallagher, Dosman, Cockcroft & Harpner

Front: Drs. Burnette, David Popkin & Ferguson

It has been over 15 years since I was CTS president (1992-93). In retrospect, working with the CTS was one of the highlights of my professional life. I began working with the CTS in 1980 when Dr. Norman Jones asked me to join CTS research Committee, an assignment I performed throughout most of the 1980's and 1990's, and briefly in early 2000. This experience provided me with a unique vision of academic respirology in Canada.

When Dr. Peter Macleod asked me to become president-elect in 1991, I accepted with some trepidation. I have great admiration for the previous CTS presidents whom I had known. They had been important role models and teachers for me. Dr. Snidal (1969) and Dr. Cherniak (1976) had been my teachers in medical school in Winnipeg. Dr. Bates (1973), Dr. Macklem (1975), Dr. Becklake (1978) Dr. Anthonisen (1980), Dr. J. Hogg, (1982) Dr. Thurlbeck (1986) and Dr. Macleod (1989) had taught me during my clinical training in respirology at McGill. However, any anxieties I had were dispelled by the enthusiasm, and solidarity of CTS membership. I was also extremely lucky to have had the support of my colleagues in the Division of Respirology at the University of Saskatchewan (Dr. Donald Cockcroft, Dr. Michael Fitzpatrick, Dr. Charles Gallagher, Dr. Brian Graham, Dr. Tom Hurst, Dr. Darcy Marciniuk and Dr. Irvin Mayers).

The greatest challenge, among many that year, was the creation of the Canadian Respiratory Journal. In July 1992 Dr. John Morse (CTS President, 1991-92) had been approached by Robert Kalina, Publisher of Pulsus Group, to consider creating a respiratory journal. John endorsed the idea and organized a meeting with Mr. Kalina at the Royal College meetings in September, 1992. On behalf of the CTS, we agreed to assess the interest for a Journal with our membership. I subsequently wrote (e-mail had not yet been invented) to a selected group of CTS members in December of 1992, asking them what they thought about creating a Canadian respiratory journal. Of 91 surveyed 50 responded. I was surprised that so many took the time to provide helpful insights and suggestions. Most members (90%) urged the CTS to proceed. The CTS Board and Executive, consisting of Dr. John Morse, Dr. Yvon Cormier, Dr. Paul Mann, and myself, also embraced the concept of a CTS journal. Dr. Carole Guzman, Medical Director of CTS, worked very hard to help us accomplish this goal.

We recognized that the journal needed a strong Editor-in-Chief. One of those whose response to the initial poll was positive, was Dr. Norman Jones who wrote: “given the quality of respiratory practice and clinical research in Canada, and the camaraderie and cooperation in the CTS, it could be very successful.” He cautioned that the journal must be “impressive in both presentation and quality”. Norman became the Journal’s first Editor-in-Chief. The Journal’s success in its first 8 years was largely due to Norman’s energy and drive for excellence.

John Price, (CLA President), with legal council from Gordon Plewes (CLA Board member) helped us to develop a contract with Pulsus Group. In May 1993, at the ATS meetings in San Francisco, John Weller and I went over the details of the final contract which was signed by the CTS and Pulsus Group (John Weller and Robert Kalina) on June 28, 1993.

The Canadian Respiratory Journal was launched in the spring of 1994. It had been printed in Winnipeg and was distributed to 16,000 Canadians interested in lung health. Thanks to the efforts of many, the idea of a CTS-sponsored Canadian respiratory journal became reality. The Canadian Respiratory Journal, now nearly 15 year’s old, is still in its infancy. The Journal’s current Editor-in-Chief, Dr. Nick Anthonisen, and our publisher,

Pulsus Inc., needs the on-going support and commitment of both the respiratory community and the financial backing of our advertising sponsors.

YVON CORMIER, PRESIDENT, 1993-94



Yvon Cormier

It has been a number of years since my term as president, but from what I can remember, one of the highlights was that the ATS agreed to hold its annual conference jointly with the CTS in Toronto in 2000. I knew Dr. Jim Sylvester, my former mentor and president of the ATS at the time, quite well, which facilitated discussions for this historic conference.

I was very happy to have the opportunity to work with Past-President David Cotton to try to bring our organization closer to the ATS.

We met several times in New York to explore ways to amalgamate, or at least to work more closely together. Unfortunately, the discussions were ultimately fruitless because the new ATS president saw no advantage for the ATS.

I was also the second CTS president to sit on the ATS Board of Directors, an initiative of David Cotton.

At that time, the *Canadian Respiratory Journal* was launched as a result of David's work.

PETER PARÉ, PRESIDENT, 1995-96



Peter Paré

When I became President of the CTS I was given some advice by my mentor and colleague, Jim Hogg, to try to accomplish one major goal while president. As he pointed out when one becomes president of an organization as complex as the CTS with its multiple Provincial partners it takes a while to figure out what is going on and most of what one does is set by previous precedent and in fact most of the duties are "ceremonial".

I had been a long standing member of the BC Lung Association's Medical Advisory Committee and one problem I had noticed was getting arms-length reviews of research grants submitted to the Lung Association. Many of the Provinces (BC, Alberta, Manitoba, Ontario, Quebec and the Maritimes) had established research support programs but there was no national adjudication of the scientific merit of the applications. Each Province had its own review committee. The problem with this is that the best people to review the grants in each Province were usually the applicants! In addition, no one Province had the breadth of expertise that was available nationally.

I resolved to try to set up a National Grant Peer Review process similar to the one that I had seen working very well for the Canadian Heart Foundation. The researchers and the executive directors of the Provincial Lung Associations embraced this concept for the most part and BC, Alberta, Ontario and the Maritime Provinces took part in the initial review process. I think it was a great success and I believe it is still going. Although Quebec did not take part since the national committee could not field a sufficient number of arms-length French speaking peer reviewers, they did, and still do, provide excellent reviewers for the process. I believe that the ability to judge each province's research grants against a national yardstick of excellence was an important step.

I am indebted to Valoree McKay who was the CTS staff person at the time and to Greg Downey who co-chaired the review committee with me that first year and for at least 5 years thereafter! Arms-length high quality peer review is a vital component of the scientific process and I believe the establishment and maintenance of such a process is a natural and important function of The Lung Association.

ROBERT HYLAND, PRESIDENT, 1997-98

I was president of the Canadian Thoracic Society in 1997 - 1998. During that time period, there was a great turmoil in the CTS and Valoree McKay had just arrived. Ironically, at the same time, it was announced that the academic hospital in Toronto where I was Physician-in-Chief, was destined to be closed. Needless to say, I found my life somewhat in shambles. Unfortunately, when I subsequently moved, my records from the CTS were lost. During my presidential year, as the CLA tried to re-invent itself, we worked to update the CTS by-laws and generate a Rules and Responsibilities document which would formalize our relationship with the CLA.

As always, there was considerable concern that the monies that were being raised annually to support research were not sufficient to support the research initiatives across the country. The gap was being funded from a research reserve fund which was quickly disappearing. Partnerships with pharmaceutical companies such as Glaxo Wellcome were now becoming critically important. During my presidency, the first attempt was made to organize a clinical trials committee. The idea behind this committee was to develop a system for coordinating multicentre cross country clinical research in respiratory diseases. This project faltered somewhat at the beginning, but subsequently was the beginning of the disease specific networks which are now in place.

As I remember, in the year of my presidency, the American Thoracic Society Annual Meeting was in Toronto. As usual, there was a CTS reception at that meeting and the turn out for CTS members was as usual, very high. Unfortunately, for sometime, our annual Canadian CTS meeting which had been held at various sites across the country was having problems with diminished registration, and it was reluctantly

decided to cancel the Canadian Chest Meeting at that time. It was after my presidency that the partnership with the ACCP was developed, and as you know, we have just had this year a very successful Canadian Meeting in Montreal.

In summary, I remember my year as president, as one in which the Canadian Lung Association was trying to determine its role and our relationship with them was somewhat rocky. Some progress was made. A huge amount of credit needs to go to Valoree McKay for holding the ship together. The concept of the clinical trials network was created which overtime, has borne fruit.

VALOREE MCKAY, ADMINISTRATOR, SOCIETIES, 1998 - 2004



Helen Ramsdale, Valoree McKay &
Irvin Mayers
San Diego, 2002

I am honoured to be asked to share my recollections of my time with CTS, a short time in comparison to its 50 years. I was hired as an administrative assistant to the CTS and its sister societies, the CPCRS and CNRS. It became very apparent, very quickly that the CTS required more than an administrative assistant and the position grew to reflect that. The society also grew tremendously during my time with it, not

necessarily in member numbers but in activity level, volunteer involvement, and national and international presence. As you know, our CTS doctors are known throughout the world as the best in respiratory medicine and research.

There are so many small moments that mean so much to me; there is not nearly enough space to talk about them all and I fear forgetting one or two really important moments so I am going to speak in broad strokes with a few smaller specifics.

I remember the satisfaction of seeing a guideline published and feeling proud to have been involved in the planning, development, and implementation of it, however small my contribution in comparison to that of the physicians. I remember sitting in the booth at the ERS conference in 2003, two days after my best friend's wedding, my hair still full of the curls from the "updo" I sported as a bridesmaid [I left the wedding immediately after dinner to catch my plane to Vienna], handing out those much sought-after and respected CTS guidelines, and the disappointment of the delegates when I told them I had no more copies to hand out but that I would be happy to send them one when I returned to Canada.

I recall sitting in my very small office surrounded by 75 research applications that I was manually processing for the National Grant Review and the CTS research competitions and thinking I was never going to emerge from the paper; and then, the wonder and respect felt when watching the physicians evaluate these applications.

I recall sitting in the kitchen with Dr. Bill Jeanes going through old CTS photos trying to identify people, places and times all the while enjoying the history lesson.

I also recall rather fondly the time spent building the CTS' relationships with its partners, the ACCP, ATS, ERS, CIHR, and within industry. In my seven years at CTS, we built very strong relationships with all of these partners and I made many friends that I still keep in touch with today. What I recall most fondly and what remains with me today are the wonderful physicians and friends that I was privileged to work and socialize with. Without those wonderful relationships I would not have learned as much as I did nor would I have enjoyed working with CTS as much as I did. The dedication and thankless hours offered and given by "my docs", as I so fondly referred to them, to the CTS and the betterment of respiratory care in Canada were inspiring then and still are today.

LOUIS-PHILIPPE BOULET, PRESIDENT, 2000-2001



Louis-Philippe Boulet, 2000

As a contribution to this collection, I thought to bring to memory key-events that occurred during my tenure as a CTS president in 2000 and 2001, and in doing this, underline the superb work of many of our members.

I had a chance to have a very long tenure of the presidency as the mandate of Dr. Malcolm King ended during the May 2000 ATS Meeting and that of Dr. Irvin Mayers began in October 2001. This has been a most delightful year with the most appreciated support of the CTS Board and Committees and the outstanding

administrative support of Ms Valoree McKay.

I thought to include in this brief document some citations of the editorials that I wrote during that year, starting by the November/December 2001 editorial relating the tragic events of the World Trade Center that occurred in New York on September 11 while I was at a meeting that was supposed to be in New York but finally was held in Montreal. I remember the sadness of all, looking at the massive destruction of these buildings on CNN as if it were a horror movie, and seeing my American colleagues phoning home to know what was happening in America that day. This editorial reflected the feeling that we had on this occasion:

I would never have imagined that I would write my last editorial before passing the presidency of the Canadian Thoracic Society (CTS) to Dr. Irvin Mayers after such outrageous events as those of September 11, 2001. It is difficult not to speak about this new world environment, particularly in light of the recent threat of bioterrorism. Life will probably never be the same; an additional element of uncertainty will now exist for all people, forcing us to look at things in a different way. After the tragic events of September 11, the CTS offered its sincere sympathies and help to our American colleagues. On that tragic day, we shared the frustration of our

colleagues in health care who were waiting for the victims of the attack but soon realized that most victims were dead and nothing could be done to help save more lives. Can Respir J Vol 8, No 6 Nov/Dec 2001, page 407.

Although attention was devoted to these tragic deaths, I felt the need to remember our community of the unfortunately not so publicized tragedies that were occurring around the world daily:

Although these problems should be addressed, they should not distract us from current major threats to the world population; infectious diseases, malnutrition and poor health affect many countries. At home, our people are, unfortunately, still suffering and dying from diseases that are either preventable or for which research should bring new hope. Can Respir J Vol 8, No 6 Nov/Dec 2001, page 407.

On another note, I had the opportunity to contribute to the process of change in editorship of the Canadian Respiratory Journal (CRJ) in 2001 when Dr. Norman Jones announced his retirement after devoting many years to build and make the CRJ a most valuable means of communication of scientific and clinical work on the Canadian scene. I was delighted when Dr. Nick Anthonisen agreed to take over as editor-in-chief of the Journal, a formidable task that he graciously accepted to perform for now many years, in a most effective way. I hope that the CRJ will continue to grow and become one of the key-journals on respiratory health.

Dr. Jones announced his retirement a few months ago. We are extremely grateful for his time, efforts and expertise with respect to the Journal, and are indebted to him for his superb work in making the Journal what it is today. The CTS wishes him a pleasant retirement. Dr. Nicholas Anthonisen, our renowned colleague, has accepted the role of Editor-in-Chief of the Journal, starting in January of 2002. Dr. Anthonisen has had a very successful career, and is considered by many to be one of the fathers of modern respiratory medicine in Canada. Can Respir J Vol 8, No 4 Jul/Aug 2001, page 219.

Another important event in 2000 was the joint annual meeting of the CTS with the American Thoracic Society in Toronto:

The year 2000 is becoming a pivotal one for the Canadian Thoracic Society (CTS), not only because of the joint annual meeting with the American Thoracic Society for the first time in many years or the beginning of new Canadian Institutes for Health Research (CIHR) activities, but also because of many other initiatives. Can Respir J Vol 7 No 4 Jul/Aug 2000, page 303.

I had the pleasure to enter into office during the joint meeting of the American and Canadian Thoracic Societies in Toronto, May 5 to 10. Needless to say, I was proud of the Canadian participation in this meeting, with well over 500 presentations of original work (of a total of 5258), and a number of Canadians speaking or chairing many of the 40 symposia and 72 seminars. Can Respir J Vol 7 No 3 May/June 2000, page 218.

The year 2000 lecture given by Dr. Clarence Guenter was a very moving presentation on the situation of respiratory health in the world and made us realize how much this gap between industrialized and developing countries persists and what are the amazing needs of these latter populations.

This year's Christie Memorial Lecture was given by Dr Clarence Guenter, who is the only person to have been president of both the CTS (1980) and ATS (1985). His thoughtful lecture was a wonderful journey through the evolution of modern medicine and was incisive and critical; I wish we more often had this kind of presentation, which changes our usual perspective on the evolution of medicine and current health care. Can Respir J Vol 7 No 3 May/June 2000, page 218.

Furthermore, in 2001, following a decision of the Board of the CTS, it was decided that the Annual Meeting of the CTS would no longer be with the Royal College of Physicians and Surgeons but with the American College of Chest Physicians, which offered a most appreciated support for such an event:

Beginning in the fall of 2001, as decided at the 1999 Annual General Meeting of the Canadian Thoracic Society (CTS), the Society's annual and scientific meeting will take place jointly with the American College of Chest Physicians (ACCP). In the past, this annual event was held in

conjunction with the Royal College of Physician's meeting. Unfortunately, attendance at the Royal College meetings was quite low, and the event did not seem to fulfill the needs and interests of the Canadian respiratory community. Can Respir J Vol 7 No 5 Sept/Oct 2000, page 361.

I, however, strongly supported plans to develop a yearly national respiratory meeting in Canada. This dream would finally come true in 2008 when the first Canadian Respiratory Conference was held with great success in Montreal.

Nevertheless, there seems to be a growing consensus that it would also be of interest to hold an annual respiratory meeting in Canada. To be truly valuable, however, this meeting must be innovative in its content and structure. Can Respir J Vol 7 No 5 Sept/Oct 2000, page 361.

Another key-event of this mandate was the birth of the new “Canadian Institutes of Health Research” initially under the leadership of Dr. Alan Bernstein. This new entity brought a lot of hope and interest in regard to the scientific community. Furthermore, at the same time we considered that it would be important to develop a collaborative group in regard to clinical trials in Canada. I had the pleasure to ask Dr. Mark Fitzgerald to develop what would become the CRCRC (Canadian Respiratory Clinical Research Consortium – <http://www.crcrc.ca>). This key organization has contributed to many important studies from Canadian researchers and offered its support to the respiratory scientific community in regard to clinical trials methodology and databases, as well as other forms of support.

Canadian respiratory health research is recognized as being among the best worldwide. Many Canadian researchers are leaders in international projects, including large scale clinical trials. There is, however, a need to develop a structure that could foster the collaboration of Canadian investigators in joint projects of this sort. In the past few years, discussions have taken place on what could be a Canadian Thoracic Society (CTS) Clinical Trials Group. This is a wonderful opportunity to put forward such an initiative, in the context of the new Canadian Institutes of Health Research (CIHR), where this type of collaborative

activity fits quite well with the goals of this new institution. Can Respir J Vol 7 No 6 Nov/Dec 2000, page 443.

Finally, recently the Canadian Respiratory Guidelines Committee was formed to help articulate the production, dissemination, implementation and evaluation of all Canadian Guidelines in a more uniform way and timely manner. The need to translate advances in respiratory diseases to improve care does not date from yesterday but already in 2001 we were aware that more efforts had to be made not only to produce high quality research but also translate this information into care:

Since ancient times, the transmission of information of medical discoveries has always followed a similar process, although its speed has markedly increased in the past few years and means of communication have improved. On the other hand, the amount of information that becomes available to physicians and patients increases exponentially year after year, and this information comes from a variety of sources, some quite new and unregulated, such as Internet sites. Can Respir J Vol 8 No 2 Mar/Apr 2001, page 69.

Furthermore, despite these new modes of communication, there is still a significant “care gap” between what is considered to be optimal care and what is currently available; this is considered to explain a large part of the persisting human and socioeconomic burden generated by many chronic diseases. Can Respir J Vol 8 No 2 Mar/Apr 2001, page 69.

Societies, such as the Canadian Thoracic Society (CTS), have an important role in this regard, and initiatives such as consensus guidelines (and their implementation programs), collaboration on CME activities, symposia, publications and other means of communication (eg, Web sites) should be supported and tailored to current needs (Table 1). New ways to communicate should be developed, and new strategies to help medical practice and patient self-management should be tested. Can Respir J Vol 8 No 2 Mar/Apr 2001, page 69.

Finally, the Canadian Thoracic Society is what its members are, or want the society to become, and needless to say, it has a major role in helping to

decrease the burden of respiratory disease in the country. A last citation is from a 2000 editorial pleading for an increased participation in the society:

The CTS has an important role to play to improve the health of our fellow Canadians and contribute to the international effort to decrease the burden of respiratory diseases. Each one of us should ask, to paraphrase a most famous citation: “Ask what you can do for your society, and not what your society can do for you”. In doing so, we will not only be able to maintain the high standards of respiratory medicine in the country, but we will improve our performance further, to the benefit of all those still suffering from lung diseases. Can Respir J Vol 7 No 3 May/June 2000, page 218.

As a last note, it is always funny to look the old photographs that we provided for these editorials... and see the effects of time....

GORDON T. FORD, PRESIDENT, 2005-2006



Gordon T. Ford

My first memories of the CTS / CLA began shortly after I began my training in Respiratory Medicine at the University of Manitoba, in 1976. I had just completed my Internal Medicine training under the tutelage of Dr. Reuben Cherniack and the Department of Medicine. Morning intake admission rounds always consisted of the senior resident presenting the cases declined or admitted to the general medical wards the prior evening. Dr. Cherniack had a “knack” of extracting the best from every trainee. It did not seem to

matter what the working diagnosis was, he always wanted to know the patients FEV₁, (even if the patient was admitted with diabetic ketoacidosis)! I quickly learned that the world revolved around this important measurement and that I would never succeed in my long term career goals unless I measured it on every patient, learned what it represented and used it as a tool to create new knowledge. Reube (as we trainees liked to call our boss behind his back - as if we were equals), slowly convinced me to enter the Respiratory Medicine Training Program

under the mentorship of Drs. Nick Anthonisen and Whitey Thurlbeck and their colleagues.

It wasn't long before I was indeed measuring FEV₁ on every patient, collecting these data and preparing to report them. I was encouraged to spend another year in the laboratory and to apply to become a CLA/CTS Scholar (I think Nick and Whitey had run out of salary support) for the next year. I spent countless hours in the laboratory asking questions and collecting data. The pay off was to be a trip to my first scientific meeting - the annual CLA / CTS meeting in Moncton NB to present the results of my toil (questioning the meaning of life – I mean FEV₁). Although I recall little of my first CLA / CTS meeting and the presentation of my results, I do recall that Nick mostly nodded and didn't shake his head while I was speaking (from his seat in the first row), which was a very good sign, while Whitey mostly nodded off during what seemed the longest 10 minutes of my life. What I really do remember was that after my presentation I had a sense of purpose and a “feeling of really belonging” to the CTS family.

Those were “heady” days for me. I was able to “rub shoulders” with some of Canada's greatest clinical respirologists and scientists, many congregated in Winnipeg; including: Drs. Louis Cherniack, Ben Schoemperlen, Morley Lertzman, Earl Hershfield, Peter Warren - our CTS historian, Vince Taraska (clinician/educators extraordinaire) and Nick Anthonisen, Whitey Thurlbeck, Reuben Cherniack, Arnold Naimark, Larry Wood, Howard Goldberg, Dan McCarthy and Victor Chernick (world leading clinician/scientists). I was also lucky enough to interact with many of the other “Canadian World Leaders” in the Respiratory Medicine Community during their visits to Winnipeg and when I attended national and international meetings such as: Jim Hogg, Peter Pare Sr., David Bates, Peter Maklem, Ludwig Engel, Charlie Bryan, Brian Sproule, Norman Jones, Freddy Hargreave, and David Cotton, to name a few. Many of these have been past presidents of the CTS and have provided the foundation for the current CTS. Their vision and leadership have ensured that through the Society our annual Educational/Scientific meetings continue to be as exciting and meaningful as my first meeting in Moncton, NB.

In 1980, I was recruited back to Calgary by Drs. Clarence Guenter, Bill Whitelaw and Jim Sparling and over the next three decades, I have continued to be an active participant in the CTS Family. Through committee participation (Standards Committee and the rewriting of the CTS Rules and Regulations; Education Committee now called the Professional Development Committee and our struggles with a Canadian Education/Scientific meeting; and the COPD Rehabilitation Committee where I have learned about the challenges of evidence based Guidelines Development and Implementation), I have become an even stronger advocate for the CTS. I have watched our relationship with the CLA become stronger, more respectful, and now supportive of each others strengths and unique identities. Over the last five years we have been able to accomplish a great deal together. We have: developed a new CTS structure and governance by exploring a new and stronger relationship with the Canadian Lung Association that enhances the effectiveness and strengths of both our organizations; developed a strategic plan and vision specifically for the CTS; enhanced and engaged membership; participated in the Lung Health Framework under the leadership of the CLA to develop a framework to optimize respiratory health in Canada; and led the development and implementation of the newly “reborn” Canadian Respiratory Conference to ensure a yearly multidisciplinary Canadian Respiratory Educational/Scientific Meeting.

As a very recent CTS Past President, I believe there are moments of opportunity, when governments are willing to listen, when colleagues are willing to participate and when communities of interest are prepared to collaborate. That time is now. As strong advocates for our patients, let us make sure that the CTS family does everything in our power to seize this opportunity to optimize respiratory health for Canadians.

CONCLUSION BY ROBERT LEVY



Robert Levy

As the President of the CTS in its Jubilee Year, it's an honour and a pleasure for me to conclude this series of recollections. I've had an extraordinary year working closely with the members of the CTS Executive and Board, Nora Sobolov (CEO of The Lung Association), Janet Sutherland (CTS Director), and the CTS/CLA staff.

We have faced numerous challenges together and achieved a great deal, some of which I highlight here:

- In collaboration with our partners, The Lung Association, the Canadian Respiratory Health Professionals and the Canadian COPD Alliance, we launched the inaugural Canadian Respiratory Conference. We are proud of that joint achievement and grateful to all the members of the organizing committee, which I had the honour of chairing, as well as the organizing committee, which was chaired with distinction by Roger Goldstein;
- We collaborated with The Lung Association in developing the National Lung Health Framework and in launching the draft Framework document at the CRC in June of 2008. We also worked with them on advocacy initiatives to ensure the Framework will be supported with necessary federal funding. We are indeed proud to take part in an initiative of such broad implications for the lung health of all Canadians;
- We created the Canadian Respiratory Guidelines Committee (CRGC) to support the development and dissemination of new evidence-based guidelines and tools, as well as to work with CTS Committee Chairs to establish a standardized process of guidelines development. The CRGC, under the leadership of Louis-Philippe Boulet, has made great strides in ensuring that the CTS remains a leader in the field of clinical guidelines;

- We began the process of re-examining the structure of the CTS in view of improving its efficiency as well as its relevance to its members and the broader respiratory community. We have made significant progress, but the restructuring process is not yet completed. It's a lengthy process that requires extensive consultations, and we need to be sure we get this right;
- We further reinforced the CTS infrastructure by supporting the efforts of our new director Janet Sutherland to build a strong professional secretariat for the CTS;

As I re-read this list of highlights, I am struck by how, in one way or another, all of them have been built on past achievements. The CRC succeeded CTS' 2007 Canadian Meeting and various incarnations of scientific meetings held throughout the history of the CLA, the CTS and the CCA; the CRGC is built on the foundations of the original CTS Standards Committee; the restructuring process is an iterative process that past leaders have also pursued and follows on the development of the CTS Strategic Plan, led by Gordon Ford in 2006. As much as I have tried to leave my personal mark on the CTS this past year, what has been accomplished during my tenure is in large part building on the legacy of those who have gone before.

The CTS owes much to its past leaders. Personally, I am especially grateful to my immediate predecessor, Darcy Marciniuk. His counsel has been most valuable to me throughout the year and he has helped me through a few difficult challenges.

But I can't help reflecting about future leaders as well. In a short time, I will be succeeded by Michel Rouleau of l'université Laval. He will be a formidable leader and he will continue to build the CTS and to face the new and exciting challenges inherent in leading a medical society in these complex times. But, who will continue to lead the CTS in years to come? Alright, due to the leadership structure of the CTS, I do know the short term succession plans. However, the question remains: who will lead us into the future? Who will lead us through the challenges of the next decades and beyond?

Will it be you who are reading this booklet today? Will it be our young colleagues in training, or perhaps those who have not yet even embarked on the path of respiratory health?

I let the question stand – perhaps more an invitation than a question – an invitation to all of you to take an active part in this growing and vibrant organization, the CTS, and to consider taking on leadership positions within it.

Only with the active participation of its members will the CTS continue to build on the proud legacy of its founders and past leaders. Only with the active participation of its members will the CTS continue to shine as a beacon for lung health in Canada and beyond.

PRESIDENTS OF THE CANADIAN THORACIC SOCIETY

1955-56	Clare Wicks	1982-83	James Hogg
1956-57	Harry Peart	1983-84	Marc Desmeules
1957-58	William Barclay	1984-85	James Dosman
1958-59	Philippe Landry	1985-86	Keith Morgan
1959-60	Cecil Shaver	1986-87	William
1960-61	Roland Guy	Thurlbeck	
1961-62	Leslie Mullen	1987-88	Michel Bureau
1962-63	Ruben Laurier	1988-89	Morley Lertzman
1963-64	G. Maddison	1989-90	Peter MacLeod
1964-65	John Paterson	1990-91	Peter Warren
1965-66	Clayton Robinson	1991-92	John Morse
1966-67	Felix Beaulieu	1992-93	David Cotton
1967-68	George Saxton	1993-94	Yvon Cormier
1968-69	Edward Peters	1994-95	S. Man
1969-70	Daniel Snidal	1995-96	Peter Paré
1970-71	R. Lynn	1996-97	Sharon Peters
1971-72	Paul Landrigan	1997-98	Robert Hyland
1972-73	Brian Sproule	1998-99	Donald Cockcroft
1973-74	David Bates	1999-2000	Malcolm King
1974-75	Roland	2000-01	Louis-Philippe
	Charbonneau	Boulet	
1975-76	Peter Macklem	2001-02	Irvin Mayers
1976-77	Reuben Cherniack	2002-03	Helen Ramsdale
1977-78	E. Campbell	2003-04	Dennis Bowie
1978-79	Margaret	2004-05	Gerard Cox
Becklake		2005-06	Gordon Ford
1979-80	Nick Anthonisen	2006-07	Darcy Marciniuk
1980-81	Clarence Geunter	2007-08	Robert Levy
1981-82	Pierre Beaudry		

ACKNOWLEDGEMENTS

We are very grateful to the contributing authors who graciously submitted their recollections and photographs for this unique collection of reminiscences. Thank you to Drs. Nick Anthonisen, Margaret Becklake, Louis-Phillippe Boulet, Yvon Cormier, David Cotton, Gordon Ford, Robert Hyland, William C. Jeanes, Peter MacLeod, Brian Sproule, Peter Warren, Peter Paré, and Ms. Valoree McKay.

We are grateful as well to Dr. Peter MacLeod who provided us with a copy of his article entitled “Historical Notes”, originally published in 1998. *Historical Notes* will soon be available on the CTS Web site.

Compiling & Editing: Suzanne Desmarais
Desktop Publishing: Michelle McEvoy

