After Office Hours

A Visit with Dr. Archibald Donald Campbell

I am here a chosen sample,
To show thy grace is great and ample;
I'm here a pillar in thy temple,
Strong as a rock,
A guide, a buckler, an example
To a' thy flock.
—*Robert Burns*

It was at the ACOG meeting at the Americana, in Miami Beach, that, after missing each other for days, Douglas Sparling and I met at last. "Fill me in on Archie Campbell," I invited. "The Chief—" Dr. Sparling began. There was something in his voice, a warmth, that made me look up. I thought: If the code of the Scottish clans is ever reduced to parchment (the proud Scots would never commit it to paper made of rags), I would suggest the rubric: Wherever the Campbell (or The Macdonald or The Macwhatever) sits is the head of the table.

Dr. Sparling being met again in a medical office building in downtown Montreal, we walked down the hall to Dr. Campbell's office. There I was introduced to The Chief.

Dr. Archie Campbell is a rugged-appearing individual, somewhat above medium height, ruddy-faced, with strong broad hands, a direct approach and speech. He was a genial host, but I heard later, from his colleagues, that his temper is at times on a rather short fuse, and can be explosive. In a lesser man this might lose friends and antagonize people, but it is evident that all those who worked with Dr. Campbell hold him not only in esteem, but with affection.

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In his consulting room we spent several worthwhile hours. Then we went to the University Club for lunch. A custom there bears telling. We had drinks in the paneled tap-room, then rode in the tiny elevator to the third-floor dining room; after lunch we walked down a broad staircase to a second-floor clubroom for coffee. On one wall were two stained-glass windows—one in memory of those of the club's members who enlisted in the first World War, and the other to those who fell in that conflict.

Next morning we met once again, this time at Montreal General Hospital. The new M.G.H. is a modern skyscraper with a front entrance on the sixth floor. This remarkable circumstance is due to the fact that it is built on a hill and down into the valley. Everywhere there are remainders of a great tradition. The door to the library is the entrance door of the old M.G.H., built in 1821, which remembers William Osler. There the great physician cut his clinical wisdom-teeth in 1878–80. A bronze plaque reminds us that John MacCrae—Colonel MacCrae, who wrote the immortal "In Flanders Fields"—was its pathologist. And there I met The Chief's boys. They call him that although he has reached emeritus status and Kenneth MacFarlane is the head of the Ob.-Gyn.

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DR. ARCHIBALD DONALD CAMPBELL

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Service. After slight urging from Dr. Sparling, Dr. Campbell obliged with a vaginal hysterectomy, using his special technic as described in the book he wrote with Kennedy; and did it so deftly as to excite the visitor's admiration.

* * *

Archie Campbell's forebears came to Canada in 1831. His family still lives on the farm they cleared and settled upon. Their household language was Gaelic, which Dr. Campbell says he understands as well as English. It is a long-lived family. His mother lived to 105. His father died "fairly young," at 82 or 84. "I had an aunt, my father's sister, who came to visit my mother's aunt," Dr. Campbell said. "My father's sister was 96, and my mother's aunt 98. When they were leaving my father's sister said 'It strikes me that Flora is getting to look a little old.' "

Born Nov. 12, 1886, on the farm, Archie Campbell was educated at home. "I was a sickly child. I had mastoiditis, complicated by facial palsy, corneal ulcer—all the things that go with it—but was never operated on, but treated by the application of leeches." After attending Glencoe High School, he came directly to McGill.

"I was a very poor student." Dr. Campbell insists. "I began to smarten up after I got rid of my dirty tonsils. Then I got rid of my sinusitis and all the other infections." Although he dates this renaissance to the period after World War I, it is notable that he graduated from McGill in 1911 and received the coveted appointment of a 2-year internship at the Royal Victoria Hospital. He served on Medicine under Hamilton, and then Surgery under Dr. Armstrong.

Those were the days of horse-drawn ambulances. In emergencies every hospital in Montreal would be called. Down St. Catherine Street the ambulances raced four abreast, and then down Atwater Avenue, which was very narrow, and through the underpass. "They raced like mad, with horses under the whip," Dr. Campbell recalls. "The rivalry was so great that fights broke out among the interns to see who would get the victims. The ambulance was always accompanied by a house officer. I remember one occasion particularly, when they were building a bridge over the canal. The General Hospital got the patient into its ambulance, and when the intern was trying to get some details from bystanders, we stole the patient and put him in our Royal Victoria ambulance."

At the conclusion of his interneship he went West and was a medical officer at Lake Louise, a fashionable resort in the mountains. "Then I became a medical officer in the construction camps which built the Calgary power dams on the Bow River. From there I went to Glacier, where they were building the Connaught Tunnel through the Selkirk Mountains. When that job was done, I got a British Columbia license and did general practice in Revelstoke, British Columbia, until the outbreak of the First World War."

After that he came East to enlist in the Canadian Army. Inasmuch as he did not have a Dominion nor a Quebec license to practice medicine "and the British Columbia license was not acceptable to the Army," he could not "get across." Disappointed, he went to New York.

For a year and a half, from 1914 to March 1916, he was a resident in the New York Lying-In.

"I did an awful lot of work there," Dr. Campbell said. "In one month, as I remember, I delivered 187 women. Those were the days when pituitrin was indiscriminately used. We got many ruptured uteri, and all sorts of complications from the use of this then new drug. While I was there I did 13 or 15 craniotomies on dead babies. In many cases the dead breech, which had been pulled at by midwives and local professors, hung out for days.

"A transfusion was a very rare procedure. The operation attracted a full amphitheatre of nurses, house staff, and visitors to witness

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this great, bold advance in medicine. Donors were paid $25 or more.

"It is worthy of note that in France in World War I, a soldier who gave blood was granted a 2-weeks' "leave" to England. Now blood is collected and delivered to hospitals in truck loads. For the donors—no leave, no pay, just 'much obliged to you'.

"Asa B. Davis was the Chief. He wanted me to stay in New York. I was evidently one of his pets. Though I had a lucrative offer to go to Tarrytown-on-the-Hudson, I seized an opportunity to join the Canadian Army."

For 6 months he was in a general hospital as anesthetist, and then he went to a field ambulance unit. He got trench fever, and was carried out on a stretcher and eventually transferred to a hospital in England. It was a very severe attack, and he suffered the sequelae for many years. When he was feeling better he served in the A.D.M.S. office for a while and then sailed the Atlantic on a hospital ship. Eventually the war was over and Dr. Campbell returned to Montreal to start general practice.

"I didn't know a damn soul," Dr. Campbell revealed. "General Birkett, the Director of Medical Services and Dean of Medicine at McGill, took a fancy to some organization work I did in the headquarters office in England, and so he got me a teaching position at McGill in the Anatomy Department." His private practice was "pretty tough going." The doctors whose patients were the poor on the periphery of the city called him for their abnormal obstetrics. He had a temperamental Model T Ford that he cranked "like a pepper grinder," in which he responded to these calls. "I'd come home at night and I'd have to hang my clothes outside because they were yellow with Keating's Powder. You know what Keating's was for? Bed-bugs!"

During this time he learned the trick of putting forceps on a breech. "It was in the East End. When I got to the house, there it was: a frank breech, membranes ruptured I don't know how long. Well, I had never seen or heard of forceps being put on a breech, but there was no other way of getting that baby out. The uterus was so dry it would crack. So I put on the forceps and extracted the baby. I did it dozens of times after that. I never saw it written up, but it's a good trick, and it works if the forceps are put on properly." And what is the right way? "The opposite way of what you think. You put it on with the pelvic curve anteriorly. You have the baby sitting on the forceps. It never slips off."

A reminiscence of those years is better in the telling than in the experience. "It was a very poor home and cold as the dickens in the early morning hours. The patient's husband was an enterprising fellow. 'Too cold?' he said, 'I warm it up.' So he went out and got a big roasting pan and filled it full of hot coals. It gave heat, all right, but the next thing I knew the hot pan was burning a hole straight through the floor. The floor was covered with the cheapest kind of linoleum, and very inflammable. While we were putting out the fire the woman had her baby with her own steam or native sense."

Dr. Campbell quit general practice in 1925. He stayed on as a senior demonstrator in anatomy at McGill for 7 years. Now that he had limited himself to obstetrics and gynecology he reaped the reward of his helpfulness to doctors practicing among the poorer residents of the city. Among these hard-working women there were many cases of genital prolapse, neglected childbirth trauma, as well as fibroids and other "female diseases." There were women with frozen pelves—"frozen up to the ears"—each with an out-patient card as thick as a family Bible (the expression is Dr. Campbell's) for whom the only thing to do was to clean them out. "Dr. Little, who was my predecessor here at M.G.H., was more than good to me," Archie Campbell said. "Any patient I was interested in, he let me operate upon. So that is how I got a great deal of my operative experience."

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Obstetrical work from the same sources averaged 125 cases a year—all home deliveries! For each of these private cases he received the standard fee of $5.00–$15.00.

Dr. Little had "inherited" the service in 1925. He, too, was doing a great deal of maternity work and teaching. In consequence, the gynecological surgery fell largely to Archie Campbell. "In 1928 I went to Europe. First to Paris for a week or two, and then to Vienna. I went to the clinics, and I never worked harder in my life. In Budapest I saw two cases of gangrene from Ergot. And then I went back to England. In London I met Charles Reed—the biggest man I ever saw, and he drove the smallest automobile I was ever in. He was a marvelous fellow. We did not meet again for 20 years, but he remembered my first name. We remained intimate friends until his death."

Returning to Montreal, Archie Campbell assumed ever greater duties in the department. In 1934 Dr. Little died of a coronary thrombosis, and Dr. Campbell received the appointment in his place. "When I took over as Chief at the Montreal General Hospital," Dr. Campbell said, "I was fortunate to have Dr. Percival and such lads as Ward, Sparling, and MacFarlane gather around me. They made the department, not I."

VAGINAL HYSTERECTOMY

Dr. Campbell said: "When I was in Berlin I saw the Chief of Clinic do a vaginal hysterectomy. An American friend of mine and I, computed that he had used about a mile of catgut. It was a perfectly stupid operation. So when I came back here, with all these uterine prolapse cases we had around I felt I could work out some better way of doing a vaginal hysterectomy.

"The first patient was operated upon in General Hospital, with Dr. Ken MacFarlane assisting. We had the idea at first of crossing the uterosacral ligaments. I wanted some means of supporting the vaginal wall. According to George Gray Ward prolapse of the vault recurred in 18 per cent of vaginal hysterectomies performed with the then accepted teaching. We tried various methods of using the uterosacral ligaments. The patient with a tremendous enterocele was our next problem. One can't repair a hernia by putting a pucker in the skin. Our method of employing uterosacrals proved effective. The first paper I wrote reported on 78 cases of procidentia cause and repair."

Dr. Campbell is emphatic that vaginal hysterectomy and abdominal hysterectomy have separate and distinct indications. "If the uterus should be removed for some lesion in the pelvis, that's a pelvic operation and not a vaginal procedure; in other words, vaginal hysterectomy, as we practice it here, is largely done to make the pelvic structures more accessible for reconstruction and, by and large, has nothing to do with a lesion in the uterus. No uterus should be removed vaginally if it is larger than an 8-week pregnancy. Furthermore, unless the operator can mobilize the uterus and identify everything in that pelvis, vaginal hysterectomy should not be attempted. Now, some surgeons choose vaginal hysterectomy for various kinds of uterine hemorrhage, like metropathia hemorrhagica. I feel that unless there is some indication, e.g., in the relaxation of the vagina, which would indicate repair, the uterus should not be removed vaginally. Otherwise an abdominal procedure is indicated, just as it is for fibroids and ovarian cysts. It is true that one can morcellate fibroids and take them out, but that is a mechanical feat, and it is certainly blind flying and does not conform to surgical principles."

To further make this point Dr. Campbell enumerated on his fingers. "First of all, it is an axiom in surgery that one must identify every structure in the field. That's number one. Secondly, in hysterectomy one must arrest hemorrhage; thirdly, prevent shock; and fourthly, reperitonize the pelvic basin. All of this cannot be readily accomplished if there are pelvic adhesions or if there is pelvic

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inflammatory disease, or extensive endometriosis. It can be done; I have been forced to do it on two or three occasions. Once in Duke University, where they played a trick on me. Again in Montreal: as I got off a train from New York and came to the hospital I was asked to do a vaginal hysterectomy on a patient not previously examined by me. The woman had P.I.D. and endometriosis. They gave me good assistants, but the mere fact that I got away with it does not prove that such an exercise is good surgery."

BOOKS

Relating how he came to co-author the book *Vaginal Hysterectomy* (F. A. Davis Company, Philadelphia, 1942), Dr. Campbell states:

"At a meeting of the American Association of Obstetricians and Gynecologists, in Cleveland, my old friend Jim Kennedy suggested that we write a book. He said the publishers were after him for a book on vaginal hysterectomy. Kennedy was insistent that we write this book together, inasmuch as our operative procedures were entirely different: he used Price's clamps and no ligatures or sutures, and I the so-called ligature method. Furthermore, we belonged to two different generations and to two different countries. Parenthetically, I never saw Kennedy operate, and neither did he see me, although we visited each other many times.

"The book was published and was widely distributed. It was translated into French and Turkish and I think Chinese, in epitomized form. I was amazed at the reception the book got."

But this was a year of great concerns. The nations were in the grip of World War II. Dr. Campbell's son George was a prisoner of war in Germany. Casting about for an activity to engage his worried mind, he conceived the idea of writing a book on gynecologic nursing. He wrote the book with Miss Mabel Shannon, the Head Nurse on his service. "The title was a mistake," Dr. Campbell said; "No intern would be seen reading a nurses' book. And no nurse ever buys a textbook."

HORMONES

He has long been interested in ovarian function, in itself and in relation to other glands of internal secretion, Dr. Campbell said. "In the late twenties, discussion of the functions of the corpus luteum was being given a prominent place in the programs of all the gynecologic societies. It was in 1928 that I approached Dr. Collip, with various problems bearing on this subject. He then held the Chair of Biochemistry at McGill. It was only slightly before this time Ascheim and Zondek developed their test for pregnancy. Dr. Collip's first reaction was to ask 'Who has been talking to you?'—for he was collecting placentas at the Royal Victoria Hospital and he thought I had my ear to the ground and knew something about the use of placentas for the extraction of various estrins. It is of interest to learn that the human placenta was employed by the Chinese centuries ago for such conditions as epilepsy and insanity. The physiology of the placenta is still under study."

Soon after this Dr. Collip obtained the first orally active estrogen. There is a curious story in this connection. It was always supposed, indeed taken for granted, that estrogens when given orally were almost inactive. He noted that the controlled rats kept in cages with those injected were going into rut. It was then observed that these rats were licking the backsides of the injected rats. Dr. Collip determined that the estrin they obtained in this manner was enough to produce rutting. This was the first indication Collip had that his extract was effective orally. "He then asked me," said Dr. Campbell, "to undertake a series of clinical trials with this hormone, which he christened Emenin. This

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we did, and during the course of the next 2 or 3 years we compiled between us many articles on our clinical observations."

Later, Dr. Collip isolated APL. "The history of this pituitary-like hormone is exceedingly interesting. Many eminent men were confused about APL. They thought the hormone extracted from pregnancy urine was an extract of the anterior pituitary gland. It was not until Hans Selye, also at McGill, was able to hypophysectomize a series of animals that it was proven that APL does not replace the pituitary. At a meeting of the American Association for the Study of the Endocrine Glands, in Philadelphia, an eminent gynecologist read a very erudite paper on the use of the anterior pituitary in certain cases of menorrhagia. I was asked to discuss the paper. I said that I had never used an extract of the anterior pituitary gland, and I was quite sure the essayist had not. He was evidently confusing a somewhat similar reaction obtained from an extract from pregnancy urine. That ended the discussion."

OBSTETRICS AT M.G.H.

There was no obstetric service at Montreal General until 1934, when a private pavilion was built. Until then private obstetrics was carried on at the Royal Victoria Hospital. The attending staff of the General Hospital was anxious to establish an obstetrical service; space in the then new hospital was allotted for private abnormal obstetrics. This was contrary to Dr. Campbell's wishes. "It is perfectly obvious that if one does not have normal cases he will lose the perspective necessary to cope with abnormal cases," he said. "It is anticipated that the General Hospital will ultimately be able to share the burden of public patients with Royal Victoria. As a teaching hospital, it must do so. Now that I have retired from teaching at the University, I automatically relinquish my rank as Chief of the Service at Montreal General Hospital. Any further developments along obstetrical lines will be the concern of my successor, Dr. Ken MacFarlane, not mine."

Dr. Campbell said: "An argument I have used for establishing obstetrical services in general hospitals is the biologic fact that a bird always returns to its nesting place. This is true of women, to the extent that they tend to return to the hospital not only for subsequent deliveries, but to bring their children for nose-and-throat conditions, for medical and surgical care. Their impulse is to adopt the hospital as theirs."

(Dr. Campbell explained that the teaching hospitals of McGill University are the Royal Victoria, Montreal General, and Children's Hospital. Almost everyone on the staffs of these three hospitals has a teaching appointment at the University.)

HONORS

Archibald Donald Campbell has been president of the American Association of Obstetricians and Gynecologists. He was a founder and the first president of the Montreal Obstetrical and Gynecological Society. He is an honorary member of the Edinburgh Obstetrical Society. He is Past Master of University Lodge, holding a thirty-second degree in Masonry, and is also a Knight of the Royal Order of Scotland.

When President of the St. Andrew's Society, which annually raises some $4000–$6000 for various Scottish charitable organizations, he was instrumental in having it "reconstituted." The Society, organized in 1838, was so limited in scope as to be practically ineffective. It is now an educational and charitable organization. Having accomplished this, he was elected to the presidency of the University Club. He was president of the Montreal Medi-Surgical Society. He gave the Montreal Obstetrical and Gynecological Society its motto: Rem Explorare–Open ferre–Spen excitare–Mortem differe, which translates into: Investigate all–Render assistance–Inspire hope–Postpone death.

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FAMILY

Archibald Donald Campbell and Jean Kerr Hogg were married in 1921. They have three children, all married, and seven grandchildren. Their two sons, graduates of The University (McGill), are in business. Their daughter also graduated from McGill, and later taught in a girls' private school.

CELEBRATION

Dr. Campbell's associates revealed that there was "a big do" at Montreal General in June, 1961, inasmuch as the Canadian Medical Association was meeting there. There was also a homecoming of ex-residents and internes. Dr. Campbell's ex-house officers commissioned a portrait of The Chief by Mr. de Lall, R.C.A. This was presented to Montreal General Hospital on that occasion. There will be other functions on November 12, when Dr. Campbell reaches his seventy-fifth birthday. But what form this will take remains a deep secret.

* * *

M.G.H. is strong on tradition. But nane, I trow, had sae much feeling for the honourable past as that doughty Scotsman, Archie Campbell. When he goes to Scotland for his vacation (and he has been there many times), he puts on kilts, and finds it muckle fun to ca' the crack wi' an odd kind chiel. (Which is to say, if I have conned my Burns aright, that he enjoyed the Gaelic of the country folk.)

Webster defines tradition as "An act of delivering into the hands of another." In hospitals the relay race is perhaps more evident than elsewhere. Dr. Campbell, scion of a long-lived family, has (D.v.!) many fruitful years before him. At Montreal General he is still The Chief, whose presence is a reminder and an admonition:

> To you . . . we throw the torch,
> Be yours to hold it high.

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