Fiftieth anniversary of the Royal College of Physicians and Surgeons of Canada

Since its foundation the Canadian Medical Association (CMA) has sponsored a number of medical and health-related bodies. Through expertise and, not infrequently, financial support, the CMA has also contributed to the launching of organizations as diverse as the College of Family Physicians of Canada and the Canadian Board for Certification of Prosthetists and Orthotists. The concept, the lengthy preliminary discussions and the organizational phase — elements that preceded the founding by the CMA of the Royal College of Physicians and Surgeons of Canada — are indicative of the forward thinking and patience of our predecessors.

Persons familiar with organized medicine know that for a group of physicians to reach a decision is a process that is at times as tedious, as complicated and as soul-searching as the proclamation of sainthood by the Church of Rome. Nine years elapsed between Dr. S.E. Moore’s resolution calling for the appointment of a committee to consider — only to consider — the founding of the Royal College of Physicians and Surgeons of Canada and the royal assent that was finally granted. Disunity between the members of the medical curia (read, the professors), reciprocal suspicion between physicians and surgeons, remnants of colonialism and lack of confidence in Canadian initiatives caused proponents to suggest a limit on membership, the creation of two separate colleges or symbiosis with British, French or American entities.

Thanks to wise senior statesmen and one great catalyst — time — a single and independent college finally emerged. The college has, indeed, become a symbol of Canadian unity and Canadian medical unity.

Le Collège royal des médecins et chirurgiens du Canada, grâce à son bilinguisme, est devenu, dès sa fondation, un symbole de l’unité canadienne et de l’unité au sein de la profession. Il a démontré avec éclat l’universalité de la médecine. Alors que la Corporation professionnelle des médecins du Québec a institué son propre régime d’examens, la majorité de nos jeunes collègues d’expression française a voulu, et veut encore, en sus des examens de la Corporation, préparer et affronter les épreuves du Collège. Ils peuvent poursuivre et atteindre ce but chez eux, en français, au sein de leurs institutions, sous l’égide de leurs maîtres. Il est heureux et significatif de constater que récemment on a institué un régime d’examens simultanés au niveau de plusieurs spécialités.

Au cours du demi-siècle de son existence le Collège a su forger de solides amitiés canadiennes, celle, par exemple, qui le lie avec l’Association des médecins de langue française du Canada. De même, sa réputation sur la scène internationale est acquise et reconnue. Récemment l’organisation du Centre d’examens et de recherches R.S. McLaughlin a soulevé l’intérêt, la curiosité et l’envie des organismes internationaux.

Assurément le Collège royal jouera dans l’avenir un rôle de plus en plus influent au sommet de la médecine canadienne et à l’étranger.

At the annual meeting of the CMA in Victoria in 1926 a committee of 60 members (it has been suggested that its size was calculated to ensure its inability to perform) was charged with the following responsibility: “the setting up of a College of Physicians and Surgeons of Canada which shall be entirely and distinctly Canadian, with the sole purpose of offering to Canadian young men (and women) the inducement to . . . [take] advanced courses of training in the science and art of Medicine and Surgery.” Since then the college has not only offered inducement, but has also approved training facilities, arranged for examinations, abolished certification to establish the single standard of fellowship, and adopted a Cerberic attitude against the undue proliferation of specialties. Recently the college established the R.S. McLaughlin
The time may soon come when to be a specialist should be only a
medical education is constantly growing.

This project has triggered the inter-
Examination and Research Centre.

confronted during the next decade
with more crucial decisions than it

college publishes its annals, which
similar organizations abroad. The

est, curiosity and, indeed, envy of
this country.

been predicted, for instance, that
of operation.

has faced during its first 50 years

in caring for patients with history of convulsions
before initiating SINEMET at a dosage that
provides approximately 20% of previous levodopa.

Not recommended in drug-induced extra-
pyramidal reactions; contraindicated in
management of intention tremor and

Safety of SINEMET in patients under 18 years
of age not established.

Pregnancy: Monitor carefully all patients for
the development of mental changes, depression with
suicidal tendencies, or other serious antisocial
behaviour.

Carotid function should be monitored continu-
ously during periods of initial dosage adjustment
in patients with arrhythmias.

Upper gastrointestinal hemorrhage is possible in
patients with peptic ulcer.

Treatment of Parkinson's syndrome with excep-
tion of drug induced parkinsonism.

Other adverse reactions that may occur:
Psychiatric: increased libido with serious anti-
social behaviour. Cardiac function should be monitored con-
 tinuously, particularly details of dosage
and administration. Please consult
for complete prescribing information. In

DOSAGE SUMMARY

In order to reduce the incidence of adverse
reactions and achieve maximal benefit, therapy with SINEMET* must be individualized and
drug administration continuously matched to
the needs and tolerance of the patient. Com-
bined therapy with SINEMET* has a narrower
therapeutic range than with levodopa alone
because of its greater milligram potency. Therefore, titration and adjustment of dosage
should be made in small steps and recom-
mended dosage ranges not be exceeded.

Appearance of involuntary movements should
be regarded as a sign of levodopa toxicity and
an indication for reduction in WBC, hematocrit and hematoglobin.

Elevations over 10% of control with colorimetric method. Positive Coombs tests reported both
with SINEMET* and with levodopa alone, but
hemolytic anemia very rare.

DOSAGE GUIDELINES

In patients receiving Levodopa:

1. Initial levodopa dose in 4 to 6 divided doses.
2. Cover initial levodopa dose with SINEMET*.
3. Adjust dosage of levodopa and SINEMET* if necessary.

For complete prescribing information, including dosage and administration guidelines, please consult
the product monograph which is available
on request.

OTHER ADVERSE REACTIONS

Most common: Abnormal involuntary Move-
ments—usually diminished by dosage reduc-
tion— choreiform, dystonic and other in-
voluntary movements. Muscle twitching and
blepharospasm may be early signs of excess dosage. Other Serious Reactions: Oscillations in
performance: diurnal variations, indepen-
dent occurrence with akinesia with stereotyped
dyskinetic movements, sudden increase or decrease
related to dyskinesias, akinesia paradoxica (hypotonic
freezing) and on and off phenomenon.

Psychiatric: paranoid ideation, psychotic
episodes, depression with or without develop-
mint of suicidal tendencies and dementia.

Levodopa may produce hypomania when given
regularly to bipolar depressed patients. Rarely
convulsions (causal relationship not established).

Cardiac irregularities and/or palpita-
tions, orthostatic hypotensive episodes,
anaesthesia, nausea, vomiting and dizziness.

INDICATIONS

Treatment of Parkinson’s syndrome with excep-
tion of drug induced parkinsonism.

CONTRAINDICATIONS

When a sympathomimetic amine is contraindi-
cated; with monoamine oxidase inhibitors,
which should be discontinued two weeks prior
to starting levodopa; patients with congestive
heart failure, angina pectoris, myocardial infarc-
tion, cerebral vascular disease, arterial insuffi-
ciency, retrolental fibroplasia, mitral insufficiency,
endocarditis, severe systemic lupus erythematosus,
insomnia, nightmares, hallucinations and
delusions, agitation and anxiety. Neurologic:
auditory, visual hallucinations, mental clouding
with or without decreased spontaneous motor activity,
increased hand tremor, akinetic episodes,
"akinesia paradoxica", increase in the fre-
quency and duration of the off phenomenon,
torticolis, trismus, tightness of the mouth, lips or tongue, ocu-locystic crisis, weakness, numbness, bruxism, priapism.

Gastrointestinal: constipation, diarrhea, epi-
gastrium and abdominal distress and pain,
flatulence, eructation, hiccups, sialorrhea,
difficulty in swallowing, bitter taste, dry mouth;
duodenal ulcer; gastrointestinal bleeding;
unpleasant sensation of the tongue.

Cardio-
vascular: arrhythmias, hypotension, non-
rescuable ECG changes, asystole, sinus phlebitis.

Hematologic: hemolytic anemia, leucopenia,
anaerobic growths. Dermatologic: sweating,
death, cold sweat, muscle weakness, muscle pain,
muscle twitching and spasm, light-headedness,
malaise, tinnitus. Gastrointestinal: diarrhea,
flatulence, nausea, vomiting. Respiratory:
feeling of pressure in the chest, nausea,
chest pain, cough, hoarseness, bizzare breathing pattern,
postnasal drip, Urogenital: urinary frequency,
retention, incontinence, nocturia, polyuria, nocturia.

Special Senses: blurred vision, diplopia, dilated
pupils, activation of latent Horner's syndrome.

Miscellaneous: hot flashes, weight gain or loss.
Abnormalities in laboratory tests reported with levodopa alone
which may occur with SINEMET*:
Elevations of blood urea nitrogen, SGOT, SGPT, LDH, bilirubin, alkaline phos-
phatase or protein bound iodine. Occasional
reduction in WBC, hemoglobin and hematocrit.
Elevations of alkaline phosphatase with colorimetric method.
Positive Coombs tests reported both
with SINEMET* and with levodopa alone, but
hemolytic anemia very rare.

Other adverse reactions that may occur:
Psychiatric: increased libido with serious anti-
social behaviour. Cardiac function should be monitored con-
 tinuously, particularly details of dosage
and administration. Please consult
for complete prescribing information. In

DOSAGE SUMMARY

In order to reduce the incidence of adverse
reactions and achieve maximal benefit, therapy with SINEMET* must be individualized and
drug administration continuously matched to
the needs and tolerance of the patient. Com-
bined therapy with SINEMET* has a narrower
therapeutic range than with levodopa alone
because of its greater milligram potency. Therefore, titration and adjustment of dosage
should be made in small steps and recom-
mended dosage ranges not be exceeded.

Appearance of involuntary movements should
be regarded as a sign of levodopa toxicity and
an indication for reduction in WBC, hematocrit and hematoglobin.

Elevations over 10% of control with colorimetric method. Positive Coombs tests reported both
with SINEMET* and with levodopa alone, but
hemolytic anemia very rare.

OTHER ADVERSE REACTIONS

Most common: Abnormal involuntary Move-
ments—usually diminished by dosage reduc-
tion— choreiform, dystonic and other in-
voluntary movements. Muscle twitching and
blepharospasm may be early signs of excess dosage. Other Serious Reactions: Oscillations in
performance: diurnal variations, indepen-
dent occurrence with akinesia with stereotyped
dyskinetic movements, sudden increase or decrease
related to dyskinesias, akinesia paradoxica (hypotonic
freezing) and on and off phenomenon.

Psychiatric: paranoid ideation, psychotic
episodes, depression with or without develop-
mint of suicidal tendencies and dementia.

Levodopa may produce hypomania when given
regularly to bipolar depressed patients. Rarely
convulsions (causal relationship not established).

Cardiac irregularities and/or palpita-
tions, orthostatic hypotensive episodes,
anaesthesia, nausea, vomiting and dizziness.

INDICATIONS

Treatment of Parkinson’s syndrome with excep-
tion of drug induced parkinsonism.

CONTRAINDICATIONS

When a sympathomimetic amine is contraindi-
cated; with monoamine oxidase inhibitors,
which should be discontinued two weeks prior
to starting levodopa; patients with congestive
heart failure, angina pectoris, myocardial infarc-
tion, cerebral vascular disease, arterial insuffi-
ciency, retrolental fibroplasia, mitral insufficiency,
endocarditis, severe systemic lupus erythematosus,
insomnia, nightmares, hallucinations and
delusions, agitation and anxiety. Neurologic:
auditory, visual hallucinations, mental clouding
with or without decreased spontaneous motor activity,
increased hand tremor, akinetic episodes,
"akinesia paradoxica", increase in the fre-
quency and duration of the off phenomenon,
torticolis, trismus, tightness of the mouth, lips or tongue, ocu-locystic crisis, weakness, numbness, bruxism, priapism.

Gastrointestinal: constipation, diarrhea, epi-
gastrium and abdominal distress and pain,
flatulence, eructation, hiccups, sialorrhea,
difficulty in swallowing, bitter taste, dry mouth;
duodenal ulcer; gastrointestinal bleeding;
unpleasant sensation of the tongue.

Cardio-
vascular: arrhythmias, hypotension, non-
rescuable ECG changes, asystole, sinus phlebitis.

Hematologic: hemolytic anemia, leucopenia,
anaerobic growths. Dermatologic: sweating,
death, cold sweat, muscle weakness, muscle pain,
muscle twitching and spasm, light-headedness,
malaise, tinnitus. Gastrointestinal: diarrhea,
flatulence, nausea, vomiting. Respiratory:
feeling of pressure in the chest, nausea,
chest pain, cough, hoarseness, bizzare breathing pattern,
postnasal drip, Urogenital: urinary frequency,
retention, incontinence, nocturia, polyuria, nocturia.

Special Senses: blurred vision, diplopia, dilated
pupils, activation of latent Horner's syndrome.

Miscellaneous: hot flashes, weight gain or loss.
Abnormalities in laboratory tests reported with levodopa alone
which may occur with SINEMET*:
Elevations of blood urea nitrogen, SGOT, SGPT, LDH, bilirubin, alkaline phos-
phatase or protein bound iodine. Occasional
reduction in WBC, hemoglobin and hematocrit.
Elevations over 10% of control with colorimetric method. Positive Coombs tests reported both
with SINEMET* and with levodopa alone, but
hemolytic anemia very rare.

OTHER ADVERSE REACTIONS

Most common: Abnormal involuntary Move-
ments—usually diminished by dosage reduc-
tion— choreiform, dystonic and other in-
voluntary movements. Muscle twitching and
blepharospasm may be early signs of excess dosage. Other Serious Reactions: Oscillations in
performance: diurnal variations, indepen-
dent occurrence with akinesia with stereotyped
dyskinetic movements, sudden increase or decrease
related to dyskinesias, akinesia paradoxica (hypotonic
freezing) and on and off phenomenon.

Psychiatric: paranoid ideation, psychotic
episodes, depression with or without develop-
mint of suicidal tendencies and dementia.

Levodopa may produce hypomania when given
regularly to bipolar depressed patients. Rarely
convulsions (causal relationship not established).

Cardiac irregularities and/or palpita-
tions, orthostatic hypotensive episodes,
anaesthesia, nausea, vomiting and dizziness.