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lect and how those data are created and used, but have had spotted history in this pursuit due primarily to the complexity of integrating the EMR with the diagnostic devices in the office, the role of documentation templates, the need for sophisticated drawing tools, and the related costs of this extensive functionality. Some ophthalmologists use heavily customized generic EMR products with added templates and drawing tools, but with limited or no interfaces. Others have pursued ophthalmology-specific products that have prebuilt interfaces, templates, and drawing tools, but they have traditionally not had all required BC-specific functionality such as MSP billing. PITO is working closely with the BC Society of Eye Physicians and Surgeons and a very interested group of ophthalmologists in this regard.

Continuum three

Highly hospital-oriented specialties

A subset of specialists from a variety of specialties (e.g., gastroenterology and cardiology) have exceptionally close involvement with the hospital, including regular on-call coverage, a broad hospital-based care delivery team, and performing diagnostic services. Many use the hospital's patient care information system for a majority of their care and consider it sensible to use the same system for the remaining aspects of their care. PITO is working with a number of these specialists, the regional health authorities, and the PITO Steering Committee to investigate these opportunities.

Please check the PITO web site at pito.bc.ca/specialists for full details.

—**Jeremy Smith**
Program Director, PITO

Dr William C. Gibson 1913–2009

British Columbia has lost one of its most remarkable and distinguished scholars, Dr William Carleton Gibson, who died in Victoria, BC, on 4 July 2009, just 3 months short of his 96th birthday. Born in Ottawa to scholarly parents, he and his family soon moved to BC, which, interspersed with multiple studies, travels, and teaching assignments in Canada and overseas, remained his base till the end. He earned his bachelor of arts degree at UBC in 1933, a master of science and MD degree from McGill, and a DPhil from Oxford University. Many other academic advancements and honors followed.

In British Columbia Dr Gibson had two bases: Victoria and Vancouver, and two universities, UVic and UBC, all the while maintaining close ties with multiple other institutions, such as the Montreal Neurological Institute, where he worked under Penfield; the World Health Organization, where he was member of the Neurological Science Panel and later honorary member of the Medical Society of WHO; the Wellcome Foundation in London where he was a councillor; Oxford University, where he helped develop Green College and was made a life fellow; and numerous professional and personal relations across Canada and abroad, which contributed intellectually, morally, or financially to his many worthy medical, academic, educational, social, civic, environmental, and humanistic causes.

Foreign recognitions and achievements in no way deterred Bill Gibson from reserving his unbounded energy and loyalty to British Columbia, its educational, medical, and civic institutions, and to the very physical environment of the province that he loved. Over almost three decades at UBC, Dr Gibson was professor of neurological research, professor of the history of

medicine and science, and president of the University Development, creating the Kinsmen Laboratory of Neurological Research and the Woodward Biomedical Library, with its world-renowned collection of rare medical books and memorabilia. In 1993 he was awarded the honorary degree of doctor of science in recognition of his remarkable services to the university, whose Faculty of Medicine he had also helped to build, as described in his book *Wesbrook and His University*. Earlier, UBC Press published his autobiography, entitled *No Time to Slow Down*. Among his multifaceted activities he fought for the preservation of environmental green spaces, as in Vancouver's Van Dusen Botanical Gardens and the Bowen Island Parkland. He had a knack for raising funds for university activities and worthy causes, which he always did with dignity and remarkable success.

In 1985 he became chancellor of the University of Victoria, seeing some 12 000 graduates coming out of a rapidly growing institution. With his extensive network of international contacts he transformed Canada's educational landscape and greatly helped the development of UVic, which made him chancellor emeritus upon retirement. He was chair of the Universities' Council of British Columbia, chairman of the Scientific Advisory Committee of the US Muscular Dystrophy Association, board member of the International Brain Research Organization, fellow of the Royal Society of Medicine in London, a distinguished member of the Osler Society and, more recently, regent of the International Association for Humanitarian Medicine. In 2002 he was awarded the Order of Canada, the only occasion of brothers holding this distinction at the same time (James A. Gibson had been secretary to Prime Minister Mackenzie King and helped start Carleton University in Ottawa).

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This observation struck Dr Semmelweis like a thunderbolt as he realized the doctors and students were probably carrying “cadaverous particles” from the autopsied patients and introducing them directly into the laboring women by their vaginal examinations. With this finding in mind he instituted the practice of hand washing with chlorinated lime solution by anyone who performed an autopsy before examining any laboring women. Almost immediately the mortality rate of the First Clinic dropped down to that of the Second Clinic.

One would like to report that the maternal mortality remained at the low level thereafter. However, Dr Semmelweis had a serious personality conflict with his immediate supervisor, Dr Johann Klein, and he was not reappointed to the hospital. Dr Semmelweis left Vienna for Budapest and the mortality rate at the First Clinic in the Vienna General Hospital rose once again.¹⁰

In truth Dr Semmelweis had not instituted a controlled study but by chance had come upon an inadvertent experiment with a “control” group at one clinic and a “treatment” group at the other clinic. With his astute observation and inquiring mind he was able to establish an important cause of

human disease and institute a change in hospital practice that brought about a significant reduction in mortality.

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My main working relations with him were specifically based on shared interests in the history of medicine, in our respect and support of the BC First Nations (which honored him with characteristic dignity at his death), in advocating humanitarian medicine, and in strengthening international scientific relations, in all of which his judgment, advice, and action remained most profound, humanistic, practical, and productive. His latest service was in helping me found the International Association for Humanitarian Medicine, which proudly published his last book, *Old Endeavour*, on his 93rd birthday.

Bill will be much missed by many persons in different parts of the world, and his steady friendship and intellectual stimulation will be long remembered by those who were fortunate to have him as a friend.

—S. William A. Gunn, FRCS
Switzerland

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