

- acs-4/index-eng.php.
- Coyle D. Cost effectiveness of infant vaccination for rotavirus in Canada. March 2011. Fisman D. Economic Effectiveness of Pediatric Rotavirus Vaccination in British Columbia. June 2012. Unpublished reports presented to the Canadian Immunization Committee Task Group on Rotavirus Vaccine.
 - National Advisory Committee on Immunization. Varicella vaccination two dose recommendations. *Can Commun Dis Rep* September 2010; 36(ACS-8):1-26. Accessed 23 December 2011. www.phac-aspc.gc.ca/publicat/ccdr-rmtc/10vol36/acs-8/index-eng.php.
 - Chaves S, Garquillo P, Zhang JX, et al. Loss of vaccine-induced immunity to varicella over time. *N Engl J Med* 2007;356:1121-1129.
 - Pollock S, Sheikholeslami A, Edgar B, et al. The changing epidemiology of hepatitis A in BC: Using health authority follow-up data to inform policy and practice. *Can Commun Dis Rep* 2006;32:239-244.
 - BC Centre for Disease Control. Annual Summary of Reportable Diseases, various years. Accessed 23 December 2011. www.bccdc.ca/util/about/annreport/default.htm.
 - Harb J, Lem M, Fyfe M, et al. Hepatitis A in the northern interior of BC: An outbreak among members of a First Nations community. *Can Commun Dis Rep* 2000;26:157-161.
 - Wasley A, Samandari T, Bell BP. Incidence of hepatitis A in the United States in the era of vaccination. *JAMA* 2005;294:194-201.
 - Anonychuk AM, Tricco AC, Bauch CT, et al. Cost-effectiveness analyses of hepatitis A vaccine: A systematic review to explore the effect of methodological quality on the economic attractiveness of vaccination strategies. *Pharmacoeconomics* 2008;26:17-32.



Clayton Robinson, MD

Dr Clayton L.N. Robinson 1919–2011

Dr Clayton Robinson, nicknamed “Robbie,” passed away in his home on 13 November at the age of 92. He was born in Chapeau, Quebec, and raised on a farm in Meath, Ontario, the youngest of three sons who were all destined to become doctors. Educated in the Ottawa Valley towns of Pembroke and Renfrew, he graduated early from Queen’s Medical School in 1943 and volunteered for the Royal Canadian Navy Volunteer Reserves. He served on the HMCS Middlesex in the Atlantic convoy escort as a surgeon lieutenant until the end of the Second World War, when he joined the Fleet Air Arm of the Royal Navy and traveled to Ceylon for 3 months. He was very proud of his time in the Navy and loved telling stories about life on the high seas.

After the war, Clayton demonstrated anatomy at the University of Toronto under Dr J.C.B. Grant and wrote Grant’s biography in 1993 for the Canadian Medical Association. His medical training in thoracic surgery continued in Vancouver and England, and he met his wife, Kathleen, at Southend-on-Sea Hospital. They were married on St. Patrick’s Day 1952, and honeymooned in Ireland.

Clayton and Kathleen lived in Sas-

katoon from 1958 to 1966, where he was a member of the Department of Surgery and worked at University Hospital. He was president of both the Canadian Thoracic Association and Saskatoon Medical Association in 1965.

The family moved to Vancouver in 1966 and Clayton worked primarily at VGH, Shaughnessy, and St. Vincent’s Hospitals, and as a professor of surgery at UBC. His work was his passion and he was much loved by his patients and hospital staff. His crowning glory came in 1982 when he was invited to give a Hunterian Lecture at the Royal College of Surgeons of England, in London. He was extremely honored by the invitation.

In 1984 Clayton turned 65, and along with 14 other physicians lost his privileges at Vancouver General Hospital. They challenged this newly created hospital bylaw on the grounds that it infringed upon the Canadian Charter of Rights and Freedoms on the basis of age discrimination. This precedent-setting case was eventually heard in the Supreme Court of Canada in 1990 and became the basis for many of the mandatory retirement policies of today.

Clayton loved the sea and the mountains. He built two sailing dinghies and a family cabin at Whistler, where family and friends shared many happy times. Although Kathleen was the social planner, Clayton loved making Irish coffees to “splice the main brace.” He was an avid reader, frustrated gardener, and regular attendee at the Vancouver Symphony, Vancouver Opera, and Vancouver Men’s Welsh Choir.

He was predeceased by his wife, Kathleen, in 2009, and his brothers, Clarence in 1993, and Cecil in 2010. He will be greatly missed by his children, Moya (Chris), Elspeth, Richard

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(Jacquie), and grandchildren, Lucy, Anna, Tessa, Andrew, and James.

—**Richard Robinson, MD**
Nanaimo

Dr George Scott Wallace **1929–2011**

Born in Leven, Fife, Scotland, George—as he was known until he came to Canada—was the youngest of five siblings. His father was a chemist. He was educated in local schools and graduated in medicine at the University of Edinburgh in 1952, then completed his rotating training internship at the Edinburgh Royal Infirmary, the Farnborough Hospital, and the Kent and Westhill Hospitals at Dartford, England.

In 1950, George met his future wife, Kathleen, a nurse. They married in 1953, and moved to Ruislip, Middlesex, England. Kathleen would become his greatest supporter and helpmate throughout their life together. After two children were born, Anne and Sheila, they emigrated to Canada in 1957, settling in Sarnia, where he fulfilled the Canadian Internship requirements while Kathleen worked as a nurse. The next move was to New Liskeard, Ontario, where two more children, Catherine and Julie, were born and Scott (as he now preferred) entered a general practice.

While in New Liskeard, Scott was named citizen of the year in recognition of his community service and fundraising, which resulted in the construction of a nurse's residence. This commitment to community service would continue throughout his life.

Scott and Kathleen moved to Victoria in 1961. Here their fifth and final offspring, David, was born. Scott began his political career in 1967 when he was elected to the Oak Bay municipal council. After 2 years, he ran for and was elected to the provincial government as the full-time Oak Bay Social Credit MLA, his medical practice being placed on hold. After a

falling out with Premier W.A.C. Bennett, he crossed the floor to sit as an independent member of the legislature. He was re-elected in 1972 and 1975 and served from 1973 to 1977 as leader of the BC Conservative Party.

Scott retired from politics in 1977 to return to his family practice. It was not all work and obligation. Scott was a good golfer, as one would expect for a Fifer, but a less-than-desirable bridge partner. Our competitive golf outings were many and serious and over the years there was no clear winner. At bridge, he was a complete disaster, but enjoyed it immensely. Kathleen was invariably on the winning team.

During Scott's time as a politician and subsequently in medicine, he further established his reputation as an honest, forthright, and concerned person, both aiding individual constituents while in politics, and his patients during his medical career. He continued his community involvement and fundraising activities, playing an instrumental role in the success of several ventures, such as the Conservatory of Music, the transition to Royal Roads University, and Operation Eyesight Universal. Scott retired from medical practice in 1989 and in 1998 was presented with the Dr David M. Bachop Gold Medal award for his outstanding contribution to the care of his patients and spirited leadership in community affairs.

His dearly loved Kathleen died of malignant melanoma in 2005 and Scott, devastated by the loss, never regained his previous passion for life. Psoriatic arthritis had plagued him most of his adult life and latterly pulmonary fibrosis progressively limited his activities, eventually confining him to his home. In spite of this, he read two or three newspapers a day and kept abreast of both municipal and global affairs. He was always a delight to visit and as perhaps his longest standing friend and associate, I will miss him.

—**Paul Gareau, MD**
Victoria

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all benefit from the funding intended to relieve pressure off tertiary- and secondary-based pain services and to reduce congestion in local ER departments.

These communities were selected by nonprofit organization Pain BC based on the criteria of readiness, interest from key stakeholders, and having chronic pain service identified by GPs (through Divisions of Family Practice) as a priority and a need. This work is being sponsored by the Specialist Services Committee and Shared Care Committee, with additional support from Regional Health Authorities and Divisions of Family Practice. For more information visit www.painbc.ca.

BC first: Hemodialysis

After Dr Angus Rae published his article "Russell Palmer: Forgotten Champion" (*BCMJ* 2010;51:466), he was contacted by the prestigious *Hemodialysis International* saying they'd like to reprint the article, but with two corrections.

Meticulous researcher that he is, Dr Rae was concerned to learn of errors, but was gratified to discover that his original findings were sound. First, Russell Palmer's hemodialysis in September 1947 was the first clinically successful treatment in North America, preceding that in New York by several months. Second, Palmer was the first in the world to initiate an unassisted home peritoneal dialysis in January 1964.

Shortly after the *BCMJ* article was published, Dr Rae was contacted by a family member of that first home hemodialysis patient and provided with documentary evidence supporting his assertion (yellowed newspaper articles from February 1965).

To read more about these BC firsts, go to www.bcmj.org.