

Rain-birding

By the time this editorial is published I will have survived another winter. Now, don't get me wrong, I love living in British Columbia and particularly the Lower Mainland. I have called it home since preschool, and love the people and beauty of our province. I can't imagine residing anywhere else. I have taken care of numerous retirees who disappear around November only to reappear in my office the next April. These snowbirds escape winter by fleeing to warmer destinations. I remember thinking that if I were retired I wouldn't have a need to go south and would spend my time enjoying all the fabulous local activities. However, over the years I find myself dreading the onset of another Vancouver winter. It's not that I'm afraid of being wet or cold (I realize we are waterproof and I can always put on more clothes) but find the seemingly endless dreary, wet, and grey days harder to tolerate with each subsequent year. I become less motivated and slightly irritable. My energy plummets and I drag myself around. Previously, when I listened

to patients describe seasonal affective disorder, I would think to myself, nope, not me. I certainly don't remember lying around as a teenager (well, yes, I do, but that is just a side effect of being a teenager) thinking about the rain and hoping it would stop.

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So, what to do? I don't feel my symptoms merit medication, and sitting in front of a light box would detract from couch surfing and Netflix bingeing. Therefore, I decided to build sun breaks into my winter schedule. Thankfully, I have the financial means to get on an airplane and head to sunnier destinations. I am still working out the details, as all-inclusive vacations to places such as Mexico nurture my inner 300-pound alcoholic who can't seem to refuse any offered beverage or food item no

matter the time of day or night. I return solar satiated but filled with disgust and self-loathing of my gluttony. Looking for an alternative, I attended a cycling camp in sunny California this past February. Daily guided rides offset the evening gorging and calorie fest so I at least returned home weight neutral but not without a few tender areas.

Moving forward I intend to fine tune my winter escape plan as I don't think my late onset seasonal affective problem is likely to resolve. In fact, I anticipate some worsening as the years go by.

Lastly, if you think about it, shouldn't retirees who leave Vancouver from November to April really be called rain-birds?

—DRR



The advertisement for Fusion Projects shows a modern fitness studio with green walls, wooden accents, and various exercise equipment. A woman is seen in the background. The text "FUSION PROJECTS A design build company." is in the top left. The main headline reads "DESIGN A SPACE THAT REPRESENTS YOUR PRACTICE" and "THINK FUSION FIRST". At the bottom, a red banner contains the text "DISCOVER MORE AT GOFUSION.CA" and "CALL US: 604-629-0469".

My back pages

1971 was a heckuva year, as George W. Bush might have said. Justin Trudeau was born in 1971; so too were Elon Musk, Amy Poehler, and Pavel Bure. So, too, was Greenpeace. As if that wasn't enough, 1971 was the year in which I graduated from medical school. That was 47 years ago, and medical practice was ... different.

In 1971, the *BCMJ* was already 12 years old and had become an essential part of provincial medical life. The pages of the *BCMJ* at that time included some clinical articles, but the majority of space was taken up with that era's pressing practice issues: a physician's take-home income, difficulties with peer review of practices, and (believe it or not) the increasing problem of "narcotic addicts." The April 1971 issue gave an overview of a proposed treatment program, noting that the treatment facilities at the Narcotic Addiction Foundation of BC should be expanded to include subclinics in the four major "problem areas" outside the Greater Vancouver area: Victoria, Prince George, Kamloops-Vernon, and Trail-Nelson. The July 1971 issue included the results of a survey of general practitioners' contact with heroin users. Other articles reported on peri-

natal mortality rates in the province and pediatric bed utilization. The only article in 1971 that described a study with a prospective design was one reporting the effects of different forms of exercise on cardiac rehabilitation in 14 men after myocardial infarction. The authors noted that the average attendance of participants for the exercise programs was more than 95%, in contrast with the dropout rate of 50% in such programs elsewhere, and programmed exercise resulted in significant improvements in physical work capacity, blood pressure, and serum cholesterol. In the context, it was a brave and important study, and the related article was starkly different from the others published in that year. Did it change things? There was no immediate related correspondence.

Many of the tools of practice that we now cannot do without were either unavailable in 1971 or were in the earliest stages of development. In medical imaging, there was no ultrasound, no CT scanning, and certainly no MRI. According to the *BCMJ*, in 1971 surgical management of intracranial vascular anomalies relied entirely on arteriography; hemispherectomy was performed in children with neurological challenges characterized primarily

by EEG findings. Thinking back to those glory days, radio-immunoassays had limited availability; steroid hormone assays were performed using colorimetry in large-volume urine collections. Antibiotics had barely reached a second generation. The management of cancer was aggressive and grim. How did we manage?

Well, medical practice relied on a basis of theoretical knowledge followed by an accumulation of clinical experience. The older you were, the more you had seen. In 1971 there were far fewer medical journals than today, and those that were most read contained many more clinical studies and case reports than is the case today. The *BCMJ* did provide some, but it primarily provided a community for BC physicians—a place to share experiences in a collegial way.

As such, the *BCMJ* was invaluable and, now in its 60th year, it has remained invaluable for those of us who live and work here in a vibrant medical community. In another 60 years, though, will there be a *BCMJ*? Will advancing technology and social media have made everyone a physician—and thereby marginalized the need for a medical profession? Discuss.

—TCR

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