A new society

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This year marks an important advance for infectious diseases and medical microbiology in Canada. Our two professional organizations, the Canadian Infectious Diseases Society (CIDS) and the Canadian Association of Medical Microbiology (CAMM) are amalgamating. This is the outcome of several years of planning, following staged movements toward shared facilities and operations. The Canadian Journal of Infectious Diseases is the official journal of the Canadian Infectious Diseases Society and now becomes the official journal of the new society. The amalgamation of these two societies is a logical and appropriate step that has been recognized as desirable for almost 25 years. It should serve the professional needs of individual society members and provide a service to Canadian society at large by focusing and coordinating expertise and activity in infectious diseases and medical microbiology within a single organizational structure. The leadership of both societies over the past several years should be commended for achieving this goal.

CAMM is the older institution, reflecting the historical development of medical microbiology as a subspecialty outside pathology and the predominance of British-trained microbiologists in Canada after the end of the Second World War. CAMM was incorporated under the Companies Act on December 27, 1961 and was called the Canadian Association of Medical Bacteriologists. The name was changed to the Canadian Association of Medical Microbiologists on March 5, 1971. The Canadian Infectious Diseases Society was formed in 1977 when clinicians with specialty training in internal medicine and paediatrics, and advanced training in infectious diseases in the United States, returned to Canada to develop the new clinical subspecialty of infectious diseases. CAMM was unable to accommodate the clinician stream of infectious disease physicians, and an alternate society, CIDS, was formed. In their early years, both societies’ primary activities were in the development of specialty and subspecialty training programs through the Royal College of Physicians and Surgeons of Canada, and providing a forum for the presentation of Canadian research of members and trainees at yearly meetings in conjunction with the Royal College. The initial amalgamation of activities of the two societies was, in fact, at the Royal College meetings, where joint symposia were sponsored. Over the past decade, CIDS has moved into an advocacy and guidelines development role, perhaps reflecting the increase in membership and enthusiastic, relatively young members.

The similarities of activities, interests and goals for infectious diseases and medical microbiology specialists have always far outdistanced any differences. The knowledge base of microbiology, clinical infectious diseases, antimicrobial pharmacology and public health is similar for both groups. Medical microbiologists have always been called upon for patient management advice by clinicians without infectious diseases expertise, and infectious disease physicians are called upon to interpret microbiology laboratory findings for colleagues. In Quebec, and with the many dual-trained (Fellowship in Medical Microbiology and Certificate of Special Competence in Infectious Diseases) individuals across Canada, medical microbiology and infectious diseases are the same. The history of the differences underlying the two specialties and societies lies in the distinct origins and training of medical microbiologists in the British system, and of infectious diseases specialists in the American system. Within the Canadian milieu, these two distinct groups have evolved toward a more uniform profes-

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sional model. The amalgamation of the two societies is, perhaps, another demonstration of Canada as the ‘melting pot’ between Britain and the United States.

The change in our professional societies comes at a time of heightened public and political attention to infectious diseases. Classical infectious diseases, such as tuberculosis, malaria, diphtheria and dengue, are resurgent. We have become complacent about HIV infection in developed countries, but this disease still stalks the world, casting an ever-expanding shadow over developing countries. The successes of antimicrobial chemotherapy are at risk as antimicrobial resistance evolves. Globalization, changing hosts and changing medical practices provide opportunities for new diseases or new niches for old diseases. A few of many examples include the introduction and expansion of the West Nile Virus in North America, increasing fungal infections in immunocompromised patients, and *Clostridium sor- delli* infections following elective anterior cruciate ligament repair of the knee using allografts. Even the great triumphs of infectious diseases, such as smallpox eradication and the near eradication of polio, are now reinterpreted in the face of bioterrorism and outbreaks following the recombination of live attenuated vaccines. On the positive side, the unprecedented opportunities in diagnosis and therapeutics made possible by advances in genetics, immunology and biology must be translated into clinical and public health practice. We are faced daily with progress, failure and constant change in microorganisms and diseases.

This is clearly a time for strong leadership and a focused voice for microbiology and infectious diseases in Canada. The new society must support the professional goals of members of both medical specialties. It must also develop a recognized, respected voice as an advocate for public health, clinical care and research. This can be achieved through leadership in infectious diseases in Canada, and the promotion of Canadian contributions in global programs. These goals should certainly be easier to achieve with a single society and a committed, enthusiastic and representative membership. Everyone in the practices of infectious diseases and medical microbiology in Canada must support this amalgamated society to fulfill an important role at an important time.