

A BRIEF ACCOUNT  
*of* THE HISTORY *of*  
MEDICINE IN THE  
PROVINCE *of* QUEBEC  
FROM 1535 TO 1838

BY

HERBERT S. BIRKETT, M.D.  
MONTREAL

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## ERRATA

✓ PAGE 1—3rd line from bottom, for "thirteenth," read "thirtieth."

✓ "4—14th line from top, for "1835" read "1535."

"27—5th line from top, for "vaccination" read "inoculation."

BY HERBERT S. BIRKETT, M.D.,

MONTREAL.

PROFESSOR OF OTOLARYNGOLOGY, MCGILL UNIVERSITY, MONTREAL; OTOLARYNGOLOGIST, ROYAL VICTORIA HOSPITAL, MONTREAL; FELLOW OF THE AMERICAN LARYNGOLOGICAL ASSOCIATION.

FELLOWS OF THE AMERICAN LARYNGOLOGICAL ASSOCIATION:

Permit me to express my deep sense of appreciation of the honor you conferred upon me in electing me your President. It has been my endeavor to discharge the responsibilities of this high office to the best of my abilities, and I trust to your satisfaction, and with credit to the Association.

It is with very great pleasure that the Medical Profession of this city and of this Dominion welcome you to the first convention of this Association to be held on Canadian soil. Your loyal support in the preparation for this year's meeting and especially the cooperation of our able Secretary, have enabled us to present an excellent program of papers for your consideration. I can only add that we shall endeavor to make your brief stay in Montreal as pleasant as I trust it will be profitable.

It is fitting that I should refer on such an occasion

\*Presidential address delivered before the thirteenth annual congress of the American Laryngological Association, held in Montreal, Canada, on May 11, 12, and 13, 1908.

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to the loss which this Association has sustained by the death on the 9th of December last, of one of our most eminent corresponding members, Professor Moritz Schmidt.† Perhaps I may recall to you the chief points in his brilliant career. He was born in Frankfort-on-Main on the 15th of March, 1838. He studied in Göttingen, Vienna, Berlin, Utrecht, England, and France, and graduated in 1860. After the practice of general medicine for twenty-six years, he began in 1886 to devote his time exclusively to diseases of the ear, nose, throat, and lungs. He retired from practice in 1903, after receiving signal honors from his colleagues and his Sovereign. He made many valuable contributions to laryngology, most notably the work with which you are no doubt familiar, on diseases of the upper respiratory passages.

At the recent Tuerck-Czermak Jubilee, this Association was unfortunately not represented, but our good wishes were conveyed to the President through a letter from the Secretary.

We have to chronicle a sad event in connection with this Jubilee, in the sudden death from cardiac syncope on Wednesday morning, April 25, of our recently elected Honorary Fellow, Professor Leopold von Schroetter, who had on the previous day delivered, apparently in the best of health, the oration on the opening of the First International Congress of Rhinolaryngology.

Hofrat Professor Dr. Leopold von Schroetter,\* Ritter von Kristelli, was born in Graz on the 27th February, 1837. He studied medicine at Vienna, and graduated in 1861, receiving immediately an appointment as Assistant to Skoda, after whose

†I desire to express my indebtedness to my friend, Sir Felix Semon, K.C.V.O., for the notes kindly supplied regarding the deceased members.

death he acted as substitute in the professorship of clinical medicine. In 1875 he became extraordinary professor of throat and chest affections. In 1881 he was appointed Director of the clinic for laryngology in the Allgemeine Krankenhaus. This position he relinquished in 1890 to accept the professorship of clinical medicine, which position he was about to resign, having reached the age limit of seventy.

His principal writings of laryngological interest are: "Laryngologische, Mittheilungen" (1875), "Beitrag zur Behandlung der Larynxstenosen" (1876), "Vorlesungen ueber Krankheiten des Kehlkopfs," etc. (1867), "Vorlesungen ueber Krankheiten der Trachea" (1901), besides many important papers on clinical medicine. He took great interest in tuberculosis, and was the founder of the celebrated Austrian Sanitorium "Alland." Together with Stoerk and Schnitzler, he was one of the three great laryngological authorities of Vienna. Finally, his taking part in the celebrated November Consultation of 1887 in the case of the then Crown-Prince of Germany, has become historical.

Dr. Newcomb, our worthy Secretary, has but expressed, I am sure, our concordant wish in conveying to the families of our deceased members, the sincere condolences of this Association on the loss of such distinguished men.

The unique significance of this time and place have suggested to me the topic upon which I am to address you. I feel that the honor which you have conferred upon me in electing me your President is in a sense international, and may perhaps justify the choice of a subject which is in a measure national in its scope. It occurred to me that a brief account of the early history of medicine in the province of Quebec might not be inappropriate in a

meeting which is held for the first time in the history of the Association in Canada, in this, the oldest Province of the Dominion, and on this, the tercentenary of the founding of Quebec by Samuel de Champlain.

On the 3rd of July, 1908, Canada will celebrate the three-hundredth anniversary of the foundation of Quebec, the real birthday of the Canadian nation. The history of medicine in this Province, however, began seventy-three years before, when Jacques Cartier built his rude fort on the banks of the St. Charles, facing the Indian village of Stadaconé.

It was on the 14th of September, 1535, that Cartier chose this place as a temporary shelter, and leaving his men to construct an abode against the approaching winter, sailed up the river St. Lawrence as far as the village of Hochelaga, the site of which includes a part of the grounds of McGill University.

Upon his return to Stadaconé, he found the little fort in a state of alarm. Scurvy had broken out in the Indian villages, and according to the account of the leader of the tribe, fifty had already succumbed. Every precaution possible was taken to prevent intercourse with the natives; but nevertheless the disease began to manifest itself among Cartier's crew, "insomuch as some did lose all their strength, and could not stand on their feete, then did their legges swel, their sinnowes shrink as blacke as any cole. Others also had all their skins spotted with spots of blood of a purple colour; then did it ascend up to their ankels, knees, thighes, shoulders, armes and necks: their mouth became stincking, their gummes so rotten that all the flesh did fall off, even to the rootes of the teeth, which did also almost all fall out. With such infection did

this sickness spread itselſe in our three ſhips, that about the middle of February, of a hundreth and tenne perſons that we were, there were not ten whole, ſo that one could not helpe the other, a moſt horrible and pitifull caſe, conſidering the place we were in, forſomuch as the people of the countrey would dayly come before our fort and ſaw but few of us. There were alreadie eight dead, and more than fifty ſicke, and as we thought, paſt all hope of recovery."

The winter wore on; diſeaſe and death fell like a pall over the little fort, and Cartier was threatened with a danger more to be feared even than ſcurvy. Upon the heights of Cape Diamond ſtood the villages of the Ajoaſte, Starnatam and Tailla, branches of the ferocious Iroquois, the firſt paſſion of whoſe ſouls was war. Hitherto they had been overawed by the preſence of the wonderful ſhips manned by ſturdy crews, but gradually, as ſigns of activity diſappeared among the white men, they grew bolder, and at any moment the ſound of the war-whoop might be the ſignal for an invasion of the ſhips.

Among the crew, there was evidently a man poſſeſſing a knowledge of ſurgery, who determined to hold a poſt-mortem on the body of one Philip Rougemont, 22 years of age; to aſcertain the cauſe of death, and, if poſſible, ſave the remnants of the ſhip's company. Here, in the quaint language of the time, is the reſult of the firſt autopsy held in Canada: "He was found to have his heart white, but rotten, and more than a quart of water about it; his liver was indifferent faire, but his lungs blacke and mortified, his blood was altogether ſhrunke about the heart ſo that when he was opened, great quantity of rotten blood iſſued out from about his heart: his milt towards the backe was ſomewhat periſhed, rough as if it had been rubbed againſt a

stone. Moreover, because one of his thighs was very blacke without, it was opened, but within, it was whole and sound: that done, as well as we could he was buried."

The captain was a man of observation. Walking one day on the ice, he perceived a band of the Indians from Stadaconé; amongst them was one Domaguaya, who, less than two weeks before, was in the grip of the disease, "with his knees swolne as bigge as a child of two years old, all his sinews schrunke together, his teeth spoyled, his gummess rotten and stinking. Our captain seeing him whole and sound, was thereat marvellous glad, hoping to understand and know of him how he had healed himselfe, to the end that he might ease and help his men." from Domaguaya he learned that the specific was the bark and sap of a certain tree called in their language "Ameda." This tree is known today as "l'épinette," or the spruce. The method of preparation was as follows:

"To take the bark and leaves of the sayd tree, and boile them together, then to drink of the sayd decoction every other day, and to put the dregs of it upon his legges that is sicke: moreover they told us that the vertue of that tree was to heale any other disease."

The sailors in those days as in these were troubled with another complaint, "French Pockes," but after liberal doses of the bark, they "were cleane healed." From this time forth, the decoction was at a premium and men were ready to kill each other in their eagerness to test its efficiency. "so that a tree as big as any oake in France, was spoiled and lopped bare, and occupied all in five or six daies, and it wrought so wel, that if all the phisicians of Montpellier and Lovaine had bene there with all the drugs of Alexandria, they would not have done so



much in one yere, as that tree did in sixe daies, for it did so prevaile, that as many as used of it, by the grace of God, recovered their health."

With the opening of navigation, however, Cartier returned to France, prepared for fresh deeds of adventure. Brave, indeed, were the hearts of those men who lived their lives under the perpetual menace of destruction, facing the perils of the deep to meet the still greater dangers of pestilence on land. Steadfast, heroic, subdued only by the grim reaper, Death, such were the discoverers of old.

Cartier visited our shore again, and spent another winter under scarcely more favorable conditions, notwithstanding that he had found a sovereign remedy for scurvy. With his departure from our shores in 1542, a curtain falls over the history of the country, between Stadaconé and Hochelaga, for a period of sixty years, and we find no reliable account of a settlement on the banks of the Saint Lawrence. Nevertheless, in the year 1578, there were one hundred and fifty vessels engaged in trade with France in the Saint Lawrence, and over two hundred ships belonging to the English, the Spanish, and the Portuguese. We may presume, therefore, that there were temporary settlements, and it is probable that medical supervision in some form was not overlooked.

In the month of April, 1604, Des Monts undertook to colonize New France, and among the men who accompanied him was Louis Hébert, an apothecary, born in Paris. Hébert remained at Port Royal until the month of August, 1607, when the settlement was abandoned. Ten years later, he was invited by Champlain to take up his residence at Quebec, and he was among the first real settlers who cultivated the soil for a livelihood.

His residence was in the Upper Town, near the

Basilica. He soon became a prominent figure in the little community, and in 1621 was named "Royal Procurator." The first entry of a marriage in Quebec is that of Hébert's daughter. In 1626 he was granted the fief St. Joseph on the river Saint Charles, with the title of Sieur d'Espinay. He died in January, 1627, as the result of an accident, and was buried in the cemetery of the Récollets. He appears to have been held in high esteem by the Governor, the Récollets, and the citizens.

When Champlain arrived in Canada in 1608, he left his ships at Tadoussac, near the Saguenay, and sailed up the Saint Lawrence in a small craft to found the future city of Quebec. In his company were a number of mechanics, and a surgeon named Bonnerme. The axemen felled the trees on the narrow belt which skirts the promontory of Cape Diamond, and soon a modest building arose, rudely fashioned into a fort, styled the "Abitation de Québec." While this building was in the course of construction a plot was developing to murder Champlain and deliver Quebec into the hands of a band of Spaniards at Tadoussac. Bonnerme was suspected of complicity in the plot, but his innocence was established and he was released. He died, however, during the winter from the effects of either scurvy or dysentery. It is difficult to determine which disease decimated the colony.

Among the earliest settlers in Quebec was Adrien Duchesne, a surgeon of Dieppe, who probably arrived in 1618. When Champlain surrendered the fort to Sir David Kirke in 1629, Duchesne remained and practised his profession under the English régime. The colony was restored to France in 1632, under the treaty of St. Germain-en-Laye, and a year later Champlain returned as Governor. A few months before the death of the Governor in

1635 Duchesne received a grant of land from the Crown and later transferred it to Abraham Martin, after whom the Plains of Abraham were named. In 1645-6 we find him interested in the young Charles Lemoine, *Seigneur* of Longueuil, and father of the famous Iberville. His practice extended from Quebec to the post at Three Rivers, midway between Quebec and Montreal.

Another surgeon, a contemporary of Champlain, was Robert Giffard, *Sieur de Beauport*, a native of Mortagne au Perche in France. He was born in 1587 and came to Quebec in 1628 in the capacity of surgeon to the company of "The Hundred Associates." He resided on the Beauport shore and appears to have spent his leisure in hunting and fishing. A year later, however, Quebec fell into the hands of the English, and he returned to France. After the restoration, he obtained a grant of the *Seigneurie* of Beauport in 1634. He was evidently a man of considerable influence and enterprise, for within the space of two years he induced fifty excellent families to settle on the banks of the Saint Lawrence.

The task of colonization in those days was exceedingly difficult. Canada was under the monopoly of the great fur trading companies, whose policy was opposed to any extensive plan of settlement. A sufficient number of residents to facilitate trade was all that was thought desirable. His efforts, therefore, under the circumstances, were remarkable.

In 1647 Giffard obtained a larger grant of land, known as the *fief St. Gabriel*. A year later, he was appointed a member of the Council, a body empowered to enact local laws and to arbitrate the differences of private individuals. He practised his profession in Quebec and in the surrounding coun-

try, and was visiting physician to the Hôtel Dieu, founded in 1639. Giffard was recognized as a man of considerable importance in his time, and when he died in 1648 the community of the Hôtel Dieu felt that they had lost not only an eminent physician, but a true friend.

The colony founded by Champlain at the foot of Cape Diamond had been in existence for half a century, but its institutions were still very primitive. In 1658 Jean Madry, a surgeon of Quebec, while on a visit to France, obtained from the Sieur Bar-nois, Premier Surgeon in Ordinary to the King, and Provost of the Royal College of St. Come, in the University of Paris, "Letters of Surgeon" for him-self, with power to establish in all parts of Canada the authority of surgery in order that the sick might receive more efficient medical care. These letters were registered in the Sovereign Council at Quebec, but they do not appear to have been of much service to the profession. Little appears to have been pre-served regarding Madry. He was elected the first Mayor of Quebec, an office which was abolished after a trial of five weeks. The machinery of mu-nicipal government was too complicated and ex-pensive for the needs of a community of less than five hundred souls.

There was at this time evidently a need of more physicians to attend the wants of the settlers, for we find that Jean Martinet, Sieur de Fonblanche, who was born in Moustiers, Bourgogne, undertook to teach his brother-in-law, Paul Prudhomme, the art of medicine and surgery by the system of ap-prenticeship. This is the first recorded instance of a method of teaching, which subsequently became much in vogue. This system led to such an increase in the number of physicians that keen competition and rivalry resulted in the establishment of a form

of "combine" or partnership. Those entering into such a partnership "pooled all their possessions, furniture, provisions, roots, and peltry; all the products which they gathered from the ground, their instruments of surgery, their medicines, and lastly, all the revenue which they would obtain from their work and industry." It was further agreed that each of them would devote himself to the profit of the partnership as far as lay in his power, and that he would not run into debt (without the authority of his associates) exceeding the sum of five sous. At the end of four years the profits were equally divided. It was further stipulated that in the case of the death of a member before the expiration of this term, all the goods of the community would belong to the survivors.

An interesting physician of this period was Dr. Gauthier, who, as a corresponding member of the Royal Academy of Sciences, had made many botanical observations in Canada. It was he who discovered the wintergreen plant, which to-day carries his name, and is known as the "Gaultheria Procumbens." Gauthier devoted himself also to the study of law under the tutorship of the Sieur Verrier, Procurator-General.

With the considerable increase of population, not only at Quebec, but also at Ville-Marie (Montreal), disease in various forms had become much more prevalent. Smallpox, especially, had spread to such a degree that it was necessary to provide some suitable place to care for and attend the unfortunate sick.

The Duchesse d'Aiguillon, finding such an unfortunate condition of affairs, decided to found a hospital, and sent from Dieppe a certain number of nuns. She received a grant of land in 1637, and established in 1639 the Hôtel Dieu at Quebec. Of the

attending staff of this hospital there is one who deserves especial notice, Michel Sarrazin, who came to Canada in the capacity of Surgeon-Major of the French troops. After practising his profession in Quebec for some years he returned to France for the purpose of pursuing his medical studies at the University of Rennes. Three years later he received the title of Physician to the King, and was delegated by the Academy of Science of France to make a special study of animals and plants in Canada. His work in this direction was remarkable. In the Transactions of the Academy of Science for 1704 there appears a paper by Sarrazin on the "Anatomy of the Beaver" which even to-day is regarded as the best work on the subject. His further anatomical researches dealt with the muskrat, the seal, and groundhog. He also investigated the mineral waters at Cap de la Madeleine. In his botanical researches he discovered the pitcher plant, which is known to-day as the "Sarracenia Purpurea." In recognition of these extensive researches he received a pension of 550 pounds. To Sarrazin's skill as a physician the records of the Hôtel Dieu bear ample testimony.

Expansion and colonization in this new country frequently followed in the wake of missionary activity. "Not a cape was turned," writes Parkman, "but a Jesuit led the way." Few more striking examples of religious enterprise are to be found than the establishment of the little colony at Ville-Marie (Montreal). The founders were Jérôme Royer de la Dauversiere, receiver of taxes at La Fleche in Anjou, and Jean Jacques Olier, a young priest of Paris. To both of these men there came at nearly the same time (1636) the idea of founding a religious colony at Montreal. They formed an association for this purpose and called it the "Soci-

ety of Montreal." At first the society consisted of six members, but the number was soon increased to forty. Among these was Madame de Bullion, who gave 42,000 livres for the purpose of endowing a hospital in the new settlement. In 1641 Paul du Chomedey, Sieur de Maisonneuve, set out for New France with a company of 100 soldiers under his command. Among those who joined the expedition was Mademoiselle Jeanne Mance, the descendant of an honorable and influential family in France, who became a member of the Society of Montreal. To Mademoiselle Mance was entrusted the control of the funds given by Madame de Bullion, for the establishment of a hospital at Montreal. On the arrival of the expedition in the Saint Lawrence, the summer was found too far advanced to proceed to Montreal, so the winter was spent in Quebec. Many efforts were put forth to dissuade the company from pushing on to Montreal, but in vain. The following spring they sailed up the Saint Lawrence and took possession of the island on the 17th May, 1642. The settlement was named Ville-Marie in honor of the Virgin Mary, to whom it was especially dedicated.

Of a hospital, however, there seemed for a time to be little need. The colony was exceptionally free from sickness, and there were as yet no wounded to be attended, for the Iroquois knew nothing of the little settlement and left the colonists to build in peace. Mlle. Mance even suggested that the endowment for the hospital be given to the Jesuit Missions. To this, however, Madame de Bullion refused to consent. Work on the hospital was continued, and the building was opened on the 8th of October, 1644. There were two rooms for the sick, a room for Mlle. Mance, a kitchen, apartments for the servants, and a chapel 10 feet square, built of

stone. During the following year the furniture, medicine, and surgical instruments arrived, and some live stock was brought for the use of the inmates. The usefulness of such an institution was soon conceded, for scarcely had the walls been completed when news of the settlement reached the Iroquois and encounters with the savages began. The wounded were among the first to reap the benefit of the shelter and careful attention which the hospital afforded.

A few years later it was rumored that the "Society of Montreal" had lost interest in the undertaking, and was on the point of dissolution. This prompted Mlle. Mance to return to France and approach Madame de Bullion for further assistance for the hospital. In this she was entirely successful. It now became evident as the work of fortification went on that the hospital was likely to become permanently established. The Iroquois, however, decided to renew their attempts to destroy it. In July, 1651, the hospital was besieged, and had to be abandoned. The defenders took refuge in the fort. The colony was in danger of destruction and it was necessary to have reinforcements. To procure aid, Maisonneuve undertook a journey to France, for which the hospital endowment furnished the money. Upon his return with more than 100 men a new hospital was built and opened in the spring of 1654. The reinforcement of men brought by Maisonneuve put new life into the colony, and enabled them successfully to resist the Iroquois. Thus, a second, time, Mlle. Mance, by her judicious use of the endowment funds of the hospital, saved the colony of Montreal.

In 1657 Mlle. Mance, who had been Directress of the hospital since its foundation, fell on the ice, fractured her right arm, and dislocated her wrist.



Etienne Bouchard, a surgeon, set the arm, but failed to discover the dislocation of the wrist. Jean Madry also examined her injuries but with no better success. The arm remained entirely useless until Mlle. Mance's temporary return to France occasioned by the financial needs of the hospital. Here the use of her arm, pronounced by the most eminent surgeons in Paris to be beyond recovery, was miraculously restored by touching the casket containing the heart of M. Olier. Mlle. Mance issued the following statement in writing, regarding the miraculous cure:

Au nom de La tres <sup>te</sup> Trinite  
Amen

Je Jeanne Mance reconnois et confesse  
en La presence de mon Dieu auro-  
receu La grace de l'usage de ma  
main droite par Les merites de  
feu Monsieur Olier ce qui s'est  
passe en ceste maniere.....

..... Je dekla  
re que tout ce que J'ay escrit cy dessus  
en ces deux petites feuilles est verita-  
ble et sincere en foi de quoy Je J'ay  
escrit et signe de La mesme main  
dont J'ay receu l'usage a Paris ce 13  
Feburier 1639 Jeanne Mance

"AU NOM DE LA TRES SAINTE TRINITE, AMEN."  
"Je, Jeanne Mance, reconnais et confesse en la pre-  
sence de mon Dieu avoir receu de l'usage de ma  
main droite par les mérites de feu Monsieur Olier  
"ce qui s'est passé en ceste maniere. . . . .  
"Je declare que tout ce que j'ay escrit cy-dessus  
"en ces deux petites feuilles est véritable et sincère  
"en foi de quoy je l'ay escrit et signé de la mesme  
"main dont j'ay receu l'usage à Paris, ce 13 Fevrier,  
"1659

"JEANNE MANCE"

The efforts to secure additional funds for the hospital from Madame de Bullion were successful. Of the 22,000 francs obtained for the purpose, Mlle. Mance entrusted 20,000 to the care of Le Royer de la Dauversiere for the purpose of investment; but upon his death it was found that the funds had been misappropriated, and the hospital was left without necessary means properly to carry on the work. On account of this loss, the inmates were reduced to extreme poverty, and suffered intensely from the cold and lack of nourishing food. Under such circumstances Mlle. Mance continued to administer the affairs of the hospital until 1673. After her death in that year the financial affairs of the hospital caused increasing anxiety. The income had been reduced by heavy losses to 12,000 livres a year, 400 of which were derived from the cultivation of one hundred arpents of land. Owing to the French Revolution their revenue for a time was lost altogether, but the funds were recovered in 1821.

Hôtel Dieu was destroyed by fire in 1695, in 1721, and in 1734.

During the siege of Quebec in 1759 Surgeon Robert Adair established hospitals for the British on the Island of Orleans, while the surgeons of Quebec

appear to have attended to the needs of the French. André Arnoux, a native of Rochfort, was surgeon-major of the French troops. He and his son established themselves on St. Louis Street near the Ursuline Convent. When Montcalm received his mortal wound on the morning of the 13th of September, he was taken to the home of the surgeon where his wounds were dressed by the younger Arnoux. It was here that Montcalm died at four o'clock on the following morning.

About the year 1773 the attention of the Government of Lower Canada was drawn to the increasing ravages of a peculiar disease, which, originating at Mal Baie, had spread to other parts of the Province. A tradition exists that it was brought to Mal Baie by a detachment of Scottish troops who were either sent there on service or had been thrown there by some accident of navigation a few years before. The great resemblance of this disorder to syphilis and its disgusting character led the unhappy sufferers who were aware of that resemblance to conceal their condition as long as possible; while those who were not aware of it looked upon the symptoms as the result of scurvy and trusted to ordinary remedies or to time for relief. From both these causes, in addition to the remoteness of the parish where the disease first made its appearance, and the want of medical assistance on the spot, the disease was not commonly known until it reached such a height as to require the attention of the Government.

The symptoms of the disease as stated in a private description circulated by the Government in 1785, are as follows:

“Ulcerations appear on the soft palate, tonsils, uvula, and mucous membrane of the mouth. As time goes on, these extend and cause destruction of

these parts. At a later period nodes appear on the head, arms, legs and trunk, which, breaking down, produce extensive stinking ulceration. When the disease has attacked the nose for a length of time, it results often in the bridge falling in. Loss of the hair of the head, eyesight, and hearing, and a horrible stench are generally the precursors of death. No one is exempt from the disease, the child at the breast as well as the aged or infirm being equally attacked."

Shortly after the disease first attracted the attention of the Government in 1775, General Carleton, who was Governor at the time, sent a surgeon's mate of the Seventh Regiment to St. Paul's Bay with instructions to administer medical relief. Upon investigation the remedy which he distributed was found to consist of calomel and mercurial ointments. This officer was recalled to Quebec, and upon his death, Philippe Louis François Badelard, who came from France as Assistant-Major of the French troops, was appointed by General Haldimand, after the departure of General Carleton, to investigate the disease and report thereon. He therefore wrote a pamphlet on the subject, which was printed by the Government. It is stated that the use of the foregoing remedies resulted in many of the afflicted ones being cured.

Upon the exact nature of this disease the opinions of medical men were found to differ. Among those most keenly interested in the subject was Dr. John Bowman, who was employed by the Government in investigating the affected districts and in distributing the remedies. One Robert Jones of Montreal wrote an elaborate pamphlet, published in Montreal in 1786, to prove that the disease was not syphilis; while a letter of Dr. Charles Blake, Surgeon of H. M. Thirty-ninth Regiment, states

that: "This disease is nothing more than a confirmed syphilis showing itself in different ways in different parts of the body and making anomalous symptoms and appearances accordingly. The habits of the Canadians facilitate its communication in various ways. They use the same cup, often borrow one another's pipe to smoke, chew their infants' food and spit it into their mouths. They constantly spit on their floors, and never clean them, and the lower classes are generally regardless of cleanliness. All these circumstances help to communicate the disease, which may take effect anywhere that the skin happens to be broken. The disease being of the nature already stated, it gives way to no remedy but mercury."

The Province of Quebec had as yet no facilities for teaching medicine other than the form of apprenticeship which did not appeal to the ambitious student. It was necessary, therefore, to go elsewhere for a medical education. The earliest student to go abroad was François Blanchet, who was born in 1776, and received his preliminary education at the Seminary at Quebec. At the completion of his course at the Seminary, he studied medicine in New York, and published a work on "The Application of Chemistry to Medicine." After graduation, Blanchet returned to his native home, Quebec, and entered upon the practice of his profession. His ambition, however, was not satisfied in medicine. He launched into journalism, founded a newspaper called *Le Canadien*, published several seditious articles, and was imprisoned for a short time by the haughty Governor. His active interest in politics and education, however, led to his election as a member of the legislative assembly, and it was he who proposed during his tenure of office the first law on education. During the war of 1812 he oc-

cupied the post of Chief Medical Officer in this province.

Following the example of his preceptor, Blanchet, we find Jacques Labrie, after serving his apprenticeship, going to Edinburgh to complete his course of studies. He was the first to visit and study at the Royal University there. Before leaving for Edinburgh, Labrie founded a newspaper called *Le Courier*, which announced his return to his native city in August, 1808. Like his preceptor, Labrie entered politics and became a member of the Chamber of Assembly; and it is to him and his medical colleagues that we are indebted for the institution of those tribunals which now guard the honor of the medical profession.

The condition of the medical profession and the state of education were, like everything else, in a state of transition. The medical men of good professional status who were practising in the country at this time were either Canadians who had served their apprenticeship with a physician of standing and then gone to the mother country for graduation and further study; or they were, as often happened, Englishmen and Scotchmen who had received their entire training at home. Many of these were former army surgeons who had found the demand for their medical services in civil life so great that they had retired from active duty and were engaged only in their profession as private practitioners. It is said that the type of Englishmen who thus first practised medicine in Canada was as good as British education could make it.

On the other hand, as was natural in a country where there was no provision for medical education, and where the demand for medical assistance far exceeded the supply, quackery seems to have flourished abundantly. It was to correct such a con-

dition of affairs that in 1750 the Intendant Bigot introduced an ordinance which may be considered the code of the medical profession in Canada. This ruling provided that no one should practice medicine without passing an examination. Those wishing to practise in a city were to be examined before the Physician of the King in the presence of the Lieutenant-Governor of the Jurisdiction. Those wishing to practise in the outlying districts were to pass an examination before the Physician of the King and a sub-delegate.

This ruling continued until 1788, when the British Parliament passed an act which provided that no one should practise physic and surgery within the Province of Quebec, or midwifery in the towns of Quebec and Montreal without a license. A license was to be obtained by passing an examination conducted by capable persons appointed by the Governor or Commander-in-Chief of the Province. This regulation did not subject those to an examination who had already taken a degree in any university, or had been commissioned as surgeons in the army or navy. "But the ordinance of 1788 had a radical fault. It placed the study and the practice of medicine absolutely in the hands of the executive power. It opened the door to partiality, to injustice and to administrative tyranny. The licenses were to be given by the Governor, and the examiners were to be nominated by the Governor also, which made them simply officers of the Government Executive. At a period when prejudice and narrow ideas in official spheres reigned, this domestication of the profession might cause serious rejection of justice.

"If one can believe the memoirs of a contemporary, this deplorable side of the ordinance soon became evident. The celebrated Pierre de Sales La-terrière, who had studied medicine for some time

before leaving France, and who practised medicine from time to time since his arrival in Canada in 1766, found himself subject to the new legislation. He had practised without a diploma, often with success, according to what he says himself. But henceforth he must, under the penalty of a fine, abandon the practice of medicine or submit to an examination before the members of a bureau appointed by the Governor. He decided on the latter alternative, and was the first candidate for the study of medicine who presented himself before the Board of Medical Examiners in Canada. Let him relate his unhappy experience:

“I had lost my certificate of St. Come, and the documents of my apprenticeship in Paris, but I knew I had talent enough to pass an examination. I was the first to present myself before the medical bureau of examination at 8 o'clock in the morning in the presence of four practitioners and four councillors, and a very large assembly attracted by curiosity because there was a new institution in the country. The examination lasted until four in the afternoon. One question did not wait for another. However correct my answers were, my examiners, because of my failure to present my letters to them, did not wish to permit me to continue practising. It was necessary for me to go to another college to obtain other certificates. Their partiality, their hardness, their malice were so apparent that many of my friends, mere spectators, said to me, ‘Go to Cambridge, near Boston, where, in a short time, with the knowledge that you have obtained here, you would obtain what you now lack.’ My examiners having seen that, and the reproaches that the public were making, rather through shame than friendship, said: ‘Yes, if the candidate should go to Cambridge or elsewhere, we will give him a certifi-



cate favorable to the talents and knowledge which he has displayed.'"—(*Memoirs of Pierre de Sales Laterrière.*)

"During the winter and spring of 1788 M. Laterrière studied at Cambridge. After passing a satisfactory examination, in June, 1789, he obtained the diploma of Bachelor of Medicine and returned to Canada. He appeared again before the Medical Board, consisting of Drs. John Foote, James Fisher, James Davidson, Francois Lajus and Fred Oliva.

"The last clause of the Act provided that anyone holding a university degree should not be subject to an examination. Nevertheless, the examiners wished to examine him, saying that as his diploma was from a foreign university they could only give him a simple certificate of study, and could not receive him unless he passed an examination. Laterrière submitted to the examination, which he passed successfully.

"The Ordinance of 1788 relative to the Medical Profession opened the door to disadvantages of which the most serious was the arbitrariness of the executive. In proportion as the country developed, as the population increased, and as the number of candidates for medicine became greater, the acts of injustice also became more frequent. The influence of the national and political question was felt in this sphere as well as in most others. The French Canadian physicians complained that owing to official power, the English physicians made them wait and retained the exclusive authority over the administration of the profession and of the conditions of admission to the learned fraternity. It is to be noted that for about forty years there was not a single French Canadian examiner either at Quebec or Montreal."—(J. E. Roy, "Histoire du Notariat au Canada.")

This Act was repealed in 1831, when another Act was passed regulating the practice of medicine (I William 4 caput 27). This Act provided that no one should act as physician without a license from the Governor, and that all persons intending to study physic with a view to obtaining a license should undergo an examination before a *Board of Examiners* for the election of which provision was made in this Act. The Board was to consist of twelve members, seven forming a quorum.

It was also enacted that no license should be granted unless candidate were of full age and had served an apprenticeship of five years.

In 1841 an Act was passed to enable persons authorized to practise physic or surgery in Upper or Lower Canada, to practise in the Province of Canada.

By the Act of 1847 the medical profession in Lower Canada was incorporated under the name of "The College of Physicians and Surgeons of Lower Canada" and was empowered under certain restrictions to frame its own statutes for the regulation of the study of medicine in all its departments, and by-laws for its own government.

In 1849 an amendment to this Act was passed which authorized the Provincial Medical Board to issue licenses.

Let us pause to consider for a few moments what were the general conditions of the people of Nouvelle France.

During the course of time, increased intercourse with France and England had led to greater numbers of immigrants reaching the colony. The marked increase of population had brought about the prevalence of disease, "that everlasting traveller which follows humanity wherever it goes," and one of its earliest manifestations was in epidemic form.

The earliest disease to be mentioned was scurvy

(mal de terre and mal de mer). A description of the symptoms and its treatment as noted by Jacques Cartier has already been given. It is interesting to note here that new and more drastic remedies were evidently resorted to. Captain Knox in his Journal writes:

"This morning I was an eye witness to the ceremony of burying a man alive, *mirabile dictu*, for the sea scurvy. To explain this matter, it must be observed that a pit was made in the ground, and the patient stood in it, with his head only above the level earth; then the mould was thrown in loose about him: and there he remained for some hours; this, I am told, is to be repeated every day until his recovery is perfected."

Scurvy, which was known in the early days of New France under the name of "Mal de terre," and later found to be the same disease as "Mal de mer," was certainly one of the chief causes which retarded the colonization of Canada. The disastrous results were seen at Tadoussac (1600), Island of St. Croix (1604-5), Port Royal (1506-9), Quebec (1609), and on the Island of Miscou (1635).

After scurvy came smallpox with its attendant train of fatalities. There were during the French regime four characteristic epidemics: 1703, 1732, 1733 and 1755.

The epidemic of 1703 was particularly severe. The registers of the Province of Quebec show that there were over two thousand deaths, Indians included. "Never had such a misery been seen," remarks the historian of the Hôtel Dieu of Quebec. "Every one was deploring the loss of a relative, one of his wife, another of her husband, one his brother, another of his children. Orphans wept for their parents; all were in tears, and there were no gatherings except for funerals."

In a letter written on 14th October, 1733, by Beauharnois to Hocquart, it is stated that "the smallpox which has afflicted this country since the end of the Autumn of 1732, up till to-day, and which has carried off nearly 2,000 persons from this colony, has exhausted the resources of everyone, and the suspension of all work has necessarily followed. The working classes at Quebec are becoming from day to day more of a burden upon men of means, and more upon us than upon others by their too frequent importunities. We cannot find any other expedient than to find work for them to take them out of their misery."

"It spread on all sides throughout this Government (Province or country) and in that of Three Rivers where it is still prevalent. By the account which has been brought to me, about 900 persons have died from this disease in the environs of Montreal, as many men as women, girls and infants. At Quebec, 278. I have not yet had a list of the number in the environments of Quebec or Three Rivers, but the number may well be five or six hundred which this disease has carried off from the colony. It is true that the greater number are children, but there have been a great number of sick at Quebec, there being at one time more than 2,000 between those in the Hôtel Dieu and in private houses.

"This disease was commonly accompanied by a circumstance which was as annoying for the sick as for those who cared for them. This was the insupportable odor which accompanied the disease. I think it will not be necessary for me to go into details. I have seen several persons attacked with this disease in France, but it was far from being as virulent as it is in Canada."

A disease as dreadful in results as smallpox naturally incited the pioneers in medicine to try various

methods of treatment. We find that Michel Sarrazin thought that in his discovery of the "Sarracinea Purpurea" he had found a remedy; but this proved useless and it was not until 1765 that we find any attempt being made to introduce ~~vaccination~~ *innoculation* as a preventive. This was first employed in September, 1768, by a Mr. Latham, surgeon to the King's or Eighth Regiment of Foot, who announced to the inhabitants of Quebec that he was prepared to carry on this method of prevention.

The people of New France were indeed sorely afflicted, for we find that plague made its appearance amongst them on no less than three different occasions (1711, 1718, and 1740). The historian of Hôtel Dieu of Quebec relates that it was brought to this country by a ship hailing from Siam where the plague was prevalent about that time. The disease was therefore known as the "Disease of Siam." There are no records affording any description of the symptoms of those afflicted with the disease, hence any opinion as to the exact nature of the epidemic must be mere conjecture. The same authority, however, makes the following comments: "I have never seen so many sick in the hospital: the wards, garrets and outer buildings all were filled, and we can hardly pass between the beds. All became as black as coal as soon as they were dead." This last remark may possibly justify the opinion that the disease was what is known to-day as the "Pestis Bubonica." History also relates the recurrence of other epidemics of a similar nature, extending over several periods (1710, 1746, 1750, 1756, 1757, and 1759). The death rate was evidently very high.

Owing undoubtedly to unhygienic conditions at this time existing, diseases other than those just mentioned of an epidemic nature were prevalent amongst

the colonists. Chest affections were frequent, and the methods adopted to effect a cure were perhaps unique in the history of medicine in this country. In a letter from Vaudreuil and Bégon dated at Quebec, on 6th October, 1720, we learn that "there are a great number of persons in these parts who are attacked by chest diseases, and that the most efficacious remedy is asses' milk. As there are no animals of this kind in the colonies, we beg the Council to see that a male and a female are sent out next year by the ships of His Majesty."

The use of ice for the purpose of reducing the temperature in typhoid fever is thought by many to be of comparatively recent date; but about 1780 we learn from the memoirs of Philip de Gaspé that when a child, he had been cured of a very severe attack of typhus or typhoid fever by the use of ice. "I showed scarcely any signs of life for three days," he writes, "my death was expected each minute." So far, the patient had been treated by some one who possessed only a pretentious knowledge of medicine; as the condition of the patient became one of extreme gravity, Dr. Fred Oliva was sent for. He suggested that the child be dipped in a bath of iced water and then wrapped in hot flannels. "At the end of half an hour," writes de Gaspé, "there followed an abundant perspiration which saved my life."

From 1800 to 1832 the country appears, as far as one is able to glean from available sources, to have been singularly free from diseases of an epidemic nature. Nevertheless, Asiatic cholera, which had originated in India during the early part of the nineteenth century, gradually spread over extensive areas, until in 1832 it reached France and England. The English Government, as Christie says, "with characteristic providence and anxiety for the wel-

fare of the province, had advised the Governor to make preparation against it in Canada, as in all probability it would with the influx of immigrants hither attend them. Legislative provision accordingly was made to meet the impending evil, and sanitary precautions were adopted. Grosse Isle, thirty miles below the port of Quebec, was made a quarantine station, to which medical men were appointed, and temporary wooden buildings were erected upon it for hospitals, and the establishment put under military authority."

The Spring of 1832 was rainy, cold and backward, and remarkable for the prevalence of heavy north-easterly gales. "With the arrival," writes Christie, "of every vessel bringing immigrants, the pestilence was expected to make its appearance in Quebec. At length, on the 8th of June, the appalling news reached the city of its actual appearance at Grosse Isle, by *The Garricks* from Dublin, with 133 passengers on board, 59 having died of cholera during the passage. From Quebec it bounded onwards as it were by leaps in its direful progress up the St. Lawrence, breaking out on the 10th at Montreal with great violence." The severity of the epidemic may be gathered from the fact that from the 9th June to the 2d September no less than 2,215 people died from this alone in the city of Quebec. Since that time, there have occurred four outbreaks (1834, 1849, 1852 and 1854) of Asiatic cholera in the Province of Quebec.

Let us now leave Quebec, with its illustrious past, and turn our attention to the city where we are now meeting which was destined to become the centre of medical education. Montreal was in 1816 a thriving town of 20,000 inhabitants, a distribution centre for immigration and the headquarters for the thriving trade of the North West Company.

The various charitable institutions of this city were for several years found inadequate to the increasing wants of the population, due to the increase of immigration. The termination of the war in 1815 brought to our shores vast numbers of persons who through sickness on their passage or poverty on their arrival were incapable of reaching their destination. Unable to procure either support or medical attendance from any funds of their own, they made an urgent appeal which prompted the benevolent inhabitants of our cities to devise means for the relief of these miserable exiles. An association of women in Montreal designated as the "Ladies' Benevolent Society" was formed expressly for the relief of the indigent immigrants; but more than this was needed. The sick required medical aid; and to attain this object, some medical men of the city agreed to give their assistance, provided a house could be obtained where the most necessitous cases of sick poor could be relieved. A small building of four apartments was then hired, and called the "House of Recovery." Small as it was, and inadequate to meet the numerous cases that needed relief, it became the germ of that noble institution which redounds so greatly to the benefit and honor of the city of Montreal—the Montreal General Hospital. This building was soon found totally inadequate to relieve all those who made request for assistance, and means were taken of raising a sum of money which, when sufficient, enabled them to rent a larger house in Craig street. The medical department was placed under the direction of four physicians who attended monthly in rotation; one of them as house surgeon attended daily in cases of accident. On the 1st May, 1819, such patients as were in the House of Recovery, together with the little property belonging to that establishment, were



moved into the new institution, which now assumed the title of the "Montreal General Hospital."

Considerable interest had been aroused in favor of this newly-established charity, and to such a degree that in August, 1820, sufficient funds had been raised to enable them to buy a new site on which to erect a modern building. The site which was purchased was that which is now occupied by the hospital. On the 6th June, 1821, the foundation stone was duly laid, and in May, 1822, it was opened for the reception of patients. The medical staff consisted of Doctors Caldwell, Robertson, Holmes and Stephenson. Within ten years from the first foundation of the hospital the demands for admission exceeded its capacity, and an important addition was made to it, which was opened for the reception of patients in December, 1832. The hospital at this time contained nineteen wards and had a capacity of 160 beds."—(Hochelaga Depicta.)

An institution attended by active and energetic physicians and supplied with abundant clinical material being now a fully established fact, the staff was naturally led to approach the vexed problem of medical education. The means by which it was eventually solved have been most thoroughly described by Dr. Maude Abbott in her history of the Medical Faculty of McGill University, and from this I shall venture to quote at some length:

"The formation of a medical school was the natural outcome of a general impulse in a rapidly growing city where a real need for medical teaching exists. As a result, therefore, we find that in 1822 lectures were publicly announced and given by some of the members of the staff of the Montreal General Hospital, notably, Drs. Stephenson and Holmes. This continued for a year, when a meeting of the hospital medical staff was held on the 20th October,

1823, to consider the expediency of establishing a medical school. Steps were immediately taken to organize a teaching staff, and to utilize the hospital for clinical purposes, to give a course of lectures, and these were begun on the 15th November, 1824, and delivered at the home of the institution, the first announcement of teaching reading as follows: Principles and Practice of Medicine, Dr. Caldwell; Surgery, Anatomy and Physiology, Dr. Stephenson; Midwifery and Diseases of Children, Dr. Robertson; Chemistry, Pharmacy and Materia Medica, Dr. Holmes."

"This organization was then known as the Montreal Medical Institution, and the first session of this body was held in the Academic years 1824-5. Once established, the Montreal Medical Institution seems to have worked its way on quickly winning good repute until 1829, which marks an epoch in its history when it became 'engrafted upon' McGill University as its medical faculty. This University, founded by the will of the Hon. James McGill, did not come into actual operation for many years, in spite of the need that was felt for such an educational institution amongst the English-speaking population. The bequest, which consisted of £10,000 and the estate of Burnside, was left in trust for a college to The Royal Institution for the Advancement of Learning, a body contemplated by a Provincial Act of 1801, but which was not incorporated and therefore not able to hold property until the year 1818. This circumstance, combined with an almost total lack of funds in the institution, delayed action. And delay was further occasioned by protracted litigation over the bequest. Indeed, had it not been for the farseeing condition of the bequest, that the legacy should revert to certain persons unless a university were established within ten

years of the testator's decease, it is more than probable that the project would have been indefinitely delayed.

"In the year 1829, that portion of the lawsuit which referred to the bequest of the landed estate of Burnside was decided in favor of the University, but the question of the £10,000 continued unsettled for many years longer, and no funds were at the disposal of the college. Yet it was felt that to fulfill the conditions of the will actual teaching must now be done in the University, and the purely nominal appointments of 1823 be refilled or supplemented.

"At this time the eyes of the Royal Institution and of the friends of education were turned upon the Montreal Medical Institution, now an active teaching body of established reputation, and it was decided to bridge the difficulty by making this body the medical faculty of the University, its officers becoming professors or lecturers in their respective branches.

"On June 29, 1829, the first meeting of the Governors of "Burnside University of McGill College" was called at Burnside House, which had just come into the hands of the Royal Institution under the will. This meeting had as its object the promulgation of the Charter and the Inauguration of the University. It was largely attended by representative citizens of all classes, and at this meeting the members of the Montreal Medical Institution who had been invited to be present were formally engrafted upon the University of McGill College as its medical faculty.

"The Montreal Medical Institution, as it still continued to be called for some years, was now a faculty of an established university capable of granting degrees. For some years the only active work done in the university was that in this faculty, and by its

simply fulfilling the time limit of the will, it may justly be said to have saved the university at least from much involved and tedious litigation if, indeed, it did not preserve for it the bequest itself."

The improvement of medical education was even as early as this period (1837) a much discussed subject, and relevant to it is an extremely interesting report and suggestion made by Sir John Doratt, M.D., then Inspector-General of Hospitals, who was appointed by the British Government to investigate, report upon, and advise regarding this question. In this report is suggested the establishment of a medical school in the city of Quebec in connection with Hôtel Dieu and the Marine Hospitals. These hospitals, it was considered, would conjointly provide clinical beds to the number of three hundred. The selection of Quebec for the proposed medical school was due to various reasons. The population of the city was now between 30,000 and 40,000. As the principal port also for ocean shipping, it was at Quebec that the diseases continually brought by incoming vessels and the accidents from the process of loading and unloading in port were most in evidence. It was here, therefore, that the aid of medicine and surgery was most urgently required. It was felt also that the school would attract from the colonies of New Brunswick, Nova Scotia and Prince Edward Island the young men who had hitherto been compelled to go abroad for an opportunity of studying medical science.

Among the suggestions regarding the course of medicine to be pursued was the proposed regulation that the whole period allotted for education at the medical school should be five years. The first three years were to be passed in strict attendance at the school of medicine and the last two years in close attendance to duties at the hospital. It was

further suggested that the clinics at the hospital should be given from 8 to 10 A. M. These suggestions are worthy of note, since it is only within the last year that both McGill and its sister university, Laval, have adopted five years as the period necessary for the prescribed course of study. The suggestion of early clinics is now also under consideration.

The year 1826, it is to be noted in closing, marked an era in the history of medicine of the Province of Quebec: It gave birth to the first attempt which had been made with a view to opening a free intercourse with the literary world, and to promoting the interest and cultivation of medical science within the limits of our country by the formation of the first medical society in Quebec. The President was Joseph Morrin. It was at the same time that the first medical journal in the Province appeared, with the following words on the title-page: "Journal de Médecine de Québec, publié et redigé par Xavier Tessier."

The period of time allotted to the consideration of the history of medicine in our province has been covered and it remains to me now to express with the greatest of pleasure my sincerest thanks to Dr. A. G. Doughty, C.M.G., Dominion Archivist, for the privilege accorded in having access to the valuable manuscripts and works in the Archives; also for his invaluable assistance and suggestions in the preparation of this paper, and his arrangement of the bibliography; to Dr. N. E. Dionne, Librarian of the Provincial Legislature of Quebec, for his kind assistance; to Mr. C. B. Gould, Librarian of the Peter Redpath Library, McGill University, for the privilege of consulting the valuable works of reference; to his able assistant, Miss Hepburn, for her untiring energy in carrying out and preparing the

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BEAUHARNOIS & HOCQUART TO THE MINISTER. Death and eulogy of Dr. Sarrazin, at the age of 70 years. Ask for pension for his widow and five children, and assistance for his son, who is studying medicine in Paris. Quebec, 18th September, 1734. Vol. 61, p. 3.

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mineral waters of Cap de la Madeleine. Quebec, 10th October, 1732. Series F, Vol. 58, p. 99.

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HOCQUART TO THE MINISTER. About the request of one Lajus who wished to be appointed surgeon *Commis aux Rapports*. Cannot recommend him, as he is but of mediocre capacity. Quebec, 28th September, 1739, Vol. 71, p. 134.

BEAUHARNOIS & HOCQUART TO THE MINISTER. Praise Sieur Gauthier, physician, Sieur Felz having been appointed surgeon-general to the troops at Montreal, compensation is due to the Sieurs Benoit, father and son. Quebec, 13th September, 1742, Vol. 77, p. 9.

MANUSCRIPTS IN THE CANADIAN ARCHIVES RELATING TO THE  
SIEUR GAUTHIER, 1744-1750.

(Series B.) French.

THE PRESIDENT OF THE NAVY BOARD to Beauharnois & Hocquart, Sieur Gauthier, who was appointed King's Physician in Canada, will go there this year. Also respecting the Sieurs Briant, Felz and Benoit. 17th April, 1742, Vol. 74.

MEMORANDUM FROM THE KING to Beauharnois & Hocquart. The Sieur Gauthier, Physician, having assiduously and with success followed the Sieur Verrier's lessons in Jurisprudence, is appointed Councillor. 24th March, 1744, Vol. 78.

THE PRESIDENT OF THE NAVY BOARD to M. Gauthier. Has procured him the position of Assessor to the Council, 30th March, 1744, Vol. 78.

THE PRESIDENT OF THE NAVY BOARD to La Jonquiere and Bigot. Approves of their granting the Fishery Concession at Baie des Chateaux to Dr. Gauthier. 30th April, 1749, Vol. 89.

THE PRESIDENT OF THE NAVY BOARD to Beauharnois and Hocquart, relating to the appointment of the Sieurs Guillemain and Gauthier to the Superior Council, 30 March, 1744, Vol. 78.

THE PRESIDENT OF THE NAVY BOARD to M. Verrier. Has appointed the Sieur Gauthier and Guillemain, two of his pupils, members of the Superior Council, 17th April, 1744, Vol. 78.

THE PRESIDENT OF THE NAVY BOARD to Bigot. Has done

well in sending the different seeds that the Sieur Gauthier, Physician, has collected for the King's garden, 18th April, 1745, Vol. 89.

THE PRESIDENT OF THE NAVY BOARD to Bigot. Is satisfied with Dr. Gauthier's report on the mines discovered at Baie St. Paul, 31st May, 1750, Vol. 91.

THE PRESIDENT OF THE NAVY BOARD to Vaudreuil and Bigot. The Sieur Chamel has been chosen for the position of King's Physician, vacant by the death of Sieur Gauthier, 27th March, 1757, Vol. 105.

MANUSCRIPTS IN THE CANADIAN ARCHIVES RELATING TO DR. JAMES BOWMAN'S CLAIM RESPECTING THE ST. PAUL'S BAY DISEASE.

(Series S.)

BOWMAN TO THE COMMITTEE ON PUBLIC ACCOUNTS. Memorial respecting his account. No date (1785?).

AGREEMENT BETWEEN HAMILTON AND BOWMAN respecting the latter's treatment of patients, etc. No date (1785).

LT.-GOV. HENRY HAMILTON TO DR. BOWMAN. Appoints him to administer and distribute the medicines in connection with the St. Paul's Bay disease. Shall keep a diary according to instructions received. Shall endeavor to conciliate the good will of the clergy. Instructions concerning medicinal springs. Shall collect materials for a complete history of the disorder for publishing. 18th April, 1785.

DR. JAMES DAVIDSON TO BOWMAN. Brief report of what he has done in connection with the observation and treatment of the disease. Quebec, 20th April, 1785.

PRENDERGAST, THOMAS, TO BOWMAN. Has attended a number of patients, great satisfaction with the medicine given. Three Rivers, 26th April, 1785.

DR. JAMES BOWMAN. Extract from his journal. Examination of a mineral spring near the church of Chateau-Richer. 24th May, 1785.

HAMILTON TO BOWMAN. Approves of his whole conduct. 10th October, 1785.

LT.-GOV. HENRY HAMILTON TO HUGH FINLAY, Chairman of the Committee on Public Accounts, concerning Dr. Bowman's case. 25th October, 1785.

BOWMAN TO HAMILTON. General report on his mission. Prays for protection. Three Rivers, 29th October, 1785.

HAMILTON TO BRIGADIER GENERAL HOPE. Transmits Bowman's letter of the same date and recommends him for protection. 29th October, 1785.

BOWMAN TO HAMILTON. Extract of a letter. Reports what he has done. Complains against Government which does not fulfil its promises. November, 1785.

BOWMAN TO HOPE. Respecting his plan of treatment of the disease. 16th November, 1785.

GRAY, ALEXANDER, TO BOWMAN. Asks for report, vouchers, details, etc., on his work. Quebec, 3d December, 1785.

BOWMAN TO GRAY. Sends him copies of certificates for the inspection of the Committee on Public Accounts. 8th December, 1785.

BOWMAN TO DR. MABANE. On the scientific part of the business he was employed in. 20th December, 1785.

BOWMAN. Letters respecting his accounts. 20th and 21st December, 1785.

BOWMAN TO ALEXANDER GRAY. The Bishop's circular letter will explain the expectations of the clergy. 22nd December, 1785.

BOWMAN TO HAMILTON. Has acted according to his instructions of the 18th April, 1785. Notes that the disease has within a few years spread over the Province; ravages made are alarming; hopes the prosecution of the plan adopted will be successful; clergy is warmly engaged in assisting with their influence. No date (1785?).

ABBE DEGUIRE TO DR. BOWMAN. Congratulates him on the success which has crowned his efforts. 19th January, 1786.

ABBE CONEFROY TO DR. BOWMAN. Congratulates him on the success he has attained. 31st January, 1786.

REPORT OF COMMITTEE OF EXECUTIVE COUNCIL on the demand of Dr. Bowman, dated 7th March, 1785. 3d February, 1786.

J. FRASER, EXECUTIVE COUNCILLOR. Opinion on Dr. Bowman's case, 22d February, 1786.

MR. HARRISON'S RETRACTION. 22d February, 1786.

MR. MABANE'S REASONS FOR HIS CONDUCT *re* Bowman's case. 21st February, 1786.

BOWMAN TO HENRY HOPE, LT.-GOV. Part of the letter (28 pages) in which he sends an account of the amount charged by him for the execution of the plan concerning the St. Paul's Bay disease; Certificates of priests, and reports generally on his mission. (The last part of this letter being lost, there is neither signature nor date.)

BOWMAN TO LORD DORCHESTER. In explanation of his conduct. 16th November, 1786.

BOWMAN TO LORD DORCHESTER. Complains of bad treatment, and asks for protection. 14th May, 1787.

ORDINANCES MADE AND PASSED BY THE GOVERNOR and Legislative Council of the Province of Quebec, and now in force in the Province of Lower Canada. 28th George 3. caput 8 (1786).

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