

## A BRIEF HISTORY OF MEDICINE IN NOVA SCOTIA

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### Part I

#### From the Beginning to 1868

It is perhaps unfair to consider that the practice of medicine in Nova Scotia began with the arrival of the French at Port Royal in 1604. The native Indians had their medicine men and subject to their lack of academic education, were as successful in treating the sick in their contemporary environment as their white brethren in European society at that time. However, of their practices we know little. They used native herbs, they had some skill in dressing wounds, and they were well skilled in what we today would call psychosomatic methods of treatment. The white men who came upon the scene despised the Indian and all his ways. Some virtue might be gained by his conversion to Christianity, but as an enemy he was feared and hated, and as a friend he was exploited.

It is possible that there was a hospital at Port Royal, and likely that doctors from France came and went. It is certain that there was a substantial hospital at Louisbourg, and a well organized medical service for the military and naval forces as well as the civilian population stationed there. The skills exhibited would be those of French Medicine of the early eighteenth century, in an isolated fortress on a forbidding coast.

Cornwallis' expedition to found Halifax in 1749 had a complete hospital staff and equipment to care for the needs of the settlers. The hospital was erected outside the south gate of the stockade just south of where St. Matthew's Church now stands. The location was fixed to avoid risk of contagion and yet give the institution some measure of

protection in the event of an attack by Indians. We know that an outbreak of "fever", probably typhoid, broke out in the late summer of 1749 from which at least a thousand persons died, but no records remain of the efforts of the hospital or its staff in handling it.

From the beginning all the principal settlements were along the coast, so epidemics came from the sea as well as from land. Yellow fever and Asiatic cholera were a constant menace to Halifax, the principal port, and the practice of quarantine was established at an early date. In spite of this, persons exposed or in the incubation period got ashore and the disease spread rapidly and fatally. Apart from burning pots of sulphur in the streets of Halifax, and swallowing nostrums of every sort and variety, recommended by quacks as well as by the medical profession, nothing seems to have been done by the civic authorities and the population to control disease spread, at least not in the first hundred years. People lived in passive terror while the dead were buried daily in common graves in the area east and west of the south end of Grafton Street. In later years, when means of spread were better understood, radical methods were often employed and terror gave them public approval. In the 1850's, when Dr. Charles Tupper was Medical Officer for the City of Halifax, a child developed cholera from a vessel in quarantine at the mouth of the Harbour with cases on board (presumably from fomites carried in by the tide). He evacuated the dwelling and burned it to the ground with all its contents.

Inoculation to control smallpox was practiced in Halifax up to the early years of the nineteenth century when vaccination by

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cow pox replaced it. Speaking generally, inoculation was used by the well-to-do; the ordinary citizen took the risk in his stride. All land west of Queen Street was Common land, used for pasturage of cattle and some cultivation. In this area were a number of little houses used by the subjects of inoculation. After being inoculated directly from a mild case of small pox in a presumably healthy person, the subject went into isolation in one of these houses, with one or more attendants, until he had recovered from the disease. Financially, the undertaking was expensive and it was dangerous as well. Sometimes the attack proved severe and resulted in death. Only genuine fear of the consequences of a pitted countenance made the risk worthwhile. It is traditional that the first vaccination for smallpox using cowpox lymph was carried out at the western end of the Province, probably in Yarmouth County.

Infectious fevers, so called, were common and scarlet fever and diphtheria were very fatal. If you walk along Barrington Street in Halifax, going past St. Paul's Cemetery in a southerly direction, the last headstone, small and blackened by time, records the death of children from "synache trachealis" and "synache maligne", probably diphtheria in differing degrees of severity, followed by a terrific indictment of the medical profession of that day: "Consider stranger whether disease or medical ignorance has clad most in their last claiht". No doubt the poor children were purged, cupped and bled, in keeping with good practice of that day, and thus robbed of substantial powers of resistance to the disease. Antitoxin for diphtheria was still far, far in the future.

As at Louisbourg, the army and the navy led the way in providing hospital care for personnel. There was one for each of the services in Halifax, known as the Blue and the Green Hospitals, established early in the days of the Royal Navy and the Imperial Army at this station. Fragments of records, evidently from the Naval Hospital, give a simple record of admission, discharge state, and condition treated. While here and there you see the diagnosis "vulnus", the terms "lues venerea" and "slow fever" are much more common.

In England Henry VIII was moved to found a hospital through pity for the sick poor. On discharge the patient knelt before

the superintendent and thanked God for "a blessed delivery" from his illness. In the same fashion, though not by Royal Prerogative, the Halifax authorities created the first hospital for civilians. It was not long after the log hospital of Cornwallis had fallen into decay when THE POOR became an object of public attention, if not of public sympathy. By this time there were outlying settlements with considerable population. Local facilities to care for the poor and the ailing did not exist. The settlers had a hard enough time to sustain life, and while they seem to have done their best for their kinfolk, their charity was limited by economic factors. In Halifax too the problem was acute. The central authority there had to take notice and out of the various needs arose a complex institution there known as The Bridewell. In London the Bridewell Palace had been taken over as a place for cure and correction of sick prostitutes and since other places in Britain had to meet a similar problem, the name was transferred to each such hostel in turn. In Halifax there were plenty of prostitutes, but neither Town nor Province was disposed to create an establishment designed for their shelter and benefit alone. Runaway apprentices, lads ten to sixteen years who "being bound to a trade", escaped the toils of their masters and took to the woods, were usually rounded up and clapped in gaol for punishment. Being literally children, though no doubt with acquisitive minds, they were put in the Bridewell with the prostitutes. A whole host of petty offenders followed, and to these were added the poor and homeless, sick and well. As a matter of record, "some charitably minded gentlemen" eventually provided a dwelling house outside the Bridewell for the prostitutes, and received commendation from the local press of the day. One would hope that the action was motivated by pure charity. In any event if Bridewell University lost one of its Faculties there still remained others for the exchange of wisdom, disease and human misery. This institution was located on what is now Doyle Street in Halifax. Eventually the Province abandoned claim to the premises and it became the property of the City of Halifax.

The Bridewell had a medical staff which made daily visits, and as far as one can determine gave good service free, or for a very nominal honorarium.

From the founding of Halifax to the end

of the Napoleonic Wars the medical profession in Nova Scotia is a vague entity indeed. There were doctors in Halifax and in the outlying settlements but their qualifications are today matters of conjecture. There was no licensing authority, no regulation or control, and no organization.

There was a tendency for centres outside Halifax to seek doctors from their places of origin. For example, the Scots of Pictou and the North Shore favored Scottish graduates, while the Annapolis Valley and the Western Counties' English speaking population had strong inclinations to graduates from Harvard and other colleges on the Atlantic seaboard. Besides those well qualified, there were numerous quacks peddling nostrums of all sorts. Midwifery was by no means a prerogative of the medical profession. Midwives were of the "grannie" variety, short on knowledge but long on experience. They were local and usually available, and considering that there was neither asepsis nor antisepsis practiced consciously by either physician or midwife, their record, comparatively speaking, was likely to be fairly good. When the housewife was confined in her own home, the danger of post partem sepsis was reduced by acquired immunity to the household organisms. The same applied to "kitchen table surgery" which was about all that was done during the first century. The doctor was also dentist inasmuch as he did what extractions were needed, and were not done by the local blacksmith, and treated dental abscesses.

Since Halifax was cosmopolitan in origin and in tastes, its doctors graduated from medical schools in the British Isles and in the United States, with a few coming from schools in Continental Europe. Regardless of their place of education they were intense individualists and the spirit of brotherly love was not too manifest. Sometimes they aired their differences in the public press, with the evident intent of glorifying themselves and denouncing and degrading their professional brethren. In the early 1840's a move at medical organization was made, but did not achieve much until later. However, day by day, contacts were having a good effect in a place as large as Halifax, and there was a growing feeling of mutual benefits from closer association. The introduction of anaesthetics helped to this end. In 1848 an old lady had her thumb removed in the Poores' section of the Bridewell by Dr. William Almon under

chloroform anaesthesia while seated in a chair! The chloroform was made in Pictou by James D. B. Fraser, chemist, who a few weeks later gave it to his wife when their son Robert was born. Ether had been used earlier in Halifax by Dr. VanBuskirk, whose portrait in oils hangs in the Dalhousie Dental School, but it was slower in action than chloroform, more bulky to carry, and inflammable. It was bad stuff around the kitchen stove or open grate. Many minor operations were now done under an anaesthetic that were previously avoided. This brought together two doctors at least. The "good chloroformist" soon got a reputation and served several doctors in this capacity.

In 1856 the Provincial authorities passed an Act requiring all persons practicing medicine in the Province to register their credentials with the Provincial Secretary. No apparent effort was made to separate the good from the no good, but no doubt the mandate caused a number of quacks to pause and think. With modifications, this procedure remained in use until the formation of the Provincial Medical Board.

The year 1855 marks a red letter day in the annals of Nova Scotia medicine, for it was the year when Dr. Charles Tupper, a graduate of Edinburgh in 1843, was elected to the House of Assembly representing the County of Cumberland. He had carried on a large, widely scattered practice centred in Amherst for twelve years, and had achieved a reputation as a surgeon and excellent general practitioner. From the beginning in Halifax he was a power in both medical and legislative circles. One of his first acts was to point the finger of indignant scorn at the old Bridewell as a place to treat the sick. His urgings and a threatened epidemic moved the Civic authorities to erect the Halifax City Hospital on the South Common. Likewise on the South Common the City and Province united to erect a "Poores' Asylum". The original Halifax City Hospital is structurally buried in the old building (outpatient department) at the Victoria General Hospital. The original Poores' Asylum was burned and replaced by the building at the corner of South and Robie Streets known as the City Hospital.

The City Hospital had a Medical Staff but few patients. Dr. Tupper seems to have been in charge of it and records the admission of some he brought there in his own carriage to treat for Asiatic cholera. Perhaps this

served to frighten other people away from its portals, but in any event it went into a state of hibernation until 1868.

In 1862, Tupper was appointed to the Board of Governors of Dalhousie College, then like the City Hospital in hibernation, and in the following year Dalhousie once more opened its doors as a College and has never closed them since. As most Canadians know, Tupper went on to greater heights. He was one of the Fathers of Confederation, leading the delegation from Nova Scotia at both the Charlottetown Conference and the Quebec Conference in 1864. At its founding meeting in 1867 the Canadian Medical Association elected him as its first president, a post he occupied for three years. In the political realm he became Premier of Nova Scotia, and after filling a number of important ministerial posts in the government of Sir John A. Macdonald, he eventually became Prime Minister of Canada. After but a few months in office his government was defeated. His later years were largely spent in England where he died at the age of ninety-four. Sir Charles Tupper, Baronet, will always be regarded as one of the great men of Canada, and in Nova Scotia his achievements will be commemorated in the Sir Charles Tupper Building of the Dalhousie Medical School.

In 1867 it was decided to reopen the City Hospital under joint management of the City and Province, and it became the Provincial and City Hospital. A medical superintendent was appointed, Dr. James Venables, and a full time Visiting Staff selected from doctors in practice in Halifax and Dartmouth. It is well to remember that this was the first sustained effort to care for patients from civilian walks of life made in the Province of Nova Scotia. From the beginning it was intended for the poor. The rich were by common consent treated at home. It had between thirty and forty beds in use, but a greater capacity in an emergency. As a general hospital it

admitted alcoholics, in fact it provided a special ward for them, an item to remember when we regard the reception, or lack of it, they get from many general hospitals today. Anaesthesia is about the only part of our modern concept of hospital care embodied in this institution, and that by the use of an anaesthetic which is now almost forgotten. There was no antisepsis, let alone asepsis. The Hospital advertised for "clean rags" for dressings. There was no school of nursing. The nurses were often domestics from local families discharged for drunkenness. The diet was rough and ready in the extreme. The hospital consumption of spirits was amazing unless one remembers that the nurses no doubt got as much as the patients. The hospital building was surrounded by a board wall, not to keep patients out, but to keep them in, and a bulldog was associated with a porter to prevent elopement.

Under auspices such as these Dalhousie opened its Medical School in 1868. I say "auspices" advisedly, as the visiting staff of the Provincial and City Hospital provided the major part of the instruction, both didactic and Clinical. Moreover the Obstetrical training was given at the Poores' Asylum, which sheltered unmarried mothers from all parts of Nova Scotia. With nearly a century in retrospect we can only regard our founding fathers as either heroic or insane, but in their day they thought they were doing a wise and good thing, and they were right. We must never measure past endeavours with present yardsticks.

In one part of Nova Scotia the seeds of medical progress had at last sprouted. Nothing stimulates good practice like teaching students. Nothing raises and maintains good care of patients in hospitals so much as daily critical appraisal by medical students. The first steps had been taken to educate a profession and raise its standards. How well they bore fruit we shall see later.

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