

EARLY MEDICAL PRACTICES

THEME:

Medical practices in the early 1900's in Saskatchewan.

OBJECTIVES:

To acquaint the students with the medical practice of the early 1900's.

To acquaint the students with the function of a pharmacy in a pioneer community.

To familiarize the student with the tools and equipment used by pharmacists, doctors, dentists and optometrists in the early 1900's.

VOCABULARY:

general practitioner
compounding medicine
home remedies
epidemic
pharmacist
patent medicines
anaesthesia
dentistry
optometry

BACKGROUND INFORMATION:

Introduction

Medical services for the early settlers were almost nonexistent. The earliest doctors to arrive in the west were the North West Mounted Police medical officers. Other doctors came with the CPR and other railway construction gangs and with groups of settlers.

With doctors being so scarce, the pioneers often had to treat themselves for illnesses and ailments. White settlers borrowed from Indian lore to use various remedies made from local herbs and plants.

In childbirth a woman was usually assisted by a woman neighbour and gradually each community produced a practised midwife. In almost every settled area, one woman became a self-appointed midwife, to be called upon to assist with a baby's birth.

Much doctoring was done at home as axe cuts, knife wounds and barbed wire gashes were sterilized and sewn up by a father, mother or neighbour.

Pioneer Doctors

Fortunate was the community of the early 1900's that had ready access to a medical doctor. Often the doctor was located far away from the settlement or small community. If possible, the patient was brought to the doctor but many times the illness or accident which required medical treatment was so severe that it was necessary for the doctor to go to the patient.

The pioneer doctor had to contend with poor travelling conditions. Often the roads were nothing more than trails made by the wheels of wagons and horses' hooves. At that time automobiles were few, and therefore, medical calls were made by horse and buggy. Often the distance was forty to fifty miles. What a relief it must have been to the patient and those near to him, when medical help finally arrived!

There were many examples of the physical and social difficulties which the pioneer doctor had to overcome in order to extend his/her professional services to his/her patients; but he/she was always treated with respect by the residents of the area.

"In all my years of pioneer practice I cannot recall ever receiving unkind treatment by any one single settler. In fact every rural man, woman and child was the doctor's consistent and unfailing helper. It was a universally accepted fact that the doctor's first duty was to get to the patient. It was also accepted by the settler that it was equally his duty to see that the doctor got there. All realized that the presence of the doctor in itself inspired a comforting confidence and a sense of security to the patient and to his home--a confidence the more necessary and the more readily created because of pioneering conditions. Then thirdly, and in due course, the doctor proceeded to make practical application of such procedures in medical science as were available to him in those days under those primitive circumstances."¹

Because of the variety of medical situations which he/she faced, the small town doctor was a general practitioner. Broken limbs were set, babies delivered, teeth were pulled and a host of various illnesses were diagnosed and treatments were prescribed. On very rare occasions emergency operations were performed to save a patient's life.

The prosperity of the doctor and the range of his medical equipment depended on the prosperity of the community he/she served. Even in the early days there were suggested schedules of fees issued by Medical Associations for the various medical services provided by a doctor including such things as transportation or mileage charges for office or house calls (\$1.00 for office calls, \$2.00 for house visits, \$15.00 for a confinement case plus \$1.00 per mile). More often than not the doctor was unable to collect the suggested fees and had to accept locally grown produce, or the services of other experts or craftsmen in the community, in exchange for medical services.

The doctors of earlier periods did not confine their activities to only the practice of medicine. They became actively involved in community affairs playing an important role in prairie settlement. They involved themselves in politics, banking, real estate, many other businesses and cultural activities. (See p. 128, *Saskatchewan: A History* by John Archer)

Pioneer Pharmacies

The practice of pharmacy on the prairies began with the First Nations. The shaman, or medicine man, dispensed potions made from the products of his immediate environment. European drugs were introduced with the coming of the fur trader and soldier.

In the early days of white settlement, pharmacy was often a sideline or hobby for the missionary, doctor or retail merchant. The missionary filled this role due to the fact that the Mission Schools were often the only source of medical treatment. Due to the lack of restrictive legislation virtually anyone could become a pharmacist.² Criteria for qualification as a pharmacist ranged from possessing a diploma from a college of pharmacy to possessing only four years of work experience in a drug store after having completed public school. Due to this indiscriminate sale of medicine, an ordinance was passed in 1881 instituting limited control of medicines, drugs and poisons.

The druggist or pharmacist was an important adjunct to the pioneer medical profession. He arrived on the scene after a medical practice had been established in the community.

From wholesale drug distributors, he ordered and carried in stock a large selection of chemicals that enabled him to readily fill the prescriptions issued by the local doctor. In addition, he carried a

variety of patent medicines, tonics, liniments, ointments, powders and pills. Frequently, the pharmacist was required to compound ingredients to produce the required medicines.

To meet the needs of the community that were not supplied by the local general store, the druggist began carrying other specialty items such as veterinary, stationery, photographic, grooming and hygienic supplies.

A variety of reading materials - newspapers, magazines and some books - were among the specialty items carried.

Liquor could be sold in pharmacies if the amount did not exceed six ounces. The Sales of Liquor Act (June 24, 1915) was legislated to allow pharmacists to sell liquor only for emergencies and only during hours when the liquor store was closed.

Symbolic of the druggist's trade were the mortar and pestle. Other pieces of equipment used by the druggist were scales or balances, a variety of graduated cylinders, beakers (and other glassware usually connected with chemistry) and the compression device that enabled him to make pills of various colours and sizes.

In addition to drug products, veterinary products were often stocked and in some stores a soda fountain was part of the attraction.

Home Remedies

Many people were never able to visit the doctor but had to rely on home remedies, or remedies obtained from travelling salesmen. However, every housewife was expected to have some knowledge of "simples" and "benefits": "Simples" referred to herbs used for remedial purposes, while "benefits" described the old-fashioned herbs considered beneficial to everyday well-being.³

Many of the settlers believed that there were specific methods of preventing or curing certain illnesses. For example, a person could eat asparagus to purify the blood, celery to cure rheumatism and neuralgia, and lettuce to induce sleep. Chicken fat was said to relieve earache and reduce deafness. Pure mutton tallow was considered the best treatment for cuts because of the lanolin it contained.

These are not common treatments in today's age of medicine but many of the old-fashioned remedies are still acceptable.

Early Hospitals

The displacement of the home by hospitals for administering to sick people was a significant development in social history.

The first hospitals were funded through grants, private donations and fund-raising campaigns.

The Medicine Hat General Hospital completed in 1890, was the earliest public general hospital in the North-West Territories. It was partially financed by a system of hospital insurance tickets, under which the Board of Directors agreed to "lodge, board, and give nurse and medical attendance" for a year to anyone who purchased a five dollar ticket."⁴

Early hospitals were connected with the work of missions or of the police. The first base hospital in the Northwest was set up in Saskatoon. Urban centres provided patient care through private homes.

Pioneer Dentists

The dentist treats diseases of the teeth and other parts of the mouth. In the earliest pioneer days, his services were usually performed by the nearest general practitioner (medical doctor). Being a medical specialist, a dental office was established usually only after a western community had developed to a considerable size, and was prosperous enough to afford the services of such a specialist.

Unlike a medical doctor, the dentist usually set up a practice in an office separate from his home. He usually began his practice with a dental chair and only the basic equipment which enabled him to carry out his practice. He gradually expanded to more specialized and elaborate equipment.

In the early days, equipment was manually operated and the dental office environment was relatively unsophisticated compared to a present day office. Modern techniques, high speed and quiet equipment, and a relaxing atmosphere make dental visits less foreboding than they were for the pioneers.

Pioneer Optometrist

Optometry in Saskatchewan began on an unprofessional basis. Eyeglasses were sold door to door or at fairs with neither the lenses nor the frames being a good fit. Later, jewellers and pharmacists began dispensing eyeglasses since they had the necessary precision instruments to grind the lenses.

Lack of standards left people uncertain as to whether they were receiving proper examinations and quality products. Gradually standards emerged. The Saskatchewan Optical Association was established in 1904 and in 1911. The Saskatchewan Legislature passed an "Act to Regulate the Practice of Optometry" which established a council to set exams and license optometrists to practice in the province. In 1924 this council was dissolved and the Saskatchewan Optometric Association assumed responsibility for regulating the conduct of its members. The moving force behind the establishment and maintenance of a professional organization was H. S. McClung.

¹ *The Early West*, "Medical Pioneering in Alberta" by Dr. George D. Stanley.

² *History of Pharmacy in Saskatchewan* by B. R. Schnell, p. 1

³ *Harness in the Parlour* by Audrey Armstrong, p. 51

⁴ Thomas, Lewis H. "Early Territorial Hospitals," *Saskatchewan History*, Volume 2, pp. 16-20.