Loyalist Health Care of the 18th and 19th Centuries:

Physicians, Apothecaries - Ills and Cures

By Jayne Leake U.E.

My interest in the work of early physicians and apothecaries stems from two sources. The first is a love of medieval mysteries, in which authors such as Candace Robb (Owen Archer series), Susanna Gregory (Matthew Bartholomew) and Ellis Peters (Brother Cadfael) explore the work of early physicians (Bartholomew) and apothecaries, early pharmacists, Brother Cadfael and Owen Archer's wife, Lucy, before physician medical care became prominent. The second is a more compellingly motivated modern reason, as our primary healthcare systems frequently defer our care to pharmacists, our modern-day apothecaries. It is, in many ways, history repeating itself.

From the Dr. William Paine Papers: 1768-1835, Correspondence, 1768-1822, we can get a glimpse of the practice of medicine circa the American Revolution/Loyalist era. In 1768, he discusses the care of different patients, in both letters to and from him, such as he was *"called to Mr. Salisbury, had fever, similar to autumnal bilious(?) fever in which patient become delirious and lasts longer than normal, gave medicine (named); visited on 13th, symptoms and medical care discussed; Stephen Salisbury requests your advice due to your previous experience caring for his sister, Mrs. Waldo(?) with similar symptoms; he is normally very healthy except takes Anderson's pills and tea sometimes for certain problems".* In 1781, a letter to Paine discusses "concerns the medical case of Lady Charlotte Finch and Dr. Warren's opinion on the tumor and her liver, agrees with Paine's methods; treatments and symptoms described; commends Paine and hopes to hear a good account; also includes Dr. Terton's(?) opinion on same who agrees with Paine's method of care in a bilious complaint concerning the liver". Interspersed with the medical news, we learn that Dr. Paine experiences great financial hardship, from not being able to collect payments, and notably, runs into difficulty getting half-pay from the British government for his work with the British Army, from April 1784 to August 1785.

What, then, was health care like during that same time on Prince Edward Island? During the French regime, physicians were attached to the army garrison at Fort La Joie (near present day Charlottetown). The Roman Catholic French missionaries of the Recollet Order also had training in elements of medical care and supplemented that of the French Army garrison doctors. After the British arrived post-Acadian Expulsion, in 1758, a Dr. Fergus was attached to the British garrison and looked after both army and civilian health needs, much in the same manner as the French did. Dr. Fergus resided in Township 53, at the present-day corner of Longworth Avenue and Esher Street in Charlottetown (History of the Practice of Medicine by Dr. R.G. Lea, page 10).

When Governor Patterson arrived in 1771, he brought Dr. Roderick MacDonald with him. Dr. MacDonald was a graduate of Edinburgh University. He practiced on the Island until 1799 when he tragically fell through the ice at Tracadie Bay while crossing to attend a medical call. Island communities were very isolated at that time, so health care was treacherous for both doctors and residents alike (History of the Practice of Medicine, Dr. R.G. Lea). Notably, Loyalist Captain John MacDonald (*An Island Refuge*, pages 131-132) was a cousin of Dr. MacDonald's.

It is interesting to note that around 1815, British Health Care professionals were divided into the following hierarchal groups: Physicians (had their MD degree), Surgeons (had the MB, DS and the MCRS diploma) and the Apothecaries, who had the LSA license. Scottish and Irish trained physicians had to pass the Apothecaries License exam to comply with the Apothecaries Act of 1815 or face prosecution for illegal Apothecary practice. Administering curative potions was not to be left to chance. In Prince Edward Island at that time, Dr. John Mackieson practiced both as a physician and apothecary. He created his own Formulary, which was 400 pages in length, and his more commonly used mixtures can be found in *Island Doctor – John Mackieson and Medicine in the Nineteenth Century,* pages 131-138, by David A.E. Shephard, McGill-Queen's University Press, 2003. Physicians/apothecaries treated symptoms of illnesses back then as Physicians/Pharmacists do today. Compound pharmacies offer specially created medications that are reminiscent of old apothecary practice.

In our next Newsletter, we will explore this topic further by looking at commonly used medicines and practices of that era.

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PEI LOYALIST BEACON

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Part II: Potions, Lotions and Surgery

By Jayne Leake U.E.

Further to our examination into Loyalist settlers' health care during the Prince Edward Island Loyalist era, we must look at what was available to them at the time.

In "Physicians, Quacks and Opium Eaters: The Professionalization of Medicine in the 19th century by Douglas Baldwin and Nancy J. McNeill MacBeath (*The Island Magazine*, Number 26, Fall/Winter 1989), the authors detail the difficulties faced by the highly trained English and Scottish doctors choosing to practice here at this time. There was widespread belief that imbalance of bodily fluids caused disease. The visual states of blood, urine, skin color, temperature, pulse, and breathing were regarded as the disease itself rather than symptoms. Restoration of these imbalances was standard treatments. Bloodletting by instrument or leeching fixed fevers and rapid pulse rates. Opium calmed (agitated) spirits. Quinines and other alcohol mixtures raised low spirits and elevated weak heart rates. Breaking a blister removed harmful fluids. Purging the stomach and bowels after fever was very common. Calomel, a mercury chloride solution, was most used, followed by tartar and saltpeter. After purging, balance was restored back again using arsenic, laudanum, and alcohol, such as spiced wine and brandy.

If you recall, apothecaries were licensed as the third rank of health care providers, after Physicians and Surgeons. This was done to prevent the illegal practice of administering quack "cures". On 19th century Prince Edward Island, however, doctors often practiced both areas out of necessity, but perhaps as a way of increasing income. Dr. John Mackieson did so in addition to his medical practice. He created his own 400-page Formulary. In fact, he was the one to recommend the use of spirits to restore "drooping strength", "elevate the animal spirits" and cure "exhaustion, faintness, depressions, grief, cramps and gouty spasms of the stomach and bowels" (*Island Doctor - John Mackieson and Medicine in 19th Century Prince Edward Island*, David A.E Shepherd, McGill-Queen's University Press 2003).

But back then Islanders were very restricted in their access to medical care. This was due to both proximity reasons and perhaps financial. People then relied on home remedies, superstitions, healers, etc. Superstition of licensed physicians only grew when presented with conflicting diagnoses, too. For instance, folk methods such as inhaling turpentine fumes was employed to cure whooping cough ("Physicians, Quacks and Opium Eaters: The Professionalization of Medicine in the 19th century by Douglas Baldwin and Nancy J. McNeill MacBeath (*The Island Magazine*, Number 26, Fall/Winter 1989, page 14). Lay healers provided care often in the first instance with doctors being consulted if those methods didn't work. Homeopaths, as in present day, offered another avenue of treatments. Back then, they were seen as poor alternatives to the highly educated physicians. Professional education and licensing have made them a widely accepted alternative to traditional medical personnel today.

Surgical intervention was also employed as preferred treatments or when there were no alternatives or medicines could not cure the affliction. One account indicates Loyalist son Alexander Lewis Hayden

holding physician James Heron Conroy M.D. in high regard after one such surgery. A letter sent by him on December 18, 1831, from Shipyard, Head of Hillsborough, praised the doctor for a skull operation on a 4-year-old boy, after he fell from a loft nine feet high onto an iron pot, fracturing his skull (*History of the Practice of Medicine in Prince Edward Island*, Dr. R.G. Lea, Prince Edward Island Medical Society). This was very significant in an era devoid of antibiotics and advanced knowledge of post-surgical recovery methods.

Unfortunately, time permits only a surface examination of this topic. I highly recommend the cited sources for those wishing to explore the area further.