

Article

"Imperialism and Professionalization: Dominion Registration and Canadian Physicians during the Boer War"

Boyde Beck

HSTC Bulletin: Journal of the History of Canadian Science, Technology and Medicine / HSTC Bulletin : revue d'histoire des sciences, des techniques et de la médecine au Canada, vol. 8, n° 1, (26) 1984, p. 3-19.

Pour citer cet article, utiliser l'information suivante :

URI: <http://id.erudit.org/iderudit/800180ar>

DOI: 10.7202/800180ar

Note : les règles d'écriture des références bibliographiques peuvent varier selon les différents domaines du savoir.

Ce document est protégé par la loi sur le droit d'auteur. L'utilisation des services d'Érudit (y compris la reproduction) est assujettie à sa politique d'utilisation que vous pouvez consulter à l'URI <https://apropos.erudit.org/fr/usagers/politique-dutilisation/>

Érudit est un consortium interuniversitaire sans but lucratif composé de l'Université de Montréal, l'Université Laval et l'Université du Québec à Montréal. Il a pour mission la promotion et la valorisation de la recherche. Érudit offre des services d'édition numérique de documents scientifiques depuis 1998.

Pour communiquer avec les responsables d'Érudit : info@erudit.org

IMPERIALISM AND PROFESSIONALIZATION:
DOMINION REGISTRATION AND CANADIAN PHYSICIANS
DURING THE BOER WAR

Boyde Beck*

(Received 10 January 1984. Revised/Accepted 9 May 1984.)

The last six months of the nineteenth century were important ones for two aspects of professional medicine in Canada. That summer, Dr Thomas Roddick, MP, a leading light of the professional elite, presented a carefully prepared draft bill designed to establish a Dominion registration mechanism. Through Dominion registration Roddick and his followers sought to eliminate the provincial boundaries that restricted freedom of practice in Canada and give qualifying practitioners nationally-backed credentials. The proposal was favourably received and published medical opinion, ranging mostly from receptive to enthusiastic, looked forward to the measure's introduction in Parliament as a private member's bill. The same summer saw a radical reorganization in store for the professional sub-species of military medicine. In July, the same month Roddick was displaying the product of two years' labour, the Militia Department set down General Order 62. This decreed that the militia's archaic regimental system of medical organization be replaced by an independent medical service, an organization closely modelled on the example recently set in Britain with the establishment of the Royal Army Medical Corps (RAMC).

These two events would have had little to do with each other had it not been for another event which took place in that century's final summer. Also in July a delegation of Uitlanders, English settlers living in the Boer republics in South Africa, came to Ottawa seeking support for their cause. As inhabitants of the Transvaal and Orange Free State, they thought their civil rights limited by the ruling Afrikaners and, with the strong backing of British diplomacy, they tried to force some concessions. Parliament, glad to support the cause of Empire, voted them a motion of sympathy. When summer negotiations degenerated into an autumn war, public opinion in English Canada demanded the cause of Empire be supported with more than words and a somewhat reluctant cabinet was pressured into sending a contingent of Canadian troops. This action, of course, came right on the heels of the projected militia reform and was to provide background incentive for the development of the militia medical service. The war also had an immediate impact on the profession as a whole. On arrival in Africa, the physicians sent to look after the medical needs of 'our boys' discovered that since their credentials were not recognized in

* 14 Water Street, Charlottetown, P.E.I., C1A 1A1.

Great Britain they could treat none but their own troops. Though not seen as a catastrophe by Canadian practitioners, the incident was embarrassing at a time when 'imperialism' and 'Greater Empire' were key concepts and during a war that was seen as a test of manhood for the young Dominion. The 'recent humiliation in South Africa' allowed those in favour of Dominion registration to emphasize just how 'provincial' the current system was and how beneficial a more cosmopolitan spirit would be. For a brief period the South African experience was used as a capstone for seemingly every argument favouring the concept of medicine without borders. However, the imperial, almost cosmopolitan, ideal inherent in Dominion registration did not have the power to sway those opposed to the measure on practical grounds. Ideology seems to have been the domain of the professional elite and the South African experience indicates it did not have much effect on ordinary practitioners and their practical concerns.

The restrictions on medical practice in British North America at the time of Confederation resembled those on trade within any loosely united collection of colonies. Each colony, later province, examined and licensed practitioners according to its own standards. These credentials were not portable. If a doctor chose to move to another part of the Dominion or Empire he was required to qualify for another license. The concept of Dominion registration was designed to ease this state of affairs. A central body, representative of and recognized by all the provincial medical associations, would examine and certify doctors for practice throughout British North America and, after 1886, the entire Empire. In 1869 the newly formed Canadian Medical Association began to discuss the merits of the measure.¹

For three years the CMA discussed the reform and at every meeting it must have become increasingly obvious that the provincial associations would not sanction the concept. The CMA needed provincial sanction for the measure not only for the sake of unity but also for that of legality. Central to the idea of Dominion registration was the power to regulate education and set standard examinations at the federal level. Education of all sorts, according to section 93 of the BNA Act, was a purely provincial concern; Dominion registration thus required provincial legislatures to cede some of their power to an ultra-provincial organization. It seemed unlikely that these recently independent houses would make such a concession unless called upon to do so by their respective medical professions. The profession, however, could not speak with one voice on this matter. Added to the personal differences of opinion among the therapeutic schools was the profession's own version of the Dominion-Provincial power struggle. The provincial associations had been granted their own powers at different times and often only after a long struggle.² Hard-won powers were not to be easily given away. There were also differences of opinion among the provincial associations over the nature and composition of the proposed organization. The major conflict in this area was between Ontario and Quebec. Ontario considered its standards of medical education superior to any other in the country and demanded that a central

examining board, much like its own, be established in every province. In Quebec, this aspect of medical education was controlled by the universities and these influential institutions had no intention of forfeiting their power.³

Another problem at the early discussions was that of representation on the proposed Dominion Registration Board. Here the two larger provinces were united in demanding proportional representation to reflect their dominant position within the profession. Education and representation: such were the major reefs upon which Dominion registration foundered in the early 1870s. The CMA tired of debating the issue in 1872. 'It takes up too much time better devoted to scientific discussion' decreed the Association as it decided to strike the issue from its agenda.⁴ The measure 'hung suspended, like Mahomet's coffin, between heaven and earth'⁵ for two years and was mentioned only in the Presidential Address. It was decided in 1874 to scrap altogether the idea of a central authority and try the route of inter-provincial reciprocity.

Inter-provincial reciprocity was the medical equivalent of a *zollverein*. It was hoped that the provincial medical associations could agree among themselves to accept each other's credentials and thus eliminate the need for a central licensing authority. It seems, however, that negotiations along these lines made very little progress and the idea of medicine without borders in Canada faded away toward the end of the '70s.

In 1886 an amendment to the medical act in Great Britain made provision for the imperial reciprocity of medical credentials. This seems to have rekindled an interest in Canada for standardized medical education and licensing. This interest was at first renewed over inter-provincial reciprocity and for several years, between 1890 and 1894, this idea was tossed about within the CMA. The differences of opinion within the provincial framework that had made this reform impossible in the late 1870s persisted in the '90s and by 1894 the emphasis within the CMA was shifting towards a renewed commitment to Dominion registration. A committee was formed to investigate the idea and draft an enabling bill to which every provincial association would give assent.

The return to a Dominion orientation was due to two factors. Twenty years of unproductive negotiation toward inter-provincial registration had convinced the profession, at least those already sold on the idea of medicine without borders, that talks among the provincial associations would never culminate in an agreement. In 1894 it was thought that a Dominion bill would provide a focus for compromise and a structure that the provincial associations could plug into when they saw fit.⁶ Furthermore, those who favoured Dominion registration thought the British offer of reciprocity was addressed to colonies, not provinces. Their spokesmen were to argue quite vehemently that reciprocity could exist only between Great Britain and her Dominions and that London would never agree to accept provincial certificates. If Canadian physicians were to enjoy the privilege of practicing wherever the Union Jack flew, they

would have to be examined, certified and registered by a central authority.⁷ The medical community of the 1890s proved far more receptive to the idea than the practitioners of the previous generation had been. The reason for this is also twofold. Those in favour of a central authority were more organized in 1896 than they had been in 1870. In 1896 they also had an ideology with which to buttress their arguments.

The man chosen to spearhead the renewed push for Dominion registration was Dr Thomas Roddick. Roddick was one of the most eminent physicians of his time; all of his contemporaries agreed he was blessed with infinite patience and impressive abilities of persuasion. 'His influence must have been almost hypnotic,' commented the *Dominion Medical Monthly* after he had succeeded in pushing his bill through Parliament.⁸ His dream was of a profession free of borders: reciprocity within Canada, the Empire and, as he was later to hint, perhaps the entire world. He had an ideological arsenal with which to combat the practical and constitutional objections to central registration. This arsenal consisted of two arguments: one based on an imperial and the other on what can be called, for want of a better term, a cosmopolitan ideal:

When you think how cosmopolitan medicine is; that a broken leg is a broken leg in Canada as in Russia and Siberia, and that pneumonia is treated on exactly the same principle here as elsewhere; it does seem hard that some more satisfactory arrangement cannot be made for our profession.⁹

In connection with this Roddick also played on his colleagues' sense of national community or, more accurately, on the lack of it. In his speeches he would point to the fact that Germany and France, though they were the most bitter of enemies, had a fifteen-mile-wide zone along their borders within which physicians could practice freely without the bother of dual certification. He would then conclude with the sad fact that a doctor in Ottawa was unable to cross the river to treat a patient for fear of being prosecuted for practising without a valid license.

The most potent argument, however, was the one that played on imperialist sentiment. The fact that Canadian medical degrees and certificates were invalid in Britain nagged at Roddick and his followers. They believed the remedy was simple: all that Canadian practitioners had to do was forge themselves into a national profession and take advantage of the 1886 reciprocity offer. Thus the elimination of boundaries within the country was seen as being a convenience to physicians and a sign of unity and maturity within the profession. By opening the Empire to practice the measure promised Canadian practitioners the opportunity to prove what were considered abilities equal or even superior to any in the world.

Apparently these considerations caught the fancy of many practitioners and publications for the measure enjoyed far more credibility than it had in 1870. As the idea gained momentum the *Canada Lancet* exulted: 'the tendency to closer national

and imperial union favours it. The spirit of division and provincialism is in popular disfavour at the present, and long may it be so.'¹⁰ As the idea took the form of a draft bill, Roddick crossed the country several times to raise support and, in the summer of 1900, after the concerns voiced in Ontario over representation and standards had been soothed, the measure was blessed by the CMA.¹¹ However, as the *Kingston Medical Quarterly* noted, 'the profession is far from being a unit in this matter. Many provisions ... are objectional and must be modified.'¹² Roddick must have been contemplating ways around this when the perfect illustration of his imperial argument fell verily into his lap.

On 10 October 1899, Great Britain declared war on the Transvaal and Orange Free State in response to their invasion of Natal and the Cape Colony in South Africa. The Canadian public, or at the very least the English press, immediately began to call for Canadian participation in the campaign.¹³ Prime Minister Laurier resisted the pressure for several weeks by arguing he could not sanction such a move without first summoning Parliament. The tone in the English press began to turn racist as accusations were made about French Canada's loyalty toward the Empire. To forestall a complete English-French split on the issue and avoid another open demonstration of the bad blood that existed between the communities, Laurier gave in to the calls for a contingent and, by Order-in-Council, authorized the muster of 1000 men for South Africa.¹⁴

The response to this muster was overwhelming. The contingent was to use the Royal Canadian Regiment, a regular unit, as its core and thus space for volunteers was limited. Recruiters, however, were deluged with so many eager candidates they were able to be more selective in their requirements.¹⁵ Doctors were as eager as any other citizens to prove themselves in war. More than two hundred volunteered to staff the tiny medical establishment attached to the contingent. These hopeful medical warriors must have been disappointed on discovering that only three surgeons were needed to meet the contingent's medical requirements.

Ordinarily, the impact on the profession of a war that, at first, employed only three Canadian surgeons would have been negligible. However, the peculiar nature of the South African War as well as the restrictions imposed on Canadian medical officers during the campaign had an effect upon the ongoing debate over Dominion registration. The rather neutral phrase 'had an effect' is chosen deliberately, for, as will be seen, the war's impact was not as great as might have been expected.

In *The Canadian Contingent and Canadian Imperialism*, Stanford Evans noted there was a dual motive for sending troops to South Africa. In a solemn sense the contingent was seen as an opportunity to contribute to Imperial defense and repay Britain for its protection over the years. Imperialists with a more shallow nature thought it important not to lag behind the other Dominions and to maintain a high, loyal profile. One thousand men was a token; colonial participation in the war was mainly of sentimental value.¹⁶ However, this sentimental

participation allowed Britain to claim a united Imperial front against the Boers. A token was all London required.¹⁷

South Africa was also Canada's first overseas war. Mobilization for the rebellions of 1870 and 1885 was larger and of more real importance to the future of the country. South Africa, however, was an international situation while the rebellions more closely resembled civil unrest. On 30 November, as the contingent embarked on their transport, the editor of the *Montreal Star* wrote: 'We must be patient and courageous and pass ourselves through some of the experiences to which the people of the Motherland have for centuries past been so sadly accustomed.' Furthermore, the same editorial hoped 'that under any pressure and all circumstance we shall be proud of our men.'¹⁸ The editor's opinions were echoed in other publications like the *Canadian Magazine*.¹⁹ It should be kept in mind that publications like the *Montreal Star* and *Canadian Magazine* were strident Imperialists. Because the notes they struck were echoed in other publications and professional journals and it would be difficult to believe that their opinions were not shared by the majority of Canadians. South Africa was an opportunity to prove national manhood and, as the *Montreal Star's* circulation statistics indicate, many Canadians shared vicariously in the test.

For medical men in Canada, the war had a further dimension. South Africa was an opportunity for the profession to demonstrate its proficiency. The members of the militia medical service 'will have to stand side by side with the members of the RAMC as representatives of Canadian surgery. It is a great responsibility,'²⁰ wrote the *Montreal Medical Journal* as the contingent embarked. The *Canadian Medical Record* had confidence in the quality of both the contingent and its medical arrangements. The regiment, it wrote, was the peer of any save the Guards and as far as the abilities of Surgeon-Major Wilson (the ranking Canadian medical officer) were concerned, 'the Canadian profession need have no fear but that he will show in surgical work Canada is well to the front.'²¹ Imagine the *Journal's* consternation on discovering the profession's representatives were legally allowed to treat only Canadian troops. There being no reciprocity between Canada and Great Britain, their provincial certificates were unacceptable to the RAMC and they were barred from treating any soldiers but their own.

Roddick, during his four years of committee work and campaigning, had warned that without Dominion registration and the resultant reciprocity with Britain, Canadian doctors would be barred from Imperial service. By January, 1900, it was apparent his predictions had been right. The possibility exists, however, that the embarrassment in South Africa was due as much to the composition of the Canadian military medical organization as it was to legal technicalities.

The medical service that accompanied the contingent to South Africa was one in the preliminary stages of reform. The first public indication that a reform was needed had come in March, 1899, in a paper delivered by Surgeon-Colonel Ryerson before

the Canadian Military Institute. His text, reprinted in several medical journals, had concluded with this flat warning: 'It is strictly within the facts that our medical service is in a lamentable and unorganized condition.'²² The system he criticized had been devised before Wellington's campaigns in Spain and was based on the regimental unit. Under such an arrangement physicians would be attached to individual regiments and were required to recognize no authority but that of their Colonel's. They would oversee their own arrangements for equipping hospitals and treating the wounded. In Great Britain this system had been formally abolished in 1898 and replaced with the Royal Army Medical Corps: an independent, self-contained unit designed to co-ordinate the medical services for the entire army and not just those of individual regiments.²³ The officers of this reformed medical service were vertically organized and responsible for the sick and wounded at every stage of their treatment and convalescence. In 1899, Ryerson was calling for the reorganization of the Canadian service along the same lines: abolition of the regimental service and replacement with a centrally structured Militia Medical Corps. Obviously the gentlemen in the militia department were thinking along the same lines as Ryerson. By issuing General Order 62 in June, 1899, they set in motion a plan designed to phase out the regimental system and, over a space of two years, replace it with an organization modelled on the RAMC.²⁴ The documents outlining how stretcher companies and field hospitals would be established in eight militia centres were nothing more than bundle of papers sitting in a Militia Department office when the hurried preparations to outfit the contingent were being made. As far as medical arrangements were concerned, the Canadian contingent went to South Africa with what it had: a regimental medical service.

In the eighteen months of existence it enjoyed before the war in South Africa broke out, the RAMC forged a chain of mobile hospitals and treatment centres designed to get the wounded from the battlefields back home with the minimum of delay and pain.²⁵ The lowest and, as it turned out, least important links in the chain were the regimental Medical Officers. Under the RAMC reorganization regimental doctors were relegated to treating minor ailments and diagnosing those who should be hospitalized. During battle they were responsible only for giving first aid and field dressing to the wounded and seeing that only the dead were left on the field.²⁶ Campaign conditions lessened their importance even further. The issue of a first field dressing allowed the wounded to apply their own first aid: the peculiar characteristics of bullet wounds in that war made doctors reluctant to disturb wounds and they often healed with only a field dressing. The bearer companies assumed the responsibility of clearing the battlefield of wounded and regimental first aid was usually combined with the field hospitals. This caused no difficulty as far as British medical officers were concerned: RAMC personnel were merely reassigned to wherever they were needed. The Canadian medical officers, however, could not be reassigned: their credentials apparently forbade it. Thus they were kept in the field as regimental officers: a dangerous station which gave them a chance to demonstrate their bravery but little opportunity to prove

or improve anything beyond the ability to diagnose dysentery or apply a dressing.

At the beginning of the war the RAMC was severely understaffed and had to supplement its ranks with civilian surgeons. This Corps' General Staff desperately tried to provide the warriors flooding onto the *veldt* with something approximating adequate medical services. In the midst of this turmoil landed the Canadian Contingent with its complement of three surgeons and four nurses. They were a modern militia medical corps on paper only; in reality they were still a regimental medical service. Because of their training and orientation, they were not familiar with the RAMC structure. It is not difficult to believe that the Staff in Capetown, in the middle of an organizational nightmare, simply were not inclined to reassign three Canadian doctors. They were regimental medical officers and thus were directed to stay with their regiment. Many Canadian medical journals later pointed out that the Australians, though their education was thought slightly inferior to the Canadians', had free reign in South Africa because they had a central register and reciprocity with Great Britain. What they overlooked was the fact that Australians not only had valid credentials, but they also arrived in the area of operations with an impressively-equipped and fully-staffed field hospital. That the credentials issue may have been over inflated in Canada is demonstrated by the experience of Number Ten Canadian Field Hospital.

Number Ten was raised in Toronto and Montreal and was sent to the theatre in January, 1902.²⁷ On arrival in South Africa it was attached to a troop of Canadian mounted infantry. This unit, however, received more than a few wounded from British regiments like the Camerons or Imperial Yeomanry. Its surgeons treated these men, credentials notwithstanding, without apparent incident.²⁸ Perhaps proper credentials were an impediment only when the medical officers bearing them were unfamiliar with the way the RAMC was designed to operate. In 1900, however, certification was seen as the only impediment for the profession's representatives in South Africa. They were missing out on the anticipated chance to prove themselves.

In mid-February, 1900, General Lord Roberts cornered his opponent, General Cronje, and a force of 4000 Boers at the banks of the Modder River. In a battle lasting ten days the Boers were worn down and induced to surrender. The Canadians had participated in several of the assaults, including the one preceding the surrender. When the news arrived in London the Contingent was cheered in Parliament. In many Canadian cities the bells rang all morning in celebration. 'Our Boys,' exulted the *Montreal Star*, 'bought for us an inalienable share in making the Empire.'²⁹ The Canadian warriors had proven themselves under fire. The Canadian wounded were treated at the Australian field hospital.³⁰ Canadian doctors knew they had missed a chance to prove their professional capabilities. The Ontario Medical Association 'deplored the fact Canadian surgeons had not been given a chance to participate' and the *Canadian Practitioner and Review* felt the field was being monopolized by English surgeons.³¹ There was no speculation

in 1900 that the situation might have been caused by two mismatched army medical systems. The powers that were in the RAMC had apparently justified their decision to keep Canadian surgeons in their regiment by questioning their credentials. This technicality became the focus for the issue in Canada. Roddick and his followers seized on it, indeed, magnified it, to emphasize the imperial aspects of their ideal.

The reaction in Canada to the incident ranged from anger to chagrin. A doctor from Lindsay blamed the British for the debacle: 'Would not a little sound reason remove this evidence of British ignorance and prejudice?' he asked the *Canadian Practitioner and Review*. 'It seems that our fellows are there in a degree of sufrance and under a ban ... Tommy Atkins is not ministered by Canadian physicians without the burlesque of an English degree.'³² The Lindsay practitioner's anger is consistent with the exasperation sometimes voiced in the pre-war journals whenever Canadian students abroad encountered the superior attitude of the London profession. This type of reaction to the South African embarrassment was summed up in an editorial of the *Canadian Journal of Medicine and Surgery* celebrating the passage of the Dominion registration bill:

We only wish the bill had become law ere the South African war broke, and it would not have taken only for the Canadian graduate to show his mettle in the field hospital, and to prove that the standard of medical education in our Dominion is such that a Canadian surgeon would not take a back seat to any man from St. Thomas' or St. Barts' or university college hospitals. The feeling in the past has been too patronizing all together and "the man from the colonies" has been patted on the back somewhat and congratulated, if he knew anything of even minor surgery, alongside his big brother from London, "by Jove." No. That will not do. We colonials are younger, doubtless, but when it comes to the test we refuse to "go way back and sit down."³³

Editors and ordinary practitioners, if their sparse commentary in the journals is any indication, reacted mostly with anger at what they saw as evidence of the British profession's superior attitude. The elite of the profession, however, reacted in a different manner. The President of the CMA, at the 1900 annual meeting, called the incident 'a page of humiliation.' He thought that Canadian loyalty had been smothered in a maze of legal technicality. However, he did not put responsibility for the situation on British shoulders. He used the incident to make a call for Dominion registration by pointing out that in Australia a federal authority controlled medical registration. 'They learned from Canada's mistakes,' he said, 'and thus were not treated the same.'³⁴

The incident was a godsend to Roddick's Dominion registration campaign. Imperialism and the opportunity to practice throughout the Empire had always been a key idea for his supporters.

South Africa, even without the 'humiliation,' brought to Canada a heightened awareness of the world beyond provincial borders. In the summer of 1900 the President of the Ontario Medical Association commented:

We all appreciate, now better than before, the fact that while we are physicians of Ontario we are citizens of Greater Britain, and we would like to have our professional status as broad as our citizenship ... Something, call it imperialism, if you like, has heated our blood. We feel bigger than we did a few months ago.³⁵

Bigger, yes, but also chastened by the experience of having provincial credentials challenged in a time of Imperial crisis. 'Such a condition of things is a reflection on our citizenship and a slur on our imperialism,' the President of the CMA later concluded.³⁶ Roddick had been ready to take his draft to Parliament before the war broke out. What doctors had learned in South Africa came to dominate the support for the measure in a way that might not have been if the measure had gone before the House in 1899. Roddick was quite content to use the South African experience as an added buttress to his arguments when he introduced his Dominion registration bill, the product of six years' discussion and persuasion, to the House at the end of the 1901 spring session.

That the imperial approach was thought to be a potent argument is borne out by the way it dominated the preliminary discussion of the bill. Roddick introduced the measure by telling his political colleagues what he had been telling his profession for six years: that medical practice and principles were universal concepts which should know no boundaries. He regaled them with his stock anecdotes about practice along the German and French borders and the sad case of the doctor in Hull. After emphasizing the cosmopolitan he switched to the imperial. Using Australia as an example, he noted the status and ease of practice bestowed by having a federal registrar. Using Canada's South African experience he pointed to the difficulties inherent in a purely provincial registration system. The embarrassment in South Africa would not have occurred, he stated quite simply, if his bill had been on the books.³⁷ The motion passed first reading, but, being a private member's bill, it had a very low priority on the order paper. Indeed, it was a full year before the House could make the time to discuss it again. The interlude, however, did not weaken interest in the bill's imperial theme. The speeches seconding Roddick continued to emphasize the imperial connection and the South African incident.

It seems to me we ought to feel ashamed (declared Robert Borden) that medical men going from Canada, having the right to practice in one of the great provinces of Canada, should in South Africa be submitted to the humiliation of not being allowed to attend the wounded among the imperial troops, simply for the reason they have no standing among medical men in England.³⁸

Again, it seems apparent that Roddick's supporters were taking from the South African experience only what supported their idealistic argument. Even as Borden was bemoaning their humiliation the country's first field hospital was on the *veldt* treating any and all soldiers that came its way apparently without restriction. Sam Hughes, the flamboyant militia colonel representing Lindsay, had recently returned from service in South Africa. He listened to Borden's speech and commented with bewilderment at the end: 'I think there must be a mistake somewhere. I certainly saw Canadian doctors treating the wounded on many occasions.'³⁹ Hughes' consternation was ignored, however, and quickly forgotten when Roddick moved his bill be referred to committee.

It was in this committee that Roddick finally gathered enough of the Government's support to get his measure through the House. The bill passed, however, only after amendment, and its supporters found the imperial ideal carried little weight when it came to discussing the practical points of provincial rights. The main objections to Roddick's reform came from Quebec and it is understandable, in view of that province's general apathy towards the war and imperial concerns, that the imperial ideal would not influence their thinking. The representatives were exceedingly reluctant to cede any of their provincial rights to a Dominion authority. They favoured the idea of inter-provincial reciprocity, claiming that the 1886 British Act had been misinterpreted and that reciprocity could exist between the British Medical Association and a provincial body. Roddick tried to sway them with a purely cosmopolitan argument, hinting that the logical move after imperial reciprocity was assured would be a demolition of the medical boundaries between France and Canada. Every time a provincial concern was voiced, Roddick countered with some form of his imperial-cosmopolitan ideal.⁴⁰ His idealism seemed to have no impact and he saved his bill only by making practical concessions. The most vital of these was an agreement to insert a clause suspending the bill's powers until enabling legislation had been passed in all the provinces. Satisfied that no province would be subjected to Dominion registration unless it wanted it, Laurier swung his support behind the measure and it passed with ease at the end of the 1902 spring sitting.

The year 1902 saw the ideal of medicine without borders reach a peak. Roddick's imperial ideas were developed to their logical conclusion by William Osler. McGill-trained and widely respected, his 1902 address to the CMA was a passionate appeal to the cosmopolitan spirit. The timing of the speech made it a tribute to Roddick's efforts and its content further developed his theme of freedom to practice. He made reference to 'the curse of nationalism' and 'the unpleasant subvariety, provincialism.' He regarded these as examples of chauvinism corrupting a liberal profession. 'That the cure to this vicious state has to be sought in Dominion bills and national examining boards indicates into what debasing depths we have sunk.' A man with proper training and credentials should be accepted *anywhere*, he declared.⁴¹ It is apparent, however, that these high ideals were held primarily among the elite of the profession. The rank and file seem to have been generally

unsympathetic or, more probably, apathetic toward the passion of men like Roddick and Osler.⁴² The tortuous progress of Dominion registration after its passage in Ottawa shows just how much impact idealism had on the profession when it came to solving practical issues.

Just before the bill had gone to committee the Prime Minister had noted that the medical profession did not seem to be in full agreement over the benefits of Dominion registration.⁴³ The Ontario Medical Association was fully behind the measure, as were the representatives of Maritime medicine. Quebec and British Columbia, however, opposed the bill for practical reasons. Section 12 of Roddick's reform invalidated medical school degrees as legitimate licenses. The powerful Quebec universities were unwilling to sacrifice their authority and without them the united front required to extract an enabling act from a reluctant provincial legislature was impossible to assemble. Ontario, in retaliation, refused assent to the legislation until Quebec had, creating a stalemate that would not be broken for ten years. The *Dominion Medical Monthly* voiced the concerns of those who believed an Ontario medical education was the best in the Country. Students from inferior provinces, it was feared, would bypass the tough examinations demanded by Ontario by qualifying in London and using reciprocity to return to practice in Canada. Probably the most telling point, one that no doubt weighed on the minds of the practitioners, was made by the British Columbia Medical Association. This body noted that the reciprocity inherent in Dominion registration would not only 'throw open the borders of the Empire to Canadian practice,' it would also open Canada to an influx of English physicians.⁴⁴

It was through these shoals of practicality that Roddick had to steer his fragile ship, and he seemed to realize that the imperial ideal would not be of much use in such treacherous waters. Reference to Imperialism and the South African experience tailed off after 1902 as Roddick once again mustered all his patience and powers of persuasion to wear down the forces of provincialism.

Imperialism in English Canada in 1900 had all the earmarks of an idea whose time had come. Imperial spirit was quite intense in the English community, if newspapers and periodicals are any reflection of public mood. Yet, at a time when it was at its height, the imperial spirit failed to spur the medical profession to action. One reason for this might have been timing. The spirit might have been cooling in 1902, in the wake of the Boer War's depressing record, yet at a time when Dominion registrationists needed it the most. However, the journals gave neither more nor less attention to imperialism in 1900 than they did in 1902. An interlude of two years should not have been that crucial a factor. Another reason might lie in the element of the professional community most caught up with Dominion registration and the imperial ideal. The two seem to have been very much a passion of the elite and were mentioned most often in Presidential addresses and meetings of the CMA. This is consistent with the impulse toward monopoly and central control identified in the Maritime elite by Colin Howell.⁴⁵

One doubts that the CMA was entirely representative of the profession. At the 1900 meeting, for example, only 153 of 6000 registered physicians attended; none of these were rural-based practitioners. The *Dominion Medical Monthly* may have been right when it noted the attitude of the profession was one of indifference when it came to the ideals inherent in Dominion registration.

Even if registration is seen as a struggle between the leaders of provincial and Dominion medical associations, the impact of the imperial argument remained slight for the amount of attention it received. Ontario, the bill's major ally, had been converted to Dominion registration before the war and more out of practical than ideological considerations. As soon as Roddick agreed with its position on educational standards and proportional representation, the OMA became its staunch supporter. Any progress the bill made through Parliament seemed to come by way of practical concessions. The key to the bill's passage through the House was the support of the Prime Minister. Laurier, however, was not consumed by imperial patriotism and a determination to make sure there would be no repeat of the South African humiliation. He gave his blessing to the measure only after he was satisfied it would not aggravate any provincial rights concerns, especially in Quebec. That this province paid no heed to the Imperial argument is understandable. Surprising is the fact that imperial ideology had so little effect on English medical associations, particularly the one in British Columbia. Even in the midst of an imperial war, British Columbia was more concerned with the basic issue of doctor-patient ratios and seemed unconcerned at the possibility the profession had been humiliated.

Canadian doctors at the turn of the century considered themselves equal or superior to any country in the world. Their journals had looked forward to the South African campaign as a chance to demonstrate Canadian medical abilities. When the 'humiliation' occurred, Roddick and his supporters seized it to crown their arguments for Dominion registration. Their timing could have hardly been better and may have hastened the passage of the 1902 legislation. It seems obvious, however, that Roddick was unable to convert what momentum there was in the situation to his purposes and almost a decade lapsed before Dominion registration became a reality. Some provinces, Quebec in particular, remained unconvinced that Dominion registration was the only road to imperial reciprocity or even that reciprocity itself was an important goal. Ideology was forced every time to retreat before practical considerations. Indeed, not even the temptation of increased national status could counter the force of provincial practicality. Few argued, at a time when imperialism dominated public thought, that the ability to practice throughout the Empire would have been increased, or at least proved, the stature of the Canadian profession. When practitioners at the turn of the century were given a choice between status and the status quo, they chose the latter. Provincialism was a heavy cloak, too tough to be destroyed by a cosmopolitan foil no matter how sharp the weapon had been made by circumstance.

NOTES

This paper was originally presented to Dr S.E.D. Shortt's medical history seminar at Queen's University in 1983.

1. H.E. MacDermot, *Sir Thomas Roddick* (Toronto, 1936), 80.
2. *Ibid.*, 86.
3. *Ibid.*, 90-1.
4. *Ibid.*, 88.
5. Robert B. Kerr, *History of the Medical Council of Canada* (Ottawa, 1979), 6.
6. MacDermot; *op. cit.*, 98.
7. Thomas Roddick in Canada, House of Commons, *Debates*, 7 May 1902.
8. *Dominion Medical Monthly* 18 (March 1902), 140.
9. Roddick in *Debates*, 13 March 1901, 1392-1402.
10. *Canada Lancet* 31 (November 1898), 820.
11. The discussion had been scheduled for a Friday afternoon but instead was held on the preceeding Thursday night. This may have been a tactical move designed to limit opposition to the measure, as noted by the *Kingston Medical Quarterly* 5:1 (1900), 3.
12. *Ibid.*
13. An indication of how far Imperial sentiment had developed in the 1890s can be taken from the Parliamentary and public response to the Sudan Crisis of 1885. At that time London was calling for a Canadian contingent to help avenge the defeat and death of General Gordon. Prime Minister Macdonald's response to this was quite to the point: 'Why should we waste money and men in this wretched business? England is not at war but merely helping the Khedive put down an insurrection and now that Gordon is gone the motive of aiding in the rescue of our countrymen is gone with him--our men and money would therefore be sacrificed to get Gladstone and Co. out of the hole they have plunged themselves into by their own imbecillity (sic).' Apparently the public, unlike that of 1899, was too apathetic to care what Macdonald did. See Desmond Morton, *Ministers and Generals* (Toronto, 1970), 32.
14. W. Stanford Evans, *The Canadian Contingents and Canadian Imperialism* (Toronto, 1901).
15. This was especially so with physical standards. Army regulations demanded a recruit be no shorter than 5'6". Recruiters in 1899 found they could demand an average height of 5'8" or even 5'10" and still fill their quotas with ease. At least

this was true of the six English recruiting stations. Recruiters in Quebec, especially those in the capital, had to make do with an average height of 5'7". One doubts that the average French Canadian was shorter than his fellow Canadians. Quebec's attitude towards the war was largely one of apathy, especially when contrasted with the enthusiasm of English Canada and this can be seen in the number of volunteers Quebec recruiters had to draw on.

16. Evans, *op. cit.*, 14-17.
17. An excellent indicator of the direction and force the winds of imperialism blew in Canada between 1870 and 1900 is the evolution of defence policies between the Dominion and the Mother Country. In 1870, London, for reasons of economy, was intent on reducing as far as possible its commitments in North America. All troops save those in the Halifax garrison were withdrawn and Ottawa was encouraged to look after its own defence requirements by developing the militia. This force, however, was still commanded by generals of the British Army and by 1880 these GOCs were training Canadian volunteers to operate as units of the British Army. London had cut the military ties, realized it had possibly made a mistake and within a few years was trying to restore the bonds. At this stage the imperial relationship cast Canada in a decidedly inferior role Canadian militiamen were trained as Tommies, not only out of tradition but also because it was thought that when the call came for participation in an imperial cause, Canadian soldiers would be integrated or directly recruited into the British Army. In 1896, though, General Hutton was appointed General Officer Commanding in Canada. His view of imperialism was the epitome of the ideals afoot in the last half-decade of the century. Hutton fostered the idea of nationalism in his years as GOC. His interest was in developing an army of professionals in Canada capable of fighting on their own. However, he was still a British citizen who believed the Dominions could be led anywhere 'with a silken noose.' He anticipated that the independent army he hoped to create would take part in every imperial adventure. It is significant that he and fellow imperialists like Joseph Chamberlain thought it essential the Dominions think of themselves as dutiful sons on the edge of maturity: colonies at the same time allied with and subordinate to the Mother Country. This blend of nationalism and imperial duty was characteristic of the entire imperial movement at the turn of the century. See Desmond Morton, *op. cit.*
18. *Montreal Star*, 30 November 1899.
19. *Canadian Magazine* (November 1899), 80.
20. *Montreal Medical Journal* 30 (November 1899), 974.
21. *Canadian Medical Record* 27 (November 1899), 525.
22. *Canadian Practitioner and Review* 24 (April 1899), 196.

23. This was a characteristic of the increasing professionalization of the tiny Canadian army and the *Lancet* saw it as an excellent move: 'The reflex effect of this organization will probably show itself in an increased interest on the part of the taxpayer in the militia. Time was when the service was looked on as disreputable, by many a decent member of the Bourgeoisie. This has largely disappeared, the morale has risen greatly, and the great influence of the medical profession upon public opinion will be more likely than even to be exercised in favour of the purely volunteer force.' The new organization would demand that its doctors be soldiers--not just civilians who dabbled in the art of soldiering. The *Maritime Medical News* commented: 'It is hoped that all medical officers of the militia will soon become properly qualified in their duties, which consist of more than being ornamental or acting as family practitioners to the men of their regiments when in camp.' Their duties included drill in stretcher company and ambulance operation, field hospital organization and a knowledge of Staff Corps manual as well as that on hygiene, the Queen's regulations and military law. There is an excellent description of British medical officer training in the September 1899 issue of the *Canadian Journal of Medicine and Surgery*. See, also, *Canada Lancet* (June 1900), 531; *The Maritime Medical News* (May 1900), 170.
24. See *Militia General Orders* 62 and 126.
25. Theoretically a wounded or sick man would pass through six or seven sets of hands during his treatment. The first line of treatment was regimental first aid. These units were connected to a field hospital by stretcher companies. At the field hospital the wounds would be assessed and a decision made as to whether the injuries could stand further movement. If they could, or if the severity of the wound required more sophisticated care, the wounded would be moved on by stretcher or ambulance to a stationary hospital. These were small but mobile versions of a general hospital. Ideally based on rail line, they would be positioned close enough to the battlefield for easy access by the field hospitals yet remote enough to be secure. The anchor of the hospital chain was the general hospital based at the origin of supply and supplemented with privately-equipped hospital ships. The entire organization was designed to move a wounded man as far from the front as quickly as the severity of his injury would allow. Aside from a few problems, the system proved quite effective in handling the battle casualties of the Veldt campaigns. Boyde Beck, 'The Royal Army Medical Corps in the Boer War,' unpublished paper, Queen's University, 1983.
26. *Montreal Medical Journal* 33 (1903), 391.
27. The Militia Medical Service was designed to service force of 38,000 men with a medical staff of 600. The field hospitals had been formed in December 1901 following the timetable laid down in 1899. That the war did not hasten these preparations seems strange until one considers that the war

was to be a short one and seemed all but over by June 1900. Number Ten was designed along lines identical to an RAMC hospital and was staffed by 'men with experience in the Army Medical Corps and good position in the profession.' It was commanded by Surgeon-Colonel Worthington, a McGill graduate with a year's service in South Africa to his credit. The editors of the *Montreal Medical Journal* hoped the field hospital would match the Australian reputation. No mention was made in any journal about its credentials. The unit left central Canada for Halifax on 22 January 1902, 'amid the cheering of several hundred medical students and members of the Army Medical Corps.' *Montreal Medical Journal* 32 (1902); *Canada Lancet* 36 (January 1902); *The Canadian Journal of Medicine and Surgery* 11 (1902); *Queen's Quarterly* (October 1902).

28. *Montreal Medical Journal* 32 (1902), 542.
29. *Montreal Star*, 27 February 1900.
30. Stanley M. Brown, *With the Royal Canadians* (Toronto, 1901), 220.
31. *Canadian Practitioner and Review* 25:4 (1900), 220.
32. Ibid.
33. *Canadian Journal of Medicine and Surgery* 11:4 (1902), 253.
34. *Dominion Medical Monthly* 15:2 (1900), 108.
35. *Canada Lancet* 33 (July 1900), 605.
36. *Canadian Practitioner and Review* 27:3 (1902), 543.
37. Roddick in *Debates*, 13 March 1902, 1392-1402.
38. Robert Borden in *Debates*, 13 March 1902, 1130.
39. Ibid.
40. Ibid., 7 May 1902.
41. *Montreal Medical Journal* 31 (1902), 684.
42. *Dominion Medical Monthly* 18 (March 1902), 141.
43. *Debates*, 13 March 1902.
44. *Dominion Medical Monthly* 18 (March 1902), 139.
45. Colin Howell, 'Reform and the Monopolistic Impulse,' *Acadiensis* 11:1 (Autumn 1981).