

Corps de santé et statut social en France d'Ancien Régime: médecins, chirurgiens et apothicaires à Chartres au temps de Louis XIV

Le critère fondamental de distinction sociale au sein des groupes du Corps de santé réfère-t-il à une échelle d'estime ou à un classement basé sur les positions tenues dans l'appareil de production? aux marques d'honneur ou aux réalités économiques? Outre l'étude des niveaux de vie et des genres de vie, il est certain que l'examen de la participation des membres du Corps de santé aux diverses instances urbaines, de leurs origines, de leurs alliances, de leurs prérogatives d'honneur, de leurs occasions de mobilité sociale, contribue à fournir les éléments de réponse qui fondent l'interprétation d'ensemble proposée. Aux moyens mis en oeuvre s'ajoute celui de la comparaison à la situation du Corps de santé de quelques autres villes françaises d'Ancien Régime.

Enquête d'histoire sociale qui a pour objet la définition du statut social des groupes professionnels qui composent le Corps de santé d'une ville française moyenne (15 000 h.): Chartres dans la seconde moitié du XVIIIe siècle.

Par l'utilisation d'un ensemble de critères de délimitation sociale, j'esquisse la situation globale respective des médecins, des chirurgiens et des apothicaires dans les structures sociales chartaines. A l'aide de sources notariales (essentiellement d'inventaires après décès) et des archives municipales (les registres paroissiaux et les registres de délibérations des échevins), j'examine les conditions générales d'exercice des professions: les besoins du milieu, l'équipement institutionnel et les coordonnées du Corps de santé. Après avoir atteint les caractéristiques professionnelles, j'analyse les composantes des fortunes, leurs natures, la place qu'y tiennent les biens mobiliers et les propriétés foncières. Une importante partie des fortunes renseigne de façon satisfaisante sur les genres de vie: la famille, l'habitation, le mobilier, la lingerie, le vêtement, les loisirs.

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Morbid heredity and French psychiatry 1850-1890

The emphasis placed by French psychiatrists on heredity as a major causal factor in psycho- and neuropathology during the second half of the nineteenth century constitutes one of the most curious yet neglected chapters in the history of medicine. One organisation that reflected this preoccupation with morbid predisposition was the Medico-Psychological Society of Paris, founded in 1852, and whose journal the Annales médico-psychologiques had begun publishing in 1843. Among its founders and early members were B.A. Morell, J.J. Moreau (de Tours), and Prosper Lucas, the three figures most responsible for raising morbid heredity from its erstwhile position as simply a cause among other causes to a position of virtual hegemony in the aetiology of nervous and mental disease. The Medico-Psychological Society twice tackled the issue of morbid heredity: first in 1867-68, and later in 1885-86. The course of these discussion sessions reveals that by the 1880s the acceptance of hereditary predisposition in mental pathology had grown considerably since the 1850s when Morel, Moreau and Lucas had written their most important works. Evidence for heredity's widespread acceptance was manifest in the appearance during the 1885-86 meetings of Valentin Magnan's concept of "folie héréditaire", and in 1884 of Charles Féré's theory of the "neuropathic family". The latter was an attempt to unite a wide variety of psychical and neurological disorders on the basis of hereditary predisposition and transmission. However, the acceptance of morbid heredity did not emerge because of an evolving and increasingly precise formulation of heredity and its laws. Instead, it seems that morbid heredity gained currency despite a great inexactness and absence of consensus in the minds of mental pathologists with regard to the manner in which heredity operated. Therefore, one must look elsewhere than at strict empirical and clinically disinterested observation for the reasons for this phenomenon. Yet, the thesis that French psychiatry in the second half of the nineteenth century strived energetically to gain more and more socio-political power for itself and for the bourgeoisie from whose ranks most of its practitioners came, is incongruent with the fatalistic attitude and therapeutically nihilistic consequences of the hereditarian approach. The superseded "moral management" paradigm of Pinel and Esquirol was much more amenable to a profession intent on securing social control through psychiatric intervention. Thus, the popularity of the theory

of morbid heredity among French psychiatrists cannot be reduced simply to the self-aggrandising interests of an ambitious social class.

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The development of medicine in Ottawa

From the beginning, the little settlement which eventually became Ottawa was a scientifically stimulating and active place. A geological survey undertaken in the years after 1819 by J.J. Bigsby, a physician by training, was followed by a study of iron ore deposits in the Gatineau region. Construction of the Rideau Canal, a unique engineering feat of its time, brought with it the discovery that local limestone is far superior to any used in cement that came from Britain and the United States. A 200-foot arched truss span that was part of the old Union Bridge was experimental at the time even though Leonardo da Vinci had described it. Unique bridge construction was repeated with Keefer's "I"-link suspension across the Ottawa River.

Interests of the scientific community were stimulated by waves of immigrants who came to Ottawa as entrepreneurs engaged in the timber or lumber trades, or in the industries attracted by cheap water power, and later hydroelectric power. The community was strongly influenced by the industrial revolution in Britain and the United States and with the parallel scientific revolution. After Ottawa became the seat of government in 1859, there followed a steady influx of other interests - the geological survey of Canada, the National Observatory, the Central Experimental Farm, the Royal Society of Canada, basic research in geology, metallurgy, milling and mapping for the mining industry, the National Research Council Laboratories and around these activities grew many scientific societies.

It was inevitable that medical services should lag without the stimulus of a medical school. Why this did not come until after the Second World War remains an enigma by no means wholly explained by the designation of education and health as provincial responsibilities at the time of confederation.

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Le mouvement contre la vaccination à Montréal dans la seconde moitié du XIXe siècle

Au cours de la seconde moitié du XIXe siècle, un important mouvement contre la vaccination anti-variolique s'est développé à Montréal. Apparue vers la fin du premier quart de la seconde moitié du XIXe siècle, ce mouvement a culminé dans les émeutes violentes et d'une ampleur appréciable des années 1885. A la fin de cette même année devait paraître le premier numéro d'une revue éphémère, l'Anti-vaccinateur canadien-français. Rédigée par un comité de médecins, cette publication était dirigée par le Dr. Joseph Emery-Coderre, chef de file du mouvement anti-vaccinateur. Notre communication se propose d'analyser les caractères les plus importants de ce mouvement contre la vaccination. Par quelles forces sociales était-il appuyé, quelle était sa base ethnique, quels sont les rapports de ce mouvement avec les événements économiques, sociaux et politiques de l'époque? quel a été le rôle du clergé? etc.

D'autre part, comme ce mouvement a trouvé une implantation solide dans une partie de la profession médicale elle-même, nous présentons une analyse de la composition de ce groupe: qui étaient ces médecins anti-vaccinateurs, seulement des francophones? Quelles autres fonctions avaient-ils investi sur les plans social, politique, voire professionnel et scientifique? Ceci nous conduit à l'analyse des termes du débat scientifique entre adversaires et partisans de la vaccination. Chacun des deux camps appuyait son argumentation sur les résultats de la vaccination: positifs pour les vaccinateurs, négatifs selon les anti-vaccinateurs. Qu'en était-il en fait?

Enfin, nous procédons à une comparaison entre ce mouvement contre la vaccination à Montréal et d'autres mouvements analogues dans d'autres pays à la même époque et nous dégagons les caractéristiques propres au mouvement montréalais.

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The Montreal Maternity, 1843-1926: evolution of a hospital

The Montreal Maternity is an excellent example of the evolutionary process undergone by many hospitals toward the turn of the century. Established in 1843 by McGill University's Medical Faculty--and amongst the first in North America to be associated, from the time of its establishment, with one school--the hospital provided practical obstetric training for students and maternity care for needy women. By 1926, although its stated goals remained basically unaltered, the hospital's size, staff, administration and patient composition had changed.

During the first half of the Maternity's existence, its role as a charitable institution was emphasized. Aside from physical care, patients, most of whom were unmarried, received moral instruction as a means of transforming them into socialized citizens. Moreover, the hospital was small, its facilities primitive. The midwife attended routine deliveries, while McGill's obstetrics professor was called in when difficulties arose. Nurses had little or no formal training. Medical students' clinical instruction was casual: they followed the birth attendant on his or her rounds, and assisted at a few births.

Changes occurred beginning in the 1880's. Emphasis shifted to the medical aspects of the hospital as technology advanced and physicians gained more influence over hospital affairs. Patient population rose substantially, necessitating a move to larger quarters. As its reputation improved the hospital began to attract middle-class patients, and private facilities were arranged to accommodate them. The staff was expanded and restructured, the midwife banished. A nursing school provided specialized obstetric training, and medical students' education was made more exhaustive.

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Le marché du livre médical à Québec (1760-1859)

Le marché du livre à Québec durant les XVIII^e et XIX^e siècles débute dès 1764. Il va se développer lentement jusqu'à 1815. Après les guerres de la Révolution et de l'Empire, il connaît une première accélération, laquelle va s'accroître après 1840. Le commerce du livre est pratiqué par de nombreux vendeurs, tels que les imprimeurs-libraires, les marchands, les encanteurs et les membres des professions libérales. La production du livre ne fournissant que moins de cinq pour cent de la demande canadienne, tous ces imprimés viennent par l'importation que pratiquent les agents déjà nommés.

Les encanteurs et les libraires publiaient des catalogues des livres à vendre, qui ont disparu pour la plupart. C'est en lisant les journaux de l'époque que l'on peut reconstituer, en partie, la liste des livres offerts au public. On trouve bien entendu des livres sur tous les sujets et de toutes les catégories. Il y avait donc à priori possibilité pour les médecins de se voir offrir des livres de médecine de France, d'Angleterre et des Etats-Unis. Une analyse des annonces insérées dans les journaux et de quelques catalogues de libraires nous fournira un premier aperçu de la situation. Il faudra voir ensuite ce que recèlent les inventaires après décès pour obtenir un point de vue complémentaire. Sans épuiser la question, une pareille étude permettra de jeter un coup d'oeil sur le marché du livre médical à Québec.

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François-Xavier Massicotte: médecin de campagne au début du siècle

Le docteur François-Xavier Massicotte a pratiqué la médecine dans le comté de Portneuf, surtout à Grondines entre les années 1895 et 1945. Il a aussi été médecin de deux autres petits villages (Saint Prosper, ...).

Le but de ce travail est de retracer le travail du Dr. Massicotte en utilisant comme source ses biens personnels. En me basant sur sa bibliothèque privée de cent-cinquante volumes, sur sa collection de produits pharmaceutiques, sur ses instruments médicaux ainsi

que sa correspondance privée, je vais tenter de récréer les diverses pratiques de ce médecin de campagne.

C'est en faisant un inventaire complet de sa collection (20 boîtes) que je parviendrai à réaliser l'ampleur de ses connaissances pour pouvoir ensuite identifier ses diverses tâches. La gamme de produits chimiques va m'aider à voir l'évolution médicale au Canada français. Lorsque j'aurai déterminé la provenance et l'utilisation de ses instruments, je serai plus en mesure de voir le travail qu'effectuait le docteur Massicotte.

Je crois que ce résumé ne reflète qu'une parcelle des biens à dévoiler; ma recherche ne fait que débiter. D'ici quelques mois les résultats seront plus précis.

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La médecine populaire chez les francophones de l'Est du Canada

De 1969 à 1973, des enquêteurs spécialement préparés pour les enquêtes linguistiques sur le terrain ont parcouru tout l'Est du Canada en vue de préparer un Atlas linguistique⁽¹⁾. Or le questionnaire d'environ 2 500 questions que les enquêteurs devaient remplir à chacun des 170 points d'enquêtes préalablement choisis en milieu francophone et rural, comportait plusieurs questions sur les parties du corps humain, sur les maladies, les remèdes pour chacune des maladies.

De plus, le questionnaire utilisé comportait un grand nombre de questions sur les plantes, et leur utilisation pour soigner telle ou telle maladie.

Une véritable petite somme sur la médecine populaire a ainsi été recueillie sur le terrain de 1969 à 1973.

Mon exposé essaiera de donner une idée des problèmes qui se sont posés pour la publication des données recueillies et de l'utilisation qui pourra en être faite.

(1) Le Parler populaire du Québec et de ses régions voisines: Atlas linguistique de l'Est du Canada par Gaston Dulong et Gaston Bergeron, Editeur officiel du Québec, 1980, 10 volumes (près de 5 000 pages).

100 Years of dermatology at the Montreal General Hospital

Formal teaching in dermatology to the McGill medical students began about one hundred years ago when Dr. Francis J. Shepherd opened a skin clinic. Dr. Shepherd attained international renown in anatomy, surgery and dermatology. On his retirement from the active staff of the hospital, the department of dermatology was formed; the first dermatologist-in-chief was Dr. Gordon Campbell.

The purpose of this paper is to review the history of the department and to present historical sketches on the individuals who contributed to the success of the department over the years.

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Diagnostic radiology in Canada 1896-1920 with reference to A. Howard Pirie

X-ray techniques were accepted and disseminated in Canada rapidly after its introduction from Europe. A reflection of the Canadian interest in the Roentgen Ray can be obtained from an analysis of original communications published in medical, surgical and the new speciality periodicals devoted to the science. Included in the survey were Canadian (English and French), American, British and French publications during the period 1896-1920. The material documents the centres of activity and the early Canadian contributions.

The professional career of Alexander Howard Pirie (1885-1944) was typical of the many medical men involved with the Roentgen Ray. His life is followed from his days in Scotland where he was exposed to X-rays with the work of George Pirie and McKenzie-Davidson; his migration to Canada and association with the Royal Victoria Hospital; his medical work in the European Theatre during World War One; and his return to McGill University.

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First in fear and dread: Saskatchewan's cancer control program

Saskatchewan's Cancer Commission Act of 1930 initiated a systematic approach to cancer control in the province and, indeed, in Canada. The Act empowered the new Saskatchewan Cancer Commission, among various actions, to establish diagnostic and therapeutic cancer clinics; to purchase radium and build a radon emanation plant, and to provide modern X-ray treatment equipment; and to institute methodical record-keeping. This unique programme originated in recommendations made early in 1930 by the Saskatchewan Medical Association's cancer committee, which worked closely with the Saskatchewan Minister of Public Health, F.D. Munroe, in formulating the Act.

The Saskatchewan initiative soon had an influence outside Saskatchewan. Approaches to cancer control developed in both other provinces (notably Manitoba, British Columbia and Ontario) and Canada as a whole (in the form, particularly, of establishment of a study committee by the Canadian Medical Association, creating of the King George V Silver Jubilee Cancer Fund for Canada, and formation of the Canadian Society for Cancer Control, which later became the Canadian Cancer Society). The nineteen-thirties, then, was a decade in which cancer control developed rapidly in many parts of Canada.

Discussion of the Saskatchewan cancer control programme in the nineteen-thirties illustrates, therefore, much more than developments in just one province. It establishes two relationships that merit consideration: the thinking underlying the work on cancer control in Saskatchewan with that elsewhere; and, second, the concepts behind cancer control in the nineteen-twenties with those in both earlier and later decades.

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Controlled clinical trials: the emergence of a paradigm

Over the past 40 years, the controlled clinical trial has become an accepted standard for the evaluation of medical and surgical treatment. The full paradigm includes strict criteria of inclusion and exclusion of patients, concomitant controls, random allocation of treatments, formal experimental design and protocol, "blindness" of both doctor and patient,

and the use of statistical analysis. Although the extent to which the results of such trials influence the prescribing of established remedies is uncertain, there is no doubt that the methodology has become the norm for academic therapeutics and an essential feature of the licensing of new drugs in many countries.

The use of concomitant controls goes back at least to Lind's study of the treatment of scurvy in 1747, and the application of probability theory to the assessment of remedies was advocated by Laplace in 1810. However, the full paradigm had to await the conjunction of development in statistical theory and experimental design, particularly in agricultural research.

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William Osler and comparative medicine

Of the many physicians and veterinarians involved in the comparative medicine movement in nineteenth-century Quebec, William Osler has received the most biographical and historical attention. However, his role has been inexactly portrayed because little is known about his contemporaries in the movement.

Although Osler taught at the Montreal Veterinary College (MVC), published research in comparative medicine and editorialized about the importance of the veterinary profession, other veterinarians and physicians made equal if not greater contributions. These include other teachers of the McGill Faculty of Medicine such as William Fraser, J. Morley Drake and Wyatt Johnston who also taught at the MVC. Other physicians at McGill, such as T. Wesley Mills and J. George Adami, produced more and better research than did Osler. Among institution-builders, Duncan McEachran, O. Bruneau, V.-T. Daubigny, and J.-A. Couture, laid the foundations for veterinary education in Quebec. Yet none of these men have the degree of recognition that Osler has achieved.

This presents a phenomenon not infrequently encountered in the history of medicine and the history of science, namely, the unequal distribution of recognition (R.K. Merton's

Matthew effect).

Osler's disproportionate recognition has happened because later in life he became the leading statesman of the English-speaking medical world. This gave recognition and prestige to the developing field of comparative medicine. Furthermore, Osler's preference for synthesizing medical practice and medical science made him attractive to men interested in comparative medicine, because that field itself is a synthesis of human and animal medicine.

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John L. Todd: Canada's first professor of parasitology

Arrival of John Todd in America from Ireland in 1816, his struggle for survival in New York, clearing a farm near Brampton, Ontario and finally his son striking it rich in British Columbia, provide the interesting background to the life of the grandson, J.L. Todd, M.D., D.Sc., who in 1876 was literally born by the side of the road. The next 73 years were filled with accomplishments worthy of review. Taught by his mother until age 13 he was qualified 1890 for admission to Upper Canada College. By 1891 he stood second in his class, although one master reported, "he was rather inclined to be troublesome". His life was undoubtedly influenced by his house master, Stephen Leacock, with whom he established life-long friendship. Choosing medicine rather than law for a career, he entered McGill and received the M.D. degree in 1900. As a medical student he wrote often of his affection for beautiful Victoria, his family, and his dream of establishing a practice in that city; a dream never realized as time and circumstance dictated otherwise. Instead his name has become enshrined for all time in the annals of medicine and parasitology by his acceptance of a fellowship to work at the recently-established Liverpool School of Tropical Medicine. This enabled him to join expeditions to Africa to investigate parasitic diseases, especially sleeping sickness. He went on two expeditions with Dutton who had described the trypanosome that causes sleeping sickness. Later he found time to study the transmission of relapsing fever by ticks and discover malaria-like parasites in the blood of birds. His work led to several honours: the School's highest award - the Mary Kingsley Medal in 1908; an honorary D.Sc. in 1909 at a

...honoured him with the Order of Leopold II. Meanwhile
...in parasitology was brewing in Canada, inspired partially by Osler's activity in
...at McGill years before. Osler, now at Oxford, brought Todd's name to the
...at McGill and as a result J.L. Todd became Canada's first associate
...in 1908, a position he held until his resignation in 1924. While
...parasitology, joined another expedition to Africa in 1911, was a major
...in World War I, and under the auspices of the Red Cross, worked on
...Following the war. Although absorbed in his teaching and research in
...his thoughts turned in other directions too, especially following his happy
...the daughter of Sir Edward Clouston, general manager, Bank of Montreal.
...love of the outdoors and his farm assumed increasing importance and
...Close association with his happy and talented family brought joy
...although life was marred somewhat by repeated attacks of asthma and a
...from which he recovered. By 1949 his life had come full circle. Driving
...a delightful fishing trip to the Gaspé, his car took to the ditch and hit a tree.
...as it began, by the side of the road.

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Dr. Robert Kerr: the perplexing career of a leader who never was

Kerr, a Scottish surgeon, served with the 34th Foot and then with the 2nd Battalion, the King's Royal Regiment of New York, during the American Revolutionary War. With peace, Kerr became a pioneer in Upper Canada, married the daughter of Molly Brant and Sir William Johnson, became an official in the Indian Department, and was the confidant of many of the civil and military leaders of his time. With this background, Kerr might seem a natural candidate for leadership in the young colony. Yet he attained nothing more exalted than the magistracy of the Niagara District. This failure may indicate a lack of administrative capacity, but other factors also must be considered, including bad luck, a poor choice of associates, and possible

prejudice against the Johnson family or against Kerr's half-Indian wife. In general, medical men played a surprisingly modest role in running Upper Canada in its early decades.

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Christopher Widmer, F.R.C.S.

Christopher Widmer (1780-1858) was by common consent the pre-eminent medical practitioner of his time in Upper Canada. John Rolph wrote in 1853 that he "was still, as he had ever been, and well named, primus omnium". Widmer settled in the colony after serving there as a military surgeon in the war of 1812-14, and for nearly forty years was the most influential member of the provincial medical establishment. As such, he played a central role in founding and organizing institutions of medical treatment and education, and also in the recurrent struggle over professional self-regulation. In addition, he was prominent in the fields of general education, banking, local government and politics.

Widmer's career at the centre of the medical profession highlights the circumstances governing the profession's growth in Upper Canada: the social heterogeneity, the centre periphery rivalries, the intense political conflicts, the mercenary preoccupation of many practitioners. Widmer did what he could to prevent the medical profession from being hindered in its development by these circumstances. In the 1830s and 1840s, he strove with partial success against strong non-medical interests to set up at King's College the prestigious medical faculty he thought would best serve both the profession and the public. In the 1850s he tried in vain to prevent the abolition of the University of Toronto medical faculty. On the issue of professional self-regulation, he vacillated. His wavering on this question reflected his concern to mediate between rival interests within the profession, and perhaps too his own secure primacy within the profession under the existing order. At his death he was acclaimed for his professional skill, his energy and his superiority to the political and personal rivalries that had afflicted the profession during his lifetime.

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Dr. Robert Clifford Abbott: pioneer experimental surgeon of western Canada

It has been said that, before the discovery of insulin in 1921, medical research as we know it now was practically non-existent in Canada. In eastern Canada there were to be beginnings in the works of Dr. A.B. Macallum and Dr. Gordon Murray in Toronto and Dr. Maude Abbott and Dr. Wilder Penfield in Montreal, but in the West resources of equipment, technical assistance and money were meagre in the extreme. Dr. Ross Mitchell's book "Medicine in Manitoba - The Story of Its Beginnings" makes no mention of research. But in that same year, 1902, Dr. R.C. Abbott graduated in medicine from the University of Manitoba and at once began research and studies which were to mark him as the pioneer experimental surgeon of Western Canada.

After two periods of study in Britain and the Continent, and many visits to centres in the United States, Dr. Abbott began a long career of clinical and experimental surgery that led to many important medical observations and surgical treatments. Influenced by the surgical research laboratories in Edinburgh and by the world's authorities in thyroid disease, Dr. Abbott began studies of the thyroid in humans and animals (including the buffalo) which were destined to change existing concepts about this organ. Later he was to perform experiments on the formation of bone in surgical wounds, the wrapping of aortic aneurysms with catgut paste, and the replacement of the ureter with a loop of the ileum. Along with these experiments he invented many instruments, particularly for surgery of the biliary system and for the operation of sympathectomy.

In the early stages of his experimental surgery the operated animals were cared for in the basement of their home by his wife, well trained in biology. Later, aided by the Banting Foundation, he was to have access to much superior facilities. Together with his brother, Dr. Frederick W. Abbott he founded The Abbott Clinic and became a frequent contributor to medical and surgical journals and a popular lecturer in both South and North America.

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