Medical Attendance in Vancouver, 1886-1920

MARGARET W. ANDREWS*

In Vancouver's first thirty-four years, medical attendance there acquired the character which nearly sixty years later still typifies this most highly valued of all health services. By 1920, Vancouver had an adequate supply of well-trained and well-paid doctors whose services were normally delivered in the impersonal setting of a downtown office; their patients had a wide range of social, economic and ethnic backgrounds; and medical care for patients who could not afford to pay was subsidized by those who could.

Although medical attendance would ideally be studied from historical documents originating with its recipients, its ordinary and private nature makes such documents rare and their discovery a matter of chance; this paper will instead use documents prepared from the practitioners' point of view. In the first section here, inferences are drawn from a collective study of Vancouver doctors; in the second, from the medical work of an individual doctor whose daily records have survived in part. Since in this paper medical attendance is being considered as a social process, its scientific aspects (which were changing rapidly during the period studied) are not discussed in any detail here.[1]

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[1] Studies of medical attendance tend to emphasize the state of medical knowledge, the role of government, the growth of medical institutions and organizations or the contributions of great physicians. I have found the following works helpful in writing this paper — they describe medical attendance in its social setting and see it as subject to economic, philosophical, psychological and political influences: William C. Rothstein, *American Physicians in the Nineteenth Century, From Sects to Science* (Baltimore, 1972); Ruth G. Hodgkinson, "The Social Environment of British Medical Science and Practice in the Nineteenth Century" in William C. Gibson, ed., *British Contributions to Medical Science* (London, 1971), pp. 29-53; Noel Parry and Jose Parry, *The Rise of the Medical Profession, A Study of Collective Social Mobility* (London, 1976), ch. 7 and 9. I know of no good interpretive studies of medical attendance in Canada. The following works are useful for factual information: Robert E. McKechnie II, *Strong Medicine, History of Healing on the Northwest Coast* (Vancouver, 1972); T. F. Rose, *From Shaman to Modern Medicine, A Century of the Healing Arts in British Columbia* (Vancouver, 1972); R. G. Large, *Drums and Scalpel, From Native Healers to Physicians on the North Pacific Coast* (Vancouver, 1968); H. L. Burris, *Medical Saga, The Burris Clinic and*

I

The doctors studied in this section were selected thus: a doctor was selected if there was a year between 1898 and 1920 (inclusive) in which he or she was listed as resident in Vancouver in the register printed every year or two by the College of Physicians and Surgeons of British Columbia and also listed in the most complete Vancouver directory available, or if he or she was listed in the classified section of any of those directories and also registered by the College as licensed to practise in the province. The 332 doctors thus selected will be referred to as if they were all the doctors practising in Vancouver during those years, although it is unlikely they were: doctors who arrived in Vancouver after the compiling of one directory and left before that of the next are not included, nor are those who neither informed the College of their residence in Vancouver nor advertised in the classified section of the directory.

The documents used[2] for selecting the doctors are also the principal source of information about them. The College's registers list each doctor's medical licences, current place of residence and university degrees. The directories consistently give a doctor's address or addresses; they sometimes give his or her medical specialties, medical credentials, consulting hours, employer or partner; and they report some temporary absences.[3]

Early Pioneers (Vancouver, 1967); Emily Carr, "Doctor and Dentist" in her *The Book of Small* (1942; rpt. Toronto, 1966), pp. 138-41 of the edition cited: Charles G. Roland, "Diary of a Canadian Country Physician: Jonathan Woolverton (1811-1883)," *Medical History*, vol. 15 (1971), pp. 168-80; William Perkins Bull, *From Medicine Man to Medical Man, A Record of a Century and a Half of Progress in Health and Sanitation as Exemplified by Developments in Peel* (Toronto, 1934).

[2] Unless otherwise indicated, the material in this section is drawn from the master register of the College of Physicians and Surgeons of British Columbia, the College's printed registers for 1898, 1899, 1901, 1902, 1903, 1904, 1905, 1906, 1907, 1908, 1909, 1910-11, 1912-13, 1913-14, 1914-15, 1916-17, 1918, 1919, 1920 (all to be found at the offices of the College in Vancouver); the Vancouver directories published by Henderson's Publishing Company for 1901 and 1903-1920; the British Columbia directories published by Henderson's Publishing Company for 1898, 1900 and 1902; and the Vancouver directory published by Rowland E. Green for 1899-1900.

[3] The "physicians and surgeons" classified sections of city directories between 1898 and 1920 also included advertisements of fifty-four people who were not registered with the College of Physicians and Surgeons. Most of these (forty-one) advertised in only one directory; seven advertised in two; three advertised in three; two advertised in four; and one advertised in six. Five of these unlicensed "doctors" also advertised as dentists; one shared an office with a licensed doctor; the women (three in number) may have been midwives. A plentiful supply of legally qualified doctors undoubtedly limited the success of these practitioners, and their careers

The ratio of doctors to population in Vancouver from 1898 to 1920 varied from twelve to eighteen per 10,000, with an increasing trend of about .1 per 10,000 per year. (See figure 1.) A ratio of five doctors per 10,000 of population was asserted to be desirable by Abraham Flexner in his influential report of 1910 on medical education in the United States and Canada,[4] and it is tempting to conclude immediately from this assertion that Vancouver had an overabundance of doctors. However, it is not reasonable to compare the actual ratio for Vancouver with Flexner's suggestion, since the latter applies to an area including both rural and urban population. Nevertheless, two observations discussed below, namely the short duration of medical practices and the willingness of doctors to give generously of their time, do lead to the conclusion that Vancouver doctors were underemployed.

It was often possible during the period of this study for a woman in Vancouver to be attended by a female doctor, and there was some feeling that this should be customary.[5] However, there were never enough female doctors in town: there was one practising in 1899 and 1900, but no others from 1898 to 1904; between 1905 and 1920 there was always at least one and sometimes as many as five.

Most of the doctors practising in Vancouver during the period of this study were trained at the McGill or Toronto medical schools, whose programs were considered "excellent" by Flexner. Nearly all the rest also had respectable training in Canada, Britain or the United States.[6] (See

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were liable to be curtailed by prosecution under the Medical Act. The infrequency with which an unlicensed person advertised for more than one year suggests that these or other influences were fairly effective in inhibiting their practice of medicine.

[4] Abraham Flexner, *Medical Education in the United States and Canada* (1910; rpt. New York, 1960), p. 14. Canada as a whole had 9.7 doctors per 10,000 population; the United States had 17.6 per 10,000 population. In the latter country, small towns were more likely to have a superfluity of doctors than large cities (Flexner, pp. 14, 320).

[5] *The Vancouver Daily Province*, 13 December 1916, p. 4; Vancouver City Archives, City of Vancouver, Minutes of the Board of School Trustees, Vol. 6, Management Committee Minutes, 25 January 1915 and 29 January 1917.

[6] Flexner considered the education given by the Manitoba and Queen's medical schools less good than that given by the Toronto or McGill medical schools, but as representing "a distinct effort toward higher ideals" (Flexner, p. 325); British medical training in general was good; that given in the United States ranged from the excellent training given at Johns Hopkins to the worthless training given at "degree mills" (Flexner; *Physicians' Panel on Canadian Medical History*, a discussion held in Lac Beauport, 7 October 1966, and sponsored by Schering Corporation Ltd. and the Canadian Medical Association, published June 1967, n.p., 5th and 6th pages; F. N. L. Poynter, ed., *The Evolution of Medical Practice in Britain* [London, 1961], pp. 11-14, 31-32, 50-55).

table 1.) Thus, by the standards of the day, Vancouver doctors were well trained.

TABLE 1

*Place of Medical Training of Doctors Practising in Vancouver 1898-1920**

Degree-granting institution	*Doctors who registered in B.C.: before 1910*	*1910-1920*	*Total*
McGill	62	38	100
Toronto	45	36	81
Manitoba	20	14	34
Queen's	14	18	32
Other Canadian institutions	10	6	16
U.S. institutions	25	16	41
British institutions†	18	14	32
Other institutions	0	4	4
Information lacking	1	1	2

*Doctors who had medical degrees from more than one institution are counted for each.

†Figures include doctors with British licences and no medical degrees.

SOURCES: College of Physicians and Surgeons of British Columbia, Master Register of the College; College of Physicians and Surgeons of British Columbia, *Register*, 1898, 1899, 1901, 1902, 1904, 1905, 1906, 1907, 1908, 1909, 1910-11, 1912-13, 1913-14, 1914-15, 1916-17, 1918, 1919, 1920; Henderson's Publishing Co., pub., *Vancouver Directory*, 1901, 1903-1920; Henderson's Publishing Co., pub., *British Columbia Directory*, 1898, 1900, 1902; Rowland E. Green, pub., *Vancouver Directory*, 1899-1900.

The 332 doctors studied here had among them 424 periods of medical practice in Vancouver; 243 doctors had one period of Vancouver practice, 87 had two, one had three, and one had four; 211 of the 424 periods of practice were for one, two or three years. (See figure 2.) Some of these periods continued to the end of the period of this study (those represented by shading in figure 2), but more were ended by a doctor's decision to go elsewhere, perhaps in the hope of greater financial success. Consider this from the patients' point of view: since the typical medical practice in Vancouver between 1898 and 1920 had continued for only a few years, the probability of a sustained relationship with a single doctor was low. Since the city's population as a whole was likely quite mobile, it is unreasonable to assume that such a relationship was expected by patients, but its absence was nevertheless a weakness in the system of medical

attendance: familiarity with the medical history of patients and their families was very important when diagnosis depended almost entirely upon a doctor's personal powers of observation and deduction; geographic mobility deprived many in Vancouver of the opportunity for such familiarity to develop.

Of the 332 doctors, 71 (21 percent) had, before setting up practice in Vancouver, practised in British Columbia in places outside the other urban centres (Victoria and New Westminster). Experience with such non-urban practice became less common with the passage of time: among those who were licensed in British Columbia before 1910 (189 of the 332), 59 (31 percent) had had a non-urban practice in British Columbia before coming to Vancouver; among those who became licensed in British Columbia from 1910 to 1920 (143 of the 332), only 12 (8 percent) had. Doctors who knew of working-class life through the close proximity inevitable in the province's small mining and agricultural towns likely had a closer rapport with working-class patients than was possible for doctors with only urban experience.

Figure 3 shows the geographical distribution of Vancouver doctors' offices in 1902, 1911 and 1920 respectively.[7] Most of these offices were located in the vicinity of the "M" formed by Granville, Hastings and Main Streets. With the passage of time, the density of offices increased on the Granville Street leg of the "M": nearly half the doctors in Vancouver had offices in the 700 block of Granville in 1920. There were doctors' offices scattered in the outlying residential areas in all three years: in 1902, there were a few in the section of the West End between Coal Harbour and Robson Street; in 1911, there were some in the section of the West End between Robson Street and Davie Street, some across False Creek (in Kitsilano and along Broadway from Granville Street to Main Street), some in the eastern part of the city near Victoria Drive, and some outside the city boundaries in Cedar Cottage; in 1920, there were offices even farther from the centre of town, but offices in residential areas were clearly becoming less popular with doctors.

Of the 29 doctors practising in Vancouver in 1898, 19 (66 percent) lived and worked at the same place; only 25 (12 percent) of the 202 doctors of 1920 did so.[8] Specifically, although doctors' offices were concentrated in the central core of the city throughout the first two decades

[7] Some doctors who practised in the Vancouver area outside the city boundaries are included on these maps.

[8] This is inferred from the lack of separate office addresses in the directory entries for them.

of the century, most offices located there had lost their domestic character by the end of the second decade.[9] Along with other privileged citizens, doctors had come to feel that downtown residences were undesirable and had moved to such uncongested areas as the West End, Shaughnessy and Point Grey.[10]

The combination of city growth, separation of doctors' offices from their homes, and concentration of these offices in the downtown area promoted a more formal and impersonal relationship between doctor and patient. At the turn of the century it was likely that the doctor consulted by an individual or family lived and worked nearby, was encountered frequently in everyday life, and could easily be fetched by a neighbour or family member in case of need; by the end of the second decade of the century it was more likely that people would not frequently encounter their doctors except on a professional basis and that when they needed medical attention they would either travel to a downtown office or summon a doctor by telephone.

II

The sources used in the above collective study of doctors tell nothing about the type of person who sought medical attendance, his or her reason for doing so, the kind of attention given by a doctor, or the way medical attendance was financed. For this more personal sort of information we turn to a set of nine daybooks kept from 1885 to 1904 by a Vancouver doctor, Henri Evariste Langis.[11]

A gregarious bachelor, Langis was fond of theatre, romantic verse and evenings with friends.[12] He was born near Rimouski, Quebec, on 25

[9] For a description of the atmosphere of doctors' offices which were located in homes, see "The Doctor's Wife," *The Canada Lancet*, vol. 20 (1888), pp. 176-79.

[10] Walter G. Hardwick, *Vancouver* (Don Mills, Ontario, 1974), pp. 87-88, pp. 105-06.

[11] There is a daybook devoted to entries for each of the years 1885, 1888, 1890, 1891, 1893, 1894, 1903 and 1904. In addition, there is one containing entries for 1886, 1887 and 1888. These daybooks are in the Vancouver City Archives, catalogued as Add. Mss. 16. I will cite them here simply as "Daybooks."

[12] *Port Moody Gazette*, 9 August 1884. Apart from the Daybooks, and the copy of Williams' *Directory* mentioned below, there are only three items in his docket at the Archives. Two of these are a theatre program and a letter from a young child. The following note is written in the margin of the 1891 Daybook, pages for 12-22 September: "Sarah, la divine Sarah — played last night as [illegible] play La Tosca to night Sept 22 [illegible]." The words of "Three Knights," a poem or song, are written in the (otherwise unused) June and July cash record section of the 1885 Daybook. Newspaper clippings of "The Shooting of Dan McGrew" and "Salut a l'Empereur" are inserted near the back of Langis' copy of Williams' *Vancouver City Directory* for 1888.

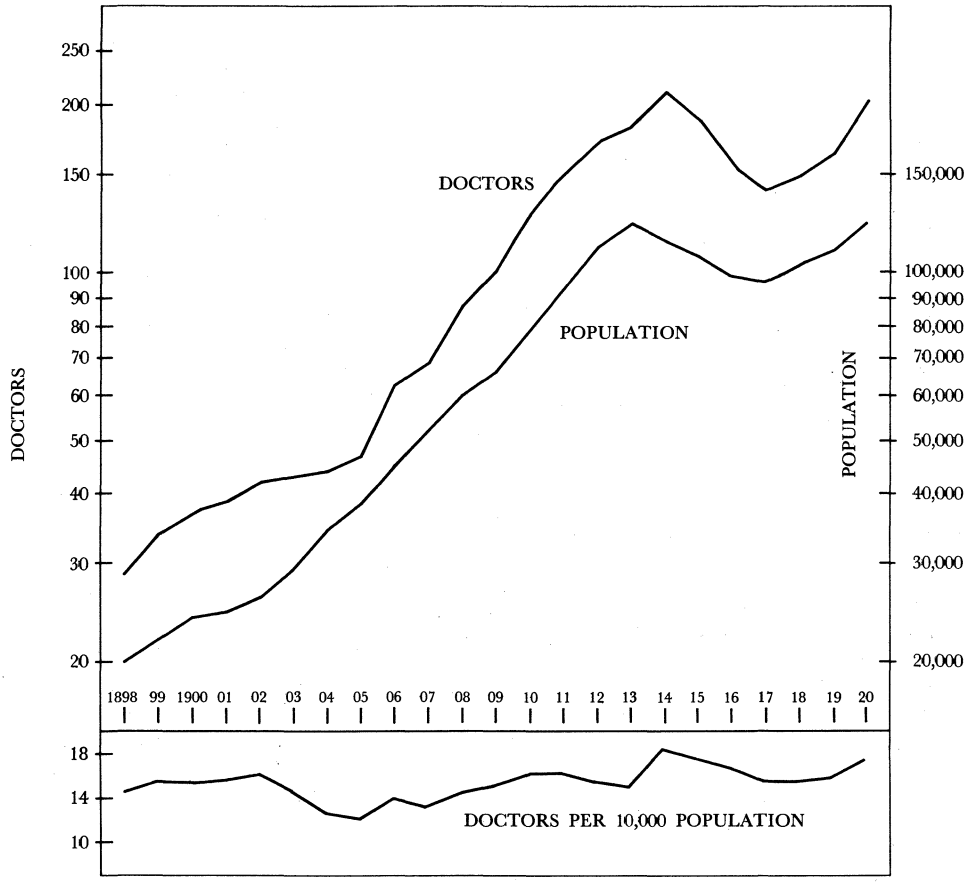


FIGURE 1

Doctors in the Population, Vancouver, 1898-1920

SOURCES FOR FIGURES

1-3. College of Physicians and Surgeons of British Columbia, Master Register of the College; College of Physicians and Surgeons of British Columbia, *Register*, 1898, 1899, 1901, 1902, 1903, 1904, 1905, 1906, 1907, 1908, 1909, 1910-11, 1912-13, 1913-14, 1914-15, 1916-17, 1918, 1919, 1920; Henderson's Publishing Co., pub., *Vancouver Directory*, 1901, 1903-1920; Henderson's Publishing Company, pub., *British Columbia Directory*, 1898, 1900, 1902; Rowland E. Green, pub., *Vancouver Directory*, 1899-1900; City of Vancouver, *Annual Report*, 1922, pp. 68-69. (The data in figure 1 refer to the beginning of the years indicated: the number of doctors cited as practising at the beginning of a year was determined from the city directory for that year indicated above; the population cited as at the beginning of a year is that given in the 1922 *Annual Report* as at the close of the preceding year.)

4. Daybooks [see note 11], 1893, 1894, 1903, and 1904, sections for Obstetrical Records.

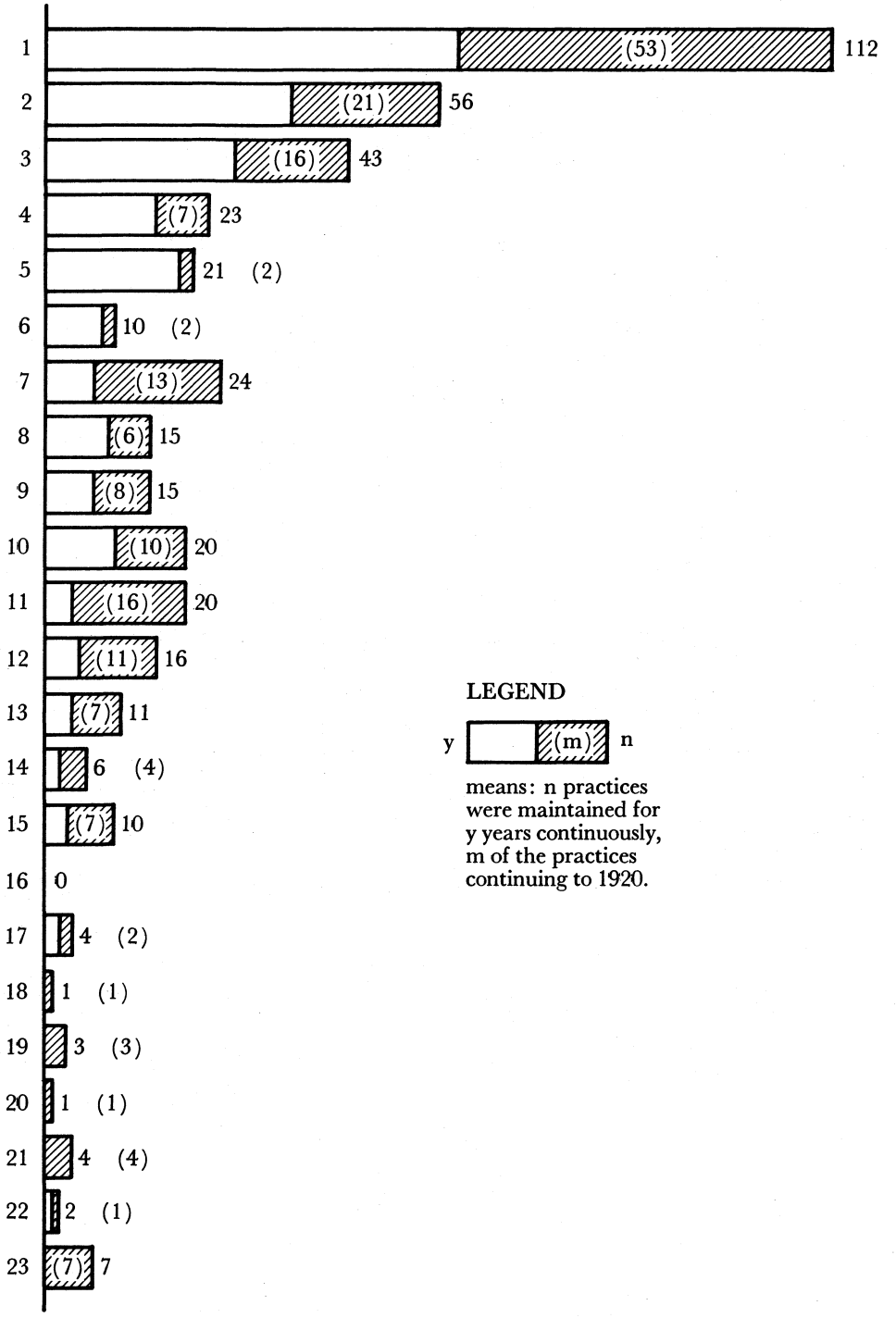


FIGURE 2

Duration of Doctors' Practices in Vancouver, 1898-1920

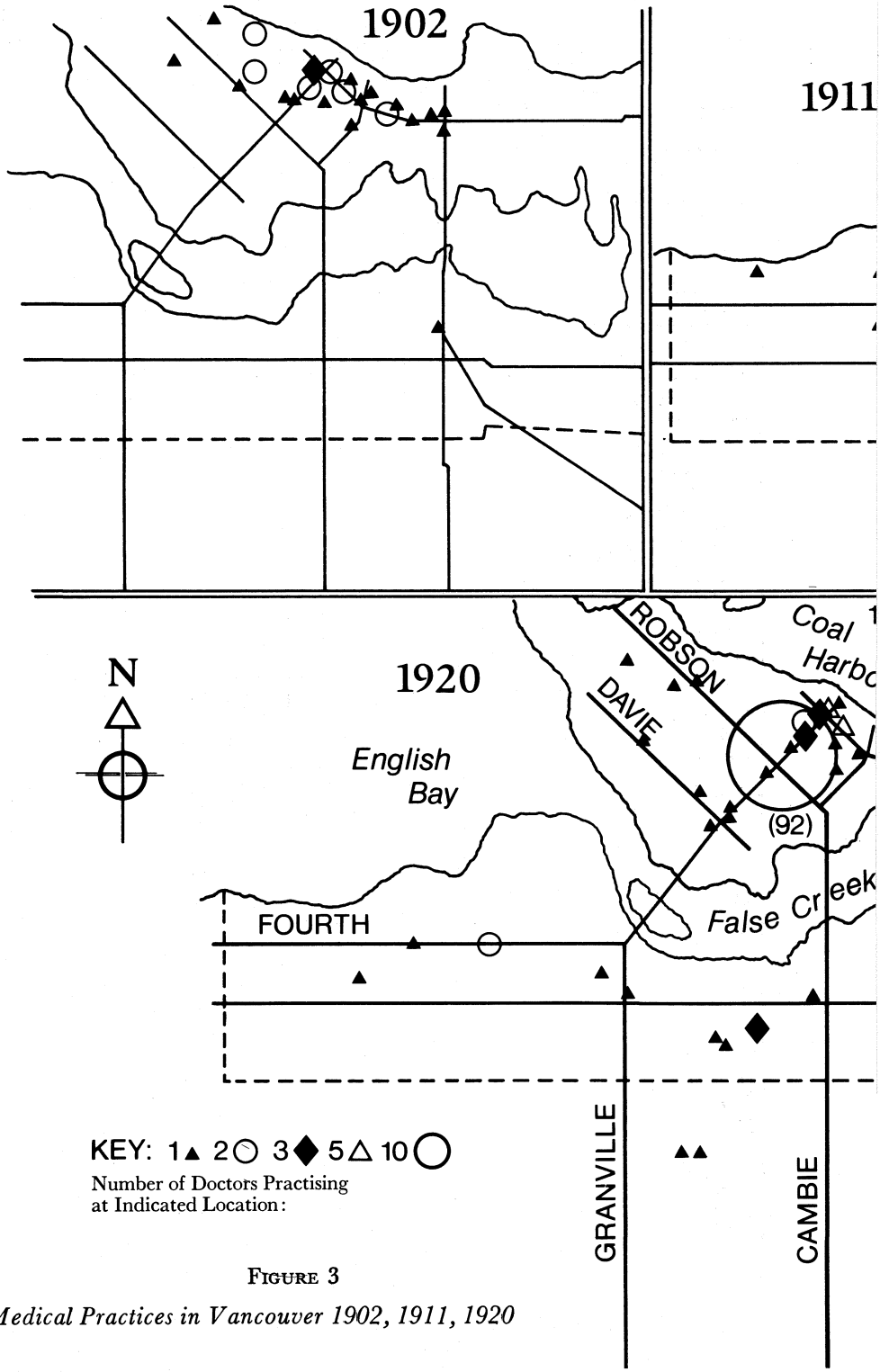
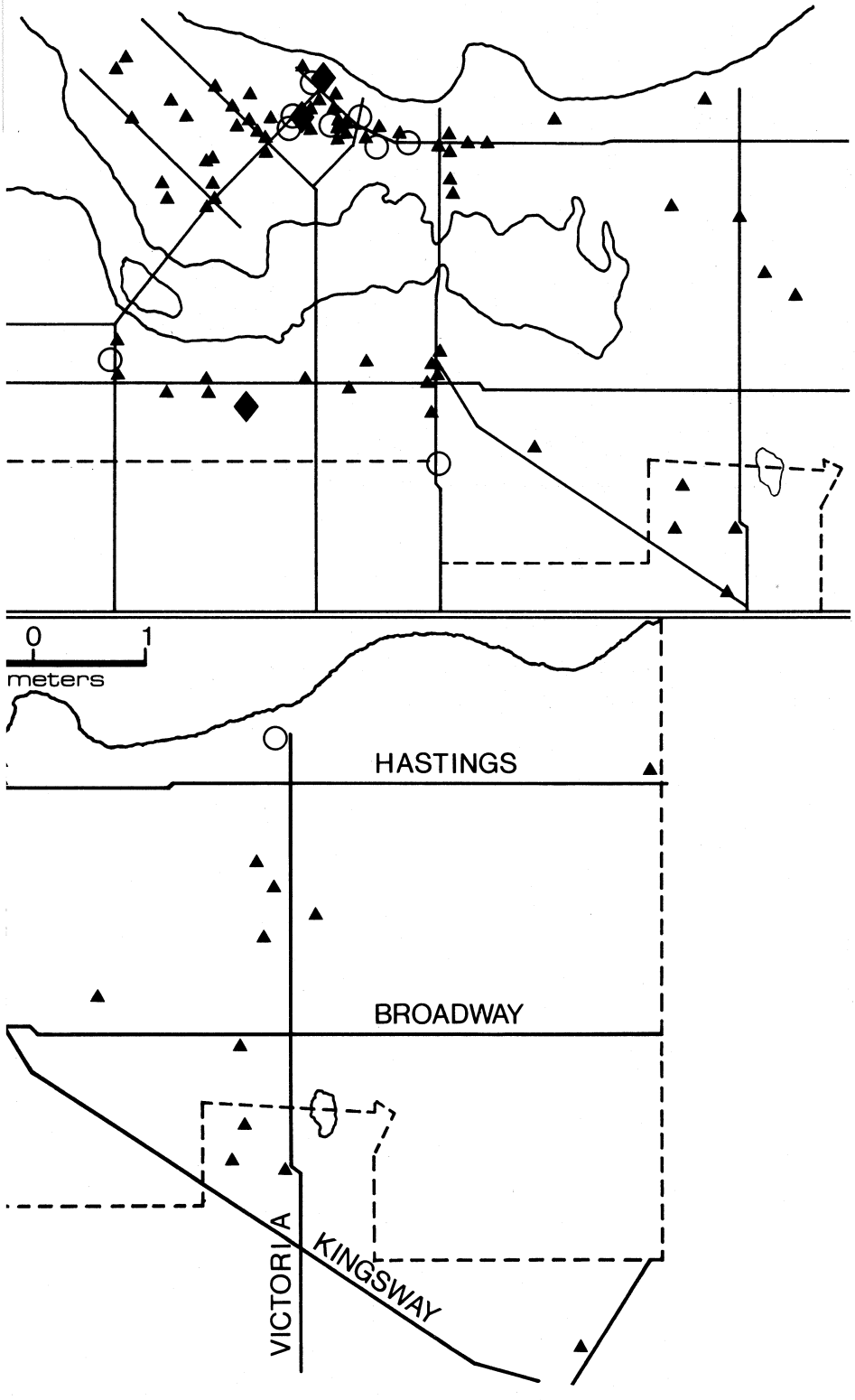


FIGURE 3

Medical Practices in Vancouver 1902, 1911, 1920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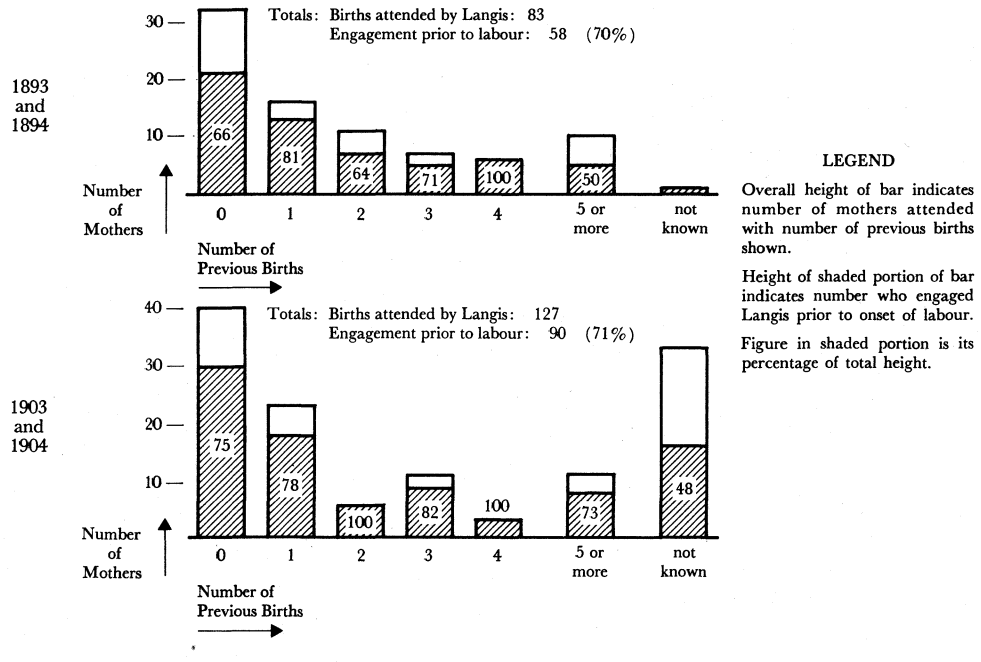

FIGURE 4

Number of Previous Births by Mothers Attended at Delivery by Dr. Langis, with Fraction Engaging Him Prior to Labour

October 1857; his ancestors included men active in Quebec affairs in the seventeenth century. He attended primary school in Rimouski, then continued his formal education at the Quebec Seminary, at Laval University, and finally at the Victoria Medical College in Cobourg, Ontario (part of the Ecole de Médecine et Chirurgie of Montreal); he received the MD degree in 1883.

Before putting down roots in Vancouver, he moved from place to place for a number of years. After graduation, he became an employee of the Canadian Pacific Railway, working in the Ontario Lakehead and then in Yale, Port Moody and Vancouver.[13] Perhaps in April 1886, and certainly prior to the fire which destroyed Vancouver in June of that year, he left on a trip which included Honduras and New Orleans;[14] he may have been looking for a place to set up practice. He was certainly looking for work in California in September 1886, when he travelled on foot for a day and a half to a mine fifty kilometres northeast of Sacramento; he did not get a job there, but was working later in the month, perhaps in San Francisco.[15]

Upon his return to Vancouver in 1887, he formed a medical partnership with W. J. McGuigan (another former CPR doctor), which lasted until the latter's death in 1908.[16] His integration into the anglophone community is illustrated by his appointment in 1888 to the first Medical Board of the City Hospital[17] and by his adoption of English as his preferred language.[18] He gained a reputation as an able surgeon and obste-

[13] Additional biographical information on Langis may be found in *The News-Herald*, 12 June 1937, p. 1; *The Daily Province*, 12 June 1937, p. 5; *The Vancouver Sun*, 12 June 1937, p. 3; Letter from H. E. Langis to R. E. McKechnie in F. W. Howay and E. O. S. Scholefield, *British Columbia from the Earliest Times to the Present* (Vancouver, 1914), vol. 1, pp. 615-17; College of Physicians and Surgeons of British Columbia, Master Register; W. D. Keith, *St. Paul's Hospital, Vancouver, B.C., The History of the Medical Staff 1920-1940* (n.p., [1950]), p. 2; "Biographies of Early British Columbia Doctors," University of British Columbia, Woodward Library Memorial Room (three unpublished volumes); Vancouver City Archives, Add. Mss. 54, vol. 13, file L-29.

[14] "Biographies of Early British Columbia Doctors"; *The Vancouver Advertiser*, 18 January 1887. There are no entries in the 1886-1888 Daybook dated between 19 April 1886 and 6 September [1886].

[15] Daybooks, 6 September [1886], the facing page, and 21 September 1886 to 4 December 1886.

[16] Keith, p. 3; "Biographies of Early British Columbia Doctors."

[17] Vancouver City Archives, Vancouver General Hospital Archives Book for 1886-1901, 23 September 1888.

[18] From 1888 on, the Daybook entries were written only in English. Earlier, they were written in a mixture of English and French.

trician.[19] His income, which increased from $2,500 in 1888 to $9,500 in 1904,[20] appears to have been remarkably good for a doctor of his day: early in the twentieth century, the average physician in Chicago charged fees comparable to his and earned from $1,500 to $3,000 per year; Chicago eye, ear, nose, and throat specialists earned from $3,000 to $6,000.[21]

He adopted a scientific approach to medicine earlier than many doctors: he bought a microscope in 1885, at which time microscopes were not yet used in course work by most American medical schools.[22]

During his years of practice in Vancouver, he lived in the downtown premises he and McGuigan shared as offices. He moved to a farm near Parksville on Vancouver Island in 1909,[23] and spent most of his remaining years there;[24] he died in 1937 at the age of 79.

Langis' patients in Vancouver included Chinese, Japanese, Native Indians and people of assorted European nationalities. In view of the second-class social status of Orientals and Native Indians, it is worth noticing that members of these ethnic groups did receive treatment, sometimes even non-emergency treatment. Table 2, showing nationality of the babies Langis delivered during two two-year periods, gives the clearest available indication of the ethnic background of his patients.

Langis frequently attended another group of second-class citizens, the women of the city's red-light district. He attended Laura Scott and her employees from 1890 through 1904, first at 54 and then at 111 Dupont Street.[25] He did not have such sustained contact with other bawdy houses, but did record visits to "Helen" at Sadie Talbot's and to "Pearl," "Thelma"[26] and a number of other women living on Dupont Street. It is unlikely that more than a handful of Vancouver doctors attended prostitutes as regularly and extensively as Langis.

19 *The News-Herald*, 12 June 1937, p. 1; *The Daily Province*, 12 June 1937, p. 5.

20 Daybooks, 1888 and 1904, monthly cash account sections.

21 "Incomes of Physicians," *The Dominion Medical Monthly and Ontario Medical Journal*, vol. 18 (1902), p. 220.

22 Daybooks, 1885, monthly cash account section; Rothstein, p. 262.

23 Keith, p. 2.

24 The Vancouver directory shows that Langis was again practising in the West Hastings Street area of Vancouver in 1919. There is no mention of him in Parksville or Vancouver directory listings for the years 1920 through 1923. He is listed as a resident of Parksville from 1924 to 1937. In 1937 he is listed in the Vancouver directory at the address of a nephew.

25 For example: "Rosa (L. Scott) [$]3" (Daybooks, 21 November 1893), and "Laura Scott, girl pd." (Daybooks, 28 August 1904).

26 Daybooks, 3 and 4 March 1904, 14 March 1893, 24 and 26 November 1904.

TABLE 2

Ethnicity of Babies Delivered by Dr. Langis

Ethnic group (categories are Langis')	*1893-1894* *Langis engaged* *Before labour*	*Not before*	*1903-1904* *Langis engaged* *Before labour*	*Not before*
Canadian	6	4	50	18
English	11	3	6	2
French Canadian	7	2	5	2
Jewish	5	3	3	1
German	8	1	1	—
American	1	1	3	4
Irish	1	2	2	1
Scottish	3	1	—	—
New Foundlander	2	—	2	—
Danish	3	—	1	—
Swedish	—	—	2	2
Polish	—	2	—	1
Syrian	1	—	—	—
Greek	—	—	—	1
Australian	—	—	1	—
Chinese	—	—	1	—
Japanese	—	—	—	1
French	—	—	1	—
British	—	—	1	—
American/Canadian	—	—	3	—
Irish/Canadian	—	—	3	—
English/Canadian	—	—	1	1
Greek/English	—	—	1	—
Italian/English	—	—	1	—
Belgian/American	—	—	1	—
Halfbreed	—	—	—	1
Unknown	9	6	1	1
Total	57	25	90	36

SOURCES: Daybooks [see note 11], 1893, 1894, 1903 and 1904, sections for Obstetrical Records.

Table 3 shows the occupations of about half of Langis' patients in March 1888 (those whose occupations could be ascertained from city directories); it suggests that, although his practice included people with a wide range of occupations, unskilled workers were patients relatively

TABLE 3

Occupations of Dr. Langis' Paying and Nonpaying Patients, March 1888

Occupations of paying patients (16 patients)	*Occupations of nonpaying patients (11 patients)*
Carpenter (2)	Farmer
Hotel Proprietor	Plasterer
Sawmill Foreman	Restaurateur
Sawmill Tallyman	Carpenter/Builder
CPR Locomotive Engineer	Clerk
Hotel Employee	CPR Engine Turner
CPR Draughtsman	Boarding House Operator
Hotel Clerk	Clothing Store Partner
Ship Captain	Hotel Partner
Storekeeper/Postmaster	Lumberman
CPR Engineer	Sawmill Boom Tender
CPR Striker	
Bartender	
Hotel Keeper	
Dry Goods/Grocery Store Partner	

NOTE: Occupations are not known for twenty-five patients; sixteen of these paid Langis' bills and nine did not.

SOURCES: Daybooks [see note 11], 1888; E. Mallandine and R. T. Williams, pub., *The British Columbia Directory*, 1887; R. T. Williams, pub., *Vancouver City Directory*, 1888.

infrequently. However, since the occupation of about half the patients is unknown, and since directory compilers were likely to omit people living in boarding houses or other temporary housing (a type of accommodation favoured by unskilled workers), this conclusion is open to doubt.

Table 4 shows the sex of Langis' patients in 1890 and 1891, together with the proportion of males and females in the city according to the 1890-1891 census. It seems that women received, in proportion to their number, less frequent medical care than men. Since the need for medical care due to accidents among men is presumably at least offset by that due to pregnancy among women, the discrepancy should not be attributed to a difference in need, but rather to a difference in the importance assigned by society to the two sexes' receiving medical care: men rather than women usually provided family incomes, and women who did support

TABLE 4

Sex of Dr. Langis' Patients

	1890	*1891*
Visits to patients known to be female	160	335
Visits to patients known to be male	549	828
Visits to patients whose sex is not known	11	43
Visits to females as a percentage of all visits	22%	28%
Visits to females as a percentage of visits to patients whose sex is known	23%	29%
Visits to males as a percentage of visits to patients whose sex is known	77%	71%

NOTE: According to the 1891 Census, the population of Vancouver was 13,709; 8,942 males (65%) and 4,767 females (35%).

SOURCES: Daybooks [see note 11], 1890 and 1891; Canada, Dept. of Trade and Commerce, *Census of Canada, 1921*, vol. 1, (Ottawa, 1924), p. 340.

themselves had lower incomes than men and therefore less to spend on medical attendance.

A few occurrences of names in Langis' daybooks span several years (for example, the records of his delivery of the Pierre Tardifs' first child in 1893 and of their seventh eleven years later), but most span only a year or two. The apparently short duration of Langis' contact with most of his patients is in accordance with the geographic mobility one would expect in a population which included many immigrants seeking to better their fortunes.

Langis made himself highly available to his patients. There is no record of his stated office hours, but at least one Vancouver doctor of the period advertised morning, afternoon, and evening hours;[27] Langis attended patients on all seven days of the week and at night. On occasion, he would visit a patient several times a day, day after day.[28] He was also prepared to spend time travelling to patients outside Vancouver: he frequently went across Burrard Inlet to Moodyville, and he made calls on Lulu Island and in Port Hammond and Steveston.[29]

Langis' work load made this use of his time feasible. In 1885, he

[27] Henderson's *City of Vancouver Directory*, 1901, p. 766, listing for Herbert W. Riggs. The general practitioner of the day was expected to be available at any time. (James Gregory Mumford, *A Doctor's Table Talk* [Boston, 1912], p. 52.)

[28] Daybooks, 8-16 July 1887 and 13-19 November 1904.

[29] Daybooks, 8 March 1893, 6 April 1893, 17 January 1893, 19 March 1894, 8 May 1894.

ordinarily saw from one to three patients a day, and there were frequently days when he saw no patients at all.[30] In 1888, he ordinarily saw from three to five patients a day, six or seven on a busy day, and only one on a slow day. In 1903 and 1904, he ordinarily saw from five to twelve patients a day, three on a slow day.

Although Langis' records usually do not indicate a patient's complaint, exceptions occur frequently enough to give a sense of the kind of medical work he performed; he delivered babies, treated accident victims with dislocations, fractures and crushed limbs, treated those sick with smallpox and other infectious diseases, gave vaccinations, plugged teeth, and performed surgery ranging from circumcision and tonsillectomy to mastoid and abdominal operations.[31] As this list indicates, Langis' patients came to him for healing and sometimes for obstetrical or preventive health care.

Langis was called on to heal those who suffered from ill health which stemmed from the widespread recreational use of alcohol and sex typical of a town containing a large number of single men, many there after months in logging or mining settlements.[32] It is likely that some of the accident cases treated by Langis were the result of drunkenness,[33] and he was also asked to treat the direct effects of over-consumption of alcohol. He received the following note at 2 a.m. from the bartender of the Atlantic Saloon.[34]

> Dear Sir.
>
> Will you kindly treat Mr Rose, he has bean
> Drinking hard. and need some attendance.

[30] Langis accounted for his small practice thus: "The first few years the clientele was not very big, as most of the heads of families worked for the C.P.R. and were attended by their own [C.P.R.] surgeons." Letter from H. E. Langis to R. E. McKechnie, *loc. cit.*

[31] Daybooks, 13 August 1887, 23 August 1887, 6 March 1893, 2-8 October 1904, 28 November-3 December 1904, 8 April 1893, 2 June 1887, 15 September 1904, 18 September 1904, 11-14 October 1904; Daybooks, 1904, pocket inside back cover (order from the Ironside, Rannie, and Campbell company, dated 4 December 1904); *The News-Herald*, 12 June 1937, p. 1.

[32] For evidence of the recreational use of alcohol and sex in Vancouver during this period, see M. Allerdale Grainger, *Woodsmen of the West*, (1908; rpt. Toronto, 1964), p. 15; McKechnie, p. 139.

[33] For evidence of accidents resulting from drunkenness, see University of British Columbia Library, Special Collections, British Columbia Electric Railway Papers, box 146, file 562, accident reports for 23 December 1914, 20 September 1913, 19 December 1913, 14 January 1914. There is no reason to believe Langis did not treat similarly caused accidents.

[34] Daybooks, 1904, pocket inside back cover.

Kindly send bill to me and oblige

Yours truly

G. C. Dittherner

What treatment Langis gave in this case is not recorded, but he did send an alcoholic to hospital for a few days on at least one occasion.[35]

Patients came to Langis with syphilis. Although his daybooks do not indicate the nature of the treatment he gave these patients (it was presumably the approved treatment of the day — prolonged dosing with potassium iodide, mercury, or both[36]), they do reveal the psychological response of a patient to syphilis, and perhaps the disease's impoverishing effect. One Julien LeBlanc was examined by Langis in March 1887 and found to have syphilis. LeBlanc paid his bill, but did not again seek Langis' assistance until February of the following year. By then, his apparent nonchalance had changed to concern. He saw Langis six times in February and four times in March. (These visits are marked as paid.) He saw him twice in April and five times in July. (These visits are marked "n.g." — no good.) After mid-July, LeBlanc disappears from Langis' records.

Many sorts of preventive medical attendance, including prenatal care, have become increasingly accepted by the public during the course of the twentieth century. Considering which of Langis' patients arranged for prenatal care may yield some insight into the beginnings of this acceptance.

In both 1893-1894 and 1903-1904 70 percent of the women Langis attended in childbirth had engaged him prior to the onset of labour, and therefore had the advantage of some prenatal care.[37] (See figure 4.) Ethnic background does not seem to determine who sought prenatal care (see table 2), nor does economic position (as indicated by occupation): the wives of a dyer, a steward, a pedlar, a tinsmith and a watchman booked in advance; the wives of a stonemason, a paperhanger, a jeweller and a commercial traveller did not; three labourers' wives booked in

[35] Daybooks, 20-22 October 1904.

[36] "Treatment of Syphilis," *The Canada Lancet*, vol. 20 (1888), pp. 245-46; R. W. Taylor, "Some Practical Points in the Treatment of Syphilis," *The Canada Lancet*, vol. 22 (1890), p. 244; "The Best Method of Administering Potassium Iodide," *The Dominion Medical Monthly and Ontario Medical Journal*, vol. 25 (1905), pp. 281-83.

[37] For a description of the care recommended early in the century for pregnant women by a McGill lecturer, see David James Evans, *Obstetrics, A Manual for Students and Practitioners* (2nd ed.; Philadelphia, 1909), pp. 59-61.

advance, five did not.[38] On the other hand, the high proportion of premature births and difficult deliveries among women who booked in advance (table 5, data for 1893 and 1894) does suggest that women who had reason to expect difficulty with their pregnancy or delivery were likely to book in advance. Figure 4 indicates that women who had already

TABLE 5

Obstetrical Problems Among Dr. Langis' Patients

	1888	*1891*
Deliveries	9	30
Langis engaged before labour	—	—
Miscarriages and stillbirths	1 (11%)	3 (10%)
Premature births	1 (11%)	1 (3%)
Difficult deliveries	—	—
	1893	*1894*
Deliveries	46	37
Langis engaged before labour	31	27
Miscarriages and stillbirths*	2 (6%)	4 (15%)
Premature births*	5 (16%)	4 (15%)
Difficult deliveries†*	7 (23%)	8 (30%)

— Data unavailable

*These data for 1893 and 1894 only available for patients who engaged Langis before labour. Percentages here refer to that group.

†For example: shoulder presentation, hemorrhaging or use of forceps.

SOURCE: Daybooks [see note 11], 1888, 1891, 1893 and 1894, sections for Obstetrical Records.

given birth (and therefore knew whether they did so easily or not) were more likely to book in advance than women pregnant for the first time.

A woman who turns to a doctor during pregnancy must believe that he can increase her comfort and the safety of herself and her child. Earlier in the nineteenth century, distrust of doctors and their methods was common on this continent.[39] That so many of Langis' patients sought his assistance before the onset of labour — not just when its pains might have made them ready to clutch at any chance of relief — suggests a high level

[38] Daybooks, 1893, 1894, 1903, 1904, sections for Obstetrical Records.

[39] During the nineteenth century, the popularity of Thomsonianism, patent medicines, and, to a lesser extent, homeopathy, indicates a rejection of regular physicians and their methods. (Rothstein, *passim.*)

of popular belief in the benefits of medical attendance, and presumably reflects popular awareness of the increasing effectiveness of medicine.[40] It is interesting that this awareness was not confined to ethnic and occupational groups with high social status.

Between 1894 and 1903, Langis' obstetrical patients began to arrange to have their babies in hospitals. (The first evidence of hospital delivery appears in the 1903 daybook; the preceding daybook was for 1894.) Table 6 indicates that most of Langis' obstetrical patients in 1903 and 1904 still preferred to have their babies at home, and that women having

TABLE 6

Analysis of Deliveries by Dr. Langis, 1903-1904

		Total delivered	*Delivered in hospital*	*Percent in hospital*
No. of previous births	0	40	12	30
	1	23	1	
	2	6	0	
	3	11	0	6*
	4	3	1	
	5 or more	11	1	
	Not known	33	5	15
Langis engaged before labour		90	10	11
Not before		37	10	27
Total		127	20	16

*This is the percentage of all deliveries known to be preceded by one or more previous births.

SOURCE: Daybooks [see note 11], 1903 and 1904, sections for Obstetrical Records.

[40] Ironically, the practice of obstetrics was slow to improve. The maternal death rate, although it declined markedly among charity patients in hospitals, improved very little among private patients in Britain and America during the years covered by Langis' daybooks (Evans, p. 123), and Flexner complained as late as 1910 that obstetrical training of doctors was inadequate to meet the needs of mother and child (Flexner, pp. 117-18).

a first baby were more likely to go to hospital than those who had already given birth. (Perhaps this was because they had fewer domestic responsibilities than women with children.)

During the years covered by the nine daybooks, there were five unmarried women among Langis' obstetrical patients; one was mentioned in his records for 1893 and four in those for 1904. None of these women engaged his services in advance, two had their babies in hospital, and all five were pregnant for the first time. Langis received payment for attending two of the women — from the woman herself in one case and from a local contractor in the other. The social standing of the remaining three was likely quite low: one was a waitress, one was apparently a Native Indian, and Langis indicated that the child of the third was coloured.[41] That these women, although stigmatized by pregnancy outside marriage, sought a doctor's attendance shows again the generality of expectation that his health service would be available.

In the days before periodic medical examination of the seemingly healthy became common, the life insurance medical examination was for many the only occasion when a doctor had an opportunity to identify incipient health problems and recommend treatment. Like other doctors, Langis performed many of these examinations,[42] some for large life insurance companies and some for benevolent associations.[43] The typical life-insurance medical examination of the day consisted of auscultation and percussion of the bare chest, accompanied by close questioning of the applicant about his habits and health and about the health of his family; sometimes, particularly if the policy applied for carried large benefits, the applicant's urine was also analyzed.[44]

[41] Daybooks, 1893 and 1904, sections for Obstetrical Engagements and Obstetrical Records; Daybooks, 29 January 1893 and 15 March 1904; Daybooks, 1893, section of monthly accounts, entry for 26 April.

[42] "With the great growth of life and fraternal insurance during the past few years, practically every physician is engaged to some degree as examiner for some company or association." (Review of Charles Lyman Green's *The Medical Examination for Life Insurance . . .*, *The Dominion Medical Monthly and Ontario Medical Journal*, vol. 24 [1905], p. 229.)

[43] For example, Daybooks, 23 June 1888, 26 July 1888, 29 November 1888, 27 November 1888.

[44] Frank W. Foxworthy, ed., *Life Insurance Examination* (St. Louis, 1924), p. 40; George Wilkins, *Hints as to Medical Examination for Life Assurance*, (Montreal, [1880s?]). I am pleased to thank J. M. Champagne, Underwriting Supervisor of the Canadian Foresters Life Insurance Society, and Elizabeth Gibson, Librarian of the Sun Life Assurance Company of Canada, for sending me copies of turn-of-the-century medical examination forms, which were also informative.

Langis received no payment for a large part of his medical work; table 7 indicates the numbers of his paid and unpaid visits in the month of March (as a sample) of some years; table 3 shows the occupations (based

TABLE 7

Amount of Medical Attendance Given by Dr. Langis for Which He Was Paid

Period	*Visits*	*Paid visits*
March 1885	86	19 (22%)
March 1887	46	19 (41%)
March 1888	111	65 (59%)
March 1890	67	36 (54%)
March 1891	116	68 (59%)
March 1893	176	54 (31%)
March 1904	209	81 (39%)

NOTE: The number of visits which were paid for may be underestimated. Langis' monthly records of cash received sometimes show payments from patients when there is no corresponding indication of payment in his record of daily visits. This is particularly common for 1891-1904. His records for 1894 and 1903 seem so clearly inaccurate that they have been omitted from this summary.

SOURCE: Daybooks [see note 11], 1885, 1886-1888, 1888, 1890, 1891, 1893 and 1904.

on information in city directories) of a number of Langis' patients in March 1888, and indicates that there was no clear difference in social or economic standing between those who paid and those who did not. Of those who did pay, the well-to-do tended to pay infrequently, while working-class patients paid at frequent intervals and often paid a large bill in instalments.[45] There is no indication that Langis neglected patients who did not pay.[46] Although medical care could be had from Langis without payment, failure to pay was not respectable; people even paid on behalf of others for whom they felt responsibility or affection — Chinese servants, employees, family members and mistresses.[47]

[45] For example, the daybooks show that Charles Doering (a partner in a brewery) or members of his family had thirty-four visits from Langis in 1894. Doering paid Langis $62.50 on 16 January 1894 and $75.00 on 4 December 1894. In contrast, C. E. Maddams (according to Langis, a steward; according to the directory, a porter) had his eighth child delivered by Langis on 3 May 1894. Maddams paid $20 on 13 May and $5 on 14 July.

[46] Patients who had not paid continued to receive care from Langis. For example, Jennie Wilson was visited by him on 11, 12 and 14 March 1888, even though a bill for $60 sent the preceding August had not been paid (Daybooks, 1886-1888).

[47] For example (all citations refer to Daybooks): "Mrs Dan Ross, Chinaman" (5

Group medical insurance plans helped guarantee that medical bills would be paid. Langis' daybooks show quarterly payments from the Ancient Order of Foresters, commencing in 1891 and varying in amount only slightly from one quarter to another;[48] the consistency of amount suggests that these payments were based on the number of AOF members in Vancouver. His daybooks also show payments from the Independent Order of Foresters and the Canadian Order of Foresters;[49] payments from these groups show no regular pattern, so it is likely that Langis provided medical care for their members on a fee-for-service basis. Group medical insurance plans were also established by companies: Langis' daily entries mention the Hastings Mill Company; the telephone company; Kelly, Douglas, and Company; and, most frequently, Ironside, Rannie and Campbell.[50] The last-named company (contractors specializing in railroads and public works) had a plan which provided both medical and hospital care for employees who contributed to one of the company Hospital Funds; these funds were administered by the company, and a company official signed the order for medical care which was presented to a doctor by a sick or injured employee.[51]

August 1905); "A. B. MacNeill, Chinaman" (5 and 7 October 1904); "Jas Summers [of the White Swan Hotel] (white servant) [$]10" (20 June 1891); "T. D. Cyrs [proprietor of the Granville Hotel] (H. Pinard) pd" (3 October 1893); "W. E. O'Brien pd mother" (13 October 1904); "Blanche Lewis Annie pd" [Both Blanche and Annie Lewis lived at 138 Dupont Street, in the house of Blanche Wood] (19 September 1904); "Fred Martin a lady" (10 September 1904).

48 Recorded payments received from AOF were:

10 Oct 1891	32.25	6 Jan 1894	41.00	6 Jul 1903	104.50*
Jan 1892	33.75	5 Apr 1894	36.00	17 Oct 1903	108.50
21 Jan 1893	39.25	10 Jul 1894	40.75	13 Jan 1904	103.50
7 Apr 1893	38.25	8 Oct 1894	37.75	6 Apr 1904	105.75
3 Aug 1893	38.25	5 Jan 1903	104.00	5 Jul 1904	110.00
10 Oct 1893	38.50	8 Apr 1903	104.25	18 Dec 1904	104.50

*: Apparently in error, this is recorded as from the IOF (Daybooks, monthly cash account sections).

49 Recorded payments received from IOF were:

8 Dec 1891	7.50	24 Feb 1893	21.75	9 Jun 1894	10.00
28 Dec 1891	25.00	2 Mar 1894	25.00		

Recorded payments received from COF were:

15 Jan 1894	21.00	19 Jul 1894	10.00	23 Oct 1894	22.50
10 May 1894	10.00				

(Daybooks, monthly cash account sections).

50 Daybooks, 28 May 1887, 2 October 1888, 30 June 1904, and 10, 15, 22, 24, 25, 29 and 31 August 1903.

51 Daybook for 1904, pocket inside back cover (orders for medical care).

Langis appears not to have increased his fees in the years from 1888 to 1904. The increase in his income in this period was due to the growth of his practice, particularly his practice of obstetrics and surgery, which paid well.[52] With this specialization, his practice also included an increasing proportion of hospital visits. The changes in Langis' practice reflect fundamental changes in the world of medicine: there was in the years covered by Langis' daybooks such growth in medical knowledge and technology, in the number and sophistication of medical institutions and in the expertise of medical personnel that the increased likelihood that medical attention would provide cure or relief of sickness encouraged people to seek it and to submit themselves even to its specialized forms, hospitalization and surgery.[53]

* * *

The adequacy of medical attendance may be measured by determining whether there are enough doctors to meet the demand for that service, whether the doctors are competent and whether the people who need the service receive it. It is clear that there were more than enough doctors to meet the demand in Vancouver during the period of this study, and that they had, for the most part, been well trained by the standards of the day. It is less clear that those who needed medical attendance received it: although Langis' practice shows that no group of people (in particular, no group determined by income, social standing, or ethnicity) was systematically excluded, and that medical attendance was available to those who could not pay for it, there were nevertheless those who did not go to doctors because of fear, superstition, ignorance or unwillingness to receive charity.

Two patterns of change in doctors' collective behaviour during this period do point to an increase in the use of medical attendance: an increasing frequency of separation of office from residence (noted in section I) and a decreasing frequency of partnership practice[54] suggest

[52] The usual charge for a visit was $2.50, but it might be $5.00 if made during the night. Charges for a confinement varied from $15.00 to $40.00. Charges for operations ranged from $15.00 to $20.00 for minor ones to $125.00 for major ones. In practice, Langis seems to have used a sliding system of fees: he sometimes marked accounts "paid" when his cash receipts showed that the patient had paid less than the amount due.

[53] For a clear discussion of the interrelationship of medical science and medical attendance, see Rothstein, ch. 13-15.

[54] Four (14 percent) of the 29 doctors identified in this study as practising in Vancouver in 1898 practised in partnership, 10 (10 percent) of the 101 doctors of 1909 did, and only 2 (1 percent) of the 202 doctors of 1920 did.

that the affluence of doctors in Vancouver increased over these years. An increase in their fees would explain this, but it seems unlikely they would have made such an increase, given their apparent underemployment (Langis, who did in fact become more wealthy, does not seem to have increased his fees); it is more likely that incomes rose because practices increased in size. Since, as we have seen, the doctor-population ratio did not change significantly over these years, it seems clear that the fraction of the population receiving medical attendance increased — that there was an increased demand for this service.

During the period of this study, doctors' routine attendance on patients unlikely to pay their bills was the basis of a system whereby those who could afford to pay for medical care subsidized those who could not. This system worked because social attitudes which equated respectability with economic self-sufficiency motivated people to pay for medical attendance, either individually or through group plans which spread the cost of high medical bills and compelled saving. However, the system worked imperfectly: the same social attitudes led many people of limited means to fail to seek a doctor's care until their cases were desperate; moreover, the power of social opinion was not completely effective, and some who could have paid their doctor bills did not. This, and a growing sense of the social waste inherent in untreated ill health, encouraged the development of the new, less individualistic social attitudes expressed in the proposals — frequent after the end of the First World War — for a state medical service.[55]

[55] For examples of such proposals, see *The Daily Province*, 20 December 1918, p. 15, 27 December 1918, p. 7, 12 February 1919, p. 5; *The Vancouver Daily Sun*, 5 March 1919, p. 1.