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TORONTO'S METAPHYSICIANS:

THE SOCIAL GOSPEL AND MEDICAL PROFESSIONALIZATION

IN VICTORIAN TORONTO

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The turn of the 20th century saw the birth of the Canadian medical profession. It emerged from a confusing welter of competing 19th century sects by identifying itself with the successes of post-Pasteurian medical science, and achieved social legitimacy by mixing a powerful revolutionary collectivist ideology with physicians' control of the 'helping' institutions. This process of professionalization[1] must be understood within its ideological framework - a dynamic construct with one foot deep within Canada's historical roots and the other standing firmly on the trunk of a social theology that identified science with moral responsibility.

Toronto, Ontario, was a 19th century Canadian urban crucible in which social forces and individual personalities struggled and were formed. As such, the touchstone of many a social process can well be identified there, and medical professionalization is no exception.

Medical activity in mid-19th century Toronto was characterized by confusion and conflict. Competing systems of medical practice and theories of disease, bitter personal rivalries, the continual phoenix-like establishment of medical schools, all bewildering in their own right were further complicated by the political strife of the period. Homeopaths ridiculed army surgeons and were themselves mocked for their pains. Tory practitioners criticised Reformers, who in turn lampooned the medical peccadilloes of their political antagonists. There was little sense of corporate identity amongst medical men. Doctors made their reputations on an individual basis and medical standing often rested more on social status than on skill.

Some of the factionalism sprang from differing definitions of disease and contrasting therapeutic practices. In an era marked by popular acceptance of monistic etiological constructs, any theory which could offer a simple explanation of disease and promise relief from pain was commonly accepted; and Homeopaths, Thompsonians, Christian Scientists and others gained a not insignificant following.[2]

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Attacked as 'quacks' by 'regular physicians', these practitioners adhered to etiological concepts not any more 'irregular' than the miasmatic, spontaneous generation and contagion theories of the 'regulars'. While 'regular physicians' provided the backbone of what later became the sanitarian movement, they could boast of no quantitative proof of methodological superiority. Indeed, their infatuation with bloodletting, frequent dosings of calomel and primitive surgical skills may have significantly contributed to what already was an extremely high death rate.[3]

With the state of medical practice as it was, it is no surprise that public confidence in medical practitioners was lacking. Low success rates did not inspire trust. Hospitals were for the treatment of paupers, and conditions in them, both sanitary and medical, were more conducive to dying than recovery. The *Toronto Mirror* made the point well:

> One half the cases admitted into the hospital have been simple, mild cases, which would have recovered under simple, mild treatment. Why should the remainder under wine and brandy be now in the graveyard? And why should 800 out of 2000 be still in jeopardy? Is medicine really but a humbug and the Faculty but a league of charlatans?[4]

Medical distinction did not rest on proved efficacy and, as a result, was based on the social status of the individual doctor. Toronto's 'regulars' were, in the main, members of a social elite: army surgeons or graduates of British medical schools who 'were in close touch and sympathy with and evidently possessed the confidence of the Governors and Executive (Council)'.[5] Through their political and social connections, they controlled the universities, hospitals and licensing boards, thereby consolidating their positions and perpetuating their ascendancy. Toronto's most influential surgeon, Christopher Widmer, for example, rose from army ranks to chair the Upper Canada Medical Board, sat as director of the Bank of Canada, presided over the Toronto General Hospital, founded the St. Andrews Masonic Lodge and sat as an appointed member on the Legislative Council. William Baldwin, whose son Robert is linked with Responsible Government in Canadian history texts, built the magnificent Spadina House with its laneway, Spadina Avenue, and sat as member of Parliament for York, Alderman for St. Andrews Ward and member of the influential Medical Board, became Mayor of Toronto in 1835 and actively participated in the '37 uprising on Mackenzie's side. Lucius O'Brien, on the other hand, wrote voluminously against the secularization of clergy reserves and edited the *Toronto Patriot*, the *Clergyman* and the *Colonist*.

This status-related medical individualism found impetus to association with the introduction of Pasteurian germ theory and its practical application through Listerism.[6] With a new conceptual construct, control of public institutions and a now more favourable success rate as 'proof' or their superiority, the new 'scientific practitioners' closed ranks behind a monopoly of knowledge and technique. The expectations unleashed by the flowering of science's spring blended imperceptibly with the watchword of the century - progress - and Canadian medical men began to band together in the planting of medical practice in the soil of scientific legitimacy.

Early attempts to control medical practice coincided with impassioned attacks against 'unscientific practitioners' or 'quacks'. Although pecuniary competition cannot be ruled out as an impetus for the vehemence of the confrontations, many physicians directed their barbs specifically at the unscientific approach of faith healers, occultists, nostrum pedlars and the like. Dr. Adam Wright, a leading Toronto physician and professor of obstetrics at the University, continually emphasised this theme:

> We try to replace the gross quackery and charlatanism of past ages by careful methods of investigation and general honesty of purpose. We are earnestly trying to place medicine on a scientific basis.[7]

Similarly, Dr. Harry Bertram Adams, an internationally-recognized pathologist, spelled out his concern:

> The whole practice of medicine, surgery and obstetrics is scientific and that it is founded upon investigation, study, reasoning and experiment.[8]

and identifying the public good with scientism further, he argued that only those doctors who had undergone university training were capable physicians.

Scientific medicine and human progress became inexorably linked in the mind of the 'regular practitioner'. William Osler defined medicine as an art and a science, 'an integral part of the science of man and of nature'[9], 'one of the great factors in the progress of humanity'.[10] Irving H. Cameron, a distinguished Toronto surgeon, told the 1899 meeting of the CMA that 'medicine is an art, the hope of whose progress and development is wholly based upon our science'.[11]

Scientific medicine, however, in the words of its exponents, had a moral component as well. Indeed, cautioning voices aside, it seemed that regular physicians espoused a belief that scientific medicine could lead society to a

disease-free millenium. 'In unravelling the causes of disease, in perfecting the methods of prevention, and in the wholesale relief of suffering', Osler wrote, 'in the unloading of old formulae and in the substitution of the scientific spirit...we see a promise of a still greater achievement and of a more glorious future'.[12] Similarly, the *Canadian Practitioner and Review*, mixing biblical and scientific metaphors lauded:

> Search the Scripture of human achievement and you will not parallel in beneficence anesthesia, sanitation and asepsis - a short half century's contribution towards the practical solution of the problems of human suffering, regarded as eternal and insoluble.[13]

Consequently, since 'regular practitioners' saw nostrum pedlars and others of their stripe as unscientific, they identified them as regressive and dangerous - serpents in a possible medical Eden. Stamping out the unscientific practitioner became for the 'regulars' a holy crusade, justified by their sincere belief that only medicine scientifically practiced could further human progress.

This scientific imperative found happy union with a popular social sentiment that was sweeping the land. Embodied as a political-social-economic movement in the Social Gospel this ideological force created the intellectual framework for much of Canadian social reform. A complex of ideas and hopes that strove 'to embed ultimate human goals in the social, economic and political order',[14] this sytem of beliefs was actually applied Christianity, a social religion concerned with the quality of human relationships on earth.

A curious mixture of Protestant liberal theology and evangelistically-tempered Calvinism, this movement, in Ontario, shared in the impetus to a wide variety of social reforms. For example: prohibition, woman's suffrage, sex education, the trade union movement and various political parties along with many others, all shared roots in an ideology that lauded the goals of community, brotherhood, social responsibility, the anthropocentricity of Christ and the 'divinity' of man. Its goal, in a nutshell, was, according to one of its exponents, to raise humanity to 'higher, nobler, diviner conditions of life'.[15] Medical men were not immune to the call and indeed, the values of this social theology helped form the ideological foundations of Canada's medical profession.

The doctor, according to the 'regulars', was to follow the principles of self-abnegation and community service. He was, according to Dr. Adam Wright, to be honest and classless, have commonsense and self-reliance, and above all, be dedicated, with a love of his fellow man. 'Of such men', he editorialized, 'is the Kingdom of Heaven'.[16] Similarly,

Osler admonished that the purpose of the doctor was 'to try to make the lives of others happier'. Combining scientific with religious millenialism, he wrote:

> We are not here to get all we can out of life for ourselves, but to try to make the lives of others happier. This is the essence of that oft repeated admonition of Christ, "He that findeth his life shall lose it, and he that loseth his life for my sake shall find it", on which hard saying if the children of this generation would only lay hold there would be less misery and discontent in the world...[17]

This Christian idealism was to be the keynote of the profession; the opening lecture of the 1891 medical session at the University of Toronto made the point clear.

> Our profession is a great and noble one in the sense that it gives us grand opportunities for good work in the interests of suffering humanity. Our responsibilities are many; at the same time our opportunities are great; and if we one and all as students and practitioners do our work honestly and conscientiously, having regard to our duties to God and man, we will make our profession good, great, and noble in the best sense of the word.[18]

Flaunting this theme of moral responsibility, 'scientific practitioners' joined the battle with the irregulars on *ethical grounds*, identifying them with mercenary interests. The huge fortunes amassed by some patent drug manufacturers provided visible proof, the regulars argued, of the nostrum vendors' underhanded dealings and identified their true motives. The public might not understand the difference between scientific and unscientific, but they could see the contrast between a concerned, skillful, educated, self-sacrificing physician and a greedy uncaring drug pedlar. 'A quack', a popular edition of medical stories pointed out, 'is a man more interested in himself than in the healing art; caring more for his patent than for his patient; more desirous of making dollars than of curing disease. A physician is one whose first thought is to cure his patient'.[19] According to the regulars, the charge was pecuniary greed, the consequence was human suffering, the verdict was guilty and the sentence was to be banishment from the marketplace.

However violent their condemnation of the drug trade, Toronto's physicians retained their most biting criticism for the practice of healing by faith. Faith healers were obviously unscientific, they offended the sensibilities of the proper Presbyterians, Methodists and Anglicans who made up the 'regulars', and they held great popular influence.

Late Victorian Toronto became an ideological battleground as scientific practitioners carried on a holy war against Christian Science.

Christian Science, with its roots in German Romanticism, carried the vision of healing by evoking a power of mind over matter. Led by an American, Mrs. Mary Baker-Eddy, this romantic theological offshoot challenged the healing perogative of the regular practitioner, and contributed not a little in the way of unnecessary deaths and pains. Stung by the popularity of this healing system, and sincerely concerned about its medical failings, Toronto physicians strenuously denounced the practice.

Dr. Ezra Stafford, writing in the *Canadian Practitioner*, ridiculed the Christian Scientists for their 'medieval tradition' and 'unscientific approach'. Others were less kind and the medical press carried many a case report of deaths due to the intervention of Christian Scientists. The *Canadian Lancet* further identified the unscientific basis of the movement with immorality - as expressed in that gravest sin, pecuniary interest, citing the leader and founder as a prime example.

> There is nothing except Mind, still Mrs. Eddy never neglects to collect the non-existent dollars which have made her a millionaire, nor to apply anaesthetics to relieve non-existent pain when she is the victim.[20]

Taking the argument further, the *Canadian Practitioner* charged that not only were the Christian Scientists unprincipled, but that they were a danger to the community. Identifying them as 'misguided people guilty of a grave offense against society by propagating erroneous principles',[21] it urged regular practitioners into unceasing heroic combat. This war was to be waged around the *morality* of the situation; greed contrasted to self-sacrifice, social ills against social good. The arguments were black and white, shouted in a language that the public could identify, understand and support.

The importance of these battles was not only in the outcome but in the ideology. The moral standard had become the professional standard, the mark by which the public could judge the medical practitioner. 'Regulars' had identified their interests with the popular interest: 'What is good for the medical profession' one well-known medical author noted, 'is good for the public'.[22] Scientific training, community welfare and the march of progress were, as the *Canadian Practitioner* said, 'one'. 'As our standards become higher, our doctors become better morally and in every other way; and the public ... receives the benefits'.[23] Scientific standards had been firmly linked to moral values. Medical practice was to be defined popularly

not only by technical skill but by ethical constructs. Now, the regulars argued, a doctor's ethics could identify his scientific worth, and the public could not only easily discern who was a 'good' physician, but would sanction the standards by which doctors were evaluated. In ascribing high moral values only to themselves, the 'scientifics' drove the 'irregulars' from the marketplace.

This ethical creed was, however, not just for public consumption, but was also directed towards the regular physician. Realizing the importance of universal value subscription, leading medical practitioners continually stressed the necessity of intrafraternal value control. 'The character and honor of the profession is in our hands', Dr. J. Temple in his 1890 presidential address to the Ontario Medical Association wrote, 'and just in proportion as we strive to raise it in public estimation will be the measure of our success ... we are alone its custodians.'[24]

Combining the sanctity of religion with the success of asepsis and seasoning it with a little commonly held work ethic, eminent medical men set out to proselytize Toronto's medical community. Their espousals built upon the structure of the popular Christian idealism and the professional ideology that emerged stressed the doctor's relationship to the Divine and the responsibility that followed:

> You touch God...when you lay your hand upon a human body. The spark of life we tend is a part of the divine and immortal...We deal not with Dust and To-day but with Life and Forever. And when we realize this, our own nature becomes enobled.[25]

Medicine was more than science and art, it was a sacred calling. John Ross, a leading Toronto obstetrician and president of the American Association of Obstetrics and Gynaecology, made this point clearly:

> The practice of medicine is an art, not a trade; a calling, not a business...Often the best part of a physician's work lies in the influence which he exercises in the community... the education of the moral man must keep pace with the intellectual.[26]

And Martin Luther's *beruf* could not have been spoken in language more eloquent than that of Dr. B. Spencer's 1900 address to the incoming medical class at the University of Toronto:

> You will not forget...that you are educated gentlemen, members of a most ancient and honourable profession, whose first duty should

> always be to those who trust with their lives and often their most sacred confidences. Remember that your profession is not a trade...but that a higher and more elevating standard is yours. To you much has been given, from you shall much be required.[27]

Indeed, in the ideological rhetoric one might easily confuse the eminent John Ross with St. Paul, as the former's advice to Toronto's medical men, although mixing metaphors from the Damascus convert with the parable of the sower could have been written to the Thessalonians.

> Charity should be written in letters of gold on the brow of every doctor and what he gives in charity will come back to him a thousandfold in the heartfelt gratitude of suffering humanity. His heart should be full of love and light and sunshine and uplifted with the nobleness of his calling.[28]

The espousal of the doctor as ethical superman arose complementary to the increasing influence of 'scientific medicine'. Originating in a faith in human progress through science and coupled with a popular social theology, the ethical image of the ideal doctor set the standard for public judgment of medical competence out of the technical field and into the moral one. However, by definition, only a 'scientific practitioner' could be a moral one. A scientific practitioner, as graduate of a recognized medical school and member of a medical society, it was argued, would not place self-interest above the welfare of his patient; unlike the quack, his dedication was to the service not the remuneration. This emphasis on moral standards created a special sympathetic identity for the medical community and at the same time preserved the monopoly of knowledge so vital to the development of a profession. Technical competence was not to be the standard for public judgment, thus the community could not challenge the learned skills of the practitioner. At the same time, the public did both trust and understand the ethical standards by which the medical community seemed to be governed. The acceptance of these moral standards by both practitioner and public created the ideology of Canadian medical professionalism and in so doing most probably contributed in no insignificant way to the raising of standards of medical practice.

FOOTNOTES

1. Although one might not fully agree with the American historian, William R. Johnson's assertion that 'ultimately, the process of professional development must be the fundamental focus of historical investigation', *History of Education Quarterly* 25,

Summer 1975, 196; this study does explore basic aspects of social process. Unfortunately, professional group analysis has suffered from historical sociological typology which assumes *a priori*, the existence of a linear, culminative process and concerns itself with chronologically identifying present-day professional attributes outside of the dynamic forces that shaped them. For examples see: W. J. Goode, 'Community within a Community: The Professions,' *American Sociological Review*, April 1957, 194-200; H. L. Smith, 'Contigencies of Professional Differentiation,' *American Journal of Sociology*, Jan. 1958, 410-414; E. Greenwood, 'Attributes of a Profession,' *Social Work*, July 1957, 41-55; R. Lubove, *The Professional Altruist* (Cambridge, Mass., 1965) attempts a historical view but conjecturalizes from Goode's categories.

Others ignore the sociological parameters altogether; see: G. Clark, 'The History of the Medical Profession: Aims and Methods,' *Medical History*, July 1966, 213-220; G. Rosen, 'Economic and Social Policy in the Development of Public Health,' *Journal of the History of Medicine and Allied Sciences*, Oct. 1953, 406-430.

More recent American historiography which explores this field seems to be based on a fuzzy concept of 'development-by-accumulation'; see W. R. Johnson, 'Education and Professional Life Styles: Law and Medicine in the Nineteenth Century,' *History of Education Quarterly*, Summer 1974, 185-208; P. V. Meyers, 'Professionalism and Societal Change: Rural Teachers in Nineteenth Century France,' *Journal of Social History*, June, 1976, 542-558; and B.G. Rosenkrantz, 'Cart Before Horse: Theory, Practice and Professional Image in American Public Health, 1870-1920,' *Journal of the History of Medicine and Allied Sciences*, Jan. 1974, 55-73.

Newer, more promising analytical concepts owe much to theoretical frameworks generated by business theory; see A. I. Akinbode and R. C. Clark, 'A Framework for Analysing Inter-organizational Relationships,' *Human Relations* 29, Spring 1976, 101-114.

2. W. P. Bull, *From Medicine Man to Medical Man* (Toronto, 1934); V. J. Heagerty, *The Romance of Medicine in Canada* (Toronto, 1940); and E. Seaborn, *The March of Medicine in Western Ontario* (Toronto, 1944).

3. For the American Equivalent: R. Shyrock, *The Development of Modern Medicine* (Philadelphia, 1936) and *Medicine in America: Historical Essays* (New York, 1960).

4. *Toronto Mirror*, 10 Sept. 1847.

5. H. E. MacDermot, *One Hundred Years of Medicine in Canada* (Toronto, 1967).

6. G. H. Brieger, 'American Surgery - The Germ Theory of Disease,' *Bulletin of Medical History* (1966); C. G. Roland, 'The Early Years of Antiseptic-Surgery in Canada,' *Journal of the History of Medicine and Allied Sciences* (1967). For a contemporary view see J. A. Temple, *The Canadian Practitioner*, July 1890, 295-299.

7. *The Canadian Practitioner*, July, 1900, 345-352.

8. *Canada Lancet*, Feb. 1905, 106-117.

9. Osler, 'Chauvinism in Medicine,' *Canadian Practitioner and Review*, Oct. 1902, 552-568.

10. Osler, 'The Faith That Heals,' *Canadian Practitioner and Review*, August 1910, 505-511.

11. Cameron, *The Overcrowding and the Decadence of Scholarship in the Profession*: The President's Address, CMA, 1899, (Montreal, 1899).

12. Osler, 'Chauvinism,' 552-568.

13. *Canadian Practitioner and Review*, Oct. 1902, 206-210.

14. A. R. Allen, *The Social Passion* (Toronto, 1973). S. P. Kutcher, 'Bengough, Artist of Righteousness' (M.A. Thesis, McMaster University, 1976).

15. Allen, *Ibid.*, 15.

16. *Canadian Practitioner and Review*, July 1900, 345-352.

17. Osler, 'Master Word in Medicine,' *Canadian Practitioner and Review*, Nov. 1900, 616-631.

18. *Canadian Practitioner*, Oct. 1891, 235-241.

19. O. Sothene, *The Shrine of Aesculapius* (Chicago, 1905), 30.

20. *Lancet*, March 1901, 337-348.

21. *Canadian Practitioner*, March 1894, 182-185.

22. S. Spriggle, *Medicine and the Public* (London, 1905), 230; *Canadian Practitioner*, July 1895, 477-486; J. McConnell, *The Profession and the Public* (Toronto, n.d.).

23. *Canadian Practitioner*, July 1895, 477-486.

24. *Canadian Practitioner*, July 1890, 295-299.

25. Stewart, *Presidential Address to the Canadian Medical Association* (Toronto, 1905).

26. J. Ross, *Ideals in Medicine* (n.d.).

27. *Canadian Practitioner and Review*, July 1900, 345-352.

28. Quoted in 'Testimonial,' *Academy of Medicine: Transactions*, vol. 1, 1920.