Rural Medical Practice in the Smelter West, 1898-1923: A Case-Study Comparison

MARGARET W. ANDREWS

Abstract. In the 1920s, concern arose in North American medical circles that both the quantity and quality of doctors in rural practice were declining. Doctors' withdrawal from the countryside was accompanied by a flow of statistical studies verifying the trend. To explore the underlying historical dynamics, this paper supplements their averages with a detailed portrayal and comparison of medical care in two neighboring smelter towns in the quarter-century that encompassed the beginnings but preceded widespread awareness of the rural medical crisis. It finds that between 1898 and 1923, Trail, British Columbia, developed better medical services than Northport, Washington, and suggests that this primarily reflects differences in national ideology. Canadian regulatory practices rendered Trail immune to the oversupply of doctors characteristic of US laissez-faire policies, and Trail doctors had established a superior practice based on cooperation even before the ultimately greater economic success of their town became evident.

Résumé. Au cours des années 1920, les milieux médicaux nord-américains en vinrent à s'inquiéter de la baisse, en nombre et en qualité, des médecins ruraux. L'abandon du milieu rural par les praticiens fut accompagné d'un grand nombre d'études statistiques qui confirmaient cette tendance. En vue d'explorer la dynamique historique sous-jacente à ce phénomène, cet article complète les moyennes de ces études statistiques en faisant un portrait détaillé et comparatif des soins médicaux dispensés dans deux villes de fonderies voisines pendant le quart-de-siècle qui englobe la période de cette crise de la médecine rurale, mais qui a précédé une large prise de conscience de la gravité de ce problème. L'étude en vient à la conclusion suivante : entre 1898 et 1923, la ville de Trail, en Colombie-Britannique, a pu développer des services médicaux supérieurs à ceux de Northport, dans l'État de Washington. L'article suggère aussi que cela reflète avant tout certaines différences dans l'idéologie nationale. En effet, au Canada, la réglementation de la pratique médicale a permis d'éviter que la ville de Trail ne souffre d'un surnombre de médecins, ce qui était la caractéristique des politiques américaines de laissez-faire. En outre,
les médecins de Trail avaient pu établir une pratique médicale supérieure à celle de leurs voisins des États-Unis; cette pratique était basée sur la coopération avant même que le succès économique de cette ville, en fin de compte plus important, ne soit devenu évident.

The image of the familiar, dedicated, and trusted country doctor, portrayed on canvas by Luke Fildes in *The Doctor*¹ and in print by medical practitioners such as Arthur Hertzler in *The Horse and Buggy Doctor*,² underwent serious revision as the twentieth century progressed. From the 1920s, North American country doctors were increasingly considered underqualified—either as graying and hopelessly out of touch with recent medical developments or as quacks or alcoholics incapable of success in more promising settings. Simultaneously, a change in the supply of country doctors became evident. No longer did every hamlet have its own doctor, and concern grew that the doctor shortage in rural areas would have untoward effects on the health of countryfolk.

Scientific and technological advances were behind the changes in rural medical practice, according to doctors and social scientists who deplored or described them. Techniques of diagnosis and cure had multiplied, often involving expensive facilities available only in large city hospitals. Such techniques and their theoretical underpinnings worked to increase the cost of medical education so much that rural youths (those most likely to settle into country practice) could ill afford it. New medical school graduates increasingly chose urban practice with its professional, social, and cultural amenities. The advent of the automobile and the concomitant improvement in country roads encouraged well-to-do rural dwellers to seek medical care in cities. This shift accentuated the inferior economic prospects inherent in country practice and further decreased its appeal. The First World War provided an honorable escape from rural practice. With the war’s end, many doctors who left small towns for military duty chose to relocate in urban areas, making an already-present trend more generally visible.³

The increased visibility of doctor’s retreat from the countryside inaugurated a flow of articles on the rural medical crisis.⁴ In them, statistical analysis of the number and distribution of doctors in a given area and of their age, qualifications, and years since graduation is commonly employed to demonstrate the crisis.⁵ That methodology effectively highlighted trends but it suffers two serious shortcomings. Its use of periodically collected statistical series left large gaps, typically of a decade, and thereby obscures the dynamics of historical change. Its use of nation, state, province, or county as the unit for study resulted in statistical averaging, creating a potentially unreal com-
posite and masking the range of actual experience. A hitherto under-utilized adjunct methodology, the case study, has strengths and weaknesses that complement those of statistical analysis. Case studies are of no use in establishing widespread patterns, but they can give a detailed and continuous picture of events unfolding in individual communities.

This paper reports case studies of medical personnel in two small neighboring western smelter towns over the quarter century that preceded widespread awareness of the crisis in rural medical care but encompassed its beginnings. Although dentists and nurses are considered, doctors receive more thorough coverage, chiefly because they are mentioned more frequently in available sources, but also because of their primacy in the medical hierarchy. Literature on the crisis emphasizes the importance of bright economic prospects and professional amenities (such as well-equipped hospitals and good roads) in attracting and keeping enough well-trained country doctors. The towns chosen for study here were originally as similar as possible in characteristics that could influence the development of such amenities, in particular in age, geographic location, and economic base. Despite such similarities, the two case studies show that different sorts of doctors practiced medicine in the two towns, and they practiced in different ways.

TRAIL AND NORTHPORT

Trail, British Columbia (incorporated 1901) and Northport, Washington (incorporated 1898) lie about twenty miles apart in rugged terrain on the banks of the Columbia River, in the economic hinterland of Spokane, Washington. Both grew up around smelters established to process the gold-copper ore of one and the same mine, the Le Roi on Red Mountain near Rossland, British Columbia. The Le Roi was discovered in 1890, and capital for its early development came from the United States. The Le Roi ore was taken to US smelters until 1896, when a young Butte, Montana, mining promoter named F. Augustus Heinze, having obtained a smelting contract with the company that owned the Le Roi mine, built a smelter six miles below Red Mountain at Trail Creek Landing. When Heinze’s contract expired in 1897, however, the Le Roi company made a deal with a Spokane railroad entrepreneur, Daniel Chase Corbin: the company obtained a one-third interest in the Northport townsite, built their own smelter there, and soon began moving ore to it on Corbin’s Red Mountain Railway.

The international boundary between the two towns had little economic significance; their economies, both based on the mining industry, were subject to similar forces, and capital and labor flowed north
and south with little impediment. A coal strike in the Crow’s Nest Pass region of British Columbia shut down furnaces at both smelters early in 1903, and the populations of both towns fell; high copper, silver, and lead prices in 1916 filled hotels and encouraged business in both. Ultimately, the economies of the two towns diverged. Trail’s smelter under the Consolidated Mining and Smelting Company became a world leader in treatment of a variety of nonferrous metals, primarily through diversification of products and constant technological innovation, and Trail remains a smelter town today. Northport’s smelter closed temporarily in 1909, the immediate cause being the closure of the Le Roi mine, and the town limped along as a service centre for the farms, mines, and logging operations in the surrounding area. Under the stimulus of World War I, the Northport smelter was retooled in 1915 by the Day brothers’ group headed by Jerome J. Day, to smelt lead from their Coeur d’Alene, Idaho, mines, but Northport’s reincarnation as a smelter town ended in 1921; since then, it has been an increasingly sleepy minor service centre.

Trail, in keeping with its greater economic vitality, was consistently the larger of the two towns, but the extent of its lead is difficult to determine. According to US and Canadian census data, Trail was about twice the size of Northport in 1900/01 (1,360 to 787), three times in 1910/11 (1,460 to 476), and at least six times in 1920/21 (3,020 to 510 for the precinct of Northport, a larger unit than the city). There is, however, evidence that the difference was smaller. According to a state auditor’s report on Northport, its 1910 population was 1,000. The Trail News had reported Trail’s population as 3,201 in 1916, and six months later the Northport City Clerk reported to the state Public Service Commission that Northport’s population was “about 2,000.” According to city council minutes, Northport’s population in November 1923 was 906; in view of the stagnating economy after the smelter closure in 1921, it is difficult to believe both this and the census figure of 510 for 1920. In any case, Trail and Northport were both small country towns (as common sense understands the term) throughout the period of this study. Even according to the technical definition used by the US Census Bureau (“urban” denotes incorporated places of 2,500 inhabitants or more), Trail ceased to be rural only during the last few years of the period of this study.

THE PHYSICIANS OF TRAIL

Eleven doctors lived and practiced in Trail between 1898 and 1923 according to the Trail press and the published registers of the College of Physicians and Surgeons of British Columbia. Of these, six received a medical degree from McGill University, four from the University of
Manitoba, and one from the University of Toronto (see Table 1). The institutions from which seven of the eleven received their degrees were subsequently rated “excellent” in Abraham Flexner’s 1910 report on medical education in the United States and Canada. Local newspapers indicate that six of the eleven undertook postgraduate medical work. W. T. Hoyes, who was first attracted to the Kootenays by gold rather than medical practice and had “acquired quite a record as a driller... on his gold mines on Murphy Creek” before opening an office in Trail in 1896, went to Europe in 1904 for postgraduate study prior to establishing a practice in Vancouver. F. P. Patterson, who purchased Hoyes’s practice, spent a month in 1905 at McGill and Johns Hopkins and, in 1908-09, studied in London and Berlin before also establishing a Vancouver practice. J. B. Thom, who arrived in Trail in the summer of 1908 and continued in practice there throughout the remaining years covered by this study, went to Chicago and Rochester for postgraduate work in 1910, to New York in 1916, and to the University of Manitoba in 1921, receiving the C.M. (Master of Surgery) degree from the latter. W. A. Coghlin moved to Trail in 1910 from Saskatchewan as partner to Thom (a medical-school classmate) and also continued in practice there through the end of the period of this study. He studied in New York in 1912 and in Chicago, Battle Creek, and at the Mayo Clinic in 1921. John Nay came to Trail in the summer of 1917 and studied at the Mayo Clinic in 1920 and at hospitals in Winnipeg and Montreal in 1921. The following year he too left for Vancouver and a post as medical referee with the provincial Workmen’s Compensation Board. C. S. Williams, who moved to Trail from nearby Rossland in 1922, almost immediately departed for three months’ work at the Royal Victoria Hospital in Montreal. At least two of the Trail doctors attended professional conferences: Hugh McSorley took a patient with him to Winnipeg in 1901 to present the case to the Dominion Medical Association meeting there, and Coghlin attended a Niagara Falls meeting of the American X-ray Society in 1921.

Most doctors practicing in Trail during the period of this study ultimately established a long term practice, but some settled in small towns while others used small-town practice as a springboard to metropolitan practice. In addition to Hoyes, Patterson, and Nay, Edwin J. Rothwell, James S. Conklin, and W. R. Shewan also left Trail for practices in the lower mainland metropolitan area extending through the end of the period of this study. (There is no correlation between establishing an enduring metropolitan practice and recent postgraduate study; half of the group with postgraduate study remained in Trail; the other half relocated in the Vancouver area, as did three-fifths of the group without postgraduate study.) Of the five doctors who did not relocate in the Vancouver area, Thom, Coghlin
and Williams settled down in Trail, while Douglas Corsan followed a similar course in Fernie, another mining-industry town. Only McSorley was unable to settle in one place, moving restlessly between small towns (Enderby, Michel, and Fort George) and major centres (Victoria and Regina) from 1901 to 1921, when his name disappears from the published register of the College of Physicians and Surgeons of British Columbia. Although it is not possible to learn the location of previous practices for all 11 Trail doctors, several migrated among small communities in the province before settling down. Patterson had previously practiced in Extension and Nelson, Nay in Fernie and Hosmer, Coghlin in Grenfell, Saskatchewan, and perhaps elsewhere outside of British Columbia, and Williams in Ladysmith, Merritt, and Rossland. McSorley was distinctive among the Trail doctors only in not putting down roots after his period of itineracy.

Table 1
Trail Doctors’ Medical Education

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<tr>
<th>Name</th>
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</tr>
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<td>1898</td>
</tr>
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<td>1907</td>
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<tr>
<td>W. R. Shewan</td>
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<td>1908</td>
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<tr>
<td>W. A. Coghlin</td>
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<tr>
<td>John Nay</td>
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<tr>
<td>C. S. Williams</td>
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Itineracy resulted in some short periods of medical practice in Trail. Length of practice ranged from 1 to 15-1/2 years, with a median of 4 years (see Figure 1). The median for doctors practicing in Vancouver between 1898 and 1920 was also four years, suggesting that during these decades patients were about as likely to be able to have sustained contact with a family doctor in the remote smelter town as in the provincial metropolis.
Practice in the Smelter West

Figure 1
Duration of Medical Practice: Trail, 1898-1923

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x = six months of practice.

Source: Trail Creek News; Trail News; Selkirk Community College Library (Castlegar BC), Trail Archives folder 1977-13, Beryl Bryden, “Thrilling Saga of Doctors and Nurses” (unidentified newspaper clipping, 1958?); College of Physicians and Surgeons of British Columbia, Medical Register.

Cooperative practice was common among Trail doctors, especially in the latter half of the period under study. Groundwork for a tradition of cooperation was laid by two early experiments: about the time of municipal incorporation, Hoyes and Conklin ran a hospital together for a couple of years, and in 1909 Thom and Shewan arranged to work the smelter medical contract in partnership while otherwise maintaining separate practices. From 1910 onwards, partnership practice became the norm in Trail; in that year Thom entered into partnership practice with Coghlin. In the summer of 1917, their partnership was enlarged when the newly-arrived Nay was added, presumably to take up the load of Coghlin who was joining the military medical service. When Nay moved to Vancouver in 1922, his place was filled by Williams, a Rossland doctor who was well known to Thom and Coghlin. After its first two years, the Thom-Coghlin partnership and its augmented successors had a monopoly on medical practice in Trail. The partners ran the hospital, provided contract medical care for smelter workers, and took turns serving as city medical officer.

Trail’s doctors in supplementing their income from private medical practice engaged mainly in additional medical work. Corsan, Hoyes,
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Thom, and Shewan did contract medical work for the smelter and Corsan did similar work for the Columbia and Western Railway. Hoyes, Patterson, Thom, Coghlin, and Nay served as city medical officer. Thom, Coghlin, and Williams gave medical examinations to public school pupils; and Hoyes, Conklin, Patterson, Thom, Coghlin, Nay, and Williams were hospital entrepreneurs. Such undertakings were doubly rewarding, providing publicity likely to attract new patients in addition to direct remuneration. The health officer’s remuneration was greater than was immediately apparent, for his tiny $10-a-month salary was in addition to fee-for-service payment by the municipality for treating charity patients and disinfecting premises which had been under quarantine, and by patients for administering municipally-provided diphtheria antitoxin. Only Coghlin, with his Manitoba farm, was involved in non-medical economic endeavor.

How were the doctors who lived in Trail viewed by fellow townfolk? Did their superior education promote trust or suspicion? Did their association with management as contract doctors alienate laboring men? Did their intrusive behavior as active medical health officers—condemning wells and shacks, enforcing sewer connections—render them “Nosey Parkers”? Newspapers and municipal and company records are less than ideal sources for emotional nuance, but they suggest that doctors were generally important and trusted members of the community. Local newspapers certainly viewed them as newsworthy, giving excellent coverage to their professional and social activities. They treated the tea parties and holiday trips of doctors and their wives much as those of upper level management at the smelter, and sympathetically publicized their surgical powers and the financial needs of their hospital. The city council also responded sympathetically to doctors’ requests, seeking a provincial subsidy for Hoyes’s hospital, supporting Coghlin’s suggestion that Trail and the adjacent municipality of Tadanac cooperate to provide an isolation hospital, and agreeing to Thom’s request that the city keep a $25 stock of diphtheria antitoxin on hand for free distribution. Doctors were also elected to positions of responsibility within the community: civic office, church boards, and other executive committees. All this tells little about working-class attitudes toward doctors. What little evidence there is suggests that workers had clear-cut preferences for certain doctors but were sufficiently sympathetic to the profession generally to lobby on the doctors’ side of an issue not contrary to their personal interests. The smeltermen voted in large numbers in the 1901 balloting for smelter doctor, re-electing Hoyes over McSorley, 292 to 57, with 77 not voting and 9 spoiled ballots. A delegation of smeltermen asked the city council in 1923 for action on municipalizing the local doctor-owned hospital after Thom had requested municipal financial
support for it and the president of the British Columbia Medical Association had been reported in the *Trail News* as observing that Trail was one of only two towns in the province where the onus of maintaining the hospital was placed on doctors.48

The activities of J. B. Thom, Trail's senior practitioner in terms of years in local practice, show well the level of community confidence which a doctor could achieve. Between his arrival in Trail in 1908 and the end of the period of this study in 1923, he served as mayor, coroner, city medical officer, district medical officer for the province, president of the Local Improvement Association, and trustee of Knox Presbyterian Church. He was under contract for medical work to the Trail smelter company and the Canadian Pacific Railway, conducted first-aid examinations, and served as local representative of the federal Department of Soldiers' Civil Reestablishment, providing medical attendance to veterans.49 His voluntary work need not be viewed as pure altruism. It undoubtedly increased his visibility and status and thereby enhanced his chances for such paid appointments as medical examiner of public school children, a post which brought him $1,456 in 1921.50

Trail's doctors were an elite among the local health professionals, and the cooperative style of practice they developed presented a united front that promoted continuance of their recognized superiority. It is to Trail's other health professionals and their relations with the town's doctors that we now turn our attention.

The medical care offered by the doctors who lived in Trail was supplemented by the services of visiting medical personnel. In some cases the visitors cooperated closely with the partnership of local doctors and were presumably asked by them to come. A 12-pound fibroid tumor was removed in the hospital by a Spokane surgeon in 1910 with the assistance of Thom, Coghlin, and a Rossland doctor,51 and in the last few years in the period of this study, eye, ear, nose, and throat specialists periodically visited for a few days from Kelowna, on occasion using hospital facilities.52 Other visitors, particularly in the earlier years of this study, arrived unsponsored and were likely practitioners whose work was fundamentally itinerant. Announcement of visits was made in the local press several days prior to arrival by a Dr. Ireland "graduate of the best colleges in Canada and the United States" and by Dr. W. J. Harvey, "Professor of Physiological Optic in the Empire College of Ophthalmology, Toronto," both offering to examine eyes and provide glasses.53 Mrs. I. M. Lord, chiropodist, came to town for "a few days"54 and Dr. B. J. Chevalier, chiropractor, could be seen at the Crown Point Hotel on Mondays, Wednesdays, and Fridays "between trains from 3:30 to 8 pm."55 The itinerants, by the brief nature of their contacts with town residents, posed no serious
threat to the hegemony of the local doctors. Indeed, the greater prevalence of itinerants before the firm establishment of Trail's ongoing medical partnership in 1910 suggests that a united front discouraged what slight threat they may have posed.

The authority of local doctors was potentially threatened by patients' removing themselves for treatment in major regional medical centres, and in the first half of the period under study certain Trail residents did go elsewhere, above all to Spokane. Newspaper references to out-of-town medical treatment cease in Trail after 1910, presumably because subsequently the skills of local doctors, augmented by visiting specialists were perceived as satisfactory.

Trail residents did not submit to dental work often enough in the early years to make it worth while for a dentist to live there; instead, Rossland dentists came down to Trail from time to time to pull and plug teeth. In 1912, prospects had improved sufficiently for S. N. A. Campbell of Port Elgin, Ontario, to open a "dental parlor" in Trail. He may have left town by 1915, for in that year the local press announced establishment of Trail practices by three dentists: H. E. Hall of Calgary, a Dr. LaSalle of Rossland who intended to be "established permanently" in Trail, and A. Stark Oliver, "ex-president of the Washington State Board of Dental Examiners" who had practiced in Spokane for 19 years but was also a member of the British Columbia College of Dental Surgeons. In an era when people only used dentists when driven by pain, the town was unlikely to have provided a living for all three, and it is probable that most or all were in practice only briefly. This is especially likely since a Dr. McNaughton, who had practiced in Rossland for a number of years and was in a good position to assess the Trail market, moved to Trail the following year. He remained and in 1921 was reported going to the coast for a postgraduate course. Although doctors did on occasion pull teeth, dentists' professional activities did not significantly compete with doctors'. Moreover, Trail's dentists, even McNaughton, who became a long-term resident, were apparently less prestigious in the community than doctors. They were rarely mentioned in the press after announcement of their arrival, and do not appear to have been particularly active in community affairs generally. Trail's dentists thus challenged neither the professional nor the social authority of the town's doctors.

Trail's early-twentieth-century nurses remain shadowy figures. Newspaper accounts rarely endow them with a first name or initials and most simply record their arrival or departure. Nearly all newspaper accounts are of nurses who came to work at the hospital. They are reported to have been "trained" (meaning in the parlance of the day that they had completed a formal hospital training course) as early as 1901. There was a shortage of such women in Trail in the early
years and perhaps later. When a private nurse was needed in 1903, one was brought in from Rossland, and when a hospital nurse fell ill in 1905, a substitute came from Nelson. Many of the hospital nurses whose arrival and departure were both noted in the press, left after brief stays in Trail: Miss Cassidy remained a few weeks, Miss McBride four months, Miss Shephard a year, and Miss Aston 17 months. Those nurses for whom information is available came mainly from large cities—Vancouver, Victoria, or (most frequently) Winnipeg—and perhaps they found they did not enjoy life in a small town. Social isolation may provide another explanation for their stays, for Teen Thom who had available the companionship and vicarious status of her brother, came to Trail about a year after him and remained.

Another sort of trained nurse received considerable public attention in 1922, when Trail participated in a scheme in which the provincial Red Cross, the provincial government, and the municipal government shared the cost of a public health nurse for Trail. E. M. Mosher held excellent credentials for her public health post: she was a graduate of the school of nursing at Victoria General Hospital in Halifax and of a year-long postgraduate course in public health nursing at the University of British Columbia and had spent four years nursing overseas during the war and three more years doing district nursing. Her duties in Trail included prenatal, child welfare, school, tuberculosis, and bedside nursing. Unfortunately, her presence in town was brief too; after a few months the Red Cross found itself short of funds and withdrew its grant, bringing the project to an end.

Available evidence suggests that midwives and practical nurses rarely functioned in Trail. The Trail News ran an advertisement in June of 1912 for the services of “Mrs. Mignano Virginia Marcolli, Midwife, approve and reward [sic] from Royal University at Pavia, Italy” and later that summer reported that she had delivered two babies. No more is known of her and nothing of any other midwife in Trail. Signs of practical nurses are equally rare. The Trail News ran only one advertisement for a Trail practical nurse, a Mrs. White who described herself as an “elderly Englishwoman,” a “good cook,” and as being equally interested in a position as housekeeper.

Nurses and midwives in Trail posed no threat to doctors’ hegemony. Most were too ephemeral to create maternity or nursing homes to compete with the doctors’ hospital or to impinge on any doctor’s obstetrical work by delivering babies at home. Moreover, nearly all trained nurses worked in the hospital—part of the medical monopoly, albeit a subordinate one—where team psychology rendered them unlikely to leave and establish competing services. The family connections of Teen Thom, the one nurse who was resident long enough to have the contacts necessary for establishing a private nursing home,
made her especially unlikely to challenge the hospital. Mosher’s work, had it continued, might have formed for certain patients an institutional alternative to medical attendance by doctors (doctors of the early twentieth century often feared public health nurses as potential competitors), but Mosher’s presence was even more fleeting than that of most of Trail’s trained nurses.

Figure 2
Duration of Medical Practice: Northport, 1898-1923

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<td>Benson</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goss</td>
<td>xxxxx</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hampton**</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bumgarner</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Robinson</td>
<td>xxx</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moore</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Norriss</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

x = six months of practice.
* An informed guess.
** A single newspaper reference; charted as six months.

Source: Northport News; NSRC Papers, box 55, file 100-8, R. S. Wells to E. R. Day, 2 August 1915.

THE MEDICAL PERSONNEL OF NORTHPORT

Northport’s doctors were more numerous varied, and transitory than Trail’s. Eighteen are mentioned from 1898 through 1923 in the Northport News (a more comprehensive source than contemporary medical
directories), including a chiropractor and a drugless practitioner. Two of the 18 were women. It is impossible to know whether three of them stayed for weeks or months, but the lack of visibility in the newspaper makes more than a brief stay unlikely. Apart from those three, eight stayed less than a year. Figure 2 shows that physicians who stayed were those who came early; no physician who came later than 1900 stayed more than three years.

Washington records of the doctors licensed to practice in the state were poorly kept. A member of the state medical examining board in 1909 credited the many errors and omissions for Washington doctors in the American Medical Directory to the board’s “lax methods of keeping records” and asked members of the profession in the state to report names of physicians appearing who were in fact dead.76 Hence, the medical credentials of some of Northport’s doctors are not available. Those for 13 of the town’s 18 doctors appear in Table 2. According to my reading of Abraham Flexner’s 1910 report, two attended institutions with excellent facilities, four attended institutions with good facilities, two institutions with satisfactory facilities, and five attended institutions with poor facilities. Since most of the 13 attended the schools long before Flexner visited them, his evaluation should be viewed as only suggestive. It is likely that the credentials of the remaining 5 Northport doctors were less impressive than those of the documented 13. Doctors who moved frequently were unlikely to appear in medical directories, and moving on was frequently necessary for the incompetent or unlicensed. A sense of the background of the unlicensed is given by the member of the Washington state medical examining board quoted above. He referred to approximately one third of the July 1909 applicants for licensing as “filing diplomas from correspondence schools” or “offering certificates from institutions the existence of which was in the minds of the originator [sic] only.”77

Northport’s doctors seem to have been uninterested in postgraduate study or professional meetings. The Northport Times makes no mention of their attendance at medical meetings and mentions postgraduate training only in connection with T. F. Parker, who had completed a course in surgery in Kansas City before his brief stay in Northport.78

The career patterns of doctors who worked in Northport show the itineracy characteristic of many who worked in Trail, but display a less marked tendency to find a permanent place of practice. Contemporary medical directories, appearing every year or two from 1902 through 1923, show that only George Wells, Travis, Parker, and Armstrong established long-term practices which lasted until death or the end of the period under study.79 George Wells, Travis, and Parker settled in small towns—Northport and nearby Marcus, Washington—and
Armstrong in the metropolis of eastern Washington, Spokane. Each of them had practiced elsewhere before establishing a permanent practice. The remaining Northport doctors were more itinerant, with some moving on every few years (Norriss worked in four small towns in North Dakota, four in Washington, and in Chicago from 1906 through 1923; others much less frequently (Bumgarner worked in a small town in North Carolina and two in Washington from 1902 through 1923, with his brief stay in Northport falling between his two other Washington practices).

Table 2
Northport Doctors' Medical Education

<table>
<thead>
<tr>
<th>Name</th>
<th>University</th>
<th>Year of Graduation</th>
</tr>
</thead>
<tbody>
<tr>
<td>George S. Armstrong</td>
<td>Toronto (Ontario)</td>
<td>1879</td>
</tr>
<tr>
<td>John J. Travis</td>
<td>Vanderbilt (Nashville TN)</td>
<td>1881</td>
</tr>
<tr>
<td>George H. Wells</td>
<td>St. Paul's (St. Paul MN)</td>
<td>1888</td>
</tr>
<tr>
<td>Roy S. Wells</td>
<td>Rush (Chicago IL)</td>
<td>1900</td>
</tr>
<tr>
<td>Rova E. Alexander</td>
<td>California (San Francisco CA)</td>
<td>1888</td>
</tr>
<tr>
<td>Thomas F. Parker</td>
<td>University Medical College of Kansas City (MO)</td>
<td>1898</td>
</tr>
<tr>
<td>William T. Miles</td>
<td>Jeferson (Philadelphia PA)</td>
<td>1888</td>
</tr>
<tr>
<td>Carroll Orwig Getty</td>
<td>Rush (Chicago IL)</td>
<td>1914</td>
</tr>
<tr>
<td>Walter C. Goss</td>
<td>Lincoln Memorial University (Knoxville TN)</td>
<td>1902</td>
</tr>
<tr>
<td>Charles S. Bumgarner</td>
<td>Lincoln Memorial University (Knoxville TN)</td>
<td>1901</td>
</tr>
<tr>
<td>Harry Hungate Robinson</td>
<td>Johns Hopkins (Baltimore MD)</td>
<td>1910</td>
</tr>
<tr>
<td>George W. H. Moore</td>
<td>University Medical College of Kansas City (MO)</td>
<td>1896</td>
</tr>
<tr>
<td>Harry Charles R. Norriss</td>
<td>Bennett (Chicago IL)</td>
<td>1897</td>
</tr>
</tbody>
</table>


It appears likely that use of medical directories seriously underestimates the extent of itineracy. Directories show Miles having worked in Seattle from 1902 through 1916 with stints of a year or less in Franklin and Northport, Washington. His own description of his career (which includes experiences before 1902) indicates much more
Practice in the Smelter West

itineracy: “... served ... a number of years in various Dispensaries [in Philadelphia]: Woman’s Hospital, The Northern Dispensary, Philadelphia Dispensary. Also have practiced in Alaska, have performed general surgery in Hospitals in Seattle for a number of years and have been resident physician for the Anthracite Coal Mines of Pennsylvania, quartz mines in New Mexico, the quartz mines of Monte Cristo, Washington, until there [sic] closing down, the Pacific Coast Coal Company’s mines at Black Diamond—two years, and at the Franklin Coal Mines until their closing down, I then substituted for physicians at Enumclaw and Renton [Washington].” He served in Northport under Dr. Wells “... since which time I have substituted for the company physician of the Wallville Lumber Company of Washington until I received the appointment of Medical Director at Sol Duc Hot Springs, which position I held up to the 26 inst. when the structure was completely destroyed by fire.”80 If the discrepancy between medical directories’ record of Miles’s whereabouts and reality is typical, both Trail and Northport doctors were more itinerant than portrayed in this study.

Partnership practice was not common in Northport, although doctors would on occasion help each other out. Parker indicated that he would help at the Wells brothers’ Northport Hospital “whenever business is rushed,”81 and White operated with Roy Wells on a child with appendicitis.82 The only arrangement comparable to the partnerships of Trail’s doctors was the arrangement of Roy and George Wells. The brothers had worked together at the Wells Hospital of Butte, Montana for the seven years immediately before 1900,83 at which time Roy Wells got his medical degree and they established the Northport Hospital together. But their partnership in Northport was in fact primarily financial. George Wells busied himself with logging and real estate;84 it is further evidence of his having lost interest in medicine that he did not bother to submit biographical information to Polk’s Medical Register and Directory.

Although no other Northport doctor abandoned medicine to the extent that George Wells did, several had non-medical sources of income. Riebe had a homestead;85 Goss had a financial interest in a North Carolina gold mine, which may well have been the business he planned to attend to when he went there upon his departure from Northport;86 and Travis was one of the town’s largest property owners, invested heavily in mines, owned a 100-acre fruit farm, and, with his son, operated the town’s leading drug store.87

Northport doctors, like those of Trail, supplemented their income from private medical practice through additional medical work. Armstrong, Roy Wells, Goss, Robinson, Moore, and Norriss each held the smelter contract for medical work. The income from the contract
varied with the number of employees at the smelter, but Robinson averaged $236 per month from contract work for a 17-month period in 1919-21, a substantial addition to the $5,000 per year he made from private practice. Travis and Roy Wells did contract work for railroads, and Roy Wells also held mine and lumber-mill contracts. Roy Wells, Travis, Robinson, and Norriss each served as city health officer. Travis and the Wells brothers owned hospitals, and Travis held a position as port-of-entry examining physician with the federal government.

How were Northport's doctors viewed by other town residents? They were clearly seen as a newsworthy professional group, the local press being, as noted, the most comprehensive record of their arrivals and departures. The activities of the long-time resident doctors, Travis and the Wells brothers, were given extensive newspaper coverage. For example, readers of the Northport News were informed of Roy Wells' marriage, of a wedding of a hospital nurse held in his home, of his ownership of two of the five automobiles in town in 1912, and of his dispatching several local wood ticks to a U.S. government laboratory investigating spotted fever. The coming-of-age party given for Travis's son was covered in glowing detail as the "swellest party ever given in Northport." The "elegant residence and grounds" were decorated with Japanese lanterns, a pavilion had been raised, and guests were entertained by dancing, fireworks, and a balloon ascension. As medical officers, Northport's doctors were far less zealous than Trail's and thus ran little risk of alienating local opinion. In Travis's case at least, the lethargy seems to have been inspired more by belief that the economic rewards were too poor to warrant more than cursory activity than by fear of hostile public opinion, for the feisty doctor took the city to court to obtain $210 owing for attendance on smallpox cases. In any case, both the town's two long-term doctors who were active in the practice of medicine inspired enough confidence to be chosen by townsfolk for positions of responsibility within the community. Both Travis and Roy Wells held elected municipal office, served on the arrangements committee for the biggest social event of the year—the Fourth of July celebrations—and on the executive of a local booster group, the Northport Commercial Club.

Smeltermen in Northport had strong opinions, not always favourable, about doctors. A committee of smeltermen wrote to the company in 1916 reporting the position of "a large body of men" as expressed at a meeting called to discuss hospital conditions and asked the company "to appoint some other Doctor or permit the men to choose by vote some other Doctor, as the one we now have [Getty] seems to be very unsatisfactory to many of those who have been treated." The company obliged by hiring Goss, who had worked in nearby Marcus a
number of years, because (as the smelter manager explained) "a great many of our men know him and would like to have the smelter employ him."  

The career of J. J. Travis, the one doctor who practiced medicine in Northport during all the years covered by this study, indicates the sort of confidence that could be placed in a local doctor. Travis had been active in politics long before he came to Northport in 1896, having served as a member of the State Constitutional Convention in 1889. While in Northport, he served as secretary of the county Democratic party, was a delegate to the state Democratic convention, and ran successfully for county coroner on the Democratic ticket. At the municipal level, he was elected a member of the first city council in 1898, mayor in 1905 and for many years physician for the local unit of the Women of Woodcraft, a fraternal order.  

The careers of Travis and Roy Wells, the two practicing doctors who sank roots in Northport, demonstrate two feasible routes to prosperity there. Roy Wells concentrated on opportunities within medicine—running a hospital and capturing government appointments and company contracts—while Travis added such non-medical sources of income as his drug store and real estate holdings. He and Roy Wells did compete for patients, but the competition was muted to some extent. For example, their two hospitals catered to different sections of the medical market. Wells's many medical contracts gave his practice a rough ambience and Travis capitalized on his own relative lack of contract work by creating a peaceful hospital with large airy rooms, beautiful lawns, and modern conveniences, just the sort of retreat needed "for the treatment of nervous diseases" and of the genteel. Moreover, Travis's diversified economic interests meant that he could expand or contract his medical work to meet market demand. When Roy Wells moved to Colville, the county seat, in the winter of 1914-15, Travis became more visible in the press as a medical practitioner, and in the fall of 1922, after Norriss had left and he was the only doctor in town, Travis resumed advertising his services as physician and surgeon, his office being at the Northport Drug Company. George Wells demonstrates a third way doctors could prosper in Northport—by giving up the practice of medicine. After his death 1,700 acres of his land along the Columbia River were put on the market.  

In spite of the conspicuous success of Travis and the Wells brothers, a number of Northport’s doctors were losers, or at least had several strikes against them in the struggle for a comfortable income. Women in medicine had to overcome masculine prejudice, and sectarians were losing ground to members of the regular school of medical thought by the early decades of the twentieth century. Camilla Benson who advertised “Chiropractic Adjustments and Swedish Massage”
and successful treatment of ailments ranging from lumbago and *la grippe* to paralysis and female complaints "without drugs or surgery," was thus doubly handicapped as she tried to establish herself in Northport, which perhaps explains her willingness to give free consultations during the few months she remained there. Frank Riebe, also known as Frank Miller, was handicapped in different ways. He immigrated from Germany, where he had studied medicine and worked in hospitals as a surgeon's nurse. He came to Northport in 1894 and worked his homestead and practiced medicine until he was killed by a train in 1902 at the age of 56. He was last seen alive staggering through town singing Salvation Army songs after a day of hard drinking, and had subsequently lain down on the railroad tracks to sleep. On paper W. T. Miles seemed well qualified. He had taken eye, ear, nose, and throat postgraduate work, spoke four languages, was a member of national, state, and county medical associations, and was licensed to practice in several states. However, a Seattle colleague evaluated him thus: "His work is very dirty & his knowledge limited." H. C. R. Norriss, who was retained temporarily by the smelter at the very end of the smelter hospital's period of operation but continued practice in Northport for several months, was not impressive either. The manager of the smelter concluded after an interview with him, "... I am not sure that he would be the man to retain permanently."

Other Northport doctors, for whom less detailed information is available, also appear to have had impediments to success in medicine. T. F. Parker, who practiced in Northport in 1905 and later worked for the federal government examining aliens for the immigration service was sufficiently discouraged to decide in 1908 to leave medicine and take up ranching. Two doctors left Northport because of poor health, a severe professional disability before doctors had automobiles as a matter of course. Rova E. Alexander, who was reported to be leaving a large practice behind in Northport, moved south because of poor health, perhaps tuberculosis, and W. C. Goss resigned his smelter company contract five months before it expired in part "because his health [was] not good [in Northport] during the severe winter months." A third doctor, G. W. H. Moore, died of pneumonia while under contract to the Northport smelter company.

Visiting medical personnel came to Northport, but local doctors rarely gave them any support or encouragement. The only notable exception is the use of Travis's office by George W. Clours, an optician, on his periodic visits to town. A number of opticians and self-proclaimed "eye specialists" came through town, in some cases regularly. In addition, Alice M. Gervais, who practiced osteopathy, and S. E. Pearsall, a chiropractor each visited town for a month or so.
Certain Northport patients sought medical treatment in Spokane and elsewhere. Although patient departures for Spokane drop markedly in the second half of the period under study, those to other Stevens County hospitals increased, especially to Marcus, 28 miles away. Rather than working cooperatively with specialists in the region to compensate for their own lack of expertise and allow difficult cases to receive treatment near their friends and family, Northport doctors watched patients leave town for medical care. That such care was more often sought in a neighboring small town than in Spokane implicitly condemns the doctors and hospitals of Northport.

There was no such progression from visiting to resident dentists in Northport as there was in Trail. Instead, both sorts of dentist provided services periodically throughout the period covered by this study. W. F. Diffenbacher was resident early in the century and sufficiently well established to be chosen alderman. He moved to Colville, the county seat, in 1904 but continued to maintain his Northport office, returning there from the 15th through the 20th of each month. After he changed his base of operation, Northport dentists turned over rapidly and no dentist achieved his prominence in the community. During the years of smelter closure, visiting dentists attended Northport residents: W. H. Lee came two days a week, spending the rest of the week on his 10-acre fruit farm near Kettle Falls, and J. R. Hendley came periodically, first from Colville and then from Marcus. In March 1916, close on the heels of resumption of regular smelting operations, Hendley opened a Northport office with F. J. Hemmer temporarily in charge until he could arrange for "a day electric current to run his machinery with." He may have had second thoughts about installing his own generator, the only way to get dependable electricity in Northport until 1919; in any case, Hemmer continued the practice until he left for military service in 1918. He returned to Northport in 1920 as a visiting dentist from his practice in Spokane. Three dentists tried practice in Northport during the early war years and those immediately following, but remained only briefly. Between these sojourns, Northport residents went to Marcus or Spokane for dental work, and the editor of the Northport News lamented that "a town without a dentist nowadays is not recognized as a town at all."

Nurses who worked in the Northport hospitals are even more obscure than their counterparts in Trail. Since none of them are referred to in the Northport News more than once while employed as nurses, it is difficult to determine how long they stayed; however, the frequency with which mention of the arrival of new nurses occurs suggest that tenure of about a year is a reasonable guess. The three Northport nurses for whom information is available came from differ-
ent sorts of towns: the mining town of Butte, the agricultural service centre of Pasco, Washington, and the seaport and business centre of Vancouver, BC. Northport's hospital nurses may not have been graduates of hospital nursing programs, for the term "trained" is not applied to them in extant sources and it was not uncommon for there to be no such nurse in an entire US county as late as 1940.

Practical nurses, who often also worked as midwives, played a far more important role in Northport than in Trail. Several married or formerly-married women nursed in and around Northport in the homes of their patients. One, Mrs. Nellie Clifford, emphasized her qualification as an "Eastern nurse" with "best Spokane reference"—and made public her rates—$15 to $20 per week. (Eastern graduate nurses of the time charged $25 to $30 per week for private duty nursing.) Others preferred to have patients come to their homes. Mrs. Ellen Hull originally advertised as an elderly lady wishing to do nursing at home for reasonable terms, with confinement cases a specialty, and Mrs. Jellison offered similar services, adding that she had never lost a confinement case. Such at-home projects sometimes blossomed into private medical institutions such as those operated by Mrs. Weedin and Mrs. Louise M. Damp. The most enduring institution was the one run by Ellen Hull. Within months of her initial advertisement in 1911, the Northport News dubbed her operation a "sanitarium" and a year later gives the following account of it:

Mrs. Ellen Hull's sanitarium was the scene of great activity during the past week, two births taking place, Mrs. Hull becoming seriously ill, one guest having to be taken to the [Wells] hospital to undergo an operation [for kidney trouble] and two other patients entering. Everything is again working smoothly there.

Hull upgraded her institution in 1914, advertising it as "Mountain View Hospital . . . thoroughly equipped for the treatment of medical, surgical, and maternity cases." During the war-induced period of town revitalization, mention of her institution does not appear in the Northport News, but after the smelter hospital closed in November 1921 it is once more reported as active.

CAUSES FOR THE DIFFERENCE

While Northport might well be used to illustrate the jeremiads of the 1920s on declining rural medical services, Trail's history shows decline not to have been inevitable. In the first few years covered by this study, the medical arrangements of the two towns were quite similar. Both had a sufficient supply of doctors (five in Northport and four in Trail in 1901, for example), and there was some cooperation among doctors as well as considerable competition in both. Both had hospitals that were
more like boarding houses than centres of scientific medicine. By 1923, however, Northport had only one doctor, an elderly man whose medical training had been obtained more than 40 years earlier, and its hospital was operated by a practical nurse who would not have installed medical technology of any notable sophistication or cost. In sharp contrast, Trail had a medical partnership of three doctors, each of whom had done postgraduate medical study within the previous two years, and it had a busy 22-bed hospital with the reputation of an excellent X-ray facility.\textsuperscript{150}

The two towns' medical arrangements differed chiefly in three interrelated areas: quality of personnel, degree of cooperation, and the role of nurses. Trail's doctors generally had better training and a better grasp on therapeutic innovations than Northport's. The group practice in Trail made postgraduate education possible for its members and also minimized overhead costs, thereby making capital for up-to-date medical equipment more readily available. Its evident success motivated local nurses to work within the group practice enterprise rather than to operate competing services.

The two towns' medical arrangements manifest national ideologies strikingly. Behind the differences in quality of training, in organization of services, and ultimately in level of consumer satisfaction lay respectively the dominance of \textit{laissez-faire} liberalism in the United States and the strong tug of both Tory and socialist versions of collectivism in Canada. In the first half of the period covered by this study, when smelters were constructed and abandoned with disconcerting frequency\textsuperscript{151} and none of the border smelter towns was economically secure, differences in the level of competition among doctors and in their expertise must be seen primarily as manifestations of differing national cultures.\textsuperscript{152}

Applied to medicine, the \textit{laissez-faire} policies of limited regulation and open competition produced an abundance of medical schools and doctors in the United States. Over the period 1890-1920, there were approximately 13 to 16 doctors per 10,000 people in the United States, significantly more than the 9 or 10 per 10,000 in Canada.\textsuperscript{153} Northport had about 70 doctor-years of service from 1898 through 1923, whereas Trail, with probably three times the mean population, had about 51 (see Figures 1 and 2). Even in times of prosperity, the competitive character of practice in Northport was such that doctors who failed to get company medical contracts needed income from drugstore, mine, or homestead to survive. Under such circumstances, professional development such as postgraduate study was not to be considered, and professional cooperation of any sort was impeded.

At least for the first half of the period covered by this study, the remarkably stringent legal requirements for medical practice in British
Columbia enforced superior qualifications for doctors in Trail. A provincial act of 1886 required all who practiced for remuneration to pass a provincial examination and to have completed a 3-year medical school course of study. The former requirement was extraordinary even by Canadian standards of the time, and drew irate reaction from officials of Canadian medical schools. The latter effectively barred graduates of most US medical schools, 95 percent of which certified doctors after only a 2-year course as of 1885. An act of 1898 extended the required course of study to four years. Washington first required comprehensive licensing for medical practice in 1909, although earlier acts had required licensing for the practice of "medicine and surgery"—terminology which courts interpreted narrowly enough to give those acts little professionalizing effect.

After 1909, differences in town prosperity affected medical arrangements. In the decade 1911-21, when war brought boom times and Trail's population doubled, the density of doctors in Trail remained roughly the same as in the preceding decade. In the decade 1910-20, when Northport's smelter was closed for five of the ten years, the density of doctors there dropped by about 30 percent. These data fit the conventional wisdom. In a 1925 article, Raymond Pearl examined data for 1910, 1920, and 1922 and concluded that "in nearly all parts of the country the relative rate at which the available medical services in rural areas has declined in recent years has been almost exactly the same relative rate that has measured the decline in rural wealth..." Trail doctors maximized the opportunity given by boom times in the last half of the period covered by this study through cooperation. Their group practice so enlisted the loyal support of residents that no interlopers attempted to establish themselves there. The doctors' own qualifications, the services they and their hospital provided directly, and their cooperation with visiting specialists encouraged residents to remain in Trail even for unusual or difficult medical problems. In a period when the automobile was enabling rural North Americans to abandon local doctors in favor of metropolitan services, Trail residents turned their backs on Spokane’s extensive medical facilities. The increase of the group practice from two to three members in 1922 suggests that it was providing comfortable incomes.

ACKNOWLEDGMENTS

The author gratefully acknowledges the support of a 1987-88 Faculty Research Grant from the Canadian Embassy to the United States and of an earlier grant from the Penrose Fund of the American Philosophical Society.
ABBREVIATIONS

Cominco Papers  Provincial Archives of British Columbia, Add. Mss. 15
JAMA  Journal of the American Medical Association
NN  Northport News
N Council  Northport City Clerk’s Office, City Council Minutes
NSRC Papers  University of Idaho Library, Special Collections, MS Group 68 (Northport Smelting and Refining Company Papers)
TCouncil  Trail City Hall, City Council Minutes
TCN  Trail Creek News
TN  Trail News

NOTES

1 1891, Tate Gallery, London.
2 Published in New York by Harper, 1938.
4 Article titles in the Quarterly Cumulative Index Medicus indicate that interest in the crisis in rural medical practice emerged and peaked in the decade of the 1920s. It has of course continued to the present.
The closure preceded voluntary liquidation of the company in 1910. The Le Roi mine was acquired by the Consolidated Mining and Smelting Company in 1911. (Rossland Centennial [1958] Committee, *The Golden City Centennial and Fall Fair Programme* [Rossland, BC, 1958], [copy in City of Trail Archives].)


*TN*, 6 August 1910; 20 October 1912; 29 April 1921, p. 1.


*TN*, 7 April 1922, p. 1; 2 June 1922, p. 3; 11 August 1922.

*TCN*, 7 September 1901.

*TN*, 29 April 1921, p. 1.

Information about doctor’s whereabouts before and after their years in Trail is in the *Medical Register* of the College of Physicians and Surgeons of British Columbia, published every year or two from 1898.


*TCN*, 12 January 1901.

*TN*, 3 July 1909.

*TN*, 6 August 1910.

*TN*, 8 June 1917, p. 1; 27 June 1917, p. 1; 17 August 1917, p. 4.

*TN*, 7 April 1922, p. 1; 27 July 1923, p. 7.

*TCN*, 20 July 1901; *TN*, 3 July 1909; 17 June 1921, p. 1.

*TCouncil*, 4 April 1904, 12 September 1908; *TN*, 25 January 1913; 7 September 1917; 24 February 1922, p. 1.


80 NSRC Papers, box 55, file 100-8, W. T. Miles to Robert James [May 1916].
81 NN, 4 January 1905.
82 NN, 18 February 1903.
83 NSRC Papers, box 55, file 100-8, Roy Wells to E. R. Day, 2 August 1915.
84 NN, 24 August 1904, 15 February 1905, 6 October 1909.
85 NN, 27 August 1902.
86 NN, 19 April 1918, p. 1; 12 September 1919, p. 1; NSRC Papers, box 51, file 40-7-2, Manager to J. J. Day, 30 July 1919.
87 NN, 5 April 1905, 3 March 1909, 10 November 1909, 26 October 1910.
88 NSRC Papers, box 51, file 40-7-2, Manager to J. J. Day, 1 June 1921.
89 NN, 6 April 1904; 27 April 1923, p. 1.
90 NSRC Papers, box 55, file 100-8, R. S. Wells to E. R. Day, 2 August 1915.
91 NCouncil, 21 August 1907, 5 January 1910, 9 February 1920, 16 November 1921, 7 December 1921.
92 NN, 16 July 1902, 5 April 1905.
93 NN, 17 August 1904, 13 March 1905.
94 NN, 2 March 1904, 6 April 1904, 22 June 1910, 5 June 1912.
95 NN, 20 July 1904.
96 NCouncil, 13 August 1902, 20 August 1902; NN, 15 October 1902.
97 NCouncil, 7 December 1904, 19 June 1907.
98 NN, 1 June 1904, 6 May 1914.
99 NN, 20 May 1908.
100 NSRC Papers, box 51, file 40-7-1, Committee on Arrangements to N. S. & R. Co., 16 May 1916.
101 NSRC Papers, box 55, file 100-8, Manager to Robert H. Ellis, 5 June 1916.
102 NN, 25 February 1914.
103 NN, 25 February 1914.
104 NCouncil, 2 July 1898.
105 NN, 5 April 1905.
106 For example, NN, 2 December 1908.
107 NN, 5 April 1905.
108 For example, NN, 1 September 1915.
109 NN, 6 October 1922, p. 1.
110 NN, 6 October 1909.
111 Alfred M. Rehwinkel, _Dr. Bessie: The Life Story and Romance of a Pioneer Lady Doctor on Our Western and Canadian Frontier as Told by Herself and Here Presented in a Running Narrative by Her Husband_ (St. Louis: Concordia, 1963), p. 20.
112 NN, 13 December 1916, p. 5.
113 NN, 27 August 1902.
114 NSRC Papers, Box 55, file 100-8, W. T. Miles to Robert James [May 1916].
115 NSRC Papers, box 55, file 100-8, S. V. R. Harken[?] to R. H. Ellis, 31 May 1916.
117 NN, 17 June 1908.
118 NN, 1 July 1908. His decision apparently was only temporary; the _American Medical Directory_ for 1912-23 list him as practicing medicine in Marcus, WA.
119 NN, 18 February 1903.
120 NSRC Papers, box 51, file 40-7-2, Manager to J. J. Day, 30 July 1919.
121 NN, 4 November 1921, p. 1.
122 NN, 22 March 1911.
123 NN, 6 August 1902; 5 November 1902; 25 December 1907; 18 January 1911; 8 February 1911; 10 August 1917, p. 1, 4.
124 NN, 28 January 1903.
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Evidence of private electricity plants is found in NN, 29 October 1913 and NCouncil, 21 November 1917. General installation of domestic electricity in Northport proper is hailed in NN, 16 May 1919, p. 5; in the Hughes addition in NN, 4 March 1921, p. 1.

NN, 13 September 1918, p. 1.

NN, 6 August 1920, p. 1.

NN, 8 December 1915; 21 September 1917, p. 1; 3 February 1922, p. 1; 19 May 1922, p. 1.

NN, 4 April 1919, p. 1; 11 April 1919, p. 1.


NN, 2 March 1904; 14 April 1909; 10 May 1918, p. 8; 23 April 1919, p. 1.

NN, 2 March 1904, 29 January 1908, 14 April 1909.

Mott and Roemer, p. 195.

NN, 2 March 1910, 26 April 1911, 7 June 1916.


NN, 22 March 1911.

NN, 18 June 1913.

NN, 12 August 1914; 20 April 1923, p. 1.

NN, 23 August 1911.

NN, 8 May 1912.

NN, 3 June 1914.

NN, 14 July 1922, p. 1; 18 August 1922, p. 8; 15 September 1922, p. 1.


Percentage change in number of doctor-years of service per hundred of population—1.0 for both 1901-11 and 1911-21 for Trail, 5.8 and 4.2 for 1900-10 and 1910-20 respectively for Northport. Populations are geometric means of census figures for beginning and end of each decade; the decline in density in Northport may have been more than 30 percent: see remarks above suggesting that 1920 census figures may be underestimates.