For “the Honor and Dignity of the Profession”: Organized Medicine in Colonial New Brunswick, 1793-1860

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Abstract. This article discusses the several attempts to organize and regulate the medical profession in New Brunswick, Canada, between 1793 and 1860. It examines medical legislation during the colonial era, culminating in the creation of the Medical Faculty of New Brunswick in 1859. Also, it explores the desire within the profession itself for increased protection and recognition. This desire inspired the formation of several medical societies in the years following 1827. A central figure in professional organization was Robert Bayard (1788-1868), who graduated from Edinburgh in 1809. The article examines his relationship with his colleagues, notably Thomas Paddock, John Boyd, and Alexander Boyle, to identify personal tensions affecting the development of the medical profession. The article concludes that the medical profession acquired a significant degree of authority in New Brunswick only following the enlistment of legislative support. The search for greater authority stemmed from the advent of sectarian doctors in the province. Although sectarian practitioners never flourished in New Brunswick, the law of 1859 gave the province’s regular doctors a sense of identity that facilitated the establishment of medical societies and the province’s first general public hospital, in Saint John.

Résumé. Cet article porte sur les diverses tentatives faites pour organiser et régler la profession médicale au Nouveau-Brunswick, au Canada, de 1793 à 1860. Il examine la législation médicale de l’époque coloniale, qui a culminé en 1859 avec une loi qui a formé la Faculté de Médecine du Nouveau-Brunswick. L’article explore aussi les aspirations de la profession à une plus grande protection et à une plus grande reconnaissance. Ces aspirations ont été à l’origine de la formation de plusieurs sociétés médicales après 1827.

Robert Bayard (1788-1868), qui avait reçu son diplôme à Edinbourg en 1809, a été une figure centrale du mouvement d’organisation de la profession médicale. L’article examine ses rapports avec ses confrères, notamment Thomas

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Paddock, John Boyd, et Alexander Boyle, pour identifier des éléments de tensions personnelles qui ont affecté le développement de la profession médicale.

L'article conclut que la profession médicale n'a pu acquérir de l'autorité au Nouveau-Brunswick qu'après avoir obtenu un appui législatif. La profession a cherché à obtenir une plus grande reconnaissance en raison de l'arrivée des médecins irreguliers dans la province. Bien que les praticiens irreguliers n'aient jamais prospéré au Nouveau-Brunswick, la loi de 1859 a donné aux médecins réguliers un sens de l'identité qui a facilité l'établissement de sociétés médicales et la mise en place du premier hôpital général public à Saint-John.

The organization of the medical profession in colonial New Brunswick occurred in an occupational community keenly desirous of greater protection for itself. Initially part of the Loyalist élite who had arrived in the province following the close of the American Revolution in May 1783, the medical community was fraught with dissension throughout the first half of the nineteenth century. Members were dissatisfied with legislation passed to regulate medical practice in the colony, and the arrival of a host of newcomers who were not part of the provincial establishment further complicated professional disputes during this period. Only in 1859, when a majority of practitioners supported legislation granting the profession a degree of self-government, did the New Brunswick medical community finally achieve a semblance of unity.

Notably, every initiative to organize the New Brunswick medical profession originated in Saint John. The city featured a bustling port that was the centre of the colony's commercial and immigrant traffic. Indeed, with an urban population of 10,301 in 1824, it was the third largest city in British North America. Saint John offered doctors a relatively lucrative practice should they become established, and the patronage of any one of the colony's major commercial figures who lived there would secure an ambitious doctor a modicum of prestige. Yet the potential for conflict was greater here because of the highly competitive environment circumstances fostered. Established practitioners wishing to preserve their social status against newcomers possibly felt a need for legislation regulating the profession, just as the Loyalist élite of Saint John sought to preserve their own privileges during this period.

EARLY LEGISLATION, 1793-1816

In February 1793, Elias Hardy of Saint John introduced the province's first bill "For the Better Regulation of Practitioners in Physic and Surgery." The bill failed after the second reading. Practitioners must have been thankful, however, as the bill proposed to bar from practice anyone who had not "been first examined & approved as to his professional ability by such person or persons as the Justices of the Peace in the sev
Counties shall in their gen' sessions may from time to time think proper to appoint." Local licensing boards in each county, an amendment decentralizing control that occurred after the first reading, would have done little to bring order to the profession. Furthermore, by not specifying the qualifications of those who were to form the boards, the bill left the licensing process open to a variety of abuses.

On 11 March 1816, the New Brunswick legislature created a licensing board to regulate the colony's medical profession, but the act did not demand that every practitioner obtain a license. Rather, it considered "a Diploma or other sufficient testimonial of . . . skill and ability from some College or other public institution in Great-Britain or Ireland, legally authorized to grant the same" equivalent to a license from the lieutenant-governor. Those who had practised in the colony for at least seven years prior to the adoption of the new legislation but who did not have a diploma or similar testimonial were also allowed to practise, provided they registered themselves and obtained a license. The act required all other practitioners to go before the provincial licensing board. Since most of the colony's practitioners in 1816 held satisfactory diplomas, they did not register. The docket of physicians and surgeons that the licensing board maintained indicates that by June 1817, six practitioners had received licenses on account of having practised in the province for seven years continuously. Of two others, the first had probably received his training at an American school, and the second had studied at Edinburgh but could show no proof for it. Between 1816 and 1858, the licensing board licensed a total of 40 practitioners. Yet there were many more practising in the colony without a license. The Faculty of Physicians and Surgeons of New Brunswick formed in response to the concerns of several regular practitioners regarding the licensing board's limited mandate and consequent inability to regulate admission to the New Brunswick medical profession. Not until 1859 did the legislature pass an act that was satisfactory to the medical profession. In addition to registering 109 practitioners within the first year, the act created the self-governing Medical Faculty of New Brunswick.

The changes that subsequently took place in the medical profession up to 1859 have hitherto received little attention, in part because of the scant primary source material available. W. Brenton Stewart's history, Medicine in New Brunswick, is a valuable source book of names and organizations, but it fails to describe or analyze the process of change. It does not explore the discontent practitioners felt towards the 1816 act, and it makes no mention of the legislation passed in 1859. Similarly, Colin D. Howell does not mention the 1859 act in his study of the professionalization of medicine in the Maritimes, and he generally ignores the developments that took place in New Brunswick between 1816 and
1874; in another article, he claims that the formation of institutions, such as medical societies and hospitals, was a logical forerunner to the Nova Scotia Medical Act of 1872. In New Brunswick, however, events occurred in reverse: legislation regulating the medical profession preceded both legislative support for the General Public Hospital in Saint John (1860) and the establishment of the Saint John Medical Society (c. 1861). By 1859, the New Brunswick medical community had overcome the difficulties that had hitherto undermined its ability to govern itself and authoritatively address medical issues. A central figure in the campaign for increased professional organization was Robert Bayard.

ROBERT BAYARD AND THE SAINT JOHN MEDICAL COMMUNITY, 1823-26

Born of Loyalist parents in Wilmot, Nova Scotia, on 1 March 1788, Robert Bayard had attended medical school in Edinburgh and graduated in 1809. He subsequently taught in New York at the Medical Institution of the State of New York with Nicholas Romayne, and practised at Horton Corner (now Kentville) in Nova Scotia. In November 1823, enticed by the prospect of greater opportunities and the promise of support from friends in the local profession, Bayard “relinquished a certainty with a large and dependent family” in Nova Scotia and moved to Saint John with his wife and their eight children. Unfortunately, he discovered that “no Physician, Surgeon, Apothecary or Dentist” could enter Saint John “unassailed by the ordeal of opposition.” According to Bayard, a “hereditary practice” existed in Saint John “appropriated exclusively to the prerogative of a single individual, claiming it by right of succession; and parcelling it out to those characters who most readily subserve his interest and humour.”

This individual was probably Thomas Paddock, whose father Adino occupied a position in Saint John unrivalled by his fellow practitioners. Formerly surgeon to the King’s American Dragoons, Adino had arrived with the Loyalists in 1783 and obtained land in Carleton (the parish opposite Saint John across the harbor). At the incorporation of Saint John in 1785, the senior Paddock was appointed assistant alderman of Guy’s Ward. His influence was strengthened by his being physician to many of the leading figures in the colony, including merchant William Hazen. Following his retirement in 1817, much of his practice passed to Thomas. Patients’ loyalty to the family probably contributed to the Paddock monopoly over the Saint John medical practice, but it is interesting that when Thomas’s younger brother John entered practice in the city in the late 1820s, he had to await Thomas’s retirement in 1831 before he began to acquire any great number of patients. Thomas clearly inherited his father’s practice in conformity with the strictest rules of succession.
Thomas also inherited a measure of his father’s influence in the community, and he thereby acted as leader of the Saint John medical profession. Two of the dominant personalities who seem to have found favor with Paddock were John Boyd Jr. and Alexander Boyle. Boyd’s father, Dr. John Boyd Sr. arrived in Saint John in 1812 from Windsor, Nova Scotia, succeeding Dr. David Brown as hospital mate to the local garrison. The Boyds moved into the former Paddock house on Prince William Street, a detail that indicates a close relationship between the two families. Indeed, the two doctors had probably known each other for several years prior to Boyd’s arrival, as their sons had attended King’s College together at Windsor, Nova Scotia.\(^\text{14}\) The friendship established at King’s between Thomas Paddock and John Boyd Jr. lay the foundation for their professional relationship in Saint John. In addition, when the senior Boyd died in 1818, the junior Boyd probably inherited his father’s practice as was common at the time. Between them, Paddock and Boyd shared a good deal of the practice available among Saint John’s élite.

Alexander Boyle, a Scottish immigrant, succeeded John Boyd Sr. as hospital mate to the Saint John garrison, and he worked closely with Boyd’s son in connection with the Provincial Vaccine Establishment (1818) and the Kent Marine Hospital (1821). Boyle’s marriage in 1818 to Boyd’s daughter Cornelia secured his place within the Saint John establishment. Boyle was also the personal physician of Lieut.-Gov. George S. Smyth, a resident of Saint John. When Boyle retired from the army in 1822 he was well poised to assume a prominent place in the Saint John medical community.\(^\text{15}\) Although the nature of his relationship with Thomas Paddock is unknown, it must have been relatively amicable. Boyle ultimately became president of the Faculty of Physicians and Surgeons of New Brunswick, while Paddock served as vice-president.

Initially, Robert Bayard was also part of the select group surrounding Paddock. Bayard, Paddock, and Boyd had all attended King’s College, and John Boyd Sr. was a friend of Bayard’s father, the two having lived in New York prior to the American Revolution.\(^\text{16}\) Although Bayard attended the Edinburgh medical school while Paddock and Boyd attended Aberdeen, Bayard clearly possessed Paddock’s professional confidence. In 1815 Paddock served as the Saint John agent for a forthcoming monograph on midwifery by Bayard.\(^\text{17}\) It was not, therefore, a philosophical difference that divided the profession. Rather, Bayard’s rapid success in the city following his arrival in 1823 threatened the hegemony of the Paddock family and incurred the envy of the city’s entire medical establishment. It is ironic that Bayard’s arrival had originally had Paddock’s approval.
Shortly after his arrival, Bayard submitted a series of five articles to the City Gazette detailing his opinions on the vaccination controversy that had accompanied the outbreak of smallpox in the city during the closing weeks of 1823. A year later, in April 1825, he again solicited subscriptions for his treatise on midwifery. His initiative and ambition ran counter to the sensibilities of Saint John society, which valued deference in newcomers. Even though Bayard’s wife was the daughter of a former assistant deputy commissary-general for Saint John, this social connection did not excuse Bayard’s upward mobility in the eyes of the medical establishment. Rather, it possibly introduced him to new patients within the upper echelons of Saint John society that the established practitioners considered their own preserve. Indeed, Bayard suggests that his colleagues “generally summoned [him] to the sick beds of the poor,” but as he acquired a larger share of public confidence they instigated a “war of interest and jealousy.”

“No sooner did I arrive and acquire some professional influence,” claims Bayard, “than the friendship, which I considered sincere and honorable, . . . was converted into secret opposition, and my conduct became the subject of unjust animadversion, and of the grossest misrepresentation.” With a growing family (and likely mindful of the certainty he had relinquished in Nova Scotia), Bayard was in no mood to flee from his opponents. Exposition of Facts Relative to a Case of Croup, an open letter addressed to surgeon Henry Cook, publicly condemns the united opposition Bayard faced from his medical colleagues. A native of Scotland, Cook arrived in Saint John in 1822 and—not without opposition, Bayard notes—established himself as an apothecary. Moreover, beginning in 1824 Cook practised with Boyd as visiting physician in the city’s medical facilities. He had clearly found a place for himself, and became the agent of the medical community’s anger when Bayard began acquiring an unprecedented share of the city’s medical practice. “You have long been my concealed assailant,” declares Bayard, “you, as one of a party, have been secretly endeavouring to wound the growing confidence, which the public is reposing in my exertions, in the hope of building up your own reputation on the ruin.” Bayard’s disgust peaked following the death of Jane Smith on 11 July 1826. Cook had consulted Bayard concerning the case, but obstinately maintained his own opinion in the hope of discrediting his rival.

In Exposition of Facts Relative to a Case of Croup, Bayard supplies his audience with a detailed case history of Smith. He compares Smith’s ailment with textbook descriptions of cynanche maligna (ulcerated sore throat, which was Cook’s diagnosis of Smith’s illness) and cynanche trachealis (croup) in order to prove that Cook’s diagnosis was not merely wrong, but stubbornly adhered to with fatal results, despite over-
whelming evidence to the contrary. John C. Carter, the physician attached to the local military garrison, had attended Mrs. Smith with Bayard and supported Bayard’s contradiction of Cook. Having exposed Cook’s error and denounced his obstinate refusal to recant his faulty diagnosis, Bayard next condemns the unprofessional tactics of several members of the local medical community in their campaign against him. That a doctor would allow personal animosity to affect the welfare of a patient—even to cause death—appalled Bayard. “That disposition must be truly culpable,” he said, “which would be unwilling to surrender for a few moments the gratification of the worst feelings of a man to the well-being of his patient.” Bayard’s letter forcefully denounces the factious character of the local medical establishment, with the clear intent of raising awareness of the shameful nature of the situation. He feared for the health of Saint John’s citizens if professional animosities continued to prevent patients from receiving the care they required; indeed, his pamphlet mentions two people who had already died on account of Cook’s refusal to accept his advice.

Notably, the Exposition does not refer to any form of unlicensed or irregular practice; Cook is a legitimate practitioner. At issue is Cook’s professional conduct, and that of the Saint John medical community as a whole in using Cook as the agent of its hostility. Bayard declares that Cook sacrificed “the dignity and duty of a liberal profession” to his own selfish concerns. “It is now time to draw you from your lurking places,” Bayard continues, and expose an illiberality and jealousy, which are derogatory to an honourable profession. It is sincerely to be deplored that such jarrings should involve in censure a scientific pursuit, which from its peculiar character, calls for the best and purest feelings of humanity—and it were well, if the indulgence in such discords could be restricted in its consequences entirely to the profession, which however deserves a better fate: But this cannot be the case, and the public are more or less drawn within the shameful influence of jealous and contending opinions, when in sickness or distress the tenderest sympathies of individuals are outraged, and their rights and claims upon a liberal profession are disregarded and insulted.

Cook violated the physician’s code of professional conduct, rooted in the Georgian ideal of the gentleman, which involved discretion as well as a sense of noblesse oblige. Personal feelings should not interfere in the exercise of this duty, nor should the doctor withhold his ability from those who require it. His education requires him to be liberal, both in his thoughts and the application of his learning. Bayard conceived the profession as devoted entirely to serving the public. “A sick man,” he notes, “sends for his Physician as the guardian of his health. . . . [H]e entrusts him with his life, without wishing in return to be entrusted with
his private quarrels.” Cook, by allowing his feelings towards Bayard to affect the care his patients received, displayed a churlish lack of integrity, unbecoming a gentleman.

The publication of Bayard’s Exposition probably took place in the middle of August 1826, at which time Alexander Boyle was preparing to leave Scotland following a two-year visit. Curiously, Bayard appears to have been with Boyle at some point during the summer, although the exact date is unknown, and he possibly discussed his difficulties with Boyle at that time. Having been away from Saint John since 1824, Boyle could listen to Bayard with a greater degree of impartiality than his colleagues in New Brunswick. Although Boyle’s reaction to the Exposition is unknown, it may have combined with his experiences in Scotland and the formation of the Quebec Medical Society on 30 November 1826 to suggest the idea of forming a medical Faculty in the province for “the advancement of Medical Science, and the honor and dignity of the Profession.” The latter objective clearly indicates that the controversy surrounding Bayard was unacceptable, and following Boyle’s return a temporary reconciliation occurred between the warring professional factions in Saint John.

THE FACULTY OF PHYSICIANS AND SURGEONS OF NEW BRUNSWICK, 1827-40

Early in 1827 the Saint John medical community drafted “A Bill to repeal an Act intituled ‘An Act to exclude ignorant and unskilful Persons from the Practice of Physic and Surgery’ and to make more effectual provision for the same.” The bill provided for the dissolution of the old licensing board and the creation of the Faculty of Physicians and Surgeons of New Brunswick. Accountable to the lieutenant-governor, the Faculty would examine all physicians or surgeons wishing to obtain a licence to practise in the province. In addition, it required that all physicians and surgeons legitimately practising in the province register themselves with the new Faculty. In contrast to the 1816 act, the bill vested the right to prosecute unlicensed or unfit practitioners in the officers of the Faculty. By giving the new licensing board a policing role, it allowed medical professionals to regulate themselves with a degree of effectiveness impossible under the old act, which was silent regarding the prosecution of unlicensed or unqualified practitioners.

This accorded with Bayard’s long-held belief that the medical profession deserved more recognition from the Legislature than it received. In 1824 he remarked,

The Medical profession has long suffered for the want of legislative protection. Had vaccination been confined exclusively to the profession, and a penalty exacted for unqualified interference, much perplexity might now have been
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avoided—a system of vaccination might have been established, that would have been obligatory upon the Physician, and beneficial to society at large.32

Similarly, while practising in Nova Scotia in 1818, Bayard reacted to a debate raging among medical practitioners in the Halifax Acadian Recorder by deploving the profusion of practitioners who practised free of proper medical training and legislative censure. Although Bayard defended the right of individuals to choose who they would have treat them, he noted “the public are not in the habit of asking a doctor for his testimonials before employing him.” A government therefore had an obligation to protect the interests of its people:

It is true the public can judge of comparative merit in many cases; ... but let it elect from men qualified to practice, and not from those self-created doctors, who spring up like young Cadmeans in every town and county, and who, when summoned to any case of urgency, either hesitate to act or act with fatal desperation. It is incumbent on our Legislature to grant to regularly educated physicians, some privileges, which may raise them from their present degraded level with every self-taught Doctor, or cancer-drawing Surgeon, who obtrudes upon society.33

Equally important was the moral duty of the unlicensed practitioner to act, not “with fatal desperation,” but with the certainty the public expects of a professional. “Those who rest their claims upon long experience ... might be tolerated,” Bayard allows, if “feelings are to be put in the balance with human welfare.” Nevertheless, a certificate from a school of medicine was the public’s chief assurance that a doctor and his treatments were reliable.

Hugh Johnston Sr. presented the bill to the Legislature on 15 February 1827. On 5 March, the Legislative Council put the bill on hold for three months, thereby killing it.34 Undaunted, the proponents of the bill enacted its resolutions and established the Faculty of Physicians and Surgeons of New Brunswick the following week with Alexander Boyle (president), Thomas Paddock (vice-president), and Bayard (censor) serving on the executive.35 A second attempt to gain recognition from the Legislature in 1828 also failed, and the 1816 act remained in force.36 The reason for the Faculty’s failure to gain legislative approval is unknown. Like the 1816 act, introduced by Amos Botsford, it was proposed by a member of the province’s élite. Yet it sought to transfer responsibility for medical licensing from the government to private, albeit professional, individuals. This erosion of government prerogative may have been seen as a threat. Similarly, the policing role the Faculty proposed for itself may have appeared overreaching to some legislators. An early draft of the 1816 act had included a section providing for a penalty against unlicensed practitioners, but the section was cancelled from the final text.37 The attempt to introduce a penalty in 1827 and 1828
may have been sufficient reason for some members to oppose the bill. In a province where wilderness separated or inhibited qualified practitioners from attending patients, a certain amount of unlicensed practice was a necessary evil.  

Despite its aim to regulate New Brunswick's medical profession, the Faculty of Physicians and Surgeons of New Brunswick had limited influence owing to the lack of legislative support. Its numbers soon swelled with several honorary members elected by the executive. At least 15 practitioners sought recognition under the 1816 act prior to 1828, and 19 by the autumn of 1835. The Faculty claimed 35 members in 1835, 17 of which were ordinary members with the remaining 18 as honorary members elected from New Brunswick, Nova Scotia, and the United States. With over half its members elected rather than local practitioners who had joined by choice, the Faculty had little strength to claim that it accurately represented the opinions of New Brunswick's medical practitioners. Highlighting the constructed nature of the Faculty, one observer commented, "I am not sure, but that the ghosts of Hippocrates and Galen have been duly enrolled in that unsubstantial association, and diplomas conveyed to their respective tombs." In reality, membership in the Faculty invested a practitioner with little authority or prestige, and the Faculty itself did little to advance "the honor and dignity of the Profession." This may be one reason that dissension resurfaced in Saint John within the year, and Bayard left the Faculty to establish a separate body, the Medical Society of Nova Scotia and New Brunswick.

Conceived for "the protection of the Profession; the acquirement of Knowledge, and the periodical publication of useful matter," the new society appeared to the Faculty of Physicians and Surgeons as an arrogant rival. Particularly galling to the Faculty was the society's intent to publish an annual journal of approximately 400 pages. Unlike the Faculty of Physicians and Surgeons, which Bayard and others perceived as existing solely to defend the interests of a select group of practitioners despite its claim to act for the profession as a whole, the Medical Society of Nova Scotia and New Brunswick sought to educate its members and eschewed a monopolistic impulse. Its journal aimed to "be particularly serviceable to gentlemen in secluded situations," in recognition of the need to foster collegiality despite the distances that separated Maritime physicians from each other and the medical world at large. By 28 April the society included over 20 members in Nova Scotia and New Brunswick.

Unfortunately, soon after the journal's prospectus appeared, anonymous letters in the influential Novascotian newspaper accused Bayard of vainglorious motives:
Who is this R. Bayard, M.D.D.C.L. &c. &c. who, with half the alphabet strung to his name, has given us such an unceremonious demonstration of his authority? And I would ask, Sir, what the Medical gentlemen of Halifax, and of Nova Scotia, have to expect from a person who invests himself with such authority? . . . Let us at least have a voucher from R. Bayard of more weight than that of significant capitals, and auto-descriptive titles. Accusations of selfish motives doomed attempts to organize the medical profession elsewhere, but "Vox" went further, questioning the society's existence and citing the distances Bayard sought to overcome as a reason for its impracticality:

Medical Societies have been formed . . . for the interchange, diffusion, and advancement of medical knowledge, by the discussion of important questions,—the reading of important cases, and the emulation excited by the spirit and energy of the whole. But the society which Dr. Bayard has attempted to form, is totally an exception to all precedence. If the persons, of the above mentioned members, met him, instead of their names, his society might be established; but as it is, it can only be formed, by the meeting of their signatures in a page of his pocket Book, whilst forty, fifty, or even an hundred miles divide their personal intercourse and communications with each other.

Bayard countered Vox with an offer to publish a list of the society's members should Vox name himself; he otherwise declined to engage in further combat with anonymous writers. The heart of the writer's opposition, however, remained the animosity that had plagued Bayard since his arrival in Saint John. "When we farther consider," noted Vox, "that the Doctor is on no very amicable understanding with several of his brethren at St. John; three or four persons at farthest, can only attend the meeting of what he calls a Medical Society."

Ironically, in light of Bayard's disdain for anonymous correspondents, a member of the medical society came to Bayard's defense using the pseudonym "Vocatus." He notes that for "Members of a Society at a distance . . . the advantages and means of acquiring knowledge are oftentimes augmented by the very circumstance of separation." Furthermore, he asserts that Vox is one of the "brethren" with whom Bayard was "on no very amicable understanding" and a member of the Faculty of Physicians and Surgeons of New Brunswick, which had but one more member resident in Saint John than the medical society. For Vocatus, the objections of Vox were absurd, and the product of fierce envy. Nevertheless, the medical society itself apparently dissolved soon after.

Yet Bayard was not the only doctor to suffer the Faculty's censure, nor was the ill-fated medical society the only organization to face its disapproval. In 1832 the Faculty expelled John Boyd (Bayard's successor as censor), and later that year took Saint John Common Council to task for admitting a ship into the city's harbor at the height of a cholera scare.
These incidents reveal that Alexander Boyle and Henry Cook had become dominant personalities in the Faculty, undermining the Faculty's ability to be an authoritative voice for the local medical profession as it purported to be.

On 25 January 1832 the Faculty met to discuss "certain anonymous and invidious publications in the City Gazette." Boyle attributed the letters, plus a memorial in the same spirit sent to Lieut.-Gov. Archibald Campbell, to Boyd, who steadfastly denied having written any of the items in question. Unfortunately, neither the pertinent issues of the City Gazette nor the memorial to Campbell are extant, but Boyle indicates that the letters discredited the Faculty and were unworthy of a member. They possibly condemned a proposal to convert the Kent Marine Hospital in Saint John, which Boyd had attended as surgeon from its establishment in 1821, into a general hospital that would offer students first-hand experience of cases.

In January 1832 complaints arose against the management of the Kent Marine Hospital that undoubtedly offended Boyd. "Slovenliness and apathy, unfriendly to science, are to be found throughout; and the whole exhibits nothing but want of energy, stupidity, and dulness," observed one correspondent to the City Gazette. Proponents of a general hospital saw the need for reform at the Kent Marine as an opportunity to realize their own, larger vision. Two days after the above letter appeared in the City Gazette, the New Brunswick Courier published the remarks of "Many Subscribers" objecting to "Physico-medico-chirurgical... effusions" in the city's papers. The "effusions" offered the medical and social advantages of establishing a general hospital, among them the opportunity medical students would have to study a broad range of ailments. "The example of all hospitals at the great medical schools in Britain will shew, that there is nothing 'visionary' in the proposal," declared a letter in support of the proposal made by Robert Bayard, George J. Harding, Thomas Paddock, William Livingstone, and Alexander Pidler. Indeed, even Alexander Boyle, though he declined to supervise any alterations in the marine hospital, approved of the recommendations set forth. Boyle had helped establish the marine hospital, and his relationship with Boyd may have caused his reticence to oversee any changes in its management. Yet his endorsement of the proposal lent it a certain amount of weight and clearly set him against Boyd.

Boyd was one of the few members of the Saint John medical community not to endorse the proposal of a general hospital. The scheme was remarkably progressive for New Brunswick in its intention to include all the sick of society, especially the elderly and poor, and not just mariners. Equally important was the attempt to introduce a system of clini-
cal education for local medical students. The Montreal Medical Institution, established in 1824, was the sole place of formal instruction for medical students in British North America at the time, although a proposal similar to that advocated in New Brunswick was set forth for the poor house in Halifax in the winter of 1831-32. Notably, the latter met with defeat on account of divisions within the Halifax medical community similar to those in Saint John. Although the New Brunswick legislature approved the proposal to allow students to observe patients at the Kent Marine Hospital, nothing happened. Charles Simonds introduced a similar motion to alter the hospital’s mandate in 1833, but it met with defeat.

When Boyd confronted the Faculty of Physicians and Surgeons in January 1832, he claimed that the meeting, held on short notice in the hope that he would not be present, was contrary to the rules of the society. He took exception to the tactics Boyle employed, and asserted that the memorial to Campbell was a forgery, "designed . . . under such feelings caused by personal dislike to me, more than by any considerable desire to forward the Interest of Science." The meeting soon adjourned, but Boyle convened the Faculty again the following afternoon, and again Boyd was not invited. He arrived, however, determined to thwart Boyle’s animosity. Boyle "instantly moved" the expulsion of Boyd from the Faculty, but Boyd succeeded in preventing the motion being put to the question. The trumpery Boyd encountered violated his sense of decency, and parallels the means used to make Bayard “the unworthy out-cast, the hapless exile” from the counsels of the Saint John medical establishment. The Faculty was simply a reincarnation of the old clique, and though Boyd continued to maintain his innocence of the charges laid against him, he resigned from the Faculty and joined Bayard as an independent practitioner. The controversy illustrates the continued divisions within the Saint John medical profession. Although Bayard no longer appears to have been at odds with his colleagues, dissension continued to manifest itself and prevent practitioners from acting together as a unified force for the public good.

This appears in the profession’s response to the threat of cholera in 1832. In June of that year, five months after the controversy over the Kent Marine Hospital, Saint John Common Council appointed a Board of Health responsible for preparations against a possible epidemic. Bayard was the sole medical professional appointed, and he duly submitted recommendations that the board subsequently approved. During July, however, dissatisfaction concerning the board’s activities culminated in alderman George Bond moving the reorganization or replacement of the board. This was clearly a political move, probably motivated by the lobbying of the Faculty of Physicians and Surgeons;
on the day Common Council dissolved the Board of Health, the City Gazette warned against allowing party feelings to hamper preparations for the cholera. Having scuttled the Board of Health, Common Council invited a committee of medical professionals to advise it concerning the cholera. Henry Cook immediately replied on behalf of the Faculty of Physicians and Surgeons of New Brunswick, and Common Council appointed the Faculty as a medical board on 31 July by a vote of six to five in the Faculty's favor. Although Bayard also offered his services, Common Council remained content with members of the Faculty.

Shortly afterwards, however, the Faculty took Common Council to task when a ship entered the harbor from a port infected with cholera. Although the ship had satisfied quarantine requirements, the Faculty was indignant that Council had not consulted it before the medical officer at the quarantine station on Partridge Island issued a clean bill of health. The Faculty felt that its role as counsel to Council was taken lightly, and on 3 August notified Council that it would no longer act as a medical board.

As a result of its dispute with Common Council, the Faculty of Physicians and Surgeons of New Brunswick did little to prepare Saint John against cholera. Far more impressive were the efforts of the Health Association, a volunteer organization established by civic and religious leaders on 26 July—the day Common Council dissolved the Board of Health. The organizers of the Health Association clearly anticipated the demise of the board and were ready to fill the void. During the following weeks the association identified areas of need in the city, cleaned and fumigated houses in each area, and provided the residents, mostly poor, with flannel clothing and other necessary items. The association even obtained a fire engine from Common Council in order to wash down the streets. This massive philanthropic effort was in accordance with Bayard's recommendations to the defunct Board of Health, and was highly praised in contrast to the shame the Faculty merited for its petty behavior and general inaction. Notably, Bayard was the sole doctor involved with the Health Association.

The last definite reference to the Faculty of Physicians and Surgeons of New Brunswick occurs in the 1835 New-Brunswick Almanack, although a letter in the Saint John Morning News, 31 August 1840, is enigmatically signed "One of the Faculty." Despite the controversies surrounding it, due largely to the contentious environment in which it was conceived, the Faculty was the forerunner of future medical organizations in the Maritimes, including the Saint John Medical Society and the New Brunswick Medical Society. The Faculty set a precedent for more decisive steps towards the organization and unification of the profes-
sion during the 1840s and 1850s, of which the united stance Saint John doctors held against mesmerism in 1843 is a prime example.

THE QUEST FOR PROFESSIONAL IDENTITY, 1843-49

If science was the sole element that could unify medical practitioners, it was also an important means through which the profession could gain public support. "Physicians portrayed themselves as exemplars of science," writes S. E. D. Shortt, and by proclaiming its better judgment with an anathema against irregular practitioners and all their works, the profession in Saint John achieved its first significant public definition of itself. The Mechanics' Institute in Saint John fostered scientific inquiry among all classes of people, and during the 1840s it responded to the public's demand for appealing displays; live experiments were more popular than lectures. As the Institute increasingly became a showcase, questions arose among its directors as to the type of material presented and the means used to generate interest in scientific matters. In July 1843 the debate crystallized around the current fascination with mesmerism and animal magnetism. The scientific establishment, comprising both medical practitioners and others including inventor Robert Foulis, geologist Abraham Gesner (also a medical doctor), and agriculturist Moses Perley, was confronted with a wave of unprecedented popular acceptance of mesmerism. Feeling compelled to counteract public opinion, the local scientific community uniformly condemned a series of lectures and demonstrations presented by New York doctor Robert H. Collyer.

Mesmerism was the first significant challenge the New Brunswick medical community faced from the various alternative practitioners and therapeutic sects then in existence. The advent of an alternative form of therapy, through the popular medium of the Mechanics' Institute, was a threat that required a response from regular practitioners who now perceived a common point around which they could rally. R. D. Gidney and W. P. J. Millar cite the legitimization of alternative practitioners as a seminal event in the formation of a professional identity among Ontario's regular practitioners; the popular acceptance of mesmerism was equally significant for the profession in New Brunswick. In condemning mesmerism and issuing a public statement to that effect, the regular doctors of Saint John gave themselves common ground on which to stand in the future.

Although the medical community acted with unprecedented unity and force, the public generally disregarded its pronouncement. The Halifax Novascotian carried extensive coverage of Collyer's lectures and demonstrations (including an extremely satiric account of his visit to Saint John), but mesmerism warranted little notice in the Saint John pa-
pers. Mesmerism, now commonly called hypnotism, held "that there is a connecting link... between matter and mind"; the *Novascotian* explained the mesmeric process thus:

The brain is the organ by the agency of which [the mesmeric] fluid acts in its operation between the mental and physical organization of man, the nerves and muscles, at the same time, performing the functions of subordinate agencies. By a peculiar juxtaposition of persons, and the performance of certain simple movements of the mesmerizer, accompanied by a powerful effort of the will, a state of somnambulism [*sic*] is produced. While in this state, the mesmeree appears to be completely under the control [*sic*] and sympathy of the mesmerizer... we were eye, and ear witnesses.

Although Collyer managed to convince the editor of the *Novascotian*, he failed to impress the Saint John medical establishment. It viewed Collyer’s practice as blatant quackery; there was no logical connection between mind and matter. Mesmerism appeared more subjective than objective, as Collyer’s instructions to his audience suggest: he requested that “no noise or manifestation of opinion should take place” and “all communications must be written,” in order not to “derange the lucid condition of the receptient [*sic*], causing a failure in the results.” Having established such a framework, it seemed unlikely that any other but the desired result could occur. Yet in a satiric account of a meeting organized to hear the confessions of Charles Snyder, one of Collyer’s former subjects, Bayard points out, “that if there was any thing real in Mesmerism it could not be shamed. ([H]e believed he was o.k. in using sham as a verb.)” Bayard’s comment is representative, and clearly indicates that the assembled scientific multitude considered pure science “un-shamable.” For them, true science was beyond imitation; reality could not deceive the rational mind. Scientific enquiry was capable of discovering all the secrets of the physical, created world. The problem lay in training others to view the world with the same critical eye. Colin Howell notes that the Halifax medical establishment encountered the same problem. “It was not enough that doctors should practice scientific medicine,” he says, “it was also imperative that they were seen to be scientific by the public at large.”

Snyder’s testimony provided the Saint John scientific establishment with the evidence it desired to condemn Collyer. Snyder confessed that Collyer had paid him to perform staged demonstrations. “[I] agreed to come on here,” he told a meeting arranged by Perley, Gesner, and Bayard, “on certain terms as to the division of profits.”

I acknowledge, that there is no effect in the counterpasses to relieve the “mesmeric sleep.” I acknowledge, that on the first night of R. H. Collyer’s exhibition at this place, when he, after certain passes, touched the organ of veneration, and I in accordance placed myself in the attitude of adoration to the Deity, that I did
not do so involuntarily, or in consequences of such manipulation, but with my own free will for the purpose of effect.73

Snyder confirmed mesmerism as a hoax, and those present at the meeting duly agreed to publish his testimony to warn the public of the deceit being performed. Collyer denounced their efforts as an attempt at censorship; the regular practitioners "determined that the good people of St. John, should believe only so much." Nevertheless, Collyer claimed victory: "I am aware it has been annoying to their vanities. They now see that the people of St. John can think for themselves, independent of the fostering care of the self-constituted 'public guardians.'" Control of the city's scientific intellect was at stake; the debate was in fact a war of credibility between regular medicine and alternative therapeutics.75 Mesmerism had clearly challenged local doctors to examine their professional identity and their attitudes towards alternative sciences.

Indeed, many who initially declared themselves in favor of regular science succumbed to second thoughts within the year. Scientific opinion was clearly less unified when mesmerism next appeared in Saint John. Bayard, elected president of the Mechanics' Institute on 13 May 1844, found it necessary to resign from office when the Institute's directors decided differently from the local scientific establishment and permitted R. K. Addison to present a series of lectures in the Institute's hall advocating mesmerism.76

By the end of the 1840s, the Saint John and New Brunswick medical community had achieved a degree of unity that clearly distinguished it from the fractious profession it had been 25 years earlier. Although the profession still lacked the support of effective legislation that would give it the legal clout it desired, it was aware of itself as a group of New Brunswick practitioners with a mandate to serve the people of the province. Lieut.-Gov. Edward Head's appointment of John Waddell, a doctor from Truro, Nova Scotia, to superintend the provincial lunatic asylum in 1849 forcefully highlights the profession's determination to govern itself.

Following a meeting in Saint John on 6 December for "maintaining the dignity of the Medical Profession," Robert Bayard and William Livingston delivered a petition from the profession demanding that the governor appoint only New Brunswick practitioners to manage New Brunswick medical institutions. Unfortunately, Head showed little sympathy for the profession's concerns, and alluded to the fact that Bayard had been a founding member of the New Brunswick Colonial Association earlier in the year.77 The association advocated free trade, and Head pointed out that Bayard could not consistently maintain free trade for the rest of the economy while desiring protection for his own profession!
Of nine commissioners appointed to manage the lunatic asylum, not one was a medical practitioner. Four were lawyers and the remaining five were merchants and civic leaders. Ironically, two of the lawyers had protested the appointment of James Carter, a British judge, to the New Brunswick supreme court in 1834. In repeating the injustice against a fellow profession, the lawyers received harsh criticism and their own outcry to Carter's appointment was republished for the benefit of comparison. "The Members of the Bar view with deep regret the appointment of a gentleman from England, who is a total stranger to the Province, to fill the important station of a Judge of the Supreme Court," the lawyers had declared in 1834. Such opportunities "afforded a strong stimulus to honorable exertion," and the lawyers deemed it inappropriate for foreigners to receive such offices. The appointment "must necessarily tend to degrade the profession at large, and to discourage those, who by talents and character have 'a right to look forward for promotion.'" 

A correspondent in the Quebec Gazette further observed,

The truth is, that independently of the injustice thus done to Colonists, by depriving them of their due share in the public offices, and by withdrawing from the youth of the country these incitements of honorable ambition, there is effected an absolute injustice to the people at large in giving them the refuse of an European Bar. . . .

It is not sufficient that a Judge should be acquainted with the ordinary details of the profession of the law: it is necessary that he should be intimately acquainted with the habits, manners and feelings of the people to whom he is to administer justice;—a knowledge which he cannot have, unless he has been brought up amongst them. So too, the people have a right to have that guarantee of his honor, integrity and ability, which can alone be attained by a life spent in the midst of them.

The above passage bears a close resemblance to the words of Upper Canada's attorney general John Beverly Robinson in 1825, concerning the admittance of relative strangers to the legal profession in his own colony. Gidney and Millar quote Robinson to illustrate the closed nature of the professions at the time, as well as to note the importance placed on personal knowledge of the individuals who had the most important aspects of society in their care. Public confidence was essential to the development of an authoritative professional identity, and one recalls the importance Bayard placed on it in his own rhetoric against the unprofessional actions of people such as Henry Cook and unlicensed practitioners.

Although the outcry against the appointment of Dr. Waddell to superintend the provincial lunatic asylum was not as widespread, the New Brunswick medical community cited the reaction of the New Brunswick bar to a similar incident to highlight its claim to the respect accorded other professions. The appointment was especially insulting
because there were New Brunswick doctors who were qualified to manage the asylum:

There are many Medical Practitioners in New Brunswick, who have been educated in the best schools of Great Britain and Ireland; and who can adduce the most ample and satisfactory testimonials of Professional acquirements from public institutions. . . . [I] cannot withhold my expression of surprise, that [the Commissioners] did not at the same time publish some Academical document from him as warranty for their contumelious bearing to the Medical Gentlemen in this province.81

"M.D." clearly suggests that Waddell was not as qualified as New Brunswick’s own doctors. Unfortunately, the position was never advertised; therefore practitioners such as Dr. James Toldervey, a well-known Fredericton physician whom Bayard considered suited for the post, were unable to apply.82 Furthermore, the appointment struck many as another sign of the patronizing manner of the government in Fredericton. The editor of the Saint John Morning News, a notorious reformer, congratulated the doctors for speaking out, declaring, “We are glad to find that the knife is being applied to the Corruption of our Executive, it has long required it.”83

ACHIEVEMENT OF THE MEDICAL ACT OF NEW BRUNSWICK, 1857-59

During the 1850s the New Brunswick medical profession developed a sense of identity that rendered it unified and well aware of its place within the province. By the end of the decade it could address the Legislature’s continued disregard of its situation. The 1816 act regulating the profession had not changed with the revision of the province’s statutes in 1854.84 The catalyst for action came in 1857, following an exchange of pamphlets between Robert Bayard and Saint John’s first homeopathic practitioner, J. C. Peterson.85 Peterson had arrived in the city in May 1856, but he attracted little notice until Saint John Common Council appointed him to the new dispensary on Charlotte Street in March 1857. Peterson worked alongside regular physician Aaron Alward, and the legitimacy which the appointment secured him outraged Bayard. Peterson attached the title “M.D.” to his name, and though Bayard was content to let the people choose which practitioner they would see, he objected to Peterson’s pretensions.86

Local newspapers denounced the pamphlet war between Peterson and Bayard for being characterized by a lack of any information that would help the public to choose between the two systems.87 That Bayard chose to react against Peterson suggests that the local medical community was keenly aware of the threat they faced from alternative practitioners. Indeed, Peterson was not alone: the 1857 directory for Saint
John lists a second homeopath (who presumably arrived after Peterson), a botanic, and a magnetic therapist. When the Legislature reconvened in 1858, John C. Vail presented a petition from Bayard’s son William, James Robb, and Boyle Travers signed by 61 of the regular medical practitioners in the province. Like previous efforts to organize the New Brunswick medical profession, the petition originated in Saint John; unlike its predecessors, however, it bore signatures garnered from across the province. The petition noted that the 1816 act did not “effectually provide against the illegal and empirical practicing of Medicine and Surgery by unqualified or ignorant persons; and inflicts no penalty on such persons for infringing the Law and tampering with the health and lives of Her Majesty’s subjects in this Province.” It therefore requested changes, particularly with a view to ensuring that practitioners from America had received their education at colleges acceptable to their colleagues in New Brunswick: “The sources from which Diplomas, qualifying the holders to practise in this Province, may emanate, should be more particularly specified; especially with regard to the United States, in which it is peculiarly expedient to particularize the Colleges and Institutions whose Diplomas shall be deemed sufficient in this Province.” New Brunswick’s regular medical professionals clearly believed that alternative medical colleges in the United States posed a threat to medical orthodoxy. They wished to ensure that a clear distinction existed between themselves and their rivals before the province was invaded by vast numbers of homeopaths like Peterson, and other such practitioners.

The bill was unsuccessful, but the following year the profession enlisted the support of Provincial Secretary and former apothecary Samuel Leonard Tilley. When the Legislature returned to business in 1859, Tilley introduced a new petition bearing the signatures of 51 regular practitioners. The new petition requested the passage of an act “regulating the qualifications of Practitioners in Medicine and Surgery, and for the establishment of a ‘Medical Council of Health.’” Tilley guided the bill through the Legislative Assembly and his advocacy ensured its ultimate passage. Despite consistent opposition from nine members, the bill became law on 13 April 1859 and took effect on 1 June the same year.

The new medical act of New Brunswick enabled the medical profession to govern itself as the Medical Faculty of New Brunswick, with a Medical Council of Education, Health, and Registration as its policymaking body. Fittingly, the new Faculty elected Robert Bayard, by 1859 the doyen of New Brunswick medical practitioners, its first president. The act restricted membership in the Faculty to those
possessed of a Medical Degree, Diploma, or Licence to practise Medicine or Surgery, from any College or other Public Institution in Great Britain, Ireland, Canada, France, or the United States, authorized to grant the same, or a Licence from the Lieutenant-Governor of the Province to practise Medicine or Surgery, or who has been in the continued practise of Medicine or Surgery in this Province since the first day of January in the year of our Lord one thousand eight hundred and fifty-two.93

The most significant aspect of the law was its requirement that all duly qualified practitioners in the province register themselves with the Faculty, a request made in the proposed 1827 bill. The register was to be published in the Royal Gazette each January as public notice of who were considered legitimate practitioners. The Faculty did not have the right to prosecute unlicensed or fraudulent practitioners, but the act did make unlicensed practise and the fraudulent acquisition of a license indictable offenses. Equally important, the act allowed the Faculty to strike the name of a practitioner “guilty of infamous conduct in any professional respect” from the register of licensed practitioners, but it noted “that the name of no person shall be erased from the register on the ground of his having adopted any theory of Medicine or Surgery.”94

This clause not only protected regular practitioners from tactics such as Boyd experienced when he opposed the conversion of the Kent Marine Hospital, but it also ensured that medical practitioners who incorporated the methods and views of alternative therapies into their practice could remain members of the Faculty. As a result, membership in the new Faculty was not entirely closed to alternative practitioners. Henry C. Preston, for example, graduated in 1844 from the Medical Department of the University of New York, a homeopathic institution, and practised in partnership with J. C. Peterson.95 Similarly, irregular practitioners who had practised in the province since 1 January 1852 were also accorded membership. Of 109 practitioners listed in the first register of the Medical Faculty of New Brunswick, 17 qualified in this manner. Although at least one had formerly served with the military, and another had possibly registered under the 1816 act, at least one, William S. Foshay of Salisbury, was a notorious quack. W. Brenton Stewart describes Foshay as a herbalist, and includes the following anecdote in his Medicine in New Brunswick:

All the old ladies were telling how marvellously Dr. Foshay of Salisbury treated their ills. Simon was very poor and very ambitious so he apprenticed with Dr. Foshay in order to learn science and use Foshay’s library. After a few days Simon found there was little or no scientific knowledge and only one book “The Fevers of the Connecticut Valley.”96

Despite such anomalies, the new medical act gave practitioners a greater voice in who could practise in New Brunswick, and more closely than
the government had. It thereby provided the foundation for an emerging professional identity among New Brunswick's medical practitioners that soon manifested itself in the development of medical institutions throughout the 1860s.

By 1861 practitioners in Saint John had established the Saint John Medical Society, an organization that survived beyond the formation of the New Brunswick Medical Society in 1867. It owed its existence largely to the precedent set by the Faculty of Physicians and Surgeons of New Brunswick. Its stability and endurance testifies to the development of the New Brunswick medical profession into a responsible community by mid-century. Although the medical profession had taken a significant step towards asserting its authority in the wider community, the secretary of the St. John Medical Society remarked in 1862,

it is a practical question of some difficulty to determine, to what extent the Society should, at the present time, consistently with propriety, assert itself as an exponent of medical opinion in this Province, and obtrude itself generally upon public attention. The existence of our Society has not yet been recognized even by our City almanacks. . . . It may be wise, then, that some attention should be paid to the passing events in the world around us, in order that fitting occasions may be embraced, upon which our existence and position as a Medical Society, may be properly asserted.

Despite its early difficulties, the medical profession had acquired the vision and self-consciousness necessary to achieve common goals. It is significant that one of the first and most enduring testimonies to this new spirit of co-operation was the opening of a general public hospital in the city in 1865.

CONCLUSION

The development of organized medicine in New Brunswick was the result of discontent within the profession regarding existing legislation, which practitioners believed was inadequate to allow the public to distinguish between regular and irregular doctors. This follows a pattern common in other British North American provinces, including Ontario and Nova Scotia. What is notable about New Brunswick, however, is the homogeneity of the medical profession. Whereas Ontario wrestled with the problem of how to accommodate various therapeutic sects within the province's medical legislation, New Brunswick sought a solution prior to any large-scale movement of alternative practitioners into the province. The process of reform was spearheaded by practitioners in Saint John, especially Robert Bayard, who by virtue of his long association with the campaign for adequate medical legislation, became the first president of New Brunswick's first authoritative medical fac-
ulty. Sanctioned by both the Legislature and the medical profession, the Medical Faculty of New Brunswick was a precedent for future professional endeavors.

NOTES

2 Acheson, Saint John, p. 5-7. In 1829, Acheson points out, city recorder Robert Parker noted that Saint John's city charter clearly intended to restrict the freedom of the city to the original freemen and their children forever (p. 31).
3 Provincial Archives of New Brunswick [PANB], RS 24, item S7-B12 (mfm. # F14915).
5 PANB, RS 14, item A1, Docket of Licensed Physicians and Surgeons, 1816-1858; and W. Brenton Stewart, Medicine in New Brunswick (N.p.: New Brunswick Medical Society, 1973), p. 276. At the rear of the docket of physicians and surgeons is a "Docket of Persons naturalized in the province of New-Brunswick" noting David B. Shelton's birthplace as Connecticut.
7 In addition to the original sources cited in this paper, I fruitlessly searched the letter-books and correspondence of the Provincial Secretary and the Lieutenant-Governor's correspondence with the Colonial Office (both available at PANB) for further references to the process of medical organization during the period in question.
10 New Brunswick Courier, 20 December 1823, p. 3; and Robert Bayard, Exposition of Facts Relative to a Case of Croup in a Letter . . . to Henry Cook, Surgeon (Saint John, 1826), p. 27.
11 Bayard, Exposition, p. 30.
13 Lawrence, "Medical Men," p. 304.
14 Lawrence, "Medical Men," p. 290, 293; and Public Archives of Nova Scotia [PANS], mfm. #14012, Matricula of King's College, 9 September 1807.
17 Gazette (Saint John), 2 November 1815, p. 3. The monograph never appeared.
18 “Remarks on Vaccination,” City Gazette (Saint John), 1 January 1824, p. 3; 8 January 1824, p. 2; 15 January 1824, p. 2; 29 January 1824, p. 2 (the last article in the series is not extant); and New Brunswick Courier, 9 April 1825, p. 4.
19 Bayard, Exposition, p. 29-30.
20 Bayard, Exposition, p. 27.
21 Lawrence, “Medical Men,” p. 295; and Saint John Common Council Minute Book, Vol. 6, 10 April 1824, p. 56. Common Council appointed the visiting physicians in the first half of April, following the municipal elections on the first Tuesday of the month.
22 Bayard, Exposition, p. 4-5.
23 Bayard, Exposition, p. 31.
24 In addition to Jane Smith (Star [Saint John], 11 July 1826, p. 2), Bayard mentions a Mr. ALL*N, presumably John Allan, who died 17 September 1825 (New Brunswick Courier, 24 September 1825, p. 3). Bayard’s allegations against Cook stand alone. Neither death warranted a coroner’s inquest, and responses to Bayard’s pamphlet that may have appeared in the Saint John papers are no longer extant.
25 Bayard, Exposition, p. 3-4.
27 Bayard, Exposition, p. 29.
28 New Brunswick Museum [NBM], Jarvis Family Papers, box 2, file 3, item 15.
29 NBM, Jarvis Family Papers, box 2, file 3, item 20. In a letter to her mother Jane Boyd, dated 13 August 1826, Cornelia J. Boyle mentions that she and her husband had intended to travel with Bayard aboard the ship Forth from Greenock to New Brunswick, but the “uncivil and disobliging” manner of Bayard’s travelling companion dissuaded them.
31 PANB, RS 24, S35-B7.
32 City Gazette (Saint John), 1 January 1824, p. 3.
33 Bayard, letter to the editor, Acadian Recorder (Halifax), 2 January 1819, p. 2-3.
34 Journal of the House of Assembly of the Province of New Brunswick (1827), 15-16 February 1827, p. 19, 21; and Journal of the Legislative Council of the Province of New Brunswick (1827), 5 March 1827, p. 836.
35 City Gazette (Saint John), 22 March 1827, p. 3.
36 PANB, RS 24, S36-B1.
37 PANB, RS 24, S24-B29.1.
38 In a letter to the editor of the City Gazette responding to one of Bayard’s articles regarding vaccination against smallpox, “H.” made a similar point regarding legislation that would restrict the practice of vaccination to legally qualified practitioners (15 January 1824, p. 2). R. D. Gidney and W. P. J. Millar indicate that similar reasons informed legislative resistance of several early attempts to restrict the practice of medicine to any one group (“The Origins of Organized Medicine in Ontario, 1850-1869,” in Roland, ed., Health, Disease and Medicine, p. 73).
39 Vocatus, letter to the editor, New Brunswick Courier, 31 May 1828, p. 2.
41 New Brunswick Courier, 23 February 1828, p. 2.
42 New Brunswick Courier, 5 April 1828, p. 4.
43 Novascotian, 1 May 1828, p. 146.
44 Novascotian, 17 April 1828, p. 126.
45 An editorial in the Canada Medical and Surgical Journal of Montreal, September 1873, comments that “several periodicals have been published from time to time and all have been relinquished by their promoters for lack of support. The profession appears
to regard with singular apathy an undertaking of this kind. Some believe that untold wealth pours into the coffers of the proprietors; others look upon it as a means used by the few to indulge in a species of self-gratulation’’ (p. 139).

47 Novascotian, 1 May 1828, p. 146.
49 New Brunswick Courier, 31 May 1828, p. 2. Vocatus states that the Faculty of Physicians and Surgeons of New Brunswick included five members in Saint John; these were probably Alexander Boyle, Thomas Paddock, John Boyd (president, vice-president, and censor, respectively), Dr. W—B (unidentified, but mentioned in Bayard’s letter to Cook, p. 30), and Henry Cook. Vocatus strongly implies that Vox is Cook. Identifying members of the Medical Society of Nova Scotia and New Brunswick is more difficult, although John C. Carter (mentioned in Bayard’s letter to Cook, p. 7) and Bayard’s former student William Hunt, then practising in Saint John (Lawrence, “Medical Men,” p. 298), are likely candidates.
50 NBM, Jarvis Family Papers, box 16, file 5, item 3.
51 D., letter to the editor, City Gazette (Saint John), 19 January 1832, p. 2.
52 Many Subscribers, letter to the editor, New Brunswick Courier, 21 January 1832, p. 2.
53 D., letter to the editor, City Gazette (Saint John), 19 January 1832, p. 2.
55 City Gazette (Saint John), 2 February 1833, p. 2. Notably, when a general hospital was again proposed in 1846, Boyd and Boyle served on the steering committee, while none of those who signed the 1832 proposal were involved. If Boyd’s opposition effectively prevented the expansion of the marine hospital in 1832, Bayard was equally instrumental in defeating the 1846 plan. Moreover, the exclusivity of the later proposal failed to excite support.
56 NBM, Jarvis Family Papers, box 16, file 5, item 3.
57 NBM, Jarvis Family Papers, box 16, file 5, item 3.
58 Bayard, Exposition., p. 30-31.
59 City Gazette (Saint John), 28 June 1832, p. 3; and 5 July 1832, p. 3.
60 City Gazette (Saint John), 26 July 1832, p. 3; 2 August 1832, p. 3; and Saint John Common Council, Minute Book, Vol. 10, p. 95, 102.
62 City Gazette (Saint John), 2 August 1832, p. 3.
64 City Gazette (Saint John), 9 August 1832, p. 2-3.
65 Morning News (Saint John), 31 August 1840, p. 2.
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76 New Brunswick Courier, 18 May 1844, p. 2; and 30 November 1844, p. 2.
77 Weekly Chronicle (Saint John), 21 December 1849, p. 2.
78 New Brunswick Courier, 1 November 1834, p. 2; rpt. Morning News (Saint John), 10 December 1849, p. 2; and “To the Editor of the Quebec Gazette,” New Brunswick Courier, 1 November 1834, p. 2.
79 “To the Editor of the Quebec Gazette,” p. 2.
80 Gidney and Millar, Professional Gentlemen, p. 20.
81 M.D., letter to the editor, Morning News (Saint John), 7 December 1849, p. 2.
82 M.D., letter to the editor, Morning News (Saint John), 21 December 1849, p. 2.
83 Morning News (Saint John), 5 December 1849, p. 2.
86 Morning News (Saint John), 16 May 1856, p. 2; 9 March 1857, p. 2. Although I have not determined where Peterson received his education, Bayard questioned his claim to the title “MD.” Peterson’s absence from both the docket of licensed practitioners maintained since 1816 and the roll of registered physicians and surgeons compiled in 1859 suggests that his claim to the title was indeed invalid.
89 PANB, RS 24, 1858/pe/file 2, item 58; and Journal of the House of Assembly of the Province of New Brunswick (Fredericton: John Simpson, 1858), p. 107. Contrary to the note in the Journal, the existing petition contains only 56 signatures.
90 PANB, RS 24, 1858/pe/file 2, item 58.
94 “An Act to regulate,” p. 70.
95 “List of Physicians and Surgeons,” p. 8837; and Morning News (Saint John), 9 April 1858, p. 3.
96 Stewart, Medicine in New Brunswick, p. 363-64.
97 Stewart, Medicine in New Brunswick, p. 44.
98 James Sinclair, Address Delivered before the St. John Medical Society (Saint John: St. John Medical Society, 1862), p. 16.