George Spence: Surgeon and Servant of the Hudson’s Bay Company, 1738-41

CYNTHIA TOMAN

Abstract. At the beginning of his medical career, George Spence signed a contract with the Hudson’s Bay Company (HBC) as surgeon for the Fort Albany fur trading post located on James Bay in British North America. During his first three years (1738-41), Spence encountered formidable personal and professional challenges which can be partially reconstructed through examination of his surgeon’s journal for 1740-41. By unique good fortune, two other corroborating journals exist for Albany from the same year: the journal of another HBC servant and the regular post journal. Spence’s is the only surgeon’s journal in the HBC archives prior to 1846 and one of very few such journals from any period of the company’s history.

This paper examines everyday medical practice in one fur trading context from the perspective of HBC employees and the recipients of medical care. George Spence’s significance lies partially in the ordinary nature of his practice in contrast to heroic historical accounts, and partially in his contribution toward knowledge of an earlier context in medical history than has been previously analyzed. I have drawn on concepts from labour and professionalization history to analyze the seemingly contradictory position of the surgeon as both an autonomous professional and a servant in relation to the HBC. While Spence successfully fulfilled his role as surgeon, he struggled to meet expectations as a servant of the company. His struggle was partially based on emerging professional ideologies, and partially based on changing labour relationships within a pre-industrial society.

Résumé. Au début de sa carrière médicale, George Spence signe un contrat avec la Compagnie de la Baie d’Hudson (CBH) à titre de chirurgien pour le poste de traite du fort Albany situé à la Baie James dans l’Amérique du nord britannique. Durant ses trois premières années au fort Albany (1738-1741), il doit relever d’importants défis personnels et professionnels qui peuvent être retracés en partie à l’aide de son journal de bord pour l’année 1740-1741. En vertu d’un heureux hasard, deux autres journaux de même type existent pour cette

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année à Albany : celui d’un autre employé de la CBH et le cahier de bord de la poste. Aucun autre journal de chirurgien n’a été conservé dans les archives de fort Albany pour la période antérieure à 1846, et celui de Spence constitue l’un des seuls repérés pour toute l’histoire de la compagnie. Cet article se penche sur la pratique médicale journalière dans le contexte de la traite des fourrures, du point de vue des employés de la CBH ainsi que de ceux qui bénéficient de soins médicaux. L’intérêt du journal de Spence réside en partie dans les aspects ordinaires de sa pratique, ce qui contraste avec la trame héroïque des récits habituels. Il apporte également une intéressante contribution à la connaissance d’une période méconnue de l’histoire de la médecine. J’ai utilisé les perspectives de l’histoire du travail et de la professionnalisation pour analyser les positions apparemment contradictoires du chirurgien en tant que professionnel autonome et qu’employé de la compagnie. Ses luttes sont partiellement fondées sur l’émergence d’une idéologie professionnelle, de même que sur les transformations des relations de travail dans le cadre d’une société préindustrielle.

The Hudson’s Bay Company (HBC) trading posts needed to be self-reliant in matters of health care during the mid-eighteenth century due to their geographic isolation, climate, and ethnic policies. The Company employed surgeons on their ships and at the trading posts as early as 1668. Surgeons often served a dual role as either Factor or “Second-in-command” of the post. Appointed for one to three-year terms, the Company clearly considered them to be “servants” even though they held the rank of officer. Like all other servants, surgeons signed formal contracts which required them to submit to the Factor and perform any tasks requested in addition to their specific medical duties. While no complete list of these surgeons exists, more than 100 names can be readily identified in various HBC records. The relative invisibility of surgeons in the records has obscured our understanding of their experiences. As E. E. Rich noted, however, “it was an advantage that so many of the English were one time surgeons turned traders.” The advantage may have related to their higher level of literacy, to the increasing association of medical education with scientific knowledge valuable for adapting to North American conditions, or even to their ability to fulfill dual roles.

In the mid-eighteenth century HBC context, however, fur trade surgeons comprised a new type of worker who did not fit into the generally unskilled class of labourers upon which the fur trade business depended during its first 70 years. I suggest HBC surgeons experienced role conflicts that were partially based on emerging professional ideologies, and partially based on changing labour dynamics and rising class-consciousness within a pre-industrial society based on master-servant relationships.

Medical historiography has typically represented fur trade surgeons either as “great men”/explorers or in association with “great diseases” which had significant impact on the fur trade. For example, individual
biographies are focused primarily on three men better known as explorers (Sir John Richardson, Dr. John Rae, and Dr. John McLoughlin). Smallpox, scurvy, and lead poisoning (variously called plumbism and saturnism) are three of the identified diseases which disrupted the steady supply of furs and thus, the economics of trade. Located mainly in medical journals, physicians have demonstrated more interest in the HBC surgeons than historians have.

Notable exceptions include three articles by E. E. Rich, Arthur Ray, and Jody Decker. Decker's research on the nineteenth-century York Factory medical journals examined cases treated by two physicians over a period of six years. She used demographic data and variables such as the number of visits, presenting complaints, diagnostic categories, examination technique, treatment, and outcomes when known. Decker suggests that the surgeon (Dr. Smellie) had limited skills and marginal qualifications, and that sickness was a rare occurrence at York Factory. In the only other attempt to study a surgeon's practice in an earlier period than the York Factory journals, W. B. Ewart described the career of Thomas Hutchins at York Factory from 1766-83. Although Hutchins served as a surgeon until 1773, there are no journals from his practice. Ewart noted the difficulties involved in reconstructing Hutchins' practice based only on the regular post journals. Moreover, Ewart has assumed that surgeons and physicians were equally educated and qualified during that period when he describes medical education of the period.

While few persons would suggest that medicine evolved in isolation from the larger social contexts, current historiography lacks adequate exemplars that illustrate how early practitioners struggled with contentious issues such as autonomy and authority. It is important to consider "everyday" experiences alongside the histories of discovery and innovations. This paper uses a case study approach and situates the HBC surgeon within the context of eighteenth-century British North America, the Albany Fort microcosm, and the emerging professional ideology of British surgeons.

Between 1738 and 1753, George Spence served in various capacities as Surgeon, as Second in command, and on several occasions as Factor at Fort Albany. We have very little direct information about Spence although he left his imprint in various HBC records until the London Committee recalled him in 1753. Only one of his journals as Albany's surgeon has been preserved in the HBC archives (for the year August 1740-September 1741). When Factors at Albany were unable to fulfill their duties either because of illiteracy, illness, blindness, or death, Spence maintained the regular post journal as part of his responsibility as Second. Thus, although there are sections of Spence's entries contained within the post journals for 1738-39, 1739-40, 1742-43, 1744-45,
and 1745-46, these segments are not written from his perspective as surgeon.

Spence's journal is the only surgeon's journal in the HBC archives prior to 1846, and one of the very few such journals that remain from any period of the Company's history. It predates the York Factory medical journals by more than 100 years. By unique good fortune, two other journals exist from the same year at Fort Albany to serve for amplification and corroboration: the journal of another HBC servant (the tailor's assistant, Thomas Nelthorpe) and the regular post journal of Factor Joseph Isbister. It was unusual for common labourers to be literate and Nelthorpe's ability to keep his own journal created suspicions as to his purpose for doing so. Thus, this particular year offers the opportunity to examine events from three different perspectives.

Other primary sources include corroborating HBC records for Fort Albany such as the London Minutes Book, the Outward and Inward Correspondence books, the Officers and Servants Ledgers, and the Invoice Shipments. Contemporary medical texts of the Royal College of Physicians and Surgeons of Canada provide a historically situated state of medical knowledge for the time frame, as corroboration for Spence's practice.

Three methodological issues related to this research include: the limitations of working with a small number of journals; the bias built into the HBC journal accounts because of their original purposes and uses; and the difficulty of interpreting certain aspects of Spence's practice. First, the paucity of surgeons' journals necessarily limits the extent to which generalizations can be made. Comparisons between these three particular journals demonstrate that use of the surgeon's record alone would not fully document medical care at Albany. Data from each of the journals is necessary for a more complete account of Spence's activities.

Second, the purpose of these journals and manner in which the Committee used them necessarily constrained what was originally recorded. It is clear from the marginal notations and underlining throughout the journals, that Company officials closely scrutinized entries and used them as a basis for decisions on promotion, salary increases, company tenure, and the recall of personnel. Corroboration of this practice is noted from the inward correspondence to the Factor at the beginning of each business year. Thus those who maintained these journals were necessarily selective in the information forwarded. For example, Joseph Isbister closed each of his journals with a character summary of each employee for that particular year. In this manner, he held power over the servants' behaviour through the ability to extend their contracts, to impose fines, or to withhold pay.
A third issue concerns the quantitative challenges related to terms such as “some,” “most,” and “all” which Spence used in reference to persons whom he treated. These terms limit our ability to compare cases over time and to determine variations in workload accurately. They also pose difficulties in identifying subsequent treatments for the same person or medical problem. Spence often recorded individuals simply by their role as a “labourer,” a “sawyer,” or as an “Indian.” This practice reflects the surgeon’s primary mandate to keep the work force operational, wherein the role performed was more important than the individual worker or his state of health. Moreover, we cannot capture the ongoing, complex nature of an particular illness when only one or two journal entries exist. For example, a “family” of starving Indians arrived and seven weeks later there is a second entry to note “the starved Indians went away today, being pretty well recovered of their sickness.” As well, Spence often indicated that he drained infections and changed dressings, treated burns, or dealt with the debilitating chronic illnesses of each of his first two Chief Factors. While acknowledging the limitations and accepting the challenges, there is much to learn from these sources about the HBC and the fur trading business, the state of the medical profession, and Spence himself.

SOCIAL CONTEXT OF THE FUR TRADE

Medical and fur trade historiography of the eighteenth century situates the surgeon at Albany within a context of troubled times for the HBC related to war, competition in the fur trade, and changing labour dynamics. The decade between 1739 and 1749 was particularly unsettling, both for the Company and for its servants. The British war with Spain not only posed a threat to the shipping of supplies and goods between London and Hudson’s Bay, but also placed trading posts and HBC servants at risk for attack in North America. Letters from the Company warned the trading posts and advised them to be on guard. The Company also instituted a type of “disability insurance” to “animate” the servants in defence of its ships, cargo, and trading posts. The insurance policy provided £30 for loss of life, £30 for the loss of a leg or arm or both, as well as £30 plus cure at the Company’s expense for wounds incurred. Edith Burley noted as well, that the HBC was losing its monopoly on the fur trade as it was “forced out of its inertia by the incursions of French traders and, after the Seven Years’ War, by British merchants operating out of Montreal.”

According to Glen Makahonuk, the eighteenth-century fur trade economy underwent changes in the skills composition and labour dynamics between various employees of the Company, with corresponding challenges to the traditional master-servant relationship and a ris-
ing class consciousness. Burley’s research examined work, discipline, and conflict in HBC suggesting that the London Committee observed the general breakdown of traditional social and labour relations in England during this period. As a hierarchical enterprise based on the subservience of its employees, “workers who possessed a new outlook as ‘free labourers’ would hardly do for the HBC.” Both factors and surgeons constituted a middle level of authority responsible for implementing decisions of the London Committee that arrived by letter once a year during August or September (while the ice was out of the Bay).

The HBC exerted control over fur trade activities by means of these letters, post journals, and transaction logs that they required the posts to maintain. The primary purpose of the records was to account for the economics of trade. Beginning with the 1740-41 business year, the Committee requested surgeons at each post to maintain a journal of their daily activities for annual submission to London. “We do direct that the surgeon keep an exact diary of his proceedings and that you send the same home every year at the return of the ships and that at the end of the Indent he puts down the quantity of each sort of medecines [sic] and the quantity remaining.”

Fur traders appeared remarkably healthy according to a survey that spanned 200 years and encompassed both the French and English trading companies. In this survey, Rich suggested that traders came from social contexts in which medical care was “meagre, simple and seldom appreciated.” Noting the “coureurs des bois” were typically young, he suggested that “with luck the fur trader might count on good natural health, uncorrupted by city vices; on a dram to keep his spirits up; some purges, emetics and expectorants; and on ointments, salves and balms to staunch bleeding or to cure rashes or small wounds.”

Indeed, Western medical practice during the Enlightenment was pluralistic. Ordinary people took responsibility for their own health, choosing from a wide range of folk healers and common household remedies to care for themselves and their families. They engaged in self-diagnosis and self-treatment. Professionalizing ideology (acquisition of higher education, establishment of a credentialing system, and claims to a separate body of knowledge based on science), however, was already evident in the British medical/surgical education setting by mid-century. Diverse groups of medical practitioners with varied training sought autonomy from the trade guilds that governed them. Apothecary, surgery, and medicine comprised three of the newly emerging professions that formed their own associations to train, examine, and certify candidates for practice.

Typically, a seven-year apprenticeship for surgeons began around age fourteen and focused on practical skills such as bandaging, amputa-
tion, and blood-letting. The Barber-surgeons' guild examined eligible apprentices upon completion of the experience and admitted successful candidates to the guild. A graduated system of qualifications certified new practitioners as either hospital mate, assistant surgeon, or surgeon. Re-examination to improve one's qualification level could and often did occur. The surgeon group separated out of the Barber-surgeons guild in 1745 and formed London's Company of Surgeons. As courses in anatomy, chemistry and apothecary became available through private schools, it became customary to spend one or more years taking some of these courses. There was, however, no compulsory curriculum. Thus, surgery claimed by the end of the eighteenth century that it "was no longer a craft but a science resting on a secure body of theoretical knowledge."

As Allan Marble's study of British surgeons and their medical education during the mid- to late eighteenth century demonstrates, it is important to differentiate between surgeons and physicians in this period. Physicians constituted an elite class who could afford a lengthy education. They received academic degrees and typically, appointments to faculties or colleges. Marble writes, "During the period 1700-50, medical teaching was sadly wanting in England. The only two universities, Cambridge and Oxford, were restricted to members of the established church and required twelve years of study before the MD was granted." As a result, surgeons far outnumbered physicians and provided the bulk of formal medical care during this period. They lacked the social status and privileges of physicians. Indeed, surgeons often carried a stigma associated with the type of "dirty" work performed when dealing with blood and infections.

While both physicians and surgeons claimed specific knowledge and skills, the prevailing concepts of disease, diagnosis, and available therapies were still readily understandable to the educated public. Conceptualization of disease as an imbalance in the four humours led to acceptance of bleeding and the associated practices of cupping and blistering as appropriate treatments. Medicaments often fell under the rubric of "kitchen physic." They consisted of common ingredients, usually botanical in origin, easily formulated and administered by the lay public. Opium and its derivatives, along with calomel (mercurous chloride) comprised many of the products either purchased "over the counter" or prescribed by apothecaries as well as physicians and surgeons. Opium was used typically for fevers, pain, sedation, and diarrhea.

Nosology (the classification of diseases) was in vogue and followed a classification schema parallel to botany. Diseases were categorized into classes, genera, and species which were further simplified and standardized toward the end of the eighteenth century. The ability to un-
nderstand and use nosology lent scientific credibility and skill to surgeons of Spence's time. Surgeons used this ability not only within the medical realm but also applied it to the classification of previously unknown North American plants for the HBC. Indeed, the Committee requested both surgeons and factors to "send home the roots of herbs, plants and shrubs, with seeds, berries and kernels, whilst the surgeons should identify them by their Indian names and list their qualities."32

The mid-eighteenth century fur trade, then, was situated within a changing and troubled social context. Britain was at war, placing the forts on Hudson's Bay in potential danger while threatening to disrupt shipments of both furs and supplies. There were challenges to the usual relations between employers and labour as workers began to develop class consciousness. In addition, various medical practitioners began to claim professional status and autonomy while differentiating between their bodies of knowledge.

PORT ALBANY

Fort Albany was one of four fur trading posts situated on James Bay during the 1730s and 1740s. Commanded by a Chief Factor or Master and supported by a group of Home Guard Cree Indians who provided "country provisions" to supplement the annual supplies from Britain, Albany employed 17 to 21 men. Albany was also responsible for two smaller trading sites: Eastmain House on the eastern side of James Bay and Henley House established at a site farther up Albany River in 1743. The trading post constituted a microcosm of the changes occurring in the HBC, in British society, and in the medical profession.

When appointed to Albany in 1738, Spence was probably about 19 years old—the typical age of surgeons listed in the HBC annual contracts at that time and the typical age when apprentices completed their training. His first year in Albany began with disaster. After only one month, Factor Thomas Bird recorded that Spence's "gum bursted" while hunting partridges and "he has wounded his left hand. He will lose his thumb, some part of his fingers if not his hand as he says." A week later, Spence's hand began to "putrifie today and [he] beged to send for surgeon at Moose Fort to advise." It took 12 days for the messenger to return from Moose Fort with the surgeon, Edward Thompson, whereupon "our surgeons thumb and some joynts of his fingers was cutt of [sic] today." By the end of November, Spence was "out of danger as wee hope."33 Then Bird became ill a few months later in February 1739. Spence cared for him through a long illness to his death from liver failure in June. At the same time, Spence assumed responsibility for the daily supervision of the factory, maintaining the accounts and the post journal.
The second year of his three-year term began under a new Factor, Rowland Waggoner, who became ill in October 1739 only months after his appointment to Albany. Waggoner’s illness progressed over six months from “gravel,” to “gout,” to “cholick” and becoming “distempered in the mind.” In December he was “seized with palsy in his limbs” and back pain. Spence regularly described the deterioration as Waggoner moved through delirium, numbness and lameness in his limbs, and convulsive fits (seizures), ultimately becoming “very sleepy and heavy.” In April 1740, Waggoner was “seized by a violent pain in his head, had several convulsions, and departed this life about noon.” Waggoner’s signs and symptoms suggest that he likely died of liver failure related to alcohol abuse.

Spence had spent a major part of his first two years caring for his Masters who both died of complex illnesses that required extensive daily care while also experiencing the loss of part of his own left hand. With no way to request assistance from London, he had also assumed responsibility for continued operations at Albany. After proving his ability to command, one might expect that he would be appointed as the next Factor. But the local council for 1740-41 appointed Joseph Isbister as Factor, apparently against the recommendations of Governor Staunton who had favoured Spence’s promotion to the role. Spence did serve as Factor in 1744-45 while Isbister was in London, and again from 1747 to 1753—after which he was recalled to London and paid out in full by the Company in 1754. During this last period, the Company appointed James Veitch (1748-49) and George Rushmore (1749-53) as the surgeons at Albany.

Interestingly, Isbister described Spence’s character at the end of each year as “behaved well, sober” even though there is considerable evidence in the journals of conflict between the two men. Rich referred to Spence as lazy and comfort-loving. G. E. Thorman noted in an account of Cree captain Wappisis, that Spence violated the HBC ban on Natives inside the fort. Thorman described Spence as “slack on discipline,” and implied that the 1754 murders at Henley House were partially related to the failure to maintain strict boundaries between Europeans and natives.

Despite assumption of additional responsibilities and demonstrated reliability, Spence advanced slowly in his HBC career. His wages showed little variance until the mid-1740s (Table 1). The 1744 gratuity fulfilled a promise made to Spence in 1739 and recognized his additional responsibilities as accountant and second at Albany during the illnesses of Bird and Waggoner. Illustrating one of the HBC controlling strategies over employees, Spence’s gratuity was clearly contingent on continued good behaviour and would not be paid out until the end of a
second, three-year term. Spence served as Factor (1744-45) during Isbister's trip to London. Between 1745 and 1747, Spence took on increased responsibilities once again when Isbister experienced pain in his head and side that took away his sight. Wages approximately half way between a surgeon and a Factor reflect his additional responsibilities during this period. Between 1748 and 1753, Spence received the full pay as Factor plus the exclusive rights to profits of private trade and one instance of "presents" that accompanied the role.

The Albany post journals and the HBC account books provide this sketchy outline of George Spence as an employee. Without access to his own journal and corroborating medical texts of the period, we would know only these few details of his medical practice.

Table 1

<table>
<thead>
<tr>
<th>Year</th>
<th>Wage</th>
<th>Trapping</th>
<th>Presents</th>
<th>Gratuity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1739</td>
<td>36</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>1740</td>
<td>36</td>
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<td>1741</td>
<td>36</td>
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<td>1742</td>
<td>36</td>
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<td>1743</td>
<td>36</td>
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<td>1744</td>
<td>36</td>
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<td>52</td>
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<tr>
<td>1745</td>
<td>80</td>
<td></td>
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<tr>
<td>1746</td>
<td>60</td>
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<td>1747</td>
<td>60.19.8</td>
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<tr>
<td>1748</td>
<td>80</td>
<td>40.3.11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1749</td>
<td>80</td>
<td>36.5</td>
<td>44.9.2</td>
<td></td>
</tr>
<tr>
<td>1750</td>
<td>80</td>
<td>49.19.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1751</td>
<td>80</td>
<td>42.13.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1752</td>
<td>80</td>
<td>48.11.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1753</td>
<td>79.15.7</td>
<td>31.1.9</td>
<td></td>
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</tbody>
</table>

Note: In March 1754, the HBC closed Spence's account with wages paid in full given as £141.18.9 and total earnings listed as £893.19.8 for 15 years of continuous service at Albany Fort in Hudson's Bay.

SPENCE AS A HBC SURGEON

The demands and constraints of an HBC trading post shaped Spence's practice differently from his British colleagues who distinguished between the roles of surgeon, apothecary, and physician. Spence's daily activities reveal overlapping roles and diversity as he diagnosed and treated medical needs both at the fort and at some distance from it. The
George Spence: Surgeon and Servant of the HBC, 1738-41

Home Guard Cree and their families constituted one type of work group whose trapping, hunting, and trading required absence from Albany for extended periods. Their health and loyalty were absolutely essential for a continuous supply of furs and success in the trade. HBC employees were also assigned as work groups periodically sent out to saw wood for fuel, hunt for fresh provisions, or work for extended periods at Eastmain House. Accidents and illness required the work groups to deal with emergencies on their own while away.

Sometimes Spence travelled to the work groups and at other times, he packaged both the supplies and the instructions to send to the work sites. He was also responsible for the inventory and storage of the herbal and medicinal compounds sent from England in the annual shipment. Company policy required strict accounting for all supplies. Any discrepancy usually elicited inquiry in the following year's letter from London. As required, Spence also prepared and administered botanical products identified within the James Bay environment. Like other surgeons, Spence learned from the Natives and adopted practices such as the brewing of spruce beer for the prevention of scurvy. His journal often noted the dates and number of men sent “brewing.”

Spence frequently documented his treatments by using an all-inclusive phrase such as “remedies proper for their disorders,” which assumes an underlying body of knowledge readily understood by his colleagues. Tables 2 and 3 illustrate terms used in the journal to describe the surgeon’s activities and the illnesses he reported. Medical needs at Albany followed the seasonal work cycle, with an influx of potential customers and illnesses during the peak summer trade period. Table 4 attempts to capture this pattern, but the cyclical variation is only partially evident due to the manner in which Spence documented cases.

In May, for example, 11 canoes of Indians arrived to trade and the next day's entry reported, “several Indians about the factory sick and lame, gave them medicines proper for their disorders.” Four days later, 28 more canoes of Indians arrived but Spence left no further record of their medical needs. One entry in June has a “pointing hand symbol” drawn beside it for particular emphasis. It stated that “we are all all present seized with an epidemical cold, both Indian and English, occasioned by the abundance of cold rainy weather we have had this spring.” I interpret the phrase “all all” to include the total number of HBC employees (19) as well as an unspecified number of Natives. Similarly, a February entry in Nelthorpe’s journal noted, “the most part of our men very much indisposed with what they call the country distemper.” While this illness was severe enough to prevent usual trade activities for three days, Spence's journal merely mentioned that “some” had diarrhea and the country distemper. At other times, Spence simply
Table 2
Spence’s Roles at Albany, 1740-41

<table>
<thead>
<tr>
<th>As a surgeon</th>
<th>As Second to the Chief Factor</th>
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<tbody>
<tr>
<td>Bleeding</td>
<td>&quot;Trusting&quot; and trading</td>
</tr>
<tr>
<td>Brewing spruce beer</td>
<td>Weather recording</td>
</tr>
<tr>
<td>Daily dressings for burns, wounds, drainage</td>
<td>Keeping accounts / journals</td>
</tr>
<tr>
<td>Trauma care for labourers</td>
<td>Setting the watch, locking up post</td>
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<tr>
<td>at the saw pit or in the woods, including one gun shot wound and one possible murder</td>
<td></td>
</tr>
<tr>
<td>Waterholes for cooking water</td>
<td>Maintaining discipline</td>
</tr>
<tr>
<td>(instead of snow)</td>
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<tr>
<td>Starvation cases (sometimes as long as 7 weeks)</td>
<td>Serving on the post council</td>
</tr>
<tr>
<td>Preparation of Medicine Chests</td>
<td>Assuming command of the post in absence of the factor</td>
</tr>
<tr>
<td>(at least 6 during 1740-41)</td>
<td>Setting an example—role model</td>
</tr>
<tr>
<td>Treating melancholy</td>
<td></td>
</tr>
<tr>
<td>Preparing / storing medicines</td>
<td></td>
</tr>
<tr>
<td>Giving &quot;remedies proper for their disorders&quot;: botanical, mineral or chemical</td>
<td></td>
</tr>
<tr>
<td>Stitching</td>
<td></td>
</tr>
<tr>
<td>Supervising work therapy</td>
<td></td>
</tr>
<tr>
<td>Calming</td>
<td></td>
</tr>
<tr>
<td>Treating alcohol withdrawal</td>
<td></td>
</tr>
<tr>
<td>Treating the &quot;foul disease&quot;</td>
<td></td>
</tr>
<tr>
<td>Applying plasters, blisters</td>
<td></td>
</tr>
<tr>
<td>Treating &quot;anasarcous swelling&quot;</td>
<td></td>
</tr>
<tr>
<td>Treating palsies</td>
<td></td>
</tr>
<tr>
<td>Convulsions / fits</td>
<td></td>
</tr>
<tr>
<td>Performing amputations (related to trauma or frostbite)</td>
<td></td>
</tr>
<tr>
<td>Expert in drying of castoreum</td>
<td></td>
</tr>
<tr>
<td>Identifying plants / uses</td>
<td></td>
</tr>
<tr>
<td>Treating natives and their families</td>
<td></td>
</tr>
</tbody>
</table>

...recorded that he "dressed people who by accident cut and maim’d selves" or he sent medicines "to those falling the winter’s firewood . . . for those who were maimed and bruised."48

Spence also recorded taking preventive measures related to fire hazards, water supplies, and food preparation. Fire was an ever-present threat in the forts with the wood structures and storage of dry goods, open fires for heating and cooking, and use of candles for lighting. Maintaining adequate supplies of safe water posed seasonal challenges related
to the weather. Winter brought the need to cut through deep layers of ice and avoid the temptation to use nearby snow instead. Summer's heat and stagnant water storage conditions could bring an assortment of illnesses as well. Surveillance over food preparation was necessary not only to prevent contamination but also to reduce exposure to toxic metals in the implements for cooking. Spence's role was not limited, however, to physical care. Other entries refer to psycho-social treatments for "melancholity" and being "distempered in mind." 49

Table 3. Illnesses Reported at Albany, 1740-41

Table 4. Incidence of Illness Reported at Albany, 1740-41

Interestingly, Isbister and Spence shared responsibility for managing the problems associated with intoxication and long-term effects of alco-
hol on the body. Excessive drinking not only interfered with the fur trade business but also posed grave danger to other employees. Within the constraints of the setting, treatment required long-term care and persistent rehabilitation strategies. John Greenaway was the only armourer at Albany. His skill was essential for the maintenance and repair of the guns that both employees and Natives used. In this period prior to industrialization and mechanization, every gun was individually crafted with non-interchangeable parts. Repair work often required travelling long distances to a craftsman. When Greenaway was intoxicated, he not only jeopardized his work but he became violent and threatened to “shoot the first man who came near him.”\(^{51}\) Spence supervised Greenaway’s “drying out” period which included four days in leg irons and intensive “work therapy” to keep Greenaway occupied, noting progress though frequent entries. Isbister described Greenaway in the character report at the end of the year as “behaved badly at first but better latter part.” Over subsequent years, the annual reports indicate that Greenaway became a reliable and valued servant who enjoyed a long period of employment with the HBC.

Spence’s remedies were consistent with contemporary medical texts of the period. A summary of his activities for 1740-41 indicates that bleeding was the most frequent treatment (refer to Tables 2 and 5). He bled patients for fever, swelling, blunt trauma, pleurisy, headache, country distemper, quinsy (abscessed tonsils), and rheumatism. When Greenaway became drunk and broke out of confinement, he created such a disturbance that Spence noted, “in the evening, I blooded him...\(^{52}\) In this case, bleeding became a behaviour control technique.

Many treatments required repeated and time-consuming care such as dressings for a gunshot wound inflicted by one Native woman on another,\(^{53}\) dressings for infections which Spence incised and drained,\(^{54}\) and dressings for burns.\(^{55}\) On at least one occasion, Spence noted: “[O]ne of the people splitting firewood had the misfortune to cutt his leg desperately: I sticht and dressed it.”\(^{56}\) Frostbite was a common problem and in extreme circumstances, required amputation of the affected parts as in the case of a trapper brought in with “somes part of him was frozen.”\(^{57}\)

Using contemporary nosology, Spence reported treating gout, gravel (kidney stones), quinsy, nephritic pains, cholic, palsy, convulsions, and anasarca swellings (likely related to nutritional deficiencies, starvation, and/or alcohol abuse). He attributed the cause of “another of the people distressed with gripes” as “occasioned by verdigrease kettles they dress their victuals in...”\(^{58}\) If “verdigrease” were interpreted as the turquoise colour of the metallic cookware, it may be concluded that these gastrointestinal complaints likely were associated with toxic
symptoms related to lead or copper content of the pots and utensils. Spence’s journal contains only one reference to Hectic Fever in which the victim, a Native child, died.59 A 1758 treatise described Hectic Fever as recurring evening fever, nocturnal sweats, pulmonary congestion, and abscess of the viscera,60 resembling the signs and symptoms of Tuberculosis.

Spence was inconsistent in recording the names and/or the number of those he treated, frequently noting only that “starved Indians” arrived at the fort and he distributed oatmeal to them.61 Although Spence used non-quantifiable terms (making it impossible to determine precise incidence figures), the high frequency of entries such as “some,” “several,” a “few,” or “a family of Indians” is equally indicative that starvation was a major problem during that year. Scurvy was another nutritional problem associated with isolated locations and relatively limited agricultural endeavours at trading posts. As historians Ewert, Rich, and Decker have well documented, scurvy was a relatively common problem.62 Although barrels of lime juice were regularly shipped with British sailors, there were numerous problems related to the variability of quality in the product supplied, its deterioration in storage, and even the reliability of an annual shipment during this period. Spence did not document scurvy cases directly, but he frequently noted the brewing of spruce buds known as a typical Native remedy as well as a preventative.63 Lack of documentation leads us to question if scurvy was an actual problem at Albany, if it was a problem but relatively well-managed, or was scurvy so commonplace that it did not merit specific mention. The time and effort spent in the production of spruce beer, however, was clearly a major activity in which everyone had a part.

Treatment of “the foul disease” (Syphilis) was a contentious issue for the HBC. There is little evidence from this journal related to the problem at Albany. Known as the “great pox” in contrast to the “small pox,” Syphilis was treated primarily as a skin disorder rather than a sexual disease.64 The London Committee made veiled references to the foul disease in Company letters and policies, particularly in relation to payment for treatment and to the moral stigma associated with the disease as a consequence of “debauchery.” In light of HBC policies, there are at least two plausible explanations for silence on the subject in Spence’s journal: either it was not a medical problem at Albany, or the surgeon treated it without leaving official documentation. As noted in the Committee’s letter to Isham at Fort York in 1739, the surgeon was authorized to treat the disease and “to be paid as formerly for the cure in order to prevent debauchery as much as we can,” but the Company also imposed the “punishment of [a] month’s pay” on the offender.65
Treatments and remedies described by Spence were consistent with the conceptualization of illness and the nature of medicines available during the eighteenth century, as corroborated in contemporary medical texts (see Table 5). While Spence consistently recorded giving "remedies proper for their disorders," he seldom specified the name, dosage, or method of administration. This is probably due to their characteristic familiarity as "kitchen physic" and as commonly available botanical products. Although HBC records indicated that one medicine chest was shipped annually to each post,66 I found no records that identified the contents. Spence was to store and distribute these supplies, and to report their use annually to the Committee. He made up at least six medicine boxes during 1740-41: one for the servants at Eastmain House, one for "the people in the woods sawing firewood," and the rest for Native families who came to the post.67 He was careful to note that he prepared these boxes under "orders from the Master," although he did not identify the contents or quantities. This omission seems quite inconsistent with the Company's usual propensity to count, weigh, and measure everything.

Table 5

"Remedies proper for their disorders" Reported by Spence

<table>
<thead>
<tr>
<th>Typical uses</th>
<th>Remedies</th>
</tr>
</thead>
<tbody>
<tr>
<td>used freely for almost every &quot;distress&quot;</td>
<td>bleeding</td>
</tr>
<tr>
<td>to produce vomiting</td>
<td>emetics</td>
</tr>
<tr>
<td>as irritants</td>
<td>plasters</td>
</tr>
<tr>
<td>as irritants</td>
<td>blisters</td>
</tr>
<tr>
<td>for headache</td>
<td>cephalic drops</td>
</tr>
<tr>
<td>for sprains, muscle weakness</td>
<td>strengthening plaster</td>
</tr>
<tr>
<td>for nephritic (kidney) pains</td>
<td>antinephritic draught</td>
</tr>
<tr>
<td>for scurvy</td>
<td>spruce beer</td>
</tr>
<tr>
<td>analgesic</td>
<td>anodyne draught (usually a)</td>
</tr>
<tr>
<td></td>
<td>preparation of laudanum = opium</td>
</tr>
<tr>
<td>to produce diaphoresis (sweating)</td>
<td>sudorific draught</td>
</tr>
<tr>
<td>for abdominal pains, cholic, fevers</td>
<td>enemas</td>
</tr>
<tr>
<td>used with fevers</td>
<td>purgatives</td>
</tr>
</tbody>
</table>

Spence usually referred to medicines by classifications such as an emetic, cephalic drops, an antinephritic draught, an anodyne draught, or a sudorific draught. Typical botanicals used as antinephritics, for example, included a diuretic salt or syrup of poppy. For the treatment of gravel, there were "blisters" to apply as a counter-irritant on the skin surface and preparations of rhubarb to provide beneficial acidity for urinary problems. Anodyne was quite effective for pain relief as it contained
laudanum (an opium derivative). Sudorific draughts stimulated sweating and were useful in reducing edema as well as fevers. As previously discussed, calomel was extremely common and used almost universally for a wide variety of complaints; it was one of the few non-botanical medications during this period. Other "proper remedies" included purges, bleeding, enemas, and plasters.

Overall, Spence’s journal gives an initial impression that medical problems were few and quickly resolved. Yet his medical care also clearly involved complexity as he dealt with terminal illnesses and problems that could not be quickly resolved. In describing Waggoner’s steady deterioration, for example, Spence wrote: "[He] is now seized with palsy in his limbs, violent pain in back, numbness of limbs and continues distempered in mind as before, notwithstanding of all the blistering and evacuating medicines I have given him.” At a later date, he noted that Waggoner was "seized with convulsive fits, continued very sleepy and heavy rest of day." There is no indication in the journal that Spence had assistants in the daily care of long-term medical problems. Likely he used Native healers unofficially and adopted some of the local practices, even though the HBC officially prohibited Natives inside the forts. Understandably, Spence left no evidence in his journal if he did so.

Thus, Spence’s medical practice indicates that his work was consistent with the state of knowledge of his era, related to disease conceptualization and classification, therapeutics, and medicines. Isbister expressed no criticism of his performance as a surgeon, indeed he even submitted to his ministrations when Spence bled him for a headache and gave him cephalic drops. The HBC offered no criticism in the annual letters of his practice and readily renewed his contracts as surgeon. Spence seems to have successfully fulfilled the Company’s chief expectation: to keep the work force operational.

SPENCE AS AN HBC SERVANT

In contrast to Spence’s apparent skills and medical competency, his employment as a HBC servant was contentious. Spence’s training as a surgeon included particular skills and attributes needed by the Company during a period when trade was expanding into the Canadian interior. Surgeons developed a level of literacy requisite for keeping account books and journals, as well as communicating with London. They also developed autonomy and self-discipline through training that prepared them to assume command when needed, to manage unexpected events, and to work in isolated communities such as trading posts. In addition, surgeons brought a measure of contemporary scientific knowledge and methods to the HBC. Not only were surgeons expected to iden-
tify and classify botanicals from North America, they were expected to be experts in drying and preserving castoreum—a much-valued and desired by-product of the fur trade.\textsuperscript{71}

On the other hand, surgeons were also servants and subordinate to the Factors who carried the authority of the Company and had absolute power to discipline, to recommend promotions or recalls, and to “stop wages.” Factors varied in their level of literacy and preparation for command. Rowland Waggoner, for example, was described as a “jack of all trades,” and illiterate but indispensable.\textsuperscript{72} Joseph Isbister was literate but he had earned his rank and status through years of experience with the HBC, while Spence was an outsider to the system who based his authority on professional training.

Although both Isbister and Spence were relatively young men, they differed in a number of ways. Isbister apprenticed to the Company for four years at age 16, after which he served as sailor and mate on the Beaver in 1735. He became Factor first at the Moose River post and then at Albany after Waggoner’s death in 1740. His specific mandate at Albany was to deal with “drunkenness, private trade and whoring.” Sylvia Van Kirk described Isbister as a harsh disciplinarian who used whipping, flogging, leg irons, and even breaking a man’s leg on Christmas day to exert his authority.\textsuperscript{73} Indeed, his own journals documented the use of violence to control workers. Although they were close in age, Isbister who was approximately 24 years old in 1740, referred to Spence as a “young” man. This comment may well imply young in terms of experience compared to Isbister who rose through the Company ranks and was an insider, thus contributing to the tension and hostilities between the two men.

As an outsider and in contrast to Isbister, Spence was reputed to be slack in discipline. On different occasions, Isbister reprimanded him for being late in setting the night watch and not setting a proper example to the servants.\textsuperscript{74} Isbister appeared to distrust Spence and recorded how he often followed behind Spence to check that his duties as Second had been performed on time and in the proper fashion. Isbister frequently questioned Spence’s judgments and decisions.\textsuperscript{75} Spence was aware of Isbister’s ambivalence toward leaving him in charge at Albany. Humorously, he wrote: “Mr. Isbister seemed loth to leave a certainty for an uncertainty for he would not make any publick declaration who was to succeed him and I was att such uncertainty that after he was gone in the sloop... I expected his return.”\textsuperscript{76}

Comparison of events as reported in each of the three journals, illustrates that relationships at Albany were carefully constructed. One such incident involved an Indian woman and how the different authors interpreted the surrounding events of her death. Isbister recorded that
"last night dyed an old Indian woman that had been kept at the factory’s charge for ten years—being lame, not able to walk for so long; had the woman buried but I believe the Indians that came in yesterday killed her she being bloody about the head." Spence’s account simply noted "digging grave for lame Indian woman who died with vomitting of blood." Nelthorpe on the other hand, elaborated from his perspective that

In the evening most moncolly accident happened one Indian by the Instigations of M. Isbister and for the reward of one gallon of [unclear word] brandy to murther a woman who for many years before belong’d to the Factory: but at this time was lame and incapable of going along with the rest of the Indians... was forced to rely on the Factory for her subsistance, which murther has occasion’d a great disturbance among the Indians and has bine a greater predejuice to this trade.77

While Nelthorpe’s account weaves a larger tale of intrigue and Isbister shows relatively little investigative interest, Spence’s account is sparse and objective. Nelthorpe had no plans to stay at Albany, but Spence had his career to consider.

Nelthorpe experienced major problems with insubordination and drinking that resulted in violence, loss of pay, and the cancellation of his contract with the HBC. He had consistently engaged in open conflict with Isbister from his arrival at Albany by refusing to work at tasks he considered outside his contract, and thereby, set an undesirable example for the rest of the servants. The conflict escalated through the year. Nelthorpe made it clear that he did not wish to fulfill his contract with the Company. Isbister plainly did not wish him to remain—but both would have to await the arrival of the annual ship in August. Isbister resorted to physical punishment, persuasion, numerous threats, and finally issued a "stop-wage order" prior to sending Nelthorpe back to London.78 Curiously, although Nelthorpe is quoted in both Spence’s and Isbister’s journals as making threats to document and report mismanagement at Fort Albany to the London Committee, Nelthorpe’s own journal is completely silent regarding these incidents.

Another series of related entries is remarkable for their reflections on the nature of the traditional master-servant relationship. Both Isbister and Spence elaborated at length in their respective journals following several altercations between Nelthorpe and Isbister. The precipitating events were similar to the previous conflicts. Nelthorpe refused to obey curfew; he neglected to carry out assigned duties such as keeping watch, hauling and splitting wood; and he violated drinking rules. Underlying the disobedience, however, was Nelthorpe’s challenge to the traditional, authoritarian control of the Factor (and indirectly the London Company) over fur trade employees.
Isbister had exercised his right to exert total authority and control over all the servants throughout the year. Nelthorpe's biggest error was to challenge Isbister "in front of all." Isbister posted a letter from the London Committee in the fort, publicly reinforcing the contractual agreements to do whatever was necessary in the Factory. The letter was ripped from its posting and Nelthorpe became the prime suspect although he denied it. On a later occasion, Nelthorpe used his ability to write by threatening Isbister that he "could tell and could give an account of what was done here too, when he went home." In referring to his own journal, Nelthorpe exercised a degree of power over his situation. By August, Isbister clearly viewed these threats to his authority as first steps toward mutiny and "corrected him [Nelthorpe] but not according to his deserts having given him a few cuffs with my hands, he deserved ten times more." Isbister also declared his wages "to be stopped" as of that day but refrained from further punishment at that time because, according to Spence, "the Master don't think it proper to make an example of him expecting the ship from England to arrive here in a little time." 79

Spence's lengthy analyses of these incidents demonstrated basic agreement with Isbister's journal, while carefully avoiding any indication of his own involvement. Any negative remarks were directed at Nelthorpe's behaviour, which Spence described as obstinate and insolent. Reflecting on the master-servant relationship after one particularly confrontational episode on 10 August, Spence wrote a lengthy discourse affirming the authority of the Company. He maintained that "there is a necessity for the Master to have an authority to make every body assist as far as they were able, in all work which tends to the Company's interest, otherways no work can be carried on in the Country." The following day, Spence made another entry in which he compared duty to the Company, the nature of individual agreements, and general contractual agreements with the Company. Two days later, he wrote a lengthy analysis of the earlier incident and the dilemma posed by the master-servant relationship. Ultimately, Spence sided with Isbister and his actions in "letting him [Nelthorpe] know of authority of a Master over a Servant alls repeated the strictness of his contract but . . . his reply was that the contract was but a form and that he was not under any obligation to mind them articalls." For a surgeon who had typically recorded only sparse details of medical care, these lengthy discourses constituted a "safe" format in which he could struggle with his own ambivalence toward subordination. Or they may simply have been a form of employment insurance, knowing the London Committee would read the journal in detail.
George Spence: Surgeon and Servant of the HBC, 1738-41

Isbister and Spence continued to experience conflict in their relationship as well as to become dependent on one another over time. There are no other surgeon's journals by Spence in the HBC archives. He is listed in the post's journal as second, accountant, and surgeon for 1741-42. During this year when Isbister left Albany for a period to construct Henley House, there is at least one account in the post journal of conflict related to Spence's duties. Part way through the 1742-43 term, Spence assumed responsibility for the post journal again, without explanation. He served as Factor during 1744-45 while Isbister was in London. In 1745-46, the Isbister-Spence relationship was further complicated when Isbister experienced almost complete loss of eyesight following "pain in his head." Whatever their previous disagreements, Isbister needed Spence not only for management of the Factory, but also for physical safety and survival. Isbister left Albany in 1747 and Spence was appointed Factor for six more years. Ultimately, the Committee recalled Spence to London, paid him out in full, and no further information is known about the rest of his career.

CONCLUSION

The experiences of George Spence provide an opportunity to examine medical care issues specific to one HBC trading post, as well as the changing nature of the master-servant relationship as employees brought emerging professional skills and attributes to their roles. I have suggested that the HBC surgeon experienced role conflict based on incongruities between the traditional HBC master-servant relationship and an emerging professional ideology associated with medical education and practice. This conflict appeared in disagreements between the Factor and the surgeon related to acceptable subordination behaviours and role performance.

Spence completed his apprenticeship during a period of professionalization movements in Britain. He signed a contract with the HBC as the surgeon for Fort Albany. Within his first two years, Spence encountered formidable challenges in the lingering, terminal illnesses of two Masters—whereupon he had to assume leadership over a factory of men with discipline and drinking problems. Along with other HBC surgeons and physicians, Spence introduced European medical practice to Native populations who were associated with the trading posts. His medical practice was congruent with the state of medical knowledge and therapeutics during the mid-eighteenth century. The sparse details with which he documented his medical practice indicate a wide scope of practice that included preventative measures, rehabilitation strategies, and psycho-social issues, as well as treatments for trauma, and chronic, debilitating illnesses.
During this time, Spence built a variable reputation as lazy and slack on discipline but also well-behaved and sober. There are no indications of dissatisfaction with his medical work, but many expressions of dissatisfaction in his dual role as Second. He left interesting commentary on the meaning of the master-servant relationship as he reflected on Nelthorpe’s insubordination incidents. His remarks may have constituted a safe format wherein he could explore his own dissonance through writing about a third party. Perhaps these remarks were just as much to remind himself of his own contractual agreement with Isbister and the HBC.

A small number of recent studies have begun to consider the social construction of health care and the surgeons’ roles in the HBC. This research contributes to medical history through an unique glimpse into the everyday experience of medical care in one fur trade context while extending our knowledge of practice in an earlier period than has been examined previously. Furthermore, it contributes to history of the British fur trade by shifting the perspective from the organization to the workers and by examining changes in status and rank which conflicted with a traditional master-servant relationship.

ACKNOWLEDGMENT

I thank Professor Jan Grabowski, Department of History, University of Ottawa, for his generous support and guidance in the preparation of this paper.

NOTES

1 A Mr. Romulus was listed as surgeon for the ketch Nonsuch on the exploratory voyage to the Bay in 1668 and was later identified as Pierre Romieux of Trois Rivières, according to Ross Mitchell, “Early Northern Surgeons,” The Beaver (March 1954): 22-24. E. E. Rich also mentioned Romieux in “The Fur Traders: Their Diet and Drugs,” The Beaver (Summer 1976): 42-53.


Hudson’s Bay Company Archives, National Archives of Canada (NAC), B.3/a/31. Hereafter references of the HBC archives will be cited solely according to their official classification system of numbers and letters. Early post journals contained only sporadic entries pertaining to illness and injury, primarily in justification of work activity and wages.

B.239/a/166, 169, 172, 174, 177, and 180. See Decker, “The York Factory Medical Journals” based on these six medical journals from 1846-52.

B.3/a/32, titled the “Journal of Transactions.”

B.3/a/30.


B.3/a/29, 14 February 1740.


18 Letter to Rowland Waggoner at Albany, A.6/6, 1 May 1740.
19 E. E. Rich, “Fur Traders: Their Diet and Drugs,” p. 44.
25 Marble, *Surgeons, Smallpox, and the Poor* presents a strong overview of the medical/surgical education of this period; see in particular, the discussion p. 4-6, 14-15, 173-77.
29 It was also during this period that Botany became a medical course (though not a required one in all schools) and some surgeon apprentices elected to take advantage of the private courses available.
33 B.3/a/28.
34 B.3/a/29.
37 A.16/3.
38 B.3/a/40-45.
41 A.1/34, London Minutes, 7 February 1739.
42 B.3/a/37, 18 and 19 February 1746; and B.3/a/38.
43 Data derived from A.16/3. Officers and Servants Ledgers, Albany, 1738-1758.
44 E. E. Rich provides an excellent explanation of this practice which corroborates the multiple descriptions in Spence’s journal as well. See Rich, “The Fur Traders: Their Diet and Drugs,” p. 42-44.
45 B.3/a/31, 14 May 1741-19 May 1741.
46 B.3/a/31, 6 June 1741.
47 B.3/a/32, 6 February to 8 February 1741.
George Spence: Surgeon and Servant of the HBC, 1738-41

48 See entries for B.3/a/31, 16 November 1740 and 14 March 1741.
49 B.3/a/29, 4 November 1739 and 10 November 1739.
51 B.3/a/30 and 31 for 1 September 1740 to 8 September 1740.
52 B.3/a/31, 4 September 1740.
53 B.3/a/31, 30 August 1741.
54 B.3/a/31, 2 November 1740.
55 B.3/a/31, 9 October 1740.
56 B.3/a/31, 30 April 1741.
57 B.3/a/32, 18 December 1740.
58 B.3/a/31, 11 February 1741.
59 B.3/a/31, 6 January 1741.
60 John Ball, A Treatise of Fevers, p. 41-77.
61 B.3/a/31. Examples of these instances include Spence's entries around 22 April 1741.
63 Rich, “Fur Traders: Their Diet and Drugs,” p. 43.
65 A.6.6, Outward Correspondence, to James Isham, York Factory, 2 May 1739.
66 A.24/5, Invoice Books of Shipments to Hudson's Bay-General, 1737-1742. In an earlier account, Albany Chief Thomas Macklish wrote to London with a complaint over an invoice for a medicine chest that was supposedly shipped but “none was to be found.” A year later, the key arrived unaccompanied by the chest. Macklish's response was brief: “Send chest.” See Letters From Hudson’s Bay, 1703-40 (London: Hudson's Bay Record Society, Vol. 25, 1965), p. 73.
67 Eleanora Gordon studied typical medicine chests through the examination of 11 manuals (1774-1864) which were produced to accompany the chests. They were prepared by apothecaries as standard equipment for British naval and military vessels and contained numbered bottles designated for specific symptoms. Sometimes a list of directions for use was pasted on the lid. See “Sailors’ Physicians: Medical Guides for Merchant Ships and Whalers, 1774-1864,” Journal of the History of Medicine and Allied Sciences, 48 (1993): 139-56.
68 Fuller discussion of medicines in use during the eighteenth century can be found in William Buchan, Domestic Medicine, and Miles Weatherall, “Drug Therapies,” in The Companion Encyclopedia of the History of Medicine, Vol. 2, p. 915-38.
69 B.3/a/29, 9 December 1739; 19 Feb 1740.
70 B.3/a/31, 26 October 1740.
71 Rich, History of Hudson's Bay Company, p. 153. It has been postulated that castoreum was valued partially as a base for the perfume industry and medicaments and possibly as an analgesic due to its salicylate composition.
74 B.3/a/34.
75 B.3/a/30. On 25 September 1740, Isbister purposefully went downstairs after curfew to “see if my orders was obeyed...” while on 7 October, he checked up on Spence’s report that there was “little or no wood to be got...” and “found plenty of good timber to be got with a little trouble.”
76  B.3/a/36/fo.2.
77  Isbister's account is in B.3/a/30, 3 April 1740; Spence's account is found in B.3/a/31, 4 April 1740; and Nelthorpe's account is found in B.3/a/32, 3 April 1740.
78  For typical accounts, see entries for 25 September, 29 November, and 20 December 1740 in both B.3/a/30 and B.3/a/31.
79  A more complete understanding of the scope and nature of this ongoing disagreement requires comparison of all three accounts for the dates of 25 September, 29 November, 20 December 1740 and 16 February, 17 March, and 10, 11, 14 August 1741 as found in B.3/a/30-32.
80  B.3/a/37, 18-19 February 1746.