

Turf war: medical men take on the establishment in Niagara Falls, Ontario

Ronald C. McGarry

"The following members of the Medical Staff of the Niagara Falls General Hospital regret the stand taken by the Hospital Trust regarding the recommendations forwarded to your body by the Niagara Falls Medical Association and feel that they have not received the consideration due them.

Under these circumstances, they feel it incumbent upon them to resign as members of the Hospital Staff and hereby tender their resignation."
— Signed Drs. McGarry, Wilson, Kellam, Thompson, Birdsall, Olmstead and Walker



Another Canadian medical labour dispute? What are the issues this time? Mandatory service in emergency departments? Lack of medicare funding? Actually, none of the above. The notice appearing above was signed in November 1908 after a dispute involving medical staff at the fledgling Niagara Falls General Hospital in Niagara Falls, Ont., had been brewing for weeks.

Niagara Falls' first hospital had opened just a year earlier (Fig. 1). Before then, patients were either cared for at home or taken by train to St. Catharines, Ont., or by carriage to Buffalo, NY. The new Niagara Falls General, on 5 acres of previously undeveloped land at the corner of Jepson Street and Fourth Avenue, had no parking lots and no ambulance but did provide hitching posts for horses. A superintendent and an assistant superintendent supervised the nurses' aides, orderlies and nurses, who had been recruited from other hospitals.¹

Recently, thanks to a notebook discovered among some family papers, I was able to piece together the facts behind that long-ago dispute. This notebook, which contains minutes from the meetings of the Niagara Falls Medical Association, also offers a unique glimpse into medical practice in Edwardian Canada.

The association's inaugural meeting, on Jan. 14, 1907, was attended by physicians about to start practising at the new hospital. One of them was my grandfather, Dr. James Henry McGarry, who practised in Niagara Falls from 1896 until his death in 1948. Members paid their annual dues — \$1 — after which it was announced that the new hospital was due to open Jan. 22 and "all the medical men of the city were expected to attend."

Meetings were held at members' homes, and at the end of each meeting the host presented a paper on a medical topic, which would then be discussed. Several of these talks stopped only owing to the "lateness of the hour." At these early CME sessions, everything from atropine to observations on pneumonia and the need for proper household sanitation were discussed. There was also a special meeting at the Clifton House

Hotel in December 1907. The dinner for 12, including wine and cigars, cost \$41.50. The guest speaker, who travelled all the way from Toronto, spoke on "Fever in the Puerperium."

During these meetings, a monthly schedule of physicians "in attendance" at the hospital was also drawn up. "In attendance" meant the physician had to visit inpatients every day and also see any new patient who either did not have a physician or was indigent. They took this service seriously — one physician's privileges were revoked because he did not see his patients daily.

The main focus of the third meeting in March 1907 was the development of a fee schedule (Fig. 2). Charges included travel (\$0.50 per mile), life and accident insurance certificates (\$1–\$5) and trephination of the skull (\$100).

In July 1907, the physicians sent an open letter to all area pharmacists about the growing practice of dispensing advice and medication over the counter. Apparently, some druggists were attempting to diagnose patients by taking temperatures and pulses, and then offering medications. There was even more concern that some pharmacists were implying that their customers could save on consultation fees by seeing the druggist first. Specifically, the association had evidence of over-the-counter dispensing to treat gonorrhoea and syphilis: not only was improper advice being provided, they said, but public health concerns regarding the spread of these diseases were not being addressed.

Also in July 1907, the Training School for Nurses opened with a 6-month hospital program that included lectures by all the staff physicians on anatomy, surgery, physiology (6 lectures each), materia medica (3 lectures) and obstetrics (4 lectures). The students also attended weekly demonstrations



Fig. 1: Niagara Falls General Hospital, circa 1907

in practical nursing by the superintendent of nursing, while lectures in dietetics were given by the Ladies' Auxiliary. In later meetings, the physicians recognized the need for more advanced courses — by 1912, training lasted 3 years.

By the spring of 1908, the relationship between physicians and the hospital was beginning to suffer teething pains. The association minutes report growing "friction," and the hospital was asked to "replace the current superintendent [of nursing] because:

We consider the lack of tact displayed by Miss Hayhurst has been the means of making many enemies to the hospital;

The medical staff have had many differences with Miss Hayhurst which have made their attendance on their patients in the hospital uncomfortable;

The example of the superintendent to student nurses in regard to discipline and general deportment is poor;

The general housekeeping is bad;

These are only a few of the reasons that prompt us to send this communication and that a copy of this resolution be sent to the hospital board.

Hayhurst resigned in July 1908 and a new nursing superintendent was appointed.

However, this did not end the friction between the physicians and the hospital. The city physicians soon became concerned because outside (county) physicians were now attending hospital patients. In October of 1908, they passed the following resolutions:

Public ward patients may be attended by members of the staff only.

Any qualified physician, after one year's residence *in the city*, shall be eligible for election on the staff.

The resolutions were submitted to the hospital board, but it ignored them, and in November the letter announcing the mass resignation was delivered.

Things came to a head in December 1908 during a joint meeting of the association and the hospital trust, when the physicians' grievance was stated:

That the naming of the staff involved knowledge pertaining to the medical men, therefore it should not be passed over, and if the board felt that recommendations could not be passed in the form sent, the least that might be expected was that the recommendations be sent back for further consideration.

The board replied:

In view of the subscriptions received from the county council and other outside councils and people on the distinct understanding that the NF hospital was not a city hospital, but was a county institution and was open to both patients and physicians of the county, it was impossible that the recommendations could be accepted.

A board member moved to rescind all appointments of the "medical men of the city" and to begin consideration of medical staff "de novo," with all-new hospital policies, but he received no support.

The board and the society both withdrew to consider their options. Negotiations continued outside the meeting, and the next day the resignation was withdrawn for the "sake of peace" and a recommendation was made that new staff members could be appointed for 6-months' probation, but no action was taken. In any case, a strike was averted.

These early minutes provide a rare record of a 100-year-old medical "turf" war. They also provide a fascinating glimpse into the development of modern medical practice. It is a rare privilege to see, in their own words and handwriting, the issues that concerned the doctors of nearly a century ago.

Particularly striking is their commitment to lifelong learning, to the development of their hospital and to the welfare of the patients of Niagara Falls.

Ronald McGarry is with the Department of Radiation Oncology, Indiana University, Indianapolis, Ind.

Reference

- Davidson JH. *History of hospitals in Niagara Falls*. Monograph by Greater Niagara General Hospital; 1984.

March 11th - at Dr Norman Walker's

all present except Dr Birdsell & Dr Elliott

Dr Abraham - McGarry Carried: That the minutes as read be adopted.

Dr Wilson - McGarry Carried: That the Tariff Cards as signed by eight doctors physicians of the City of Niagara Falls be distributed.

Copy of Tariff as printed with corrections.

General	1. Office Call	7.00 to \$1.50
	2. with Exam by Speculum, Stethoscope or w. analysis of urine or Microscope Exam.	1.00 - 5.00
	3. Consultation	5.00 - 10.00
	4. Visit in city	1.50 - 2.00
	5. Visit 10 P.M. to 8 A.M.	2.00 - 2.50
	6. Mileage per mile	.50
	7. Retention after one hour per hour	1.00
	8. Certificate of Lunacy or Sanity	5.00 - 10.00
	9. Life & Accidental Insurance Certificate	1.00 - 5.00
Obstetrics	1. Natural Labor	10.00 - 15.00
	2. Instrument (forcep.)	20.00 - 15.00
	3. Complication (accident, placenta praevia, postpartum hemorrhage, adhesion, frank to +)	15.00 - 20.00
Gynecology	1. Treatment at office	1.00 - 1.50
	2. Opening Abscess	1.00 - 5.00
	3. Anaesthesia	5.00 - 25.00
	4. Vaccination at office	1.00
	5. Circumcision	10.00
	6. Removal of Small tumor, Clucking, Stillborn, Lumpy	5.00 - 10.00
	7. Radical treatment of hemorrhoids	25.00 - 50.00
	8. Thoracoplasty	20.00 - 50.00
	9. Thoracotomy	5.00 - 10.00
	10. Anastomosis Abdominal	5.00 - 10.00
	11. Tapping hydrocele	5.00 - 15.00
	12. Reducing hernia (a) by taxis (b) by dividing the structure or radical	5.00 - 15.00
	13. Urinary Catheterization	2.00 - 5.00
	14. Urinary Dilatation for Stricture	1.00 - 2.00

Fig. 2: The new fee schedule: "Certificate of lunacy or sanity, \$5; circumcision, \$10; natural labour, \$15; anaesthesia, \$5-\$25"