

## MILITARY MEDICINE AND MEDICAL CARE IN THE NORTH-WEST REBELLIONS OF 1870/71 AND 1885

*From the crises of 1870/71 and 1885 came the North West Territories Medical College, The Canadian Army Medical Corps, and a Dominion Medical Council.*

### Introduction

In 1870, 1667 troops came via steamer to Fort William and overland to Winnipeg, to secure and maintain peace during and after the first North-West Rebellion of 1870/71. There were no battles, no deaths, and only 38 troops requiring medical attention.

Fifteen years later in 1885, 5800 Loyalist troops under the command of British General Frederick Middleton, were mobilized in eastern and western Canada and transported over the nearly completed CPR, to quell the second North-West Rebellion in the NWT (Saskatchewan). They faced six hundred Rebels under Louis Riel and Gabriel Dumont and an unknown number of aboriginals at five different battles/skirmishes from March 26 to May 12.

The Canadian-organized militia medical services began to assemble on April 1, 1885, when Hon. Adolphus Caron the Minister of the Militia and Defence, appointed Dr. Darby Bergin, MD, MP, as the Surgeon General. Bergin chose as his Deputy Surgeon General and Field Surgeon, Dr. Thomas Roddick of Montreal.

At least forty-three physicians participated in the second North-West Rebellion. They were organized into two services. In the militia service were eighteen were physicians attached to various field Regiments and five NWMP physicians. The remaining twenty physicians were appointed to the hospital service or Corps. The militia and hospital services were assisted by local as well as NWMP physicians in Edmonton, North Battleford, Prince Albert, and Regina. The NWMP hospitals were single room cottage hospitals.

The Hospital Corps were organized into teams. Two teams staffed temporary hospitals at Moose Jaw (forty beds) and Saskatoon (seventy beds). For a short time there was a temporary team at Swift Current that used a converted caboose and immigrant rail car as a hospital. The two hospital teams were assigned to the General Strange column and the General Middleton column. A third team, the rehabilitative Red Cross Corps, was assigned to the Colonel Otter Column. A stationary hospital team was formed at the new (1884) seventy-two bed base hospital in Winnipeg. It provided

care in a rebellion dedicated Annex, for patients to it when the temporary hospitals were closed.

There were about 114 deaths (excluding civilians), and 332 injured soldiers and rebels. Two-thirds were Rebel casualties. The number of civilians injured or killed is unknown. Few were reported, except for the nine that were killed during the Frog Lake massacre. The total cost of the Rebellion was \$4.5 million. Riel was deemed to be sane by a medical panel, and was found guilty of treason at his trial. He was hanged on November 16, 1885. Ironically, the last spike connecting the transcontinental CPR was completed nine days earlier on November 7, 1885.

### Canada and Military Medicine 1800-1871

War has always spurred change within medicine. Until the Second World War, casualties and deaths from disease exceeded, sometimes many fold, those from gunfire. Communicable diseases and poor hygiene determined the outcome of many major battles. The siege of Quebec (smallpox, 1777), the Crimean War (hygiene, 1852), and WWI (Spanish Flu, 1918) were three examples.

Historically, in 1800 England had four military hospitals.<sup>(1)</sup> The British army already had a regimental medical system. Military surgeons were assigned to designated regiments but the regimental surgeons remained responsible to a General Medical Board.<sup>(2)</sup> In 1806 the British Army began offering courses in military surgery.<sup>(3)</sup> In 1850 the Red Cross was formed. It was followed by the signing of the Geneva Convention, which provided a code of ethics that governed the handling of prisoners and casualties.

The outcome of the Crimean War (1852-1854) was determined more by disease than by events on the battlefield. In the first year, 10,000 of the 28,000 British army troops died from infections, disease, wounds and injuries. There were only a few male orderlies to triage and treat the casualties. The British Army called for assistance. Florence Nightingale and two dozen nurses responded. They improved hygiene and cleanliness, isolated soldiers with infected wounds, and introduced standardized treatment protocols. Nightingale's approach reduced British army deaths by almost 95%. After the war, a grateful



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*Florence Nightingale Monument, Westminster Abbey*

nation responded to Ms. Nightingale's call for funds to start the first School of Nursing in 1861. One year before, in 1860, the British Army had opened its first medical school to recruit, train and examine prospective army physicians.<sup>(4)</sup>

Triaging of casualties by ambulance was initiated by Napoleon. It was refined during the American Civil War. The American Medical Corps built ambulance wagons that shuttled the wounded from immediately behind the battlefield to field hospitals. The hospitals were located as close to the front lines as was safe. Anaesthetics were administered at the field hospitals. 50,000 amputations were performed. Still, two of every three casualties were felled by infectious diseases.<sup>(5)</sup>

The first record of organized medical care in Canada, occurred during the American Civil War (1861-1865). Anticipating an invasion from the northern states, the British Army transported 6,800 men from Halifax to Montreal, during the winter of 1862/3. The troops left Halifax by rail. At the end of the Intercolonial railway in New Brunswick, sleighs were commandeered to cover the miles between the ends of the rail lines. The transfer took two and one-half months. The British Army physician in charge of the medical casualties reported three deaths, an unknown number of frostbites, and nine desertions.<sup>(6)</sup>

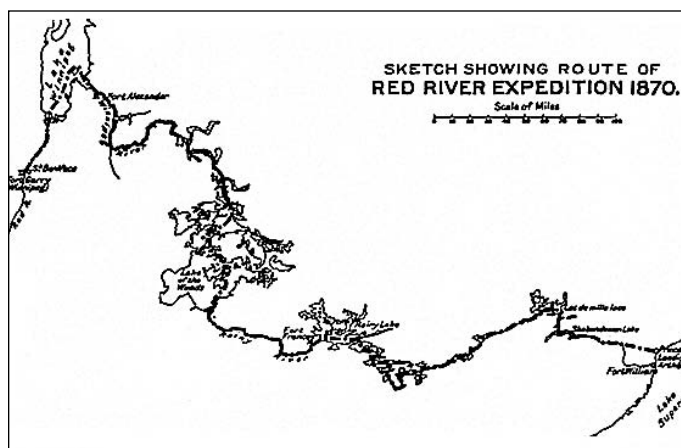
After Canada became a separate Dominion in 1867, the British militia units and their physicians began to depart. The British units had one doctor for 400 men. The last medical man departed from Halifax in 1871. Canada was on its own for army medical services.

### The First Riel or Northwest Rebellion of 1870/1

The first Riel or North-West Rebellion occurred in 1870/1. It arose from a Metis land dispute in Manitoba. On May 14, 1870, 1,667 men were sent via Lake Superior and Lake of the Woods to Winnipeg to maintain the peace. Two temporary hospitals were established along the way at Port Arthur and Fort Francis, Ontario. Six physicians, including Drs. J. H. Neilson and A. Codd accompanied the men as battalion medical officers. The Hospital Corps treated thirty-eight patients at the Port Arthur Landing hospital for rheumatism (eight), VD (six), dysentery (three), and other minor afflictions. Four tents were erected at Fort Francis, designed to hold thirty-six patients each. They were not used because there were no sick soldiers. The two tent hospitals were closed in September 1870.

The tent hospitals for Fort Garry were forwarded by rail to St. Paul, Minnesota on the Great Northern railroad, then by overland transport to Winnipeg. There were no soldiers hospitalized, as there were no battles fought. One year later on May 1, 1871 the regimental strength was reduced to less than 100, before it was augmented in October 1871 by another force of 269 including one surgeon and enough equipment for a field hospital. No accidents or loss of men were reported during the four weeks it took to transport the replacement troops to Winnipeg.<sup>(7)</sup>

In 1871 the federal government established a makeshift cottage hospital in Winnipeg to treat the seriously ill patients from a typhoid outbreak. It was more like a shelter. Medical care was provided by Dr. Alfred Codd, who had remained after the 1870/1 contingent was disbanded. The federal facility was closed in 1872. By then the citizens of Winnipeg had recognized the importance of a hospital. They pro-



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*Map of the Red River Expedition to Fort Garry, 1870/71*



Outside Moose Jaw base hospital, NWT, 1885 36-3  
Dr. Roddick is second from (R), front row.

ceeded to open a twenty-bed hospital in rented quarters, in January 1873. A larger forty-bed wooden-frame cottage hospital was opened in 1875.<sup>(8)</sup>

In 1881 the CPR began building eastward and westward from Winnipeg. The rail line reached Regina (1882) and Calgary (August, 1883). The predictable land and population boom followed. In November 1883 thirteen incorporators, including Dr. R.G. Brett, banded together to charter the private Manitoba Medical College. The first Dean of Medicine was Dr. James Kerr. Earlier that year construction started on a new seventy-two bed Winnipeg General Hospital (WGH). It opened in February 1884.<sup>(9)</sup>

### The Second Riel or Northwest Rebellion of 1885

In 1885 unrest on the prairies was rising again. The disputes were not merely over land claims, but the loss of the buffalo in 1879, the treaties that had not been signed, and the bisecting effect of the CPR. A force of ninety NWMP was assembled at Prince Albert. On March 18, 1885 an aboriginal was shot by a member of the Force for pilfering at Duck Lake. Tension erupted into violence. Anticipating trouble, the Canadian government appointed British General Frederick Middleton to head the militia, and sent the first contingent of troops to Winnipeg on March 23, 1885. Eventually 5,800 militiamen were assembled.<sup>(10)</sup>

As they arrived in Winnipeg, General Middleton divided his troops into three columns to attack the rebel headquarters at Batoche. Major-General B. Strange assembled his troops in Calgary, moved them north to Edmonton, and then eastward down the North Saskatchewan River. Colonel Otter headed a column northward from Swift Current. General

Middleton's column headed north from Fort Qu'Appelle. The Metis rebels were estimated at 500 to 600 and were concentrated in the one hundred mile square area between Saskatoon and Prince Albert on the South Saskatchewan River. Their largest community was at Batoche (see map).

### Forming the Hospital and Regimental Medical Corps

On April 1 the Minister of the Militia, J.A. Caron, ordered the formation of a medical corps to support the eighteen regimental surgeons. He appointed Dr. Darby Bergin, MP and President of the OMA, as the Surgeon General.<sup>(11)</sup> On April 4th, Dr. Bergin appointed Dr. Thomas Roddick the Deputy Surgeon General and on April 10th Dr. Patrick Sullivan as the Purveyor-General. Roddick immediately initiated the formation of two hospital units. Field Hospital No. 1 was formed under Dr. C.H. Douglas, V.C. Six physicians were attached to it. Another six were attached to Field Hospital No. 2 under Dr. H.R. Casgrain.

Four hospital tents were procured. They were designed to handle up to fifty patients each. They were purchased in the USA through the American Army Surgeon-General, at US Army prices. The special medical transportation carts that were built had forty-two compartments for medications and instruments. Details of their contents were listed in Bergin's 1886 Report on the Rebellion. They included the anesthetics ether and chloroform, giving the hospital service the capability to perform surgery.<sup>(12)</sup>

Dr. Roddick left Ottawa on April 7. Five days later he reached Winnipeg via Chicago, ahead of the first contingent of troops. Roddick negotiated a \$1.50 per day stay agreement with the WGH. Winnipeg was to serve as the main base hospital and provide post-Rebellion rehabilitation. On April 15 Roddick left Winnipeg with the main Corps, to establish a temporary "hospital train" (a caboosie, immigrant sleeper and baggage car) on a siding at Swift Current.<sup>(13)</sup>

Completed by April 16 he returned to Moose Jaw to initiate the conversion of the "Moose Hotel" into a temporary hospital. Dr. Roddick then sent the first field hospital unit to rendezvous with General Strange at Calgary. The second field hospital unit was attached to General Middleton's column and sent to Saskatoon via the South Saskatchewan River. The Red Cross Corps were sent to join Colonel Otter's column, which was heading north from Swift Current to Battleford.<sup>(14)</sup>

An estimated forty-three physicians enlisted. They included the regimental surgeons who went west



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Gen. Middleton visiting wounded troops at Batoche, 1885

(eighteen), the hospital surgeons (twelve), the NWMP surgeons (five), the surgeons from Manitoba (five), and the senior surgeons (three).<sup>(15)</sup> Nursing assistance came from the medical students at the Toronto and Montreal medical schools. Whole classes enlisted. They were supplemented by nurses from the Anglican Order of St. Joan the Divine.<sup>(16)</sup> In response to Dr. Roddick's call, Matron Miller and three nursing Sisters came from the WGH. They arrived and took charge of the Saskatoon Cottage hospitals on May 12, the last day of the Battle of Batoche.<sup>(17)</sup> That day the largest number of casualties from the battle began streaming into Saskatoon (Clarke's Landing).

## The Battles

### 1) Duck Lake

On March 26, 1885, the first skirmish occurred at Duck Lake near Batoche and south-east of Prince Albert. It was won by the Rebels. Three NWMP and nine Loyalist militia volunteers were killed: Eleven more were injured. Two volunteers died the next day. On the Rebel side, five were killed. One would die later. A NWMP ambulance team was sent from Prince Albert to Duck Lake. The detachment included NWMP Hospital Sergeant Dr. E.A. Braithwaite. He returned to Prince Albert with eight Duck Lake casualties.<sup>(18)</sup>

### 2) Frog Lake

The second skirmish occurred on April 2, 1885 at Frog Lake, two hundred miles west of Prince Alberta, near the North Saskatchewan River. Nine unarmed civilians were killed.

### 3) Fish Creek

The third battle occurred at Fish Creek near Saskatoon on April 24. On the government's side, casualties totalled ten dead and forty-three injured. The Rebel casualties were eleven dead and eighteen wounded. The casualties were transported to Clarke's Landing (now Saskatoon) on a sling system devised by Dr. Orton and fitted into the buckboard wagons.



#### 4) Cutknife

The fourth battle occurred at Cutknife twenty-five miles west of Battleford on May 2. It was against Chief Poundmaker. There were eight Loyalist deaths and fourteen injuries. Five Rebels were killed.

#### 5) Batoche

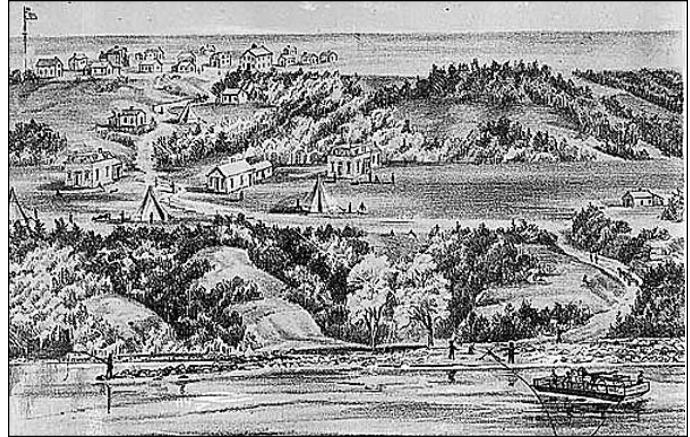
The fifth battle was the turning point. It occurred at Batoche half way between Saskatoon and Prince Albert, from May 8-12. The four-day battle resulted in eight Loyalist deaths and forty-six casualties. The Rebel casualties totalled fifty-one dead and 173 wounded. Riel surrendered three days after the battle to two Loyalist scouts. Dumont escaped on horseback to the United States, signalling the forty-seven day Rebellion was effectively over.

The last skirmish occurred at Frenchman's Butte on June 21. It was followed by the voluntary surrender of Poundmaker, Big Bear and their band and the release of the prisoners in their custody. One death and 3 injuries were recorded on the Loyalist side.

On the Loyalist side there were a total of forty-three dead and 116 injured. Using the Middleton's militia death and injured figures where Rebel figures are unknown, the Rebel figures total seventy-three dead and 206 injured. The combined totals were 114 killed and 332 wounded, for a total killed and injured during the Rebellion of 446. See Table 1.<sup>(19)</sup>

#### Rebellion Medical Casualties

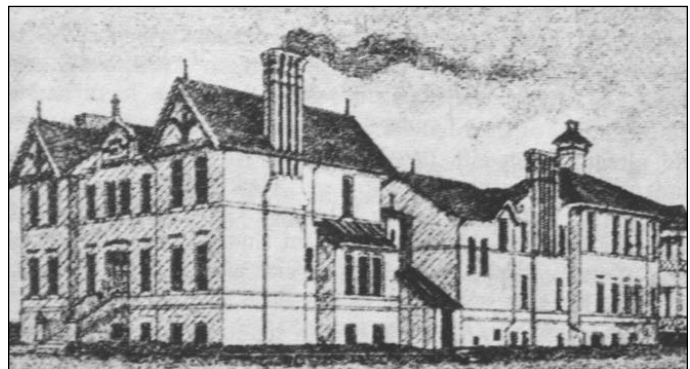
Details of the actual field injuries are limited.<sup>(20)</sup> The eight who were injured during the Duck Lake battle were evacuated when their cottage hospital caught fire. One had a broken hip, which was dislocated during the evacuation. Another had a bullet "that ran around his chest". A third required a below-knee amputation at Prince Albert.<sup>(21)</sup> Sergeant Braithwaite treated one frozen foot and twenty snow-blinded men with tea leaves, as they retreated from Duck Lake to Prince Albert. Braithwaite, NWMP assistant surgeon Dr. Robert Miller and another Hospital Sergeant worked for three days and nights without sleep to treat the wounded.<sup>(22)</sup>



*The Clarke's Crossing (Saskatoon) Hospital, 1885. <sup>36-6</sup>  
It was comprised of three houses and two tents  
(before May 8) (mid picture)*

By May 3, gunshot injuries had hospitalized thirty-five soldiers at Saskatoon. The injuries included: a non-penetrating wound to the back, wounds to both legs, a penetrating wound to the chest, an arm amputated at the shoulder, and Private Kennedy's gunshot injury to his elbow.

At the battle of Batoche (May 8-12) a tent hospital was set up. Dr. C.M. Douglas performed ten operations in it. The first night of the battle Dr. James Bell commented how the "bullets whizzed through the tent" only three to four feet from the ground.<sup>(23)</sup> On May 14 five more men, including two half-breeds from the Battle of Batoche, were sent to the Saskatoon hospital, which now included in a school and adjacent homes.



*Winnipeg General Hospital and Annex, 1884 <sup>36-7</sup>*

Four typhoid cases were diagnosed during the campaign. One was Lt. Col. Williams, who died in July. Strict attention to hygiene, the Saskatoon hospital was located on high ground, with the latrine at least 100 feet away, to minimize the risk of a typhoid outbreak. The warm, dry summertime weather also helped.<sup>(24)</sup>

Riel commented on the medical care Roddick provided on May 20, while being transferred to Regina

#### REPORT OF THE SURGEON GENERAL.

OTTAWA, 13th May, 1886.

To the Honorable the MINISTER OF MILITIA AND DEFENCE.

SIR,

When on the first of April of last year (1885), in response to your invitation to me, I undertook the organization of a Medical Staff Corps I was not blind to the difficulties of the situation. There was no fixed Departmental Medical Staff, no Field Hospital or Ambulance Service, no organized Corps of Nurses, no fixed method of recognizing such societies as the St. John's Hospital Aid Society, the Red Cross, and other similar charitable associations.

*Surgeon General Bergin's Report, 1886*

LIST OF SICK AND WOUNDED WHO LEFT SASKATOON FIELD HOSPITAL	
On July 4, 1886, and took passage by boat to Winnipeg.	
Captain Doucet, A. D. C.	Private Barton, Midland
Lieutenant Laidlaw, Midland.	“ A. L. Young, 90th Battalion
“ Garden, Intelligence Corps.	“ Milson, Grenadiers.
Corporal J. E. Lethbridge, 90th Battalion.	“ Eager, “
Private Fairbanks, “A” Battery.	“ A. Martin, “
Drummer Thos. Stout, “	“ Cook, French's Scouts.
Private Dowker, 90th Battalion.	Trooper Thompson, Boulton's Scouts.
“ Cantwell, Grenadiers.	McDonaki, Settler.
“ Daley, Midland.	

List of Wounded transferred by barge to Winnipeg, 1885

on the “Northcote”. He wrote in Roddick's diary: “Sir, a man may be very able in taking care of the sick. He may understand his cases very well, and his medicines may be well chosen, but above all that the blessing of God is needed, and without it, there is no true success. Yours, L”D” Riel.”<sup>(25)</sup>

### Demobilization

On July 4 Dr. Roddick closed the hospital at Saskatoon. Of the forty-six patients, twenty-nine injured troops were transported by steamer to Elbow and by wagon overland to Moose Jaw. Twenty-six men had gunshot wounds; one had been scalded; one had VD and one had rheumatoid arthritis. The patients suffered considerable pain from the jostling of the carts. The only analgesics available were morphine and heroin.

NAME.	REGIMENT.	ADMITTED.	DISCHARGED.	DISEASE OR INJURY.
Thos. Reynolds.....	“B” Battery.	13.7.85	16.7.85	Com. fract. of humerus
J. Marcotte.....	65th.	13.7.85	19.7.85	“ “ of clavicle.
W. J. Cantwell.....	10th Royals.	15.7.85	19.7.85	Wound of thigh.
Henry Wilson.....	10th “	15.7.85	.....	Wound of lung.
A. S. Martin.....	10th “	15.7.85	19.7.85	Bullet-w'd of shoulder.
James Eager.....	10th “	15.7.85	19.7.85	Fracture of jaw.
Samuel Bell.....	Midland.	15.7.85	21.7.85	Concussion of brain.
Wm. Barton.....	Midland.	15.7.85	30.7.85	W'd. of thigh scrotum.
S. M. Daly.....	Midland.	15.7.85	.....	B.-wound of hand.
F. J. Thompson.....	Boulton's Scouts.	15.7.85	.....	Rheumatism.
Hope Hay.....	Boulton's Scouts.	15.7.85	31.7.85	B.-wound of arm.
W. Fairbanks.....	“A” Battery.	15.7.85	30.7.85	B.-wound of thigh.
Thos. Stout.....	“A” Battery.	15.7.85	21.7.85	Fracture of ribs.
James Dowker.....	90th.	15.7.85	11.8.85	Wound of thigh.
James McDonald.....	.....	15.7.85	27.7.85	Pott's disease of spine.
John McClintock.....	7th.	15.7.85	19.7.85	Rheumatism.
John Warren.....	Q. O. R.	15.7.85	13.8.85	Pleurisy.
J. F. Garden.....	Survey Corps.	15.7.85	30.7.85	B.-wound of shoulder.
A. Doucet.....	Staff.	15.7.85	.....	Bullet-wound of arm.
R. S. Cook.....	French's Scouts.	15.7.85	.....	Bullet-wound of leg.
F. Bacon.....	G. G. B. G.	18.7.85	31.7.85	Bruise of abdomen.
— Peters.....	7th.	18.7.85	21.7.85	Periostitis of arm.
H. Heigham.....	Staff.	25.4.85	15.5.85	Pleurisy.
Marshall Weir.....	Midland.	14.4.85	16.5.85	Exhaustion.
John Smart.....	65th.	15.4.85	16.5.85	Rheumatism.
Wm. Hurst.....	G. G. B. G.	15.4.85	21.4.85	Conjunctivitis.
Fred. Cardew.....	W. L. I.	15.4.85	14.5.85	Scarlet fever.
James Nelson.....	G. G. B. G.	15.4.85	4.5.85	Wound of leg.
P. R. Beaumont.....	Q. O. R.	15.4.85	16.4.85	Pneumonia.
Alfred Laurencelle.....	9th.	15.4.85	18.4.85	Bronchitis.
Arthur Potvin.....	9th.	16.4.85	18.4.85	Diarrhoea.
David McKay.....	G. G. B. G.	16.4.85	20.4.85	Abscess of leg.
E. J. Murphy.....	G. G. B. G.	16.4.85	24.4.85	Wound of arm.
John Davidson.....	7th.	16.4.85	21.7.85	Typhoid fever.
Renne Miller.....	7th.	17.4.85	18.4.85	Wound of lip.
Wm. Land.....	7th.	17.4.85	21.7.85	Rheumatism.
Joseph Germain.....	9th.	19.4.85	22.4.85	Bronchitis.
J. T. Brennan.....	9th.	20.4.85	22.4.85	Dyspepsia.
J. B. Fortin.....	9th.	20.4.85	27.4.85	Bronchitis.
Peter Foullet.....	9th.	20.4.85	22.4.85	Bronchitis.
Prosper Jobin.....	9th.	20.4.85	4.5.85	Tonsillitis.
Emilien Miller.....	9th.	20.4.85	16.5.85	Otitis Med. Cat.
W. L. Bruce.....	W. L. I.	21.4.85	8.6.85	Fract. of 1st Metacarpal.
L. J. Mylins.....	63rd.	23.4.85	27.4.85	Tonsillitis.
Thos. Menagh.....	G. G. B. G.	23.4.85	11.5.85	Debility.
Alfred Kiburn.....	91st.	25.4.85	18.6.85	Cyst of neck.
John Lanigan.....	Halifax Battery.	25.4.85	4.5.85	Eczema.
James Godwin.....	Midland Battery.	26.4.85	4.5.85	Bronchitis.
James Anderson.....	Midland Battery.	27.4.85	30.4.85	Debility.

Partial List of Casualties admitted to the WGH, 1885

An alternative evacuation system for the seventeen remaining troops was recommended by Captain Dick. He suggested using a supply barge to haul the patients down the Saskatchewan river. Roddick approved the idea. The Barge load of patients left Saskatoon on July 4, for the 1,100 mile trip down the Saskatchewan River to Lake Winnipegosis, across to Lake Winnipeg and down to Winnipeg. The trip took eleven days. A second barge hauled cows to provide milk. The barges were pulled by the steamers MacDonald and Alberta. The biggest problem was the snoring of Captain Maloney, who kept the troops and the cows awake.<sup>(26)</sup> After crossing Lake Winnipegosis the patients were transported nine miles by rail on the HBC Rail narrow-gauge railroad, to the steamer Princess on Lake Winnipeg. Disembarked at Selkirk, the casualties were transferred to the WGH, under the care of Drs. James Kerr and Frank Mewburn.<sup>(27)</sup> A total of eighty soldiers were admitted to the Winnipeg hospital during the Rebellion, under Drs. Kerr and Mewburn.

During his post July 4 demobilization tour, Dr. Roddick attended any injured civilians who were presented to him. At Regina he visited Riel in his jail, and was impressed by his reasons and rationale for the Rebellion.<sup>(28)</sup>

Dr. Roddick returned to the east, but was back out west from August 10-31, 1885. He traveled as far as Calgary to pay the final invoices and plan for the discharge of the remaining patients at the WGH. Roddick discharged as many as he could. There were ten casualties left. Roddick was very pleased with the results of the base and field hospital surgery and the lack of postoperative infections.<sup>(29)</sup>

Some WGH patients remained under Dr. Kerr, at least until the following spring. Dr. Mewburn resigned his post in January 1886, after his contract ended. He moved to Lethbridge in the NWT. No physicians stayed in the west. Drs. M.M. Seymour (Winnipeg) and J. Pennefather (Manitoba), who had arrived shortly before the Rebellion began, joined the regimental medical service during the Rebellion and remained afterwards in Fort Qu'Appelle (SK) and Manitou (MN).<sup>(30)</sup>

### Awards

The Northwest Canada medal was awarded to 5,200 soldiers and physicians. Seventeen hundred and fifty three received the Saskatchewan Clasp in 1886. In 1900 all NWMP members were given a medal, along with the river steamboat operators. Civilians not previously honoured, at least those who were still alive

and had worked in the transport services, received a medal in 1945.<sup>(31)</sup>

### Aftermath

The Rebellion ended with the trial of Louis Riel. Hospital Sergeant E.A. Braithwaite accompanied him from Saskatoon to Regina for the trial. A panel of medical experts examined him.<sup>(32)</sup> The panel included NWMP Senior Surgeon Dr. Augustus Jukes, then stationed at Regina. They found him sane and fit to stand trial. The jury found Riel guilty and sentenced him to be hanged. The case was appealed, unsuccessfully.<sup>(33)</sup> The hanging occurred in Regina on November 16, 1885 with Dr. Braithwaite in attendance.

### The Medical and Surgical History of the North West Rebellion of 1885

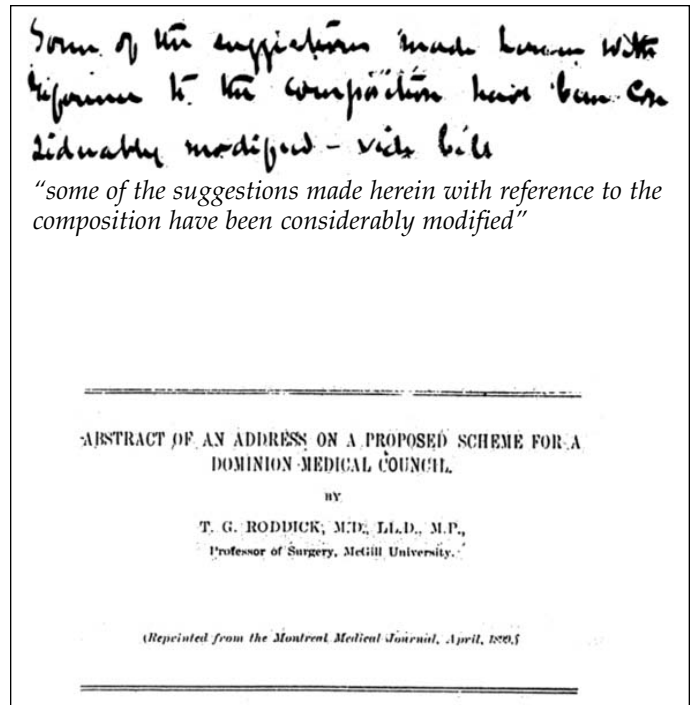
On May 17, 1886 Dr. Darby Bergin submitted his Report of the Surgeon General, on the operation and performance of the medical services during the Northwest Rebellion.<sup>(34)</sup> Bergin concluded that the regimental medical system had not performed to his satisfaction. The issues were selection, training, military medical competence, and discipline. To improve the service, he recommended 1) a credential assessment of medical officers, 2) scrutiny of each physician's military medical experience, and 3) selection based on military training as well as medical education.<sup>(35)</sup> He suggested the government initiate a military examination and training program.

In his report to Dr. Bergin, Field Surgeon Roddick recognized the need for an acceptable medical licensure system, so physicians could move from province to province or territory, without their eligibility for registration or practice being questioned. The physicians already living and working on the prairies, inherited the credentialing and licensing problem created by newly arriving MDs after the rebellion. In 1885 there was no NWT medical organization, no College of Physicians and Surgeons, no examination system, no registration system, no universities, no medical schools, very few settlers, and about 50,000 non-aboriginals. The first two Ordinances or regulations to govern the registration of physicians were passed by the NWT Legislative Assembly in 1885 and 1888.

Although both Drs. Bergin and Roddick retained their militia medical appointments until 1892, noth-

*Dr. Edwards, President;  
Dr. Lafferty, Vice-President;  
Dr. Brett, Chairman of Executive Committee.*

*College of Physicians and Surgeons of the NWT, 1889*



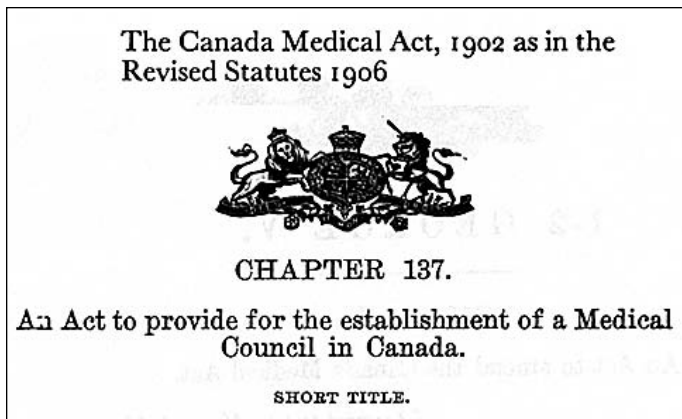
*Roddick's proposal for a Dominion Medical Council, 1899  
Montreal Medical Journal, April 1903*

ing further came of their recommendations until 1896.

### The NWT Medical Council

In 1885 the CMA was an eastern organization. There were no western representatives on the CMA Executive. Although the eighteen-year-old BNA Act gave the responsibility for providing health care services to the provinces, the "North West Territories" which excluded the province of Manitoba after 1870 were managed directly from Ottawa through the Ministry of the Interior.

After the Rebellion, the prairie physicians like Drs. Seymour, Brett and Kennedy addressed the credential assessment problem identified by Dr. Roddick. In 1885 the NWT Legislature passed the first Medical Ordinance, which allowed physicians to be registered on the testimony or affidavit of two colleagues, with or without a verbal examination of the applicant. Dr. Brett viewed the system as flawed. After being elected to the NWT Assembly in 1888 he immediately moved to replace the 1885 Ordinance, and to create a NWT Medical College. A new Ordinance was passed in 1888. It created a new Medical Council and a College of Physicians and Surgeons responsible for setting examinations and approving the registration of physicians. It lasted until 1906 or until the provinces of Alberta and Saskatchewan were formed in 1905 and passed their own acts in 1906 and 1908.<sup>(36)</sup>



*The Canada Medical Act, 1906*

### The Canadian Army Medical Corps

In 1892, sixty physicians formed the Canadian Military Medical Association. It was ordered disbanded that same year by the Department of Militia. In 1896 the idea of a permanent medical corps was resurrected by the new Laurier-appointed Minister of the Militia Dr. Frederick Borden. In 1897 Borden appointed Dr. J.H. Neilson as the first Director of Medical Services for the militia.

During the 1899-1904 South African (Boer) War, 7,400 Canadian soldiers were sent overseas. Deaths in the British forces from disease (usually typhoid) were sixty-nine per 1,000 men vs. forty-two from bullets.<sup>(37)</sup> The British army managed the medical services. The Canadian Militia provided seven doctors and later one Field Hospital. Dr. Borden's own son was killed during the war. In 1904 immediately after the Boer War, a permanent Canadian Medical Corps was formed and has continued ever since.<sup>(38)</sup>

### Dr. Roddick's Crusade for a Dominion Medical Council

Dr. Roddick saw the registration and licensure difficulty from a military perspective. In a military crisis physicians moved across provincial boundaries. By law, provincial medical associations controlled physician registration and had the right to grant a license to practice in their province or withhold it. It was a problem which could only be solved by every physician being registered in every province, or alternatively being granted a portable license.

Although the problem festered, nothing formally happened until Dr. Roddick decided to address the issue politically. He ran for the Conservatives in the election of 1896 and was elected in a Montreal constituency. In the election Conservatives led by Dr. Tupper were defeated. It took Dr. Roddick until 1899 to get Prime Minister Laurier to support the concept of a national examination and licensing system. In

1902 an acceptable enabling act was drafted. It was promulgated in 1906. The act required every provincial legislature, every provincial medical association, as well as the CMA and the House of Commons to approve the Canada Medical Act and the formation of a national Medical Council. The Manitoba, Saskatchewan and Alberta legislatures approved the enabling act by 1906. All other provinces except four (New Brunswick, British Columbia, Quebec and Ontario) supported the concept. The major opposition arose from the Quebec and Ontario medical associations.<sup>(39)</sup>

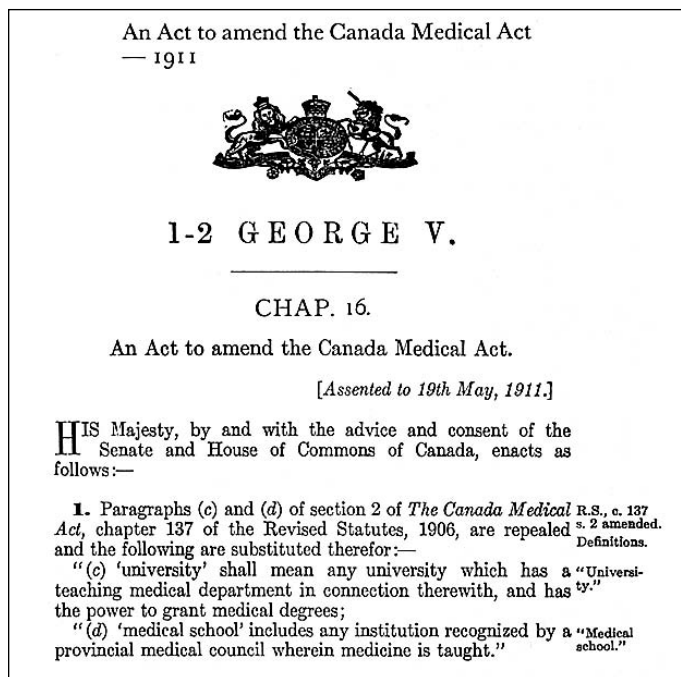
In 1907 western Canadian physicians agreed in principle to form a Western Canadian Medical Federation, to solve the registration and portability issues in western Canada. They also started the Western Canadian Medical Journal (WCMJ) to voice their concerns. It was edited and published in Winnipeg from 1907-1915 on a bi-monthly basis. In its last four years it overlapped the publication of the CMAJ.

*The proposition is that the Province of Manitoba, Alberta, Saskatchewan and British Columbia should form a federation.*

*It would speedily bring about Dominion Registration. Doctor Roddick enthusiastically endorses the proposition and looks on it as a very long step forward toward Dominion Registration.*

*G.A. Kennedy T.N. Milroy  
R.S. Brett James Patterson*

*The Kennedy, Brett, Milroy and Patterson Circular, 1909*



*Amendment to the Canada Medical Act, 1911*



The Western Canadian Federation movement did not gain momentum until late 1908, when it was resurrected by Dr. G.A. Kennedy. He wrote a letter to the WCMJ asking for the issue to be revisited. By February 1909, Dr. Brett was speaking to interested Winnipeg physicians.<sup>(40)</sup> They supported the concept, too.

Four physicians, Drs. Brett and Kennedy of Alberta and Drs. Milroy and Patterson of Manitoba canvassed their western colleagues that spring. The result was renewed support to form a Western Canadian federation to register and license new physicians. The proposal was discussed at the July 1909 CMA meeting in Winnipeg. The CMA agreed to revisit the concept of a national licensing body, and appointed an inter-provincial committee to seek a new agreement for a Dominion Medical Council. The deliberations resulted in amendments to the original enabling act. By July 1910 the CMA was on board. Dr. Roddick agreed to present the enabling act amendments to the House of Commons, once all the provincial associations were in agreement.<sup>(41)</sup>

By 1911, all provincial medical associations and legislatures had passed or had agreed to pass supporting motions or enabling legislation.

In 1911 the Canada Medical Act, incorporating the Dominion Medical Council, was passed by the CMA. It was then forwarded to the House of Commons on May 11, 1911. The Act was assented to on May 19, 1911. It came into effect with the first examinations that were held on November 7, 1912.<sup>(42)</sup>

The passage of the "Roddick" or Canadian Medical Act was one of the highlights of Dr. H.G. Mackid's retirement speech at the 1912 CMA meeting in Edmonton. After his speech a motion was made to appoint Dr. Roddick the Honorary President of the CMA for the rest of his life. Even though Dr. Roddick was not personally present, the motion was passed by a standing ovation and a chorus of cheers. In 1913 Roddick was knighted by the King of England for his contributions to medicine in Canada and his role in establishing the Dominion Medical Council.<sup>(43)</sup> He died of pernicious anemia in 1923.

**Related Profiles:** Nevitt, Kennedy, deVeber, Brett, Braithwaite, Mewburn, Mackid

**Related Perspectives:** The CMA annual meetings in Alberta in 1889, 1912

**Key Words:** Military medicine, First and Second NW Rebellions of 1870/1, 1885, and the medical services, hospitals and casualties, NWT Medical Council, Dominion Medical Council of 1912.



*Soldiers convalescing at the Swift Current "caboose and emigrant sleeper" hospital, 1885*

**Table 1**

<b>Estimate of the Deaths (113) and Injuries (329) During the NW Rebellion of 1885</b>						
<b>Date</b>	<b>Battle</b>	<b>Loyalist Casualties</b>		<b>Rebel Casualties</b>		<b>Comments</b>
		<b>Deaths</b>	<b>Injured</b>	<b>Deaths</b>	<b>Injured</b>	
March 26	Duck Lake	14	11	5	(11)	Rebel injuries are estimated
April 2	Frog Lake	0	0	0	0	9 civilians were killed
April 24	Fish Creek	10	43	11	18	
May 2	Cutknife	8	14	(5)	(14)	Rebel deaths and injuries are estimated
May 8-12	Batoche	8	45	51	173	
June/July	Frenchman's	1	3	unknown	unknown	One soldier died in Calgary. Lt. Col. Williams died of typhoid fever
	Butte Other	2				
<b>TOTAL</b>		<b>43</b>	<b>116</b>	<b>71</b>	<b>216</b>	

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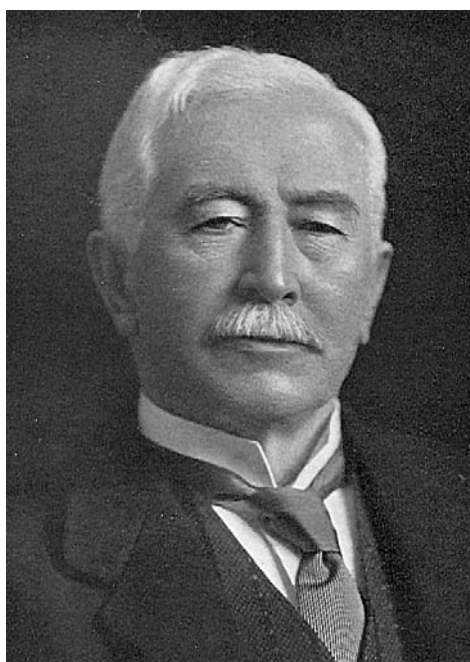
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*Sir Thomas Roddick*