

Dr. Cluny Macpherson:  
Reflections on the Early Career of a Newfoundland Physician

by

Deborah Laura George

A Thesis Submitted to  
Saint Mary's University, Halifax, Nova Scotia  
in Partial Fulfillment of the Requirements for  
the Degree of Masters of Atlantic Canada Studies

April 2020, Halifax, Nova Scotia

Copyright Deborah Laura George.

Approved : Dr. John Reid  
Supervisor

Approved : Dr. Peter Twohig  
Supervisor

Approved : Dr. Jerry Bannister  
Examiner

Date : April 27, 2020

## **Abstract**

Dr. Cluny Macpherson:  
Reflections on the Early Career of a Newfoundland Physician

By Deborah Laura George

Abstract: This thesis explores the changing nature of medicine and health care in Newfoundland and Labrador during the early twentieth century. It does so by examining the early career of Dr. Cluny Macpherson, a physician from St. John's whose career spanned sixty years. The contexts in which Macpherson practiced reveal both change and continuity in the development of health care delivery systems as they evolved to meet the needs of the population: advances in medical science changed understandings of infectious disease and available treatments; trends in religious and philanthropic thought brought health care and social reform to northern regions; and the First World War brought reform to the organizational structure of military medicine, and pushed scientific and medical research in new and specialized directions.

Dr. Cluny Macpherson:  
Reflections on the Early Career of a Newfoundland Physician

by

Deborah Laura George

A Thesis Submitted to  
Saint Mary's University, Halifax, Nova Scotia  
in Partial Fulfillment of the Requirements for  
the Degree of Masters of Atlantic Canada Studies

April 2020, Halifax, Nova Scotia

Copyright Deborah Laura George.

Approved : \_\_\_\_\_  
Dr. John Reid  
Supervisor

Approved : \_\_\_\_\_  
Dr. Peter Twohig  
Supervisor

Approved : \_\_\_\_\_  
Dr. Jerry Bannister  
Examiner

Date : \_\_\_\_\_

## CONTENTS

Preface	ii
Acknowledgements	iii
Introduction	1
Chapter 1	14
Chapter 2	26
Chapter 3	50
Conclusion	71
Bibliography	74

## Preface

I first became acquainted with Cluny Macpherson during an undergraduate public history class. To gain a practical understanding of the kinds of choices historians have to make when presenting narratives to the public we were each tasked with writing a script for a Heritage Minute and then analyzing the process. During my search for a suitable subject I found Macpherson's notebooks in the digital archives of Memorial University, and immediately knew I had come across something special. It will likely come as no surprise to the reader that I chose the story about the gas mask for my Heritage Minute script. Beyond that project, however, I soon realized that there was a bigger story here that needed to be told.

What follows is an exploration of Macpherson's early professional life, and through his life, a reflection on the development of health care systems in an area that presented a unique amalgam of challenges and opportunities. It seeks to present him not just as a doctor, but as a product of his particular time and place. It is only part of his story, but one which I hope sheds some light on what it meant to live through the tumultuous first decades of twentieth-century Newfoundland.

## Acknowledgements

Thanks are due to so many people for helping bring this project to completion. The spirit of collegiality that permeates the halls of Saint Mary's University was ever an inspiration, and I am grateful to the many professors who gave generously of their time and expertise in helping me grow as a student, as a historian, and as a writer. Library and archival staff were also essential, particularly those at the Patrick Power Library of Saint Mary's University, and those at the Health Sciences Library and the Centre for Newfoundland Studies of Memorial University. Without their knowledge of the sources and enthusiasm for research I would have been hopelessly lost. And last but certainly not least, I owe an immense debt to my family and friends, whose support and patience have given me the opportunity and strength to undertake this journey.

## INTRODUCTION

At the turn of the twentieth century, medical services in Newfoundland and Labrador were concentrated in and around St. John's and the Avalon Peninsula, the most densely populated region of the colony. The people who lived in the small and isolated outpost communities scattered along the coastline were often far more limited in their access to professional care, due in no small part to challenges of climate and geography, especially during the winter months. Most people relied on folk medicines and the skills of local lay healers, which could be quite effective for most milder ailments and injuries but were often not adequate for serious illness or injury.

The early twentieth century was a time of great change, however; advancements in European medical science through the nineteenth century allowed for better understanding of the causes and treatment of illness, which had particularly significant consequences for the management of infectious diseases and other matters of public health. These scientific advances were accompanied by a surge of evangelical and philanthropic thought throughout the European world, which stimulated an expansion of missionary activity to remote areas around the globe. These missions often included the provision of medical services along with their spiritual undertakings. For Newfoundland and Labrador, this impulse can be seen early with the presence of the Moravians in northern Labrador in the mid-eighteenth century, and later with the arrival of Wilfred Grenfell and the Royal National Mission to Deep Sea Fishermen (RNMDSF) in southern Labrador at the end of the nineteenth century.

As the century progressed, organizations like the RNMDSF, from which the Grenfell Mission later emerged, and other charitable and philanthropic organizations played a significant role in the expansion of medical services throughout the country. For example, in 1924 the

Notre Dame Bay Memorial Hospital (NDBMH) in Twillingate opened its doors, its construction funded in no small part by the Commonwealth Fund (CF), a philanthropic foundation based in New York.<sup>1</sup> The NDBMH exemplified the strong ties that existed between many of these hospitals and nursing stations and their local communities; local contributions of time, labour, materials, and subscription fees were a critical part of the creation and maintenance of facilities and staff. After 1934 the Commission of Government established a series of small cottage hospitals across the island that continued this pattern of community involvement. Indeed, this cottage hospital system has been identified as one of the earliest expressions of socialized medicine in North America.<sup>2</sup> These cumulative efforts were, on the whole, successful; in 1940 an American report on health care in Newfoundland stated that the “provision for medical care of the people of Newfoundland at public expense is more effectively developed administratively than in any part of the United States.”<sup>3</sup>

The purpose of this thesis is to describe the changing nature of health care and medicine in Newfoundland and Labrador during the first decades of the twentieth century. The scope of such an inquiry is vast; therefore, to provide structure and direction to the discussion, the analysis follows the early professional life of Dr. Cluny Macpherson, a Newfoundland physician whose career spanned some sixty years. It focuses on three distinct contexts in which Macpherson practiced during the first several decades of his career, each of which reflects

---

<sup>1</sup> J. T. H. Connor, “American Aid, the International Grenfell Association, and Health Care in Newfoundland, 1920s-1930s,” in *The Grenfell Medical Mission and American Support in Newfoundland and Labrador, 1890s-1940s*, eds., Jennifer J. Connor and Katherine Side (Montreal: McGill-Queen’s University Press, 2019), 253.

<sup>2</sup> Gordon Lawson and Andrew Noseworthy, “Newfoundland’s Cottage Hospital System: 1920-1970,” *Canadian Bulletin of Medical History* 26:2 (2009): 478.

<sup>3</sup> R. A. Vonderlehr and R. E. Heering, *Report of a Survey on Civil Health as they Relate to the Health of Armed Forces in Newfoundland* (Washington, DC: United States Public Health Service, 1940) in James E. Candow, “An American Report on Newfoundland’s Health Services in 1940,” 229. This report was completed in preparation for the establishment of an American military base during the Second World War.

different influences on the development of systems of medical care, both in a local sense and also within the larger global contexts that shaped local attitudes and activities.

The narratives that are included in this thesis are drawn from two notebooks in which Macpherson compiled a number of written anecdotes, along with a variety of other materials such as photographs, letters, newspaper articles, and poems. The contents of the notebooks are not consistently dated, but the majority of the narratives included in this thesis appear to have been written in 1936, while Macpherson was in the hospital undergoing treatment for a heart condition. Where possible, events are described in Macpherson's own words; this choice was made to preserve his own voice and perspective regarding the movements and events of which he was a part. The historiographical position of this work is thus found within the larger body of life writing that has come out of medical care in Newfoundland and Labrador. We will return to the methodological and theoretical implications of this interpretive choice shortly.

Along with Macpherson's notebooks, the main primary sources for this project are his papers and correspondence, all of which are housed in the Faculty of Medicine Founders' Archive (FMFA) at Memorial University in St. John's, Newfoundland. The Provincial Archives of Newfoundland and Labrador (PANL) holds other material about Macpherson, including his college scrapbook and his military records. These are supplemented with official government records related to a variety of public health matters, as well as other contemporary material, such as *Among the Deep Sea Fishers* (ADSF), a quarterly newsletter published by the RNMDSF, and to which Macpherson contributed while working with the organization.

To return to questions of theory and method, there are two important aspects to consider in this work: first, the value of biography as history, and second, the historiographical importance of this form of writing to the medical history of Newfoundland and Labrador.

Biography has lately enjoyed a resurgence in academic legitimacy. With adherence to rigorous standards regarding interpretation and analysis of evidence, the focus on an individual life provides more than just a valid means of accessing and understanding the past; it has the power to provide deep insight into what it meant to *live* in the past. Indeed, an individual life can tell us a great deal about the cultural, economic, and political contexts in which that person existed, for these are the structures within which a person thinks and acts; they inform belief, motivate action, and otherwise provide meaning to lived experience. Examining individual lives can also enhance our understanding of the ways in which these structures interact to inform identity and experience; as Barbara Caine states, "...individual lives...can illustrate how differences of wealth and power, of class and gender and of ethnicity and religion have affected historical understanding."<sup>4</sup> She is speaking here of intersectionality, a theoretical framework that has been applied most often in sociological analyses of marginalized groups, and which has proven to be a valuable and effective tool for historians as well. In larger theoretical terms, intersectionality may be one of the most significant contributions made by biography to the larger field of history, as its specificity offers a powerful counter to overgeneralization. While the following work is not explicitly intersectional, it still considers the ways in which various influences were expressed in the life of one person, and in doing so, provides understanding into the nature of medical practice in Newfoundland during this time.

As a form of historical writing, biography and other forms of life-writing make up a significant part of the medical historiography of Newfoundland and Labrador. The narratives Macpherson chose to tell about his time with the Mission are part of a larger writing tradition that came out of medical practice in the north. J. T. H. Connor finds that there was an unusually

---

<sup>4</sup> Barbara Caine, *Biography and History* (Basingstoke; New York: Palgrave Macmillan, 2010), 2.

high volume of medical autobiographies produced by practitioners who worked in the north, and he attributes this to the cumulative influence of the body of literary work created and inspired by Wilfred Grenfell, a phenomenon he calls the “Grenfell effect.”<sup>5</sup> As he notes, these writings are an important source of insight into the experience of providing care in a remote and rural environment where few other records exist.<sup>6</sup> He also identifies them as an “old-school” form of physician autobiography, which focus on the selfless delivery of care in challenging rural circumstances.<sup>7</sup> They also reflect a particular kind of relationship with and understanding of the natural environment, one that emphasized ideas about the challenges of an untamed and uncivilized frontier, and the resources and benefits of pristine wilderness. These works were produced by both male and female practitioners alike, thus collectively reflecting a wide variety of perspectives and experiences.<sup>8</sup> This work therefore contributes to our growing understanding of the multifaceted nature of healthcare delivery in Newfoundland and Labrador, and the ways in which its development was shaped by local and global contexts.

In considering the effects of these local and global contexts, this work follows the conceptual position described in the work of J. T. H. Connor *et al.*, who argue that health and medicine in Newfoundland and Labrador are best understood as a “health care ecosystem,” in which “health care services evolve[d] in niches smaller than the political unit of Newfoundland

---

<sup>5</sup> J. T. H. Connor, “Putting the “Grenfell Effect” in its Place: Medical Tales and Autobiographical Narratives in Twentieth-Century Newfoundland and Labrador,” *Papers of the Bibliographical Society of Canada* 48:1 (2010): 79.

<sup>6</sup> Connor, “Putting the “Grenfell Effect” in its Place,” 81.

<sup>7</sup> *Ibid.*, 79. This is in contrast to a “new-school” form of physician autobiography which became popular towards the end of the twentieth century, and which focused more on personal growth and transformation, the ‘becoming’ a doctor.

<sup>8</sup> Some examples include: John Crellin, *The Life of a Cottage Hospital: The Bonne Bay Experience* (St. John’s, Flanker Press, 2007); H. Gordon Green, *Don’t Have Your Baby in the Dory: A Biography of Nurse Myra Bennett* (St. John’s: Flanker Press, 2012); Noel Murphy, *Cottage Hospital Doctor: The Medical Life of Dr. Noel Murphy* (St. John’s: Creative Publishers, 2003); W. A. Paddon, *Labrador Doctor: My Life with the Grenfell Mission* (Toronto: James Lorimer, 1989); Rhoda Maude Piercy, *True Tales of Rhoda Maude: Memoirs of an Outport Midwife*, ed. Janet McNaughton (St. John’s: Faculty of Medicine, Memorial University, 1992); Ronald Rompkey, ed., *The Labrador Memoir of Dr. Harry Paddon, 1912-1938* (Montreal: McGill-Queen’s University Press, 2003).

in response to shifting political and environmental states of the Atlantic coast.”<sup>9</sup> There were a number of systems working together, whether intentionally or not, as different organizations attempted to meet the needs of the population according to their skills, means, and motivations. This broader and more flexible perspective allows for greater inclusivity when considering the multiplicity of health care delivery systems, both formal and informal, that coexisted within the particular environmental, political, and socioeconomic contexts of early twentieth-century Newfoundland.<sup>10</sup> The conceptualization of health care delivery as an ecosystem also supports the argument that the people of Newfoundland and Labrador had access to quality medical care, albeit not in a centralized, easily defined system.

Before continuing with the discussion, one final explanatory comment on methodology is necessary. As with any historical inquiry, questions and answers are shaped by the nature of available source material. Such was the case for Macpherson; there is rich detail for some episodes and aspects of his life, but little for others. For the purposes of this thesis, there were significant gaps when it came to specifics about his involvement with public health campaigns, for example, and for his private medical practice. There were many tantalizing clues amongst the sources, but much remains hidden. There are a number of reasons why this might be so. First, there are significant archival restrictions regarding patient files, not just of Macpherson but also of his contemporaries. The potential richness of such material can only be imagined. Second, the decentralized and informal nature of health care during this time means that many medical records were also decentralized; for example, the administrative headquarters of the Grenfell Mission was located at St. Anthony for many years, and the substantive clinical records

---

<sup>9</sup> J. T. H. Connor, *et al.*, “Conceptualizing Health Care in Rural and Remote Pre-Confederation Newfoundland as Ecosystem,” *Newfoundland and Labrador Studies* 30:1 (2015): 125.

<sup>10</sup> Connor *et al.*, “Conceptualizing Health Care,” 125.

held there have only recently been accessed and subject to preliminary analysis.<sup>11</sup> For now we can only speculate about what those records might reveal. The silence of Macpherson on some of these matters in his own writing is a question to which we shall return. Therefore, for the purposes of this thesis, the challenge presented by the relative documentary silence necessitated a step back, and the glimpses we are able to get of Macpherson and his work are thus located within the larger movements of which he was a part. Significantly more material exists around his work in the north and in the war, not the least of which are the narratives he wrote about his experiences, which provide much greater detail about these particular episodes in his life and in some key instances are excerpted in extended form in this thesis. The chapters are thus organized as follows:

The first chapter examines matters of public health and infectious disease in Newfoundland, issues with which Macpherson was actively involved, particularly in his early career. It focuses first on the high incidence of tuberculosis in the colony and the nature of the response that emerged from different elements of the population, such as charitable organizations, the medical profession, the business community, and the government. Macpherson contributed to the anti-tuberculosis campaign in a number of ways, in his capacities as a doctor and as a prominent businessman; he delivered lectures about sanitation and hygiene, for example, and donated the tract of land on which the Mundy Pond Camp was built. The discussion then moves on to the incidence of and response to smallpox during the 1920s, in which can be observed a change from curative to preventative forms of medical care. This change was fuelled by global advancements in medical science and the government's need for economic efficiency in the aftermath of the First World War. Through these examples, this

---

<sup>11</sup> Connor *et al.*, "Conceptualizing Health Care," 130-132.

chapter addresses the larger debate about the global decline in mortality and rise in living standards that occurred during this time, and the extent to which state intervention or scientific advancements were responsible. It argues that for Newfoundland, despite financial constraints imposed by the First World War, government support and involvement in medical care played a critical role in raising living standards for the population. Given the nature and restrictions of the sources, the first chapter describes the overall medical contexts in which Macpherson practiced; this was the work he left behind when he went to Labrador and to serve in the war, and it was the work to which he returned when he came back to St. John's.

The second chapter examines the time Macpherson spent working in Labrador with the Royal National Mission to Deep Sea Fishermen (RNMDSF). It shows how this experience was typical of larger trends within society, whereby missionaries and philanthropists brought medical care to remote populations around the world. Northern Newfoundland and Labrador make an ideal case study for such questions because the relative lack of political presence on the part of the Newfoundland government left the area open to missionary influence and control. Indeed, it is difficult to overstate the importance of the Grenfell Mission to the organization of health care in the area, as well as the influence of its efforts to improve the social and economic lives of the people there, however imperfectly implemented. The Grenfell Mission provided services to the area until Confederation with Canada in 1949.

The third chapter describes Macpherson's involvement in the First World War. He played an important role in organizing the Newfoundland Regiment when the war began, and was made its first Principal Medical Officer (PMO) in 1914. He served overseas, first with the Royal Army Medical Corps (RAMC) and then with the Mediterranean Expeditionary Force (MEF). His experiences were diverse; he was involved with the development of defensive

measures against poison gas, for example, and the evacuation of casualties from the shores of Gallipoli. His narratives provide rich detail into the sorts of everyday practical challenges that were part of organizing and conducting activities associated with industrialized warfare on such a large scale. It is possible to see in these narratives a continuity with his experiences in the north; whether he was crossing the Strait of Belle Isle during a storm or caring for casualties under the burning sun on the beaches of Gallipoli, he was faced with practical challenges in the performance of his duties, which he met with a characteristic blend of common sense and humour.

The processes through which health care services were expanded through the region were complex, and in Newfoundland and Labrador, as elsewhere, they reflect the social, political, and economic contexts in which they developed. For example, political and economic considerations determine the means and extent to which the state is involved in providing health care to its population, just as science and religion provide explanations for how the human body functions and what makes it ill, and determines what sort of preventative or curative measures are available and considered appropriate. In the case of Newfoundland and Labrador, the population was widely dispersed over an area that presented unique challenges to the delivery of health care, not the least of which were climate and the physical environment. The government was not equipped to provide services to the population, and in keeping with larger social and religious movements of the time, a variety of organizations arose to meet these needs, their efforts guided by developments in medical science.

For most people, the social and economic conditions in Newfoundland at the turn of the century were precarious. The fishery was the most important source of employment and income but was highly variable in terms of catch and price. The truck system of credit has been strongly

criticized for its role in keeping fishermen economically depressed; it was inherently speculative and easily manipulated, and many fishing families were left with heavy debt. Under this scheme a merchant would advance a fisherman the supplies and gear he needed for the upcoming season, which the fisherman would later pay for with his catch of fish. Unfortunately, merchants were able to wield significant influence when it came to setting prices of both supplies and fish. The idea that Newfoundland fishermen were repressed by this credit system, even held in a sort of economic enslavement to it, is one that has long defined popular notions of Newfoundland history; one scholar finds its roots in the work of Judge D. W. Prowse, who in 1895 published a highly influential history of the region and established a “paradigm of repression” that pitted the Newfoundland settlers against the greed of hostile merchants.<sup>12</sup> Still, as other scholars have noted since it must not be supposed that fishermen were passive victims of merchant greed; means legal and otherwise existed through which fishermen were able to successfully negotiate for fair treatment, and as imperfect as it was the system also provided some measure of insurance against the variability of the fishing industry, in that credit could be extended in bad years as well as good.<sup>13</sup>

Governments through the nineteenth and twentieth centuries promoted national policies that encouraged landward diversification, often at the expense of supporting the fishing industry,

---

<sup>12</sup> Jerry Bannister, “Whigs and Nationalists: The Legacy of Judge Prowse’s *History of Newfoundland*,” *Acadiensis* 32:1 (2002): 87.

<sup>13</sup> Sean Cadigan, *Newfoundland and Labrador: A History* (Toronto: University of Toronto Press, 2009), 108, 119-120; Patrick O’Flaherty, *Lost Country: The Rise and Fall of Newfoundland, 1843-1933* (St. John’s: Long Beach Press, 2005), 5. For more on the particular socioeconomic conditions that prevailed in Newfoundland and Labrador in the early twentieth century see Sean Cadigan, *Death on Two Fronts: National Tragedies and the Death of Democracy in Newfoundland, 1914-1934* (Toronto: Allen Lane, 2013); James Hiller and Peter Neary, eds., *Newfoundland in the Nineteenth and Twentieth Centuries: Essays in Interpretation* (Toronto: University of Toronto Press, 1980); James Hiller and Peter Neary, eds., *Twentieth-Century Newfoundland: Explorations* (St. John’s: Breakwater, 1994); Peter Neary, *Newfoundland in the North Atlantic World, 1929-1949* (Kingston, ON: McGill-Queen’s University Press, 1996); Shannon Ryan, *The Ice Hunters: A History of Newfoundland Sealing to 1914* (St. John’s: Breakwater, 1994).

but poor management practices left the government in debt and great swaths of land and resources under private ownership. For example, the railroad was a favorite project of vote-seeking politicians, one which promised to open the interior of the island for industrial development. Although it brought some benefits to the population, such as increased mobility and employment, the projected financial benefits to the colony never materialized as expected, and by 1904 the public debt had instead risen by several million dollars; it was, as O’Flaherty notes, “an enterprise the small country could not afford to own.”<sup>14</sup>

In terms of agriculture, the land and climate were generally ill-suited for large-scale development, and except in a few locations the soils were predominantly thin and rocky, and the growing season was short. Despite these difficulties, however, many families kept small gardens in which they grew hardy plants like cabbage and turnip, some of which could be left in the ground over the winter and harvested in early spring. The vegetables provided by these gardens, along with other local plants and berries that could be harvested during the summer and fall, supplemented a diet that otherwise relied heavily on fish, white bread, molasses, and tea. Even so, nutritional deficiencies were common in the Newfoundland population during the early twentieth century; for example, one extensive study conducted by Dr. W. R. Aykroyd in 1930 found that incidences of beriberi, a thiamine deficiency related to lack of whole grains and fresh meat, were particularly high in the early spring. This was because coastal families were obliged to buy enough supplies in the fall to last until spring; oftentimes by early spring food supplies would be running low and symptoms of vitamin deficiency would appear.<sup>15</sup>

---

<sup>14</sup> O’Flaherty, *Lost Country*, 163.

<sup>15</sup> W. R. Aykroyd, “Beriberi and Other Food-Deficiency Diseases in Newfoundland and Labrador,” *The Journal of Hygiene* 30:3 (1930): 359-362.

These issues were already clear in the societal and environmental context of the Newfoundland into which Cluny Macpherson was born on 18 March 1879. Born in St. John's, he was the son of Campbell and Emma Macpherson.<sup>16</sup> His family was well established in Newfoundland; his great grand-father had emigrated from Scotland around 1800 and settled in Port-de-Grave, a community located on the other side of Conception Bay, not far from St. John's.<sup>17</sup> His father was one of the founding members of Royal Stores, meaning that Macpherson was born into the merchant elite of Newfoundland.

It is not clear why Macpherson chose to become a doctor, but it is likely that the vocation appealed to his sense of duty, which was in turn inspired by his religious faith. Indeed, religious belief and its observance exerted a powerful influence on Macpherson throughout his life. His family were devout Methodists, and were actively involved with the church. His father, for example, was involved with a campaign that raised funds to send church members on a pilgrimage to Palestine. This particular campaign had been inspired by his uncle, a pastor who had made the pilgrimage himself and who provided popular lectures to the public in St. John's about his experiences.<sup>18</sup> As a system of faith, Methodism placed a high value on the protection of health; it was considered a duty to God, and the means through which people could fulfill their God-given potential.<sup>19</sup> Wesley also promoted hygienic practices long before they were popularly recognized as being intimately related to health and wellbeing, and was a proponent of social justice and welfare for the poor.<sup>20</sup> Macpherson was raised with these values. Therefore,

---

<sup>16</sup> Nigel Rusted, comp. *The Physicians and Surgeons: Biographical Gleanings* (St. John's: Faculty of Medicine, Memorial University of Newfoundland, 1994), 66-68.

<sup>17</sup> Memorial University of Newfoundland Faculty of Medicine Founders' Archive (MUN FMFA), COLL-002, Series 7.03, Notebook 2, 118.

<sup>18</sup> MUN FMFA, COLL-002, Series 7.01, Notebook 1, letter to Dr. Butt, 22 Oct 1958, 92. Macpherson's mother's brother George was the pastor.

<sup>19</sup> H. Newton Maloney Jr., "John Wesley's Primitive Physick," *Journal of Health Psychology* 1:2 (1996): 151.

<sup>20</sup> Maloney Jr., "John Wesley's Primitive Physick," 149.

although Macpherson did not reference his faith often, and was certainly not given to effusive expressions of devotion, his beliefs about duty and social obligation are reflective of Wesleyan ideals, and are revealed in the types of work he undertook and his attitude of quiet duty toward it.

## CHAPTER ONE

This chapter examines the nature of public health and infectious disease in Newfoundland from 1901-1934. It takes as its starting point the year Macpherson graduated from medical school, as he began his work in public health very shortly afterwards, and finishes with the suspension of responsible government in 1934. It was a time of great change in medical science, which found varying degrees of expression in the particular political and economic contexts of Newfoundland and Labrador. This chapter examines the ways in which the government and other elements of society responded to the different threats posed to public health by infectious disease, and in this way, to illuminate the nature of medicine and medical practice as Macpherson would have known it.

First, it focuses on the relatively high incidence of tuberculosis in the country, and examine how various elements of the population came together in order to address the threat posed by the disease. These elements included the government, the medical profession, community leaders, and various charitable organizations. The efforts of these groups were generally directed toward the prevention of new tuberculosis infection and the improvement of treatment for existing cases. Estimates of the degree to which these efforts were successful vary, but within a few decades there was a significant drop in the number of deaths attributable to tuberculosis.

Second, it explores the incidence and response to smallpox, an outbreak of which first brought Macpherson to Bell Island in 1902. This was not an isolated outbreak, and incidences of smallpox continued to occur through the 1920s. The response of the government to the outbreak of smallpox around 1920 was different from its response to earlier outbreaks of the disease, in that it focused on prevention of infection through vaccination, replacing earlier forms of

treatment that advocated isolation and quarantine. In this case improvements in medical science were also more economically efficient.

The decline in mortality from infectious disease in Newfoundland, including smallpox and tuberculosis, coincided with a larger global decline in mortality, which was also accompanied by a global rise in living standards. The causes of these changes have been subject to vigorous debate about the degree to which different factors, such as increased state intervention or improved nutrition, for example, resulted in this shift. Michael Worboys, one of the foremost historians of infectious diseases, including tuberculosis, identifies a chronology of groups and ideas that provided explanations for this decline; for example, hygienists promoted hygienic behaviour and lifestyle changes, and infectionists sought to control person-to-person transmission.<sup>21</sup> This chapter argues that for Newfoundland, while many different approaches were adopted, increased state intervention played a critical role in the decline of mortality. It concludes by suggesting that the relationships created in the efforts to fight infectious disease laid the foundation for the system of cottage hospitals that was created by the Commission of Government after 1934. As other scholars have noted, this system of cottage hospitals represents one of the earliest expressions of socialized health care delivery in North America.<sup>22</sup>

Advances in medical science during the nineteenth century changed the way diseases were understood, from diagnosis to treatment. Perhaps most importantly, germ theories had gained widespread acceptance in the medical profession. The mechanisms by which germs caused disease, however, were poorly understood; a popular metaphor described germs as

---

<sup>21</sup> Michael Worboys, "Before McKeown: Explaining the Decline in Tuberculosis in Britain, 1880-1930," in *Tuberculosis Then and Now: Perspectives on the History of an Infectious Disease*, eds., Flurin Condrau and Michael Worboys (Montreal: McGill-Queen's University Press, 2010), 148-149.

<sup>22</sup> Linda Kealey and Heather Molyneaux, "On the Road to Medicare: Newfoundland in the 1960s," *Journal of Canadian Studies* 41:3 (2007): 91.

‘seeds’ which took hold in the ‘earth’ of the body, and early efforts to control infectious disease focused on efforts to “attack the seeds of disease” and “boost the condition of the human soil.”<sup>23</sup> Dissemination of this knowledge about the causes of disease enabled physicians to provide more effective treatment for a variety of illnesses, as well as to conduct safer surgeries.

Understanding the distinctive challenges presented by tuberculosis in Newfoundland first requires an awareness of the nature of the disease, including its etiology and the ways in which socioeconomic factors facilitated transmission and increased susceptibility to infection.

Tuberculosis is unique among the infectious diseases that have, at various times, claimed the lives of millions of people in different parts of the world. It has killed an estimated one billion people in the last 200 years.<sup>24</sup> Its remarkable persistence and ubiquity can be understood as the result of two qualities: first, the bacteria are able to remain latent within the infected person for an indefinite period of time. It is not contagious in its latent form, but becomes highly contagious when the infection becomes active. Second, the bacteria can take hold in almost any organ or system of the body; it might attack the circulatory or lymphatic system, for example, or it might become lodged in bones. Each type of infection has its own symptoms, such as swollen glands or joint pain, but these can often be attributed to other illnesses or conditions, at least in the early stages of the disease. As the disease progresses, the bacteria create lesions within the body; these lesions can heal, but the creation of scar tissue at the site of the lesions progressively compromises the functional ability and strength of the affected organ or system. The effect worsens over time and eventually leads to death. The versatility of tuberculosis infection thus made is especially challenging for physicians in the early twentieth century to diagnose and treat.

---

<sup>23</sup> Michael Worboys, *Spreading Germs: Diseases, Theories, and Medical Practice in Britain, 1865-1900* (Cambridge; New York: Cambridge University Press, 2000), 193-194.

<sup>24</sup> Nature 502 (10 Oct 2013): S2.

It had long been recognized that tuberculosis could be spread through contact with sick people, and through breathing contaminated or unventilated air. Similarly, it was also realized that infection could occur from handling or ingesting meat or milk from a tuberculous animal.<sup>25</sup> This was particularly dangerous for infants and children in the years before pasteurization of milk became standard industry practice. It was also believed to be a hereditary condition; as late as 1880, for example, the *Sanitary Journal* explained that the “[t]uberculosis virus can pass into the products of generation...The disease is thus present in the new-born child, but may break out only after a lateral stage of many years, just like hereditary syphilis...”<sup>26</sup> This explanation illustrates how new medical knowledge was incorporated into existing understandings of disease aetiologies; in this case it explained the observation that the disease often affected many members of the same family.<sup>27</sup> In 1882 Robert Koch, a German physician, isolated the bacteria that causes tuberculosis, but this discovery only slowly replaced earlier understandings of the disease as hereditary or environmental.

Treatment at this time consisted of isolating patients and providing them with nutritious food, bed rest, and fresh air. Sanitariums became popular locations of treatment, especially for wealthier patients. Often this did little more than break the chain of infection by removing sick people from situations where they might infect others, but if the disease was caught early enough it was possible to recover. Poor people had fewer options available to them, as sanitariums were expensive and required lengthy stays away from family and friends. Many patients, rich and poor, turned to over-the-counter remedies which promised various therapeutic benefits or

---

<sup>25</sup> The *Sanitary Journal* 5:1 (1880): 17.

<sup>26</sup> The *Sanitary Journal* 5:1 (1880): 17.

<sup>27</sup> George Jasper Wherrett, *The Miracle of the Empty Beds: A History of Tuberculosis in Canada* (Toronto; Buffalo: University of Toronto Press, 1977), 12.

purification claims.<sup>28</sup> It was not until the 1940s that effective drug treatments for tuberculosis became widely available.<sup>29</sup>

Knowledge about the bacterial causes of tuberculosis helped remove the negative stigma often attached to sufferers of tuberculosis by refuting the religious belief that sickness was a punishment for sin, though it did little to address the stigma that existed around poverty. The fact that not everyone who was infected with the bacteria became ill reinforced the idea that sickness was related to moral weakness: behaviours associated with moral weakness led to physical weakness, which manifested as a greater susceptibility to illness. It became increasingly obvious, however, that the physical conditions of living in poverty, including overcrowding, malnutrition, and poor hygienic practices, for example, all contributed to the spread of the disease. As much as possible, therefore, attempts to control the disease would have to consider underlying social conditions. In Newfoundland, as we will see, this consisted primarily of educating the public about the disease and better hygienic practices, and of improving availability of treatment.

The appointment of a permanent medical health officer in 1905 marks the point at which the Newfoundland government became effectively involved in matters of public health in the country. Until this point the government had created temporary Boards of Health to deal with health crises as they arose, and gave little or no consideration to public health services outside St. John's. The creation of the permanent position was meant to rectify this situation, and the

---

<sup>28</sup> J. K. Crellin, *Home Medicine: The Newfoundland Experience* (Montreal: McGill-Queen's University Press, 1994), 233.

<sup>29</sup> J. K. Crellin, *Home Medicine*, 233.

medical health officer was given authority over such public health matters as quarantine and sanitation.<sup>30</sup>

The Newfoundland Association for the Prevention of Consumption (NAPC) was created in 1908, one of the first volunteer organizations to bring people together to fight the disease. Its primary focus was education about measures that could be taken to help prevent the spread of infection. For example, the National Teachers' Convention in August 1908, which brought together approximately 500 teachers from around Newfoundland, was largely funded by the NAPC.<sup>31</sup> In the 1911 Report of the Commission on Public Health the NAPC placed "responsibility for the continuance of tuberculosis as the worst scourge of mankind...squarely upon the public – upon each individual member of each community. If all men and women of intelligence will do their share in view of the enlightenment which science and experimental investigation have placed in their hands, tuberculosis can be eradicated..."<sup>32</sup> This reflects the principle of individual responsibility that guided provision of support; it was about helping people help themselves and not simply providing handouts.

In 1909 the government commissioned a report on the general state of public health in the country, with a special focus on the prevalence of tuberculosis. One of the first difficulties faced by the Commission was the "complete absence of reliable statistics and information."<sup>33</sup> In part this reflects an absence of official channels, but it also reflects a reluctance on the part of the general public to report death from tuberculosis, particularly in the outports. This had certainly been the case with diphtheria outbreaks in the late nineteenth century, because diagnoses meant

---

<sup>30</sup> Terry Bishop-Stirling, "Negotiating Health Care: Epidemics, Public Health and Medical Care in Newfoundland and Labrador, 1918-1920." *Newfoundland Quarterly* 103:2 (2010): 47.

<sup>31</sup> Edgar House, *Light at Last: Triumph over Tuberculosis in Newfoundland and Labrador 1900-1975* (St. John's: Jespersion Press, 1981), 14-15.

<sup>32</sup> Rooms Provincial Archives [RPA], File 18.B: Report on Public Health, St. John's, "The Public's Responsibility in the Fight Against the White Plague," 3.

<sup>33</sup> RPA, File 119A: 1909 Commission Report, point 4.

quarantine, which in practical terms meant loss of income.<sup>34</sup> Statistics soon improved, however, and confirmed the high incidence of tuberculosis throughout the country; in 1910, for example, one third of patients admitted to the hospital at St. Anthony were suffering from the disease.<sup>35</sup>

The Commission also focused its efforts on education, as they felt this was their most promising sphere of influence, offering the greatest potential for positive change. In 1910 the Commission organized a series of lectures on hygiene for new teachers as part of their training, with the idea that they would impart these ideas to children around the country. Macpherson was one of the doctors who delivered the lectures. He also organized an essay contest for teachers on the topic of “Hygiene in School”.<sup>36</sup>

A second example of charitable involvement is found in the Imperial Order of the Daughters of the Empire (IODE), a benevolent women’s organization which formed its first Newfoundland branch in 1910. In keeping with modern fresh air treatment, the IODE organized a permanent summer camp in St. John’s for women with tuberculosis. Macpherson donated a large tract of land on which to build the camp, and he and several other doctors provided the women with free medical attention. The Reid Newfoundland Company donated materials and labour, and the Mundy Pond Camp was functioning by the summer of 1911.<sup>37</sup> The Mundy Pond Camp also shows the cooperative nature of the anti-tuberculosis campaign, as it involved members of the business community, the medical profession, and civilian volunteers.

Operations did not always run smoothly and cooperatively, however, and conflict sometimes arose between medical practitioners and the government. For example, the Signal

---

<sup>34</sup> Melvin Baker, “The Appointment of a Permanent Medical Health Officer For St. John’s, 1905,” *Newfoundland Quarterly* 79:3 (1984): 24.

<sup>35</sup> House, *Light at Last*, 23.

<sup>36</sup> RPA, File 18.B: Report of the Commission on Public Health in the Colony of Newfoundland, 1910: 6.

<sup>37</sup> House, *Light at Last*, 27.

Hill Hospital in St. John's provided care for a number of tuberculosis patients. However, the doctor in charge of their care did not get paid, likely due to some bureaucratic error, and his response was to simply stop visiting the patients there, without informing anyone. When this was brought to the attention of the government, he was sharply reprimanded and relieved of his duties at the hospital.<sup>38</sup> As we will see again later, it was standard practice for the government to communicate directly with individual doctors, an inefficient system that created unnecessary delays and complications in organizing and delivering medical care.

The collective success of these efforts can be seen in a report by Dr. Rendell in 1926, in which he gives a death rate due to tuberculosis of approximately 1.35 per 1000, compared with 3.1 in 1909; in less than twenty years the death rate had been reduced to less than half of what it once was.<sup>39</sup> However, a report published in 1945 provides very different statistics, suggesting that the death rate due to tuberculosis in 1926 was closer to 2.63, a far less significant drop than reported by Dr. Rendell.<sup>40</sup> The difference could be explained by the fact that the 1945 report included deaths from all types of tuberculosis, while the 1926 report counted only deaths from pulmonary tuberculosis. However, since pulmonary tuberculosis was by far the most common form of the disease, there might be another reason for so large a discrepancy, such as errors in reporting or record keeping. In any case, the cumulative effect of these efforts was a decrease in tuberculosis deaths, as infections were reduced and treatments improved, though truly significant decreases would not be felt until mid-century, with the advent of a tuberculosis vaccine and more effective drug treatments.

---

<sup>38</sup> RPA, File 228.G: Tuberculosis Campaign: St. George's Hospital, Signal Hill, letter dated 31 Oct 1916.

<sup>39</sup> RPA, File 228.E: Tuberculosis Campaign: Reports of Dr Rendell. "Graph of Pulmonary Tuberculosis in Newfoundland: Death Rate per 1000, 1909-1926.

<sup>40</sup> Thomas O. Garland and P. D'Arcy Hart, *Tuberculosis in Newfoundland, 1945* (St. John's: Trade Printers and Publishers, 1946), 8.

Smallpox provides another illustration of how medical practice changed during these decades. Macpherson had been involved with an outbreak of smallpox in the Strait of Belle Isle during the summer of 1902, just before he went to Battle Harbour. Little is known about the specifics of this particular outbreak; there is much more information about an outbreak that occurred around 1920, from which we may infer changes in treatment, the most important being prevention through vaccination.

Until this time, the most common method of dealing with outbreaks of infectious disease was isolation and quarantine, with provision of free medical care in the home. It proved costly to enforce, however, especially when relief had to be provided to families who lost income or credit due to quarantine. For example, the magistrate from Bell Island reported that merchant credit was revoked upon imposition of quarantine, obliging him to provide food and other supplies to quarantined families; from July 1919 to March 1920 he reported that smallpox expenditures had reached almost \$8800, almost half of which went toward provision of food, representing by far the largest cost. Nor did the imposition of quarantine guarantee cooperation; if he did not provide sufficient relief to quarantined families, people “broke quarantine”, rendering it ineffective.<sup>41</sup>

Most doctors agreed with the change to vaccination, especially in light of the mildness of this particular strain of smallpox. They received twenty-five cents for each vaccination performed, with a bonus of fifteen dollars for every one hundred vaccinations completed.<sup>42</sup> The only conflict appears to have been about payment, with one doctor in particular insisting he be paid more. More importantly, as Terry Bishop-Stirling points out, this outbreak highlighted the

---

<sup>41</sup> Bishop-Stirling, “Negotiating Health Care,” 51.

<sup>42</sup> RPA, File 21.M: Public Health Inspection: smallpox epidemic, Folder 1: letter to Oke from Squires, 18 March 1920.

difficulties that existed in the system, particularly the highly inefficient and cumbersome practice of communicating and negotiating directly with individual doctors scattered around the country.<sup>43</sup> It clearly pointed to the need for an organizing or governing body, the lack of which hampered efforts to meet health care needs efficiently and effectively.

The government was certainly not prepared to entertain the idea of compulsory vaccination, the enforcement of which would have been costly in both economic and political terms. Instead they appealed to notions of self-help, very much in line with current feelings about social betterment through individual responsibility. There was some resistance to vaccination on the part of the population; this particular strain of smallpox was rather mild, so much so that some people doubted their diagnoses. Suspicion about ‘modern medicine’ may have also played a role. Resistance to vaccination proved frustrating, but the government continued to press for sufficient numbers to be vaccinated, both as a means to avoid future outbreaks and as a way to reduce government spending. Prime Minister Richard Squires made the official position clear in a letter to Judge Oke in March 1920:

The object of free vaccination is to give the people an opportunity to help themselves in this connection...the object of having the matter of free vaccination so fully known that those who refuse or neglect to take advantage of the opportunity will not be able to come back with a complaint against the Public Health Department in the matter of medical attendance, support and maintenance for themselves and their families during illness.<sup>44</sup>

He suggested that employers in the lumber industry or the seal fishery would not hire men who were not immune to smallpox, be it through vaccination or having had the disease. He also suggested they would not be permitted entry to Canada or the United States.<sup>45</sup> Expressing

---

<sup>43</sup> Bishop-Stirling, “Negotiating Health Care,” 53.

<sup>44</sup> RPA, File 21.M: Public Health Inspection: smallpox epidemic, Folder 1; letter to Oke from Squires, 18 March 1920.

<sup>45</sup> RPA, File 21.M: Public Health Inspection: smallpox epidemic, Folder 1; letter to Vatcher from Squires 5 March 1920.

similar sentiments, in March 1920 the Department of Agriculture and Mines suggested to Squires that he issue instructions to the mining companies on Bell Island to not hire any man after April 20 who could not show proof of vaccination.<sup>46</sup> It is not clear how many of these suggestions were actually enforced and which were empty threats, but they illustrate the means through which the government exerted pressure and tried to influence behaviour.

Both of these examples illustrate different means through which the government approached matters of public health. From one perspective, that of expenditure, government involvement was limited; that is the stance taken by Terry Bishop-Stirling, for example, in her examination of the government response to outbreaks of epidemic disease in the years immediately following the First World War.<sup>47</sup> If the definition of state involvement is broadened, however, to include other forms of influence, a more complex picture emerges; first of all, Newfoundland was, in many ways and for many people, a non-market society governed by a small and highly paternalistic administration. The layers of infrastructure associated with mature governments, such as permanent departments devoted to management of state responsibilities, simply did not exist or were in early stages of development. The effects of small government can be found in all manner of official records from this time, which are replete with personal communication between the highest-ranking political officials, including the Prime Minister, and people from all levels of society. Therefore, governmental support in such a context can not be limited to financial transactions, but can be found in decisions to share and delegate responsibility to organizations better positioned to deliver services, and in legislation that resulted in more sanitary practices.

---

<sup>46</sup> RPA, File 21.M: Public Health Inspection: smallpox epidemic, Folder 1: letter to Squires from Campbell 15 March 1920.

<sup>47</sup> Bishop-Stirling, "Negotiating Health Care," 47.

Both of these examples emphasize the dynamism that infused medical care during this time. Advances in medical science changed the ways health and disease were understood at a fundamental level, ushering in a new age of diagnostic and treatment possibility. As the next chapter will discuss in more detail, powerful religious and philanthropic impulses propelled these medical advances to the farthest reaches of the country. This calls into question earlier interpretations of health care in Newfoundland as being inadequate and inaccessible as has been shown here Newfoundlanders increasingly benefited from modern forms of diagnosis and treatment as the century progressed.

The economic situation of Newfoundland got much worse, however, as the Depression set in. The cumulative effects of poor business investments on the part of the government, as well as the expenditures of the First World War, resulted in an untenable financial situation, and in 1934, the British-appointed Commission of Government assumed control of the country. It has been roundly criticized for a number of reasons; a reluctance to provide adequate relief to the poor, for example, and stringent control of pensions raised the ire of much of the population. One area in which it excelled, however, was the continued improvement in access to health care. A system of cottage hospitals was established in 1934-1955 that greatly increased access to professional medical care. The relationships and expectations surrounding community involvement in health care that had been created in the previous two decades provided the framework on which the Commission was able to successfully build. This framework included, among others, the International Grenfell Association, more familiarly known as the Grenfell Mission, which was the organization that delivered health care to the people of Labrador and northern Newfoundland. It is to the Grenfell Mission we now turn our attention, and where we will once again find Macpherson.

## CHAPTER TWO

This chapter examines the nature of health care in northern Newfoundland and Labrador at the turn of the century. In particular, it will focus on the time Macpherson spent in Labrador with the Royal National Mission to Deep Sea Fishermen (RNMDSF), a charitable British organization with whom he worked shortly after his graduation from McGill in 1901. This organization, whose mandate it was to minister to the medical and spiritual needs of the fishermen working on the North Sea, extended its activities to Labrador in 1891, led by the charismatic Dr. Wilfred Grenfell. The Grenfell Mission, as the Newfoundland and Labrador branch of the RNMDSF eventually came to be known, supported the creation and maintenance of hospitals and schools, and provided food, clothing, and other necessities to those in need. It played a crucial role in the provision of medical care to northern communities, and remained the main health care provider in the region until Confederation in 1949.<sup>48</sup>

Macpherson worked with the RNMDSF from 1902-1904. His experiences illustrate two themes that influenced the system of health care that developed in the north, the first of which is the importance of religious and social reform influences on the nature and development of medical practice, which evolved and functioned in the relative absence of political leadership from the government of Newfoundland. For example, the government was poorly equipped to finance and implement medical services for the small and remote communities scattered along its northern coastlines, and throughout the twentieth century it relied on the RNMDSF and the Grenfell Mission to deliver those services. These organizations, in turn, relied heavily on local and international volunteerism and philanthropy, which were highly motivated by trends in religious thought and social reform ideals. There was a good deal of overlap between the

---

<sup>48</sup> Ronald Rompkey, *Grenfell of Labrador: A Biography* (Toronto: University of Toronto Press, 1991), 275, 299.

spiritual and secular motivations behind this work, especially in its early years, though over time it became increasingly secular in nature. Still, it would be a mistake to underestimate the importance of religion in the lives of Newfoundlanders; the persistence of a denominational public education system well into the 1990s attests to this, even as provision of health care became disconnected from it.

The second theme to be explored is the importance of the physical environment in shaping medical care in Labrador. The influences of climate and landscape are evident in all efforts to provide medical services to northern communities, and reflect a particular type of relationship between health and place.<sup>49</sup> This relationship is expressed in the writing of medical practitioners who worked with the Grenfell Mission and later wrote about their experiences, as did Macpherson. As mentioned earlier, Macpherson's narrative, as does virtually all of the writing that came out of the north, falls neatly within what J. T. H. Connor has identified as an "old-school" type of medical autobiography, which is focused on the difficulties of delivering medical care in challenging circumstances.<sup>50</sup> He notes that these accounts "demonstrate the often intimate and emotional connections between people, institutions, and...communities," and dealing as they do with ordinary events as well as extraordinary, they are important sources of insight into the nature of life and work in the north.<sup>51</sup> To this might also be added the intimate connections that existed between the people and their natural environment. These writings invariably describe the challenges and risks attendant upon living and working in the harsh and

---

<sup>49</sup> For perspectives on the health in the north, see J. T. H. Connor and Stephen Curtis, eds., *Medicine in the Remote and Rural North, 1800-2000* (London; New York: Routledge, 2016). The relationship between health and place is taken up in more detail in work by Erika Dyck and Christopher Fletcher, eds., *Locating Health: Historical and Anthropological Investigations of Health and Place* (London; New York: Routledge, 2016).

<sup>50</sup> J. T. H. Connor, "Putting the "Grenfell Effect" in its Place: Medical Tales and Autobiographical Narratives in Twentieth-Century Newfoundland and Labrador," *Papers of the Bibliographical Society of Canada* 48:1 (2010): 79-80.

<sup>51</sup> Connor, "Putting the "Grenfell Effect" in its Place," 81.

unforgiving environment of the north. They are often heroic tales; some describe dramatic episodes of adversity and dangers overcome, others the everyday ingenuity of providing effective care with limited equipment and supplies.

Existing alongside these notions are beliefs in the curative and restorative powers of the natural environment for both physical and mental ailments. An important part of tuberculosis treatment, as noted in the previous chapter, was restful time spent outside in the fresh air. Similarly, wealthy tourists seeking relief from the stresses of city life could also find rest and recreation while fishing or hunting in a relatively untouched wilderness. For example, Andrew Sackett discusses this phenomenon in his examination of St. Andrews, a small seaside town in New Brunswick that was transformed at the turn of the century into a popular summer resort for tourists seeking relief from neurasthenia.<sup>52</sup> Similarly, some of the earliest writings by Newfoundland settlers speak to the invigorating effects of the air, a sentiment echoed some three centuries later in the report of the Royal Commission on Public Health in 1910.<sup>53</sup> Sportsmen from the United States came to Newfoundland and Labrador to enjoy the unspoiled wilderness and plentiful fish and game.<sup>54</sup> Although treated separately in the following discussion, it is important to note that all of these ideas existed and evolved together; as established in the previous chapter, advances in medical knowledge combined with religious thought and social reform ideas to inform understandings of illness and health, and appropriate modes of treatment. Similarly, ideas about untamed wilderness appealed to the missionary and hunter heart alike;

---

<sup>52</sup> Andrew Sackett, "Inhaling the Salubrious Air: Health and Development in St. Andrews, N.B., 1880-1910," *Acadiensis* 25:1 (1995): 68.

<sup>53</sup> J. K. Crellin, "The aire in Newfoundland is wholesome good": The Medical Landscape of Newfoundland in the Seventeenth Century," *Avalon Chronicles* 4 (1999): 2; RPA, File 119A: 1909 Commission Report, point 7.

<sup>54</sup> John R. Matchim, "Sport in a Northern Borderland: A History of Athletics and Play in the Grenfell Mission, 1900-1949," in *The Grenfell Medical Mission and American Support in Newfoundland and Labrador, 1890s-1940s*, eds., Jennifer J. Connor and Katherine Side (Montreal: McGill-Queen's University Press, 2019), 105.

indeed, physical activity was, for adherents to muscular Christianity, closely tied to spirituality.<sup>55</sup> Therefore, when taken together, these themes provide insight into the motivations and influences that stimulated and shaped the delivery of medical care to residents of northern Newfoundland and Labrador in the early twentieth century.

A description of the physical environment will aid in understanding the challenges it imposed on those who lived and worked there. In terms of physical geography, Labrador is a vast and imposing space; as Ronald Rompkey describes, “Labrador...manifest[s] most markedly the natural force that gave it its inhospitable character – ice.”<sup>56</sup> Its ancient and mineral-rich rocks were scraped and shaped by the movement of glacial ice over millions of years; as the vast ice sheets retreated and sea levels rose, the ravines and hollows carved out by the glaciers became riverbeds, lakes, deep fjords and harbours. The relatively thin soils left behind by the glaciers supported the growth of expansive forests dominated by hardy species of coniferous trees. These forests were and are home to a wide variety of animals, including the iconic caribou, possibly the most important land animal in Labrador, especially to the Innu and Inuit peoples, for whom it was a crucial source of food.<sup>57</sup> The climate is cold, with long winters and heavy snowfall; this is due not just to its northerly latitude but also to significant moderation by the Labrador current which sweeps southward along the coastline, carrying very cold water and great masses of ice from the Arctic.<sup>58</sup> It was, and is, a rugged place.

Until the nineteenth century, European settlement of Labrador was slow; there were many valuable resources to harvest, and lucrative trade to carry on with the Indigenous

---

<sup>55</sup> Matchim, “Sport in a Northern Borderland,” 109.

<sup>56</sup> Ronald Rompkey, *Grenfell of Labrador: A Biography* (Toronto: University of Toronto Press, 1991), 61.

<sup>57</sup> William Rompkey, *The Story of Labrador* (Montreal: McGill-Queen’s University Press, 2005), 3-4.

<sup>58</sup> The effect of the Labrador current on climate is made even clearer with the realization that Edinburgh, Scotland has a more northerly latitude than Battle Harbour, Labrador.

inhabitants, but it was not seen as a desirable location to settle permanently. Indeed, and similarly to Newfoundland, the growth of permanent settlements on the coast was often seen as a hindrance to the seasonal fishery. Thus, unlike in many more southerly locations in eastern North America, resource exploitation did not give way to settler colonialism in any significant form. Rather, it was a slower moving cultural imperialism that ultimately came to define the relationships between Indigenous and European inhabitants.

The first Europeans to settle in Labrador were the Moravian missionaries, who arrived from Germany in the mid-eighteenth century. They founded their first settlement at Nain in 1770, followed by Okak in 1775, and Hopedale in 1781. They were the only Europeans to make treaties with the Inuit in British North America; they also acknowledged the Inuit right to the land and gave gifts in exchange for the land on which Nain was built.<sup>59</sup> Sir Hugh Palliser, the governor of Newfoundland at the time, fully supported the Moravians in their activities, as he believed they would help keep the peace between the northern Inuit and the traders in the south.<sup>60</sup> It worked to some extent, insofar as the Moravians were able to provide an economic outlet for trade with the Inuit, thus making it less necessary for them to travel south where there were greater chances of hostile encounters. Along with trade, the missionaries also provided health care and education to their communities, but their focus was primarily the conversion of the Inuit to Christianity. Through the course of the nineteenth century the Moravians opened four more mission stations in northern Labrador, effectively bringing into their reach the entire northern Inuit population.<sup>61</sup> This area remained under Moravian influence until confederation with Canada in 1949.

---

<sup>59</sup> William Rompkey, *The Story of Labrador*, 38.

<sup>60</sup> *Ibid.*, 34.

<sup>61</sup> *Ibid.*, 42.

The RNMDSF arrived in Labrador in 1892. It had been founded in Britain in 1884 by Ebenezer Joseph Mather, the secretary of the Thames Church Mission Society. Mather had visited the North Sea fishing fleets in 1881 and was appalled at the oppressive living and working conditions he witnessed there. Recent technological developments in the fishing industry allowed ships to stay at sea for weeks at a time, but the work was often dangerous and living conditions harsh and oppressive. Medical care at sea was inadequate at best, and frequently absent altogether; in these conditions minor injuries could quickly turn serious. Mather was especially concerned with the growing trade in cheap alcohol, made available to the fishermen duty-free on ‘copers’, ships that also supplied goods such as clothing and fishing gear. The demands of life at sea could leave a man susceptible to the temptation of alcohol, and a fisherman under the influence was far more likely to injure or kill himself, compromising his ability to earn a living, endangering crewmates and potentially leaving his family destitute.<sup>62</sup>

Wilfred Grenfell became involved with the Mission in 1889, when he first went to work with the North Sea fleet. The previous year, while still completing his medical degree, he had taken in a tent meeting led by American evangelist Dwight Moody, and found himself inspired to do “what Christ would do in his place if he had been a doctor.”<sup>63</sup> The work of the RNMDSF suited him; he derived great satisfaction from the physical demands of sailing the North Sea, and from working to improve the lives of fishermen and their families. In 1892, he was given command of the hospital ship *Albert*, and sent to Newfoundland and Labrador to provide spiritual and medical care to the communities along the coastline, and to gather information about the condition of the fishery. The trip to Labrador was a natural extension of Grenfell’s work in the North Sea. He arrived in St. John’s on the 21 July, in the immediate aftermath of the

---

<sup>62</sup> Ronald Rompkey, *Grenfell of Labrador*, 31-32.

<sup>63</sup> *Ibid.*, 22.

Great Fire, which had destroyed much of the town's wooden infrastructure. He stayed for almost two weeks to provide assistance; he distributed some of the clothing he had on board, originally intended for Labrador, and because so many doctors in the city had lost their establishments in the fire, he used the *Albert* as a temporary clinic to provide medical care.<sup>64</sup> He carried on up the coast of Labrador, distributing clothing to the poor, holding prayer meetings, and providing much needed medical care.<sup>65</sup> The following year he returned to Labrador and opened the hospital at Battle Harbour.<sup>66</sup>

The impetus behind the Moravian mission, and the creation and subsequent expansion of the RNMDSF to Labrador can be understood as an expression of two larger social forces: first, the evangelical revival and missionary movement that swept across Europe in the eighteenth and nineteenth centuries, which prompted an outpouring of activity directed toward the civilization and salvation of non-Christians around the world, and second, the rise of a philanthropic movement in the nineteenth century, which was still strongly Christian, but which was far less concerned with conversion to any specific denomination, and which instead emphasized social betterment through social action and reform. The former came largely out of Europe, primarily Britain, at least as far as Newfoundland and Labrador were concerned, and the second came largely from the United States; the evangelical impulse also occurred earlier, and was gradually supplemented (though never replaced) with more broadly-based philanthropic appeals for programs of social reform. Indeed, American philanthropy would prove especially influential in this regard for the Grenfell Mission; the United States was a major source of funding for the Mission, so much so that when Grenfell separated from the RNMDSF to form the International

---

<sup>64</sup> Ibid., 46.

<sup>65</sup> Ibid., 31-34, 44-47.

<sup>66</sup> William Rompkey, *The Story of Labrador*, 61.

Grenfell Association in 1914, he was able to rely on American funds to keep the organization functioning.<sup>67</sup>

The missionary activity associated with the spread of Christianity, including the work of medical missions such as the RNMDSF, occurred at the same time as the expansion of the British empire, a coincidence that has not escaped the attention of scholars. Recent years have seen an increase in scholarship focusing on the complex relationships between religion and empire, but most of this work has concentrated on missionary activity in regions of Africa, India, the West Indies, or Asia during the eighteenth and nineteenth centuries. The work of Andrew Porter, for example, shows the ambiguous and often ambivalent nature of the relationships between missionaries and imperial authorities. He argues that missionaries, broadly speaking, did not set out to further imperial ends, and although they recognized that cooperation was sometimes necessary, they often found themselves at odds with imperial aims and authority.<sup>68</sup> Norman Etherington brings more focused attention to particular forms of mission work, specifically education and medicine, and how they furthered imperial aims while also advancing benevolent goals. While he also focuses on examples from Australia, India, and Africa, he shows how missions were pioneers of modern welfare states and international philanthropy.<sup>69</sup> This shows the overlap between spiritual and secular motivations toward the provision of health care, and helps explain the spirit of cooperation that infused efforts toward mutual goals during these years.

---

<sup>67</sup> Heidi Coombs-Thorne, "To Prevent "the Otherwise Inevitable Catastrophe": American Philanthropy and the Creation of the International Grenfell Association, 1905-1914," in *The Grenfell Medical Mission and American Support in Newfoundland and Labrador, 1890s-1940s*, eds., Jennifer J. Connor and Katherine Side (Montreal: McGill-Queen's University Press, 2019): 98-99.

<sup>68</sup> Andrew Porter, *Religion versus Empire? British Protestant Missionaries and Overseas Expansion, 1700-1914* (Manchester; New York: Manchester University Press, 2004), 13.

<sup>69</sup> Norman Etherington, "Education and Medicine," in *Missions and Empire*, ed., Norman Etherington (Oxford; New York: Oxford University Press, 2005), 261.

Macpherson worked for the RNMDSF from 1902 to 1904. This was a period of time when, under Grenfell's leadership, the organization was rapidly expanding the scope of its activities in Newfoundland and Labrador. For example, Grenfell was in the process of establishing several cooperative stores in efforts to reduce fishermen's debt and dependency on merchant credit. This type of work brought him into conflict with the merchants in St. John's, however, as they believed that he gained an unfair business advantage by receiving his stock duty-free. He also facilitated the growth of home industries by providing an economic outlet in which people were able to sell the products they had made, such as hooked rugs or carvings. Although the work of the Grenfell Mission eventually extended far beyond that of a medical mission, most of these activities were still in early stages of planning or implementation during Macpherson's time with the organization.

In 1903 the organization began publication of *Among the Deep Sea Fishers*, a quarterly magazine that communicated news from Labrador to an international readership. It served as an advertising and fundraising tool, and its pages are full of vivid descriptions of need, heartfelt pleas for donations, and praise for the good work being done. Consider the following description of the need for dental services, focusing on a patient who was, "...the mother of a family from whose jaw a large piece of dead bone had to be removed with two teeth, by a painful operation. It is easy to say 'O toothache is nothing.' But here is a woman suffering agonies for months, incapacitated from work, all for the need of five minutes' skilled treatment in the first instance."<sup>70</sup> Its dramatic and emotional prose made a direct appeal to the humanitarian nature (and pocketbooks) of its intended readers, and must thus be viewed with some caution; in spite of this propagandistic impulse, however, it provides a window into the activities of the Mission.

---

<sup>70</sup> Wilfred Grenfell, "Letter to the Editor," *Among the Deep Sea Fishers* 1:3 (1903): 16.

While it is beyond the scope of this thesis to treat questions of religion and empire in detail, a few observations will serve to illustrate the ways in which missionary activity in Labrador fit within the larger missionary movement and imperial expansion. Education was one such activity, practiced by missionary endeavours around the world, so as to allow all people to read the Bible. It was practiced by the Moravians very effectively; they also learned the language of the Inuit so they could communicate more effectively with them. Grenfell acknowledged their success in this regard, reporting that “all round the Moravian stations there is a larger proportion of the natives that can read than among the same number of fishermen.”<sup>71</sup>

As with imperial interests, the goal of missionaries was civilization and conversion. However, because there was little imperial interest in Labrador beyond harvesting resources, there was no push to dispossess the Inuit of the land during the eighteenth and nineteenth centuries. The nature of the pressures exerted on the Inuit were largely economic and environmental; the Moravians had no physical power and could not force individuals or families to remain within their communities and adhere to their rules, but trade was a powerful incentive for many to change their lifestyles, however incrementally. For example, instead of hunting traditional subsistence animals, hunters would instead choose animals whose pelts and hides they could trade for cash or other supplies. The key point missed by the Moravians in their benevolence was the nature of the relationship that existed between the Inuit and the land; their traditional lifestyle moved with the rhythms of the natural world, and the expectation that they settle permanently in one place could not be anything but disruptive.<sup>72</sup> Still, the Inuit were able to maintain autonomy for a longer period of time than many indigenous peoples to the south; it was

---

<sup>71</sup> Wilfred Grenfell, “Log of the S. S. Strathcona,” *Among the Deep Sea Fishers* 1:4 (1904): 8-9.

<sup>72</sup> Beatrix Arendt, “Caribou to Cod: Moravian Missionary Influence on Inuit Subsistence Strategies,” *Historical Archaeology* 44:3 (2010): 85.

not until Confederation with Canada that disruptive resettlement schemes were implemented, and development of natural resources began in earnest.

In some ways the work of the RNMDSF was similar to that of the Moravians. Their goals were similar, in that the RNMDSF saw itself first as an evangelical organization, with philanthropy as a secondary goal.<sup>73</sup> The RNMDSF also promoted education and trade, though their efforts were notably directed toward the settler population rather than the indigenous, and increasingly were concerned with issues of social welfare and reform rather than conversion. Indeed, Grenfell's continued focus on activities that fell outside the mandate of the RNMDSF were partly responsible for the establishment of the International Grenfell Association (IGA) as an independent entity, responsible for its own financing and overseen by its own Board of Governors. This break also represents the point at which newer American philanthropic interests replaced earlier missionary ideals, as described earlier.

In his choice to work with the RNMDSF, Macpherson was among the first of a significant influx of medical professionals and volunteers. They brought with them up-to-date medical knowledge from well respected institutions. To this potent mix of energy and knowledge was the conviction that they were working to save the very souls of the people to whom they ministered. Most volunteered through the summer months. Dr. Rufus Kingman of Boston was one such doctor who spent the summer of 1903 travelling the Labrador coast with Dr. Grenfell aboard the *S. S. Strathcona*.<sup>74</sup> They visited Battle Harbour as well, where Dr. Kingman performed several surgeries. Macpherson expressed gratitude for the opportunity to consult with another doctor.<sup>75</sup> This speaks to the professional isolation that was part of working

---

<sup>73</sup> Rompkey, *Grenfell of Labrador*, 33.

<sup>74</sup> Dr. Rufus A. Kingman, "Personal Observations," *Among the Deep Sea Fishers* 1:4 (1904): 5-6.

<sup>75</sup> Cluny Macpherson, "News from Battle Harbour," *Among the Deep Sea Fishers* 2:1 (1904): 6.

in the north; doctors (and nurses) were often prevented from timely and collegial exchange of ideas and knowledge, meaning they were often quite autonomous in their decisions and actions.

The incidence and treatment of infectious disease reflects how remoteness and isolation complicated the effects of the harsh climate. In addition to coping with outbreaks of influenza and measles, Macpherson also dealt with smallpox and tuberculosis. Indeed, the rates of tuberculosis in Newfoundland and Labrador were quite high, as we have already seen. Macpherson described one such patient, whose recovery was hampered by the isolation of the north: “One of the finest men of this settlement is at present sinking rapidly from pulmonary tuberculosis. It is hard to see him thus suffering day after day, knowing that had we the means of sending him to a more suitable climate, his chances of recovery would be excellent.”<sup>76</sup>

During the winter and spring of 1902-1903 an outbreak of influenza swept through many Labrador communities. Macpherson described how he and his staff coped:

In view of the rapid spread of the disease, I could no longer wait for the people to send to Hospital for me, as I found that in many of the houses there was no one strong enough even to light the fire or attempt to prepare a bit of food, so there was nothing for it but a daily house-to-house visitation. At the Hospital the Sister prepared large quantities of a nourishing soup and distributed it to the sick. Many of the people have since told me that this was the only food they tasted for days...So sweeping had it been that in some neighbouring settlements the four or five necessary to man a boat could not be found; in many cases the crew which came for me was comprised of the first convalescents, who were so exhausted that had they not been favored with a trade wind they would have been unable to return home.<sup>77</sup>

This was almost certainly the case when six men showed up at Battle Harbour to bring Macpherson back to their community so he could provide care to a woman with pneumonia and several others with influenza. After he had done his work, the men rowed him back to Battle

---

<sup>76</sup> Macpherson, “Labrador Jottings from Dr. Cluny Macpherson’s Letters,” *Among the Deep Sea Fishers* 1:2 (1903): 11.

<sup>77</sup> Macpherson, “News from Battle Harbour,” *Among the Deep Sea Fishers* 2:1 (1904): 4.

Harbour. It is extraordinary to realize that in fetching and returning Macpherson, these men had rowed approximately 120 miles, through heavy ice floe, in four days. Macpherson goes on to describe an outbreak of measles that followed the influenza: “With the grippe epidemic at its height, measles broke out in a planter’s family on a schooner on her way from Newfoundland. Before I had seen those cases they had settled in their summer house, and the ‘liveryes’<sup>78</sup> flocking around eager for a bit of news from the outside world, carried the infection to almost every house in the harbour. Measles had not been here for twenty-two years, and this, together with the fact that the people were already in a terribly weakened condition after grippe, made the outlook serious indeed. Many of the fishermen practically lost their summer’s catch through contracting measles before they had gained sufficient strength after the grippe to be able to attend to their nets.”<sup>79</sup>

Macpherson also recognized how diet affected health, making people more susceptible to illness, particularly in the early spring: “As is true with any epidemic vising this Coast, the people suffer very severely. Practically all contagious diseases are brought to the “liveryes” by the Newfoundlanders in the spring, and they find the people in such a low state of vitality consequent upon a long winter’s diet of flour, tea and molasses – certainly in a very poor condition to resist disease of any sort.”<sup>80</sup> Diet did not just make people more susceptible to infectious diseases, but could lead to vitamin deficiencies. Most notably, and as noted previously, beriberi was common among the population because of widespread dietary reliance on white bread, and an insufficient amount of whole grains and fresh meat. Macpherson was the first person to diagnose the disease in Newfoundland while at Battle Harbour, which likely in the

---

<sup>78</sup> The term ‘liverye’ refers to the people who lived in Labrador all year round.

<sup>79</sup> Macpherson, “News from Battle Harbour,” *Among the Deep Sea Fishers* 2:1 (1904): 4-5.

<sup>80</sup> Macpherson, “News from Battle Harbour,” *Among the Deep Sea Fishers* 2:1 (1904): 4.

spring of 1903. Four men were brought to him with symptoms of beriberi, but because it was considered a tropical rice-eater's disease, he was unsure of his diagnosis and consulted with Grenfell, whose initial reaction was also skeptical.<sup>81</sup> Dr. Little of St. Anthony was the first to study the condition in 1912, followed by W. R. Aykroyd in 1930. They both found the use of white flour to be a major cause of this dietary deficiency, and the government accordingly attempted to introduce brown flour into the dole ration as a means of addressing the problem.<sup>82</sup> The issue of beriberi was not resolved until the advent of fortified flour and cereals in 1944, although as James Overton points out, the underlying poverty that made it difficult for many people to obtain a nutritionally adequate diet was not addressed.<sup>83</sup>

As we have seen, the physical environment presented many challenges to those who lived and worked there in many ways. However, these challenges were viewed in a positive light by those adherents to the ideals of muscular Christianity, a spirit embodied by Grenfell, which advocated the benefits of physical activity (including team sports), and simple, clean living. It also advocated adventure (or adventure narratives) as a means of moral education; it utilized ideals of patriotism and masculinity to “prepare boys for the frontier” and make them want to go and “spread the empire”.<sup>84</sup> It appealed to Macpherson as well, and he engaged the people of Battle Harbour in physical activities when time and duty permitted. For example, on New Year's Day of 1903 he organized a football game on the frozen harbour – a “splendid sheet of ice” – along with shooting competitions for the men.<sup>85</sup>

---

<sup>81</sup> Seantel Anaïs, “(Mal)Nutrition and the ‘Informal Economy’ Bootstrap: The Politics of Poverty, Food Relief, and Self-Help,” *Newfoundland and Labrador Studies* 24:2 (2009): 242.

<sup>82</sup> James Overton, “Brown Flour and Beriberi: The Politics of Dietary and Health Reform in Newfoundland in the First Half of the Twentieth Century,” *Newfoundland Studies* 14:1 (1998): 4; Anaïs, “(Mal)Nutrition and the ‘Informal Economy’ Bootstrap,” 243.

<sup>83</sup> Overton, “Brown Flour and Beriberi,” 24-25.

<sup>84</sup> Renée Hulan, “‘A Brave Boy’s Tale for Brave Boys’: Adventure Narrative Engendering,” in *Echoing Silence: Essays on Arctic Narrative*, ed., John Moss (Ottawa: University of Ottawa Press, 1997), 185.

<sup>85</sup> Cluny Macpherson, “title,” *Among the Deep Sea Fishers* 1:2 (1903): 11.

The spirit of adventure embodied in muscular Christianity can also be observed in a striking photograph from Macpherson's notebook; it shows the S. S. Strathcona, a recent acquisition of the RNMDSF, viewed through arch of an impressively large iceberg. It is accompanied by the following description:

This picture of the S. S. Strathcona of the Royal National Mission to Deep Sea Fishermen was taken by me in 1902. Dr. Grenfell and I were in the Strathcona's jolly-boat. Dr. Grenfell wanted to row through the arch but with great difficulty I dissuaded him. He was then a bachelor but my wife was on the Strathcona looking at us through the arch. It sometimes takes very little in the way of vibration to make an iceberg roll over and I considered that to row through this arch would be a dare-devil trick. Next morning the thin part of the arch fell in and the two sides crashed together. One of our party, Rev. Dr. (Colonel) Anderson saw it happen from the hill at the back of Battle Harbour Hospital.<sup>86</sup>

The photo and described incident are undated beyond the given year but likely occurred in the fall, when Macpherson and his wife assumed their responsibilities at Battle Harbour.

While there were fun and games and adventure at times, there was also a great deal of hard work. Personnel working in the north were expected to do whatever work was required, regardless of whether it might normally be considered part of their regular duties. Indeed, activities of daily life were often made more difficult in the harsh climate. As Dr. George Simpson from St. Anthony described it:

During my first winter here I fancied people greatly exaggerated the severity of the weather, but this year I have proved the truth of many a statement made. I have seen many days when every kind of food in the house was frozen – bread, condensed milk, meat, butter, etc., oil in the lamps. Water only obtained with great difficulty, and quickly solidifying. Even when kept in the kitchen, it frequently needs chopping for use...<sup>87</sup>

---

<sup>86</sup> MUN FMFA, COLL-002, Series 7.03, Notebook 2, 116.

<sup>87</sup> George Simpson, "Jottings from Newfoundland," *Among the Deep Sea Fishers* 1:3 (1903): 22.

It was not just the cold that made life difficult, but wind, rain (or snow), and heavy seas often made ordinary tasks far more dangerous; consider, for example, how Macpherson described the difficulties in obtaining supplies for the hospital:

While in charge of work on Labrador...I frequently had to turn my hand to 'longshore work unloading our supplies for Battle Harbour Hospital from the Mail Steamer. This usually had to be done in the bay outside the harbour proper as the steamer seldom entered the Tickle as the actual small harbour was called in which the Mission buildings were situated. No chance whatever of her coming in if there were a "bit of a sea on." Freight had to be unloaded from the steamer's side on to trapboats, often in quite stormy weather. There was no waiting for fine weather. It was "come and get it" and if the freight was not taken off her the steamer sailed with it to the North, or, in the case of the steamer on the Straits run, back to Bay of Islands. We would be left hoping for better weather next trip.<sup>88</sup>

The following excerpt is taken from one of Macpherson's notebooks. Much like the paragraph above, it highlights the inherent risk and uncertainty of life in the hostile Labrador environment, and how vulnerable people were to it. This particular passage describes a harrowing passage across the Strait of Belle Isle in the fall of 1902. Macpherson was returning the *Julia Sheridan* to St. Anthony for the winter, and along with his small crew, bringing a convalescent patient back to his home.

The summer's work is mostly over by the end of September on Labrador and I was to take the *Julia Sheridan* across to St. Anthony on the Newfoundland coast and there lay her up for the Winter. Dr. Grenfell had spent a couple of Winters at St. Anthony and the people had got out and erected the frame for a hospital which he hoped to be able to complete during this Winter sufficiently to take patients the following season. No coal being available at St. Anthony, I was to fill my bunkers at Battle Harbour and take a deck load as well in bags. An early start was planned for the morning of September

---

<sup>88</sup> MUN FMFA, COLL-002, Series 7.03, Notebook 2, 94-94a.

30<sup>th</sup>, but an urgent operation on one of the patients made it necessary for me to stay and lend a hand. This did not worry us as it was a beautiful day and a fair wind and by getting off any time before noon we should reach across before dark.

When we cleared Battle Harbour and had set our course we hoisted our big sail to let the smart northerly breeze help us on our way. But as we neared the Newfoundland shore things did not look so rosy. The wind was shifting round by the East until when we were just under the light house at Cape Bauld it headed us so that we had to get in our sail in a hurry.

It was 5 o'clock and we could see the clouds massing in the South. We had barely got our sail furled when a S.E. squall hit us with blinding snow and hail – so strong was the wind that our little ship was unable to make any headway against it, and the sea, which immediately began to run. The snow of course completely blotted out the land and we did not see it again.

I did not like the look of things at all. In those days the command of a 30-ton ship rested heavily on my young shoulders and I had six lives beside my own to think of. There was Albert Ash a splendid man of the best Newfoundland-Labrador type who had been some years with the Mission as Pilot, George Hansford the Engineer, and Harry Noel, Fireman. Then I had two English boys, Gardner and Geary, just out of Public School and going up to Oxford on reaching home. They were the first of the Volunteer Workers (With Out Pay helperS) since come to be known in the Mission as WOPS. These now form a large and distinguished body of Alumni and Alumnae who have given good service to the Mission and got health and inspiration in giving it. And

lastly I had a patient aboard convalescent from an operation whom I was returning to his home near St. Anthony.

Albert took the wheel as soon as we had the sail properly furled – a very cold job in that snow for my hands from which all superfluous epidermis had been scrubbed for the morning's operation – and I stood in front of the wheel-house helping to keep her head to the wind and edge off shore a bit when sea and wind permitted us to let her fall off any. He could not see the compass, through the snow, from the wheel as the compass was mounted in the low 3' high deck-house with about 3' of passage between it and the wheel-house. And that was my job for the next six hours.

The ship laboured heavily and after an hour or so the patient who, when the gale struck us was in the fore-castle which we used as a galley and store-house, put his head out of the companion-way and asked if he could come on deck and run for the cabin-hospital. He said that the deck for'ard was opening up with the straining and letting the water down so that he could not keep dry. I had to tell him that unless he could climb through the wicket through which we passed out meals from galley to cabin he would have to remain where he was as I feared he would be washed overboard if he were to attempt to come aft on deck.

His tales of the deck opening made me go aft to the engine room door and ask George to investigate and see if we were making water. He did, and reported that we were, so I got our two Wops up and started them on the pump. This worked only for a few minutes and then was choked. Then to our dismay we found that when the first bag of coal from the deck cargo had been opened a sea had come down the engine-room door and swept the whole of the contents into the bilges. All efforts to clear the

pump failed, and this put an extremely serious aspect on the whole affair. The water continued to rise in the bilges and after further futile attempts to clear the pump we had to give it up as a bad job. We had a small steam pump in the engine-room which we used for a deck-hose for washing down decks, and George now rigged this and got its all too tiny steam going. Still the water mounted and presently began to show above the engine-room floor. Gardner and Geary were then sent to the after-cabin, the crew's quarters, where there was a little hatch from which they could dip water into a bucket – one dipping, the other taking the bucket to the companion-way and dumping its contents overboard – a difficult job with the little ship heaving and tossing as she was in a frantic way.

Still the water mounted and then at about 10:30 pm to add greatly to our difficulties, the wind shifted suddenly from the S.E. gale to a N.E. gale. This meant that now we had to contend with a S.E. sea and with a N.E. wind lops to say nothing of the effect of them both of the strong currents always present in the Straits – a choppy sea such as I have seen only there and in the North Sea where I was later on a much larger hospital trawler.

One of the first things to happen was that one of our two small boats was stove in and the after-iron davit was bent in, shifting its iron socket on the deck in such a way as to almost jamb the wheel-chain. This meant that every movement of the wheel had to be made only with great difficulty.

At 11 p.m. I consulted with Albert as to what chance I should have of controlling the ship if I took the wheel and allowed him to hoist water from the engine-room floor by bucket. He said it was a slight chance I should have as he had been depending on

my guidance from outside. However, I threw open the front window as things were desperate and took the wheel to do what I could, and let him help with the water.

Shortly after that the starboard boat was lifted in such a way that it became unhooked from its after davit. This happened twice that night and how on earth Albert managed, hanging on by his toe-nails, to replace that fall and hoist the tiny boat up again is still a marvel to me. When it happened the second time I said it was best to cut her loose and let her go, but he again accomplished the seemingly impossible at a risk that I was against him taking.

I had to steer by the wind and sea only, for, after several attempts to keep the binnacle lamp alight so that we could see the compass, we had to give it up as a bad job. Not that it made much difference since from the beginning of the gale we had not been able to make any headway, and after I had taken the wheel I could not have seen it anyhow. We should not have been surprised at any time to find ourselves among the breakers under the cliffs of that Northern Newfoundland shore.

And so we kept on through the long dreary night. George reported afterwards that once when he had looked from the engine-room to the after-cabin he found that the Wops had quit bailing and were kneeling in prayer. He says he let a yell at them and told them to pray on if they liked, but to go on bailing at the same time. They took his forceful advice.

At last there were signs of dawn, and presently we could see land about two miles to south of us. At first we thought it might be Belle Isle. It was high cliff and covered with snow and showing no break which might indicate a harbour. The N-easter was still as bad as ever and a big sea was running from that direction with now only an

occasional big swell from the S. E. to confuse things. Our immediate concern was that we were being driven towards the land slowly but surely and that land showed a continuous line of huge breakers at the foot of its high cliffs...We saw that we should have to run on these breakers, there was not a ghost of a chance of wriggling across the Bay for by now we were getting pretty close in. Both our boats had been smashed by the sea and were quite useless. We noted a small islet about 100 yards inside the reef at about where we should have to run on it, so we decided to pile her up right to windward of the islet and try and swim to it. We had but two life buoys aboard and no life-belts. The buoys were given to the two married men, Albert and George, and the others of us made shift of oars to help us when we should take to the water. Then I put her about for the last time and headed her between two of the breakers while we all braced ourselves for the shock when she should hit the rocks. But no shock came. Just when it should have come an enormous roller lifted us completely over the reef, while the breakers came right aboard of us and we slid right into smooth water.

Down went the life-buoys and oars on deck as we swerved clear of the islet and ran on in the bay to cast anchor in what we later found was the back cover of Ha-Ha. As the anchor held we spontaneously sang the Doxology. I then said to Albert he had better see how that poor patient was in the fore-castle. "Oh!" said Albert "he's alright in the cabin" and sure enough, hearing the anchor go and us singing, there he was coming on deck, not much the worse for the night though somewhat sore of body. He told us that when I would not let him come on deck he had tried to get through the wicket, as I had suggested, but could only get half way and stuck. He said he was held so for nearly a half-hour until "that time she sat on her stern" when he fell through and,

he swore, landed, not on the cabin floor, but against the after bulkhead of the cabin. He was our clinometer to measure one of our worst pitches that night.

Well, we began to take stock. It was eight o'clock – fifteen hours since the gale hit us, and I had had a continuous trick of nine hours at the wheel each heave of which strained every muscle owing to the pressure of the shifted davit socket on the wheel-chain. My face and Albert's resembled two plum-duffs and we could barely see through our eyes owing to the continued beating with hail and sleet. But Harry soon got the galley stove going for a mug-up to keep us going while he got some breakfast. We had just finished when we heard a hail alongside and went on deck to meet two Ha-Ha men who had come over to Pisolet Bay.

When we told them our history they laughed at us and simply would not believe us. It had now become a fine day though still fairly windy, and they said it would have taken a ship many times our size to have weathered last night's storm. After we had gotten some information about the Bay and the way out they went off thinking us the greatest liars unhung.

When I reported to Dr. Grenfell...he declared that mine was the worst experience any of the Mission's doctors had been through. He said I had better not write to the Mission Magazine about it as his mother in England had lately been getting very nervous about him and he did not wish her worried. A week later however at my father's house in St. John's he started to tell my mother about it over the breakfast table but I stopped him by promptly kicking his shins pretty hard under the table.<sup>89</sup>

---

<sup>89</sup> MUN FMFA, COLL-002, Series 7.03, Notebook 2, 51-60.

As the previous narrative has shown, the connection to the physical environment is particularly evident in Macpherson's writing; the challenges presented by climate and physical geography figure prominently in his stories, even more so than the medical work he was doing. He emphasizes resourcefulness and bravery in the face of danger, but tempers it with humour, while acknowledging the weight of the responsibility he felt for the lives of his shipmates. This is a characteristic of Macpherson's writing that remains consistent throughout his life, and one to which we will return. In this story we can also observe elements of the muscular Christianity espoused by Grenfell, an important source of motivation for those who decided to go north. However, these idealistic sentiments were moderated by the practical realities of the situation, as when the two young men discovered when they stopped their bailing to pray.

Existing alongside the challenges and dangers of the physical environment were ideas about the health benefits it bestowed. As noted in the previous chapter, time spent in the fresh air was considered an important part of treating tuberculosis; the Report of the Commission for 1909 expressed appreciation of the physical environment in this capacity: "...the air of Newfoundland is exceptionally pure and invigorating, and the population is not crowded together but as a rule every family owns its own house, and the country is free and open to everyone."<sup>90</sup> Similarly, and as noted by Macpherson in the narrative above, work in the north was meant to inspire and rejuvenate the body and the mind.

The challenges presented by climate and geography shaped the nature of medical care in the north. The practical realities of life in this context were in some ways very limiting; isolation and the resourcefulness it engendered defined the kind of care that could or could not be provided. When viewed through the lens of religious faith, meeting these physical challenges

---

<sup>90</sup> RPA, File 119A: Report of the Commission on Public Health 1910, 7.

imparted spiritual as well as health benefits. This is the nature of Macpherson's particular contribution; through his narrative we are given a glimpse of the challenges of daily life in Labrador, but they are not specific to his being a doctor. These were the challenges faced by all who made their lives in the north.

## CHAPTER THREE

The declaration of war by Britain in early August 1914 meant that Newfoundland was also at war. Newfoundlanders responded quickly to the call to arms, and two months later the first contingent of the Newfoundland Regiment sailed from St. John's, bound for Europe. Many more recruits followed the 'First Five Hundred', and throughout the course of the war the Regiment distinguished itself on many different fields of battle, including the Western Front and the Gallipoli peninsula. Macpherson was involved with the Regiment from its beginning, and was among its first administrators and commissioned officers. He served in several locations overseas, including England, France, Gallipoli, and Egypt.

This chapter describes Macpherson's experiences during the war. It focuses on two settings in which Macpherson worked, each of which provide insight into different aspects of the war: first, in March 1915 he went to France and England, where he became involved with the development of defensive measures against poison gas; it was during this time that he devised the first effective gas mask, known as the hypo hood. His own narrative describes the process through which it was devised, and in so doing, provides insight into the mechanics of technological advancement. Second, several months later he was posted to Gallipoli, where he lectured incoming troops and officers on defensive measures against gas attacks, and established the necessary physical infrastructure to prepare gas masks for use in battle. He also worked as Medical Transport Officer, where his duties included the conversion and preparation of ships for evacuation of casualties. This speaks to the organization of medical care during the war, which had itself undergone significant reform in the decades before the war. The diversity of Macpherson's experience allows an alternative view of the war to emerge, one that highlights the practical questions and problems that were part of daily life during wartime. The nature of

Macpherson's writing about the war is consistent with what he wrote about in other contexts, such as his time in Labrador. In that consistency we are able to observe in his wartime experience the same ideals and values that motivated him to take on the challenges of work in the north. The chapter concludes by reflecting on the nature of Macpherson's narratives, suggesting that his relative silence about the horrors of war is an expression of British stoicism, whereby danger and deprivation are met with a patient and good-humoured endurance.

The First World War has long been recognized as a pivotal moment in global history, and as such it has generated an immense amount of scholarship. The first thing that comes to mind is the tremendous and unprecedented loss of life. The Newfoundland Regiment sent over 2000 naval reservists and almost 5000 soldiers overseas; approximately 1400 were killed and very many more wounded; it is important to note that these numbers do not count the 3200 Newfoundlanders who served with the Canadian Forces.<sup>91</sup>

Another way in which this conflict was unique was the rapid pace of technological development, as the military harnessed the power of science as never before. Advances in aviation provide a particularly dramatic example that is worthy of note: at the outbreak of war, the Royal Flying Corps (RFC) and the Royal Naval Air Service (RNAS) had between them 81 aircraft; by October 1918, the Royal Air Force (RAF) had a total of 22 171 aircraft engaged in specialized activities of war, including air combat, delivery of bombs and torpedoes, and intelligence gathering.<sup>92</sup> This is remarkable in light of the fact that the first powered flight had only been made in 1903.

---

<sup>91</sup> O'Flaherty, *Lost Country*, 290.

<sup>92</sup> Jack Bruce, "The War in the Air: The Men and Their Machines," in *Facing Armageddon: The First World War Experienced*, eds., Hugh Cecil and Peter H. Liddle (Barnsley, South Yorkshire: Pen & Sword Select, 2003), 195-196. The RFC and RNAS merged in 1918 to form the RAF.

The use of poisonous gas was another pivotal technological development, and was the area in which Macpherson distinguished himself. There were several instances through the nineteenth century where use of poison gas was considered, as did the British during the Napoleonic and Crimean Wars. For different reasons the plans did not come to fruition; technical capacity was limited, for example, and there was a general reluctance to accept use of such weapons as fair conduct. The Hague Peace Convention of 1899 prohibited any use of poison or poisoned weapons, although it should be noted that since tear gas was classified as a non-lethal irritant its use was not considered a violation of its statutes.<sup>93</sup>

The development of poison gas for use as a weapon had its roots in the development of industrial fertilizers in the years before the war. Chemists, and governments, soon recognized the deadly potential of certain of their chemical products. Germany had developed its chemical production industry in the years before the war in response to a shortage of nitrates, which explains in part why Germany was initially better equipped to produce the chemicals used in gas warfare, though it did not take long for the Allies to catch up.<sup>94</sup>

Use of poison gas on the battlefield was fraught with difficulty. It required a great deal of preparatory work; hundreds of cylinders had to be prepared and placed in strategic positions so as to catch the wind and be blown in the right direction. It was heavily reliant on weather conditions, especially the speed and direction of the wind; if it was blowing too hard, the gas was more likely to disperse and become too dilute to be effective. If the wind was too slow, the gas might not make it to the enemy position, or it might not disperse quickly enough to allow an advance in position.<sup>95</sup> Casualties from gas warfare were not high, and as a weapon it was never

---

<sup>93</sup> Michael Freemantle, *Gas! Gas! Quick Boys! How Chemistry Changed the First World War* (Stroud: History Press, 2013), 20.

<sup>94</sup> Freemantle, *Gas! Gas! Quick Boys!*, 116-117.

<sup>95</sup> Kim Coleman, *A History of Chemical Warfare* (Basingstoke; New York: Palgrave Macmillan, 2005), 13.

used effectively to gain any significant victory or advantage. In the end it was fear that made gas such a potent weapon, most effectively used to create confusion and panic in the trenches before an offensive.<sup>96</sup> Philip Gibbs, a war correspondent, graphically described such effects after the first gas attack at Ypres:

“A few weeks later the Devil came to Ypres. The first sign of his work was when a mass of French soldiers and coloured troops, and English, Irish, Scottish, and Canadian soldiers came staggering through the Lille and Menin gates with panic in their look, and some foul spell upon them. They were gasping for breath, vomiting, falling into unconsciousness, and, as they lay, their lungs were struggling desperately against some stifling thing. A whitish cloud crept up to the gates of Ypres, with a sweet smell of violets, and women and girls smelt it, and then gasped and lurched as they ran – and fell.”<sup>97</sup>

Macpherson arrived at General Headquarters in St. Omer on 27 April, just five days after the attack at Ypres. He had been in London since 6 April, where he had obtained permission to visit the base hospitals in France. His object in travelling to Europe was to observe medical services there, and to find ways to improve medical services for the Newfoundland Regiment back home. It seems likely that observing the first victims of a poison gas attack while in France influenced him to become involved in the development of protective measures against what he called a “despicable method of warfare.”<sup>98</sup> He spent the next two and a half months working between the War Office in London and General Headquarters in St. Omer, and it was during this time that he devised the ‘hypo hood’, the first effective gas mask. The following narrative describes the process through which his hood came into existence:

During the journey I thought hard on the whole subject and came to the conclusion that, while the German pattern respirator could perhaps save one’s life if one could

---

<sup>96</sup> Coleman, *A History of Chemical Warfare*, 13.

<sup>97</sup> Philip Gibbs, *Realities of War* (Bath: Chivers, 1968), 73-74.

<sup>98</sup> MUN FMFA, COLL-002, Series 7.03, Notebook 2, 138.

stay still with one's hands bus keeping the pad just right to breathe through and with one's eyes shut to protect them, something else was needed to prevent the Germans following up their gas and wiping us out. And so I thought out my plan and while the War Office was getting the Chlorine and Vermoral sprayers to spray the solution, I bought a couple yards of vyella<sup>99</sup> and some mica<sup>100</sup> and took them back to St. Omer with me.

Next morning with our chlorine and German-pattern masks, Professors Watson and Baker with an officer and a few men went to some trenches outside town and, donning the masks, we released some of the Chlorine. The result was disastrous. Professor Watson was so badly gassed he was taken to a Canadian Hospital nearby. Professor Baker and I got more than was comfortable into our lungs and our eyes were pretty sore. During the afternoon I had recovered sufficiently to go to the hospital to see how Professor Watson was doing and also saw some of the bad casualties in hospital from the first enemy gas attack. Before leaving, I cut out a pattern in paper of my proposed helmet, and producing my vyella and mica I persuaded the Matron to sew it up for me and took it away with me.

Next morning at the laboratory we were trying out the German pattern masks with different concentrations of the solution and of gas but with no better results. One end of the laboratory was divided off by a glass partition from the main room and this small compartment was used for our experiments. They went badly, for even weak

---

<sup>99</sup> Vyella is a fabric made of wool and cotton

<sup>100</sup> Mica is the transparent material with which they made the 'window' of the hood, so the soldier could see while wearing it.

concentrations of chlorine affected the eyes, and at least one hand was kept busy with the pad.

When we were wondering what to try next I pulled out my helmet, impregnated it with the solution, and said, "Try this!" Colonel Harvey put it on, and expecting to be smothered, went into the chamber. Chlorine was released and he potted round for five minutes, and then, grabbing it off started to ask us why we were not releasing the gas. Fortunately I had a sprayer in my hand and immediately snatched open the door and threw a spray right over him and, realizing his mistake, he dashed out and we closed the door. Examination showed that he had been five minutes in a concentration of Chlorine about 10 times stronger than it was figured the Germans could get it across No Man's Land. And yet he declared it had no effect on him – he was getting "fed up" at our supposed delay in releasing the gas.

It was at once realized that here was something new! Col. Harvey replaced the helmet and entered the compartment again and worked around at the bench for about half an hour. Then he came out and said that, beyond a slight odour of chemical action, he had no effect to report on him and found breathing quite easy, could use his eyes, and both hands for any job. "Why, a soldier could fight in it!" Again it was realized that here was something different and in a few minutes B.E.F. Heads – Quartermaster General, Sir William Robertson, Chief Engineer General Foulke, Director General Medical Services, Sir Arthur Sloggett were all gathered in the laboratory.<sup>101</sup>

The decision was soon made to produce 200 000 of the hypo hoods. Macpherson was sent to France to obtain materials, but met with considerable difficulties in his attempts to procure the

---

<sup>101</sup> MUN FMFA, COLL-002, Series 7.03, Notebook 2, 180-188.

film. When finally presented with an opportunity to place an order, he thought it better to request enough material for one million helmets, in the event that it remained difficult to obtain. He made a full report to Captain Horrocks upon his return to London, who he described as being “appalled at my temerity” and “very much perturbed.”<sup>102</sup> He was sent at once to the Director-General, to whom he explained again that given the difficulties he had encountered in obtaining the supplies, he had taken it upon himself to get materials for one million helmets. The reaction he received was less than favourable: “The peppery little man fairly shot out of his chair and demanded of me “How dare you do such a thing?”...I thought he was going to explode...” Macpherson asked if he could come back in one week to explain himself, and the Director-General agreed. During the following days he designed and had built stands and rollers to hold the rolls of film, and found volunteers to cut the film into the size and shape needed for the helmets. When his week of grace was up, he went back to see the Director-General, who first laughed and told him to go to hell, and then asked why he hadn’t gotten film enough for five million helmets.”<sup>103</sup>

Thus, Macpherson’s innovation quickly gained recognition and production soon began in earnest. By June 1915 every man, regardless of rank, was expected to have four – two carried on his person, one at his regimental depot, and another at the ordnance base.<sup>104</sup> One estimate holds that some twenty million were manufactured and distributed to Allied troops. As the war progressed, however, and as quickly as defensive measures improved, new forms of chemical weapons were developed, along with new strategies for their use. Macpherson’s helmet

---

<sup>102</sup> MUN FMFA, COLL-002, Series 7.03, Notebook 2, 176.

<sup>103</sup> MUN FMFA, COLL-002, Series 7.03, Notebook 2, 176-177.

<sup>104</sup> Military records, RPA, The Newfoundland Regiment and the Great War Database, [http://www.rnr.therooms.ca/soldier\\_files/MacPherson\\_Cluny\\_rnr-1192.pdf](http://www.rnr.therooms.ca/soldier_files/MacPherson_Cluny_rnr-1192.pdf) (accessed May 7, 2017), Letter to Sir Walter Davidson from Macpherson, 20 June 1915, 77.

accordingly underwent several modifications in the following months; for example, the film eyepiece had to be replaced with a glass piece, as a new form of gas turned the film opaque, effectively blinding the soldier wearing it.<sup>105</sup> This was likely part of a strategy that made use of a mixture of gases – one to encourage the soldier to remove his protective gear, and a second to poison him once his protection was removed. Macpherson’s design was eventually replaced with more sophisticated masks and respirators in response to evolving chemical weaponry. Nevertheless, it was an important innovation that saved many lives and brought some measure of comfort and security to the trench soldiers.

It also gives a sense of how fast technology advanced during the war years; progress was not random or arbitrary, but there is a distinct sense of it advancing through trial and error. In this way it calls to mind the work of Timothy Mitchell and his description of how expert knowledge is created; although he is talking about different events, there are some interesting connections to be made. To elaborate: in this particular work Mitchell describes the development of engineering expertise in damming the Nile River; he argues that the idea of technological development tends to view “the world as passive, as nature to be overcome or material resources to be developed,” when in reality technical expertise is created in combination with these natural forces; ideas and technology do not “precede this mixture as pure forms of thought brought to bear upon the messy world of reality.”<sup>106</sup> This could be applicable to the development of technology during the First World War – just as the engineers in Egypt created their expertise through trial and error, and in doing so recreated the natural world they sought to control, so too did Macpherson and his fellow doctors and scientists, indeed, so did all scientists

---

<sup>105</sup> Military records, RPA, The Newfoundland Regiment and the Great War Database, [http://www.rnr.therooms.ca/soldier\\_files/MacPherson\\_Cluny\\_rnr-1192.pdf](http://www.rnr.therooms.ca/soldier_files/MacPherson_Cluny_rnr-1192.pdf) (accessed May 7, 2017), 86.

<sup>106</sup> Timothy Mitchell, *The Rule of Experts: Egypt, Techno-Politics, Modernity* (Berkeley, University of California Press, 2002), 51-52.

involved in the production of chemical weapons and defensive measures, create expertise with manipulation of molecules to form weapons or defend themselves. Such a conceptualization disrupts the linear progression of technological development, and gives a truer picture of what it meant to be part of that process and to not know the outcome.

A second way in which the First World War marks a departure from earlier practices is in the organization of its medical services. The British Army had made good use of the recent advances in medical and scientific knowledge, and had made a number of significant improvements in its medical services in the years before the war began. It had become clear during the Crimean War that existing medical care for soldiers was woefully inadequate; a report from the War Office in 1912 stated that for every soldier that had been injured in battle, another seventeen had been taken out by disease.<sup>107</sup> The Boer War and the Russo-Japanese War further underlined the importance of disease prevention and timely care of casualties. The problem of disease was approached with the intent of maximizing efficiency and effectiveness. By the time war broke out in 1914, the medical services were accepted as being vitally important to military success.

With the exception of the Western Front, perhaps nowhere else were medical arrangements tested more completely than during the Dardanelles campaign. Macpherson arrived as preparations were underway for the August offensive, the earlier April landings having failed to achieve their objective. The Dardanelles campaign has become notorious for its ultimate futility and for a series of poor decisions that resulted in high numbers of casualties. A failure to give adequate attention to medical matters were in large part responsible for this; the

---

<sup>107</sup> War Office, *Manual of Elementary Hygiene* (H.M.S.O, 1912), 3. As cited in Robert L. Atenstaedt, *The Medical Response to the Trench Diseases in World War One* (Newcastle upon Tyne: Cambridge Scholars Publishing, 2011), 11.

evacuation of casualties from the beaches, for example, was poorly organized, and many of the wounded awaiting evacuation were left exposed to the elements, only to die as they waited.<sup>108</sup>

Macpherson was involved with preparing the incoming troops for a potential gas attack, and was later tasked with assisting with the conversion and preparation of ships to evacuate casualties.

He described his experiences in great detail:

At Mudros, the great harbour of the Island of Lemnos in the Aegean Sea, in the summer of 1915 there existed a remarkable state of affairs. Steamers of all sizes and shapes...to the tune of about 1 000 000 tons lay in the harbour, and freight for the base or for Gallipoli had all to be transferred in lighters from the big ships to the shore or to the trawlers and mine-sweepers which took it up to the beaches every night. The bigger ships could not go up because of enemy submarine activity. There was not a pier in Mudros that an ocean-going ship could lie alongside.

I had been all over Anzac and Cape Hellas lecturing to Officers and senior NCOs on protection against poisonous gas, which the Commander in Chief felt sure the Turks were preparing to use. After reporting to the C in C – and I had no comfort to offer, for the terrain seemed admirably suited for a gas offensive – I returned to Mudros – the Intermediate Base, as it was called – and lectured there to the troops gathering daily for the proposed landing at Suvla Bay. I had also to set up a station on shore for the reimpregnation of gas helmets after use in gas as I had already done in France...in Mudros I had to plan, and then build my own building and in it install the machinery I had received from the War Office.

---

<sup>108</sup> Mark Harrison, *The Medical War: British Military Medicine in the First World War* (Oxford; New York: Oxford University Press, 2010), 190-191.

So when new troops ceased arriving I found I had some spare time on my hands and approached the Principal Medical Officer, Col. James Mahar, Deputy Director of Medical Services, and asked him if there were any work at which I could help. As what units he had were complete, and, at that time, had not too many patients, he did not see what medical work he could give me, but he asked if there were anything in particular I had in mind. I said I had a feeling that the Medical Transport might be in need of a spot of help and wondered if I might lend a hand in that direction. "Oh" he said, apparently agreeably interested, "do you know anything about transport or boats?" I said that, while I did not know very much, yet, being a bit of a sailor, I thought I could certainly get things going a bit better than they seemed to be at present. He took me at my word and said he would see the Royal Engineers at once and try to secure a tug for me for next morning.

Next morning, however, he was deeply disgusted, for the only thing he had been able to secure was an Arcachon motor sardine boat, an open boat about twice the size of one of our Newfoundland trap boats, but of much more fragile construction. Her crew was ONE, a Naval coxswain who had also to act as engineer. I told him I thought I might make a start even with that and asked what he would most like to have done. He said "Do you see that ship, No. --- over there?" pointing to a liner of about 10 000 tons at a little distance from H.Q. ship. "That ship has her fore peak full of hospital supplies which we need urgently. Twice now she has carried them off to Alexandria because I have been unable to procure means to get them out of her. And to-morrow she sails again. That is what I had hoped you might do had I been able to secure an adequate tug or lighter.

Now when the D.D.M.S. had pointed out that big ship to me I had given her a good look and there seemed to be something familiar about her – no names of ships were mentioned in War time as a rule: they had their name plates painted over and all went by numbers. But when I got under her bow I saw why she had looked familiar to me – that well-known Harland and Wolff bow so well known to sailor men the world over – for I could make out under the paint the name “GRAMPIAN”, and I felt I was in luck right away. She was one of the old ALLAN LINE and I had seen her in St. John’s, my home, more than once.

So, while going from bow to gangway I worked out a scheme for I felt sure I should find among her officers someone whom I knew and who knew me. And, sure enough, the Chief Officer who met me as I mounted her side was none other than Mr. Simpson whom I had known well as Chief Officer of the “Carthaginian” of the same line which called regularly at St. John’s and with whom I had made more than one happy transatlantic voyage. “Hulloa” he shouted, “Are you Newfoundlanders out here?” I said that as far as I knew I was the only one. (The whole Newfoundland Regiment arrived a few days later to my great surprise) He gave me a warm greeting and I said how glad I was to see him. Then, drawing a long face, I said that, after all, I did not know whether to be glad or sorry that it was a personal friend who happened to be Chief Officer of a ship I had come to inspect. That rather depended on how well he had been observing the rules, since I had come on Board of Trade business. He expressed surprise that a doctor could be spared at that time for Board of Trade inspection when there was such a shortage of doctors for the medical work of the Army. I reminded him that I had been Surgeon to the Board of Trade at home and he

remembered that alright, but wondered what I could be after now. So I told him I had to report on how Board of Trade Rules were being observed with regard to life-saving apparatus and proceeded to rattle off the rule about how often life-boats had to be lowered into the water, etc. At that he blustered a bit as to how on earth a Chief Officer (on whom I knew this duty was imposed) could carry out such a rule in Wartime when all was rush and hurry. I retorted that never in History was it more essential to have the boats in perfect condition and reminded him of the fine ship that had been torpedoed shortly after she had left Mudros the day before. As the penalties imposed on Chief Officers for neglect of these rules are pretty severe, poor old Simpson looked pretty serious and worried – a bit white about the gills – so I said, pulling out my big Army Field Note Book, that if he would lower away his boats I would see what sort of a report I could turn in in the case of an old friend. I suggested that he lower away his port lifeboats first. (The pier on which I wanted to land those supplies was on her port beam). He said that, since that had to be done, we had better see the Captain first as the crew were all busy at other work. Going up the ladder to the bridge he said over his shoulder “By the way, do you know who the Old Man here is? It’s little Hall.” Then I knew for sure that my luck was in for I had been able three years before to do little Hall a very good turn which he was not likely to have forgotten. But that is another story.

Going into the Captain’s room Simpson at once told him for what I was asking. He looked very surprised, but caught my obvious wink behind Simpson’s back. “Well” he said, “if Dr. Macpherson wants the port lifeboats in the water, into the water they go! See how quick a job you can make of it, Mister.” Simpson went out on deck and

soon we heard the Bosun's whistle piping the crew to boat stations. Then, turning to me, Hall said "What on earth game is this you are up to now?" And I told him I was after that load of medical supplies which he had in his fore peak: how badly they were needed: how next to impossible it was to get lighters: that I had a motor-boat alongside with which I proposed to tow his lifeboats ashore if he would be good enough to load them with the bales and hampers. He said he thought that was a great idea and he would indeed be glad to at last get rid of that damned cargo which he had been carrying about so long. So, after a short chat, we went out to see how Simpson was getting on with the boats. The first thing we saw was Simpson standing on the thwart of the first boat lowered which was already half full of water. He was trying to discover the cause; probably someone had neglected to put in the plug. That made it obvious that the drill was not so bad an idea after all.

Captain Hall then put a winch crew on the fore peak and ordered the boats to pull in and load the cargo which was soon going overside. Poor old Simpson, looking very surprised at this, had No. 1 taken up clear of the water again and called the Carpenter to see to her.

By lunch hour we had made good headway with the cargo and had a growing pile stacked on the Egyptian Pier. I enjoyed a good lunch with them during which Simpson came in for a good deal of friendly chaff which he took in good humour. Obviously he too was glad to see that cargo going ashore and not back to Alexandria on the morrow.

By 4.30 p.m. I had the whole lot ashore and went off to report to Col. Mahar. I asked him first if there were anything else he wished me to do with my boat that

afternoon. “So it took you all that time to find out that it was no good going over to tackle that job with such a cockle-shell,” he said. I told him that that job was finished and I was looking for more work. He said that if that job was done it was quite enough for one day, but he looked more than incredulous. But he said that, if it were done, there must be a good story behind it so I had better send off the boat and come below to tea and tell him how on earth I had managed it. So at tea I told the tale and he and the Admiral...laughed heartily as I told them of the ruse I had played with such good results.<sup>109</sup>

The following day Macpherson was provided with a much larger boat. It was about lunch time when he was sent to assist with evacuation from a hospital ship that was on fire.

I...went over to the gangway where the wounded who were able to walk were going painfully down a long steep gangway to the deck of a paddle-wheeler, carrying their little bundles of belongings.

As an Ambulance man this was right in my line. I saw at once what a disaster would occur should one of these poor fellows, many of them wounded in the legs, stumble – how the whole gangway full might thus be precipitated onto the deck below. Seeing some naval ratings standing near I told them to get into the line alternately with the wounded and brace themselves by the hand-ropes of the gangway so that no such accident could occur. They jumped to it, and presently I heard a voice behind me say “That’s a damn good stunt.” I turned around and saw a Commander...to whom I

---

<sup>109</sup> MUN FMFA, COLL-002, Series 7.03, Notebook 2, 94a-100.

apologized for giving his men orders. He said “That’s just fine. Do carry on.” He then threw down a fall from a lifeboat and told his men to return it hand-over-hand, thus completing the circuit. Presently I heard a voice saying “That’s all the walkers, but we cannot get stretcher cases down that gangway.” I said, thinking it was the Commander again, “Oh yes, I think we can.” And looked round to find it was the Admiral whose opinion I had dared to dispute. Before I could say a word he said “Well, I’d like to see how you do it.” So, as it was a paddle-wheeler receiving the wounded, I asked my friend the Commander, who was looking a little shocked, to have his men hoist away on the gangway, shift the paddle-wheeler a little astern, and then lower the gangway again so that it would rest on the casing over the paddle-wheel. This he did, and in less time than it takes to write we had the stretcher-bearers making their way along the now almost horizontal gangway. “Very good show” grunted the Admiral, and off he went.

The fire had started, so they told me, because some water, used in scrubbing down the floor of one of the wards, had trickled through the rough boarding on to some New South Wales coal which, so they told me, when moistened slightly, was apt to smoulder spontaneously. As soon as the patients in this ward had been evacuated they tore up the floor and soon controlled the fire.<sup>110</sup>

Later that evening Macpherson’s commanding officer told him that the Royal Engineers had noticed his work of the previous days, and had asked if he could be transferred to their unit, as they were hoping he could take charge of their lighterage. He declined the offer, though it

---

<sup>110</sup> MUN FMFA, COLL-002, Series 7.03, Notebook 2, 100-103.

likely pleased him to be asked, especially given his practical and resourceful nature. He goes on to describe his work after the landing at Suvla Bay:

And so I carried on as Medical Transport Officer when I could spare time from Gas Work all through the desperate days after the Suvla Landing. The Medical Services had been suddenly told to prepare to receive from 15,000 to 20,000 casualties. We had been able to get together enough supplies to properly deal with 10,000. Nearer 50,000 were poured down on us from the Beaches in those few desperate weeks!

Here was work and plenty of it for me. The wounded were brought down to us by the trawlers, etc. which took up fresh troops and supplies to the Beaches and we had to get them ashore to the tent hospitals. The 10,000 beds were soon filled to overflowing. We had to turn all sorts of ships into Ambulance Carriers, as ships other than Hospital Ships were called when they had to carry wounded. Even cattle ships which had brought out horses and mules had to be pressed into this service.

Col. Mahar handed me a Schedule. To so many wounded put on a ship I had to find so many doctors, so many nurses, a Medical Quarter-master, so many orderlies, and then supplies of all sorts: Medical and Surgical hampers, knives and forks (if not a passenger ship), mattresses and bedding, FOOD, etc. etc. etc. I had to go on board a ship, estimate how many wounded she could be made to carry, then off to the Medical Ship to collect personnel and supplies, etc. and install them on board.

The biggest ship it fell to my lot to convert was the "Aquitania". I suppose she was the biggest ship then afloat. She had just come out with troops. Though the biggest, she was also the easiest to estimate for. An hour or so over blue prints with the Staff

Captain and I soon arrived at my estimate and was off to obtain staff and supplies. No bother about crockeryware, eating utensils, beds and bedding for she had all these aboard. Next time she came out to use she had been converted into a pukka Hospital Ship.

Then there had to be a rough and ready selection of cases for the different ships according to whether the ship was to be sent to Alexandria, Malta, or all the way to Blighty.

I have never been so busy in my life, or, rather, I should say, never had been, for in the great Influenza Epidemic at the end of The War every doctor had to work while he could crawl.<sup>111</sup>

The most obvious feature about Macpherson's narratives from the war is the near complete absence of description or commentary on casualties, or any of the other horrors of war he undoubtedly encountered. Nor did he criticize the decisions of his commanding officers. Instead, and much like his narratives from his time in the north, his stories focus on the practical challenges he faced and overcame in the course of his duties. For example, there is a remarkable similarity between his two stories about obtaining hospital supplies, first in Battle Harbour and then in Mudros. In both cases the desperately needed supplies were about to be carried off, but with his quick wits and good sense Macpherson was able to acquire them.

A second feature of his writing is his use of humour. In many of his stories he subverts authority or bureaucracy to get the job done, which he does so well, and with such good results, that his subversion is forgotten or forgiven. In telling these stories Macpherson may have been using humour and a focus on practical matters as coping strategies to deal with the high levels of

---

<sup>111</sup> MUN FMFA, COLL-002, Series 7.03, Notebook 2, 104-105.

violence and death, as did many others. Indeed, there is a growing body of scholarship that examines questions about how soldiers handled the unprecedented violence of the war, and humour, especially among British troops, figures prominently among their coping mechanisms.<sup>112</sup> The cartoons of Bruce Bairnsfather, for example, have become iconic images of the longsuffering British trench soldier, stoic in the face of danger and deprivation.<sup>113</sup> Most of this work, however, has dealt primarily with the soldiers themselves and how they coped (or didn't) with the hardships of trench warfare. Less work has been done on those who were in supportive positions, such as the many medical personnel that cared for the soldiers. Carol Acton and Jane Potter have addressed this gap, however, and in a recent article examine how medical personnel processed the physical and psychological burdens of their war work. They found that there were a range of responses, from "heightened language of sacrifice and duty and the desire to endure to utter despair at the apparent futility of the war..."<sup>114</sup> Yet they also note a determination on the part of medical practitioners to give meaning to their experiences.<sup>115</sup> It is almost certainly the case that Macpherson was troubled by what he saw during the war, and he too sought to find meaning in his experiences.

One of the ways in which he, as did many others, was to see the deaths of young men as selfless sacrifice in the fight against evil and barbarism. Macpherson expressed this sentiment

---

<sup>112</sup> Peter Hodgkinson, *'Glum Heroes': Hardship, Fear and Death – Resilience and Coping in the British Army on the Western Front 1914-1918* (Solihull, West Midlands: Helioin & Company, 2018), 45. For more excellent scholarship on the mental and emotional health and coping mechanisms of soldiers during the war see Alexander Watson, *Enduring the Great War: Combat, Morale and Collapse in the German and British Armies 1918-1918* (Cambridge; New York: Cambridge University Press, 2008) and Michael Roper, *The Secret Battle: Emotional Survival in the Great War* (Manchester; New York: Manchester University Press, 2009).

<sup>113</sup> See his work in Bruce Bairnsfather, *Fragments from France* (New York; London: G. P. Putnam's Sons, 1917) and Bruce Bairnsfather, *Bullets and Billets* (London: Grant Richards, 1916).

<sup>114</sup> Carol Acton and Jane Potter, "These frightful sights would wreak havoc with one's brain": Subjective Experience, Trauma, and Resilience in First World War Writings by Medical Personnel." *Literature and Medicine* 30:1 (2012): 62.

<sup>115</sup> Acton and Potter, "These frightful sights", 62.

when he described the death of a young soldier named Fitzgerald; Fitzgerald had been part of the St. John Ambulance Brigade before joining the Regiment, and it is very likely Macpherson knew him personally. Notably, he did not witness it himself but relayed what he had been told: “Ebsary was shot down a little distance in front of the trenches probably by machine gun fire; Fitzgerald went to his assistance and started to bandage him when he was shot through the leg; he continued to bandage and was again shot through the thigh; he still continued bandaging but called to those in the trench what had happened to him adding that he was all right and could look after Ebsary, which he did until he had finished attending to his injuries. Then he started to step into cover behind a tree till they could get a stretcher for Ebsary when a third bullet hit him in the groin and killed him. “Killed in action” is altogether too meagre a description of such a glorious death as his was...”<sup>116</sup> This is the most extensive description of the violence of the war in all of Macpherson’s writing, and as noted above, he did not witness it himself. It is tempting to attribute this silence to an inability or an unwillingness to relive the horrors of what he most certainly witnessed on the beaches of Gallipoli, but that is complicated with the realization that he did not speak much of what he saw in Labrador either. Indeed, he did not speak of his patients much at all, even in the sources that are drawn from his later life.

The preceding discussion has shown how Macpherson contributed to and navigated through the First World War. In his development of the gas mask he became part of the process whereby technical expertise surrounding chemical weapons was manufactured, and his experiences in Gallipoli show a remarkable continuity with his time in the north. Both show an individual reacting to the situation in which he finds himself, be it engaging with an infectious

---

<sup>116</sup> Military records, RPA, The Newfoundland Regiment and the Great War Database, [http://www.rnr.therooms.ca/soldier\\_files/MacPherson\\_Cluny\\_rnr-1192.pdf](http://www.rnr.therooms.ca/soldier_files/MacPherson_Cluny_rnr-1192.pdf) (accessed May 7, 2017), 9.

disease, with a hostile sea, or against a deadly enemy weapon. In all instances he worked to save and protect lives – the mission of a true healer.

## CONCLUSION

Macpherson returned to St. John's after the war and continued to practice medicine in St. John's for the next thirty years. He served as secretary for the Newfoundland Medical Association (NMA) for many years and served a term as president of the Canadian Medical Association (CMA), only the second Newfoundlander to have ever held the position. He practiced through the change to Commission of Government in 1934, served again during the Second World War, and continued his practice through Confederation with Canada. He won many awards and honours over the course of his life, and passed away in 1966, shortly before Canada implemented Universal Health Care.

As the preceding chapters have shown, examining the different contexts in which Macpherson practiced reveals insight into the influences that shaped the development of medical care in Newfoundland and Labrador during the early twentieth century. Spiritual and secular ideas about redemption and social reform found common ground in the idea of social uplift and improvement, which resulted in a dramatic expansion of health care services through the first decades of the twentieth century. Although they evolved in regional capacities, subject to the particular social, environmental, and political contexts in which they existed, they were connected by the population they served, and in many cases, by the practitioners who moved between them. These connections are obvious in the workings of the Grenfell Mission, for example, with its connections to Britain and America and the streams of workers that were all holders of their own sets of beliefs and knowledge, some of which had quite high levels of modern medical expertise; these connections are also obvious in the way organizations came together in the fight against tuberculosis; comment about connections and spirit of community fostering development of socialized medicine; the government was not always willing or able to

financially support in totality the provision of care, but that lack did not necessarily impede the expansion of services. To recall the conclusions of the report by Vonderlehr and Heering, by 1940 the administration of public health care at government expense was deemed to be effectively developed in Newfoundland; the Commission of Government cannot take all the credit for this, for in their own establishment of a series of cottage hospitals after 1934 they did not create completely new organizational and institutional infrastructure so much as build upon existing systems. In a sense, the history of medical care in Newfoundland and Labrador is very much a story of ordinary people, of individuals who embodied these complex and multifaceted ideas and contributed in a multitude of ways to the creation and development of health care systems that met their needs.

These chapters have also revealed how these complex and multifaceted ideas were embodied in the life of an individual doctor. Macpherson's experiences in the war show a continuity with his experiences in the north; he seemed to face all challenges with a similar attitude – to do what needed to be done with whatever tools were available to him – and to put aside any feelings of horror or grief or fear that might otherwise impede him in the performance of his duties. Those duties remained, first and foremost, that of a doctor – of one who saves and protects lives.

There is certainly much work that remains to be done. Work which focused more explicitly on medical topics would fill a gap in the literature, particularly if it contextualized Newfoundland and Labrador within national and international frameworks. To this end it would be a most worthwhile endeavour to investigate Macpherson's later life and career, and of particular interest would be his work in women's health. Letters to a colleague and a few articles in the *British Medical Journal* provide tantalizing clues about the nature of this work, which

included the use of adrenaline as treatment for severe dysmenorrhea, for example. It was beyond the scope of this project to address such questions, however, especially given the challenges associated with accessing medical records from his and other doctors' practices. Still, enough leads exist to suggest it could be a productive search, and one which could potentially make a significant contribution to the medical historiography of Newfoundland and Labrador.

By way of final thought, and given the use of Macpherson's narratives in the preceding paragraphs, consider for a moment the timeless importance of storytelling as a means for people to understand the world around them. William Cronon writes that "[a]s storytellers we commit ourselves to the task of judging the consequences of human actions, trying to understand the choices that confronted the people whose lives we narrate so as to capture the full tumult of their world."<sup>117</sup> As we have seen, Macpherson certainly lived through times of great change, including social and political upheaval, dramatic advances in science and medicine, and unprecedented global conflict. There is perhaps no better way to capture the 'full tumult' of these times than to view them through the eyes of a person who navigated and adapted to these changes.

---

<sup>117</sup> William Cronon, "A Place for Stories: Nature, History, and Narrative," *The Journal of American History* 78:4 (1992): 1370.

## BIBLIOGRAPHY

- Acton, Carol and Jane Potter. ““These frightful sights would work havoc with one’s brain”:  
Subjective Experience, Trauma, and Resilience in First World War Writings by Medical  
Personnel.” *Literature and Medicine* 30:1 (2012): 61-85.
- Anais, Seantel. “(Mal)Nutrition and the ‘Informal Economy’ Bootstrap: The Politics of Poverty,  
Food Relief, and Self-Help.” *Newfoundland and Labrador Studies* 24:2 (2009): 239-260.
- Arendt, Beatrix “Caribou to Cod: Moravian Missionary Influence on Inuit Subsistence  
Strategies” *Historical Archaeology* 44:3 (2010): 81-101.
- Aykroyd, W. R. “Beriberi and Other Food-Deficiency Diseases in Newfoundland and Labrador.”  
*The Journal of Hygiene* 30:3 (1930): 357-386.
- Bairnsfather, Bruce. *Bullets and Billets*. London: Grant Richards, 1916.
- Bairnsfather, Bruce. *Fragments from France*. New York; London: G. P. Putnam’s Sons, 1917.
- Baker, Melvin. “The Appointment of a Permanent Medical Health Officer for St. John’s, 1905.”  
*Newfoundland Quarterly* 79:3 (1984): 23-25.
- Bannister, Jerry. “Whigs and Nationalists: The Legacy of Judge Prowse’s *History of  
Newfoundland*.” *Acadiensis* 32:1 (2002): 84-109.
- Bishop-Stirling, Terry. “Negotiating Health Care: Epidemics, Public Health and Medical Care in  
Newfoundland and Labrador, 1918-1920.” *Newfoundland Quarterly* 103:2 (2010): 47-54.
- Cadigan, Sean. *Death on Two Fronts: National Tragedies and the Death of Democracy in  
Newfoundland, 1914-1934*. Toronto: Allen Lane, 2013.
- Cadigan, Sean. *Newfoundland and Labrador: A History*. Toronto; Buffalo: University of Toronto  
Press, 2009.
- Caine, Barbara. *Biography and History*. Basingstoke; New York: Palgrave Macmillan, 2010.
- Cecil, Hugh and Peter H. Liddle, eds. *Facing Armageddon: The First World War Experienced*.  
Barnsley, South Yorkshire: Pen & Sword Select, 2003.
- Coleman, Kim. *A History of Chemical Warfare*. Basingstoke; New York: Palgrave Macmillan,  
2005.
- Coombs-Thorne, Heidi. “To Prevent “the Otherwise Inevitable Catastrophe”: American  
Philanthropy and the Creation of the International Grenfell Association, 1905-1914.” In  
*The Grenfell Medical Mission and American Support in Newfoundland and Labrador,  
1890s-1940s*, edited by Jennifer J. Connor and Katherine Side, 77-99. Montreal: McGill-  
Queen’s University Press, 2019.
- Condrau, Flurin and Michael Worboys, eds. *Tuberculosis Then and Now: Perspectives on the  
History of an Infectious Disease*. Montreal: McGill-Queen’s University Press, 2010.

- Connor, Jennifer J. and Katherine Side, eds. *The Grenfell Medical Mission and American Support in Newfoundland and Labrador, 1890s-1940s*. Montreal: McGill-Queen's University Press, 2019.
- Connor, J. T. H. "American Aid, the International Grenfell Association, and Health Care in Newfoundland, 1920s-1930s." In *The Grenfell Medical Mission and American Support in Newfoundland and Labrador, 1890s-1940s*, edited by Jennifer J. Connor and Katherine Side, 245-266. Montreal: McGill-Queen's University Press, 2019.
- Connor, J. T. H., Jennifer J. Connor, Monica G. Kidd, and Maria Mathews. "Conceptualizing Health Care in Rural and Remote Pre-Confederation Newfoundland as Ecosystem." *Newfoundland and Labrador Studies* 30:1 (2015): 115-140.
- Connor, J. T. H. and Stephen Curtis, eds. *Medicine in the Remote and Rural North, 1800-2000*. London; New York: Routledge, 2016.
- Connor, J. T. H. "Putting the "Grenfell Effect" in its Place: Medical Tales and Autobiographical Narratives in Twentieth-Century Newfoundland and Labrador." *Papers of the Bibliographical Society of Canada* 48:1 (2010): 77-118.
- Crellin, John K. *Home Medicine: The Newfoundland Experience*. Montreal, QC: McGill-Queen's University Press, 1994.
- Crellin, John K. *The Life of a Cottage Hospital: The Bonne Bay Experience*. St. John's: Flanker Press, 2007.
- Cronon, William. "A Place for Stories: Nature, History, and Narrative." *The Journal of American History* 78:4 (1992): 1347-1376.
- Dyck, Erika and Christopher Fletcher, eds. *Locating Health: Historical and Anthropological Investigations of Health and Place*. London; New York: Routledge, 2016.
- Etherington, Norman, ed. *Missions and Empire*. Oxford; New York: Oxford University Press, 2005.
- Freemantle, Michael. *Gas! Gas! Quick Boys! How Chemistry Changed the First World War*. Stroud: History Press, 2013.
- Garland, Thomas O. and P. D'Arcy Hart. *Tuberculosis in Newfoundland, 1945*. St. John's: Trade Printers and Publishers, 1946.
- Gibbs, Philip. *Realities of War*. Bath: Chivers, 1968.
- Green, H. Gordon. *Don't Have Your Baby in the Dory: A Biography of Nurse Myra Bennett*. St. John's: Flanker Press, 2012.
- Harrison, Mark. *The Medical War: British Military Medicine in the First World War*. Oxford; New York: Oxford University Press, 2010.
- Hiller, James and Peter Neary, eds. *Newfoundland in the Nineteenth and Twentieth Centuries: Essays in Interpretation*. Toronto: University of Toronto Press, 1980.

- Hiller, James and Peter Neary, eds. *Twentieth-Century Newfoundland: Explorations*. St. John's: Breakwater, 1994.
- Hodgkinson, Peter. *'Glum Heroes': Hardship, Fear and Death – Resilience and Coping in the British Army on the Western Front 1914-1918*. Solihull, West Midlands: Helion & Company, 2018.
- House, Edgar. *Light at Last: Triumph over Tuberculosis in Newfoundland and Labrador 1900-1975*. St. John's: Jespersen Press, 1981.
- Hulan, Renée. "'A Brave Boy's Story for Brave Boys': Adventure Narrative Engendering." In *Echoing Silence: Essays on Arctic Narrative*, edited by John Moss, 183-190. Ottawa: University of Ottawa Press, 1997.
- Kealey, Linda and Heather Molyneaux. "On the Road to Medicare: Newfoundland in the 1960s." *Journal of Canadian Studies* 41:3 (2007): 90-111.
- Lawson, Gordon S. and Andrew F. Noseworthy. "Newfoundland's Cottage Hospital System: 1920-1970." *Canadian Bulletin of Medical History* 26:2 (2009): 477-498.
- Maloney, Jr., H. Newton. "John Wesley's *Primitive Physick*." *Journal of Health Psychology* 1:2 (1996): 147-159.
- Matchim, John R. "Sport in a Northern Borderland: A History of Athletics and Play in the Grenfell Mission, 1900-1949." In *The Grenfell Medical Mission and American Support in Newfoundland and Labrador, 1890s-1940s*, edited by Jennifer J. Connor and Katherine Side, 103-127. Montreal: McGill-Queen's University Press, 2019.
- Mitchell, Timothy. *The Rule of Experts: Egypt, Techno-Politics, Modernity*. Berkeley: University of California Press, 2002.
- Murphy, Noel. *Cottage Hospital Doctor: The Medical Life of Dr. Noel Murphy*. St. John's: Creative Publishers, 2003.
- Neary, Peter. *Newfoundland in the North Atlantic World, 1929-1949*. Kingston: McGill-Queen's University Press, 1996.
- O'Flaherty, Patrick. *Lost Country: The Rise and Fall of Newfoundland, 1843-1933*. St. John's: Long Beach Press, 2005.
- Overton, James. "Brown Flour and Beriberi: The Politics of Dietary and Health Reform in Newfoundland in the First Half of the Twentieth Century." *Newfoundland Studies* 14:1 (1998): 1-27.
- Paddon, W. A. *Labrador Doctor: My Life with the Grenfell Mission*. Toronto: James Lorimer, 1989.
- Piercy, Rhoda Maude. *True Tales of Rhoda Maude: Memoirs of an Outport Midwife*. Edited by Janet McNaughton. St. John's: Faculty of Medicine, Memorial University, 1992.
- Porter, Andrew. *Religion versus Empire? British Protestant Missionaries and Overseas Expansion, 1700-1914*. Manchester; New York: Manchester University Press, 2004.

- Renders, Hans and Binne de Haan, eds. *Theoretical Discussions of Biography: Approaches from History, Microhistory, and Life Writing*. Leiden; Boston: Brill, 2014.
- Rompkey, Ronald. *Grenfell of Labrador: A Biography*. Toronto, ON: University of Toronto Press, 1991.
- Rompkey, Ronald. *The Labrador Memoir of Dr. Harry Paddon, 1912-1938*. Montreal: McGill-Queen's University Press, 2003.
- Rompkey, William. *The Story of Labrador*. Montreal, QC: McGill-Queen's University Press, 2005.
- Roper, Michael. *The Secret Battle: Emotional Survival in the Great War*. Manchester; New York: Manchester University Press, 2009.
- Rusted, Nigel, comp. *The Physicians and Surgeons: Biographical Gleanings*. St. John's, NL: Faculty of Medicine, Memorial University of Newfoundland, 1994.
- Ryan, Shannon. *The Ice Hunters: A History of Newfoundland Sealing to 1914*. St. John's: Breakwater, 1994.
- Sackett, Andrew. "Inhaling the Salubrious Air: Health and Development in St. Andrews, N.B., 1880-1910." *Acadiensis* 25:1 (1995): 54-81.
- Vonderlehr, R. A. and R. E. Heering. "Report of a Survey on Civil Health Services as they Relate to the Health of Armed Forces in Newfoundland." In "An American Report on Newfoundland's Health Services in 1940," by James E. Candow, *Newfoundland Studies* 5:2 (1989): 221-239.
- Watson, Alexander. *Enduring the Great War: Combat, Morale and Collapse in the German and British Armies, 1914-1918*. Cambridge; New York: Cambridge University Press, 2008.
- Wherrett, George Jasper. *The Miracle of the Empty Beds: A History of Tuberculosis in Canada*. Toronto; Buffalo: University of Toronto Press, 1977.
- Worboys, Michael. *Spreading Germs: Diseases, Theories, and Medical Practice in Britain, 1865-1900*. Cambridge; New York: Cambridge University Press, 2000.

## Archives

Memorial University of Newfoundland (MUN), Faculty of Medicine Founder's Archive (FMFA), Dr. Cluny Macpherson fonds, COLL-002, 7-01-001.

<http://www.med.mun.ca/hslarchive/coll002.htm> (accessed May 12, 2016)

Memorial University of Newfoundland (MUN), Faculty of Medicine Founder's Archive (FMFA), Dr. Cluny Macpherson (1879-1966): Reflections of a Newfoundlander, Notebooks 1 & 2.

<http://www.med.mun.ca/macpherson/pages/contents.htm> (accessed May 12, 2016)

The Rooms Provincial Archives (RPA)

The Newfoundland Regiment and the Great War Database.

[http://www.rnr.therooms.ca/part3\\_database.asp](http://www.rnr.therooms.ca/part3_database.asp) (accessed March 23, 2016)

[http://www.rnr.therooms.ca/soldier\\_files/MacPherson\\_Cluny\\_rnr-1192.pdf](http://www.rnr.therooms.ca/soldier_files/MacPherson_Cluny_rnr-1192.pdf)  
(accessed May 7, 2017)