It was a fine day in the dead of winter, 1826, when a young doctor and his wife arrived in Quebec City, Que, in a horse-drawn sleigh, galloped around the city a few times, liked the look of it, and decided to stay for the rest of their lives. The next day they sold their horse and started looking around for real estate. A few days later they bought a house.

Dr James Douglas was a refugee and a criminal who was fleeing from the United States, the kind of man our current refugee policies try hard to exclude. His crime was vandalizing fresh graves, digging up the corpses and taking them home to dissect them. He was 26 years old.

At the time of his crime, Douglas was teaching surgery and anatomy at Auburn Medical College in New York. It was a bit of a catch-22, as his students had to do dissections to pass their surgical examinations, but the law made it impossible to obtain enough corpses for this purpose. It was the second time he had been caught. The first time the judge had let him off with a warning, but this time Douglas had made a dreadful mistake: he had thought he was digging up a poor beggar but had instead robbed the grave of an eminent citizen. A taxi driver (or the 19th-century equivalent) came in and recognized the dead man left carelessly in Douglas’ office. Douglas and his wife Hannah Williams did not wait to see how quickly word would spread. They grabbed their toothbrushes and left that very night by sleigh for Canada.

Douglas must be one of the more outrageous characters in Canada’s medical history, and also one of the most talented. Very shortly after he arrived in Quebec he had established a reputation as one of the most skilled physicians in Lower Canada.

Surgery at home
James Douglas grew up in Scotland, the son of a Methodist father and a Roman Catholic mother, and began his medical studies at the tender age of 13. By the age of 18, he was practicing medicine on a Norwegian whaling ship in the Arctic, then in India, and later among the Mosquito Indians of Honduras. He’d been teaching for 2 years in the United States before his flight from the law.

Soon after arriving in Quebec, he was at it again: he started a little school of surgery and anatomy in his house. His wife died in 1828, and he married again shortly afterward. No one has recorded what his wives thought of the corpses being dissected in the basement; this basement was later converted into a kitchen, as a former student records caustically, “just for the sake of the pleasant associations.”

A full night’s sleep
James Douglas was a pioneer in terms of both medical education and practice. In 1837 he was appointed medical director of the new Military and Emigrant Hospital, built to take in immigrants and longshoremen who worked on the timber ships, stowing and hoisting without benefit of mechanization. There was plenty of opportunity for practicing surgery, and under Douglas’ leadership the hospital became the best school for surgery in the continent, with students fighting to study under him.
Thanks to his experience in Honduras, it was Douglas who first recognized cholera when it arrived in 1831, Douglas who instituted the first treatment, and Douglas who established a graveyard for the 4000 townspeople who did not survive. He worked so hard during the three consecutive epidemics that his health never recovered. The only full night’s sleep he ever had was on a pile of cedar boughs on a moose-hunting expedition he made with the Huron.

In 1847 he and two colleagues started up the Lower Canada College of Physicians and Surgeons, the first successful attempt to regulate the profession in the country. The following year he was the first in Quebec city to use chloroform anesthesia.

**Psychiatry and trout fishing**

Douglas was not only one of Canada’s finest surgeons, he was also one of its first psychiatrists, although the word had not yet been invented. In the 19th century there was a gathering movement to extract the mentally ill from the prisons and hospitals in which they were languishing and put them in special asylums. Mental illness was now being attributed to alcoholism, city life, and heredity (in modern terms, a combination of environment and genetics) rather than to demonic possession.

**Preferred treatment for mental illness—exorcism:** This oil painting dating from the end of the 18th century hung on Dr Douglas’s wall for several years.

James Douglas had no experience whatsoever in mental health; his expertise was in correcting clubfeet and squints. But it was he who was asked to run the first asylum in Canada. He bought a property that, handily, lay just next to the country residence where he liked to go trout fishing, and began to import patients from their former residences. Some had been chained to the floor and had not seen daylight for 20 years. Douglas was convinced that rather than restraint, these patients needed work, good food, fresh air, and an “unvarying system of conciliation and kindness.” They worked at broom-making, farming, carpentry, and weaving, and some improved to the point that they could go home. The hospital still exists, and its patients still work in the attached farm and the carpentry workshop.

As a good Methodist, Douglas disapproved of dancing, except when it came to his asylum. Every Thursday there was a ball, which he and all staff attended, with an orchestra. He provided theatre, magic lantern shows, and picnics, for which several cast-iron cooking ranges would be hauled out into the countryside and set up under a large tree. He adored his patients, whom he believed were “the special objects of God’s kind providence.”

With the sound of mind, however, Douglas was less inclined to be unvaryingly kind. Among his many nonmedical pursuits, he learned Italian, and the teacher was expected to be in Douglas’ study at 5 AM. His family and any guests were expected to join him for breakfast at 6.

**Pigs and hippos**

Meanwhile Douglas was neglecting his duties at the Military and Emigrant Hospital in favour of his beloved asylum, and...
by 1850 the hospital was rocked by accusations of theft and sexual abuse. The superintendent was found to be stealing food from patients to feed some pigs that he kept out back. A Royal Commission set up to study the place in 1851 found the wards dark and stuffy, the kitchen floors awash in mud and water, and that while James Douglas was an excellent surgeon, he was also a tyrannical bully.

Douglas had respiratory problems, and prescribed for himself nine winters in a row in Egypt, taking along his wife and children and often a few cousins for good measure. He became renowned there as a good doctor, and one year he cured an Arab slave trader of pneumonia, whereupon the grateful patient offered to send a hippopotamus to Quebec in payment. “It was not the first time,” wrote his son, “that my father refused a fee.”

Taking his mummies with him
Douglas never quite got over his fascination with dead bodies. He brought two mummies back from Egypt, which caused a small stir in Quebec city. He dramatically unveiled the head of a dead Egyptian princess during a lecture he was giving in the local library one evening, and, as reported by the paper, young men vied to obtain a tress of her magnificent long hair, which they kept in golden lockets hung from their watch chains.

Douglas was very fond of his mummies, and his son complained they had to cart them about with them everywhere they went. As an old man Douglas went to live with this long-suffering son. He of course brought his beloved mummies with him, and set them up in the porch of the house, claiming that they effectively put off potential burglars.

A very generous man, Douglas loathed banks and never kept his money in them. He gave much of it away, including a generous endowment to the library at which he had unveiled his dead princess, and another to what is now the Douglas Hospital in Verdun. But as a result of rash investments in some mines in the Eastern Townships that never panned out, he died penniless.

In a book of memoirs, Douglas’ son wrote a stirring homage to his father’s skill (and by the way, a warning against the golden calf of evidence-based medicine):
“... that marvellous medical skill and keen instinct, which a practitioner, who has been for half a century in contact with disease, acquires, he knows not how, and which he cannot describe or communicate. It must be buried with him, to be gathered afresh through experience by the next generation.”

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