THE NATURAL HISTORY OF 19th CENTURY CANADIAN MEDICAL PERIODICALS

Before the first journals, and in hiatuses between journals, in the early days, physicians who wished to publish had either to seek to do so in medical journals outside Canada, or to publish their writings in non-medical sites within the country (1). At mid-century, Canadian medical journalism scarcely existed, but by the end of the 19th century journals were entrenched and vital components of the profession. This change represents a dramatic process that saw entrepreneurial experimentation replaced by sober business practices, as the Canadian medical profession changed from one little interested in medical-literary efforts to one eager to publish, both on medical-political and on medical-scientific issues.

One part of the entrepreneurial enterprise that gave the earlier journals their distinctive aura of instability was the remarkable uncertainty that inhered to the financial support of publication. This paper will attempt to describe and explain some of these difficulties and suggest reasons for the change over time.

Financial insecurity characterized the early Canadian journals, the majority of which had short lives. For example, of 55 journals that began publication in Canada during the 19th century, 29 (53 %) lasted two years or less, and of those 29, 12 had lives shorter than 6 months (2). A major reason for this high mortality rate was a lack of adequate financial support.

In 1853, the editors of the newly founded Medical Chronicle lamented in an editorial that «Medical journalism in Canada is so unsafe a speculation, there is not a respectable publishing house in Montreal that would enter into it. (3) » It was necessary for a journal editor also to be the proprietor — to bear financial as well as editorial responsibility. Other editors in Montreal had the same problem, although in Ontario journal editors were able to identify a more courageous (or foolhardy) publisher. The editors of the Upper Canada Journal of Medical, Surgical, and Physical Science noted their altruistic motives in founding their publication. They wished only the general benefit of the profession, even if it cost the editors « a small pecuniary sacrifice ». They did not seek profit, and referred to their contract with the publisher, « which secures to him free editing,
all the profits — should such accrue — and \textit{half the loss, if any be sustained} » (4) (emphasis in original). Even here, very real risk of loss was to be shared.

What were the actual risks? Few firm data exist, but fortunately one editor closed out the life of his journal with some explicit information to explain his enforced retirement from the field. This man was Dr. Archibald Hall, who in February, 1852, announced that he was unable to continue the \textit{British American Medical and Physical Journal}, a periodical he began in 1845. Hall was in debt almost £37 for the current volume and had outstanding debt of £120 from previous volumes. Not surprisingly, Hall was unhappy. «This large sum,» he protests, «the undersigned has no idea whatever of augmenting; and if the journal is now discontinued, the fault lies not with the editor.. but with those who have proved themselves its patrons but in name» (5). So it was not expensive to produce a journal. Hall said each issue cost him £10-12, and while this sum is not insignificant, it was small enough to permit one individual to undertake publication for a time.

Although printing costs were low, so, evidently, was income. As many as six types of income or financial guarantee can be identified. These include: the editor's personal funds; the resources of a printer-proprietor, if separate; subscriptions; advertising; subventions of various kinds; and financial guarantees by persons not directly involved in the editorial process — warranties ranging from the relatively casual to formal incorporation.

I have mentioned the need for editors to use their personal funds, and the difficulty of persuading printers to do so, at least at mid-century. Crucial to solvency were paid subscriptions. Not only did such subscriptions provide the needed infusions of cash to finance further operations, but also the size of the subscription list was an indicator of the acceptibility and the popularity of the journal. And this, in turn, then as now, was the key that could open the vault of advertising revenue. That, at least, was the theory. In fact, editors learned quickly that advertisers cared about circulation, whether it was in paid subscriptions or in unpaid copies distributed. And this fact may explain the circulation policy that seems to have been followed by these early journals: copies would be sent to every physician within the presumed sphere of influence of the journal — city, county, province, even country — with a request to remit the subscription fee if the recipient wanted to continue to receive the journal. But the implied or stated threat of discontinuing mailing if no fee was sent rarely and only reluctantly was carried out.

Indeed, if one complaint can be said to characterize the financial woes of Canada's early medical journals, it appeared in the recurrent editorial appeals to remit subscription fees. For example, at he end of his second year of publication of the \textit{Manitoba, Northwest and British Columbia Lancet}, the editor noted that the non-payment of subscriptions threatened the existence of his journal. «On our lists,» he pointed out, «are the names of two hundred gentlemen who have had the \textit{Lancet} posted to them regularly... One more number will complete a two years issue, and yet we have not received a remittance from one of them...» (6) (emphasis in original). And as late as 1904, a Montreal editor reported, on the demise of the \textit{Canada Medical Record}, that of 1000 on the mailing list, fewer than 50 paid «the paltry annual fee of one dollar»! (7) Obviously, this problem did not disappear with the dawn of the 20th century.

Reliable figures for either subscriptions or circulation are rare. We do have some data, though they must be viewed with some reservation since they come from the journal's editorial pages and may have experienced some inflation enroute. In September 1870, Dr. John Fulton became editor of what had been the \textit{Dominion Medical Journal}, but which he re-named \textit{The Canada Lancet}.
Only four months later, Fulton claimed that the circulation (not the subscription list) had doubled (8), and in March Fulton felt called upon to apologize to recent subscribers who did not receive the February issue because insufficient numbers were printed. This dilemma probably was unique in 19th century Canadian medical journalism. The proud editor went on to say that circulation the previous September was 400 copies and, for the current, March, issue was 1200. Furthermore, he stated explicitly that the journal had acquired « between 300 and 400 new subscribers during the month of January » (9) (emphasis added).

In the light of frequent failures by his colleagues, Fulton seems to have succeeded in finding a formula for success (10). This is borne out by the long life of the periodical, which was published continuously until 1934, and by the evident fiscal strength implied by a high proportion of advertising pages to editorial pages. Advertising pages, and therefore presumably advertising revenue, increased dramatically under Fulton’s regime. In September 1870, when he took over, 27% of the pages (14 of 52) were used for advertising purposes. In July 1872, the figure was 32% (23 of 72), and a year later it was 48% (45 of 94); by October 1882, advertising occupied 53% of the journal’s pages (36 of 68) (11). Most modern journals would welcome such evidence of fiscal success: few, if any, of Fulton’s colleagues came close.

If the triad of subscriptions-circulation-advertising was one key to economic survival, it was not the only one. Another journal rivalled, and even exceeded, the success of The Canada Lancet, and that was L’Union Médicale du Canada, founded in 1872 and still a major force in Canadian medical journalism. Jean-Philippe Rottot, the first editor, obtained a commitment for support from many of the leading physicians of Quebec, a commitment both moral and financial. Twenty-seven men subscribed, among them, a sum sufficient to guarantee the publication of the new journal for 3 years (14). The existence of such a guarantee does not, of course, eliminate the need for the editor to entice subscribers and advertisers, but it does provide him with a comfortable breathing space, and one which Rottot (and his successor after 2 years, George Grenier) put to good use.

Similar but more formal arrangements also were created, later in the century. One of the earliest journals to be unequivocally the organ of a society was the Ontario Medical Journal, which began publication in August 1892. The relationship governing its existence was published in the first issue. It specified that the Ontario Medical Journal Publishing Company (Ltd.) would supply to all members of the College of Physicians and Surgeons of Ontario a complete report of all meetings of the Council of the College, plus monthly issues of a medical journal « fully equal in every respect to the best Medical Journal published in Toronto, » without cost to the individual members. The College, in return, would pay the journal company § 600 per year (15).

In this formal, legalistic approach the process of medical journal publication seems to have acquired a « modern » appearance by century’s end. This does not mean that no more journals came into being in the old-fashioned, mid-century, entrepreneurial way. Many did, and in general they can be recognised as those that had short lives. Nevertheless, by about 1900, the financial aspects of medical journalism had changed dramatically from the effort of an individual, bitten
by the editorial bug, who decided to create his own journal, to a business advisors, who saw a use for a journal and designed one to do the job. In many ways this change in Canadian medical journals paralleled similar changes in our medical schools (16). There, the financial demands forced on medical education by, in particular, the need for elaborate and expensive laboratory space eliminated the last for the first generation proprietary schools.

One thing is clear from all this. Although one could never say that it was impossible for an editor to make money from a medical journal, it was a highly unlikely eventuality. Whatever other motives editors had for taking up their pens, we probably should accept at face value the customary avowals of economic disinterest, as epitomized most irrevocably in the arrangement already cited between the editors of the Upper Canada journal and their publishers (17).

We have, unfortunately, no specific data on the costs of publication. Hall's statement gives us the impression that the process was inexpensive at mid-century. Aside from the cost of paper and printing there would seem to be little else. Unlike the situation in newspaper publication, there was no paid staff whose salaries must be met. For some of the period under consideration, postage was free. And the editorial office would be the proprietor's medical office in his home.

Costs also were not great for the recipient of the journal, the physician-reader. As has been shown, in all too many instances he had no cost, since he did not pay. But the charge was small enough — $2 or $3 per year; to put this into perspective, one must realize that subscription to a daily newspaper for a year cost just the same amount (18), which representend to the doctor two or three office calls (when he could obtain payment).

How does this information relate to the professionalization of Canadian medicine? Journals are one of the attributes of groupings of human beings, professional or fraternal or otherwise. When a journal is created by a professional body, such as the College of Physicians and Surgeons of Ontario, for the express purpose of serving as a means of communication between the College and its members, motivation is unequivocal and the journal clearly is a part of the apparatus of professionalization. The picture is much less clear when one examines the entrepreneurial journals, where the avowed motivation usually centred on advancing the scientific knowledge of the reading profession, and to a lesser degree the advancement of that profession's dignity or power (19).

Moreover, a fundamental question remains to be addressed. Although most journals undoubtedly performed both functions, was the primary role of the 19th century Canadian medical journal to mould medical opinion on professional matters or to reflect the opinion that existed within its constituency? Rutherford, writing about the daily press at this time, expresses the view that "...the media seem most effective when they endeavour to reinforce existing opinions" (20). When one considers the remarkable inability of modern media to influence readers or viewers in public health measures such as convincing teenagers not to begin smoking, it is difficult to see medical journals as vigorous agents directing the profession along pathways that ultimately will lead it to a presumed nirvana of despotic control over the lives and morals of its members' patients — yet (overstated though it is) some modern historians have at least hinted that some such nefarious purpose was intended. The likelihood that journals were usually followers rather than leaders is further supported by evidence that the editors of these journals were young men who, at this stage in their careers, were not notably influential; that is, the editor's chair can be seen as a step up the
professional ladder much more than a post at the top of the ladder, from which a canny veteran directed the steps of his colleagues (21).

REFERENCES


2. Throughout this paper, statements of factual data about the various journals and their editors, unless indicated otherwise, are derived from C. G. Roland and P. Potter, An Annotated Bibliography of Canadian Medical Periodicals, 1826-1975 (Toronto 1979).

3. Untitled editorial, Medical Chronicle 1, 1853, 187.


5. Archibald Hall, Manitoba, Northwest and British Columbia Lancet 2, 1889, 179.

6. Untitled editorial, Ontario Medical Journal 1, 1892, 36.


10. Some elements of this formula are outlined in C. G. Roland, « Ontario Medical Periodicals as Mirrors of Change », Ontario History 72, 1980, 5-15, especially 10-11.

11. These figures all derive from direct page counts made on the individual issues indicated.


13. Ibid., 117.


15. Untitled editorial, Ontario Medical Journal 1, 1892, 36.


17. See also (E. P. Lachapelle), L’Union Médicale du Canada 5, 1876, 280 : « ... notre travail, n’est pas une spéculations monétaire, mais qu’il a pour objet, l’honneur et le progrès scientifiques de la profession médicale canadienne-française... ».


19. Examples abound to buttress support for both descriptions of motivation. It is my impression, unsupported by any quantitative study, that the scientific motive is the commonest. The Upper Canada Journal nicely combines the motives in its lengthy introductory editorial, identifying its concerns as « the actual state of medicine as a science, its progress as an art, and the present and future prospects of its practitioners as a body in this section of the Province. » (Upper Canada Journal of Medical, Surgical and Physical Science 1, 1851-2, 25.) Twenty years later, the editor of the Canada Medical Journal stated his journal’s purpose to be « ... a means of making known their (his readers’) observations in the treatment of disease. » (Canada Medical Journal 8, 1871-2, 381.) A further 20 years later and this progression of time may well be related to the change in emphasis — an editor singled out a role of prime importance for his publication : « ... the professional journal is often the sole defence which guards the great body of the Profession from the inroads of quacks, empirics, and qualified but unscrupulous men... » (Manitoba, Northwest and British Columbia Lancet 2, 1889, 179.)
