

Recent Writing on Health Care History in Canada

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Article abstract

These are halcyon days for health care history in Canada. One routinely sees articles pertaining to health in leading Canadian and international history journals. The *Canadian Bulletin of Medical History* is a vibrant and important vehicle and there are a growing number of monographs. This essay reviews several of the maturing content areas that now characterize the writing of health history in Canada, including hospital history, nursing history, the history of mental health, and health and medicine in aboriginal settings. This essay seeks to highlight the accomplishments of the field, while reviewing some of the gaps.

Recent Writing on Health Care History in Canada

Peter L. Twohig

Résumé: C'est une période heureuse pour l'histoire des soins de santé au Canada. On voit régulièrement des articles sur la santé publiés dans des périodiques d'histoire canadiens et internationaux. Le *Bulletin canadien d'histoire de la médecine* est un périodique vivant et important, et le nombre de monographies est en augmentation constante. Cet article discute de plusieurs problématiques de recherche en émergence qui caractérisent l'écriture de l'histoire de la santé au Canada, incluant l'histoire des hôpitaux, des infirmières, de la santé mentale et explore la santé et la médecine chez les autochtones. L'article cherche à mettre en évidence les réalisations de ce domaine de recherche, tout en signalant les lacunes à combler.

Abstract: These are halcyon days for health care history in Canada. One routinely sees articles pertaining to health in leading Canadian and international history journals. The *Canadian Bulletin of Medical History* is a vibrant and important vehicle and there are a growing number of monographs. This essay reviews several of the maturing content areas that now characterize the writing of health history in Canada, including hospital history, nursing history, the history of mental health, and health and medicine in aboriginal settings. This essay seeks to highlight the accomplishments of the field, while reviewing some of the gaps.

What is the health of health care historiography in Canada? In one sense, health care history seems to have achieved a new degree of respectability. Articles regularly appear in the leading historical journals, the *Canadian Bulletin of Medical History* is regularly producing themed issues on a variety of topics, and publishers are routinely producing books. Health care historians are fortunate to have the generous financial support of Associated Medical Services, through the Hannah history of medicine program, special initiatives within the Social Sciences and Humanities Research Council (SSHRC) — such as the Health and Society funding — and the promise of funding (though largely unrealized) within the Canadian Institutes of Health Research. Health care is a topic of national importance, occupying a prominent place within the public policy debate, even if claims of its centrality to national identity have been challenged.¹ Health care history offers a ready vehicle through which one can explore the politics of caring and curing, while concurrently paying attention to issues of class, gender, ethnicity, region, interprofessional relations and myriad other variables.

¹ See Michael Bliss, "Health Care Without Hindrance: Medicare and the Canadian Identity," in *Better Medicine: Reforming Canadian Health Care*, ed. David Gratzer (Toronto: ECW Press, 2002), 31–43.

The history of health care is also a subfield that is ripe for interdisciplinary inquiry and historians routinely incorporate the insights of other fields (clinical science, epidemiology, philosophy, anthropology, and sociology) into their work.

Perhaps because of this, undergraduate students often find the field intrinsically interesting. They are able to readily connect it to their own area of interest and they often always react, if somewhat predictably, to the dramatic depictions of illness and disease (say, of Thomas Need's dining experience in York during the cholera epidemic of 1832, described in Bilson's *A Darkened House*²). Graduate students find that they are able to explore myriad questions through studies of health care and benefit from abundant (if not always accessible) source material. Other researchers find that they are able to explore the rivers and eddies of their interest through health care, whether they are interested in state formation or public policy, professional or institutional development, power, gender, or a host of other questions. It is, then, a field full of promise. But Wendy Mitchinson cautioned a decade ago that despite the "vitality and dynamism" in the field, there were multiple independent trajectories that did not seem to be coming together in productive or stimulating ways.³

Some content areas are coming of age, including hospital history, nursing history, the history of mental health, and exploring health and medicine in aboriginal settings. There are other exemplary studies that fall outside of these specific areas and I wish to highlight several of these. It is indicative of the maturity of the field that it is simply not possible to review all the good work that has been accomplished over the past decade.⁴ There are, nevertheless, still some missing elements. I want to provide a descriptive piece that will highlight the accomplishments of the field, while reviewing the gaps. I also hope to raise questions about the future. It is not my intention to be comprehensive, nor do I wish to smugly suggest "future directions" — that is for current and future scholars to determine when they have surveyed the landscape for themselves.

2 Geoffrey Bilson, *A Darkened House: Cholera in Nineteenth-Century Canada* (Toronto: University of Toronto Press, 1980).

3 Wendy Mitchinson, "The Health of Medical History," *Acadiensis* 20 (Autumn 1990): 253–64. It is worth acknowledging that the dynamic nature of the field identified by Mitchinson in this essay contrasted with her 1982 assessment that medical history was "undeveloped and generally overlooked." See Mitchinson, "Canadian Medical History: Diagnosis and Prognosis," *Acadiensis* 12 (Autumn 1982): 125–35.

4 I am explicitly leaving biography out of this review. Mitchinson addressed the strengths and weaknesses of biographical writing in her 1990 essay and, in my estimation, her assessment still rings true today. There are notable exceptions, such as Michael Bliss's formidable and scholarly biography of William Osler. Bliss, *William Osler: A Life in Medicine* (Toronto: University of Toronto Press, 1999).

Hospitals

Hospitals have long been a favoured topic of study among Canadian medical historians.⁵ Indeed, J.T.H. Connor, fearful of a spate of commemorative hospital histories, warned of the coming plague of “centennialitis” more than a decade ago.⁶ In her perceptive review of Christopher Rutty’s history of Kitchener, Ontario’s, St Mary’s General Hospital, Elsbeth Heaman artfully noted the limitations of the genre.⁷ In Heaman’s view, such histories “are designed as a work of commemoration as well as (or perhaps even instead) of critical investigation.”⁸ Two recent institutional biographies illustrate the spectrum; J.T.H. Connor’s analysis of the Toronto General Hospital and Donald I. MacLellan’s study of the Moncton Hospital.⁹ The first is a fine work of scholarship, replete with insights into hospital formation, changing medical technology, the organization of medical care and the delivery of medical care to patients. The second contains few of these qualities.

Connor’s book *Doing Good*, is a thorough, authoritative (if traditional) hospital history. The book divides the history of the Toronto General into three broad periods, corresponding to its role in providing care to the sick poor (1797–1856), as a public charity (1856–1903) and as a teaching hospital (1904–2000). We learn much about the role of elite benefactors, the rise of government funding, and a close relationship with the University of Toronto. In chapter four, tellingly

5 There are many examples available. A selection of the genre would include: H.E. MacDermot, *A History of the Montreal General Hospital* (Montreal: The Montreal General Hospital, 1950); D. Sclater Lewis, *The Royal Victoria Hospital 1887–1947* (Montreal: McGill University Press, 1969); W.G. Cosbie, *The Toronto General Hospital, 1819–1965: A Chronicle* (Toronto: Macmillan, 1975); Irene McDonald, *For the Least of My Brethren: A Centenary History of St. Michael’s Hospital* (Toronto: Dundurn Press, 1992); Neville Terry, *The Royal Vic: The Story of Montreal’s Royal Victoria Hospital, 1894–1994* (Montreal: McGill-Queen’s University Press, 1994). In addition to Connor’s book, discussed in this review, two of the better hospital histories are David Gagan, *A Necessity Among Us: The Owen Sound General and Marine Hospital, 1891–1985* (Toronto: University of Toronto Press for the Grey Bruce Regional Health Centre, 1990) and Colin D. Howell, *A Century of Care: A History of the Victoria General Hospital in Halifax, 1887–1987* (Halifax: The Victoria General Hospital, 1988). For overviews of hospital writing in Canada, see S.E.D. Shortt, “The Canadian Hospital in the Nineteenth Century: An Historiographical Lament,” *Journal of Canadian Studies*, 18 (Winter 1983–84): 3–14 and J.T.H. Connor, “Hospital History in Canada and the United States,” *Canadian Bulletin of Medical History*, 7, 1 (1990): 93–104.

6 Connor, “Hospital History,” 94.

7 E.A. Heaman, “Review of Christopher J. Rutty, *A Circle of Care*,” *Canadian Bulletin of Medical History*, 16, 1 (1999): 163–68.

8 *Ibid.*, 164.

9 J.T.H. Connor, *Doing Good: The Life of Toronto’s General Hospital* (Toronto: University of Toronto Press, 2000) and Donald I. MacLellan, *A History of the Moncton Hospital: A proud past – a healthy future (1895–1995)* (Halifax: Nimbus Publishing, 1998).

entitled “A Model Hospital”, Connor describes “an internal metamorphosis, with dramatic changes in operation, management, and clinical activities, to emerge as a recognizably modern institution.”¹⁰ Essentially, Connor argues that the hospital achieved its modern form around the turn of the twentieth century and, indeed, this case study seemingly bears out the dictum of Charles Rosenberg that the society became hospitalized and the hospital medicalized. In this way, Connor is suggesting that British North America and Canada fit the broad pattern of hospital development in the United States.

An even more recent addition to Canadian hospital history is David Gagan and Rosemary Gagan’s *For Patients of Moderate Means*, a wonderful and ambitious history of the public general hospital in Canada during the first half of the twentieth century.¹¹ This book is tightly written and beautifully referenced, making it an invaluable contribution to the field. The authors question whether “it is possible to formulate a generic social history of the Canadian voluntary general hospital.” The authors largely achieve this and, in so doing, have provided an essential book for anyone interested in health care in Canada. Throughout, Gagan and Gagan illustrate the multiple interests that shaped the modern hospital, including the activities of governments, hospital administrators, doctors, nurses and other health care providers, and patients. This is, of course, a tall order but the authors ably present sufficient evidence on each of these interests. The medical profession is a case in point. In far too many historical analyses, the medical profession appears as an undifferentiated mass, with each specialty carving out a sphere of interest in the modern hospital and all of them, seemingly, on more or less the same footing. But, as Gagan and Gagan cogently argue, the rise of the modern hospital “initially divided an overcrowded and under-employed medical profession into two camps: the elite specialists, who historically had enjoyed honorary hospital appointments and the privileges they entailed, and their more numerous colleagues in general practice, who were denied access to hospital facilities[.]”¹² For twenty years, general practice waged a battle to secure hospital privileges. The authors also offer useful insights into medical technology, hospital financing and a host of other issues.

10 Connor, *Doing Good*, 121.

11 David Gagan and Rosemary Gagan. *For Patients of Moderate Means: A Social History of the Voluntary Public General Hospital in Canada, 1890–1950* (Montreal and Kingston: McGill-Queen’s University Press, 2002).

12 *Ibid.*, 98.

Nursing

Canada's nursing historiography achieved new heights during the 1990s. In 1991, Veronica Strong Boag characterized nursing history as a series of "labouriously compiled" accounts of schools and professional organizations that were determined to acknowledge the contribution of every graduate, teacher or administrator. These accounts provided "simple documentation" but rarely within an analytical framework.¹³ Even more critical was Janet Wilson James, who described nursing history as an "intellectual backwater."¹⁴ Studies of individual schools continued to be produced through the 1990s¹⁵ but do so in the midst of a more sophisticated nursing history, that utilizes the insights of social history, feminist theory, gender, and labour history, to name only a few. Special editions of the *Canadian Journal of Nursing Research* and the *Canadian Bulletin of Medical History* offer good illustrations of this new body of scholarship.¹⁶ Numerous other articles and monographs such as McPherson's *Bedside Matters* reveal the rich potential of the area.¹⁷

McPherson's book utilizes a generation schema, beginning with the second generation of Canadian nurses (1900–20). The second generation worked during an "era of expansion" that has become well-known among Canadian health care historians. The third generation (1920–41) was, in contrast, characterized by "crisis conditions" caused by "two decades of oversupply and underemployment." The fourth generation (1942–67) enjoyed much better circumstances, as the Canadian health care system expanded. The last generation considered (1968–90) "grew up" in the era of medicare and in this context, nurses "created new collective vehicles, unions, to defend their interests as workers and as women."¹⁸ The impressive temporal scope

13 Veronica Strong-Boag, "Making a Difference: The History of Canada's Nurses," *Canadian Bulletin of Medical History*, 8, 2 (1991): 231–48.

14 Janet Wilson James, "Writing and Rewriting Nursing History: A Review Essay," *Bulletin of the History of Medicine*, 58 (1984), 575.

15 Recent studies of individual schools include E.J.M. Hill and Rondalyn Kirkwood, *Breaking Down the Walls: Nursing Science at Queen's University* (Kingston: Queen's School of Nursing, 1991), Glennis Zilm and Ethel Warbinek, *Legacy: History of Nursing Education at the University of British Columbia, 1919–1994* (Vancouver: University of British Columbia School of Nursing, 1994), Peter L. Twohig, *Challenge and Change: A History of the Dalhousie School of Nursing* (Halifax: Fernwood Books, 1998).

16 These journals produced special issues on the history of nursing. See *Canadian Journal of Nursing Research*, 27, 3 (1995) and *Canadian Bulletin of Medical History*, 11, 1 (1994). The latter journal is preparing another special issue, indicative of the large amount of work being conducted.

17 Kathryn McPherson's *Bedside Matters: The Transformation of Canadian Nursing, 1900–1990* (Toronto: Oxford University Press, 1996).

18 *Ibid.*, 19.

is matched with a concern for developments across Canada. McPherson developed her analysis using primary sources from Halifax, Winnipeg and Vancouver, and continually set these in the context of national sources and published material. This is a grand book, one that closely examines the experience of ordinary nurses and their work. It will likely be the standard reference work for many years to come, alongside American works such as Barbara Melosh's *The Physician's Hand* and Susan Reverby's *Ordered to Care*.¹⁹

Diseases

If nursing history continues to enjoy strong support in Canada, the dramatic disease is another area of intrinsic interest to historians of health. There are many fine studies of particular diseases internationally, and there have been a few explorations of specific diseases in the Canadian context. One thinks of Geoffrey Bilson's study of cholera or Michael Bliss's of smallpox in Montreal.²⁰ Both of these books, and numerous articles by various authors, explore the impact of disease on nineteenth-century British North America and Canada. Two recent studies offer analyses of an infectious disease (tuberculosis) and a chronic one (cancer), using different approaches, in the first half of the twentieth century.

Barbara Clow's study *Negotiating Disease* challenges the idea of monopolistic medicine and instead argues that medicine remained pluralistic.²¹ Clow uses the example of three unconventional practitioners and their cures; Dr Hendry Connell's "Ensol", Dr John Hett's secret serum and Rene Caisse's Essiac. Each of these practitioners provided alternatives to mainstream medicine for cancer patients during the first half of the twentieth century. There are many voices in this book, including those of general practice, the government, the alternative providers and, most importantly, people living with (and dying from) cancer and their families. Clow effectively challenges long-held assumptions (best articulated by Paul Starr²²) that physicians "finally had medical practice pretty much to themselves" by the

¹⁹ Barbara Melosh, *The Physician's Hand: Work Culture and Conflict in American Nursing* (Philadelphia: Temple University Press, 1982) and Susan M. Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850–1945* (Cambridge: Cambridge University Press, 1987).

²⁰ Bilson, *A Darkened House* and Michael Bliss, *Plague: A Story of Smallpox in Montreal* (Toronto: HarperCollins, 1991).

²¹ Barbara Clow, *Negotiating Disease: Power and Cancer Care, 1900–1950* (Montreal and Kingston: McGill-Queen's University Press, 2000).

²² Paul Starr, *The Social Transformation of American Medicine: The rise of a sovereign profession and the making of a vast industry* (New York: Basic Books, 1982).

end of the 1920s. The treatment choices of patients, who selected such alternatives, offer convincing evidence to the contrary.

The most glaring omission from Clow's analysis is that there are very few details on the epidemiology of cancer. How did it change over time? Did its changing nature alter the "equilibrium of power"²³ that she so painstakingly and convincingly argues existed? The question of power, so clear in the introduction, recedes from view, though it remains implicit in much of the argumentation. Some of this is illustrated through Clow's explication of the work of the Cancer Commission and the Cancer Remedy Act in the final chapter. Nor is the professional authority of the "alternative" providers addressed. All of these individuals had recognizable standing as health care providers. In a book that is about power, Clow could have addressed how their professional identities (though admittedly problematic at times) influenced their ability to promote their alternatives. There are other omissions, including the role of the research community in shaping cancer care in this period or the role of voluntary organizations. Nevertheless, this book is a significant contribution to our understanding of cancer and medical power in the first half of the twentieth century.

Katherine McCuaig's, *The Weariness, the Fever, and the Fret* covers the same temporal period as Clow's study.²⁴ It differs from Clow's book in some obvious ways. First, it concerns an infectious disease. Second, unlike Clow's book, it does offer some basic descriptions of available facilities, funding, and mortality rates. Third, while Clow's evidence comes largely from Ontario (though in a broader North American interpretive framework), McCuaig's book provides some national coverage. It examines the anti-tuberculosis work of doctors and lay volunteers. The period covered saw anti-TB work transform from the social reform impulse of the early twentieth century, through the "watershed" years of the First World War, to the developments of the 1920s and 1930s, after which tuberculosis work was very clearly the domain of medicine and medicalized public health. The book ends with the diminishing impact of TB in the 1950s. Throughout, McCuaig describes the transition from the efforts of urban social reformers into a large, scientific enterprise (though one with a significant volunteer element).

²³ Clow, *Negotiating Disease*, 162.

²⁴ Katherine McCuaig, *The Weariness, The Fever, and the Fret: The Campaign Against Tuberculosis in Canada, 1900–1950*. Montreal and Kingston: McGill-Queen's University Press, 1999.

McCuaig gives due attention, unlike some social historians, to the medical aspects of tuberculosis. The reader learns that bed rest was replaced by surgery, and that clinical diagnosis yielded to chest x-rays and laboratory testing. She offers a very balanced view of the extent to which, perhaps, medical interventions influenced tuberculosis in Canada. Throughout, she provides the reader with lucid and lively prose. While some of the political and medical themes are nicely drawn, the social part of the story is less well-developed. Readers will not find much analysis of the usual categories of class, gender or ethnicity here. There is some brief mention of immigrants in the first chapter, but little else. The scientific treatment of TB is also valorized and contrasted with the idealism and enthusiasm of the social reformers of the earlier era. A more critical stance here would have been helpful. Science, too, is imbued with enthusiasm and idealism, though this is not explored. Instead, we get a simple acknowledgement that professional medicine had its own agenda and attempted to acquire greater influence and authority.

The scope of this book is impressive and it addresses developments in several regions, including public health activity in Saskatchewan, prevention trials in Quebec and the inter-provincial cooperation, supported by the Canadian Tuberculosis Association, in the Maritimes. Regional variations in treatment are nicely drawn. We learn that Saskatchewan's extended free treatment to residents in 1929 and Alberta in 1936. Other provinces modified their policies in other ways. In Nova Scotia, changes were implemented to limit the burden on local governments while in British Columbia fees were graduated according to patient's means. In this way, McCuaig, like McPherson, answers Mitchinson's 1982 call "to get beyond the Ontario and Central Canadian bias of much of the work."²⁵

Asylum History

Studies of central Canada continue to make significant contributions to health care historiography, as two recent contributions to the history of madness and asylums illustrate. Indeed, writing about madness and asylums has long been a vibrant field among Canadian historians. But as social historians began to pay attention to the asylum in Canada in the 1980s, they did not address the question of treatment very thoroughly. Indeed, it seems that historians were content to assume that custodial care was common and many never posed questions

²⁵ Mitchinson, "Canadian Medical History," 134.

about the nature of “cure.” Indeed, a dominant characteristic of many aspects of the social history of health care — one could think of hospital history or public health — is that they skirt the central issue of whether the actions of clinicians, government officials or social reformers actually *improved* the lives of the sick or infirm. Historians such as Wendy Mitchinson have pleaded for a more patient-centered health history,²⁶ one in which outcomes would presumably be an important part, but the plea has not always been well heard.

The patient-centered approach has been well developed in Geoffrey Reaume’s book *Remembrance of Patient’s Past*, which addresses questions of patient culture and experience in the Toronto Hospital for the Insane.²⁷ Reaume bases his analysis on 197 case histories of the 431 that were available. This is admittedly a small sample; between 1870 and 1940, 19 000 patients admitted to Toronto Hospital for the Insane. In selecting these case files, he gave priority to files that contained patient letters and most of the data derived from chronic patients, who had longer stays. One certain result of focusing on the chronic cases is that it obscures the fact of rising release rates for other patients by the latter part of the study (say, from 1920 forward). It also tends to limit our understanding of the role of other, more community-based institutions in providing care for some segment of mental health patients and the interaction between asylums and other institutions in the management of cases.

This is a book with an explicit project embedded within it; Reaume wants to chastise historians for paying too little attention to the “voices” of patients. His explicit intention is to personalize asylum history and thereby humanize the patient population. This is a laudable goal and he achieves this in several ways. Reaume provides rich examples of acts of resistance that show how patients challenged institutional authority. He is also very critical of the staff’s use of force and challenges assumptions made regarding the violent or dangerous patients. Reaume also pays attention to leisure activities and personal space. He also creates doubt, perhaps unintentionally, that those in control of the asylum actually knew very much about the patients. This is achieved through descriptions of the patient’s age as “about 40” or “about 50.” This could be a straightforward issue of the inability to precisely determine the age from the case files. Nevertheless, the reader is left to wonder what other patient information was either incomplete or inaccurate.

26 Mitchinson, “The Health of Medical History,” 254.

27 Geoffrey Reaume, *Remembrance of Patients Past: Patient Life at the Toronto Hospital for the Insane, 1870–1940* (Don Mills: Oxford University Press, 2000).

Reaume wants to remind the reader that behind the labels and statistics were real people with real lives and loved ones. In chapter six, he demonstrates how routine administrative decisions had profound effects on patients. For example, the decision to transfer a patient from one facility to another imposed hardships on patients, who did not see family members as frequently. But the book strikes the note of patient hardship too often and this focus edges out other analytical paths. Reaume seemingly fulfills Hayden White's example of a scholar who is determined to "enter sympathetically into the minds or consciousness of human agents long dead."²⁸ One illustration will suffice. Reaume does a very good job of describing the work that patients performed, including the ways in which it was gendered. Asylums certainly needed the free labour that patients provided on the grounds, in the kitchen and on the wards and patients were assuredly exploited. But Reaume never addresses whether the work had any therapeutic benefit and there is only a brief mention of occupational therapy (fairly well established in Ontario by the 1930s). Reaume's emphasis on the exploitative aspect of patient labour is singular and an important analytical path is never pursued.

James Moran's *Committed to the State Asylum* is another stellar contribution to the history of asylums in central Canada.²⁹ The comparative framework reminds readers that there was incredible variation from setting to setting in a period when health care was largely a local concern. In Quebec, a system that saw patients farmed out to local families was replaced over a fifty-year period by a more co-ordinated effort on the part of the Catholic Church, physicians and the state. In Ontario, the state and organized medicine played a central role in shaping the asylum. The "politics of committal"³⁰ were different in the two settings, while at other times, the institutions in Ontario and Quebec pursued similar strategies. Moral therapy, for example, consisted of the same elements in both settings, including structure to the day, work, diet and diversion.³¹ Asylums, in common with hospitals and other components of health care, were a complex blend of international trends adapted for local circumstances.

Moran dedicates a good deal of attention to the asylums in Toronto and Beauport because of their key role in shaping developments in Ontario and Quebec, respectively. But the influence of other facilities (including St

28 Hayden V. White, "The Value of Narrativity in the Representation of Reality," in *The Content of the Form: Narrative Discourse and Historical Representation* (Baltimore: Johns Hopkins University Press, 1987), 67.

29 James E. Moran, *Committed to the State Asylum: Insanity and Society in Nineteenth-Century Quebec and Ontario* (Montreal and Kingston: McGill-Queen's University Press, 2000).

30 *Ibid.*, 139.

31 *Ibid.*, 91-92.

Jean de Dieu and Rockwood Asylum) is effectively explored. Moran's description of asylum development pays due attention to the ways in which people and local considerations shaped the development of the asylum. For example, family and friends played a critical role in having people committed, often for their own reasons. Conversely, they could rally around an individual and resist a recommended confinement. The key here is that, as Patricia Prestwich, David Wright and others have argued,³² local or familial considerations were often as important in shaping committals as any idealized or abstract notions of mental disease. However, Moran cautions, they are not sufficient and cannot be understood apart from the asylum operators who wielded ultimate control over committals. The nuanced argument developed, firmly grounded in the historiography, is convincing and supports Moran's conclusion that while physicians, reformers and asylum promoters eventually did create an asylum infrastructure, they did not do so "just as they pleased."³³ Although the idea of the asylum was and its "intended ideological function" was firmly rooted in middle-class ideas of insanity and its treatment, "the actual development of the asylum was more influenced by the competing visions of various class and political groupings."³⁴

Childbirth

If Reaume and Moran have provided exceptional regional studies of the asylum, Wendy Mitchinson has provided an outstanding contribution to the history of pregnancy and childbirth in Canada. *Giving Birth in Canada 1900–1950*³⁵ will likely occupy a space alongside her previous study of nineteenth century women's relationship with their physicians on many bookshelves, and deservedly so.³⁶ Mitchinson's analysis focuses on medicine's structure, rather than the clinical care of individual physicians. She identifies the "particular ways in which medical practitioners examined issues, saw problems, and described what they did."³⁷ The years covered, 1900–50, were ones of enormous change for medicine and for women. One needs only to think of the

32 David Wright, "Getting Out of the Asylum: Understanding Confinement of the Insane in the Nineteenth Century," *Social History of Medicine*, 10 (1997): 137–55 and Patricia E. Prestwich, "Family Strategies and Medical Power: 'Voluntary' Committal in a Parisian Asylum, 1876–1914," *Journal of Social History* 27 (1994): 799–818.

33 Moran, *Committed to the State Asylum*, 172.

34 *Ibid.*, 75.

35 Wendy Mitchinson, *Giving Birth in Canada, 1900–1950* (Toronto: University of Toronto Press, 2002).

36 Wendy Mitchinson, *The Nature of Their Bodies: Women and Their Doctors in Victorian Canada* (Toronto: University of Toronto Press, 1991).

37 *Ibid.*, 10.

development of sulpha drugs or women's right to vote. The book is divided into eight chapters. The early chapters, cleverly entitled "The Uncertain World of Medicine and Medical Practitioners" and "The Even More Uncertain World of Obstetrics" develop the clinical context. Chapter three reminds us that midwives were an enduring feature of childbirth, while other chapters deal with prenatal care, childbirth, obstetrical intervention, caesarian section and, in one chapter, maternal mortality and postnatal care.

Another feature of Mitchinson's book is that she marshals a wide variety of sources, including medical journals, textbooks, popular writings intended for the general public, patient records and oral interviews. While there are a large number of journals (national and local), newsletters and other published sources available to health care historians, there are often challenges identifying and gaining access to primary sources. Material is often in private hands or remains with institutions, boards or agencies unfamiliar with the demands of researchers and unsure how to accommodate them. There are questions of privacy and confidentiality. But occasionally, researchers negotiate all of these challenges and identify unique material. Two recent books based on diaries, among the most cherished of sources for social historians, illustrate the power of such sources. Mann's skillful editing of Gass's diary offers insights into the life of a nursing sister during the First World War.³⁸ Her diary begins with her training in Quebec City in March 1915 and ends in December 1918. In the pages that follow, we are drawn into Gass's world, as a woman working in the midst of war, close to the front. Her first-hand accounts are graphic and detail the carnage of war. Her diary contrasts the arrival of the wounded with the beauty of a local field of poppies.³⁹ No idealized, or romantic version of nursing at the front here. The power of the diary is that it records the day-to-day activities of Gass, when time permitted. (Indeed, there are many gaps in the record). This book is exceptionally well crafted, with a solid introduction, excellent illustrations, sufficient biographical detail on the people who appear in the book and wonderful notes that explain and clarify the text. Another element of this book is the story of how the diary came to light. A young girl read an extract from one portion of the diary during school Remembrance Day ceremonies in 1997, which was picked up by a Halifax paper and brought to the attention of some National Film Board staff, who were preparing a documentary on John McCrae, author of "In Flanders' Fields." This por-

38 Clare Gass, *The War Diary of Clare Gass 1915-1918* (Montreal and Kingston: McGill-Queen's University Press, 2000), edited and introduced by Susan Mann.

39 *Ibid.*, 27-28.

tion of the diary ended after Christmas 1916. The remainder of the diary, covering 1917 and 1918, was found when Mann visited some Nova Scotian relatives in 1999. This degree of serendipity is extraordinary, but health care historians understand how fragile the historical record can be. Hospitals cease operations or are amalgamated and amalgamated again, and records vanish. Perspectives of rank-and-file health care providers are in short supply. That Mann was able to piece together the diary from a number of sources and surround it with other material, including letters home from Gass and photographs, makes this a remarkable book.

Other Health Care Workers

As Mann notes in her introduction, diaries are precious documents yielding insights not easily captured through other means.⁴⁰ Ronald Rompkey brings his careful editing to the diary of Jessie Luther.⁴¹ Luther was an accomplished artist and well known in New England arts and crafts circles. She had an interesting career that included a period of residence at Hull House, Jane Addams' famous social settlement, where Luther taught wood crafts, pottery, basket weaving and metalwork. Her work at Hull House was exhausting and, in 1903, Luther needed a period of hospital confinement followed by a period of convalescence in New Hampshire to replenish her physical and emotional strength. It was in the summer of 1903 that Luther embarked on her path as an occupational therapist. She met Herbert Hall, one of the founders of American occupational therapy. They worked together creating occupational therapy programs and their success attracted many physicians who visited their Boston workshops. Among the visitors was Wilfred Grenfell, who invited her to go north to St Anthony, Newfoundland, to teach weaving to women.

The entry for 12 July 1906, a week after Luther's arrival in St Anthony, notes how she "came here expecting to work hard with looms and teach others to do like-wise. I have not only done that but have cooked for the family, cared for the orphans, assisted in their baths, mended and altered their clothes, acted as waitress, chambermaid, scullery maid."⁴² Nevertheless, references to her work are few

40 Another good example of an edited diary related to Canada's health care past is Elizabeth Smith, *A Woman with a Purpose: The Diaries of Elizabeth Smith 1872-1884* (Toronto: University of Toronto Press, 1980), edited and introduced by Veronica Strong-Boag.

41 Jessie Luther, *Jessie Luther at the Grenfell Mission* (Montreal and Kingston: McGill-Queen's University Press, 2001), edited and introduced by Ronald Rompkey.

42 *Ibid.*, 23.

in the diary. Occasionally, Luther's tone is sharp. The entry for 2 May 1908 refers to two "neglected girls" who were receiving sewing lessons. The pattern was carefully selected to provide "an object lesson in the use of scant material" and Luther added "I can only hope they can be helped to appreciate better standards of living and morality. At present, I doubt if they have any."⁴³ While ostensibly in St Anthony to develop skills among the local women, the therapeutic nature of her calling, informed by her social class, was always present. Later that year, 30 October, she summarizes the effect of her work. "Girls who appeared careless and aimless when they joined the class became neater and more responsive. ... The boys are more courteous, co-operative and industrious."⁴⁴

Jessie Luther's diary covers the years 1906 to 1910 and Rompkey's skillful editing, detailed notes and careful scholarship ensures that this book is a valuable addition to the social history of the Grenfell Mission. Like that of Clare Gass, Luther's diary will not be fully satisfying for the reader who wants to learn only about developments in nursing during the war or an early attempt at social reform and uplift through the use of arts and crafts. Both books are characterized by frustratingly few detailed descriptions of their actual work. Perhaps the startling settings of the front line during war and the sublime beauty of Labrador, respectively, allow the more mundane tasks of these women to recede from view. But each of these diaries is remarkable and filled with insights not easily accessed through other sources. Each captures the unique experiences of Gass and Luther and these books are powerful illustrations of women's activities in the first decades of the twentieth century and deserve a wide audience.

Luther was an occupational therapist and this serves as an important reminder that the history of health care encompasses many kinds of health care work. Indeed, one of the key features of health care during the twentieth century was the introduction of entirely new categories of workers. Physiotherapy and occupational therapy, dietetics, x-ray and laboratory technology, speech pathology, and others joined nurses and physicians in shaping the care of patients, both inside institutions and beyond. Few of these other health care occupations have been examined, particularly outside of Quebec.⁴⁵ This is a

43 Ibid., 156.

44 Ibid., 197.

45 In Quebec, there have been studies of a number of allied health care workers. See, for example, Lucie Piché and Nadia Fahmy-Eid, "À La Recherche d'un statut professionnel dans le champ paramédical: Le Cas de la Diététique, de la Physiothérapie et de la technologie médicale," *Revue d'Histoire de l'Amérique Française*. 45, 3 (1992): 375-401; Nadia Fahmy-Eid and Lucie Piché, "Le Savoir Négocié:

bit of a puzzle. As significant employers of women in an important sector of the economy, one would have expected a burgeoning historiography from a variety of perspectives. But few have taken up the challenge. There are some exceptions, with Ruby Heap's explorations of physiotherapy among the best-known studies.⁴⁶

My own study of laboratory workers seeks to disrupt what, for me, is an all-too-comfortable reliance on the idea that health care workers in the twentieth century had a single role in the emerging "modern hospitals."⁴⁷ Drawing on the rich documentary sources so wisely preserved by the Canadian Society of Medical Laboratory Science and the records of local institutions, I have been able to demonstrate that many workers, most of whom were women, combined work in one department with duties in another. Thus, laboratory workers also served as x-ray technicians, medical records clerks, or in hospital kitchens. Others, including nurses and pharmacists, had multiple duties as well. This structuring of work has long been implicit in several analyses, particularly within the nursing historiography.

That the vast majority of the workers performing multiple duties were women suggests, for me, how gendered historians' assumptions about the nature of hospital and health care formation remain. Health care historians have been quick to adopt the story of increased specialization and compartmentalization, informed largely through the experience of male physicians and urban hospitals. This story also provides an underlying logic for studies of individual occupational groups. Disrupting these assumptions, I believe, will lead to productive analytical paths that will do much to energize the field. It will demand some level of synthesis across hospital departments, among occupational groups, and between hospitals and the communities they serve. It will also force some consideration of the interplay between local, regional, national and international developments.

Les Stratégies des Associations de Technologie Médical, de Physiothérapie et de diététique pour l'accès à une meilleure formation professionnelle (1930–70)," *Revue d'Histoire de l'Amérique Française*, 43, 4 (1990): 509–34; Aline Charles and Nadia Fahmy-Eid, "La Diététique et la Physiothérapie Face au Problème des Frontières Interprofessionnelles (1950–80)," *Revue d'Histoire de l'Amérique Française*, 47, 3 (hiver 1994): 377–408. For a broader discussion of health care workers in Québec, see Nadia-Fahmy-Eid, *Femmes, santé et professions: histoire des diététistes et des physiothérapeutes au Québec et en Ontario, 1930–1980* (Saint-Laurent, 1997).

46 Ruby Heap, "Physiotherapy's Quest for Professional Status in Ontario, 1950–80," *Canadian Bulletin of Medical History*, 12, 1 (1995): 69–99 and Heap, "Training Women for a New 'Women's Profession': Physiotherapy Education at the University of Toronto, 1917–40," *History of Education Quarterly* 35, 2 (1995): 135–58.

47 Peter L. Twohig, "'Local Girls' and 'Lab Boys': Gender, Skill and Medical Laboratories in Nova Scotia in the 1920s and 1930s", *Acadiensis*, 31, 1 (Autumn 2001): 55–75. This work is drawn from my PhD (Dalhousie 1999) which is the basis of a forthcoming book from McGill-Queen's University Press.

In addition to our limited understanding of allied health care workers, there are other sectors of health care that remain poorly understood. General practice / family medicine illustrates this point. Although family medicine is among the newest of medical specialties, general practice has a long history.⁴⁸ There are rich historical studies of family practice in Canada, though these overwhelmingly focus on the nineteenth and early twentieth centuries.⁴⁹ Studies of professional medicine's internal organization include Shephard's study of the Royal College of Physicians and Surgeons⁵⁰ and Woods' study of the College of Family Physicians of Canada (CFPC) published more than twenty years ago.⁵¹ There are several biographies and autobiographies, including one of W. Victor Johnson, an early organizer of family medicine in Canada.⁵² In more general works, family physicians usually merit only brief mention.⁵³ The two most comprehensive studies of primary care physicians remain Clute's work, published four decades ago and Badgely and Wolfe's study, which is thirty years old.⁵⁴ Outside of Canada, there are more, and more sophisticated analyses of family (or general) practice during the nineteenth and twentieth centuries.⁵⁵ The

48 Jacalyn Duffin, *History of Medicine: A Scandalously Short Introduction* (Toronto: University of Toronto Press, 2000), Ch. 14, pp. 337–59.

49 These works include, Robert D. Gidney and W.J.P. Millar, *Professional Gentlemen: The Professions in Nineteenth-Century Ontario* (Toronto: University of Toronto Press, 1994), Jacalyn Duffin, *Langstaff: A Nineteenth-Century Medical Life* (Toronto: University of Toronto Press, 1993), A. Duncan, *Medicine, Madams and Mounties: Stories of a Yukon Doctor, 1933–1947* (Vancouver: Raincoast Books, 1989), J.T.H. Connor, "A Sort of Felo-De-Sec': Eclecticism, Related Medical Sects, and Their Decline in Victorian Ontario," *Bulletin of the History of Medicine*, 65 (1991): 503–27, Gidney and Millar, "The Origins of Organized Medicine in Ontario, 1850–1869," in *Health, Disease and Medicine: Essays in Canadian History*, Charles G. Roland, ed. (Toronto: Hannah Institute for the History of Medicine, 1982), pp. 65–95, Charles G. Roland, "The Diary of a Canadian Country Physician: Jonathan Woolverton (1881–1883)," *Medical History* 14 (1971): 168–80, Roland and B. Rubashewsky, "The Economic Status of the Practice of Dr. Harmaunus Smith in Wentworth County, Ontario, 1826–1867," *Canadian Bulletin of Medical History*, 5 (1988): 29–49, Terri Romano, "Professional Identity and the Nineteenth-Century Ontario Medical Profession," *Histoire Sociale/Social History* 23 (1995): 77–98, and S.E.D. Shortt, "Before the Age of Miracles: The Rise, Fall, and Rebirth of General Practice in Canada, 1890–1940" in *Health, Disease and Medicine: Essays in Canadian History*, Charles G. Roland, ed. (Toronto: Hannah Institute for the History of Medicine, 1982), pp. 123–52.

50 David A.E. Shephard, *The Royal College of Physicians and Surgeons of Canada: The Pursuit of Unity* (Ottawa: Royal College of Physicians and Surgeons of Canada, 1985).

51 David Woods, *Strength in Study: An Informal History of the College of Family Physicians of Canada* (Toronto: College of Family Physicians of Canada, 1979).

52 W. Victor Johnson, *Before the Age of Miracles: Memoirs of a Country Doctor* (Toronto: Fitzhenry and Whiteside, 1972).

53 Here, the exception is Gagan and Gagan, who skillfully consider how changes in hospital organization shaped inter-professional relations within medicine and pay particular attention to general practice.

54 Kenneth F. Clute, *The general practitioner; a study of medical education and practice in Ontario and Nova Scotia* (Toronto: University of Toronto Press, 1963) and Samuel Wolfe and Robin F. Badgely, *The Family Doctor* (Toronto: Macmillan, 1973).

55 See, for example, David P. Adams, "Community and Professionalization: General Practitioners

best of these studies attempt to situate family practice in the broader context of inter-professional relations within medicine,⁵⁶ to changes in the patterns of care⁵⁷ and to the changing relationship between the state and family medicine,⁵⁸ to name a few examples.

If the example of general practice / family medicine illustrates a remaining empirical gap, there are analytical and conceptual shortcomings as well.⁵⁹ The development of the health care and service industries, which are among the most important employers of women in Canada, have received relatively little attention from labour historians. In her book, which successfully bridges several historical subfields, McPherson wrote that labour historians were “[b]urdened by the assumption that until recent years claims to scientific status placed nurses in a ‘professional’ rather than ‘worker’ category” and therefore proved reluctant to analyze nursing works *as work*.⁶⁰ Studies of professional groups did not do much better. In their seminal 1982 review article, Joan Jacob Brumberg and Nancy Tomes argued that while women’s historians had successfully demonstrated that gender was a key factor in structuring occupational hierarchies, historians of professionals did not incorporate gender into their accounts, “even in those historical works that have examined a predominantly female profession.”⁶¹ Fortunately, several recent studies have begun to address the issue of gender and professional work, including exemplary studies by Kinnear, Adams and Gidney and Millar.⁶²

and Ear, Nose and Throat Specialists in Cincinnati, 1945–1947,” *Bulletin of the History of Medicine*, 68 (1994): 664–84, Anne Digby, *The Evolution of British General Practice, 1850–1948* (Oxford: Oxford University Press, 1999), John P. Geyman, “Family Practice in Evolution: Progress, Problems, and Projections,” *New England Journal of Medicine*, 298 (1978): 593–601, Irvine Loudon, “The Concept of the Family Doctor,” *Bulletin of the History of Medicine*, 58 (1984): 347–62 and Loudon, *Medical Care and the General Practitioner* (Oxford: Oxford University Press, 1986).

56 Toby Gelfand, “The Decline of the Ordinary Practitioner and the Rise of the Modern Medical Profession” in Martin S. Staum, Donald E. Larsen and David J. Roy, eds., *Doctors, Patients, and Society: Power and Authority in Medical Care* (Waterloo: Wilfrid University Press, 1981).

57 Mitchinson, *Giving Birth in Canada*.

58 Patricia Day, “The State, the NHS and General Practice,” *Journal of Public Health Policy* 13 (1992): 165–79.

59 For some recent discussions of this issue, though not Canadian, see John C. Burnham, “How the Concept of Profession Evolved in the Work of Historians of Medicine,” *Bulletin of the History of Medicine*, 70 (1996): 1–24. See also Gerald N. Grob, “The Social History of Medicine and Disease in America: Problems and Possibilities,” in Patricia Branca, ed., *The Medicine Show: Patients, Physicians and the Perplexities of the Health Revolution in Modern Society* (New York: Science History Publications, 1977), 10; John Burnham, “Will Medical History Join the American Mainstream?,” *Reviews in American History*, 6 (1978), 49.

60 McPherson, *Bedside Matters*, 77.

61 Joan Jacob Brumberg and Nancy Tomes, “Women in the Professions: A Research Agenda for American Historians,” *Reviews in American History*, 10 (1982), 75.

62 Tracey L. Adams, *A Dentist and a Gentleman: Gender and the Rise of Dentistry in Ontario* (Toronto: University of Toronto Press, 2000), Mary Kinnear, *In Subordination: Professional Women*,

Medicine and Science

Many of the recent books offer clues to the relationship between medicine and science. In her analysis, Mitchinson notes that medicine “aligned itself with science” through incorporating the language of science, through its adoption of technology, and through the move toward standardization.⁶³ Gagan and Gagan also offer much insight into how hospitals in Canada became more scientific, both in their clinical care and in their management. But there are few historical analyses of the science of clinical care or of medical research in the Canadian context. Elsewhere, there is a large body of research that describes the origins of medical research⁶⁴ in the early 20th century and specifically, its expansion in the post-war period.⁶⁵ Nevertheless, the relationship between science, medical research, and clinical practice remains poorly understood, though there seems to be some stirrings of interest.⁶⁶

New Directions

Health care history in Canada has also developed several new directions. Among the many flourishing subfields is the study of health and healing in aboriginal communities.⁶⁷ The broadest of these books, and the most interdisciplinary, is *Aboriginal Health in Canada: Historical, Cultural and Epidemiological Perspectives*.⁶⁸ Other monographs are

1870–1970 (Montreal and Kingston: McGill-Queen’s University Press, 1995), and R.D. Gidney and W.P.J. Millar, *Professional Gentlemen: The Professions in Nineteenth-Century Ontario* (Toronto: University of Toronto Press, 1994).

63 Mitchinson, *Giving Birth in Canada*, 22.

64 Richard Shyrock, *American Medical Research: Past and Present* (London: Oxford University Press, 1947), A. McGehee Harvey, *Science at the Bedside: Clinical Research in American Medicine, 1905–1945* (Baltimore: Johns Hopkins University Press, 1981), V.H. Harden, *Inventing the NIH: Federal Biomedical Research Policy, 1887–1937* (Baltimore: Johns Hopkins University Press, 1986).

65 D. Stetten and W.T. Carrigan, eds., *NIH: An Account of Research in Its Laboratories and Clinics*, (New York: Academic Press, 1984); William G. Rothstein, *American Medical Schools and the Practice of Medicine: A History*, (New York: Oxford University Press, 1987); C.C. Booth, “Clinical Research,” in *Companion Encyclopedia of the History of Medicine, Vol. 1*, eds. W.F. Bynum and Roy Porter (London: Routledge, 1993), 205–29; J.V. Pickstone, R.J. Cooter and C.C.S. Murphy, “Exploring ‘clinical research’: Academic medicine and the clinicians in early twentieth-century Britain,” *Society for the Social History of Medicine Bulletin*, 37 (1985): 79–81; C. Lawrence, “Clinical Research,” in *Science in the Twentieth Century*, eds., J Krige and D Pestre (Amsterdam: Harwood Academic, 1997), 439–59.

66 Here I would mention the work of Peter Keating and Alberto Cambrosio. See, for example, Keating and Cambrosio, “Real Compared to What?: Diagnosing Leukemias and Lymphomas,” in *Living and Working with the New Medical Technologies: Intersections of Inquiry*, eds. Margaret Lock, Allan Young and Alberto Cambrosio (Cambridge: Cambridge University Press, 2000), pp. 1–16.

67 I have reviewed this body of scholarship in another essay and only wish to offer a very brief summary here. Interested readers can consult Peter L. Twohig, “Aboriginal Health in Canada,” *Acadiensis*, 32 (Autumn 2002): 140–48.

68 James B. Waldram, D. Ann Herring and T. Kue Young, *Aboriginal Health in Canada: Historical, Cultural and Epidemiological Perspectives* (Toronto: University of Toronto Press, 1995).

more regionally focused. Young's *Health Care and Cultural Change* examines the Sioux Lookout Zone in Ontario, while Grygier focuses on tuberculosis among the Inuit. Western Canada has been well served through the fine scholarship of both Maureen Lux and Mary-Ellen Kelm.⁶⁹ Recent writing on aboriginal history has been characterized by a remarkable breadth of sources, including a wide array of archival documents, government reports, archaeological evidence, administrative health databases, and oral history.

These books reveal some common themes. Each offers some description of the cultural context and of contact with non-aboriginals. Most of these books make the point, to varying extents, that the medical practices of aboriginal people were intertwined with other aspects of aboriginal culture. The books also make use of a number of disciplinary perspectives on health and illness, including those of epidemiology, science, clinical practice, sociology, anthropology and history. The innovative use of such material provides both depth and substance. It is clear, particularly in the work of Waldram, et al., Kelm and Lux, that the study of health care requires some attention to developments in health care but also to questions of ethnicity and racism, economic questions and those of social justice and social inclusion. These works, far from being merely sub-studies within health care history, will serve as useful models for any scholar interested in public or population health.

Many of the works reviewed herein are focused on the closing decades of the nineteenth century and the first half of the twentieth. These were, as many others have acknowledged, critical years in the development of health services in Canada. They are also years when (with the exception of aboriginal people) provincial and municipal governments were prime movers. Detailed studies of the post-Second World War period are relatively few, although Canadian historians in many other fields are beginning to turn their attention to this leviathan. Mona Gleason's study of psychology in post-war Canada is an exception. Her work is part of a growing body of scholarship concerned with regulation.⁷⁰ Regulation is "represents socially and historically contingent processes whereby some behaviours and attitudes come to be labelled as normal and good while others come to be labelled as deviant and bad[.]"⁷¹ Regulation does not imply the total control of experience but,

69 T. Kue Young, *Health Care and Cultural Change* (Toronto: University of Toronto Press, 1988) and Pat Sandiford Grygier, *A Long Way from Home* (Montreal and Kingston: McGill-Queen's University Press, 1994), Maureen K. Lux, *Medicine That Walks* (Toronto: University of Toronto Press, 2001) and Mary-Ellen Kelm, *Colonizing Bodies* (Vancouver: UBC Press, 1998).

70 Mona Gleason, *Normalizing the Ideal: Psychology, Schooling, and the Family in Postwar Canada* (Toronto: University of Toronto Press, 1999).

71 *Ibid.*, 8.

rather, suggests that experiences are shaped. Drawing on the work of Michel Foucault, Gleason develops the idea of “technologies of normalcy” to describe how “the normal,” which was consistently conflated with the socially acceptable, was defined through by the activities of professional psychologists who were ubiquitous in the postwar period. Psychologists were hard at work flooding the airways with advice and permeating the school and public health systems, among other vehicles. Gleason also examines the school setting and that of the family. She provides us with career profiles of several prominent members of the postwar psychological community, including Samuel Laycock, William Blatz and Jack Griffin. The argument here is significant, and one often skirted by analyses of other professionals. Physicians, public health nurses, social workers and a range of other groups were critical to the post-war development of the Canadian welfare state. Gleason’s analysis reminds us how their work came to define what was acceptable behaviour and what were acceptable attitudes. In so doing, other practices were defined as pathological.

There are other persistent issues within Canadian health care history that still need to be addressed. The aging Canadian population brings to mind the need for more studies of the health care of the aged and, ultimately I suppose, the care of the dying. Edgar-André Montigny has offered a critical evaluation of Ontario’s long-term care of the elderly at the end of the nineteenth century,⁷² but it would be interesting to know how the aging and dying were cared for in non-institutional settings and in other areas. Another key area in need of further work is unpaid caregiving, which is not unrelated to the care of the elderly and dying. Such analyses will surely present a rich opportunity to explore the deeply gendered nature of public policy prescriptions, including the recent Romanow Report. Studies of disability among Canadian historians have been woefully few and far between.

Conclusion

In her 1990 review, Wendy Mitchinson concluded that most of the works she reviewed were not written for academic audiences. In this essay, I have focused largely on works that are intended for academic readers, albeit readers with a variety of theoretical perspectives. And I believe, like Mitchinson, that there are still several audiences for the writing of health care history. The oft-cited divide between academic

⁷² See, for example, Edgar-André Montigny, *Foisted upon the Government? State Responsibilities, Family Obligations, and the Care of the Dependent Aged in Late Nineteenth-Century Ontario* (Montreal and Kingston: McGill-Queen’s University Press, 1997).

historians and others shows little sign of breaking down. Remarkable books like *Giving Birth in Canada* surely bridge the gap. Others are less likely to do so. For example, few academic historians will find much merit in McClelland's *History of the Moncton Hospital* beyond mining it for its innumerable, but largely unanalyzed, details. Few general readers are likely to wade through the challenging interpretations found in specialized studies such as those of Lux or Kelm with much enthusiasm. Perhaps this is the intractable reality of health care history in Canada. It certainly does not seem to be going away. But many of the works reviewed herein *are* fully engaged with current debates among historians (and other academic disciplines). The result is that many of the books reviewed herein will break free of the "health care history" silo and be read by our colleagues interested in state formation, gender, work, regulation and a variety of other questions.

The edited diaries of Susan Mann and Ronald Rompkey, and Reaume's wonderful use of patient case histories indicate the rich potential of untapped source material. As historians of health care know very well, source material is precious and often difficult to access. The fragility of the historical record extends to the built heritage as well. In her review of Connor's book, Annmarie Adams ended with "fine books like *Doing Good* cannot be produced as rapidly as the material record of Canadian medicine is disappearing," noting the destruction of the T.J. Bell Wing of the Toronto General and the then-proposed (now underway) destruction of the rest of the 1913 building.⁷³ Historians of health care need also to be advocates for the preservation of material culture and of documentary sources (and access thereto).

The study of the health care readily lends itself to case studies. One can study the activities of a particular disease (cancer or tuberculosis), a particular body of clinical issues (obstetrical care or psychology), an institution or a professional group. At the same time, many historians of health care recognize the need for regional studies or local levels of analysis because of the critical role of provincial and municipal governments in funding programs, because services are often locally delivered and because of the involvement of local groups in supporting and sustaining these programs. But there remains a pressing need to develop works that are broader. Health care is not a series of tidy containers that can be neatly analyzed in isolation. Public health spills from the laboratory into the hospital wards. Medical research shapes both clinical care and patient expectations, often in unexpected ways. We still lack broad

⁷³ Annmarie Adams, Review of J.T.H. Connor, *Doing Good*, *Canadian Historical Review* 83(1): 202-3.

studies of public health, of medical technology, of general practice, of medical education (and the education of other health care professionals) and a range of other topics. At the same time, there is a profound need for works of that synthesize the findings of two decades of scholarship. Several of the works make a huge step in this direction, including McCuaig, McPherson, Mitchinson and Gagan and Gagan, all of which offer broad perspectives on Canadian developments and which show remarkable sensitivity to the uneven development of health services across Canada. Taking my cue from Mitchinson's 1990 assessment, it seems that the patient is stable, even improving, and that the prognosis for health care history in Canada is good.

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