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***The Making of the Northern Ontario School of Medicine: A Case Study in the History of Medical Education.* Edited by Geoffrey Tesson, Geoffrey Hudson, Roger Strasser, and Dan Hunt. (Montreal/Kingston: McGill-Queen's University Press, 2009. 229 p. ISBN 978-0-7735-3649-4 \$44.95)**

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and has made an invaluable contribution to the history of medicine in the eighteenth-century French Atlantic World.

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***The Making of the Northern Ontario School of Medicine: A Case Study in the History of Medical Education.* Edited by Geoffrey Tesson, Geoffrey Hudson, Roger Strasser, and Dan Hunt.** (Montreal/Kingston: McGill-Queen's University Press, 2009. 229 p. ISBN 978-0-7735-3649-4 \$44.95).

This book provides a fascinating history of the first five years of the Northern Ontario School of Medicine (NOSM) which opened in 2005 with campuses at Laurentian University in Sudbury and Lakehead University in Thunder Bay, Ontario. The book is written by twelve authors who all in some way or another were intimately involved with the establishment of the NOSM, and played key roles in the preparation, negotiation, and making of the NOSM. The book not only provides a detailed history of this unique experiment in Canadian medical history—the establishment of a School of Medicine for medical practice in rural and remote communities—but the book also forms an intriguing introduction to northern culture and health. How to best meet the health needs of rural and remote communities and how to make sure health services are available and accessible has been a pressing question for northern communities ever since modern health care spread. Attracting and retaining health professionals into remote and rural communities proved to be an ongoing challenge, and therefore, northern communities in Ontario banded together to lobby for a Northern School of Medicine when the political climate seemed right and receptive to do so during the 1990s. An ardent process of negotiation and careful laying out of supporting evidence about the viability of such a northern experiment eventually resulted in the Ontario government's decision to create the NOSM in May 2001. The first students arrived in September 2005. The establishment of the School was negotiated, and then founded, based upon the evidence-based “notion that doctors with an extensive rural exposure during medical education and training are more likely to practice in rural areas” (p.29).

The book chronicles the history of this unique opportunity to make a difference in the lives and health of northern communities and to develop an innovative approach to medical education with an emphasis on rural health and community-based care. In one of the last chapters of the book,

medical historian and faculty member Geoffrey Hudson, and former vice-dean at the NOSM Dan Hunt, map out the historical roots of the School's social accountability to provide an educational program that was not only responsive to northern community needs, but also involved these different cultural communities in the design, management, and delivery of the medical education. Their account makes clear how the NOSM took on the responsibility to represent the history of Northern Ontario's aboriginal, francophone, and rural and remote communities in its governance, programs, student population, learning environment, faculty, and research endeavours. These objectives were not without its tensions and challenges, as the needs and interests of very different populations with different languages and contexts were not always at par with each other. The lack of the provision of an MD program in the French language, for example, continues to be a source of tension, despite NOSM being transparent to the francophone community as to what is possible with regard to the provision of such a program, the authors point out. Such conflicts are not easily resolved "given the long history of concern over the delivery of services in both French and English in Ontario" (p.181). Developing research programs and networks that seek to improve the health of northern, rural populations, and address the unique health needs of these communities form another case in point. Not only programs, but also research initiatives are shaped by the particular cultural make up and health needs of the northern communities. The NOSM is intimately tied to the history of the region, which in turn formed the most important resource for its foundation.

The creation, development, and unique features of the NOSM are outlined in three main sections. In the first four chapters, Geoffrey Tesson, and John Whitfield, both former vice-presidents academic of the two universities, Raymond Pong, director of the Centre for Rural and Northern Health at Laurentian, Roger Strasser, founding dean of NOSM, and John Mulloy, family physician and lead advocate for the School, outline the formation history and focus of the NOSM. The steps from proposal to reality, the rural health context, the innovative nature of the School's design, and the responsibility local providers took on as medical educators are mapped out. In the second section Joel Lanphear, associate dean undergraduate medical education, Tesson, Pong, and Hoi Cehu, a specialist in film who helped document the School's foundation through the camera's eye, and Arnie Aberman, former dean of the University of Toronto's Faculty of Medicine, and Dorothy Wright, NOSM's chief administrative officer, recount the actual making and organization of the School, the admission process, the curriculum, the students, and the governance structure. The chapter about the students, for example,

provides a vivid narrative based on student interviews about their motivation to apply specifically for this program. Since 2005, the NOSM annually admitted 56 students, whose composition as a collective reflected the cultural make up and orientation of the region. Initial anxiety whether the NOSM would indeed attract a sufficient number of students soon allayed when it became clear that students came, and “they came in droves” (p. 124). Each year over 2000 applicants competed for 56 spots. The purposeful decision not to establish a Medical College Admission Test requirement likely influenced this enthusiastic response, while many applicants also came from a rural and remote background themselves, which particularly attracted them to this program. Many wanted this program, so they would be able to give back to their communities. In part three Hudson, Hunt, Tesson, and Strasser, who are also the editors of the book, reflect on the lessons learned from the first five years, and the broader implications that can be drawn from this innovative initiative. They emphasize how the independent status of the NSOM is likely one among many other factors that ensure NOSM's responsiveness to community needs, and its “unique ability to focus on its mandate” (p.201). Although a twelve-authored book necessarily generates some overlap between the various chapters, the account is written with great enthusiasm and provides an in-depth history of a unique development in Canadian medical history. It also clearly narrates a deeper cultural message about our collective responsibility to be innovative, creative, and daring when it comes to meeting the unique and diverse health needs of Canadians. The book will appeal to health professionals, medical historians, and all who are interested in the history of health care and culture in Canada.

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***La médecine des preuves. Une histoire de l'expérimentation thérapeutique par essais cliniques contrôlés.*** Par Othmar Keel. (Montréal : Presses de l'Université de Montréal, 2011. 166 p., bibl. ISBN 978-2-7606-2051-3 24,95 \$).

Il y a dix ans, Othmar Keel avait publié une étude sur *L'avènement de la médecine clinique moderne en Europe* dans laquelle il s'appliquait, contre des thèses bien admises, à réévaluer les conditions sociopolitiques, institutionnelles, idéologiques et épistémologiques ayant rendue possible la médecine hospitalière. C'est à un semblable exercice de réévaluation