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[See table of contents](#)

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Catherine Carstairs, Bethany Philpott & Sara Wilmshurst. *Be Wise! Be Healthy! Morality and Citizenship in Canadian Public Health Campaigns*. Xii + 208 pp., plus figs., notes, index.

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The COVID-19 pandemic experience has brought public health to the forefront to an unprecedented degree in the media and in public policy discussions. The pandemic has also prompted new attention to the history of public health, in search of perspectives, resonances and lessons applicable to managing the pandemic, understanding its impacts, and in managing mass immunization efforts. And for historians of public health in Canada, such as Catherine Carstairs, principal author of *Be Wise! Be Healthy! Morality and Citizenship in Canadian Public Health Campaigns*, originally published in 2018, current events have focused more attention on past history of public health works than would otherwise be the case, and also point to the need for further research and fresh and broader perspectives.

My own work, *This is Public Health: A Canadian History* (Canadian Public Health Association, 2010) ([https://cpha.ca/sites/default/files/assets/history/book/history-book-print\\_all\\_e.pdf](https://cpha.ca/sites/default/files/assets/history/book/history-book-print_all_e.pdf)), written with Susan Sullivan, told this story through the lens of the Canadian Public Health Association, while Carstairs' book, written with Bethany Philpott and Sara Wilmshurst, does so through the lens of the Health League of Canada, and primarily through the leadership of its founder, Dr. Gordon Bates (1885-1975). Both works underscore the importance of key individuals in shaping the development of public health

in Canada, in directing its course, and in driving its pace and efficiency in tackling specific public health challenges. However, as is well documented in *Be Wise! Be Healthy!*, the prominent role of an individual such as Bates led to a dependence on him for leadership, and ultimately a dictatorial style that set in over time, in deciding which public health problems to focus on and how to approach them, while increasingly discounting the new developments in medical science, social sciences, politics, and personal morality that took place in Canada between the 1920s and 1970s.

While the "Health League of Canada" formally began in 1936, this was the third name and organizational stage of a unique voluntary health organization initiative that began in 1919 as the "Canadian National Council for Combatting Venereal Disease." This was followed by a re-naming to the "Canadian Social Hygiene Council" in 1922, which lasted until 1936, each name reflecting a broadening of interests in health education. Yet, as Carstairs underscores in the introduction (6), "Despite the broader mandate implied by the name change, this book will argue that the social hygiene roots of the organization would persist throughout the history of the league." The original focus on venereal diseases education emerged during and after World War I out of concerns about the spread of VD into the community from returning soldiers. As a physician stationed in military hospitals in Toronto, Bates saw the effects of VD on soldiers and within families up close. He was quite fearless in discussing the subject of sex education, and was one of the first physicians to mention such taboo words as "syphilis" and "gonorrhea" in public speeches. However, by the turn of the 1920s, such an overt emphasis on VD limited the Council's public appeal

and fundraising. A shift to a “social hygiene” identity more broadly defined a mission of preventive medicine and morality centred around health education. Thus, as Carstairs observes about the Health League (6), “Over the course of its existence, it would aim to prevent disease by trying to change individual’s behaviour. It would build alliances between doctors and voluntary organizations, believing that health should be the concern of all citizens.”

*Be Wise! Be Healthy!* is a distinctive historical work, particularly as it is a collaborative effort between Carstairs, a professor of history at the University of Guelph, and two graduate students, Philpott and Wilmshurst, who each wrote their MA thesis on different aspects of the Health League of Canada, and which, as Carstairs notes (x), “became the backbone of this book.” Tapping into the Health League’s papers held by Library and Archives Canada, as well as materials from the Bates family, this ambitious volume richly documents, illustrates and critically analyzes the evolution of the Health League of Canada. The first two chapters focus on the CSHC and venereal disease education during the 1920s, and then on its work publicizing public health during the 1930s, especially with respect to diphtheria immunization and milk pasteurization. The League’s return to venereal disease education during the 1940s and 1950s is the focus of the third chapter, while its involvement in workplace health education and with nutrition and issues of efficiency and longevity are the focus of the fourth and fifth chapters. The League’s struggles to fight health education apathy and ignorance in its national campaigns and also manage the public health and political complexities surrounding the fluoridation of water supplies, dominate the next two chapters. Finally, *Be Wise! Be Healthy!* charts the Health League’s slow decline during

the late 1960s and early 1970s, its work essentially ending with the death of Bates in 1975, followed by a critical assessment of its successes and failures.

Reading *Be Wise! Be Healthy!* from the perspective of the COVID-19 pandemic is certainly different than if read between 2018 and the spring of 2020, with some chapters now having stronger historical resonance and practical relevance than others. The public health, economic and political debates that surrounded government-imposed milk pasteurization and water fluoridation initiatives and the resistance they generated, have been echoed during the COVID-19 pandemic in public debates and agitation against strict quarantines, mask mandates, social distancing and lockdowns. Moreover, the remarkable success of the Health League’s diphtheria immunization education and promotion initiative, which started with Toronto Toxoid Week in the early 1930s, and brought together public health departments, physicians, the media, school boards and celebrities, can be inspiring and instructive as COVID-19 vaccination efforts roll out on a global scale, yet face persistent obstacles among some communities and in some countries.

Overall, *Be Wise! Be Healthy!* leaves the reader impressed with the persistence, passion and stubbornness of Gordon Bates as he led the Health League of Canada through its successes and struggles, but also wanting to learn more about the broader public health community and culture in Canada in which the League operated during most of the twentieth century. *Be Wise! Be Healthy!* certainly provides a rich historical resource from which other historians of public health can mine and build new scholarship in this field, particularly through the lens of the COVID-19 experience.

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