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Book Reviews



Heather MacDougall

Activists and Advocates: Toronto's Health Department, 1883-1983, Toronto and Oxford, Dundurn Press, 1990. Pp 297, endnotes, selected bibliography, 80 illustrations. ISBN 1-55002-072-2, \$29.95 (cloth).

Toronto's Health Department has maintained a well respected reputation since its inception in 1883, and in this study Professor MacDougall has neatly traced how its development has justified such admiration. This is a well written, thoroughly researched, nicely illustrated and useful book, and examines many often overlooked aspects of municipal public health activities. These issues include the development of the sanitation division, food supply protection, public health nursing, school and adult health programs, chronic disease care, fluoridation and environmental politics, as well as the more familiar topics of disease prevention and control and public health professionalization and education. MacDougall has provided an engaging survey of how many diverse environmental and social challenges, from horse manure to hippies, and such specific health threats ranging from smallpox to AIDS, have impacted on Toronto's public health and how its Health Department responded.

MacDougall's principal argument is that the development of Toronto's health department reflects the many changes which were occurring in international health care strategies at all levels through this period. More importantly, this study fills a long neglected gap in our understanding of the significance of institutional history and the contribution of preventive medicine and public health to Canadian urban life. However, the strength of her study is often weakened by an excessively internal and celebratory approach in her analysis that is inherent in her topic and primary sources. On the other hand, MacDougall's broad approach highlights a number of significant subjects hitherto unexplored by Canadian medical historians, particularly from the 1930s on, that may serve to stimulate further research.

Toronto's health department was born in response to the challenges of a rapidly growing urban city. By 1883, Toronto's population

had reached 86,000, second in Canada only to Montreal. Toronto was fast becoming a focal point of government, industry, education and cultural institutions, all of which created demands for a more sustained and effective approach to the increasingly burdensome problems of slums, water pollution and waste disposal that accompanied such growth. In order to fulfill the conditions of a federal grant to collect mortality statistics, Toronto's first permanent medical officer of health was appointed by the city's aldermen, and as MacDougall notes, "From this small beginning, the city's present Health Department evolved" (pg. 10).

Toronto's Department of Health rarely received the kind of public and political support that its founders had hoped for, particularly through its first half-century as the department's staff gradually evolved from a collection of enthusiastic, albeit amateur, social reformers, to a group of specially trained public health professionals and administrators. However, tight municipal budgets, along with public, commercial, political, and even medical resistance to the department's often inconvenient and costly efforts to keep the city free of sanitary nuisances and public health threats, proved a constant frustration to its efforts. This was especially true during the years prior to World War II and the introduction of effective antibiotics and vaccines against specific disease threats. It was during this pre-war period that, despite the many challenges, the department was most aggressive and publicly visible in enforcing its mandate. Indeed, by the 1930s, the Christian zeal for reform, which had characterized the approach of the founders of the department to their mission, had been increasingly replaced by the adoption of professional and scientific social work methods, particularly among its largest and most visible group of workers, the public health nurses and sanitary inspectors. MacDougall devotes a number of chapters to these divisions and describes their often thankless job of educating and policing the directives of the department to the public and businesses of the city, who often faced eviction or closure if they did not effectively address the health threats identified by the department.

In matters of disease control and its public perception, in much the same way that science and professionalism had replaced amateur enthusiasm and Christian reform methods, the germ theory of disease causation, through the first decades of the 20th century, gradually supplanted the idea that epidemics were brought about by general "miasmas", or were the manifestations of divine wrath. In effect, at least as far as controlling epidemics was concerned, the faith in God was displaced by a faith in science and those who applied its methods and their expertise in enforcing public health strategies against specific

diseases. In particular, MacDougall describes how four major infectious diseases were managed by the Toronto health department, that is smallpox, tuberculosis, diphtheria and poliomyelitis, and contrasts how the public responded to the department's changing methods of control.

Smallpox proved the most challenging disease as a number of groups organized against the compulsory vaccination programs set up to control epidemics from the 1880s through to the late 1920s. During the 1880s the issue of compulsory notification of cases was also controversial, as were its consequences, isolation and quarantine, which were often as damaging to working class families as the disease itself since many individuals lacked the physical and economic flexibility to survive isolation. As there was nothing equivalent to vaccination for tuberculosis until the late 1940s, and since TB did not occur in discrete epidemics, the department's efforts against it were more generalized and relied on early diagnosis and notification so that those with the disease could be identified and isolated. Still, as with smallpox, official notification of TB cases was problematic since in many cases isolation at home or in a sanatorium was physically and/or economically impossible, despite the fact that the health department provided some funds for sanatorium care, education in proper sputum disposal, diagnostic tests and housekeeping assistance. Another challenge to controlling TB, among other diseases, was the growing numbers of immigrants who unknowingly brought them into the city, especially during the decades around the turn of the century.

MacDougall's discussion of how the Health Department managed such childhood diseases as diphtheria and poliomyelitis (although polio was also a serious threat to adults) stresses the shift from secondary and tertiary methods of control of these diseases – isolation, quarantine, closing schools and other public places, and limiting the movement and contacts of children – to the increasing application of primary research and prevention strategies such as diphtheria toxoid immunization in the 1930s and 1940s, and the Salk and Sabin polio vaccines in the 1950s and 1960s. In order to maximize the value and wide application of such primary measures, the Health Department increasingly developed relationships with the science reporters for newspapers, magazines, radio and later television. According to MacDougall, “[the Health Department’s] publicity efforts ensured the success of mass immunization programs” (pg.136). Her discussion of Toronto's experience with polio epidemics in 1937, 1951 and 1953, and the application of the vaccines beginning in 1955, is of particular interest since MacDougall's all too brief overview is one of the few

scholarly accounts of this disease in Canada that has been published to date.

The decline in communicable diseases brought on by the general and specific preventive methods of the Health Department (along with other non-medical factors), resulted in the decline of public demand for the department's services and it was left to turn its attention towards new health concerns during the last quarter-century. Furthermore, this shift in emphasis was accompanied by a growing skepticism within the department, and particularly during the late 1960s and 1970s, about the limitations and relevance of the medical research model towards many contemporary health challenges. Of note is MacDougall's discussion of the Health Department's involvement with such medically and socially complex, controversial, and increasingly costly issues as venereal disease, family planning, adult health problems, chronic diseases, the health concerns of senior citizens, fluoridation, air pollution and environmental politics. During this same period, the shape and structure of Toronto changed dramatically and with it the Health Department was forced to adapt itself under growing economic and political pressures to preserve and expand its powers. The complex health and social issues the local departments of health found themselves facing during the last generation have also involved the provincial and federal governments and have thus limited the role of the local boards to but one voice among many by the 1950s, and an increasingly challenged voice thereafter. However, more recently, the recognition that the environment and culturally conditioned behavior affect the health of individuals has shifted the focus of the local public health board away from treating the individual and changing his behavior, to changing that of society generally. Clearly, as MacDougall concludes, "a new advocacy role was unfolding", and as the preventive group closest to most who lived in Toronto, the Health Department had to respond to changing demands, new public health ideas, "and to the old problems that had assumed new guises" (pg. 297).

Professor MacDougall's study is thus a clear, concise and important work that traces how one city has managed its public health through a century of growth and increasing sophistication. Her book stresses the many "complex interactions of local politics with international ideas, health reformers with health professionals, tradition with innovation, and continuity with change" (pg. 297).

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