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Volume 19, numéro 3, february 1991

URI : <https://id.erudit.org/iderudit/1017599ar>

DOI : <https://doi.org/10.7202/1017599ar>

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Éditeur(s)

Urban History Review / Revue d'histoire urbaine

ISSN

0703-0428 (imprimé)

1918-5138 (numérique)

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Citer ce compte rendu

Andrews, M. W. (1991). Compte rendu de [MacDougall, Heather. *Activists and Advocates: Toronto's Health Department, 1883–1983*. Toronto: Dundurn Press, 1990. Pp. 334. Illustrations. \$29.95, (hard)]. *Urban History Review / Revue d'histoire urbaine*, 19(3), 235–236. <https://doi.org/10.7202/1017599ar>

remainder of the collection to the University of Western Ontario; the National Archives later enabled the university to complete its holdings by supplying a complete set of duplicate Hines negatives in 1981. Nowhere is this explained in the book.

East of Adelaide contains a bibliography which consists solely of a few secondary works on the city of London. Conspicuously absent from the bibliography is critic Alan Sekula's essay "Photography Between Labour and Capital," which is part of the book *Mining Photographs and Other Pictures 1948–1968: A Selection from the Negative Archives of Shedden Studio, Glace Bay, Cape Breton*, published in 1983. Sekula argues that photographic books and exhibitions "implicitly claim a share in both the authority and illusory neutrality of the archive," and that, since photographic archives "maintain a hidden connection between knowledge and power," any "discourse that appeals without skepticism to archival standards of truth might well be viewed with suspicion." He identifies photography as "a tool of industrial and bureaucratic power," and concludes that "the archive has to be read from below, from a position of solidarity with those displaced, deformed, silenced, or made invisible by the machineries of profit and progress." Had those responsible for East of Adelaide read Sekula's essay before putting pen to paper, the result might have been a less celebratory and more critical book, rather than a compendium of recycled civic boosterism.

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MacDougall, Heather. *Activists and Advocates: Toronto's Health Department, 1883–1983*. Toronto: Dundurn Press, 1990. Pp. 334. Illustrations. \$29.95, (hard).

Activists and Advocates is a thematically organized history of the Toronto Health Department from its beginning in 1883 to 1982. The first three chapters are devoted to the departmental staff: a corps of inspectors and nurses, in daily contact with the public, and a succession of Medical Officers of Health, the policy-makers and chief administrators. Succeeding chapters examine various aspects of the department's general mission: to prevent disease and promote good health. There is, for example, a chapter on school health programs, one on smallpox and tuberculosis control, and one on sexually-transmitted diseases and family planning.

The health problems and demographic constituencies receiving particular attention from the department changed during the century under study. Combatting infectious disease through quarantine and operation of isolation hospitals was originally a major activity of the department, but as vaccines, drugs and diagnostic tests brought such diseases as smallpox, diphtheria and tuberculosis under control, attention shifted to chronic diseases such as cancer, heart disease and mental illness. Not prepared to be a major provider of care for sufferers of those illnesses, the department instead supported the work of other agencies by providing statistical data and publicizing information on prevention and control. Similarly, with generally increasing longevity, departmental attention shifted to some extent from infants and

children to the elderly. Establishing geriatric health centres entailed a significant expansion of department work in the 1960s as consolidation of well-baby services under the department had done in the 1910s. In the area of food and environmental inspection, such gains as sewage treatment, chlorination of the water supply and pasteurization of milk allowed concern to shift from the overflowing privies, polluted drinking water and adulterated food of the early years to environmental pollution by industrial wastes and smog. Control of those pollutants was for the most part effectively and legally beyond the department's scope (particularly after assignment of air pollution control to Metro Toronto in 1956), and the department necessarily confined its efforts mainly to monitoring and lobbying. By the 1980s the department was thus in several areas only one member of a cooperative health enterprise, rather than the leader and primary health authority it had been early in the century.

The chief strengths of *Activists and Advocates* are its subject matter and the wealth of data it provides. Few municipal departments of health in Canada have received scholarly study, and Toronto's is particularly worthy, both because of the city's importance and because programs of the department have often served as prototypes elsewhere on this continent. MacDougall has mined newspapers, medical journals and archives and has interviewed many people connected with the department. The numerous reproductions of photographs and placards bring to life the work of department doctors, nurses and technicians, and her bibliography includes a valuable selection of published work on public health in Canada, the United States and Great Britain.

A certain obscurity of interpretation is the book's most serious weakness. MacDougall states that "[b]y adapting the changing focus of the international public health movement to Toronto's circumstances, the staff were translating public health theory into services and programs, while consistently seeking to remain at the forefront of the crusade for health." This effective unifying thesis is offered in the introduction, and results of international influences are indeed reported, ranging in time from acceptance of the germ theory of disease to adoption of antibiotics and (for health education) the latest forms of mass communication; furthermore, local problems that faced

the department are enumerated in considerable detail. Some things are lacking, however, for a clear interpretation along the indicated lines: there is no concise general description of "Toronto's circumstances" (a chapter analogous to Judith Walzer Leavitt's "Milwaukee: the City and its Health Problems," in her *The Healthiest City* (1982), would have been very welcome); more seriously, although local and international developments are regularly presented side-by-side, it is seldom clear just what influence local circumstances had on the timing or effectiveness of "translating . . . theory into services." Clear interpretation is particularly lacking in the treatment of recent years, where focus on the health department is lost in accounts of the work of hospitals, voluntary organizations, citizens' action groups and agencies of senior levels of government. Unfortunately, flawed writing also interferes with clarity of interpretation throughout. There are paragraphs without unifying themes and series of questions not clearly answered.

Considering the level of detail and the time span covered, it is not surprising that several theses are implicit in Activists and Advocates. One that strikes me as particularly significant for institutional history is the declining importance of the department to the city's health as environmental problems were found to lie mainly beyond the city's authority. The value of coordination on a larger scale put advanced medical research beyond its means, and social and political decisions put expensive procedures for diagnosis and treatment into other hands.

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Warsh, Cheryl Krasnick, *Moments of Unreason: The Practice of Canadian Psychiatry and the Homewood Retreat, 1883-1923*. Montreal and Kingston: McGill-Queen's University Press, 1989. Pp. xxiii, 279. Black and White photographs, bibliography. \$29.95, (hard).

In the second half of the nineteenth century, Canada developed a number of large public asylums for patients with nervous and mental disorders. The model for the public asylum network in Canada was in the province of Ontario, and included the asylums in Toronto, London, Hamilton and Kingston. Although originally set up as centres for "moral treatment"—based on the belief that the patient's environment was partially responsible for the mental disorder and that removal to a new, controlled and pleasant environment was a first step to recovery—overcrowding, deteriorating facilities, lack of staff and a growing chronic population negated this aim.

In 1883, the Homewood Retreat, the first large private asylum for nervous and

mental disorders in Canada, was established in Guelph, Ontario, to try to address the growing need for the mental health care of the middle class that many felt was not being met by the provincial asylums.

Moments of Unreason is a study of the Homewood Retreat and its patients during the first forty years of its existence (1883–1923). The book is derived from the author's thesis and includes extensive notes, numerous figures and tables and a forty nine page bibliography. In the thesis, as reported in the book, the author studies the case records of 567 male and 567 female patients who were admitted to the Homewood Retreat during this period (about one quarter of the total number of patients admitted to the Homewood Retreat during this forty year period.) This is the first detailed study of a private asylum in North America but the work puts the Homewood Retreat in perspective by also painting the broader picture of North American and European psychiatry and the social climate that contributed to the patients' conditions during this period.

The chapters of the book deal with: the establishment of the retreat; the superintendents of the retreat during this period, Dr. Stephen Lett and Dr. Alfred Hobbs, and their relations with the broader medical community in North America, and particularly in Ontario; diagnostic and therapeutic procedures used at the retreat; family motivations for commitment, and the dynamics of the social redundancy of women during this period; domestic life and mental breakdown, and the way the retreat dealt with these; the retreat staff; resistant patients, and the way the retreat coped with them; alcoholism and its