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Diagnosis and Prognosis

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biography in the study of history, there will be no dispute over the value and readability of this volume.

BRIAN TENNYSON

Canadian Medical History: Diagnosis and Prognosis

It is not uncommon for historians to congratulate themselves on the emergence and strength of social history in Canada, but among the fields which have remained undeveloped and generally overlooked by Canadian historians is the history of Canadian medicine. Until recently most of the literature in this field was the work of amateur historians, who brought considerable proficiency and personal commitment to the study of medical history. They studied the lives of individual doctors and traced the growth of the medical profession through changes in medical treatment, the acceptance of physicians as professionals, and the establishment of medical institutions. The results were informative, but the literature tended to be uncritical, unanalytical, and viewed medicine as consisting only of orthodox physicians and the health care facilities they controlled. The history of medicine was seen as a case study of progress. Most of the people who were writing were doctors with a vested interest in seeing their profession in a favourable light and having others share that view. After all, they had devoted their lives to it, and many had made sacrifices to do so. Their vision of progress was a part of their daily lives as practicing physicians; what use was medicine if you could not see improvement (progress) in your patients? While much of the interpretation in their work can be criticized, the amateurs were the only ones doing research and writing in medical history. Certainly historians were not interested and have remained uninterested until very recently.

Compared to the amateurs, historians approach the history of medicine differently. If physicians had a vested interest in bolstering the medical profession, professional historians seem to have a vested interest in revisionist history, that is, in debunking standard interpretations. Also, the idea of progress has long since had its heyday in historical writing; historians now accept a less linear view which assumes that there is a give-and-take in most activities and that what is progress in one area may not be in another. For them, science is not an absolute but as much a product of the social climate as anything else. Although professional historians are now enthusiastically delving into medical history, they are often prone to dismiss the careful research which has gone before as antiquated. As a result the amateurs are feeling a trifle threatened by and jealous of the new usurpers. This is unfortunate, because each has much to offer the other. The expertise among the so-called amateurs is astounding. They have lived with their material in a way an historian cannot. On the other hand,

historians can offer new insights simply because they tend to ask different questions of the research material. They are especially interested in the social impact of any medical "advance" and thus tend to stress the interrelationship between society and medicine. Until fairly recently this emphasis was missing from the literature on Canadian medical history.

Charles Godfrey's *Medicine for Ontario* (Belleville, Mika Publishers, 1979) is a survey of the development of the medical profession in 19th century Ontario and thus follows one of the traditional approaches to the study of medical history. Tracing the emergence of regular medical practitioners as the arbiters of who could practice medicine in the province and what kind of medicine they could practice, Godfrey examines the controversy over apprenticeship vs. university training for doctors, the battle between the regular and the irregular practitioners, the introduction of physician registration and the eventual creation of a closed profession. Of much less interest to him is the increasing institutionalization of medicine and the alienation of the patient from a position of power to determine the kind of medical treatment she/he could seek.

The early 19th century in Ontario saw the medical profession in a weak position. Remuneration was low, so low that many became lawyers or businessmen as well as physicians. At a time when paying patients were difficult to find, contacts made in law and business were of benefit to the practice of medicine. Physicians, of course, were interested in improving their status and one way of doing this was through legislation to control who could practice. In the early years the consumer had a choice among patent medicine people, midwives, irregular and regular practitioners. The result of legislation was to limit that choice. As Godfrey points out, the early legislation was not successful simply because it could not be enforced. Nevertheless, he sees the attempt at legislation as a positive move to prevent quackery. What he does not stress to the same extent was that quackery in the early 19th century was sometimes less dangerous for the patient than orthodox medicine.

A second way of controlling entry into the profession was through education and this is the main theme in Godfrey's book. He spends an inordinate amount of time taking the reader through the morass of medical education in 19th century Ontario. He views the end of apprenticeship and the acceptance of university training as the only means of entry into the profession as positive developments. Certainly education was significant in physicians' attempts to professionalize. Education separated them out from the multitude and gave practitioners respectability. Education also provided physicians with the rhetoric of science. This meant that doctors could explain to patients what was wrong with them and why. It did not matter that the diagnosis was faulty and the reasoning behind it even more so; what was important was an explanation couched in scientific terms and accepted by the patient. But Godfrey ignores these aspects of education and concentrates on the institutional development of medical training. In this he is also very Toronto-centred. And, although the book is a study of medicine in Ontario, an awareness of what was happening outside the province

would have been helpful in placing developments in some perspective. Also, given the stress Godfrey places on education, it is unfortunate that he has not spent more time evaluating it. What was being taught in medical schools and how was it taught? Did the courses change over time? Were they becoming increasingly technical and if so what were the repercussions of this? The lack of such an evaluation in his treatment of legislation and education proves the most serious weakness in the book.

Practitioners in Ontario were interested in legislation and education for the simple reason that they were experiencing competition from irregular physicians, particularly the Thomsonians and the homeopaths. The regulars followed what has come to be known as heroic medicine: "Whether it was mercury, zinc, charcoal, or arsenic — the methods rarely varied. First, empty the stomach with an emetic (possibly mustard), then clear the bowels with senna pod tea (a gentle aperient), after which the prescription would be given. To round off the treatment the patient was blistered and bled, and given arsenic with opium added" (p. 24). The irregulars may not have been able to cure the patient but their treatments, often consisting of herbal remedies or small doses, usually could not harm him/her. Eventually treatment by the regulars did improve and some real advances were made, although most were met either with scepticism as in the case of vaccination or with non-interest as in the case of sanitation. Godfrey acknowledges this resistance, but he is more concerned with the eventual outcome, the success of vaccination and sanitation. This raises one of the problems with most medical history: it is a history of the winners. The losers are mentioned but they never hold centre stage. And yet within medicine such people are vital; resistance is a form of quality control for the profession and the interplay between new and old ideas and values is what keeps it vital and dynamic.

If *Medicine for Ontario* is frustrating for its Whiggish belief in progress, Donald Jack's *Rogues, Rebels, And Geniuses: The Story of Canadian Medicine* (Toronto, Doubleday, 1981) is even more so. Its theme is given in the first sentence: "This is the story of Canada's contribution to the glory of the independent spirit, and to the progress of medicine, as told through the lives of its passionate, crude, roistering, neurotic, brilliant doctors". Jack has an affinity for the independent individual, the one who stands out from the crowd. He gives a series of interesting vignettes of obvious people such as William Osler, Wilfred Grenfell, Wilder Penfield, Norman Bethune, Maude Abbott, Frederick Banting, Hans Selye and even Morton Shulman, although it is for the lesser known but equally deserving of recognition that the book has its real value. One example is Gustave Gingras who after the Second World War established pre-eminence in his work with paraplegics and brought them hope for a semblance of a normal life. Another is Alton Goldbloom who introduced the specialty of pediatrics into Montreal and developed a reputation founded on success with his young patients.

Jack is definitely on the side of the regular practitioners. A strong believer in

progress, Jack has little sympathy for those who get in its way. He complains of the slowness with which 19th century Canadians accepted cowpox vaccination and Listerism. Yet there were reasons for people doing so, and these are part of the context of the time in which they lived. Just because they have since been proven wrong is no reason to belittle their beliefs or dismiss them. Thus Jack is too categorical when he says we must "mentally . . . impersonate a nineteenth-century citizen and decelerate to his more ponderous pace, wonder at his not overly-developed social conscience, and sympathize with his difficulty in absorbing new ideas" (p. 46). These people did not accept "innovation" until it made sense to them. Telling someone that disease was caused by small particles that they could not see floating in the air was meaningless and understandably so. Jack is unable to take himself out of the 20th century and put himself back into another period. Nor does he seem to have learned from the tragic consequences of the use of certain drugs in our own time that scepticism is vital to the safe use of new discoveries. He is also unable to look critically at the profession and its advances. No one denies that antisepsis was a giant step forward in medicine. It saved countless people. It also increased the number of operations that were and could be performed and often encouraged physicians to be more willing than necessary to operate.

At the end of his book Jack uses the position and status of women as a measure of medical progress. He argues that in early times, women suffered from ill health, were sexually repressed and socialized into inferiority. But today "through drugs and hygiene, contraceptives and endocrinology, surgery and sexual enlightenment, diet and genetics, vitamins and exercise, . . . medicine can help to keep a woman looking and feeling young and fit well past middle age" (p. 627). What he ignores is that valium is prescribed inordinately to women, that there has been a major increase in caesarian sections and that the medical profession continues to oppose the licensing of midwives. Whatever he may feel about these issues, they exist, and in a book which claims that medicine is woman's boon they have to be dealt with.

But women are a side issue for Jack. Surprisingly, he does not discuss Emily Howard Stowe or Jennie Trout, the two earliest women to practice medicine in Canada, who surely deserve some recognition for opening up the profession to women. When he discusses the problems that women faced entering medicine, Jack does so with reference to Bessie Efner, an American woman, trained in the United States, practicing in the United States, and only coming to Canada when her husband did. Indeed, there is not any indication that she ever practiced in this country. When he does deal with Canadian women doctors who claimed the respect of their colleagues, he belittles them. For example, he criticizes Maude Abbott, a world-renowned authority on diseases of the heart, for not having a sense of humour. After struggling for years to be educated as a physician and working in an environment which was not exactly encouraging to women, Maude Abbott apparently did not like to be referred to as Miss instead

of Dr., even if it was supposedly said in jest. If that is Jack's idea of humour, please save me from it!

Ultimately, Jack's book is a compendium of the lives of various Canadian doctors. While this serves to introduce many individuals to the reader, it does not satisfy the need for more thorough accounts of individual careers. This can only be done in a full-length biography. Jefferson Lewis in *Something Hidden: A Biography of Wilder Penfield* (Toronto, Doubleday, 1981) has done so with respect to one illustrious figure. Wilder Penfield was an anomaly in the medical field, a man noted for his neurosurgery on epileptics and his research on brain functions, a combination that was unheard of in the early 20th century, when he first began to practice. Within the Canadian context, he is best known as the founder of the Neurological Institute in Montreal, where he fulfilled his dream of bringing together research scientists and surgeons.

Penfield was a great physician and by studying such individuals you realize why the study of the greats has been so persistent in the writing of medical history. Along with tremendous self-confidence and singlemindedness, Penfield had a sense of purpose and destiny. He believed medicine was the highest calling that a person could have and as a doctor he envisaged himself as a person to whom people went for help. Indeed, he would decide what was best for the patient and if the person wanted a second opinion, Penfield became offended. As Lewis points out, "He was a doctor, and doctors are by the nature of their work, infernal meddlers. He had spent much of his life being well-paid and highly praised for his inspired meddling in the lives and bodies of his patients. It was a habit . . . hard to break. And if that is true of doctors, it is double, trebly true of surgeons — especially neurosurgeons. They play God every time they go into the operating room" (p. 245). Yet Penfield was no one-dimensional figure. He had his weaknesses and his own emotional crises and it is in integrating these with the story of his public success that Lewis has written a fitting tribute to the man.

While a fine study of Penfield, *Something Hidden* says very little about the history of medicine in this country except obliquely. The strength of the irregular tradition in the United States is hinted at by the fact that Wilder's grandfather was a homeopath and that his father in the early 1880s graduated from a homeopathic institution. As well, both Wilder's mother and his sister Ruth were Christian Scientists, focusing on that faith as a cure for Ruth's epileptic seizures. Even though Penfield's surgical specialty was epilepsy, they came to him only when Ruth's epileptic seizures became unbearable. The nature of medical ethics in an earlier period is hinted at in the story of Penfield and an associate who attended the wake of a young boy and with the connivance of an uncle, performed an autopsy. Compared to *Medicine for Ontario, Something Hidden* concentrates on the 20th century and obvious changes in the practice of medicine have occurred. One was specialization. Penfield was not just a doctor, or a surgeon, he was a neurosurgeon. Another was the institutionalization of medicine; people received care in hospitals, especially when undergoing the deli-

cate surgery Penfield performed. Associated with this was the increase in the technological apparatus which accompanied diagnosis and treatment, plus the financing needed to support it. What this meant for the quality of health care and for the treatment of patients cannot be answered very well within the context of a biography.

Norman Bethune, his times and his legacy (Ottawa, The Canadian Public Health Association, 1982), although concentrating on one individual, is not a biography. Based on papers given at a November 1979 conference sponsored by the Bethune Foundation to commemorate the 40th anniversary of Bethune's death, the book is divided into five main sections, each of which focuses on some part of Bethune's life or the society in which he lived: "His Life and His Forbears"; "Canada 1890-1936"; "Spain 1936-37"; "China 1936-37"; and the concluding section "The Legacy". Written by an eclectic assortment of academics, physicians and friends of Bethune, the collection is very uneven in quality. The papers are extremely brief and many read as if they were précis of longer works. As a result none of them has been able to come to terms with Bethune. Nevertheless, those papers which address his medical career give some idea of the complexity of the man and his contributions to Canadian medicine.

Bethune was a rebel and did not fit into the medical establishment very well. A few of the articles suggest the power of that establishment and the positive attributes on which it was based, attributes which Bethune often lacked. Bethune never accepted unthinkingly but challenged. For example, unlike most surgeons he did not simply work with the tools at hand but improved them or invented new ones. In this his energies were positive. In surgery this same energy and impatience with the way things were done was more ambivalent in its consequences. He was a quick surgeon but apparently a rough one whose patients often spent a long time recovering. It was over this style of surgery that he eventually left Montreal's Royal Victoria Hospital. In his defence, he did operate on those whom others felt were poor surgical risks, and, as Bethune pointed out, if little else could be done for them the risk was justified. Like Penfield, his confidence was such that he was willing to jeopardize his reputation and his patients' lives in an effort to do what he believed was right. Both men were atypical practitioners, and this may be the reason that the studies of both only superficially provide insight into the development of Canadian medicine.

The fact that so much of the literature on Canadian medicine has been written by non-professional historians is not exactly flattering to the profession. However, historians have not totally ignored the field, and their recent interest is well-represented by a collection of 18 essays covering a wide variety of topics from the health of the Inuit and native peoples to the sexual advice given to turn-of-the-century Canadians.

Nevertheless the greatest emphasis in S.E.D. Shortt, ed., *Medicine in Canadian Society: Historical Perspectives* (Montreal, McGill-Queen's University Press, 1981) is on the history of the medical profession. In this, historians have

not really departed significantly from the existing tradition. However, some of the authors have brought new subtleties to that tradition. Charles Roland in "The Early Years of Antiseptic Surgery in Canada" discusses the problems that Lister's theory faced in being accepted in Canada, and Thomas Brown in "Dr. Ernest Jones, Psycho-analysis and the Canadian Medical Profession, 1908-1913" (the only new article in the book) examines the attempted transmission of Freud's theory of psychoanalysis to Canada and its rejection by most within the Canadian medical profession. These two articles reveal the strength of opposition to so-called advances and suggest that practitioners were guided in their beliefs not solely by scientific reasoning but also by ego, conservatism and inertia. Both studies raise implicitly the fundamental question of how medical knowledge is transmitted, not only to the professionals but to the general public; that is, how does medical knowledge become conventional wisdom?

In "American and Canadian Medical Institutions, 1800-1870" Joseph Kett looks at the institutionalization of medical training. Comparing Canadian events with American, he reveals that medical training was one area where Canada differed significantly from the United States. However, he does not examine why Canada made it difficult to obtain a medical degree. Was this simply a concern for the quality of treatment or was it also in the interests of limiting competition? Barbara Tunis, in a well-documented study, traces the attempt of practitioners in Quebec to control their own profession. Although historians of the field have known for many years about the in-fighting among the early 19th century practitioners, few have bothered to document it. In "Medical Licensing in Lower Canada: The Dispute Over Canada's First Medical Degree", Tunis has delineated the rivalry between the medical licensing board and McGill University over which had ultimate determination of McGill graduates' ability to practice medicine in the province. The struggle involved Montreal politics and province-wide divisions, emphasizing the intimate connection between the profession and the society in which it worked. And if any doubt remains about society's influence on the medical profession, Veronica Strong-Boag's "Canada's Women Doctors: Feminism Constrained" reveals the way in which social attitudes to women delayed their entry into the medical profession.

The second theme of the papers and one with which historians are very familiar is institutional responses to health care. Both Terry Copp's "Public Health in Montreal, 1870-1930" and Neil Sutherland's " 'To Create a Strong and Healthy Race': School Children in the Public Health Movement, 1880-1914" stress the slowness with which sanitation laws were adopted and enforced. They raise the question of what happens to the knowledge that physicians have and how it is translated into action at the public level. With respect to the insane, public action resulted in the building of asylums. Daniel Francis in "The Development of the Lunatic Asylum in the Maritime Provinces" traces the setting up of the asylum and to a lesser extent the work that was being done in it. He makes it clear that in the mid-19th century, the concern was to remove dangerous luna-

tics from society. By the end of the century, this concern had widened to include even harmless lunatics, suggesting, perhaps, that deviancy of any kind was not tolerated. The 19th century asylum is an attractive study for historians since the actual scientific theory surrounding the insane was minimal and it was a medical institution where social attitudes and medical treatment coalesced in an obvious way.

The third theme in *Medicine In Canadian Society* is the study of disease. Arthur Ray in "Diffusion of Diseases in the Western Interior of Canada, 1830-1850", has taken a new approach, at least for Canadian medical history. By mapping the incidence of disease, he indicates its pattern of transference. We have long known that whites brought disease to the native peoples, but Ray shows how it was done. Timing was significant: Indians in winter were usually so dispersed that great numbers of them did not come into contact with disease carriers, but in the trading season disease easily travelled the trading routes beginning at Norway House and York Factory. In a less technical way, Janice Dickin McGinnis traces the dispersal of influenza in "The Impact of Epidemic Influenza: Canada, 1918-1919". Her main preoccupation is with the reaction of society to the epidemic, and her description does not suggest the ability of Canadians, Canada or its health care system to respond to a major health emergency and raises the question of whether we are really any more prepared at the present time.

In the work of Ray and McGinnis, the research is getting closer and closer to a major participant in medical history, the patient, a figure largely ignored by the rest of the authors in the collection. In Michael Bliss' pioneering study " 'Pure Books on Avoided Subjects': Pre-Freudian Sexual Ideas in Canada" and Angus McLaren's "Birth Control and Abortion in Canada, 1870-1920" the patient begins to assume a role. Bliss points out how the medical profession entered the behavioural field by tendering advice on sexuality. What is fascinating about its advice to the public is the assumption that a woman was relatively passive sexually — this at a time when almost every medical text used in schools acknowledged women's high degree of sexuality. How is medical knowledge altered for the public and why is it altered and who does this? McLaren in his article examines the hostility of practitioners to birth control. One reason they gave was that it interfered with a natural process, conception. However, they had few qualms about interfering with the natural process of childbirth — as indicated by their increasing interest in its "management". In fact, the 19th century saw increasing intervention in childbirth by the medical profession. Was vested interest at stake? Much more work is needed on the intellectual underpinnings of medical theory and practice before such questions can be fully answered.

In "Medical Attendance in Vancouver, 1886-1920" Margaret Andrews goes further than Bliss and McLaren, for she looks not only at what advice doctors gave and what they would not do, but also at what doctors did in what for them

was their most important role. She examines the doctor/patient ratio and explodes the myth of the traditional family physician. If such an individual existed, it was not in Vancouver between 1886 and 1920, when the geographical mobility of both physicians and residents militated against such stability. She notes that in 1898, 66 per cent of doctors in Vancouver combined place of work and residence, whereas in 1920 only 12 per cent did. She finds that medicine was becoming more impersonal and that visits to women were less frequent than to men. In studies such as this the patients finally begin to take their proper place at the centre of historical research.

While the articles in Shortt's book reflect the kind of research being done, there is a crying need for specialized monographs in Canadian medical history. Geoffrey Bilson has helped to meet this need in *A Darkened House: Cholera in Nineteenth-Century Canada* (Toronto, University of Toronto Press, 1980). Medical historians have always been fascinated by the spectacular disease, whether it be plague, smallpox or T.B.; in this they differ little from other historians who trace wars, elections and disasters. Certainly one can understand the interest in cholera. In Canada alone, Bilson estimates that it killed more than 20,000 people, a rate higher than that in Europe. He argues that cholera was a crisis for the patient and for society but also for medical practitioners. Governments turned to them as experts but doctors had little to offer. They did not understand the causes of cholera and had differing theories of its origins. The theory one espoused dictated the kind of treatment and advice given, but unfortunately the two most prominent theories led in opposite directions: the contagion theory recommended quarantine, whereas the miasmic theory did not. What is interesting is that while most physicians in the 1830s believed in the latter, governments acted as if cholera was contagious and imposed quarantine. So much for the advice of the experts.

Bilson's main concern is to detail the sanitary provisions and public health responses in Upper and Lower Canada and the Maritimes. He traces the opposition to sanitation procedures and the relative failure of Canadians to respond in a real way to the crisis. But why did they fail to respond? Was it because of their distrust of government interference in the lives of individuals? Was it an acceptance of the divine visitation of God? Was it simple inertia? And where was the proof that any of the proposed measures would help? This is particularly relevant when so-called preventive measures impinge on deep beliefs, for example, that everyone deserves a decent burial with time for the family to grieve and for friends to offer condolences. With regulations insisting that people be buried almost immediately, we find scenarios where the recent dead are physically torn out of their loved ones' arms. Bilson touches upon this but fails to pursue this fascinating theme.

Cholera was frightening not only because it killed but because it was a mystery. As Susan Sontag has pointed out, "Any disease that is treated as a mystery and acutely enough feared will be felt to be morally if not literally, con-

tagious".[1] This may account for the strong belief in contagion on the part of the populace even when the experts were suggesting otherwise. It may also account for the belief in the moral causation of cholera, that only the degenerate contracted the disease. But if cholera was a mystery, it was a divine mystery. Charles Rosenberg has shown that the church played an important role in the response to the early outbreaks of cholera.[2] Religious rhetoric influenced medical rhetoric, and church doctrine and medical doctrine became mutually supporting. Responses to cholera revealed a changing perception of God from the 1830s when people believed strongly in an interventionist deity to the 1860s when God was above intervening in the laws of nature. While this is a potentially fruitful area of investigation, it is not one that attracted Bilson.

The most interesting chapter of the book is "Charlatanism of Every Description", perhaps because in these pages people come alive, both physicians and finally the patients. Bilson details the heroic medicine that doctors practiced and one can only wonder at the resilience of the patients who survived the treatment. Because cholera was a mystery almost anything was tried in an effort to save the patient. This is not very far removed from the treatment of and approach to cancer in the present day. With that analogy in mind we can perhaps sympathize with the efforts of those physicians in the 1830s who were unsuccessfully trying to combat the unknown. Their antagonism to the irregulars and the apothecaries, both of whom were dispensing "cures", is similar to that of the cancer specialists who become upset when unorthodox methods of cancer treatment are touted and attract public support.

Despite its limitations, *A Darkened House* is a welcome addition to Canadian medical history. It raises some interesting speculation about the relationship between the practice of medicine and scientific theory (or lack of it). It introduces medicine into the realm of political history and vice versa, emphasizing the weaknesses of rigid historical nomenclatures. The book reveals medical practitioners who are vulnerable and their efforts to overcome that vulnerability. And it shows the resistance of people to theories that simply do not make any sense to them. Many of these themes have been touched on in the other books reviewed, and all stress, implicitly or explicitly, the interrelationship between medicine and society.

If in some ways medical history in Canada is an ailing discipline, it is also an infant specialty with plenty of room for healthy growth. We need to get beyond the Ontario and Central Canadian bias of much of the work that has been written. We need to know more about medicine in Canada after the First World War. Although much literature exists on the professionalization of medicine, more work is necessary. We know about the conflict between the 19th century

1 Susan Sontag, *Illness as Metaphor* (New York, 1977), p. 6.

2 Charles Rosenberg, *The Cholera Years: The United States in 1832, 1849 and 1866* (Chicago, 1962).

regular practitioners and the irregulars, yet no one has detailed this in any satisfactory way. Has unorthodox medicine disappeared? — anyone perusing the health advice manuals in bookstores today quickly realizes that it has not. Studies of various medical specialties, surgery, obstetrics, pediatrics and geriatrics, to name only a few, would be of great value in indicating how medicine has developed. Of particular interest to the historian of technology is the changing nature of medical hardware. Hospitals have played a major role in providing health care and yet few good histories of hospitals exist and the ones that do tend to look at the development of the institution rather than at what was happening inside. We know nothing about pharmacy, and, with doctors holding centre stage, nurses and their history have been neglected. A major focus of future research must also be the changing concept of health. What did it mean to be a healthy person in past times and has this definition changed? We need studies on morbidity and mortality, difficult though they are. Until we know the incidence of disease and how important it was in the lives of Canadians, we are missing a vital component of the history of medicine. But most of all we need to know about the patients, who they were, what was wrong with them and how they were treated. Access to patient records is a difficult issue, for while they are necessary for research purposes, it is also essential that patient confidentiality be preserved.

Clearly, much work remains to be done. This should excite the researcher. Records do exist. Medical journals and medical texts abound. Tucked away in archives are records of physicians and some hospitals. Other hospitals are setting up their own research facilities. Diaries can contain a wealth of information on the health of past Canadians, as can various morbidity statistics gathered at certain periods. Popular health manuals are also an exciting source of documentation. If medical history in Canada remains in its infancy it will be the fault of historians, not the subject matter.

WENDY MITCHINSON