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Wendy Mitchinson

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on Prince Edward Island between a ruling old elite and an aspiring new elite[2] and evidence concerning variations of this struggle or adaptation are now available for all the British North American colonies.

The last pieces in the pre-confederation puzzle fall into place with the completion of this volume but it remains to be seen whether this treasure-trove of insight and information will be fully employed by scholars. Already there are encouraging signs that this massive biographical project is having a substantial impact on recent historical writing as new studies appear revealing a heavy reliance upon or frequent citation of the *D.C.B.*[3] The best measure of the success of Francess Halpenny and the dedicated editorial team will be the entry of *D.C.B.* articles into the historical mainstream, and their acceptance as complete, concise and often penetrating analyses which must be consulted and accommodated. Editorial leadership has now passed to Ramsay Cook which provides reassurance that the outstanding standards set and contributions made thus far may be matched by the volumes that will deal with the period from 1890 onward.

W.G. GODFREY

2 See W.G. Godfrey, "Some Thoughts on the *D.C.B.* and Maritime Historiography", *Acadiensis*, VII, 2 (Spring 1978), pp. 112-3.

3 To cite only a few examples, see J.K. Johnson, *Becoming Prominent: Regional Leadership in Upper Canada, 1791-1841* (Kingston and Montreal, 1989); J.M. Bumsted, *Land, Settlement and Politics on Eighteenth-Century Prince Edward Island* (Kingston and Montreal, 1987); Dale Miquelon, *New France 1701-1744: "A Supplement to Europe"* (Toronto, 1987).

The Health of Medical History

IN 1982, I WROTE A REVIEW essay in this journal on recent publications in the history of medicine pointing out the differences in approach between practitioner/historians and academic historians. The former wrote out of a Whiggish inclination whereas the latter were influenced by the social control orientation so prominent at the time. The books reviewed here reveal that the belief in progress still underlines much of the medical history written by those who participated in it. The social control trend, however, is almost completely missing from these works. This has not meant a coming together of the practitioner/historians and the academic historians. The questions each asks of the material remain different; the former focuses predominantly on the what and when, whereas the latter are more concerned with the why and how of the past. But these two groups are not the only ones involved in the writing of medical history. The books reviewed here were written by historians, medical practitioners, a sociologist, free lance writers and a participant in the actual topic under study. This could reveal a vitality and

dynamism in the field — it certainly indicates the interest that the history of medicine holds for a wide spectrum of individuals. Yet most of the writers seem to be going in their own direction. If this tendency continues, it will lead to little cross stimulation and perhaps much duplication of effort. Although there should not be only one approach to the writing of medical history, there ought to be a way of acknowledging and integrating, to a greater or lesser degree, various orientations while following the one with which each writer is most comfortable.

As an academically trained historian, I have my own particular biases and they do colour my reaction to the writings under review. As a social historian, I am concerned with context — the wider society in which medicine functions and the relationship between the two. I also have been particularly concerned with what I sometimes refer to as the missing half of the dynamic of medicine — the patient. I have tremendous difficulty in perceiving the history of medicine separate from the history of those being treated. I do not necessarily expect patients to be the focus but I do expect them to be there. For example, one traditional approach to the history of medicine was through an examination of medicine's great discoveries. I am not convinced that this is medical history but rather a sub-branch of the history of science. To me, medicine is not a science but an amalgam of science and art and in its practice is often more art than science because of what some medical historians have refused to acknowledge — the complicating factors of patient and society.

The biographical approach has been one of the strongest in the medical historiography and in Canadian history in general. And it is understandable why this is the case — biography focuses on an individual, someone the authors can admire. In *Duncan Graham: Medical Reformer and Educator* (Toronto, Hannah Institute and Dundurn Press, 1989), one of a series of medical biographies which the Hannah Institute for the History of Medicine is sponsoring, Robert B. Kerr and Douglas Waugh continue that tradition. The authors find Duncan Graham significant not for any breakthrough he made in the science of medicine but rather for his role in changing the administration of medicine. One of the consequences of the famous 1910 Flexner Report on medical education was Flexner's belief that medical schools should control their teaching hospitals. To accomplish this, clinical departments were to be placed under full time professors who did not engage in private practice but devoted themselves full time to teaching. Through the help of Sir John and Lady Eaton money was made available to hire such a person — Duncan Graham — for the Department of Scientific Medicine at the University of Toronto and consequently at the Toronto General Hospital.

Born in 1882, Graham did at least six years of post graduate training in Canada, the United States and in Europe before he returned in 1911 at age 29 to become a lecturer in the Department of Bacteriology at the University of Toronto where he remained until he enlisted in 1914. When he took up his new posting

after the war, he was in the unenviable position of being required to overhaul the organizational structure of the Toronto General Hospital. Up until then, there had been co-ordinate heads of various departments. These were now eliminated and the work consolidated under the Departments of Surgery and Medicine, the latter run by Graham. University of Toronto faculty were the only ones allowed to treat patients except for those physicians who had patients in the private and semi-private wards. The authors take a very presentist view of this restructuring, seeing it as a step forward since it brought the hospitals closer to the way they are run today. Nonetheless there are indications that not everyone was pleased with the change. The authors themselves refer to it as a "system of autocratic management" (p. 66). Although eventually supporting the new management system, Sir William Osler was hesitant at the beginning. The problem as he saw it was that "I cannot imagine anything more subversive to the highest ideal of a clinical school than to hand over young men, who are to be our best practitioners, to a group of teachers who are ex officio out of touch with the conditions under which these young men will live.... As students of the wide problems of social reform so closely associated with disease, the clinical men should come into contact with the public, whose foibles they should know, and whose advisors they should be" (p. 44). How these problems were overcome and why Osler changed his mind is never made clear. Neither is the fact that the increased administrative efficiency of the system coincided with and thus accentuated (and in some aspects may have been a partial cause of) the increased trend to depersonalization within the hospital. Patients were divided according to diagnosis and taught by specialists in that field. Thus patients became identified by their disease. Because doctors in the hospital did not have their own private practices, their patients no longer filled the hospital's private wards causing some financial pressures. Could this be linked to the doctors' subsequent enticement of middle class patients and their desire to make the hospital attractive to paying patients? In exposing the link between the administration of medicine and its practice, the authors have raised an important issue for the historians of medicine to pursue.

Second to the biographical approach has been the study of medicine as a profession, specifically the gaining of medical monopoly by regular practitioners. In Jacques Bernier's *La Médecine au Québec: Naissance et évolution d'une profession* (Québec, Les Presses de l'Université Laval, 1989), readers, both lay and academic, will have a standard reference book to which they can refer. Bernier sees medicine divided into three eras: 1788-1909 when it became a profession; 1910-1960 when it reached its full zenith; and 1960 onward when he sees medicine as losing its autonomy. It is the first era with which the book is concerned. Bernier's goals are to understand the professionalization of medicine; to understand the historical context which favoured the early development of it in Quebec; to evaluate the role of medical knowledge in this development; and to understand the nature of the relationship between medicine and society. Bernier has already made this topic his own through the publication of numerous

articles over the years, some of which are republished in part in *La Médecine au Québec*. Although rather ambitious in scope, the book focuses on the profession in Quebec City within the provincial context, providing an intimacy which a general provincial study would lose.

The profession in the province of Quebec is unique in the earliness with which it managed to exert control over medical practice. The 1847 legislation is the charter of the profession because, through the setting up of the College of Physicians and Surgeons, doctors were given a great deal of control over the study of medicine, its regulation and the qualifications necessary for its practice. The legislation established a Bureau of Examiners for licensing which, from the time it was set up, determined to exercise its mandate as strictly as it could. The desire on the part of physicians to be accepted both professionally and socially necessitated a co-operation between them, while uniform training contributed to the ending of conflicts. The union of the Canadas was also a prod toward unity which doctors in other parts of the country did not have. Certainly the profession in Quebec seemed more dynamic than that elsewhere. Evidence of this is the 20 different medical journals published in the province between 1844 and 1892. After mid-century, these journals reflected a profession in which professional rivalries and antagonisms had become muted in a common professional identity. Not that it was an easy process. Doctors in Quebec faced a potential challenge to their separate identity in the attempt by the Medical Association of Canada, formed in 1868, to create a national board of examiners. Within the province they also had competition from irregular or minority practitioners. As Bernier points out there were strong reasons for this: the population historically had always had alternative medical care-providers, especially in regions having few or no doctors; the power of the Church was significant in making disease appear to be a visitation from God and thus not totally medical; the cost of consulting a doctor was also prohibitive for many. The College and its members, however, were determined to win control. To eliminate unlicensed practitioners, in 1877 the College even hired a detective who was paid $25 for every charlatan prosecuted and placed in prison.

Of course the rise of the profession cannot be divorced from the medicine it practiced. Bernier makes the important point that the advances in medicine accomplished by Lister, Semmelweis, Virchow, and Pasteur were not immediately accepted. Doctors at the time did not perceive them as the dawning of a new age. Such a realization softens the Whiggish nature of the 'medical discovery' approach to medicine's past. Bernier also argues that mortality rates did not improve at the end of the century despite the so-called advances of scientific medicine. The blame for this he places on the expansion of urban life and the problems tied to it but also to the slowness with which medical practice changes. Lag in attitudes is a factor which historians in most fields have to keep in mind.

Hospital histories, especially commemorative volumes, have been the third most common approach to the history of medicine and in two books under

review we can see the continuation of this trend. In *A Century of Care: A History of the Victoria General Hospital in Halifax 1887-1987* (Halifax, The Victoria General Hospital, 1988) Colin D. Howell, an historian well published in the medical history field, has had the challenge of writing a hundred years of hospital life in 115 pages of text. Given the constraints he was under, he has done an admirable job. Early on in his text he asks, what is for me the central question of any hospital history. What was it like to be a patient? Certainly in his examination of the early decades of the hospital, the patients come to life, not in a statistical way for the study does not encompass this, but in a human way. He traces the shift from a hospital attracting charity patients to ones who could pay. The question, of course, is why the hospital wanted to expand its clientele into the middle class. Beyond the obvious financial reasons Howell suggests that it is somehow caught up with scientific investigation and the ideal of scientific management and efficiency, as if a charity hospital could not be run on these lines. I also suspect it is connected with image. Charity hospitals were perceived to be for hopeless cases, perhaps because they were for people with hopeless lives. As Howell points out, however, perception and reality are not the same. Very few people died in 19th century hospitals.

Hospital history must of necessity go beyond the patients and include the administration. The organization of the Victoria General and its departments was as controversial among doctors in Halifax as it was at the Toronto General under Duncan Graham. But doctors were and are not the only care-givers in hospitals. As Howell points out, the establishment of the School of Nursing in 1891 was vital for the running of the Victoria General and its prestige. The nurses were taught the discipline of the factory and to do their work in a standardized way. While reflecting the new scientific management techniques, not all Victorian ideologies gave way. In 1897 when the hospital required nurses to preside over male patients and the passing of their urine, the nurses refused. "In this case at least the ideals of 'true womanhood' took precedence over the demands of the profession" (p. 42). These true women until 1954 worked 12 hour shifts and only in 1948 did they get one full day off per month.

The standardization seen in nursing and administration is strongly sensed by Howell. When writing about the 19th century his history is replete with strong personalities within the administration, whereas the 20th century seems to provide little opportunity for them to come forth. Patients, too, become anonymous and perhaps for this reason there is an attempt to bring patients to the fore in the post-1940 period. But it is difficult for an author to insert what is not there. By the post war period, if not earlier, the Victoria General had become an efficient institution with little personality of its own.

Joan Hollobon in her book *The Lion's Tale: A History of the Wellesley Hospital 1912-1987* (Toronto, Irwin Publishing, 1987) has had more success in convincing the reader that the Wellesley Hospital maintained an identity well into the 20th century. In contrast to the Victoria General, Wellesley remained a

private hospital for most of its history and thus developed at a slightly different pace than public hospitals. *The Lion's Tale* is a beautiful, glossy coffee table volume replete with wonderful photographs. Written by a freelance writer, the study reflects her sense of a popular and lay audience. What emerges from her history of Wellesley is a story of people. Established as a private hospital through the energies of Dr. Herbert Bruce, the Wellesley certainly did not stint on expense. The china used was imported from Limoges, France and the silver from England. Designed for paying patients, although it was to be non profit, it was open to all physicians. The central personality in its early history was, of course, Herbert Bruce, a man deserving of a biography in his own right. Perhaps if they have not already done so, the people at the Hannah Institute should add his name to their list of biographical studies. He certainly seems to have been a bit of a maverick within his profession. He was one of the few public supporters of birth control and a national health insurance scheme. Bruce's life and that of Duncan Graham intersected for Bruce was one of the surgeons fired as a result of the reorganization of the Toronto General Hospital under Graham. Thus there was a certain amount of enmity between Bruce and the Toronto medical establishment. The reorganization hurt Bruce in other ways. Before it occurred, surgeons holding posts at University of Toronto and the Toronto General had often used the Wellesley for their private patients but afterwards this was no longer the case. The study also picks up on a theme introduced by Colin Howell. Due to the competition for middle class patients undertaken by public hospitals such as the Victoria General, private hospitals like the Wellesley become financially pressed. In the 1920s and certainly by 1930s, the Wellesley had run out of money and with World War Two it was clear that it could not survive as a private institution. In 1942 it became a public hospital and in 1948 amalgamated with the Toronto General Hospital. The individuality of the Wellesley became lost. However, as presented by Hollobon, the tale had a happy ending for in 1959 the Wellesley once again became independent.

Most hospital histories are unable to create a personality for the institution concerned. But Hollobon is very persuasive that the Wellesley had one. According to her, it lay with the nursing staff and for this reason she integrates the nursing component of the hospital into its history in a major way. The personalities of the leading nurses come alive, as well as their dedication to, and the sacrifice of their personal lives to their careers. The expectations placed on them were high. For example, until 1960 expulsion from the nursing program was automatic if a student married. After 1960 students could marry if they were within the last six months of their training and if they had the director's permission. For Hollobon, one of the less successful innovations of the Ontario government in health care was the elimination of hospital based nursing schools in 1973. As a result, nursing changed, becoming even more standardized than it had been and part of the depersonalization of modern medicine — a continuing refrain in many of the studies under review.

Certainly depersonalization has been a strong theme in the literature on mental illness, the subject which the last four books address. Within the last ten years the history of mental illness and its treatment has been at the centre of the most energetic debates in the medical history field. Unfortunately, Canada has not kept pace with the work being done in the United States and in Britain. While we have had excellent theses written on the topic and many articles concentrating on various aspects of psychiatry, we have not had a single published history of an asylum. *Out of Mind, Out of Sight: A History of the Waterford Hospital* (St. John's, Breakwater Press, 1989) is that book. Written by Patricia O'Brien, who has an M.A. in history, the study was commissioned by the Waterford Hospital Corporation which has been very generous in allowing O'Brien to write such a fine and detailed study of the first asylum in Newfoundland.

Perhaps because the history of insanity has been so ideologically contentious, O'Brien self-protectively does not confront the debates which have raged in the field other than to reject a simplistic form of social control. As a result, it is sometimes difficult to know how she really viewed the motives of the professionals involved with the insane. Towards the end of *Out of Mind* she gives a relatively benevolent interpretation of psychiatry. She claims that "like any other branch of medicine, [it] aims first, to prevent disease; second, to cure it or arrest its progress" (p. 302). I do not believe this. Medicine in western society has always focused on cure and the preventive part has been hived off into public health which has not had a particularly high status within society or the medical profession. Neither am I convinced that O'Brien believes her own words for there is little in her study of the life of this asylum that could be described as preventive.

The early hero of her story is Dr. Henry Stabb, the superintendent of the first asylum in Newfoundland which opened its provisional quarters in 1847 until the permanent facilities were ready in 1854. Arguing that it was the economic savings of cure that persuaded the government to build an asylum, O'Brien tells the all too familiar story of overcrowding and the efforts to fight against government imposed financial stringency. Indeed, if Stabb is her hero, the government is the villain. Certainly the well-being of the insane never seemed uppermost in its decisions. The result is frustration on the part of Stabb and the superintendents who followed him, a frustration which O'Brien excellently describes. Rather than seeing asylums as institutions solidly entrenched with a life of their own, O'Brien quite rightly reminds us how vulnerable they were and how quickly they could degenerate under lax care and neglect.

Much has been written about the introduction of moral treatment into the asylum system, the determination to see the insane as human, able to be cured and deserving of humane treatment. O'Brien makes the accustomed argument about the decline in moral treatment but it is unclear whether moral treatment as espoused was ever really implemented in the Waterford Hospital. Even though she is fairly sympathetic to Stabb and feels that under his early tutelage

conditions were good, the facts do not always support her. For example, the temperature at the asylum was kept at 60 degrees which is cold for those not engaged in work. The conditions under which the patients lived raises the issue of their care and also the life of those working in the asylum. O'Brien has chosen not to address the lot of the patients in a personal way but there is enough material given to suggest their situation and to raise intriguing questions. In 1901 melancholia was the most prevalent classification at Waterford which is quite different from what my own work on the Toronto asylum has revealed.[1] Because there is little comparative component to this study the reasons for this difference is unclear. O'Brien discusses the horrendous conditions of the hospital in the 1930s and yet mentions that voluntary patients were attracted to the asylum, "a tentative sign that mental hospital treatment was indeed becoming acceptable" (p. 196). Unfortunately there is little effort to explain how the two could be reconciled. Indeed, O'Brien does not seem comfortable in analyzing the material she has researched. For example, she seems unaware that there is a gender division in the asylum. She mentions that in 1860s the activities for male patients consisted of reading, draughts, softball and cards and for the women sewing, mending and knitting. There is no recognition that the recreation for men was recreation but for women was a continuation of the work they were encouraged to do in the asylum. She presents a good deal of information on the patients in statistical form but never explains the implications of the numbers. Despite this limitation, *Out of Mind* is an excellent overview of the history of one asylum and will provide a comparative base for those working on the history of other such institutions.

If O'Brien' work is short on analysis and theory, Harley Dickinson's *The Two Psychiatries: The Transformation of Psychiatric Work in Saskatchewan 1905-1984* (Regina, Canadian Plains Research Center, University of Regina, 1989) is not. As a sociologist, Dickinson takes a different approach to the study of psychiatry than most historians. His focus is on psychiatry as a form of work, i.e., the author is not interested in the practice of psychiatry but rather in using it as a case study which will contribute to the growing literature on the sociology of work. Not surprisingly then, the book is particularly strong when he discusses the relationship between staff and those in charge of psychiatric hospitals. It is probably the most detailed look at the people who were in closest contact with the patients. Unlike O'Brien, Dickinson is extremely sensitive to gender issues and delineates the differential between men and women staff members. Not only

1 Wendy Mitchinson, "Reasons for Committal to a Mid-Nineteenth-Century Ontario Insane Asylum: The Case of Toronto", in Wendy Mitchinson and Janice Dickin McGinnis, eds., *Essays in the History of Canadian Medicine* (Toronto, McClelland and Stewart, 1988), p. 95.

were women paid less than men but they were required to have more education. His explanation of this is unclear, other than attributing it to sexism. He does postulate that "it served as a screening mechanism to help keep married women out of the institutional labour force" (p. 58), but how this worked remains vague. Are we to assume that married women were less educated? But if the book is strong in its examination of staff, patients and their treatment hardly seem to exist. At times practitioner/historians have complained that those in academe have been writing the history of medicine with the medicine left out. In this case, their complaint has validity.

Central to Dickinson's work is the issue of medicalization. He takes exception to Andrew Scull's contention that psychiatry had medicalized insanity by the early 20th century.[2] To substantiate this, he points out that the definition of insanity was both a legal and a medical one and that physicians alone could not make it. For this reason, he sees the Mental Hygiene Act of 1950 as significant, since the power to admit patients was given solely to doctors. While true, it is not something that Scull would have denied. Scull's concern is the *increasing* control medical practitioners have over insanity not the sole control they have. That is, he emphasizes the process more than the end result. One of the reasons why Dickinson places the medicalization of insanity much further into the 20th century than Scull is his denial that medical management of asylums and the medicalization of the work that goes on within them are co-terminus. In this he is correct. The one does not necessarily lead to the other. But his definition of medical tends to be very presentist and interventionist. For example, Dickinson does not see moral treatment as a medical therapeutic even though physicians in the 19th century did. He views medical treatment as interventionist treatment. Thus his definition of medicalization seems unduly narrow. Superintendents of asylums in the 19th century believed that psychiatry had been medicalized. Each succeeding generation believed the same, although they continued to change the definition of medical.

Like O'Brien's study, Dickinson's emphasizes the need for comparative studies. He points out that in Saskatchewan's asylums, work therapy for patients was abused: patient-workers were of such economic value to the hospitals that they had little chance of being discharged. If true, this is quite different than the situation in 19th century Ontario. While of economic value, work therapy was the one sure way the patients had of exhibiting sane tendencies. Those who worked were more likely to be discharged for they could look after themselves. Why was the system so different in Saskatchewan or had something changed in

2 See Andrew Scull, *Museums of Madness: The Social Organization of Insanity in Nineteenth-Century England* (London, 1979).

the interim? In Saskatchewan, too, there was no category for discharge until after World War Two. This would make its mental institutions unlike others in the rest of the country where rates of discharge were of constant concern.

Towards the end of his study, Dickinson raises an intriguing aspect of the medicalization of insanity. Granting his definition of medical and its linkage with scientific rationality, this apparent strength, which led to psychiatry's professionalization, may in the end be its downfall. He argues that psychiatry could easily become deskilled. "The vulnerability of the medical component derives from the scienticity of medical work. That is, knowledge which can be standardized and systematized is vulnerable to automation" (p. 273). This may cause some practitioners pause. If it does, it probably will not be psychoanalysts for their work more than other practitioners seems to focus on individual eccentricities within a broad system of understanding. It will be more difficult to systematize.

Not that this is a concern of Alan Parkin's *A History of Psychoanalysis in Canada* (Toronto, The Toronto Psychoanalytic Society, 1987). It is not a study of psychoanalysis or its practice in Canada but rather an institutional, biographical retrieval of information, the necessary first step to being able to write a history of psychoanalysis in Canada. Leading to the formation of the Canadian Psychoanalytic Society as its climax, the book is written by a participant in that endeavour. Although Parkin is hard-pressed to find an extensive history of psychoanalysis in this country, he gives it a game try. He begins in the early decades of the 20th century when even those tangentially connected to the field were few in number and perhaps for this reason jealous of their perogatives. When Donald Campbell Meyers sets up an in-patient unit for psychiatric patients at the Toronto General Hospital he is opposed by the vested interests of Ontario's superintendents of asylums. One of the individuals recruited in the effort to lessen the need for this unit was Freud's disciple Ernest Jones. However, Jones does not stay in Canada long, leaving in 1913 much to his own and everyone else's relief. Parkin mentions the various accusations of sexual abuse of his child patients brought against Jones before he came to Canada but there is no attempt to deal with the subject despite the amount of controversy surrounding it generated by recent writings on Freud. In Canada, as well, Jones had difficulty avoiding scandal and was accused by one of his Toronto patients of seduction.

After the closing of Meyers' wards and the departure of Ernest Jones there followed what Parkin refers to as a "fallow" period. Neurologists dominated the care of psychoneuroses for the next 25 years. During that time the only glimmer on the horizon was those Canadians who studied psychoanalysis abroad. What follows in the book is a look at these 'greats'. While little was happening in Canada, the American psychoanalytic situation was blossoming. Although Parkin provides some explanation of this by quoting others, he never really addresses the main issue which is not why this occurred in the United States but why it did not happen here. But for whatever reasons it did not and only in the

late 40s and particularly the early 50s do enough people with an interest and expertise in psychoanalysis emerge even to form local groups. Eventually they determine to join the International Psycho-Analytical Association. Being small and weak they decided to do so under the sponsorship of a larger group, either the British or the American society. The machinations of the latter in insisting that the Canadian group should be under their care are quite wonderful to read. Delayed because of the politicization of the issue, the Canadians finally solved it by applying for membership in their own right in 1957.

Because the focus of this book is on those practicing psychoanalysis and on the formation of their society in Canada, there is little in it about those whom psychoanalysts treated. This is not true in Anne Collins' *In the Sleep Room: The Story of the CIA Brainwashing Experiments in Canada* (Toronto, Lester & Orpen Dennys, 1988), where the focus is on the recipients of a specific treatment and the man who provided it. *In The Sleep Room* is a morality tale — in this case the innocent are the patients. Through Collins' use of patient recollections, the often silent half of the dynamic of medicine find their voice. The other half, the guilty half, is Ewen Cameron, the man to whom these people came for help. Collins' work is the Alice in Wonderland version of the traditional biographical 'great doctor' approach to medical history.

The central and unasked question of the book is whether incidents like Cameron's work in Montreal could still occur. Is there something about the nature of working with the mentally ill that hardens people? One Washington psychiatrist who worked for the CIA admitted his work called for "practicing psychiatry in an ideal way, which meant you didn't become involved with your patients. You weren't supposed to" (p. 59). Cameron's attitude dovetailed with this perfectly. He seldom worked with patients but through tapes. He asked: "Why is it easier to listen to a tape than it is to listen to the patient? Could it be that listening to the live patient, the patient immediately evokes a negative response or better said, an inhibitory response" (p.140)? Yet Collins is not quick to condemn. She understands the frustration of psychiatrists or any physician in not being able to cure his/her patients. "For many psychiatrists the imperative to treat, arising out of the profession's impotence at treating, far outweighed the basic ethical principle ...first of all, do no harm. To rest content with doing no harm seemed to be the attitude of a coward" (p. 70). The disturbing aspect of this tragedy is that Cameron and his work were not out of step with the rest of psychiatry. Its history was often interventionist even when faced with evidence that the intervention accomplished little. It reveals the determination to succeed, the will to succeed and the ability of humans to convince themselves in order to hope. Faced with people in hopeless situations, Cameron was a man in a hurry. His vision of psychic driving was to speed the treatment process, to eliminate endless talk with patients. He wanted to devise "the automatic cure" (p. 123). In order to get it he was willing to sacrifice the memories of his patients, never asking himself what this would mean for them, perhaps unwilling to confront the reality that memory is part of being human.

Collins book is a gripping work partly because people take precedence over institutions. It has become commonplace for historians to accept the return of the narrative to our discipline. The books reviewed indicate the reason. Those that are the most successful allow people centre stage. However, a stage is necessary and it is the social context that provides that stage. The best medical history combines the two. Some of the books reviewed here manage both; others do not. Unfortunately within the field of medical history there is simply no consensus about the nature of history. This is not surprising considering the vast array of people from other disciplines and walks of life who write it. History is perhaps one of the most approachable of fields. Although this is one of its strengths, many automatically assume that it is easy to write, which is not the case. What the books reviewed reveal is the variety of audiences for the history of medicine. With the possible exception of one or two, they were not written for academic readers, but for a limited non academic audience. Some were written for a wide popular audience. Does the writing of history change depending on the readership? From an examination of these books it is clear that it does. The question unanswered is whether it should.

WENDY MITCHINSON

The Perpetual Centennial Project: Twenty Years of the Documents on Canadian External Relations Series

"I REFER TO THE DESIRABLENESS OF establishing a more systematic mode of dealing with what I may term, for want of a better phrase, the *external affairs* of the Dominion. It is commonly supposed that such matters are now administered by the department of which I am the deputy head, but this is a misapprehension", wrote Joseph Pope in 1907. Pope, under secretary of state for external affairs, was concerned with the apparent confusion in government circles over the preparation and circulation of despatches dealing with foreign or imperial questions. Who was in charge of the country's imperial and foreign relations? Who was responsible for the paperwork? "The practical result of the system in vogue", he continued, "is that there does not exist to-day in any department a complete record of any of the correspondence to which I have alluded.... Even now, I am of opinion that it would be an extremely difficult task to construct from our official files anything approaching to a complete record of any of the international questions in which Canada has been concerned during the past