

## The Historiography of Canadian Health Care: An Update

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## The Historiography of Canadian Health Care: An Update

WHAT IS THE STATE OF THE health of Canadian medical history today? As seven texts published within the last seven years demonstrate, the challenge offered by Samuel Shortt almost two decades ago<sup>1</sup> for social and medical historians to unite has been taken up only imperfectly. While social historians have been more successful in incorporating medical trends within the context of socio-economic transformations, they still display reluctance to enter the field, while many physician-historians (with notable exceptions) stubbornly resist exploiting the theoretical resources of social history.

One example of the latter is Allan Everett Marble, whose *Surgeons, Smallpox and the Poor: A History of Medicine and Social Conditions in Nova Scotia, 1749-1799* (Montreal & Kingston, McGill-Queen's University Press, 1993) purports to be a history of 18th century Nova Scotian medicine, surgery and charity. It is, however, a disappointment. As an expensive, hard-bound text, catalogued with other academic works, the book would be expected by readers to be polished and scholarly. Instead, what is presented is a draft in need of serious editorial work. Clearly, Marble, a professor of surgery, has done extensive archival research in the United Kingdom and North America, and has presented valuable data on medical care among soldiers and civilians during the period extending from the early years of Halifax through the French and American wars. But Marble also has presented an even greater amount of irrelevant material, such as lists of names and the dates of death, employment and residence of all medical personnel on every ship, whose only importance seems to be that they were physicians. That the Revolutionary forces did not attack Halifax because of a smallpox epidemic is mentioned at least six times.

It is understandable that, like many historians, professional and amateur, Marble is loath to delete many of his hard-earned facts (many more of which are relegated to the notes), but the craft of history is to separate the gold from the dross. The use of secondary material is vital to this process. Marble has made little use of the rich published resources of Atlantic, medical, imperial or social history; consequently, many of his statements are dated. For instance, his terse 'march of progress' interpretation of the decline of midwifery (p. 92) as the result of the medical victory over the 'monopoly' of the midwife (as if two professions of equal power, financial resources and legal and political influence had fought a fair competition) reflects ignorance of the major contributions of women's history over the past two decades.

Mounds of evidence presented without theory or conclusions become frustrating and tedious. So many physicians found it difficult to earn a living, held second jobs (two even operated stills) and competed for lucrative hospital positions. These facts beg for contextualization within the excellent literature on the process of

1 S.E.D. Shortt, "Antiquarians and Amateurs: Reflections on the Writing of Medical History in Canada", *Medicine in Canadian Society: Historical Perspectives* (Montreal & Kingston, 1981), p. 12.

professionalization in Britain and North America. Regiments brought smallpox and citizens refused inoculation because of the dangers of thereby contracting the disease. There is a rich literature on smallpox in Canada by Bliss, Dickin McGinnis and others which is not utilized, and the list goes on. Undoubtedly, some of the facts will be of great use to other historians. Lists of types of treatments and their prices, for instance, could be a resource for future studies. Yet *Surgeons, Smallpox and the Poor* would have had to be reconstituted as a compendium of primary documents, with introductory comments, or to have undergone additional drafts to reach its potential.

Another study about Nova Scotian medical history, *Petticoat Doctors: The First Forty Years of Women in Medicine at Dalhousie University* (Lawrencetown Beach, N.S., Pottersfield Press, 1990) by Enid Johnson MacLeod, is a charming tribute to the women who graduated Dalhousie medical school from 1894 to 1933. Compiled by a 'younger graduate' (1937) and retired professor of physiology, this attractively presented collective biography is a useful source for those interested in women's history as well as for the history of medical education and professionalization. For 15 of the 46 subjects, the entries unfortunately are short (1-2 paragraphs) and little more than obituaries. Other luminaries, such as Annie Hamilton, the first graduate, Florence O'Donnell and Jemima MacKenzie, are vividly portrayed, raising tantalizing areas for further research. As MacLeod notes in her introduction, many of the graduates became missionaries to China, Korea or India, and their stories reveal the appeal of such work beyond religious commitment. The drama and danger (Jemima MacKenzie shot snakes with a revolver and Florence Murray, a missionary to Korea, served through World War II — briefly as a Japanese prisoner of war — and the Korean War), and the autonomy and power (Florence O'Donnell ran a women's hospital and training school in Szechwan province, while MacKenzie ran a 60-bed hospital in India) must have provided a vista of opportunity and excitement far removed from their colleagues struggling to set up practices and/or domestic lives in a patriarchal profession and society. More than one missionary came back to Canada, only to return (once or twice) to their lives in the Orient.

Many graduates (like their male counterparts) left the Maritimes in search of employment, and some gave up medicine after marriage or as a result of community hostility. Eliza MacKenzie, for instance, was not accepted in Charlottetown and eventually became a nurse in New York. On the whole, as would be expected, the women graduates were a tough and feisty lot. Bessie Bober carved her initials on cadavers as well as wooden benches; three women conquered tuberculosis and another radiation injuries to her hands from overexposure to x-rays to lead long and productive lives. And long they were indeed, with a number of centenarians in the group. An interesting appendix for the rest of us would have been secrets for healthy living as presented by the Dalhousie women graduates, but I suspect the greatest secret would be lives well and fully lived.

Three works on Newfoundland topics demonstrate the richness of the sources and the vibrancy of the historical community on the rock. John Crellin's *Home Medicine: The Newfoundland Experience* (Montreal & Kingston, McGill-Queen's University Press, 1994) is a very useful and thoughtful compendium of popular

remedies and practices in the first half of the 20th century. Crellin's primary sources are the 3500 oral histories of Newfoundland popular medicines recorded between 1963 and 1989 and housed in the Folklore and Language Archive at Memorial University. Crellin takes pains to describe "a mix of professional medical practices with long-standing lay ideas as... 'home medicine'... so as to distinguish it from so-called purer practices of 'traditional' or 'folk' medicine [which] recognizes the long-standing sharing of ideas between physicians and lay people" (p. 5). Throughout the entries, listed From Abortion to Zam-Buk Ointment (a green ointment based on oil of elder), Crellin seamlessly melds herbal and mineral remedies, maxims, magic, patent medicines and medical prescriptions, situating the sufferer or family healer as a consumer of a wide variety of ancient, advertised and 'scientific' remedies. The first quarter of the text is an introduction to the state of health in Newfoundland (generally poor prior to World War II) and a discussion of the plethora of patent medicines advertised in newspapers and used widely. Crellin concludes that these concoctions were popular not simply due to isolation and the lack of access to physicians, but because of poor health, fear of tuberculosis and other diseases, and easy availability through drugstores, which combined commercialism with traditional practices. While physicians may have condemned local self-care practices, their prescriptions were not always effective. Many doctors packaged their own remedies, blurring the distinction between orthodox and unorthodox medicines. Three-quarters of the text are the entries, ranging from the practical (molasses to heal a cut) to the religious (wearing the medal of St. Ann—usually in conjunction with more practical remedies) to the magical (carrying charms against migraines, nosebleeds, warts, rheumatism and the ague) to the unpleasantly exotic (rat soup for bed-wetting, cow dung for night blindness). Interspersed are anecdotes about triumphs over doctors, such as an incident when a child with diphtheria is given up for dead by the physician, but saved by the "old grandmother's" poultices of fatback pork, turnips and kerosene oil (p. 133).

Crellin successfully argues the contemporary relevance of the study of home medicine use. Spiralling health care costs can be addressed with future initiatives to combine professional and self-care. Furthermore, the growing popularity of 'natural' remedies sold in health stores and by alternative practitioners reflects the re-emergence of many once-popular herbal medicines, about which caution must be exercised. Pregnant women, for instance, who eschew caffeinated beverages in favour of 'safe' herbal teas, should be made aware that raspberry leaves in high doses have a stimulant action on the uterus, thereby raising the risk of miscarriage.

Crellin evokes an island culture imbued with rural charm. Part of the success of Gerald S. Doyle's patent medicines, for example, was due to his sponsorship of the radio programme "News Bulletin", running from 1932 to 1966 (a decade after his death). The news was exceedingly local: "To Mrs Walter Power, Colinet Island, from Dad. Your father had blood transfusion last night, condition about the same. No report from x-ray" (p. 19). Little wonder it was Newfoundland's most popular show. *Home Medicine* will interest both academic and general audiences, illuminating rural life in a period of modernization, as well as referencing the mundane and the esoteric. Its value goes beyond a Newfoundland audience.

In *Through Northern Eyes* (Calgary, University of Calgary Press, 1991), James

Graham Gillan writes an informative, intimate and at times moving account of his experiences in the eastern and western Arctic, Newfoundland and Labrador as an ophthalmologist. Of Scottish descent, the child of missionaries, Gillan reflects upon his Christian beliefs and how they influenced his decision to undertake arduous trips to remote parts of Canada's North, beginning when he was nearly 50 years of age. The book is relatively well balanced between personal adventures and mishaps, professional difficulties and historical background of the regions, although the digression into the history of Newfoundland and the Smallwood years could have been briefer.

Gillan has a talent for description, reciting the mundane difficulties of replacing bulbs on slit-lamps as well as the dangers of air, boat and *qamutiik* (sled) travel in arctic winter storms. While a northern practitioner, Gillan engaged in or initiated fruitful genetic research into diseases such as Labrador keratopathy. He lauds the Inuit use of stenopaic spectacles, made from hollowed-out caribou antlers with slits, which protected Native eyesight from snow blindness and ice crystals for 900 years, and which white settlers failed to adopt, often paying with disability or death. Gillan evokes the terrible beauty of the North and provides insight into the reasons why he and the Dalhousie women missionaries sought their adventurous destinies: "Newfoundland has changed me...there I had been needed...[In Toronto, where he had practised] I was a tiny speck in a giant pool of people" (p. 79). An engaging and informative little book, *Through Northern Eyes* is an example of medical autobiography successfully accomplished.

*Out of Mind, Out of Sight: A History of the Waterford Hospital* (St. John's, Breakwater Books, 1989) by Patricia O'Brien is a conventional institutional history, albeit very detailed with useful historical background into the development of 19th and 20th century asylum medicine. While lacking in theory, *Out of Mind, Out of Sight* presents the difficulties in creating a world-class asylum within the environment of a patronage-ridden, narrowly-interested government bureaucracy. The hero of the piece is the first superintendent, Henry Hunt Stabb, whose greatest shortcoming was that he came from England and never was fully embraced by any political or religious faction. Stabb may have been, as O'Brien terms him, shy, but unambitious he was not, and he had the vision (and hubris) to create and head an institution worthy of the accolades of his colleagues — stellar players in asylum medicine such as Thomas Kirkbride and Dorothea Dix. There is an entertaining passage (p. 63) concerning Dix's several visits to Newfoundland to fund-raise. The image of the Yankee, evangelistic, female reformer lecturing the Newfoundland burghers to cough up for their institution is priceless, and the effort invariably doomed to failure. While the villains of the book are the succession of corrupt politicians who served as the Board of Works, and the incompetent physicians and attendants they appointed, it should come as no surprise that a society of very limited economic resources and isolated social experience would expect the local rewards to be directed locally, regardless of how this retarded progress or deteriorated service to the most vulnerable and neglected.

So neglected were the insane that patient casefiles, indifferently kept, did not survive, and so the most vital voices in the human drama are voices unheard. The history we have is a history of the powerful — the governments, the courts, the

newspapers and the physicians. And, of course, The Hospital: wings are built and rot; floors are opened, soon to be covered with filth and vermin and subjected to judicial inquiry. What a paradox it is that the exquisite workings of the tortured human mind and spirit fade from the institutional approach to psychiatric history, while rattling boilers and steaming air vents remain front and centre.

I have a few minor quibbles with O'Brien. The great European psychiatrist was Emil Kraepelin, not Kraeplin, and it is not clear how many children Stabb's nervous young wife actually bore — ten? twelve? O'Brien finds it "inexplicable" that Stabb's successor, Kenneth Mackenzie, who used his asylum quarters for lengthy drunken binges (as if the staff didn't have enough to do) should be sent upon his 'retirement' to the American Medico-Psychological Association conference, a perk Stabb craved but never was granted. Inexplicable? Hardly. In the next sentence we learn that Mackenzie next ran for the incumbent Liberals, and the theme of the book is, after all, Patronage Rules.

There is a tantalizing glimpse of gender warfare which might be a fruitful avenue for further comparative research. After the Stabb years, the government imported highly recommended British matrons from noted asylums who subsequently blew the whistle on incompetent physicians with predilections to overimbibe and grope the female patients. Being women, and From Away, the matrons usually lost the battles (and their employment), although their targets were eventually removed. Women who self-righteously played by the rules only to discover that the real game was the one the old boys had mastered? Surely there is a 1990s tinge to this 1890s story. O'Brien has written a very solid contribution to the history of Canadian psychiatric institutions, but until the patients speak as loudly as the walls, nothing new will be heard.

In *Langstaff: A Nineteenth-Century Medical Life* (Toronto: University of Toronto Press, 1993), Jacalyn Duffin reconstructs the personal, social and, most importantly, professional life of a general practitioner in the small community of Richmond Hill, Ontario, several miles north of Toronto. She was able to exploit the nearly complete set of medical daybooks and account books which may be the most extensive in Canada, and presents a computer-assisted analysis "to explore and quantify all aspects of a single practitioner's activity: remuneration, professional contacts, diagnostics, therapeutics, surgery, birthing, moments of innovation, and sources of information including the doctor's library and journals" (p. 5). *Langstaff* is a balanced study, as Duffin provides contextual background to the microcosm of a single rural practice. What is learned about Dr James Langstaff? He worked seven days a week and had patients who would not pay. He was a town councillor and reeve but personal and professional controversies and jealousies ended his political career. He consulted with other physicians — both friends and rivals — the latter the consequence of his Reform-Liberal leanings and growing competition in a crowded profession.

The heart of the book, and the most fascinating part, is Langstaff's therapeutics. Duffin successfully places Langstaff within the world of 19th century western medicine, where innovations such as anaesthesia and antiseptics formed the core of the therapeutic revolution. Duffin not only contextualizes Langstaff's practice, but demonstrates how quickly a rural doctor could adopt innovative treatments and

instrumentation. The daybooks reveal Langstaff's diagnostics: to identify diseases rather than list symptoms; and his adoption of the thermometer, the flexible stethoscope and the microscope. He was a fascinating transitional figure, advocating the practice of bloodletting yet using the thermometer and urinometer before their use was widespread. He disputed the efficacy of digitalis, swore by calomel and tartar emetic, yet adopted electrotherapy in his later years, and was an early convert to carbolic acid immediately after Lister's work was reported.

Duffin has provided the reader with graphic accounts of 19th century diseases, deaths and dangers. Horse-related injuries were prevalent, as well as those associated with newfangled farm machinery. Diphtheria stole many young victims, in this period when childbirth also remained a dangerously risky experience. Langstaff's professional and political concerns intersected. He was a staunch supporter of temperance (although he administered alcohol as a stimulant) and in local politics he pushed for public health measures, especially proper sewage treatment.

In many ways, *Langstaff* is a useful companion to both *Home Medicine* and *Through Northern Eyes*. With the former, a comparison can be drawn between the popular remedies in Newfoundland homes and Langstaff's 19th-century treatments. Poultices of flour, slippery elm and chickenweed, as well as goose grease, are found in both, lending credence to Crellin's conclusion that many home remedies had been, at one time, medical remedies as well. Gillan's description of the physical challenges of a far-flung practice also resonate in Duffin's study. As she recounts, "On the odd night when he could not reach home, he would quietly let himself into an open house; according to his grandson, local people grew accustomed to the morning discovery of Dr Langstaff sleeping by the hearth" (p. 41). We can conclude from Duffin's original, well-documented and well-written work that this was not an unpleasant sight in the environs of Richmond Hill, Ontario, in the 19th century.

*Bedside Matters: The Transformation of Canadian Nursing, 1900-1990* (Toronto, Oxford University Press, 1996), written by a social historian, Kathryn McPherson, is a well-written and theoretically sound study of Canadian nursing as work. Her focus is the period between 1870 and 1940, during which time the public paid for medical services, many of which were home-centred, and hospitals employed student labour. As McPherson emphasizes throughout the book, "nurses occupied a particular position, one simultaneously defined by class and by gender and further complicated by racial/national/ethnic considerations. Nurses were simultaneously defined by their subordination to medical men and health service administrators and by their superior status compared to unskilled working women..." (p. 9). McPherson uses an excellent methodological device of dividing her subjects by generations, rather than by years, which best illuminates transformations in attitudes, science and the work itself.

One of the most controversial aspects of nursing education, the apprenticeship system, is well analyzed by McPherson, who lists its many benefits for the hospital, over and beyond the financial; they include flexibility in numbers (to meet the growing patient demand) and the guarantee of a skilled, deferential and reliable workforce. She discusses at length the ambiguous social and sexual standing of the nurse. Victorian nurses were to demonstrate gentility yet were required to perform

intimate tasks for their male patients. In later years, nurses were to be heterosexual and maternal, but were also expected to develop an asexual persona as protection from male aggression when travelling alone, often at night.

One of the best chapters of the book concerns the debate regarding the scientific nature of nursing. The scientific transformation in health care resulted in concerns for cleanliness and morality becoming subsumed into the new protocols of sterilization and antisepsis. McPherson's analysis of Taylorism in the hospitals — e.g., identical beds in assembly-line order — is particularly perceptive. Occasionally, the analysis is slightly overdrawn, or based on too little evidence. There is a 2 1/2 page commentary on one cartoon to 'explain' the student nurses' coming-of-age process and development of sexual identity (p. 178). It is unclear whether she considers (or rather whether she believes nurses considered) the uniform to be a badge of pride or means of discipline (pp. 38, 43). I suspect the latter only worked if the former were true. Also, among the many complaints about the nature of the work, the serious are given equal weight with the mere *kvetching* (e.g., the fact that private-duty nurses might have to spend an evening reading a boring book to a patient (p. 54)). Similarly, the requirement that prospective nurses had to speak one of the two official languages to be admitted would seem to make sense (p. 40).

An interesting contrast in world views would be the experiences of McPherson's nurses, who perceived doctors as demanding superiors who showed themselves only briefly on the wards, and who were often incompetent and/or insulting, and that of James Langstaff, whose many professional, personal and social pressures consumed his life and his health. What is the prognosis for medical history in Canada? Generally sound, although all of these works reveal the many fruitful avenues for further research not yet undertaken by scholars.

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