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ABSTRACTS OF PAPERS

The Asylum and Society -- First Session, June 7

"The Domestication of Madness"

Andrew Scull

We use the term 'domestic' and its cognates in at least two very different contexts. On the one hand, there is the contrast between the wild and the tame: the sense in which we refer to animals as 'domesticated'. And on the other hand, there is the reference to the private familial sphere, the environment of the home and one's intimate circle: domestic as contrasted with public life. This paper will argue that the changing social responses to madness from the end of the seventeenth to the early nineteenth centuries may be usefully looked at in terms of the metaphor of domestication, comprehending the transition from attempts to tame the wildly asocial to efforts to transform the company of the deranged into at least a facsimile of bourgeois family life.

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The Asylum and Society -- First Session, June 7

"The Emergence of the Asylum in Upper and Lower Canada: A Comparative Historical Analysis"

Russell Smandych & Simon Verdun-Jones

This paper examines comparative historical data concerning the development of segregative institutions for the insane in two Canadian provinces. The paper begins with a critical overview of previous attempts at tracing the emergence of the insane asylum, taking particular note of the fact that writers have failed to consider the significant differences in the manner in which the insane were dealt with in various Canadian jurisdictions. Subsequently, historical data are presented to show that, while nineteenth century Ontario (Upper Canada) witnessed the development of an elaborate system of public asylums, responsibility for providing the insane with institutional care in Quebec (Lower Canada), during the same period, was left largely to private and religious organizations. The authors endeavor to account for these contrasting patterns of institutional development by examining relevant data within the context of contemporary perspectives concerning the behaviour of law and social control in different historical and cultural contexts. For example, particular attention is directed towards assessing the empirical validity of Donald Black's hypothesis that, where there is a decline in the strength of informal systems of social control, there will be a corresponding increase in society's reliance upon governmental systems of social control.* The authors conclude that Black's hypothesis, although not immune to criticism, sheds considerable light on the development of formal mechanisms of social control in Upper and Lower Canada.

* D. Black, The Behaviour of Law, Academic Press, New York (1976).

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Frontier Medicine in Canada -- First Session, June 7

"Medical Aspects of the Danish Expedition to Hudson's Bay, 1619-20"

W. B. Ewart

The log of the voyage of Jens Monck in 1619 - 1620 reveals the tragedy of the Danish expedition in their vain search to find the Northwest Passage to China.

Sixty-two of the sixty-five men in the crew were left dead on the shores of Hudson's Bay. The three remaining members of the crew were able to sail back to Denmark.

A background of the expedition will be related with particular attention directed to the medical aspects of the preparations. An account of the illnesses of the crew will be given. Explanations for the failures of the medications supplied by the Danish Universities will be presented. The problems encountered by the first Surgeon to practice in Manitoba as well as his philosophical approach to therapy are included. The therapeutic success achieved by self treatment of the survivors is acknowledged.

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Frontier Medicine in Canada -- First Session, June 7

"The Missionary Oblates and Primary Medical Care Among the Indians"

Father Romuald Boucher, O.M.I.

The Church has always considered it a duty to work for the welfare of human beings, particularly in mission fields. For that reason she undertook many tasks and gave priority to those which could bring solace to the suffering.

The Missionary Oblates of Mary Immaculate in charge of the majority of the Canadian Indian missions for the last century and a half practiced medicine when necessity arose. Some had a reasonable knowledge of medicine before their arrival; some had to learn the basics with the help of confreres, of recognized authors, by some kind of internship in dentists' offices or in hospitals. Others, namely Fr. Charles Pandosy of British Columbia, prepared a vade mecum where he listed the various illnesses with their aetiology, their diagnosis, the symptomatology and their prophylactic. We are always, however, dealing with primary care.

They preached preventive medicine by the improvement of hygiene in the camps, isolation in case of contagious diseases and vaccination of entire populations. While the Sisters took care of the sick in the mission centers, the priest worked especially during their trips. They were at the same time dentists, surgeons and counsellors. Father Leon Fouquet of Kamloops even established the Kenootlakatle Palke (Society of midwives) to insure adequate care of future mothers with their babies. This did not impede the missionary in performing the operation himself in cases of emergency.

The priests were also general practitioners, distributing medicine and giving advice for daily needs or in frequent epidemics such as typhus, scarlet

fever, small pox, measles or rubella. The list of imported drugs shows a great variety. They used drugs that were common at the time and the supply at the mission as well as the missionary's kit changed over the years.

Around 1860, several missionaries were enthused by homeopathy considered almost as a miraculous cure-all. This enthusiasm, however, seems to have been short-lived.

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The Asylum and Society -- Second Session, June 7

"Alexander Peter Reid and the Medicalization of Canadian Society"

Colin Howell

This paper chronicles the career of Alexander Peter Reid, one of the foremost medical men in the Atlantic Region in the last half of the 19th century. Reid was at various times President of the Halifax Medical College, Superintendent of the Nova Scotia Hospital for the Insane, and Secretary of the Provincial Board of Health. Consequently upon Reid's career as Superintendent of the Nova Scotia Hospital for the Insane during the 1880's and 1890's, this paper probes the relationship of Reid's activities to the larger advance of 19th century science and reform. Like most progressive reformers Reid envisioned a society led by scientific "experts" who would operate in the interests of society as a whole. In the asylum this meant applying the most modern therapeutic principles available. A somaticist, influenced in particular by the work of Henry Maudsley, Reid was quickly disillusioned with the fact that the asylum had become merely a custodial institution. This disillusionment led him ultimately to apply his therapeutic principles to the entire social organism. By the 1890's Reid had come to regard society as a whole as his hospital, applying to it the scientific prescriptions of an articulate progressive reformer. Reid's conception of how society should be reformed was most clearly articulated in a series of papers presented to the Nova Scotia Institute for Natural Science in 1890 and 1891. An analysis of these papers in the context of Reid's career, tells us much about the relationship of medical science, reform, and class in 19th century Canada, and more particularly about the origins of what Christopher Lasch calls the "Therapeutic Society."

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The Asylum and Society -- Second Session, June 7

"Psychiatrist and Patient: Dr. Stephen Lett of the Homewood Retreat, Guelph, 1883-1900"

Cheryl Krasnick

The Homewood Retreat of Guelph, Ontario, opened in 1883, was the first private asylum for the insane in Canada. Over the years it was headed by some of the noted names in early Canadian psychiatry. This paper will focus on the administration of the first superintendent, Dr. Stephen Lett. Born in Ireland in 1847 and educated in Toronto, Lett served at the Malden and London Asylums under Dr. Henry Landor. After the latter's death in 1877, Lett lost the superintendency of the London Asylum to Richard Maurice Bucke, and after frequent personality clashes between the two men, Lett left London for the Toronto Lunatic Asylum. John W. Langmuir, former Inspector of Prisons and Asylums and Lett's mentor, arranged for his appointment to the new Homewood Retreat.

Lett wrote on mental and nervous maladies, and the effects of alcoholism and opium abuse. As superintendent of a private asylum, Lett was at liberty to experiment with novel treatments for his voluntary and involuntary patients. Homewood catered to the middle and upper classes. Its records therefore offer opportunities for comparison with a public institution, such as the London Asylum for the Insane. Did treatment differ for wealthy and indigent patients? Were patients diagnosed with similar diseases? Finally, because Homewood's records are particularly complete in this respect, the actual behaviour which led to commitment will be examined.

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Physicians and Education in Canada -- Second Session, June 7

"Osler and Neurology"

George C. Ebers

Although William Osler has been rightfully appropriated as one of their own by pediatricians, gastroentrologists and veterinarians (among others), neurologists can make no less justified a claim. Osler's published works in medicine begin and end with neurologic items. In between a medical student case report and the writing of Horsley's obituary, he published almost two hundred papers, books, reviews, and addresses on a wide variety of neurologic subjects, including movement disorders, neuropathologic methods, cerebral aneurysms, stroke, peripheral neuropathy, and the brain-mind problem. Osler's "quinquennial brain dusting" included visits to contemporary neurologic centers and he corresponded with many of the great neurologists of his day. His two important neurologic monographs "On Chorea" and "Cerebral Palsy of Children" were dedicated to Gowers and Weir Mitchell respectively.

His pathologic records give an extraordinary view of the neurology of his time. They suggest that multiple sclerosis has not changed in prevalence in Canada over the last hundred years. Although Bibliography about Osler now exceed a thousand items his neurological contributions have not been given the recognition they deserve.

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Physicians and Education in Canada -- Second Session, June 7

"Frank Fairchild Wesbrook, University Builder (1868-1918)"

William C. Gibson

Frank Fairchild Wesbrook, the founding president of the University of British Columbia, was one of the great university builders in Canada, though he died before his creation was much more than embryonic. He was also a great missionary of medical education in this country. His larger dream, inspired by his education in the Cambridge of Bateson, Sherrington and Michael Foster, was to found a "Cambridge on the Pacific." But within that dream was another -- to establish a first-rate research-centred medical school with its own hospital on the campus of his new Cambridge. His struggles to realize these dreams form a significant and informative chapter in the history of education, and of medical education in particular, in this country.

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The Asylum and Society -- Third Session, June 7

"C. K. Clarke and Ernest Jones: The Rise and Fall of a Kraepelinian Psychiatric Clinic in Toronto (1907-1908)"

R. A. Paskauskas

Dr. C. K. Clarke, in 1907, led a delegation of Canadian asylum Superintendents on a tour of the Psychiatric institutions of Europe. The group chose Emil Kraepelin's clinic in Munich as a model for a new Psychiatric Clinic in Toronto.

In 1908 Clarke selected Ernest Jones, a British trained neurologist, to be the Director of the new facility. For Jones, the new position would carry power and authority comparable to that already claimed by Clarke who was Head of the Department of Psychiatry and Dean of the Faculty of Medicine, University of Toronto, and Superintendent at the Toronto Asylum for the Insane.

After having agreed to finance the clinic project, the Ontario Government shelved it indefinitely. As a result, Jones was appointed to minor teaching and clinical posts between 1908-1913 taking a back seat to Clarke at the medical school, the Toronto Asylum, and the Toronto General Hospital.

The paper explores historically crucial events and problems: the social, political, and economic issues related to the rise and fall of the clinic project in Toronto; the plans to provide for the physical and mental health needs of the community in Ontario; the structure of political power in the government; the funding policies and priorities of the government in general, and in relation to hospitals and asylums in particular.

Moreover, I do not treat Jones as the Freudian evangelist that he is made out to be by Cyril Greenland in his three part "Ernest Jones in Toronto:

1908-1913" in the Canadian Psychiatric Association Journal (1961, 1966, 1967), and by Thomas E. Brown in his "Dr. Ernest Jones, Psychoanalysis, and the Canadian Medical Profession, 1908-1913" in S. E. D. Shortt's Medicine in Canadian Society: Historical Perspectives. (Jones only later became the key exponent of psychoanalysis in the English speaking world and Sigmund Freud's major biographer.)

Significantly, with an eye on the incompatibility of the Freudian and Kraepelinian systems, I utilize manuscript sources that have eluded the purview of Greenland and Brown to uncover the curious circumstances of Jones's arrival in Toronto: the extent of his commitment to Kraepelinian psychiatry; the role that he was to play in the new Kraepelinian clinic; and the effect that the shelving of the new project had on his career.

The paper brings to light new knowledge on aspects of Canadian medicine that is of crucial historical significance. However, the Canadian acceptance of the Kraepelinian clinic model and Jones's world-wide reputation give the analysis international import as well.

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Legal and Regional Dimensions of Professional Development -- Third Session, June 7

"Le corps de santé au Québec entre 1847 et 1881"

Jacques Bernier

L'histoire de la profession médicale québécoise a été marquée, dans la première moitié du XIX^{e} siècle, de deux grands moments. Le premier, qui se situe entre 1800 et 1831, se caractérise par la prise de conscience, dans certains milieux médicaux, de l'état précaire de la médecine de la colonie. Le deuxième est relié aux débats et aux actions qui ont permis la mise en place du Collège des médecins et chirurgiens du Bas-Canada en 1847.

Le but de cet exposé est de montrer comment s'est faite la consolidation au sein du corps de santé au Québec entre 1847 et 1881, et ceci malgré de fortes tensions. Après avoir présenté les diverses forces en présance, nous montrerons comment ces tensions ont été surmontées grâce au rôle intégrateur joué par le College des médecins, les revues et les sociétés médicales, et grâce à l'établissement d'une formation standardisée pour tous les étudiants-médecins. Ce renforcement du groupe fut ponctué à divers moments par de nouvelles lois qui sont venues témoigner, en quelque sorte, de l'état d'évolution du groupe. L'étude de ces lois fera donc également l'objet de cette présentation. Evidemment, des acteurs furent à l'origine de ces actions, nous parlerons d'eux aussi, et en particulier d'un groupe qui a joué un rôle tout à fait déterminant dans l'histoire médicale de cette période, soit les professeurs des écoles et facultés nouvellement créés. L'information que nous allons utiliser pour étudier cette question est imprimée en grande partie, et provient des journaux de Québec et de revues médicales montréalaises de l'époque.

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Legal and Regional Dimensions of Professional Development --
Third Session, June 7

"Medical Geography and Medical History:
Mapping the Contours of Professional Development, 1891-1961"

Heather MacDougall

The purpose of this paper is to demonstrate and evaluate the development of medical education, the rise of specialization and the growth of professional societies from the perspective of medical geography. Traditionally, medical geography involved the mapping of disease morbidity and mortality but in recent years the subject area has expanded to encompass issues such as spatial diffusion of health care personnel and the prediction of use ratios based on geographical proximity to the source of health services. By applying this approach to the historical evolution of medical education, specialization and professional societies it is anticipated that the broad general outlines of these changes will become evident.

Collecting, collating and interpreting the data, however, raise a series of questions. Can we construct a valid picture of changes in the composition of the medical work force simply on the basis of rising or declining enrolments, changing course work patterns, and the development of specialties, internship, and residency requirements? Will a chronology of events enable us to suggest that differing economic conditions and alterations in medical manpower requirements, eg. the Great Depression and the World Wars, had an impact on the demand for doctors or was the profession the sole determining factor? How can the overview most fruitfully be supplemented by specific case studies?

By presenting the material collected thus far for the Health and Welfare plates in Volume III of the Historical Atlas of Canada to scholars in the history of medicine for comment and criticism we expect to indicate both the possibilities and pitfalls of using medical geography as the methodological underpinning for an overview of the growth of medicine in Canada.

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Reproduction, Obstetrics and Maternal Care -- Fourth Session, June 8

"Reproductive Rituals: Popular Attitudes Towards Conception in England, 1600 to 1800"

Angus McLaren

There is a general assumption among historians that fertility in pre-industrial England was uncontrolled. Anthropologists tell us, however, that fertility is never "natural"; conception, pregnancy, childbirth, and nursing are all sociologically determined. "There is not one single instance on record," asserted Malinowski, "of a primitive culture in which the process of gestation is left to nature alone." In my paper I intend to apply this anthropological approach to early modern England in order to reveal the vast range of rules, regulations, taboos, injunctions, charms, and herbal remedies employed for the purposes of effecting the processes of conception and gestation. Demographers and medical historians have given scant attention to such practices because they did not, according to the standards of modern science, "work". I will argue (following the insights of Keith Thomas, Alan Macfarlane, and Charles Rosenberg) that on the contrary such tactics did "work" on a psychological level inasmuch as they were part of a popular model of physiology in which individual men and women were regarded as having some control over fertility. Via a variety of traditional methods employed to either promote or restrict fertility ordinary people felt they both understood and participated in the process of conception. Ironically enough, it would be medical scientists' elaboration of a scientific understanding of the processes of conception and gestation which would in the short term at least lead to lay persons' "ignorance" of the functioning of their own bodies.

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Reproduction, Obstetrics and Maternal Care -- Fourth Session, June 8

"The Evolution of Obstetrical Therapeutics, 1875-1925, and its Effect on the Montreal Maternity Hospital"

Rhoda Kenneally

Obstetrical care underwent enormous change at the end of the nineteenth and the beginning of the twentieth centuries. Medical historians have already written on these developments, but have not explored the impact of such changes on Canadian doctors and hospitals. This paper will examine the attitudes and practices of one group of elite Canadian physicians, namely the staff of the Montreal Maternity Hospital, as well as noting their effect on that hospital.

The revolution in obstetrical therapeutics increased the maternity hospital's usefulness to the point where it eventually became the site of the vast majority of births in Canada. The new approach centred around a more frequent employment of surgical techniques and devices such as forceps, than had ever been advocated before. The rise of "surgical obstetrics" put the hospital at the forefront, as the most suitable environment for such treatment. Around 1920, when there was a rethinking of this interventionalist philosophy and a shift toward a much greater emphasis on pre- and postnatal care, the hospital continued to be central, acting as a headquarters where such care could be received.

The new therapeutics attracted many patients to maternity hospitals, both by improving the ability to treat complications, and by encouraging even patients whose pregnancies were progressing normally to be admitted. This was done by medicalizing the approach to all births. For example, at the Montreal

Maternity elaborate antiseptic procedures were eventually the norm for all patients, and routine anaesthesia was underway by the 1920's. Even the duration of the medicalization process was extended to include the pre- and postpartum periods. Childbirth was transformed into an event that had to be directed by a physician if all precautions were to be taken; once the hospital was shown to have the best birth facilities, women would choose hospitalization even if their pregnancies were uneventful.

The evolution of obstetrical therapeutics at the Montreal Maternity will be demonstrated by examining such aspects as the advent of antiseptics and asepsis, and the rise in the use of obstetrical anaesthesia. In addition, such forms of intervention as forceps, induction, and Caesarian section will be discussed, and the return by the 1920's to a more conservative approach and an emphasis on pre- and postnatal care, documented.

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Reproduction, Obstetrics and Maternal Care -- Fourth Session, June 8

"The Response to Maternal Mortality in Toronto, 1928-1945"

Leslie Biggs

Maternal mortality was one of four major public health issues in the 1920's and 1930's and was the second leading cause of death among women of childbearing age. The purpose of this paper is to examine the response of public health officials and physicians to the problem of maternal mortality in Toronto.

Although the public was informed of this issue in 1928 with the release of Dr. Helen MacMurchy's report on maternal deaths in Canada, it was not until 1931 that various local medical and voluntary organizations in Toronto became actively involved. Mother's Day in 1931 was dedicated to maternal welfare and, under the auspices of the Local Council of Women and Child Welfare Council of Toronto, a public meeting known as the "Community Festival in Honour of Mother's Day" was held. Following the meeting a resolution demanding a study of all maternal deaths was sent to the Local Board of Health.

Several months later a report was released by the Medical Officer of Health (Dr. G. Jackson). Two of the outstanding findings of the report were that 'meddlesome midwifery' ie. (unnecessary interference into labour by physicians) was a major determinant of maternal death and that home deliveries were safer than hospital births. The findings of the report created a lively debate both within the medical and lay press. Subsequently, a committee of the leading nursing, medical and voluntary organizations in conjunction with the Local Board of Health was formed to provide a solution to the high maternal

death rates. The committee recommended and implemented a home delivery system for the poor which was in existence until 1947. Included in the paper is an examination of the home delivery system.

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Medicine on the Prairies -- Fourth Session, June 8

"When Saskatchewan Led the World: Betatron and the Cobalt Bomb"

C. Stuart Houston & Sylvia O. Fedoruk

Saskatchewan is well known as a pioneer in municipal doctor plans, antituberculosis treatment, cancer clinics and universal hospitalization.

Many have forgotten that Saskatchewan also led the world in the development and standardization of the betatron and "cobalt bomb" for radiation therapy.

In 1945, Dr. A. W. Blair, Director of Cancer Services for Saskatchewan, took the initiative in arranging to hire a radiation physicist, shared half-time with the department of Physics at the University of Saskatchewan, Saskatoon. The selection of Dr. Harold E. Johns as Canada's first full-time medical physicist triggered a series of developments that led to Saskatchewan's pioneering work in the field of high energy radiotherapy and radiation physics. Within a short period of time, the betatron and cobalt 60 unit were being used in clinical trials.

The betatron, the first installed in any university for medical purposes, began treating patients soon after installation in 1948, and thus achieved priority over the University of Pennsylvania, the University of Illinois, Brazil and Norway. The first patient was treated on 29 March 1949.

In August 1949, Dr. Johns asked the Chalk River reactor authorities to prepare a 1400 curie cobalt 60 source for a treatment machine being designed and built in Saskatoon. The forerunner of modern cobalt therapy units had an estimated cost of $13,000.00 and the estimated cost of irradiating the cobalt

was $5,000.00. The source was delivered on 30 July 1951 and installed into the treatment head in the newly constructed Cancer wing of the hospital on 17 August, 1951. The official opening ceremony was held on 23 October in a snowstorm which prevented Premier T. C. Douglas from presiding. After ten weeks of careful calibration, the first patient was treated on 8 November 1951. The first publication on the topic was in Science 115: 310-312, 1952.

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Medicine on the Prairies -- Fourth Session, June 8

"Steps Along the Way -- The Evolution of Health Insurance in Saskatchewan"

Vincent L. Matthews & Joan Feather

We will trace the development of health insurance in Saskatchewan, focussing on the evolutionary transfer of responsibility for payment for services, from the individual, to the municipality, later to the province, and finally to participation by the federal government.

In Saskatchewan, municipalities became involved in various schemes of payment for health services shortly after the peak of the settlement period and establishment of local government institutions. But it was three decades before the first universal health insurance program, hospital insurance, was established in this province with the provincial government as the central funder and paying agent. During that period, British Columbia and Alberta made unsuccessful attempts to achieve universal schemes of insured medical services. In Saskatchewan, based on growing experience with union hospitals, municipal doctors, and free tuberculosis treatment services, the demand for health insurance grew until it blossomed in the form of the Saskatchewan Hospital Services Plan in 1947. It is those years of development, learning and agitation, between the first formation of union hospital districts and municipal doctor schemes, and the inauguration of a universal compulsory health insurance program, that will be the focus of this paper. What lessons were learned? How was public support engendered and molded? Who devised the important interim proposals that, if not implemented, at least sparked interest and debate?

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Medicine on the Prairies -- Fourth Session, June 8

"Tuberculosis and the Returned Soldiers of World War I"

Darlene J. Zdunich

As an area of medical history, tuberculosis is one which provides great potential. Viewed largely from a social perspective, the problem of the First World War soldiers who returned to Western Canada with the disease is an intriguing issue.

Many historical studies have been done on the First World War and some on tuberculosis but few have been focused on the tuberculosis soldiers in the war and immediate post-war period. When the soldiers came home from the war, they returned with countless physical problems. One of the most severe and costly of these was tuberculosis. As a patient group, the soldiers often presented some unique complications distinct from their civilian counterparts -- for example: exposure to poisonous gas, length of military service, whether service was in France.

Due to the vast number of soldiers hospitalized for tuberculosis treatment in over fifty Canadian medical institutions, the paper focuses on two of the major ones in the prairies, the Baker Memorial Sanatorium in Calgary, Alberta and the Fort Qu-Appelle Sanatorium in Fort San, Saskatchewan. A detailed examination of a sample of patient medical files at the two facilities yielded a great amount of information concerning the soldiers and their disease. A computer was utilized to sort through and correlate the material.

The patient files, in conjunction with the then current government documents and medical publications provided the opportunity to support or refute

conclusions reached during that period on the various aspects of tuberculosis as it affected the soldiers. Further, by examining more than one sanatorium it was possible to compare the treatment practices and evaluate the quality of care the veterans received.

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Mental Health Policy: Goals & Consequences -- Fifth Session, June 8

"Policy as an Unintended Consequence: Mental Retardation Policy and the Rise of the Asylum in Nineteenth Century Ontario"

Harvey G. Simmons

One of the most commonest features of governmental policy-making is the appearance of "unintended consequences." A policy will be formulated and then implemented with a particular goal or series of goals in mind. After a short time, however, it becomes clear that the policy has consequences which were completely unintended by those who established the policy in the first place. At this point policies often seem to take on a life of their own, for they escape from the hands of their creators and are now subject to societal forces beyond their control.

One such example of a policy which had serious but unintended consequences is lunacy policy in Upper Canada/Ontario during the nineteenth century. At its inception the Toronto Lunatic Asylum was intended to care for and cure mentally ill persons. Very quickly, however, it was found that mentally retarded persons were taking up space meant for the mentally ill. It was also found that people who were neither mentally ill or mentally retarded but poor, old, senile old, or deviant in some other way, were finding their way into the first lunatic asylums.

Out of their attempt to deal with this unexpected series of problems, the authorities established the first institutions for the mentally retarded, and, in a completely ad hoc and undirected fashion, laid the foundations for one hundred and fifty years of mental retardation policy in Ontario.

How this policy developed is the subject of the proposed paper.

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Mental Health Policy: Goals & Consequences -- Fifth Session, June 8

"The Importance of Psychiatric Institutions in Ontario Health Policy, 1882-1982"

Mary Powell

This paper examines changes in the policy significance of psychiatric institutions in Ontario during the past century. My purpose is to propose an hypothesis to explain some striking features of the evolution of psychiatric institutions as an element of health care policy:

1. When costs of psychiatric institutions are included with health expenditures (both before and after it was common to regard them as 'health care' institutions), they constitute the single-most important expenditure item from the late nineteenth century until the mid-1960s. In effect, judged in financial terms, Ontario health policy appears to give great emphasis to mental illness.

2. The apparent emphasis on mental illness existed mainly in financial terms. In terms of the number of patients involved, the relative efficacy of medical treatment, and the stated goals of policymakers, treatment of mental illness was not a very important emphasis in health policy. As a result there is a significant lack of congruence between the amount of money allocated to psychiatric institutions and their importance on the health care agenda.

This paper will explore this lack of congruence and propose an hypothesis to explain it. The methodology combines a time-series analysis of provincial health expenditure and archival research into the goals of provincial policy-makers and the development and operation of psychiatric institutions.

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Public Health in XIXth Century Canada -- Fifth Session, June 8

"Acts & Actions: Public Health Legislation and its Application in 19th Century Ontario"

Stephanie Blackden

"The Health Department of a great commercial district which encounters no obstacles and meets with no opposition may safely be declared unworthy of public confidence; for no sanitary measures, however simple, can be enforced without compelling individuals to yield something of pecuniary interest or of personal convenience to the general welfare." (2nd Annual Report of the Metropolitan Board of Health of New York State, 1867)

This paper sets out to study the progress of sanitary reform through the evolution of central and local government legislation in Ontario during the late 19th and early 20th centuries, and its application in a typical city. "Compelling individuals to yield something of pecuniary interest or personal convenience to the general welfare" is not an activity most municipal governments undertake willingly. Experience of public health reform has shown that it is first of all necessary for central government to put pressure on municipalities through legislation, prompting them in turn to put pressure on their citizens.

The first part of this paper studies the development of public health legislation in Ontario from the creation of the Provincial Board of Health in 1882 to the Public Health Act of 1912. It discusses the special problems Ontario had to face; the activities of the Provincial Board of Health in influencing legislation and its enforcement by the various municipalities; and the progress that had been achieved by 1912. The second part looks at public

health administration translated into practice. Hamilton, a port, a commercial centre and later an industrial area, is taken as typical of expanding cities in the province and as likely to exhibit the majority of urban public health problems. The study analyses these problems and the city authorities' attempts to correct them. It examines the extent of improvement in Hamilton prior to the creation of the Provincial Board of Health; whether the establishment of the PBH and of legislation with more compulsive clauses in 1884 affected the progress of public health reform in the city; what priorities prompted some measures and caused others to be shelved; and the extent of sanitary improvement by the First World War.

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Public Health in XIXth Century Canada -- Fifth Session, June 8

"The Evolution of Compulsory Vaccination: Prince Edward Island, 1830-1930"

Douglas Baldwin

The evolution of the public health movement in Canada is usually attributed to the successive waves of epidemic diseases that visited North America in the nineteenth century. The first Canadian medical historians chronicled the advance in public health in whiggish terms, concentrating on institutional, legal, and medical progress. More recently, revisionist historians have explored the motives behind those reformers who urged greater public intervention on behalf of the citizenry and have concluded that self-interest was their underlying motivation. It is the thesis of this paper that any examination of the success of the public health movement must also take into account the prevailing scientific knowledge, and, more importantly, the dissemination of this information throughout the community.

Unlike other epidemic diseases of the nineteenth century, smallpox could be prevented by the medical profession, yet this disease continued to plague Canadians well into the twentieth century. The ultimate success of a universal vaccination programme depended upon transforming medical knowledge into public policy and then into general acceptance. This paper analysis the evolution of vaccination legislation on Prince Edward Island from the 1820s through the 1920s.

The first section examines the attempts and motives of Island reformers to convince the provincial government to use its coercive powers to enforce compulsory vaccination. Responding to the medical profession's pleas,

vaccination was made compulsory for children in 1862, and cost free in 1865. Six years later, however, a census revealed that only one-half of the population was protected. The next section analyzes the quantitative and qualitative data to identify the unvaccinated, and to explain their reluctance to be vaccinated. The results indicate that although socio-economic status was important, the most significant determinant for the acceptance of vaccination was the spread of knowledge. The final section examines the interaction among legislation, public opinion, and medical knowledge in vanquishing the menace of smallpox.

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opean Medical History -- Sixth Session, June 8

"Health and Virtue in Greek and Roman Thought"

Garry Fergren

In the classical world, health was an important aspect of virtue (*arete*). It was often called the highest of the virtues, without which happiness was hardly possible. It provided for philosophers an analogue of moral virtue, which was viewed as a balance or harmony of the soul, after the model of the healthy body. Health was also conceived of as the indicator of virtue, inasmuch as one who was not healthy could not be regarded as morally virtuous. From the third century, B.C., under the influence of Stoicism and Cynicism, health came to be devalued and other virtues regarded as more important, as the care of the soul came to be emphasized at the expense of that of the body.

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European Medical History -- Sixth Session, June 8

"Health and Virtue in Greek and Roman Thought"

Garry Fergren

In the classical world, health was an important aspect of virtue (arete). It was often called the highest of the virtues, without which happiness was hardly possible. It provided for philosophers an analogue of moral virtue, which was viewed as a balance or harmony of the soul, after the model of the healthy body. Health was also conceived of as the indicator of virtue, inasmuch as one who was not healthy could not be regarded as morally virtuous. From the third century, B.C., under the influence of Stoicism and Cynicism, health came to be devalued and other virtues regarded as more important, as the care of the soul came to be emphasized at the expense of that of the body.

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European Medical History -- Sixth Session, June 8

"Medicine and Religion in the Late Middle Ages"

Darrell Amundsen

Throughout the history of Christianity, there has always been a degree of tension between secular medicine and Christian faith. Tres medici, duo athei ("Out of three physicians, two will be atheists") was a popularly held view during the Middle Ages. Yet the extension of medical care was regarded as a prominent manifestation of Christian charity. The physician who could extend such care was under enormous pressures, especially in the late Middle Ages, to conform to the ideals of Western Christianity in all aspects of his practice without infringing in any way, as a physician of the body, on the much more vital sacred realm of the priest, the physician of the soul. These pressures were exerted from the pulpit, through the confessional, by canon law, and in social expectations. The effect of such pressures is seen both in medical literature, and in medical and surgical gild legislation. That some physicians and surgeons actively refused to conform to certain aspects of social expectations and ecclesiastical regulation, is evident from the sources, and exacerbated the tensions already underlying the relationship of medicine and Christianity.

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European Medical History -- Sixth Session, June 8

"The Status of the Medical Profession in Dubrovnik (Ragusa) from the 13th to the 15th Century"

Zlata Blazina

From the eighth century onward, the town of Dubrovnik on the Adriatic coast of Croatia, Yugoslavia was an important maritime city-state. Its wealth and importance increased in the 14th to 16th centuries, at which time it developed a system of medical regulations that was among the foremost of the period and, to some extent, exemplary to other cities both in Dalmatia and in northern Italy. It has been unequivocally established that Dubrovnik was the first to institute a preventive quarantine system against plague in 1377, a procedure that was later adopted by cities such as Venice, Genoa and Marseilles.

The importance of Dubrovnik as an originator of public health measures at such an early date is heightened by the fact that comprehensive records of medical materials are still preserved in the Dubrovnik Archives and are open to scholarly investigation.

The earliest extant notarial registers and contracts disclose the presence of two physicians, two surgeons and three pharmacists. They also reveal the length of service of the physicians, their duties and annual salaries. There is a consensus that they were well paid. In exchange they were obliged to provide free medical treatment for all people in the city and its territory. While they were not encouraged to invest their savings in trade and shipping, many of them practiced in Dubrovnik until they reached old age and were awarded a pension.

In Dubrovnik, as elsewhere, the medical profession contributed very little to the public health measures enacted by the government. These measures have an administrative and social character and reflect a strictly pragmatic approach to the control of epidemics. Physicians, adhering to contemporary medical theories, had trouble reconciling what they observed and could, therefore, not act.

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