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CONGRÈS DES SCIENCES SOCIALES ET HUMAINES
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Analyse de la thérapeutique de la seconde moitié du XIXe siècle : problèmes méthodologiques.

Johanne Collin[1] et Yves Sévigny[2]

Cette communication vise à présenter les aspects méthodologiques de l'analyse d'une source exceptionnelle, l'ordonnancier d'un pharmacien montréalais du XIXe siècle. Il s'agit de la source principale sur laquelle se fonde une vaste recherche sur l'évolution de la thérapeutique au XIXe siècle intitulée *Pratiques de prescription et pharmacothérapie à Montréal, 1859-1907.*[3]

Le dépouillement d'un tel ordonnancier pose trois grandes difficultés méthodologiques: 1) La quantité de données contenue dans l'ordonnancier demande premièrement d'établir une stratégie d'échantillonnage offrant suffisamment de continuité tout en nous laissant assez de recul pour voir se dégager les patterns de prescription des médecins. 2) Afin de permettre un traitement efficace de ces données, le recours à une base de donnée informatique s'avère nécessaire. Dans le choix et l'élaboration de cette base de données, il nous a fallu tenir compte de certaines contraintes: changement au fil des ans de la facture des prescriptions, possibilités de croiser des données touchant à l'ordonnancier, aux médecins, aux substances et aux clients, etc. 3) L'analyse de l'ordonnancier impliquait enfin d'établir une catégorisation des substances permettant de saisir les transformations de la pharmacopée ainsi que les logiques pharmaceutique et médicale qui en sous-tendent l'utilisation.

À partir d'exemples tirés de l'ordonnancier Gray, nous présenterons comment nous avons abordé ces difficultés méthodologiques et quelles ont été les solutions apportées pour y répondre dans notre démarche d'analyse et l'interprétation.

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[3] Cette recherche est subventionnée conjointement par le Conseil de recherche en sciences humaines du Canada et par le Hannah Institute for the History of Medicine

Conférence de la SCHM, 4 - 6 juin 1999

Projet de communication

Montréal et son élite médicale (1850 - 90)

Johanne Collin, Ph. D.[1]
Laurence Monnais-Rousselot, Ph. D[2].

L'histoire des médecins québécois est déjà bien engagée pour les années 1850 - 90, en particulier en ce qui a trait à sa professionnalisation. Pour autant, le cas précis de Montréal n'a jamais fait l'objet d'une réflexion approfondie alors même que la ville devient le théâtre de transformations économiques, industrielles, démographiques, techniques sans précédent; qu'elle offre en conséquence un nouvel éventail de fonctions et de carrières médicales et permet même un dynamisme associatif, journalistique, voire scientifique inusité. Ce cadre spatio-temporel justifie amplement de nouvelles investigations historiques, entre autres sur la réalité et les caractéristiques d'une élite médicale.

Notre communication s'inscrit dès lors dans une double finalité: jeter un éclairage nouveau sur la communauté médicale montréalaise à travers un examen minutieux des trajectoires d'une partie de ses représentants; identifier les lignes de force à partir desquelles est stratifiée cette communauté pour repérer d'éventuels réseaux de diffusion de l'innovation thérapeutique au cours de cette période. Cette enquête sur les médecins montréalais rejoint effectivement les objectifs d'une vaste recherche que dirige actuellement Johanne Collin sur l'usage de la thérapeutique dans la seconde moitié du XIXe siècle[3].

Partant ainsi de l'analyse des données contenues dans l'ordonnancier d'un important pharmacien montréalais, Henry R. Gray (1859 - 1907), il semblerait que près du tiers des prescripteurs de ce dernier ait appartenu à une certaine élite médicale au sein de la ville. Ils se caractériseraient essentiellement par leur triple insertion dans le milieu universitaire, hospitalier et associatif, en plus bien sûr de leur pratique privée. Nous visons donc en premier lieu à scruter les liens entre ces protagonistes, la teneur des relations entre francophones et anglophones et à décrire la configuration des réseaux organisant ce groupe à la visibilité marquante. Pour mieux comprendre ensuite, dans le cadre du projet précédemment évoqué, le recours à la thérapeutique et déterminer dans quelle mesure l'appartenance à une élite a pu influencer des pratiques de prescription.

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[3] Subventionnée par le Conseil de Recherche en Sciences Humaines du Canada et par le Hannah Institute for the History of Medicine.

Veterinarians, Physicians and Government Working Together: Veterinary Medical Education and Comparative Medicine in Quebec, 1865-1910.

Compared to other expanding fields of historical investigation, relatively little attention has been paid to veterinary history or to its place in the broader context of medical history such as its contribution to the "physiology movement" of nineteenth century medicine. Some men, such as Griffith Evans, stationed with the British army in Montreal in the 1860s, trained as both veterinarian and physician. Veterinary schools were established in Ontario and Quebec after 1860. Duncan McEachran, teaching materia medica in Toronto, left after a disagreement over educational standards with Andrew Smith, who established Toronto's Ontario Veterinary College. McEachran, with the help from McGill and the Quebec Government opened the Montreal Veterinary College in 1866. Several francophone schools were later opened by his students. Sir William Osler and other physicians like T. Wesley Mills were involved as teachers of veterinary students, as members of the Montreal Veterinary Medical Association, and as research investigators for the federal government. One disease worked on by several of them was Pictou cattle disease. Comparative pathology discussion was a feature of meetings of the Veterinary Association. In the 1890s George Adami, first pathology chair holder at McGill, taught pathology to both veterinary and medical students and was pathologist for government investigations into animal diseases. Adami assisted, for example, in the resolution of an international disagreement over the diagnosis of a bovine pneumonic disease with major trade economic implications. Charles Higgins, one of Adami's veterinary students, returned to McGill to help with the government sponsored work on tuberculosis and when that work was moved to Ottawa became the first veterinary pathologist at the Biological Laboratory in the newly formed Health of Animals Branch of the government. In 1901, Higgins assisted in making a Haffkine reagent for use with Asian immigrants entering Williams Head Quarantine in British Columbia. I shall use sources not often cited to show that veterinary education in Quebec and the cooperation of veterinarians, physicians and government had significance for all of North America.

— T. W. DUKES

Abstract
Canadian Society for the History of Medicine

The Benefits of Cold Fresh Air: Open Air Schooling in Toronto 1910-1945

Open air or forest schools, initially established in Germany at the turn of the century, were intended to provide education, in a healthy, invigorating environment, for sickly, impoverished children. The first schools were located in wooded areas but, as the movement gained momentum in Europe and North America, existing public schools were also adapted to create open air classrooms. Canadian cities embraced the open air school movement and Toronto opened its first forest school in 1912. In the next few years, the city established two forest schools in east and west Toronto while open air classrooms were created in certain regular schools.

This paper uses Toronto as a case study to demonstrate how various reform movements, such as public health, child-saving and progressive education, converged, at the turn-of-the-century, to create and popularize open air schooling. I will show how physicians and nurses from the Public Health Department worked together with Board of Education teachers to provide health care, and to instruct poor and delicate children in the habits of healthy living. Health teaching, along with a reduced regime of regular classes, rest periods, and nourishing meals, was an important part of the curriculum. How effective were the open air schools in restoring and promoting health while providing an elementary level education? Are contemporary claims of success justified? Why did a movement, which peaked in the 1920s, decline by the 1940s?

This study utilizes the Annual Reports of the Toronto Board of Education and contemporary medical, nursing, and education literature to provide a picture of open air schools. Though regimes were strict, the physical environment uncomfortable at times, and claims of success not well substantiated, findings do indicate that benefits probably outweighed disadvantages. Children likely gained from the personal attention of teachers and nurses, from the nourishing meals, and the opportunity for reduced class time while they were gaining their health. The study adds to our knowledge of public health history.

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ABSTRACT FOR SUBMISSION TO CSHM ANNUAL MEETING 1999

SEEDS OF LIFE: THE USE AND DISTRIBUTION OF RADON THERAPY IN ONTARIO, 1933-40

As part of its newly established program of cancer control, the Department of Health of Ontario established a radium emanation (radon) plant at the University of Toronto in February 1933. At this plant, radioactive radon gas from radium was encapsulated in gold or glass tubes and distributed to cancer clinics and doctors in Ontario. The radon applicators were applied to the skin or inserted directly into tumours.

The requisitions for these treatments, which have been preserved in the Archives of Ontario, contain information about the patients' ages, genders, locations, diagnoses, and abilities to pay, and provide a valuable picture of the use and distribution of this new therapy in Ontario. This paper will present the results of analysis of a computerized database created from information in 2,400 order forms received from 1933 to 1940. In accordance with the research agreement with the Archives of Ontario, the identity of individual patients will not be revealed.

During the study period, requisitions were received for 1435 men and 897 women who ranged in age from infancy to over 90. The ratio of paying to non-paying patients increased each year over the study period (probably because of the end of the Depression). The analysis will show that although the radon plant was a part of the government's cancer program, many benign conditions were treated with radon seeds. Of particular interest are 196 requisitions (9% of the total) for the treatment of infants with benign skin conditions. The analysis will also demonstrate that the widespread distribution of radon in this period ran counter to the government's policy of centralization of cancer services. The distribution of radon to surgeons and general practitioners throughout the province may be viewed as one way of appeasing the medical profession, which saw the government's cancer program as a threat to private practice medicine.

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Failed Venture:
Gordon Murray and the W.P. Caven Memorial Research Foundation

Shelley McKellar, University of Toronto

The W.P. Caven Memorial Research Foundation, established in 1949, was a private Toronto laboratory and one of Canada's first independent research facilities. But what might have become a successful alternative to the university-based research structure in Canada failed, largely because of its Director, Gordon Murray, a skilled Toronto surgeon with a diverse, impressive list of medical achievements. He failed to build a large and successful research institute, independent of the university, and the Caven laboratory closed in 1974. This study of the Caven Foundation from 1949 to 1974 examines Murray's inability to adjust to the many post-war changes occurring in medical research funding, facilities and conduct, notably: the new system of grantsmanship, project proposals and research reports; increasing specialized research techniques and methodology; the predominance of the interdisciplinary research team; and the new objective standards of scientific integrity.

During the 1930s and 1940s, Murray had investigated the clinical application of heparin, pioneered successful blood vessel anastomosis and grafting, and performed Canada's first congenital heart or "blue baby" operations and heart valve transplants. He had also built the first North American artificial kidney machine. But his methods of research remained antiquated. Indifferent to the new research world, Murray continued as a lone investigator, working with limited equipment and expanding into new areas for which he was not trained.

As a case study, this review of the Caven Foundation offers valuable insight into the larger, shifting post-war trends of medical research (specifically clinical investigation) in Canada, a period which is not well documented historically. Sources include: the records of the W.P. Caven Memorial Research Foundation, the personal papers of D.W.G. Murray, National Research Council of Canada records, University of Toronto and Toronto General Hospital records, information from the Academy of Medicine Collection, Wellesley Hospital records, and personal interviews conducted with Murray's colleagues and co-workers at the Caven Foundation. The paper is part of a larger study of the career of Gordon Murray and patterns of change in mid-twentieth century medicine in Canada.

"We Should Endeavor to Look Just as Pretty as We Possibly Can": Medical Advice Literature on Beauty and Strength for Canadian Adolescents, 1873-1922

"Give much time and careful study to books in which men of eminence and character give wise council"— Rev. Sylvanus Stall, What a Young Man Ought to Know, 1897

"In many cases, call for the advice of the physician who can see and study the patient and her special conditions. It is not safe to trust book-doctoring."—Dr. Mary Wood-Allen, What a Young Women Ought to Know, 1913.

Adolescents, commonly considered to be 'sexual being-in-process,' even before their 'discovery' in 1904, were often found at the heart of discourses on sexuality. Considered to be in a fragile state of development, young people were believed to be in a constant state of conflict and discovery. Walking the precipice between proper growth and spiritual development, medical advice manual writers perceived that adolescents could easily be swept away onto a path of self-destruction and ill-health. Adolescents were an investment, or as William Forbush commented in 1907, "capitalized hope" in a better tomorrow. The protection of childhood innocence and the promotion of approved modes of behaviour were considered by most adults at the turn of the century to be particularly significant. Thus, authors of prescriptive manuals targeted to this age group, such as religious leaders and health professionals, took it upon themselves to advise young people and their parents as to what behaviours were suitable and which pitfalls should be avoided. Indeed, the norm propagated by advice literature used medical tenets to entrench a trinity of proper habits as the foundation of good health. This trinity balanced physical, mental, and moral elements.

For this presentation, attention will be focused on the advice offered by manuals on the cultivation of 'proper' habits thought necessary to ensure an adolescent's 'pure' beauty and strength. Public discourses on scientific hygiene and social morality bolstered one another in a persuasive lexicon readily adopted by manual writers that established behavioural norms for masculinity and femininity. In a society where marriage was a goal for many young women and men, adolescents and parents alike realized that beauty was a currency and as Joan Jacobs Brumberg notes, "good looks were an important vehicle of social success." Yet, while the societal standard for beauty dictated that the turn-of-the-century female form must be contorted into the shape of an hourglass, prescriptive manuals went against this tide of public opinion by supporting dress reform. "Natural beauty" was admired in women, a criterion according to a 1903 manual that was based upon perfect physiological organization as well as purity of moral character. On the other hand, while young men were also informed that physical strength and stature were crucial aspects of male beauty, precedence was given in advice manuals to the cultivation of courage and character as the ideal ways to attract the opposite sex. Thus, the criteria for health and beauty reflected the life role that society assumed each sex would fulfill. Medical advice literature simply provided readers with the essential owner's manual for success in society.

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February 16, 1999

Dear Dr. Paul Potter,

The following is my attempt at the French abstract for the CSHM conference in June 1999. Regretfully, I do not have a program that inserts accents. I hope it is still acceptable.

"We Should Endeavor to Look Just as Pretty as We Possibly Can": Medical advice Literature on Beauty and Strength for Canadian Adolescents, 1873-1922

Pour cette presentation, attention va etre convergee sur les consuls offerts dans les manuals ecrits sur la culture des habitudes «propres» pensees necessaire pour ensurer la beaute et la force saine d'um adolescent. Les discours publics de l'hygiene scientifique et la moralite publique se soutenait reciproquement dans un lexique persuasif facilement adapte par les auteurs dans manuels qui a etabli les normes de la conduite masculine et feminine. Dans une societee ou la mariage etait un but pour beaucoup de jeunes femmes et hommes adolescents et parents de la meme facon ont realize que la beaute etait un capital et comme Joan Jacobs Brumberg a note «la beaute etait un vehicule important pour le succes social.» Pourtant, pendant que les standards socials de la beaute on dicte que la forme de la femme de la fin-du-siecle doit etre contorsionner en forme de sablier, les manuels prescriptifs on contradit l'opinion publique en supportant la reforme d'habilliment «la beaute naturelle» etait admiree dans les femmes, et etait un criterium selon un manual de 1903, et etait lasee sur une organization physiologique parfaite aussi que la purite du charactere moral. D'autre part, pendant que les juenes hommes ont ete aussi informes que leur force physique et leur stature etaient aspects decisifs de la beaute male, preseance a ete donne, dans les manuels de conseils, au culturation du courage et de la charatere comme methodes ideales pour attirer le sexe oppose. Ainsi, le criterium pour la sante et la beaute reflechissait le role que la societe assumait que chaque sexe allait reveplir. La literature de conseil medicale a simplement donnee aux lecteurs le manuel de proprietaire pour le succes social.

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Sincerely,
Jennifer Marotta

Serge Gagnon, Université. du Québec à Trois-Rivières
Thérèse Hamel, Université Laval

LA MÉDICALISATION DES CONTENUS SCOLAIRES: LE MANUEL D'HYGIÈNE À L'ÉCOLE PUBLIQUE, 1880-1930

La communication s'insère dans le programme de recherche sur les **contenus scolaires** (examen des manuels), projet d'une équipe formée de trois chercheurs (les deux communicateurs et Paul Aubin, bibliographe et responsable du site internet) membres réguliers ou associés du **Centre interuniversitaire d'études Québécoises** (CIEQ). Pour le triennat 1996-1999, l'enquête est appuyée principalement par le **Conseil de recherche en sciences humaines du Canada** (CRSHC).

Nous analyserons l'ensemble des manuels approuvés par les instances scolaires québécoises pour les élèves francophones, en portant une attention particulière aux évolutions des consignes médicales. Nous retracerons le processus qui, depuis l'apparition de l'hygiène comme discipline scolaire, aboutit à l'idée que celle-ci occupe la deuxième place, après la religion dans la hiérarchie des savoirs, suivant l'énoncé d'un manuel de la fin des années 1930.

La communication fera ressortir les rapports entre texte techno-médical et contexte économique, social et culturel. Par exemple, les premiers manuels de la fin du XIXe siècle considèrent l'alcool comme un poison alors qu'ils attribuent au vin des vertus toniques et à la bière des propriétés alimentaires. Au début du XXe siècle, l'école est devenue un haut lieu de lutte antialcoolique; les industriels de la civilisation atlantique prennent peur vis-à-vis les ravages de l'alcoolisme. La productivité, la paix des ménages, la sécurité des femmes et des enfants en souffrent. La mobilisation atteint les programmes d'arithmétique aussi bien que ceux de français. Dans un livre de lecture, une fillette rudoyée par un père alcoolique poursuit la grève de la faim jusqu'à ce que son père devienne abstinent...tandis que des problèmes d'arithmétique comptent les sommes détournées des besoins alimentaires des ménages. Cette mise en contexte s'inspire de Denis Goulet, *Le commerce des maladies*, IQRC, 1987 et Richard Yen, *Promotion de l'alcool et mouvement antialcoolique au Québec (1900-1935): le marchand, le prêtre, le médecin et l'État* (M.A. études québécoises, 1995)

D'autres thèmes seront abordés, par exemple, l'habitation domestique, la mère puéricultrice, le médecin ouvriériste, etc.

TECHNOLOGIE ET SPÉCIALISATION MÉDICALE AU QUÉBEC: LE CAS DE LA NAISSANCE DE L'HÉMATOLOGIE

Depuis Rosen (The Specialization of Medicine, 1944), le processus de spécialisation de l'activité médicale est généralement expliqué par une conjonction de facteurs: le développement d'une compétence médicale autour d'un instrument, une organisation conceptuelle autour de maladies spécifiques à un organe et l'industrialisation qui concentre la population dans les centres urbains et permet ainsi la concentration des patients et des praticiens. Ce cadre d'analyse a été largement repris par les historiens de la médecine, jusqu'à tout récemment d'ailleurs (Goulet, Hudon et Keel, 1993). L'étude de la naissance de l'hématologie à l'Hôpital Notre-Dame permet d'évaluer la portée, mais aussi les limites, de ce cadre d'analyse. Le cas de l'hématologie est particulièrement intéressant car c'est une spécialité médicale qui s'est développée à la fois comme une "discipline de laboratoire" et comme une "discipline clinique". En fait, le développement de l'hématologie témoigne bien du mouvement d'intégration des sciences biomédicales au sein de la pratique médicale et de leur impact sur la définition des spécialités. De plus, la naissance de l'hématologie nous renseigne sur les moyens par lesquels un groupe de médecins peut s'approprier des techniques, des technologies et des façons de traiter les patients pour prendre le contrôle du traitement de certaines maladies et, ultimement, d'un organe - le sang -, au détriment de spécialités déjà bien implantées comme la chirurgie et la pathologie. Finalement, il est intéressant de constater que l'identité de l'hématologiste, en tant que spécialiste, s'élabore au fur et à mesure que celui-ci réussit à s'implanter dans l'administration des soins et des patients, au sein de l'hôpital.

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Classical Genetics and Constitutional Medicine: Making Medical Genetics in Toronto

Fiona Alice Miller

Abstract submitted to the Canadian Society for the History of Medicine, Annual Conference
University of Sherbrooke, Quebec, June 4-6, 1999

For all the triumphant narratives about the march of genetic science over the course of the twentieth century,[1] genetic science has not been rapidly or easily integrated within medicine. Though coining the term, "medical genetics" in the 1930s, Canada's Madge Thurlow Macklin was not witnessing its instiutionalization. Similarly, Linus Pauling's announcement of molecular disease in 1949 did not mean that molecular medicine had arrived.[2]

"The modernity of twentieth-century medicine," Harry Marks has recently remarked, "consists of its reliance on the physical and biological sciences. Yet the association," he adds, "is deceptive."[3] Indeed, the making of a distinctly *medical* genetics is a case study of the making of the peculiar hybrid of "medical science" where the parallel histories of genetics and medicine have met and merged.

Medical genetics developed in Canada, as elsewhere, in locally-bounded research schools[4] where research in human genetics was pursued in association with an institutional and professional commitment to patients. Canada's pioneering research school was based in Toronto and headed by Norma Ford Walker - an entomologist who turned her attention to the phenomenon of human inheritance in the mid-1930s with the birth of the Dionne quintuplets. From 1940 on she developed a close association with the Hospital for Sick Children, which provided her with access to patients and clinically-engaged collaborators. From the 1930s through until the early 1950s then, this local research school steadily remade itself from a school of human biology into a school of medical genetics.

In this paper, I consider the early work of members of the Toronto research school as this school "made medical genetics" using the tools of classical genetics, the imperatives of constitutional medicine,[5] the demands of the hospital-based Research Institute, the pressures of emerging organized patient constituencies, and the incentives of "biomedical" research agencies.

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[1] See, for example: Horace Judson, *The Eighth Day of Creation: the makers of the revolution in biology* (New York: Simon and Schuster, 1979).
[2] Simon Feldman and Alfred Tauber, "Sickle Cell Anemia: Reexamining the First "Molecular Disease"," *Bulletin of the History of Medicine*, 71:4 (Winter 1997), 623-50.
[3] Harry Marks, *The Progress of Experiment: Science and Therapeutic Reform in the United States, 1900-1990* (Cambridge: Cambridge University Press, 1997), 1.
[4] On research schools, see: "Research Schools, Historical Reappraisals," Gerald Grieson and Frederic L Holmes, eds., *Osiris*, vol. 8 (1993).
[5] Sarah Tracy, "An Evolving Science of Man: The Transformation and Demise of American Constitutional Medicine, 1920-1950," in C Lawrence and G Weisz eds., *Greater than the Parts: Holism in Biomedicine, 1920-1950* (New York, Oxford: Oxford University Press, 1998), 161-188.

Résumé de communication

Les ressources sur Internet en histoire de la médecine

Cette communication vise à faire connaître les différentes ressources disponibles sur le réseau Internet pour les chercheurs et chercheuses en histoire de la médecine. À partir d'un site regroupant des liens pertinents à la discipline, nous explorerons les différents sites des associations en histoire de la médecine et du nursing. Nous verrons aussi quelles sont les revues accessibles via Internet et comment s'y abonner. Quelques répertoires Web, comme le World Wide Web Virtual Library (Science, Technology and Medicine) offrent une foule de possibilités quant à la recherche d'un thème, d'un sujet ou d'un site en particulier. Une partie de l'exposé traitera des banques de données bibliographiques et des banques d'images en l'histoire de la médecine. À partir de la banque de données HISTLINE de la National Library of Medicine, nous ferons une démonstration des possibilités offertes aux chercheurs quant à la recherche de données et de références bibliographiques sur un thème précis. Nous démontrerons comment effectuer une recherche d'images et de photographies pour un sujet donné à partir du site de la National Library of Medicine. Nous verrons aussi quels les groupes de discussions en histoire de la médecine et comment y accéder.

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Matériel requis pour cette présentation :

- un ordinateur avec accès à Internet, pourvu d'un navigateur comme Netscape.
- un rétroprojecteur pour ordinateur
- un écran pour la projection.

Projet de communication
Congrès de la Société canadienne d'histoire de la médecine, 1999

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La formation du dispositif hospitalier au Québec de 1880 à 1940 : principaux acteurs et enjeux

Au Québec comme ailleurs en Amérique du nord, le dispositif hospitalier connaît des transformations majeures entre 1880 et 1940 : croissance accélérée du nombre d'établissements et de lits, médicalisation de l'hôpital, élargissement de la clientèle, bouleversements tant au niveau du financement que de la gestion et du personnel... Des traits spécifiques au Québec apparaissent aussi, ou sont renforcés : concentration des services spécialisés dans deux grandes agglomérations, dédoublement du dispositif montréalais en deux grandes entités linguistiques, influence limitée de l'État et ascendant du clergé sur une majorité d'établissements francophones. Ces traits ne peuvent s'expliquer qu'en tenant compte de l'évolution des rapports entre les principaux acteurs ou groupes qui participent au remodelage du dispositif hospitalier : évêques et communautés religieuses, philanthropes, médecins, État en particulier et, dans une autre perspective, communautés anglophone et francophone.

Je me propose ici de mesurer les enjeux que représentaient les réorganisations en cours pour chacun de ces groupes ou acteurs, tout en campant leurs prises de position et leurs rôles respectifs. Ceci permettra de remettre en cause certaines idées reçues sur le développement de l'hôpital au Québec avant 1960 : par exemple, domination sans partage du clergé, lenteur de la modernisation des services due à son influence et absence de l'État. C'est, en fait, l'émergence d'une pluralité des pouvoirs que j'entends mettre en lumière.

Robert Perrins, Acadia University

Le Nord-Est de la Chine, communément appelé la Manchourie, a été sous le contrôle colonial japonais pendant la majorité du début du vingtième siècle. Dans les deux plus grandes villes de la région, Shenyang (Mukden) et Dalian (Dairen), diverses agences coloniales ont collaboré pour fonder des hôpitaux modernes et des collèges médicaux. De ces efforts sont nés la construction de l'hôpital de la compagnie des chemins de fer du sud de la Manchourie à Dalian, et celle du collège médical de la Manchourie à Shenyang. L'hôpital de Dalian a ouvert ses portes en 1927 et les officiels japonais étaient fiers de proclamer qu'il s'agissait du plus grand hôpital "public" du Nord de la Chine. Au cours des dix-huit années suivantes, l'établissement de santé a traité des dizaines de patients annuellement, mais comme c'était le plus souvent le cas avec les avantages accompagnant le règne japonais, ceux-ci n'étaient consentis qu'aux Japonais ou aux collaborateurs faisant partie de l'élite chinoise. L'hôpital a aussi contribué à former des centaines de docteurs et d'inspecteurs médicaux pour servir l'administration coloniale japonaise et son armée dans le Nord-Est de la Chine durant les années 1930 et 1940. Ces médecins manchouriens ont travaillé dans les hôpitaux de la région et ont mené des campagnes annuelles contre les maladies infectueuses, mais, encore une fois, leur clientèle se composait principalement des gouvernants et non pas de la majorité chinoise asservie.

Cet article examine l'histoire du développement du système de santé dans la Manchourie occupée pendant la première moitié du vingtième siècle, domaine négligé dans les quelques études occidentales de l'histoire de cette région du monde. Nous avons recours dans cet article à une variété de documents d'archives - les archives provinciales de Liaoning et les archives municipales de Dalian de même que les archives nationales de Washington, D.C. - afin d'ébaucher le plan de l'histoire des diverses installations médicales dans la ville portuaire de Dalian et d'explorer quels rapports les questions médicales entretiennent avec les questions plus vastes du contrôle social et du développement colonial.

Robert John Perrins

État colonial du Bas-Canada et du Canada-Uni et contrôle médical de l'Étranger et de l'Immigrant, 1795-1854.

Depuis la Révolution française et les guerres napoléoniennes, le Parlement du Bas-Canada adopte tout un dispositif rationnel et scientifique de régulation des mouvements migratoires sur son territoire. Outre les impératifs de sécurité interne, ce dispositif s'élabore autour d'un contrôle prophylactique de ces mouvements de population. Dès 1795, vu l'accroissement de la circulation maritime dans le Saint-Laurent, les parlementaires adoptent des lois de quarantaine, où tout navire "*d'aucun pays ou place dans lesquels la peste ou aucune fiévre* [*sic*] *ou maladie pestilentielle*", doit se plier. Au début, ces mesures relèvent d'une procédure d'exception pour les responsables politiques, puisque la menace de l'épidémie ne semble que temporaire. L'application des lois de quarantaine se limite donc à une courte période, et vient rapidement à son terme sans que la réalité de la maladie ne s'estompe.

Avec les grandes migrations des années 1830-1834 et 1847, les responsables politiques du Bas-Canada et du Canada-Uni doivent revoir leur dispositif réglementaire, afin de rendre la régulation sociale plus efficace. En effet, les nouveaux venus sont souvent les vecteurs de maladies contagieuses. Les grandes épidémies, comme celles du choléra en 1832 et du typhus en 1847, son porteuses non seulement de létalité, mais aussi de funestes désordres sociaux, menaçant ainsi l'Ordre établi déjà fortement contesté sur d'autres questions.

Comment résorber les dangers potentiels des pathologies des corps physiques et du Corps social? Les responsables politiques agiraient en trois temps. Ils adopteraient tout d'abord un mode de pensée et un vocabulaire plus scientifiques, aux nombreuses références médicales. Adoptées sous le sceau de l'urgence, les nouvelles mesures étatiques de prophylaxie s'inspirent en particulier des théories médicales infectionniste et contagionniste, dominantes avant l'avènement du paradigme médical pasteurien. Sur ces fondements, les responsables politiques analyseraient ensuite la situation, celle d'une émigration nombreuse, vecteur éventuel de désordres et de maladies, sous la donnée d'un problème politique rationnel. Enfin, ils établiraient un nouveau dispositif plus serré de prophylaxie étatique à travers les lois, les règlements et les mécanismes de surveillance et de contrôle, tels que la quarantaine. Adoptée en 1853, la Loi amendant et renforçant les Lois relatives aux Émigrants et à la Quarantaine (United Canada, *Statutes*, 16 Victoria, c. 86) met en place les dernières pièces de ce dispositif dorénavant permanent, qui montre toute son efficacité au moment de l'épidémie de choléra de 1854. Assurant une discipline sociale tout en érodant les libertés individuelles, ce dispositif de prophylaxie étatique des mouvements migratoires se justifie désormais par les exigences de la santé de la Cité organique, de la santé *publique*.

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Medicine, Morality and Statistics: the 1866 Cholera Scare

Appointed deputy-minister of Agriculture and Statistics in August 1864, charged with putting the Canadian statistical system on a solid footing, Dr. Joseph-Charles Taché faced a first challenge in the threat of cholera in 1866. Alarming reports of the presence of cholera in the western European ports incited some doctors who had been active in the 1849 epidemic and some municipal councillors to demand government action.

The Public Health Act of 1849 was proclaimed. Taché called a group of medical experts to Ottawa for a cholera conference, one of whose results was the publication of his Memorandum on Cholera, which was widely distributed in 1866 and reprinted at least as late as 1878. The cholera conference sought to define the true nature of the malady on the basis of 'authentic facts'. However, the conferees were unable to agree on a disease categorisation of epidemic, infectious or contagious.

In this situation of social crisis and medical uncertainty, it fell to Taché to suggest concrete measures. He counselled people as to how they should live in times of disease; he instructed medical authorities on sanitary and prophylactic measures to be undertaken.

From the point of view of social studies of scientific knowledge, moments of scientific uncertainty are especially interesting. They provide opportunities for strategically situated actors to configure things around them in keeping with their own interests.

This paper examines the discursive displacement worked by Taché in order to counter the threatening uncertainty of the cholera. Taché translated medical uncertainty into moral certainty. This marriage of illness and morality advanced his fundamentalist Catholic (ultramontaine)religious project,as it provided him with an occasion to promote the creation of a national statistical system.

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LA MORTALITÉ EN BAS ÂGE DANS LA VILLE DE QUÉBEC, XVII^{e} - XIX^{e} SIÈCLES

INFANT MORTALITY IN QUÉBEC CITY, 17th – 19th CENTURIES

Projet de communication, congrès de la SCHM, Sherbrooke, 1999

Robert Larocque

Résumé

Des fouilles archéologiques réalisées dans deux anciens cimetières (1657-1844) de la Basilique Notre-Dame-de-Québec ont permis d'analyser les restes de quelque 175 enfants décédés avant l'âge de 10 ans. La proportion d'enfants en très bas âge est plus élevée que celle tirée des registres de décès, probablement parce que les restes de nouveau-nés dont le décès n'avait pas été enregistré ont été retrouvés par les archéologues. Par ailleurs, deux pics de mortalité ont été notés, chez les nouveau-nés et chez ceux âgés de un à deux ans; les lésions pathologiques observées sur leurs os nous font mettre en cause des stress subis durant la vie fœtale et des carences nutritionnelles. Bien que ces deux collections d'ossements sont contemporaines et issues de la même communauté, elles présentent des différences dans la morbidité et dans la mortalité, qui seraient attribuables au fait que la plupart des enfants inhumés dans l'un des cimetières sont décédés d'une infection généralisée, tandis que ceux de l'autre cimetière succombèrent d'une infection localisée. Cette étude illustre bien comment l'analyse de restes humains ouvre de nouvelles perspectives de recherche sur les maladies et la mortalité aux siècles passés.

Abstract

Archaeological excavations carried out in two ancient cemeteries (1657-1844) of Notre-Dame-de-Québec Basilica allowed me to analyse the skeletal remains of more than 175 children who died before 10 years old. The proportion of infants is higher than expected according to the parish registers presumably because archaeologists recovered the remains of infants whose death had not been recorded in the registers. Two peaks of mortality have been noted : among the newborns and the ones between one and two years old. The observed bone lesions lead me to believe that prenatal stress and nutritional diseases might be responsable for these peaks. Although the two bone samples are contemporaneous and drawn from the same community, there are some significant differences from the morbidity and mortality viewpoints, tentatively attributed to the fact that most of the children recovered from one of the cemeteries died of a generalized infection, while those from the other cemetery are the victims of a local infection. This study shows how the analysis of skeletal remains opens new perspectives of research on diseases and death in the past.

ABSTRACT OF PAPER

For the Annual Conference of the Canadian Society for the History of Medicine, 1999

'Ministering to a Mind Diseas'd':
The Treatment of Mental Illness in Charlottetown, 1834 -1874

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A collection of [redacted] case records of patients with 'insanity' who were treated in Charlottetown from 1834 to 1874 illustrates aspects of insanity as it was understood and treated in the middle decades of the 19th century. These records were kept by Dr.John Mackieson , who practised in Charlottetown from 1821 to 1885 and who was Medical Superintendent of the Charlottetown Lunatic Asylum from 1847 to 1874. The records are complemented by annual reports from the asylum prepared by the Trustees and Governors and particularly by Dr.Mackieson. These two sets of documents have been studied both for their inherent interest as clinical descriptions of insanity in the 19th century and for the understanding they provide of the etiology, diagnostic classification and treatment of mental illness in the post-Pinel and pre-Freudian era of psychiatry. Mackieson's diagnoses included the following: mania (furibunda, iracunda, mitis, tranquilla, chronic and a potu, as well as tristomania, amenomania, monomania, polymania, and pantomania); melancholia (agitata and religiosa); moral insanity; hysteria; hypochondriasis; masturbation; dementia and imbecility; suicide; dipsomania; and delirium tremens. Using a variety of therapeutic measures (e.g., medications such as tonics, purgatives and sedatives; cold douches and hot baths; very occasional venesection; exercise; occupational therapy; mild restraints; and occasional isolation), he claimed a cure rate of approximately 60%. The Charlottetown Lunatic Asylum was opened in 1847, in the heyday of therapeutic optimism, but it experienced some of the decline that was common to many asylums, as good therapeutic intentions yielded to the pressures of essentially custodial care. This era is also of interest because the two schools of biological and psychosocial psychiatry shaped the management of the treatment of mental illness, Mackieson's treatment showing elements of each school of thought.

In describing and discussing Mackieson's approach to the treatment of insanity in Charlottetown, this paper will set the Charlottetown experience against the background of the understanding of mental disease in Great Britain, France , Germany and the United States.

Gaol Doctors as Expert Witnesses on Insanity in Nineteenth-Century Ontario Criminal Trials

The historiography of early medical expert witnesses in Canada centres on a handful of prominent alienists and their appearances in a few late-nineteenth-century trials, in particular those of Louis Riel and Valentine Shortis. However, my research in criminal justice records shows that doctors outside of the asylum testified frequently on the mental state of defendants, from the early decades of the nineteenth century. Further, the most common professional category of medical expert witness on insanity was not the asylum superintendent but the gaol doctor, an appointed usually part-time official who looked after the medical needs of prisoners.

By contrasting gaol doctor testimony with that of asylum superintendents, I hope to illustrate the fragmentation of medical discourse on insanity over the century. My examination of trial transcripts from Canadian, and particularly Ontario, courts from 1830 to 1900 has suggested specific patterns of change. First, the gaol doctor's institutional ties meant that his interests were aligned with those of the expanding central state. As the role of gaol surgeon or physician became a larger part of the professional identity of those men who held these positions, so gaol doctors were more likely to appear as Crown rather than defence witnesses, and to offer a narrow definition of insanity as a legal defence for crime. Secondly, doctors of all kinds discovered that their professional authority was on trial in the courtrooms. The unfriendly reception they often received was related to shifting cultural meanings of risk and responsibility, as well as to the increasingly adversarial nature of trials. In keeping with this year's CSHM Conference theme of education, I will discuss how gaol doctors learned to deal with the challenges and opportunities that the witness stand provided. Medical witnesses found that legal strategies were more useful than medical theory for establishing their authority in the contested site of the courtroom.

This presentation will be based on material from Courting Madness: Insanity and Testimony in Victorian Ontario, a dissertation in progress. As my title suggests, throughout the century the pairing of insanity and crime was risky for participants in the criminal justice system, not only for defendants but also for expert witnesses.

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CONGRÈS ANNUEL DE LA SOCIÉTÉ CANADIENNE
D'HISTOIRE DE LA MÉDECINE

le titre de sa communication

Guy Grenier, Université de Montréal
«La folie criminelle au Québec, 1890-1910»

Dès la seconde moitié du XIXe siècle, des juristes accuseront les médecins aliénistes de nuire à l'exercice de la justice. En effet, les auteurs des crimes les plus violents risquaient, aux dires des magistrats, d'échapper à la peine capitale si l'idée d'une «impulsion irrésistible», présentée par les aliénistes appelés comme experts lors des procès criminels, était adoptée. Ce point de vue était généralement partagé par la population à l'époque.

Au cours de notre communication, nous dresserons un tableau des diverses difficultés auxquelles faisait face l'expert de la défense dans sa tentative de faire reconnaître comme irresponsables certains individus qui semblaient avoir agi en toute lucidité. Au Québec, entre 1885 et 1910, les principaux procès où la folie est invoquée par la défense se soldent tous par un rejet du plaidoyer de non-culpabilité pour cause d'aliénation mentale.

Nous croyons cependant que, de manière indirecte, ces procès ont permis d'accroître le pouvoir des aliénistes québécois. Ces procès permettaient en effet de prouver que l'aliénation mentale était toujours dangereuse. Pour les aliénistes, l'internement rapide des malades mentaux était le moyen le plus indiqué à la fois pour guérir ceux-ci et empêcher qu'ils ne se livrent à des actions qui pouvaient représenter un danger pour la société ou pour eux-mêmes. Par ailleurs, la nécessité d'identifier les simulateurs, de signaler les cas d'inaptitude au procès, d'identifier les condamnés devenus aliénés au cours de leur incarcération, allait permettre aux aliénistes de faire la preuve de leur compétence, de leur utilité et d'acquérir un certain reconnaissance publique.

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"LUNATIC" TO "PATIENT" TO PERSON: THE EVOLUTION OF TERMS USED TO DESCRIBE PEOPLE WHO RECEIVE PSYCHIATRIC TREATMENT

Since the 19th century various terms have been used to describe people who have received psychiatric treatment. These terms have been, and continue to be the subject of debate and controversy, both among recipients of treatment, as well as among family members and mental health professionals. This paper will discuss how these terms have evolved and been influenced by changing health care priorities.

The terminology dealt with here does not refer to the development of diagnostic categories such as schizophrenia, but relates only to broad descriptions that were, or are meant to describe people who receive psychiatric services. These terms range from lunatic in the 19th century to client at the end of the 20th century. Part of this study will include a discussion of the diverse forms of self-definition which recipients of mental health treatment have chosen and why some people have accepted some terms and rejected others.

Underlying much of the changing terminology used to describe people who receive mental health services is an attempt to lessen the stigma associated with psychiatric treatment. Each of these terms can be linked to changing emphases in mental health care.

Warehousing people in asylums during the 19th and early 20th centuries saw the widespread use of the custodial term "inmate." Officials wanted to stress the potential for medical intervention in psychiatric treatment from the early 1900s and decided to emphasize the term "patient." In more recent decades, deinstitutionalization, government rhetoric about community-based services, and activism on the part of people who are current or former recipients of psychiatric treatment, has led to a variety of terms including "consumer," "survivor," "client" and "user."

As concepts and priorities around mental health treatment have changed, so too has the language used to describe people who were, and are recipients of this treatment, a process that will continue to evolve well into the 21st century.

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Proposition de communication pour la rencontre annuelle de la Société canadienne d'histoire de la médecine 1999

Titre: La formation des chirurgiens aux XIVe et XVe siècles en France

En 1959, le professeur Vern Bullough publiait un article intitulé: « Training of the Nonuniversity-Educated Medical Practitioners in the Later Middle Ages ». Il s'agit, en fait, de la seule étude portant exclusivement sur la formation des chirurgiens au Moyen Age. Les conclusions de cet article sont aujourd'hui à reviser; de nombreux documents ont vu le jour depuis, beaucoup de monographies ont traité du sujet marginalement et le cadre théorique qui lui a servi de base n'est plus tout à fait le même que celui qui sert actuellement à l'examen des questions éducatives.

Par contre, malgré quelques avancées, le problème de la formation des chirurgiens médiévaux reste toujours entier. C'est qu'il est extrêmement difficile à documenter. En effet, il appert maintenant que les chirurgiens du Moyen Age cumulaient apprentissage manuel et connaissance livresque. L'apport de la littérature médicale dans l'apprentissage de la chirurgie demeure l'aspect le plus obscur de l'historiographie. Le manque d'information sur les attributions professionnelles de ceux-ci est aussi un obstacle à l'élaboration d'hypothèses.

Nous aimerions d'abord faire un état de la question pour ensuite dégager de nouvelles pistes de recherche. Grâce à certaines de nos recherches et avec l'apport d'études très recentes, nous estimons être en mesure de dresser une liste temporaire des ouvrages médicaux en langue vernaculaire disponibles aux chirurgiens de l'époque. Certains de ces traités ont été traduits ou écrits par des chirurgiens. Mais aussi, et principalement, des sources inédites nous permettent d'étudier des chirurgiens au cours de consultations médicales. Il nous est donc possible de les voir en action et d'évaluer leur niveau d'expertise et de connaissances médicales. Ces documents nous aident, entre autres, à relativiser l'opposition entre médecins et chirurgiens au Moyen Age puisqu'ils nous les montrent oeuvrant en complète collaboration.

Nous pensons que cette communication peut motiver d'autres chercheurs à trouver de nouvelles avenues pour tenter de combler les lacunes de l'historiographie en ce qui a trait à la formation médicale laïque au Moyen Age.

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Outline of Proposed Paper for the
Annual Conference of the Canadian Historical Society on Medicine (June 1999)

Abulcassin, Avicenna and Galen: The Learnedness of a Jewish Physician as a Reflection of Late Fourteenth-Century Medical Expertise

Almost completely excluded from medieval universities, Jewish physicians were forced to acquire knowledge necessary to their practice through the combination of an apprenticeship with another doctor and readings of medical treatises. This aspect of their formation is well known thanks to the research which has been conducted into medieval medicine over the past few decades. Despite the quality of such research however, it often attempts nothing more than a theoretical analysis of medical training, bereft of practical proof. Yet to attain this last requires sources other than the traditional apprenticeship contracts, Jewish library inventories or lists of borrowings from such libraries. Medical expertise presented within the context of a criminal trial constitutes a unique source therefore from which to study the practical application of theoretical medical learning. In certain of these cases, physicians justified their observations and conclusions by weighing them down with learned rhetoric, replete with references to various *auctoritates*.

This paper proposes to study the *auctoritates* cited by one Jewish physician in particular, Vivas Jozep, in his expert testimony which was submitted to the criminal court of Manosque in 1394, at the request of a woman who stood accused of having poisoned her husband. The analysis will take place on two levels. The first is interested entirely in the medical learnedness of this doctor. The second, in his application of this knowledge in order to attain a precise goal, namely that of exonerating a woman otherwise destined for capital punishment. The overwhelming characteristic of this medical expertise, and that which makes it exceptional, resides in the wealth of *auctoritates* which are presented within it. Contrary to the usual custom when medical expertise was given, the case of Vivas Jozep refers to the then-cumulative scientific knowledge on poisons, rather than citing simply one or two specific texts on the subject. His references pass from Galen through to Avicenna and even on to Abulcassin. This in turn provides us with clues as to breadth of the authors known by this physician as well as to the knowledge which formed the basis of his practice. Indeed, at first glance this knowledge appears impressive. For this reason, it is crucial to bring the analysis to bear upon the application which the doctor made of his sources. In point of fact, while he is certainly familiar with the authors and does cite a number of their works, a closer inspection reveals that the references which he provides are not always accurate or have been interpreted in a completely erroneous manner. These facts certainly merit further interrogation. Did the physician commit these errors in good faith, or was he making use of knowledge which he knew from experience to be legitimate, and wished simply to inflate with a learned air in order to prove the innocence of an accused woman who had looked to him for help in order to escape a condemnation?

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The Education of William Cullen: Surgeon, Chemist, Physician and *Enlightened* Scot

Scotland during the eighteenth-century produced some of the finest minds and most innovative thinkers in the Western world. The intellectual fecundity of this era, demonstrated in such varied fields as metaphysics, politics, literature, natural philosophy and medicine, has been seen by contemporary historians as constituting a Scottish Enlightenment; being uniquely rooted in Scottish culture and institutions and part-and-parcel of a larger European Enlightenment. While the names of political economist Adam Smith (1723-1790) and of philosopher-historian David Hume (1711-1776) are the first to catch the attention of the modern observer, historians, through closer inspection of the era, have brought to light the contributions of other *enlightened* Scots in various fields of academic endeavour.

During the last thirty years, historians have offered William Cullen (1710-1790) as an example of such an enlightened Scot. Cullen was a man of many hats. While he was principally a physician, he was also a surgeon, chemist, and agriculturalist. Historians of medicine have argued, in the past thirty years, that Cullen was an enlightened physician who brought the sceptical reasoning of David Hume and the Scottish Enlightenment into the sphere of medical science. Such works have also highlighted the known friendship amongst Cullen, Hume and Adam Smith as further proof of the physician's enlightened propensities.

This placing of William Cullen in the Scottish Enlightenment, however, has furnished the perfect example of "ready-made" history, perfect for the busy lifestyle of the late twentieth-century medical historian. The popularity of Scottish Enlightenment studies has given medical historians a pre-fabricated historical framework complete with a terminology of beliefs ready to use. Furthermore, the close friendship between Cullen, David Hume and Adam Smith has made it simple for medical historians to argue in favour of Cullen's enlightened thought: a case of enlightened guilt or, more accurately in this case, belief by association. Cullen, when viewed this way, is seen in a very narrow and almost pathological manner in which he can passively *catch the Enlightenment* merely through his associations with other "ready-made" Enlightenment figures.

Through an analysis of both Cullen's later works, his overlooked early education and his appeal to a new system of chemistry this paper argues that Cullen had more agency in the Scottish Enlightenment than he has been previously given credit. Cullen was not enlightened because he was friends with Hume and Smith, he was enlightened because his education and training afforded him new ways to see and understand his environment. When at age forty, he met the Hume and Smith he found men -- despite their respective specialisations-- who saw nature in a similar way and they found in Cullen a man who shared the same wonder and openmindedness toward the world around them.

SUBMITTED BY MICHAEL EAMON, M.A

"Direct Exploration":
Teaching auscultation in 19th Century Rural New England.

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Physical examination in the early 19th century involved "inspecting the patient and perhaps feeling a pulse."(1) All this changed in 1816 with Laennec's invention of the stethoscope and the technique of auscultation. The physician would now "learn from the outside much about what was occurring on the inside."(2) In 1819 Laennec published his *Treatise on Media Auscultation*. The first American edition appeared in 1823. However, the stethoscope "remained largely a tool of the elite consultant until after the Civil War", even in academic centers such as Boston.(3) How then was the knowledge of this technique conveyed to the rural practitioner, most of whom were apprentice trained and had little contact with academia?

This paper offers one approach, a lecture by a local "expert". The discourse, "Direct Exploration", presented on August 24, 1841 was written by John George Metcalf, a Harvard Medical School graduate.
The audience were members of the Union Medical Association, a medical improvement society in southern Worcester County, Massachusetts. The treatise covered the examination of the lungs and the heart defining the sounds in both physiological and anatomical terms, and where appropriate providing visual metaphors to convey a better understanding.

This study examines auscultation manuals; student and professor notes from Harvard Medical School; minutes of the Massachusetts and Rhode Island State Medical Societies as well as articles from the Boston Medical and Surgical Journal to understand the state of the technique at that time. Metcalf's presentation is examined to see if it met those standards. Studies such as this will lead to a better understanding of the diffusion of medical knowledge among rural practitioners in America.

1. Atwater, Edward. "Touching the Patient: The Teaching of Internal Medicine in America", pg. 129, in *Sickness and Health in America: Readings in the History of Medicine and Public Health,* Edited by J. W. Leavitt and R.L. Numbers, Madison, Wisconsin: U. Wisconsin Press, 1985.
2. Ibid. pg.132. 3. Rosenberg, Charles. The Care of Strangers: The Rise of America's Hospital System, New York: Basic Books, 1987, pg. 91.

Paul Berman
11/22/98

CANADIAN SOCIETY FOR THE HISTORY OF MEDICINE 1999 CONFERENCE

"The Nearest Thing to an Angel on Earth": Native Medicine and Midwifery on the Prairies

Abstract:

In the 1880s Mrs. Bastien, a Cree woman in the Rocanville district of Saskatchewan, acted as doctor and midwife for the immigrant community. As settler Robert Widdess recalled "she was the nearest thing to an angel on earth."

Plains Native medicine and the culture of childbirth in the nineteenth century have received limited attention from scholars. Perhaps because the focus of scholarly interest has been on death and deterioration, birth and healing have been ignored. Medicine and healing in Plains cultures have very often been characterised as exercises in mass psychology that only 'worked' through the power of suggestion. But it is necessary to examine the therapeutics of the Native healer within an appropriate historical and cultural context. The therapeutic regime of herbal treatments, the sweat lodge, and Sun Dance worked because it reflected a shared sense between healer and patient of how the body worked and what caused illness. Moreover, the healer's practical knowledge of the prairie pharmacopoeia and the empirical knowledge of childbirth were generously shared with a growing immigrant population.

For a time in the late nineteenth century immigrants relied upon Native healers and midwives in an effort to survive on the prairies. Immigrants may not have shared the Native world view, but they did recognize the Native people's knowledge and experience in coping with the harsh prairie environment. In sharp contrast to this shared trust was the concerted effort by the department of Indian Affairs to repress that knowledge and to dismiss the Native healers as dangerous quacks.

In 1896 Hayter Reed, deputy superintendent of the department of Indian Affairs, announced: "The 'medicine man', the guiders of thought and action and the inspirers of fear in all but the very boldest, had to be fought. To win Indians from such a thraldom, and to get them to disregard the influences of generations, required no small amount of courage and skill in management." While Reed's statement was far more wishful thinking than fact, it did reflect a changing direction for the new Plains communities. It also reflected a changing perception of medicine and its practitioners.

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