

**Duffin, Jacalyn. *Langstaff: A Nineteenth Century Medical Life*.
Toronto: University of Toronto Press, 1993. Pp. 383.
Illustrations, figures, tables. \$60 hard, \$17.95 paper**

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[Aller au sommaire du numéro](#)

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Dendy comments that government agencies have allowed "a once-focused mandate in architectural preservation" to be diffused by other, yet valid interests such as museums, tourism, and multiculturalism.

As the boom times of the 1960s led to the redevelopment of the urban core of Toronto and the obliteration of many heritage sites, so, too, the current economic climate affects the value placed on heritage preservation. At this time, preservationists await the passage of revisions to the Ontario Heritage Act, which they hope will strengthen the legislation to prevent rather than only delay the demolition of landmark buildings. Financial incentives, including upgraded grant programs and property tax reforms, are necessary to encourage restoration and adaptive reuse. While it may be true that government-directed interests in architectural preservation have been refocused toward a broader definition of heritage, this change has positive implications. By viewing a landmark building as more than an independent monument, but as one component of a broadly-based community heritage, we encourage a variety of stakeholders—owners, occupants, neighbours, advocates—to support their continued viability and ultimate preservation.

In the meantime, it is important to reflect on the successes of the past 15 years. Of the six extant sites profiled in the first edition of *Lost Toronto*, all but one survive today. Happily, the Bank of Upper Canada has been rejuvenated by a new and sympathetic owner. During the restoration of that building, the shell of the First Post Office was uncovered and incorporated into the adaptive reuse scheme. The groups of warehouses and commercial buildings lining Yonge and Wellington streets, whose fate was left hanging in 1978, are now restored as

integral components of the BCE Place development.

Newly updated, *Lost Toronto* is a companion to *Toronto Observed: Its Architecture, Patrons and History*, dedicated to the city's extant landmark buildings and co-authored by Dendy with the late William Kilbourn. *Toronto Observed* allows us to reflect on what we have lost; *Lost Toronto* allows us to mourn what is no longer with us. *Lost Toronto* is a tribute to Dendy, who died in 1993, and a recognition of his contribution in chronicling the multi-layered history of Toronto and its expression through architecture.

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Duffin, Jacalyn. Langstaff: A Nineteenth Century Medical Life. Toronto: University of Toronto Press, 1993. Pp. 383. Illustrations, figures, tables. \$60 hard, \$17.95 paper.

The roots of modern medical practice can be traced to the efforts of nineteenth-century physicians to incorporate into their daily regimen the innovations of medical science. The advent of anaesthesia, and advances in diagnostic technology and surgical technique facilitated the undertaking of more complex procedures that enlarged the scope of medical therapeutics. Yet the manner in which individual physicians reacted to these technological developments has generally remained a mystery, particularly in Canada, where few analytical studies on medical practice exist.

This case-study makes a significant contribution towards the understanding of nineteenth-century medical practice through an examination of the medical career of Dr. James Miles Langstaff. This physician, who practised for 40 years in

Richmond Hill, Ontario, 1849–1889, lived through some of the larger developments in nineteenth-century medicine. By an examination of his medical career, the author explores the reaction of one physician to the scientific transformation of medicine.

This well-written book reveals both the triumphs and frustrations of a medical pioneer. Certainly some aspects of the tale have been told before. Langstaff's experiences with extended travel between scattered settlements and difficulty in securing remuneration from cash-poor settlers appears to have plagued most practitioners of the period. However, Duffin goes beyond the banal to challenge and explore themes that many medical historians have accepted uncritically. First, the belief that physicians generally did more harm than good is questioned in the context of Langstaff's practice. His medical case-books reveal that he continuously altered his pharmacopoeia in response to the medical literature, removing such poisons as calomel in order to alleviate distress in his patients. The work is also useful in exploring less-covered themes like infanticide and the underground world of medical abortionists, that expose the less savory aspects of nineteenth-century medicine. Particularly effective is Duffin's use of detailed patient histories to graphically uncover the nature of disease and the patterns of treatment—successful and not.

Most findings on Langstaff's medical career are supported through a rigorous statistical analysis of Langstaff's nearly complete daybooks that record the doctor's encounters with patients throughout his career. Duffin uses the daybooks to construct four sample groups of statistics chosen to correspond to the decennial Canadian Census. The combined statistics create a

substantial database used to explore Langstaff's practice. The interpreted numerical evidence on the medical practice is profiled on illustrated tables of uneven value. Some, like the tenacity index, offers little in the way of numerical interpretation. In this instance, there is no explanation of why doctors chose to open or continue a practice in Richmond Hill. Fortunately the statistics, for the most part, are supplemented with qualitative statements on medical therapeutics taken from the same daybooks that help to personalize the data through detailed examination of individual case histories.

Heavy reliance upon the daybooks for evidence has its limitations. Sparse entries and routine record keeping allow for only speculation and hypothesis about the motivations in Langstaff's personal and medical life. In addition, the author has the occasional tendency to engage in conjecture using modern medical terminology to assist with Langstaff's diagnosis and to demonstrate his talents as a medical observer. This enterprise poses the potential danger of erroneously labeling patients with an ailment they did not have. Important questions about why or how a particular event took place in Langstaff's career cannot be adequately addressed without resorting to memoirs or other literary accounts that unfortunately do not exist. Duffin tries to overcome this source limitation by drawing on the conclusions of other scholars to provide a basis for the analysis of Langstaff's practice of medicine. However, this is not always appropriate, particularly when studies on American therapeutics are used to provide a context for Langstaff's clinical work in Richmond Hill. These are not, perhaps, the most representative standard of measurement of medical therapy for this region, and more indigenous indicators should be probed to account for the prevalence of certain clinical procedures. The voices

of other local physicians and Langstaff's own patients should be heard, perhaps through a more extended examination of the local newspapers.

The study could also have been more firmly grounded in the context of community as the two key variables—medical practice and Richmond Hill—are generally treated as separate entities. One wonders how the larger community responded to bouts of epidemic disease or Langstaff's actual practice of medicine. Clearly the local political situation, precarious county finances, and the community's proximity to the urban hospital specialists in neighbouring Toronto had an effect on community health and Langstaff's practice, but these themes are not explored in any depth. Much of Langstaff's livelihood was clearly dependent upon the rudimentary nature of mid-century settlement. Road and farm-based accidents were common. Indeed, having seen the toll that poor roads took on his patients and family, Langstaff became something of a crusader for improved thoroughfares. For two years he assumed the position of county roads commissioner and conducted experiments on road maintenance, the results of which remain unknown.

Certainly the largest question that remains is, Just how typical was the career of Dr. James Miles Langstaff? Unfortunately the representativeness of this study for understanding the general nature of medical practice in Ontario cannot be accurately ascertained without further research on practices in other regions. In the meantime, *Langstaff: A Nineteenth-Century Medical Life* will remain an essential work for anyone studying nineteenth-century Canadian medicine.

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Gervais, C.H. *The Border Police: 125 Years of Policing in Windsor*. Waterloo: Penumbra Press, 1993. Pp. 160. Illustrations. Paper.

Marquis, Greg. *Policing Canada's Century: A History of the Canadian Association of Chiefs of Police*. Toronto: University of Toronto Press, 1993. Pp. 459. Illustrations. Hard.

At first blush, these books make an odd couple, seemingly with little more in common than policing. Gervais offers a slim keepsake-style book for the City of Windsor centennial. Dedicated to the force's first black detective, it is replete with photographs and colourful anecdotes about Windsor police officers, especially the chief constables. Marquis, on the other hand, does not deal with local detail, but presents a national perspective on municipal policing in his lengthy history of the Canadian Association of Chiefs of Police (CACCP). However different, it appears that they have in common the reticence associated with sponsored work—there is little critical or interpretive information. Gervais at least presents with candour some of the problems of policing in Windsor, although much of the misconduct described relates to the safely remote early days of Windsor policing. He also romanticizes the police inadequacies in emphasizing their boozing, brawling, and corrupt shenanigans as all part of living and working in "border-town." For all his intent to entertain, the author does capture important themes: the marginal reputability of the early cast of police characters, and the effort devoted to minor by-laws and to policing public decorum and morality rather than serious crime. Marquis also tends to be non-interpretive and uncritical, disarming