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In Sickness and in Health

WE ARE AT A TIME in our history in which we face the dilemma of a technology which allows greater intervention in the body and the perception that our health dollar is diminishing. Several recent books on the social history of medicine have reminded us that medicine and health are social constructions, in which we define what is normal and what is abnormal. We also decide upon our society's responsibilities and allocate resources accordingly. All of these decisions are made within a particular culture, and as such reflect political and gender divisions in our society. Sickness and health are not only the product of germs we cannot see, but also of that other elusive agent — ideology.

In *The Nature of Their Bodies: Women and Their Doctors in Victorian Canada* (Toronto, University of Toronto Press, 1991) Wendy Mitchinson shows how the perception of gender influenced the understanding of women's bodies, determined the understanding of their medical problems and prescribed the treatment. In essence, an almost exclusively male medical profession defined men as the norm and women as the "other". Differences between the bodies of men and women were seen as female deviations from the healthy male ideal. Even within this flawed paradigm, doctors were unable to perceive differences in sex objectively, but viewed them through the filter of Victorian gender and class ideologies.

What emerges is a picture of physicians viewing women through gender preconceptions, and defining as "natural" the role that doctors perceived as the ideal for women. Any deviation from this they blamed upon "civilization". Thus when a larger portion of middle-class than working-class women sought medical care, doctors did not assume that this related to the ability to pay for consultations. They thought that middle-class women were having more difficulty with childbirth because they were further from nature. Men, who as the active agents in society were responsible for culture, would master nature and solve women's problems through medical science. Perceptions of men's and women's bodies reinforced the view of men as active and women as incapable of independent lives. The cult of science assumed greater authority in the late 19th century. But rather than liberating people from ideology, science created a false objective justification for the cultural premises upon which that science was based.

Mitchinson bases her book upon the medical texts and journals that trained and informed physicians. In the hands of a less skilled historian this might have resulted in a teleological story of doctors' medical knowledge increasing and technique improving. But Mitchinson keeps her eye on the context within which knowledge of the body evolves. One is often left startled with the conceptions of medical problems, and the procedures inflicted on patients on the basis of these misunderstandings of how the human body works. The search for a biological basis for insanity, for example, encouraged the discovery of a link between "feminine" problems such as hysteria and pelvic disease. As is still the case in the 1990s with such conditions as pre-menstrual syndrome, women's frustrations were dismissed as a part of their nature and our society was thus not expected to address the difficulties placed in women's way. Despite its trenchant findings, this book is not an attack on the

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medical profession. Mitchinson retains a balance that illuminates the strengths and weaknesses of, for example, both obstetricians and midwives. As a study of how culture affects our understanding of the world and thus defines the solutions we find to problems, this book deserves a wide readership.

In an attempt to appeal to a larger audience than is usually reached by a scholarly monograph, Michael Bliss has written a "non-fiction novel". *Plague: A Story of Smallpox in Montreal* (Toronto, Harper Collins, 1991) is an interesting story. The smallpox virus was brought into Montreal in 1885 by a Pullman conductor. Through a series of accidents and mistakes it was allowed to take root among the city's population, particularly among the working-class francophone population. The resulting epidemic could have been avoided. An effective vaccine was available and the importance of quarantine well understood, but neither was enforced. Ethnic and religious tensions, incompetent civic officials and an active anti-vaccinationist movement all combined to undermine efforts to curb the spread of the disease. One anti-vaccinationist riot, for example, had as much to do with the anger over the recent arrest of Louis Riel as fear of the vaccinators. *Plague* tells the story of a virus and a city's efforts to defend itself. This narrative highlights how the social and economic context in which a disease appears has almost as much to do with the course that the disease runs as the particular pathology of the organism. It is a model that might be used for a history of the Spanish Influenza, tuberculosis and a great many other maladies.

Some senior historians have recently courted the wrath of their more traditional-minded colleagues by giving free rein to their literary impulses. These readers might be annoyed with a few of Bliss' efforts to tell a good story. It is often not clear if Bliss is writing fiction or constructing a narrative that conforms to documentary evidence. In an effort to increase the dramatic effectiveness of the story Bliss slips into the present tense in a few places, something which annoyed this reader, yet the book passes the tests of being both entertaining and informative.

Wilfred Grenfell is one of those larger-than-life historical figures who defies being easily put into perspective. His extensive autobiographical publications glorified himself in an effort to elicit contributions for his medical missionary work in Labrador and northern Newfoundland. Many of his contemporaries added to the substantial literature by showing him to be a kind of living saint. The problem Grenfell poses for the modern biographer is how to cut him down to size without denigrating his genuine contribution and real physical feats. Ronald Rompkey has succeeded in doing this in *Grenfell of Labrador: A Biography* (Toronto, University of Toronto Press, 1991). Rompkey's success in grasping the essential Grenfell is based upon his attention to context. One sees how Grenfell's family background, public school education, muscular Christianity, medical training and his experience with the North Sea Mission to Fishermen all contributed to making the young man who first piloted his medical ship up the coast of Labrador a century ago. In Rompkey's treatment Grenfell becomes a personification of social movements and this makes him much less of a mystery than he must have appeared to be to many of the people to whom he ministered.

Not only a physician, Grenfell was also a cultural interventionist. After growing up and working in England, Grenfell moved into providing health care to

Newfoundland's north, an area into which the Newfoundland state had not extended its modest health care system. To raise funds he portrayed the local residents to an international philanthropic audience as a destitute people. The love-hate relationship that many Newfoundlanders had with Grenfell rose out of this fact. For the government in St. John's the image of Newfoundlanders as impoverished contradicted the image they wanted to present of a progressive country, rich in resources, that needed only capital. One wonders how much hyperbole Grenfell engaged in for rhetorical purposes, and how accurate his descriptions of life on the coast were. This was not the only reason for animosity between Grenfell and the elite of Newfoundland. Grenfell recognized that the medical problems he saw were not only the result of disease, and thus within the traditional realm of the physician, but also the result of poverty. It is not surprising that he saw social reform as the key to solving the problems of the people he met. He opposed the truck system for its inequities, and encouraged co-operatives and local craft manufacture to encourage self-sufficiency. These cultural interventions make him a forerunner of the Commission of Government in some respects, a form of government that later appealed to Grenfell's paternalism and sympathy for the poor.

Grenfell's mission is still serving the health needs of the residents of Labrador and northern Newfoundland. The Owen Sound General and Marine Hospital, however, has not lasted. David Gagan has written the history of a hospital that served the Great Lakes during the height of the industrialization of Ontario. *A Necessity Among Us: The Owen Sound General and Marine Hospital* (Toronto, University of Toronto Press, 1990) recounts the changes that occurred among many hospitals from the late 19th to late 20th centuries. This institution started as a charity hospital, to relieve private practitioners of the burden of caring for the indigent and also to give Owen Sound the image of a progressive town. As medical practices became safer and more technological the emphasis shifted from physicians caring for the middle class and wealthy in their homes toward hospital care for the privileged. With the professionalization of the hospital came far higher costs per patient, costs that outstripped the generosity of the local philanthropists.

Gagan shows how the costs of medical care were borne. The middle class came to rely more and more on hospitals as medical techniques changed, causing the charitable nature of hospitals to decline and payment for service to become the norm. In the absence of sufficient state funding the hospital had to modernize to attract paying patients, whose fees would subsidize the costs of the poor. After 1921 the proportion of the cost of indigent patients that was borne by the state and charities fell. Especially during the 1930s a dwindling body of paying patients had to absorb greater and greater costs, to which they responded by wanting to be treated at home. The hospital system treated the wealthy for pay and the poor out of charity, but those with middle incomes were under-represented because of the financial hardship that hospitalization would have imposed upon them. This was a situation that could not last. The scientific edifice of medicine and the professional salaries it accompanied were threatened unless a larger portion of patients paid fees for services. The Owen Sound General responded to this dilemma by limiting the number of non-paying patients admitted and continuing annual appeals to charities and municipal governments. The hospital remained a money-losing business and it was not until the

government-sponsored Ontario Health Insurance Plan in 1972 that sufficient funds were available to create a broadly accessible modern health facility. Under this programme the Owen Sound General showed a profit for the first time in its history, and utilization rose dramatically. Unfortunately in the 1970s OHIP ceased to keep pace with the growing costs, and the Owen Sound General was closed in favour of a regional health facility. David Gagan's account of the rise and fall of this one local institution provides a fascinating insight into the problems of providing adequate health care to a diverse population.

Some of the patients in the Owen Sound General were workers injured in the newly industrialized workplaces of Ontario. The struggle over responsibility for health and safety in the workplace is the subject of Eric Tucker's *Administering Danger in the Workplace: The Law and Politics of Occupational Health and Safety Regulation in Ontario 1850-1914* (Toronto, University of Toronto Press, 1990). Tucker shuns a mono-causal approach to the extension of the state into occupational health and safety, and has written an admirable work that synthesizes different approaches. His view of the role of the state is a sophisticated one, incorporating the strengths of structural, instrumental and hegemonic perspectives. Tucker's close attention to detail makes for a convincing explanation of the relative autonomy of the state in this area, and the mechanisms that limit that autonomy from capitalism.

Tucker finds that workers were losing control over the workplace and becoming more subservient to capital during the first phase of industrialization. At the same time the ideology of the labour market was coming into its ascendancy. When workers were most vulnerable to the new dangers built into machinofacture the judiciary accepted the notion that labour and capital were equal partners in any contractual arrangement. Thus employers were not responsible for dangers in the workplace because the employee had implicitly agreed to these dangers when he or she started work. In this climate the judiciary did not use the criminal or civil law at its disposal, and accidents continued to maim and kill workers with impunity for employers.

With the extension of the franchise the focus shifts to the political process, and Tucker shows how political parties brought forward industrial safety legislation in an effort to garner electoral support among the working class. Enacting legislation was one thing, enforcing it was another. Few prosecutions occurred under the Ontario Factory Act, leaving the question of whether or not the act improved safety in industry or whether enforcement of the act was blocked by the state. Tucker argues that the factory inspectors chose not to prosecute employers. Enforcement resources were scarce, but, judging by the comparative numbers of school inspectors the shortage of factory inspectors was politically determined rather than a reflection of the shortage of money. Did the inspectors assume a strategy of enforcement by persuasion rather than prosecution? Tucker points out the limited effectiveness of a programme that lacked any potential for coercion. The answer, he convincingly argues, lies in the ideology of the factory inspectors. The class background of the inspectors encouraged them to perceive workers' carelessness as the prime cause of accidents. They did not perceive capital and labour as having antagonistic interests, and thus assumed risks were inherent in production rather than a condition generated by the social structure of production. Gender perceptions helped determine that

women would be treated differently under the act and, since women were affected but not consulted, patriarchal control was furthered. More fundamentally, the state accepted the market as the arbiter of the level of risk, and "in the absence of high-risk wage premiums or compensation costs, the economic calculus usually favoured risky work environments" (p. 210). And once decision-making had become bureaucratic the state was shielded from the working-class political pressure that might have ensured enforcement of the law.

Tucker has given us a convincing explanation of the early history of health and safety legislation in Ontario. The ideology of workplace safety, then as now, rested upon the notion that workers and employers have a common interest in achieving a reasonable level of workplace risk. That reasonableness, Tucker argues, "is still determined by reference to the criteria of sustaining capitalist accumulation" (p. 216). Again, priorities of health continue to be determined by market criteria.

All of these authors deserve a wide audience. Each has taken a particular case and shown how class and gender perceptions underlay our "objective" understanding of health and sickness. How we defend against sickness and achieve health, whether we are talking about preventing accidents in the workplace or combatting viruses, is determined by cultural definitions. Medical history was a generation ago little more than the hagiography of heroic doctors pushing aside superstition and curing the ill, or a simple social control thesis of medicine and science giving middle-class men power over women and the working class. Of course, in many ways Grenfell was heroic, the treatment of women did reinforce gender roles, and the organization of the Owen Sound hospital during the charity phase had as much to do with keeping the poor under control as curing them. But each of these authors has risen above generalization and overdetermination. They have treated their subjects with respect and attention to detail, and the result is an illuminating collection of books about the social history of health.

JEFF A. WEBB