

Be Wise! Be Healthy! Morality and Citizenship in Canadian Public Health Campaigns by Catherine Carstairs, Bethany Philpott, and Sara Wilmshurst

Sarah Glassford

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Alexander makes a powerful argument about the need to consider Canadian history in a larger imperial and global context

Overall, *Guiding Modern Girls* makes an important contribution to the field of Canadian history and is an example of how ethnographic, transnational, and childhood studies allow scholars to consider the

intersections of norms and lived experiences, read into archival silences, and critically consider power structures that continue to hold so much power in our lives.

Andrea Eidinger
University of British Columbia/Unwritten Histories

Be Wise! Be Healthy!

Morality and Citizenship in Canadian Public Health Campaigns

By Catherine Carstairs, Bethany Philpott, and Sara Wilmschurst

Vancouver & Toronto: UBC Press, 2018. 294 pages. \$89.95 hardcover. ISBN 9780774837187. \$34.95 paperback. ISBN 9780774837194. \$34.95 EPUB. ISBN 9780774837217. \$34.95 PDF. ISBN 9780774837200. (www.ubcpress.ca).

Be Wise! Be Healthy! is an exemplary work of collaborative scholarship that traces the history of a single voluntary public health organization from the 1920s to the 1970s. Under the direction of Dr. Gordon Bates, the Health League of Canada aspired to national prominence, although the authors show it to have instead been Toronto-centric with its most significant impact limited to Ontario. The League was smaller and less prominent than other contemporary public health organizations, but authors Catherine Carstairs, Bethany Philpott, and Sara Wilmschurst argue that it punched above its weight, becoming “one of Canada’s leading organizations promoting

public health” (4), and therefore worthy of historical study.

The organization was created in 1919 as the Canadian National Council for Combatting Venereal Disease, its mandate limited to sexually-transmitted infections (STIs). In 1922 it was renamed the Canadian Social Hygiene Council and began to engage in broader health education efforts. The early twentieth-century concept of “social hygiene” most often referred to the mobilization of morality and technical expertise around issues of STIs, prostitution, and sex education, but it could also include interventions in the areas of nutrition, maternal education, alcoholism, and intellectual disabilities (5). By 1935 the



name “Health League of Canada” seemed a better fit for the group’s ever-broadening mandate, but Carstairs, Philpott, and Wilmshurst argue that the morality associated with its early STI and social hygiene work persisted throughout the organization’s history.

Eight thematic chapters explore the nuances of specific health issues or campaigns undertaken by the League, including STIs and sex education, childhood immunization (especially diphtheria), pasteurization and tuberculosis, workplace health including exercise, leisure, mental health, and absenteeism, water fluoridation and dental health. These are bookended by an introduction and conclusion that address the larger context for the League and the influence of founder Gordon Bates. Because there is significant chronological overlap (and some similarity of campaigns) between the chapters, this is a book best enjoyed in small doses, dipped into as needed for research or teaching purposes. The chapters are especially well-suited for adoption on course reading lists, since they can be read in isolation from the larger history of the Health League as case studies in the perceptions of certain diseases or approaches to public health intervention, and include descriptions and close readings of health promotion materials such as films, posters, and pamphlets. The text occasionally gets bogged down in description where a more sophisticated analysis would be preferable, but overall the authors provide sufficient context and thought-provoking insights into each individual public health issue they address.

The resulting portrait of an organization and its work cries out for comparison with other Canadian public health agencies active in the same period. For instance, I was repeatedly struck by the many similarities between the Health League and

the Canadian Red Cross, which has been one focus of my own research. Both began as Toronto-based voluntary organizations with national aspirations; both were founded by white male physicians whose medical expertise, personal networks, and drive to advance a pet cause spurred early growth and success; and both expanded beyond their initial single-issue preoccupation, taking up a wide variety of public health causes. Highly active from the 1920s to the 1970s, both organizations emphasized prevention, education, and individual behavioural modification as the keys to better health, and framed good health as a core duty of Canadian citizenship, an approach Carstairs, Philpott, and Wilmshurst call “health citizenship” (9-10). Both had difficult relationships with federated fundraising organizations. The two agencies even shared similar approaches to certain issues: in the 1930s health promotion articles that originally appeared in *Health* (the Health League’s magazine) were sometimes reprinted in the *Canadian Red Cross Junior* children’s magazine—a testament to the wide influence the authors claim for the Health League.

Despite these many similarities, the trajectories of the two organizations were wildly different. The Canadian Red Cross became a truly national body, and one of Canada’s leading voluntary organizations, quickly outgrowing its founder. The Health League did not manage to do any of those things. Some reasons for the difference rest with the Red Cross: after 1919 its mandate was even broader than the Health League’s, its public health work subsidized in part by the interest (manifest in volunteers and donations) generated by its wartime and disaster relief efforts. But equally important are factors specific to the Health League itself, easily summarized in one name: Gordon Bates. As

Carstairs, Philpott, and Wilmshurst thoroughly demonstrate, from an institutional perspective Bates was simultaneously the best and the worst thing to happen to the Health League. He was its founder and greatest champion but also, in time, the most detrimental legacy of its early history. The Canadian Red Cross's longevity and reach sprang from its flexibility and adaptability: it shifted its focus, altered its techniques, and refreshed the ranks of its leadership at key moments over more than a century. In contrast, the Health League broadened its mission to encompass new health issues but never fundamentally altered its central ideological position as wider social change unfolded. What had been a modern, forward-thinking organization in the 1920s became an anachronistically moralizing one by the 1970s. Bates's iron grip on the Health League meant that as his attitudes calcified with age, so did

those of the Health League, rendering it less effective and less influential.

The authors do their best to highlight the contributions of other Health League leaders but, as depicted here, the Health League was essentially a one-man show. The fact that it floundered after Bates's death in 1975 is particularly telling. His passion, commitment, skills, expertise, networks, and forceful personality propelled the Health League forward for five decades, but provided little or no opportunity for a natural successor to arise, nor for the organization to broaden its appeal to potential supporters and allies. *Be Wise! Be Healthy!* is therefore as much a narrative of the rise and fall of one man's vision, as it is a study of a public health organization and its campaigns.

Sarah Glassford
Leddy Library, University of Windsor

Levelling the Lake

Transboundary Resource Management in the Lake of the Woods Watershed

By Jamie Benidickson

Vancouver: UBC Press, 2019. 404 pp. \$34.95 paperback. ISBN 9780774835497.
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In *Levelling the Lake: Transboundary Resource Management in the Lake of the Woods Watershed*, Jamie Benidickson explores the last one hundred and fifty years of resource exploitation in the watershed, the environmental consequences of that exploitation, as well as institutional responses to environmental change. The book begins in the late nineteenth century with the newly formed settler state of Canada obtaining lands from the Hudson's Bay Company (HBC) and negotiating Treaty #3 with the

Anishinabeg to secure territorial access (5, 11). The resulting intergovernmental struggle between Canada and Ontario for control over resources on treaty lands helps to frame the watershed as a heavily contested and "complex transboundary setting" (xxx-iii). From this "complex" starting point, Benidickson traces struggles over the highly valuable sturgeon fisheries, forests, minerals, and water resources between Canada and the United States; Ontario, Manitoba, and Minnesota; and, between government