Scientia Canadensis
Canadian Journal of the History of Science, Technology and Medicine
Revue canadienne d'histoire des sciences, des techniques et de la médecine

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Volume 18, numéro 2 (47), 1994

URI : https://id.erudit.org/iderudit/800387ar
DOI : https://doi.org/10.7202/800387ar

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Éditeur(s)

CSTHA/AHSTC

ISSN

0829-2507 (imprimé)
1918-7750 (numérique)

Découvrir la revue

Citer ce compte rendu

Howell, C. (1994). Compte rendu de [Jacalyn Duffin. *Langstaff: A Nineteenth Century Medical Life*, (Toronto: University of Toronto Press, 1993).] *Scientia Canadensis*, *18*(2), 205–207. https://doi.org/10.7202/800387ar

Jacalyn Duffin
Langstaff: A Nineteenth Century Medical Life (Toronto: University of Toronto Press, 1993)

Jacalyn Duffin has undertaken a computer-assisted analysis of Dr. James Langstaff's daybooks and accounts in order to investigate the way in which a rural practitioner in 19th century Ontario responded to the changing medical world of his time. As Duffin points out, nineteenth century medicine witnessed profound alterations in the understanding of the disease process, in diagnostic and therapeutic technique, and in the nature of professional organization. It was a period which saw the advent of anatomical diagnosis, anaesthetics, antiseptic surgery, the germ theory, new technologies and medical instrumentation, and the emergence of both the public health and the women's movement. Duffin provides both a biography of Langstaff and of his practice, in order to understand the extent to which larger medical discourses and broader social transformations permeated the profession, setting Langstaff's career in the social and medical context of the 19th century.

Langstaff's life was interesting and humdrum, reflecting both the social and political turmoil of Upper Canadian life in the pre-Confederation era, and the sometimes monotonous character of rural medical practise. Born into a Presbyterian family with attachments to the Reform party, Langstaff studied at John Rolfe's proprietary school, the Toronto School of Medicine, graduating in the mid-1840s and travelling to Guy's Hospital in London, where he came into contact with some of the most renowned physicians of the day, including Sir Astley Cooper, Richard Bright, Thomas Addison and Thomas Hodgkin. Despite rubbing shoulders with these leading figures in the profession, Duffin notes that after

returning to Canada and purchasing the practice of Dr. John Reid in Richmond Hill, Langstaff revealed little interest in professional activities outside his own practice. He was apparently uninterested in professional legislation or medical associations. Rather, his contact with other practitioners was strictly social or clinical, and while he occasionally acted as a medical consultant for a medical colleague, more often than not consultations were less an expression of collegiality than of therapeutic disagreement.

The importance of this study derives not so much from Langstaff himself, but from the author's careful investigation of trends involving fees, income, diagnosis, therapeutics, morbidity and mortality, all based upon a sophisticated computer analysis of Langstaff's medical day and account books. Duffin finds that Langstaff did increasingly well financially over his career, with an annual income of $2,000 in 1861, $2,500 in 1871, and $3,000 in 1880, all of which exceeded an estimate provided by one historian of an average annual income of $1,200 for late 19th century practitioners. Langstaff also had collateral sources of income from the sale of drugs, his coroner's business, from spas and special clinics, but the greatest source of his prosperity was land ownership, reflecting his interest in agriculture and his investments in sawmilling.

As for Langstaff's diagnostic procedures and therapeutic orientation, Duffin finds that he mirrored the medical trends of the day, emphasizing — like most of his professional colleagues — organic explanations of illness. Between the 18th and 19th centuries the emphasis in diagnosis changed from an elaboration of symptoms to the discovery of an organic source of disease. In the 18th century, for example, patients might be diagnosed with dyspnoeia (difficulty in breathing) or consumption (wasting), but in the 19th century diagnosis would likely involve organic disorders such as bronchitis (inflammation of the bronchial tubes), tuberculosis or pleural effusion (fluid in the chest). Langstaff developed careful patient histories, observed the condition and changing behaviour of his patients, measured pulse and respiration, and carefully examined bodily fluids, expectorate, stools, blood and urine, with the help of new medical implements such as the stethoscope, microscope, urinometer and thermometer.

In addition to her emphasis on Langstaff's diagnostic orientation and technique, Duffin provides an extremely useful survey of Langstaff's most favorite therapies, a careful explanation of the therapeutic rationale for the various drugs and surgical procedures

employed, and a table outlining the shifting popularity of various therapies over time. Among other things her research shows the dramatic decline in the use of calomel by 1880, and the continuing popularity of opium and quinine. As for morbidity and mortality, she provides tables on illness and causes of death in children and adults, noteable in particular for the remarkable infrequency of cancer and heart disease.

This is a ground-breaking study, which provides a baseline for further research. Future studies along this line will allow us to speak more confidently about the nature of 19th century general practice. Among other things, future research should probe the similarities and differences between urban and rural practice, and compare those physicians active in professional associations or who had hospital appointments, with others like Langstaff who had limited contact with his medical colleagues. Duffin should be commended for laying out a path for future inquiry in this excellent study. Now it is time for others to follow her lead.

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