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Jenna Murdock Smith

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Résumé de l'article

Cet article traite de l'Ontario Provincial Board of Health, et plus particulièrement de ses efforts pour éduquer le public sur la maladie et la santé grâce à des démonstrations visuelles. De 1908 à 1929, cet organisme gouvernemental a monté des expositions diverses sur la tuberculose et la santé publique qui ont parcouru la province dans une voiture de chemin de fer et qui ont aussi atteint des milliers de visiteurs chaque année à l'Exposition Nationale Canadienne (ENC). Au cours de cette période, les officiels du Board sont passés de la mise en place d'exposition contenant un mélange ad hoc de matériel à la conception d'expositions sophistiquées, dynamiques qui attirent des milliers de visiteurs et qui constituent un des espaces les plus populaires sur les terrains de l'ENC. S'appuyant sur les travaux tardifs de Michel Foucault, je soutiens que l'exposition peut être considérée comme un dispositif de gouvernementalité. Grâce à cet espace très construit, le Board a tenté de cultiver un individu réflexif et 'auto-observateur' qui réglerait son propre comportement selon certaines normes d'hygiène, et exigerait en retour un comportement semblable des autres.

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Next Stop, “Sunshine Station”: The Ontario Provincial Board of Health and the Exhibition of Tuberculosis, 1908-1929

Jenna Murdock Smith
Library and Archives Canada

Abstract: This article examines the Ontario Provincial Board of Health and its efforts to educate the public on disease and health through visual display. From 1908 to 1929, this government body put on various tuberculosis and public health exhibits that toured the province in a railway car and reached thousands of visitors annually at the Canadian National Exhibition. Throughout this period, officials went from putting an ad-hoc mix of materials on display to designing a sophisticated, dynamic exhibit that attracted thousands of visitors and was one of the most popular spaces on the CNE grounds. Drawing on the later work of Michel Foucault, I argue that the exhibition can be seen as a device of governmentality. Through this highly constructed space, the Board attempted to cultivate a reflexive and self-watching individual who would regulate his/her own behaviour according to certain hygienic standards and, in turn, demand the same conduct of others.

Résumé : Cet article traite de l'Ontario Provincial Board of Health, et plus particulièrement de ses efforts pour éduquer le public sur la maladie et la santé grâce à des démonstrations visuelles. De 1908 à 1929, cet organisme gouvernemental a monté des expositions diverses sur la tuberculose et la santé publique qui ont parcouru la province dans une voiture de chemin de fer et qui ont aussi atteint des milliers de visiteurs chaque année à l'Exposition Nationale Canadienne (ENC). Au cours de cette période, les officiels du Board sont passés de la mise en place d'exposition contenant un mélange ad hoc de matériel à la conception d'expositions sophistiquées, dynamiques qui attirent des milliers de visiteurs et qui constituent un des espaces les plus populaires sur les terrains de l'ENC. S'appuyant sur les travaux tardifs de Michel Foucault, je soutiens que l'exposition peut être considérée comme un dispositif de gouvernementalité. Grâce à cet espace très construit, le Board a tenté de cultiver un individu réflexif et 'auto-observateur' qui réglerait son propre comportement selon certaines normes d'hygiène, et exigerait en retour un comportement semblable des autres.

In 1900 tuberculosis was the number one cause of death for Canadians between the ages of fifteen and forty-five years of age.¹ References to the “White Plague” and “Consumption” permeated popular culture and a government-funded national campaign was launched to combat its spread. Central to this campaign was the need to educate the public about the nature of the disease and what could be done to prevent it. In 1908, the Ontario Provincial Board of Health established a tuberculosis exhibit that was designed to travel the province, educating its citizens about the dangers of the disease. The Board’s exhibit was immediately popular and rapidly grew in size and audience. Within a few years it became a regular fixture at the Canadian National Exhibition (CNE), held every year in Toronto. Over the next two decades, officials at the Board broadened the scope of their exhibits to include other areas of public health and by the end of the 1920s, the exhibit had become one of the most popular spaces on the CNE fair ground.

The Ontario Provincial Board of Health also expanded, becoming an increasingly sophisticated government body as the century wore on.² This expansion gave the Board led to an increased knowledge of, and influence over the health of the citizens of the province. Michel Foucault’s work on governmentality, or art of government, is especially relevant to the study of the Board’s public health exhibits. Governmentality is, in its broadest form, the ways in which we think about governing ourselves and others in a wide variety of contexts.³ Also central to governmentality is Foucault’s understanding of the term “government,” an activity aimed to shape, guide or affect the conduct of some person or persons.⁴ Government involves not only how we regulate others, but how we govern ourselves.⁵ This understanding of government and governmentality is extraordinarily useful to the examination of the Ontario Provincial Board of Health’s

1. Katherine McCuaig, *The Weariness, The Fever, and the Fret: The Campaign against Tuberculosis in Canada, 1900-1950* (Montreal: McGill-Queen’s University Press, 1999), i.

2. It should be noted that the Ontario Provincial Board of Health changed its name to the Department of Health Ontario in 1925. Because the article is arranged thematically rather than chronologically, for clarity, only the original name of the organization has been used throughout.

3. Foucault described governmentality as “[...] the ensemble formed by the institutions, procedures, analyses and reflections, the calculations and tactics that allow the exercise of this very specific albeit complex form of power, which has as its target population, as its principle form of knowledge political economy, and as its essential technical means apparatuses of security.” Michel Foucault, “Governmentality,” in *The Foucault Effect: Studies in Governmentality*, ed. Graham Burchell et al. (Hemel Hempstead: Harvester Wheatsheaf, 1991), 2.

4. Colin Gordon, “Governmental Rationality: An Introduction,” in *The Foucault Effect: Studies in Governmentality*, 2.

5. Dean, 12.

public health exhibits, which were fundamentally concerned with the regulation of the audience’s bodies to improve the state of public health in the province.⁶ Indeed, the exhibit can be seen as a device of governmentality—a site where conduct could be shaped and the population could be known and optimized. Through this highly constructed space, the Board attempted to cultivate a reflexive and self-watching individual who would regulate his/her own behaviour according to certain hygienic standards and, in turn, demand the same conduct of others.⁷ The goal was to rid society of disease but it was also to build a healthy population that could be governed as effectively as possible. Though links have been made to studying the exhibition through Foucault’s earlier work, most notably with Tony Bennett’s “Exhibitionary Complex,” viewing the exhibit as a site of governmentality is a new approach that presents many opportunities for further study in other exhibitionary contexts.

The study of exhibitions can be a frustrating exercise for historians. They are temporary displays that do not often leave a wealth of sources behind them. They are usually disassembled and discarded, and sometimes, fortunately for historians, a newspaper article is written, a photograph is taken, or an exhibition catalogue is archived. As Keith Walden has recognized in his study of the Industrial Exhibition—the forerunner to the CNE—“Many people of all ages and from all levels of society went to the Industrial; few bothered to record what they did there, let alone what they thought of it.”⁸ The history presented in this article is based primarily on information gathered from the Board’s annual reports and photographs that were taken of its exhibits.⁹ These sources do not provide context on who Board officials were, why they chose to design their exhibits as way they did, or what external forces influenced their work.

6. It is important to note that Board officials would most certainly not have thought about their work in this way and it is reasonable to assume that their intentions were simply to improve public health.

7. The Board’s exhibit is a specific example of a multitude of much larger projects of governance taking place across Western societies through various apparatuses of security, upon which Foucault and many others have examined and elaborated. See, for example: Mitchell Dean, Colin Gordon and Patrick Joyce, *The Rule of Freedom: Liberalism and the Modern City* (New York: Verso, 2003); and Nikolas Rose, *Towards a Critical Sociology of Freedom* (London: Goldsmiths’ College, 1992).

8. Keith Walden, *Becoming Modern in Toronto: The Industrial Exhibition and the Shaping of a Late Victorian Culture* (Toronto: University of Toronto Press, 1997), 27.

9. Because of the temporary nature of the exhibits, the sources that remain do not provide context on who Board officials were, why they chose to design their exhibits as they did, or what external forces influenced their work. As such, they are described as “board officials” throughout this article, though the author acknowledges that they did not operate as a nameless, faceless entity.

Further information was gathered from two Toronto newspapers, *The Globe* and *The Toronto Daily Star*. It is beyond the scope of this study to examine whether or not visitors incorporated any of the lessons learned in the exhibits into their daily lives. An attempt has been made to glean the response audiences had to the exhibits wherever sources allow for it, though, as Walden acknowledges, this is not always a realistic task.

Foucault saw the practice of government in Western societies as tending toward a form of government of “all and each,” or in other words, whose concerns were to both “totalize” and “individualize.”¹⁰ This concern for every individual and the population as a whole is crucial to being able to secure the health, welfare and happiness of the population. This article seeks to examine how the Board’s public health exhibits operated as an instrument of governmentality, by targeting both the individual and the population as a whole.

The Population

The Ontario Provincial Board of Health did not pioneer the concept of putting tuberculosis on display, though it was amongst the first in Canada to do so.¹¹ When officials at the Board founded their tuberculosis exhibit in 1908, they did so as part of the anti-tuberculosis campaign and a broader public health movement that was sweeping across Canadian society. The first half of the twentieth century saw significant changes in the history of medicine in Canada, with health becoming increasingly scientific, medicalized, and institutionalized.¹² In this medicalized climate, governments, physicians, and reformers joined forces to launch a campaign to eradicate tuberculosis from Canadian society.

The expansion of public health efforts in both Canada and the United States was rooted largely in the newly minted germ theory of disease. From the end of the nineteenth century through to 1930, measures were taken to dramatically change the hygienic nature of Canadian society, including water purification, sewage treatment, garbage collection and

10. Gordon, 3.

11. Tuberculosis exhibitions were at the height of popularity in the first decade of the twentieth century, when large shows were held in Toronto, Washington, D.C., New York and Montreal. Organized by national or local tuberculosis associations, these exhibitions drew large crowds and attracted a significant amount of attention to tuberculosis and the campaign designed to fight it. See Valerie Minnett, “Disease and Domesticity on Display: The Montreal Tuberculosis Exhibition, 1908,” *Canadian Bulletin of Medical History* 23, 2 (2006): 381-382.

12. Wendy Mitchinson, *Giving Birth in Canada, 1900-1950* (Toronto: University of Toronto Press, 2002).

food inspection. Education played a significant role in this public health movement. As American historian Nancy Tomes points out, the public had to learn to accept the bacterial nature of disease:

Far from being timeless or universal, our beliefs and fears about germs are a relatively recent acquisition. Only a century ago, our grandparents and great-grandparents had no idea that the agents of infectious diseases were microorganisms. The reality that we now take for granted—that we share our bodies and homes, our air and food, with a multiplicity of microorganisms, some of which are quite dangerous—they had to be carefully taught.¹³

In both Canada and the United States, tuberculosis became the primary vehicle through which to communicate these ideas to the public.

The decision to use the exhibit as a means of reaching the public was not a surprising one. By the turn of the twentieth century, exhibitions were well-established cultural institutions.¹⁴ Though they had become increasingly associated with entertainment and frivolity, exhibitions were ideally intended to be educational spaces.¹⁵ Officials at the Board attempted to tap into the inherent pedagogical possibilities of exhibits in hopes of using them as a device from which to both gain greater knowledge of the population they were governing, and using it as a site from which to shape the conduct of those who passed through it.

At the time the Board founded their tuberculosis exhibit in 1908, it was a relatively primitive government agency. Based on the British model of public health, the Board was organized around the Ontario *Public Health Act* of 1882. This Act was the first of its kind in Canada; it established Ontario as a leader in public health and motivated other provinces to enact similar legislation. Even with this legislation, however, there was much confusion about which level of government was responsible for

13. Nancy Tomes, "Moralizing the Microbe: The Germ Theory and the Moral Construction of Behaviour in the Late-Nineteenth Century Antituberculosis Movement," in *Morality and Health*, ed. Paul Rozin and Allan M. Brandt (New York: Routledge, 1997), 2.

14. For studies on the history of exhibitions see: Annmarie Adams, "The Healthy Victorian City: The Old London Street at the International Health Exhibition of 1884," in *Streets: Critical Perspectives on Public Space*, ed. Zeynep Celik, Diane Favro and Richard Ingersoll (Berkeley: University of California Press, 1994), 203-212; Tony Bennett, *The Birth of the Museum: History, Theory, Politics* (New York: Routledge, 1995); E.A. Heaman, *The Inglorious Arts of Peace: Exhibitions in Canadian Society during the Nineteenth Century* (Toronto: University of Toronto Press, 1999); Lianne McTavish, "Learning to See in New Brunswick, 1862-1929," *Canadian Historical Review* 87, 4 (2006): 553-581; Valerie Minnett, "Disease and Domesticity on Display: The Montreal Tuberculosis Exhibition, 1908," *Canadian Bulletin of Medical History* 23, 2 (2006): 381-400 and *Inside and Outside: Pathology, Architecture and the Domestic Environment at the Montreal Tuberculosis Exhibition, 1908* (M.Arch. diss., McGill University, 2004); and Walden, *Becoming Modern in Toronto*.

15. Heaman, 10.

health. While most considered it to be a provincial duty, there was debate over what role the municipal and federal governments should have over matters of public health.¹⁶ Given this lack of clarity, the Board was primarily concerned with firmly establishing itself as the agency responsible for governing public health in the province of Ontario. Officials at the Board pointed mainly to statistics—most notably the exceedingly high death rates due to tuberculosis—as proof that public health was in a state of crisis in the province. Much of this public health crisis was attributed to a lack of public understanding about the nature of disease and the steps that could be taken to prevent it.¹⁷ Consequently, education was singled out as the Board's primary concern.

Officials at the Board had a significant amount of faith in the ability of their tuberculosis exhibit to change the public's understanding of the disease. In the first years of its existence, the exhibit toured towns and cities across the province. Before visiting the town of St. Catharines in 1909,¹⁸ the Board issued a public notice to local media. After describing the exhibit and its importance, the notice closed with "The people of St. Catharines will have no excuse for ignorance once this exhibition is over."¹⁹ The exhibit was able to significantly expand in 1910 when it was moved from a tent to a train car secured from the Canadian Pacific Railway. Since it was a traveling exhibit, the decision to move the displays to the railway greatly increased its mobility and significantly reduced the costs associated with putting on the exhibit.²⁰ The rail exhibit gave the Board the ability to reach across the province, which allowed them to bring public health education to those living in remote areas and increase their knowledge of the population.

Beginning in 1911, officials at the Board expanded their exhibit, and for the first time, put on a display at the CNE. With this expansion came a shift in both attention and discourse from tuberculosis to public health. While tuberculosis remained a central element in the Board's displays, the focus of the exhibit was broadened to include other areas of health,

16. McCuaig, 31.

17. Provincial Board of Health of Ontario, *Twenty-Fifth Annual Report of the Provincial Board of Health of Ontario, Canada for the Year 1906* (Toronto: L.K. Cameron, 1907).

18. Between 1909 and 1911 the Ontario Provincial Board of Health's Tuberculosis Exhibit toured the province in partnership with the Canadian Association for the Prevention of Consumption and Other forms of Tuberculosis. For two years, the exhibit traveled with Dr. George Porter, the executive secretary of the national association. The collaboration between the provincial government and this national association helped to establish the province as a leader in public health education.

19. Library and Archives Canada, Canadian Lung Association fonds, MG28-I75, vol.27, "Press Notice," Newspaper Clippings Scrapbook, 1909.

20. Provincial Board of Health of Ontario, *Twenty-Ninth Annual Report of the Provincial Board of Health of Ontario, Canada for the Year 1910* (Toronto: L.K. Cameron, 1911).

including such diseases as smallpox, typhoid, influenza, and venereal disease, while also devoting attention to sanitary engineering. The adapted public health exhibit continued to tour the province by rail, attempting to reach as many citizens as possible. In 1914, the exhibit visited 23 towns and cities over a three-month period, with roughly 10,000 children and 6,000 adults visiting the displays.²¹

The public health exhibit was successful enough to be awarded a wing in the New Dominion Building at the CNE when it opened in 1912. The building was credited as the "finest in the grounds,"²² and the Ontario Provincial Board of Health was provided a permanent space for their exhibit in only their second year at the fair. The CNE was a well-established institution that had been an important part of cultural life in Toronto and beyond for over forty years. It was the largest exhibition in Canada, and putting on a display at the CNE allowed the Board to reach a much wider audience than ever before.

By the close of the 1910s, the Board was faced with greater expectations from the public with regard to public health, largely due to two significant events: the Influenza Epidemic of 1918 and the First World War. The influenza outbreak was the most fatal epidemic in the history of the province, and one that strengthened the need for government responsibility for public health. The Great War had a profound effect on society's understanding of tuberculosis and the nature of the campaign against it. Katherine McCuaig points out that while the war had claimed the lives of 51,678 Canadian soldiers, approximately the same number of Canadians had died at home of tuberculosis during the same period.²³ Furthermore, the war forced the medical inspection of a significant amount of the male population; all those who enlisted or were conscripted into the military were tested for tuberculosis. This exposed just how pervasive the disease was, especially since these were the people reputed to be the healthiest in society. McCuaig argues that the First World War significantly altered the anti-tuberculosis campaign by changing the public's conception of state responsibility for health. The Great War had demonstrated that the government could afford to make public health care widely available.²⁴ It was not simply that the state could provide public health care; the war ensured that public health was a government duty. Furthermore, it ensured that the public was much more responsive to an increase in state power over health.

21. Provincial Board of Health of Ontario, *Thirty-Third Annual Report of the Provincial Board of Health of Ontario, Canada for the Year 1914* (Toronto: L.K. Cameron, 1915).

22. [s.a.], "Good-sized Army is at Work at the Exhibition Grounds," *The Toronto Daily Star*, 24 August 1912, 11.

23. McCuaig, 37.

24. *Ibid.*, 54.

In 1920, the Division of Public Health Education was established, with the main goal of running the public health exhibit, distributing literature and screening health-related films throughout the province. The motto of the Provincial Board of Health in this period, “‘Ne pereat populus scientia absente,’ let not the people suffer through a lack of information,”²⁵ demonstrated the centrality of public health education to the department as a whole. This investment in public education of health matters intensified in 1923 when the Honorable Forbes Godfrey, M.D., became the new Minister of Health. Godfrey considered the public health exhibit to be an important element of the Board’s work, especially its annual display at the CNE. Indeed, Godfrey’s mission for the exhibit was “to produce one of the best health demonstrations on the continent.”²⁶ While the exhibit continued to travel the province by rail, often visiting fall fairs, the CNE display became the biggest event of the year for the Division of Public Education. The Board also became quite media-savvy during the 1920s, often advertising its display at the CNE and writing a weekly health article that, in 1921, appeared in 220 newspapers across the province.²⁷ Radio became a new medium that the Board tapped into as well, with public health lectures broadcast from the CNE on issues related to those shown in the exhibit.²⁸

The project of knowing the population moved beyond the administrative operations of the Board to be incorporated into the exhibit itself. This was accomplished in two ways in the exhibit site: through the gathering of statistics, and through the medical examination of bodies. In the 1920s, the public health exhibit at the CNE expanded to include a display from the Division of the Registrar General and Vital Statistics. Initially, their booth focused on obtaining data relating to the births, deaths, and marriages in the province. Later, their work expanded to include mortality and infection rates. Part of this division’s display in the public health exhibit was devoted to the active collection of information, while another function included the display of the data that had been gathered. The following photograph from 1928 captured one of these displays (fig. 1).

25. Provincial Board of Health of Ontario, *Forty-First Annual Report of the Provincial Board of Health of Ontario, Canada for the Year 1922* (Toronto: Clarkson W. James, 1923).

26. [s.a.], “See Ontario’s Exhibits at Canadian National Exhibition,” *The Globe*, 22 August 1924, 2.

27. Provincial Board of Health of Ontario, *Fortieth Annual Report of the Provincial Board of Health of Ontario, Canada for the Year 1921* (Toronto: A.T. Wilgress, 1922).

28. Provincial Board of Health of Ontario, *Forty-First Annual Report*.

Figure 1. “The Bridge of Life,” 1928.



Source: Archives of Ontario, RG10-30-2, 2.5.21, Public Health Nursing Photographs.

The “Bridge of Life” was a favourite model of the Division of Vital Statistics and was used throughout the 1920s. Divided into seven “spans of life,” the bridge is covered with trap doors through which a traveler may fall as he or she goes through life. Each trap door represented the leading cause of death for the respective age group. The Vital Statistics displays were designed to allow visitors to understand how this information could be put to use. Officials hoped that this would encourage visitors to provide their information to the Board.²⁹

The attempt to produce statistical information about the health of the population expanded throughout the 1920s. By the end of the decade, the CNE exhibit included a dental clinic that provided examinations and gathered statistics in the process. According to *The Toronto Daily Star*, “The clinic also endeavors to make an estimate of the general mouth condition of the people in the province. Over 1,000 people are expected to be examined and from the material thus obtained they will try to deduce

29. Provincial Board of Health of Ontario, *Forty-Third Annual Report of the Provincial Board of Health of Ontario, Canada for the Year 1924* (Toronto: Clarkson W. James, 1925).

general conditions for all classes and ages in the province.”³⁰ The production of statistics has been recognized by several scholars as a technique of governmentality. In his study on the history of the census in Canada, Bruce Curtis has argued that:

Census making involves identifying political subjects and centralizing knowledge. It entails the grouping of subjects together to form a ‘population,’ whose elements may then be selectively disaggregated and made the objects of social policy and projects. As a practice that creates social equivalences, census making is further bound up with the formulation of states. It serves to increase the possibilities for intensive administration.³¹

Gathering statistical information about a population is a form of surveillance in which the state can focus what Curtis terms an ‘administrative gaze.’³² Furthermore, Curtis asserts that the act of gathering data on a population is a disciplinary practice, which “seeks to tie individuals to places within an administrative grid and then to hold them steady so that they may become objects of knowledge and government.”³³ For the Ontario Provincial Board of Health, producing statistical information allowed officials to know the population and use that knowledge to govern.

As a site of governmentality, power circulated within the exhibit between Board officials that created it, the media that reported on it, and audiences that experienced it. The Board relied on visitors to submit information to them voluntarily. Displays such as ‘the bridge of life’ were designed to be instructive but officials also used them as a means of making statistics attractive to visitors so that they would recognize their value and want to offer up information. Though they would not have thought about it in these terms, visitors therefore became active participants in this project of governance.

Knowledge of the population was also produced through the examination of people’s bodies on the exhibit grounds. Beginning in 1918, the health exhibit at the CNE and the traveling exhibit opened a child welfare clinic as part of its show. Two years later, a dental office was also included in the exhibit, which provided services to adults, as well as children. From 1920 onward, adults who visited the health exhibit were able to have their teeth examined. The inspection of citizens’ bodies made the exhibit a much more somatic experience. It was no longer simply a site for the display of medical knowledge; it was now also a space where that knowledge could

30. [s.a.], “Dental Clinic Makes Survey of Province,” *The Toronto Daily Star*, 27 August 1929, 25.

31. Bruce Curtis, *The Politics of Population: State Formation, Statistics, and the Census of Canada, 1840-1875* (Toronto: University of Toronto Press, 2000), 3.

32. Curtis, 8.

33. *Ibid.*, 26.

be practiced. As historians David and Rosemary Gagan have argued, in the late nineteenth and early twentieth centuries, growing technological developments convinced most middle-class Canadians that medical care could best be sought in a hospital setting. They argue that in the late nineteenth century, the hospital was established as the centre of medical research, professionalism and care, which they term the "medical workshop." According to Gagan and Gagan:

The medical workshop was designed to enhance the surgeon's skill and the physician's art, advance the leading edge of medical education, improve the efficiency of medical practice, and, above all, promote the patient's confidence in and respect for the authority of the practitioner and of traditional (as opposed to alternative) medical science.³⁴

This new environment made the hospital attractive to middle-class patients for the first time and moved the institution away from caring for the sick poor, which had characterized the Victorian period. Once the clinic became a fixture of the Board's exhibit, the space became far more medicalized and institutionalized than it had before—a 'medical workshop' on the grounds of the CNE.

In 1918, an article in *The Toronto Daily Star* reported on the Public Health Exhibit at the CNE and the importance of its child welfare section. The article explained how mothers and children were meant to pass through the exhibit:

The baby first enters a waiting-room with its mother. Its name and address is written on a medical formula by a nurse sitting at a little white desk. The baby is first weighed, and if the mother desires an examination, is taken to the medical room in the rear, where it receives a complete examination. The defects are tabulated on the formula. If it is the child's teeth that need attention it is taken to the dental clinic to the rear of the doctor's office and has an examination.³⁵

This account shows the institutional nature of the exhibit, which could just as easily describe a hospital space. On one hand, the recording of measurements and "defects" of children's bodies allowed the Board to provide medical care to visitors, but it also greatly increased the level of regulation and surveillance that the Board promoted on the site. Efforts were made to bring medical science to as many people as possible, through the high attendance that could be achieved at the CNE and by bringing the clinic to children throughout the province. The Board's

34. David Gagan and Rosemary Gagan, *For Patients of Moderate Means: A Social History of the Voluntary Public General Hospital in Canada, 1890-1950* (Montreal: McGill-Queen's University Press, 2002), 7.

35. [s.a.], "Babies, Babies, Babies, and Not a Crying One: Clinic at the Provincial Health Department is Interesting Spot," *The Toronto Daily Star*, 29 August 1918, 7.

Annual Report recorded that approximately 1,511 children had been “handled” in the clinic at the CNE in 1918.³⁶ With the gathering of statistics and the examination of bodies on the fairground, the Board used their public health exhibit as a vehicle through which they could identify and understand the population.

The Individual

Once the population had been identified and known, the Board moved from totalizing to individualizing, or in other words, efforts could be dedicated to encouraging self-regulation. The Board’s exhibits serve as an example of the promotion of self-regulation in this larger project of governance. As Joyce has argued, liberal governmentality “sought to identify and facilitate forms of community through which it might ‘rule at a distance’ by allowing such communities to be as far as possible self-governing.”³⁷ The ultimate goal of the exhibits was to create a self-regulating individual who would modify his/her behaviour according to certain hygienic standards, and demand the same conduct in others. The display strategies that were used and the construction of the exhibit space reveal the desired standards and the strategies employed by the Board to put tuberculosis and public health on display.

In constructing their exhibits, officials at the Board focused their efforts on reaching two ideal audiences: the working class and children. When they founded the tuberculosis exhibit in 1908, Board officials focused on what they considered to be fundamentally responsible for the disease: economic conditions. As Katherine Ott has observed in her cultural history of tuberculosis in the United States, throughout the twentieth century, tuberculosis was intimately associated with the working poor. This connection permeated the tuberculosis exhibit and its later version, the public health exhibit. The use of the exhibition to target the working class fit well with the grand purpose of museums and exhibition spaces that nineteenth century organizers hoped to achieve. As Tony Bennett asserts, the museum “was envisaged as a place in which the working classes would acquire more civilized habits by imitating their betters. It was, moreover, seen as crucial to the future progress of civilization that this should occur [...]”³⁸ Though the anti-tuberculosis campaign was run by middle class reformers rather than the elites described by Bennett, the exhibits targeted the working class as their ideal audience, and the associations between tuberculosis and the working poor only strengthened this focus.

36. Provincial Board of Health of Ontario, *Thirty-Seventh Annual Report of the Provincial Board of Health of Ontario, Canada for the Year 1918* (Toronto: A.T. Wilgress, 1919).

37. Joyce, 100.

38. Bennett, 47.

The first and most obvious way that the Board targeted the working class was by offering free admittance to visit either their traveling exhibit or the displays at the CNE. The Board advertised this fact in local newspapers before visiting towns throughout the province.³⁹ That the exhibit was completely free of charge suggests that organizers hoped to reach a working class audience that would not be able to afford an entry fee. Furthermore, officials devoted a significant amount of attention to domestic space in their exhibit, which was strongly informed by understandings of the working class. From its inception in 1908, the tuberculosis exhibit put such objects as model homes and window tents on display.⁴⁰ The presentation of these objects instructed audiences on how to maximize the amount of fresh air in their domestic spaces in hopes of preventing infection from and treating tuberculosis. The exhibits emphasized that simple measures could be taken at very little expense to encourage sanitary living; indeed, something as easy as sleeping with the window open could ward off tuberculosis.⁴¹ In contrast to displaying objects that demonstrated healthy ways of living, the exhibits also featured what were considered to be the worst, most infectious spaces. A display from 1924, and described in an advertisement in *The Globe*, consisted of a series of models "representing dirty stables and the carelessness of handling milk, an unsanitary factory, and a dwelling-house where infection is spread by people spitting on the carpet and a child crawling over the floor."⁴² The stable, the factory, and the slum were identified as breeding grounds for disease—three spaces that were commonly associated with the working class. The discourse surrounding the exhibits and what officials chose to put on display suggest that they considered the public health crisis to be fundamentally a working class issue. As Joyce has argued in his examination of the liberal urban city: "[...] by getting rid of easily preventable disease, sanitary regulations would serve to separate sickness

39. Archives of Ontario Library, *Annual Report of the Ontario Provincial Board of Health*, 1908, "Ontario Government Tuberculosis Exhibit Catalogue, London May 12-16, 1908."

40. Archives of Ontario, RG10-30-2, 3.5.1, Public Health Nursing Photographs "Tuberculosis Exhibit in a Railway Car," 1910; Archives of Ontario, RG10-30-2, 2.1.7, Public Health Nursing Photographs, "Health Exhibit, 1912"; Archives of Ontario, RG10-30-2, 2.1.10, Public Health Nursing Photographs, Untitled, 1913; Archives of Ontario, RG10-30-2, 2.2.2, Public Health Nursing Photographs, Untitled, 1917; Archives of Ontario, RG10-30-2, 2.2.8, Public Health Nursing Photographs, Untitled, 1918; Archives of Ontario, RG10-30-2, 2.2.10, Public Health Nursing Photographs, "General View of Health Exhibit at Canadian National Exhibition, 1918."

41. [s.a.], "Show People how to Check-Mate Death: Ontario Board of Health Has Exhibit Which Attracts Much Attention," *The Toronto Daily Star*, 27 August 1912, 3.

42. [s.a.], "See Ontario's Exhibits at Canadian National Exhibition," *The Globe*, 22 August 1924, 2.

that was a natural consequence of poverty or biological fate from that which was simply a consequence of bad urban government.”⁴³ Though the population as a whole was encouraged to attend the exhibits, the promotion of self-regulation of the working class was a central part of the Board’s overall project of governance.

Following the First World War, officials focused much of their efforts into a new ideal audience with the promotion of child welfare. Part of this shift was attributed to the war’s effect on medical and social understandings of tuberculosis. By the late 1910s, most physicians believed that, although tuberculosis was not hereditary, most adult victims of the disease had contracted it during childhood.⁴⁴ The First World War seemed to confirm this notion, with so many soldiers succumbing to what appeared to have been reactivated cases. Thus medicine and the anti-tuberculosis campaign shifted their focus directly onto the child. This tied into a much wider child welfare movement that greatly expanded following the war. As Cynthia Comacchio has observed, “The Great War did not create the child welfare movement in Ontario, but it did transform a loose coalition of reformers into a concerted campaign under professional direction, and increasingly, state-control.”⁴⁵ Within this climate, Board officials chose to find a place for children in their exhibits. Unlike working class audiences, who were seen as the root of many of society’s public health concerns, children were considered to be ideal subjects for the promotion of self-regulation. Officials at the Board could attempt to mold public behaviour by targeting children in the hopes that they would grow into healthy, hygienic, and responsible members of society.

Directing their efforts at the working class and child audiences, the Board designed their exhibits using a variety of techniques to promote self-regulation. On one hand, the techniques employed were grounded in medical science and technology, but Board officials also relied on entertainment and spectacle to persuade audiences to adjust their behaviours. As Jane Nicholas has argued in her study of nude art at the CNE in the 1920s, the CNE was a middle-class space that was designed to highlight progress and achievement but also to encourage education and moral regulation.⁴⁶ According to Keith Walden, though it was intended to have this educational purpose, the CNE was forced to include frivolous, often morally subversive entertainments in order to draw in working class visitors. As Walden puts it, “However strong the desire to shape the

43. Joyce, 67.

44. McCuaig, 42.

45. Cynthia R. Comacchio, *‘Nations Are Built of Babies’: Saving Ontario’s Mothers and Children, 1900-1940* (Montreal: McGill-Queen’s University Press, 1993), 44.

46. Jane Nicholas, “‘A Figure of a Nude Woman’: Art, Popular Culture, and Modernity at the Canadian National Exhibition, 1927,” *Histoire Sociale/Social History* 41, 82 (2008): 327.

grounds according to what was culturally high, it was impossible to exclude the low.”⁴⁷ This made the CNE an inherently contradictory space, where morally subversive working-class amusements clashed with this middle-class regulatory intent.

An examination of the sources remaining from the Ontario Provincial Board of Health’s exhibits reveals two different interpretations of their work. The annual reports from the Board and photographs taken of its exhibits construct a specific image of their efforts. As the annual reports show, officials at the Board emphasized the educational value of their exhibit. The following photograph (fig. 2), taken by Board officials of its exhibit at the CNE in 1912 demonstrates which displays the department chose to capture.

Figure 2. “Health Exhibit, 1912.”



Source: Archives of Ontario, RG10-30-2, 2.7.1, Public Health Nursing Photographs.

Rather than focusing on a specific display, this image shows a wide view of the exhibit. Charts, graphs, photographs, posters and objects are presented in an instructional manner, emphasizing statistical knowledge

47. Walden, 246.

and expert advice. In contrast to this educational view of the exhibit, the newspaper coverage of this same show presented a quite different perspective. An article in *The Toronto Daily Star*, entitled “Shows People How to Check-Mate Death,” focused in on specific displays that were especially popular with visitors. According to the article, one of the most striking displays at the Board’s CNE exhibit in 1912 was a moving model on tuberculosis:

There is one little working model that shows you the benefits of sleeping with all your windows up. Two duplicate rooms in miniature are fitted up. Each contains two dolls in bed. The windows of one room are open, and those of the other are closed. From the nostrils of each doll a thin stream of smoke curls out into the room, representing the breath of each. In the room where the windows are open the smoke clears off rapidly, while in the other it hangs, a thick and thickening cloud.⁴⁸

This display demonstrates a popular exhibitionary strategy employed by the Board: the use of opposites to communicate lessons on what was good/bad, healthy/sick, clean/dirty, etc. This description paints a vivid and quite dramatic image of the display, one that is far from the scientific representation promoted by the Board. Another example provided in this article describes an even more spectacular display demonstrating mortality rates in Ontario:

A grim picture lesson occupies a nearby corner. Thirty-five hundred little china dolls hang from the wall, for thirty-five hundred little Ontario babies die each year from preventable causes. Through a cylinder little china babies pass, and, as every forth one comes to light, the sickle in the hand of a skeleton figure poised above, falls and the little china body drops downward.⁴⁹

This “grim picture lesson” effectively tapped into audience sentimentality by dramatizing death. Ludmilla Jordanova has argued that since the eighteenth century children have served as “accepted figures through which the collective vulnerability could be represented.”⁵⁰ In this case, the use of dolls to display child mortality figures and the representation of disease through the figure of the Grim Reaper appealed to visitors’ emotions and communicated the idea that public health reform was vital to saving babies’ lives. Based on this newspaper account, the Board’s exhibit was described as somewhat of a spectacle, one that entertained audiences and encouraged them to ‘check-mate death’. These contrasting perspectives reveal a tension between the entertaining qualities of the

48. [s.a.], “Show People how to Check-Mate Death: Ontario Board of Health Has Exhibit Which Attracts Much Attention,” *The Toronto Daily Star*, 27 August 1912, 3.

49. [s.a.], “Show People how to Check-Mate Death,” p. ?.

50. Ludmilla Jordanova, “Medicine and Genres of Display,” in *Visual Display: Culture Beyond Appearances*, ed. Lynne Cooke and Peter Wollen (Seattle: Bay Press, 1995), 215.

Health Exhibit that the newspaper coverage highlights, and the educational and regulatory intent its organizers promoted. According to *The Toronto Daily Star* on the Board's CNE exhibit in 1912, "There are a lot of things behind the big exhibition gates that merit the old circus phrase, 'interesting and instructive.' But there isn't anything that combines the two more thoroughly than this particular display."⁵¹

These inconsistencies extended beyond the health exhibit to the rest of the CNE grounds. In her article on nude art at the CNE, Jane Nicholas examines a controversy that occurred in 1927 over the hanging of three paintings of nude women in the Art Gallery. Though organizers designed the Gallery to be a space where the working class would have the opportunity to learn from their betters, this mission was never fully achieved. Nicholas argues that, "Rife with contradictions, the CNE grounds were far less a space of social control and far more one of ongoing negotiation and ambiguity."⁵² The health exhibit was also one of these complex spaces. The entertaining displays described by *The Toronto Daily Star* communicated educational lessons to the public but they were framed in a much more dramatic, spectacular manner than Board officials chose to emphasize. Instead, organizers highlighted the statistical, scientific elements of their exhibit that were much more in keeping with the high purpose that the space was meant to achieve and much more critical to their project of governance.

The Board openly embraced entertainment and spectacle with regard to child audiences, by highlighting them in their annual reports. In 1920 and 1921 an arrangement was made for "Happy," the health clown from the United States Department of Health, to attend the public health exhibit at the CNE. Happy performed to audiences of children and parents on various issues relating to health, particularly nutrition. Just back from "Healthland," Happy advised audiences on how children there lived cheery, healthy lives.⁵³ In 1921, his performance was accompanied by "a bottle of milk with a straw," which was distributed for free every afternoon courtesy of the Ontario Milk and Cream Producer's Association. At the time that Happy was distributing pure milk at the fair, the issue of pasteurization was a topic of considerable debate in Ontario. Canadian physicians argued that pure milk was essential to ward off childhood tuberculosis and intestinal diseases. As such, a campaign was launched to push for the regulation of milk production, and pasteurization legislation was passed in Toronto in 1916.⁵⁴ Elsewhere in Ontario, however, there

51. [s.a.], "Show People how to Check-Mate Death," 3.

52. Nicholas, 328.

53. [s.a.], "Talk on Health Made Humorous," *The Globe*, 30 August, 1920, 7.

54. The Child Welfare and Anti-Tuberculosis campaigns joined forces to push for regulation of milk production and increased public health education.

was a debate amongst farmers, politicians, physicians, and public health reformers about the issue, and pasteurization legislation would not be enacted for the whole of the province until 1938.⁵⁵ In the early 1920s, with the lack of widespread regulation, those in favour of pasteurization recognized that public health education was essential to the campaign. Officials at the Board joined these efforts by organizing the distribution of pure milk to children visiting the fair in 1921, however, there was no mention of the conflict in their annual reports or in the media coverage of the event.

Newspaper coverage of the public health exhibit in 1920 and 1921 was concerned almost exclusively with Happy, who was reported to be very popular with children and grown-ups alike. According to *The Globe*, the distribution of free milk was also a hit:

This was a most popular feature, too, and the children crowded round the two dairymaids who gave bottles out. 'Yum-m!' was the expressive way in which one boy said 'Thank you' when half a pint had disappeared, and a small brother inquired anxiously, "Is it good?"—"Yum! You just bet it's good."⁵⁶

In addition to the entertainment provided by the health clown and the distribution of pure milk, the public health exhibit included another performer in 1921. Twelve-year-old "Little Miss Olive Russell" recited health-informed nursery rhymes to audiences on a special stage called the "Children's Theatre." According to the annual report from 1921, the Board intended the stage to be a regular fixture of their public health exhibit. In addition to Miss Olive Russell's recitations, Happy performed, and marionette shows were put on on this stage. Olive recited familiar nursery rhymes that were adapted to teach health lessons and she encouraged children in the audience to repeat them after her. Reporting on her performance, *The Globe* reprinted one of the rhymes she recited:

Little Boy Blue who tends to the sheep
Is under the haycock fast asleep.
He sleeps so sweet and soundly there
Because he's in the open air.
So when I go to bed at night
And Mother Dear turns out the light,
She throws the window open wide,
To let the sweet, fresh air inside.⁵⁷

This adaptation of Little Boy Blue celebrates the value of fresh air, which coupled with the emphasis on pure milk, was informed by concerns about tuberculosis. Using a child to communicate these ideas may have provided

55. The debate centered around the nutritive value of pasteurized milk and increased costs to both consumer and producers. Comacchio, 45-46.

56. [s.a.], "Talk on Health Made Humorous."

57. [s.a.], "No Recitations for Old Folks," *The Globe*, 1 September 1921, 10.

children in the audience with a figure they could relate to. Encouraging children to repeat health rhymes and the distribution of milk involved children in the exhibit using memory and repetition. While it is nearly impossible to know what children thought of these performances, the annual reports from the Board and newspapers were overwhelmingly positive in their description of Happy and Olive Russell’s appearances at the public health exhibit.

Officials at the Board attempted to gain the imaginations of children and in doing so, used entertainment as a device to advise children on how to regulate their bodies. Unlike the spectacular elements of their adult displays that Board officials chose not to emphasize, the entertaining efforts directed towards children were highlighted by officials. Both Happy and Olive Russell are given much attention in the annual reports. Furthermore, the Board chose to have photographs taken of these performers. The following are two of these images of Happy and Olive Russell in 1921 (fig. 3 and 4).

Figure 3. “‘Happy’ the Health Clown,” 1921.



Source: Archives of Ontario, RG10-30-2, 2.3.19, Public Health Nursing Photographs.

Figure 4. "Stage," 1921.



Source: Archives of Ontario, RG10-30-2, 2.3.16, Public Health Nursing Photographs.

Board officials also used entertaining techniques in their displays geared towards children. The following image shows one such display from the Division of Child Welfare (fig. 5).

Figure 5. "Division of Child Hygiene Exhibit – Canadian National Exhibition," 1926.



Source: Archives of Ontario, RG10-30-2, 2.5.20, Public Health Nursing Photographs.

Though this photograph makes it difficult to discern, it captures what was known as the “Child Health Train,” which was designed to gain the attention of children. A toy train circulated through the model, stopping at ‘Sunshine Station’ and ‘Fresh Air Play Fields,’ elaborately illustrating to children the ingredients needed to build strong, healthy bodies. On a discursive level, the advertisement printed in *The Globe* represented the entire public health exhibit as a metaphoric ‘Healthland.’ These strategies moved away from the scare-tactics employed in earlier exhibits that targeted adults, with the health clown taking the place of the grim reaper. While organizers hoped their exhibit would encourage children to incorporate these very real lessons into their daily lives, they used creative, metaphoric tactics to promote self-regulation.

Despite the use of all of the entertaining strategies, Board officials also relied heavily on the use of medicine and science in constructing the exhibit space. The exhibits relied heavily on the use of fresh air, sunshine, and pure milk as necessary treatments in the fight against tuberculosis. The Board latched onto these remedies to communicate clear messages about the dangers of tuberculosis and the steps that could be taken to guard against it. Their representations could be easily put on display and are dotted throughout the exhibit. A floor plan from the 1928 public health exhibit at the CNE provides a useful method of examining how officials at the Board relied on fresh air, sunshine, and pure milk in various aspects of public health work.

Figure 6. Lay-out of the Public Health Exhibit.

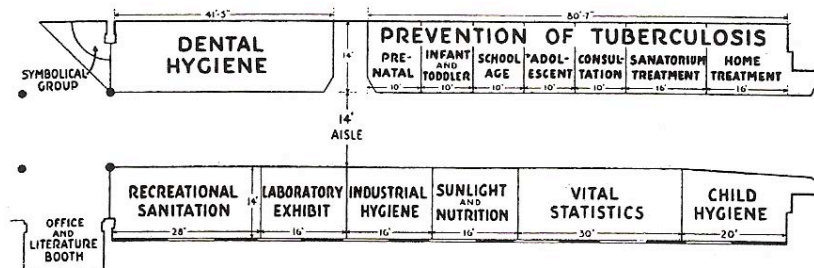


Diagram Showing Lay-out of the Public Health Exhibit.

Source: Forty-Sixth Annual Report of the Department of Health Ontario, Canada for the Year 1928 (Toronto: Clarkson W. James, 1929).

This plan demonstrates how pervasive tuberculosis was in this project to construct a healthy citizenry. Besides the ‘Prevention of Tuberculosis’ area, the displays on child hygiene, sunlight and nutrition, recreational sanitation, industrial hygiene and the laboratory exhibit were all heavily

influenced by this prescription. The displays on industrial hygiene, recreational sanitation and child hygiene emphasized the importance of fresh air and proper ventilation in ensuring good health. Child hygiene, recreational sanitation, and most obviously, the sunlight and nutrition displays, were all directly concerned with the importance of sunshine for health. Sunshine had long been connected to the treatment of tuberculosis, since the sun appeared to have healing effects on all but the pulmonary forms of the disease. Indeed, heliotherapy, treatment with natural sunshine and ultra-violet light, was believed to cure joint, bone, glandular and abdominal forms of tuberculosis.⁵⁸ Sunshine was an ideal symbol in the exhibitionary space because it was a recommended medical treatment, but it could also effectively be put on display by contrasting it with the dark horrors that a patient would face when suffering from tuberculosis.

Other display strategies used in the public health exhibit were even more concerned with medical science and technological advances. In the 1920s, the focus on domestic space shifted to include a change that was affecting the treatment of tuberculosis more broadly in Canadian society: the rise of sanatorium care. In the 1920s, the sanatorium was hailed as the best means of achieving a cure—a centre of treatment, isolation and education. Public funds poured into sanatoria and institutions opened up across the province. Realistically, however, few could afford to pay the costs for sanatorium treatment. As Katherine McCuaig points out, in 1918, 96 to 98 percent of tuberculous patients in Canada were still treated at home.⁵⁹ Though these numbers certainly decreased throughout the 1920s, the vast majority of Ontarians infected with tuberculosis would not have had the means to take the cure at a sanatorium. Still, as Katherine Ott suggests, “Despite its inaccessibility for most people, the sanatorium became the paradigm for tuberculosis control and remained resilient in public memory.”⁶⁰ This contradiction is reflected in the Board’s display of tuberculosis in 1928. Officials recognized that most could not obtain care in a sanatorium, particularly those who the exhibit targeted: the working class. In their annual report, officials described the intention of this display:

The panel on Home Treatment was designed to demonstrate the low cost of a simple arrangement for proper accommodation for a patient taking treatment at home. Pictures illustrative of occupational therapy and administration of thorocoplasty treatment were shown to emphasize that home care does not permit of certain features of sanatorium treatment.⁶¹

58. McCuaig, 44.

59. *Ibid.*, 41.

60. Katherine Ott, *Fevered Lives: Tuberculosis in American Culture Since 1870* (Cambridge: Harvard University Press, 1999), 151.

61. Department of Health Ontario, *Forty-Seventh Annual Report of the Department of Health Ontario, Canada for the Year 1928* (Toronto: Clarkson W. James, 1929).

This subsection of the display held up sanatorium care as the ideal space of treatment where modern medical technologies and knowledge were exercised. On the other hand, the realities of social life prevented most from achieving this care. Officials at the Board reasoned that if not all could afford proper sanatorium care, at the very least the exhibit could instruct the public on how to design their domestic spaces to be as medicalized as possible.

This medicalization was strengthened by the use of technology to run the dental clinic and draw visitors to the exhibit. Visitors to the dental office were offered a free X-ray as part of their inspection. The use of X-rays was extremely popular among visitors. Indeed, so many attended the dental clinic in its first year that the Board was forced to only accept those with appointments, inspecting roughly 80 patients a day.⁶² X-rays were also put on display in the 1920s as part of the exhibit's demonstrations on tuberculosis, which showed medical images of infected lungs at different stages of development. Though X-rays were invented in 1896, they did not gain widespread usage until the First World War, when military doctors used them to set broken bones and to locate and remove bullets and shrapnel.⁶³ Before the invention of the X-ray, tuberculosis was extremely difficult to diagnose, particularly in its early stages. By the 1920s, this new technology was hailed as the "most reliable single diagnostic agent"⁶⁴ in the battle against tuberculosis. In her monograph on the history of medical imaging in the United States, Bettyann Kevles explores the introduction of the X-ray into American life. Initially this new technology was quite a novelty; changing the way people understood and visualized their own bodies. According to Kevles:

Things that had been opaque, like skin, were now transparent, and what had been hidden could now be known. What had seemed a surface disappeared, and volume stood out as a mist of overlapping layers. The black and white images of the X-rays simplified interior spaces that, until then, had been seen mostly by surgeons—bloody, messy, and confused with a multiplicity of colors and textures. The reality of the X-rayed body was redefined as a receding series of gray-toned planes.⁶⁵

As a result, the display and practice of X-ray technology at the Ontario Board of Health's exhibits would have been quite novel to visitors passing through the space. The X-ray was a symbol of modernity and progress; a technology that was scientific proof of the great progress being made to combat tuberculosis. It was therefore not surprising that the Board noted

62. [s.a.], "Dental Booth at 'Ex' is Well Patronized," *The Globe*, 8 September 1928, 8.

63. Bettyann Holtzman Kevles, *Naked to the Bone: Medical Imaging in the Twentieth Century* (New Jersey: Rutgers University Press, 1997), 39.

64. McCuaig, 67.

65. Kevles, 2.

that audiences found these X-rays to be both “arresting and instructive,” one of the most popular objects put on display in the public health exhibit.⁶⁶

The medicalization of the space was also accomplished through the appearance of dentists, doctors, and especially nurses, at the exhibit. As the Board explained in an advertisement in *The Globe* in 1920, “The exhibits, moreover, are in charge of specialists, who have been trained and educated in the work they are demonstrating.”⁶⁷ These experts were available to conduct inspections, provide demonstrations, and answer questions. The Public Health Exhibit in the 1920s reflected the rise of the public health nurse as a trusted figure in the community. As the twentieth century wore on, the public health movement expanded and became increasingly interventionist. In her work on the history of nursing in Canada, historian Kathryn McPherson argues that the public health nurse became a crucial figure in services designed to bring medical science into the homes of the working poor.⁶⁸ Public health nurses were relatively inexpensive, skilled workers who could bring medical authority and education into domestic and community environments. The public health nurses who worked at the Board’s exhibits at the CNE served as important figures in the construction of the space as a medical clinic. As Keith Walden has argued of the use of business personnel in corporate displays at the Toronto Industrial, bodies served a symbolic function to create impressions of “probity, respectability and integrity.”⁶⁹ Nurses were used in the Public Health Exhibit in a similar fashion. Their uniformed bodies stood as figures of efficiency, cleanliness and authority. Officials at the Board were able to use their exhibit as a means of gaining the public’s confidence in the work of the public health nurse, and also used her image as a conduit through which to reach the public.

In addition to being physically part of the exhibit, the image of the public health nurse was put on display, and models of her figure were often included at the CNE throughout the 1920s. One example of this, described by *The Globe* in 1923, reveals some of the discourses used in constructing the image of the public health nurse:

Towering above all else stands the figure of the Public Health Nurse, a new and potent element in community life. To illustrate in a way which all can understand, three interesting scenes have been arranged by means of miniature stage settings,

66. Department of Health Ontario, *Forty-Fourth Annual Report of the Department of Health Ontario, Canada for the Year 1925* (Toronto: Clarkson W. James, 1926); *Forty-Fifth Annual Report of the Department of Health Ontario, Canada for the Year 1926* (Toronto: Clarkson W. James, 1927).

67. [s.a.], “Public Health Exhibit,” *The Globe*, 9 September, 1920, 7.

68. Kathryn McPherson, *Bedside Matters: The Transformation of Canadian Nursing, 1900-1990* (Toronto: University of Toronto Press, 2003), 58.

69. Walden, 160.

each depicting one of the various phases of life with which the public nurse comes in intimate contact. There is the congested city slum, with its swarm of children playing in the street, the log-cabin home on the edge of civilization, and, in a forest of cedars, the Indian tepee surrounded by a typical Redskin group. In vivid contrast to the colors of the scenes, the white-robed missionary of health and light stands on the threshold—a figure poised and alert, ready and eager to advise and assist. These are not pictures drawn from an over-active imagination: they are actual records of what the public health nurse in Canada, and in Ontario particularly, are doing. They have gone into the city, the small town, the rural district, and they have already left the stamp of their coming.⁷⁰

In this representation, the public health nurse is hailed as an angel, bringing scientific medicine to rural communities, city slums and native reserves. The public health nurse is used as a figure representing the supremacy of civilization over barbarism.⁷¹ This description, and the display it portrays, is quite clearly informed by a belief in the superiority of middle class values and Anglo-Saxon defined whiteness.

In newspaper accounts of the exhibits, descriptions of their physical appearance often focused on whiteness. An article in *The Toronto Daily Star* in 1918 described the child welfare clinic as “cleanliness and neatness personified. All is painted white and occupies a part of the building enclosed by a little white fence.”⁷² Indeed, as photographs of the Public Health Exhibit at the CNE show, between 1911 and 1926 the overall colour of the exhibit had changed dramatically (fig. 7 and 8).

The Board’s decision to change the dominant colour of their exhibit to white was not surprising. White is associated with purity, cleanliness, health and medical science itself. In contrast to the 1911 exhibit, by 1926 the displays appear more professional, sanitary, medical. This also added to the construction of the exhibit as a medicalized space.

70. [s.a.], “Statue of Nurse Towers Over All in Health Exhibit,” *The Globe*, 28 August 1923, 17.

71. For further reading on the representation of colonized peoples in exhibitions, see Ann Maxwell, *Colonial Photography & Exhibitions: Representations of the ‘Native’ People and the Making of European Identities* (New York: Leicester University Press, 1999).

72. [s.a.], “Babies, Babies, Babies, and Not a Crying One: Clinic at the Provincial Health Department is Interesting Spot,” *The Toronto Daily Star*, 29 August 1918, 7.

Figure 7. "Old Gas Building," 1911.



Source: Archives of Ontario, RG10-30-2, 2.1.3, Public Health Nursing Photographs.

Figure 8. Untitled, 1926.



Source: Archives of Ontario, RG10-30-2, 2.5.3, Public Health Nursing Photographs.

The construction of the exhibit space also developed over time. A comparison of two photographs taken by Board officials in 1912 and 1918 reveals some of these changes (fig. 9 and 10).

These photographs effectively capture how organizers changed their layouts and broad exhibitionary strategies in this period. Both images were taken from a panoramic perspective so as to portray the overall look of the exhibit. In 1912, the exhibit is designed to present as much information as possible to viewers in a relatively small space. The result is a large collection of posters, models, photographs, etc. that have been assembled in no discernable order. By 1918, in contrast, the number of objects put on display has been greatly reduced. Tony Bennett has argued that part of the birth of the modern museum in the second half of the nineteenth century included what he terms a “new representational principle of sparsity.”⁷³ Rather than presenting a great multitude of objects that compete with one another and overwhelm the viewer, the modern museum set to align a smaller number of carefully chosen pieces that were designed to work together for some greater purpose. Officials at the Ontario Provincial Board of Health moved from constructing cluttered displays to adopting this principle of sparsity.

Figure 9. “Public Health Display – Dominion Cart Building” 1912.



Source: Public Health Nursing Photographs, RG10-30-2, 2.1.5, Archives of Ontario.

73. Bennett, 42.

Figure 10. "General View of Health Exhibit at Canadian National Exhibition," 1918.



Source: Archives of Ontario, RG10-30-2, 2.2.10, Public Health Nursing Photographs.

The pillars shown in the 1918 exhibit were used to frame individual displays and added to this professional appearance. As Keith Walden has observed of corporate displays at the Toronto Industrial Exhibition, "A framed booth presented a sophisticated finished image. Though in fact more portable, it looked more permanent, giving an impression of dependability and stability."⁷⁴ It was crucial that the Board also presented a dependable exhibit, since it was necessary for the visitor to trust their authority and take the information displayed as expert advice. Only through this trust would the public be interested or willing to self-regulate. By 1918, when visitors passed through the public health exhibit, they moved through a space that increasingly resembled a medical institution.

The pillars and fence that frame the 1918 exhibit also served to move the audience through the space in a specific manner. While in 1912, the exhibit was quite flat in construction, running along the wall of the exhibit hall, by 1918, visitors were required to walk through the exhibit. The white fence served to guide visitors through a specific path, experiencing the displays in a highly regulated manner. Thus, the architecture of the exhibit

74. Walden, 149.

became central in the regulation of those bodies that passed through it. According to Bennett's 'exhibitionary complex,' the architecture of the modern museum was designed to regulate the crowd—a greatly feared entity that was perceived to be uncontrollable. Bennett suggests that through museum architecture, the exhibitionary complex "transform[ed] the crowd into a constantly surveyed, self-watching, self-regulating, and...consistently ordered public—a society watching over itself."⁷⁵ The Ontario Provincial Board of Health's exhibit was far from being the architectural wonder of the Crystal Palace described by Bennett, but by 1918 it was nonetheless designed to move the bodies of those who passed through it in a highly regulated manner. By ordering the displays in a specific sequence and constructing a path for visitors to follow, organizers were much better equipped to control audience experiences.

The notion of a society watching over itself went far beyond how individuals were meant to regulate themselves, to include how they regulated one another. This idea has been effectively explored by Joyce in his examination of surveillance in the public library. The reading room, which emerged in the 19th century, was a space that demanded particular social behaviours, most notably silence. Joyce explains that,

The library was designed to facilitate privacy, as well as surveillance. But this surveillance was of a new kind, a self-surveillance that was also collective, one that constituted a community of the self-watching. The creation of the liberal subject in its new and increasingly democratic forms involved the many viewing the many, rather than the one viewing the many.⁷⁶

The type of regulation found within the exhibit space was less about surveillance within a particular room, but surveillance that would travel outside onto the streets, parks, and any public spaces.⁷⁷ In the Board's exhibits, individuals were taught to behave in a certain manner and demand the same conduct of those around them, in what Nikolas Rose terms a "calculated administration of shame."⁷⁸ The exhibits helped to identify what constituted healthy, respectable living, and in doing so, contributed to establishing normalized public behaviour. As a result, what was deemed unacceptable, unhealthy, unclean, etc., in the exhibits would be seen as potentially dangerous to public health and could result in public shaming on the streets.

75. Bennett, 69.

76. Joyce, 133. Joyce asserts that Foucault's panopticon, where one viewed the many, gave way to the oligopticon, where many viewed the many.

77. This idea of the many watching the many placed a new importance on visibility. As Joyce asserts, "sight became a new means of knowing the world," p. 148. See also McTavish.

78. Rose, 220.

Conclusion

The Ontario Provincial Board of Health's exhibit was a complex space that many forces helped shape. From 1908 to 1920, the Board's exhibits evolved quite dramatically. Officials went from putting an ad-hoc mix of materials on display in a railway car to designing a sophisticated exhibit that attracted thousands of visitors and was one of the most popular spaces on the CNE grounds. As a government agency, the Board developed significantly in this period, which gave officials the ability to target the population in hopes of identifying, knowing, and governing the public. Officials used their public health exhibits in this project of governance, by gathering statistical information from visitors and inspecting their bodies on the fairground. As we have seen, the Board also targeted the individual in hopes of creating a self-regulating ordered public. Various techniques were used to accomplish this goal, both rooted in medical science, and entertainment and spectacle. The Board's work in reaching the population and the individual by putting health and disease on display make the public health exhibits an unlikely but interesting example of Foucault's concept of governmentality. On the surface the exhibits were a means of communicating with the public; at a deeper level they served as a site of discipline, regulation and surveillance. Though initially designed to communicate health lessons in a visual manner, the Board's exhibits were not only about seeing. A trip to the Public Health Exhibit at the CNE in the 1920s was an experience: visitors could view displays, listen to demonstrations, ask experts questions, attend performances, taste bottles of pure milk, and have their teeth X-rayed. These sensory elements combined to create a dynamic space that aimed to reach audiences on one of several levels. By the end of the 1920s, the Ontario Department of Health had firmly established an "interesting and instructive" space on the grounds of the CNE.⁷⁹

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