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For all that, Donegan’s work, too, is a milestone.

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Gagan, David. 'A Necessity Among Us':
The Owen Sound General and Marine
Hospital 1891-1985. Toronto: University
Black and white photographs; index.

David Gagan’s new book concisely ana-
lyzes the development of the general hos-
pital at Owen Sound from its beginnings
as a local charitable enterprise in 1893 to
its emergence in the age of medicare as
the central institution in an integrated
web of regional medical resources. An
excellent introduction solidly places the
hospital’s history in its broader context:
the twentieth-century transformation of
North American hospitals from “charity”
shelters for the sick poor to efficient, sci-
entific and enormously expensive dis-
persers of care. This case study is partic-
ularly valuable in that the operation of
these forces in Canada is still largely
unexplored.

The history of the G & M illustrates a cen-
tral contradiction. In the 19th century, the
well-to-do supported hospitals as a chari-
table haven for the poor, who could not
afford home care by a private physician.
In response to a variety of factors includ-
ing a growing spirit of progressive urban
reform, an increased availability of effec-
tive medical therapies and an increase in
the status of the medical profession, the
20th century hospital came to be per-
ceived as a vital necessity for the com-
munity as a whole, expected to deliver
quality health care to all classes while
functioning as an efficient business en-
terprise. The book’s greatest strength is in
its depiction of the characteristically
uneven yet continuing growth that
resulted not only from technological and
administrative change but from these
gradually changing attitudes.

Even as the hospital began its transforma-
tion, the demand for health care and the
costs of providing it began their modern spi-
ral. These changes guaranteed that patient
fees, even coupled with periodic fundrais-
ing drives, would quickly prove insufficient
to sustain services even at current levels,
and still less to provide for timely moderniza-
and expansion. Older ideas about what
a hospital should be, however, were slow to
die, and conflicting expectations ensured
early and ongoing conflicts over hospital
control and financing. Among the lay volun-
teers who helped to found the G & M,
women were the first casualty, being
quickly and systematically excluded from
any decision-making function. Next came
the struggle for dominance between medi-
cal professionals and lay trustees, with the
“lady superintendent” eventually giving way
to a team of administrative specialists. Like
other hospitals, the G & M experienced
repeated financial crises. While it was often
forced to postpone expansion, and even at
times to curtail or impose surcharges on
existing services, the community and its pol-
iticians seemed slow to appreciate that the
problem was, perhaps, less a question of
“inefficiency” than of unrealistic expecta-
tions.

After 1945, the crisis became acute. Peo-
ple were less likely than ever to see the
hospital as a legitimate recipient of charita-
table donations, and, in Gagan’s words, the
G & M was “caught between the milstones
of … [booming] demand for its services
and lack of public interest in its problems.”
Originally offered optional “extras” and
relied upon to subsidize basic services for
all, paying patients might now face “medici-
impoverishment” even for routine hospi-
tal procedures. Postwar, the immediate
problem was alleviated through increased
availability and utilization of private hospital
insurance.

The observation has become common-
place that the subsequent involvement of
the provincial and federal governments,
first in hospital and then in general medi-
cal insurance, has not solved all of
Canada’s health care problems and
may, indeed, have created some. But
Gagan’s exploration of the hospital’s his-
tory between 1960 and 1985, covering
about fifteen pages, is far too short and
sketchy to shed much light on these
issues. For earlier periods, changing pat-
terns of hospital income and patient utili-
ization are given in helpful statistical sum-
maries integrated with the text, and
should offer a sound basis for compari-
son in studies of other Canadian hospi-
tals. Discussion of the earliest years of
the G & M are also supplemented with a
richly detailed picture of daily life in the
hospital, where student nurses, who had
“virtually complete charge of the wards”
during their 12-hour shifts, attended
classes in their “free” time; and where
patients were faced with a bewildering
array of rules governing behaviour
whose violation could bring discharge.
Unfortunately, this descriptive account is
not sustained into later periods, and
hence there is little sense of changes in actual patient experience to counterbal-
ance the hospital’s changing administrat-
ive and financial condition. In fact, less
emphasis might have been given overall
to the minutiae of the G & M’s financial
woes. While the description of funding
sources makes an essential point about
the perceived role of the institution in the
community, even readers quite
undaunted by long discussions involving
debentures, bonds and sinking funds
might wish for a more lively style, and
more balance with the changing social
context.

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