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Those of us who remember our parents’ admonitions to sleep with the bedroom windows open, carry a clean hanky, refrain from spitting, and wash our hands, are perhaps unaware that was a punishment for dissolute behaviour. The disease had with the bedroom windows open, carry a clean hanky, refrain from spitting, and wash our hands, are perhaps unaware that was a punishment for dissolute behaviour. The disease had

The inter-war years brought new challenges. Many of the volunteer agencies that we know today either came into existence during the inter-war years, or were substantially re-formed—even professionalized—by their experiences during these crucial two decades. Tuberculosis was a driving force behind the birth and refinement of medical statistics, the development of new building materials, improved hospital and school design, new medical procedures, and new standards of public comportment. TB challenged cherished myths, such as the notion that rural life was healthier than urban, or that disease was a punishment for dissolute behaviour. The disease had long-lasting impact upon ordinary lives, personal and public cleanliness, standards of human and animal sanitation, and the growing expectation that good health was a right that our governments had a responsibility to nurture.

McCuaig notes that the Second World War had as much an impact upon the struggle against TB as the First, but her coverage of its effect is relatively thin. She hits her stride again in her analysis of the post-war achievements made by the arrival of antibiotics and more precise diagnosis. Dr. McCuaig analyzes the impact that the TB campaign had upon the assault against other diseases, such as the understanding of the role of lifestyle choices in heart disease and cancer. While the campaign against TB was the driving force behind many scientific and social advances, McCuaig also sounds a cautionary note here, that we have come to rely too heavily upon scientific advances, and upon government and technocrats. Her conclusion tends to wander off into areas less strictly related to the theme, as if she can’t bear to let the subject go.

This book has broad scope and detailed focus. The author nicely balances the national picture with the individual situations of the provinces and municipalities; she speaks of society in general and of the particularities of certain groups such as the history of tuberculosis among native and Jewish Canadians. The author generally does a good job of explaining medical and scientific aspects of tuberculosis in layman’s language (with a judicious use of statistics), although she did lose me a bit in her description of surgical procedures. Her writing style, while scientific and academic in its anchoring, is fundamentally humane and empathetic to her subject, having the lightest touch of irony and indignation. This book sits comfortably with the growing body of scientific literature aimed at enabling the reading public to understand technical and medical developments that impinge upon our lives.

Historians believe that society would be improved if people knew their history better and were prepared to learn the lessons that the past longs to teach us. On no subject is this more true than the subject of health care. Are we going to undercut public health care, offload responsibility to other jurisdictions, hide behind scientific discovery, and let our public services degrade so that we no longer live in healthy environments? McCuaig’s unpreachy yet compelling book, well-grounded as it is in solid research, raises these questions in the mind of any thoughtful reader.

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The premodern history of Suzhou, a city famous for its scenic beauty and canal network and located at the rice-growing centre of the Yangzi delta, Jiangsu province, is the subject of this substantive monograph that combines the author's training in architecture and city-planning with historical inquiry. In fulfilling the stated objective of examining the “formation and transformation of the urban form and space of city of Suzhou,”