

Book Reviews

their allies in Congress did not need to rely on them.

The Hospital Survey and Construction Act of 1946 (Hill-Burton Act) helped to drive the build-up of the supply side of the health sector. Because Hill-Burton paid subsidies to public and private organizations to build or renovate hospitals, states could afford to subsidize constructing and staffing research laboratories adjacent to teaching hospitals. In these laboratories, medical scientists generated (and trained others to generate) grant applications to the NIH. Although Lister Hill, sponsor of this Act in the US Senate, appears many times in this book, Robinson never connects him to the Hill-Burton Act or the Act to the mobilization of demand to increase federal funding for biomedical research.

Mahoney and her allies remained facilitators rather than power brokers until the 1980s. An exception was Mahoney's leadership of a five-year campaign in the 1970s, against considerable opposition within and outside the PHS, to authorize a National Institute on Aging (NIA).

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J T H Connor, *Doing good: the life of Toronto's General Hospital*, University of Toronto Press, 2000, pp. xi, 342, illus., £40.00, US\$60.00 (hardback 0-8020-4774-2).

Geoffrey Reaume, *Remembrance of patients past: patient life at the Toronto Hospital for the Insane, 1870-1940*, Canadian Social History Series, Don Mills, Ontario, Oxford University Press, 2000, pp. xii, 362, illus., £12.50 (paperback 0-19-541538-8).

All too often, hospital histories have been accused of being narrow; of being too caught up in the narrative life of the institution concerned. In *Doing good*, Connor offers, in many ways, an antidote to

such accusations. He has written an engaging and contextualized commissioned history of Toronto's General Hospital that squeezes the most out of the records. Although *Doing good* fails to escape the problem of focusing on the prominent men—Christopher Widmer, John Rolph, Joseph Flavelle—who played an important role in shaping the hospital, Connor sets out an accessible yet scholarly “biography” that reveals “how interconnected the hospital's history is with that of the society that surrounds it” (p. ix). The work is, therefore, more than just the story of a hospital, its nursing, buildings, medical care and administration; it casts light on Canadian medicine as it explores professional relations, medical education, and the political and social role of hospitals in Toronto.

Always sympathetic to the institution, Connor locates the origins of the Toronto General in the unsettled environment of Upper Canada, showing how it emerged in the 1790s out of a sense of Christian duty and philanthropic concern, but did not acquire a home until 1819 (and did not occupy it until 1829). From its foundation, the hospital went through three incarnations, and several locations and buildings, as it expanded and changed function, while always, Connor argues, “doing good”. It evolved from a charitable hospital that had many of the administrative trappings of its transatlantic cousins, to a public charity with the receipt of government funding in the 1850s, after a chaotic period in which the hospital's “dirty linen” (figuratively and literally) was often on show. Connor demonstrates how, by the 1880s, the Toronto General had emerged from these turbulent years to become a model hospital after a period of reorganization and expansion, although it was only after 1900 that a scientific and research culture took root. By the early twentieth century, the General had become Toronto's major academic hospital, one of the few Canadian hospitals to escape

criticism from Abraham Flexner. For Connor, the twentieth century is largely one of progress and continuing expansion, with the hospital becoming a site for research, medical education, the “discovery” of insulin, and a major player in transplant surgery. This optimistic assessment of the hospital’s therapeutic role is pushed into the background as he concludes with the politically charged 1980s and 1990s, when the Toronto General became embroiled in mergers and amalgamations with other city hospitals. This is perhaps where Connor is at his strongest, revealing the motives for and intricacies of the mergers, and how staff, patients and the public responded. By the end of the twentieth century, Connor demonstrates that it was not just a question of “doing good” but also of “doing well”, as North American hospitals merged healthcare concerns with business ideas in a climate where state funding was under pressure.

Several themes in *Doing good* weave in and out of the narrative. Connor effectively shows how, throughout the hospital’s history, finance played an important role in shaping the institution. He also demonstrates that conflict, as in many institutions, was often key to the Toronto General’s development, pointing to the periodic tensions that emerged between the hospital’s doctors and its trustees. Connor is less successful in locating the Toronto General in the networks of civic pride and philanthropy that helped to sustain many Victorian hospitals, and in fully explaining why the government had to intervene. Nor does he address adequately the development of laboratory medicine or the debates that came to pervade the structure of medical education in the early twentieth century despite the reforms undertaken at the Toronto General that placed it at the centre of medical education in the city. These points aside, *Doing good* is a lively account that charts the institutional life of the hospital and demonstrates its medical, social and political role.

Unlike *Doing good*, Reaume in his study of the Toronto Hospital for the Insane makes little attempt to move beyond the asylum (except when it comes to the discharge or escape of patients) and tackle the world outside. What Reaume does provide, and what Connor’s work lacks, is a richly detailed, patient-centred account of an institution. The result is a rather bleak and at times brutal portrayal of life in a Canadian asylum in the late-nineteenth and early-twentieth century. This is an account biased towards the patient, one that seeks to tell the story of the “ignored, silenced and abused” (p. 245). Reaume, a former psychiatric patient himself, firmly believes that the experiences of the patients who lived in the Toronto Hospital for the Insane “have a great deal to teach us about what it was like to be confined in a mental institution and live with psychiatric troubles”.

Through a meticulous use of the institution’s clinical records, Reaume charts the experiences of patients from diagnosis and admission through the daily routine of the hospital to discharge (for the fortunate) or death. A detailed picture is produced of asylum life. For Reaume, it is not just monotony organized around work, routine and pleasant diversions, although these were important, but a hidden vibrant world in which patients became “active agents in their own lives” (p. 245) and struggled to create their own entertainment and form relationships. Throughout, he asserts notions of social and psychiatric control, discussing public and family perceptions and prejudices of the hospital’s inmates; often portraying patients as victims. This is clear from the wealth of detail on the violence directed at patients, both before admission and in the form of abuse (physical, emotional, etc.) during their time in the hospital. In Reaume’s account, psychiatrists and nurses come across as cruel, offering little support to the patients and colluding with the state to enforce the power of psychiatry.

Reaume, more so than Connor, explores how class and money played an essential role in shaping patients' experiences, with wealth cushioning certain patients from what he sees as the cruel nature of the hospital. Far less effort is made to explain how psychiatric ideas changed during this period, or how this affected the lives of the patients. For Reaume this is because the medical context can only ever be a limited part of the picture. Overall, his account tells us much about patients' experiences of life at the Toronto Hospital for the Insane but in a way that is almost static, suggesting that little changed between 1870 and 1940.

Together, Connor and Reaume provide valuable insights into the workings of two important Toronto hospitals and demonstrate the merits of institutional and patient biography.

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Robert Oliver, *Making the modern medical school: the Wisconsin stories*, Canton, MA, Science History Publications/USA, 2002, pp. ix, 156, illus., US\$24.95 (hardback 0-88135-262-0).

The University of Wisconsin-Madison has an outstanding medical school, with excellent research facilities, and Nobel laureates to its credit. How did it accomplish this? By deviousness and misdirection, according to Robert Oliver's history. One year after the pre-clinical school was founded with legislative support in 1907, the ambitious, Hopkins-trained dean, Charles Russell Bardeen, managed to introduce clinical teaching, against the protests of local physicians, by branding it as a beefed-up student health service. Once established, the department of medicine neglected the service, having moved on to better things. From 1924, clinical teaching

was put on a proper footing when the affiliated Wisconsin General Hospital opened, again in the face of objections by Madison physicians. This time the justification was the care of the sick poor neglected by private practitioners; this time the clinicians proved themselves fully attentive to the service.

Later conflicts were more likely to be internecine. After two decades under a part-time dean, William S Middleton, in 1955 the faculty brought in a modernizing, research-oriented dean, John Zimmerman Bowers (now best remembered for a history of Chinese medical education). Six years later, in protest against his separating neurology and psychiatry, his meddling in the department of surgery's promotions, and his establishment of a "not necessary" department of medical genetics, the faculty forced him to resign. Hostility between clinicians and researchers continued to trouble the medical school into the 1990s, leading to the resignation of another dean, Laurence Marton.

No doubt Oliver has to be cautious in writing about recent disputes. His descriptions sometimes lack detail, and instead he relies on overheated metaphors and quotation. Yeats's "Second Coming" as a heavily-mined symbol for these institutional disputes seems silly. Descriptions of the early struggles to establish the school, which might be franker, are unhappily even vaguer. Here, lack of research may be to blame: Oliver relies heavily on an earlier history of the medical school. But another culprit may be his evident reluctance to enter into more strictly medical or surgical discourse. He rarely tells us the clinical or scientific rationale for administrative decisions. That means, for example, we learn more about why a given accountant was hired than any of the professors. The medical historian Erwin Ackerknecht has a bit part as a "dyspeptic, sour" refugee and former communist; there is no description of either