

The Picture of Health

by BARBARA CRAIG and GORDON DODDS

The pursuit of health is an enduring if elusive human endeavour rarely rewarded with striking mass success. In the late nineteenth century, the tempo of health achievement quickened with the marriage of systematic science to clinical medicine. This fertile union produced a growing catalogue of advances in surgical and medical techniques which gave new hope to a growing population. In Ontario, as in other areas which experienced industrialization, competing philosophies of health and the systems of medicine they supported were eclipsed by a triumphant allopathic medicine and its allied health professionals. These practitioners were joined within the hospital which became the fulcrum of advanced medical and surgical practice. At the same time, through an alliance of professional medical knowledge and government power, the evangelicals of the new health knowledge not only proselytized the public but also succeeded in applying certain medical techniques en masse to the public as patient. Proponents of public health achieved sanitary miracles with state assistance.

Yet, mass health outreach was a two way street. Increased public awareness of just what could be done bred a new demand for services. In the face of increasing public pressure for service, traditional forms of health care and of institutional organization and funding gave way to new combinations utilizing modern management technologies and supported by mass funding from the state. In such a climate, health professionals experienced unparalleled changes in the canons and techniques of their practice. Between 1885 and 1935 the photographic record testifies to the revolutionary changes in the picture of health.

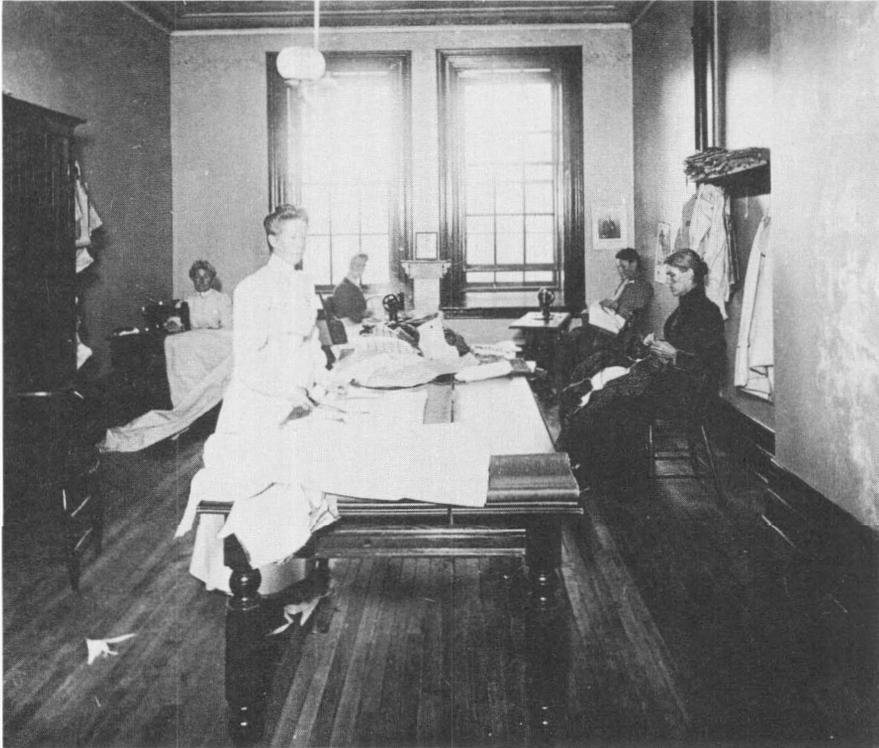
Although photographic processes are relatively recent in origin, they have renewed an ancient form of communication through visual language which in its modern guise, reproduces a measure of reality with amazing accuracy. Indeed the virtue of photographic records is in the hitherto unequalled fidelity of their statements of the past. Through the action of camera and film the continuous animation of life is suspended and recorded. No other record from the past appeals to us so directly, so candidly or so impressionistically. Yet however seductive it is to view the reality of the past, apparently unimpeded by human intervention save through pressing the shutter, we have been reminded in previous issues of this journal that photographic records are fraught with the bias and distortion which affect textual records. Moreover, our predecessors rarely communicated in a photographic or visual form. At its best, then, the visual

evidence of the past is fragmentary, less complete or consistent than its verbal counterpart and equally flawed with biased human imprint.

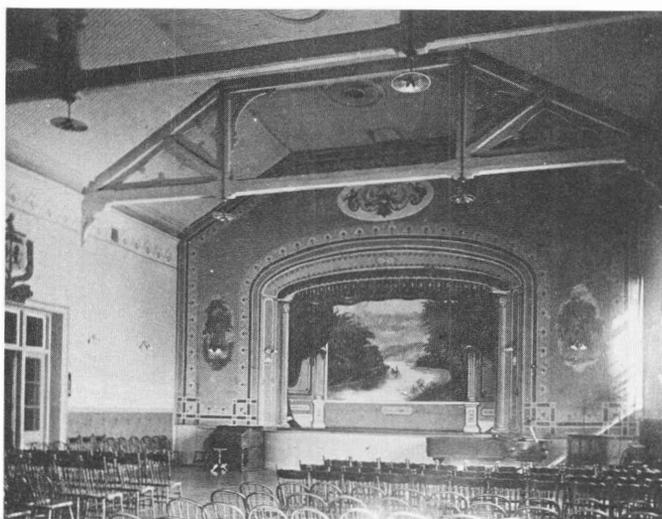
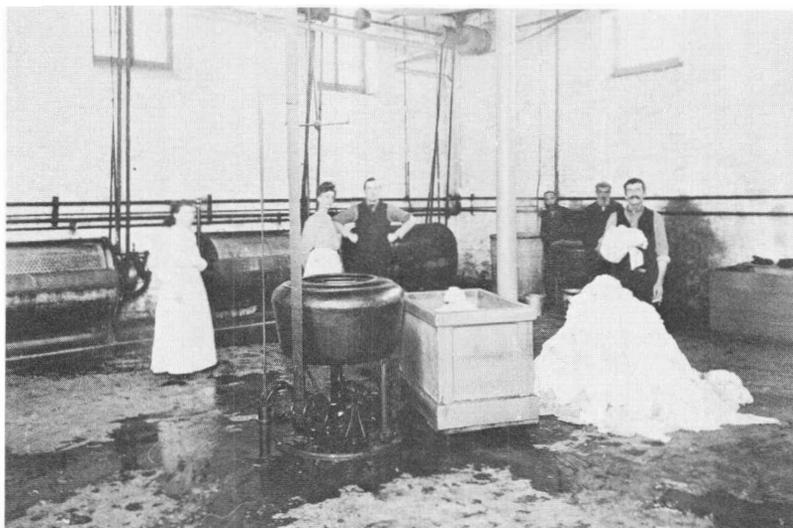
Nevertheless, the immediate nature of visual communication generates complex relationships in the mind of the viewer. This fecundity of association makes photographs unique sources of evidence about the past. For these reasons, they are frequently exploited as catchy illustrations for texts, forming merely supports and buttresses for verbal descriptions. What we have tried to do in the following pages is to reverse the usual relationship between text and illustration by arranging photographs as independent documents supported by captions. Our purpose is to evoke visually the growth and sophistication of hospital health services and the greening of health outreach through state-supported public health activities in Ontario from the mid 1880s to the mid 1930s. Although we initially intended to draw upon a broad Canadian experience, certain logistical problems made it necessary for us to concentrate almost totally on Ontario. We hope that what follows will interest others in pursuing a similar approach to historical themes and that the unique archival value of photographs as evidence will encourage a catholic appraisal of these documents within the sphere of medical history.



Provincial Asylum restraints, n.d. Photographer unknown. *In keeping with their custodial functions, Ontario's asylums routinely used mechanical restraints, such as wristlets, anklets, muffs and seclusion boxes to control recalcitrant inmates as late as the early 1870s. During this decade Drs. R. M. Bucke at London, D. Clark at Toronto and C. K. Clarke at Kingston abandoned mechanical restraints retaining chemical restraints such as chloral hydrate and hyoscine, in cases where quiet was needed after surgery. By 1882, artificial restraint was no longer employed in Ontario's public institutions in keeping with a widely accepted perception of insanity as a sickness amenable to cure through therapy. (Public Archives of Prince Edward Island 3109)*

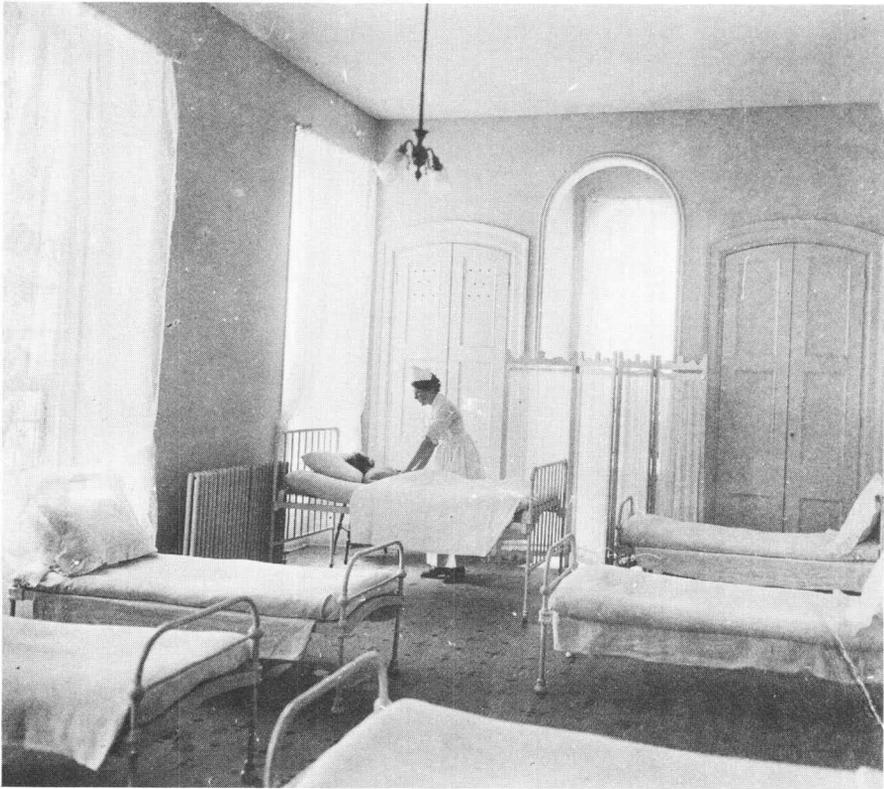


Inmates and matron in the dressmaker's workshop, Asylum for the Insane, Brockville Ontario. c. 1900. Photographer unknown. *Removal of restraint was coupled with the introduction of daily work in the asylum farm, domestic or shop industries as forms of practical therapy. Inmates' clothes, attendants' uniforms, bed linen and shrouds were all made for asylum use by asylum inmates.* (Archives of Ontario Acc. #13021-21)



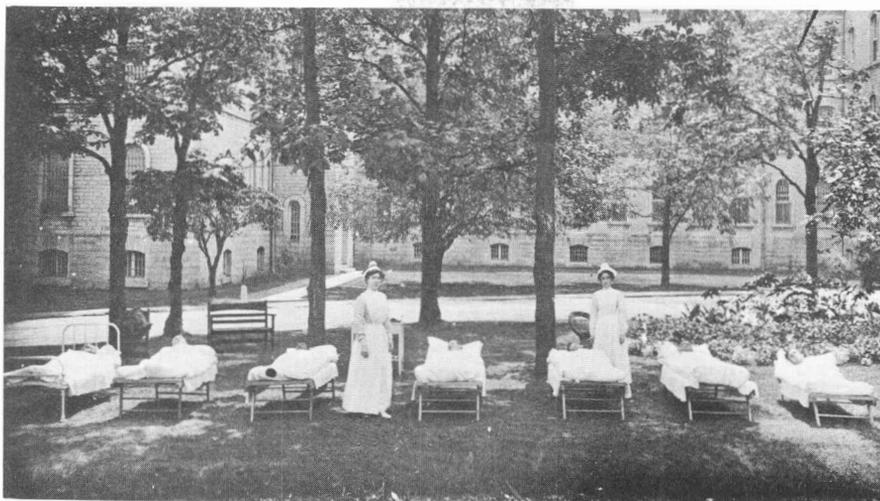
Foreman (centre), two female attendants (with keys) and inmates working in the laundry, Asylum for the Insane, Brockville, c. 1900. Photographer unknown. *Work was a practical form of therapy which promoted institutional self sufficiency and reduced the asylum's claim on the public purse.* (Archives of Ontario Acc. #13021-20)

O'Reilly Hall for dramatics, musicales, drills and dances. Asylum for the Insane, Kingston, c. 1904. Photographer unknown. *For asylum inmates, entertainment and calisthenic drills relieved the tedium of an idle institutional life. Local amateur and professional groups provided vaudeville acts and at Kingston's asylum an active musical and dramatic troupe was formed among the staff. Kingston's new amusement hall was opened on 29 December 1886 by Inspector W. T. O'Reilly whose timely support for entertainment therapy had secured it an approved place in asylum routine.* (Archives of Ontario R.G. 15, E-7 Vol. 20 #25)



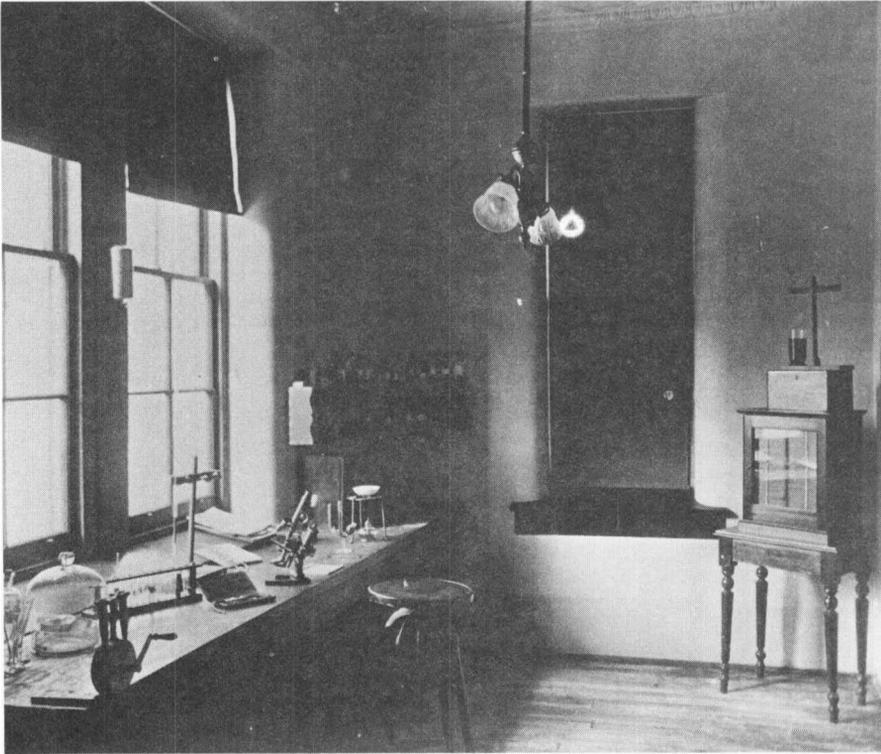
Student nurse and patient, Beechgrove hospital unit for acute diseases and convalescent cases, Asylum for the Insane, Kingston, c. 1904. Photographer unknown. (Archives of Ontario R.G. 15, E-7 Vol. 20 #36)

C.K. Clarke to W.T. O'Reilly, 4 April 1888. "*For sometime past I have felt that we were behind the times in the matter of nursing and that our employees have not been of the class to take the most intelligent view of the duties they have been required to perform . . . However, with your assistance I propose to institute a different and better order of things . . . The school will be called the Rockwood Training School for Asylum Nurses and all Attendants will be required to become students in the school. The period of training will extend over two years and . . . the course of instruction . . . has been sketched out as follows: Lecture upon, 1st Elementary Physiology and Anatomy-2nd general nursing of the sick-3rd Nursing of the insane from the standpoint that all insane persons are sick persons and require special nursing . . . Each student would be required to spend three months in the Asylum Infirmary under the trained nurse. Yearly examinations would be held and a certificate of graduation furnished to those who have completed the two years course and passed the examinations . . .*" (R.G. 10, 2-A-1.)



Male tuberculosis patients, head nurse and student nurse on lawn, Asylum for the Insane, Kingston. c. 1904. Photographer unknown. *In 1902, outdoor therapy for tuberculosis patients was introduced to bring the benefits of a sanatorium regimen to the tubercular insane.* (Archives of Ontario R.G. 15, E-7 Vol. 20 #30)

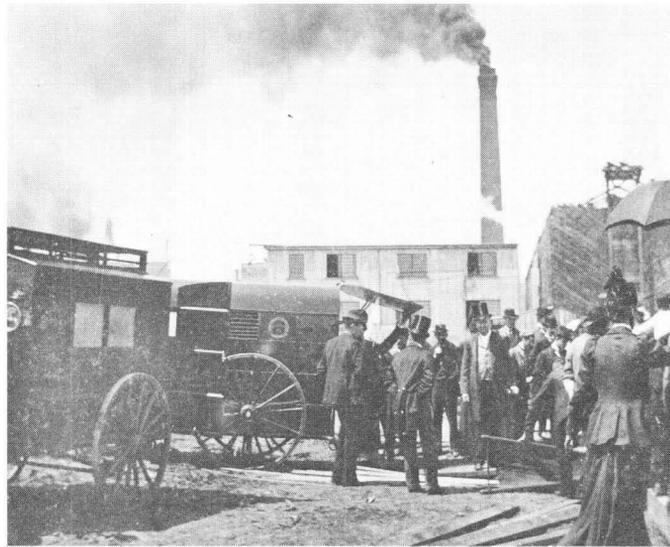
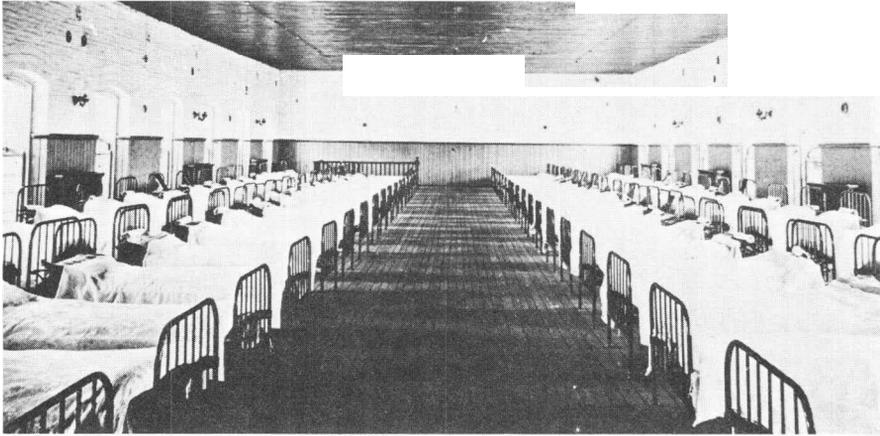
Student nurse and patients, continuous waterbath treatment room, Hospital for the Insane, Kingston, c. 1907. Photographer unknown. *Clinical experience with hydrotherapeutics at Kingston throughout the 1890s was systematized in 1906 with the establishment of a special hydrotherapy room.* (Archives of Ontario R.G. 15, E-7 Vol. 20 #31)



Asylum for the Insane, Kingston. c. 1906. Photographer unknown. *Laboratories were established to support clinical diagnostic work and to assist pathological assessments from post mortems which became a regular feature of hospital routine. The above laboratory was established in connection with the new surgery.* (Archives of Ontario R.G. 15, E-7 Vol. 20 #39)



Asst. Physician's Office with clerk and medical student. Asylum for the Insane, Brockville. c. 1900. Photographer unknown. *Careful documentation of all phases of institutional life became more critical as hospitals grew in size and complexity. Public funding required careful audit procedures, the advancement of medical knowledge was dependent upon the support of written evidence and complete patient care necessitated full histories. In 1894, C.K. Clark, Medical Superintendent of the Asylum for the Insane at Kingston commented upon the "primitive record keeping of [his] early days". Within ten years of that reflection the system here depicted which was almost universal in Ontario's hospitals and one Dr. Clarke saw as a great improvement over the methods of earlier days, was totally eclipsed by a more utilitarian system of medical record keeping embodying increased use of forms and the casefile. Note weigh scales on left, microscope box on table and case book ledgers on stand back right. They are from left to right, Application Book, Admission Register, Death Register, Discharge Register, Statistical Register, gap and Casebook. Open on the stand is a Casebook with photograph of patient in upper left corner. The Clerk's pen is poised over the General Register. (Archives of Ontario Acc. # 13021-2)*

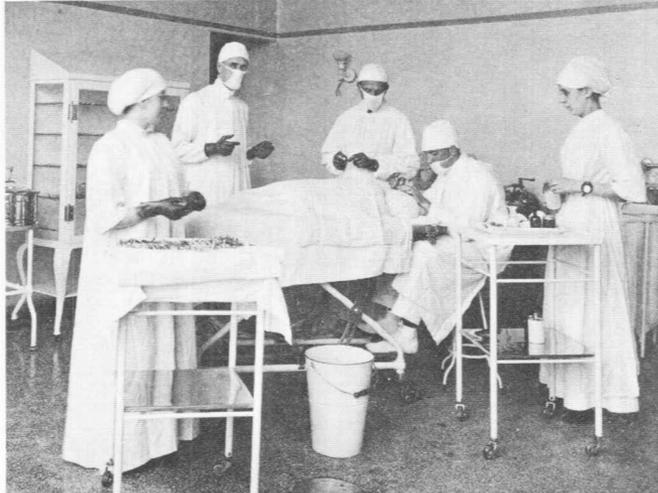


Public hospital ward, probably in Toronto, c. 1900. Photographer A.J. Reading. *Minimum standards for hospital accommodation and service were a prerequisite for basic government funding which became an important steady source of support for increased public hospital service. Note the old coal oil lamp fixtures on the walls. This type of lighting was virtually unknown by 1895 when the Inspector of Hospitals remarked negatively upon its use in the Owen Sound General and Marine Hospital in the course of reporting upon an application for government financial support.* (Archives of Ontario S. 12229)

Ambulances carry out the transfer of patients from the Hospital For Sick Children to the docks for ferrying to the Lakeside Home for Little Children on Toronto Island, c. 1892. Photographer unknown. *Specially fitted ambulances for conveying patients to and from hospitals were well established in Toronto in the 1880s. In 1889 the Toronto General Hospital placed three ambulances under the control of the Police Commissioners, one each for the transport of surgical, medical and infectious cases.* (Public Archives of Canada Hospital for Sick Children Collection C-91011)



Toronto Island, c. 1905. Photographed by Geo. A. Briggs. *Patients playing cricket at the Lakeside Home for Little Children. Note bedridden spectators on the balcony. Lakeside Home was the summer residence (June-September) for patients from Toronto's Hospital for Sick Children. Lakeside Home summers were an integral part of the treatment routine of the hospital which specialized in the medical and surgical care of children. This photograph shows the enlarged balconies and shade curtains which were added in 1897 to permit fresh air therapy for bedridden patients. Lakeside Home burned 22 April 1919. (Public Archives of Canada Hospital for Sick Children Collection C-91105)*



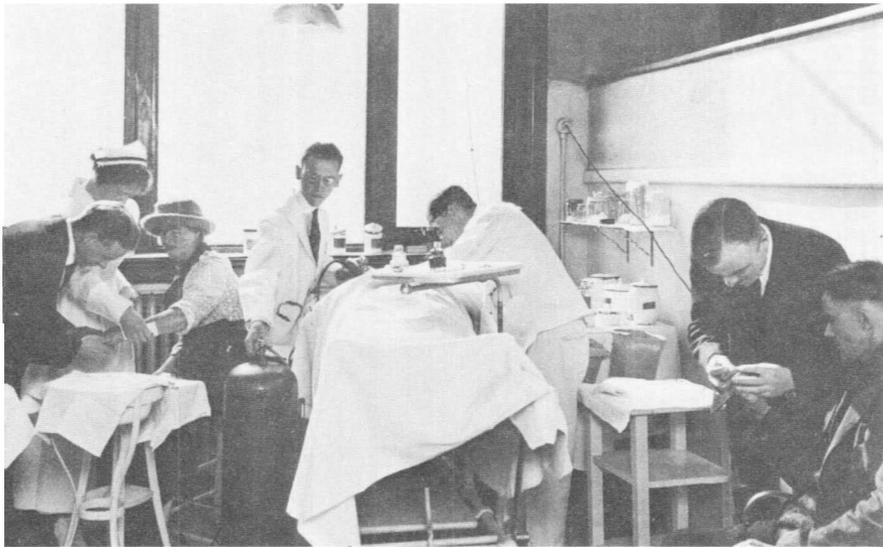
Operating room with group of student nurses. L to R Miss Jameson, Dr. Ferguson, Misses Allen and Neale, Dr. Richardson, Misses Willcox Richardson, Burley, Mackenzie, Legge and Wilson. Photo has been retouched. Hospital for Sick Children, Toronto c. 1891-1896. Photographer unknown. (Public Archives of Canada Hospital for Sick Children Collection C-91054)

Operation in Progress, Hospital for Sick Children, Toronto. c. 1914. Photographer unknown. *Revolutionary changes in surgical equipment, procedures and methods in the quarter century after 1890 are illustrated above. For example, note the vast difference between the design, construction and capabilities of the two operating tables. In this period the construction of operating theatres themselves underwent considerable change becoming, on the whole, somewhat smaller. Students no longer crowded in but were placed behind glass screens. Wooden floors were abandoned in favour of concrete or other unitary seamless material to facilitate disinfecting and steaming out. All these changes were part of the triumph and systematization of Listerian antisepsis.* (Public Archives of Canada Hospital for Sick Children Collection C-91395)



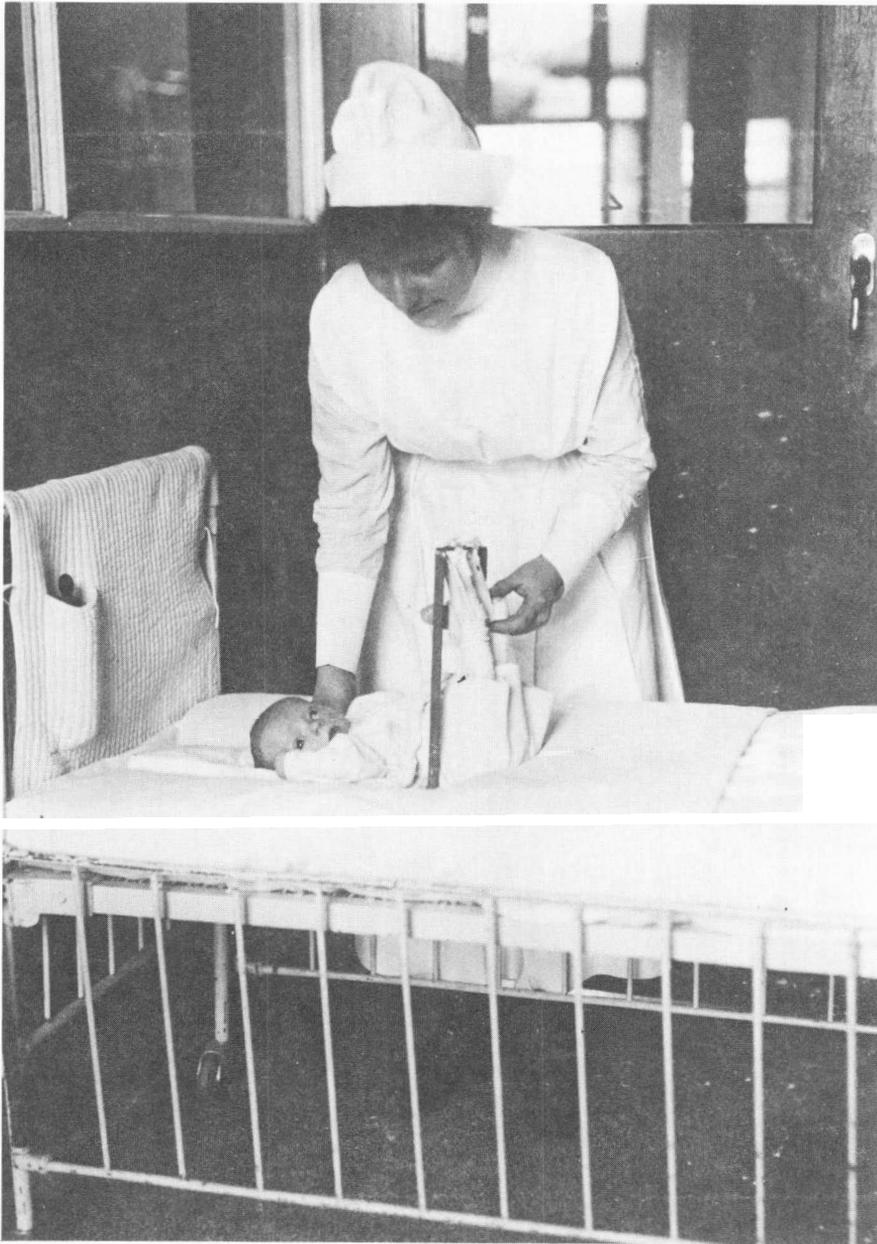
Diet kitchen, Women's College Hospital, Rusholme Blvd., Toronto, c. 1928. (Archives of Ontario)

Orthopaedic workshop, Hospital for Sick Children, Toronto. c. 1900-1925. Photographer unknown. Photograph retouched. *Support services from craftsmen to chemists became indispensable to the development and success of new techniques for patient care.* (Public Archives of Canada Hospital for Sick Children Collection C-91216)



Dispensary of the Hospital for Sick Children, Toronto, c. 1910-1915. Photographer unknown. *This dispensary opened in 1896. Note mother and children at wicket, back left.* (Public Archives of Canada Hospital for Sick Children Collection C-91356)

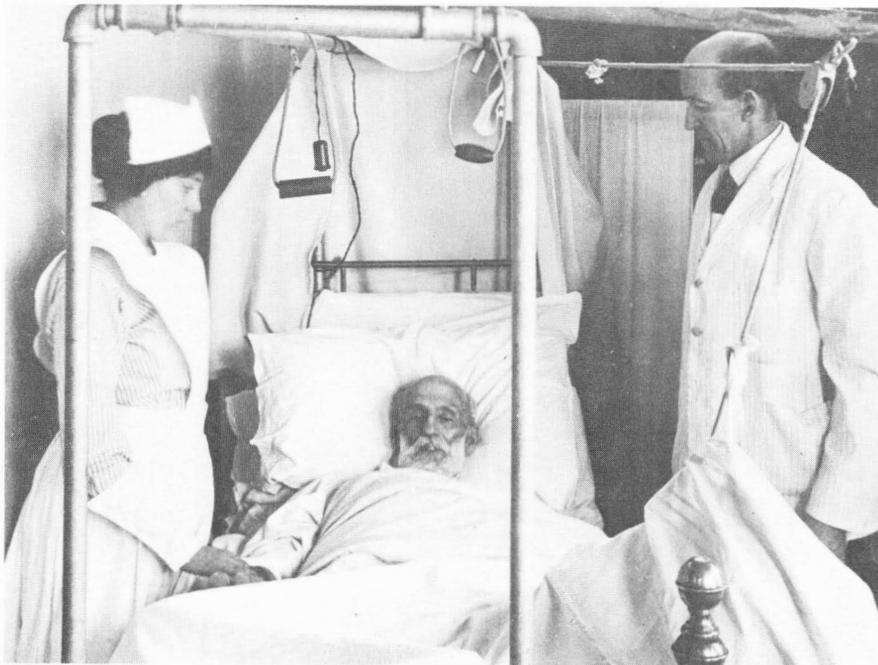
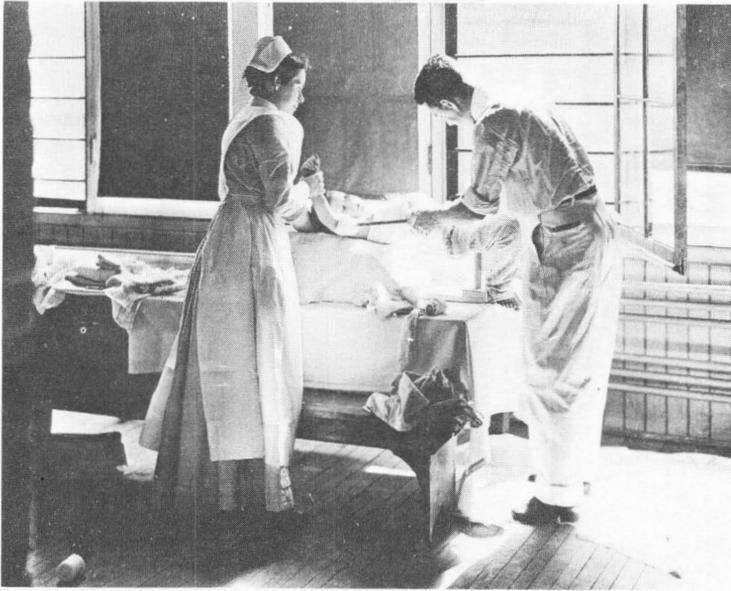
Emergency. St. Michael's Hospital, Toronto, c. 1922. Photographer unknown. *A broadening concept of patient care coupled with greater public demand for health care service led to increased hospital involvement with the surrounding community on an out-patient basis through clinics, dispensaries and emergency services.* (St. Michael's Hospital Archives)



Nurse with infant patient in orthopaedic frame, Hospital for Sick Children, Toronto, c. 1915-1925. Photographer unknown. *Proliferation of separate but interrelated medical and surgical departments not only reflected the increased specialization of medicine but also marked out a logistical deployment of personnel and resources in institutions which appeared to be on an endless escalator of growth. The Infants Department illustrated above was opened on 1 July 1914 and specialized in children under 2 years of age.* (Public Archives of Canada Hospital for Sick Children Collection C-91246)

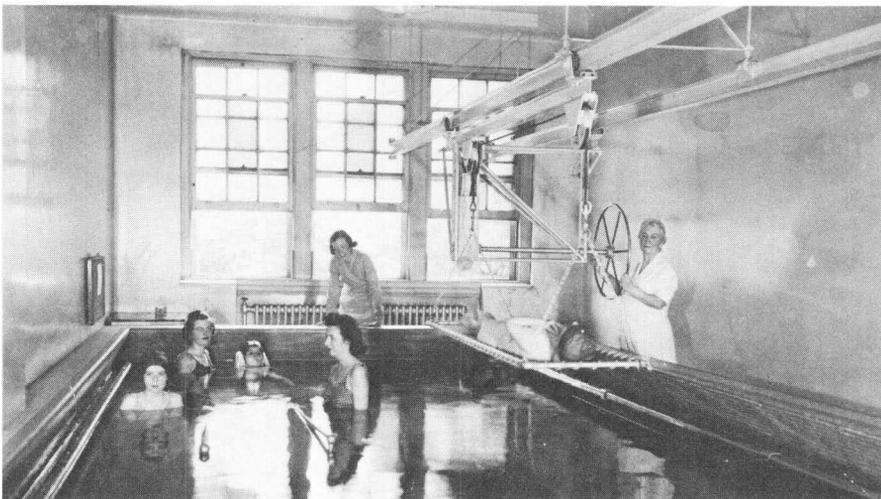


Preparation of plaster bandages was part of the daily routine. Hospital for Sick Children, Toronto, c. 1915-1925. Photographer unknown. (Public Archives of Canada Hospital for Sick Children Collection C-91231)



Treating a young patient, Hospital for Sick Children Toronto, c. 1914. Photographer unknown. *Note the use of natural light to illuminate the work area.* (Public Archives of Canada Hospital for Sick Children Collection C-91416)

Patient in traction. St Michael's Hospital, Toronto. c. 1917. Photographer unknown. (St Michael's Hospital Archives)

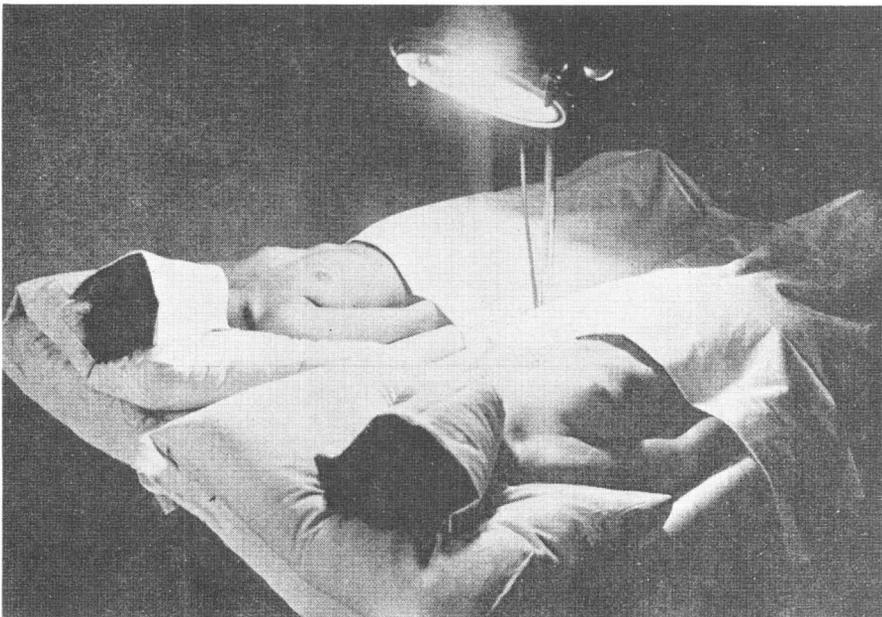
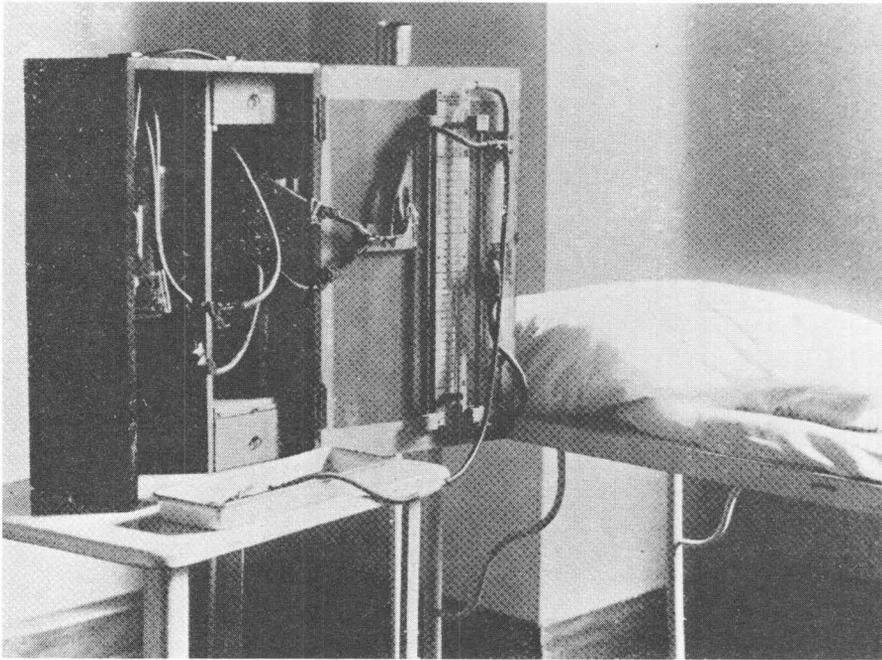


Young male patient in donated cot, Hospital for Sick Children, Toronto, c. 1892-1925. Photographer unknown. (Public Archives of Canada Hospital for Sick Children Collection C-91252)

Swimming pool for hydrotherapy at the country branch of the Hospital for Sick Children, Thistleton, Ontario, c. 1928-1930. Photographer unknown. *The union of medicine with technology required heightened levels of capital and equipment expenditures which strained traditional methods of funding and opened the way for regularized public funding through the state.* (Public Archives of Canada Hospital for Sick Children Collection C-90766)



Tuberculosis patients on verandah of the Muskoka Free Hospital for Consumptives, Gravenhurst, Ontario, c. 1904. Photographer unknown. "... Verandahs and covered corridors with glass windows on exposed sides are provided. On these the 'rest cure' for those with fever is carried on, the patient being wrapped in flannels and furs, reclines on chairs for the purpose. . . . The heart is rested in this way and the blood . . . flows more easily into the apices of the lungs. . . ." (Dr. P.H. Bryce, 1899). Although Ontario's hospitals began to provide segregated bed space for T.B. patients by 1890, it was the National Sanitarium Association's hospitals in Muskoka and Toronto which pioneered in the institutional isolation and treatment of tuberculosis patients in Canada. (Archives of Ontario S-3597)

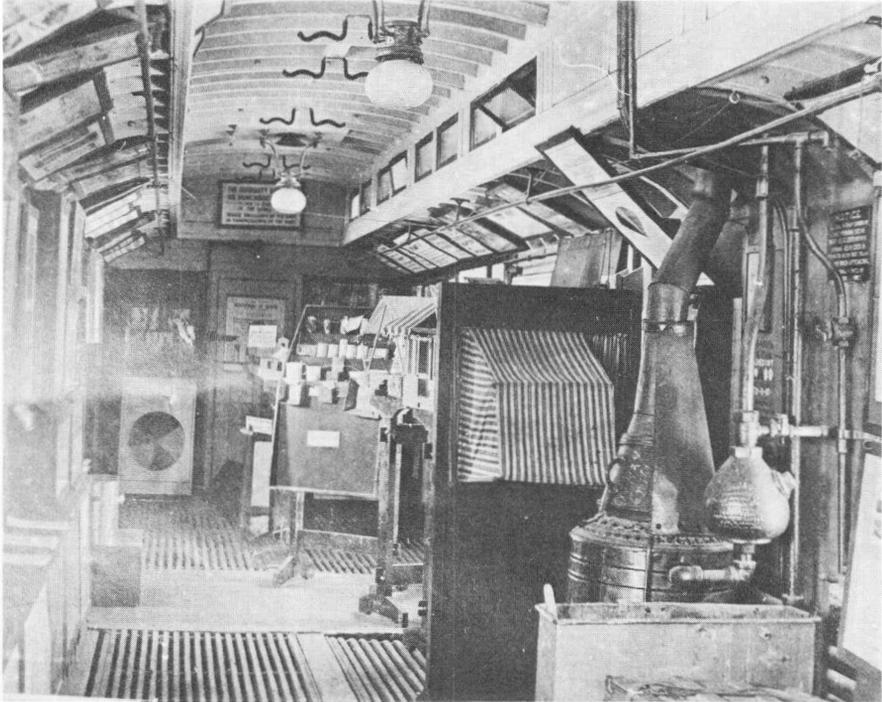


Pneumothorax equipment, Toronto Hospital for Consumptives, 1916. (Archives of Ontario National Sanitarium Collection)

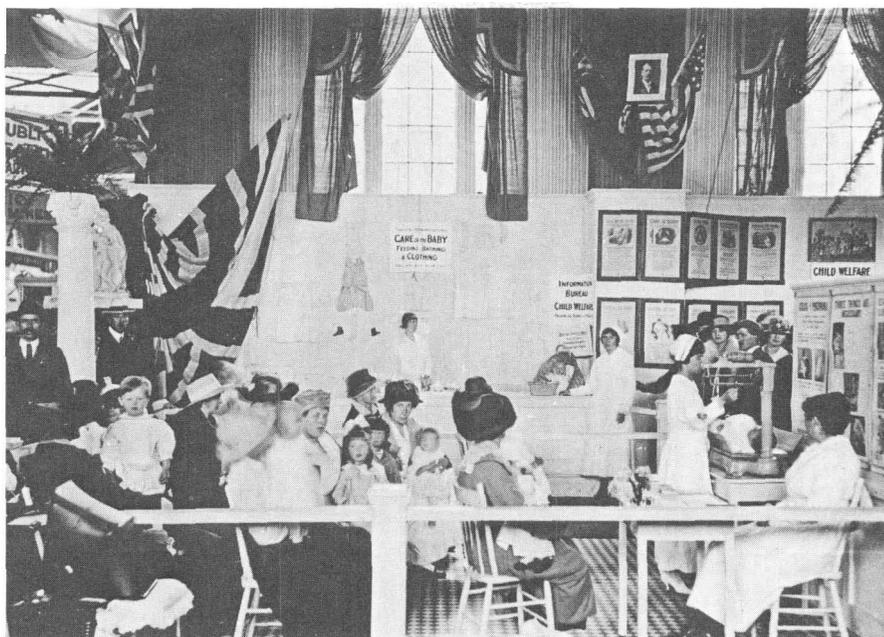
Ultra Violet treatment, Toronto Hospital for Consumptives, 1916. (Archives of Ontario National Sanitarium Collection)



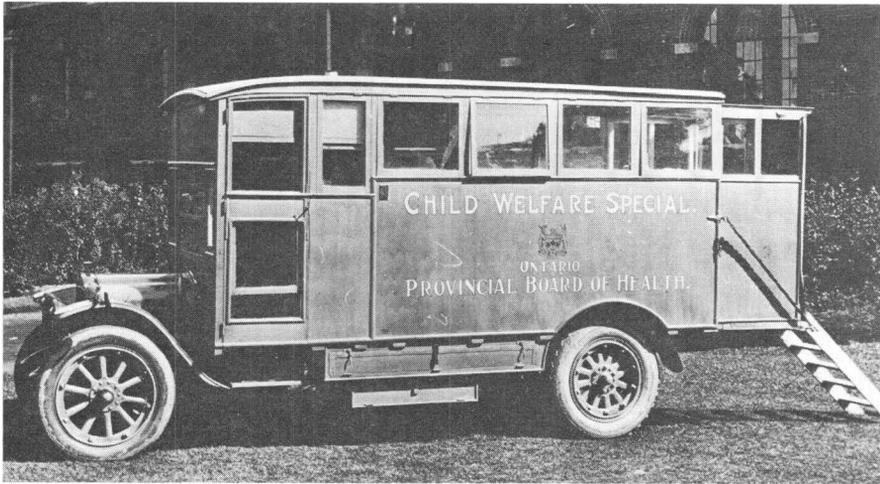
New operating room in surgical building, Toronto Hospital For Consumptives, 1931. Photographer unknown. *The rest cure of the late nineteenth century based on "Doctoring, dieting and discipline" was gradually supplemented and supported by more sophisticated techniques which relied on X-rays for more positive diagnoses. Commonly used were heliotherapy, ultra violet treatments for local conditions such as abscesses, furunculosis and eczema, and compression of the diseased area of the lung by air introduced through the chest wall by a needle or pneumothorax. By 1931, wide clinical experience with thoracic surgery in the years since world war one led to the establishment of surgical units in tuberculosis hospitals. (Archives of Ontario National Sanitarium Association Col.)*



Provincial Board of Health tuberculosis exhibit railway car, 1911. Photographer unknown. *A series of publicity campaigns by public health workers contributed to the battle against tuberculosis by creating an informed public. Inaugurated by C.A. Hodgetts, Secretary of the Provincial Board of Health, the T. B. exhibit was in great demand at local fairs and assemblies throughout Ontario from the moment it was available in 1908. Stored in the basement of the Parliament Buildings during the off season, it was partially destroyed by the fire of 1910. The rump exhibit was then permanently installed in a C.P.R. railway car and sent around the province. The exhibit incorporated sample sanitary tissues and sputum caps (back right) models of sanitariums (middle right) samples of home regimens (vide stripped canvas "Walsh window"), pictures, statistics, literature and personal advice. (Archives of Ontario S-15529)*

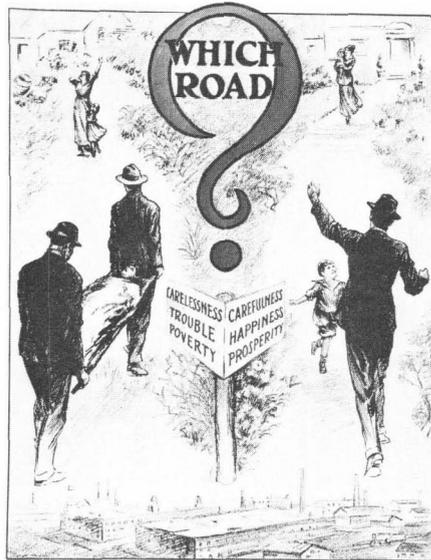


Child Welfare baby clinic. Provincial Board of Health Exhibit at the Canadian National Exhibition, Toronto, 1918. Photographer unknown. *Women's action groups, health professionals and the government took aim at the high statistics of child mortality by supporting numerous campaigns to encourage a new, more scientific approach to child rearing. Staffed by provincial public health nurses and physicians from the City of Toronto's Department of Health, the Baby Clinics were extraordinarily popular with visitors combining lectures, demonstrations, and personal advice modelled on the highly successful T.B. exhibit. Note back left, by the Union Jack, the plaster cast of the Motherhood group from the Victoria Monument at Buckingham Palace executed by Merle Foster of the Ontario College of Art for the Board's "Maternal and Child Hygiene" section. (Archives of Ontario R.G. 10 30-A-1)*

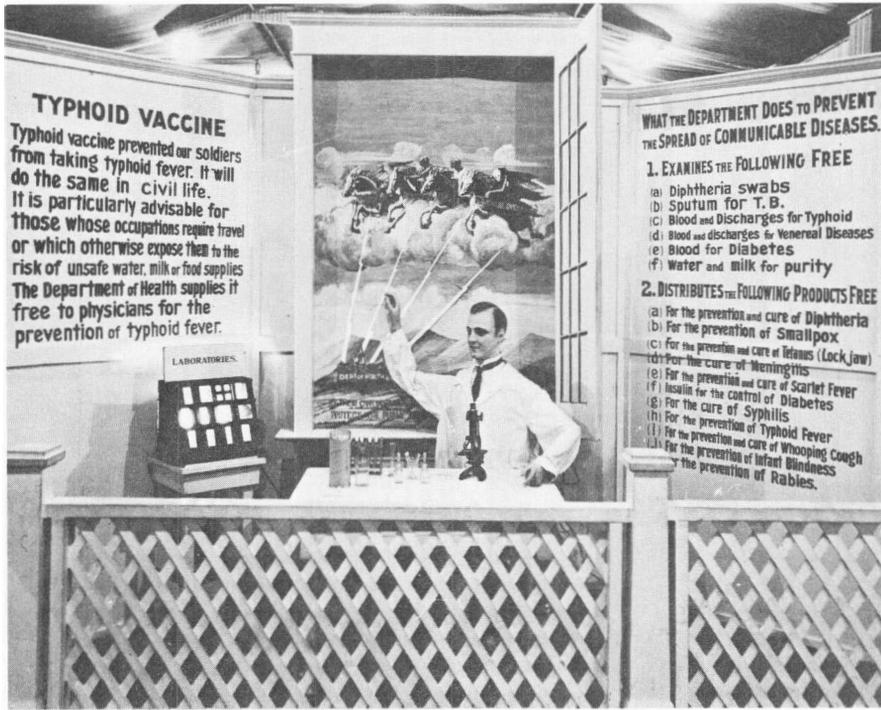


Touring baby clinic. Photographer unknown. *The popularity of the baby clinic demonstrations prompted the Board to mount a peripatetic version of the clinic which first toured the province in June 1921.* (Archives of Ontario R.G. 10 30-A-2)

The Hon. Manning Doherty, Provincial Minister of Agriculture (1) Mrs. Heustis, Chairwoman of the campaign (2) and Mr. Stonehouse, President of the National Dairy Council inaugurate the Pure Milk Campaign in front of the legislature building in Queen's Park, June 1921. Photographer unknown. *Tuberculosis and child health campaigns both emphasized the importance of pure milk for a healthy life. Pure milk campaigns were common public efforts of various action groups in the years before the compulsory pasteurization of milk.* (Archives of Ontario R.G. 10 30-A-2)



Posters (U.S.), 1922. *Growing concern for the occupational health and safety of Ontario's workers in the early decades of the twentieth century prompted the formation of the Board of Health's Industrial Hygiene Division in 1923. In conjunction with the public health nursing staff, divisional personnel surveyed workers' health in selected industries notably in the Thorold and Niagara regions. Armed with very little regulatory power, the Division concentrated on health surveys and safety campaigns as part of a broad programme to educate the working public in the personal and domestic virtues of safety. American posters were frequently used and public health workers often commented upon the lack of commercial Canadian items.* (Archives of Ontario R.G. 10 1-A-1)

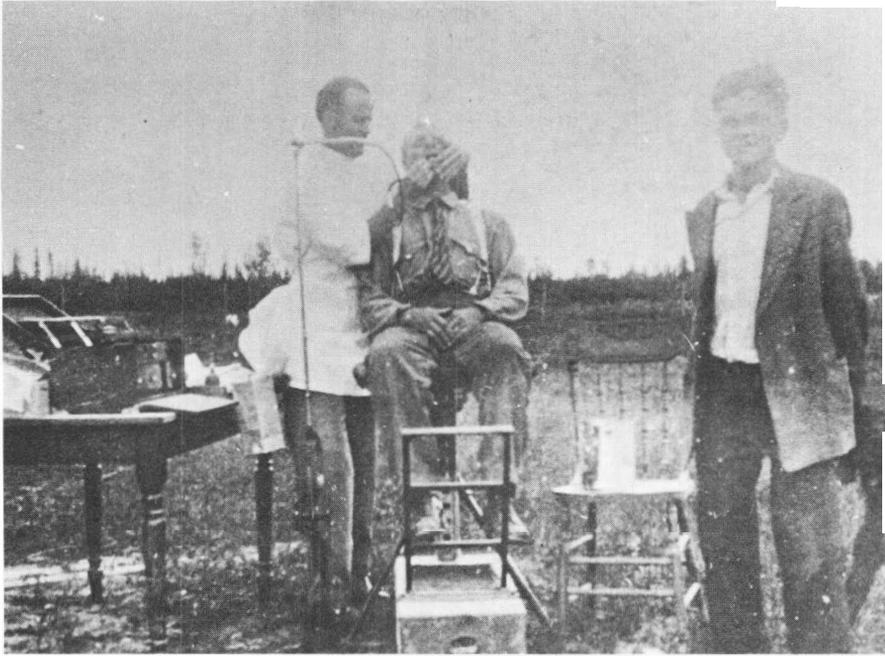


Displays, Canadian National Exhibition. Photographer unknown. *Utilizing the developing arts of advertising in mass communication to sell health awareness, Charles Hodgetts' self-consciously didactic displays were expanded after World War I to include popular publications such as the Health Almanac begun in 1923; media advertising through newspapers and radiospots, and health contests at rural fairs. Immunization display 1 (C.N.E. 1924) is a three dimensional scenario of the health struggle with good and evil not too subtly placed. Display 2 (St. Catherines 1931) is a somewhat gruesome presentation of the big bad wolf idea. (Archives of Ontario R.G. 10 30-A-2)*

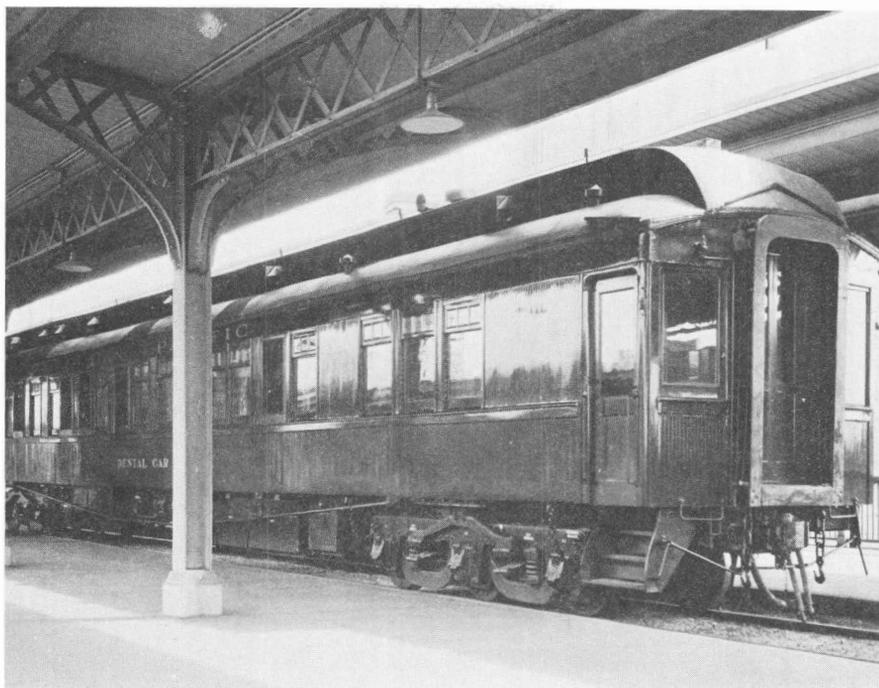


Field immunization, 1932. Photographer unknown. *Immunization programmes in northern areas poorly served by physicians and hospitals was a continuous herculean task for health officials. In the summer of 1932 Dr. H.W. Johnston, District Officer of Health and Miss J.I. Grenville, Public Health Nurse conducted toxoid immunization clinics in the scattered settlements of Algoma innoculating a prodigious 4,000 people.* (Archives of Ontario R.G. 10 30-A-2)

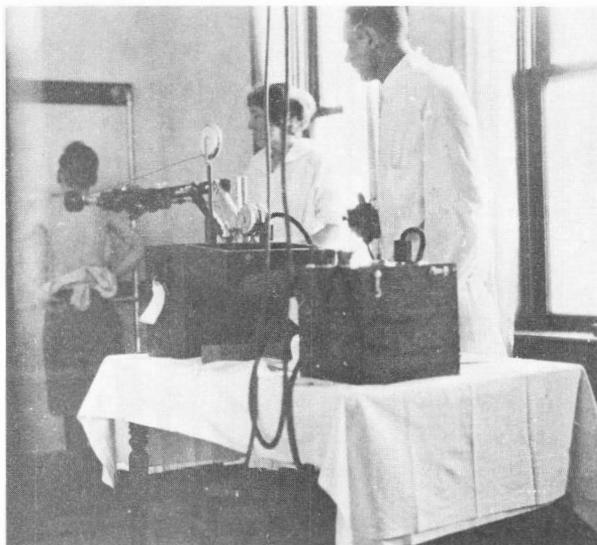
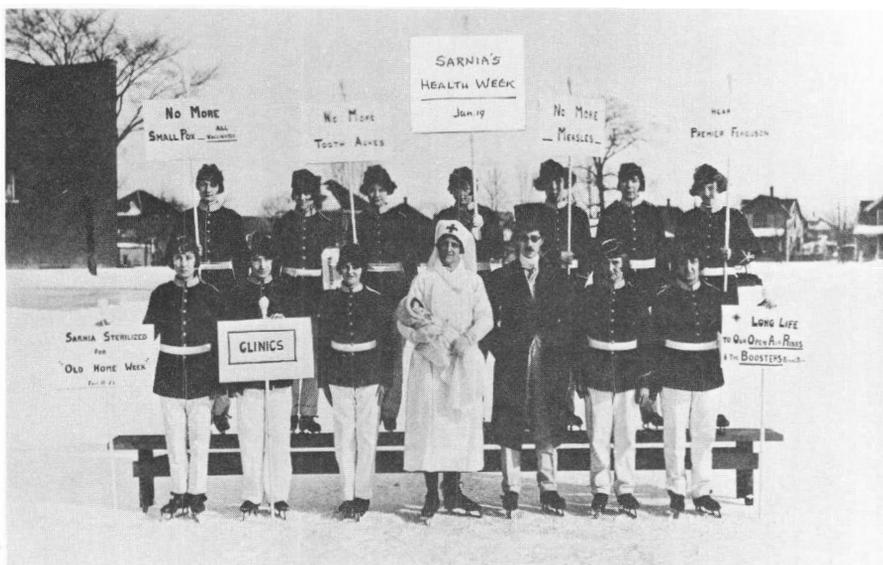
The Ives Cottage, Rainy River, 1925. Photographer unknown. *Endorsed on back of photo: "Police reported Mrs Ives had frozen both her feet so visited and dressed them until healed — some toes dropped off. No fire in shack in below zero weather — woman apparently feeble-minded and insane — subsequently Billy Ives feet froze — one leg was amputated and he died. Authorities put Mrs. Ives into Fort Francis jail until disposition — one of the problems of the North."* (Archives of Ontario R.G. 10 30-A-1)



Visiting the travelling dentist, Northern Ontario, c. 1930. Photographer unknown. *To encourage improved dental hygiene as an integral part of public health the provincial government sponsored inspection and limited clinics in unorganized territories along the lines of successful municipal programmes in Toronto (1911) and Hamilton (1918). Under direction of the Provincial Board's Division of Dental Hygiene travelling clinics with portable equipment were first sent out in 1927.* (Archives of Ontario R.G. 10 30-A-2)



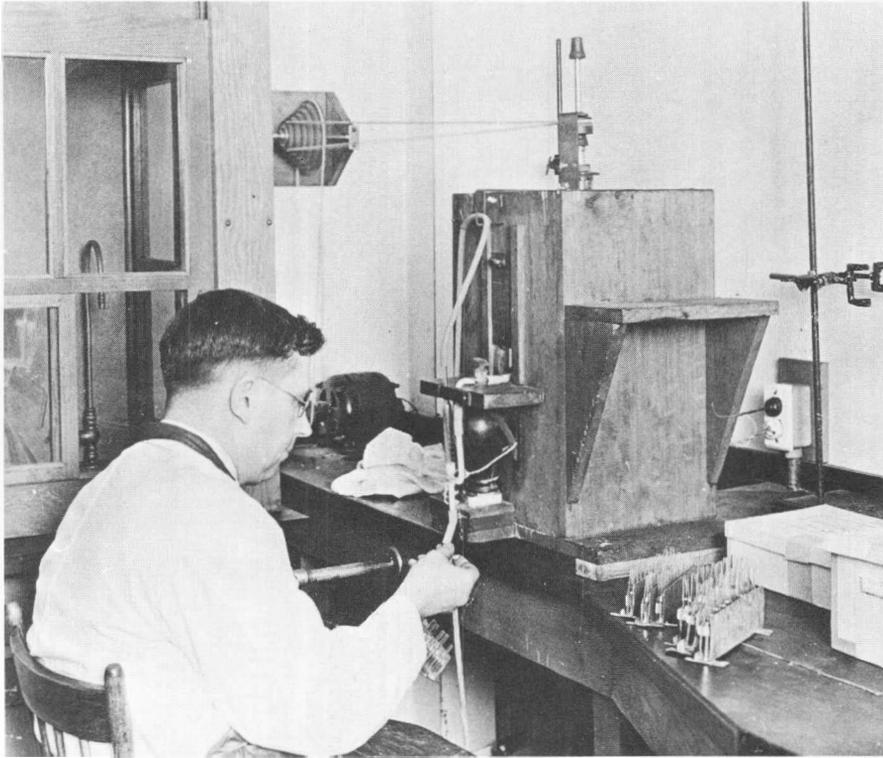
C.P.R. dental railcar, n.d. Photographer unknown. *Dental car services, inaugurated in 1931, formalized itinerant dentistry and provided valuable community service to sparsely populated northern areas. Provided by the C.P.R., the car was equipped with two surgeries by the provincial government and the dentist's living quarters were furnished by the Rosedale chapter of the I.O.D.E. (Archives of Ontario R.G. 10 30-A-2)*



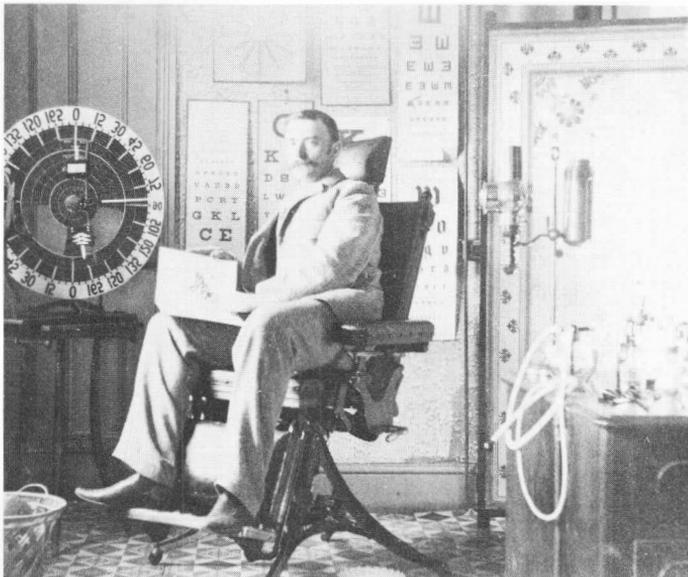
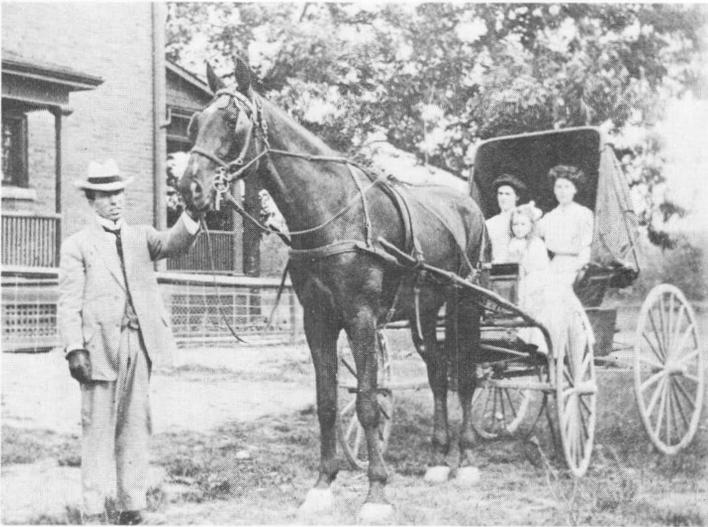
*Organized on the familiar lecture, demonstration and clinic model, Health Weeks, such as the one held in Lambton county in January 1926, were the health activist's tour de force. Although often surrounded by a melange of voguish amateur promotional hype, (1 — School Boosters, Sarnia 1926, Archives of Ontario R.G. 10 30-A-1) these projects required skillful planning by government and demanded close cooperation with local business and service clubs. The active involvement of local medical and dental societies was essential to provide patients and to act as consultants to the special clinic teams. (2 — Chest clinic with portable x-ray apparatus, 1926. Dr. G.C. Brink, *ibid.*) By uniting diverse groups for a common objective, Health Weeks served as crucibles forging the working relationship between organized medicine/dentistry and government interests in mass public health.*



Venereal disease clinic, Windsor, 1928. Photographer unknown. *Established in July 1920, the Windsor Special Treatment Clinic for the diagnosis and treatment of venereal diseases was one of over 15 established after World War I on a cost sharing basis among three levels of government. Recommended treatments for syphilitic infection were Phenarsenamine (Salvarsan) by syringe and gravity method and Mercury Salicylate intramuscularly.* (Archives of Ontario R.G. 10 30-A-2)



A Division of Laboratories technician fills vials with mercury salicylate and bismuth oxychloride for use in the treatment of syphilitic infection. Toronto, 1928. Photographer unknown. *In assuming corporate responsibility for standard levels of service in some forms of health care, such as guaranteeing the quality and supply of vaccines, the way was paved for a greater role for the public authority in health care. Ontario's public laboratory opened in 1890. Originally conceived as a bacteriological lab to assist diagnostic work of Ontario's physicians, additional responsibilities included sanitary chemistry, clinical pathology and the preparation of certified biological products for free distribution. By 1922, there were 8 provincial laboratories with the central lab, then in Spadina House, responsible for the preparation of products for arsenic and heavy metal therapy in venereal diseases.* (Archives of Ontario R.G. 10 30-A-2)



Physician William Corrigan in front of his house, St. Clair Avenue West, north side, west of Vaughan Road, looking southeast. Toronto, c. 1908. (Metropolitan Toronto Library Board 974-1202)

Probably F.W. Coates, optician, 158 Princess St., Kingston, c. 1895. *Drs. Corrigan and Coates are surrounded by certain necessary accoutrements of their respective professional practice. Dr. Corrigan's office and home were one. He had a wide family practice in the St Clair West area which he visited regularly by horse and buggy. Dr. Coates is pictured in his office for refraction testing. A graduate of an American optical college in New York, Dr. Coates' profession was not systematically regulated in Ontario at this time.* (Archives of Ontario S-12026-4)



Dionne quintuplets with Mitchell Hepburn, Premier of Ontario, (r) Dr. A.R. Dafoe (middle) and D.A. Croll (left), 1935. Photographer unknown. *In the atmosphere of heightened concern for maternal and child welfare, the birth of the quints on 28 May 1934 was a medical event of great significance widely discussed in both the professional and popular press. In the care and rearing of the babies, the practical knowledge of the attending physician was supplemented by expert advice from specialists in Toronto while the state stepped in to exercise an overall superintendency.* (Archives of Ontario S-801)

Résumé

Les éditeurs de la publication #10 ont rassemblé une série de photographies sous forme d'étude visuelle illustrant l'expansion des soins de la santé dans les domaines public et institutionnel. Les archives photographiques couvrent les années 1850 à 1930, en Ontario.