

gender, power, and academic legitimacy that lie deep in the heart of economic history. Until then, they will no doubt continue their impressive scholarly analyses of the interesting question: Why is it, again, that we are not like Ontario?

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Duffin, Jacalyn — *Langstaff: A Nineteenth Century Medical Life*. Toronto: University of Toronto Press, 1993. Pp. vii, 383.

The story of Dr. James Miles Langstaff fills a void in scholarly Canadian medical history. The Hannah Institute for the History of Medicine's biographical series, "Canadian Medical Lives", has in most cases narrated the triumph of medical science through accounts of the contributions of important and well-known medical personnel. Most other studies of medical practice in Canada have examined large groups of medical practitioners. Standing in sharp methodological contrast to previous historical works, Jacalyn Duffin's study of a typical country physician of the mid-nineteenth century contributes greatly to our understanding of general medical practice.

Through systematic analysis of Langstaff's casebooks for information about diagnosis, therapy, and medical opinion, Duffin is able to measure his reaction to innovations and events concerning the medical community of Ontario: medical education, political issues, public health, and legislation. Judging from this doctor, country practice was not necessarily static or "backward". Langstaff kept well abreast of medical innovation. Moreover, he formulated hypotheses about the relationship between symptom and disease based on his own clinical observations and experience. Both he and his spouses took on causes for social reform outside the realm of medicine. As a result, Duffin's book contributes to Canadian historiography not only as medical biography, but as social history of medicine.

The therapeutic perspective the book provides is well integrated into sections on obstetrics, surgery, infectious diseases, and the doctor's attitude toward addiction and mental health. Duffin combines a Rosenbergian definition of therapeutics, which includes bedside manner, counselling, and generally acting as "confessor", with a Warnerian perspective, that of actual clinical practice. She determines that "Langstaff recognized the importance of psychological support for his patients, but he also relied ... on drugs, bleeding, blisters, and other material treatments in all decades of his practice" (p. 91). The doctor seems to have displayed surprisingly little therapeutic nihilism, untypical of his period, except when he was unused to performing a new procedure. He balked at doing risky internal and abdominal operations, for example, more than the superficial, external ones (pp. 176, 254). He did become more sceptical of new therapeutics later in his career, however, possibly because the novelty of new drugs had worn off.

In spite of these clinical reservations, Langstaff's therapy was the most innovative and least static aspect of his practice. If the continued presence of old drugs in his

records suggests cautious medical conservatism, he was "more ready to accept new treatments than he was to abandon old standbys" (p. 91). Such conclusive casebook information sheds much light on approaches to health and disease in the age before "medical miracles". It tends to contradict the common notion that country doctors in this period were the less able or more technologically conservative cousins of their colleagues in urban practices.

In another sense, Duffin's contribution to historiography is limited. She takes the typical perspective of Canadian historians of medicine, that of the physician. By relying upon Langstaff's casebooks, she is inattentive to patients' voices in her otherwise insightful and thoughtful work. Her analysis of therapeutics raises the question of how therapy, innovative or otherwise, affected Langstaff's community standing. Unfortunately, Duffin is unable to deliver a conclusive answer. On occasion, she refers to recollections from Langstaff's patients and colleagues (pp. 20–21 and 33), but they only lend a qualitative aspect to her concentration on the physician's practice. Duffin must therefore speculate whether it was possible that so-called external factors such as "folk attitudes" influenced the preservation of traditional practices such as cupping and bleeding.

Duffin herself allows that, without a comparative study of casebooks from two competing physicians practising in the same area, it is impossible to make conclusions, let alone generalizations, about patient allegiance. This would seem central to an analysis of popularity and community status. Duffin does try to infer as much information about Langstaff's reputation as possible. Regarding childbearing, she hypothesizes: "The declining number of miscarriages in his record suggests that there was a certain reluctance on the part of his community to invite the doctor to attend [birthings], since his visit might raise suspicions for all concerned of deliberate interference with the pregnancy" (p. 217). She is, however, unable to determine how much Langstaff's involvement and success with social reform were due to his own charisma or personal influence. On the basis of newspaper reports indicating Langstaff's staunch support of the Liberal party and other bipartisan political stances, she cautiously suggests that Langstaff was not a universally popular municipal leader.

Langstaff's story is nonetheless well situated in an era of revolutionary medical change, which featured the development of new surgical procedures and the widespread acceptance of the germ theory, as well as new drugs to relieve tension and pain. Context is also well established through Duffin's attention to Langstaff's two wives and the role they played in his practice and in the community. His second wife, for instance, was not only his obstetric patient, but a fellow social crusader. She shared Langstaff's public and professional life in a most intimate way. Duffin gives the doctor-wife relationship, so integral to the study, appropriate space in her discussion of Langstaff's practice and medical approach.

Whether Langstaff's life and practice were typical is unknown. No work comparable to Duffin's has been written by a professional historian in Canada. Her conclusion lists the questions she hopes subsequent studies in this area will someday answer: Were all nineteenth-century medical practitioners equally persistent or inquisitive about the physiological basis for symptoms? Was Langstaff's disinclina-

tion to perform internal surgery common? Was his political participation typical of his profession and, if so, what was the motivation for involvement?

The absence of other secondary sources does not detract from the fact that, within her chosen historical scope, Duffin's inquiry is groundbreaking, intelligent, and historically aware. Her thorough examination and interpretation of casebook information provide, for perhaps the first time in Canadian historiography, as close a view as possible of a typical nineteenth-century medical life. Therein lies the worth of this book. That Langstaff was not a major contributor to the medical practice of his day does not diminish the importance and nobility of his endeavour to heal. Duffin has demonstrated well how the average Victorian country physician "cared for all his patients, was sensitive to their pain, and tried always to help or at least to do no harm" (p. 255).

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Frances Swyripa — *Wedded to the Cause: Ukrainian-Canadian Women and Ethnic Identity, 1891–1991*. Toronto: University of Toronto Press, 1993. Pp. xiii, 330.

The title of this important new study is somewhat misleading. Readers assuming that this book will describe and analyze the life experiences of Ukrainian-Canadian women and their understanding of ethnicity will be disappointed — but only for a moment. Instead readers will find a complex story, not of ordinary women, but rather of the diverse and divided Ukrainian-Canadian elites who wanted to control and shape Ukrainian immigrant women as both the objects and the tools of their contradictory agendas. The book that Frances Swyripa's title suggests has yet to be written. This one reveals much instead about the silencing of women.

Swyripa has turned what might have been a simple tale of ethnic triumph into a layered series of revelations. An essential starting point is the way in which the book explains the diversity of the people who comprised Ukrainian immigration to Canada — a people divided by class, by religion, by experience, by geography, by political ideology. These divisions were the crucial ingredients that shaped the way in which Ukrainians in Canada defined themselves in relation to each other and to the larger Canadian society.

A second important revelation is the extent to which competing elites within the Ukrainian-Canadian community drew on nationalist ideology to insist that women create the conditions for the successes and survival of the community while ensuring that they would be blamed for its failures. By focusing on the elites, Swyripa has illuminated the tenacious grip of nationalist thinking even on progressives who openly disavowed nationalism.

Swyripa makes it clear, too, by recounting the vision of community leaders, just how hard it will be to recapture now the real experiences of ordinary immigrant women in the first crucial decades of the Canadian migration. I looked in vain in this book for my grandmother who died in 1927; nor could I find my mother, her