

be able to ignore the challenges it contains. John Webster Grant has produced a book that is sometimes superficial and flawed, but one which is nonetheless of fundamental importance in its field.

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RONALD HAMOWY — *Canadian Medicine: A Study in Restricted Entry*. Vancouver: The Fraser Institute, 1984. pp. xxii, 394.

Ronald Hamowy's *Canadian Medicine: A Study in Restricted Entry* is not a subtle book. It is an examination of the ways and means by which the medical profession developed a virtual monopoly over regular medicine by the early twentieth century. As he states on page 2,

It does not take a sophisticated knowledge of economic theory to know that such policies as increasing the costs of entry into the profession, limiting the number of new entrants, restricting advertising, discouraging price competition, and defining the ambit of professional practice so as to restrict the availability of substitute services, all redound to the economic benefits of members of a profession.

And just in case the reader forgets, the author hammers the point home again and again throughout the book.

This is not a startling thesis. It has been a mainstay in the literature on professionalization for many years. However, the author argues that it is a new perspective on Canadian medicine. He chastises Canadian medical historiography for being sympathetic to physicians and too accepting of their altruistic rhetoric. It is true that much of the literature has been Whiggish in tone but Hamowy ignores much of the work done in the last five to ten years by academic historians, which is anything but sympathetic to the medical profession. And despite his criticism of the Whiggish work, Hamowy bases much of his discussion of the nineteenth century on it. Not until he addresses the early twentieth century does he utilize primary sources to any great extent.

The book is very narrative in approach. The author traces the steps by which regular practitioners exerted a monopoly but he never puts these steps into any kind of context. He certainly does not identify the social factors which created the atmosphere in which 'professionalization' and monopoly could take place not only for physicians but other groups as well. Ignored is the work by historians who linked the development of institutions to the underlying economic structure. Understandably someone writing for the Fraser Institute may not wish to see the impact of economic changes on this process but that is no reason not to create some explanatory model which is linked to the historical period under examination.

The lack of connection between analysis and social context is frustrating, for the factual information presented (particularly for the nineteenth century) is not really new, although Hamowy has brought some of it together for the first time. The major focus is Ontario and, although the other provinces are examined, the process is so similar in each that the reader becomes mired in detail with little understanding of how or why they differ. For example, Quebec's physicians were incorporated into a college in 1847 but it is noted that those in Ontario had to wait 20 more years. No explanation of this is provided. The book traces the success of the medical lobby but does not analyze why it was so successful. It certainly was not in the public's interest, yet no public outcry occurred. Why was there so little opposition to what was happening? Was the public really so passive? A pet peeve of the author's is the fact that Canadian licensing discriminated against graduates of American medical schools, yet he does not examine what those schools were like. But then in his scenario it does not matter what they were like. His vision is of a medical system where medical care would be offered

in a competitive marketplace and where those who were successful in their care of patients would be those who would reap financial benefit. Training would be a criterion only insofar as it was useful. But is medicine a consumer product? It is hard to imagine people shopping around when they are ill.

Canadian Medicine is an institutional study. It details restrictive legislation but seldom examines its real impact on the provision of health care. The author can show that the number of licensed physicians did not keep pace with the growth of population but what about unlicensed physicians? Much of the legislation had no teeth, for many individuals practised outside its boundaries. Even more significantly, Hamowy totally ignores the fact that there was competition. He is a captive of what he himself criticizes — the monopoly within regular medicine. He is correct — it existed and does exist but it is not the only type of medicine. The real competitors of regular medicine are ignored — the midwives, the patent medicine people, conventional wisdom, the wise old neighbour, and more importantly, the mother within the family who usually had her own favourite remedies. The public did have choice and the choice was far greater than Hamowy is willing to grant. Only if you accept the definition of medicine as accepted by regular physicians do you see the kind of restrictive entry Hamowy discusses.

The book is disappointing. Nevertheless, despite the lack of context, it does bring together much disparate secondary literature and some primary sources and for this it is of use. Hamowy's thesis may not be a new one but this does not make it incorrect. It is simply not complete and does not take us very far. The irony of the book is that many people reading it will agree with his view of the medical profession and its development. What they will not agree with is Hamowy's solution — a medical supermarket.

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R. COLE HARRIS and ELIZABETH PHILLIPS, eds. — *Letters from Windermere, 1912-1914*. Vancouver: University of British Columbia Press, 1984. pp. xxii, 235.

Thirty-five years old when she married Captain Jack Phillips and emigrated to Canada, Daisy Phillips had lived a comfortable middle-class existence in Windsor, England, surrounded by family, friends and neighbours. Windermere in 1912 was a newly-opened fruit-growing district (or so its over-zealous promoters represented it) in southeastern British Columbia. "Certainly we are pioneers of this place," Daisy wrote in one of the twice-weekly letters to her mother and sister that make up this volume, adding "Of course we never see a soul here as there is no road or even a path to our tent at present" (18). With only her taciturn soldier husband for companionship Daisy's lifeline was letters and papers sent out from England; her letters in return were fulsomely detailed, the unstructured chat of someone long accustomed to copious observation and remark on the mundane and seemingly inconsequential.

Daisy is an agreeable but not compelling letter-writer; she is unpretentious and moderately self-revealing but seldom analytical. We recognize that her candour is circumscribed by the knowledge that her relatives at home are anxious about her health and comfort, as well as her frame of mind. Reassurances alternate with exclamations and descriptions of the new and different in her surroundings: spectacular mountain scenery, wildly fluctuating temperatures, a running score on successes and failures as Daisy adjusts to her new way of life.

Daisy learns to raise and prepare food, darn and launder clothes, furnish and run a house for two and then for three. She mourns the absence of servants until one actually arrives; by then she