

J. T. H. Connor — *Doing Good: The Life of Toronto's General Hospital*. Toronto: University of Toronto Press, 2000. Pp. xi, 342.

Many hospital closures and mergers have taken place in the wake of Canadian health care restructuring at the end of the twentieth century. Organizational changes offer an opportunity to reflect on the role of health care institutions and workers as long-standing structures disappear to make way for newer ones. When invited to write an institutional history of the 200-year-old Toronto General Hospital (TGH), J. T. H. Connor expanded his analysis to use the TGH as an exemplar of broader changes in the Canadian health care system. He calls his book a “biography of an institution” (p. 9), while using an analogy of the hospital as a “social and political barometer” reflecting society’s changing values (p. 5).

Connor identifies his intended audience as historians, health care workers, and general readers. He raises important issues that are also pertinent and timely for health care policy makers, analysts, and administrators. The implied key questions that thread through the book involve: Who pays, and what is the cost of curing? What is the mandate (or mission) of a health care institution? What is the relationship between providing service to patients and providing education for health care practitioners? Finally, how do these understandings intersect to form an institutional culture? Between the lines, astute readers will ponder how individual needs for curing and caring are reconciled with society’s needs for fiscal responsibility in health care.

Doing Good traces the evolution of the TGH from its origins as an idea in 1797 to the first building in 1819, the first admission of patients in 1829, its temporary closure in 1867 due to fiscal crisis, and through various amalgamations and mergers to become part of the University Health Network in 1999. This evolution is set in the context of social and medical change as hospitals shifted from being charitable institutions for the destitute to becoming sites of medical professionalization and scientific institutions and eventually big businesses and temples of high technology. Given these changes, Connor suggests that, during its 200-year evolution, TGH “constantly adjusted its goal of doing good according to prevailing social, religious, fiscal, medical, technological, and government imperatives” (p. 8).

Doing Good is based primarily on the perspectives of the elite members of the governing hospital boards and physicians. This is understandable, considering the main primary sources were minutes of the hospital’s trustees, published reports and case studies in medical journals, and government inspection statistics. Connor has, however, attempted to balance the account with anecdotes from patients and their families in the form of letters to the hospital and newspaper accounts where available. He raises some issues related to class, religion, ethnicity, and gender, although these are not used to their full potential as analytical concepts within the research.

Doing Good is organized into three periods wherein TGH is seen as a provider for the poor (1790–1856), a public charity (1856–1903), and a major academic hospital (1904–2000). In part 1, Connor suggests that medical care in Upper Canada was neither as stratified as the British medical system nor as levelled as the American (Jacksonian) medical system where “every man” was his (or her) own doctor (p. 18).

“Doing good” in this period involved reciprocity of interests between the church and state. Caring for the poor reduced the burden on society by returning them to employable status, while the segregation (or quarantine) of diseased persons in hospitals served to protect the rest of society. For the medical profession, “doing good” also meant providing an adequate supply of patients with varied illnesses in a concentrated area (that is, providing opportunities) for medical students’ learning experiences.

Part 2 deals with the second half of the nineteenth century and issues related to a rising, prosperous, middle-class generation of industrialists, businessmen, and merchants as well as to Canadian Confederation and the *British North America Act* of 1867. The *BNA Act* established the division of power between the levels of government and allocated responsibility for health care to the provinces, while retaining funding powers at the federal level. The TGH closed from August 1867 to August 1868 due to inadequate funding, as hospitals shifted from reliance on middle- and upper-class charity to state funding as a public expense and public duty. This regular funding, however, came with a loss of autonomy, as hospitals became subject to non-medical inspectors. “Doing good” became a public responsibility, and, for hospitals such as the TGH, it involved increasing links to science, scientific management, the professionalization of medicine, and medical technology. Connor illustrates some of the effects of political partisanship, provincial legislation, the establishment of a school of nursing as a ready source of inexpensive labour, and the shift from governance by trustees to that of medical superintendents. He also clearly demonstrates the early development of a two-tiered health care system, as middle and upper classes increasingly accepted hospitals as the location for medical care.

In part 3, Connor focuses on the TGH as an academic hospital through its association with the University of Toronto medical faculty, scientific research, and innovations, as well as the gradual shift towards hospitals as big businesses or corporations. “Doing good” became increasingly associated with medical education, medical research, and the university hospital concept. Through the century, “doing good” also became associated increasingly with efficiency and fiscal responsibility. Many of the current tensions associated with health care reforms can be traced to these contested goals of health care.

This third section covers the whole of the twentieth century — a very large scope to treat as a single time frame, as it encompassed two world wars, a decade of economic depression, the implementation and gradual erosion of a national health insurance plan, and huge changes in medical technology. Treating this as one period obscures the complexity of change that occurred and limits the discussion of unions and unionization movements, the Second World War with its challenges for hospitals, and the roles and perspectives of other health care workers and patients. For example, nurses have always made up the largest body of health care workers in hospitals, and TGH had one of the largest and best-known training schools for nurses in Canada. The relative invisibility of nurses in the narrative constitutes a significant gap in TGH’s history.

Doing Good makes an important and valuable contribution to medical history nonetheless. Connor has worked with a large amount of source material and covered a large time frame. He has made important links between the history of one well-

known hospital and the changing society it sought to serve. He has raised significant questions that continue to be relevant in the current reform endeavours. Most importantly, his research has made it clear that answers to these questions must continue to evolve concurrently with societal changes.

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Luc Côté et Jean-Guy Daigle — *Publicité de masse et masse publicitaire. Le marché québécois des années 1920 aux années 1960*, Ottawa, Presses de l'Université d'Ottawa, 1999, 361 p.

L'origine lointaine de cet ouvrage est un vaste projet de recherche lancé en 1987 par Jean-Pierre Charland sur la naissance et le développement du mode de consommation nord-américain au Québec. Les deux auteurs ont choisi d'examiner cette problématique à travers le phénomène publicitaire de la fin des années 1920 au début des années 1960.

La démarche est intéressante à plusieurs points de vue. D'abord parce qu'elle débouche sur la première grande synthèse de l'évolution de la publicité au Québec. Ensuite parce que l'ouvrage démontre à quel point l'étude des annonces, parues dans la presse, jette un éclairage nouveau et original tant sur l'histoire sociale que sur l'histoire des mentalités, de la consommation, de la production et de la distribution et des femmes. À travers le prisme de la publicité, située aux confins du monde de l'art, du monde des affaires, du monde des médias et du monde de la culture, c'est toute une société qui se révèle aux yeux des historiens. Ces derniers ont sans doute eu tort de ne pas porter plus rapidement une attention soutenue à ces petites réclames qui envahissent les pages des quotidiens dans la première moitié du XX^e siècle.

La période retenue est en outre très significative pour la société québécoise. Elle est marquée par une urbanisation croissante de la population qui voit son pouvoir d'achat augmenter tandis que les investissements dans le domaine publicitaire connaissent un développement exceptionnel et favorisent la professionnalisation du secteur.

Pour mener à bien ce projet qui, par certains aspects, pouvait paraître démesuré, les auteurs ont dû procéder à un échantillonnage difficile. Ils expliquent avec précision la méthode suivie qui les a d'abord conduit à choisir l'un des médias les plus populaires au cours de la période étudiée et, de fait, le principal vecteur de la publicité : le journal. Signalons qu'en 1950, les imprimés drainaient encore 85 pour cent des investissements en matière publicitaire tandis que la radio et la télévision occupaient toujours une place très secondaire.

Restait ensuite à établir le corpus. Il a été construit à partir des trois journaux les mieux diffusés pendant la période choisie : la *Presse*, le *Star* et le *Soleil*. Il s'agit de deux journaux montréalais (un francophone et un anglophone) et d'un journal de Québec. Pour construire l'échantillon, les auteurs ont choisi la semaine comme élément de base et défini sept sous-ensembles chronologiques (les années 1929, 1934, 1938, 1943, 1947, 1953 et 1957, considérées comme des unités-types relativement