

# *Gynecological Operations on the Insane*

by WENDY MITCHINSON

Medical history in Canada is a relatively new field. Its sources demand recognition from historians and archivists alike. The first section of this article examines in a very general way the increasing interest in medical history, the potential it offers for research and the problems it may pose for archivists. The second section is a study of one episode in Canadian medical history, the use of gynecological surgery on insane women at the London, Ontario, Asylum for the Insane between 1895 and 1900, and an evaluation of the sources consulted. Through the case study method, this section hopes to make historians aware that Canadian medical history offers them a rich, hitherto untouched, area of investigation and sensitive archivists to an emerging research sphere.\*

## I

What little Canadian medical history exists has not been particularly innovative. The literature consists largely of biographical sketches of physicians, factual studies of some hospitals and dry accounts of the development of the medical profession.<sup>1</sup> This state of affairs is partially a result of non-historians, many of them physicians and working on a part-time basis, dominating the field, in fact until recently being the only ones interested in it. Much of their writing has assumed that medicine developed in a linear progressive fashion, a nineteenth century view of history which ignores the complexities of a changing society. The literature also lacks an interpretative dimension (other than the underlying assumption of progress). Yet facts are meaningless without interpretation. Knowing that infant mortality was just over twenty-six percent under the age of one in turn of the century Montreal says little about the health of the people unless we know that such a statistic compares favourably or unfavourably with

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1 Janice P. Dickin McGinnis, *A Bibliography of Printed Sources Pertinent to the Study of Canadian Medical History* (Calgary, 1978), unpublished.

rates in other cities and in other times.<sup>2</sup> Too often has writing on Canadian medical history reflected a disdain for interpretation, an inability to distinguish it from careless speculation. This, of course, has not been a problem of Canadian medical history alone but of all medical history:

History of medicine has often suffered from the disability that for long plagued history of science: both have too often been merely the relaxation of the elderly, successful practitioner regarding history as intrinsically simple, something to be 'picked up' by any intelligent, educated man. Though this has provided many useful books and articles, it has also produced much positivistic Whig history, and many ahistorical judgements.<sup>3</sup>

Only very recently has this condition begun to change in Canada. The Hannah Institute for the History of Medical and Related Sciences has endowed chairs in the history of medicine at McMaster University, the University of Ottawa, the University of Toronto and Queen's University. The Hannah professors are in a position to promote and are promoting the history of medicine in this country. The Hannah Institute is also preparing an inventory of medical archives collections in the province of Ontario which will be of incalculable benefit to researchers, and should promote writing in Canadian medical history. In addition, when finished the inventory will focus the attention of archivists on the wealth of sources available in the history of Canadian medicine.<sup>4</sup> The Canadian Society for the History of Medicine is another organization promoting the history of medicine. In recent years it has been meeting in conjunction with the Canadian Historical Association, with the result that more and more historians are being exposed to the possibilities of the field. The November 1978 Conference on the Study of the History of Canadian Science and Technology held at Queen's University brought together a vast array of people interested in the wider scope of the history of science with those more narrowly focused on the history of medicine. The workshop on the latter was significant in introducing those working in the field with those who are just becoming interested. Such contact is necessary given the infancy of the specialization in Canada. Part of the growing interest stems from the efforts of the people connected with the Institute for the History and Philosophy of Science and Technology at the University of Toronto, who are enthusiastically teaching and writing in their particular fields, exposing students and other researchers to the possibilities which exist to be pursued—one of them being the history of Canadian medicine.<sup>5</sup> Perhaps the clearest indication that the history of medicine is reaching a legitimacy hitherto unrealized in this country is the number of courses being offered at universities which focus their attention

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2 Terry Copp, *The Anatomy of Poverty: The Condition of the Working Class in Montreal, 1897-1929* (Toronto, 1974), p. 26.

3 Marie Boas Hall, "History of Science and History of Medicine", in Edwin Clark, ed., *Modern Methods in the History of Medicine* (N.Y., 1971), p. 165.

4 G.R. Patterson, M. Dunn, *Report on an Inventory of Medical Archives in Ontario*, paper given at the Conference on the Study of the History of Canadian Science and Technology, Queen's University, 1978.

5 Trevor H. Levere, Richard Jarrell, eds., *A Curious Field-Book: Science and Society in Canadian History* (Toronto, 1974); B. Sinclair, N.R. Ball, J.O. Petersen, eds., *Let Us Be Honest and Modest: Technology and Society in Canadian History* (Toronto, 1974); R.A. Jarrell, "The Rise and Decline of Science in Quebec, 1824-1844," *Histoire Sociale* IX, (May 1977), 77-92.

wholly or in part on the subject.<sup>6</sup> Even more encouraging is the interest being taken by historians and graduate students.<sup>7</sup> Historians are products of their society and often new fields of their study are a reflection of present day concerns. Certainly the modern women's movement accounts to a large degree for the energetic study given to women's history in recent years. Perhaps the North American's increasing concern with physical fitness and health is doing the same for the history of medicine. Whatever the reason, increased study is occurring, and because much of it is being undertaken by either historians or people who are making the study of the history of medicine their main concern, the approach to it has altered significantly from the unquestioning acceptance of the inevitability of scientific progress which characterized early research.

There are three basic approaches to the history of medicine, each of which interrelates with the others. One is to study the development of the medical profession *per se*. This is perhaps the most traditional approach, that is, working within an institutional framework. The second is examining the actual treatment of the patient to enable the historian to go beyond what the medical profession advocated (the ideal) to what it actually did (the practice). The third approach is studying the interaction of medical practitioners with their society, how physicians and their theories and treatments are partial reflections of their culture. All three approaches are very much influenced by the new social history.

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6 The following universities offer courses related to the history of medicine: Acadia, Alberta, Brandon, University of British Columbia, Concordia, Dalhousie, Lakehead, Lethbridge, McGill, McMaster, Manitoba, Montreal, Ottawa, Queen's, Saskatchewan, Toronto, Victoria, Waterloo, Western, York and Windsor. Most of the courses offered are in sociology, or are given through the medical faculties.

7 The following are a list of dissertations in progress on subjects related to the medical field in Canada: D.G. Draper, "William 'Tiger' Dunlop: Creating a Legend on the Upper Canadian Frontier," Ph.D. (University of Western Ontario, 1979); J.P.D. McGinnis, "Federal Government Policies Regarding Standards of Public Health for Canadians, 1900 to the Second World War," Ph.D. (Univ. of Alberta, in progress); Donald Firth, "Urban French Canada and the Epidemic: the Evolution of Montreal's Response to a Crisis (1885-1918)," M.A. (University of Ottawa, in progress); H. MacDougall, "Health is Wealth: The Development of Public Health Activity in Toronto, 1834-1900," Ph.D. (University of Toronto, in progress); Paul A. Bator, "Saving Lives on the Whole Sale Plan: Public Health Reform in the City of Toronto, 1900-1930," Ph.D. (University of Toronto, in progress); G.R. Weller, "The Development of Health Policy in Ontario, 1968-1975," Ph.D. (McGill University, in progress); W. Gomille, "The Bruce Report: A Study of Political Intrigue and Patronage in the Canadian Army Medical Corps During the Great War," M.A. (Queen's University, in progress); Burton Borthwick, "The Evolution of Special Education Programs and Services for Orthopaedic Children in Ontario, 1911-1976," Ph.D. (University of Ottawa, in progress); Stella Bradley, "Child Battering in Ontario," M.A. (University of Ottawa, in progress); Beverley Scott, "A Feasibility Study, Emphasizing Ontario, of Various Remedies to Remove the Inequities Found in the Operation of Canada's Abortion Law," M.A. (Carleton University, in progress); Francois Rousseau, "L'hospitalisation en Nouvelle-France, L'Hôtel Dieu de Quebec 1689-1698," Ph.D. (Laval University, in progress); R. Baehre, "The Lunatic Asylum in Transition: A Study of Psychiatric Institutions and Ideas in Ontario, 1870-1914," Ph.D. (York University, in progress); D. McCaughey, "The Professionalization of Medicine in Ontario, 1896-1939: A Social History of the Origins of the Health Care Industry," Ph.D. (McMaster University, in progress); Katherine McCuaig, "Public Health in Canada, 1900-1950," M.A. (McGill University, in progress); T.J. Christian, "The History and Administration of the Alberta Sexual Sterilization Act, S.A. 1928," M.A. (University of Alberta, in progress).

As part of this, medical history

goes beyond the history of its basic and clinical sciences and deals with great physicians, hospitals, medical colleges, diseases and epidemics, quacks, drugs, and surgical operations, and with peoples' thoughts on health, disease, and cure.<sup>8</sup>

Patient, healer and environment, all become integral components.

The history of medicine has much to offer the historian. It focuses attention on an essential attribute of life—health—which has repercussions on all others. In recent years, historians have become aware of the high infant mortality rates of the nineteenth century, revealing an aspect of life quite different than that of the present day.<sup>9</sup> Such rates affected the family both emotionally and structurally. Death was a part of life all too familiar to our Victorian ancestors whose need for spiritual solace makes the strength of religion in that century understandable. Infant mortality also affected family size and composition. Its impact on women in increased fertility rates in order to replace children lost through death has only begun to be realized. If so much can result from an examination of infant mortality, what more would emerge from a study of the physical experience and changes of an individual through puberty, adulthood and old age? Knowing the physical reality of existence is important for any understanding of the past and the efforts to care for that physical reality comes within the purview of medical history.

Medicine is influenced by culture. Attitudes towards birth control vary from one society to another and from one time period to another. The differences are based on societal values, not the availability of contraceptive technology.<sup>10</sup> Treatment of patients often reveals different concepts of men and women which cannot be explained by their biological differences only. A comparison of attitudes towards male sexuality and female sexuality would bear this out.<sup>11</sup> Medical treatment can even vary depending on class. In the late nineteenth century, treatment of gynecological disorders was often conservative for wealthy women and radical (usually meaning surgical) for poor women.<sup>12</sup> Clearly, medical treatment is not static and is influenced very much by ideology. It is also influenced by changes in scientific theory and scientific technology but the two are seldom independent. A study of medical specialties is one way of discerning medical expertise but also societal interest and concern. The emergence of pediatrics at the end of the nineteenth century revealed the increasing sophistication of medicine and indicated that childhood was beginning to be seen an important stage of development.<sup>13</sup>

8 O. Temkin, "The Historiography of Ideas in Medicine" in Edwin Clarke, ed., *Modern Methods in the History of Medicine* (New York, 1971), p. 1.

9 Terry Copp, *The Anatomy of Poverty*, p. 26; Michael Katz, *The People of Hamilton, Canada West: Family and Class in a Mid-Nineteenth-Century City* (Cambridge, 1975), p. 33.

10 See Linda Gordon, *Woman's Body, Woman's Right: A Social History of Birth Control in America* (N.Y., 1976) for a discussion of the history of birth control.

11 Wendy Mitchinson, "Medical Attitudes Towards Female Sexuality in Late Nineteenth Century English Canada," paper given before the Annual Meeting, Canadian Historical Association, Saskatoon, June, 1979.

12 *Ibid.*, p. 19.

13 See Neil Sutherland, *Children in English-Canadian Society: Framing the Twentieth Century Consensus* (Toronto, 1976).

The insights which medical history can offer means that more historians will be taking advantage of what medical sources exist, with resultant pressure on specific archival holdings which in the past have not experienced much use. And the sources do exist—hospital records, mortality statistics, manuscript diaries of physicians, fee bills, malpractice suits, medical journals, advertisements, to name only a few. The existence of the History of Medicine Museum at the Academy of Medicine, Toronto; The Armed Forces Medical Services Museum, Camp Borden; The Museum at Hotel Dieu, Quebec City; and the Heart Surgery Museum, Toronto General Hospital, all hint at the wealth of material available.<sup>14</sup> However, if medical history in this country is going to expand it will pose particular problems for archivists.

Demands on resources, physical and personnel, will increase. This will create special difficulties for institutions unaccustomed to historical researchers. The London Psychiatric Hospital archives has attempted to preserve the history of the institution by setting up a replica of the superintendent's office, a patient's bedroom and a water-bath therapy room as they existed at the turn of the century. A fourth room contains equipment used in treatment and a photographic record of the hospital. Unfortunately, no archivist has sifted through the material in this last room, and photographs are piled in boxes, with no identification and no order.<sup>15</sup> To date this has not been a problem simply because few researchers have put any demands on the material, but this will change. Less specialized archives will have similar problems. Emphasis has been given (and quite rightly) to collections which are in demand so that medical manuscripts may not be thoroughly catalogued or even known to most archivists. Archivists may have difficulty assessing the content of source material since medicine has its own language. They will have to become familiar with medical terminology and medical history in order to evaluate manuscript sources and identify their value to the medical historian.

Medicine covers a wide spectrum of endeavour. It intrudes not only into social history but political and intellectual history as well. Treatment and attitudes towards patients is part of the social aspects whereas theories of disease are part of intellectual history. The efforts of medical practitioners to professionalize themselves, often through legislation, clearly intrudes into the realm of political history. All three can be interrelated. The legislation prohibiting birth control (political) influences the actual treatment of women (social) but it was the belief that woman's role was to bear children (social) which led to the legislation in the first place. Part of the prohibition was mitigated by physicians advocating use of the rhythm method. Unfortunately, nineteenth century medical theory (intellectual) did not fully understand the monthly cycle of women and no acceptable and effective relief for women from the burdens of childbirth was, therefore, pos-

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14 J. W. Scott, "The History of Medicine Museum," report given at the Conference on the Study of the History of Canadian Science and Technology, Queen's University, Kingston, 1978.

15 The administrators at the London Psychiatric Hospital were very helpful and they realize the problems presented by the archives. As more and more demand is placed on the facilities, a corresponding improvement in the ordering of the material will probably occur.

sible.<sup>16</sup> If medical history encompasses political, intellectual and social history the potential sources are endless. Existing archival collections, apparently non-medical, may contain a wealth of medical lore hitherto unappreciated.<sup>17</sup> Close perusal of family papers may reveal folk remedies used in an era when physicians were few. Newspaper advertisements for patent medicines reflect a non-orthodox but certainly accepted way of combatting disease in earlier times. Realizing the potential of existing sources will be a major task of a medical archivist. Acquiring new sources will be another. Approaching hospitals, clinics and physicians for records will not be easy given the belief in patient/physician confidentiality. However, these are problems which archivists have faced and overcome before. Medical history opens up many new areas of research to the historian and offers challenges to the archivist.

## II

The purpose of research at the London, Ontario, Asylum for the Insane was to understand the reasons underlying the different treatment of men and women in late nineteenth century Canadian society. Since Victorians spent so much time discussing the differences between the two sexes it seemed reasonable to look at the most basic of those differences, the sexual. Because medical practitioners were the experts on what it physically meant to be a man or a woman, their attitudes were important to ascertain. The first step was to study medical textbooks used in Canadian medical schools in order to see what young students were being taught, that is, the accepted wisdom of the medical profession. Excellent collections of nineteenth century medical texts are readily available in the libraries of most universities which had medical faculties attached to them.<sup>18</sup> As well, superb collections exist in the Academy of Medicine in Toronto, and the National Library of Medicine in Washington D.C.<sup>19</sup> These texts, however, must be approached carefully, since those used in Canada were not written by Canadians. Nevertheless, they were endorsed by Canadian medical schools and it would be safe to assume that there was sympathy with their content. More important is the ever present dilemma of attempting to distinguish what is from what was thought to be, in this case distinguishing what physicians actually did from what they had been taught to do. The published literature in text-book form is decidedly prescriptive and represents the accepted credo of the medical profession. Nonetheless, they are useful. The texts describe the pros and cons of various treatments and often provide some historical information on past practices. They also expose common cultural assumptions. This is particularly true in physiology

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16 In the nineteenth century, physicians felt a woman's "safe" time was the middle of her cycle which in fact is the time when she is most fertile. Wm. Carpenter, *Principles of Human Physiology* (Philadelphia, 1847), p. 834; P. Cazeaux, *Theoretical and Practical Treatise on Midwifery* (Philadelphia, 1837), p. 123; Henry Garriques, *A text-book of the diseases of women* (Philadelphia, 1894), p. 123.

17 Veronica Strong-Boag in "Raising Clio's Consciousness: Women's History and Archives in Canada," *Archivaria* 6 (Summer 1978), p. 74, makes the same point with reference to women's history.

18 The ones used for this research were those at Dalhousie University, the University of Toronto and the University of Western Ontario.

19 The library in Washington is particularly important for those doing work on the history of Canadian medicine since it contains probably the most complete run of Canadian medical journals.

texts where the differences between the two sexes is discussed at length in more than medical terms:

There can be no doubt that—putting aside the exceptional uses which now and then occur—the *intellectual* powers in the Woman are inferior to those of Man. Her *intuitive* powers are certainly greater than his, her perceptions are more acute, her apprehensions quicker; and she has a remarkable power of interpreting the feelings of others, which gives to her, not only a much more ready sympathy with them, but that facility in guiding her actions so as to be in accordance with them, which we call *tact*.<sup>20</sup>

Medical opinion and cultural attitudes went hand in hand. The dominating image of woman in late nineteenth century Canada was that of being more emotional than man, more giving than man. That medical science was willing and able to endorse that image only underlines its pervasiveness.

Medical opinions were linked to treatment. Although men and women were both subject to ‘nerves’ it was generally believed that only women were subject to hysteria, attributable to the derangement of their reproductive system through the excitement of coition, childbirth, and so forth.<sup>21</sup> “The Uterus indeed has usually been considered the seat of Hysteria . . . ; but the ovaries, a head-centre of the sexual system, must now be regarded as the real . . . fountainhead of all hysterical affections.”<sup>22</sup> This causation was extended to insanity:

I take it for granted that all will agree that insanity is often caused by diseases of the procreative organs, and on the other hand, that mental derangement frequently disturbs the functions of other organs of the body, and modifies diseased action in them. Either may be primary and causative, or secondary and resultant. In the literature of the past, we find the gynecologist pushing his claims so far as to lead a junior in medicine to believe that if the sexual organs of women were preserved in health, insanity would seldom occur among them.<sup>23</sup>

The reasons for this were speculated to be reflex action, pain of uterine disease causing impaired nutrition of the brain and the frequent stress of child-bearing and lactation.<sup>24</sup> Given such logic, one potential treatment for insanity was to remove the causal part and at least one text mentioned that this was followed in the London, Ontario, Asylum for the Insane.<sup>25</sup> That a specific medical theory was partially based on popular conceptions of woman’s role in society raises

20 Wm. Carpenter, *Principles of Human Physiology*, pp. 911-12.

21 Sir Thomas Watson, *Lectures on the principles and practice of physic* (Philadelphia, 1848), p. 414; Arthur Edis, *Diseases of Women: A Manual for Students and Practitioners* (Philadelphia, 1882), p. 523; Henry Guernsey, *The application of the principles and practice of homeopathy to obstetrics and the disorders peculiar to women and young children* (Philadelphia, 1867), p. 150.

22 Reuben Ludlam, *Lectures clinical and didactic on the diseases of women* (Chicago, 1872), pp. 87-88; Guernsey, p. 155; Edis, p. 324; Watson, p. 416.

23 Alexander Skene, *Medical Gynecology; a treatise on the diseases of women from the standpoint of the physician* (N.Y., 1895), pp. 930-31.

24 Skene, pp. 932-33; William Dakin, *A handbook of midwifery* (London, 1897), p. 54; William Goodell, *Lessons in Gynecology* (Philadelphia, 1890), p. 394.

25 H. MacNaughton-Jones, *Points of Practical Interest in Gynaecology* (London, 1901), p. 95.

questions about the efficacy of treatment. While the texts were not particularly concerned some Canadian physicians were and they expressed their doubts about the appropriateness of treatment in Canadian medical journals. Of concern to them was not the body/mind link that was being made but the specific results that it led to—gynecological surgery on insane women.

Canadian medical journals share some of the same problems of the textbooks. Much of the literature in them is not original, but rather summaries of items which have appeared in American or European medical journals. Yet the journals are Canadian in that the selection is made by Canadian physicians and some Canadian content in the form of essays, editorial opinion and case studies does appear. They were also a forum for debate for the profession in Canada and thus offer a way of approaching the reality of Canadian medicine, although a certain degree of caution must be exercised. The medical profession was not a unified body in the late nineteenth century but divided into different schools of thought—homeopathic, Thompsonian, regular, and so on.<sup>26</sup> Each had its own journal to propagate its system, and this must be kept in mind when evaluating their content. It is also difficult to estimate how influential the medical journals were since their circulation is not known.<sup>27</sup> And, like the texts, they are prescriptive, though given these limitations they contain fascinating material.

As forums for discussion the journals comment on the state of the medical profession in Canada and its needs. Editorials often reflect on changes taking place in Canadian society—women going to medical schools or riding bicycles.<sup>28</sup> They detail the emergence and development of medical specialties and even more significant the treatment of patients through pharmaceutical listings, actual case studies and articles on specific treatment. By reading the journals one is able to judge whether or not the prescribed treatment in the texts was followed in practice. In the case of gynecological operations on insane women the journals revealed that Canada actually led the field as represented by the efforts of the London Asylum.<sup>29</sup> While that in itself was interesting even more intriguing was

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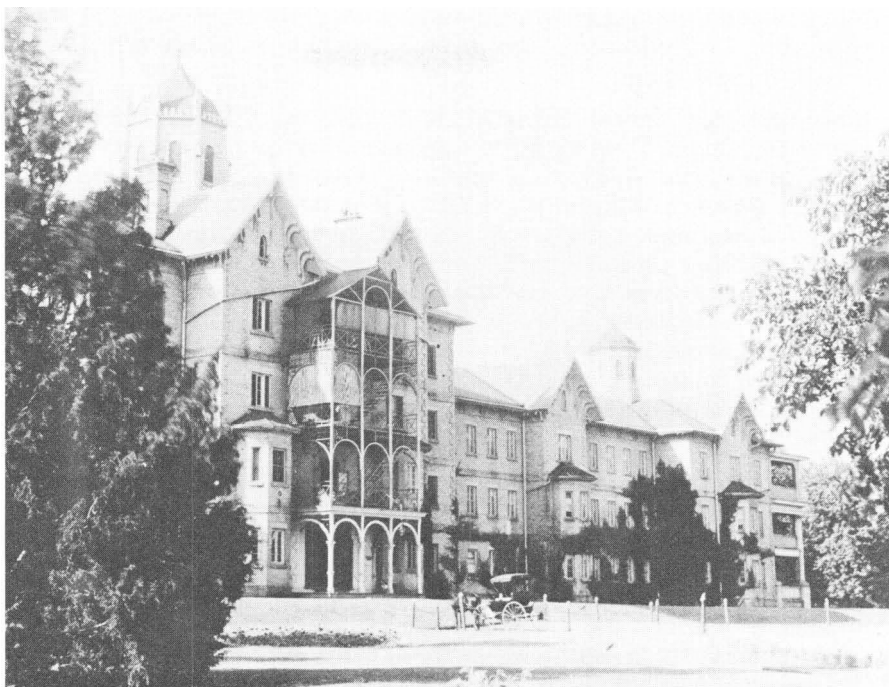
26 See Elizabeth Gibbs, "Professionalization of Canadian Medicine, 1850-1970," *CHA Historical Papers* (1978), unpublished paper, for a description of the development of the medical profession and the different schools of thought within it.

27 C. Roland, "Ontario Medical Periodicals," *CHA Historical Papers* 1978, unpublished, p. 2.

28 *Dominion Medical Monthly & Ontario Medical Journal*, (July, 1898), p. 28; Feb., 1897, p. 135; Sept., 1896, p. 256; *Canadian Practitioner* 21, (1896), p. 848.

29 R.M. Bucke, "Surgery Among the Insane in Canada," *Proceedings of the American Medico-Psychological Association* V (1898), 71-88; R.M. Bucke, "Two Hundred Operative Cases—Insane Women," *Proceedings of the American Medico-Psychological Association* VII (1900), pp. 99-105; A.T. Hobbs, "Surgical Gynecology Among the Insane: Right or Wrong," *The Canadian Practitioner* 24 (July, 1899): 377-385; A.T. Hobbs, "Gynaecology Among the Insane," *The Canadian Practitioner* 21 (May, 1896): 321-26; A.T. Hobbs "Surgery Among the Insane—Its Difficulties, Its Advantages and Its Results," *Dominion Medical Monthly and Ontario Medical Journal* 13, no. 4 (Oct., 1899): 172-79; James Russell, "The After Effects of Surgical Procedure on the Generative Organs of Females for the Relief of Insanity," *The Canadian Practitioner* XXIII, no. 10 (Oct. 1898): 577-89; Ernest Hall, "Pelvic Disease and Insanity," *The Canadian Medical Review* 8 (1898): 105-114; Ernest Hall, "The Surgical Treatment of the Insane in Private Practice," *Dominion Medical Monthly* XII, no. 1 (Jan. 1899): 1-18; A.T. Hobbs, "Some Present Methods of Treatment of Patients at the Asylum for Insane, London, Ontario," *The Canadian Practitioner* XXIII, no. 9 (Sept., 1898): 511-525.





*The Provincial Asylum at London, Ont. (London Psychiatric Hospital Archives)*

the controversy surrounding the operations performed between 1895 and 1900. Some questioned the ethics of operating on women who could not give consent while others queried why so much attention was given to the reproductive system of women while ignoring that of men.<sup>30</sup> The criticism suggests that the operations were a significant departure from accepted practice. But what was that practice? More detail on the treatment of the insane was needed to have a perspective on what was happening in the London Asylum. The annual reports of the Inspector of Asylums and the Superintendents of the Asylums in the Sessional Papers of the Province of Ontario offered that perspective.

The Inspector's and Superintendents' reports provide fairly detailed summaries of the year to year care of the insane and running of the asylums. Since the reports were official and meant for public perusal the Inspector and Superintendents were all trying to appear conscientious and to impress upon anyone reading the reports the importance of what they did. For example, they insisted that the asylums not be seen as holding institutions (although that was in fact their main function) stressing instead their curative nature. For reasons of professional prestige the superintendents saw themselves as physicians, not care-

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30 *Canadian Practitioner and Review* 24 (1899), p. 379; *Canadian Medical Review* 8 (1898), p. 108; *Canadian Practitioner and Review* 23 (1898), p. 580; *Dominion Medical Monthly and Ontario Medical Journal*, (1899), p. 15.

takers, and preferred to work in institutions called hospitals, not asylums.<sup>31</sup> The reports, then, are a reflection of ego, and they represent in the best light possible the work of the asylums.

Since the reports were an official accounting of the year's work, much of the information contained was statistical and financial in nature. Lengthy charts on admissions were provided divided into those admitted (male and female), the total under treatment, the total discharged, the total transferred, as well as some background information on them. Single men apparently outnumbered married men in the asylums whereas married women outnumbered single women. "As far as liability to insanity is concerned, marriage is very dangerous to women, and single life very dangerous to men, whilst married men and single women enjoy comparative immunity."<sup>32</sup> No one tried to explain this which is curious since the Superintendents placed great stress on discussing the causes of insanity in the hopes of emphasizing the medical aspects of their work as opposed to the custodial.

The asylums were responsible for the care and welfare of patients and if one died a detailed report was made. The patient's initials and date of admission to the asylum were given, his/her marital status, age at death, both mental state and physical state at death, the duration of insanity at death and the original cause of the insanity. The last was difficult to trust since the causes of insanity were not really understood, and still are not. However, the causes detailed did reflect medical knowledge at the time as well as some of the social concerns prevalent in Canadian society. Causes were listed under four headings: moral, physical, hereditary and congenital.<sup>33</sup> A fifth heading—unknown—was the largest. Moral causes could be domestic troubles, religious excitement, adverse circumstances, love affairs, mental anxiety and fright. Under physical were intemperance in drink or sexual matters, venereal infection, self-abuse, overwork, sunstroke, accident, pregnancy, puerperal, puberty, uterine disorders, brain disease and fevers. When the numbers are examined and the division between male and female made, interesting patterns emerge. Women seemed more upset than men by domestic troubles, religious excitement, love affairs and of course had the added problems of disorders of their reproductive organs. The nineteenth century image of women being more emotional than men held sway.<sup>34</sup> Male insanity was caused more often than the woman's by mental anxiety, intemperance in drink and self-abuse. Thus the male image of sexual aggressiveness, of being intemperate and weighed down by business problems corresponds to popular myth as well.<sup>35</sup>

Certain causes of insanity were more in vogue than others at certain periods. In the 1870s, 1880s and 1890s, heredity was seen to be a major cause and one about which very little could be done. Nevertheless the superintendents proposed some preventative measures—closer control of marriage and asexualization and

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31 Annual Report of the Medical Superintendent of the Kingston Asylum, (hereafter A.R.M.S.) 1893, Sessional Papers of the Province of Ontario, 1894, no. 26, pp. 67-68; A.R.M.S. Toronto, 1891, Sessional Papers, 1892, no. 7, p. 8.

32 A.R.M.S. Toronto, 1873, Sessional Papers, 1874, no. 2, p. 160.

33 Annual Report of the Inspector of Asylums, 1880, Sessional Papers, 1880, no. 8, p. 22.

34 R. Cook, W. Mitchinson, eds., *The Proper Sphere* (Toronto, 1976), pp. 5-92.

35 *Ibid.*

emasculatation of the mentally weak and incorrigible criminal.<sup>36</sup> While they realized such 'solutions' would not be acceptable to the public they still believed it was in society's best interests to adopt them. Other favoured causes of insanity did not lead to such extreme demands. In the late 1870s the belief in masturbation as a cause of insanity only led to the advocacy of an educational programme to teach the repercussions of self-abuse. By the 1890s masturbation was no longer considered a cause of insanity but a symptom.<sup>37</sup> Some superintendents felt that immigration had increased the number of patients in asylums and they tried to encourage the government to be more particular about who they let into the country.<sup>38</sup> Statistics on asylum patients, however, did not always confirm their perception which, in truth, was an emotional response to increased immigration as opposed to a reasoned deduction based on reality. The interrelationship between what was happening in society and so-called medical opinion is again confirmed.

Care of the insane was the overriding concern of the asylums. The Inspector and Superintendents reported endlessly on the ventilation and sewage systems and their problems. Asylum expenditures hinted at treatment. Between 1895 and 1900 less and less was being spent on beer, spirits and wine, reflecting the elimination of alcohol for medicinal purposes.<sup>39</sup> Restraint became less popular and more emphasis was given to providing the patients with some kind of occupation to keep them busy. By 1900, the Ontario Asylum system had adopted what was known as the humane approach to the care of the insane.

In the treatments mentioned and the causes of insanity which were focussed on, the London Asylum conformed to the other provincial institutions.<sup>40</sup> There was only one suggestion in the early history of the asylum that foreshadowed Superintendent Bucke's willingness to adopt a more experimental approach than other asylum superintendents. Soon after Bucke became the head of the Asylum he made the link between insanity and masturbation just as others had done. However, Bucke tried to do something about it and in 1877 "wired" fifteen male patients. The results were not encouraging: "It will be seen that there are no cases given in which the habit was arrested and no improvement took place. In seven cases out of fifteen, however, it will be seen that the habit was not arrested."<sup>41</sup> Bucke did not continue the procedure.

Little out of the ordinary occurs from 1877 to 1895 when the first gynecological operations are mentioned being performed by Dr. Hobbs, a member of the

36 A.R.M.S. Toronto, 1879, S.P. 1880 no. 8, pp. 299-304; A.R.M.S. Toronto, 1897, S.P. 1898 no. 10, p. 56; A.R.M.S. Kingston, 1893, S.P. 1894 no. 26, p. 94; A.R.M.S. Hamilton, 1898, S.P. 1899 no. 11, p. 152.

37 A.R.I.A. 1878, S.P. 1879 no. 8, p. 20; A.R.M.S. Toronto 1877, S.P. 1878 no. 4, pp. 240-44; A.R.M.S. Hamilton, 1894, S.P. 1895 no. 10, p. 103.

38 A.R.M.S. Toronto, 1891, S.P. 1892 no. 7, p. 3; A.R.M.S. Toronto, 1897, S.P. 1898 no. 10, pp. 6-7; A.R.M.S. London, 1898, S.P. 1899 no. 11, p. 73.

39 A.R.I.A. 1878, S.P. 1879 no. 8, p. 25; A.R.M.S. Kingston 1877, S.P. 1878 no. 4, p. 301; A.R.M.S. Toronto, 1878, S.P. 1879 no. 8, pp. 280-90; A.R.M.S. Toronto, 1879, S.P. 1880 no. 8, pp. 309-310.

40 In fact London often led the way. Apparently Bucke initiated an open door policy whereby he even had doors built so that they could be open in order to provide the patient with a sense of freedom. He also started using female attendants on male wards.

41 A.R.M.S. London, 1877, S.P. 1878 no. 4, p. 280.

London Asylum staff. In the first year nineteen patients were operated on with mental improvement occurring in twelve. To explain the results Bucke argued that "there exists between the female sexual organs and the great nerve centres a closer relation than between these last and any other of the bodily organs."<sup>42</sup> If this was not enough to convince sceptics, Bucke mentioned that in 1895 fifty-four patients were given gynecological examinations and ninety-six percent had "been found to be suffering from disease of uterus, ovaries or both" which convinced him that "pelvic disease does exist in the female insane to a very marked extent".<sup>43</sup> As a result, between 1895 and 1900 two hundred and twenty-six patients (according to Bucke) were operated on.<sup>44</sup> Male recovery rates calculated on admission figures between 1892 and 1895 were thirty-four percent and only improved by three percent between 1896 and 1899, whereas female recovery rates went from thirty-five percent to fifty-one percent in the same time span.<sup>45</sup> Credit was given to the gynecological operations.

Because the operations were innovative and controversial, Bucke provided great detail on them. Each patient was identified by her initials and the date of admission. A brief history of her insanity followed. The diagnosis of physical disease was given, accompanied by the date of surgery, the type of surgery performed with the results, both physical and mental, with any final comments thought to be pertinent. Table I provides some sample entries.<sup>46</sup>

TABLE I

No.	Initial	Date of admission and brief history of case, mental and physical.	Diagnosis of physical condition, on which was based the operation.	Date and description of operation or operations.	Result of operation, physical and mental, and probable prognosis, mental and physical, if no operation had been performed.
1.	L.L.	Sept. 30, '95. Age 36. Chronic mania of three and a half years; excited, stubborn, talks incessantly; delusions referring to genitalia; physical health fair.	Erosion of cervix, endometritis, retroflexed uterus.	Oct. 22, '95. Curettage and divulsion; secondary operation not carried out owing to violence of patient.	No improvement physically or mentally. (Operation not complete owing to violence of patient.)
2.	E.S.	Dec. 15, '79. Age 45. Chronic mania of 16 years' standing; physical health fair.	Polypus of cervix, torn perineum, fissures of anus.	Oct. 29, '95. Curettage enucleation of polypus, perineorrhaphy.	Improved physically, no change mentally.
3.	L.W.	July 22, '95. Age 47. Melancholia of a year's standing, physical health poor, circulation languid.	Subinvolution, retroflexed and prolapsed uterus, and lacerated cervix, fatty tumor on arm.	Oct. 22, ['95.] and Jan. 7, '96. Curettage, trachelorrhaphy, ventral fixation, removal of fatty tumor from arm.	Improving physically, is slowly improving mentally.

In providing the information on the operations Bucke was trying to generate support for them and mitigate criticism. This is seen in his summary remarks. In 1899, he explained that every diagnosis of gynecological disease was confirmed by an outside physician. At the actual operation Bucke himself was present to do the same, as was a non-Asylum gynecologist. Permission to operate was always

42 A.R.M.S. London, 1896, S.P. 1897 no. 10, p. 80.

43 *Ibid.*, 79-80.

44 A.R.M.S. London, 1900, Sess.P. 1901 no. 35, pp. 33-34. When the operations listed in the Sessional Papers are added the total is 228.

45 A.R.M.S. London, 1899, Sess.P. 1900 no. 34, p. 72.

46 A.R.M.S. London, 1896, S.P. 1897 no. 10, p. 82.



*Richard M. Bucke, Superintendent, London Asylum.* (London Psychiatric Hospital Archives)

obtained and if possible the patient's own physician was consulted and invited to be present at the operation.<sup>47</sup> Bucke was clearly sensitive to the ethical niceties demanded of this work.

The details of the operations provide insight into the actual treatment of patients. Since just over two hundred women were operated on, they represent a manageable case study, and although a specialized group, they do provide some

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47 A.R.M.S. London, 1898, S.P. 1899 no. 11, pp. 74-75.

preliminary information about the health problems of women in the nineteenth century and the state of gynecological surgery. For example, on the 226 patients, 409 operations were performed:

Curettage and divulsion	177
Operations on cervix	68
Suspension of displaced uterus	70
Ovariectomy	26
Hysterectomy	24
Perineorrhaphy	36
Laparotomy for tubercular peritonitis	2
Operation for hematoma of ovarian ligament	1
Myomectomy	4
Operation for hematoma of vulva	1 <sup>48</sup>

Historians with medical expertise will be able to judge how this compares with other times and places. Any analysis of diagnosis and treatment, however, will be difficult since a complete work-up is not provided. Even so, it is possible to quarrel with Bucke's interpretation when he claims only four deaths were a result of the operations. While four may have been a direct consequence of the surgery, in other deaths the surgery certainly appeared to be a contributing factor.<sup>49</sup>

1900 was the last year the operations were performed with a record number of fifty-five. In 1901 Bucke mentioned that Dr. Hobbs, the surgeon in charge, had entered private practice, and Bucke himself died in 1902. The operations, then, were a brief aberration in the treatment of insane women. Any gynecological surgery performed after 1900 was done without expectation of mental improvement. The medical journals had exposed the controversial nature of the operations, the Inspector's and Superintendents' reports only hinted at it. If there was concern by some members of the profession about the efficacy of this surgery why did it not appear in the official reports of those closest to what was happening? Did the Inspector of Asylums have any doubts about what Bucke and Hobbs were doing? In the private correspondence between the Inspector and Superintendents one might expect the various positions taken in the journal debate to emerge.

The correspondence between the Inspector of Asylums and the Superintendents concerns mostly administrative detail. Only a suggestion of the controversy emerges. On 1 February 1899 Clarke, the Superintendent of the Kingston Asylum, wrote to Inspector Christie charging that Drs. Hobbs and Bucke had

48 A.R.M.S. London, 1900, S.P. 1901 no. 35, p. 33.

49 In 1895 M.A.R. died from double bacillary pneumonia during an epidemic of la grippe. This occurred only eleven days after the operation which suggests she may have been weakened by it. In 1895 A.McN. died from exhaustion being maniacal for several days. Her health had already been poor before the operation. A.R.M.S. London, 1895, S.P. 1896 no. 11, p. 44. In 1896 3 patients died, M.L., F.R., and J.W., the first from bed sores formed within three weeks of the operation, the second from pneumonia two days after the operation and the third from pulling on a ligature causing a hemorrhage. A.R.M.S. London, 1896, S.P. 1897 no. 10, pp. 82-83. In 1897 two patients died, E.W. and M.W., the first only half a month after the operation from syphilitic ulcers which appeared almost immediately after the operation and the second from phthisis contacted from bronchitis. She had been in weakened health before the operation. A.R.M.S. London, 1897, S.P. 1898 no. 10, pp. 46-49.

been soliciting support for the operations from the National Council of Women.<sup>50</sup> The following day Christie replied,

As you know, in discussing the matter with you, my judgment drew the line at the non-examination of females admitted to the asylums until conclusive evidence and the most thorough diagnosis of their condition made such examination a positive necessity for their welfare. The general and unlimited examination of females, either maids or matrons, would in my opinion, destroy all their finer sensibilities, and prostitute, even among the insane, all the elevating moral fibre of their being. Rather than have those nearest and dearest to me submitted to this indiscriminate examination, I would think it a mercy to consign [them] to the grave.<sup>51</sup>

Christie's concern was obviously not strong enough to prohibit the operations since they continued for another two years. One reason for this may have been the furore such a prohibition could create. Bucke was a respectable member of the medical fraternity and his literary work on Walt Whitman had given him connections in high places. Any move against him might have resulted in strong opposition by both Bucke and his supporters. A second reason for Christie's reluctance was that Bucke protected his own position very well. He forwarded to Christie a circular sent to the physicians in the London area asking for their opinions on the operations.<sup>52</sup> Needless to say, the circular was worded in such a way as to endorse Bucke's work. A resolution by the London Medical Association dated 13 December 1897 was also sent to Christie:

Resolved that the London Medical Association, recognising the humane and effective operative work being done at the London Asylum for the physical relief of inmates of that institution, and appreciating the benefits, mental as well as physical, which have resulted from gynecological operations among the insane, hereby solicits the attention of the Provincial Government to the claims of that work, and urges the duty of providing better facilities for its prosecution.<sup>53</sup>

Needless to say, Bucke was politically astute. He made it very difficult for Christie to attack him or the operations. But what did Bucke personally think of the furor which surrounded them? Did he feel any doubts? Why did he not immediately replace Hobbs if he was convinced that the operations were of such benefit? His private correspondence leads to no answers.

The R.M. Bucke Collection at the University of Western Ontario is an extensive one divided into nine sections: manuscripts, published works, letters by R.M. Bucke, letters to R.M. Bucke, miscellaneous Bucke items, R.M. Bucke's library, documents about or relating to R.M. Bucke, bibliographies and catalo-

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50 Archives of Ontario (hereafter OA), R.G. 10, Correspondence of the Inspector of Asylums, letter from Clarke to Christie, 1 Feb. 1899.

51 OA, Correspondence . . . , Christie to Clarke, 2 Feb. 1899.

52 OA, Correspondence . . . , Box 223, file 6511.

53 *Ibid.*

gues and finally biographical and critical writings on R.M. Bucke.<sup>54</sup> Unfortunately, even the best collection cannot manufacture information.<sup>55</sup> The collection does contain, however, a description of the first operation. In April 1893, Hobbs operated on S.Q. Within two months she was improving mentally, within twelve months she was much better and by the end of the second year she had recovered completely, at which time the operations started in earnest.<sup>56</sup> The cause and effect link had been made and for the next six years Hobbs and Bucke did not look back. Bucke never questioned the operations because the results confirmed the conventional wisdom of the day. In some of his essays on the development of man, Bucke argued that youth was a period of high emotion. Young men and women were "almost equally liable to the constant domination of one emotional state after another. That is the age of impulse and passion—it is the age of bad poetry in the male, and of hysteria in the female."<sup>57</sup> He also believed in the dominating role a woman's reproductive system could play: "As a rule in diseases of the brain . . . there is little or no derangement of the moral nature; on the other hand, in diseases of the . . . ovaries and uterus there is always some and often great disturbance of the emotions."<sup>58</sup> The study has come full circle. What the medical texts revealed about attitudes towards women, Bucke believed and, through his surgery, acted according to those beliefs.

The medical texts, the medical journals and the Inspector of Asylums' and Superintendents of Asylums' reports have all focused on the physician. What about the actual patients? They have not left any records other than their medical ones which makes it extremely difficult to evaluate treatment from their point of view. Nonetheless, the patient case books and files of the London Asylum do personalize the women who were operated on. They become people with names, not initials, and people with a past and with families who loved them.<sup>59</sup> Examination of patient records raises the problem of access and confidentiality. Hospital records are notoriously inaccessible, partly because of the inadequate archival arrangements of most institutions but mostly because of belief in the confidentiality of those records. The problems, diseases and weaknesses of our bodies is something most of us would like to keep private. Patients might be less open with doctors if they knew their private fears, shames and inadequacies were going to be open to scrutiny at a later date. Invasion of privacy is a sore point for many Canadians. Access to medical records is a particularly sensitive issue. Patient/doctor confidentiality at times vies with the inviolability of the confessional. Considering this, the openness of the records I have examined is quite remarkable and in some ways puzzling. The federal government refuses access to census data for one hundred years. Yet the government of Ontario opens up the records of mental patients, some of whom may still be alive. I would certainly not argue that

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54 The Bucke collection is one of the best catalogued collections I have used. See *Richard Maurice Bucke: A Catalogue Based Upon the Collections of the University of Western Ontario Libraries* ed., Mary Ann Jameson (London, 1978).

55 Bucke's journals for the 1895-1900 period are missing and most of the information on the gynecological operations consisted of published material.

56 UWO, R.M. Bucke Collection, AII, "Surgery at the London Asylum for the Insane."

57 UWO, R.M. Bucke Collection, B5, R.M. Bucke "The Functions of the Great Sympathetic Nervous System," p. 24.

58 *Ibid.*, p. 25.

59 Writing medical history from the patient's point of view may be analogous to writing Indian history which is largely based on European documentation.



the health records be closed. The procedure followed in Ontario seems fair, that is, a formal request to the Director of the Psychiatric Hospital Branch to do research in the records, accompanied by assurances that no names will be used. It is frustrating that federal archival policy is not as accommodating. However, the anomalies between federal and provincial regulations will not be new to archivists.

Patient records are susceptible to several approaches. Given the numbers involved (the London Asylum had approximately one thousand patients in 1900) any longitudinal study of asylums could lend itself to statistical analysis. Since I was concerned with a limited case study my approach was less ambitious—the study of every fifth patient who had undergone gynecological surgery. By looking at the case books and files I hoped to understand what was actually happening in the London Asylum. Were there reasons for the operations other than the stated one, cure of physical disease? Who were the patients—were they married or single? Given the concern about immigrants expressed by some superintendents of asylums was there any ethnic pattern? Were the operations being performed to prevent those deemed unsuitable from giving birth? Only more detailed information on the patients could possibly provide the answers.

The case books of the London Asylum are divided by sex. To find particular patients the researcher can examine the alphabetical index in the front of each case book or a separate alphabetical index covering a wider time period which provides the name of the patient, register number and date of admission, transfer, discharge or death as the case may be. Alphabetical index cards on the patients also exist which provide a summary of information on the patient (name, date of birth, date of admission, reason for admission, nearest kin, register number, etc.)<sup>60</sup> The records themselves are in chronological order, that is, in order of date of admission. On admission each patient received a register number so that if the researcher knows either the approximate date of admission or register number (these can be obtained through the various indexes) it is relatively straightforward to find the appropriate case record. However, if the researcher is interested in studying treatment for a specific ailment he/she will have to proceed through all the file cards or examine all the case books for the years under investigation, since no division is made on basis of diagnosis. A study of the gynecological patients was relatively easy because of the information given in Bucke's annual reports to the Inspector of Asylums. They provided a complete list of all the patients operated on with their initials and date of admission. To find the specific case-book record it was necessary to look at the admission records for that year and find the patients admitted on that day. Since the patient's initials were known there was no difficulty in identifying the specific individual.

Each case record reported the patient's name, age, religion, occupation, ethnicity, marital status and number of children. The reasons for admission to the asylum were detailed, usually by two physicians both of whom had to certify the individual before she was committed. After this initial admission information the case record was a log book of the patient's progress—her physical condition, mental health, any treatment attempted and response to it. While the case

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60 These cards are divided into those who died while in the asylum, those transferred, those discharged and those underage.

records provided the only way of verifying Bucke's treatment, they were not always able to do so. Often the case records were not kept up to date and especially by the late 1890s observations on the patients became infrequent and brief. For example, patient E.S. admitted on 15 December 1879 was operated on, on 29 October 1895. The previous entry was dated 1 January 1895 when it was observed that her health was good. Thus, between 29 October and 1 January, E.S. must have been examined and the decision made to operate, yet no mention of this appeared. The last entry for E.S. was dated 29 October 1903, although her file card states that she remained in the asylum until her death on 3 November 1917. Sometimes when there was no concluding entry for a patient, as in the case of E.S. there was no file card either, so it is then impossible to determine what had happened to the patient. Verifying Bucke's diagnosis was equally impossible because, as it turned out, more information on the operations was given in his annual report to the Inspector of Asylums than was in the case books. Seldom do the case books indicate when the women were examined or when and from whom the second outside medical opinion came which Bucke had insisted in the annual reports took place. Indeed in several instances no mention of the operation was made.<sup>61</sup> The incompleteness of the records is frustrating but even so some interesting observations emerge. Hobbs and Bucke were often too quick to claim mental improvement as a result of the operation when no long-term improvement occurred.<sup>62</sup> The short-term improvement they reported may have been due simply to individual care in the recuperative period following surgery.

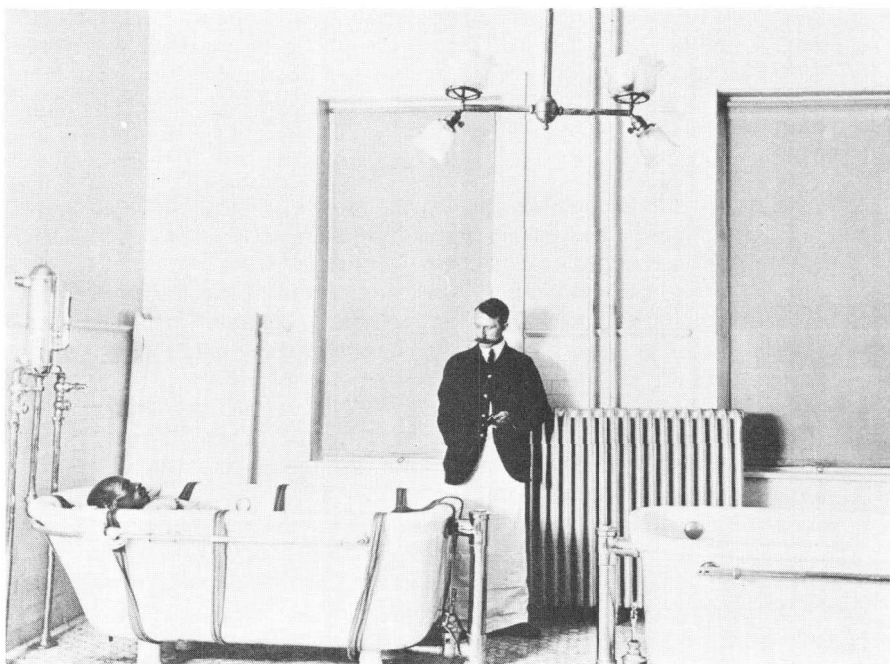
The records of the London Asylum are of course not necessarily typical of all provincial asylums. A cursory look at the case books from the Kingston Asylum suggests more thorough records. The Kingston books reveal an asylum much more oriented to conservative treatment, that is non-surgical, than London. Great care was taken to discuss the medication given patients but what is also clear is that while London and Kingston between 1895 and 1900 had different approaches to female insanity both seemed to spend an inordinate concentration on the female reproductive system, London in operating on it and Kingston in noting difficulties with menstrual cycles. One favoured treatment at Kingston was the prescription of ovarian tissue extract, reflecting the belief that insanity was linked in some way to reproductive disorder.

One last source was examined to determine what had occurred in the London Asylum in the years 1895 to 1900—the patient's case file. The case file contained the admission papers to the asylum and the correspondence between the patient's family and the superintendent of the asylum. The admission papers would be a mine of information if they had been completed properly. Questions were asked which probed into the life cycle of these women—name, age religion, marital status, occupation, age of parents at marriage, any difficulty in her mother giving birth to her, any family relationship between her parents, was the patient's birth

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61 The following are a list of patients who were operated on and for whom no mention of the operation is made in the case record. E.W. #4008; M.W. #3876; I.S. #3923; E.C.W. #2970; B.A. #2465; E.T. #4180; C.H. #4193; A.S. #4254; E.F. #4269; E.F. #2594; C.R. #1817; M.McD. #4273; M.S. #4375; C.H. #4402; M.S. #1545 and C.K. #4464.

62 Examples of this are M.B. #2836; K.H. #3763; A.N. #3791; M.C. #2946; G.P. #3503; V.S. #3648; A.C. #2848; E.M. #4106; E.S. #3080; E.T. #4180; C.H. #4193; C.H. #4402.



*The water-bath therapy room. (London Psychiatric Hospital Archives)*

full term and natural or aided by instruments, was her growth normal, when did the patient walk, talk and teeth, when did she go to school and what kind of experience did she have at school, what kind of child was she, when did she reach puberty and how many children did she have and were they healthy? This kind of information is something social historians and, especially historians of the family, should note. Unfortunately, the admission papers in this particular study were not complete. Whether this was a reflection of the general inadequacy of the records at the London Asylum during this period or would hold true for all provincial asylums has still to be determined.

The case files in addition to the formal admission papers contain letters between the Superintendent and the families of the patient. They bring to the fore the human suffering that admission to the asylum caused as family members wrote to ask how their wife, mother or daughter was. The correspondence also provides a way of determining whether the permission to operate was freely given. In some cases, no record of permission exists and in others Bucke holds out the hope of mental recovery for the patient if the operation was performed. When he wrote to the husband of E.F. asking permission to operate he added it "may have some effect upon her mental condition."<sup>63</sup> Of course the husband agreed since he felt that the doctor knew better than he what was best. Throughout the debate over the gynecological operations Bucke had always stressed that the asylum operated for physical disease only and the mental improvement was

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63 OA, RG 10, Patient case files for the London Asylum for the Insane, File No. 2594

just a happy coincidence, although one he emphasized. By holding out the hope of a mental cure to the families of these patients Bucke may not have been behaving in the way his public persona suggested. Without the case files this would never have emerged.

### III

This brief excursion through what really is a minor episode in the treatment of insane women suggests the wealth of medical sources available, some very obvious, some perhaps not so obvious. It also emphasizes what can emerge from a study of Canadian medical history. The examination of this one episode has revealed that medicine and culture go hand in hand. Treatment is influenced by popular ideas as well as scientific "truth". The controversy over the operations has suggested that the medical profession was not a monolith in the late nineteenth century but rather divided between a conservative (medical) approach and a radical (surgical) approach. This raises questions as to the status of each group, where they were educated, and which group dominated and whether such a division still exists today. It brings to light another side of that most individual of men, Richard Maurice Bucke, who is perhaps best known in Canadian circles for his writings on Walt Whitman and his philosophical treatise, *Cosmic Consciousness*. Finally, the research has provided an insight into the physical problems of women in the nineteenth century which needs to be confirmed by a study of a less specialized group than the insane in the London Asylum.

Veronica Strong-Boag has written a fine article on the difficulties researchers in women's history have faced because of the reluctance of many archivists and archives to see the value of women's history and its distinctive nature.<sup>64</sup> An early appreciation of the potential offered by medical history should prevent this from happening to it. Historians, archivists and interested medical people should be discussing now, the ways and means of utilizing the sources that are available and identifying the sources to acquire.

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64 V. Strong-Boag, "Raising Clio's Consciousness," op. cit., pp. 70-83.

## Résumé

L'auteur donne un bref aperçu de l'état de la recherche médicale historique actuelle au Canada. Elle s'intéresse surtout aux soins administrés aux femmes atteintes de folie, à London en Ontario. Cette aire de recherche est caractéristique des nouvelles dimensions explorées par les historiens d'aujourd'hui.