

# *Researching Public Health Services in Ontario, 1882-1930*

by HEATHER MACDOUGALL

Preventive medicine and public health activity are currently popular issues because of the spiralling cost of curative health services.<sup>1</sup> In the late nineteenth and early twentieth centuries, however, the crusade to make the lives of Ontarians longer and healthier was not considered of paramount importance by any level of government or by the mass of the inhabitants. Nevertheless, from very humble beginnings in 1882, organized public health work in the province expanded to encompass not only concern for the environment but also to offer programmes designed to enhance personal hygiene habits. Within this gradual evolution, three specific lines of development are discernible.

First, the provincial government accepted responsibility for supervising public health activities with the creation of the first permanent Provincial Board of Health in the early 1880s. The Board worked diligently to eradicate and control outbreaks of infectious diseases such as smallpox, typhus, typhoid, diphtheria and scarlet fever as well as to ameliorate the most outstanding environmental abuses, but it was not granted even partial departmental status until 1919 when it was allied with the Department of Labour. Not until 1924 did health work receive full recognition with the establishment of a formal Department of Health for the province of Ontario. With the addition of hospitals and mental health services to its jurisdiction between 1930 and 1935, a new phase began.<sup>2</sup> Second, although many Ontario cities possessed local boards of health by the 1880s, these were generally moribund and ineffective.<sup>3</sup> With the impact of industrialization during the next three decades, municipal authorities found themselves being pressured by both the Provincial Board and committed lay and medical reformers to take action to lower death rates and to improve living and working conditions. City councils in centres such as Toronto, Hamilton, Ottawa, Kingston and Windsor

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1 Robert W. Morgan, *Prospects for Preventive Medicine: A Catalogue*, Ontario Economic Council, Occasional Paper 2, (Toronto 1977).

2 J.T. Phair, "Public Health in Ontario", in *The Development of Public Health in Canada* (Toronto, 1940), p. 73.

3 See John H. Taylor, "Fire, Disease and Water in Ottawa: An Introduction" *Urban History Review* VII, no. 1, (June, 1979), p. 21.

responded to these demands with varying degrees of enthusiasm and rapidity.<sup>4</sup> By the 1920s, a network of community health services had been extended throughout the province but there was still a marked discrepancy between urban and rural public health efforts.<sup>5</sup> And third, the growth of this government activity was based in part on advances in medical science, especially bacteriology, and in part on the increasing professionalization of public health workers. The doctors, nurses, sanitary engineers and inspectors, and bacteriologists who staffed municipal and provincial health departments were an important sub-group within their respective professions. As well, they were members and leaders in provincial, national and international health associations where they exchanged viewpoints on health problems and listened to and delivered papers on medical and scientific topics which had implications for public health administration. These experts also often worked in conjunction with voluntary agencies and organizations to provide necessary services and education in health principles.<sup>6</sup>

Each one of these aspects of public health development in Ontario requires intensive study. The challenge lies in locating sufficiently extensive and informative sources to enable researchers to contemplate producing seminal and sophisticated studies such as Barbara G. Rosenkrantz's *Public Health and the State: Changing Views in Massachusetts, 1842-1936* (Cambridge, Mass., 1972), R.J. Lambert's *Sir John Simon 1816-1904 and English Social Administration* (London, 1965), Jeanne Brand's *Doctors and the State. The British Medical Profession and Government Action in Public Health 1870-1912* (Baltimore, 1965) and R.J. Morris's *Cholera 1832: The Social Response to an Epidemic* (London, 1976). This article will attempt to delineate some of the available resources for Ontario's public health history and to assess their usefulness. Although this survey is merely an introduction to the most accessible types of evidence, it is hoped that it will encourage interest in the field and tempt others to discover new sources or more creative methods of using current ones. The evolution of public health services in Ontario has been described by Dr. J.T. Phair in "Public Health in Ontario" in *The Development of Public Health Services in Canada*, R.D. Defries ed., (Toronto, 1940) and in "The Ontario Department of Health", a paper which he co-authored with Dr. Defries, who included it in his study of the *Federal and Provincial Health Services in Canada* (Toronto, 1959). These two articles represent the official interpretation of the growth of this form of government intervention but more analysis is necessary to explain the social and political ramifications of the efforts of the Provincial Board and its successor, the Ontario Department of Health.

Any investigation of the work of the Provincial Board should begin with an examination of the material which has been described in *Record Group 10*.

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4 See Paul A. Bator, "Saving Lives on the Wholesale Plan: Public Health Reform in the City of Toronto, 1900-1930", Ph. D. diss., Toronto, 1979. Michael J. Piva, *The Condition of the Working Class in Toronto, 1900-1921* (Ottawa, 1979). Sheila Lloyd, "The Ottawa Typhoid Epidemics of 1911 and 1912", *Urban History Review* VII, no. 1, (June 1979) p. 66-89. Neil Sutherland, *Children in English-Canadian Society: Framing the Twentieth Century Consensus* (Toronto, 1976) p. 60-2.

5 See later section on local health activities.

6 See J. Ferguson, *The Ontario Medical Association, 1880-1930*, (Toronto, 1930). G.J. Wherrett, *The Miracle of Empty Beds: A History of Tuberculosis in Canada* (Toronto, 1977). H.E. MacDermott, *One Hundred Years of Medicine in Canada*, (Toronto, 1967).

*Inventory of the Records of the Provincial Board of Health, 1882-1927. Series 1.* by Barbara Craig of the Ontario Archives. In the *Inventory*, Craig has followed the format used by the secretaries and clerks of the Board. As a result, the documents are organized geographically by county, administrative district or municipal classification, i.e., city, town, police village or hamlet, and alphabetically within the preceding units. The only digression from this system occurs when the divisions of the Department of Health are created in 1920 and begin their accumulation of correspondence, reports, memoranda, questionnaires and publications. They have been given their own subseries within R.G. 10. Within this collection, there are several crucial gaps. First and most important, the bulk of the material is concentrated in the post-1907 time period. Second, the work of the divisions is not equally represented. And third, the collection ends in 1927 with the official termination of the Provincial Board. This is highly unfortunate as the Ontario Archives does not have any documents concerning the Department of Health's activities extant for the period 1926-1936. Individuals studying the development of provincial health services in the 1930s and 1940s will find that they have unrestricted access to their material but anyone wishing to examine policies and programmes in the decades after 1950 will discover that the thirty year rule applies to health service records and that permission from the Minister of Health is necessary to view this evidence.

In spite of these limitations, R.G. 10 is an excellent starting point. Two of the subseries complement existing printed material on the first phase of the Board's existence. R.G. 10, Series 1-H contains the minute books which the three secretaries, Peter H. Bryce (1882-1903), Charles A. Hodgetts (1903-1910), and John W.S. McCullough (1910-1927), kept as a record of the transactions of the quarterly meetings. Although the minutes are mainly a list of the items covered during each meeting, they do form a basis for assessing the amount and type of work that individuals and committees of the Board were undertaking. This series also contains material relating to the regulations which the Board promulgated and copies of the local water and sewerage plans which the Board approved.

The second documentary source is R.G. 10, Series 1-B-4, Scrapbooks, 1882-1916. These scrapbooks which are currently being microfilmed are a fascinating visual example of the forms, questionnaires, and pamphlets which the secretaries used to acquire and disseminate information. Bryce believed implicitly in the value of "education" rather than coercion as a means of gaining support for provincial statutes and regulations. He took the motto of the Board — *Ne Pereat Populus Scientia Absente* (Let not the people perish for lack of knowledge)—literally. During his regime, municipal clerks were sent surveys asking them to assess the sanitary state of their localities (Item 23), to enquire into the extent of local support for permanent rather than annually appointed local boards of health (Item 54), and to evaluate their progress in implementing provincial regulations about meat and milk supply inspections (Item 129). He also wrote to doctors around the province asking for their assistance in supplying him with weekly (later monthly) reports of the number of cases of communicable diseases in their area (Item 1) and for their assessment of the effectiveness of using bovine lymph to vaccinate the public against smallpox (Items 41 and 49). Local medical health officers were provided with instructions on how to prevent cholera (Item 4), use diphtheria antitoxin (Items 103 and 104) and limit the

ravages of tuberculosis (Item 131). Pamphlets on the disposal of sewage (Item 6), school hygiene (Item 39), control of contagious or infectious diseases (Item 89) and treatment of the drowned (Item 19) were distributed to the Medical Health Officers (M.H.O.), local boards of health, educational authorities and interested citizens. This material suggests the range of the Board's interests and the extent of its publicity campaign.

In addition to the minutes and the items in the scrapbooks, the *Annual Reports* of the Board of Health, which were published in the Sessional Papers from 1883 to 1924, provide the most detailed records available for a comprehensive evaluation of the Board's activities. Usually, the *Annual Report* consisted of the chairman's assessment of the amount and success of the Board's legislative enactments and programmes, the secretary's description of the health of Ontarians (which was based on the somewhat unreliable morbidity and mortality statistics collected during these decades)<sup>7</sup>, his suggestions for further field work and extensions of government authority, the edited reports of local boards and M.H.O. throughout the province, and any important addresses, conference proceedings, or medical discoveries of note that had taken place during the year. This eclectic mixture of material reflects the various strands of the public health movement and the methods which were used to generate support from politicians, the people and the professions.

Yet another source of information about the early years of the Board of Health is the contemporary medical press. In Toronto, the *Canada Lancet* and the *Canadian Practitioner* both kept their readers acquainted with the work of this government body by publishing the minutes of Board meetings and extracts of the *Annual Reports*.<sup>8</sup> As well, the *Canada Health Journal*, edited by Edward Playter, was an Ottawa-based periodical which attempted to publicize current theories of disease causation, sanitary practice, and international health administration. Although the *Canada Health Journal* was frequently critical of the gap between provincial legislation and local implementation, it performed a vital role by popularizing the concept of preventive medicine.<sup>9</sup> Using this combination of primary and secondary material, the researcher should be able to recreate the formative years of the Provincial Board and to establish a comparative framework for evaluating Bryce's role in the development of public health services in Ontario.

Although both the minutes and the scrapbooks contain material which pertains to the post-1907 period, the other series in R.G. 10 permit an in-depth exploration of health issues and policies during Drs. Hodgetts and McCullough's years in office. Beginning in 1907, the general correspondence files which fill 436 boxes become a principal source of material. The content of R.G. 10 Series 1-A-1 reflects the four major areas of public health activity. First, provincial and local authorities had to control and prevent outbreaks of epidemic diseases; then, they had to protect the public's health through the construction of effective sewage systems and waterworks; next, they were expected to protect consumers from

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7 Taylor, p. 10-12. Not especially his footnote number 7.

8 Early samples of this can be located as follows: *Canadian Practitioner* 1, (1883), p. 25 and *Canada Lancet* 15, (1882), p. 52-53.

9 *Canada Health Journal* XII, (May 1890), editorial page.

contaminated meat, milk, food and ice supplies; and finally, they were supposed to educate individuals to recognize the importance of good health habits.

All of the preceding concerns are apparent in the letters which were forwarded to the Board and responded to by the secretary. Lay and medical authorities wrote seeking up-to-date advice on the etiology, treatment and prevention of contagious disease while local M.H.O. and practitioners requested information from the diagnostic section of the provincial laboratories.<sup>10</sup> Any difficulties which local boards faced in interpreting and applying the regulations formulated by the Board were also subjects of correspondence. Thus, although the material in this series, as indicated earlier, is arranged geographically rather than on the basis of content, a sampling of the various cities, towns, townships and counties in northern and southern Ontario should reveal the major outlines of early twentieth century public health activity.

Further insights can be gained from an examination of the reports and correspondence of the District Officers of Health (D.O.H.) who were appointed under the 1912 Public Health Act and the Sanitary Inspectors who were active between 1913 and 1916. Both groups of men were trained professionals whose task was to provide central supervision of local work in a diplomatic manner. In R.G. 10 Series 1-B-2-a, the reports from the D.O.H. about their investigations of outbreaks of disease, working and living conditions in lumber and mining camps and their evaluations of the healthfulness of dairies, slaughterhouses and other food-related industries provide an expert's view of existing conditions in Ontario's seven health districts. Similarly, the Sanitary Inspectors undertook surveys of sanitation practices and water supplies, advised on the removal of nuisances and did follow-up work to ensure that businessmen and farmers as well as municipal governments acted on the suggestions made by the D.O.H. or required by law. The Sanitary Inspector's reports in Series 1-B-2-b only cover the years 1913-1916, even though they were active as early as 1911 and continued to function in the 1920s and 1930s.

Both the D.O.H. and the Sanitary Inspectors forwarded reports and requests to the Board in Toronto since they were based in outlying areas. This correspondence serves to illuminate the complex role that these agents of the provincial government had to play as they dealt with local concerns and suspicions. R.G. 10 Series 1-B-1-d and 1-B-1-e contain letters which discuss the field work done between 1912 and 1920, and in conjunction with the reports reveal the biases and attitudes of these men to the problems they were confronting.

In addition to the material already outlined, R.G. 10 contains records which can be used to recreate the administrative structure of the Provincial Board and its successor, the Department of Health. R.G. 10 Series 1-B-1-a contains the information generated by the office of the Secretary of the Board and the chief medical health officer through his correspondence with the premier from 1918-1926. Since the Public Health Act was amended frequently and other issues of interest for both the medical profession and the public, such as control of school inspection by the Department of Health rather than the Department of

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<sup>10</sup> B.L. Craig, *Ontario Ministry of Health. Record Group 10. Inventory of the Records of the Provincial Board of Health, 1882-1927*, (1976), p. 12.

Education arose, the various prime ministers required briefing. With the creation of the Department of Health and Labour in 1919-1920, the departmental minister also began to correspond with the secretary of the Provincial Board on matters such as appointments, superannuation, rates of pay and budget estimates. Discussions of proposed changes to the Public Health Act and its regulations, the interpretation and application of legislation and concrete issues such as the extension of provincial laboratory services, the Board's contribution to the war effort and problems associated with the influenza epidemic of 1918-1919, occupied the attention of the minister and deputy minister between 1918 and 1920. Series 1-B-1-b and 1-B-1-c contain this information.

As well, personnel files for the years 1904-1921 are available in Series 1-B-3-a while the financial files for 1917-1919 are located in Series 1-B-3-b. These basic administrative activities are supplemented by staff correspondence in 1918-1919 in Series 1-B-1-f, office memoranda from 1918-1926 in Series 1-B-1-g and departmental memoranda and circular letters for 1925-26 in Series 1-A-2 and 1-A-3. Combining these two types of administrative activities should permit the researcher to elaborate on both the policy-making decisions involved in the transformation of the Board of Health into a department and the impact that this had on the staff and their approach to health work.

The formation of the Department of Health marked a major departure in the structure of the government service and led to a more sophisticated style of public health programmes. In 1920, Divisions of Preventable Diseases (later Epidemiology, Tuberculosis Prevention and Treatment and Venereal Diseases),<sup>11</sup> Public Health Education, Laboratories, Sanitary Engineering, Industrial Hygiene, and Maternal and Child Hygiene and Public Health Nursing were established.<sup>12</sup> These were joined by Divisions of Dental Services and Vital Statistics in 1925, Nurses Registration in 1928, Hospitals and Mental Health in 1930 and the Eastern Ontario Health Unit in 1934.<sup>13</sup> Although R.G. 10 covers the initial period of the Department's existence, the various divisions are not equally represented in the collection. Much of the pertinent evidence relating to Public Health Education, Industrial Hygiene and the Laboratories Branch appears to be irrevocably lost. Except for two files in Series 1-D-1, Public Health Education projects have been recorded in either the *Annual Reports* or in the photograph collection which is part of the public health nurses' collection. Pictures of the Department of Health V.D. Exhibit at the CNE in 1926 and Toronto school children drinking milk in class during the "Safe Milk Campaign" of 6-9 April 1921 demonstrate that the Public Health Education Division used many different methods to propagate good health habits.

The Industrial Hygiene Division is even less well served as it only has one file in R.G. 10 Series 1-E-1. Since health services were part of the Department of Labour at this juncture, it is somewhat surprising that such a limited amount of documentary material remains. Similarly, the lack of primary source material for a study of the work of the Laboratories Branch, barring some general correspondence and the Epidemiologist's Report for 1917-1918 in Series 1-B-2-d,

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11 Phair, pp. 82-85.

12 Phair, pp. 72-73.

13 *Ibid.*

suggests that the *Annual Reports* are likely to be the key to understanding the role of these two divisions.



*Ontario Department of Health V.D. Exhibit, Canadian National Exhibition, Toronto, 1926. Photographer unknown. (Archives of Ontario RG 10 30-A-1 Box 1)*

For the Divisions of Preventable Diseases and Maternal and Child Hygiene and Public Health Nursing, however, there is a variety of resources which present an interesting view of two important aspects of public health endeavour. The Division of Preventable Diseases was set up in 1919 to implement the provisions of the Venereal Diseases Prevention Act which the provincial government had passed in 1918. The scope of the division was extended to include control and prevention of other communicable diseases such as tuberculosis, smallpox, typhoid fever, scarlet fever and diphtheria in 1922.<sup>14</sup> The records of this division include its correspondence, circular letters and memoranda from 1922-26 in Series I-C-1, the reports of its clinicians from 1920-1927 in Series I-C-2-a and the reports of its social service nurse from 1925-27 in Series I-C-2-b. The material pertaining to cases treated in the clinics which were established in hospitals throughout the province and visited regularly by the clinicians is not open to researchers. Then as now, V.D. was a sensitive social problem and although records were kept anonymity was preserved as much as possible. This limitation should not be a stumbling block because what is more significant about the division's efforts are the therapeutics which they advocated and the methods that the staff used to publicize their presence and mission.<sup>15</sup>

<sup>14</sup> Craig, p. 24.

<sup>15</sup> See J.P. Dickin McGinnis's unpublished 1979 paper "From Salvarsan to Penicillin: Venereal Disease Control in Canada, 1919-1945" for a sample of current work in this area. It was delivered to the Canadian Historical Association Annual Meeting in Saskatoon on 3 June 1979.

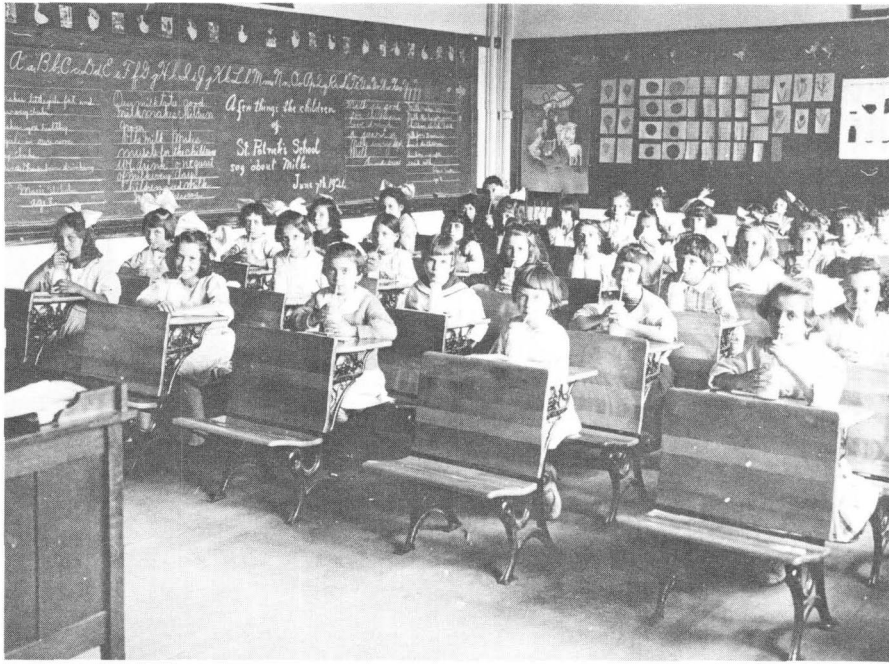
The Division of Maternal and Child Hygiene and Public Health Nursing was created to meet a pressing need: namely, lowering maternal and infant death rates. The agents of this improvement were the public health nurses who worked under the direction of the provincial department and those who were members of local health services. As the photograph of Dr. John T. Phair examining children in Lambton County illustrates, the director of the Division also had to undertake field work alongside his staff. Equally, as the picture of the public health nurses sitting on a handcar in northern Ontario in the 1920s reveals, field work could be rather arduous. In R.G. 10, there are subject files of the problems of maternal and infant morbidity and mortality for the period 1907-1927 in Series 1-F-1-a and correspondence and field reports from the department's nurses for the period 1920-1926 in Series 1-F-1-b and 1-F-2. The comments and criticisms of the conditions which they found in urban and rural Ontario and the difficult struggle that these women faced in convincing individuals to alter traditional habits are corroborated in the records of the Public Health Nursing Branch, which is designated as Series VI-A-1. This arrangement contains material on field work, exhibits, copies of forms and questionnaires and pamphlets and literature on provincial, national and international public health nursing activities. In addition, there are historical files which discuss the evolution of the profession from 1893-1965, photographs from 1881-1964, field reports from 1921-1967 and supervisor's files from 1929-1963. Although the records after 1950 are closed unless special permission is granted, the earlier items are an excellent introduction to the challenge of local and provincial public health nursing.

The public records which have just been described provide researchers with the official framework for public health activity in Ontario. But, what was the reality? How effectively did local boards of health, medical health officers, sanitary inspectors and public health nurses implement the policies which originated in Toronto? To answer these questions, an investigation of the sources for local health records is necessary.

Prior to 1912, the *Annual Reports* of the Provincial Board of Health present an informative overview of local health work. Under the 1884 Public Health Act, it was mandatory for local boards of health and medical health officers to send copies of their annual reports to the secretary of the Provincial Board. Bryce and his successors edited the material and published it with the Board's other activities. Having done a comparison of the annual reports as they were presented to Toronto's city council in the 1880s and as they appear in the Sessional Papers during that decade, it seems that Bryce tried to reprint the reports either in their entirety or with only minimal abbreviation. As the number of municipalities and M.H.O. reporting increases, however, the reports are shortened charts and graphs are used to compare the extent of local health work. By 1912, the printed reports of the District Officers have replaced the reports of many smaller centres although the large urban areas like Toronto, Hamilton, Windsor, London, Ottawa and Kingston are still represented.

As an alternative to the published reports in the Sessional Papers, material deposited in the Archives of Ontario's *Record Group 21: Municipal Records* can be consulted instead. A representative sampling of townships, villages and towns which had followed the provisions of the 1884 Public Health Act and set up local boards of health (which kept minutes of their meetings) revealed the unexpected





*Safe Milk Campaign, St. Patrick's School, Toronto 1921. Photographer unknown. (Archives of Ontario RG 10 30-A-1 Box 1)*

richness as well as the frustrating limitations of local documents. The areas chosen include Caledon and Brock townships, the villages of Bolton and Cannington and the towns of Bowmanville and Perth.

In Caledon Township, the board of health minutes cover the period 1884-1927 and reveal the importance of a committed and active medical health officer. A local practitioner, Dr. Algie was appointed part-time M.H.O. in 1884 and continued in this position until he left Caledon in 1907. He was an environmentalist and sanitarian but approved of the use of antitoxin treatment in diphtheria cases.<sup>16</sup> After his departure, the efforts of the board slacken but there is still great interest in amendments to the Public Health Act and in their implications for local health work during crises such as the 1918-1919 influenza epidemic. Caledon would repay further investigation because it demonstrates the problems which semi-rural localities in close proximity to central authorities faced in attempting to implement the government's regulations.

Similarly, Brock Township provides an example of the concerns which public health advocates enunciated and the opposition which their efforts elicited. In their *Annual Report* for 1887, the two M.H.O., Drs. McDermott and Tierheller state that:

We are quite sure that the Board is willing and anxious that nothing should be left undone that would tend to the interest of the public but

<sup>16</sup> OA, R.G. 21, Caledon Township Board of Health Minutes, *M.H.O. Annual Report for 1904*.



*Dr. John T. Phair doing field work in Lambton County, Ont., c. 1926. Photographer unknown. (Archives of Ontario S-15538)*

that they allow themselves to be hampered by the Cry of Economy raised by a few narrow minded ratepayers who are bound in their condemnation of everything that does not add to the public funds, and also threaten to use their franchise against those who do not consider with their Views, but the time has come when true representatives should rise away above, and beyond such petty opposition and consider first and only the welfare of the public.<sup>17</sup>

Although they want the Sanitary Inspector to have the power to enforce the local board's regulations, not until 12 March 1903 does a minute of the board suggest that tax money be used to finance the construction of dry earth closets to replace privies. Considering that the M.H.O. had criticized this as a health hazard in 1885, it appears that rural inhabitants were just as loath to change their sanitary habits as their urban counterparts. But did this opposition reflect prejudice or lack of funds?

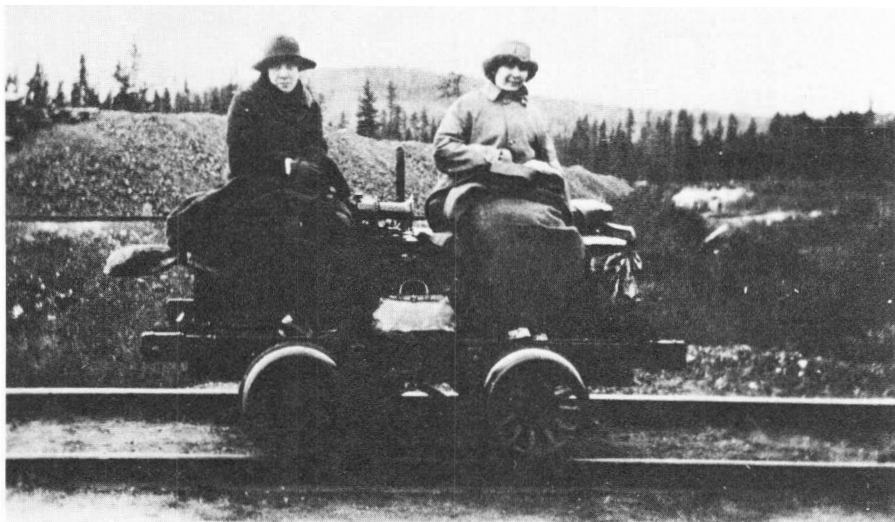
The evidence available to describe and evaluate the public health work of the villages of Cannington and Bolton shows the discrepancies that existed in the work of local health officials. Cannington's records exist for the period 1893-1896 while Bolton's minutes cover the years 1913-1921. In spite of this disparity, these minute books offer information which supports the prevailing theory regarding the evolution of public health activities. Cannington's minutes exhibit a

17 OA, R.G. 21, Brock Township Board of Health Minutes, *M.H.O. Annual Report for 1887*.

strong environmentalist bias whereas Bolton's records contain proposals for a milk inspection by-law and other more individually-oriented forms of preventive effort. These records are valuable, it frustrating to use, because they demonstrate the lack of uniformity which characterized local health work in spite of the exhortations of the Provincial Board.

Bowmanville (1899-1945) and Perth (1902-1938) further illuminate the problems associated with small town Ontario public health services. Their local boards and health officers were primarily interested in containing contagious diseases and eliminating health hazards. In both towns, health work was a sporadic, part-time activity for the boards and M.H.O. Their records are useful because they reveal the very gradual acceptance of responsibility for health programmes, the role of the Department of Health District Officers and Inspectors, the impact of the Great Depression and the increasing inter-relationship with local and provincial voluntary associations such as the Victorian Order of Nurses, the Home and School Association, the Catholic Women's League, the Women's Institute, and the Crippled Children's Society. All of these records suggest that the official chronology for the expansion of public health services was overly optimistic. Only further research and comparative analysis will reveal why some areas were well in advance of others in this field.

The public health services offered in larger municipal centres were possibly more extensive than those of smaller or rural authorities but little work has been done in this area to date. The printed reports of Ontario's cities, as mentioned



*Public Health nurses "on the job", Northern Ontario, c. 1925. Photographer unknown. (Archives of Ontario S-15530)*

earlier, are available in the Sessional Papers but an examination of the daily administrative activities require immersion in council minutes, board of health meeting minutes, monthly, quarterly or annual reports of the medical health officers and local newspapers. Current research on Toronto and Ottawa has established two different perspectives on the response to urbanization and industrialization. In his unpublished doctoral dissertation, "Saving Lives on the Wholesale Plan: Public Health Reform in the City of Toronto, 1900-30", (University of Toronto, 1979), Paul Bator discusses the impact that Dr. Charles Hastings, the Medical Officer of Health from 1910-1928, had on the immense problems facing the city. Bator concludes that through educational campaigns, effective lobbying and a massive increase in public spending, Hastings was able to improve living and working conditions for many Torontonians.<sup>18</sup> In his book, *The Condition of the Working Class in Toronto, 1900-1921*, (Ottawa, 1979), Michael J. Piva criticizes the work of Hastings and his fellow middle class reformers as being superficial and ignoring the poverty which was the fundamental cause of slum housing, infant mortality and excessive disease.<sup>19</sup> Whether the reform activity in Toronto originated in a genuine desire to ameliorate the lives of the working class as Bator asserts or from fear of the economic and health consequences as Piva suggests, the city was at least grappling with the challenge.

As the articles by John Taylor and his students at Carleton University in the *Urban History Review* 7, no. 1 (June 1979) indicate, Ottawa was not a focal point of public health endeavour. In his own contribution, "Fire, Disease and Water in Ottawa: An Introduction", Taylor argues that:

The central reason for such dilatory evolution seems to have lain in politics. For change, no matter how self-evident, was ultimately a political act that required the re-education of both politicians and their constituencies. It was also a political act that brought into play the fundamental cleavages and interests of the community. Racial, ideological and territorial differences had to be reconciled, along with those of class, property and business.<sup>20</sup>

All of these factors were present in Toronto, but it is possible that the presence of the Provincial Board and the work of nineteenth century M.H.O. and local boards of health had created a climate of opinion that was more conducive to "change" than that in Ottawa.<sup>21</sup> Clearly, studies of all of Ontario's major population centres are necessary before any generalizations about the calibre and quantity of municipal public health work can be hazarded.

The final aspect of research into the evolution of public health services in Ontario is the professionalization of the individuals who practised preventive medicine. In the early phase of organized health work in the province, most of the M.H.O. were hard-pressed local practitioners who were interested in the subject

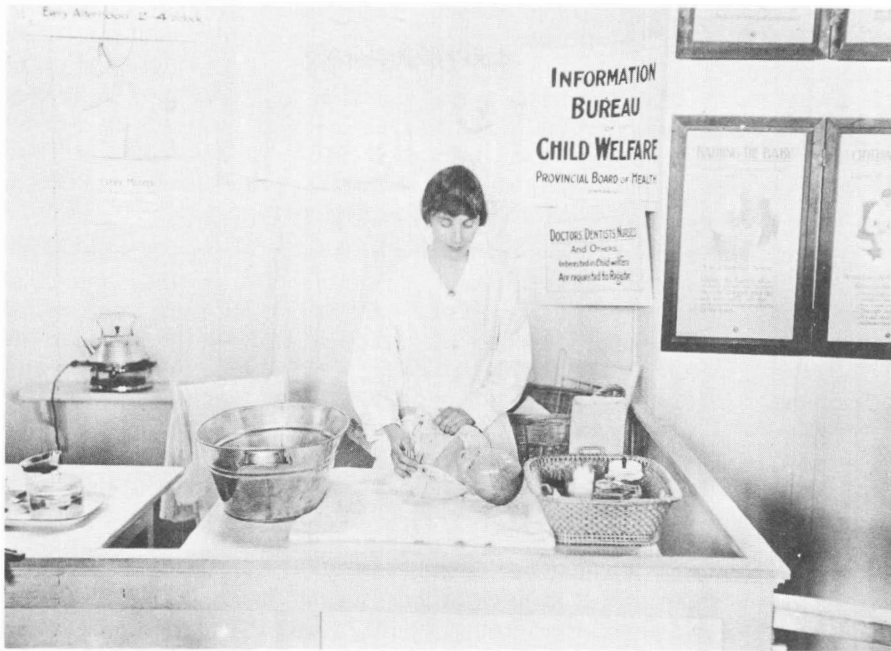
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18 In addition to the conclusion of his thesis (already cited) see also: Paul A. Bator, "'The Struggle to Raise the Lower Classes': Public Health Reform and the Problem of Poverty in Toronto, 1910-1921", *Journal of Canadian Studies* 14, no. 1, (Spring 1979): 43-49.

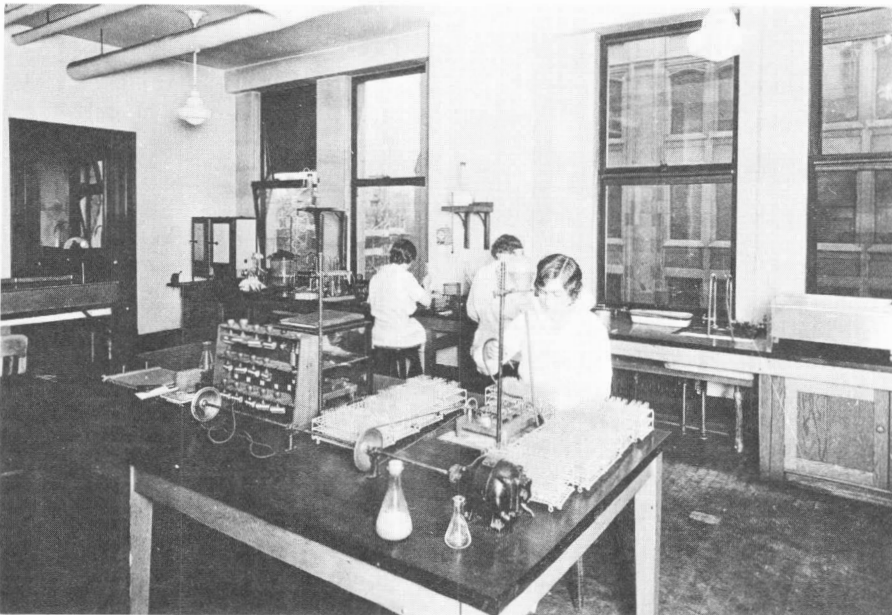
19 Piva, pp. 123, 125, 141-2.

20 Taylor, p. 15.

21 See my forthcoming article, "Public Health in Toronto's Municipal Politics: The Canniff Years, 1883-1890" in the *Bulletin of the History of Medicine*, Summer or Fall, 1980.



*"Keeping Baby Healthy"—the campaign against infant mortality, Baby Clinics exhibition, Toronto, 1918. (Archives of Ontario RG 10 30-A-2 Box 1)*



*Ontario Department of Health laboratory, Whitney Block, Queen's Park, Toronto, c. 1930. Photographer unknown. (Archives of Ontario RG 10 30-A-1 Box 1)*

but had not received any formal training in it. Public health nurses did not become a factor in local health administration until Hamilton appointed its first school nurse in 1909.<sup>22</sup> Only the bacteriologists and scientists working in the provincial diagnostic laboratories and as municipal analysts had a significant degree of academic preparation. In addition, each of these groups had to achieve recognition within its profession and also to gain public acceptance. Thus, establishing educational qualifications and forming professional associations were crucial steps in achieving public and professional status.

Although Dr. William Oldright had given lectures in Sanitary Science at the Toronto School of Medicine as early as 1875, most Ontario doctors interested in public health work did post-graduate studies at British and European medical schools until the beginning of the twentieth century. In 1904, the Senate of the University of Toronto passed a motion creating a Diploma in Public Health degree and in 1910, a part-time professor of hygiene was appointed.<sup>23</sup> In 1924, a 650,000 dollar grant from the Rockefeller Foundation was used to set up the School of Hygiene at the University of Toronto. The School of Hygiene trained both doctors and nurses for their work in this field and, although it is now part of the Department of Community Medicine, played an important role in educating health personnel. The records of the School of Hygiene are located in the University of Toronto Archives but are somewhat scanty and uninformative. Researchers might prefer to consult material from the other provincial medical faculties which had chairs or institutes of public health. Sanitary engineers and bacteriologists were both also able to receive specialized courses at the University of Toronto. In 1914, the Department of Hygiene began to offer a public health course for graduate engineers in conjunction with the School of Applied Science and Engineering. As well, an antitoxin laboratory was created in the department in 1914, but in 1915 the Connaught Laboratories were founded to assist both the university and the provincial board in their war work and research.<sup>24</sup> The interplay between the University of Toronto and its sister institutions and the public health movement requires further examination from both medical and educational historians.

Even before Ontario's post-secondary educational system provided public health education, the personnel involved had formed committees within the Ontario and Canadian Medical Associations and were frequent participants in the American Public Health Association annual meetings. In 1886, the American Public Health Association met in Toronto and one of the results of this conference was the creation of the Association of Executive Health Officers of Ontario. This group consisted of M.H.O., members of local boards of health, members of the Provincial Board and interested laymen. Its annual meetings were held in a different centre each year in an effort to spread the gospel of health and inspire more effective local services.<sup>25</sup> The Archives of Ontario has the bound

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22 J.M. Gibson and M.S. Mathewson, *Three Centuries of Canadian Nursing* (Toronto, 1947), p. 316.

23 University of Toronto, School of Hygiene. *Calendar for 1972-73*. Appendix A: Historical Developments Influencing Graduate Teaching and Research in Public Health, p. 90-91.

24 *Ibid.* See also Phair, p. 75-78.

25 Association of Executive Health Officers of Ontario. *Annual Report for 1887*, p. 6.

volumes of the annual reports of this organization because the Provincial Board paid for their publication. The *Reports* are a good source of information about subjects of interest to health professionals. Topics discussed included: "Vital Statistics and their Relation to Public Health Work" (1892), "Scarlet Fever and the Milk Supply" (1897), "The Frequency and Curability of Tuberculosis" (1900), "School Inspection to Prevent Disease" (1901), and "The Functions and Digestion of Food" (1903). Each of these addresses demonstrates the growing range of public health activities and the extension of these services into every sphere of life.

By 1910, interest in public health work had increased greatly and Dr. Peter Bryce spearheaded a movement to establish the Canadian Public Health Association. Based in Ottawa, this organization offered a common meeting ground for laymen and professionals. By combining scientific sessions with discussions of advertising techniques and assessments of the role of volunteers in service organizations such as the St. John's Ambulance Brigade, the V.O.N., the Canadian Tuberculosis Association, the Child Welfare League and the Canadian Social Hygiene League, the CPHA offered health workers and administrators an opportunity to maintain and enhance their grassroots support. The CPHA began publication of the *Public Health Journal* in 1910 and it has continued as the official voice of organized public health work under a variety of names since that date.<sup>26</sup> The copies of this journal located in the Science and Medicine Library at the University of Toronto are an invaluable source of evidence about the relationship of professional public health workers and their lay supporters.

The evolution of public health services in Ontario from 1882 to the present has occurred through a combination of provincial and local government activity and the dedicated efforts of health workers and volunteers. In looking at the resources for a study of these developments, it is evident that although there are major gaps and limitations in primary resources, there are usually secondary alternatives. The only aspect on which there seems to be a complete lack of material is in regard to the dearth of personal papers produced by prominent individuals such as Bryce, Hodgetts, Hastings and McCullough. Even without this form of evidence, the medical and social records which exist for a variety of studies should prompt medical, social, and urban historians to investigate this important issue.

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26 The first issue of the journal is called the *Canadian Therapist and Sanitary Engineer* but this quickly altered to the *Public Health Journal*. In 1929, the title changed to the *Canadian Public Health Journal* and, in 1941, it became the *Canadian Journal of Public Health*.

## Résumé

Les ressources manuscrites et archivistiques, surtout celles des Archives de l'Ontario, sont identifiées et évaluées par un historien oeuvrant dans le domaine de la santé publique en Ontario, au cours du XIX<sup>e</sup> siècle.

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