

The Canadian Hospital in History and Archives

by **BARBARA LAZENBY CRAIG***

Dr. C.K. Clarke's pioneering history of the Toronto General Hospital appeared in 1913 to commemorate the centenary of the events surrounding the War of 1812 which contributed to the hospital's foundation in 1819. Clarke focused on the grand themes of steady civic progress, surgical revolution through antisepsis, and humane men triumphant in the modern hospital setting. "When one thinks of the advances made since the early seventies, before the world had received the blessings of Pasteur's and Lister's discoveries, he is astounded at the development of medicine.... Take the Toronto General Hospital in 1870 and compare it with the General of today, and a faint conception may be had of progress."¹ Although Clarke's history was a labour of love, he found it a difficult task. The demands of his work as a physician and Superintendent of the "General" restricted research and writing to moments snatched from the "strenuous life the writer ... had to live." And almost as an afterthought, Clarke confessed that "the compilation of this brief history of the Toronto General Hospital has been ... difficult [because] the hospital records, if there were any, have disappeared...."² Undeterred, Clarke turned to newspaper reports, reminiscences, and the recollections of contemporaries which, along with official published sources, constituted his primary material. Armed with these substitutes for hospital records, Clarke produced a book remembered today as the first history of an English-Canadian hospital.

This article argues that the separation of hospital records from the writing of history, begun however unwittingly by Clarke, continues to this day. Yet the hospital is a potentially rich area for historical study because its records document the emergence of an important and novel aspect of human experience. Inadequate archival care of hospital records means that the history of one of the most significant Canadian social institutions cannot be properly understood. And it is not obvious that historians of hospitals and medical care are greatly concerned about this situation. Furthermore, reversing the myopic attitudes of hospitals toward their own records, in order to ensure preservation of

* The author would like to acknowledge the financial assistance of the Hannah Institute for the History of Medicine. Earlier drafts of this paper were read by Julia Sheppard, Wellcome Institute for the History of Medicine, Jane Sayers, School of Library, Archive, and Information Studies, University College London, and Tom Nesmith of the Public Archives of Canada. Their comments were helpful to the author.

1 C.K. Clarke, *A History of the Toronto General Hospital* (Toronto, 1913), p. 79.

2 *Ibid.*, p. 5.

such records, will be no easy task. An examination of the historical, medical, and archival literature clearly demonstrates that archivists alone perceive the implications of uninformed records destruction in hospitals. Unfortunately, the severity of the threat to hospital records is generally unrecognized because the true picture of the problem is clouded by the bewildering multiplicity of institutions overlaid by diverse and complex jurisdictions. Clarifying the picture is the first small but crucial step in the process of uniting history with hospital records. But to encourage those involved in hospitals and historical research to recognize that the present laissez-faire attitude toward records is not in the long-term interests of either hospitals or historians is the major job ahead for archivists. This article attempts to reverse the process of archival decay in hospitals by showing that a clearly articulated archival scholarship is needed which explores the complexity of hospital records, highlights the values of these records for administration and research, and establishes a broad and learned perspective over hospital records. In addition to a pointed and articulate scholarship, archivists should encourage all parties interested in the long-term preservation of hospital records, from scholars to hospital administrators, to establish archival programmes for hospitals. In so doing, archivists can ensure the future of hospital records and establish a stable base for archival history. It is up to the archivist to integrate the past, present, and future through the enlightened management of hospital records.

Hospital Historiography

Apart from Harvey Agnew's extended personal memoir, *Canadian Hospitals, 1920-1970: A Dramatic Half Century* (Toronto, 1974), Canada boasts no overall integrated history of its hospitals such as Brian Abel-Smith's or Gwendolyn Ayers's landmark studies of British institutions.³ However, Canadian historical literature is remarkably rich in institutional histories, such as Dr. Clarke's, whose quality varies with the purpose intended for the publication.⁴ Most are executed by dedicated employees or associates of the hospital to celebrate an anniversary or achievement. They reflect pride in accomplishments, confidence in the future, and reverence for the achievements of medical

3 Brian Abel-Smith, *The Hospitals, 1800-1948: A Study in Social Administration in England and Wales* (Cambridge, 1964); and Gwendoline Ayers, *England's First State Hospitals and the Metropolitan Asylums Board, 1867-1930* (London, 1971).

4 C.K. Clarke, *A History of the Toronto General Hospital*; W.G. Cosbie, *The Toronto General Hospital, 1819-1965: A Chronicle* (Toronto, 1975); Max Braithwaite, *Sick Kids: The Story of the Hospital for Sick Children in Toronto* (Toronto, 1974); and *The Hospitals of Ontario: A Short History* (Toronto, 1934); Barbara L. Craig and Ronald K. MacLeod, *A Separate and Special Place* (Toronto, 1984); G. Gale, *The Changing Years: The Story of Toronto Hospital and the Fight Against Tuberculosis* (Toronto, 1979); Margaret Angus, *Kingston General Hospital: A Social History* (Montreal, 1973); Murray L. Barr, *A Century of Medicine at Western* (London, 1977); D. Sclater Lewis, *Royal Victoria Hospital, 1887-1947* (Montreal, 1969); H.E. MacDermott, *The Years of Change: Montreal General Hospital, 1945-1970* (Montreal, 1970); H.E. MacDermott, *A History of the Montreal General Hospital* (Montreal, 1950); J.B. Scriver, *The Montreal Children's Hospital: Years of Growth* (Montreal, 1979); H. Medovy, *A Vision Fulfilled: The Story of the Children's Hospital of Winnipeg, 1909-1973* (Winnipeg, 1979); Ethel Johns, *The Winnipeg General Hospital School of Nursing, 1888-1953* (Winnipeg, 1953). More ephemeral histories produced for internal hospital consumption usually in pamphlet or short article form include: J. McIlwraith, *The Cobourg General Hospital* (Cobourg, 1983); J.L. Runnalls, *A Century with St. Catharine's General Hospital* (St. Catharine's, 1974); Margaret M. MacDonald, C.S.J., *A History of St. Joseph's School of Nursing, Peterborough* (Peterborough, 1981); *The Homewood Sanitarium, 100 Years of Service, 1883-1983*, (Guelph, 1983); *A History of the Brantford General Hospital, 1885-1960* (Brantford, 1959).

science and the tradition of selfless service which marked the careers of hospital board members, employees, and volunteers. It may be tempting to dismiss these celebrational efforts as naive, but unquestionably their authors' sharp appreciation of the importance of the hospital eluded the professional practitioners of the historical craft until a few years ago.

One-dimensional and uncritical, hospital history has failed to flesh out the spectacular institutional development of hospitals in the last century. Recent academic research, however, has demonstrated the great potential of this field. The relationship between the modern hospital and the society and culture which nurtured it now holds the interest of many professional historians. Contemporary commentators have found the traditional institutional focus and purposes of most hospital histories of marginal utility in integrating hospital history with broader social themes. In a North American context, Edward C. Atwater and Kenneth M. Ludmerer examine recent additions to the literature of the medical school and hospital in Canada and the United States.⁵ While welcoming the contributions under review, these authors point to broader themes for study such as the bureaucratization of social and medical relationships. They point to the need to test cross-institutional themes against the experience of individual rural and urban hospitals since the modern hospital emerged in both environments. Thomas E. Brown examines recent offerings in the important debate over the emergence and purpose of the nineteenth-century asylum; he argues for a break from the "dichotomous conceptual framework" which has polarized historical debate into social control *versus* meliorism. Fixation on this debate with its political overtones has diverted attention to other areas and issues such as unlawful confinement, the relationship of insanity to criminal responsibility, lay attitudes to the asylum, the evolution of the asylum's social economy, and the place of superintendent, physicians, attendants, and patients in it.⁶ Study of these new relationships and questions has been advanced by the fecund mind of Charles Rosenberg. His perceptive questioning of the nineteenth-century hospital experience in the United States has revealed several new areas for research such as the so-called "third force" in hospitals (nurses, attendants, and other non-medical officers), the relative influence of medical and lay culture in the decision-making process in the hospital, and the importance of assessing the shared experience of patients.⁷

Recently, there have been welcome signs of interest in the history of Canadian hospitals, germinated by medical history in Britain and the United States. Wendy Mitchinson identifies hospitals in Canada as a neglected area of study. She notes that the hospital's role in the technologization of medical care should be of major interest to social

5 Edward C. Atwater, "Medical Schools: How Should We Write Their Histories?" *Bulletin of the History of Medicine* 54 (1980), pp. 455-60; Kenneth M. Ludmerer, "Writing the History of Hospitals," *ibid.*, 56 (1982), pp. 106-109.

6 Thomas E. Brown, "The Mental Hospital and Its Historians," *Bulletin of the History of Medicine* 56 (1982), pp. 109-14. For an admirable assessment of current trends in the history of medical, educational, and penal institutions see Bill Luckin, "Towards a Social History of Institutionalization," *Social History* 8, no. 1 (1983), pp. 87-94.

7 Three of Rosenberg's most significant contributions are "Medicine, Meaning and Social Change in Nineteenth Century America," in Morris J. Vogel and Charles E. Rosenberg, eds., *The Therapeutic Revolution* (Philadelphia, 1979), pp. 3-25; "Inward Vision, Outward Glance: The Shaping of the American Hospital, 1880-1914," *Bulletin of the History of Medicine* 53 (1979), pp. 346-91; and "And Heal the Sick: The Hospital and the Patient in Nineteenth Century America," *Journal of Social History* 10 (1977), pp. 428-42.

historians of medicine. S.E.D. Shortt places the history of the hospital at the centre of medical historical focus. But Dr. Shortt finds Canadian hospital histories “uninspiring.” He urges historians to bring Canadian hospital history into the broad stream of Western historical medical scholarship.⁸ In Canada, as elsewhere, historical interest has focused on the psychiatric institution rather than on the general hospital for medicine and surgery.⁹ Scholarly study of the history of the general hospital is in a formative stage which is ripe with possibilities. What factors directed the extraordinary development of the hospital from a nineteenth-century charity manned by lay volunteers, funded by voluntary donations, and concerned with the moral status of an impoverished clientèle to the twentieth-century medical and management bureaucracy largely funded by government and devoted to the physical well-being of a clientèle drawn from all levels of society? What was the relationship between industrial capitalism and the evolution of the hospital in the nineteenth century? What role did the hospital play in the development of the professional elites?¹⁰ What was the nature of the labour force of attendants and nurses, and how did this hospital sub-culture relate to physicians and patients? What was the shared experience of the patients? (The supposed objects of institutional interest are rarely mentioned.) In examining these issues, Shortt finds that “one is forced ... to rely largely on existing, albeit deficient institutional studies for information on the evolution of the nineteenth-century Canadian hospital.” He finds this work one-dimensional, too tied to chronology, institutionally specific, and dominated by devotion to the progressive view of hospital development.¹¹ Contemporary historians seek to counterbalance the conventional uncritical acceptance of medical progress as the engine of hospital development. Applying a more sophisticated historical methodology than that required by the needs of institutional celebration or public relations, the student of hospital history now adopts a

8 Wendy Mitchinson, “Canadian Medical History: Diagnosis and Prognosis,” *Acadiensis* 2, no. 1 (1982), pp. 125-35; S.E.D. Shortt, “The Canadian Hospital in the Nineteenth Century: A Historiographical Lament,” *Journal of Canadian Studies* 18, no. 4 (1983-84), pp. 3-14. For a review of Canadian psychiatric hospital historiography which arrives at many of the same philosophical views as Dr. Shortt see Thomas E. Brown, “The Origins of the Asylum in Upper Canada,” *Canadian Bulletin of Medical History* 1, no. 1 (Summer 1984), pp. 27-68, especially p. 47; and Thomas E. Brown, “Foucault Plus Twenty: On Writing the History of Canadian Psychiatry in the 1980’s,” *ibid.*, 2, no. 1 (Summer 1985), pp. 23-49, especially p. 39.

9 S.E.D. Shortt, “The New Social History of Medicine: Some Implications for Research,” *Archivaria* 10 (Summer 1980), pp. 5-22; Thomas E. Brown, “Architecture as Therapy,” *ibid.*, pp. 99-124. Thomas E. Brown, “Living with God’s Afflicted: A Study of the Provincial Lunatic Asylum at Toronto, 1830-1911,” (Ph.D. thesis, Queen’s University, 1980); Wendy Mitchinson, “Gynaecological Operations on the Insane,” *Archivaria* 10 (Summer 1980), p. 125-44; Cheryl Krasnick, “In Charge of the Loons”: A Portrait of the London Ontario Asylum for the Insane in the Nineteenth Century,” *Ontario History* 74, no. 3 (September 1982), pp. 138-84; and C. Sims, “An Institutional History of the Asylum for the Insane at Kingston, 1856-1885,” (M.A. thesis, Queen’s University, 1981).

10 For a thorough assessment of the role of hospitals in establishing professional elites see Abel-Smith, *The Hospitals*. The experience of one hospital is clearly developed in Granshaw, *St. Thomas’ Hospital*, especially the chapter entitled “Medical Men and the Hospital.”

11 S.E.D. Shortt, “The Canadian Hospital.”

multi-dimensional approach, assessing the influence of social policy, medical politics, economics, and lay attitudes on the development of the hospital.¹²

Keen to revise the history of hospitals, historians might be expected to have subjected the archival foundations of previous histories, now found seriously deficient, to searching review and commentary. Surprisingly, hospital historians only rarely comment upon the archival dimensions of previous work. A remarkable feature of recent hospital historiography has been its perfunctory attention to hospital records. Comments on records have been brief and general. They highlight the difficulties for research caused by lack of raw material or the often intractable nature of records which do not respond to current questioning.¹³ Occasionally there are tantalizingly brief references to the customarily erratic process of records retention in medical institutions which casts a shadow over the survival of their historical resources.¹⁴

Refreshing exceptions to such remarks about hospital archives have come from certain historians who have expanded the boundaries of historiographical debate by integrating assessments of the archival merits of hospital history with a sustained critique of the historical methodology under review. In essence, these historians have discovered that much hospital history rests on a narrow archival base and, as a consequence, they have questioned the validity of poorly supported research. In reassessing hospital historiography some social historians of medicine challenge the almost exclusive reliance on selected administrative records and published reports. Since the variety of other records generated by hospitals, specifically the records of medical practice and financial administration have been ignored or discounted, the theoretical constructs advanced to explain hospital development in the nineteenth and early twentieth centuries must, in their view, be suspect. They argue that research must include all potential archival sources to withstand rigorous criticism.¹⁵

12 The integrationist approach to hospital history which incorporates local politics, social context, and medical developments in an institutional study is clearly evident in several hospital histories recently undertaken in Great Britain, the United States, and Canada. For examples see Granshaw, *St. Thomas' Hospital*; Vogel, *The Invention of the Modern Hospital*; Angus, *Kingston General Hospital*; Brown, "Living with God's Afflicted"; Cheryl Krasnick's "In Charge of the Loons" and "The Aristocratic Vice: The Medical Treatment of Drug Addiction at the Homewood Retreat, 1883-1900," *Ontario History* 75, no. 4 (December 1983), pp. 402-24; David Rosner, *A Once Charitable Enterprise: Hospitals and Health Care in Brooklyn and New York, 1880-1915* (Cambridge, 1982); and Rosemary Stevens, "Sweet Charity: State Aid to Hospitals in Pennsylvania, 1870-1970," *Bulletin of the History of Medicine* 58 (1984), pp. 287-314, 474-95.

13 Rosenberg, "And Heal the Sick," p. 428; Granshaw, *St. Thomas' Hospital*, p. 21; Ludmerer, "Writing the History of Hospitals," pp. 106-107.

14 Kenneth M. Ludmerer's bald statement that "many hospitals lack a policy for preserving [archival] materials," in "Writing the History of Hospitals," p. 107 and Morris J. Vogel's succinct assessment that "at most hospitals old records are regarded less as revealing documents than as difficult storage problems," *The Invention of the Modern Hospital*, p. ix represent the most common comment made by historians about the archival foundations of the institution they are studying. More pointed and controversial is Edward Atwater's stinging reproach to medical schools and teaching hospitals for their "lack of archival policies and their capricious manner in saving records, a matter in which they deviate from the methodological and scientific approach they espouse in other activities;" see his "Medical Schools," p. 458; see also Rosner, *A Once Charitable Enterprise*, p. 192.

15 Brown, "The Mental Hospital," p. 112; Atwater, "Medical Schools," p. 458; Granshaw, *St. Thomas' Hospital*, p. 21.

There is, however, some tension within the historical community between those who pursue history primarily through archival sources and those who embrace the modelling techniques of sociological analysis or the biases of contemporary political criticism. For historians motivated by intense political commitment or theoretical interests, the empirical nature of historical knowledge derived from active engagement with archival sources is suspect. Empiricism is replaced by a modelled approach to the past which claims greater methodological sophistication.¹⁶ Archivists have cause for concern about an approach to the past which reduces archives to an ancillary role in the pursuit of historical knowledge. Analytical perspectives of whatever ilk will come and go: records remain the ineluctable objective reality of the past. Any movement of historical scholarship away from its traditional archival base into new realms where ideology, theoretical explanation, and political commitment take priority over recorded evidence is a clear and present danger to archival history.

If a new conception of Canadian hospital history is now possible the path ahead for the “new history” is unclear. Will it follow a course of modelled abstract theory or will the “new history” be grounded in the objective reality of an archival past? It is to be hoped that recent calls for a broader study of the Canadian hospital will be answered by greater reliance on archives. But do records exist to support the development of such scholarship? In the economy of scholarship the archivist’s focus of attention is the “record,” its acquisition, preservation, and use. The archivist has a major function as the scholar of the “record” who is committed to enhancing historical knowledge through a disciplined study of records. It is logical to turn to archival scholarship to provide the context in which historical enquiry will be conducted. But before that can be done certain questions must be answered: What records exist in Canadian hospitals? Where are the archives of Canadian hospitals? What is the future of Canadian hospital records?

Canadian Hospital Archives and Records

From 1979 to 1981 the Association of Canadian Archivists undertook a survey of 740 Canadian hospitals to determine two things: how were records managed in hospitals and what inventories of records by type and date were held in these institutions.¹⁷ This work

16 Shortt, “The Canadian Hospital,” p. 11. It is significant that Shortt’s call for a new scholarly study of Canadian hospital history emphasizes the contribution of historiographical analysis and does not mention the role primary sources would presumably play in this vigorous scholarly activity. For Dr. Shortt, Canada’s “uninspiring” hospital history will only be remedied by espousal of “an unambiguous analytical perspective” which will set off new work from previous efforts which are flawed by “myopic refuge in a tradition of Anglo-American empiricism which denies any discernible assumptions or interpretations.” The analytical tools, cognitive processes and labelling practices of historical and sociological scholarship have been assessed from opposite points of view by Gareth Stedman Jones, “From Historical Sociology to Theoretical History,” *British Journal of Sociology* 27, no. 3 (1976), pp. 295-305; and E.P. Thompson, “On History, Sociology and Historical Relevance,” *ibid.*, pp. 387-402. The relationship between the two disciplines is further discussed by Philip Abrams in “History, Sociology, Historical Sociology,” *Past and Present* 87 (1980), pp. 3-16.

17 The survey included public general and specialist hospitals and excluded Red Cross outposts, community and day hospitals, and government owned and operated hospitals such as veterans’ hospitals, psychiatric facilities, institutions for the mentally retarded, and tuberculosis sanatoria. Data on hospital size, budgets, and age were prepared from the *Canadian Hospital Directory*, which is published annually by the Canadian Hospitals Association.

was undertaken on behalf of the association because it was deemed important to inquire into the records of such a significant institution and, on the basis of information received, to provide some form of archival assistance to these institutions, to heighten awareness of archives among potential consumers of archives services, and to benefit Canadian society and scholarship at large. The results were presented in a brief report to the ACA's annual conference in Montreal in 1980. In 1981 the ACA sent a similar summary to participating hospitals and, in cooperation with the Canadian Hospitals Association, produced a series of three articles in 1982 under the general title "Managing Hospital Heritage."¹⁸

Unfortunately, only 29 per cent of the hospitals which were approached responded to the survey. Within this group of 213 respondents, there were differing response rates geographically and, from province to province, within the budgetary and broad chronological divisions used to differentiate hospitals on the basis of size and age. No oral follow-up was conducted to clarify ambiguities in answers or to verify the accuracy of reporting. To that extent the survey's results are tentative and impressionistic. The reliability of unaudited third-party information varied according to the interest, knowledge, and care of the individual filling in the form.¹⁹ With these caveats in mind, it is still possible to come to some general conclusions about hospital archives. The overwhelming majority of the hospitals which responded to the poll, an impressive 87 per cent, provided a full enough inventory of records to confirm the existence of documentation extending back to the date of the institution's incorporation. Less than 20 per cent of hospitals, however, have an archives; and in those institutions which have an archival repository, only slightly more than 50 per cent have a hospital-wide policy on records disposition. Consequently, even where archives exist as administrative units in hospitals, they are rarely integrated with the mainstream of records keeping, a conclusion borne out by the fact that only slightly less than 35 per cent of all hospitals with archival units transfer records to them. The committee concluded that archives in hospitals exist on sufferance. Their value has not significantly penetrated the management mentality of Canadian

18 H. Moulds, "Hospital Archives: Necessity or Frill?" *Dimensions in Health Care* 59, no. 10 (October 1982), pp. 38-40; S. Burkenshaw, "A Look at the Kingston General Hospital Archives," *ibid.*, 59, no. 11 (November 1982), pp. 20-21; R.K. MacLeod, "Waiting for the Archivist: Techniques for the Novice," *ibid.*, 59, no. 2 (December 1982), pp. 28-31.

19 Internal contradictions, while not common, were frequent enough to indicate that either the respondent did not understand the question — a fault perhaps of the form itself despite a trial run with hospitals to locate problems before final wording and format were selected — or that the respondent did not take sufficient care in preparing a consistent response. For example, one institution claimed that it had a written policy governing records matters and that valuable material was deposited in the archives; yet this same respondent clearly stated that there were no permanent records in the hospital. One respondent even claimed that the hospital indeed has an archives, but it never receives records!

hospitals.²⁰ It is a sad fact that there are no hospital archivists employed in Ontario. Work in hospital archives is done by volunteers with no administrative responsibility.

Before proceeding further, the status of hospital records in established Canadian archives ought to be examined. In 1984, seventeen provincial, civic, and university archives were asked nine questions about their custody of hospital archives. Eight questions related to the authority, acquisition policy and strategies, accessioning techniques, and restrictions governing use of hospital records within the jurisdiction of the repository. One question requested the identification of hospital records acquired or contemplated for acquisition. By the end of January 1985 fourteen responses had been received. Four respondents indicated that their jurisdictions provided clear statutory, regulatory, or by-law mechanisms governing the disposition of all hospital records in the public and private sphere. Seven replied categorically that they had no authority over hospital records. The remaining three institutions operated in jurisdictions where (a) the disposition of hospital records was unclear in statute or regulation and the archives role was consequently unclear in the absence of test cases, (b) an archival component was not mentioned in any instrument governing hospital records, (c) the archives role was restricted to involvement with hospital or health care institutions which are owned or operated by the provincial public authority. In the light of ambiguous jurisdictional directions in hospital statutes and regulations, many archives questioned their authority to acquire hospital records, and only four of the fourteen respondents planned future acquisitions from hospitals apart from those institutions which were well within the mandated authority of the archives. Perhaps surprisingly, eleven institutions reported that they held records from hospitals of all types. Two of the eleven indicated that statistical sampling or other types of selective retention had been employed in accessioning hospital records. In the remaining nine archives, hospital records offered for deposit were accessioned with only routine weeding being undertaken as time permitted and in appropriate cases. Four institutions reported that they were developing plans for further accessions. One reported undertaking a survey of hospital records in its jurisdiction as part of an appraisal project designed as a prelude to further acquisitions. This project was accompanied by attempts to obtain revisions of acts governing retention of hospital records. Eleven archives reported that hospital records in the repository were subject to certain restrictions on public use of patient records where these formed part of the deposit, although the years of restriction and method of access varied from jurisdiction to juris-

20 In Canada, hospital records are subject to provincial jurisdiction; consequently, statutory and regulatory provisions for hospital records keeping vary from province to province. In Ontario, for example, hospitals operate under the authority of several acts depending on the ownership of the institution, its size, form of administration, type of patient it treats, and relationship with a university or college. These several acts include the *Public Hospitals Act*, the *Private Hospitals Act*, the *Mental Hospitals Act*, the *Mental Health Act*, and the *Sanatoria for Consumptives Act*. Associated regulations itemize records-keeping and disposition requirements, if any have been made. With the exception of institutions owned and operated by the government and subject to the provisions of the *Financial Administration Act* and the *Archives Act*, hospitals are required to retain records for a minimum period of time before destruction may take place. Unlike the archives provisions of the *Education Act* and the *Municipal Act* the various hospitals acts are silent about archives. General guidelines issued by the Ontario Hospital Services Commission in 1972 specify recommended periods of retention for non-medical records only. Permanent retention is suggested for certain of these records including the General Ledger, General Journal, Register of Patients, Financial Statements, Minute Books of the Board and Committees, and General Ledger Cards. A revision of these guidelines by the Ontario Hospitals Association is expected in 1985. It is understood that the revised guidelines will contain several general statements concerning the necessity to integrate appraisal for archival values into the decision-making process on records.

diction. Finally, nine archives had received requests for archival or records management advice or assistance from hospitals and eight had responded positively to these requests.

The archives of Canadian hospitals exist in limbo where willy-nilly is the rule. Their cultural and administrative functions have had little impact on hospitals. The reason for the absence of archives in hospitals is largely economic; the perceived costs of such programmes are not justified by compelling need. History is considered irrelevant to the main job of delivering health care. Apart from the well-recognized but strictly prescribed and limited legal values of recorded evidence, history appears to contribute nothing tangible to the success of hospitals. The administrative and medical knowledge necessary for institutional efficiency is independent of anything but the immediate past; consequently, there is no compelling need for evidence from historical records. Selected records from a more distant time might be retained as items of curiosity, but their only real purpose is public relations — most commonly for an institutional history which, by lauding past accomplishments, enhances the hospital's public image and encourages community support. Unless information about the past is made more relevant to hospitals, it is unlikely that there will be any major shift in management attitudes to institutional archives in the foreseeable future. Whatever may be the implications of this state of affairs for academic study of hospital history, it is certain that new entrants to the archival profession will not yet find much work in hospitals.²¹

Archivists may not be the only group to lament the absence of a strong archival perspective in the institutional world view of hospitals. There are some encouraging signs that hospital records have a place in medical research. Recorded information from the past assists the objectives of the modern hospital in the study of disease etiology or the natural history of disease and in the evaluation of certain therapeutic techniques.²² Conversations with medical records officers in London, England, indicate that retrospective research into records is the major component of current studies of changing surgical techniques and of cervical cancer. Extensive use has been made of the patient archive at the Mayo Clinic in Rochester, Minnesota. These records have been created and maintained for the purpose of long-term use for over one hundred years. Carefully indexed by diagnosis and demographic characteristics, the Mayo Clinic medical record archive has been used, among other purposes, to determine the incidence of diseases such as multiple sclerosis, stroke, Parkinsonism, and many forms of cancer.²³ Quite apart from specific institutional uses of hospital records or cross-institutional linkage of information as part of medical research, there is scope for integrating hospital records and archives with clinical teaching and for broader applications to historical, administrative, sociological, and statistical studies.²⁴ The potential historical uses of hospital records

21 Christopher Hives's sanguine expectation in *Archivaria* 19 (Winter 1984-85), pp. 5-7 that jobs are opening up for the new model archivist-records manager does not appear to be born out in the case of hospitals.

22 Charles Newman, "Medical Records," *Archives* 4, no. 21 (1959), pp. 1-8; N.J. Kerling, "Hospital Records," *Journal of the Society of Archivists* 5, no. 3 (April 1975), pp. 181-183.

23 Leonard T. Kurland and Craig A. Molgaard, "The Patient Record in Epidemiology," *Scientific American* 245 no. 4 (October 1981), pp. 54-63.

24 These purposes are discussed in *The Preservation of Medical and Public Health Records*, (Oxford, 1979) a publication of the Wellcome Institute for the History of Medicine in London, England. An admirable attempt to provide archival guidance for National Health Service hospitals in England, within the rather hazy official guidelines, is provided by *The Preservation of N.H.S. Records, Are You Meeting your Statutory Responsibilities? A Handbook for the Guidance of N.H.S. Personnel and Archivists in the North Western Health Region* (Manchester, 1979).

recently mooted and discussed by scholars from a variety of disciplines offer exciting prospects for a beneficial symbiosis of scholarship and the hospital in the future. These actual and potential academic uses of hospital records will enhance the value of records such as minute books and patient registers, which have customarily been preserved because of their legal purpose as evidence of contractual obligations and decisions and for possible statistical uses in assessing long-term trends in patient use of hospital facilities. Archivists must encourage greater awareness of the new institutional uses for historical records. The failure of hospitals to develop rational archival policies has inhibited historical scholarship and forestalled the benefits of reciprocity between history and institutional development. Archivists must strive to facilitate this union by developing a clearly articulated archival scholarship.

Hospital Records and Archival Scholarship

Literature relating specifically to hospital records deals mainly with state-controlled institutions, particularly psychiatric or mental facilities. The discussion is usually cast in a records management framework and emphasizes methodologies developed to control voluminous records accumulating in these environments. The appraisal of records resides between sketchy statutory guidelines and rigidly prescribed limitations of space, budget, and staff. The management orthodoxy of the 1960s called for the eventual destruction of all but a summary portion of institutional files. The long-term perspective on the potential uses of a wide range of historical records was ignored in myopic concentration on immediate problems.²⁵ The salutary effect of criticism by archivists of the management approach has been to broaden the horizons of appraisal beyond narrowly defined institutional limits while sharpening the analytical tools used to cut down volume, thus enhancing the value and utility of records preserved.²⁶

25 James F. Gill and Thornton W. Mitchell, "Ohio — Disposition of Records in State Mental Hospitals," *The American Archivist* 26 (1963), pp. 371-78; Virginia Lake, "Pioneering in the Control of Medical-Clinical Case Records," *ibid.*, 24 (1961), pp. 303-307; and John B. Blake, "Medical Records and History," *The American Archivist* 27 (1964), pp. 229-35.

26 Some selected examples are Newman, "Medical Records;" Kerling, "Hospital Records;" Virginia R. Stewart, "Problems of Confidentiality and the Administration of Personal Case Records," *The American Archivist* 37 (1974), pp. 303-307; J.P. McGinnis, "Records of Tuberculosis in Calgary," *Archivaria* 10 (Summer 1980), p. 173-89; Jose Desourcy, "Les Archives hospitalières," *Archives* 12 no. 3 (December 1980), p. 54. David R. Kepley, "Sampling in Archives," *The American Archivist* 47 no. 3 (1984), pp. 237-42 provides a thorough review of the literature on archival selection from bulk series of records, particularly personal case files. Academic criticism of archival practices in the selection of what is called in Britain "particular instance papers," which include case files, is covered in E. Higgs, "Particular Instance Papers: The Historical and Archival Dimensions," *Social History* 10, no. 4 (January 1985), pp. 89-94; and Margaret Gowing, "Modern Public Records: Selection and Access: The Report of the 'Wilson Committee'," *Social History* 6, no. 3 (1981), pp. 351-57; a cautious alternative to the ritual endorsements of the value of case files is expressed in *Modern Public Records: Selection and Access* HMSO (1981), especially the chapter on the National Health Service records which doubts the value of clinical records for anything beyond immediate use by the physician. Section 397 of that report concludes that "the long term value of clinical records is less clear cut than that of administrative and non-medical N.H.S. records." The practical and theoretical issues raised by the appraisal and accessioning of clinical records from the British archival perspective are summarized by A. Nichol and J. Sheppard, "Why Keep Hospital Clinical Records?" *British Medical Journal* 290 (26 January 1985), pp. 263-64 and "Hospital Clinical Records," *ibid.*, 291 (7 September 1985), pp. 614-15. A full review of these issues is contained in *Hospital Clinical Records Proceedings* (London, 1985), KFC85/170.

In Britain, where hospital records are subject to the provisions of the *Public Records Act*, considerable attention has been directed to the appraisal of records generated in modern clinical settings. Summary destructions undertaken to provide space for modern records prompted preparation of a Department of Health and Social Services guideline governing the disposition of hospital records which prohibits destruction of records created prior to 1858. For records created after 1858, the retention guidelines are unclear beyond establishing specified periods of retention to facilitate health care delivery and for legal purposes. As rationalization of the health service accelerates hospital closures, the spectre of wholesale destruction of historical hospital records looms large and a new urgency has entered the debate on appraisal. Clinicians, historians, archivists, statisticians, and government officials are trying to find common ground where retention decisions can be based on careful analysis of the value of records in light of the resources available for their permanent preservation.²⁷

Records appraisal, the crux of archival problems with hospital records, raises a veritable Gordian knot of jurisdictional complexities, value determinants, and resource availability. Unfortunately, discussions of appraisal are often clouded by questions about access to and the confidentiality of personal information in hospital records.²⁸ The debate over records values should rightly take place independent of access considerations. In facing the scylla of volume and value and the charybdis of access and confidentiality archivists must articulate principles of appraisal which ensure preservation of valuable records and develop codes of professional ethics which reduce the chance of casual censorship of such records.²⁹

The literature on hospital records usually ignores differences between institutions and assigns all records to one of three categories: administrative, financial, or medical. This categorization is not useful in advanced archival analysis.³⁰ By suppressing institutional

27 DHSS Circular HM(61)73, *National Health Service: Preservation and Destruction of Hospital Records* provides a list of series or classes of documents which are to be retained (Appendix A) and schedules for the orderly destruction of the remainder. (Appendix B) There is a further recommendation that "any documents created before 1858 (in which year the *Medical Act* was passed providing for the registration of General Practitioners) should always be selected for preservation and caution should be exercised over the rejection of any more than, say, fifty years old." (Section 7) The disappearance of various hospital records in the Wirral Health Authority, which were little protected by the provisions of the *Public Records Act* or the DHSS guidelines, was a chastening experience; see D.N. Thompson, "Wirral Hospital Records," *Journal of the Society of Archivists* 7, no. 7 (April 1985), pp. 421-42.

28 S. Lock, "A Question of Confidence: An Editor's View," *British Medical Journal*, 288 (1984), pp. 123-25; and I. Loudon, "A Question of Confidence: How it Strikes a Historian," *ibid.*, pp. 125-26.

29 Virginia R. Stewart's clear analysis of the legal and research issues of case file administration in an American context suggests that archivists should take an active role in defining their responsibility as custodians of sensitive personal records. This enjoiner is particularly relevant in jurisdictions where the conflict between confidentiality and access have yet to be resolved by statute; see Stewart, "Problems of Confidentiality."

30 A sophisticated archival analysis of records series generated in modern institutions is provided by Peter Gillis, "The Case File: Problems of Acquisition and Access from a Federal Perspective," *Archivaria* 6 (Summer 1978), p. 35; for hospital records see Thompson, "Wirral Hospital Records." This type of analysis is clearly necessary before competent appraisals can be undertaken. See also N.E. Pearce, ed., *Archival Choices: Managing the Historical Record in an Age of Abundance* (Lexington, 1984) for a first rate collection of articles on the subject of appraisal.

differences and by obscuring intrinsic and potentially vital records variations, the administrative/financial/medical division minimizes the rich complexity of records. For example, administrative records created by a hospital's board of governors, secretary, various committees of management, or other administrative officials are in reality far more varied in content than the administrative label would suggest. They contain information which by any other definition would be considered "medical." Patient problems or research projects are often discussed at board meetings. Similarly, the minutes of a medical advisory board and its committees, which are usually placed in the category of "medical" records, contain information of an administrative nature. These records often document the board's administrative decisions in relation to audits of medical practice within the hospital and the administration of medical staff.

Although administrative records have been the mainstay of historical research, the records of hospital medical practice perhaps provide the richest resource for historical study. Medical records are replete with data about everyday life, social attitudes, environmental health, family structures, and demography.³¹ Yet historians and archivists have only nibbled at the edges of the legal, moral, and practical issues inherent in the appraisal, preservation, and use of medical records from general hospitals, sanatoria, cancer hospitals, or retardation facilities. Indeed, they have yet to undertake a detailed historical study of the development of the medical record.³²

A hasty and simplistic equation of the medical record with case files glosses over the variety of records which bear relevant medical information. A recent study of records within a large general hospital identified sixteen departments or functional units, exclusive of the medical, clinical, and surgical areas, which are devoted to the delivery of health care.³³ One of these sixteen departments alone generated 111 separate document types. An examination of a clinical record, the record normally equated with a case file, reveals similar complexity. For example, a modern psychiatric case file may contain up to twenty-three separate types of documents, each with overlapping layers of information and functional purposes. The case file portion of the broad "medical record" is a complex records phenomenon which requires very close study before informed appraisal decisions can be made. Patient case files created in general hospitals are often episodic, document-

31 Stewart, "Problems of Confidentiality," p. 397; Ludmerer, "Writing the History of Hospitals," p. 107; Desourcy, "Les archives hospitalières," p. 43; Newman, "Medical Records," pp. 1-8; Charles Webster, "Medical Records," in *The Preservation of Medical and Public Health Records*, p. 1; and B. Parry Jones, "Locating and Preserving Oxfordshire Health Records," *ibid.*, p. 50. Although these commentators argue that patient files are a potentially rich source for historical study, published studies using this source are very few in number. Work has been delayed apparently because of the volume of records involved and cumbersome access procedures which restrict preliminary exploratory work. It should also be pointed out that early patient files are more narrative in nature and lend themselves to socio-historical uses far more than records created after 1914 which contain little narrative analysis and a large amount of undigested medical detail.

32 In a review of recent hospital histories, Ludmerer divides hospital "archival material" into two types, patient records "virtually untouched by historians" and administrative records "much more commonly used in existing hospital histories;" see his "Writing the History of Hospitals," pp. 106-107. Later, in the same review Ludmerer distinguishes between "administrative and archival records." These statements betray a confusion of record types, functions, and purposes with custodial arrangements. Although archivists customarily make rather more complex assessments of records, they, too, are not innocent of subscribing to simplistic equations such as the identification of medical records with case files.

33 "Records Management Survey Project: A Report Presented to the Kingston General Hospital Archives and Museum Committee," 12 September 1984.

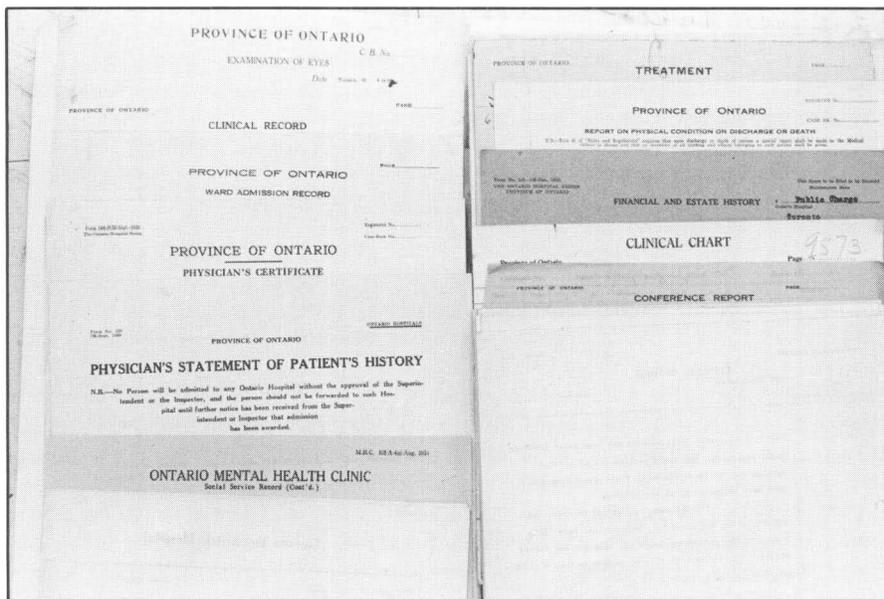


Figure 2: Archives of Ontario, RG 10, Records of the Ministry of Health, 20-B-2, Vol. 399a, 19690.

ing the processes of medical assessment and treatment for a given individual upon one or many occasions; consequently, any given case file can be related to one or more diseases or medical events and reflect any number of therapeutic regimens. The number of such files in a hospital presents a major problem of records management and appraisal.

A hospital creates a dizzying array of records from admission books, ward drug books, operation theatre registers, to disease indexes, minutes, and financial ledgers. Apart from the specific information contained in these types of records, each one has a particular purpose and technological make-up. A simple example is the hospital General Register, sometimes called the Admission Book, Medical Register, or Admissions Index. Its purpose — to record admissions and discharges — has remained unaltered for well over one hundred years, but the document's mode of preparation, distribution, and display has altered greatly from handwritten entries in books which are placed on fixed stands to multi-terminal outlets for magnetic media. Clearly, local institution-specific studies of records are absolutely necessary to archival work with the records of the nineteenth- and twentieth-century Canadian hospital.

Each hospital developed unique systems to control the creation and use of its records; some were extremely complex, combining the registration records of patients, departmental records, clinical notes, and administrative minuting with sophisticated (and sometimes abstruse) indexing; others were simple arrangements of records in sequences which reflected institutional routines. Between the extremes of complexity and simplicity were numerous records systems which not only varied in nature from institution to institution but also changed through time as they were affected, in differing degrees, by changes in administrative and medical requirements. One cannot automatically assume that large hospitals had complex systems and, conversely, that small hospitals were, by

their size alone, the natural homes for simple systems of records keeping. Although there is evidence that complexity and large size were associated in some hospitals, there are sufficiently numerous examples of simple systems in large hospitals and complex systems in small hospitals to suggest that the degree of complexity in records keeping had a more subtle relationship with the hospital than one directly related to size alone. Functional specialization, the development of research interests, and the elaboration of institutional management all had a significant impact on records-keeping systems.

Unique aspects of records systems apart, some features of records keeping were shared by Canadian hospitals in the nineteenth and early twentieth centuries. Records keeping reflected the impact of government regulations which required standardized and voluminous, statistical reporting of hospital operations as a condition of continued public financial support. By 1930, the creation of clinical records was effectively separated from the functions associated with the keeping and use of records. All hospitals developed separate clinical records departments whose work was directed solely to records keeping and associated activities. In contrast, administrative, financial, and other types of non-clinical records continued to accumulate in individual departments and were maintained by those departments independent of any centralized control. Clearly, just as the development of hospital records is a complicated process requiring careful study before the relationship of the parts to the whole can be understood, so the nature of hospital records keeping and the context of records creation, maintenance, and use must be thoroughly analysed and understood before meaningful appraisals can be made.

Hospital records are rich and varied sources which have been largely unexplored by historians and archivists. Unfortunately, as a profession, archivists have been singularly unsuccessful in marketing their skills to hospitals. As institutions, archives have fared much better in acquiring hospital records, although usually only what were perceived as acceptable hospital records. We do have some solid contributions to knowledge of Canadian hospital records but archivists are in need of greater understanding of these records.

The immediate practical problems of appraisal, preservation, and use, particularly that of preservation, require a cooperative effort by all interested parties — archivists, hospitals, hospital associations, hospital scholars, and the appropriate government body — to find a middle ground between two extremes; a dangerous *laissez-faire* which threatens to lead to the indiscriminate destruction and ad hoc preservation of records and an equally dangerous pie-in-the-sky expectation that each hospital will somehow assume archival responsibility for its own records. Instant solutions cannot be expected, given the complexity of the problem of hospital archives; however, the example of the Kingston General Hospital shows that patience, perseverance, archival leadership, and timely support from central agencies can create an environment favourable to the integration of archival records management into hospital business.³⁴ The first step is vital to any journey and that step must be taken by archivists whose professional responsibility and scholarly interests are the records of human activity. That step might be individual approaches to hospitals,

34 On 15 November 1985 a day-long seminar on "Effective Records Management" was held at the Kingston General Hospital. Participants from the Ontario Ministry of Health, Queen's University Archives, and numerous area hospitals discussed the purpose of hospital records management and archives. The discussion centred on the pilot inventory, scheduling, and archives project of the Kingston General Hospital which was undertaken as a joint project by the hospital and the Queen's Archives with the financial support of the federal government.

area-wide cooperative efforts with other archives under the umbrella of regional or national associations, or interest-stimulating conferences or symposia funded by agencies such as provincial hospital associations or scholarly organizations or institutions. If Canada's hospital past is to survive for future use, if there is to be any change in the present ad hoc situation, archivists must take the lead in stimulating action and guiding the direction of change. Although the acquisition and management of records are important functions, a vigorous archival scholarship is equally important if records are to be properly preserved. Archivists need a more aggressive professional posture, based on a clear definition of their role in the administration of hospital records. The archivist as passive recipient of records will not do. Although archivists undertake responsibility for the preservation of documentary evidence which has been appraised worthy of preservation, they have failed to come to grips with the problem of how they define archival values. It seems that archives labour under a tyranny of values conceived by hospital administrators who are rightly concerned with costs and by scholars in other disciplines who are rightly concerned about their own disciplinary interests. What is yet to emerge is a comprehensive definition of the value of hospital archives. Archivists, as the only professionals exclusively concerned with the preservation and varied potential of archival records are in the best position to develop such criteria. The record is the anchor of archival work and scholarship. It is incumbent upon archivists not only to appraise records as a prelude to acquisition and use, but to define and develop the rationale of appraisal in a written way and to communicate that rationale and its purposes to a wider public. Communication is absolutely indispensable in self-marketing and creating mutual support for practitioners of a discipline as jurisdictionally dispersed as the field of archives. All archival knowledge is based on records. That knowledge will only be increased by sustained effort linking the functions of acquisition, management, and use to scholarship which embraces the component parts of archival practice. By transcending the narrow confines of one institution or one exclusive discipline, archival work should lead to a deeper understanding of institutions, society, and culture through the study of the acquisition, management, and use of human records.