

Council at the National Archives (NA); collection (b) is identified as part of the Olha Woycenko Collection at the NA; collections (c) to (f) are part of other personal papers at the NA; collections (g), (h), (k), and (l) are part of private papers held at the Universities of Waterloo and Guelph; and the remaining two are part of the records of the Calgary Local Council of Women at the Glenbow Museum and the New Brunswick Council of Women at the Provincial Archives of New Brunswick. Personal papers of activists probably should have been included in this *Guide*, using the index to refer to their holdings of organizational material. As presented here, these papers are carved up into organizational chunks which obscures their provenance and hides the links and connections so important to the women's movement. This failure to follow professional practice in the identification and description of records by archival fonds is bound to cause considerable misunderstanding among lay users and irritation among archivists.

Finally, an expensive publication format (hard cover, quality paper) seems inappropriate for a guide which, like many research tools, probably was outdated by the time it was printed.

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**Langstaff: A Nineteenth-Century Medical Life.** JACALYN DUFFIN. Toronto: University of Toronto Press, 1993. xv, 383 p. illus. ISBN 0-8020-7414-6 (paper)/0-8020-2908-6 (cloth).

Many archivists joined the archival profession because we harbour a certain fascination for the past. We long to travel back to nineteenth-century Canada, and hope that our proximity to archival materials will give us that vicarious experience. What usually bursts the bubble of our daydreams is remembering the high mortality rates and the poor state of health-care in the last century, and an appreciation of twentieth-century medical knowledge and high-tech treatments. Jacalyn Duffin's new book confirms that perspective, allowing us to look back in comfort at a portrait of Dr. James Miles Langstaff and his medical practice in and around Richmond Hill, Ontario, between 1849 and 1889.

James Langstaff (1825-1889) began his studies with John Rolph (of 1837 Rebellion fame) at his proprietary Toronto School of Medicine in 1844. He finished his education at Guy's Hospital in London, England, and was licensed by the Upper Canada Medical Board in 1849. That year, he started his own career, having bought the medical practice of Dr. John Reid of Richmond Hill, just north of Toronto. For the next forty years, he carried out his medical duties within a five-mile radius of the town, making over 100,000 house calls. A reticent man, he nevertheless joined municipal politics when necessary—to forward the temperance cause, and to improve the state of the rural roads which he felt would have a positive impact on the health of his clientele. He was financially secure, not so much from his practice—indeed when he died in 1889, there were 153 patient debts outstanding—but rather from his speculative landholdings around the province.

From its title, one might assume the book is about Langstaff; the tip-off that it is not a biography is in its topical, rather than chronological, arrangement. In reality,

the book is a portrait of a nineteenth-century medical practice using Langstaff as a point of reference. Duffin shows us a complete medical world before the onset of specialization, where the country physician did everything. Not only did he deal with routine injuries, aches, and pains, but he also played dentist, psychiatrist, and obstetrician. Each chapter provides a graphic (sometimes nauseating) description of a particular facet of his practice: his diagnostic knowledge and abilities; his therapies including the ubiquitous practice of bloodletting, and the prescription of drugs and alcohol; his patients and their multifarious illnesses; his approach to treating lunatics and alcoholics; his surgical practice; his somewhat controversial childbirthing methods; and finally, his social and political activities within the local community. As Hannah Chair in the History of Medicine and Associate Dean in the Faculty of Medicine at Queen's University, Duffin combines both her medical training and an interest in history to situate her work within the wider medical and social history contexts. A quick glance at her secondary references reveals the breadth of her background reading.

Of particular interest for archivists is her use of Langstaff's medical and financial records. Along with his purchase of Reid's Richmond Hill practice "came a bound notebook containing medical student lecture notes, a list of debtors to the practice, and Reid's signed oath of abstention from all alcoholic beverages."

Langstaff began his own account-keeping in the same ledger, sketched the plans for his house, and listed his acquisitions: a cow, a cutter, a watch, and a violin. In a separate book, the first of many, the young doctor began keeping day-by-day records of his own medical activity" (p. 27). The daybooks continued for the duration of Langstaff's practice, recording each medical visit in multiple volumes from May 1849 to December 1889. With the help of a computer database, Duffin has analyzed each doctor-patient encounter for four discrete periods: May 1849-June 1854, January-December 1861, February 1872-February 1875, and January 1882-December 1883. She explains that these dates were chosen to represent the four decades in which Langstaff worked, yet there is no explanation as to why statistics have been gathered for unequal lengths of time. Appropriately, Duffin's statistical tables within the text keep separate the data for each decade, and one will not be confused as long as one realizes that figures for varying numbers of years are juxtaposed; however, the overall result must remain, accordingly, an impressionistic one.

What is interesting about this work is not just Duffin's use of the daybooks as historical sources, but more especially James Langstaff's use of them as active records. The author shows that the medical daybooks and account books served as a record both of his professional and his personal life, which were inseparable in the persona of a country doctor. One can find notes about the weather and Langstaff's personal income and expenses in the daybooks, and the account books include his thoughts on agriculture. When Langstaff's son, Ernest, joined his father in practice, he added his thoughts to the joint medical record as well, particularly his exasperation over his father's meagre financial expertise. Duffin's book is also singular in the way she manifestly weaves the records into her story as if they were key players in their own right, not just as background support for Langstaff.

As archivists our area of specialty is not simply historical content and context, but the documentary forms through which that content is expressed (i.e., the

diplomatic component). Duffin tells us *what* Langstaff recorded in his daybooks (the content), but unfortunately, tells us very little about *how* he used them. Langstaff was operating in the days when the doctor travelled to the patient, and in the days before case files centralized all information about a patient in one location. What this meant was that Langstaff could not consult the medical records at the bedside; he had to remember how he had treated the patient before. And the chronological arrangement of the daybooks meant that information on one patient was scattered throughout the numerous journals. What, then, was the function of these records? Were they an *aide-mémoire*? a financial accounting tool? a method of ensuring legal accountability? How much of Langstaff's time was spent in writing up his visits and when did he do this? If, as Duffin tells us, he frequently made as many as ten house calls per day, did he ever forget to record a visit? Was there a nominal index to the daybooks so that he could, if necessary, quickly consult his notes about former treatments, or did he rely on the account books, with their page-per-person arrangement, for that purpose? What did this cumbersome method of records-keeping mean for Langstaff's medical practice and the progress of medicine in general?

Despite the lack of a diplomatic/functional analysis, Duffin is particularly good at situating Langstaff's records within his life and his medical practice. This is especially important since medical records, or the collection and accumulation of scientific information, are so important for the medical profession. Duffin gives us a sense of the significance of documentation—a commonplace for archivists, but not necessarily for the general public, and often not for academics either. The systematic, self-conscious accumulation of data is something that has continued from the early days of medicine in Ontario, as James Langstaff's rural medical practice shows.

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**A Not Unsightly Building: University College and Its History.** DOUGLAS RICHARDSON, with J.M.S. CARELESS and G.M. CRAIG. Edited and with an introduction by PETER HEYWORTH. Toronto: Mosaic Press, 1990. 174 p. ISBN 0-88962-449-6.

Whereas archivists occasionally mount exhibitions of materials from their collections and are asked at times to prepare catalogues and write articles about the materials they curate, it is rarer to find opportunities to present and interpret the knowledge they have acquired about materials entrusted to their care in a book-length format. Douglas Richardson, architectural historian and archivist of University College, University of Toronto, had such a chance in the late 1980s when he received an invitation to contribute the major portions of *A Not Unsightly Building: University College and Its History*, a beautifully-illustrated book that focuses on the architectural history of the university's premier building, University College. Richardson's objectives were to detail the aesthetic considerations leading to the design and construction of University College and its subsequent restoration. The book, however, also includes a chapter on the history of the University as a state