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Aller au sommaire du numéro

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EDITORIAL

The History of Canadian Medicine and Health Care

Over the past three decades, the history of medicine in Canada has become an increasingly popular field of research and debate. Perhaps this growing appeal can be partly attributed to the relevance that the study has to the better understanding of the human condition. The purview of the history of medicine, with its lens upon humanity at ease and disease, can encompass all races, ethnicities, classes and eras. At its core, the history of medicine makes a significant contribution to what the late French historian Marc Bloc would have seen as a "wider, more human history."

As in other historical fields, the historiography of the Canadian experience has followed the ebbs and eddies of greater, international intellectual currents as well as fording some uniquely Canadian streams. The very breadth of the field can be demonstrated by the fact that the term "medical history" does not adequately describe the subjects and levels of analysis that have taken, and continue to take, place in its study. In the late 1980s and early 1990s, several historiographies of Canadian medicine emerged, chronicling the extant analysis and new directions in the history of Canadian medicine and health. It is the intent of this special issue of *Scientia Canadensis* to extend this ground-breaking historiographic work to the present day.

Peter Twohig in his article *Recent Writing on Health Care History in Canada* underscores the breadth of the medical historiography in English Canada over the past decade. Arguing that the history of health care and medicine has grown in favour and types of analysis since Wendy Mitchinson's view of the craft in 1990, Twohig follows some particularly new streams and argues for greater syntheses to bring together the various points of view that often exist in isolation.

Picking up the torch from Jacques Bernier's article L'histoire de la médecine et de la santé au Canada français, 1976-1986: Aperçu historiographique, Guy Grenier and his colleague Marie-Josée Fleury explore in La médecine et la santé au Canada français : un bilan historiographique (1987-2002) the various streams of the medical historiography in French Canada from 1987 to 2002. In this article, Grenier and Fleury take the four-point litmus test argued by British medical historian Ludmilla Jordonova and recently reiterated and expanded by Thomas Brown, and apply it to the state of the current French Canadian situation.

This special issue on the history of medicine and health care in Canada also includes two new additions to the historiography. The first is a case study of how various medical cosmologies can mutually co-exist. Using the example of typhoid fever, John MacFarlane looks at late-nineteenth-century journal L'Union médicale and observes how traditional ideas concerning miasmas and modern Germ theory concurrently shaped physicians' thought and practice. Bill Rawling writes a broad-reaching description of the changing humanitarian role of the Canadian Forces Medical Service over the past century. Rawling describes shifts in the practice of and rationale for humanitarian aid. Originally a side-bar of military medicine, these activities have now become a key role of medical service personnel at home and abroad.

Unavoidably, this issue follows the recent millennial trend of all professions and crafts reflecting upon things past. Most editorial notes of this nature have ended with optimistic, positivistic strains professing the continued health and progress of their respective fields. While optimism should never be discouraged and I would argue that this issue is more millennially than eschatologically inspired, an historian of science should always be wary of extolling progress. The craft has moved from its professional medical practitioner/amateur historian roots to engage an increasingly large group of social historians, social scientists, medical students and interested amateurs alike. The traditional debates over whether physicians or historians foster the better understanding have thankfully subsided. However, this does not mean that new problems are not lurking around the corner.

The increasing breadth and popularity of the history of medicine necessitates a strong focus on historiography and method. Following Grenier and Fleury, we may consider a possible sixth litmus test to apply to the historiography of medicine in Canada: a maturing craft is at risk of becoming a victim of its own success. The breadth of scope inherent in the history of medicine makes it easy for advanced research to be undertaken by those who do not realize what they are doing is medical history, let alone recognize the rich Canadian historiographic tradition, or understand its place in greater international thought. There is a need to better inform the profession and the public about the past, present and future of the history of medicine and to make interdisciplinary connections. Not only are we remiss, as Peter Twohig observes, in the creation of greater syntheses and studies, we are also neglecting to advance greater awareness of the craft whether through more special issues of refereed journals, more medical history conferences, or more popular (non-academic) writings.

The study of the history and philosophy of science and technology cannot be complete without the study of medicine and the human condition over time. Health care and medicine have formed the nexus where *ars* and *scientia* have come together, improving the art and perhaps tempering the science. It is my hope that this issue will act as both *vade mecum* to the practitioner, or student of the history of medicine, and sampler to the student of science and humanity.

MICHAEL EAMON