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treated, and the hospital served the clinical purposes of the Collegium Medico-Chirurgicum. The Charité became an exemplar in Germany, and by the nineteenth century had high standing, with such notables as Virchow, Henle, von Helmholtz, Du Bois Reymond, and Koch becoming associated with it.

With its Marxist approach this little history includes more social and political history than would be the case in a western celebratory version, but its propagandist nature is very prominent. Thus, due obeisance is paid to the Russians, and links between the Charité and Soviet doctors from the time of the Revolution are stressed. Between 1933 and 1945, the authors relate that there was an “anti-fascist struggle” at the Charité. Great detail is given to reconstruction in 1945, and much attention to subsequent Soviet-East German politics and “friendship”.

The book concludes by documenting extensive new buildings constructed in the 1980s, listing national prizes won by those at the hospital, and claiming that the Charité is a leading centre for transplant surgery and high technology. The authors’ final effort is, not surprisingly, to emphasize the Party involvement of those at the Charité. All in all, an interesting piece of propaganda.

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RONALD HAMOWY, *Canadian medicine. A study in restricted entry*, Vancouver, Frazer Institute, 1985, 8vo, pp. xxiii, 394, \$15.95 (paperback).

Over the last dozen years, the evolution of the British and American medical professions has been subjected to scrutiny by a number of scholars including Paul Starr, William Rothstein, Ivan Waddington, and M. Jeanne Peterson. Unfortunately, the historiography of Canadian medicine can claim no such studies, a deficiency which Ronald Hamowy’s volume does little to redress.

The purpose of his study, Hamowy states, is “to trace the history of physicians’ efforts to establish a monopoly in the area of medical practice” (p.262) in Canada. The initial chapter, based almost exclusively on outdated secondary sources, focuses on unsuccessful attempts by the diminutive central Canadian medical profession to secure licensing legislation before 1840. The chronology continues in chapter two, stressing the ongoing but inconclusive confrontation between orthodox physicians and unlicensed practitioners, including homeopaths and eclectics, prior to Confederation. The third chapter, covering the two decades after 1867, discusses the success of medical acts in Ontario (1869) and Quebec (1876) in effectively barring heterodox practice in central Canada, and the manner in which Maritime and Western practitioners attempted to follow suit. The final chapter considers the way in which these initial victories were consolidated in the quarter-century before the First World War. Among other accomplishments, orthodox medicine secured the privilege of professional self-discipline, suppressed intra-professional competition by banning advertisements, manipulated educational requirements to curtail the number of new practitioners, vigorously prosecuted unlicensed healers, created an effective means of dealing with liability litigation, and extended professional authority nationwide with the formation of the Medical Council of Canada in 1912.

Hamowy’s study is a wearisome and often repetitious narrative, based almost entirely on legislative texts, articles from medical journals, and secondary sources of questionable reliability. Frequent lengthy quotations, intrusive chapter sub-headings, and rambling end-notes make this book unnecessarily awkward for the reader. Most disconcerting is the careless use of historical evidence. For example, we are told that during the 1850s, homeopaths and eclectics in Upper Canada “were comparatively well-organized and had substantial followings” (p.63). The footnote accompanying this assertion—which may, indeed, be correct—provides absolutely no proof of the point at issue. Indeed, several pages later Hamowy admits there are “no hard data on the number of unregistered or unlicensed doctors practicing in British North America” (p.78). Similarly, in discussing orthodox medicine’s attack on irregular practitioners, the author argues that “the public” firmly opposed the actions of the allopaths (p.125). This is an important and plausible contention, but unfortunately no evidence in the references provides

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substantiation. Finally, Hamowy asserts that licensing legislation “almost certainly raised the incomes of physicians” (p.167), but neither here nor elsewhere, are any data presented on changes in physicians’ incomes as a consequence of legislative enactments. Though further examples of the casual use of evidence might be given, it appears fair to conclude that such methodology detracts substantially from the book’s credibility.

Hamowy’s uninspired narrative seems in many respects indistinguishable from an older historiography which he, ironically, dismisses as “tedious, often banal”, (p.6.). But the irony extends still further, for while he goes on to accuse physician-authored histories of suffering “from the worst form of special pleading” (p.6), his own volume is written to provide historical support for a very specific contemporary policy initiative. Medical licensing laws, according to the preface contributed by the Frazer Institute, should be repealed. Like airlines in Ronald Reagan’s America, the deregulation of medicine would enhance competition and, therefore, efficiency and quality of service. Licensing legislation, far from restricting organized medicine, serves primarily to guarantee a lucrative but unjustifiable monopoly on medical practice.

It is this point that provides the thesis underlying Hamowy’s study. With a surprising naïveté he announces that history reveals medicine’s justification for its licensing privileges—the good of the public—as rhetoric designed to mask a second and more pressing motive: economic self-interest. This will hardly come as a surprise to anyone who has stopped to consider the tension between altruism and entrepreneurialism inherent in medical practice. It certainly should not provide the theme for a serious work of scholarship. But for Hamowy it becomes the key to explaining the appearance of licensing laws during the nineteenth century. Such enactments were cleverly imposed by organized medicine, using legislators easily duped by proclamations of public interest, on an unsympathetic but powerless public (pp.4,7,181). And, lest anyone discover the true origins of the medical monopoly, physicians have created historiography designed “intentionally [to] obscure the real motives behind much of the activity of organized medicine” (p.6). Hamowy, then, deploys a crude conspiracy thesis to explain the evolution of medical licensing. He fails to appreciate that medical professionalization, of which licensing legislation is one aspect, is a far more subtle historical phenomenon. No occupational group professionalizes by a unilateral seizure of privilege; it is the result of a negotiated interaction in which the group persuades society of its unique merit. For the discerning historian it is this interaction and the social values and perceptions on which it is based that becomes the central focus of analysis. In contrast, only the least demanding investigators will find convincing a conspiracy theory of professionalization.

Analytically impoverished, carelessly argued, and presented in an awkward format, Hamowy’s volume is unlikely to enjoy more currency than it deserves. Fortunately, its inadequacies may serve to underline the pressing need for a sophisticated study of medical professionalism in Canada.

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JOHN G. HOWELLS and M. LIVIA OSBORN, *A reference companion to the history of abnormal psychology*. Westport, Conn., and London, Greenwood Press, 1984, 2 vols., 8vo, pp. xviii, 1141, £85-95 the set.

In light of the almost complete absence of works of reference specifically relating to the history of psychiatry, the appearance of these two substantial volumes deserves a warm welcome. The authors have cast their nets commendably widely. A single alphabetical sequence covers an enormous range of topics, literally from AARON to Stephan ZWEIG, and the fact that both the first and the last entries are literary in character (Aaron is a minor villain in *Titus Andronicus*) is ample testimony to this compendium’s scope. Potted biographies, medical terms, cultural references, the titles of psychiatric institutions, materia medica, folklore about madness—all these and more are here in abundance, and generous indexes key in the entries to major themes, so that we have lists of all the insertions relating to saints, or suicides, superstitions, or witchcraft.