



THE OSLER LIBRARY NEWSLETTER

NUMBER 142 · SUMMER 2025

Osler Library of the History of Medicine, McGill University, Montréal (Québec) Canada

The Osler Library of the History of Medicine: Introducing The Molina Family Head Librarian Endowment

Dear Friends,

In a Memorandum dated March 24, 1919, eight months before his death, Sir William Osler stated that the library he wished to donate to McGill University “*must serve, as much as possible, two functions: the education of students in the History and Methods of Medical Science, and to promote research into these subjects.*”

His vision was for The Osler Library of the History of Medicine to be both a repository of quintessential books and a cultural institution at the critical interface between medical students and the humanities. “*It must be for the use of members of the medical profession, including of course medical students,*” he wrote.

As doctors, we have always found the Osler Library to be a valued source of inspiration. While we work within a scientific framework, Sir William Osler’s humanism reminds us why we pursued careers in medicine. He inspired generations of doctors like us to provide patient-centred care.

In keeping with Dr. Osler’s wish that the library be staffed at the highest level, those holding the position of Head Librarian have historically been accomplished scholars in the history of medicine, who have contributed to the University’s academic

life through teaching, research and writing. They have also played a crucial role in fostering innovation and developing programs that integrate medical humanities into the education and research of medical students and researchers.

With the goal of continuing this legacy of Library leadership, we invite you to join us in supporting The Molina Family Head Librarian Endowment at McGill University’s Osler Library of the History of Medicine. An endowed Librarianship is valued at \$4 million, and we have already raised \$3 million. We are now reaching out to you and other friends of the Osler Library to secure the final \$1 million.

As the chairs of this important initiative, we very much hope that you will lend your support to this endeavor. The creation of The Molina Family Head Librarian Endowment at the Osler Library of the History of Medicine will ensure that the Osler Library continues to flourish and enrich medical learners with humanistic values that will allow them to shape the future of medicine.

We thank you.

Dr. Rolando Del Maestro | Dr. Mario Molina
Members – Osler Library Board of Curators

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Osler Library: Winter 2025 in Review

Svetlana Kochkina, Acting Head, Osler Library, McGill University

It has been a vibrant year at the Osler Library, brimming with a diverse range of events, exhibits, vernissages, and new acquisitions for our collections. We have already shared the Osler Days events in the Winter 2025 issue of this Newsletter, and now to the highlights of the Winter 2025 term:

Exhibition & Vernissage: When There Are No Words

On January 22, 2025, the Osler Library welcomed a vernissage for the thought-provoking exhibition, *When There Are No Words*, curated by the Maude Abbott Medical Museum. The exhibition explored shifting sociocultural attitudes towards death, loss, and grief through a unique collection of sympathy cards. For further insights, please refer to the article by Hugo Rueda Ramírez in the current issue.



Lecture: Scientific Revolution in the Renaissance

On February 7, 2025, the Osler Library hosted the enlightening lecture *Scientific Revolution in the Renaissance and the Dialogue*



between Galileo and Kepler by Alessandro De Angelis, astrophysicist, professor at the Universities of Padua and Lisbon, and the author of four books on Galileo: *Galileo and Satellite Navigation* (Springer and Castelvechi, 2024), *Galileo and the 1604*

Supernova (Springer and Castelvechi, 2024), *The Best Eighteen Years of My Life* (Castelvechi and Gradiva, 2023), *Two New Sciences for Modern Readers* (Codice, Springer 2021, EDP 2022). The lecture, organised in collaboration with the Italian Cultural Institute, the Italian Embassy, and the Italian Ministry of Foreign Affairs and International Cooperation, was a rich educational experience for the more than 400 people who attended it in person and online.

Panel Discussion, Pain Subjects: Artists on Illness & Vernissage, ouch ouch ouch

On April 17, 2025, we organised a panel discussion, *Pain Subjects: Artists on Illness*, followed by the vernissage for the exhibition *ouch ouch ouch*. Curated by Ev Ricky, the 2024 Michele Larose-Osler artist-in-residence, this exhibition debuted an artist book exploring speculative illness morphologies, based on sensation maps derived from daily body scan meditation. The residency program was made possible thanks to the generosity of Dr. Michele Larose, artist and paediatric neuropsychiatrist who trained in psychiatry and child psychiatry at McGill and in visual arts at Curtin University in Australia. The discussion featured artists Yuki Tam, Emily Sirota, and Jessica Bebenek, who engaged in a thought-provoking dialogue with Ev Ricky on the intersections of illness, access, and disability within their diverse art practices, spanning video art, sculpture, performance, textiles, poetry, and print art.



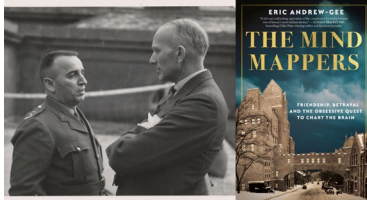
Events with the McGill Osler Society



On April 25 and May 15, the Osler Library had the pleasure of co-hosting two events with the McGill Osler Society, both designed to enrich the experience of McGill medical students: the *Trivia Night* and the *Poetry & Music Soirée*. Some of the original poems read during the evening are printed in this issue of the Newsletter.

Book Launch: Mind Mappers

On May 27, 2025, the Osler Library welcomed the launch of *The Mind Mappers*, presented by its author, Globe and Mail journalist Eric Andrew-Gee, in conversation with Dr. Richard Leblanc, a neurosurgeon at the MNI/H, the director of the Brain Tumour Program and the Brain Tumour Clinic, and as co-director of the Skull Base Tumour Program and Clinic at the McGill University Health Centre. The book, much of the research for which was conducted by Andrew-Gee at the Osler Library, is a riveting true



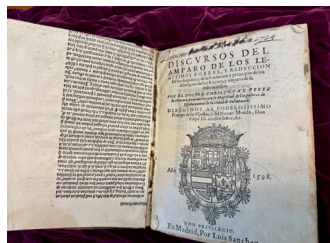
story of the star-crossed friendship between two neurosurgeons—one famous, the other forgotten—who mapped the brain but lost each other. In this compelling dual biography, Andrew-Gee weaves together the rich history of The Neuro with that of Penfield and Cone to reveal the untold story of the birthplace of neuroscience. In doing so, he breathes new life into a familiar hero and revives the oft-forgotten, tragic story of his partner, writing Dr. William Cone back into the historical record at last.

Recent Acquisitions

We are pleased to highlight here some of our recent acquisitions:

Pérez de Herrera, Cristóbal. **Discursos del amparo de los legitimos pobres.** Madrid: Luis Sanchez, 1598. First illustrated edition.

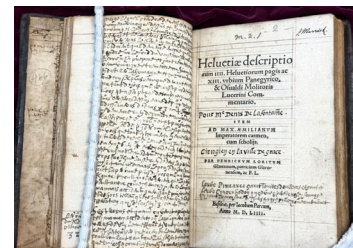
Arguably the most important work on public health published in Spain in the Siglo de Oro. Cristóbal Pérez de Herrera's *Discursos del amparo de los legitimos pobres* was the culmination of an ambitious citywide public health policy that united Madrid's disparate, disorganised, and overburdened hospital system, and presented the concept and plans for a vast hospital for the city's poor and infirm. Construction of the *Hospitium pauperum* (illustrated on f.133 with a full-page woodcut of its facades and floor plan), which was based on the design of the *Ospedale Maggiore* in Milan, began 8 September 1596. Pérez de Herrera, a Salamanca physician, statesman, and poet, received a royal commission to publish his book in 1597, and a privilege to publish it for ten years. He died penniless in Madrid in 1620, a ward of the very welfare system he championed. It is a most essential work in the history of medicine and public health policy in Spain, and a signal exemplar of the Spanish emblem-book tradition.



Fontaine, Denis de, **Medical and alchemical recipes.** Manuscript on paper, France, before 1608, bound with Glareanus, Henricus, *Helvetiae descriptio*.

The manuscript text consists of medico-alchemical recipes produced by the physician Denis de la Fontaine (fl.1590s), in Le Havre, bound into a volume with an unrelated printed work, presumably for the purpose of concealment. It was not unusual to conceal recipes for medical 'secrets' within

unrelated, non-descript books, to protect them from unwanted readers. The text is accompanied by a sketch of a vessel for distillation. Recipes include the distillation of oils, preparations of salts and alum, and remedies for plague and fevers. On the back pastedown is a list of alchemical symbols for the planets and their corresponding elements. There are two popular Latin charms on the end flyleaf, beginning: "Anna peperit mariam maria salvatorem" and "In nomine dominus, Jesus, Maria... deus Abraham... fiebre je te conjure." The printed work is a poetic description of Switzerland, featuring thirteen woodcuts with views of Swiss cities.



Manuscript on paper, "Tōsō shinzetsu zu" 痘瘡唇舌圖 ["Smallpox, Lips, & Tongue Analysis, Illustrated"], 1795.

Tongue diagnosis has long been a vital tool used in traditional Chinese medicine for assessing a patient's current health and providing a basis for prognosis. This finely illustrated manuscript contains 19 illustrations of the mouth and lips and 42 illustrations of the tongue in various states of health, all finely and vividly painted. The eight-page text at the beginning is based on the writings of Man'gong Dai 戴曼公 (1596-1672), a famous Chinese doctor who fled China to Japan during the early violent years of the Qing dynasty, where he continued to practice medicine and teach. During an outbreak of smallpox in Nagasaki, Dai taught his pupils the Chinese method of vaccination. The Ikeda family of physicians most readily adopted this new technique and became famous for their skill in vaccination and the treatment of skin diseases. The text also provides a biography of Dai and a description of his inoculation techniques, his arrival in Japan, and the use of inoculation in subsequent outbreaks of smallpox.

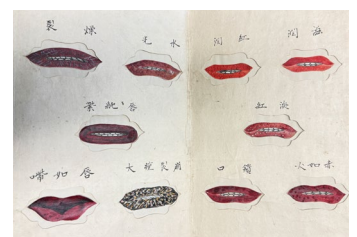


Image credits:

Image 1, 8-13: Ghazaleh Ghanavizchian.

Image 2: McGill Library Communications.

Image 3: Ev Ricky.

Image 4-6: Svetlana Kochkina.

Medical Students *Poetry Soirée*, Winter 2025



Naomie Condé

Navigation

J'ai tous les chiffres de l'équation
Mais rien pour en faire la somme,
Tout pour tendre vers ce concept
appelé Bonheur
Mais rien pour m'y accrocher,
Alors je décide de me laisser
flotter.

Je me laisse emporter par les
vagues déferlantes
Comme un bateau à travers les
oscillements
Et le clapotis de ces majestueuses
ondes
Me rappelle la quiétude de la
solitude
Au milieu de cette vaste étendue
d'eau qui m'entoure.

Le vide est à la fois un espace
négatif et positif,
À la fois synonyme d'absence et
de présence physique,
Une opportunité pour une
multitude de possibilités
Là où fleurissent les cellules
pluripotentes, indifférenciées.

Contemplation

Ensemble regardons les étoiles,
Posons notre dos sur le sol d'été
encore chaud,
Cessons d'essayer de trouver un
sens
À cette galaxie s'animant sous
nos yeux.
Une étoile filante, faisons un vœu.

La vie est un trop grand mystère à
découdre,
Une énigme impossible à
résoudre,
Un cadenas pour lequel nous ne
trouverons
Jamais la bonne combinaison.

Mais avec toi
La douleur de ne pas savoir,
L'inconfort de n'avoir aucun
pouvoir
Sont apaisés lorsque tu me
laisses croire
Qu'il y a une trace subtile d'espoir
Dans tes yeux étoilés que je
contemple avec gloire.

Vivre peut sembler dément,
L'épée soumise à des bras de
torrents.
Les guerres ne vont pas cesser,
Le temps ne pourra pas être
freiné,
La mort n'arrêtera pas de faucher.

Mais toi, promets-moi
Que tu me donneras foi
En l'humanité.

From Conde, N., *Asymptote*, 2024.



Melissa Delalie Houinsou

Forever

They will stay forever,
The people her heart chose.
They will be forever,
For life could betray death.

Maybe smarter, maybe sneakier,
Death won at times—
Stealing them away,
Leaving deep holes in life.

Unannounced, unwanted,
Newly bound to the other side,
Those she loved
Were now spirits, hopefully saved.

Her teeth rattled in pain,
Her emptiness was unbearable,
But the promise of meeting again
Kept her going...

They were safe,
Far from a world of hurt,
Close to a world of peace—
The garden once promised.

Souls

I believe that souls have a
language—
A special smile they wear,
In places that feel familiar,
As they detect intimate scents,
And recognize the beings and
things around them.

When a soul embraces its ideals,
Takes the journey of life alongside
them,
Or whispers the right words,
Tracing the right actions,
It then calls another its soulmate.

The body is, for the soul,
A unique canvas—
A space where emotions extend,
Manifesting in gestures and
actions,
The body, a carnal channel.

Yet, the soul is also a canvas,
Receiving bursts of paint—
Splashes of life, sometimes
unfair.
In confusion, the soul may lose
Its language, giving way to more
sinister words.

I have faith that souls find
happiness
In the Creator of their existence—
That no language is as simple
As that of pure and true love,
The one that calls them to peace.

From *Rhythms of The Soul*,
Melissa Delalie Houinsou, 2025



Isabella Comtois Bona

Rinse and Repeat

Tend to me,
Tame my turmoil, trail my ache
Tempt me
Trace me, tender on my flesh
Tell me your tale
Taint me, tender is your flesh
Under which I tarnish, I stale
A sunflower stalk tilting, in defeat
Torn, stained
Rinse and repeat

Latch onto me
You, leech
Your hand, hauling as I howl
Your lips, looping as I lose
Your fingers, fossa, fissures in my figure
We ram, we retch
I, recoil
You, roar
Hurt, leave, rinse and repeat.

Let me
As I am pushed,
Over the ledge, over the edge
Let me weight less,
As I am plunged
Into the air, into the lair
Let me, weightless
As I am shattered
Let me be
Pained, wounded, rinsed and repeated.

I may be broken,
I may be crippled,
But can I be cradled?
Don't mind the chain
Don't mind the chops, the chips
The dissection, the carving,
The rips and slips
Stretches of distended scars
dragged
That I cleave, drain, rinse and repeat

Glove your hand
Guard it, guide it, to the very end
Map my marks, my scars, my stars
Bandage my bruises, my blows,
my beats
Board of the bubbles of burnt bark

Brushes, blossoms across my back
Prescribe the pills to patch my psyche
Guard me, with all your might
Scratch, sign, rinse and repeat

Why do I plead and pray?
Why was I born to beg?
Catch my breath
Coat my health
With your words
Soft and soothing
But, sharp swords

Singing, your lullaby
Singing, your cry
To the saint, despairing
To the sinner, dreaming
Singing, stilling, blessing and repeating

I may have been burning alive
I may have been breathing to survive
Being in your presence,
Bathing in your existence,
My descent, dampened,
My anger, alleviated,
I, your bliss
You, my abyss

And from your absence
And from your silence
Air shunts my boiling blood
Cotton swamps my mind in a cloud

And you know, I lied,
To be where I know you lie
And now, we rest
The torch, the torment, the tempest, passed
The vicious, the vilest, parted

Friends, brothers,
Family, lovers
Rinsed, again and until it's over
Repeated, again and for ever after.

Still Life

Cap, off.
Straps wrapped into a knot,
secured.
Cap, on.

Mask, on,
The chest rises
Fingers claw under the jaw
The chest stills, but no doubt arises
Mask, off.

After he bags,
Giving to blood its flow,
He drags
Gifting to heart its beats, its tempo.

See, the cords?
The epiglottis, the aretinoids,
The bumps and the folds?
Be bold
And push onward,
Push forward;
Don't crank back,
Don't look back.

With the tube taped to the cheek,
The forearms poked,
And drying blood specks:
The warm-up is over,
The patient is under.

He leans back into his seat,
Stretching from his hips to the tip
his toes,
Settling his glasses on the tip of
his nose.

He squints his eyes at a screen.
It's a monitor that speaks his
language, his mother tongue.
Where words are waves,
Letters are lines curved in length
and creases,
And sounds are nothing but the
noises of a song.

It's a machine on which he has
foreseen
Panic before it presented
Apnea before it happened
And death before it delivered,
Reversing without rehearsal
Catastrophe to chaos to control
With the flick of a thumb,
And a drop from a dial.

After the procedure, the sutures,
And before the gentle slap to bring
them back,
He holds them,
Their arms spread like an angel,
fallen
Their head held his gloved hands
He holds them,
Like the most precious of all ore,
Light casting on his core
Like a painting, a sculpture, a still
life
Where there is, still, life.

But, that... they'll never know.
All they did was accept.
They said yes.
They trusted, they consented.
All was left was to breathe in
and out
From one to ten,
To count the sheep,
And to fall asleep.

A List of Things About Wilder Penfield, Who In 1956 Was Called “The Greatest Living Canadian” By *MacLean’s* Magazine – And Where He Found The Soul

Elizabeth Weissberg

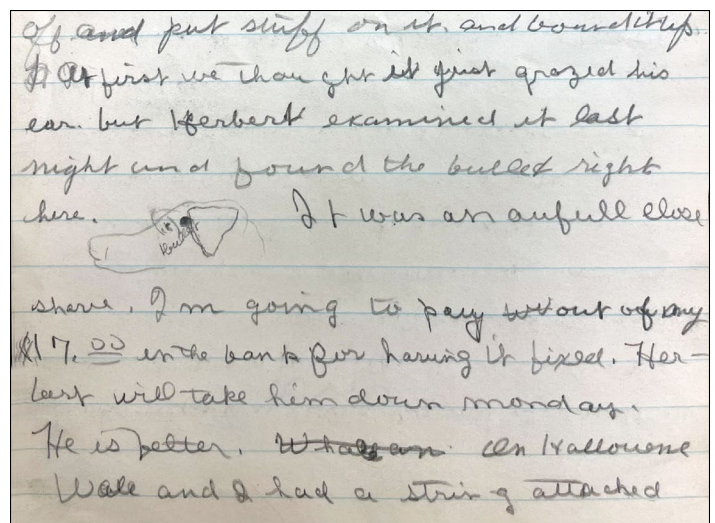
This essay was made possible through the generous support of the Dr. Dimitrije Pivnicki Award in Neuro and Psychiatric History and made extensive use of the Wilder Penfield Archive

One day in 1904, 13-year-old Wilder Penfield went hunting with his friends. One of them – it was unclear exactly who – accidentally shot Penfield’s dog in the head. The bullet lodged just in front of the dog’s ear, in the dense bone of the skull. Penfield carried the dog for miles back home, fearing for the animal’s life. The dog survived. Penfield watched his recovery with concern, sketching him in his journal, pictured at right¹. In hindsight, it’s easy to look at the drawing and see hints of the doctor Penfield one day became – a brain surgeon, one of the most famous in the history of the world.

Penfield fell in love with his wife, Helen Kermott, a few years later, still a teenager. They went canoeing together, for miles, passing trees and farmland. *I looked into her eyes*, he would later write in his journal, *and I saw an un-named meaning*². He proposed in 1914, and it was only then that they had their first kiss.

In his journals, Penfield returned again and again to questions about the soul – sometimes calling it *spirit*, sometimes *mind*³ – and where it might reside. After he became a surgeon, his hands spending hundreds of hours in people’s brains, he concluded there were no answers to be found in the material body for the sublimity of the soul. There was, he believed, an unbridged divide between matter and mind. *No scientist can study God, in science, except by inference*⁴, he wrote. So then finding God and the soul by inference is exactly what he set out to do.

When Penfield operated on patients, their brains exposed to the air of the operating room, they were usually awake, under only local anesthesia. He specialized in patients with focal epilepsy, cases in which a person’s seizure begins at a single, “focal” point in the brain. In many of these operations – in what became known as the Montreal Procedure – he used an electrode to press the folds



A journal entry written by Dr. Wilder Penfield in 1904, at age 13

of a patient’s brain until he triggered what’s known as a seizure’s “aura”, the idiosyncratic sensation a person has that forebodes a seizure: a tingling in the sternum, a strong taste of strawberries, the sight of a burst of stars – famously, the hallucinated scent of burning toast. These sensations marked the seizure’s origin. He then burned or cut out this part, and patients often suffered no cognitive loss despite their missing piece of brain, their seizures eliminated or greatly reduced.

During these operations, as Penfield pressed his way to the aura, his electrode often triggered other effects along the way. He pressed, and a patient’s lips went numb. He pressed, and the patient clenched their three innermost fingers, or slightly protruded her tongue. He pressed, and the patient opened his mouth with a *steady vowel sound: a - a - a -*, until the electrode was withdrawn⁵. Patients were conscious of doing these things in response to the electrostimulation – yet also felt it wasn’t them causing the involuntary motion. Penfield began to wonder: where was free will, as he pressed with an electrode and subjected a

¹ Wilder Penfield, diary entry, April 2, 1904, *Diary of Wilder Penfield, 1904 and Letters to his Mother*, Wilder Penfield Fonds, Box 467, Folder 27, Osler Library of the History of Medicine.

² Wilder Penfield, diary entry, November 1, 1975. *Wilder Penfield Diary*, October 1975, Wilder Penfield Fonds, Box 413.

³ “Surely, the spirit of man is only another word for the mind of man.” Wilder Penfield, *Evolution of the Mind of Man* (typescript, May 7, 1970), Wilder Penfield Fonds, Box 172b, Folder W/U 379.

⁴ *Ibid.*

⁵ Wilder Penfield, *Some Mechanisms of Consciousness Discovered During Electrical Stimulation of the Brain* (typescript, November 18, 1957), Wilder Penfield Fonds, Box 144b.

patient to a clutching of fingers? Where was choice, if a person could be controlled this way? If all that moved us was electricity through the brain? His inference was careful: free will wasn't in the movement itself⁶. It was in the recognition that someone else was moving the hand. The self was untouched.

In just under 5% of his patients, sometimes Penfield pressed, and until the electrode was withdrawn, they experienced vivid sensory memories of ordinary moments, closer to film reels than recollection: *...a mother told me she was suddenly aware, as my electrode touched the cortex, of being in her kitchen listening to the voice of her little boy who was playing outside in the yard. She was aware of the neighborhood noises such as passing motor cars...*⁷ Another patient was in a concert hall, identifying the distinct sounds of individual instruments. A young man found himself back at a baseball game, watching a boy's progress crawling under the fence to join the crowd. Patients were in the operating room, reporting to him, and yet had stepped back in the river of time. Where was consciousness, Penfield wondered, if the touch of electricity could return a person so vividly to the past? His answer: consciousness was in the knowledge they were in the operating room, even as they heard and saw the past⁸.

(Whether we agree or not with Penfield in 2025 – between 49 and 121 years after his journals were written – we have not found the seat of consciousness either).

Penfield's journals never lose a certain youthful earnestness. On the inside cover of a journal he started in 1969, he writes as preamble: *This is a place of private talk with myself, a place to ask: where are you going? What is worthwhile? What is true?* On the entry for his sixtieth birthday, in 1951: *There are still so many conclusions to draw, so many observations to be harvested...*⁹ One might think he could be insufferable – or that the life he lived inside his journals' pages didn't reflect the life he lived in the world. But Helen kept journals too. They paint a picture of the same man who existed in Penfield's journals, only sometimes the painting is even kinder. Penfield works diligently, thoughtfully, he could accomplish all he sets out to do.

(I cannot imagine this would be the same for all couples).

Some of Penfield's patients experienced a phenomenon known as automatism. In daily life, they would begin to seize but continue exactly what they were doing – unaware, unable to adjust to new

⁶ "The patient...believes in the possibility of voluntary activity. Unlike the rest of us, he has been able to contrast this with true involuntary automatic activity."

Wilder Penfield, *The Cerebral Cortex of Man and Supra-Cortical Integration* (typescript, March 24, 1950), Wilder Penfield Fonds, Box 170b, Folder W/US-12.

⁷ Wilder Penfield, *The Place of Understanding: A Discussion of the Brain and the Mind* (typescript, April 21, 1973), Wilder Penfield Fonds, Box 170a.

⁸ "This exact re-activation of previous experience throws light on one aspect of memory, but it does not explain the original conscious state nor other mechanisms of memory." Penfield, *Evolution of the Mind of Man*.

⁹ Wilder Penfield, note on inside cover page, *Wilder Penfield Diary, January 1 – November 15, 1969*, Wilder Penfield Fonds, Box 413.

¹⁰ Wilder Penfield, diary entry, January 28, 1951, Wilder Penfield Fonds, Box 467, Folder 29.

information, and with no memory of it afterward. They practiced piano: *[He] often made a slight interruption in his practicing, which his mother knew meant the beginning of an "absence." Then he continued to play with astonishing dexterity...*¹¹ They drove: *If C was driving a car, he would continue to drive, although he might discover later that he had driven through a red light...*¹² To Penfield, this was evidence of how much the brain could do on its own. It could carry on without the mind – at least for a while – drawing on reflexes and routines it had practiced a thousand times. We do so much without thinking: walking, turning towards a familiar voice, reaching for a glass. Automatism made it visible.

There was, therefore, another place Penfield found the mind: in attention.

*Consider any child growing to manhood or womanhood. From the early months of life, something from within each individual seems to direct and focus attention at will, and sometimes with stubborn intent. That, I assume, is the mind.The mind thus conditions the brain, to which it is companion, somewhat as a technician programs a computer.*¹³

That is, our brains become where the mind directs our attention, the products of where our attention has been. The brain changes, it learns language, needlepoint, how to throw a basketball, by having its attention directed to those tasks by the mind – eventually knowing them so well that in the case of automatism it can proceed on its own for some time.

Reading a man's journals, ages 13 to 85, it felt true that attention is a great part of who we are. What were his memories – written down or not – but what he had attended to? What was his life, but one domino after another, of him attending to his curiosity, his drive to do good work, each day?

*All my studies of the brain of man in the past were worked out with the secret hope that I would see more clearly in the end*¹⁴, Penfield wrote of his search for the distinction between mind and brain in 1968, at the age of 77.

Penfield died in 1976, of stomach cancer, no mention in his journals of him having found more satisfying answers, his last entry four days before his death.

Yet there was an afternoon five months before he passed, and two years before Helen did, when they looked back on their marriage, and within the realm of their relationship, it seemed clear to him a person was more than a body. He asked, did she remember falling in love? Helen had good days and bad days by then – but it was a good day that day. *The unbelievable joy?* Helen responds, *The prospect that love could come to us? I remember the beginning,*

¹¹ Penfield, *The Place of Understanding*.

¹² Ibid.

¹³ Penfield, *Evolution of the Mind of Man*.

¹⁴ Wilder Penfield, diary entry, June 23, 1968, *Wilder Penfield Diary, December 1967 – June 1968*, Wilder Penfield Fonds, Box 413, Folder 24.

The Many Lives of the *Casier sanitaire des maisons*: Sanitary Assessments of Housing in Montreal, 1914–1949

Stephan Strunz, Technische Universität Dresden, Germany

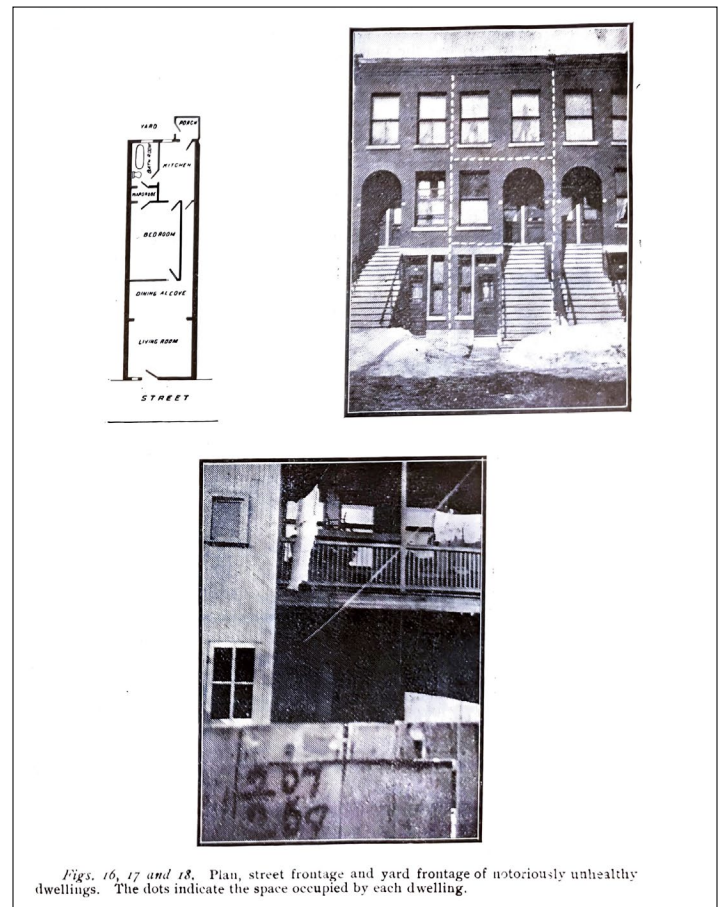
This essay was made possible through the generous support of the Dr. Edward H. Bensley Osler Library Research Travel Grant.

At the end of nineteenth century, housing emerged as a key arena of public health action. Focusing on tuberculosis, William Osler himself recognized the profound impact of housing conditions on health.¹ Montreal and the province of Québec played an important role in rendering housing an object of public health interventions. A two-week stay at the Osler library allowed me to research a small part of my current project: Montreal's contribution to the global history of the *Casier sanitaire des maisons* (Sanitary Record of Dwellings).

The *casier sanitaire* was a fascinating medico-administrative tool, widely used from the 1870s to the 1930s. Throughout this period, municipalities spanning from Moscow to Barcelona, from Brussels to Montreal, and from Paris to Fez, adopted the sanitary record of dwellings as a tool for discerning correlations between housing structures and specific diseases. Despite efforts to establish international uniformity, local health actors strongly resisted formalization and standardization, resulting in many registers assuming an idiosyncratic character.

During my stay at the Osler library, I was able to explore the history of this statistical tool in Montreal, Lachine, and the greater province of Québec, where architects, hygienists, and physicians appear to have implemented a local variant of the register. The Québec case illuminates both the promises and the difficulties of a 'paper technology'² that shaped an influential yet short-lived approach to connecting housing and health.

Though not an obvious destination for researching administrative records, the Osler Library holds several impressively complete series of local and provincial public health reports from around the turn of the twentieth century. During my stay, I made extensive use not only of annual reports of the *Health Department of the City of Montreal*³ but also the



Figs. 16, 17 and 18. Plan, street frontage and yard frontage of notoriously unhealthy dwellings. The dots indicate the space occupied by each dwelling.

Report by Elzéar Pelletier on defective housing and the *casier sanitaire*. In: *Fourteenth annual report of the Board of Health of the province of Quebec*, 1908, pp. 56-81.

reports of the *Board of Health of the Province of Québec*⁴ as well as the provincial health periodical, the *Bulletin sanitaire*.⁵

Systematically browsing these reports, I found that both public health officials in the province of Québec and the city

¹ William Osler: "The Home in its Relation to the Tuberculosis Problem." *The Medical News*, New York, December 1903.

² Volker Hess and J. Andrew Mendelsohn: "Case and Series: Medical Knowledge and Paper Technology, 1600-1900." *History of Science* 48 (3-4), 2010, 287-314.

³ *Report on the Sanitary State of the city of Montreal for the year...* Montreal: Louis Perrault & Co. 1877-1913; *Report of the Municipal Department of Hygiene and Statistics*. Montreal: Perrault Print. Co. 1914-1918.

⁴ *Report of the Board of Health of the province of Quebec*. Québec: Conseil d'hygiène de la province de Québec. 1895-1914. ... *annual report of the Superior Board of Health of the Province of Quebec for the year ending June 30th...* Québec: Conseil supérieur d'hygiène. 1915-1922.

⁵ *Bulletin sanitaire*, Québec: Service provincial d'hygiène. 1901-1950.

of Montreal aimed to present themselves as devoted followers of public health apostle Paul Juillerat, who championed the Parisian *casier sanitaire* at various international congresses during the early 1900s. The reports helped me trace the register’s trajectory to North America via Elzéar Pelletier, head of the Québec Board of Health, who had attended a presentation of the tool at the 1905 *International Congress for Tuberculosis* in Paris. Upon returning, he published a detailed account of and urged its immediate adoption in all major Québec cities.

In the years that followed, the *Bulletin sanitaire* featured several articles by other hygienists and physicians echoing Pelletier’s call to implement the *casier sanitaire* in Québec’s towns and cities. But these appeals went largely unheeded. Despite organizing a display of international *casier sanitaire* data sheets at the 1911 International Child Welfare Exhibition in Montreal, the city and its bureaucracy failed to implement the record before the end of World War I — a delay Pelletier and others deeply lamented. Strikingly, it was not Montreal, but the nearby town of Lachine (which was only incorporated into Montreal in 2002) that established the first North American *casier sanitaire* in 1914.⁶ Its architect, local health director Joseph Baudoin was praised by Pelletier as a statistical pioneer from whom Montreal’s health department had much to learn. It would take Montreal another fifteen years to establish its own *casier sanitaire des maisons*, the first report on its use dating to 1929.

My visit to the Osler library offered a unique opportunity to study the migration and metamorphosis of knowledge from epistemic hubs like Paris to more peripheral regions.

⁶ Joseph-Albert Baudoin, ‘Sanitary Record of Houses’, *Canadian Medical Journal* 7 (10), 1917, 879–892.

ont été proposés et mis en œuvre, tels l’organisation des cités-jardins, les lois d’expropriations pour fins de salubrité, comme la loi anglaise de 1909, les lois de favoriser pour faciliter la construction d’habitations ouvrières à bon marché, comme la loi française de 1896, l’aménagement rationnel des villes, etc.

Mon intention n’est pas de faire une analyse de tous ces moyens. Ils offrent de grands avantages et ont produit les plus heureux résultats là où on a fait un essai méthodique et persévérant. Tout le monde sait que l’amélioration de l’habitation en Angleterre a été suivie d’une diminution considérable dans la mortalité par tuberculose pulmonaire.

Malheureusement un grand nombre de nos habitations ne sont pas construites suivant les dictées de la science de l’hygiène que je viens de résumer. Une question donc s’impose: Comment pourvoir à leur correction? Un moyen nous a été proposé par l’institution du casier sanitaire des maisons.

VIII.—C’EST QU’EST LE CASIER SANITAIRE DES MAISONS
“Le casier sanitaire des maisons”, nous dit M. Paul Juillerat, chef du casier sanitaire des maisons de Paris, dans son ouvrage *Le casier sanitaire des maisons*, “est un moyen d’information sûr et précis, toujours au courant, commode à consulter; c’est une sorte de compteur mécanique qui enregistre impartialement, et jour par jour, l’état sanitaire de la maison. Lui seul peut permettre l’assainissement méthodique des villes. Il n’est si petite commune qui ne puisse posséder cet organisme indispensable à la protection de la santé publique.”

Le casier sanitaire des maisons a pour but de faire connaître exactement et continuellement les conditions sanitaires de tous les logements d’une municipalité; il constitue un journal sanitaire quotidien des habitations. C’est le meilleur moyen d’information permanente que les autorités puissent posséder au sujet des logements.

Il est pour l’autorité sanitaire municipale ce qu’est pour le médecin l’examen d’un malade, pour l’avocat l’étude d’un dossier, pour le notaire l’examen des titres d’une propriété, pour le marchand l’examen de la marchandise. C’est dire son importance. Impossible donc pour les officiers d’un bureau municipal d’hygiène de poursuivre une campagne d’amélioration systématique des logements sans en avoir fait au préalable une revue complète et avoir consigné sur la fiche de chacun d’eux les constatations relevées au cours de leur inspection.

L’institution d’un casier sanitaire des maisons n’est pas nouvelle. Bruxelles a organisé un casier sanitaire en 1871; à Moscou, il en existe un depuis longtemps; Berlin possède une statistique sanitaire de ses maisons depuis 1874; la ville du Havre commença son casier en 1879; puis vint Saint-Etienne en 1883, Amiens en 1884, Nice en 1887, Paris en 1893, Nancy en 1903, Orléans en 1905. Depuis cette date d’autres villes d’Europe se sont pourvues du même organisme.

Le casier donne la description et l’histoire des maisons au point de

Report by Joseph Baudoin on the Lachine *casier sanitaire*. In: *Bulletin sanitaire* 17 (1-6), 1917, pp. 77-89.

Montreal, the record initially facilitated a campaign against dark rooms and cellar apartments, by mandating that such spaces no longer be used for human habitation. It was also used to identify insalubrious dwellings, which became the subject of follow-up surveys in the mid-1930s. Over time, the *casier sanitaire* came to inform reports that laid the groundwork for Montreal’s major urban renewal project of the 1950s: the “Dozois Plan,” which aimed at eliminating worn-out homes and replaced them with new, government-run apartments in the city’s downtown area.

Acknowledgments: I would like to express my sincere gratitude to the staff at the Osler Library for their helpful assistance with all my requests.

► Continued from page 7: A List Of Things About Wilder Penfield...

yes! Wistful, fearful it would not happen. He recorded what he said in return: *I was thrilled but filled with a sort of awe. I didn’t want to take you into my arms, so much. I wanted to understand you, have you understand me, come close, in another way.* Helen: *Yes, I always felt that about you. I don’t think we were ever very far from that feeling throughout most of our lives*¹⁵.

Her eyes were wide, her eyes blue, he writes of the by-then 84 year old Helen, *And there seemed to be a light in her face, and the kiss she gave me thrilled me, no less than it has all through the years, ever since the first one in 1914, standing at her door in Hudson,*

¹⁵ Penfield, diary entry, November 1, 1975.

*after I asked her to marry me*¹⁶. She seemed, to Penfield, too, the same person in mind that she had always been – *in spite of what has happened to her memory and brain and hearing and hip*¹⁷. So Penfield did not find all his answers. But he died with love — for Helen, and for his family and friends. He died having changed the worlds of science and of medicine. And he died, I think, having paid great attention — his attention had been so strong, it reached out and changed mine, through tiny phonetic squiggles, on yellowing paper, 50 and 100 years later.

¹⁶ Ibid.

¹⁷ Wilder Penfield, diary entry, November 2, 1975. *Wilder Penfield Diary, October 1975*, Wilder Penfield Fonds, Box 413

Minnie Gomery: Medical Missionary in Kashmir, c. 1900–1947

Neil Fleming, University of Worcester, UK

This essay was made possible through the generous support of the Dr. Dimitrije Pivnicki Award in Neuro and Psychiatric History.

The Osler Library contains the Minnie Gomery fonds, a modest yet significant trove of archival material. Dr. Gomery was a remarkable figure. Born in Birmingham, England, in 1875, she emigrated with her family to Canada in 1884. As a student at the medical faculty of Bishop's University—which later moved to McGill University—Gomery quickly made her mark, winning numerous prizes including for dissection and practical anatomy. However, after graduating in 1898 she was prevented from obtaining any practical experience in these areas by the refusal of Montreal's hospitals to countenance a woman surgeon. Her career thwarted, she returned to the United Kingdom to train as a medical missionary with the (Anglican) Church Missionary Society, before embarking for India in 1900. There, in the northern princely state of Jammu and Kashmir, Gomery and her companion, Miss Kate Newnham, spent over four decades practising medicine, enjoying significantly greater success in that calling than in their concomitant roles as Christian missionaries.

Gomery's first task was to oversee the construction of the hospital in which she and Newnham would spend most of their working lives. The John Bishop Memorial Hospital had previously been located at Srinagar, but it had been swept away by flood and it was decided to relocate it to the southern end of the Kashmir Valley, at Anantnag, also known as Islamabad. With the support of missionaries at Srinagar, Gomery, then in her mid-twenties, oversaw the hospital's reconstruction, from locating suitable land, gaining the required permissions to build, and recruiting and superintending the builders. The Bishop Memorial's continued existence, to the present day, stands as the most striking physical legacy of her life's work.



Minnie Gomery, 1921, as reproduced in *Neighbours in Kashmir*

Gomery spent thirty-five years as the sole physician at the Bishop Memorial. She was of course assisted by Newnham, and locally recruited nurses. The hospital catered to women and children, thus adhering to the custom of *purdah*, though on occasion it treated men as outpatients, especially in the wake of natural disasters and other disturbances. Even after formally retiring in 1935, Gomery and Newnham accepted an invitation to return to Kashmir as medical missionaries for another dozen years. In 1952–53, Gomery again returned to serve as a temporary superintendent and teacher at the Church Missionary Society's school for girls in Srinagar. Sojourning in Montreal between these appointments, she finally retired to the city in 1953, aged 78, and lived there until her death in 1967.

The archival material held at the Osler Library includes a Kashmiri hymnal, the hospital's guestbook, photographs, maps, and some ephemera on Gomery. The most significant deposit is her unpublished memoir, *Neighbours in Kashmir*. Completed in 1951, it is appended by Gomery's letter home to 'friends' in 1952, outlining her role at the girls' school at Srinagar, along with her 1967 obituary in the *Canadian Medical Association Journal*. These latter additions indicate that others had a hand in producing the resulting volume, as do Gomery's comments in its foreword about her hesitation in producing it and how this was overcome by the encouragement of friends.

Her self-effacing modesty is not feigned. Frustratingly for the historian, Gomery is far more comfortable waxing on the topography, wildlife, and society of the Vale of Kashmir, than in describing her inner life. This extends even to spiritual matters, which she relays in brief matter of fact statements scattered throughout the text, such as lifting up her eyes to the hills, or similar Biblical references, when encountering practical setbacks. Likewise, she is disarming if all

too brief in her repeated admission that she very rarely succeeded in recruiting converts to Christianity.

It was not uncommon for retired missionaries to produce memoirs. Indeed, during my two weeks at the Osler Library in August 2024, aided by Dr. Mary Hague-Yearl and Caroline Michaud, I came across the published memoirs of other Canadian women medical missionaries, including Dr. Mina Mackenzie, Dr. Marian Oliver, and Dr. Dorothy Timpany. All three, like Gomery, worked in India, part of a wider trend that by the early twentieth-century saw women outnumber their male counterparts as missionaries on the subcontinent.

Until relatively recently, and for contrasting reasons, the significance of women missionaries was long overlooked by historians of women on the one hand, and empire on the other. Admittedly, Gomery has little to say about ‘the empire’ or ‘the Raj’, or even the British presence in India for that matter. Instead, there are repeated declarations that she and the people among whom she lived and worked were ‘neighbours.’ Similarly, her descriptions of local Hindu and Muslim customs, practices and histories are generally sympathetic. This is in keeping with the waning tendency of missionary literature to defame non-European cultures, and to give greater emphasis instead to recognising the importance of interracial cooperation, and the need to persuade readers at home that proselytising among non-white peoples was not a futile activity but divinely ordained. Gomery’s evident modesty prevents her from assuming the heroic persona that often characterises missionary narratives, yet there is still something of the epic in her invocations of travelling within Kashmir, especially the natural and human marvels and obstacles that she encountered.

“ **Gomery’s evident modesty prevents her from assuming the heroic persona that often characterises missionary narratives, yet there is still something of the epic in her invocations of travelling within Kashmir, especially the natural and human marvels and obstacles that she encountered.**

The significance of empire is more evident in the underlying and unspoken assumptions contained in *Neighbours in Kashmir*. Scholars have long argued that colonial medicine served as an imperializing cultural force. In the guise of physician, Gomery



Neil Fleming with Mary Hague-Yearl

is not immune from criticising some of the habits, practises and attitudes of her ‘neighbours’ which she regards as unhygienic or physically harmful, especially those concerning childbirth. And it is also in the guise of physician that she places her hopes for the future in ‘progress’, chiefly through the expansion of western-style education, an implicit admission that the very modest rate of conversion to Christianity could not achieve the same outcome.

Gomery and her friends would not have been unreasonable in thinking that she had made a sacrifice by spending her working life in Kashmir, rather than finding a more comfortable billet in a Canadian hospital. That does not remove the fact that both she and her vocation relied to a considerable extent on the racial privileges accorded to ‘Europeans’ resident in India. Yet, Gomery also relied on the cooperation of her ‘neighbours’—a diverse category—so that these relationships were not fixed and straightforwardly hierarchical, but complex and pragmatic.

Whether or not Gomery was aware of it, her working life exemplifies a shift in the relationship between overseas missions and global humanitarianism, a period when the former moved away from older religious objectives towards the ostensibly secular concept of ‘development’ that is familiar to us today. The award of the Mary Louise Nickerson Travel Grant, and the resulting consultation of the Gomery fonds and the published memoirs of other Canadian women medical missionaries in India, has provided me with a vivid and particular insight into this transitional phase that I intend to develop in forthcoming publications.

Justifying Judgment: How Canadian Temperance Textbooks Use Medicine to Teach Morality

Meygan Brody, M.D.,C.M candidate (class of 2026)

This essay was made possible through the generous support of the Molina Foundation Osler Library Medical Student Research Award

Introduction

Temperance is an unfamiliar word in our modern lexicon, yet the Temperance movement swept through North America only a century ago. Temperance advocates believed that alcohol was a social evil that caused poverty, disease, and misfortune. Few Temperance organizations were as influential as the Woman's Christian Temperance Union (WCTU), which did much of its advocacy work with children and adolescents. The WCTU's message—and indeed, the message of the Temperance movement as a whole—had an evangelical and moralistic tone. Throughout the latter half of the 19th century, however, the WCTU launched an intriguing offensive aimed at implementing Temperance textbooks about anatomy and physiology into the Canadian public school curriculum. Why did the WCTU need to shed its moral campaign, and why did it turn to science as a framework for Temperance? The answers to this question lie in the social context of 19th century Canada where a new public school system was being developed, science was gaining in cultural standing, and religion was losing its influence. This historical background highlights how the Temperance movement's claims often seem outdated when viewed through our modern lens. Nonetheless, the textbooks can teach us sobering contemporary lessons about the juxtaposition of science and morality.

The History of the Temperance Movement

Alcohol was once thought of as a positive entity in Canada; it was safer to drink than the otherwise unsanitary water, it could be used as medicine, and it acted as a social lubricant. These once popular views were replaced by Temperance throughout the 19th century's waves of industrialization, urbanization, and immigration¹. The newly formed Canadian bourgeoisie viewed alcohol as a threat to labor productivity and to the moral values of the middle-class. The Temperance movement eventually gained additional support from the working class, which believed that wide-spread drunkenness would harm the organized labor movement². The context of mass immigration from Europe

further solidified the importance of abstinence; the Temperance movement cast these immigrants as degenerate alcoholics who would tear apart the Canadian social fabric. Throughout the 1920s, the Temperance movement started to decline. Alcoholism was no longer seen as the singular cause of social decay, and growing public health movements turned their attention to a broader set of concerns³.

The Motives of the Woman's Christian Temperance Union

The first WCTU chapter was founded in Cleveland, Ohio in 1874. Letitia Youmans, a native Canadian, attended that inauguration and subsequently established the first Canadian chapter in Ontario later that year. The WCTU expanded across all provinces with a bottom-up approach that favored the creation of hundreds of local chapters. By 1900, the national organization boasted a membership of over 10,000 people⁴. The WCTU's ideas and motives can be understood through the framework of Christian Evangelicalism. Evangelicals believed that Canadian society should be organized as a Kingdom of God. This Kingdom of God would have at its core the pure, sinless family unit. Evangelical Temperance organizations held that drunkenness destroyed the sanctity of the family unit and thus threatened the sanctity of society as a whole⁵. The WCTU scholar Sharon Anne Cook writes, "The WCTU never espoused an evangelicalism bent solely on personal salvation: the social imperative was clear from its inception as an organization. Nevertheless, it based this social imperative and its vision of the ideal society firmly on the ethics of personal salvation, on the relationship of each human being with God⁶". These beliefs were reflected in the WCTU's work with children in domains that included Sunday Schools, youth groups, legislative lobbying, and public health campaigns. For example, the Bands of Hope children's group often recited temperance tracts that showed how alcohol causes

¹ "Temperance Movement in Canada," The Canadian Encyclopedia, accessed August 3, 2024, <https://www.thecanadianencyclopedia.ca/en/article/temperance-movement>.

² John Douglas Belshaw, "Temperance and Prohibition", in *Canadian History: Post-Confederation* (B.C. Open Textbook Collection, 2016), chap. 77, <https://opentextbc.ca/postconfederation>.

³ "Prohibition in Canada," The Canadian Encyclopedia, accessed August 3, 2024. <https://www.thecanadianencyclopedia.ca/en/article/prohibition>.

⁴ "Woman's Christian Temperance Union in Canada," The Canadian Encyclopedia, accessed August 10, 2024. <https://www.thecanadianencyclopedia.ca/en/article/womans-christian-temperance-union>.

⁵ Sharon Anne Cook, *Through Sunshine and Shadow: The Woman's Christian Temperance Union, Evangelicalism, and Reform in Ontario, 1874-1930* (McGill-Queen's University Press, 1995), <http://www.jstor.org/stable/j.ctt80dn5>.

⁶ Sharon Anne Cook, *Through Sunshine and Shadow*, 76.

great social evil and threatens the sacredness of the Christian family (fig. 1). The WCTU's Sunday School also depicts these ideas in its Temperance hymn (fig. 2). The religious language in this hymn underscores how the WCTU viewed Temperance as inextricably intertwined with both Christianity and with national identity. These examples show how the WCTU cast children as evangelizing agents who operated within an entirely moral landscape. Indeed, a significant body of scholarship has explored the Temperance movement's moral and religious basis. This essay instead focuses on a unique, curious facet of the WCTU's work which diverged from its purely moralistic platform—its public school textbook campaign.

Strong drink ADDS might to all our woes,
Brings sickness and distress,
And want and crime and misery,
Which on the people press.

Strong drink SUBTRACTS from purse and store
Takes food and clothes and rent;
And all that comes from cheerfulness,
From comfort and content.

And drinking MULTIPLIES the store
Of evils that assail;
Through murderers, paupers, drones, and knaves,
In workhouse, madhouse, gaol.

Strong drink DIVIDES the home and snaps
The cords of love in twain.
Wives, husbands, children, friends, alas;
It loads with grief and pain.³⁸

Figure 1. 'Bands of Hope' youth group recitation (Archives of Ontario WCTU Collection, MU8285, *The Canadian W.C.T.U Medal Contest Book*, no. 4, quoted in Sharon Anne Cook, "Educating For Temperance: The Woman's Christian Temperance Union and Ontario Children, 1880-1916," *Historical Studies in Education / Revue d'histoire De l'éducation* 5, no. 2 (1993): 262, <https://doi.org/10.32316/hse/rhe.v5i2.1295>.)

Great God thy presence we implore
While we together meet;
With reverence should we humbly bow
Before thy gracious seat.

Let truth and temperance prevail
Throughout our favored land,
And may a numerous host come forth
And join our growing band.

Let young and old, let rich and poor
Their energies unite,
Unite all people, climes and tongues
In temperance delight.¹⁹

Figure 2. *Sunday School Hymn* (Archives of Ontario WCTU Collection, MU8396, "Temperance Hymn", quoted in Cook, "Educating For Temperance", 257.

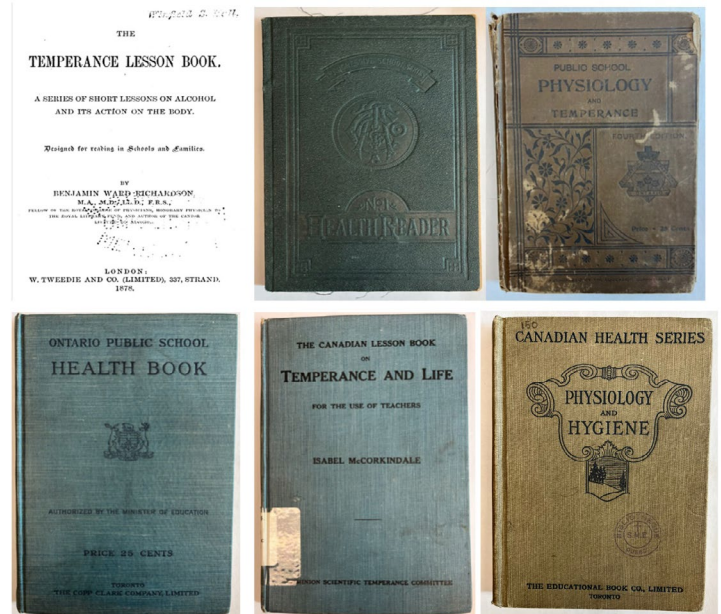


Figure 3. Temperance Textbooks held by the Osler Library of the History of Medicine, in chronological order

The WCTU's Involvement in Public Schools

Throughout the second half of the 19th century, the Canadian WCTU adopted its American counterpart's interest in introducing Temperance materials into public school textbooks (fig. 3). The WCTU's Department of Scientific Temperance Instruction successfully lobbied local school boards and legislatures to get the textbooks approved for use in schools⁷. One of the earliest textbooks used in Canadian schools was "The Temperance Lesson Book: A Series of Short Lessons on Alcohol and its Action on the Body" by Benjamin Ward Richardson (1878)⁸. The period from 1890 to 1920 marked the height of public support for Temperance, and scores of Temperance textbooks were implemented in Canadian schools. Nova Scotia had "Health Reader no.1: With Special Reference to the Effects of Alcohol, Tobacco, etc., Upon the Human System" by T.C. Allen (1893)⁹, and the Northwest Territories and Ontario had "Public School, Physiology and Temperance" by William Nattress (1893)¹⁰. The 1920s marked the decline of public support for Prohibition and Temperance—interestingly however, the WCTU ramped up its campaign. It got "The Ontario Public School Health Book" by

⁷ Nancy M. Sheehan, "Temperance, Education and The WCTU in Alberta, 1905-1930." *The Journal of Educational Thought (JET) / Revue de La Pensée Éducative* 14, no. 2 (1980): 108–24. <http://www.jstor.org/stable/23768682>; Nancy M. Sheehan, "National Pressure Groups and Provincial Curriculum Policy: Temperance in Nova Scotia Schools 1880-1930." *Canadian Journal of Education / Revue Canadienne de l'éducation* 9, no. 1 (1984): 73–88. <https://doi.org/10.2307/1494450>; Nancy M. Sheehan "The WCTU and Educational Strategies on the Canadian Prairie." *History of Education Quarterly* 24, no. 1 (1984): 101–19. <https://doi.org/10.2307/367995>.

⁸ Benjamin Ward Richardson, *The Temperance Lesson Book* (1882), Robertson Collection, [section 3, call number HV 5060 R544 1882], Osler Library of the History of Medicine.

⁹ T.C. Allen, *Health Reader: With Special Reference to the Effects of Alcohol, Tobacco, Etc., Upon the Human System* (1893), Robertson Collection, [section 1, call number H4347 1893], Osler Library of the History of Medicine.

¹⁰ William Nattress, *Public School, Physiology and Temperance* (1893), Robertson Collection, [call number N2846p 1893], Osler Library of the History of Medicine.

Donald Fraser and George Porter approved in Ontario (1925)¹¹; “The Canadian Lesson Book on Temperance and Life” by Isabel McCorkindale in Nova Scotia (1926)¹²; and “Physiology and Hygiene for Public Schools” by John Ritchie and Joseph Caldwell in Alberta and Saskatchewan (1927)¹³.

The textbooks are written according to a similar structure. They are divided into chapters that delve into the detailed anatomy and physiology of a particular bodily organ. The final paragraphs of the chapter are dedicated to the noxious effects of alcohol on the organ in question. The textbooks are uniform in their use of scientific and medical jargon, and in laying out the objective facts that support their Temperance thesis (see fig. 4 for examples). The language, tone, and principles of the WCTU’s public school textbooks repudiate the moralistic ideology of their other youth campaigns. The relevant question about this campaign is thus the following: Why did the Canadian Temperance movement build a youth campaign that grounded its vision of Temperance in science? Why was its robust moralistic message no longer enough?

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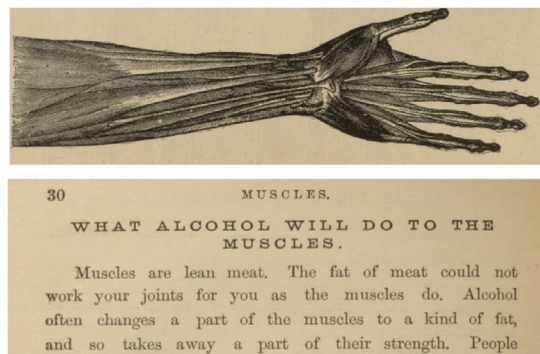


Figure 4. Ritchie and Caldwell’s Table of Contents (Ritchie and Caldwell, *Physiology and Hygiene*, v); Allen’s muscle diagram and discussion of alcohol on the muscle (Allen, *Health Reader*, 30).

The Creation of Public Schools

The first answer to this query is obtained by taking a wider view of the question itself—Why did the WCTU seek to impose itself in public schools at all, given the strong engagement it already had with children via Sunday Schools and youth groups? Throughout the 18th century and the beginning of the 19th century, Canadian education was a haphazard affair. This became a problem as the Industrial Revolution led to massive urbanization and to the creation of a more specialized workforce. Public education was now seen as

¹¹ Donald T. Fraser and George Porter, *Ontario Public School Health Book* (1925), Robertson Collection, [section 1, call number F8412o 1925], Osler Library of the History of Medicine.

¹² Isabel McCorkindale, *The Canadian Lesson Book on Temperance and Life* (1926), Robertson Collection, [section 2, call number HV 5060 M131c 1926], Osler Library of the History of Medicine.

¹³ John W. Ritchie and Joseph Stuart Caldwell, *Physiology and Hygiene for Public Schools*, (1925), Robertson Collection, [section 1, call number R5994p 1925], Osler Library of the History of Medicine.

an opportunity to teach labor skills to all future workers. Plus, with Confederation looming, a stronger sense of Canadian nationalism was taking form. A public school education would be a tool to mold all children into the ideal Canadian¹⁴. The WCTU and its allies clearly recognized that public schools were now a space in which children would spend a lot of their time, and in which they were expected to gain the abilities and the values that would shape their lives.

It is well enough that the Temperance movement rightly recognized that its campaign would reach a widest audience within public schools, yet it could have lobbied for textbooks that aligned themselves with religion or civic studies, rather than with anatomy and physiology. As will be further explored in this essay, throughout the 19th century, the scientific worldview was gaining traction. Accordingly, science was beginning to be implemented within the new government-mandated school curriculum. The purpose of a science education was two-fold; on the one hand, science was gaining in cultural and social capital. It was thought that learning about science would be instrumental

in developing valuable intellectual skills, such as logic and problem-solving. The WCTU and its allies recognized this new prerogative and promoted their Temperance textbooks as essential elements of a new academic culture. On the other hand, schools were facing a backlash against traditional classical studies, which were losing their relevance in an industrialized world. It was held that productivity would increase if laborers understood the physical mechanics of manufacturing machines and the chemistry underlying many industrial processes¹⁵. The Temperance textbooks framed their teachings about alcohol in the same way. To appreciate how alcohol

would impact their adult lives, school children would above all need to understand the fundamental science that underpins the drink’s effects. The question posed in the Ritchie and Caldwell textbook demonstrates this idea: “Is alcohol injurious to the body? In the past there has been a division of opinion on this point. Today we have come into an age of science, and we are substituting knowledge for guesswork in all fields of human thought¹⁶”. The religious and moral effects of alcohol—the so-called *guesswork*—would not be accorded much importance in the newly developed educational curriculum. For the Temperance campaign to stay relevant for the children of an increasingly modern world, the WCTU would need to claim that scientific knowledge for itself and distribute it within public school classrooms.

¹⁴ Karen Robson, “A Historical Overview of Education in Canada”, in *Sociology of Education in Canada* (eCampusOntario Pressbooks, 2019), <https://ecampusontario.pressbooks.pub/robsonsoed/>, chap. 3.

¹⁵ George DeBoer, *A History of Ideas in Science Education* (Teachers College Press, 2019).

¹⁶ Ritchie and Caldwell, *Physiology and Hygiene*, 181.

The Growing Expertise of Science and Medicine

It has been established that throughout the end of the 19th century, science courses were becoming a fixture of a public school education—it is now pertinent to wonder why science was gaining the social capital that allowed it such a position. The Temperance textbooks situate the science of alcohol primarily within the fields of anatomy and physiology. The history of both disciplines can be traced back to the ancient Greek era, but they came into full being during the 19th century. This epoch was characterized by theoretical discoveries in cellular function and in bioenergetics, and by practical advances in vaccination and microscopy. Anatomy and physiology became fully-fledged domains of science and were integrated within academia. Their departments closely aligned themselves with medical schools, and the practice of medicine began to ground itself in facts-based science. During the latter half of the 19th century, laboratory science took over the fields of medicine, anatomy, and physiology. Laboratory experiments conducted within lauded academic institutions became the only valid way to establish new scientific discoveries¹⁷. The mechanics of science were no longer accessible to the layperson. A modern cultural figurehead was thus created—the medical or scientific *expert*. This *expert* was celebrated for holding the knowledge and the tools needed to explain the facts of the natural world and to bring about impactful scientific advances to everyday life.

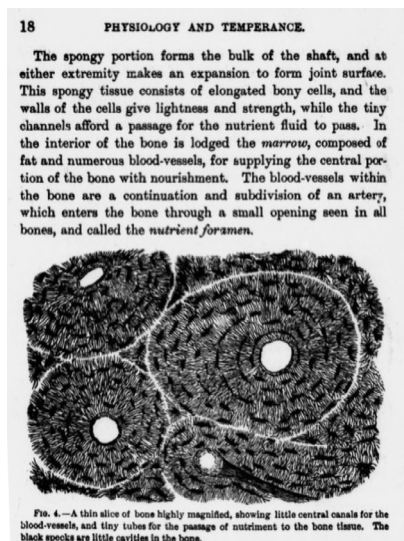


Figure 5. Nattress discusses the science of bones in great detail (Nattress, *Public School, Physiology, and Temperance*, 18.)

objectives than mere pedagogy. The WCTU was intent on publishing a voluminous, official body of work that would demonstrate its ability to conduct research of the same caliber as any reputable scientific organization. The WCTU wanted to claim

¹⁷ Richard Kremer, "Physiology," in *The Cambridge History of Science*, ed. Peter J. Bowler and John V. Pickstone (Cambridge University Press, 2009), 342-66; Susan Lawrence, "Anatomy, Histology, and Cytology," in *The Cambridge History of Science*, ed. Peter J. Bowler and John V. Pickstone (Cambridge University Press, 2009), 265-84.

Lord D'Abernon, of the British Medical Research Council, says that "alcohol gives the drinker a false impression of having done his work with unusual speed and success,

In the case of pneumonia, statistics in the *National Temperance Quarterly*, 1911, by Osler and McCrea, show that of the abstainers who contract the disease, 18.5 per cent. die; moderate drinkers, 25 per cent. die; intemperate people, 52.8 per cent. die (see Chart No. 10).

Figure 6. Fraser and Porter quote Lord D'Abernon of the British Medical Research Council (Fraser and Porter, *Ontario Public School Health Book*, 100); McCorkindale cites statistics reported by Osler about pneumonia being more deadly in alcoholics (McCorkindale, *The Canadian Lesson Book*, 88)

the authority that scientists held in the 19th century; that social gravitas would legitimize its message, and would justify why Temperance deserved to be formally taught to school children. However, the WCTU still recognized that its materials alone would not be taken seriously by its audience. Its textbooks rely heavily on quotes from physicians and on scientific experiments (fig. 6). The textbook authors wanted to bolster their claims about Temperance and render them indisputable. They knew that only the framework of science would give them such standing, and that they would thus need to recruit established scientists to their cause.

The Decline of Religion

The growth of science in the 19th century was mirrored by the decline of religion. As discussed above, Christian Evangelicalism dominated Canadian religion during the 19th century. However, the Church was struggling to keep up with the rapid social change brought about by the Industrial Revolution. Its teachings faced challenges from proponents of liberal philosophy and of biblical criticism. Towards the end of the century, main-stream Evangelicalism confronted these problems by realigning itself as *Social Gospel*. Social Gospel believers shied away from fundamentalist readings of the Bible. They thought that individuals would never attain salvation if they found themselves in an unjust, impoverished society. Their religious theory was built around social justice reform—they engaged with ideas of public health, of medical innovation, and of economic policy¹⁸. Whether the principles of the Temperance textbook campaign reflected Evangelicalism liberalism or Evangelical conservatism is debatable—there is evidence to support both claims. What is obvious is that by the latter half of the 19th century, the WCTU was steeped in the Social Gospel movement. It realized that theological doctrine alone would no longer be enough to understand and explain the woes of the modern world. The WCTU would preserve an Evangelical ethos at the core of its organization and would keep up its religious youth groups, but it would also need to show children and adolescents that Temperance could align itself with a broader social framework.

¹⁸ Robert Choquette, *Canada's Religions: An Historical Introduction*. (Ottawa: University of Ottawa Press, 2004), 332-335.

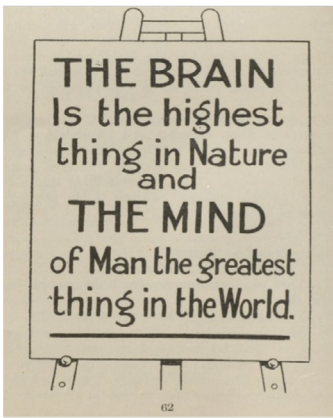


Figure 7. McCorkindale places the physical human brain above the religious notion of a God (McCorkindale, *The Canadian Lesson Book*, 62).

Science was overtaking religion as the key component of this social framework. 19th century scientific discoveries proved that miracles were not real, that transubstantiation was impossible, and that planet Earth was much older than the Bible supposed¹⁹. The 19th century Canadian public now dealt in *facts*, and it was increasingly obvious that theology did not have many. An impactful Temperance campaign would need to reflect its audience's culture—as is true of any effective public health program. The WCTU's message

had typically relied on religious motifs and language in appealing to Canadian youth, however these cultural symbols were losing meaning. The WCTU would need to access points of reference that belonged to the field of science. The textbooks used scientific *facts* to tap into new cultural imagery, and to conjure a powerful sense of the importance of Temperance (fig. 7). For example, Nattress writes “Think of the condition of the poor unfortunate drunkard; appetite gone, nausea, vomiting, intense thirst, pain in the head, red eyes, bloated face, coated and red tongue, frequent pulse, and often fever²⁰.” This passage draws on the descriptive terms of anatomy and physiology to paint vivid pictures about the detriments of alcohol.

Intertwining Science and Morality in Schools

A deeper dive into the social and cultural changes of the 19th century reveals why the WCTU needed to develop a scientific basis for its Temperance textbook campaign, and why it could no longer rely solely on a moralizing message grounded in religion. However,

DIGESTION. 77

When diluted with water, alcohol is readily absorbed, and carried by the blood to every part of the body. No organ or tissue is safe from it. Unless it can be shown that alcohol possesses elements of nutrition, or furnishes material for the production of heat, its presence is useless. If useless, it cannot but be harmful. Anything in the system which can serve no useful purpose must, of necessity, be in the way; and if anything is present which interferes with the functions of life, efforts will be put forth to get rid of it. Such is the case when even a small quantity of alcohol is taken. The lungs, the skin, and the kidneys are at once engaged in expelling it. It taints the breath, it exudes from the skin, it saturates the whole system with its odor. We have already said that food, in order that it may nourish the body, must be changed. Now, if alcohol escapes from the body without any change, it is clear it cannot be a food, and the question, “Is alcohol a food?” can readily be answered. The study of physiology leads to this conviction, and scientific truths cannot be ignored. As to alcohol being a factor of heat, it has been clearly demonstrated that it reduces the temperature. Experience among soldiers and seamen in high latitudes has abundantly shown that the extremes of cold are better endured without, than by the use of, spirits.

The absence of anything useful, and the burden it places on the powers of nature to cast it out, supply safe grounds upon which to declare alcohol a *poison* to the human system.

Figure 8. Nattress uses strong moralizing language to explain that alcohol cannot be classified as a scientific ‘food’ (Nattress, *Public School, Physiology and Temperance*, 77).

the textbooks were not free of all moralistic inclination. There are dozens of examples that show scientific facts merging with moralizing language. In Nattress's chapter about food and sustenance, his answer to the question of whether alcohol can be classified as a food is telling (fig. 8). This passage uses the scientific truths of anatomy, physiology, and chemistry to explain

why alcohol is noxious to the body—yet Nattress goes further than simply describing the relevant scientific processes. He uses those *scientific truths* to justify a morally tinted judgment of alcohol; that it is a *poison*, and that it is a destructive agent that threatens the body's sanctity. We realize that the WCTU did not shed its moralistic message. Rather, it crafted an insidious moral campaign that rested on a new-found rationale—the facts of science.

The process of science is inherently rational and objective. The science in the WCTU textbooks is—with a few exceptions—legitimate and true. The WCTU's campaign thus underscores how impartial scientific facts can be instrumentalized to justify moral judgment. The fusion of science and morality is made all the more complicated because—as previously discussed—science rests in the hands of *experts*. These experts have unquestionable authority over matters of science, and that unquestionable authority subtly extends to the morals derived from their science. Any claim—moral or scientific—made by the WCTU authors was automatically true by virtue of their scientific expertise (fig. 9). Children and adolescents would not have the credibility to question either the science or the morals put forth by the Temperance textbooks.

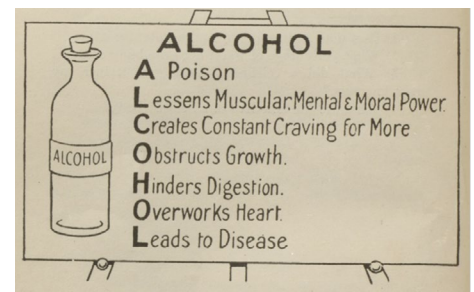


Figure 9. McCorkindale's Moralizing Mnemonic (McCorkindale, *The Canadian Lesson Book*, 8).

Conclusion

In summary, the Canadian WCTU's work with youth was a crucial component of the Temperance movement. Much of its work was religious in tone and was explicitly moralizing. From the latter half of the 19th century into the third decade of the 20th century, the WCTU waged a fascinating campaign to get textbooks about anatomy and physiology introduced into public schools. This essay has suggested that the WCTU's scientific textbook campaign arose from the confluence of three sociocultural currents of the 19th century: the growing importance of public schools and of their nascent science curriculum, the emergence of science as a worldview, and the decline of religion's cultural power. The WCTU understood that its evangelizing message would no longer be as impactful amongst children and adolescents. The organization would need to adopt the language and references of science to maintain its credibility, and public schools would be the ideal space to implement such a campaign. The group also realized the power of appealing to scientific expertise, which would coat its implicit moralizing messages with a sheen of indisputable legitimacy.

Although the Temperance textbooks no longer teach the public school students of our time, we can draw some contemporary lessons from their pages. The textbooks push us to consider how good science might reasonably justify a moral position. This approach is

¹⁹ Robert Choquette, *Canada's Religions: An Historical Introduction*, 311-313.

²⁰ Nattress, *Public School, Physiology and Temperance*, 78.

invariably used in any public health campaign—and often for good reason, because some behaviors may very well be *wrong* and *bad*. Drinking to excess is not a productive health behaviour—for many reasons, including the irreversible physiological damage that it does to the body. Where this idea becomes perilous is when the lay public—and impressionable young children in particular—can no longer challenge a moral claim because they are unable to adequately verify or understand the underlying scientific claim. The lesson imbedded in the Temperance textbooks is that experts should use their knowledge to guide the public in understanding how science can help *all of us* to define right and wrong.

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Conceptions and Classifications of ‘Nervous Disorders’ in Eighteenth Century Britain

Recipient’s Report: Dr. Dimitrije Pivnicki Award in Neuro and Psychiatric History

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This essay was made possible through the generous support of the Dr. Dimitrije Pivnicki Award in Neuro and Psychiatric History

As a recipient of the Dr. Dimitrije Pivnicki Award in Neuro and Psychiatric History, I had the opportunity to explore the extensive collection of 18th century medical texts available at the Osler Library. My objectives at the start of the project were to gain an understanding of different conceptions and classification systems of mental illness in 18th century Britain and to develop an original working definition of the term ‘nervous disorders’ to use in my doctoral research based on careful reading of the texts. The term seems deceptively simple. Yet inconsistencies within the source material have led 18th century scholars to adopt definitions which are often contradictory and sometimes misleading. Scholars have applied the term ‘nervous disorders’ interchangeably with mental illness or its 17th century cognate, ‘Melancholy’, have insisted that they were only ever intended to describe neurological conditions, have described them as psychosomatic illnesses, or have suggested the term is meaningless, either on the grounds that its usage was too inconsistent or that it was applied far too generally, as virtually all illnesses could be described as arising from a weak nervous system during this period. In *Nervous Disease in Late Eighteenth-Century Britain: The Reality of a Fashionable Disorder* (2012), Heather Beatty has pointed out that even 18th century physicians were befuddled by its vague and inconsistent use, and echoed Edinburgh physician Robert Whytt’s 1767 definition that a ‘nervous disorder’ was “an ailment ‘owing to an uncommon delicacy or unnatural sensibility of the nerves’ on the grounds that it was the only factor that physicians seemed to agree on due to conflicting perspectives on the nervous system and skepticism over their patients symptoms. After all, nervous disorders were associated with sensitivity and refinement, perhaps tempting some to exaggerate their illnesses. To complicate matters further, Beatty observed that the meaning of ‘nervous disorders’ changed dramatically from the beginning to the end of the 18th century and had a different connotation in professional medical circles compared to public uses of the term, arguing that, “fueled by the popularity of Scottish philosophy and sentimental literature, public definitions replete with flattering social implications of nervous disease predominated over starkly pathological definitions from the 1730s to the middle of the century” and that “it was only with Whytt’s publication in 1764 that the medical world asserted it’s presumed dominion over nervous disease, and that nerves in turn came to dominate the medical world”.¹

Were 18th century medical texts really so unreliable on the matter? If so, how might that change my approach to my research? Given such complexities and contradictions inherent to the primary sources, going forward, I knew it was imperative as a student of 18th century psychology that I read these texts myself to form my own impression of how ‘nervous disorders’ were actually described throughout the primary sources and to familiarize myself with the variety of ways that mental illness was conceptualized and classified within the period.

Research Process

Fortunately, the Osler Library houses one of the finest collections of medical texts in North America. The Bibliotheca Osleriana Collection, in particular, holds an extensive number of 18th century writings on topics related to the development of psychiatry and neurology, including handwritten written case notes and lectures by Dr. William Gregory, a successor of the aforementioned Robert Whytt as Professor of medicine at Edinburgh—both considered among the founding fathers of Psychiatry and Neurology.

With the support of the wonderful library staff, especially Caroline Michaud and Ghazeleh Ghanavizchian, I worked through as many 18th century texts on the topic as I could, ranging from Robert Burton’s famed 17th century compendium of mental illness, *The Anatomy of Melancholy* (1621) up to J.C. Prichard’s classification system in the 19th century. I looked at a wide variety of texts, including medical and self-help texts written by physicians, scholars, and amateurs, medical and lay dictionaries, case studies, lecture notes, hospital reports, almanacs and even the testimonials of the patients of James Graham, an 18th century ‘quack’ and sexologist, perhaps most famous for his treatment of patients at the Temple of Hymen on his famous ‘Celestial Bed’.

I also familiarized myself with classic figures of the history of psychiatry and neurology including Thomas Willis, Nicholas Robinson, Richard Blackmore, Richard Mead, Bernard Mandeville, Robert Whytt, William Cullen, and James Gregory, as well as early modern self-help gurus Dr. George Cheyne and Rev. John Wesley.

¹ Beatty, *Nervous Diseases in Late Eighteenth-Century Britain*, 8.

'Nervous Disorders' vs. 'Melancholy' in *The English Malady* (1733)

I first became intrigued by the idea of 'nervous disorders' while writing a research paper on 'Melancholy' in George Cheyne's *English Malady* (1733) for a graduate seminar on the History of Emotions with Professor Brian Cowan in the Fall of 2023. I decided to start my research process at the Osler Library this winter by revisiting Cheyne's best-selling self-help manual in the consultation room and comparing his use of the related terms 'nervous disorders' and 'melancholy'.

Dr. George Cheyne (1672-1743) was a Scottish celebrity physician practicing medicine in the English spa town of Bath, where he treated and socialized with the rich and famous. Drawing from a collection of medical treatises from the 17th and 18th centuries, he compiled a self-help manual aimed at lay readers with disposable income and an interest in medicine. In it, Cheyne introduced the idea that 'Nervous Distempers' were the national malady plaguing England:

"The title I have chosen for this Treatise, is a Reproach universally thrown on this land by Foreigners, and all our Neighbors on the Continent, by whom Nervous Distempers, Spleen, Vapours, and Lowness of Spirit, are, in Derision, called the English Malady."²

It was a play on the idea of 'the French Disease' with more flattering implications. While the lascivious ways of the French had brought the pestilence of syphilis upon them, 'Nervous Distempers' were the unfortunate but, in some ways, inevitable outcome of England's economic prosperity. Cheyne blames:

"The Richness and Heaviness of our food, the Wealth and Abundance of the Inhabitation (and their universal Trade), the Inactivity and sedentary Occupations of the better Sort (among who this evil mostly rages) and the Humour of living in great, populous, and consequently unhealthy Towns, have brought forth a Class and Set of Distempers, with atrocious and frightful Symptoms, scarce known to our Ancestors, and never rising to such fatal Heights, nor afflicting such

Numbers in any known Nation. These nervous disorders being computed to make almost one third of the Complaints of People of Condition in England."³

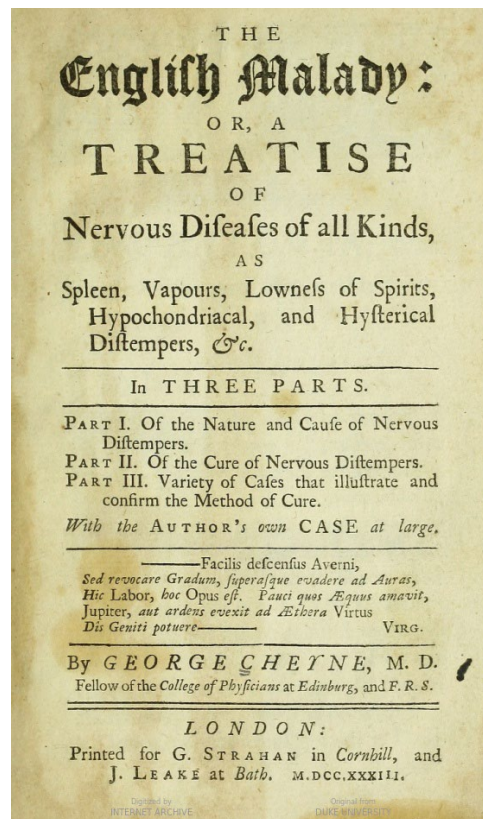


Image 1: Title page of the *English Malady*

Cheyne explains that "Intemperance, want of due Exercise, rioting in sensual Pleasures" and "casual excessive evacuations of any Kind" weakened the nervous system by making "the juices" "fizzy or corrosive and the due Tone, Spring, and Elasticity of the Nerves or Solids relax'd and broken" thereby causing the production of 'Nervous Disorders'.⁴ The best means of combatting this tendency was moderation in all things, especially diet and exercise.⁵ He arrived at this conclusion from personal experience. Throughout the text, Cheyne relates his own battle with Melancholy, brought on by his "insatiable" appetite.⁶ In a short span of time and as a consequence of his overindulgence in food and liquor ("every Dinner" for him "became a Surfeit and a Debauch"), Cheyne put on a considerable amount of weight, exceeding 32 stone.⁷ According to Cheyne, this brought on an array of disagreeable 'nervous' symptoms, including "perpetual Sickness, Reaching, Lowness, Watchfulness, Eructation, and Melancholy, continuing 6 to 8 months"

which became so extreme "Life was no longer supportable".⁸ He restored his health and peace of mind by adopting a "sober, moderate, and plain" diet over the next 20 years, and urged others to do the same.⁹ Cheyne's text has often been described as a treatise on 'Melancholy' or depression, though it is clear from the beginning that he is actually referring to 'Nervous Distempers' a much broader class of disorders and symptoms.

In early modern England, 'Melancholy' carried a general meaning of 'mental illness' but could also refer specifically to depression or unspecified negative affect. The most famous medical treatise on the subject was Anglican cleric Robert Burton's 17th century compendium *The Anatomy of Melancholy* (1621), a scholarly work based heavily on Hippocratic conceptions of mental illness and explained by humoral theory. In Burton's text, Melancholy can refer to psychopathology in general, a depressed or anxious state, or a mood associated with a particular Galenic physical/

³ Cheyne, *The English Malady*, i-ii.

⁴ Cheyne, *The English Malady*, 24.

⁵ Cheyne, *The English Malady*, 10-12.

⁶ Cheyne, *The English Malady*, 342.

⁷ Cheyne, *The English Malady*, 342.

⁸ Cheyne, *The English Malady*, 346.

⁹ Cheyne, *The English Malady*, 342.

² George Cheyne, "Preface," *The English Malady: Or, a Treatise of Nervous Diseases of All Kinds: as Spleen, Vapours, Lowness of Spirits, Hypochondriacal, and Hysterical Distempers, &c. in Three Parts. Part I. Of the Nature and Cause of Nervous Distempers. Part II. Of the Cure of Nervous Distempers. Part III. Variety of Cases That Illustrate and Confirm the Method of Cure. With the Author's Own Case at Large. By George Cheyne, M.D. Fellow of the College of Physicians at Edinburgh, and F.R.S.* The 6th ed. (London: Printed for G. Strahan, in Cornhill, 1735), i.

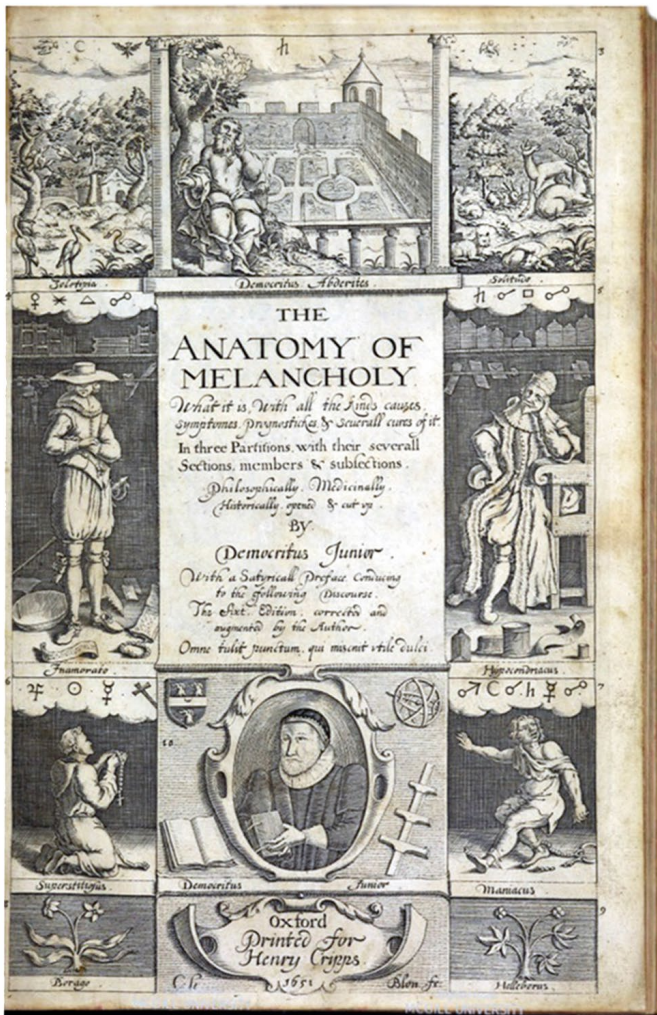


Image 2: Illustrated title page from the *Anatomy of Melancholy*, 1651

psychological typology. The *Anatomy of Melancholy* (1621), as one of the most popular works among the upper classes in 18th and 19th century England, was no doubt an inspiration to Cheyne. Viewing the impressive tome at the Osler Library, it is easy to see why it was a favorite of Sir William Osler himself, who considered it “the greatest medical text written by a layman.”¹⁰

Many disorders, symptoms, and conceptual frameworks appearing in the work of Burton and other 17th and 18th century writers such as physician Bernard Mandeville and William Stukeley seem to have impacted Cheyne, but the greatest influence was likely that of Dr. Nicholas Robinson, who applied a combination of mechanical philosophy and neurological theory to the explanation of mental illness just a few years earlier and in a very similar manner to Cheyne in *A New System of the Spleen, Vapours, And Hypochondriack Melancholy: Wherein the Decays of the Nerves And Lowness Of Spirits are mechanically Accounted for. To which is subjoin'd, A Discourse upon the Nature, Cause, and Cure, of Melancholy, Madness, and Lunacy. With a particular Dissertation on the Origins of the Passions; the Structure, Mechanism, and Modulation of the Nerves,*

necessary to produce Sensation in Animal Bodies (1729). The main difference between the writings of Robinson and earlier accounts by Burton and Stukeley is that he discarded humoral theory as the main explanation for mental illness and introduced some new categories of disorders like religious Enthusiasm and religious Mania (which were described as even more severe than Lunacy and linked to convulsive disorders – a connection he likely made due to the publicity of the French Prophets, an English Enthusiastic sect who claimed to channel the Holy Spirit, famously producing dramatic bodily spasms during their trances). While Robinson’s book was a formal medical text intended for professionals, Cheyne’s adaptation was able to extend mechanical explanations of mental illness to a much broader audience. According to Bynum, it was only with Cheyne that recent theories about the nervous system and the concept of ‘nervous disorders’ became widespread knowledge among the masses.

In *The English Malady* (1733), Cheyne states that ‘Melancholy’ was one of a number of related classes of distempers subsumed under the broader category of ‘Nervous Disorders’. All ‘nervous disorders’ according to Cheyne, shared an underlying cause--weak nerves, which could either be acquired or inherited-- and had a similar trajectory leading toward neurological degeneration and in severe cases ‘sudden death’. In other words, classes of ‘nervous disorders’ were described as distinct stages of a single disease rather than conceptualized as completely separate disorders. ‘Melancholy’ was a relatively less severe manifestation of nervous symptoms related to ‘the Vapours’ and ‘Lowness of Spirits’ less serious than ‘Hysterical and Hypochondriacal Fits’ which could eventually escalate into disorders of the ‘Convulsive and Paralytic Tribes’, which included neurological disorders such as epilepsy, palsy, and apoplexy. In Cheyne, like Robinson, different classes of ‘Nervous Distempers’ were situated along an axis of increasing severity (though Cheyne makes some minor alterations – while Robinson writes of what sounds like the bi-polar axis, going from Melancholy to Mania to Lunacy to Enthusiasm to Convulsive Disorders, Cheyne does not make use of the term Mania, but still describes disordered, agitated states as situated somewhere between ‘Melancholy’ and ‘madness’ with alternative language such as hysteric and hypochondriacal fits).

In sum, then, Melancholy, in the *English Malady* (1733), is presented as a subclass of ‘Nervous Disorder.’ Though ‘nervous disorders’ have sometimes been treated as an 18th century equivalent to the term ‘Melancholy’ (mental illness), the terms are not synonymous in Cheyne’s writings. Nervous disorders include both psychological and neurological conditions, along with related physical complaints like digestive problems, headaches, trouble sleeping, tremors, racing heart and muscle pain. Although the latter symptoms have been criticized as being general to the point of being meaningless, many of these same physical complaints are included as symptoms of many kinds of psychological and neurological conditions today.

¹⁰ “Bibliotheca Osleriana.” McGill Libraries. May 25, 2025. <https://www.mcgill.ca/library/branches/osler/special-collections/bibliotheca-osleriana>

'Nervous Disorders' in the Medical Writings of John Wesley

However, more strictly neurological uses of the term also existed. Reverend John Wesley, founder of Methodism, amateur physician, and perhaps one of George Cheyne's most vocal fans, is often credited as a pioneer of using electrotherapy to treat mental illness because of his staunch advocacy for the effectiveness of "the ethereal fire" to cure cases of nervous disorders. In *The Desideratum, or Electricity Made Plain and Useful* (1760) Wesley states, "I doubt not, but more nervous disorders would be cured in one year by this single remedy, than the whole *English Materia Medica* will be cured by the end of the century" and described electricity as "the general and rarely failing remedy in nervous cases of all kind (Palsies excepted)."¹¹ Logically, this made more sense than traditional Galenic methods like bloodletting: "if the nerves are really perforated (as is now generally supposed) the electric ether is the only fluid in the universe which is fine enough to move through them. And what if the nervous juice itself be of this kind?"¹²

But what kinds of nervous disorders was Wesley referring to, exactly? While he does not necessarily exclude the possibility of electricity being effective for treating mental illness, he never refers to any psychological conditions as nervous disorders in *The Desideratum* (1760). He wrote of the effectiveness of electricity on ague in the head (a combination of headache, toothache, and facial pain), St. Anthony's Fire and other inflammatory conditions, along with Ringworms, Sciatica, Sprain, Surfeit, Swellings of all kinds, Throat sore, Tooth hurt, Tooth ache, and wen" (most but not all 10 were 'nervous' but he did not specify which).¹³ When Wesley offers suggestions for the treatment of mental illness in other works, such as his bestselling self-help manual *Primitive Physic* (1747) he uses different terminology such as melancholy, madness, or lunacy throughout. So far, I have not yet found any examples of him describing psychological symptoms as 'nervous disorders' in any of his writings, which is an interesting deviation from Cheyne, who inspired so much of his work.

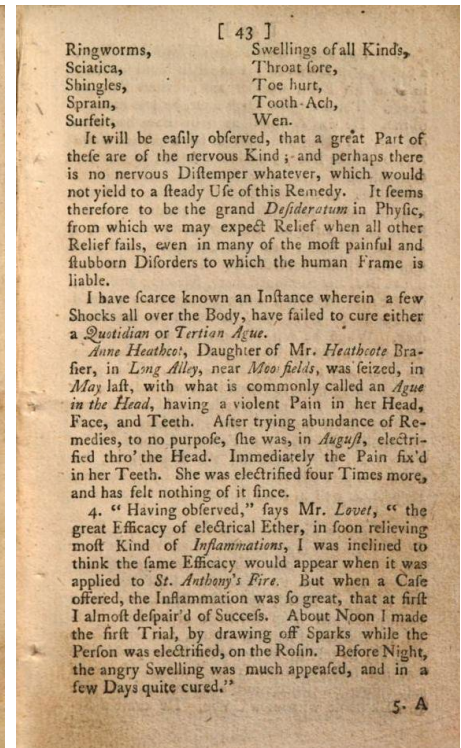
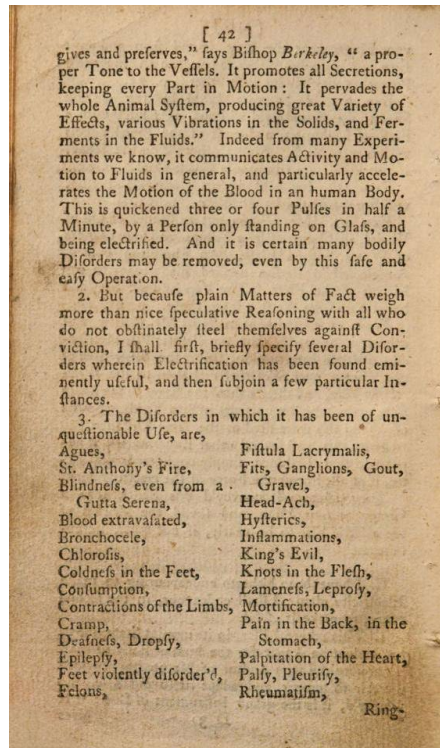
'Nervous Disorders' and the Medical Faculty at Edinburgh

So far, I have described the usage of 'nervous disorders' by the authors of two bestselling self-help texts I examined at the Osler Library by George Cheyne and John Wesley, who played a significant role in exposing the public, both middling and lower

¹¹ John Wesley, *The Desideratum, or, Electricity Made Plain and Useful* (London: Printed: and sold by W. Flexner; E. Cabe; George Clark; George Keith; T. Smith; and at the Foundery, 1760), vi-vii.

¹² Wesley, *The Desideratum*, vi.

¹³ Wesley, *The Desideratum*, 43.



Images 3 and 4: P. 42-43 of *The Desideratum*

orders, to existing medical explanations of the nervous system in the mid-18th century. Cheyne's work especially seems to summarize contents from early 18th century medical texts that applied mechanical philosophy and theories of the nervous system based on the work of Thomas Willis to explain the causes of 'Melancholy' and 'convulsive' and 'paralytic' disorders. Cheyne's framework suggests a close connection was perceived between psychiatric and neurological conditions during this period, while Wesley's usage of the term suggests it had a more exclusively neurological connotation for him. Now I will briefly review how three physicians at the University of Edinburgh conceptualized 'nervous disorders' in the late 18th century: Dr. Robert Whytt, Dr. William Cullen, and Dr. James Gregory.

Robert Whytt (1714-66) was a professor of theory of medicine at Edinburgh University and president of the Royal College of Physicians of Edinburgh until his death in 1766. His book on the nervous system *On Nervous, Hypochondriac, or Hysterical Diseases, to which are prefixed some Remarks on the Sympathy of the Nerves* (1767) was a turning point preceding the rapid development of the field of neurological science by his successors, Dr. William Cullen and Dr. James Gregory. Whytt was frustrated by the careless "appellation" of 'Nervous' which was "commonly given to so many symptoms seemingly different, and very obscure in their nature".¹⁴ He thought calling all disorders with features of

¹⁴ Robert Whytt, *Observations on the Nature, Causes, and Cure of Those Disorders Which Have Been Commonly Called Nervous, Hypochondriac, or Hysterical: To Which Are Prefixed Some Remarks on the Sympathy of the Nerves* By Robert Whytt, M.D.F.R.S. Late Physician to His Majesty, President of the Royal College of Physicians, and Professor of Medicine in the University of Edinburgh. [Greek Text] Hippocrat. De Aliment. Sect. 4. The 3rd ed. Edinburgh: Printed for T. Becket, and P.A. De Hondt, London, 1767.

flatulence, convulsions, fainting, melancholy etc. was too vague: “Those morbid symptoms which have been commonly called nervous, are so many, so various, and so irregular that it would be extremely hard, either rightly to describe, or to fully enumerate them. They imitate the symptoms of almost all other diseases; and indeed, there are few chronic distempers with which they are more or less intermixed”.¹⁵

Essentially, he proposed reorganizing classes of ‘nervous disorders’ into what he considered to be more precise categories including “Nervous,” “Hypochondriac,” and “Hysterical.” The first category, “Nervous,” referred to people who were otherwise healthy but “on account of uncommon delicacy of their nervous system” were prone to violent tremors, palpitations, fainting, and convulsive fits whenever seized by passions such as fear, grief, or surprise. The second category, “Hysterical,” (mostly women) shared symptoms with the first group but were also prone to digestive problems and headaches (due to complications with the uterus, which he famously suggested in some cases could be remedied through marriage). The third category, “Hypochondriacs” (mostly men) were normally hardier than “hysterical” but suffered from “a disordered state of the stomach and bowels”.¹⁶ Whytt proposed a narrower conception of ‘nervous’ disorders than Cheyne by eliminating Hypochondria and Hysteria but still described them as closely related.

Based on Gregory’s lecture notes and case studies, in which Whytt’s successor continued to refer to hypochondria as a ‘nervous disorder’ it seems earlier conceptions remained influential. Likewise, the disorders falling under Cullen’s ‘Neuroses’ in *Nosology* (1808) contain neurological and psychiatric conditions but do not seem inspired by Whytt’s proposed reclassification (which was not really introducing anything new but rather attempting to separate back terms that had been historically separate and had been combined together in the works of Robinson and Cheyne). This is not to downplay Whytt’s contribution – one could say that he started the field of Neurology. His book was the first that I saw that mentioned brain tumors as causing behavioral change and sensory and motor impairment, and he was one of the first to describe the nervous system without animal spirits.¹⁷

Conclusion

Cheyne, Wesley, and Whytt each used the term nervous disorder differently. To Cheyne, nervous distempers included psychological and neurological disorders accompanied by particular kinds of physical symptoms (digestive problems, trouble sleeping, and tremors, for example). The mutability of symptoms and holistic, mind-body connection highlighted the common perception that many disorders were interrelated or

arose from common sources. This could suggest an emphasis is being intentionally placed on co-morbidity (the idea that the presence of one mental disorder increases the likelihood of another due to common influences), or a coincidental byproduct of the tendency for physicians of this period to try to explain all manner of phenomena with a universal system (i.e., everything was thought to be caused by weak nerves). Cheyne amassed a collection of existing theories on mental illness and the nervous system and presented the public with a seemingly integrated model which provided an exciting and diverting new explanation of familiar ideas for his popular audience.

Despite his reputation as an advocate of electrotherapy for psychological symptoms, in *The Desideratum* (1760), Wesley only wrote about nervous disorders that were neurological, such as headaches, sciatica, and St. Anthony’s Fire. He sought to reconcile the disconnect between theory and medical practice by applying a treatment that seemed more appropriate to address a specific kind of illness than what was currently offered by professional physicians. He was writing for a poor, mostly Methodist audience, and to convince the professional medical community this could be a cheap and effective solution for the shortage of doctors.

Whytt created a new definition for the term, which seemed to have described a susceptibility to strong physical responses to one’s emotional state such as shaking or fainting or entering into a state that is overexcitable and emotionally overreactive, suggesting a skeptical response on his part to the culture of sensibility. He excluded hysteria and hypochondria as ‘nervous’, even though patients suffering from those classes of illnesses were described as having the symptoms of ‘nervous’ disorders with additional neurological and digestive symptoms (headaches and stomach pains). He seemed frustrated by the confusing nature of older models and sought to develop a new replacement for training medical students.

Although in general, I prefer the first definition because I think Cheyne’s usage is a better reflection of the most common conceptions at the time based on what I have read so far, all of them are useful and correct when applied in the proper context. Scholars must always be careful of usage to avoid obscuring already complex sources. For example, while reading Wesley (who plays a large role in my dissertation research), I cannot make assumptions that just because Cheyne considered mental illness to be a kind of nervous disorder, that Wesley did too. Dismissing 18th century classifications of ‘nervous disorders’ as incoherent and inconsistent as Whytt might have done, even if I agreed with him, could lead to missed opportunities for understanding the development of diagnostic tools.

I hope to use the materials I have consulted at the Osler Library to expand my research into a scholarly article on classifications of mental illness in 18th century Britain and as background for my doctoral research on the contributions of the early Methodists to the development of psychology.

¹⁵ Whytt, *Observations on the Nature, Causes, and Cure of Those Disorders Which Have Been Commonly Called Nervous, Hypochondriac, or Hysterical*, 95.

¹⁶ Whytt, *Observations on the Nature, Causes, and Cure of Those Disorders Which Have Been Commonly Called Nervous, Hypochondriac, or Hysterical*, 101-102.

¹⁷ Whytt, *Observations on the Nature, Causes, and Cure of Those Disorders Which Have Been Commonly Called Nervous, Hypochondriac, or Hysterical*, v, 75.

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Welcome Ghazaleh Ghanavizchian!

Ghazaleh joined the Osler Library in winter 2024-25 as a Documentation Technician. She holds a Master of Arts in World Heritage Studies, with a specialization in documentary heritage, from the Brandenburg University of Technology Cottbus in Germany. Her research focused on the role of communities in recognizing the significance of documentary heritage within the framework of UNESCO's Memory of the World Programme. She also holds a Master of Library and Information Science from Tarbiat Modarres University and a bachelor's degree in library and information science from Ferdowsi University. She joined McGill libraries in 2017 as Senior Library Clerk and in December 2024 joined the Osler Library as a Documentation Technician. With 7 years of experience at McGill Libraries and more than 13 years of professional experience as a librarian in academic libraries in Iran, she offers proficiency in Persian, Arabic, French, and German, as well as extensive knowledge of library operations, user services, reference services and research support.

Best Medical Student Presentations, The Bernadett Family International Medical Student Scholarship Award and the McGovern Lecture

Rolando Del Maestro, Honorary President, McGill Osler Society

One of my major goals as the Honorary President of the McGill Osler Society and the Past-President of the American Osler Society (AOS) has been to continue to increase the engagement of medical students and residents

students were accepted and rather remarkably, McGill medical students took four of the 13 top rankings out of 152 abstracts submitted. Three McGill students were able to attend the Pasadena meeting: Meygan Brody, Paris Dastjerdi and



Left to right: Reda Hessi, Ali Fazlollahi, Meygan Brody, Paris Dastjerdi and Brendan Ross

in the medical humanities. McGill medical students have presented their research at AOS meetings for many years, and this year's AOS meeting held in Pasadena, California, from May 2 to May 5, was no exception. The Platform Committee received 152 abstracts from medical students, residents, researchers and physicians interested in the history of medicine from around the world. This year the Platform Committee accepted 43 abstracts, only 28% of submitted abstracts received. Four abstracts from McGill medical

Reda Hessi. Meygan, Paris and Reda were previous winners of **The Molina Foundation Osler Library Medical Student Research Awards**. Paris and Meygan won the **AOS Molina Travel Awards**. Further funding for these medical students to attend the meeting was provided by **The Pam and Rolando Del Maestro Family Osler Medical Student Essay Awards** and the McGill Osler Society. Special thanks to the members of the Osler Library Board of Curators and the Montreal community for their financial support to help medical students attend the meeting.

In 2023 the AOS initiated prizes for the **Best Medical Student Presentations** at their yearly AOS meetings. At this year's AOS meeting, three McGill medical students presented, and two won awards for best medical student presentations.

1st Prize: Paris Dastjerdi: *Restoring Avicenna's tomb: A historical analysis of William Osler's efforts.*

3rd Prize: Meygan Brody: *Justifying judgment: How Canadian temperance textbooks use medicine to teach morality.*



Left to right: Mary Hague-Yearl, Brendan Ross, Paris Dastjerdi, Peter Gossage, Annamarie Adams, Reda Hessi, Pam Del Maestro, Rolando Del Maestro, Svetlana Kochkina

All three of the prize winners were from Canada, and two were from McGill. These awards have been given for three years to nine presenters. McGill has taken first prize all three times, second prize once and third prize twice. Six of the nine prizes given have been from McGill, and seven from Canada.

The other McGill medical student presenter was Reda Hessi, whose topic was: *Harold Griffith and Sir Robert Macintosh: Untold stories of curare's journey to the operating room.*

In 2025, the AOS initiated the **Bernadett Family International Medical Student Scholarship Award**, which funds two medical students to do research in the humanities in the United Kingdom focused on the history of medicine. Reda won one of the two **Bernadett Family International Medical Student Scholarships**, awarded to do four weeks of primary history of medicine research in London, England. His research project is entitled: *The Reception of Curare in Medicine and the Influence of the Pharmaceutical Industry.*

Reda committed on receiving the award:

“I am immensely grateful for having been selected for the AOS Bernadett Family International Medical Student Scholarship Award, which will allow me to pursue my passion for the medical humanities. This exceptional opportunity to engage with rare collections in the UK will deeply enrich my research and broaden my perspectives. I look forward to making new discoveries and sharing my findings!”

Brendan Ross, a medical graduate from McGill and now a Psychiatry resident at Mount Sinai Hospital in New York, was also a meeting presenter as well as being a session chairperson. Ali Fazlollahi, a recent McGill medical graduate and previous Molina Award winner, attended the meeting.

Annamarie Adams was the **McGovern Lecturer** at the American Osler Society Pasadena Meeting and her presentation was entitled: *Maude Abbott: A Life in Ten Spaces.* Her presentation proposed a spatial biography of Maude Abbott (1868-1940), a Canadian physician and museum curator who is best known for her pioneering studies on congenital cardiac disease and as a leader in the field of medical museums. In this lecture, Annmarie Adams highlighted “the doctor’s house,” which allows her to probe Abbott’s enduring relationship with William Osler.



Annamarie Adams with McGovern medal and Rolando Del Maestro

An interesting and very successful American Osler Society Meeting focused on widening the bridge between medicine and the humanities, in which McGill’s participation played an important role.



WHEN THERE ARE NO WORDS

Hugo Rueda Ramírez, Post Doctoral Researcher

Image credit **Joan O'Malley**

Department of Social Studies of Medicine, McGill University

“**T**he limits of my language are the limits of my mind. All I know is what I have words for,” affirmed Austrian philosopher Ludwig Wittgenstein in the early twentieth century. His statement underscores a long-standing conundrum in Western modern thought: knowledge and language are inextricably linked, making it impossible to separate one from the other—or, put another way, we only know what we can put into words. But what happens when words fail to encapsulate the complex diversity of human experience? What happens when language falters in expressing visceral, intimate, and deeply personal emotions such as sorrow, bereavement, mourning, and grief? What happens when there are simply no words?

The exhibition *When There Are No Words*—organized by the Maude Abbott Medical Museum and hosted at the Osler Library of the History of Medicine from January 22 to April 7—engaged directly with these questions. By displaying a historical collection of sympathy cards, memorabilia, and contemporary medical condolence letters, the exhibition illuminated the ever-changing nature of sociocultural attitudes toward death and grieving. Recognizing that expressions of grief are neither fixed nor universal, but instead shaped by personal experience, cultural context, and religious beliefs, *When There Are No Words* brought together a collection of objects that reveal

how attitudes toward death and mourning in Québec have evolved over the past 150 years, offering a compelling lens on the ways local society has articulated its relationship with loss.

Expressions of condolence—such as sympathy cards—serve as tangible tokens of support in times of loss. Traditionally sent to the family of the deceased, they enable remembrance, bring consolation, and acknowledge grief. However, as the exhibition suggests, they also reflect broader societal attitudes toward death and mourning. By juxtaposing different historical periods, *When There Are No Words* invited visitors to consider how grief is shaped by evolving questions: Who is entitled to grieve? How do the social codes shape mourning and how should it be performed? And for how long? In addressing these themes, the exhibition highlights the fluid and socially constructed nature of bereavement, while also acknowledging its deeply personal dimensions and the challenges of expressing it through language. As anthropologist Todd Meyers aptly observes, “Words fail grief not because they are unable to hold the experience, but because when received, they are assumed whole and unbroken—not as words so much as captured facts.”

The curatorial team – Joan O'Malley and Richard Fraser (Maude Abbott Medical Museum), Hugo Rueda Ramirez

(postdoctoral fellow in the Department of Social Studies of Medicine), and McGill students Katherine Reed (U4 Cognitive Science), Kaylane Hogue (Med '28), and Alyssia Guarneri (Med '28) – structured the exhibition around four historical periods, each reflecting distinct societal attitudes toward death and mourning in Québec. Their approach mirrors the work of French historian Philippe Ariès, who identified a shift in Western attitudes toward death—from being an emotional, visible, and interpersonal experience to one that has become increasingly medicalized, hidden, and, in some ways, denied. In this manner *When There Are No Words* invited visitors to reflect on two key questions: Can we contest the assumption that we live in a death-denying society? And has Québec developed a death-denying culture in the 20th and 21st centuries?

While an exhibition is fundamentally a spatial and visual experience, these lines seek to translate the curatorial organization of *When There Are No Words* into text. By structuring it around its thematic axes—mirroring the organization of its display cabinets in historical periods through the lens of colour, symbols, printed texts, and handwritten messages—we invite readers to (re)visit the exhibition while reflecting on the evolving cultural, religious, and technological frameworks that shape how a society grieves and experience death.



From Confederation to WWI

Between the late 19th and early 20th centuries, Québec transitioned from a predominantly rural, agricultural society to an increasingly urban and semi-industrial one. Despite these changes, the Catholic Church maintained significant influence over daily life, particularly in rituals surrounding death and mourning. In this context, what we now refer to as sympathy cards emerged from the formal practice of funeral invitations. A

Aesthetically, sympathy cards from this period were predominantly black, representing emptiness and the absence of life. Religious iconography—crosses, chalices, and other Catholic symbols—featured prominently, often accompanied by lilies or ivy to signify eternal life and the soul's passage to heaven. Urns represented dignity and solemnity, while clasped hands suggested reunion in the afterlife. These symbols were intricately designed, sometimes embossed or framed with lace-like borders, transforming the cards into keepsakes.



family receiving such an invitation was expected to acknowledge it with a card expressing their condolences, allowing a structured exchange that ritualized mourning. However, this practice was largely limited to those who could afford it, reinforcing social hierarchies as these objects circulated primarily among the privileged classes.

Most cards from this period contained no handwritten messages, relying instead on printed phrases such as *In Memory* or *In Memoriam*, affirming their role as artifacts against forgetting. Many also functioned as spiritual bouquets, reflecting a Catholic tradition of offering prayers for the deceased's soul. The printed texts typically emphasized salvation, reinforcing the importance of religious observance in the mourning process.

WWI to The Quiet Revolution

Throughout the first half of the 20th century, the Catholic Church remained a dominant force in Québec society, shaping not only education, health care, and social welfare but also accentuating ideals of large families as a divine mandate. Large families meant that bereavement was a common experience, and mourning practices continued

to be deeply embedded in religious life. However, the rise of professional funeral services in the 1950s marked a shift away from community-driven mourning rituals. At the same time, the increasing affordability of sympathy cards allowed them to circulate beyond elite social circles, democratizing their use and reshaping the social landscape of mourning.

The aesthetics of sympathy cards during this period retained a strong Catholic influence, although advances in printing introduced subtle shifts in design. While religious imagery persisted, softer colors—muted blues, greens, purples, and greys—began to complement the traditional black. Pastoral scenes, including quiet lakes, flower fields, and sunsets, became increasingly common, evoking a sense of peace and an idea of death as a gentle transition rather than a solemn finality.

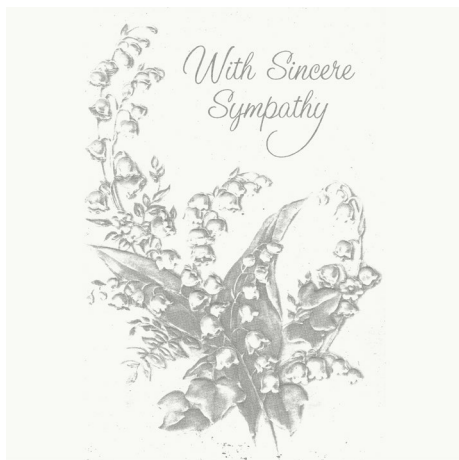
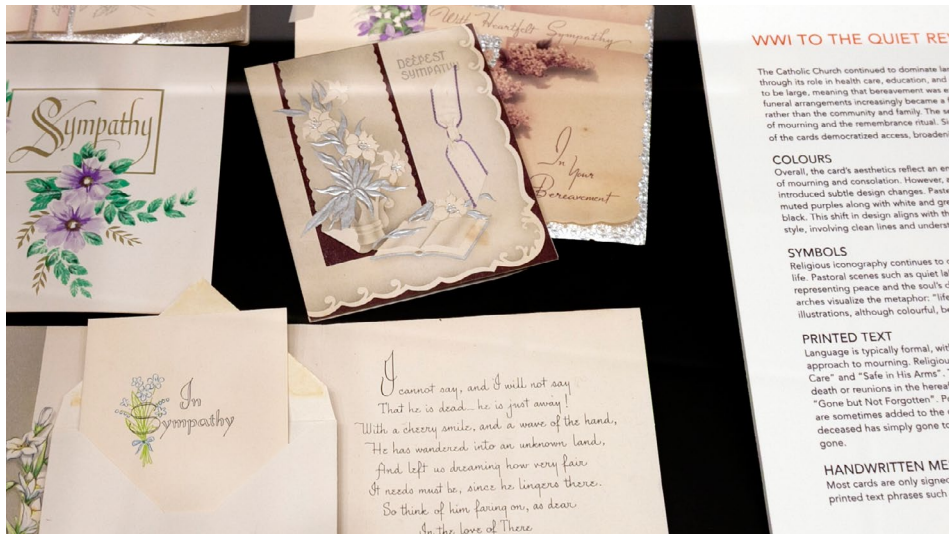


Printed texts remained formal, often drawing from religious and biblical references, but gradually shifting toward a less rigid language of consolation. Phrases like *Gone but not forgotten* or *Until we meet again* signaled a shift toward remembrance rather than loss, reflecting a growing emphasis on continuity beyond death. Handwritten messages, when included, remained minimal—usually just a signature—but often echoed printed expressions, such as *With Deepest Sympathy*, mirroring a structured and restrained approach to grief.

Quiet Revolution to the End of the Millennia

In the 1960s, Québec underwent a significant cultural and political transformation: the Quiet Revolution. Education and health care were secularized by the State, dismantling many of the Catholic Church's institutional roles. The introduction of publicly funded medical

symbols grew less common, making way for abstract or understated motifs, such as beams of light or sunsets over calm waters, evoking a quiet sense of spiritual hope. Illustrations became simpler and less ornate, with pastoral landscapes prevailing. Flowers emerged as the most common symbol, serving as a metaphor for the fragility of life.



insurance in 1969 altered death-related practices, as end-of-life care increasingly shifted from homes to hospitals. Mourning rituals such as in-home wakes and long funeral processions largely disappeared, becoming objects of nostalgia rather than active practice.

Despite the radical nature of these social transformations, the evolution of sympathy card aesthetics remained gradual. Pastel and neutral tones—soft blues, greens, and muted purples—continued to dominate, while the imagery subtly reflected broader secularization. Overtly religious

WWI TO THE QUIET REV
The Catholic Church continued to dominate long through its role in health care, education, and so to be large, meaning that bereavement was not funeral arrangements increasingly became a ritual rather than the community and family. The act of mourning and the remembrance ritual. Sign of the cards democratized access, broadening

COLOURS
Overall, the card's aesthetics reflect an end of mourning and consolation. However, ad introduced subtle design changes. Pastel muted purples along with white and grey black. This shift in design aligns with the style, involving clean lines and understa

SYMBOLS
Religious iconography continues to co life. Pastoral scenes such as quiet lake representing peace and the soul's de arches visualize the metaphor: "life i illustrations, although colourful, bet

PRINTED TEXT
Language is typically formal, with approach to mourning. Religious Care" and "Safe in His Arms". "I death or reunions in the hereaft "Gone but Not Forgotten". Post are sometimes added to the ca deceased has simply gone to i gone.

HANDWRITTEN MES
Most cards are only signed; printed text phrases such a

Printed messages also reflected secularization. While religious references did not vanish entirely, expressions of comfort became less formal and more personal. Phrases such as *May memories bring you comfort* signaled a shift away from rigid doctrinal language toward emotional support tailored to individual experiences. More notably, handwritten messages grew in importance. Unlike previous periods where senders primarily signed their names, the 1970s marked the beginning of more personalized and expressive condolences, signaling an evolving approach to grief—one that acknowledged the sender's own emotions alongside those of the bereaved.

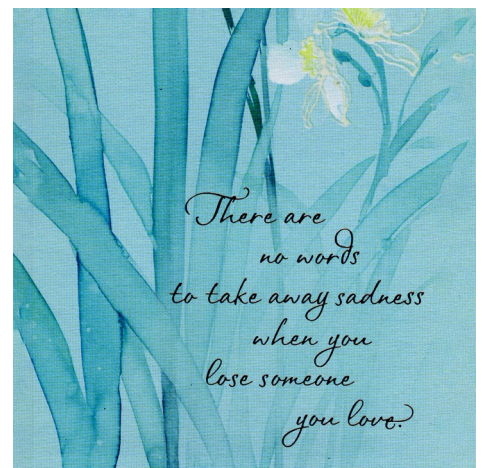
Contemporary Times

Over the course of a single generation, Québec transitioned from one of the most Catholic societies in the world to one of the most secular. This transformation directly impacted practices of death and grief. Death became a medical event, and grief was integrated into palliative and end-of-life care frameworks. Traditional religious funerals gave way to secular memorial

services, and the communal aspects of mourning became less prescriptive, allowing for more individualized expressions of grief.

Printed messages in today's sympathy cards often adopt a conversational tone, using cursive-style fonts to mimic handwriting and create a sense of intimacy. Phrases such as *I'm here for you*, *Take all the time you need*, or *Thinking of you* prioritize emotional support for the bereaved rather than remembrance of the deceased. Handwritten messages, while sometimes sparse, tend to continue or personalize the printed text, often incorporating shared memories or individual reflections.

The most remarkable development in contemporary mourning practices is the digitalization of grief. Social media has introduced new forms of condolence, with sympathy messages appearing on profiles of both the deceased and their loved ones. E-cards and online memorials reflect an unprecedented shift from analog to digital mourning, offering new avenues for public and private expressions of loss. These platforms have also expanded the scope of grief, legitimizing experiences that were previously unacknowledged—such as mourning a miscarriage or the loss of



a pet—further broadening the ways in which contemporary society articulates bereavement.

Beyond tracing the cultural shifts in Québec's grieving practices and their expressions in sympathy cards, *When There Are No Words* also invited reflection



on the ethical dilemmas surrounding how grief is expressed and acknowledged. As mourning practices evolve, so too do expectations about who is entitled to grieve and how that grief is socially recognized. What space exists for those outside the “immediate family”—friends, colleagues, or members of chosen families—to publicly mourn? In the realm of memory, who is remembered, by whom, and for how long? And in medical contexts, should healthcare providers acknowledge a patient’s passing through a sympathy card or a formal condolence letter?

The exhibition explored these questions through materials organized in three distinct cabinets. **Ephemera of Memorialization** presented a selection of cards, photographs, and memorial albums founded in vintage stores, eBay, and auctions. No longer tied to the individuals they once honored, these objects have drifted from personal remembrance into the realm of historical artifacts. Stripped of their original purpose, they now function as relics of a bygone era—displayed not for their personal significance but for their aesthetic and material qualities as heritage objects. The cabinet invited visitors to consider the fragile boundary between memorialization and forgetting: When does an object cease to be an intimate token of grief and instead become a collectible, a curiosity, or an anonymous piece of the past?

Drawing on the concept of “disenfranchised grief”—the experience of mourning that lacks social recognition or support—**Grief, Mourning, and Disenfranchisement** examined how sympathy cards challenge the idea of grief as static, private, or restrictive experience. This cabinet showcased contemporary sympathy cards



addressing forms of loss that, until recently, remained largely unacknowledged, such as miscarriage, stigmatized deaths (from suicide or drug overdose), the loss of a pet, or the passing of a chosen family member. By highlighting these shifts, the

display underscored how the boundaries of grief continue to expand, reflecting the diversity of lived mourning experiences as collective and socially shaped.

Finally, **The Healthcare Condolence Letter** examined expressions of sympathy from the perspective of healthcare professionals. Featuring condolence materials from the Organ and Tissue Donation Program at the McGill University Health Centre, this cabinet raised questions about the ethical complexities of acknowledging a patient’s death within medical practice. Should healthcare providers extend their role beyond treatment by sending a sympathy card or condolence letter? Should tangible mementos of the deceased be offered to families? While such gestures may provide comfort, they also introduce ethical concerns related to professional responsibility, time, emotional distance, family reception, and the potential for unintended harm.

In this way, the collection of cards and artifacts that shaped *When There Are No Words* was more than an exhibition. It was a curatorial exercise that affirmed the significance of materials often dismissed

as minor or ephemeral. As the exhibit demonstrates, these objects provide a window into intimate human experiences, revealing how grief, remembrance, and social practices of death have been expressed over time.

DEDICATED FRIEND OF THE OSLER LIBRARY AND HONORARY OSLER LIBRARIAN, DR. ROLANDO DEL MAESTRO, IS AWARDED THE KNIGHT OF THE ORDER OF THE STAR OF ITALY



Ordine Stella D'Italia Cavaliere (Officer of the Star of Italy Grade of Knight) Medal and Pin

Carla Bonora, Journalist, Montreal newspaper “Il Cittadino Canadese”

In the historic Italian Ambassador’s Residence in Gatineau, marking the conclusion of the celebrations for the Italian Research Day worldwide and coinciding with the scientific event “Italian Talent in Canada: Excellence and Collaboration”, Ambassador Alessandro Cattaneo emphasized the importance of scientific and academic relations between Canada and Italy, and how bilateral scientific cooperation was one of the priorities of the G7.



Italian Ambassador Alessandro Cattaneo presenting the Star of Italy award to Professor Rolando Del Maestro

Ambassador Cattaneo during this special ceremony conferred the *l’Onorificenza dello Stella d’Italia nel grado di cavaliere* (Knight of the Order of the Star of Italy) on Professor Rolando Del Maestro of McGill University and on Professor Gabriel Niccoli of the University of Waterloo, both members of the Honorary Scientific Council of the Embassy. Ambassador Cattaneo emphasized the distinguished merit of this honor bestowed by the President of the Italian Republic, Sergio Mattarella, representing recognition of the commitment of the awardees in promoting Italian scientific knowledge

and research in Canada. Among those present were Professor Dominique Berubé, Vice President Research at McGill University, Senator Tony Loffreda, Dr. Carol Ann Mac Gregor, Vice President Academic at St. Jerome’s University, Dr. Mona Nemer, Canada’s Chief Science Advisor, Professor Giada Sebastiani from McGill University and and RAI correspondent Claudio Pagliara.

The ceremony began with the *l’Onorificenza dello Stella d’Italia nel grado di cavaliere* honor awarded to Professor Del Maestro, an Italo-Canadian neurosurgeon originally from Borgo Val di Taro, Director of the Neurosurgical Simulation and Artificial Intelligence Learning Centre at McGill University, William Feindel Emeritus Professor of Neuro-Oncology, and Professor

in the Department of Social Studies of Medicine at McGill University.

Ambassador Cattaneo’s proclamation, a portion of which is quoted below, delineated some of the reasons for awarding the *l’Onorificenza dello Stella d’Italia nel grado di cavaliere* to Professor Del Maestro and outlined that:



Ambassador Alessandro Cattaneo presenting the Ordine Della Stella D’Italia (Order of the Star of Italy) Certificate from the President of Italy

“Dr. Del Maestro is a world expert on brain tumors, whose research has made substantial contributions to the understanding and treatment of brain tumor patients. His present research is focused on the globalization of safe surgery through the utilization of simulation and artificial intelligence. In 1982 he along with his wife Pam and Steve Northey, co-founded the Brain Tumour Foundation of Canada, a dynamic cross Canada organization fostering excellence in brain tumour patient care, patient support and research funding. Dr. Del Maestro has received numerous awards including the Paul Harris Fellowship, the highest award presented by the Rotary Foundation for National and International Community Service for his contribution to science and the humanities. The Dr. Rolando Del Maestro Lectureship initiated in 1995 at the Canadian Neuro-Oncology Meetings recognizes his accomplishments for brain tumor patients...”

Dr. Del Maestro commented: “This award makes me reflect on the great opportunity that Canada gave me after emigrating at the age of three with my family following the war. It’s a special award,” he said, “and if my parents were alive, they would have been overjoyed.” Proud of his Italian heritage, he owns one of the largest private collections of materials related to Leonardo da Vinci, explaining: “It’s just one of my interests linked to Italy and the Italian community in Canada.” He expressed special thanks to his wife Pam, with whom he has shared both his personal and professional life: “I want to thank her because she has supported me from the day we met. We worked together in our clinics for brain tumors, providing personalized care for each patient, both children and adults, and together with Steve Northey, we founded the Brain Tumor Foundation of Canada in 1982. It all started with a kiss,” he recounted emotionally, “but the best part may still be ahead.”

Manuscripts, metadata, and medical history: Announcing the digitized Harvey Cushing fonds

Anna Dysert, McGill University Library

The former Osler Letter Index site served as a valuable resource for those wishing to explore correspondence to and from Sir William Osler. The Index has now officially been retired after having been transferred over to a new digital home: McGill's Archival Collections Catalogue. This enhanced environment not only preserves the original functionality of the Index but also enriches it by allowing letter summaries and descriptions to live next to high-resolution digital images of the original letters and documents. It also enables broader searching and contextual linking to other related materials across McGill collections and libraries.

A significant portion of the original Osler Letter Index was based on materials collected by Dr. Harvey Cushing, the pioneering neurosurgeon, medical historian, and friend and biographer of Sir William Osler. Cushing's meticulous research culminated in the Pulitzer Prize-winning 1925 biography *The Life of Sir William Osler*. The documents he gathered during this process, including correspondence, biographical notes, and excerpts from journals and diaries, form the Harvey Cushing fonds (P417), housed at the Osler Library. Each letter collected in the Cushing fonds and previously accessible in the original Index was described

with metadata about sender, recipient, date, and subject. In addition to the Cushing materials, the original Index site also included around 200 pieces of Osler correspondence drawn from other Osler Library archival fonds, including the William Osler Collection (P100), the Maude Abbott Collection (P111), and the Malloch Family Fonds (P107).

Today, the bulk of the letter descriptions from the former Osler Letter Index can be found in series 3 of [the Harvey Cushing](#)

fonds. Descriptions of letters from the other fonds have been reintegrated into their respective archival contexts, ensuring that each item is properly situated within its original provenance: **Maude Abbott Collection, William Osler Collection, Malloch Family Fonds**. For the past three years, the McGill Libraries' digitization team has been working to scan the entirety of the Cushing fonds. We're pleased to report that

digitization is now complete, with an impressive total of 17 boxes containing 7,609 letters and 15,446 pages scanned. This effort significantly enhances accessibility for scholars and the public alike. In addition to providing high-quality digital surrogates of the letters, searching precision is now improved as well. The Archival Collections Catalogue can search not only the metadata of the records, but also the textual printed content of the scanned letters and documents as well. A user can limit a search to just the text of a scanned digital object from the Advanced search page. Please do note, however, that only typewritten or printed text is searchable within digital objects, not handwritten text.

In parallel to this digitization project, McGill's metadata and archival materials team has been diligently improving the quality of the records. Their work includes identifying additional correspondents and enriching biographical details, deepening the historical context and research value of the collection.

Another interesting feature provided by the new platform is the ability to export all letter and document descriptions into a structured data form like CSV (compatible with Excel). This allows for new possibilities of reuse and study of archival metadata.

The completion of this website migration and digitization project marks a significant step forward in making the Harvey Cushing fonds more complete, useable, shareable, and searchable. We believe that it also carries forward the efforts of Cushing to document the life and work of his friend and mentor, Sir William Osler, offering students, researchers, and the public a deeper, more accessible view into the history of medicine and the lives that shaped it.

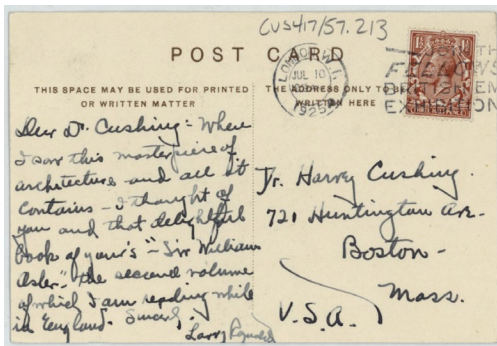
General search tips in the Archival Collections Catalogue

The Archival Catalogue features a Basic search bar that searches archival descriptions, authority records, subjects, and place names. Access the Advanced search view by clicking on Basic search bar along the top and navigating to the Advanced search to allow for more granular searching by field.

A glossary of archival terminology and a video with tips for navigating McGill's archival catalogue on YouTube are also available.



Word cloud created with an export of Harvey Cushing fonds finding aid metadata using Voyant Tools.



Letter to Harvey Cushing, July 10, 1925, from Larry Reynolds. P417-2-57-213.



Manuscript on paper, entitled “Tōsō shinzetsu zu” 痘瘡唇舌圖 [“Smallpox, Lips, & Tongue Analysis, Illustrated”], 1795.



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