

Mona Gleason. *Small Matters: Canadian Children in Sickness and Health, 1900-1940.* McGill-Queen's/Associated Medical Services Studies in the History of Medicine, Health, and Society Series. Montreal: McGill-Queen's University Press, 2013. Illustrations. xiii + 207 pp. \$95.00 (cloth), ISBN 978-0-7735-4132-0.



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A Child-Centered Perspective on Child Health

Mona Gleason is one of the leading scholars in Canadian childhood studies, and her latest book, *Small Matters*, is an important new perspective on the history of child health in the first half of the twentieth century. In it, she utilizes oral testimonies to put the child's perspective of health (good and bad) at center stage and to scrutinize anew the way that children's bodies were conceptualized by doctors and educators. The end result is a new model of health care as experienced by the young themselves.

The framework for Gleason's study is the familiar story of increasing incursion of public bodies, such as doctors and educators, into the domestic sphere. Public health reform and the consolidation of pediatrics, an emphasis on healthy citizens, and a valorization of childhood all contributed to make the good health of children a key priority of western states in the first half of the twentieth century, and were used to justify an increasing degree of surveillance and compulsion over their education and health. Chapter 1 sets out the way that this was translated into improved medical services for the young, taking the perspective of doctors and nurses

"from above." In particular, Gleason uses this perspective to set out a recurring theme of childhood as a pathologized state: "merely being small and young, in other words, required medical attention" (p. 29). Or, to use a phrase Gleason borrows from Barrie Thorne, children were "problematically and pathologically 'not yet adult'" (p. 14).

Chapters 2 and 3 move to the child's perspective—or at least, the adult's recalled experience of childhood. Gleason lists thirty-two participants in her child health project (only nine of them men, but covering a range of religious, socioeconomic, and ethnic backgrounds). The attempt to uncover the child's own voice has been a strong theme of current work in the history of childhood, but Gleason does it particularly well. This is partly because her participants are still living, and so she was able to ask them specifically about their recollections of sickness and health. However, she also makes the most of her information by structuring two chapters entirely around selected case histories, and interweaving these stories and others through the remaining chapters. This gives a

focused and personal quality to the discussion, but without lapsing into anecdote. In fact, what the case studies (grouped by time period) show is the ubiquity of certain themes: the central importance of domestic medicine as the first port of call for both prevention and cure; the significance of children's own internal processing of the experience of medical care, even if they had little say in their actual treatment; and the impact of family circumstances on disease and treatments. While "Marc" came from a large and relatively impoverished Catholic Quebecois family, and had to work from a young age, "Alice," from a middle-class Anglo-Celtic family, also living in Montreal, was comfortably off and well nourished. Their experiences of baseline health and health care were quite different, but both had episodes of ill health that could cross socioeconomic boundaries.

Most innovative is Gleason's attention to how the children interpreted their experiences of health and sickness. Occasionally they did actually have a say in their care; such as "Florence," who refused further surgery on her legs to correct the effects of polio. They made sense of their experiences by relating them to their families, home life, and school. Several of the polio sufferers remembered difficulties getting to school in winter, for example, but otherwise they were expected to take part in a full childhood. The impact of school teaching on healthy bodies was also key in the second half of the period; this emphasis brought unease to children whose bodies were "imperfect" through ill health or disability.

The remaining chapters move outward to the teaching of public health in schools, and then the conceptualization and experience of hospital stays and disabilities. Again, Gleason emphasizes changes in the way that children's bodies were shaped in discourse (a greater emphasis on happiness and child-centered stories in public health teaching, for example), but also the impact that the ideal of healthiness had on those who could not take part in it. While "normal" childhood was a state of temporary pathology, the disabled were in a more permanent state of medicalization and subnormality, especially those with mental disabilities.

Gleason's approach thus gives us a genuinely new perspective on the way that child health was shaped and experienced, and perhaps most important, the way that this fits with our model of childhood more broadly. She also flags several themes that were clearly central to the way that individual families and communities encountered public services: class, race, and gender. The impact of socioeconomic class has been pointed out before; ac-

cess to resources had a large impact on nutritional status, exposure to certain diseases, the types of treatments that could be accessed, and the way that families were treated by authorities. The book takes this a step further by pointing out how important the Anglo-Celtic, Protestant, middle-class view was in shaping the ideal of childhood. Race and religion were as important as class here, if not more so: Catholics had their own support networks, but were also outside the culturally hegemonic classes that shaped discourse about diet, health, and home life. First Nation families (of whom there are several representatives in the oral history database) were largely excluded from prevailing ideals about "proper" (i.e., healthy and hygienic) modes of living; diet; exercise; and many of the other traits that produced healthy, and thus beautiful and well-functioning, bodies. The idea of beauty was also linked to gendered experiences of childhood as it was promoted in public health teaching for girls in particular. Several of the female participants who had suffered from polio as children noted that they expected not to be able to marry, although in many other ways they participated in the healthy modes of living being promoted through their schools.

Small Matters challenges us to think more about childhood and children's bodies. Gleason's story is grounded in Canadian politics and social structure, but her themes speak to many other national contexts as well. Changing ideas about childhood and the body were pervasive at this time. Her use of oral testimony, set alongside material from doctors, nurses, and educators, brings the book to life. Occasionally the personal accounts are so rich that the much balder stories gleaned from hospital records seem limp in comparison. It is a shame that she was not able to say more about the experience of mental disability; other studies have made use of personal testimony in this way.[1]

These points aside, this is an excellent book that will be of great interest to scholars working in childhood studies past and present, and the history of education and health. The ambiguity of her title sums up the impact of her work perfectly: children are "small matters" in terms of size and voice; many of their childhood ailments are also "small matters." By the end of the book, however, we have been forcefully reminded that these small people matter when it comes to the shaping and experience of health and sickness in their own lives.

Note

[1]. See, for example, Lee-Ann Monk and Corinne Manning, "Exploring Patient Experience in an Australian

Institution for Children with Learning Disabilities, 1887-1933," in *Disabled Children: Contested Caring, 1850-1979*, ed. Anne Borsay and Pamela Dale (London: Pickering and Chatto, 2012), 73-86.

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