Barbara Clow’s account of early 20th-century Canadian cancer campaigns is a welcome addition to the growing historical literature on cancer. Hers is a tale of how orthodox medical visions of cancer control intersected with those of patients and unorthodox practitioners to shape the emergent crusade in Ontario. The nature of the orthodox vision, with its focus on early detection and treatment and its attack on “quackery,” ignorance and fear is familiar from studies of crusades elsewhere. Traditionally, historical accounts have been content to stop there, telling the tale of cancer from the orthodox point of view and reproducing its portrayal of patients as ignorant, overly fearful and prone to delay seeking help, and of alternative healers as charlatans. Clow questions such stereotypes. She not only provides us with a valuable account of orthodox visions of cancer and its control, but also tries to explain the responses of alternative healers and cancer sufferers to such visions. What counted as a rational cancer policy to the orthodox leaders of the crusade in Ontario was sometimes quite unreasonable to sufferers and to alternative healers.

Clow places these varied perspectives on cancer within the context of the early 20th-century medical marketplace. She argues that medical practitioners did not monopolize health care but shared the market with a vast army of alternative practitioners. At one end of the spectrum was the orthodox physician with his or her medical qualification; at the other was the itinerant “quack.” Although both of these were clearly delineated, in the middle was a blurred grey area. So-called quacks often turned to science to evaluate, explain and justify their techniques, while many otherwise orthodox practitioners were sympathetic to and practised what other physicians regarded as quackery. Thus, in some (although by no means all) geographic areas, cancer sufferers had a range of practitioners to whom they could turn, who might be sound by prevailing standards, unsound, or somewhere on the spectrum in between. Thus emerges a complex picture of early 20th-century cancer campaigns, shaped by market forces and muddied by disagreements over what constituted legitimate practice. Clow illuminates this picture with case studies of three Ontario practitioners (Hendry Connell, John Hett and Rene Caisse) who, in different ways, blurred the distinction between alternative and orthodox healer and who all had different relationships with the medical establishment.

This picture of early 20th-century campaigns is further complicated by Clow’s attempt to understand the treatment choices that people made within the marketplace. Physicians may have depicted the public as ignorant cancerophobes who were likely to delay seeking help, but Clow finds this picture inadequate. In her view, most people responded to their symptoms rationally. They expected to get ill and were therefore not unduly alarmed by the onset of lethargy, wasting, indigestion or even rectal bleeding. They responded to symptoms by drawing on broader cultural understandings of illness, often treating themselves with home remedies until pain or debility shattered their equanimity and forced them to seek help elsewhere. Clow does not dispute the claim that such responses meant that patients often arrived in the doctor’s office too late for effective help, but she also points out that there were good reasons why people avoided doctors. Some may have feared the diagnosis and the treatment, but orthodox physicians were often pessimistic about the outcome of treatment, no matter what the stage of the disease. Clow suggests that by the end of the 1950s people were probably more aware than before of the symptoms that might indicate cancer, but many physicians continued to provide inadequate care even by the standards of the day.

Some aspects of the situation in Ontario were unique, notably the provincial government’s concern in the 1930s not with promoting orthodox treatments but with evaluating alternatives. Nevertheless, Clow uses this local study to tell a tale that has much wider interest. She challenges the view that alternative treatments were more popular because they were cheaper than orthodox medicine (some were, but others were quite expensive); that it flourished among the lower rather than the upper social orders (contemporary opinion suggests the opposite); that people turned to alternative therapies because they were relatively painless compared with orthodox surgery and radiation (sometimes, but alternative treatments could be painful); that the flourishing of alternative medicine represented a distrust of authority in gen-
Serafina

Sometimes I do it all wrong. One minute I’m encouraging a resident to apply sound evidence-based guidelines; the next minute I’m sitting with Serafina.

Serafina is a paradox. She seems to have lived a lot longer than the 74 years that her birth date would indicate. When I first met this short, obese, semiedentulous Old World woman, I made the mistake of trying out my very limited Italian and immediately became her confessor. To enliven me further she asked about my Sicilian pronunciations and found out that I had learned from someone she’d known in the old country. We were now practically related. At the very least, I had become someone who could understand her and would look after her — body, soul and spirit. In her view, at least.

She comes with fifty complaints, forty-eight of which I can’t understand and two that are nonspecific. The list of medical conditions goes on ominously: CAD, CHF, asthma, type-II diabetes, hypercholesterolemia, osteoporosis, GERD, obesity, chronic UTIs, depression, anxiety … . What I hear from her is:

“My eyes are pulling.”
“The back of my head is coming over the front of my head.”
“All the muscle in my back is fire.”
(Shes demonstrates by poking the corresponding spots on my back.)
“Everything goes black because of the pain in my chest and my head.”
“My mouth is burning all the time.”
“My stomach makes a pain and a bad noise from here to here.”
(Shes points from mid-sternum to her knees.)

When I try to ask the clarifying questions she gets frustrated, says “Come si dice” and then explains it to me in Italian, not believing for a moment that I can’t understand. Even the translator I enlist on occasion is baffled by her turn of phrase.

I grope for something objective to hold onto. Bring all of your medications so I can see what you are using. And your glucometer so I can see what your sugar has been like. She brings a shopping bag of bottles with a mixture of current and past drugs. As we go through them she tells me about each.

“The yellow one makes me dizzy.”
“The blue one is my blood pressure pill, I take it when my blood pressure up.”
“The brown one is my stomach pill; I take sometime one, sometime three.”

“This pill and these patches give me a headache, I don’t take them.”
“This capsule I take when I have burning pee.”
“The orange puffer when I can’t breathe, the blue one only sometime.”

When I try to set her straight she looks at me condescendingly and says that she knows how her body feels and how to take her medicine.

This elderly woman manipulating her glucometer with the dexterity of a ten-year-old kid with a GameBoy seems incongruous to me. Her records show her blood glucose ranging from 3 to 26. She says she only really feels good when it is around 10 or 15. Whenever she feels unwell in any way, it helps to eat — maybe a piece of...