Historical Studies in Education / Revue d'histoire de l'éducation
BOOK REVIEWS / COMPTES RENDUS

Mona Gleason
Small Matters: Canadian Children in Sickness and Health

Montreal and Kingston: McGill-Queen's University Press, 2013. 207 pp.

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Before the so-called "diseases of childhood" were quelled by mass vaccination and new diagnostic and therapeutic technologies, an astonishing proportion of childhood was given over to sickness. So much so, in fact, that representations of the "sickly child" were commonplace in popular literature as well as in the professional discourses of medicine, psychology, education, and social work. In pursuing the subject of childhood health for the past several years, Mona Gleason has contributed significantly to the historiographies of childhood, medicine, and education, effectively positioning her work at their points of intersection. This excellent study is the culmination of those dedicated efforts.

Given the analytical complexities of the subject, made all the more challenging by the simple fact of age that defines the historical actors, Gleason wisely structures her study to juxtapose the professional discourses with the lived experiences, as related through memory, of the children "embodied" in the discourses. Thus "the important place that health and the body…occupy in memories of growing up" during the first half of the twentieth century is examined through "the intertwined centrality of home, family and the body" (4-5). Although she outlines on-going developments in state policy concerning health, education and social welfare, these are not her primary concern. The first and fourth chapters consider the key themes in medical and educational discourses, and how these underlay particular ideas about children's bodies and the best approaches to them. But what distinguishes this work is how deftly the author centres childhood memories of how it *felt* to be "small," sick, and subordinate in relation to health professionals, regimens, and systems, and in the settings of home, school, and hospital.

Gleason's objectives are pursued within a conceptual framework that considers age and size analytically in order to explore the historical meanings imprinted on the

bodies of the young: ideal and real, "normal" and "abnormal," healthy and unhealthy. She emphasizes that the "embodied markers of size and age" grounded generational, hence power, relations. At the same time, modernity's accordance of an expansive sociocultural influence to medical professionals meant that science both reflected and legitimized constructions of children as "innocent, vulnerable, incompetent and unpredictable." In doing so, doctors did much to sustain the "natural" and "normal" inequality of rights and status ascribed to the young. Not merely "not yet adult," children's bodies were "problematically and pathologically" unformed because they were younger and smaller than the ultimate reference point constituted by adulthood (14).

The selection of the oral histories informing Gleason's analysis is attentive to the significance of place: urban, rural, frontier, and regional. Departing from now-standard historical approaches, she includes francophone Quebec as well as "English Canada." She draws from 62 interviews that sample class, race, cultural, regional, and gender variables; an appendix provides personal information for each participant. The two chapters that highlight these childhood narratives each focus on four individuals, whose recollections provide an entry into the childhood culture of the early twentieth century by means of their experiences of sickness. Their stories suggest how healthy bodies and their requisite care were presented to, internalized, adapted, resisted, and rejected by children and their caregivers, families, and communities. Especially fascinating are glimpses into the nature of what Gleason aptly calls "domestic doctoring," the often culturally-defined "home remedies" upon which so many families relied in their isolation from doctors and clinics, or, as was so often the case before medicare, in their inability to pay for professional attention. Three of the women contracted poliomyelitis by their second birthdays; their different generational experiences demonstrate changes in treatment but also continuities in ideas about disability, and especially its gendered connotations in a society that equated feminine health and beauty, and consequently "marriageability" as well. Also interesting is how the memories of two First Nations women, in their emphasis on the love and support of large extended families, so contradict popular understandings of Indigenous childhoods as characterized largely by deprivation and neglect (69), a necessary corrective that only personal histories can provide.

The closing chapters hone in on two subjects, hospitalization and physical disability, that are integral to the larger story but have scarcely been explored from the child patient's viewpoint. Gleason demonstrates how, for many adults looking back, the unique drama of hospitalization made it a "formative life experience." Delving into the patient records of the renowned Toronto Hospital for Sick Children, Gleason teases out what the official clinical notations might have implied for children in its care. By following two patients from their first admissions, in one case as a five-month-old infant, to their final admissions as young teenagers (one of whom died), she suggests the extent to which class, race, and related familial circumstances made "shame and blame" the principal matters for medical documentation (112). And arguably nowhere are such blaming discourses more relevant than in the context of childhood disability, as the closing chapter demonstrates. Gleason contends that, despite all noble aims in the best interests of "crippled" children, a eugenicist "pedagogy

of failure" persistently construed the physically different as abnormal and ultimately "unfixable." Here the oral histories are especially evocative in allowing for glimpses of the disparity between professional views grounded in pathology and physical/mental limitations and those of families, peers, and communities, which were frequently more accepting and encouraging of the affected youngsters. Gleason also notes, however, that the ideas comprising the "pedagogy of failure" were "also policed and enforced" in the culture of childhood, especially in its central setting, the school, as testified to in painful memories about feeling "odd," a "freak," and otherwise excluded or at least uncomfortable among peers (122).

Small Matters is an eminently readable and astute analysis of the sickness and general ill health that used to fairly typify growing up in Canada. Being sick was a formative experience for any number of young persons, and possibly one whose continuous repercussions marked quality of life through adulthood. Gleason capably supports her argument that such an analysis, and especially its grounding in oral histories, illuminates what we know of age-based power relations. Most important, to my mind, her work helps to uncover the often-obscured agency of children in the past, thereby moving historians toward "an approach that assumes that children made a difference in the way change unfolded in the past" (143). The inaugural nature of this study also encourages exploration of some of the questions raised. Did childhood health problems influence adult self-care or approaches to the care of offspring? Even if physical conditions were overcome or managed, were there lasting emotional/psychological repercussions? And what of what might be called "sick room culture" — what did children confined to home and bed do to keep themselves occupied and entertained when they were on the mend but still "sickly"? Numerous memoirs of the pre-TV and electronic device age suggest that impassioned readers, writers, and artists were often "made" by frequent or prolonged confinement to "the sick bed." In any event, the "intimate landscape" that Gleason traverses allows for a sense of the historical meanings of the not-so-small matter of childhood health and its frequent absence. What emerges is a strong case for the ways in which, despite the on-going, intensifying, and ever more efficacious approaches to child health and welfare that marked this period, race, class, gender, sexuality, and ability — as well as age — are remarkably tenacious factors determining their benefits for children and their families.