The fifth in a series of five historical articles to commemorate 100 years of CJPH.

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Who's a Public Health Professional? The Struggle for Recognition by Sanitary Inspectors in Early 20th Century Canada

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As we conclude this 100th anniversary year of the *Canadian Journal of Public Health (CJPH)*, we turn our attention to a little known chapter in the history of public health in Canada, the struggle by sanitary inspectors to improve their credentials and gain professional recognition in the early twentieth century. In the first decade of the *Public Health Journal (PHJ)*, as the *CJPH* was then titled, discussion about the training and role of sanitary inspectors was a continuing theme, disproportionate in representation to their numbers as members of the Canadian Public Health Association. Tracking this episode reveals the dynamics of professionalization in the early years of public health in Canada and the importance of the *CJPH* as a forum for debate and source for information in the emerging field of public health in Canada, and consequently as a key source for that field's history.

The tension between sanitary science and the health-related professions has a well-documented history in Britain, but is relatively under-researched for Canada.¹ In the period just before and during the First World War, an organized body of sanitary inspectors sought to improve their professional standing. They were caught up in the drive to enter the 'scientific period' of laboratory-based medicine and health but not as creators or owners of knowledge – rather as labourers for the Medical Officers of Health. Writing about his science-based work in 1911, one Chief Medical Officer, perhaps inadvertently, also summed up the professional public health hierarchy. 'Our knowledge of the causes of communicable diseases, of the direct effects of pollution of streams and of the methods of sewage disposal is now so exact and the scientific means at our disposal so many and available that we are in a position to state definitely that, given a Medical Officer of Health trained in his medicine, his bacteriology and his chemistry with a knowledge of their application to water supplies, sewage disposal, drainage, lighting and ventilation of buildings ... supply him with simple but adequate machinery as adequate laws and regulations, a laboratory, inspectors...(he will be able) to assure the public...that their interest in all matters of health are [sic] being protected.'² Inspectors and laboratories were required equally by the public health team, but inspectors were clearly subject to the superior training of the MOH.

The evidence presented in the *PHJ* does not suggest that the sanitary inspectors were challenging their subordinate status within this hierarchy. Rather they seem to be trying to improve their position within it. The apparent weakness of the professional status of those involved in sanitation in the early 20th century reflects the apprenticeship-style training system in Canada. Many sanitary inspectors came to their positions with secondary school education at most, and were seen often as inadequate to the task facing them. The road to improved status advocated by leading inspectors had

three main elements: improving the technical knowledge of the inspectors; having that expertise certified through licensing; and then making possession of that license a prerequisite for employment as a sanitary inspector. This strategy was articulated in 1914 by Ernest W.J. Hague, first president of the newly formed Sanitary Inspectors' Association of Western Canada (SIAWC). He noted that 'any Health Officer of experience will freely admit that the day of the untrained Sanitary Inspector is over, and that if good work is to be done by any health department, the subordinate officers as well as the head, must have received training fitting them for the work. It is on these subordinates that the bulk of the work falls; on these the Health Office must depend; and the trouble to all concerned which may be caused by men not properly qualified, is a frequent source of annoyance to Health Officers.'³

SIAWC launched a very active programme to achieve its end. Improving members' technical knowledge was seen as particularly important for those at the associate level working as sanitary inspectors but who did not yet have any formal certification.⁴ Member education took a number of forms, not least of which was through a regular column in each issue of the *Public Health Journal*, which the Association declared their official organ and to which every member was given a subscription.⁵ Its annual reports, printed in the journal, detailed other activities. Local committees would meet regularly to hear lectures and discuss issues, with less frequent provincial meetings. The entire association met annually, except for interruptions caused by the First World War. Winnipeg appears to have been the most active and ambitious SIAWC branch in the early years. Efforts to extend active branches across the country were not successful until the 1930s. The Association's training syllabus for 1915-1916, published in their Fourth Annual Report, consisted of 28 weekly lectures on topics such as diseases in animals, food and milk contamination, plumbing, water sources, infectious diseases and refuse treatment. The Winnipeg members also had their own library.⁶ This activity is not surprising when one considers that the Association was founded there in 1913. It was also where exams were held for certification by the Royal Sanitary Institute of Britain on several occasions, although exams also appear to have been held in Regina at least once. According to reports in the *PHJ*, this was the most sought-after form of certification described as the preeminent certification in the Empire. (The Royal Sanitary Association, Scotland came a close second.) Several members of the SIAWC executive were also associates of the Royal Sanitary Insti-

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tute, including President Hague. The City of Winnipeg was also the first, and perhaps the only, jurisdiction that acquiesced to the Association's repeated insistence that only properly certified individuals be hired as sanitary inspectors.

Proper training for sanitary inspectors continued as an issue of concern into the next decade. Ernest Hague, in his second term as President of the SIAWC, delivered a plea for improved status based on improved training in his 1927 Presidential Address. He applauded recent decisions to upgrade sanitary inspectors' training in England, Wales, New Zealand and Australia and challenged Canada to respond in kind. Hague placed the responsibility for provision of classes on the universities as first choice and on private tutorship in areas not served by a university. His call was very clear: 'We want to raise the status of the whole profession, and the best, and in fact the only way to do this, is by means of education.' Hague stressed that certification had to be obligatory and uniform across the country.⁷ The issue of self-certification was not settled until 1981, when certification for public health inspectors (sanitary inspectors renamed in 1960) was finally controlled by public health inspectors themselves.⁸

The attempt by sanitary inspectors to increase their legitimacy led to a major territorial debate with another group that was struggling to improve its professional image and stake out new public health responsibilities – veterinarians, or veterinary surgeons as they are termed in this period. At the Second Annual Congress of the Canadian Public Health Association held in Toronto in 1912, the Chief of Staff of Veterinary Inspectors for that city, Andrew R.B. Richmond, presented an academic, scientifically-based argument for the appropriation of meat inspection to veterinary surgeons.⁹ He wrote that: 'In the future, even more so than at present, it will be necessary for the veterinary profession to take a larger share in the work of those organizations which have for their aim the preservation of the health of the public....No one is as well fitted from his knowledge of the diseases of animals, than the veterinary surgeon to assist in the prevention of disease being transmitted from the lower animals to man, through contact or from the consumption of unsound meat or milk.'¹⁰ Although Richmond highlighted control of both meat and milk as properly belonging to veterinarians, meat inspection was the area of greatest concern. While acknowledging the capability of many meat inspectors, the 'practical men' of this enterprise, he continued: '...I am not criti-

cizing their work as far as it goes, but the knowledge of anatomy, pathology, histology, bacteriology, laboratory methods, contagious diseases, etc., which a meat inspector ought to possess, can only be acquired at a college and not alone in a butcher shop or slaughter house.'¹¹ Richmond did not suggest that all veterinarians were competent to qualify as meat inspectors. He recognized this as a special area of study, but one which could and should be undertaken by interested veterinary surgeons. How this struggle for responsibility affected the interests of sanitary inspectors, however, is beyond the scope of this short article.

The emergence of public health as a professional field in early twentieth century Canada has more dimensions than perhaps have been explored in the historiography to date. The early volumes of the *Canadian Journal of Public Health* provide a detailed look at a fascinating aspect of this history – the attempt by sanitary inspectors and others to raise their occupational status through self organization, member education and certification. The journal gave voice to individuals and associations to an audience that spanned the breadth of the country and its health professions.

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