establishment of a federal bureaucracy was presumably in the public interest but was often co-opted by agriculturalists. He chronicles the struggle of a minority to promote breastfeeding during decades of otherwise futile attempts to reverse the trend toward the feeding of breastmilk to bring Canada's notoriously high infant mortality rates down to lower European levels, and documents the transformation of cow's milk from a dangerous food to the "perfect food." He sensitively presents the era of the *Canadian Mother's Handbook*[4] as a literal and figurative exhortation to women to be good mothers, and exposes the disgraceful setting of relief rations in the Depression to levels well below nutritional adequacy in order that multiple levels of governments save money.

There are a few historical figures who give face to the decades. Dr. Helen MacMurchy, a Toronto pediatrician deeply concerned with infant mortality, was Canada's first director of the federal government's Division of Child Welfare and her office published the *Canadian Mother's Handbook*. Dr. Alan Chandler, a Montréal physician and proponent of breastfeeding, raised concerns about his colleagues who were promoting artificial feeding. And Dr. Alan Brown, chief advisor to Toronto's Division of Maternal and Child, sought sanctions against nurses who started a clinic that supported women to breastfeed and prescribed infant food if breastfeeding was unsuccessful.

The strength of the book is the quality of the historical methods used, including careful attention to data sources, interpretation, and organization of facts. The writing is uneven at times; avoidance of commas causes one to frequently re-read a sentence for meaning. The introduction seems to be more of an afterthought than a foreword, in that it bounces from one time period to another. There is also a problem with repetition particularly around milk, breastfeeding and the *Canadian Mother's Handbook* contents. However, the book ends with a strong concluding chapter that recommends lessons from history that we might wish to — and should — apply to ensure sound nutrition policy in Canada today.

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Notes

Waiting

I would like to tell you about Mrs. M.

But understand, she is by no means a "fascinoma." Rather, looking at her list of diagnoses, Mrs. M. could be almost any patient on our medical ward. However, despite her end-stage renal disease, coronary artery disease and critical aortic stenosis, Mrs. M. was "medically stable" from the first day that I met her. She was not on oxygen or short of breath. She was not in pain or having daily angina. Rather, she spent her days in her hospital bed or the chair at its side, waiting.

Mrs. M. believed that she was waiting for a place in a nursing home. Since she was not able to manage independently anymore, she had asked to be declared "long-term care" before I began on the service.

I believed that Mrs. M. was waiting for a bed on 9 North — our in-hospital long-term care unit. Since the wait for a nursing home bed was several months long, and the demand for acute medical beds never wavered, I knew she would be transferred off my service long before leaving the hospital.

Every day, Mrs. M. would wake up and spend her day waiting. I found myself waiting too.

On Wednesday, I was paged at 9 am because Mrs. M. was having chest pain. Her EKG was consistent with lateral ischemia and her pain was very much like the angina she used to get many years ago. Ah — medically active again! I adjusted beta-blockers, added clopidogrel, started unfractionated heparin. Mrs. M. understood that she was having a heart attack, and immediately reminded me that she had been deemed "non-revascularizable." She reiterated to me that she did not want resuscitation or transfer to a critical care unit if she got worse. But somehow, Mrs. M. did not get worse over the next few days. She did not develop congestive heart failure. She tolerated the medications. And she remained pain-free up until Friday evening.

On Friday evening, I was off work and packed for a trip to Toronto.

On Friday evening, Mrs. M. had epigastric pain, hematemesis and melena. Although she was reluctant to undergo any invasive procedures, the on-call doctor convinced her that a gastroscopy might be her only chance. She had diffuse hemorrhagic gastritis. The only therapeutic option was supportive.

It is now Monday morning, and with the help of a hydromorphone infusion to numb her pain, Mrs. M. is waiting again. Her son and her sister are waiting by her side. I find myself waiting too.

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