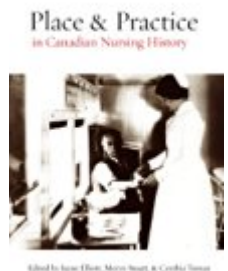


Jane Elliott, Meryn Stuart, Cynthia Toman, eds.. *Place and Practice in Canadian Nursing History*. UBC Press, 2009. 232 pp. \$29.95, paper, ISBN 978-0-7748-1558-1.



Reviewed by Michelle Hutchinson Grondin

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Commissioned by Stephanie Bangarth (King's University College, UWO)

Through a diverse collection of articles Jayne Elliott, Meryn Stuart, and Cynthia Toman's *Place and Practice in Canadian Nursing History* successfully portrays nurses as women who disrupted gender roles, worked in outlandish conditions, and performed tasks outside the traditional field of nursing. Each work contributes in a unique way to the debate over who was classified as a nurse, to what extent nurses shared a common identity, and the types of labor that were defined as nurses' work. Collectively they challenge the perception of nursing as a homogeneous category and demonstrate how the diverse experiences of Canadian nurses in the late nineteenth and twentieth centuries contradict the traditional belief that nurses were meek, hyperfeminine, and obedient.

According to Cynthia Toman, military nurses are often sidelined in historical studies because their close connection with war and carnage contradicts traditional depictions of nurses as pacifists and highly feminine. Her article on WWI military nurses in the Mediterranean theater, as well

as Meryn Stuart's work on Canadian military nurse Helen Fowlds, contests these conventional views by highlighting how nurses actively sought duty on the front, endured harsh working conditions, and participated in the process of nation-building. Toman asserts that during the war military nurses began to perceive themselves as Canadian and defined their mannerisms, position, and hygiene in opposition to the British nurses and nonwhites they encountered. While Toman and Stuart challenge the conceptualization of nurses as docile and dutiful, Burnett redefines who was identified as a nurse.

Burnett broadens the definition of nursing by including Native women and emphasizing the agency Aborigines exercised by using traditional healing methods to ensure the survival of their communities. Similarly, Myra Rutherford describes the reaction among Caucasian nurses to the health and living conditions they encountered among Native communities in the Arctic after the Second World War. Rutherford categorizes the nurses based on their attitudes and actions to-

wards the Inuit, which ranged from extreme concern over hygiene and cleanliness to acceptance of Native healing practices and integration into Inuit communities. However, much of Rutherford's work is based on the experiences of one woman in each category she defines. The inclusion of additional examples would strengthen her argument.

Nurses in the Arctic and across Canada were expected to take part in the assimilation agenda of the Canadian government, as Marion McKay argues in her work on visiting nurses in Winnipeg at the turn of the twentieth century. Canadian nurses introduced recent immigrants to Anglo-Canadian values, including standards of health, sanitation, and behavior. In a similar vein, Linda Quiney and Johanne Daigle analyze how nurses were involved in the nation-building process in their respective works on nurses in Manitoba and remote regions of Québec. Quiney asserts that, despite the Canadian government's endeavors to build a national identity among new immigrants, Natives, Métis, and farmers, nurses focused primarily on providing appropriate health care to these groups in Manitoba's outposts. By supplying health services and care for communities in isolated settlements in Québec, nurses exercised agency and eased the isolation of individuals in these remote areas.

Anne-Marie Arseneault complements the previous articles by considering religion's influence on the nursing profession in 1960s New Brunswick. Religious orders traditionally educated nuns and provided health care services in the absence of public establishments. In the 1960s religious orders could not counter the secular shift in the political environment of New Brunswick and were unable to maintain their institutions, and nuns' role in safeguarding their communities' health was unacknowledged. Reflecting the larger theme of the book, Jayne Elliott contributes to the discussion on Canadian nurses by analyzing how nurses self-identified. She reminds scholars through her

article on Louise de Kiriline, an immigrant outpost nurse in Ontario, that nurses subscribed to multiple identities and urges historians to consider the significance of other elements outside of nurses' professional identities when reconstructing their lives.

Using a wide range of primary sources, each article expands nursing scholarship by demonstrating the diverse functions, identities, and experiences of Canadian nurses. The pieces by Toman, Stuart, Arseneault, Rutherford, and Elliott in *Place and Practice* are structured mainly around the letters, autobiographies, and diaries of the nurses themselves, while Daigle and Quiney conducted several interviews that illuminate how nurses saw themselves and understood the work they did. Although the primary focus of this collection is on nurses and their experiences, it could have been enhanced by including a more nuanced discussion of how patients perceived nurses and their attitudes towards them. *Place and Practice* is successful in redefining nurses as a heterogeneous group of women with diverse working conditions and unique challenges. In addition to examining how religion, race, class, war and gender shaped nurses' identities, analyzing nurses' sexuality, especially through a queer reading, would have further challenged the traditional view of nursing. Overall this work is highly entertaining, diverse, and comprehensible. It is an important and refreshing contribution not only to women's and gender history, but also to medical history.

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