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Power Movement aux États-Unis qui revendique la libération des Noirs, mais en même temps ignore les rapports d’exploitation des femmes.


Est-ce que le concept de nation est un outil conceptuel pertinent pour expliquer l’agitation sociale dans les années 1960 à Montréal? Est-ce que le nationalisme nous aide à comprendre le langage de la contestation au cours de cette décennie? Dans son introduction, Sean Mills mentionne que les sociétés n’évoluent pas en vase clos, du moins en Occident. Il cite Edward Said : « l’histoire de toutes les cultures est celle des emprunts culturels ». Mills poursuit : « les cultures défi ent sans cesse les nationalismes patriotiques qui insistent sur les différences fondamentales entre les peuples » (p. 22). Par ailleurs, la question nationale a fait l’objet de transformation dans les années 1960 et elle nourrit également la contestation sociale.

Malgré ces dernières remarques, l’ouvrage de Sean Mills est incontournable pour comprendre la contestation et la mobilisation sociale à Montréal et au Québec dans les années 1960.

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For not only tackling a gargantuan body of secondary literature, but then wrestling it into a sweeping synthesis as insightful and delightful as this, Cheryl Krasnick Warsh deserves a medal... maybe even two. In Prescribed Norms: Women and Health in Canada and the United States since 1800, she weaves together two hundred years of health history in two countries, unites women’s experiences as both patients and practitioners, and draws upon a multi-disciplinary literature that includes history, women’s studies, medicine, anthropology, psychology, philosophy, biology, law, literature, and indigenous studies. The result is a fascinating and multilayered history of North American women and health, which integrates subjects ranging from Aboriginal birthing practices to Ursula the Sea-Witch from Disney’s A Little Mermaid.

The book is organized into three sections of multiple chapters, each usefully prefaced with a brief introduction highlighting key themes: “Rituals” (menstruation and menopause), “Technologies” (childbirth past, present, and future), and “Professions” (medical education and nursing). The narrative moves quickly, and the book has a certain liveliness
to it, thanks to chapters which vary in personality based upon the issues dealt with and sources used. The first two sections, “Rituals” and “Technologies,” speak to each other extensively through their focus on women’s reproductive health and women as patients. By contrast, the “Professions” section stands apart, emphasizing professional struggles and achievements. The shift is a bit jarring, but it was worthwhile to include both in the same book. The history of midwifery, which is woven throughout rather than appearing in its own chapter, provides some continuity.

This book will be particularly welcomed by teachers of the history of health, women’s history, and women’s studies. Its readability and breadth of subject matter make it a worthy adjunct to Jacalyn Duffin’s highly regarded History of Medicine: A Scandalously Short Introduction. Like Duffin, Krasnick Warsh blends the practical intricacies of medicine with the wider social, economic, political and cultural scope of history. With a few exceptions, she takes care to explain medical terms, illnesses and procedures for a lay reader, thus ensuring that her discussions, while grounded in medicine, remain accessible. The twenty-eight page bibliography will be a helpful starting point for students and scholars alike.

Prescribed Norms wears its feminist heart on its sleeve, and while (justly) castigating the historical and continued inequities which have so often hurt women where health is concerned, the book does not shrink from highlighting instances in which women have been their own worst enemies. The professional jockeying for position amongst women doctors, midwives, and nurses, for instance, makes it clear that professional goals consistently trumped the notion of a shared sisterhood. Throughout the book, Krasnick Warsh’s women are not disembodied sets of symptoms (as in so many medical texts of the past), but mothers, daughters, wives, consumers, producers (and re-producers), victims, advocates, educators, workers, health-care professionals, experts, and innocents: always impacted by race and ethnicity, class, age, marital status, and region.

Illustrations aside (five of the six are Canadian), this is a book which truly lives up to its geographical billing. Nearly every Canadian example is paired with an American one, or vice-versa, and the result is a balanced study in which neither gets short shrift. The transnational elements of western health history emerge clearly, even as national (and more often regional) differences are given their due. This is of course particularly relevant in the later twentieth-century, as the two countries’ approaches to paying for health care sharply diverged; but overall it becomes clear that women’s health-related experiences shared more commonalities than differences across the forty-ninth parallel. Krasnick Warsh also skilfully situates her narrative in a wider context of European, ancient, and Aboriginal health knowledge and practice.

Aside from its historical merits, the book also has a great deal to say about contemporary women and health. The chapter on “Future Childbirth” is particularly thought-provoking. As Krasnick Warsh seamlessly moves from ancient to modern throughout the book, she draws out significant changes but also uncovers frustratingly consistent (usually negative) attitudes toward women’s bodies and women’s healing work, dressed up in a series of ever-changing guises. The ongoing controversy over PMS is one such example. In the 1990s, she writes, the controversy “served to raise once again the argument that womanhood, in and of itself, is an abnormal, ill state. Aristotle conceived as normal everything static, stable, and male, and this conception continues to cloud and
denigrate female physiological experience” (p. 44). Her frustration with this inclination to medicalize aspects of women’s health (i.e. view them as “sick” and in need of fixing), gives rise to a virtual call-to-arms at the close of chapter one, where she urges that women “must not allow the cultural manipulations of their hormones, their wombs, and their blood to cloud their understanding of their real grievances or to stifle their personal and societal aspirations” (p. 44). More often, however, her exasperation surfaces in dry humour which enlivens the book as a whole.

The chapter on nursing ends with a brief consideration of male nurses, and although obviously a lengthy discussion would be outside the scope of the project, what is provided here feels unduly perfunctory, consisting largely of statistics. A somewhat fuller discussion would have been welcome. Similarly, the absence of any consideration of breast cancer in the book is a disappointment. Although not exclusively related to reproductive health, its history of “heroic” interventions and impact on a woman’s sense of herself as a sexual being would make it an ideal fit within the author’s wider framework.

In many ways the so-called “Epilogue” is actually the thesis of this book. The preceding chapters make it clear that even today, women’s bodies remain sites of mystery and irregularity. Much harm has been done in the past – physical, emotional, and psychological – by a one-size-fits-all model. Krasnick Warsh therefore ends by calling upon women and their health care providers “to embrace the chaos instead of prescribing what the norms of a woman’s life should be” (p. 273). Having by this point travelled through two centuries of North American women’s health experiences with her, readers will be hard-pressed to disagree.

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