see the book’s interpretations of class as essentially foreign to the way most people (and above all most North Americans — there is a strong transatlantic flavour in many of these speculations) outside the lecture room actually think about economic and social relationships. Traditionalists who value the human element in history, including some who undervalue quantitative history, will be inclined to suggest that the energy and knowledge put into this volume would have been better applied to a good biographical dictionary of some of these 1,100 Brantford entrepreneurs with similar historical sketches of the enterprises to which they belonged. To this might have been added a short but valuable introduction summarizing the conclusions reached in the present quantitative study.

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Caring and Curing is an ambitious attempt to redress the imbalance in current work in the history of medicine and healing. All of the authors in this collection are intent on demonstrating that, in contrast to the Whig interpretation generally favoured by those who have dominated the medical history field in the past, the truly interesting history of health care resides in uncovering the ambiguities and differences between theoretical constructs and historical evidence. The result is a more complex, sophisticated, and challenging interpretation of the role of specific women and women’s groups in the history of care and curing. The editors are to be commended for ensuring that each author commented on other articles in the collection which relate to the same topic. This is a feature rarely found in essay collections, but surprisingly the generally informative introduction does not tell the reader to whom this work is directed. Is the audience intended to be students in women’s studies programmes? Health science students? History or sociology students? Contemporary women’s health collectives? Some clarification of this issue would have been useful since the needs and expectations of these groups differ.

The central theme is an analysis of the process of professionalization of medicine, midwifery, and nursing from the 1880s to the present. The seven articles are grouped into these three categories and generally show how women of all social classes mediated between their roles and the male medical mindset that was attempting to foist its prescriptive values on their activities. This valiant attempt to combine women’s perceived social roles as caregivers in their own homes and society with the male definition of professionalization as a science-dominated and credentialed occupation informs the various articles. Their chronological range demonstrates how certain values endure and others are modified before they are incorporated into the activities of individual women practitioners and the women’s groups that support them.
Beverly Boutilier’s article, “Helpers or Heroines: The National Council of Women, Nursing, and ‘Woman’s Work’ in Victorian Canada”, describes the formative years of the NCW and analyzes its gender-based service ethic. By examining the battles over the creation and role definition of the Victorian Order of Home Helpers and its successor, the Victorian Order of Nurses, Boutilier argues that, although nursing was in transition from a task that every woman was expected to undertake for her family to a “profession”, the middle-class matrons who comprised the NCW did not fully subscribe to the male definition of professionalization and instead saw nurses as natural allies in the evangelical work undertaken by their local branches. Since trained nurses were more influenced by the scientific model which downgraded evangelicalism and charitable work, there was conflict between the two groups. But was it as class-based as the author suggests?

In “Shifting Professional Boundaries, Gender Conflict in Public Health, 1920–25”, Meryn Stuart examines the work of the Ontario Provincial Board of Health public health nurses who were engaged in the rural child welfare campaign. Using feminist theory to interpret the nurses’ letters and reports and her interview material, Stuart paints a damning portrait of women whose activities were stunted by male doctors in both the provincial bureaucracy and the communities in which they worked. She concludes that these nurses were not able to break free of social convention and restrictions in spite of their status as professionals. Stuart is to be commended for demonstrating that previous positivist interpretations have perhaps overstated the role of these women as pioneers in nursing professionalization, but her work does raise the question of how such judgements are made. Were these women really victims or were they able to challenge social conventions simply by doing their jobs in spite of the frustrations?

Kathryn McPherson’s paper, “Science and Technique: Nurses’ Work in a Canadian Hospital, 1920–1939”, is a thoughtful and thought-provoking essay which argues strongly for the inclusion of nursing in the history of both medicine and science. This piece is particularly important because it demonstrates, as do its two predecessors, how women interpret the limitations imposed on them by the male medico-scientific mystique and take from it what is most valuable and appropriate for their use. This enables them to unite caring and curing. Together these three articles suggest that women interested in careers in nursing have always had to sublimate their legitimate desire to receive recognition for their activities to the prevailing power structure in which they function. As such they have a powerful message for contemporary nurses and nursing students.

Moving beyond nursing to midwifery and women’s reproductive health, the articles by J. T. H. Connor, Dianne Dodds, and Denyse Baillargeon shift the focus of the anthology in another direction: the needs of underserviced patients. In “‘Larger Fish to Catch Here than Midwives’: Midwifery and the Medical Profession in Nineteenth-Century Ontario”, Connor discusses the limited material available regarding the presence and activities of midwives. By comparing the Ontario situation to that in the United States, Connor is able to demonstrate that many of the arguments posited by American feminist historians for the decline of midwifery do not have significant relevance for analyzing the Ontario experience. In spite of
the author’s diligent research and sustained effort to examine midwifery in the context of changing obstetrical practices and medical practitioners’ self-interest, the reader is still left wondering if the history of midwifery will ever truly be known since so much of it was undocumented.

Dianne Dodd’s “Helen MacMurchy: Popular Midwifery and Maternity Services for Canadian Pioneer Women” moves the discussion into the twentieth century. Focusing on one of the most important and yet most ambiguous figures in the crusade for maternal and child health, Dodd presents a portrait of a dedicated reformer whose adherence to the beliefs of her time and class made her a prisoner of the male-dominated medical and bureaucratic establishment. The Supplement to the federal Health Department’s “blue books” on child health which MacMurchy produced to assist women who were destined to give birth in remote northern and western homesteads represented an important step in health education, but its limited distribution spoke volumes about contemporary medical attitudes to allowing untrained people to manage their own health and the continuing distrust of midwives by both the medical and nursing professions. Nevertheless, Dodd argues that, after MacMurchy identified the multiple causes of maternal mortality and demonstrated the discrepancy between urban and rural medical and nursing services, public health professionals began to push their political leaders to respond to the problems of underserviced communities.

Denyse Baillargeon’s article, “Care of Mothers and Infants in Montreal between the Wars: The Visiting Nurses of Metropolitan Life, Les Gouttes de lait, and Assistance maternelle”, as translated by Susan Joss, presents the least theoretical discussion of all of the papers, in large measure because the author relies very heavily on interviews with women who experienced the services of these various organizations during the 1930s. Using these reminiscences as a foundation, Baillargeon explains the role and activities of each of these groups. Montreal’s cultural split in the 1930s and the inability of its municipal health department to provide maternal welfare services comparable to those in Toronto and elsewhere meant that a private insurance company and two voluntary agencies offered home assistance prior to and after birth to women who would not have been able to afford sustained medical attention and private nursing. This brief article offers many insights about the reception of middle-class values by working-class recipients and suggests the need for similar studies for other Canadian cities.

The final article in the collection is Deborah Gorham’s “‘No Longer an Invisible Minority’: Women Physicians and Medical Practice in Late Twentieth-Century North America”. In some respects, this is a rather surprising conclusion for the anthology since the focus is women doctors and their training and practice patterns rather than nurses, nurse practitioners, or midwives. After examining the differences between the experiences of women who trained during the 1950s with their younger colleagues and discussing how certain course content has been affected by the women’s movement, Gorham concludes that female medical students today have the critical numbers to assist in reframing the question of what constitutes professionalization. She astutely notes, however, that until older teachers leave the classroom there will be a gap between expectations and reality. Even more dauntingly, she
demonstrates how women students are inculcated with male professional values and are unable to make common cause with nurses because nursing is seen as a failed form of professionalization.

Taken as a whole, the essays in this collection broaden our understanding of nineteenth- and twentieth-century nursing, midwifery, and medicine. They challenge current and future researchers to rethink their focus on medical men and medical science and to pay attention to the real health care providers and their not-so-passive recipients.

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John Weaver has written an erudite book, rich in ideas and important for its scholarly contributions. He focuses on Hamilton and places the changing roles of the police and criminal justice within an urban perspective as the city evolved over the 150-year period of his study. His book effectively demonstrates how the apparatus of the state, supported by the emergence of professionals, has supplanted the local community and the volunteer constable as the real agent of criminal justice. For Weaver, the growth of the modern police force, as exemplified by the experience of Hamilton, represents the triumph of technology over what he terms “localism” and “amateurism”. The history of criminal justice he presents is one “of growing centralization, regulation and professionalization” (p. 271). He locates the historical roots of North American law and order in municipalities. Hamilton is therefore a useful mirror in which to trace the changes in the patterns of law and order over the nineteenth and twentieth centuries, but in the context of similar patterns emerging in the rest of North America: “in its criminal justice activities, as in so much else, Hamilton was a North American city” (p. 165).

Although Hamilton’s experience paralleled in many ways those of cities elsewhere in Canada and the United States, Weaver does find some significant differences between Hamilton and its neighbours like Toronto. For example, as he shows, Hamilton’s police force was “a far more reluctant agent of moral order” (p. 110) than the Toronto police force in the late nineteenth century. When stimulated by a deputy chief who was determined to clean up the city on the eve of World War I, the force significantly increased the number of prosecutions for morals offences, but this zeal was short-lived. Weaver’s study certainly portrays a force which, in his words, was “far from being a well-oiled crime-fighting machine” (p. 119).

Hamilton’s police force, along with the rest of the criminal justice system in the city, remained “an entirely male enterprise” (p. 271) until the middle of the twentieth century. Women were not hired on the force until 1944; without strong pressure from a popular female city councillor, even this minor breakthrough likely