

### Balm of Hope: Charity Afire Impels Daughters of Charity to Civil War Nursing

By Betty Ann McNeil, DC

(Chicago: DePaul University Vincentian Studies Institute, 2015)

(555 pages; \$30.00 paper)

This edited book is a compendium of firsthand accounts of Catholic sisters, Saint Elizabeth Seton's Daughters of Charity from Emmitsburg, Maryland, and their nursing during the American Civil War. It includes nearly 200 primary source documents of letters and memoirs written during and after the conflict. Sister Betty Ann McNeil, DC, Vincentian Scholar-in-Residence at DePaul University in Chicago, has organized the volume into three parts: the sisters' own "Annals of the Civil War," printed from original handwritten documents; their Civil War recollections; and Civil War and post-Civil War correspondence. While many of the documents have been preserved in the Provincial Archives of the Daughters of Charity at Emmitsburg, some of the letters in the last section were previously unknown until Sister Betty Ann discovered them in Paris in 2011. She has preserved the documents as they were written at the time, with slight editing to enhance comprehension. The author presents the information by emphasizing the sisters' heroism and compassion. An introduction provides the history of the Daughters of Charity, founded by Saints Vincent de Paul and Louise de Marillac in 1633 in France, the beginnings of their ministry in the United States, and the hospitals they established prior to the Civil War. Written for their religious superiors, the documents abound with stories of conversion, but they also give voice to the sisters' feelings and observations that evoke the look and smells of war that the sisters experienced firsthand.

More than 300 Daughters of Charity worked in both northern and southern civilian and army hospitals, battlefields, and hospital ships. Sites included Antietam, Gettysburg, the Shenandoah Valley, Richmond, and Philadelphia. Documents are representative of these and other areas. Significantly, these

sisters were some of the few trained nurses who worked during the war, having been active in hospital establishment for more than thirty years. One of the most prolific writers was Sister Matilda Coskery, a nurse and supervisor at several Civil War hospitals who had a long history of psychiatric nursing. Her *Advices Concerning the Sick*, written around 1840, served as a manual for sisters to learn theory and practice in nursing and medicine, which included how to provide a clean environment, how to give medicines, the importance of ventilation, and infection control procedures. Many Civil War surgeons actually preferred Catholic sisters as nurses, since they had a history of firm discipline and obedience to authority. Known for their large White-winged headdresses, or cornettes, these sisters were allowed entrance into hospitals that excluded other women. Their religious symbols likely protected them. As one sister wrote on the road to Gettysburg after the battle there, Union soldiers halted the nuns' entourage until they saw the sisters' cornettes and then allowed them to pass.

The commentary focuses on the sisters' work to relieve pain and suffering in a nonpartisan way. They took bandages, sponges, dressings, food, and water as they went to battlefield sites. After Gettysburg, for example, one sister wrote, "Wounds of the head, throat and face [make] it a long and tedious task to give even a little drink to such" (p. 121). They also provided shelter, as Sister Matilda noted after the aftermath of the battle of Antietam: "Our first work was to finish roofing the six feet of earth [the soldiers] inhabited. We looked for an axe, then some fence rails, fixing them as the others were, until every sufferer had at least a little shade over him" (p. 111). The sisters also played significant roles in care for the dying. Indeed, death and destruction were all around them. The sisters prayed, gave relics and crucifixes, and provided instruction and opportunities for conversion, even if the soldier was not Catholic. While nuns could not administer the sacraments, they could baptize if there was danger of death before a priest arrived.

The Civil War provided an ideal ground for the Catholic sisters to prove their patriotism and worth as nursing practitioners. To this reviewer, who has studied Catholic sister nurses for decades, this book is a goldmine. Sister Betty Ann is known for her impeccable scholarship. Thanks to her meticulous work in selecting, verifying, and annotating primary source documents, these underused or previously unknown writings are now available to more scholars. Her book is useful for researchers of nursing, medicine, women, and religious history. But especially, it should be on the bookshelf of anyone studying the history of nursing in the American Civil War.

BARBRA MANN WALL, PHD, RN, FAAN  
Thomas A. Saunders III Professor of Nursing  
University of Virginia  
225 Jeanette Lancaster Way  
Charlottesville, VA 22903

## Gender, State, and Medicine in Highland Ecuador: Modernizing Women, Modernizing the State, 1895–1950

By A. Kim Clark  
(Pittsburgh, PA University of Pittsburgh Press, 2012)  
(255 pages; \$27.95 paper)

State social programs and state employment during the first 50 years of the 20th century sets the context for this examination of gender in Ecuador when nurses and trained midwives took their place as employed women. One goal of the author is to “deepen our understanding of Ecuadorian society” and this goal is accomplished (p. 26.) using Foucauldian concepts to explain power, politics, religion, rights, and state formation. Using the experiences of women and the formation of the state as lenses, the reader learns about the four major themes of child welfare, prostitution, institutions, and female health-care workers. Clark documents the societal response to women’s agency and provides clear examples of protective legislation and programs aimed at controlling women who were single or sometimes the sole providers for their families. What is particularly interesting about this book is the examination of the many forces at work within the Ecuadorian society as the state’s influence on social welfare was developing. For historians of nursing and women’s studies, this book gives one of the most detailed examinations of Latin American nurses shaping their nursing practice within a conservative, gender-biased society.

Chapter 4 covers midwifery and Chapter 5 examines nursing. While Ecuadorian education policy allowed women to progress to employment in health care and the country was quite progressive in training and allowing midwives to practice beginning in the early 1890s, nurses and midwives were held to higher moral standards than other working women. This impeded their ability to expand their role in the hospitals and prevented them from directing their educational programs. Nursing education stagnated until the 1940s when the Institute of Inter-American Affairs brought U.S. nurse consultants to bolster nursing education as part of a countrywide, U.S. war

effort program to assist Ecuador and gain access to its natural resources. This book provides evidence that the U.S. program was not successful due to the many personnel changes of the American nurses, and the author lays out in Chapter 5 many examples of the internal, societal pressures that the Ecuadorian nurses struggled against, including physicians, parents, the university, and the hospital nuns who kept control of supplies, hindering the student nurses' work when they were absent.

The depth of Clark's work in nursing authenticates the constraints of the Ecuadorian nurses and their resilience to shape their profession. While other authors, such as Mooney, Cueto, Farley, and Palmer<sup>1</sup> have analyzed small bits of the work of nurses in the Rockefeller Foundation's international work, Clark's book gives a clarification for the failure of the U.S. program to influence nursing in Ecuador. This explanation illustrates the tension the United States nurses created when they consulted in foreign countries. Blame was assigned to the inadequacies of the foreign country rather than considering poor planning of the US- led programs.

While medicine is used in the title and may mislead, potential readers will find this examination of the generation of nursing and midwifery in Ecuador to be a thorough analysis of the profession and the influences and issues it had to deal with in the first half of the 20th century.

#### Note

1. These are other resources examining the work of nurses within the International Health Division of the Rockefeller Foundation: Jadwiga E. Pieper Mooney, *The Politics of Motherhood: Maternity and Women's Rights in Twentieth-Century Chile* (Pittsburgh: University of Pittsburgh Press, 2009); Marcos Cueto, *Missionaries of Science: The Rockefeller Foundation & Latin America* (Bloomington: Indiana University Press, 1994); John Farley, *To Cast Out Disease: A History of the International Health Division of the Rockefeller Foundation (1913–1951)* (New York: Oxford University Press, 2004); Steven Palmer, *Launching Global Health: The Caribbean Odyssey of the Rockefeller Foundation* (Ann Arbor: The University of Michigan Press, 2010).

JEANNINE URIBE, PhD, RN

Assistant Professor

La Salle University

School of Nursing and Health Sciences

1900 West Olney Avenue

Philadelphia, PA 19141

## In the Company of Nurses: The History of the British Army Nursing Service in the Great War

By Yvonne McEwen

(Edinburgh: Edinburgh University Press, 2014) (237 pages; \$36.50 cloth)

The First World War (1914–1918) inflicted injury and misery on an unprecedented scale, and nurses were a vital element in the war effort, bringing healing and recovery to the wounded and sick. *In the Company of Nurses*, written by Yvonne McEwen, aims to tell the history of the British army nursing service. McEwen doubts whether a comprehensive history of the Queen Alexandra's Imperial Military Nursing Service (QAIMNS) can be written because of the lack of official nursing records, so she widens the study to all branches of army nursing. At the outset, she fails to define the army nursing service, and the reader is left to work out that this included the Territorial Force Nursing Service (TFNS) and the QAIMNS Reserve, both created in anticipation of war in Europe some years before 1914. She utilizes a variety of sources such as those of the army medical services, the British Red Cross, Parliamentary records, newspapers and the nursing press, as well as personal accounts by nurses including that of Maud McCarthy, the matron-in-chief in France. The narrative takes a chronological approach to the history of nursing in the war.

The "Introduction" briefly reviews some published sources concerning nursing in the war, but McEwen produces an incomplete and idiosyncratic critique that fails to engage with the most recent literature. The first chapter aims to show the presence of military nursing across time and gives a sweeping account of its origins from the ancient Greeks, via the Romans to the medieval crusades. It is this content that gives the book its framework for the labeling of the different sections and chapters. Apart from a brief section that provides a disappointing account of the contribution of Florence Nightingale to army nursing, there is nothing about the formation of the various branches of the army nursing service. Rather than having an account of nursing in the ancient world, the reader would have benefitted more from a succinct history of British army nursing up to 1914. This would have been aided by consulting relevant sources, such as the work of Anne Summers.<sup>1</sup>

The second section, consisting of four chapters, initially examines the controversy and use of untrained volunteers. Of more value, the narrative reveals the reality of modern warfare—the wounds, tetanus, gas casualties, infectious diseases, foot problems, and shell shock. It also depicts how the

medical and nursing services struggled to cope with the sheer numbers of casualties in terms of facilities, transport, supplies, and personnel. McEwen gives a good explanation of how the nursing services dealt with the constant pressure of work, and she also ably illustrates the experiences of individual nurses. The toll on the nursing staff is described, and the final section consists of lists of those removed from service due to sickness or disability and those who died during their time in service. This account is at its best discussing the political, logistical, and administrative issues concerning the provision of the medical and nursing services and, to a certain extent, the advances in treatment. The narrative takes a chronological approach from 1914, but essentially most detail is confined to the first three years of the war. The reader is left to wonder, among other things, about the impacts of the influenza epidemic, demobilization, and any lasting effects on the nurses following the armistice in 1918. The emphasis in this book is on nursing in Europe and the Near East with virtually nothing about the nursing of military casualties in Britain. Over two and a half million men were repatriated for treatment and care during the war, and all branches of the army nursing service were involved.<sup>2</sup> At least some coverage of nursing on the home front, by the TFNS in particular, would have been appropriate.

McEwen has succeeded in portraying the complexity and horror of the war along with the skill, compassion, and bravery of the army nurses. However, this is not “the definitive” history of the British army nursing service, as proclaimed on the front cover of the book, but one that is incomplete in terms of geography and chronology. For those interested in military nursing, this book needs to be read together with the work of others, such as that of Christine Hallett,<sup>3</sup> if a deeper and broader understanding of the organization, work, and experiences of British nurses in World War I is to be gained.

### Notes

1. Anne Summers, *Angels and Citizens: British Women as Military Nurses, 1854–1914*, rev. ed. (Newbury, Threshold Press, 2000).

2. William G. Macpherson, *History of the Great War based on official documents by direction of the Historical Section of the Committee of Imperial Defence. Medical Services: General History Vol. 1*. (London: HMSO, 1921), 96.

3. Christine E. Hallett, *Containing trauma: Nursing Work in the First World War* (Manchester: Manchester University Press, 2009); Christine E. Hallett, *Veiled Warriors: Allied Nurses of the First World War* (Oxford: Oxford University Press, 2014).

STUART WILDMAN, BA, MEd, PhD  
Honorary Research Fellow  
History of Medicine Unit  
College of Medical and Dental Sciences  
University of Birmingham, B15 2TT  
United Kingdom

## The Spanish Influenza Pandemic of 1918–1919: Perspectives From the Iberian Peninsula and the Americas

Edited by Maria-Isabel Porras-Gallo and Ryan A. Davis  
(Rochester, NY: University of Rochester Press, 2014) (282 pages;  
\$84.20 cloth)

Identifying the Iberian Peninsula as critical to the “discursive importance” of the “Spanish flu,” the essays in *The Spanish Influenza Pandemic of 1918–1919* bring to our attention specific facets of the 1918 flu pandemic that have received little attention in English language publications until recently. The book examines the pandemic in the cultural, social, political, religious, and economic context of Portugal, Spain, Brazil, and Canada, with authors of each essay presenting a nuanced analysis of subtle differences.

The book targets specific gaps in the scholarship on “Spanish influenza.” First, chapters on the flu in Portugal, Spain, Brazil, and Argentina provide updated research findings on the spread and control of flu in these countries—geographic regions heretofore largely ignored in English publications. Second, the book identifies specific sociocultural dynamics in play during the epidemic, expanding on phenomena such as social control, gender, class, urban development, and the impact of military medicine in these particular regions. Third, the book situates the pandemic in the scientific framework of bacteriology in 1918. Rather than simply arguing (as other historians and epidemiologists have done) that the lack of scientific knowledge in bacteriology in that historical moment in time was the causative factor in society’s inability to understand the pandemic, the authors argue that “this cognitive vacuum was filled (at least in part) by narrative” about social and cultural issues that may have led to the epidemic, highlighting in particular, issues in hygiene and public health (pp. 8–11).

The opening section, devoted to the evolution of the RNA virus, its genetic variations, mutation, recombination, and reassortment, and scientific attempts to understand and reconstruct it, is perhaps the most tedious section to read, although it provides necessary background. Section 2, shedding light on the social contexts in which the pandemic occurred and the institutional responses to the situation, is far more compelling, particularly the text related to the role of the Catholic Church in Brazil and the attribution of the cause of the scourge to divine will (p. 121). Section 3, with its emphasis on cultural issues, demonstrates the role of an emerging narrative in making sense of the flu. In this section, both Magda Fahrini's "The Gendered Dimensions of Epidemic Disease" (Chapter 12) and Catherine Billings's "Remembering and Reconstructing" (Chapter 13) engage the reader with their nuanced analyses. Fahrini analyzes the flu response and its social dimensions in Montreal, Canada, while Billings discusses how fictional accounts of the flu "replicate . . . the pandemic's resistance to subjective articulation by those who lived through it" (p. 249).

The work is well referenced, with all authors citing numerous primary sources in the native languages of the countries studied. In addition, the authors, all renowned scholars, demonstrate a working knowledge of the secondary English publications on the topic (Carol Byerly, Alfred Crosby, John Barry, Jeffrey Taubenberger, etc.), situating their work in the larger context of other historical accounts of the flu.

The book makes a major contribution to our understanding of the role that the Iberian Peninsula, a key point of connection between Europe and the Americas during World War I, played in one of the worst pandemics in history. As the centennial anniversary of the pandemic approaches, and in light of events such as the H1N1 pandemic in 2009, historians, epidemiologists, and others interested in medical and nursing historiography would do well to add this work to their reading lists.

ARLENE W. KEELING, PHD, RN, FAAN  
Centennial Distinguished Professor and Associate Director  
The Eleanor Crowder Bjoring Center for Nursing Historical Inquiry  
University of Virginia School of Nursing  
Charlottesville, VA 22903-3388

## Suzanne Noël: Cosmetic Surgery, Feminism and Beauty in Early Twentieth-Century France

By Paula J. Martin

(Burlington, VT: Ashgate Publishing Company, 2014) (157 pages; \$149.95 cloth)

Paula J. Martin's slim volume introduces readers to a pioneer of cosmetic surgery, Suzanne Noël (1878–1954), placing her convincingly in both medical and feminist history. Martin argues that Noël's gender and feminism combined to make her "one of the most notable and sought after cosmetic surgeons of her time" (p. 1). Importantly, during the interwar years, Noël helped develop a beauty culture that emphasized female empowerment and economic independence through physical transformation.

Martin first fleshes out Noël's personal life with a strong focus on her two husbands, both of whom were also surgeons focusing on dermatology. It was her first husband, Henry Pertat, who encouraged Suzanne to take the unusual step of attending medical school as an upper-class wife and mother. Despite excelling in her course work and training alongside renowned Parisian doctors, Noël originally expected to work under her husband's medical licenses, aiding in the development of their medical practices. But this subservience to her husband led to dependence and caused Noël to take on a more radical view of women's work. When her second husband, André Noël, needed to turn in a thesis for his medical degree, she gave him her own thesis research on the *douche filiforme*, a shower used in the treatment of syphilis. After André Noël killed himself, due to the tragic death of their only child, Noël could not practice medicine legally and thus earn a living, until she wrote another thesis. Martin argues that it was from this point forward that Noël fully understood the importance of education and professional status for women.

In her third chapter, Martin turns to the meat of her study: the rapidly changing beauty culture of the interwar period and how new methods of cosmetic surgery played a role in both its creation and perpetuation. New fashions emphasized slim bodies, tanned faces, and exposed arms and legs, causing women to turn to plastic surgery for the ideal shape. Cosmetic surgeons, however, were under pressure by their colleagues in other fields to justify their work as more than just vanity. Noël, like her colleagues, emphasized the psychological effects of surgery, but unlike male surgeons, she also argued that hiding the signs of aging was necessary for working women to keep their economic independence. In a time period when the state provided no safeguards against ageism or sexism, many older women lost their jobs. Noël's

emphasis of economic independence for women, a central ideal of the “New Woman,” led her to treat some of her patients pro bono if their livelihoods depended on a face-lift.

Martin focuses the next two chapters on Noël’s feminism: both in contrast to other women scientists at the time and in the context of her work with the Soroptimist International Association, a professional women’s club founded in Oakland, California. Noël was fundamental in starting not only the Parisian branch but also branches throughout Europe and into Asia. Martin’s chapter on this club is the weakest of her book, as it never really fleshes out what the clubs did and how their elite membership interacted with women of lesser means. Without these details, the chapter remains a travelogue rather than an analysis of Noël’s role in French feminism.

Martin finishes the book with a chapter on Noël’s surgical innovations and her specifically female approach to cosmetic work. Noël published a popular textbook to train other surgeons in 1926 and was known for perfecting the mini-face-lift. She tended to be more conservative than her male colleagues, worried about scarring and recovery time for the professional women she worked on. Although this is the most interesting and original part of the book, it left me wanting more details about her methods, who her patients were, and why she failed, in the end of her life, to be financially stable. Deeper examination of the trends in cosmetic surgery at the time would have been helpful to place Noël more firmly in her specialty.

Overall, the book feels slight in content, with frequent repetition of the key points. The sources seem to be the main issue—with scanty archival sources and a dependence on a few other key articles written about Noël. To supplement her historical sources, Martin turns to modern-day psychology and sociology research to help her make sense of why women would want to alter their bodies, then as now. These interludes as well as the obvious passion the author feels for her subject makes the book an entertaining read, despite its weaknesses.

MORAG MARTIN

Associate Professor

History Department

College at Brockport, SUNY

Brockport, NY 14420

## Lyle Creelman: The Frontiers of Global Nursing

By Susan Armstrong-Reid

(Toronto, Canada: University of Toronto Press, 2014) (448 pages; \$70.00 cloth, \$70.00 e-book)

Susan Armstrong-Reid's book comes at a time when the International Council of Nurses points to the decline of nursing within the World Health Organization (WHO; p. *ix*). The current evolution was at odds with the moment when Lyle Creelman, the Canadian nurse who is the principal protagonist of Armstrong-Reid's volume, joined the WHO (1949) and was its chief nursing officer (1954–1968). In those days, she and others successfully placed nursing on the agenda of this male-dominated medical institution, the nursing staff expanded, and the nursing activities unfurled in a growing number of countries (disease campaigns, children and maternal health, nursing education). Yet, Armstrong-Reid is not presenting a tale of some golden age where nursing would have been more present thanks to a gifted leader. The five chapters (out of 11) that she devotes to Creelman's WHO years are, for a large part, a group portrait of the nurses who worked for WHO at the headquarters, in regional offices, or in the field. Their hardships, their worldviews, and their activities are analyzed with great care as Armstrong-Reid weaves together interviews, Creelman's diaries, and the (chiefly private) correspondence that she maintained with "her" nurses because of her belief that communication with the field was the key for effective international nursing work she had in mind. Susan Armstrong-Reid continuously underlines Creelman's concern to give local nurses the autonomy to define their version of nursing in what Creelman called "fast developing countries," but she also brings to the fore Creelman's belief that some versions of nursing were better than others. The cross-cultural broker in Creelman was not a neutral go-between, even when she warned WHO nurses against complacency and arrogance. The interplay of agency and domination in international nursing needs more than a biography to be excoriated, and a narrative frame that takes on Creelman's field tour stages or her other activities one after the other in chronological order may have made it more difficult to engage such issues.

Creelman's life (1908–2007), despite Armstrong-Reid's successful attempt to situate her within her nursing networks, is the narrative pivot of the book. All along the way, she holds together the personal and professional dimensions of that life, by stressing the social pressure placed on Creelman by gender roles: as a woman, to choose a professional single life despite her

initial adhesion to marriage as a life project, and as a daughter, to assume responsibilities toward her aging mother. Before the WHO section, previous chapters retrace this personal and professional trajectory and establish the propensities, dispositions, and outlook Creelman would build upon during her time at WHO. Armstrong-Reid pinpoints important moments where Creelman defined her leadership personality. Of major importance was also her sabbatical year at Columbia University Teachers' College, in 1938–1939, when she thrived in New York City urban life as well as in coursework, field experience, and socialization with current or future nursing officers of the Rockefeller Foundation. Another milestone was her stint as director of public health nursing at the Metropolitan Health Committee of Vancouver, beginning in the fall of 1941. Between 1943 and 1946, Creelman served in the United Nations Relief and Rehabilitation Administration (UNRRA). As she waited for a posting, Creelman learned about the politics of a large intergovernmental organization, and as chief nurse for UNRRA in the British zone of occupied Germany, she honed her capacity to care for a distressed persons, to manage a multinational nursing working force, and to cooperate with nurses with different levels of education, training, professionalism, and experience.<sup>1</sup> Finally, Creelman's association with the fledgling Canadian welfare state, most notably with the Baillie-Creelman report, is covered.<sup>2</sup>

The book is a careful exploration of many other aspects that made the personal and professional life of a nurse leader in the 1930s and 1940s, and I have only emphasized the latter in order to underline how Armstrong-Reid succeeds in accounting for the intertwined local, national, international aspects of Creelman's life. This is another reason why her book indeed applies a transnational framework, and not only because drawing from political science research on international organizations and advocacy movements, she posits nursing networks as actors in the direction taken by global health policy in the second half of the 20th century. What comes out of the book loud and clear is that Lyle Creelman was moving in such zones where nursing was invented, appropriated, and translated, and she was one of the intermediaries who shaped these processes and their results.

### Notes

1. Canadian's involvement in UNRRA was the object of the author's former book, cosigned with David Murray, *Armies of Peace: Canada and the UNRRA Years* (Toronto: University of Toronto Press, 2008; Chapter 3 is devoted to nurses).

2. The report was published in 1950, but the study stage started in 1948. Canadian Public Health Association, *Report of the Study Committee on Public Health Practice* (Toronto: Canadian Public Health Association, 1950).

PIERRE-YVES SAUNIER, PHD  
Université Laval (Québec City)  
1061 avenue Rodolphe Forget  
Québec  
QC G1S3Y3, Canada

## A Special Hell: Institutional Life in Alberta's Eugenic Years

By Claudia Malacrida  
(Toronto: The University of Toronto Press, 2015) (302 pages; \$75.00 cloth, \$32.95 paper, \$32.95 e-book)

Sociology professor Claudia Malacrida provides an in-depth analysis and critique of institutional life in Michener Centre (MC), an institution for developmentally disabled people in Alberta, Canada, founded in 1923. Today, it is home to a relatively small group of about 230 adult residents (p.230), very different from the time it housed a population of disabled children and adults 10 times as large at its peak in the 1960s. Malacrida's critique highlights institutional life through the lens of survivors who left the institution in the 1970s or 1980s when deinstitutionalization started. She describes the institution as hell, and looking back upon it, frames the institutionalization of large numbers of vulnerable people as dark, inhumane, unjust, and abusive. She also examines the social influences and power relationships liable for its production, including the profound impact of the history of eugenics, which in Alberta took the form of a legalized practice of sexual sterilization from 1928 until 1972, targeting, in particular, people institutionalized in MC. Malacrida examines power and the survivors' viewpoints and experiences in oral history interviews she conducted with 22 survivors, 1 survivor's mother, and 3 institutional workers. Her analysis is supported by a thorough examination of archival records, statistics, and other published documents, adding an institutional history as well. In a very informative appendix, she outlines her methodology and the way in which obtaining access to these records was often obstructed by "privileged and powerful social actors" (p. 245). A series of photographs is also included.

This book provides insight into social processes of marginalization and stigmatization as well as victimization of developmentally disabled people. Using personal interviews, it adds an important personal viewpoint of disabled people themselves who, for long, have been silenced in studies of institutions. Although the analytic framework of the book reads at points as somewhat one-dimensional, the book's testimony provides an important perspective on the institutional care from the perspective of disabled people themselves. Following an introduction about MC, the chapters highlight processes of isolation and abandonment when disabled people were institutionalized (Chapter 2), of dehumanization and objectification through strict disciplinary control and surveillance (Chapter 3), of violence (Chapter 4), and of some covert ways of resistance exemplified, for example, in records of escape (Chapter 5). Furthermore, Malacrida draws attention to processes of exploitation, highlighting how the schooling the institution promised was often minimal or nonexistent (Chapter 6) and how the institutional economy was sustained in part by residents able to work in housekeeping and care-taking in the large gardens or on the institutional farm, but without remuneration (Chapter 7). In the latter chapter, Malacrida also points out how the institution did provide income, benefits, and job security to the local community, serving as the main employer in the town of Red Deer. A large number of the workers were student nurses who worked at MC for a diploma in so-called mental deficiency nursing. Malacrida depicts workers' interests mainly as self-serving and union protected.

The medical treatment and care is examined in Chapter 8. Malacrida shows how MC's medical director from 1949 to 1974, Leonard LeVann, had a powerful role not only in MC's enormous expansion but also in the enthusiastic embracement of eugenic practices and alleged scientific research with new psychotropic medications from the 1950s onward. Although apparently accepted at the time, both factors were seen as controversial once the public perception of institutional care shifted in the 1970s, culminating in the 1990s—in Alberta—in important legal action against the government's unjust eugenic policy and sexual sterilization practice. The latter history and the way the eugenics program affected the lives of the survivors is explored in Chapter 9. Malacrida points out how institutional confinement, as a form of passive eugenics, complemented the active eugenics of involuntary sterilization, in combination exacerbating the abusive context of institutional care. In the final Chapter 10, Malacrida concludes how the injustices revealed and examined in the book should provide a cautionary tale in current debates and ongoing practices of institutional care, which, as the title of the book also makes clear, she sees as a practice that is dangerous and should be ended.

GEERTJE BOSCHMA, PhD, RN

Professor, School of Nursing,

University of British Columbia

T201 - 2211 Wesbrook Mall,

Vancouver, BC Canada, V6T 2B5

## “Curing Queers”: Mental Nurses and Their Patients, 1935–74

By Tommy Dickinson

(Manchester, England: Manchester University Press) (284 pages; \$60.00 cloth,  
\$16.95 paper)

In this groundbreaking and lucidly argued book, Tommy Dickinson explores a hitherto-neglected area of mental health nursing practice in the United Kingdom, the treatment that was given in an attempt to “cure” men of what was perceived to be their sexual deviance (homosexuality and/or transvestism). He also examines the perceptions and actions of the men and women who nursed them in British mental hospitals. He begins in 1935, when the first official report (by the psychiatrist Louis Max) was published on the use of aversion therapy to treat homosexuality, and ends in 1974, when the *Diagnostic and Statistical Manual of Mental Disorders (DSM-II)* (American Psychiatric Association, 1968; which is also utilized in the United Kingdom) removed homosexuality as a category of mental disorder.

The main source of primary data in the book is the use of oral testimony. Dickinson recruited and interviewed 25 participants in total—8 former patients and 17 retired mental health nurses (8 men and 9 women). The result is a rich collection of oral history material, which he analyzes and augments with reference to contemporaneous media coverage and discussion in professional journals of the period. He also places his discussion within the broader context of psychiatric and nursing practice and traces societal influences and attitudes toward perceptions of what constituted sexual deviance in this period.

Treatment was based on classical conditioning theory. One administered treatment was chemical aversion therapy where the patient was given a powerful emetic drug at regular intervals over several days. Isolated in a locked side room and surrounded by pictures of naked men, the patient would vomit repeatedly with no access to a basin or toilet. In another variation, some

patients underwent electric shocks to their feet, hands, or calves while looking at pictures of naked men. Audiotapes were often played with repeated negative messages. Later, female nurses were expected to go on “dates” and assist the men with their social skills with women. For some men, the treatment was given against their will as a result of a court order (until 1967, homosexuality was a crime in the United Kingdom). Other patients were self-referred via their general practitioners and thus at the time may have wanted to change, although this has to be seen in the context of a society where homosexuality and transvestism were largely seen as sexually deviant.

As well as painting a vivid picture of how these treatments were experienced by the former patients he interviewed, Dickinson also gives fascinating insights into the perceptions and actions of some of the nurses who gave these treatments. Broadly, he divides his respondents into two main categories. The majority he found did as they were told (whom he deems the “subordinate” nurses), but a small number did their best to avoid being involved or attempted to subvert the treatments (the “subversive” nurses). He contextualizes the stories of the subordinate nurses by arguing that they worked in custodial settings where they were expected to be obedient and carry out orders. They were also administering other physical treatments, such as insulin therapy, in a spirit of therapeutic optimism that these new treatments could cure mental illnesses. Some, he argues, thus genuinely believed that the treatments they were giving would ultimately be helpful and acted beneficently. Others suffered some disquiet but carried out orders as they felt that they should. Interestingly, some of the male nurses were themselves gay and were administering treatment to other gay men. For those nurses whom he described as “subversive” (two of the female nurses interviewed), their disquiet led to one of them pretending to give a patient treatment and the other giving erroneous feedback about a patient’s sexual preferences after their “dates.” Dickinson discusses the professional, ethical, and moral issues that this “subversive” behavior raises and gives a thoughtful and well-rounded analysis of their actions.

This work gives an insight into an aspect of nursing practice previously little researched in the past but that resonates still in the present. As Dickinson points out, although aversion therapy has been discredited and judged to be ineffective (and to present-day eyes is often seen as barbaric), there are still those today who feel that homosexuality should and could be cured, and aversion therapy is still seen by some as a viable treatment option. It also raises some important points of reflection for nurses in all areas of practice. As Dickinson concludes, the book “reiterates the need for nurses to ensure their interventions have a sound evidence base, and that they constantly reflect on

the moral and value basis of their practice; and the influence that science, societal norms and contexts can have on changing views of what is regarded as acceptable practice” (p. 239).

CLAIRE CHATTERTON, PhD, RGN, RMN

Staff Tutor

The Open University

351, Altrincham Road

Manchester, M22 4UN

England

## Female Circumcision and Clitoridectomy in the United States: A History of a Medical Treatment

By Sarah B. Rodriguez

(Rochester, NY: University of Rochester Press, 2014) (280 pages; \$59.84 cloth)

Sarah Rodriguez traces the legacy of female clitoral surgeries in the United States while explaining the different types of clitoral surgeries performed. Rodriguez examines the various reasons that physicians from the second half of the 19th century to the early 21st century performed the procedures, while nesting her story within the shifting context of societal norms and culturally appropriate dictates for U.S. women. The author uncovers the cultural history of clitoral surgeries in the United States as part of the patriarchal influence upon the redirection of mostly White, middle-class women's sexual responsiveness so that it conformed to married, heterosexual, vaginal intercourse. Rodriguez demonstrates how this redirection, for the majority of the time period, also had the dominant culture's often-silent nod of approval.

In the first two chapters, Rodriguez examines masturbation as the primary reason for the surgical treatment of the clitoris starting in the late 19th century. During this period, physicians displayed a cautious regard for the importance of clitoral stimulation as a part of healthy sexuality while simultaneously believing that it was possibly a cause and symptom of insanity and ill health. Both insanity and ill health were believed to be the result of masturbation. Clitoral surgeries simultaneously occurred with the rise of the specialty field of gynecology, an important parallel that served to further underscore and maintain the cultural subordination of women in U.S. society. When

physicians determined that a woman's masturbation was due to a correctable condition of the clitoris, doctors treated the clitoris by cleaning out smegma (shed skin cells, skin oils, and moisture), breaking up adhesions, or circumcising the clitoris.

In Chapter 2, the focus shifts to clitoral surgeries for children. Discourses about childhood sexuality were, for the most part, not really about children; rather they were emblematic of the anxieties surrounding larger social instabilities and the need to bring them under control. The dominant thinking at the time held that girls performed masturbation more frequently than boys and that in older, more active children, physicians could look for certain telling signs such as darkness under the eyes and lack of interest in games and the normal activities of childhood.

In Chapter 3, Rodriguez discusses the medical gaze and physician appraisal of the atypically large clitoris. Some medical authorities viewed the large clitoris as a physical manifestation of deviant, sexual behavior. The state of the clitoris—its size, color, whether it appeared swollen—revealed to these doctors the practice of nonnormative sexual behavior. A larger female genitalia was also associated with African American women who were believed to be inherently hypersexual.

Chapters 4, 5, and 6 contend with female circumcision as a treatment for married women who wanted—or whose husbands wanted their wives—to have orgasms during marital sex. The clitoral surgeries were often performed under local anesthesia either after childbirth or as a simple office procedure. In the cases after childbirth, some women were unaware they were undergoing clitoral surgery. The burgeoning rise of the women's movement and the women's health movement ushered in an activist presence toward, and pressure upon, those who practiced clitoral surgery. Feminists held a multitude of varying opinions on the practice with some appreciating the enhanced freedom for sexual self-pleasure that clitoral surgery invited. Others viewed the surgeries as but another attempt by the mainstream, male-dominated medicine profession to control a woman's body.

One of the major research initiatives with an enduring effect on the clitoral/vaginal orgasm controversy was the groundbreaking 1960s research by Masters and Johnson. They wrote of the clitoris as a unique organ in the total of human anatomy with its only purpose being a sexual one. No such organ, they stressed, existed for men. They also stressed that female orgasm occurred from stimulation in the general vaginal/clitoral area and not one or the other.

Rodriguez provides a compelling historical analysis of the rise and decline of clitoral surgeries while inviting the reader to consider how contemporary vaginal beautification and enhancement surgeries intersect with procedures in

the past. She leaves the reader with the thought-provoking idea that U.S. clitoral surgeries operated in a similar but contextually different manner to African female genital cutting. Both serve to control, restrict, and treat a woman's sexuality by a dominant culture. This textbook serves as a thought-provoking historical analysis for any women's health practitioners, students of gender studies, historians of nursing/medicine, and/or nursing/medical curriculums. Rodriguez makes a convincing argument for the history of clitoral surgery to serve as a lens through which we may reconsider contemporary sexual enhancement practices for women.

LINDA MALDONADO, PhD, RN

Assistant Professor

Villanova University, College of Nursing

Driscoll Hall, Office #384

800 Lancaster Avenue

Villanova, PA 19085

## Nursing Civil Rights: Gender and Race in the Army Nurse Corps

By Charrisa J. Threat

(Champaign, IL: University of Illinois Press, 2015) (216 pages; \$85.00 hardcover, \$25.00 paper)

Original in its intent, *Nursing Civil Rights: Gender and Race in the Army Nurse Corps* pushes the intellectual boundaries of civil rights politics and its respective actors by calling attention to the ways in which professional nursing, war, and the military were conjointly instrumental in both reenforcing and reorganizing social ideologies about citizenship, gender roles, racial and gender equality, and economic freedom in mid-20th-century America. Charissa Threat argues that African American women and White men shared a similar civil rights struggle for inclusion and equality in the Army Nurse Corps; however, "sex, rather than race, proved to be the overriding determinant of who could nurse during World War II" (p. 78). Conventional ideologies about womanhood, gender performance, and the perceived threat to female nurses' professional dominance and autonomy excluded White men from military nursing. Yet, the same African American nurses, leaders, and activists who staunchly challenged race discrimination and segregation in the armed forces

actively sought to preserve the traditional identity and domain of nursing, as “women’s work.” Herein, the history of the Army Nurse Corps offers a different interpretation of the civil rights movement as one that was “simultaneously progressive, conservative, and continuously evolving” (p. 130).

Threat traces the evolution of nursing work from domestic obligation and menial labor in the mid-19th century to a paid respectable occupation for working and middle-class women through the early 20th century. A reader unfamiliar with the history of nursing as a constituent of women’s social, labor, and political history would appreciate the introductory chapter about the origins of modern nursing and the complex and mutually informing relationship between war and gender within the civilian and military nursing profession. Moving methodically through the Civil War, Spanish-American War, and World War I, *Nursing Civil Rights* rouses at the advent of World War II and the premodern civil rights movement. Employing an impressive evidentiary base of institutional, organizational, and personal sources, including records from the Army Nurse Corps Archives and the National Archives and Records Administration, Threat juxtaposes the parallel, yet divergent struggle of African American women and White men to integrate and eventually desegregate the Army Nurse Corps. Ideas about male and Black nurse inferiority and fears from White female nurses about the loss of professional autonomy and control were central to the exclusion of Black nurses and White men. Still, the maintenance of race and gender hierarchies coupled with the reluctance of the U.S. Army to engage in civil rights politics proved a continuous negotiation of social and intraprofessional norms that persisted through the Korean War and Vietnam War and the latter part of the 20th century.

Whereas African American nurses were integrated into the Army Nurse Corps in 1945, a policy later reenforced by President Truman’s Executive Order 9981 in 1948, male nurses were appointed to the Reserve Officer Corps in 1955 and were not commissioned into the regular army until 1966. In this respect, Threat contends “gender could overcome racial difference in breaking down systems of occupational segregation in some cases and maintaining them in others” (p. 54). However, Black feminists and race scholars have argued that oppressive institutions, such as race and gender are not mutually exclusive social categories. Hence, the resounding question, as Threat suggests is not simply: nurse or soldier; race or gender? Rather, the experiences of Black women must be analyzed as multidimensional, intersectional, mutually coconstitutive, and inseparable. A nuanced engagement with intersectionality theory is critically needed to fully understand how African American female nurses experienced race, gender, class, and sexuality in a predominately White, female, and middle-class occupation. Furthermore, more evidence is needed to strengthen

the argument that African American female nurses promoted traditional gender roles to justify and secure their place in the army. In fact, the proposed evidence suggests that the War Department and particular nurse leaders were largely responsible for espousing gender norms as the basis for male exclusion.

While the very minimal body of literature about the Army Nurse Corps generally emphasizes the political movements of notable Black nurse leaders, *Nursing Civil Rights* offers a rather unique interpretation of civil rights politics by recovering the experiences of the most unsuspecting actors—White male nurses. The juxtaposition of African American female and White male nurses is a novel intervention in the civil rights narrative, which expands the intellectual boundaries for how we identify political actors and define equality. This textbook would be worthwhile for scholars, historians, and nurses interested in an alternative and fresh analysis of the civil rights movement and women's political history.

HAFEEZA ANCHRUM, MSN, RN-BC

University of Pennsylvania School of Nursing

Barbara Bates Center for the Study of the History of Nursing

Philadelphia, Pennsylvania

## Vaccine Nation: America's Changing Relationship With Immunization

By Elena Conis

(Chicago: University of Chicago Press, 2015) (353 pages; \$27.50 cloth, \$18.00 paper, \$18.00 e-book)

Vaccines evoke strong emotions. For pediatricians such as myself, their value in preventive health seems so well established that it is hard to talk about them dispassionately. Yet for a growing number of parents, immunizations have become the flashpoint for all kinds of fears, felt every bit as acutely. How did we reach such a state of polarization?

The great virtue of Elena Conis's carefully researched study *Vaccine Nation* is to go beyond the usual list of villains (the media, Internet, and, of course, Jenny McCarthy) and explore the complex historical origins of America's conflicted relationship with childhood vaccination. Conis, an assistant professor of history at Emory University, has written a remarkably nonpartisan account that will challenge how many in the health professions think about these issues.

On one level, *Vaccine Nation* offers an outline of the history of recent child vaccine policy, building on other important works such as James Colgrove's *State of Immunity: The Politics of Vaccination in Twentieth-Century America*. Amid the technological optimism and Cold War anxieties of the early 1960s, the Kennedy administration's Vaccination Assistance Act of 1962 first made childhood vaccination a national priority. The mass immunization campaigns that followed sought not merely to control but to eradicate the formerly "inevitable" diseases of childhood. This new emphasis on eradication eventually led to widespread support for making immunization compulsory for school attendance, and still later to President Clinton's Vaccine for Children program. Immunization rates soared, but a wave of safety concerns starting in the 1980s set off a powerful opposition movement that became increasingly powerful over the next quarter century.

Conis's analysis adds to existing scholarship in three important ways. First, she reminds us that widespread support for universal childhood vaccination was never a given but shaped powerfully by a variety of forces. In particular, she contends that the rise of new vaccines for illnesses such as mumps and measles led to a reshaping of their "target" diseases. Measles had to be recast from a generally benign "nuisance" of childhood to a potentially dangerous threat from the slums, mumps had to be reframed as an unnecessary inconvenience of middle-class life, and hepatitis B and *human papillomavirus* (HPV) infections had to be transformed in the public eye from "dirty" sexually transmitted infections to cancer-causing agents. In the process, she argues, public health officials and pharmaceutical manufacturers called more attention to the complications of these illnesses rather than their typical course.

Conis also takes an in-depth look at the origins of vaccine opposition, and, intriguingly, finds close linkages to two distinct social movements of the 1970s. The women's health movement encouraged mothers to challenge the unquestioning acceptance of "paternalistic" medical expertise. It gave rise to vaccine "skepticism," while the environmental movement and its attendant faith in "natural" over artificial immunity, spawned a more radical "antivaccine" movement challenging the very rationale of vaccines themselves.

Finally, Conis challenges the conventional stereotyping of the role of the media, arguing that far from promoting the "antivaccine" cause, much of its coverage actually tended to reduce the movement to a caricature, that of the irrational, self-absorbed, and vaccine-fearing mother oblivious to the public good. She goes as far as to argue that media helped prolong the vaccine-autism controversy well after its scientific reputation, because of its usefulness for promoting this image.

One can take issue with Conis's choices of vaccine examples and her particular emphases. Social constructionist interpretations of vaccine-preventable

diseases can be played both ways, and while this book highlights how vaccine promoters could overstate the risks of disease, it can certainly be argued that their opponents erred in the opposite direction. It is certainly oversimplistic to write off measles as a “benign” illness. Conis also says little about the politically uninteresting history of the Hib vaccine, the success of which in reducing meningitis has arguably played a central role in shaping pediatricians’ positive role toward vaccination. And finally, she tends to play down (although does not ignore) the libertarian strains seen among vaccine opponents.

This book should nonetheless be read by anyone wanting to understand the cultural forces driving the “vaccine wars.” Some readers will be disappointed by the author’s impartiality and reluctance to prescribe solutions to vaccine skepticism. For those who believe that the present situation calls for better listening, this book provides a reasoned and thoughtful starting place.

JEFFREY P. BAKER, MD, PHD

Professor of Pediatrics

Trent Center for Bioethics, Humanities, and History of Medicine

Duke University School of Medicine

## Not Tonight: Migraine and the Politics of Gender and Health

By Joanna Kempner

(Chicago and London: The University of Chicago Press, 2014)

(237 pages; \$85.00 cloth, \$27.50 paper, \$7.00 to \$27.50 e-book)

When Joanna Kempner was 5 years old, a doctor ascribed her migraines to her “type A personality” (p. ix). She, and her mother, then experienced a long quest to find a valid explanation and effective treatment. The genesis *Not Tonight* was when she heard a prominent headache specialist state that doctors “used to believe that migraine was a disorder of neurotic women . . . [but] now know that migraine is a disorder of the brain” (p. xi). The statement led to her researching cultural attitudes about migraines, and to this book. Her key point is that migraine medicine has a “legitimacy deficit” (p. 9). This deficit is gendered partly because three-quarters of adults who experience migraine are women.

In *Not Tonight*, Kempner uses feminist grounded theory, illustrating her argument with copious anecdotes. She writes from an insider’s position,

arguing that “embodied knowledge . . . makes for better knowledge production than research that purports to be ‘objective’” (p. xiv). Yet this does not mean that subjectivity does not have its own issues, particularly in data selection. To what extent has the data collection, and the selection of anecdotes, been influenced by the need to vindicate one’s own personal experience? Perhaps the author considered this questions, but not in this book.

*Not Tonight* is structured around different perspectives on migraine and cluster headaches. Chapter 1 provides a concise historical overview. Kempner then explores what she calls “neuroreductionism” (p. 67). She argues that the current medical understanding of migraine is much the same as in the Victorian age, but dressed up in new neurobiological language. The current delegitimation, she states, is despite new neurobiological understandings of the connections between mind, body, and migraine. She argues that the change is that rather than directly seeing the person as neurotic, now it is the person’s brain that is labeled “a neurotic organ” (p.71). Given so much of our personhood is connected to the brain, the change still stigmatizes.

The focus of Chapter 3 is on the use of social media. Online consumer advocacy, Kempner argues, provides a vehicle for mutual support and asserts a “new collective identity” (p. 104). The problem she identifies is that old stereotypes are being unwittingly reinforced. Chapter 4 examines selected advertising for migraine remedies, with the conclusion that it reinforces derogatory gender stereotypes. Highlighting an offensive instance of advertising at a conference, she argues that advertising “elicits historical associations between pain, hysteria, and neurotic women” (p. 133). In Chapter 5, Kempner explores the gendered impact of migraine through the prism of cluster headaches. Unlike migraines, cluster headaches are predominantly experienced by men. Both maladies are understood, Kempner concludes, in ways that are highly gendered.

Kempner concludes that “sex and gender remain primary frames” (p.164) in understanding the experience of migraines and cluster headaches. Her study, she argues, is another example showing how that primary frame is proving remarkably persistent. In her conclusion, she briefly mentions the impact on practitioners having to rely on the patients’ “subjective reporting” (p.167). This issue of patient self-reporting is highly relevant for nurses. Although Kempner does not say so, as tests and measurement of other diseases proliferate, subjective reporting by patients may become even more “delegitimized.”

Nurses reading this book may be disappointed that Kempner’s understanding of medicine is so narrow. When she does explore the contribution of a nurse, it is one featured as a patient in an advertisement. The only entry for “pain” in the index is for “pain medicine” and that entry simply refers the reader to other entries on pharmaceutical remedies. The narrow focus extends

to the book's geographical reach: It is very much about the experience of women in the United States. There is little comparative material to shed light on other issues. This is despite her raising the problem, in her conclusion, of the impact of the United States' unique health-care market on accessing care. It is surprising that, in this global age, she felt it necessary to comment that a meeting of the World Headache Alliance had participants coming "from as far as Australia" (p. 181).

Migraine/cluster headache sufferers may benefit from reading this book, but Kempner makes it clear that it is not a self-help manual. The prime audience appears to be medical practitioners, social scientists, and feminists interested in embodiment. Nurses will also find much of interest in this book, though not all will be convinced by its anecdotal style.

JUDITH GODDEN, PHD

Honorary Associate

Department of History

University of Sydney

## Life Atomic: A History of Radioisotopes in Science and Medicine

By Angela N. H. Creager

(Chicago and London: University of Chicago Press, 2013) (489 pages; \$44.26 hardback, \$30.00 paper, \$16.50 Kindle)

This outstanding contribution to the history of science and medicine allows historians of the health sciences to understand the development of nuclear instruments used in medicine today. Angela Creager, with her background in science, ably guides the reader through a lucent history of radioisotopes from the pre-World War II years through to the 1970s. A key focus of this work is the U.S. government's conflicting mission of developing and publicizing a peaceful and even therapeutic role for nuclear science while simultaneously supporting the development of an arsenal of nuclear weapons.

Creager opens with an explanation of what radioisotopes are and what they do. The advent of nuclear reactors in the 1940s enabled large-scale production of these isotopes that could be used as a source of radiation in cancer therapy, for example, and as molecular tracers in the laboratory, illuminating the sequence of chemical reactions.

*Life Atomic* is arranged broadly chronologically, but several chapters pull out specific topics—such as ethical issues using radioisotopes, titled “Guinea Pigs,” and the government’s experiences in selling them, titled “Sales.” In Chapter 2, Creager introduces readers to cyclotrons, first developed in the 1930s, which were capable of producing small amounts of highly expensive radioactive isotopes. Clinical experiments started almost immediately. By 1939, John Lawrence (brother of Nobel Prize-winning physicist Ernest Lawrence) had administered phosphorus-32 to 12 patients, 6 of whom suffered from leukemia. None recovered and 4 died. With the onset of war, the cyclotrons were repurposed to generate radioisotopes for military experiments, and the confluence of military and health-care needs became apparent.

In 1943, the world’s second nuclear reactor, following the first one in Chicago, was built in Oak Ridge, Tennessee. They were both under the auspices of the Manhattan Project, but, as is now well known, the Oak Ridge reactor was built to develop nuclear weapons. Following the war, the government and its atomic physicists wanted to continue their nuclear work but needed a peaceful rationale. Development of radioisotopes for biomedical experimental and therapeutic use proved to be the answer, allowing the public to see the “good side” of atomic science. Nuclear reactors could generate radioisotopes far more quickly and cheaply than cyclotrons. The government started to engage in the business of manufacturing and selling radioisotopes.

In 1953, President Eisenhower addressed the United Nations with his noted “Atoms for Peace” speech, and Congress passed the Atomic Energy Act in 1954. Radioisotopes, as Creager puts it, were a “redemptive hope for atomic medicine in the Cold War” (p. 145). But the public was growing increasingly anxious about the personal and environmental dangers of radiation, while the dividends of radioisotopes were sadly far less than had been hoped for. Creager quotes Cornelius Rhoads, director of the Sloane-Kettering Institute for Cancer Research, as referring to the therapeutic use of radioactive iodine as “a possibility, which has been hailed with great enthusiasm by those who wish to justify the manufacture of nuclear bombs by the human application of their byproducts” (p. 156).

The chapter on biochemical pathways was the most foreign to this nurse historian, yet Creager’s case studies of photosynthesis and the transfer of materials in bacterial viruses or bacteriophages were understandable, and other reviewers would doubtless see this chapter as integral to the book. Creager’s chapter on radioisotope experiments on humans is shocking even though she reminds readers of the scientific perspectives on human testing that were currently in effect. That said, even at the time, some scientists and physicians questioned the humanitarian appropriateness of these experiments. Some

subjects had no clue that they were involved in research while others, such as the 800 pregnant women injected with radioactive iron, could have derived no possible benefit had they even understood what was being done to them.

In her closing chapters, Creager discusses the uses of radioisotopes to trace the movement of materials and energy through ecosystems as well as the emergence of concern regarding the impact of nuclear contamination on the environment.

Creager's thoroughly researched history of radioisotopes in science and medicine makes a valuable addition to the libraries of historians of these disciplines as well as those generally interested in the history of atomic science. The writing style is highly readable and deeply informative. As a researcher interested in the history of nursing patients with cancer, I know that this book soundly informs the body of knowledge related to the history of cancer therapies.

BRIGID LUSK, PHD, RN  
University of Illinois at Chicago  
College of Nursing  
845 S. Damen Avenue  
Chicago, IL 60612

## The Lobotomy Letters: The Making of American Psychosurgery

by Mical Raz

(Rochester, NY: Rochester University Press, 2013) (166 pages; \$85.00 hardcover, \$24.94 paper)

## Mental Health Nursing: The Working Lives of Paid Carers in the Nineteenth and Twentieth Centuries

Edited by Anne Borsay and Pamela Dale

(Manchester, UK: Manchester University Press, 2015) (268 pages; \$110 hardcover)

Mical Raz was a first-year medical student in Tel Aviv when she first read about Walter Freeman, the pioneer of prefrontal and transorbital lobotomy in the United States in the 1930s. As she tells it, she set out to prove he was lying

about the effectiveness of his procedures, but, as is usually the case, found the “truth” more complicated than this. In *The Lobotomy Letters*, Raz explores the letters that Freeman exchanged with his patients throughout the 1930s and 1940s and situates these relationships in the social and cultural context of psychiatry in the United States before World War II. As she explains in her introduction, the book aims to “answer how and why lobotomy could have been seen to work” (p. 1). How is it possible that a procedure so violent, so damaging, and now so entirely discredited could have been tolerated, encouraged, and actively allowed by not just Freeman but also his colleagues and the public?

Using a “history of therapeutic” approach, Raz engages with extensive secondary scholarship that sets out the political decisions and scientific advances that structured the mental health professions in the early 20th century. It is only through an understanding of both the available science and knowledge and the extent of public hysteria around mental illness at that time that a procedure like lobotomy can begin to make sense. Raz meticulously documents the ways in which Freeman’s work built on existing practices and knowledge in psychiatry and neurology and demonstrates the strength of his own personal belief in the need to “do something.” It was often this therapeutic rhetoric that it was better to try something than let people suffer, which enabled the broader psychiatric profession to tolerate Freeman and convinced patients and their families to seek him out. The first half of the book sets out this broader context of Freeman’s practice, and the second half draws on his correspondence to demonstrate the way Freeman and his patients made sense of what he did to them.

The letters demonstrate a relationship that was complex and sometimes contradictory between Freeman and his patients. His measure of success was clearly the flat affect that we now find so troubling about psychosurgery, but it was also this result that patients and families sought. Short of institutionalization, there were very few therapies that offered families and patients any real relief from the symptoms of severe psychosis, especially where delusions, paranoia, and violence were present. Lobotomy was seen as a way to keep patients out of institutions and in the care of their families, many of whom expressed gratitude to Freeman at the same time as they documented changes in their loved ones after lobotomy, which we would now classify as brain damage.

While the book neither condemns nor applauds Freeman, it makes several pertinent points about the need to understand psychiatric practices, especially those that now appear so archaic, in their social and cultural context. At the same time, Raz’s analysis of Freeman’s correspondence demonstrates the damage that can be done when a practitioner believes in his own science, without any real science, and should be a warning to all practitioners and historians of

psychiatry to appreciate the need to continually ask critical questions about contemporary practice.

As is often the case in histories of psychiatry, Raz's book focuses on the theory and practice of the physician, and even though Freeman's patients underwent intensive interventions requiring nursing assistance both pre- and postoperatively, nurses do not figure in her story at all. As a corrective to this broad tendency in the history of psychiatry, Borsay and Dale have bought together a collection of papers that deal with the changing nature of paid work in mental health care from the late 1800s to the 1990s. Emerging from a workshop on the history of nursing at the Centre for Medical History at Exeter University in the United Kingdom in July 2009, the collection brings together the work of doctoral students, academics, and historians from the United Kingdom, Ireland, and Australia. The 12 chapters emphasize the recurring themes of the changing nature of nursing work in mental health and the effects of gender, scientific advances, and deinstitutionalization.

Chapters by Oonagh Welsh and Lee-Ann Monk set the scene for the emergence of "nursing" as opposed to the existing roles of "attendants" in asylums in Ireland and Victoria, Australia. Both of these sites are interesting because they can be considered peripheral locations within the British Empire—despite Ireland's proximity, it was treated as a colony for all intents and purposes, and Australia's distance from the medical centers of London meant that the theory and practice of psychiatry lagged significantly. Both locations are also interesting because of the attitudes of British administrators to the mental health needs of the colonized and the reluctance to spend money on workforces or infrastructure. These chapters demonstrate the changing nature of training programs and workplace practices during this period of health reform in the late 19th century.

The influence of the principles of Nightingale nursing occurs as a theme in chapters that deal with the gendered nature of nursing and the lasting effect this has had on mental health nursing in particular. Chapters by Barbara Douglas and Vicky Long demonstrate the early difficulty of creating a space for *nurses* (as opposed to male attendants) in mental health, given the stigma and sensitivity associated with both the illnesses themselves and traditional institutional practices. If general nursing had to create itself as "respectable" in order to attract women as workers, and thus to legitimize the profession, mental health nursing had even more hurdles to overcome, given the physically demanding and often violent nature of the work and the potential exposure to sexually "inappropriate" behavior. Douglas and Long demonstrate the vital role of early unions and associations in creating better working conditions for nurses in hospitals and asylums.

Chapters by Anne Borsay and Sara Knight, Pamela Dale, and Claire Chatterton all deal to some extent with the effect of war on mental health-care work. From shellshock in World War I to the crisis in psychiatry after World War II, advances in thinking about mental health and approaches to treatment and care have been influenced by the psychological impact of war, both on the battlefield and in peacetime. Government policy after World War II in particular sparked a huge demand for educated mental health professionals, and this had a profound impact on the structure of the nursing profession, the creation of specializations, and the demand for graduate courses. Yet the mental health field continued to be plagued by issues of recruitment and retention, which these authors argue were intrinsically linked to the rapid changes in the science of psychiatric medicine and the ever-evolving nature of government health policy. This is particularly pertinent in the United Kingdom where most health-care services were centralized under the National Health System (NHS) after World War II.

No edition on psychiatric nursing in the 19th and 20th centuries would be complete without an examination of the effects of deinstitutionalization on nursing work, and this book is no exception. Chapters by John Welshman, Duncan Mitchell, and Val Harrington all deal with the extensive changes wrought by the changing nature of psychiatry (and its associated politics) in the move away from big asylums. Welshman's chapter also adopts a more personal historical approach to reflect this shift away from institutional histories, when he focuses on wardens' letters and patient relationships in smaller centers of care for people with learning disabilities. A study of these letters demonstrates the complex relationship between practitioners and patients, much as Freeman's letters had done in Raz's book, but they also highlight the often-forgotten "emotional" nature of nursing work in mental health. Mitchell's chapter also focuses on learning disabilities, reminding us that "mental illness" and the way it is conceptualized takes many forms, and is a corrective to histories that tend to focus on the neurotic or psychotic forms of illness only. The concluding chapter of the book by Val Harrington clearly and succinctly sets out these challenges posed by "deinstitutionalization," reminding us that the move from asylum to community was never and will never be total. Harrington charts 20 years of change within the Withington Hospital in Manchester, United Kingdom, which dealt with the closure of large asylums by funding a purpose-built inpatient psychiatric unit within the existing hospital complex. This is now a common model in British (and Australian) systems, and Harrington's chapter demonstrates the particular challenges such a model poses. As Harrington argues, the strengths and failings of such a system are both internal and external, relating to hierarchies of knowledge within nursing

itself as well as to the broader shifts in psychiatric science and practice. These are issues that are yet to be resolved.

All of the chapters in this book and in Raz's *The Lobotomy Letters* benefit from an explicit and scholarly engagement with historical method and draw on extensive collections of archival sources to piece together a complex picture of the changing nature of mental health work. The best chapters in the Borsay and Dale collection are those that explicitly engage with the critical theory surrounding psychiatry and its history, from Foucault's work on governmentality and the medical gaze to feminist theories of the gendered nature of nursing work. Regardless, both of these books make an important contribution to our understanding of the complex history of mental health and to our expanding knowledge about the relationship between those who "care" and those in need.

KYLIE M. SMITH, PHD

Assistant Professor

Andrew W. Mellon Faculty Fellow for Nursing & the Humanities

Nell Hodgson Woodruff School of Nursing

Emory University

1520 Clifton Rd NE

Atlanta, GA

## A History of Midwifery in the United States: The Midwife Said Fear Not

By Helen Varney and Joyce Beebe Thompson

(New York, NY: Springer Publishing, 2016) (495 pages; \$110.00 paperback, \$93.00 e-book)

Nurse-midwives Helen Varney and Joyce Beebe Thompson took on the enormous task of documenting the most comprehensive history of midwifery in the United States that has been written to date. The nearly 500-page book takes the reader on a journey through prehospital birth, the appropriation of birth by the medical profession, the political battles with physicians that ensued thereafter, and the professional establishment of midwifery. The book covers midwifery from the 17th century to the present-day status of the profession and thus limits the amount of detail that can be accounted for with such a wide-ranging time period.

Both the preface and the first chapter quote a biblical passage in which the first words documented as spoken by a midwife were “fear not.” These two words become the theme for the following chapters as the authors document the trials and turmoil midwives have had to overcome to preserve and advance their profession in the United States. The book is divided into sections and then chapters. The first three sections are a chronological history of the development of midwifery as a profession. The next three sections deal specifically with professional midwifery organizations, the development of educational programs for midwives, and the different classifications of midwives. The final section of the book deals with policy, interprofessional and intraprofessional conflicts, and midwives’ international presence. Varney and Thompson note in the preface that much of the story is through their lenses as both nurse-midwives and as professionals intimately involved with midwifery’s national organization, the American College of Nurse Midwives.

Both Varney and Thompson are quoted an alarming number of times throughout the book and since the sections are not listed with a specific author, it is unclear if the authors are self-quoting or quoting each other throughout. This is a precarious practice when writing a generalized history that is intended to be objective and is more consistent with an autobiography or memoir.

There are some inconsistencies in how types of midwives are represented in the book. There are less than two pages of text dedicated exclusively to the work of granny midwives, and the authors have lumped African American, Appalachian, Native American, Cajun, and Hispanic lay midwives together as a unit that defined “granny midwives.” The importance of the granny midwives in preserving the lives of women and children who were otherwise neglected during racially tumultuous times is overlooked in this work. In contrast, the authors discuss at length the community midwives of the 1960s and 1970s, who rose up around the same time the authors began to practice as midwives. The authors use words such as “harassment” (p. 128) when writing about the treatment of community midwives by the medical community, but “competition” (p. 95) when discussing the appropriation of midwifery from the granny midwives by nursing.

This story of midwives over the past four centuries will be helpful to individuals trying to understand the underpinnings of midwifery in the United States. Although the shortcomings as a rigorous historical text would be obvious to the trained historian, there is no other single work that documents in such detail the chronology of the major events that contributed to the status of midwifery today. As the Affordable Care Act and financial hardship has forced our health-care economy to look toward advanced practice nurses (APNs) and physician assistants for more economically feasible models of health care,

a work like this provides an excellent guide for other groups of APNs on the road toward independence and the importance of professional organization.

This should be required reading for all nurse-midwifery students with the caveat that it was written through a very particular lens. This textbook would also be useful to historians researching the history of the birth industry and politicization of birth in the United States. The price of the book may make it less likely to be accessed by groups other than nurse-midwives. This is a great first step toward documenting the extraordinarily important and oft-neglected work of midwives and will serve as a great springboard for other histories of midwifery to be written.

RACHEL NEWHOUSE, CNM

PhD Student

University of Illinois at Chicago

College of Nursing

845 South Damen Avenue, MC 802

Chicago, IL 60612

## Colonial Caring: A History of Colonial and Post-Colonial Nursing

Edited by Helen Sweet and Sue Hawkins

(Manchester: Manchester University Press, 2015) (248 pages; \$105.00  
hardcover, \$80.85 e-book)

A welcome expansion of nursing history beyond the discussion of professionalization on a national level, *Colonial Caring* is a diverse and well-assembled collection. In order to move past the national scope, editors Helen Sweet and Sue Hawkins set themselves and their contributors the challenge of “considering such areas as transnational relationships, class, gender, race and politics . . . to better understand the complex entanglements in the development of nursing as it was imagined and practised in local imperial, colonial and post-colonial contexts” (p. 1). A hard task indeed, but one that is here executed succinctly and well.

The book is organized chronologically into three broad sections. The first section covering the second half of the 19th century includes case studies on the Indian Mutiny (Sam Goodman), Imperial Hong Kong (Angharad Fletcher), and the Second Anglo-Boer War (Charlotte Dale). The second section focusing on the early 20th century considers training and nursing ser-

vices among indigenous people in New Zealand (Linda Bryder) and Australia (Odette Best), American missionary nurses in Puerto Rico (Winifred C. Connerton), and the training of indigenous and male nurses in the Dutch East Indies (Lisbeth Hesselink). The final section covering the mid-20th century examines Fascist Italy's nursing activities in Ethiopia (Anna La Torre, Giancarlo Celeri Bellotti, and Cecilia Sironi), missionary nursing in postcolonial Nigeria (Barbra Mann Wall), and Quaker nurses in 1940s China (Susan Armstrong-Reid). Themes of racism and opposing cultural ideas between "Western" and traditional medical and nursing practices are most prevalent in this section. While the majority of the content does have a British colonial or postcolonial focus, Sweet and Hawkins rightly point out that in the interwar period, "the British Empire still covered about one quarter of the Earth's total land area and ruled a population in excess of 500 million people" (p. 2).

In their consideration of the multifaceted nature of colonial and postcolonial medicine, Hawkins and Sweet lean more toward the Foucauldian belief that medical professionals were nefarious promoters of empire than toward Howard Phillips's understanding of the civilizing mission of medical colonists. They even go so far as to note in their introduction that if colonial medical professionals are "coming to the rescue of indigenous populations," they are "paradoxically rescuing them from situations their colonising actions have caused" (p. 6). The collection as a whole can be considered a social history, with class, race, and gender as central organizational frameworks. Professionalization in its various forms and meanings is also a theme throughout. Due to the diverse time periods and regions covered, the collection also makes use of various methodological approaches, including prosopography or collective biography, textual analysis of diaries, letters, and published colonial diaries (a form popular in the 19th century), as well as colonial and institutional reports. Armstrong-Reid's and Bryder's contributions also make use of oral interviews.

While some authors, like Connerton, acknowledge that their nurses had a colonial mission to Americanize the Puerto Rican health system, others seem to buy into their medical colonial subjects' preconceptions about the futility of traditional and indigenous medical practices. For instance, following a quote by a medical official stating that "our colony assists its sick by means of folk who often, intellectually and morally, belong to the mire of Indies society" (p. 147), Hesselink chooses not to problematize this colonial assessment. Rather, the quote is used to confirm the need for professionally trained nurses. Fletcher also adopts a "saving" tone when considering the medical situation in late 19th-century Hong Kong. For Fletcher, "the need for professional European nurses to replace the *ad hoc* system of indigenous workers of both genders, and members of religious orders, predated their arrival by decades"

(pp. 50–51). She then proceeds to compare Hong Kong to the settler societies of Melbourne and Sydney, which had transplanted nurse education systems and hierarchies from Britain.

Despite these occasional issues of tone, *Colonial Caring* is an engaging read, which stimulates interest in global perspectives and the interconnectedness of previously insular stories of national nursing professionalism. The collection also integrates nursing history within recent wider trends in the history of health, medicine, and health care.<sup>1</sup> In a time of international medical crises, from the Zika outbreak in South America to mass migration to Europe, *Colonial Caring* is also an extremely timely read that will be of interest to those who want to increase their knowledge of historical nursing in former colonial states and understand the imperial nursing activities of their own countries.

### Note

1. See, for example, Mark Harrison, “A Global Perspective: Reframing the History of Health, Medicine, and Disease,” *Bulletin of the History of Medicine* 89(4) (2015): 639–689.

ERIN SPINNEY

PhD Candidate

University of Saskatchewan

Room 522, Arts Building

9 Campus Drive

Saskatoon, SK, S7N 5A5

Canada

## Into Africa: A Transnational History of Catholic Medical Missions and Social Change

By Barbra Mann Wall

(New Brunswick, NJ and London, UK: Rutgers University Press, 2015) (230 pages; \$49.95 cloth, \$49.95 e-book)

Through *Into Africa*, Barbra Mann Wall aims to better understand the intersection of medicine and nursing with religion, gender, race, and politics in several countries within sub-Saharan Africa. She uses a range of sources

including oral histories and written memoirs as well as the more traditional archival materials to explore and evaluate examples of transnational cooperation by Catholic missionary nurses and doctors from the end of the Second World War through to 1985. This was a period of decolonization, that is, when European colonial rule either had just ended or was approaching its end in many parts of sub-Saharan Africa. Africans in these countries were therefore exploring and developing their newfound autonomy, which usually included modifying their health-care institutions and educational systems. Simultaneously, this was also a time of changing attitudes held by those running the missions toward the African populations whom they served—including cultural attitudes and beliefs relating to health care.

In this book, Wall focuses specifically on hospitals, clinics, and schools of nursing during this postcolonial period: specifically in Ghana, Uganda, Tanzania, and Nigeria. *Into Africa* is organized into six chapters, the first of which serves as an excellent introduction to the contextual background of the history of medical missions in Africa and provides a very helpful, well-informed literature review, albeit more to colonial than to postcolonial works. She argues that the 1960s and 1970s were “watershed years for change in developing more secular, health and welfare-related goals for Catholics possibly fifteen to twenty years later than similar Protestant missions.” This discussion concerning the interplay between the Christian mission and the colonizing project is one that is returned to in several later chapters, and the developing movements encouraging independent thought by these professional women provides fascinating reading for those interested in social, gender, colonial, or religious history as well as for nursing and medical historians. My only criticism of this chapter is that it does not present a discussion about the sources used—instead, this is provided at the end of the book where the author admits that “White women’s work is privileged in these documents” while “African voices are mediated by the missionary representations.” To balance this, Wall tries to compensate by drawing from oral histories with African nurses, but it is a significant problem facing historians in many parts of Africa where documentary sources were created by and for the White colonial administrators.

Chapters 2, 3, and 4 look at these histories in Ghana, rural Tanzania, and Nigeria, respectively. The first of these chapters provides a brief synopsis of Ghana’s colonial history before moving to an illustrated case study of the Holy Family Hospital at Berekum in the eastern region of the country. With this and subsequent case studies, locating maps might have made interesting, although not essential, addition; nevertheless, some excellent photographs illustrate these chapters with powerful images of Catholic sisters in their somewhat impractical habits. The chapter brings out some surprising revelations

regarding the working relationships between the Catholic nursing sisters and doctors working for the mission. Although medical authority remained with the doctors, the sister administrator was the ultimate superior authority—a hierarchical and gendered predicament for the doctors, which eventually resulted in the mission society having their own “sister doctors.”

The next chapter looks at the Kowak Mission in rural Tanzania run by the Maryknoll sisters. A detailed picture of the care these nurses provided and the challenges they faced is presented, and the author also outlines the role played by the Tanzanian assistants and the cultural and political conflicts experienced particularly during and immediately following the country’s independence in 1961. Particularly interesting was the Maryknoll sisters’ active involvement in supporting socialist President Nyerere’s *Ujamaa* collectivization and development scheme.

The fourth chapter “Catholic Medical Missions and Transnational Engagement in Nigeria” looks at the work of the Irish Holy Rosary Sisters and the development of hospitals and of nurse training before moving to the part played by the sisters during the Nigerian Civil War (1967–1970). By this time, the Medical Missionaries of Mary had established and were running a variety of clinics, outstations, orphanages, and leprosy settlements in addition to nine general and maternity hospitals, two children’s hospitals, two schools of nursing, and five hospitals approved for Grade 1 midwifery training. These facilities also served as emergency centers for wounded soldiers and civilians as well as for refugees during the Biafran conflict. The chapter presents first-person accounts of the mission’s doctors’ and nurses’ impressions and challenges to their work during the war, which included carving out a relief movement to provide aid for refugees. While this was seen by them as their humanitarian duty, the Nigerian government saw them as political agents, ultimately expelling many of the missionaries who consequently lost control of their schools of nursing and hospitals. After the war, the numbers of indigenous sisters rose dramatically and the Catholic Church became “Nigerianized” and rapidly expanded its health-care facilities under the leadership of Nigerian sisters—representing what Wall refers to as a “Transformation in Mission.”

In Chapter 5, Wall illustrates further changes in attitudes by the missionaries as they gradually developed better understandings of the very diverse populations they served, as their work overlapped with the social, political, and cultural issues facing them and their students, colleagues, and patients. Catholic sisters became heavily involved in their church’s health services and eventually in relief and social justice efforts with some quite unusual examples of two-way medical pluralism in cooperating with traditional healers and traditional birth attendants.

In the final chapter, Wall analyzes these transnational case studies to evaluate both the influence of the Catholic nursing and medical missions on the societies of sub-Saharan Africa and, as with many diasporas, the impact of the interactions with the African populations on the sisters as they became increasingly immersed in the local communities. Wall shows how, despite having initially been quite ethnocentric, the Catholic sisters gradually developed deeper understandings of the diverse populations they served. Simultaneously, their work often overlapped with current social, political, and cultural changes. She concludes with a discussion around the current conflict between the Catholic Church's patriarchal relationship between clerics and sisters in their interpretations and execution of mission today. *Into Africa* represents groundbreaking and extremely well-informed research that is well written and presented and should be recommended to a wide readership.

HELEN SWEET

Research Associate

Wellcome Unit for the History of Medicine

University of Oxford

## Bodily Subjects: Essays on Gender and Health, 1800–2000

Edited by Tracy Penny Light, Barbara Brookes, and Wendy Mitchinson

(Montreal: McGill-Queen's University Press, 2014) (395 pages; \$110.00 cloth, \$34.95 paper)

Definitions and expectations about what it means to be healthy have been, at least for the past two centuries, intimately wrapped up in historically shifting ideas, expectations, and assumptions about maleness and femaleness. While not a particularly novel claim in and of itself, the 13 essays in *Bodily Subjects* display an enormous richness of historical evidence, creativity, and analytical ingenuity. The volume implicitly suggests that scholars working in the areas of the history of medicine, nursing, gender, and embodiment have far more work to do as we seek to better understand how the expansive and dynamic categories of health and gender have interacted and shaped everything from the emergence of health professions to categories of disease to the expectations and obligations of citizenship in the modern era.

The volume as a whole coheres around an investigation into “what is health (normal) and what is unhealthy (abnormal) and how are these visited

on and experienced by the body,” over time, place, and sociopolitical context (p. 11). Within this rather broad framing, however, editors Tracy Penny Light, Barbara Brookes, and Wendy Mitchinson organize the essays into three thematically linked sections. In the first section “Embodied Citizenship,” the essays examine the relationship between gender and biological citizenship or as Patricia A. Reeve discusses in her essay on male workers in Antebellum America, “corporeal citizenship” (p. 25). Marjorie Levine-Clark’s essay “Gendered Roles, Gendered Welfare” does excellent work in this section through her analysis of the relationships between health claims made under the English Poor Law and gender in the late 19th and early 20th centuries. Through a careful analysis of applications for poor law assistance, Levine-Clark argues that the idea of “health” in this context became synonymous with “able-bodied,” understandings of which hinged upon an individual’s ability to work. Within the context of the era’s gendered ideas about men (providers) and women (caregivers), claims for assistance based on poor health were made almost exclusively by men. Thus, “because men’s ability to provide was prioritized over women’s assumed roles in the domestic sphere, the state . . . prioritized restoring men’s health even though the absence of health for women had significant repercussions for individuals and families alike” (p. 70). Meg Parson also offers a noteworthy examination of Queensland’s implementation of enforced hygiene regimes. Through examination and hygiene training, the state sought to “reform Aboriginal bodies,” particularly those of women who were “channeled into domestic service in White homes” (pp. 76, 94).

Section II “Defining and Contesting Illness” takes a more traditional history of medicine approach, examining how physicians, influenced by time, place, and scientific knowledge, read signs of health and illness through highly gendered lenses. This section features a discussion by Brigitte Fuchs on the history and legacy of the 19th century’s discovery of “osteomalacia,” or porotic or weak bones, as a specifically “female” disease. Fuchs argues that osteomalacia “came to represent the nature of female illness” in fin-de-siècle Europe, and thus it offered a “framework for medical misogynist ideas” about women’s abilities and supposedly inherent limitations. At the same time, Fuchs boldly suggests that “osteomalacia discourse is essentially linked to the medicalization of the female body” and that it served as a legitimizing agent in the rise of modern gynecology (p. 124). Women’s value as reproducers, in other words, intensified at precisely the same moment concerns about their biological weakness peaked.

The essays in the final section “Authority and Ideals” focus on the “ways that wider societal discourses prescribe certain norms and values for citizens” (p. 225). Here, the essays adopt a meta-perspective and attempt to identify

and analyze the dominant discourses in gender and health at various times and places. Rebecca Godderis's essay "Motherhood Gone Mad?" offers a particularly nuanced argument about the late 20th-century emergence of postpartum depression (PPD). According to Godderis, PPD emerged as a compelling explanatory framework for women's difficulties with motherhood in the 1980s for a very specific set of sociopolitical reasons. As Godderis observes, PPD spoke to the decade's right-wing "pro-family" concerns over the possible harm that it posed to children and families. At the same time, the author compellingly argues that PPD fell comfortably within the era's expanding interests in neoliberalism as a governance strategy that could be applied to health care.

The editors place this work within an established tradition of edited volumes in the history of women, gender, sexuality, and health like those by Judith Walzer Leavitt (*Women and Health in America: Historical Readings*, 1984) and Rima Apple (*Women, Health, and Medicine in America: A Historical Handbook*, 1990). As they rightfully point out, much has changed since these works appeared, both in the study of women and gender, as well as in the study of medicine and health, and so it seems particularly timely for a collection like this to appear. With the exception of the discussions on biological citizenship, however, the volume fails to offer much in the way of a challenge to conventional ways of thinking about gender and health. Although the introduction suggests that the volume was partly inspired by broadening definitions of what constitutes "health," for example, as well as how we ought to examine "gender" as more than just a binary, the essays generally stay within traditional subject areas in the history of medicine and gender—examining the historicity of disease categories, the role of scientific expertise, and the state in disciplining sexuality and maintaining gender norms. Despite missing an opportunity to push further into the margins, the volume is a worthwhile collection for scholars and students interested in thinking about gender, sexuality, health, disease, and medicine in history.

JESSICA MARTUCCI, PhD

Fellow in Advanced Bioethics

Medical Ethics and Health Policy

Perelman School of Medicine

University of Pennsylvania

Blockley Hall 14th Floor

423 Guardian Dr.

Philadelphia, PA 19104-4884

## One Hundred Years of Wartime Nursing Practices, 1854–1953

Edited by Jane Brooks and Christine E. Hallett

(Manchester University Press, 2015) (306 pages; \$98.00 cloth, \$23.00 paper)

In *One Hundred Years of Wartime Nursing Practices*, editors Jane Brooks and Christine E. Hallett offer readers a collection of work that examines the “multiple roles of nurses in wartime and the ways in which military nurses negotiated their clinical spaces” (p. 2). Far from exclusively a study on the clinical nature of nursing work, this volume explores how nursing work changed over time in concert with, and because of, the changing nature of warfare from the late 19th through the mid-20th century. Ultimately, the editors argue that the “exigencies of wartime practice . . . led to an expansion of the scope of nursing work that, in turn, impacted . . . the professional identity of nursing itself” (p. 14).

Brooks and Hallett set an ambitious goal for this volume. In using wartime nursing as a lens, they set out to move scholarship beyond the celebratory narrative of women’s wartime activities by taking an analytical approach in linking multiple historiographic paradigms, including women’s history, nursing and medical history, and military history, to provide broader understandings of the history of nursing and war. Generally, the volume is quite successful in this goal as it is an edited collection. And it is here that the volume offers the greatest contribution to the rapidly expanding field of medical humanities.

The volume is organized in three parts thematically and chronologically. In part I “Gentlemen’s Wars,” historians Carol Helmstadter, Barbara Maling, and Charlotte Dale consider the significance of 19th-century warfare and changing scientific knowledge on nursing practices during a period bound by gendered sensibilities about work and men’s and women’s roles in public and private life. Most significant in this section are the ways that the authors reveal how “manpower shortage, escalating causality rates and patriotic motivations necessitated” the opening of wartime spaces to women, providing them the opportunity to legitimize the need for nursing work outside of the home (p. 52). While tensions over women’s place in war remained, by the early 20th century, the importance of military nursing to providing adequate care for male soldiers was firmly established.

In part II “Industrial Wars,” Christine Hallett, Kirsty Harris, Cynthia Toman, and Debbie Palmer focus on the First World War to explore how the work of women nurses, not only clinical care but also their social and

*pseudo*-political work, went overlooked and unacknowledged by military and civilian authorities. Hallett and Harris, for example, convincingly argue that nurses were fully engaged in using science and wartime exigencies to improve patient care and did so by developing innovative treatment techniques that advanced medical knowledge. Toman's chapter "Eyewitness to Revolution" examines how nurses navigated another dangerous part of wartime work, the political world. Toman's work, especially, expands the central thesis of the volume in a unique way by uncovering how war, nursing work, and womanhood worked together to expand the scope and identity of nursing beyond domestic caregiving.

In the final part of the book "Technological Wars," the authors investigate the consequences of "total warfare" on nursing work in the mid-20th century. Nursing under the conditions of "total warfare" highlighted the challenges and limitations that confronted female nurses while also providing the conditions for women nurses to expand their knowledge and the boundaries of professional nursing standards. The authors of the first three chapters in this section illuminate the ways that nurses of various skill levels and background were often required to improvise in dealing with the complete destruction of the human body and spirit. For readers of Hallett's *Containing Trauma*, the themes of these chapters are most familiar; nevertheless, they are important contributions to the volume's exploration of the evolution of nursing work in grueling conditions.<sup>1</sup> Maxine Dahl's chapter uncovers how flight nurses unobtrusively pushed the boundaries of nursing traditions. Dahl's contribution is the perfect ending to a collection dedicated to understanding how wartime nursing continually reshaped the professional identity of nurses over 100 years.

Brooks and Hallett have assembled a well-rounded collection of authors who provide an expansive look at nursing practices among nurses of differing nations and wartime situations. I believe, therefore, that the volume would appeal to a broad range of scholars either in its entirety or for single chapters. I would recommend the volume to nursing historians and those interested in medical humanities, wartime, or gender history. Furthermore, because of the brevity of the chapters, the collection could easily be used as course readings in a number of different humanities classes.

#### Note

1. Christine E. Hallett, *Containing Trauma: Nursing Work in the First World War* (Manchester and New York: Manchester University Press, 2009).

CHARISSA THREAT, PhD

Assistant Professor of History

Spelman College

350 Spelman Lane, SW Box 823

Atlanta, GA 30314-4399

## Histories of Nursing Practice

Edited by Gerard M. Fealy, Christine E. Hallett, and Susanne Malchau Dietz  
(Manchester: Manchester University Press, 2015) (204 pages; \$105.00 cloth)

This captivating collection of studies is the result of an international conference of 150 nursing history scholars, which took place in Denmark in 2012. Editors Gerard Fealy, Christine Hallett, and Suzanne Malchau Dietz aimed to unify several important works, highlighting the history of clinical nursing practices in Europe and North America. The book, which contains 10 papers, is divided into two main themes, “Care and Cure in Nursing Work,” which examines the histories of nurses involved in direct care roles in institutional settings, and “Public Health and Nursing Work,” which explores the practices of nurses in health promotion roles. The overall importance of the work is that it provides a window into the distinct culture and contribution of professional nursing over time. The book offers an important response to the concerns raised by Sioban Nelson and Suzanne Gordon about nursing leaders who erroneously portray previous generations of nurses as “doctor’s handmaidens,” blindly following medical instructions without critical thinking, leadership, or technical skill.<sup>1</sup> Although nursing leaders make these arguments in an attempt to raise the status of nursing today, past nursing work has been far from simple. This collection demonstrates that nursing work required practitioners to have skilled technical abilities and knowledge of specialized treatments, while challenging the contexts shaping human perspectives and experiences of illness and death.

In the first section of the book, the collection highlights the distinctness of nursing work in several challenging contexts. The authors demonstrate that nurses have not only engaged in skilled practices that nurture and heal the body and mind but also provided care that was meaningful to patients. In Chapter 4, nursing historian Barbra Brodie provides a heart-wrenching tale of the Chicago School fire disaster that occurred in 1958, killing 92 children and 3 nuns and injuring over 250 others. Brodie provides a compelling

narrative history of the fire, presenting the perspectives of nurses and student nurses involved in the care of the injured and their families. In gripping detail, Brodie explains how nurses contended with the emergency, providing meticulous physical care involving complicated dressing and turning procedures, as well as emotional and psychological care to both parents and patients as they sought to come to grips with their experiences. Brodie's narrative offers an interesting commentary about how nurses contended with such cruel circumstances, arguing that the suppression of emotional distress at the time may have done more harm than good. Her work provides important insight about the internal struggles faced by nurses who practice in similar traumatic and harrowing contexts.

Many of the chapters in this collection expose the power relations that shaped nursing practice, including broader political, economic, and social structures in a variety of practice settings. For instance, in Chapter 5, Jane Books offers a convincing argument that geriatric nursing was significantly constrained by a lack of nursing leadership in Britain from 1945 to 1980. She argues that a culture of apathy prevailed among nursing leaders because of a dearth of resources, the low status of geriatric care, and ritualistic nursing care that aimed for the expediency of tasks, rather than careful attention to the needs of older adults.

Although nursing roles have been constricted and oppressed in many areas of practice, scholars begin to explore how they have grown and shifted in others. In Chapter 6, nursing historian Geertje Boschma demonstrates how procedures like electroconvulsive therapy (ECT) shaped the role of nursing in Dutch psychiatry from 1940 to 2010. Boschma argues that the relationship between nursing and medicine was often a source of tension, but it also provided nurses with new professional identities as medical treatments were transferred to new nursing roles.

The latter half of the collection demonstrates that nurses have added significant contributions and commentary to broader population health issues. An exploration of public health nursing has often highlighted the need for further attention to the social and environmental causes of ill-health. For example, in Chapter 7, Mathilde Hackmann discusses the shifting role of nursing after the cholera epidemic of 1892, in Hamburg, Germany. Similarly, in Chapter 8, Jaime Lapeyre demonstrates how nursing was influenced by concerns about public health after the flu epidemic of 1918 and the aftermath of World War I (1918–1925).

The final two chapters of the book demonstrate the complexity of the role of public health nurses in the United States during the first half of the 20th century. In Chapter 9, Rima Apple traces the development of public

health nursing in Wisconsin, highlighting the interconnected relationship of various public and private agencies designed to improve the health of the population.

As a whole, the *Histories of Nursing Practice* is a well-organized, compelling collection of historical scholarship about nursing practices over time. Readers should be aware that the collection has been carefully designed to offer a cultural history of nursing, organized by theme, rather than a cohesive, chronological narrative of professional nursing as a whole. A highlight of this work is the introduction, in which the editors carefully and succinctly outline the history of recent developments in nursing history scholarship. The editors call attention to the importance of historical scholarship, arguing that the history of nursing provides an important opportunity for nurses to reflect upon and critique the unique cultures, contexts, and practices of the nursing profession. This collection will be of interest to practicing nurses, students, and educators hoping to better understand the bedrock of current nursing practices. This collection will also be a mainstay for historians of nursing, medicine, and health history interested in exploring this complex and dynamic profession.

### Note

1. Sioban Nelson and Suzanne Gordon, "The Rhetoric of Rupture: Nursing as a Practice with a History?," *Nursing Outlook* 52 (2004): 255–61.

HELEN VANDENBERG, PHD, RN

Assistant Professor

College of Nursing

University of Saskatchewan, Regina Campus

## The Story of Pain: From Prayer to Painkillers

By Joanna Bourke

(Oxford, United Kingdom: Oxford University Press, 2014) (416 pages; \$34.95 hardcover)

In *The Story of Pain*, Joanna Bourke artfully weaves together a history of pain in the English-speaking world from the 18th century to the present. Bourke uses primary sources such as diaries, letters, essays, prayers, songs, scientific

textbooks, and narratives to introduce the reader to a variety of sufferers and their expressions of the experience of pain. She analyzes the language of pain and how its metaphors and analogies were used to make public private experience of pain in all its manifestations. In the introduction, Bourke ponders the life and writings of Dr. Peter Mere Latham, prominent Victorian physician who, like the author, sought the answer to the seemingly simple question: What is pain? Pain is complex and its descriptions range from the barely perceptible to excruciating. As Latham mused: "There is a 'Pain' which barely disturbs the complacency of a child . . . and a pain which is too much for the strength of a giant" (p.1). Bourke's hope is that by understanding how those in the past coped with pain, we might find ways to understand our own pain and that of others.

Pain is ubiquitous and a constant human experience through time. Yet, few histories of pain exist. Perhaps, as Bourke suggests, historians such as Elaine Scarry<sup>1</sup> assumed that pain was an entity unto itself that was "outside of language, absolutely private, and untransmittable" (p.4). By contrast, Bourke persuasively argues that pain is not an entity but rather a "type of event" that is experienced, witnessed, and understood within the sociocultural contexts of person, place, and time. For example, in the 18th century it was widely believed in Western societies that infants were exquisitely sensitive to pain. From the late 19th century until the 1980s, however, conventional wisdom held that since a baby's nervous system was not fully developed, infants did not feel pain. As a consequence, surgeries such as circumcisions were performed on infants without any form of anesthesia until the 1980s. Bourke also illustrates how societal concerns have been used to propagate political agendas. One example is the deployment of research findings that suggested that human embryos were capable of feeling pain that fueled late 20th-century debates surrounding abortion rights (pp. 218–22). A complementary book that provides an analysis of how liberal and conservative politicians debated pain and its relief in postwar America is Keith Wailoo's *Pain: A Political History*.<sup>2</sup>

The book's subtitle *From Prayer to Painkillers* captures the transitions in the experience, meaning, and management of pain through time. The contradictory nature of historical representations of pain is a constant theme that emerges from the book. Interpretations of the meaning of pain were attributed to an infliction of a deity or of germs, an imbalance of humors, or as punishment for a lifetime of bad habits, to name a few. As the chapter titled "Estrangement" demonstrates, communicating pain may be socially divisive but may also be socially unifying by bringing the person in pain comfort and "bonds of community" (p. 52). While on one hand, words cannot be

found to adequately describe pain, on the other hand, it has inspired complex metaphor. For example, pain has been described as a battle (p. 77), an electric shock (p. 79), and an enemy (p. 75). Pain is something that ruptures, shatters, or rips apart the body (p. 62), a lightning bolt (p. 179), and a storm (p. 267). During the 20th century, Western populations widely thought of pain as an evil that must be prevented (p. 162). Yet, theologians consistently emphasized the beneficial and corrective potential of pain.

*The Story of Pain* is timely and timeless. The many manifestations of pain and its treatment continue to vex Western societies in the 21st century. Chronic pain is steadily on the rise and sequelae of prescription drug abuse plague communities across the United States. *The Story of Pain* is exquisitely written and offers particular insight into the factors and forces that are often contradictory, which shape contemporary constructions of and reactions to pain. These insights are of interest to a broad readership and are particularly salient to current sociopolitical discourse surrounding pain and its treatment.

### Notes

1. Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World*. (New York:Oxford University Press, 1985).

2. Keith Wailoo, *Pain: A Political History* (Baltimore: Johns Hopkins University Press, 2014).

JOY BUCK, PhD, RN

Professor and Principal Investigator: “Bridges to Healthy Transitions”

Research Center, WVU Health Sciences Center, Eastern Division

2008 Professional Court

Martinsburg, WV 25401

## Smoke: Poems

By Jeanne Bryner

(Huron, OH: Bottom Dog Press, 2012) (95 pages; \$16.00 paper)

Jeanne Bryner has gathered new and previously published poems that take the reader from a nurse’s early days to the closing of a career. The pages in between

are filled with joys, suffering, and redemption that give vivid images of the vibrant life of a practicing nurse.

Bryner has created a work of art with word pictures that convey human conditions and the entire range of feelings associated with the practice of nursing. Each person who reads these poems will come away with different impressions depending on the age, life experiences, and view of nursing. *Smoke* is a work that will make you laugh, cry, and, at times, cringe with the stark reality contained in the poems. The beauty of the book is enhanced by a cover that presents a stunning and symbolic mixed-media work of art by Judy Waid, a nurse artist who graduated from the same nursing program as the author. The cover art reflects the symbolism in the poems and provides images of the time period when the experiences occurred.

Bryner has the heart of a nurse and a gift with words that leaves the reader no place to hide from feelings stimulated by the poems. Just when the reader has passed through a saga of hope and caring in “Young Nurse’s Lullaby” (p. 25), the next lines reveal a sick, impoverished child with a mother who cared deeply in “Cotton” (p. 29). Cotton plugs are found in the child’s ears as a protection from a roach infestation. The plight of this child and mother lingers in the mind of the reader.

Some of the poems give insight and comfort to the reader as patients, doctors, nurses, staff, and families demonstrate the best people can offer in tough situations. In “Birch Canoe” (p. 40), images of flames and smoke and the courage of firemen in the midst of a tragic fire started by children playing with matches reminds readers of the courage of first responders. Other poems present the reality of helplessness in the face of suffering. The harsh pain of child abuse is profiled in “Night” (p. 22), a sweeping poem that left this reader almost breathless.

All of the poems testify to Bryner’s devotion to nursing practice and her sensitivity to the human experience in times of stress. Whether a nurse or layperson, there is much in this little book to remind us of the potential for nurses and other caregivers to change people’s lives for the better if only by recognizing another’s pain.

How might this book be useful to nurse historians and those who write about the history of our profession? Our journals have always included poetry, and these writings have served to help each generation reflect on our practice realities. As a nurse historian, this writer has used poems from the earliest journals to share the reflections of pioneer nurses on their lives and practices. These writings were useful in both clinical and classroom settings. This book profiles a diploma graduate who continued her education and made a lifelong commitment to the profession. It already has historical significance because

of the long time span it addresses and the breadth of contemporary situations presented. The topics explored by the writer begin with bathing patients, and she continues to describe many clinical situations. Of note, she also addresses labor problems and health-care reform. She closes with reflections on retirement from the practice of nursing. In the future, many of these poems might be used in clinical conferences, seminars, and graduate-level ethics discussions. This book is a valuable window through which to view how things were for at least one nurse poet in the last years of the 20th century and early years of the 21st century.

LINDA E. SABIN, PhD

Professor Emerita

Kitty DeGree School of Nursing

University of Louisiana at Monroe

PO Box 1000

Penney Farms, FL 32079

## Nurses and Disasters: Global, Historical Case Studies

Edited by Arlene W. Keeling and Barbra Mann Wall

(New York, NY: Springer Publishing Company, 2015) (291 pages; \$65.00 paper)

Disaster. The word brings to mind many different things to different people. It is often overused and oversimplified, as if any untoward event in one's life could be considered disastrous. But in the general sense of the word, it invokes dramatic, life-threatening events occurring seemingly at random anywhere in the world. Preparations for disasters are discussed in towns and cities, and assignments made, supplies brought in, and people alerted. But all this is for a potential—something that no one ever wants to occur and one that most people prefer to not think about. But when earthquakes, hurricanes, pandemics, or wars occur, people are killed, hurt, displaced, and separated from loved ones. For all the preparations and rhetoric before a disaster, those helping people “on the ground” after a disaster are often nurses. Nurses care for the wounded, help the displaced find shelter, and account for the dead. They do this as part of their jobs, as organized volunteers, and simply because they are there.

In the edited book *Nurses and Disasters: Global, Historical Case Studies*, 10 disasters from around the globe are presented along with the nursing

stories that are so often overlooked in contemporary and historical accounts of tragedies. Arlene Keeling and Barbara Mann Wall have selected writers who are able to not only tell the stories but also help the reader to imagine himself or herself as part of the scene. The case studies help answer questions related to the mobilization of care after a disaster, the role of nurses in this mobilization, the ability of various professions to work together, and ethical issues nurses faced during the immediate aftermath of the disaster. The introduction to the book describes the recent outbreak of Ebola and the deaths of more than a dozen nurses in West Africa from the disease, contracted while caring for other victims. In the United States, two nurses in Dallas, Texas, contracted Ebola from a patient they cared for in their hospital. Another American nurse was at the center of controversy over people entering the country from Africa. Despite testing negative for Ebola, this nurse was quarantined, initially in a tent in a hospital parking lot. In Africa, nurses were shunned as well in their homes and neighborhoods for fear that they would spread the virus. All of the nurses put their own fears aside to care for their patients. This book illustrates the actions of nurses in the past who did the same thing without showing fear or backing down from the challenge.

The case studies included in the book are presented in chronological order, beginning with the typhoid fever epidemic in Tasmania, Australia, from 1885 to 1887. The 1908 Italian earthquake, a 1913 Flood in Ohio, USA, the influenza epidemic of 1918 to 1919 in Alaska, USA, World War II bombings in the United Kingdom and the United States, the nuclear bombing of Hiroshima, Japan, in 1945, and a major fire in Bar Harbor, Maine, USA, in 1947 round out the first half of the 20th century. The *severe acute respiratory syndrome* (SARS) pandemic in Toronto, Canada, in 2003 and Hurricane Sandy in New York City, USA, in 2012 bring the book into the 21st century. The book ends with a summary of common themes and more information on the Ebola outbreak and the nurses tasked with patient care in West Africa.

The three common themes the editors discuss include the idea of sanitation and nutrition espoused by Florence Nightingale, the “blurring and overlapping of professional roles,” and the need for continuing education and skill development. The first theme was evident in Chapter 1 where Madonna Grehan describes the nursing care for typhoid patients as “constant; it required regular sponging, compressing, hydration, feeding, and recording the various treatments and stimulants given” (p.9). During the response to the Ohio flooding in Dayton, nurses were lauded for educating survivors on sanitary

procedures to the extent that preflood epidemics of small pox and meningitis actually decreased and no additional epidemics began.

The second theme of nurses working together with other professionals to care for victims of disaster is illustrated by nurses at Hickam Field in Hawaii during the bombing of Pearl Harbor in 1941. Nurse Kathleen Coberly recounted one instance when she was changing bandages and realized, to her surprise, that the assistant helping her was one of the physicians.

In most of the accounts contained in the book, the aftermath of tragedy brought about an understanding of the need for improved training for nurses and other personnel who might be expected to care for victims. Nurses frequently found themselves expected to do much more than they had ever trained for and, in some cases, even making medical decisions that in “normal” time would have been the sole responsibility of physicians. During war time, nurses often had to care for people with injuries they had never seen before and learn to triage and prioritize care, even when that meant deciding that someone currently alive would soon die, and moving on to the next patient. Even in New York City, during the 2012 Hurricane Sandy disaster, nurses needed to improvise when flooding reached unprecedented levels resulting in the loss of power. In addition, immediate psychiatric care for people suffering from *post-traumatic stress disorder* (PTSD) had not been adequately understood in the preparations local governments and hospitals made prior to the hurricane.

One other point that came across in most of these stories was that nurses themselves were often victims of the disaster. In Tasmania, several nurses caught typhoid fever from their patients, and a few died. In World War II, nursing students in the United Kingdom and in Japan were killed when bombs hit their dormitories. Many nurses were injured as well, but if they could, they got up and went on caring for others. Nurses many times did not know of the condition of their own homes or loved ones. Yet, as Nurse Dorothy Worchester, working in the hospital in Bar Harbor Maine during the fire of 1947, stated, none of the nurses ever considered leaving their positions.

This collection of case studies demonstrates the contributions of nurses during the tragedies described and highlights the necessity of nurses in the aftermath of any natural or man-made disaster. The political and social realities of disaster management, before and after any event also dictate the involvement of nurses. This book is important as a documentation of the roles nurses have played in disasters and as an example of what nurses are capable of doing in the future. Anyone interested in the topic of disaster response would be interested in these stories. It should also be of interest to undergraduate- or

graduate-level nursing students interested in the history of nursing and emergency nursing in general.

ELIZABETH A. REEDY, PhD, RN

Assistant Professor

College of Nursing

Penn State University, Abington College

Abington, PA

## Labors of Love: Nursing Homes and the Structures of Care Work

By Jason Rodriquez

(New York and London: New York University Press, 2014) (207 pages; \$24.00 paper)

Given the increasing proportion of older adults and those with chronic illness who risk long-term care placement following acute care hospitalizations, the actual goals and contemporary complexities of meanings and actions of non-profit and profit-making nursing facilities is an important focus of research. For those who lack families able to provide care services, and especially for those who lack family altogether, nursing home staff may become significant, perhaps a substitute family. For care facility staff, their emotions bond them to their patients and give meaning to their difficult work. Jason Rodriquez argues that administrative demands for this “emotional labor” compel long-term care staff “to calibrate their inner emotions and outer displays of emotion” according to the “feeling rules” and “display rules” (p. 16) of their workplace. Although employees may interpret these emotional attachments as voluntary, “emotional labor advance[s] organizational goals at the expense of the workers” (p. 16). Staff involved in the direct care and support of patients felt pulled toward “residents’ daily needs” (p. 18), which placed them in conflict with the priorities of administrative staff, whose focus on documentation of care acts was meant to secure reimbursement and maintain regulatory compliance.

Using a sociologic framework, Rodriquez employed participant observation during the 18 months of his fieldwork, from late 2006 through early 2008, which included 65 interviews with staff members of “Rolling Hills,”

a nonprofit nursing home, and “Golden Bay” (p. 7), a contrasting, profit-making nursing home. These interviews addressed subjects’ current perspectives but also drew on elements of informants’ past work, in the manner of oral history, to build a context for individual meaning in nursing home work. Although studies of long-term care work most often focus on the perspectives of lower-status nursing assistants, Rodriquez used an approach that included all “organizational actors” (p. 7). Essentially, Rodriquez’s research design introduced competing perspectives and counterevidence that had to be weighed, thus strengthening his conclusions. He collected financial records, regulatory data, brochures, advertisements, and “other forms of material culture produced by both nursing homes” (p. 12). These documents reflected the internal narratives of each facility, of “what they believed about themselves and what they aspired to be” (p. 12). Even though these narratives of institutional meaning were at odds with the sociologic concept of “dirty work,” defined as “those forms of labor [which are] physically, socially, or morally devalued as disgusting, demeaning, and properly conducted out of the public eye” (p. 14), the reported staff and patient narratives comprehensively describe the context and challenges of nursing home work.

The first five chapters relate how “a range of structural constraints shapes the character of nursing home work” (p. 77). The first chapter addresses one paradox of Medicaid reimbursement, which is counter to national policy frameworks for long-term care: “Documentation of daily care makes Medicaid residents look incapable and dependent because it increases [nursing home] reimbursements” (p. 21). For example, all residents were deemed “continually supervised” for eating, rather than as “eating independently” (p. 27). Not surprisingly, administrators and staff “staged” the home and its staff for inspections by regulatory, health and safety, and reimbursement agencies. The third chapter reported and analyzed the conflicts within the two nursing homes resulting from intrastaff conflicts related to the jeopardies associated with documentation and appearance/presentation of the homes. The for-profit nursing home had greater financial success than the nonprofit home, because it focused on the care practices rewarded by reimbursement systems. With declining revenues, the nonprofit home chose to cut expenses in the dietary department, causing harm to residents and reduced morale among the workforce (p. 101). Separately, pressures on staff also included the death of cherished patients and the risks of physical abuse toward the staff from patients. In response to these challenges, Rodriquez poses possible solutions, including the Culture Change Movement in long-term care. A brief appendix places the book within the longer history of care for older adults and provides a helpful historical overview of organized care for sick/disabled older adults

from the Industrial Revolution into the 21st century, with emphasis on payment systems.

The key importance of *Labors of Love* lies in its approach to comprehensive data collection about the actual personal experiences of nursing home staff. Through the methodology of participant observation, Rodriquez detects the challenges, demands, and rewards of their work. The reader also gains a view into the pressures on administrative personnel of the critically low Medicaid reimbursement rates. The voices and needs of nursing home residents are also heard. Inadequate reimbursement leads home administrators to establish minimal supports for patients, including poor quality nutrition; the inability to manage nursing home demands during tight reimbursement cost the administrator of the nonprofit facility his job in this study. Rodriquez's use of first-person accounts from the long-term care context and the personal experiences of care workers reveal difficulties that have contributed to poor-quality services and low expectations for change. He poses a concluding question, "how we as a country are going to care for the people who need it" (p. 167). Both historians of aging and of institutional care structures, as well as contemporary health policy change agents, will find new perspectives in Rodriquez's informed analysis of modern long-term care facilities and services.

JANNA L. DIECKMANN, PhD, RN

Associate Professor

School of Nursing

University of North Carolina at Chapel Hill

CB # 7460

Chapel Hill, NC 27599-7460

## Caring on the Clock: Complexities and Contradictions of Paid Care Work

Edited by Mignon Duffy, Amy Armenia, and Clare L. Stacey

(New Brunswick, NJ: Rutgers Press, 2015) (332 pages; \$90.00 cloth, \$32.95 paper, \$32.95 e-book)

My mother moved into a skilled nursing care facility after several years of living at home with Alzheimer's. As her mental and physical capacities diminished, the need for care increased. The nurse's aides bathed, fed, and

provided her the care she required—24 × 7. The workers were mostly women from Black, Latino, and Caribbean backgrounds. Perhaps because I was a nurse, they told me how good they felt about the care they provided but they also expressed weariness with the heavy workload, long hours, and low pay. As a nurse, I too am considered a care worker and share in the complexities and contradictions that so many of us in the business experience. Thus, on many levels I was fascinated by the book *Caring on the Clock: Complexities and Contradictions of Paid Care Work*. This book includes a collection of new scholarship about those who provide care to those in need or, as the book calls it, “care work.” It is a valuable book that sheds light on the wide array of care work provided by an “outsourced” labor force. A force—typically outside of the family structure—that some take for granted, is devalued by others and is invisible to many. Yet, their work merits the scholarly attention of this book.

*Caring on the Clock* looks at those who provide care to those in need. Those in need range from families with babies who require nannies to families with members who need home care or skilled nursing care. It examines the work of both professional and nonprofessional caregivers including nurses, nurse practitioners, social workers, home care workers, private household workers, occupational therapists, and others who provide all forms of caregiving, often to the most vulnerable members of our society. Those who make up this labor force are mostly women, from ethnically and racially diverse backgrounds, and viewed as working in lower-status positions. These workers face a marketplace that although desperately needs the care, undervalues that care.

The 23 chapters are divided into six sections—“Paid Care Work,” “Contexts of Care,” “Hazards of Care,” “Identities and Meaning Making,” “Work and Family,” and “Paths to Change.” Each of these topics speaks to the disparities between and among race, class, and gender of those who provide caregiving services. *Caring on the Clock* includes contemporary scholarship about the increasing number of caregiving occupations as well the emerging issues including experiences of migrant caregivers, the kinds of violence caregivers may experience, and the “paths to social change for caregivers” (p. xiv). These various workers, from nannies to nurses, enjoy the rewards of their work, as well as acknowledge the difficulty in the work itself and the struggles they face in the process of caregiving.

The book is not a history, although it includes a chapter on the historical context of paid care work. The historical background provides an understanding of the policy issues that also surround this particular labor force. Examples of policy issues such as who should pay for day care for children,

Medicaid and Medicare reimbursement for home care services, concerns about mandated nurse–patient ratios, and how the government can attract more educators reflect just some of the relevant policies that affect this sector of care workers. Decisions to be made about policy and caregiving by these workers would be based on “myths or nostalgia” if not for a historical understanding. That said, for historians, one chapter is not enough. Yet, this book is not a historical survey; rather, it is an anthology written by scholars whose research reflects other disciplines that explore the meaning rather than the history of care work.

The book provides a well-organized and relevant topic for nurses, nurse historians, and historians of health care. Students in other health-related fields as well as feminist and labor studies would also find this book useful. However, similar to my feeling about one chapter on history, there is only one chapter devoted to nurses—and while not a deficit to a book that does not claim to be a book about nursing, the chapter does not reflect some of the more current scholarship underway in nursing. The chapter on nursing presents an ethnographic study about the work of nurse practitioners and concludes, “Nursing has been successful in making the case that nurses care in fundamentally different ways from unpaid family members, but also from paid aides, social workers . . . and a host of other care workers in the health care domain” (p. 141). This chapter like others in the book draws on scholarly disciplines presenting a worldview that lies outside of the nursing literature.

Having personally experienced workers who cared for my mother—and professionally being among one of the care workers described, I found the topics significant and relevant. Yet, I also found the chapters not reflective of recent historical nursing scholarship, which I am most familiar with. The issues of race, class, and gender, and how a mostly female workforce fares in the labor market that provides essential services, however, is worth reading. So it will be up to each reader to determine what value the book, or parts of the book, will have for his or her own practice and scholarly area.

SANDRA B. LEWENSON, EdD, RN, FAAN

Professor

Pace University

College of Health Professions

Lienhard School of Nursing

861 Bedford Road

Pleasantville, NY 10570

## Diagnosing Giants: Solving the Medical Mysteries of Thirteen Patients Who Changed the World

By Philip A Mackowiak, MD

(New York, NY: Oxford University Press, 2013) (225 pages; \$29.95 hardcover, \$14.99 e-book)

*Diagnosing Giants* is part biography, part mystery. The purpose of the book is to trace the history of medicine through the illnesses of 13 influential figures of the past. This is Philip Mackowiak's second book with this theme. The first book was *Post Mortem: Solving History's Great Medical Mysteries*. Mackowiak believes that standard biographies do not pay enough attention to the health issues of their subjects, which offer an opportunity to trace the evolution of medical concepts through their impact on the lives and experiences of extraordinary people (p. x). He also believes that studying the past can enhance our understanding of the present.

Each chapter is about a different individual, and the author does not reveal who it is until halfway through the chapter. Simon Bolivar, Abraham Lincoln, and John Paul Jones are three of the individuals included in the book. Eleanor Roosevelt is the only woman among the 13 people and is the one who was alive most recently. Each chapter follows the same template. It begins with biographical information including the accomplishments of the individual. The medical history is introduced along with the treatments that were used. The medical condition and treatment are discussed in the context of the time and then followed by today's knowledge of the condition and the current treatment. Both old and new knowledge and treatments are analyzed as to the availability, development, and effectiveness of both plans. The author also critiques the appropriateness of the treatment. For example, the treatment that Eleanor Roosevelt received for aplastic anemia may not have been correct because the diagnosis was questionable. There is also a detailed description of the diagnosis and treatment of her tuberculosis. The Roosevelt chapter concludes with a discussion of whether or not she was allowed to die with dignity.

The chapters are illustrated with pictures and charts from the medical records. Each chapter is very detailed and extensively researched. A 20-page chapter has 60–80 footnotes. Both secondary and primary sources are used. The author did have access to some of the individuals' medical records.

Overall, the book is well written and particularly interesting if you are knowledgeable about the individual being described. I found the chapter about individuals who were alive more recently to be the most interesting.

This book will be of interest to medical and nonmedical personnel who enjoy a mystery.

LAURIE K. GLASS, RN, PhD, FAAN

Professor Emerita and Director, Center for Nursing History

University of Wisconsin- Milwaukee College of Nursing

4520 N Bartlett Ave

Shorewood, WI 53211