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mental health research during the two decades after World War II, when psychiatrists sought new ways of connecting their expertise with the social, political, and cultural circumstances and anxieties of the Cold War era. Ian Dowbiggin provides a provocative study of the career of psychiatrist Brock Chisholm, first director of the World Health Organization, with a focus on Chisholm’s role in the population control movement. In Judith Fingard’s and John Rutherford’s examination of the state of psychiatric research in Nova Scotia in the 1950s, the reader again sees the efforts of mental health professionals to extend their influence and usefulness in post-war society; the Springhill Mines Disasters Studies, for example, reflected the growing interest in the psychological effects of civilian disasters during the Cold War. Concluding the volume is Erika Dyck’s excellent essay on the experimental use of LSD in the post-war, progressivist, optimistic world of Tommy Douglas’s Saskatchewan, where researchers hoped to lead the world in reforming the treatment of mental illness. Like some of the other chapters in this book, it foregrounds the close connections between politics, place and medicine.

Unlike some volumes which arise from conferences, there are no weak links in this collection of essays. Although the work of synthesizing regional experiences into a national history remains to be done, each of these authors provides a new and valuable perspective on the complex historical relationship between mental illness and Canadian society.

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For the most part, collective historical memory has overlooked or minimized experiences of Canadian civilian nurses who enlisted “for the duration” of the First World War. From five full-time permanent force military nurses serving in the Canadian Army Medical Corps (CAMC) nursing service prior to the war, the total number of military nurses increased to at least three-thousand at military hospital units in Canada and overseas in England, France, Russia, and the Mediterranean between 1914 and 1919. Their war extended far beyond the 1918 Armistice and the 1919 Paris conference, as they continued to care for soldiers with rehabilitation needs as well as victims of the influenza pandemic that decimated both military and civilian populations from 1918. By 1922, the CAMC (now titled Royal Canadian Army Medical Corps) reverted to a contingent of
twelve full-time permanent force military nurses. This number remained stable between twelve and fourteen until the Second World War.

There have been several attempts to write these Canadian military nurses into history—the first one, by Matron-in-Chief Margaret C. Macdonald herself shortly after the end of the war, was abandoned by 1922. A small number of these nurses, known by their specially-created female officers’ rank and title as Nursing Sisters, eventually published memoirs; and in 1974, the Nursing Sisters Association of Canada commissioned an organizational history which included two chapters on First World War nurses. In spite of recent growing interest in military nurses and a small body of emerging scholarship, however, there has been very little historical research published in French. Mélanie Morin-Pelletier is to be commended for beginning to address this gap with her book, *Briser les ailes de l’ange: Les infirmières militaires canadiennes (1914-1918)*, which originated in her Master’s research.

*Briser les ailes de l’ange* is organized into a background chapter on the development of Canadian professional nursing and training schools, predominantly from English-Canadian perspectives, two chapters loosely based on geographical settings (the Western front, and Greece and Russia), and a chapter purportedly on representations of military nurses although it deals more with how the nurses perceived colleagues, other nationalities, soldiers, and “the enemy.” The first three chapters, describing nurses’ work, will interest historians of science and technology regarding technical skills such as the irrigation of wounds, use of splints, and dressings.

Two major challenges exist for historical research in this area: accessing a substantial body of primary sources, and lack of first-person accounts from French Canadian military nurses who comprised a mere 5% of the workforce (p.40). Morin-Pelletier acknowledges these difficulties, calling her research a “petit échantillon,” and admits that her small sample of thirteen English-writing nurses (of whom one served with the American Army Nurse Corps) cannot represent the larger body of military nurses or their typical experiences. It remains unclear why she selected these particular women and accounts, however, from among other readily accessible sources. She bases her analysis on translation of their accounts into French, for the stated purposes of comparing civilian nurses’ training and work to military nursing roles, and examining how they “represented” themselves as nurses, soldiers, and women within the accounts that they left. A fundamental dilemma with this approach is whether it is appropriate to translate such accounts for analysis of “representation”—given that a basic premise of the linguistic turn concerns language itself as constructing experience and meaning. This dilemma becomes a significant problem in *Briser les ailes de l’ange.*
Language, in this case, consists of written texts in the form of published and unpublished diaries, letters, reports, and memoirs attributed to the individual nursing sisters. Reading these texts as representations requires a high level of certainty that the texts remain in their original form—a condition that cannot be met in these accounts. At least three of the diaries were recovered, edited and published after the creators’ deaths. Another set of diaries and letters has been digitalized for the Internet and while more accessible there are some discrepancies with the originals held by the archives. Two nursing sisters published memoirs retrospectively (1934 and 1981), while the family of two other nurses edited and published their accounts (1997 and 2003). At least one nursing sister “re-wrote” her report.

Reading these texts as representations also requires critical attention to the historical possibilities for language choices at the time in which they were written. As historical possibilities certainly changed over time, texts produced in the 1930s and 1980s are subject to different interpretations than those produced during the war. How did various re-interpretations of the First World War during the 1930s and 1970s influence the later memoirs? Why did nursing sisters decide to publish memoirs at these particular times? Were there important differences between earlier and later accounts? Why did nursing sisters choose to portray war as “horrible” and soldiers as uncomplaining, grateful recipients of their gentle care? Why did they portray themselves as surmounting incredibly difficult working conditions when we know that they also had long periods of idleness, boredom, and off-duty leaves? Did nurses buy into contemporary imagery or challenge such portrayals? How do their writings compare to other women in the same periods? In spite of prevailing stereotypes that these nurses were young, Morin-Pelletier’s sample reveals an average age of 29.9 years with nurses in their mid-thirties and a forty-year-old at the time of enlistment—not to mention that they were older at various times of writing. Importantly, why did older nurses felt so compelled to leave written accounts and what significance does this have on representations?

Overall Morin-Pelletier’s analysis suggests that these writings conform to, rather than challenge, dominant historiographical images of military nurses as nurturing mothers, heroines, and angels of mercy. Although this book increases access to Canadian military nursing history and the nurses’ stories are indeed compelling reading, it lacks a critical stance that could engage readers with current debates regarding women and war, and the militarization of societies.

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