

## Body, Medicine, and Gender in Canadian History

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Volume 44, Number 2, Summer/Autumn 2015

URI: [https://id.erudit.org/iderudit/acad44\\_2re03](https://id.erudit.org/iderudit/acad44_2re03)

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### Publisher(s)

The Department of History at the University of New Brunswick

### ISSN

0044-5851 (print)

1712-7432 (digital)

[Explore this journal](#)

### Cite this review

Nicholas, J. (2015). Review of [Body, Medicine, and Gender in Canadian History]. *Acadiensis*, 44(2), 161–170.

## Body, Medicine, and Gender in Canadian History

THE HISTORY OF MEDICINE AND THE HISTORY OF THE BODY are fields that overlap and intersect. Indeed, tracing the rise of body history as a field from the 1980s onwards is impossible without acknowledging the important influence of medical historians. Body history took shape as a field as historians in the 1970s and 1980s worked in conversation with international influences emerging from across the social sciences and humanities, including New Left perspectives, feminist theory, and post-structuralism. From the beginning, however, questions of gender and sex were foundational to the field, and related to the influential, if controversial, rise of feminist post-structuralist theory. Historian Londa Schiebinger argues that feminists “reinserted the body into history” and, while the field was also influenced by Michel Foucault and others, feminists pushed the existing boundaries of academic disciplines and opened them to the body.<sup>1</sup> Excitement within the field, though, was tempered with the difficulties of “accessing” the body historically. If influential feminist theorists such as Judith Butler and Elizabeth Grosz could question the body’s materiality itself, historians faced specific methodological challenges in reconciling with the need to find actual sources, archival or otherwise, that could reveal the body’s history.<sup>2</sup> With the influence from cultural studies and the “new” cultural history, consumer and print culture, especially advertising, provided an accessible area for analysis.<sup>3</sup>

As body history matured during the 1990s, questions about what constituted its core were raised. In 1995 historian Carolyn Walker Bynum questioned what “the body” actually referred to and reviewed the extant literature, suggesting that the term itself was contested and contradictory.<sup>4</sup> Bynum’s criticism continued to haunt the field, and her astute call for “a wider range of topics in our study of body or bodies” remains popular. Indeed, the question around how to address “the body” – or, more accurately, “bodies” – remains important historically as does the issue of

1 Londa Schiebinger, “Introduction,” *Feminism and The Body* (Oxford: Oxford University Press, 2000), 1.

2 See, for example, Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity* (London and New York: Routledge, 1990); Judith Butler, *Bodies that Matter: On the Discursive Limits of Sex* (London and New York: Routledge, 1993); and Elizabeth Grosz, *Volatile Bodies: Toward a Corporeal Feminism* (Bloomington: Indiana University Press, 1994).

3 The influential work of Susan Bordo stands out in regard to cultural studies. See her *Unbearable Weight: Feminism, Western Culture, and the Body* (Berkeley: University of California Press, 1993). A fine example of body history that focuses on girls’ personal experience as it was shaped by wider cultural forces such as advertising and the family is Joan Jacobs Brumberg, *The Body Project: An Intimate History of American Girls* (New York: Random House, 1997). For the “new” cultural history, especially in regard to advertising and the body, see Roland Marchand, *Advertising the American Dream: Making Way for Modernity, 1920-1940* (Berkeley: University of California Press, 1985) and Jackson Lears, *Fables of Abundance: A Cultural History of Advertising in America* (New York: Basic Books, 1994).

4 Carolyn Walker Bynum, “Why All the Fuss about the Body? A Medievalist’s Perspective,” *Critical Inquiry* 22, no. 1 (Autumn 1995): 3-5, 8.

whether the body is actually a discursive conduit to discussions on other subjects – namely issues of gender, class, race, sexuality, and ability.

A predominant theme on medicine, science, and gender quickly emerged in body history. Thomas Laqueur, Mary Poovey, Londa Schiebinger, Nelly Oudshorn, Alice Domurat Dreger, and Anne Fausto-Sterling all analyzed the relationship between gender, ideology, biology, and medicine.<sup>5</sup> This scholarship questioned the roots of biological differences of the sexes, the social and cultural power of those differences, and even the categorization of sex (and gender) itself. For example, in her article on the search for sexual difference in skeletons in the 18th century Londa Schiebinger argues that the study of early anatomists had a more profound question at its root. She queried: “Why does the search for sex differences become a priority of scientific research at particular times, and what political consequences have been drawn from the fact of difference?”<sup>6</sup> The history of the body became rich with questions and discussions about science and medicine, which, given physicians’ increasing power over the course of the 19th and 20th centuries to interpret and shape understandings of the body, were important in addressing major historical and contemporary issues – from the perception of women’s bodies as frail and weak to access to birth control and abortion.

The relationship between the history of the body and the history of medicine is especially close in the Canadian context as such historians as Wendy Mitchinson, Cynthia Comacchio, James Opp, Cheryl Krasnick Warsh, Mary Ellen Kelm, and Mona Gleason, among others, have made significant contributions to the fields by posing questions in relation to gender, age, class, race, the nation, colonization, religion, and state formation.<sup>7</sup> An important body of literature developed that saw

5 See, for example, Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Boston: Harvard University Press, 1990); Mary Poovey, “‘Scenes of an Indelicate Character’: The Medical ‘Treatment’ of Victorian Women,” in *The Making of the Modern Body: Sexuality and Science in the Nineteenth Century*, ed. Catherine Gallagher and Thomas Laqueur (Berkeley: University of California Press, 1987), 137-68; Londa Schiebinger, “Skeletons in the Closet: The First Illustrations of the Female Skeleton in Eighteenth-Century Anatomy,” in Gallagher and Laqueur, *Making of the Modern Body*, 42-82; Nelly Oudshorn, *Beyond the Natural Body: An Archaeology of Sex Hormones* (New York and London: Routledge, 1994); Alice Domurat Dreger, *Hermaphrodites and the Medical Invention of Sex* (Cambridge: Harvard University Press, 1998); and Anne Fausto-Sterling, *Sexing the Body: Gender Politics and the Construction of Sexuality* (New York: Basic Books, 2000).

6 Schiebinger, “Skeletons in the Closet,” 46.

7 Wendy Mitchinson, *The Nature of Their Bodies: Women and Their Doctors in Victorian Canada* (Toronto: University of Toronto Press, 1991); Cynthia Comacchio, *Nations Are Built of Babies: Saving Ontario’s Mothers and Children, 1900-1940* (Montreal and Kingston: McGill-Queen’s University Press, 1993); James Opp, *The Lord for the Body: Religion, Medicine, and Protestant Faith Healing in Canada, 1880-1930* (Montreal and Kingston: McGill-Queen’s University Press, 2005); Cheryl Krasnick Warsh, *Prescribed Norms: Women and Health in Canada and the United States since 1800* (Toronto: University of Toronto Press, 2010); Mary Ellen Kelm, *Colonizing Bodies: Aboriginal Health and Healing in British Columbia, 1900-50* (Vancouver: UBC Press, 1998); Mona Gleason, *Small Matters: Canadian Children in Sickness and Health* (Montreal and Kingston: McGill-Queen’s University Press), 2013. See also the essays in a recent collection – Tracy Penny Light, Barbara Brookes, and Wendy Mitchinson, eds., *Bodily Subjects: Essays on Gender and Health, 1800-2000* (Montreal and Kingston: McGill-Queen’s University Press, 2014) – and the essays on health and medicine in Patrizia Gentile and Jane Nicholas, *Contesting Bodies and Nation in Canadian History* (Toronto: University of Toronto Press, 2013).

medicine less as a discrete field and more as a powerful discourse that pervaded society and was socially and culturally influential. Indeed, as Mitchinson argues in her latest book, medicine was “a bedrock of societal norms” (8).

The interdisciplinary nature of the work and the intersecting content make teasing out the boundaries between medicine, health, and the body as topics of historical inquiry a difficult task, and I am not convinced it would necessarily be all that productive. It seems important to note, however, that the topics do intersect and overlap but are not synonymous. Medicine necessarily addresses the body but not all medical history takes into account the body as a category of analysis. Similarly, not all of the scholarship on the body addresses medicine and health.<sup>8</sup> New scholarship, though, reveals how productive and rich the intersecting fields of body and medicine remain as it provides direction for future studies, including provocative questions on the relationship between bodies and regions. Three new contributions provide in-depth analyses, respectively, of women’s health in the first half of the 20th century, university students, and contemporary studies of rural women. Wendy Mitchinson’s *Body Failure: Medical Views of Women, 1900-1950* (Toronto: University of Toronto Press, 2013) provides an overview of an increasingly powerful medical profession’s perception and treatment of women’s bodies over the life course. Catherine Gidney’s *Tending the Student Body: Youth, Health, and the Modern University* (Toronto: University of Toronto Press, 2015) focuses on the rise and shifts in perceptions and treatments of student health at universities across Canada. Beverly D. Leipert, Belinda Leach, and Wilfreda E. Thurston’s collection of essays entitled *Rural Women’s Health* (Toronto: University of Toronto Press, 2012) includes an impressive 22 chapters on contemporary rural women’s health from established and emerging scholars working largely in social science, health-based disciplines. As the three books under review here reveal, Canadians’ past and present have had a complex relationship to health/medicine and the body.

*Body Failure* is Wendy Mitchinson’s latest book on women and medicine, following *The Nature of Their Bodies* (1991) and *Giving Birth in Canada* (2002).<sup>9</sup> Mitchinson positions *Body Failure* as a sort of sequel to *The Nature of Their Bodies*, the latter of which focused on Victorian Canada. Taking a life course approach, Mitchinson explores everything from infant sexuality to infertility to cancer to menopause. Although there is material on motherhood and birth control, including abortion, childbirth is omitted here as it was covered in *Giving Birth in Canada*. Like her previous works, *Body Failure* is an extensively researched and carefully

8 For recent contributions to a cultural history of the body with close ties to consumer culture, see Donica Belisle, *Retail Nation: Department Stores and the Making of Modern Canada* (Vancouver: UBC Press, 2011); Nicolas Kenny, *The Feel of the City: Experiences of Urban Transformation* (Toronto: University of Toronto Press, 2014); and Jane Nicholas, *The Modern Girl: Feminine Modernities, The Body and Commodities in the 1920s* (Toronto: University of Toronto Press, 2015). For earlier work on the cultural history that included an analysis of the body, see Keith Walden, *Becoming Modern in Toronto: The Industrial Exhibition and the Shaping of a Late Victorian Culture* (Toronto: University of Toronto Press, 1997) and Colin D. Howell, *Blood, Sweat, and Cheers: Sport and the Making of Modern Canada* (Toronto: University of Toronto Press, 2001).

9 Mitchinson, *Nature of Their Bodies* and *Giving Birth in Canada, 1900-1950* (Toronto: University of Toronto Press, 2002).

argued book that resists easy conclusions in favour of revealing the complexity of the past. In closely studying physicians' attempts to understand and treat women's bodies, Mitchinson's work provides an evidence-based corrective to more ideologically driven scholarship that tends to produce easy dichotomies of "good"/"bad." Like their 19th-century predecessors, English-Canadian physicians in the first half of the 20th century placed great emphasis on women's reproductive systems and Mitchinson takes this as a focus for the book. In doing so, she positions her research as part of a new call from body historians interested less in studying the body as a whole and more in understanding specific body parts. *Body Failure* sits at a confluence of medical and body history.

Mitchinson argues that "the medicalization of women's bodies in the first half of the twentieth century was a reflection of the value system of the time and the reality of women's place in that system" (15). Two important themes emerge in the book: power and agency. Over the first five decades of the 20th century physicians' power to study, interpret, diagnose and treat the body expanded, aided by both scientific discoveries (e.g. estrogen) and an expanding professional social capital as experts (e.g. experts in providing advice on social practices of marriage and motherhood). While this is an overarching trend, it did not mean that doctors were unified in their understanding or perspectives on the body or women's "natural" place. Rather, Mitchinson teases out debates and dominant and non-dominant perspectives on women's bodies and health. Physicians appear as complicated actors who may have overwhelmingly been men from the middle-class, but religious, and to a lesser extent, regional influences mattered. Regarding religion, particular issues reveal sharp divides. Mitchinson argues that "for Catholic physicians, birth control was never going to be acceptable" (168). Regional influences emerge in more subtle ways. Physician and professor of medicine H.B. Atlee, for example, was a progressive force within medicine, challenging stereotypes of regional conservatism.<sup>10</sup>

Doctors' power was not unfettered. Patients, even at their most vulnerable, could exercise some agency. For example, in 1926 Betsy Mackenzie, at the age of 10, underwent surgery, without anesthesia, for masturbating. It failed.<sup>11</sup> Patients' ability to express agency extended further back to initiating a professional relationship. As Mitchinson argues, "Patients decided when to seek medical help, and they could define or limit what physicians could do. They had power to consult and to refuse surgery, and they had the right to know what was happening to them" (210). Some women coped on their own until the situation became unmanageable.<sup>12</sup>

10 For more on Atlee, see Wendy Mitchinson, "H.B. Atlee on Obstetrics and Gynaecology: A Singular and Representative Voice in 20th-Century Canadian Medicine," *Acadiensis* XXXII, no. 2 (Spring 2003): 3-30.

11 Mackenzie's case was unusual and Mitchinson notes more generally that infant and child sexuality received very little medical attention during the period.

12 The right to retain agency over one's body was not universal. Age and assumptions about mental faculties sharply reduced some patients' ability to exercise agency, and many of the restrictions were legally and socially sanctioned. For recent discussions see, for example, Gleason, *Small Matters* and Erica Dyck, *Facing Eugenics: Reproduction, Sterilization, and the Politics of Choice* (Toronto: University of Toronto Press, 2013).

*Body Failure* explores the tension between certainty and uncertainty, nature and culture, and patients and doctors. Physicians desired to find and know the precise cause of an illness to be able to effectively treat it, but the complexity of women's bodies routinely meant that uncertainty ruled. This was true of trying to figure out what was normal for biological processes like menstruation and menopause. Doctors struggled to define a normal onset as well as how to define its end (menopause). In doing so, they grappled with questions of what was natural and what was environmentally shaped. Diagnosing and treating breast and cervical cancer seemed to suggest that women who had done their natural duty and become wives and mothers were at increased risk. Physicians wondered whether there was a "design flaw" with women's bodies. This concern repeated itself in addressing issues of mental health, with life-cycle transitions like puberty and childbirth adding further strain. In all of this patients and doctors negotiated treatment, an issue that became especially sensitive with regard to gynecology. As Mitchinson notes, doctors expressed concern about maintaining a level of decorum, even comfort, for reticent female patients requiring physical examinations. In all, Mitchinson's book provides a complex and nuanced look at the perception of women's bodies by medicine. It is, as noted in the introduction, an overview and a much-needed one, which synthesizes an enormous body of primary research. Mitchinson's research provides an essential framework for situating other work related to the body and medicine such as Gidney's new book on university students.

In *Tending the Student Body* Gidney argues "that concern about student health led to the creation of new sites through which administrators could exert their moral vision of the university and shape the student body" (9). Focusing primarily on the period from 1900-1960, Gidney carefully traces the introduction of health services and physical education and the significant number of health professionals (physicians, nurses, physical education experts) who helped the services evolve from their piecemeal origins to more central and bureaucratic structures ensconced within the modern university. Until the 1950s, universities saw their purpose as building the moral character of future citizens and did so by investing in the liberal arts curriculum infused with Christianity. But as research gradually became a defining characteristic of the modern academy, priorities shifted to more secular goals. Gidney argues that a wider cultural shift from character to personality gave rise to a view of students as individuals defined by having adult rights and responsibilities. Practical concerns drove some of the developments. Every year students fell ill with communicable diseases or otherwise suffered injuries that needed attention. Communicable diseases from smallpox to tuberculosis posed serious risks to the student body as well as staff and other members of the community, especially before widespread and compulsory vaccination.

Gender played an important role in both setting the requirements and the course for physical and mental health for students and administrators. It is a central category of analysis in Gidney's work. Women's and men's bodies were understood to be radically different and so physical requirements and treatments varied. For female administrators, however, the widening of health-based programs (including physicians, nurses, and dieticians) created some opportunities for employment on campus. While gender differentials remained — and dictated women's pay — separate services for female students delivered by female practitioners allowed for



the formation of women's professional networks – both formal and informal – on some campuses, notably Victoria College, University of Toronto.<sup>13</sup>

As Gidney documents, the screening for tuberculosis within Canadian universities was connected to the concern over student mental health as it emerged in the 1930s and 1940s. The widespread testing for tuberculosis, the need for specialists to diagnose and treat it, and the financial support by provinces and government-related agencies formed the framework for the services required to address student mental health in the 1950s and 1960s.

Gidney's book is well-researched and clearly argued. It will make a good resource for teaching due to her focused writing style and its fascinating look into student life in the past. No doubt university students today would marvel at (or be horrified by) the descriptions of having to show up for a mandatory physical examination in the nude, or semi-nude, along with their fellow students, or risk expulsion. In the early 1930s, for example, the physical for students at Dalhousie University included testing blood pressure, sight, hearing, and (unusually) urine. Students today might also be surprised to find out that when nursing staff was unavailable deans of women and other administrative staff took up the slack by nursing and caring for ill students. Yet, while outbreaks of contagious disease threatened the health of the student body, students found ways to enjoy school closures. In 1918, students at Mount Allison Ladies College were quarantined with the threat of influenza. At least initially they "enjoyed the break," holding recitals and hiking to keep healthy (46).

Gidney's and Mitchinson's books illuminate important elements of the body's past and have suggestive conclusions on its importance in the present. The final book under review here is focused on the body's present. Leipert, Leach, and Thurston's edited collection is ambitious in scope and agenda. The first volume dedicated to rural women's health in Canada, with one essay each on England, the United States, and Australia, it promises to provide new direction and spark much-needed scholarship on the relationship between gender, health, the body, and place. The editors position the collection as providing a "Canadian perspective on the nature of rural women's health," with a focus on interdisciplinary research on social determinants of health to provide a backbone for future research and policy analysis (3). The collection is a response to a perceived crisis in rural women's health and, in the Canadian context, the urgency of addressing the crisis is apparent. Overall, the essays represent a mix of literature reviews that point to areas for further research and original studies on topics that range from domestic violence to pregnancy and childbirth to food security. In regard to the latter, for example, farm women's food provisioning practices in Nova Scotia, Ontario, and Alberta are explored. Authors Lynn McIntyre and Krista Rondeau conclude that current practices reflect "a traditional farming lifestyle and heritage" (136). The study focuses on the commonalities among farm women largely separate from a specific regional

13 Gidney notes in her introduction that Victoria College is prominent in the book due to the extensive archival holdings. The chapter on women's work on campuses is almost entirely focused on Victoria College for this reason. Some comparative and supplementary information from other universities is included in the footnotes to the chapter.

context. Indeed, it would be interesting to know how regional cultures and economies shaped individual family practices.

Many of the authors working individually and collaboratively employ an intersectional analysis taking into account not only space and gender but also class, ethnicity, and race. Two particularly fine essays on Old Order Mennonite women in Elmira, Ontario, by Ewa M. Dabrowska and Susan K. Wismer, and Black women in Nova Scotia by Josephine B. Etowa, Wanda Thomas Bernard, Barbara Clow, and Juliana Wiens challenge assumptions about rural communities by paying close attention to religious factors and race relations. Etowa et al. consider the long and rich history of African Canadian women in Nova Scotia. The chapter is attuned to how this history affects ongoing issues of racism and prejudice in regard to poverty, housing, education, and employment. And they add “geographic isolation” to the mix of social determinants of health, arguing that African Canadian women in Nova Scotia experience a “quadruple jeopardy” of sexism, racism, poverty, and isolation (300).

While “health” is the defining category of the book, the body as an analytical subject makes an important appearance. In an especially interesting chapter on three generations of women in Newfoundland and Labrador, Marilyn Porter and Natalie Beausoleil make the astute observation that “women’s ideas about and experiences of health are inextricably tied to their ideas about and experiences of the body” (181). Porter and Beausoleil describe the province as rural with high rates of poverty and isolation, and note that delivering services from health care to clean water is a challenge with such a dispersed population. The authors describe how women in this context take up and negotiate dominant discourses of health, beauty, and the body within an intergenerational family system. The study reveals that family members play an important role in shaping attitudes to the body and identity. In many ways, the women interviewed in Newfoundland and Labrador highlight the intersection of national and international influences with local and familial ones. The final section of the book most explicitly addresses the body and embodiment with chapters on British spa culture, chronic illness in Australia, care-giving in British Columbia, and a theoretical essay on emotion and the body.

Some of the editorial decisions could use further explanation in the otherwise excellent introductions to each of its five thematic sections. With 19 essays on Canada, it is difficult to integrate the individual essays on England, the United States and Australia into the national framework. Although the editors suggest that these chapters can be used for comparative purposes, the limited nature of the studies and the fact that they are on different countries makes it more difficult to use them as such. For example, Jo Little’s study of two spas in rural England is interesting but there is no similar article in the collection that allows comparison to Canada. Another minor issue emerges in the grouping and titling of the essays, particularly in part three on gender-based violence as only one of the essays is on women’s experiences of violence. The essays in this section are rich and wide-ranging, but the title does not fully capture the diversity of topics and perspectives.

Leipert, Leach, and Thurston’s book addresses rural but also remote and northern women’s health. The chapter by Deborah Stiles et al. focuses on women’s perceptions of health and leisure in a rural community in Nova Scotia identified only by the pseudonym “Hampshire”. The authors argue that “rural community identity plays a role in shaping rural women’s health and leisure” (346). They call for a better



understanding of the interplay between gender, health, and rural community identity in shaping rural health policy in Canada. The historical importance of boom and bust cycles for the community are noted as being more significant than recent rural restructuring. In some ways it is difficult to measure the specificity of the claim, since the authors have worked hard to protect the anonymized identity of the community itself, which includes withholding the citation information for the historical work they reference.<sup>14</sup>

One wonders, however, if rural and northern are as synonymous as they are presented within the book as a whole. Certainly distance, access, culture, and issues of identification seem to suggest other possible avenues for exploring the differences between rural, remote, and northern. As Little points out in her essay, researchers should investigate the culture of nature, especially “how aspects of rurality, including rural nature, relate to notions of health and about how the relationship between rurality and health is embodied” (368). Both rural and northern landscapes share a peculiar romantic relationship to the ideal of health and have over at least the last century and a half.<sup>15</sup> The differences and nuances, however, could be usefully interrogated to reveal the cultural differences between rural and northern, especially in relation to proximity to urban centres.

All three books take the nation state as their subject. Both Mitchinson’s and Gidney’s work reveals the complexity of tackling a national study with uneven archival holdings available to the historian. Gidney notes throughout her text where university records differed in scope or completeness and where she has focused on a particular university in a particular city or town. The essays in Leipert, Leach, and Thurston’s volume are discrete and appropriately limited in scope for the collection. Together they provide a mosaic-like perspective on national issues related to rural women’s health. National studies are important, and they raise questions about regional variation and whether bodies are marked by place or transcend it. The authors and editors of these books have clearly thought about regional representation in their work. This is not insignificant given the number of regional differences and the complications of finding archival sources at different repositories across the country. Addressing place, however, raises interesting questions. How might historians of the body re-visit and explicitly address the issue of region? If the fashioning of the body is an important part of social and cultural identity, is not region important?<sup>16</sup> Given the recent trend to re-examine the nation state from a transnational perspective, or as a contested category, might region provide a means to explore the interconnections between bodies, spaces, and places? And how might body history be enriched by a focus on the connection between the

14 References in the works cited list include a pseudonym for the historian and the following information: “Historical source used. Citation details not given here in order to maintain anonymity of community.” See references on pp. 361 and 362.

15 Patricia Jasen, *Wild Things: Nature, Culture, and Tourism, 1790-1914* (Toronto: University of Toronto Press, 1995).

16 On social identities and region, see Andrew Nurse, “Rethinking the Canadian Archipelago: Regionalism and Diversity in Canada,” report prepared for the Department of Canadian Heritage, 2002, and Ian McKay, “A Note on ‘Region’ in Writing the History of Atlantic Canada,” *Acadiensis* XXIX, no. 2 (Spring 2000): 89-101.

body and particular regions?<sup>17</sup> Acknowledging the lacunae of region in body historiography is not a criticism of the books under review here, only a recognition that the connections to regionalism in these works spark other questions that might be usefully addressed in future scholarship.

Agency emerges as an important theme in all three books, despite the limitations of the historical record.<sup>18</sup> For readers familiar with Mitchinson's extensive body of work, they will know that patient agency is an important subject that Mitchinson has addressed with regard to gender as well as particular "conditions" like insanity and childbirth. Gidney is sensitive to students' voices and reactions to programs designed to improve and discipline their bodies and minds. Perhaps unsurprisingly, students' reactions to physical cultural requirements were mixed and they expressed agency by skipping classes and events in spite of administrative "encouragement" ranging from moral suasion to fines. Agency emerges as a more subtle theme in Leipert, Leach, and Thurston's collection with essays like the one by Phyllis Montgomery, Cheryl Forchuk, Carolyne Gorlick, and Rick Csiernik on rural women's search for mental health and housing services. In this chapter, socially and economically disadvantaged women emerge as active agents either staying in rural areas and carving out their own community or leaving in search of options only found in larger urban area (what the authors call "drifting"). As the authors note, however, such decisions are made within particular constraints that they discuss at length as push and pull factors. Addressing agency is important in a framework using social determinants of health, which can become overly deterministic and reduce people to policies and structures that shape their complex lives.

All scholarship sparks questions for further research. From these three books questions about the place of disability and age arise. The relationship between the history of medicine and disability studies has been fiercely debated.<sup>19</sup> Whether and where the fields converge is a matter for ongoing debate, but establishing disability as a category of analysis in studies of the body and medicine is compelling.<sup>20</sup> Mona Gleason's *Small Matters*, which concludes with a chapter on disability, shows how

17 For an example, see Myra Rutherdale, "Packing and Unpacking: Northern Women Negotiate Fashion in Colonial Encounters during the Twentieth Century," in Gentile and Nicholas, *Contesting Bodies and Nation in Canadian History*, 117-33. Although not explicitly body history, Alison Marshall's work is suggestive of a kind of regional study that might incorporate bodies, identities, and regions. See Alison R. Marshall, *Cultivating Connections: The Making of Chinese Prairie Canada* (Vancouver: UBC Press, 2015).

18 The methodological discussion in relation to case files remains important and are ongoing issues for historians teasing out issues of agency from particular archival sources. See Franca Iacovetta and Wendy Mitchinson, *On the Case: Explorations in Social History* (Toronto: University of Toronto Press, 1993).

19 See the debate related to Beth Linker's article "On the Borderland of Medical and Disability History: A Survey of the Fields," *Bulletin of the History of Medicine* 87, no. 4 (Winter 2013): 499-535. Noteworthy among the replies that argue against any convergence of the fields is Catherine Kudlick, "Comment: On the Borderland of Medical and Disability History," *Bulletin of the History of Medicine* 87, no. 4 (Winter 2013): 540-59.

20 For example, see Margrit Shildrick, *Embodying the Monster: Encounters with the Vulnerable Self* (Thousand Oaks, CA: Sage, 2002) and Rosemarie Garland-Thomson, *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature* (New York: Columbia University Press, 1997).

useful it is to bring medicine, the body, and disability history together. Gleason convincingly argues that medical professionals (doctors and nurses) “constructed disability as a threat to healthy and normal childhood.”<sup>21</sup> Mitchinson’s work suggests how women coped with acquired disabilities and expressed agency in seeking out treatment or not. Gidney’s work suggests the need for further study on veterans in the post-Second World War period as vocal advocates pressing for access to university. And Leipter, Leach, and Thurston’s collection suggests that services, community, advocacy, and care are all defined by place among other factors. Issues of age and familial relations in the case of children and the elderly complicate many of these questions of medicine, the body, and disability.

These three books are excellent contributions to the rich, intersecting fields of body and medicine in Canada. If medicine seems to have definable parameters, concepts like health and the body remain ones with which historians and other scholars grapple. In this ongoing interrogation, our understanding of the past and present is enriched with a multitude of perspectives and examples. As Wendy Mitchinson writes in *Body Failure*, “There is no one way to answer the questions historians raise. Using primary sources from the past but writing in the present, historians are constantly applying and testing analytical frameworks or theories originating in other disciplines to illuminate our understanding of the past” (4). In that way, there can be no “right” way to study the body because there is no one, or “right,” body but a multiplicity of questions and answers that reveal a complex mosaic of bodies in the past. These books add significantly to those discussions.

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21 Gleason, *Small Matters*, 121.