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Mental Health and Canadian Society: Historical Perspectives. Edited by James E. Moran and David Wright. (Montreal / Kingston: McGill-Queen's University Press, 2006. xvi + 266 p., notes, bibl., index. ISBN 0-7735-3131-9 $29.95)

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Aller au sommaire du numéro

Découvrir la revue

Citer ce compte rendu

Mental Health and Canadian Society: Historical Perspectives. **Edited by James E. Moran and David Wright.** (Montreal / Kingston: McGill-Queen's University Press, 2006. xvi + 266 p., notes, bibl., index. ISBN 0-7735-3131-9 $29.95)

This volume of essays arose from a Hannah International Conference on the History of Mental Disorders, which was held in April, 2001. Its mandate is to relate the history of such themes as the diagnosis, treatment, patient experience, family experience, and public perception of mental illness to wider contexts in Canadian social history. It accomplishes this through a series of essays focused largely upon regional developments, all of which have broader implications for the nation as a whole. The essays are ordered more or less chronologically and deal with the period from the mid-nineteenth century to the 1960s.

Mental Illness and Canadian Society begins with an excellent short introduction to the historiography of mental illness in Canada in relation to international currents in the field. The authors point out that there have been "few attempts at national synthesis" (p.5) and little in the way of a revisionist or Foucauldian response to the early, celebratory histories of asylum development in this country. However, Canadian historians have kept pace with international trends in their efforts to write medical history "from below" (p.7) through an emphasis on the patient experience.

The collection beings with an essay by Janet Miron titled "'Open to the Public': Touring Ontario Asylums in the Nineteenth Century," which examines the relationship between asylum and community through a study of institutional tourism. She emphasizes the diverse motives associated with this common practice, and finds that some asylum officials promoted asylum tourism as benefit to both institution and patients, while others opposed the treatment of patients as a public spectacle. For visitors it had multiple meanings—it was an inherently voyeuristic activity, but might be viewed as a scientific endeavour, a Christian duty, or as pure entertainment. Whatever was the case, Miron shows that the asylum and its inmates were not hidden from public view.

Two of the essays focus specifically on the relationship between families, mental illness and asylums in the nineteenth century. Thierry Nootens' sociological study of "Madness and Families" in Montreal emphasizes how mental illness was experienced by the entire family of the afflicted person, both economically and socially. He shows that the means by which they coped and made decisions about institutionalization were closely connected to concepts of status and honour in Victorian Montreal. In their essay on "The Uses of Asylums," Andre Cellard and Marie-Claude Thifault provide a close examination of the interaction

between the family and the asylum in nineteenth-century Quebec, as families came to accept and rely on these institutions to care for their mentally ill. Countering the image of the over-bearing role of physicians and the state stressed by many historians, they focus on the extent to which families continued to exercise control over the fate of their family members.

Loss of control, though not lack of agency, is a central theme in Robert Menzies' and Ted Palys's essay titled "Turbulent Spirits: Aboriginal patients in the British Columbia Psychiatric System, 1879-1950." Their statistical analysis shows that aboriginal patients constituted a very small minority of admissions during this period, and they suggest that their institutionalization was more often a means of social control or a reaction to social conflict than an attempt to treat or aid the mentally ill. Through case studies, they document the considerable resistance to institutionalization in the aboriginal population, and they also reveal how sustained campaigns by family and friends seeking a patient's release could fall on deaf ears.

Geoffrey Reaume's "Patients at Work: Insane Asylum Inmates' Labour in Ontario, 1841-1900" traces the growing use of patients' labour in Ontario asylums, as these institutions became increasingly dependent upon this captive pool of workers who were required to perform tasks ranging from cesspool removal to baby-minding. The work was not only gendered but was closely tied to social class. Officials defended the practice on both practical and ideological grounds, citing the institutions' need to meet the growing expense of treating an expanding population of inmates as well as the therapeutic value of work as moral therapy. Reaume, however, makes it clear that the primary motive for using patients' labour was economic, and points out that, although work in an appropriate area could help patients retain useful skills and a sense of purpose, these workers had little to no opportunity to choose their work and "negotiate" with their employer.

Several of the essays in this volume go beyond the study of the asylum and its uses and examine other ways in which psychiatrists interacted with society. Allison Kirk-Montgomery looks at the origins of forensic psychiatry in Victorian Toronto, tracing the evolution of the insanity defence in criminal cases during this period through the work of Joseph Workman, Daniel Clark, and Richard Maurice Bucke. She describes these expert witnesses as "loaded revolvers" (p.117), for their testimony could sink an insanity defence. Moreover, she finds that their influence was largely conservative, in that they found few cases in which a defence of "diminished responsibility" applied, although there were definite class differences. The final three essays deal with the growth of psychiatry and

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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Briser les ailes de l'ange. Les infirmières militaires canadiennes (1914-1918). **Par Mélanie Morin-Pelletier.** (Outremont : Athéna, 2006. 185 p., ill., notes, bibl., index. ISBN 2-922865-50-9 19,95 $)

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