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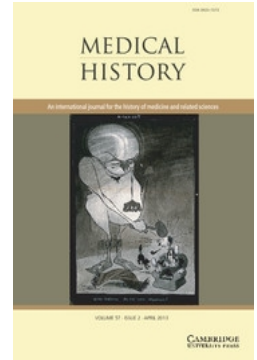

Cheryl Krasnick Warsh, *Prescribed Norms: Women and Health in Canada and the United States since 1800* (Toronto: University of Toronto Press, 2010), pp. xx + 316, $34.95, paperback, ISBN: 978-1-44260-061-4.

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different ways to train nurses and staff hospitals. American nurses did not wholeheartedly embrace two of Nightingale's beliefs: that disease emanated from dirt, disorder, and a contaminated atmosphere; and that nurses should be evaluated on their nature and ability. American nurses separated patients with infectious diseases to prevent spread of infections, and disinfected operating rooms, maternity wards and hospital equipment. They formed self-supporting organisations and advocated for three-year training programmes with uniform nursing curricula, examinations and registration for nurses. Nightingale was against nurses' education in universities, as nurses would lose their moral focus and character if they did not train in hospitals.

McDonald explores four widely discussed assertions in the fifth paper of the book. Authors at various times asserted that: a) Nightingale was personally responsible for the high number of deaths in the Crimean War; b) Nightingale was a lifelong opponent of germ theory; c) Nightingale nursing was nothing more than housekeeping; and d) achievements of the Nightingale School were exaggerated. McDonald draws from text in Nightingale's books and papers and other primary sources to provide insight into conditions surrounding each assertion, and counters each.

Magnello describes Nightingale's use of statistics to illustrate findings and establish the need for action. Nightingale collected and analysed data about troop strength, sickness, and deaths in India, and collected statistics about hospital conditions in the Crimea and London. Nightingale used statistics to revolutionise nursing, hospital care, and public health conditions at home and abroad, and was the first woman elected a Fellow in the Statistical Society of London, after her return from Scutari.

Rafferty and Wall conclude the book by identifying Nightingale as an icon for healthcare and nursing. Nightingale recognised the importance of teamwork for the effective delivery of healthcare in hospitals and in the home. These authors then take a contrary view of Nightingale, who has lost her status as an icon, because nurses and those who work in hospitals continue to struggle with the same challenges such as infections and needless deaths. These authors urge nurses to 'cleave a fresh path in which nurses find their inner iconoclast as the standard bearers of a new professionalism' (p. 141) in nursing and healthcare.

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Cheryl Krasnick Warsh, *Prescribed Norms: Women and Health in Canada and the United States since 1800* (Toronto: University of Toronto Press, 2010), pp. xx + 316, $34.95, paperback, ISBN: 978-1-44260-061-4.

*Prescribed Norms*by Cheryl Krasnick Warsh is an exhaustive synthesis of the secondary literature that deals with the history of women and health in North America. Drawing on a wide body of interdisciplinary work, Warsh organises her study thematically into three sections which explore separate but related issues:for example, she examines the changing social and cultural meanings of women's biological functions; she looks at how technology and medicine have intervened in and, in some cases, taken control of women's bodies and their knowledge of them; and she investigates the complicated lives of women who worked as nurses and doctors. Tongue-in-cheek, Warsh concludes her study with the suggestion that the mysteries of women's bodies, which persist in spite of the efforts of some of the most pre-eminent scientists, are best explained through 'chaos or complexity theory' (p. 272). A theory that suggests that knowing 'a system' and predicting its future state is both impossible and futile.

The book is divided into three parts. Part one, entitled 'Rituals' deals with menstruation and menopause – two life events that have received a great deal of attention. Different

cultures assigned vastly diverse meanings to menstruation and menopause. Menstruation in many societies was and continues to be perceived in very negative ways. To illustrate, the Romans regarded 'menstrual blood with fear and loathing' (p. 15); in Europe during the seventeenth century, menstrual blood was believed to cause leprosy, epilepsy, or defects in children; and Victorian culture saw menstruation as unclean and diseased. Even today, for many young women, menstruation remains cloaked in mystery and embarrassment, and its first appearance is often marked by dread and shame. Similarly, menopause has also been transformed by cultural expectations and understandings. In North American society especially, menopause has become increasingly medicalised. It has shifted from being seen as a life event to an illness that can be 'cured' through medical intervention and drug treatments. The association of menopause with 'old age' has perpetuated negative cultural perceptions.

Part two looks at technology as a way in which to examine the evolution of childbirth in North American society. Warsh observes that 'while the biological event has not changed substantially for most women, the socio-medical focus has' (p. 77). In the nineteenth century, physicians began to see obstetrics as a source of reliable patients and predictable practice, and the twentieth and twenty-first centuries have increasingly witnessed medical interference in the birthing process alongside the development of biomedical science and technology. Technology has enabled parents and healthcare professionals to peer into the 'dark recesses' of the womb and examine the foetus almost from the moment of inception, which has led to the objectification of the womb and the obfuscation of the mother. However, assisted reproduction and its associated technology have also broadened the opportunities for people to form non-traditional families.

The final section is a broad overview of the roles of women as doctors and nurses. Firstly, Warsh outlines the glacially slow entry of women into medical schools, and notes that the de-segregation of medical schools effectively ensured that fewer women practised medicine and that those that did had to adopt a masculine character in order to survive. This section then concludes with a chapter on nursing, tracing its gradual professionalisation from an unregulated job performed by women with little training to one that is highly organised and requires a post-secondary education. Notably, Warsh remarks that female nurses and doctors, in spite of their shared gender identity, failed to experience female solidarity. The work of doctors and nurses was coded as masculine and feminine respectively. Female doctors were inherently transgressive as women doing a masculine job and, of course, as doctors they could not be nurses, and were thus, positioned as outsiders both literally and figuratively.

This work is an invaluable text for anyone teaching or interested in learning about women and health, particularly in a comparative context. Did national frameworks offer different opportunities and modes of surveillance and discipline for women? Warsh's book is accessible and cuts through the professional jargon employed by both doctors and historians. This is also an important book for those women who are interested in knowing about or understanding socially hegemonic beliefs about their bodies. Warsh deals with those bodily functions that have most fascinated and frightened women – those events that shape the landscape of women's lives and the myths and rituals that surround them. With a great deal of wit and humour, Warsh addresses extremely sensitive topics, and in so doing, makes it easy for people to locate themselves and their experiences within the pages of her book.

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