tant and necessary part in the creation of this country. Women had a major function in the building of early New France and "native" women according to Sylvia Van Kirk's analysis were clearly an asset during the fur trade. Prentice investigates the role of elementary school teachers, an occupation that changed from a largely male dominated to a female one. The work of women outside the family in the early period of industrialization in Montreal is described by D. Suzanne Cross. The book concludes with the essay on woman's role in the labour force during the Second World War, showing how women were manipulated before and during the war according to the requirements of the labour market, a problem that still concerns many. women today.

The essays collected in this volume will not only help to illuminate various aspects in the history of women in Canada but they also help to point out new and important areas for future research. One of the chief weaknesses of the volume is that the articles are very specialized and there is no critical framework to tie them together. Another volume dealing with theoretical models and critical approaches to the study of women's history would make a welcome companion. However, this was not the objective of the editors in the present volume. Most importantly, the essays have brought to light the historical problems with which women historians in

Canada are concerning themselves and give the reader a useful introduction to the approaches, methods and sources of their research.

> Ute McNab, Memorial University

The Perfect Gentleman
JUNE ROSE. London: Hutchinson and Co.,
Ltd. 1977. Pp. 160

This biography of Dr. James Miranda Barry is of peripheral interest to Canadians since Dr. Barry served briefly as a medical officer in Canada from 1857 to 1859 and was responsible for advocating improved sanitary conditions in the army barracks. Dr. Barry's career may also have wider significance if it is true, as June Rose argues, that Dr. Barry was a woman.

Rose's research is the most recent contribution to what has been a century-long debate over the sexual identity of "the strange Dr. Barry." Rumours concerning Barry circulated during her lifetime. Her delicate physique, high-pitched voice, absence of facial hair and "petulant temper," were certain to invoke gossip and innuendo. The gues-

tion erupted into a full-scale debate at the time of her death in 1865 when the charwoman who laid out the body noticed what she thought were striae gravidae (stretch marks on the abdomen suggesting the birth of a child) and announced to the world that Dr. Barry was a woman. The question remains unsettled. Dr. Charles Roland argues in the Dictionary of Canadian Biography, Volume IX, on the basis of an 1895 article in Lancet that Dr. Barry was a "male hermaphrodite" who had "feminine breast development and external genitalia." The British Dictionary of National Biography, Volume I, agreeing with the charwoman, maintains that Dr. Barry was a woman. Somehow, the national positions taken on the matter seem fitting.

If, as Rose argues, Dr. Barry was a woman then her story ably documents the subterfuge to which women in the past have had to resort in order to practice a profession. Beyond that, Barry's career says much about the problems faced by an impoverished child prodigy in securing a station in life in nineteenth century Britain. According to Rose, Barry was the second daughter of a bankrupt Irish family named Buckley. Her artist uncle, whose name she assumed after his death, had friends in high places who were ardent proponents of female education. Recognizing the child's genius, this elite intellectual circle, led by Lord Bucken, conceived the idea of disguising the child as a boy and

serving as patrons of her education. Thus young Miss Buckley, alias James Barry, enrolled in the Edinburgh University Medical School in 1809 at the age of ten. Four years later, equipped with one of the best medical degrees then offered, Dr. Barry, still masquerading as a man, enlisted in the Army Medical Department and in 1816 received her first overseas posting to Cape Colony in South Africa.

In Capetown, the new doctor enjoyed the friendship of Governor Somerset whom Rose suggests may have fathered a child by Barry. Unfortunately, the evidence for this conclusion is conjectural and not wholly convincing.



Photo of James Miranda Stuart Barry. Courtesy of Royal Army Military College, London.

Thus the ultimate proof--a child-which would clinch Rose's thesis is lacking as, in fact, are the documents supporting Barry's origins and (Others have argued that Barry was born in 1795 not 1799 and therefore her adolescent career would be less prodigious than Rose claims.) What is clear, from conclusive evidence in government files, is that Barry was a gifted doctor, who became an ardent champion of medical reform in all her postings which took her from the Cape to Mauritius, St. Helena, Trinidad, Malta and Canada during her 46-year career. Her conflict with authorities, which is a recurring theme in her life and which once resulted in Barry being ordered to England under arrest, were clearly more the result of her crusading, reforming zeal than they were of her effeminate personality.

Unfortunately, the preoccupation with Dr. Barry's sexual identity tends to obscure the significance of her career, a problem which still faces many women professionals. The implications of the debate seem to be that if Dr. Barry was a woman, then her accomplishments, like those of a dog that walks on its hind legs, are remarkable and noteworthy; if on the other hand, Dr. Barry was a man, then he was a bright, eccentric medical officer who urged reforms in the backward colonial outposts of the British Empire. Whatever the verdict, Dr. Barry, like many in the Colonial Service, lived a lonely, frustrating life, thwarted in her reform efforts by the prejudice and limited horizons of her colleagues and by the bureaucratic maze which stifled initiative and innovation.

Rose is to be congratulated for outlining Barry's professional accomplish-They are an enduring monument to a dedicated medical career. Her thesis that Barry was a woman makes sense in terms of the information available, although claims respecting Barry's origins, personal life and sexual identity are not well documented. It is unlikely that the answers to these questions will ever be definitely determined; nor is it important that the truth be known. Whether Barry was a woman, an hermaphrodite or an effeminate man, life was not easy for any unusual "man"-especially a reform-minded one--in the patriarchal world of the British Colonial Service, or in any society for that matter.

> Margaret Conrad, Acadia University