

When the proposed scheme was put to Florence Nightingale, she replied politely but less than enthusiastically. She was at the time still nursing in the Crimean War, much preoccupied with the present and future health of the army and very unsure of her own. Although she had in the past visited a number of hospitals both in Britain and Europe and had herself "trained" at Kaiserswerth Institution, she had not found any system of training hospital nurses to her satisfaction; nor had she worked out any plans of her own. As she replied to Sidney Herbert, "It would have been reasonable to have asked for a prospectus of my plans if I had originally *asked* for the money, which of course I did not. But to furnish a cut and dried prospectus of my plans, situated as I am here . . . is what I would not if I could, and could not if I would."

Despite her reluctance Florence Nightingale, with the funds of a grateful nation to hand, eventually had to specify her plans. To her old friend, Mrs Bracebridge, she wrote, ". . . if I had a plan it would simply be to take the poorest and least organised hospital and, putting myself there, see what I could do—not touching the Fund for years until experience had shown how the Fund might best be available". On 9 July 1860, the experiment in training nurses began. Fifteen probationers arrived at the Nightingale School at St Thomas's Hospital.

Monica Baly shows how the Nightingale Fund affected the Nightingale School, midwifery training, Poor Law nursing, district nursing, and nursing in military hospitals. She describes how the experiment evolved with its full share of failures and compromises as well as successes and has left as a legacy some problems which have lasted to this day.

It is surprising to read of the protracted negotiations between Miss Nightingale and St Thomas's which preceded the foundation of the nursing school and to find that she did not always get her own way. Nor did the Fund Council give unanimous approval to the final result. Mr Bracebridge, for one, objected to the regulations for the nurses. He protested, "It was always intended from the first . . . to establish a profession"; but despite expectation of tuition from a medical officer and Sisters, the probationers' training was in fact to be a working apprenticeship with a contract and working conditions not in keeping with professional status.

It is sad to hear the fate of this first intake of probationers. Four were dismissed; two for disobedience, one for being drunk and one for ill health. One died of typhus. Only four of the fifteen were still nursing at the end of the second year. Indeed, even after the scheme had been working for ten years, as Monica Baly points out, there were probably not more than fifty nurses with a Nightingale certificate in active work in hospitals for the sick poor, and contrary to popular belief, only six Nightingale-trained nurses before 1871 became superintendents of hospitals.

The pattern of hospital nursing set up by Florence Nightingale persisted for many years. Much will be familiar to any nurse who trained in the first half of this century. The emphasis on vocation, strict discipline on the ward and off, long hours of hard work, and scant regard for financial reward suggest that Miss Nightingale was more influenced by religious sisterhoods than she knew.

Today the whole question of nurse training is being looked at afresh. In a radical contemporary proposal, the students would be paid from a specific educational budget, they would have student status and work on the wards as part of their education, not as exploited pairs of hands. One wonders why Miss Nightingale with "a million pounds" at her command organized training so differently.

Monica Baly in her informative book has shed new light on the road along which nursing has come. It is debatable how much of Florence Nightingale's legacy will be carried forward, but she herself was aware that "No system can endure that does not march".

Mary Keele

PETER MURRAY JONES, *Medieval medical miniatures*, London, The British Library in association with the Wellcome Institute for the History of Medicine, 1984, 4to, pp. 144, illus., £12.95.

Peter Murray Jones's purpose here is to give some account of the drawings to be found in manuscripts in the British Library and the library of the Wellcome Institute. He does this in

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perhaps the best possible way by explaining the circumstances that generated the kinds of manuscripts of which these are examples. This approach should satisfy the historian of art (and the book is well illustrated, with eleven colour plates and over sixty black-and-white figures) and the historian of medicine. The latter, in particular, is reminded that manuscripts are objects as well as vehicles for texts, and Jones's approach begins to answer the "why" that we have to add to the "what" of manuscripts. To take one example, the text of the "five figure series" of anatomical drawings, corrupt to the point of unintelligibility, has baffled the many scholars who have viewed it as an event in the transmission of knowledge. But to see such a manuscript as an object, to see where it has been rubbed, where stitched and bound, and to ask the kind of question that Jones asks—who wrote it; why; who wanted to read it, and how did it get there to be read—is to begin to provide some answers. There are here at least general answers about the producers and consumers of medical knowledge: there are surgeons' volvelles, physicians' folding calendars and travelling Jordan charts and haematoscopedical miniatures, as well as the more familiar cupping, bleeding and wound-manikins. There are technical surgical tracts (John of Arderne's famous and indelicate illustrations of the treatment of *fistula in ano*, for example), and medical knowledge tailored for the religious or lay consumer.

Because the book is more than a guide to two manuscript collections, I missed a more extensive documentation in the text, a need not really satisfied by the select bibliography and list of manuscripts.

Roger French
Wellcome Unit for the History of Medicine, Cambridge

ROSEMARY WHITE, *The effects of the NHS on the nursing profession 1948–61*, Oxford University Press for King Edward's Hospital Fund for London, 1985, 8vo, pp. xix, 322, £25.00.

Rosemary White has done a service to students of the early National Health Service by analysing its effects on nursing, report by report, circular by circular. In a series of case studies, she seeks to show that nursing, having lost its charisma after 1948, became so diverse and largely "anti-educational" that it could no longer be treated as a unitary profession and, hence, its organizational structures and training programmes became unsuitable.

There is no doubt that in the early years of the NHS nursing suffered reverses. The flat structure of nursing administration did not fit the hierarchical pattern of the tripartite NHS and there was no nursing voice at some levels of policy-making. After the war, there was an acute shortage of nurses. Matrons went on foraging expeditions to the Caribbean and elsewhere in search of staff, and the Ministry, fearful of losing invaluable student manual labour, refused to allow the General Nursing Council to reimpose an educational standard of entry. This failure Dr White rightly pinpoints as being a self-fulfilling prophecy and was the greatest cause of the nursing difficulties in those years.

Regarded as "flickers of dusters" by civil servants, treated with contumely by politicians, lashed in reports by sociologists, and thought of as handmaidens by doctors, it is small wonder that nurses were held in low esteem. It is, however, strange that Dr White makes no reference to the historical tradition of low pay for women's occupations, and this as an important factor in their powerlessness.

However, Dr White's study covers only the first thirteen years, and interesting though these are, to draw conclusions from them for nursing today is misleading. The next two decades saw the nursing voice restored to all levels of the NHS (though now this is in danger of being lost again). Strides were made in postgraduate education and new roles for nurses in primary health care were established; and, although the problem of the foundation course has not been solved, at least there are blueprints for a more holistic and comprehensive education for nurses based on the community as well as the hospital. Valuable though it is to have the early reports, negotiations, and policy between two covers, Dr White's conclusions are hardly valid for nursing today.

First, the time-span is too short and little notice is taken of the changes and objectives in meeting the health needs of the population in the next twenty-five years. Second, and more important, is the confusing and unrealistic remedy propounded. Throughout the book, Dr