

Book Reviews

Apparently this did not occur in other countries, where mothers could either read instructions on the packet or write to the food companies for advice. When American mothers wrote to manufacturers for directions, they were advised to go to a physician. Although there was an "ideology of scientific motherhood" in early twentieth-century America, no mention is made of the eugenics movement, which was a major factor in the ideology of motherhood in the European and Australasian infant welfare movements in the same period.

The comparative study of these cultural and other factors, for which she calls in her final chapter, is currently being undertaken by the reviewer. In this, Apple's scholarly, readable, and well-illustrated book will provide an invaluable aid. It is recommended to all who are interested in the history of nutrition, advertising, women, childhood and the family, in addition to social and medical historians and general readers.

Valerie Fildes, Cambridge Group for the History of Population and Social Structure

JENNIFER BEINART, *A history of the Nuffield Department of Anaesthetics, Oxford, 1937–1987*, Oxford University Press, 1987, 8vo, pp. xiii, 214, illus., £25.00.

The Nuffield Department of Anaesthetics was 50 years old in 1987, and it was to celebrate this achievement that Jennifer Beinart was asked to write a history. This had been done before: a similar volume was commissioned to celebrate the twenty-fifth anniversary in 1962 (R. Bryce Smith, J. V. Mitchell, and J. Parkhouse, *The Nuffield Department of Anaesthetics, Oxford 1937–1962*, 1963), and in 1988 the proceedings of a meeting held in London as a tribute to mark Sir Robert Macintosh's ninetieth birthday were also published (W. D. A. Smith and G. M. C. Paterson, *A tribute to Sir Robert Macintosh*, Royal Society of Medicine), and this—inevitably—reads like a history of the Department too. Those wishing to study the development of anaesthesia at Oxford are not likely to run short of material.

It took no less than 90 years for British anaesthesia to earn sufficient respectability to permit the establishment of this, its first academic department. The work of such men as Drs Snow, Clover, Hewitt, Buxton and Boyle laid the foundations on which British anaesthetic practice is still based, but their calling was by and large disorganized, undervalued, and without status. Had the speciality continued to look solely to its other medical colleagues to recognize its academic worth, nothing would have happened for many years. As luck would have it, two men—Dr (later Sir) Robert Macintosh, who died after this book was published, and Lord Nuffield—each coming from completely different backgrounds—met by little more than chance, were impressed by each other's qualities and strengths, and exchanged ideas. As a result Macintosh was elected to Britain's first Chair of Anaesthetics in the Nuffield Department of Anaesthetics at Oxford. Three other Nuffield clinical Chairs were established at the same time at Oxford, but it is clear that few people wanted Macintosh's department to either exist or succeed. He and his pioneering colleagues had to feel their way along, realizing that any result less than perfection would be judged as complete failure by their unenthusiastic (but influential) colleagues.

Macintosh's common-sense appraisal of anaesthesia's problems, his energy and his ability to attract excellent colleagues ensured that Nuffield's venture would succeed and, as a result, anaesthesia took a great leap forward. Those same qualities also ensured that when the rigours of World War II demanded rapid increases in the scope and technology of anaesthesia Macintosh and his team—then bubbling over with ideas—were more than adequate for the task. Nor was this their only strength, for Oxford quickly became the citadel of progressive but safe, simple, and straightforward anaesthetic practice. This tradition continued for many years before being swept aside in a Gadarene rush to adopt (mainly for dubious medico-legal reasons) high technology methods: more reliance has come to be placed on supposedly "fail safe" machines than on the anaesthetists who use them. The principles which guided Macintosh half a century ago will, arguably, have to be learnt again before long.

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The book ranges over the whole of the Department's activities. The story of the Respiratory Unit is particularly well-told, and places the initial development of the unit (the forerunner of present day Intensive Care Units) in its very human setting. After its *ad hoc* start the Respiratory Unit could develop only by a grant from Lord Nuffield's Provincial Hospitals' Trust. The Unit was a huge success, and was the model for many such units throughout Britain subsequently. But its very success meant that when more sophisticated intensive care units were established for the treatment of serious illnesses (whether or not they required respiratory care), there was no local support for the anaesthetists' wish to expand their own, and by then rudimentary, pioneering unit. Oxford's proper Intensive Care Unit did not open until 1972; Lord Nuffield (who died in 1963) would not have tolerated such a delay.

Beinart was fortunate to have been able to consult each of the three Nuffield Professors of Anaesthetics (Sir Robert Macintosh, Alex Crampton Smith, and Keith Sykes) whilst researching this work. She was also able to talk with numerous others who are, or who have been, associated with the Department's first 50 years. The pitfalls of writing about recent events and personalities are many, but the result of her work is a most readable history, enlivened throughout by personal recollections which provide immediacy to what so easily could have been a dry catalogue of medical achievements.

Nonetheless, it would have been good to have learnt more about the difficulties (in terms of personalities and the like) with which the pioneers must have had to contend. Similarly, the opportunity has been missed to give anything but the briefest account of Lord Nuffield himself. What is recorded here is the standard story. He was such a fascinating man that a fuller account of his career, and his thinking at a time when the Nuffield Department began, is the most sorely missed feature of this book. Strangely, little mention is made of the other three Nuffield Professorial Departments that were set up in Oxford at the time, and the interaction of the four units is nowhere discussed. Despite these shortcomings the book is a very readable account of a renowned department of anaesthetics, and is an important addition to the literature of the history of anaesthesia.

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ROBERT DINGWALL, ANNE MARIE RAFFERTY and CHARLES WEBSTER, *An introduction to the social history of nursing*, London, Routledge, 1988, pp. vii, 256, £10.95 (paperback).

This readable, well-referenced book, written by a social scientist, a graduate nurse, and a social historian, sits between Abel-Smith's political history and Baly's Nursing Diploma textbook. Not only is it a textbook for the new-style Nursing Diploma, but it also supports Abel-Smith's "Third Portal" theme, with its emphasis on the ability of a dis-united profession to absorb the "handywomen".

Being the first comprehensive social history of British nineteenth- and twentieth-century nursing, it mirrors the approach of much recent historiography on which it draws. (But has recent work not shown that the retreat of the Anglican Church in the eighteenth century has been exaggerated?). The authors conduct us through the usual developments: domestic antecedents, the incipient revolution of the 1840s, the catalytic effect of the Crimea, the late nineteenth-century reforms (once attributed to the Nightingale Fund), the registration struggle, Nurse Acts and reports from *Lancet* to Briggs. But they always do so critically and with fresh insight. The nursing occupations are aptly compared to the constant redevelopment of a city; and the "registrationists" to redevelopers who had to take cognizance of the nature of the site, and of previous attempts to develop it.

In the conclusion, which covers the last two decades, the eternal problem of nursing is highlighted. Sandwiched between the economic constraints of managing deviance (i.e., illness) and a powerful, autonomous, free-spending medical profession, this politically naïve occupation had only ill-fated strategies for comparable autonomy. Discussing the