Shula Marks, *Divided sisterhood: race, class and gender in the South African nursing profession*, Basingstoke, St Martin's Press, 1994, pp. xiii, 306, £40.00 (0-312-10643-2).

The history of nursing in South Africa is one to which only an historian of ability can do justice. This unpromising topic—at least to South African eyes—encapsulates all the contradictions and ambiguities of life in a complex and divided society.

Modern professional nursing developed late in South Africa, only after the discovery of diamonds attracted to disease-ridden Kimberley South Africa's "Florence Nightingale", Sister Henrietta Stockdale. The history of nursing in South Africa is dominated by two formidable women, Stockdale herself, and Charlotte Searle. Both white, both middle class, both cherishing visions of nurses as "ladies", both were successful ultimately because they conformed to the norms of the ruling establishment. In the case of Stockdale this was patriarchal British imperialism; for Searle it was the equally male-dominated policy of apartheid. The result was to create and mould a profession which accepted subordination to an authoritarian medical profession as well as the poor wages and exhausting conditions commonly accorded to working women, reinforced by a class and race-bound hierarchy. Only in 1944 did South African nursing begin to gain control over its profession, in circumstances fraught with ambiguities.

This untenable situation created great tension within the nursing profession. The issue of gently-bred white "ladies" nursing black men opened the doors to the training of black women; a shortage of English-speaking women paved the way for working-class Afrikaans nurses. Both groups found themselves second-class citizens within the profession. Afrikaans women resented their exclusion from the ruling councils. For black women nursing was even more problematic. Deliberately trained as "self-conscious harbingers of modernity" to their own people, they were trapped in two worlds, accepting and promoting western values on the one hand, but excluded both by race and gender from participation in westernized South African society. Yet cutting across these divisions were the universalist and internationalist values of nursing, which even deeply conservative nurses like Searle wished to uphold. The history of nursing in South Africa often echoed developments abroad, but South African conditions reinforced the class and race divisions of the country. South African nursing is fortunate in having the historian of ambiguity in South African society to explore these contradictions.

There are omissions. Black nurses, particularly, are shadowy figures. The last part of the book is largely an analysis of changes in the profession within the context of degenerating apartheid. This is not a criticism. The writing of social history in South Africa is a difficult task. Secondary sources are scanty and, as in the case of Searle's history of nursing, mythologizing and uncritical. Vast areas, like that of the provincial administrations which were responsible for health care in South Africa, are entirely unresearched. The voices of women, especially black women, are even more "lost" than is the case in western countries. This is a pioneering work which can only excite the reader and challenge historians to further research in the field.

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Russell G Smith, *Medical discipline: the professional conduct jurisdiction of the General Medical Council, 1858–1990*, Oxford Socio-Legal Studies, Oxford, Clarendon Press, 1994, pp. xlvi, 397, £40.00 (0-19-825795-3).

The General Medical Council is a spectral body in the history of British medicine. It commands attention, excites interest, but remains essentially mysterious. That it should do so must be due in part to the inaccessibility of the archive materials the Council can be

presumed to hold. Historians can work only with the published *Minutes*, and other official documents. The GMC and its members have published a number of accounts of the Council's work and history during this century, but a definitive history of the Council and its relationship to the wider history of medicine remains to be written. Russell Smith's book is, however, a large step in this direction, providing a thorough appraisal of the Council's function as a judicial body. The author's aim is to ascertain "whether or not the [GMC's] jurisdiction has complied with certain aspects of substantive and procedural justice". As part of this critique of the Council's disciplinary function, he examines historical examples of criticism of its disciplinary decisions and the procedures used to arrive at them. Changes in procedure and reasons for them are laid out with legal precision.

Smith reminds us that the jurisdictive function of the Council arose out of "a half dozen inconspicuous lines" in the 1858 Medical Act which were scarcely debated in Parliament. However, in its first year it began erasing names from the register. The first practitioner to be struck off appealed to the High Court for restoration, complaining that his case had been heard in his absence. Over the intervening 136 years over a hundred cases have been brought against the GMC, demonstrating that the Council went on rather as it had begun. Smith's analysis of the Council's judgements focuses on the questions of legality, fairness, accountability, impartiality, effectiveness, efficiency and openness. The book is organized around the structure of disciplinary hearings themselves; examining the development of the jurisdiction and of proceedings, cases heard, sanctions and restorations to the Register, rather than chronologically. Perhaps his most striking conclusion is that the "judicial, quasi-criminal, adversarial procedures" of the Council are not the most effective way of setting and maintaining standards of professional conduct, their putative purpose. This begs the historical question as to why the Council not only chose, but then stuck to, a method of modulating medical behaviour that attracted criticism from the outset and is still found wanting in important ways. This and other such questions, such as who, in prosopographical terms, made up the Council, which could be explored with the sources available, are not addressed. *Medical discipline* uses the Council's history in appraising its validity and success as a judicial body, with the emphasis firmly on the present, but is not a historical account *per se*. Accordingly, it is strongest on the recent history of the Council, and provides a valuable insight into its workings during the 1980s, when Smith was able to observe them. It does succeed admirably on its own terms, and in so doing provides a wealth of information about the Council. A great deal of well collated and clearly presented raw data is included in tables and appendices, including a chronological listing of the 2,015 individuals brought before the Council since 1858, trend analyses of types of cases brought over time, and a table of Parliamentary Bills and debates.

In summary, *Medical discipline* provides a thorough, primarily legal, appraisal of the disciplinary functions of the GMC. In both its analysis and in the data presented it will prove a valuable resource for students of the development of the profession since 1858, and a solid foundation for any more general historical account of the GMC.

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Ellen Singer More and **Maureen A Milligan** (eds), *The empathic practitioner: empathy, gender, and medicine*, New Brunswick, Rutgers University Press, 1994, pp. vii, 266, $45.00 (hardback 0-8135-2118-1), $18.00 (paperback 0-8135-2119-X).

In the beginning was Sympathy, or so the story goes. Sympathy was an essential part of medicine before the development of biomedicine. We are told here (p. 2) that medical practice "was grounded explicitly in a deep familiarity not only with the physical but also with the psychological, spiritual, and