

Book Reviews

White speaks of “generalists” and “specialists”, the former being pejorative and the latter laudatory. Medical and nursing readers would take a “specialist” to mean someone with a profound knowledge of one branch of medicine. But in Dr White’s conclusions it is clear that she does not mean this: “specialists” are a small, university-trained élite, who, in her view, are the only “professionals”; the “generalists” are non-professional and anti-educational. “We should be able to resolve the thorny question of student status: the specialists need it, the generalists do not; we should be able to achieve educational legitimacy for the specialists even though this may not be necessary for the generalists . . . the RCN’s ambition to professionalise nursing is manifestly unobtainable so long as their goals include all nurses.”

Who then will nurse the patients of tomorrow? Not the specialists: they will make policy; but presumably the uneducated generalists. This is going against all current thinking, standards of entry, and the Briggs’ Report, not to mention the proposals of the UKCC. As the population grows older and needs more care as opposed to more medicine, the role of the nurse becomes paramount. District nurses and health visitors are the partners of the doctors, and because of pressures on medicine, and the public expectation for care, nurses are taking on new roles: they need wider, not less education. A university élite may have its place, but it is more important to have a professional, educated and trained nursing force to nurse the sick and to prevent illness.

This book treats history in the light of subsequent preoccupations and not as it occurred. Since many people who were in power in those years are still very much alive, it is surprising that Dr White did not interview them and take into account their recollections. It is strange that in the period under review no one seems to have understood anything. The Royal College of Nursing did not understand the University Grants system (though it had eminent academic advisers), the General Nursing Council did not understand the Wood Report, and the civil service did not understand the Goddard Report. All the people were wrong all the time. If we had had the recollections of the individuals involved, we might have had a different picture. Most of the trouble for nursing was not the wrong conclusions but the lack of political will and resource to put the right conclusions into force. Nursing 1948–61 needs to be rescued from this enormous condescension of posterity.

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JOHN SCARBOROUGH (editor), *Symposium on Byzantine medicine* (Dumbarton Oaks Papers, no. 38), Baltimore, Md., Dumbarton Oaks Publishing Service, 1985, 4to, pp. xvi, 282, illus., \$40.00.

As Romilly Jenkins once observed, the verb which in classical Greek had meant “I innovate” acquired in Byzantine Greek a revealing pejorative sense: “I injure”. Medicine is one facet of Byzantine culture that is still often seen in terms of such philology—as the tedious repetition of an ancient heritage. The convening of a conference on it was timely. Despite much specialized work, nothing had emerged to replace the conspectus, ‘Byzantine medicine: tradition and empiricism’, with its welcome stress on development rather than stagnation, that Owsei Temkin published in 1962. The present volume, fittingly dedicated to Temkin, and representing the proceedings of the conference, thus has the immediate merit of bringing to wider notice a significant body of scholarship (in footnotes as much as text) and of prompting a fresh assessment of the entire field. The chronological scope of the twenty-one papers is impressive. So too is the range of topics—from commentary on Aristotle to rabies. (Surveys of the Slavonic and Syriac materials and a discussion of gynaecology are the only obvious omissions.) As with all such collections, however, the quality of the contributions is uneven. There are a number of philological investigations that command wholehearted respect (on ophthalmology, for instance, Theophanes ‘Nonnus’, commentaries on Dioscorides, early pharmacology). But in terms of breadth of reference, analytical subtlety, and—let it be said—general historical interest, three contributors set standards that few others can match: Vivian Nutton on medical learning and practice in their social and religious contexts in late antiquity; Gary Vikan on magical artefacts associated with the cult of saints (a stimulating diversion from the usual hagiography); and Elinor Lieber on the Hebrew *Book of medicines* attributed to Asaf the Sage, with its remarkable account of the circulation of the blood. Overall, there is a disturbing lack of

Book Reviews

cross-reference between papers. Worse, editorial indulgence has left several of them substantially overlapping in scope, if not mutually contradictory—so that Nutton does much of the job of three other contributors rather more cogently than they can themselves. The weakness of these three emphasizes a more general failure to match painstaking scholarship with thoughtful interpretation. Contented reference to “tradition and empiricism” is not enough: by now we ought to be questioning the sensitivity of that formulation, not merely endorsing it.

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POUL ASTRUP and JOHN W. SEVERINGHAUS, *The history of blood gases, acids and bases*, Copenhagen, Munksgaard, 1986, 4to, pp. x, 332, illus., £23.25.

Danish chemists and physiologists have made many significant contributions to the development of blood gas analysis, which plays such an important role in clinical chemistry. The senior author, Poul Astrup, who writes its history up to 1950, himself developed a delicate electrometric method of determining $p\text{CO}_2$ as a result of seeing patients die of respiratory paralysis from CO_2 retention during the Copenhagen polio epidemic of 1952–3. Astrup's account, which he describes as “novelistic”, moves from a fairly popular description of the history of respiration and pneumatic chemistry from ancient times to Lavoisier, through the development of vacuum pump techniques by Bunsen, Magnus, Meyer, Ludwig, Pflüger, and others, to an excellent technical review of the nineteenth- and early twentieth-century literature on the oxygen and carbon dioxide dissociation curves. He completes his story by tracing the complicated development of the concept of acidosis. Throughout, there is a welcome emphasis upon the relationship between instrumentation and scientific and clinical advances. Finally, in a rather self-indulgent chapter, his American anaesthetist friend, John Severinghaus, reviews major methodological and instrumental developments in the field (including Astrup's) since 1950.

The book, which is translated from the Danish version of 1985, is admirably illustrated and contains an abundance of biographical and anecdotal material for enlivening lectures on physiology or biochemistry or their respective histories. Historians of medicine will find the book superficial, but nevertheless a useful source of biographical information on obscurer European physiological chemists. The reviewer agrees with the *Danish Medical Journal* that it would “be a dream of a gift for a medical student”.

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