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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 haematological 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.

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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

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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.

Monica Baly

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