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of letters, shown clearly by Laurence Brockliss and Eric Hamraoui. As well as corresponding widely with his contemporaries, Tissot has left us with abundant source material on the patient/doctor relationship. His detailed diagnostic letters as well as the patients' requests allow historians, such as Frédéric Sardet, Philip Rieder and Vincent Barras, to examine eighteenth-century conceptions of therapy, treatment and patient/doctor interactions.

Though Tissot was renowned for his epistolary diagnoses, other essays in this collection show that he was well aware of the usefulness of physical examinations. In his overview of eighteenth-century anatomical pathology, Othmar Keel argues that, despite the continued dependence on Neo-Hippocratic and humoral theories, doctors such as Tissot began, when possible, to depend on examinations in their diagnosis. Tissot also kept up to date with new discoveries in physiology and pathology. His own treatise on nerves was an important contribution to a Europe-wide debate on the irritability of nerves, discussed here by Hubert Steinke and Urs Boschung. Tissot defended fellow physicians Albrecht von Haller and Johann Georg Zimmermann who posited that nerves could be irritated, even after death, questioning the animist theory that linked movement to the soul and siding firmly with the vitalists. Alain Cernuschi's analysis of acoustics and music in Tissot's *Traité des nerfs* provides an unusual take on this important text.

This collection also contains a series of broader articles, meant to situate Tissot in his milieu. That by the late Roy Porter examines the conception of progress in British medical science; a subject that seems only tangentially linked to Tissot and has been poorly translated into French. More successful is Matthew Ramsey's essay on the tensions between a liberal English medical model that stressed the education of the patient and the paternalist German model that put all medical knowledge in the hands of trained and government approved

specialists. In his work, Tissot adopted an amalgamation of both models. Articles on Swiss medical healers and the history of male obstetricians illustrate the world in which Tissot practised.

This collection, strangely, does not address directly some of Tissot's most famous works. His *Onanisme* of 1760 is hardly mentioned, and his discussion of hygiene for the people mostly ignored. Since these works have been discussed elsewhere, the articles here focus primarily on his letters, less well known tracts, and personal relationships. Because these short articles come directly from conference presentations, some subjects are covered only cursorily while others are given repeated coverage. Overall, this collection provides some perceptive glimpses into Enlightenment medicine, but those unfamiliar with Tissot's legacy will need to turn to early biographies.

Morag Martin,
University of Warwick

Ann Bradshaw, *The nurse apprentice, 1860–1977*, The History of Medicine in Context, Aldershot, Ashgate, 2001, pp. ix, 267, £45.00 (hardback 0-7546-0172-2).

Bradshaw seeks to set the record straight and break with a historiography of nursing that she believes has downplayed the vocational tradition in the development of the nursing profession and the motivations of individual nurses. In doing so, she traces in (often meticulous) detail the apprenticeship model of nurse training from the establishment of the Nightingale school in 1860 to the creation of the United Kingdom Central Council for Nurses, Midwives and Health Visitors (UKCC) in 1979. Apprenticeship is shown to embody the Nightingale ideal; a style of training that represented a moral, intellectual and practical approach. It was one seen to equip

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nurses with a patient-centred ethos, and to deliver the appropriate knowledge, skills and techniques to prepare the nurse for a practical tradition of care. The durability of these ideas is effectively explored through a detailed analysis of nursing textbooks. For Bradshaw, it was only in the 1960s that the professional consensus over the importance of apprenticeship and patient-centred approach was challenged as a new conception of education influenced by American models began to be asserted. The UKCC is seen to mark the triumph of these new views and the replacement of apprenticeship with a training that was more nurse-centred and academic. Critical of Celia Davies, Monica Baly, Brian Abel-Smith, Asa Briggs, and those who played a role in defining the new conception of training, Bradshaw feels that something has been lost with the end of apprenticeship, and the vocational element of nursing tarnished. It is this, and her background in nurse education, that colours the analysis.

Bradshaw is strongest when dealing with the period after 1939, though curiously the NHS appears as a vague backdrop. The ideas of the Horder (1941) and Wood (1946) committees, and how they failed to re-orientate training, are explored to offer a compelling view of the staying power of apprenticeship in the 1940s and 1950s. The tension in the 1960s between those nurses who wanted to retain the values associated with apprenticeship, and those who rejected the traditional approach as backward looking, are effectively chronicled. The 1972 Briggs committee comes under sustained criticism, and the paradox of improving pay, conditions and status while preserving vocation is addressed. However, the changes in the 1980s, when a fundamental reorientation of nurse training occurred with the final abandonment of the apprentice nurse in favour of the supernumerary nurse, receive scant mention. Nor is there an attempt to explore how the desire to integrate

nursing into an academic model in the 1960s relates to the university ideal in the era of the Robbins report.

The examination of the nineteenth century and the attempt to rescue the impact of Nightingale's work is less successful. Here, contemporary rhetoric often appears to be taken at face value and little mention is made of the criticisms of the Nightingale method. Training is shown to be classless and the debates over registration to represent how Nightingale's views had become "a normative living reality in hospital nursing" (p. 76). Although the importance of the nurse being moral and obedient is stressed, there is little attempt to show how training attempted to instil these values.

The book has other shortcomings. Apprenticeship and training are seen as timeless systems, at least until the 1960s. Few comparisons are drawn with the debates over academic training in medicine, despite nursing following a similar pattern, or the extent to which nursing sought to mimic medicine or other professions. Notions of professionalization and how training effected socialization and a professional identity are very much in the background. Perhaps the most significant shortcoming is the absence of an investigation of what was happening at individual schools. This is a history of the rhetoric and ideals of apprenticeship through the medium of the nursing journals, textbooks and reports. There is no attempt to look at the records of the Nightingale school, of other institutions involved in training, or of some of the major figures. In a history of apprenticeship, this lack of engagement with how the apprenticeship model worked in practice represents a missed opportunity, one that grates with the claim that the book is based in the "copious use of primary sources". Overall, Bradshaw's account represents a detailed study of the apprenticeship model, but one whose

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shortcomings and bias towards nursing as a vocation detracts from its value.

Keir Waddington,
Cardiff University

Ellen S More, *Restoring the balance: women physicians and the profession of medicine, 1850–1995*, Cambridge, MA, Harvard University Press, 2000, pp. xi, 340, illus., £15.95 (paperback 0-674-00567-8).

This meticulously researched volume asks why it is taking such a long time for medical women in the USA to attain the highest levels of their profession. It joins two other notable studies on similar topics. In *“Doctors wanted: no women need apply”*: *sexual barriers in the medical profession, 1835–1975* (1977), Mary Roth Walsh analysed the discrimination against American women, especially that in educational opportunity; and in *Sympathy and science: women physicians and American medicine* (1985), Regina Morantz-Sanchez analysed the tension between collegial assimilation (exemplified by Elizabeth Blackwell), and separatist perfectionism (typified by Mary Putnam Jacobi). More’s study is complementary in that she highlights the principle of balance in female doctors’ lives, and argues that it continuously informed both their professional and personal values. Evidence is provided by a close reading of the careers of selected pioneers (notably the Quaker doctor, Sarah Dolley of Rochester), by oral histories, and by case studies of local and national institutions.

More argues that medical women needed to balance creatively the claims of two separate but linked worlds, since they held dual citizenship in their private households and in the public medical world. For example, Sarah Dolley’s only surviving journal mingled case histories of her patients with comments on her own family’s

health. This concern for balance also operated in the broader context of a gendered separatism in female medical societies and dispensaries, where activity was characterized by social activism and feminism. By the early twentieth century, however, the next generation of medical women was losing its feminist commitment to the separatism of all-women organizations in favour of professional integration.

Yet women’s career patterns militated against such assimilation. Practising a maternalist medicine in child bureaus within municipal public health departments had the advantage that it could be more easily combined with marriage and a family, but it carried a professional risk. Medicine was now moving towards a biological reductionism rather than the broader environmental and holistic concerns of the preventive medicine favoured by women doctors. Medicine was also increasingly geared to specialism. A restructuring of medical institutions during the first half of the twentieth century left women on the professional margins, where separatism continued despite the rhetoric of assimilation. Women were seldom appointed to competitive internships, or residencies, and even fewer gained hospital privileges. Female physicians gained a foothold in a few specialisms—notably gynaecology and psychiatry—but were not accepted as members of specialist societies. Women were a generation behind in moving to careers in specialties or in academic medicine.

Only in the second half of the century did the favourable wind of government policy (concerned with a possible shortage of physicians), and the general momentum given by the movement for women’s rights (in changing attitudes and expectations), lead to a successful drive against one potent aspect of discrimination—the admission policies of medical schools.

Much of this narrative parallels the story of women in British medicine, although the continued resilience of general practice on