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Susanne Kreutzer and **Karen Nolte** (eds), *Deaconesses in Nursing Care: International Transfer of a Female Model of Life and Work in the 19th and 20th Century* (Stuttgart: Steiner, 2016), pp. 230, €46.00, soft cover, ISBN: 978-3-515-11355-7.

This recently published book presents the results of an international conference on deaconesses in nursing care held in Kaiserswerth in Germany, where, in 1836, the first motherhouse for Protestant deaconesses was founded. In their short introduction, Susanne Kreutzer and Karen Nolte – who are both renowned experts in the field of transnational nursing history – outline the concept of the book. It is based on an understanding of ‘transnationalism’ that goes beyond historical comparisons and focuses on exchange processes of concepts, material objects and semiotic systems (p. 7). Protestant deaconesses played a crucial role in the history of nursing well into the middle of the twentieth century. According to the German model, the deaconesses lived together in a so-called ‘motherhouse’. They were trained in this motherhouse and sent out as nursing sisters to parishes, hospitals and numerous other institutions of home mission and medical care. Motherhouses for deaconesses spread widely across the European continent and some regions outside it, such as the United States and the Ottoman Empire. Through processes of adaptation, the German model of Protestant deaconesses was transformed according to specific cultural and societal contexts. Nevertheless, caring for the patients’ bodies and souls remained the core of the deaconesses’ work. One has to agree with Susanne Kreutzer when she states that the ‘history of the deaconesses serves as a perfect lens for the transnational history of nursing, medicine, the Church, gender and the welfare state’ (p. 225), but so far, the transnational dimension of the history of nursing deaconesses has mostly been neglected. For this reason, the present publication is to be appreciated.

The book is divided into four sections. The first one deals with the foundation era of German deaconess motherhouses and includes three chapters. It starts with a very illuminating paper by Karen Nolte dealing with the ‘self-understanding and everyday nursing practice’ of the Kaiserswerth deaconesses. Nolte convincingly shows that the nursing deaconesses often worked quite independently of the control of the physicians and the pastors who, according to the gendered normative level, were supposed to meticulously instruct the sisters. In addition, Nolte’s paper significantly widens our knowledge concerning the sisters medical training. Annett Buettner contributes a chapter on ‘Denominational sisters and brothers as pioneers of battlefield nurses’. Focusing on the German Imperial Wars of Unification, Buettner throws a light on the roles of women on the battlefield and describes the international dimensions as well as the pioneering role of denominational nursing care. The first section is completed by a paper from Matthias Honold who investigates the Neuendettelsau institution for deaconesses that was founded in 1854 in Bavaria. This case study shows that even within the German *Reich* there was a huge variation regarding the education of deaconesses and the organisation of deaconess institutions.

The second section of the book deals with the work of German religious sisters in Jerusalem. Here, Uwe Kaminsky describes the role Kaiserswerth deaconesses played in that city and argues that their task primarily consisted in strengthening the Christian communities on site (and not so much in converting Muslims or recruiting natives as deaconesses which was quite unsuccessful) and serving as some kind of marketing flagship for the motherhouses in Europe. The latter was quite important with regard to collecting donations. Ruth Wexler deals with Moravian Deaconesses who were sent mostly from the Emmaus Deaconess Institution in Saxony to work at the Leper Home in Jerusalem

(1874–1950). Wexler focuses on the challenges and problems with which the women were confronted due to the foreign cultural surrounding they were placed in.

In the following section, two essays examine the altogether successful transfer of the German deaconess model to Scandinavia. In her paper ('The deaconess movement and professional nursing: international demographics and Danish deaconess settlements at home and abroad, 1836–1914'), Susanne Malchau Dietz has a twofold focus. In the first part, she looks at the general development of the deaconess movement in Europe and shows that in the Scandinavian countries (Denmark, Norway, Sweden) the Kaiserswerth model of Protestant deaconesses was pretty widespread: In 1913, the deaconess houses in Oslo, Stockholm and Copenhagen (with altogether 1239 deaconesses) were among the largest in Europe – after six partly much larger German houses (p. 122). In a second step, Dietz investigates in a micro-historical perspective the foundation and nursing practice of a Danish deaconess motherhouse in Colorado in the United States (1905–9). Her emphasis here is laid on conflicts 'caused by unclear leadership and vague and unprofessionally formulated standards of nursing care' (p. 129). Pirjo Markkola investigates the development of the deaconess movement in Finland and shows that it was largely influenced by German and Norwegian models of organisation. While deaconesses must be seen as pioneers in Finnish nursing in the nineteenth century, their importance became more and more limited in the course of the twentieth century due to increasing state intervention in public health.

The last section contains three papers investigating the 'limits of transfer'. Carmen M. Mangion deals with the case in England, showing that the 'deaconess movement had its place in England from 1861' but that 'its growth in terms of numbers of deaconesses was not substantial' (p. 161). Different to, for example, the case in Germany, deaconesses in England never really gained a foothold in hospital nursing since the competition of the secular nurses proved to be too strong. Likewise, as Doris Riemann illustrates by the example of the Lutheran deaconess house in Baltimore in the United States, in the twentieth century deaconesses in nursing care remained marginal since 'this female way of life was not very attractive to American women' (p. 208), who supported the development of nursing care as a paid profession. In the final paper of this book, Susanne Kreutzer looks from a comparative point of view at the history of nursing deaconesses in Germany, Sweden and the United States in the twentieth century. Once again, the reader here finds explanatory approaches for the divergent success of nursing deaconesses in these countries. In her analysis, Kreutzer focuses on the following 'key changes' shaping the framework of Protestant nursing care: 'the establishment of a scientific understanding of disease, a forced professionalisation, specialisation and increased use of technology in nursing care, changes in gender relations, and (. . .) the expansion of the welfare state' (p. 211).

Kreutzer's and Nolte's book is a valuable contribution to the transnational history of nursing. Most of the articles draw largely on unpublished sources as well as recent research and seek a comprehensible structure and argumentation. Besides this overall positive impression, some critical remarks must be put forward. First of all, most of the articles lack theoretical reflections regarding 'transnationalism' (or 'international transfers' as named in the book title) which is surprising since the introduction offers a concise definition that could have served as a guideline for the authors. From my point of view, the articles written by Kaminsky, Honold and Wexler more or less fall behind the high standard of this publication, first of all, because they partly lack analytical or explanatory approaches, and often stick to a descriptive perspective. Moreover, they often do not really examine practices of nursing care and do not explicitly reflect on international transfers. In addition, they are partly based on a quite fragile basis of sources. This last point especially applies

for Wexler who nearly exclusively draws on (highly normative) annual reports of the Jerusalem Leper Home. Wexler states that these reports ‘are a rich source of material for studying the deaconesses’ experiences’ (p. 98) which is – from a methodological point of view – more than just suspect. When writing about ‘Eskimos’ (p. 101) and declaring the two World Wars as ‘stormy events’ (p. 102) and a ‘turbulent time’ (p. 100), Wexler also reveals a lack of reflection on language.

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Donnacha Seán Lucey and Virginia Crossman (eds), *Healthcare in Ireland and Britain from 1850: Voluntary, Regional and Comparative Perspectives* (London: Institute of Historical Research, 2014), pp. 276, £40.00, hardback, ISBN: 978-1-909646-02-5.

This edited collection emerged from two workshops held in Dublin in 2011 and 2012. It offers a novel approach to voluntarism, while considering some limitations of the existing literature, including the paucity of studies on Ireland and Scotland and a lack of comparative studies of regional health care since 1850. While recognising a traditional focus on general hospitals, its editors redirect attention to many other important institutions, including dispensaries, cottage and isolation hospitals. It also resurrects other neglected themes central to British and Irish health care, including the role of religion in shaping health care practice and policy, and the place of paying patients in hospital finance. In doing so, the book usefully outlines current debates in the history of British health care and provocatively opens up many new ones.

Scene-setting in the introduction begins with the establishment of the Poor Law in Ireland (1838), which the editors contrast with the better known English system, before outlining other key regional disparities, such as the prevalence, and absence, of fever hospitals in some regions. Irish health care was supplemented by a distinctive dispensary system, family members, and many other regular players in the mixed economy of health care. Added to this, however, were profession divisions along denominational lines, with Catholic doctors dominant in the Poor Law and dispensaries; nurses’ religious affiliations were equally apparent. Partition of the country in 1922 further complicates the story, with the Poor Law in the Irish Republic eventually resembling a foreign import. Other home-grown initiatives include the Irish Hospital Sweepstakes, and a failure to invest in domiciliary services, leading Ireland to accumulate more hospital beds per inhabitant than both the UK and US. While an NHS was never fully implemented in Ireland, 85% of the population enjoyed free or heavily subsidised health care by the mid-1950s. In Northern Ireland, by way of contrast, the Poor Law lingered and was replaced by a nationalised system in 1948. That said, local initiatives continued, the significance of which are brought out through transnational comparisons.

Even single-nation studies, however, are complicated, as many of this book’s chapters indicate. In one of two historiographical chapters, Gorsky demonstrates this by examining how the meanings of voluntarism varied over the past century. The term has been invoked at key periods, for example, to justify women’s charitable work, but more recently in the UK due to budget cuts. Gorsky traces these ideas to the eighteenth century; by the early twentieth century, voluntarism already appeared a ‘timeless British “habit”’. Its defining feature was unpaid service, but definitions were contingent and fluid. He also considers its relationship to care more recently, suggesting that an exploration of voluntarism in public health might prove more fruitful. This is followed by a chapter by Stewart, who