

THOMAS ROGERS FORBES, *Surgeons at the Bailey. English forensic medicine to 1878*, New Haven, Conn., and London, Yale University Press, 1986, 8vo, pp. xiii, 255, illus., £20.00.

Since the history of British legal medicine is uncharted, let alone the subject of definitive studies, to attempt a synthesis is a bold step. The range of potential subject matter and sources is so vast and ill-defined that any historian will confront dilemmas. Forbes attempts to cut through them to provide what he himself calls the first “chronicle” of the topic. He does this by extracting “medical” material from one extremely rich, continuous and connected set of criminal trial records, the Old Bailey Sessions Papers (beginning in 1684), commenting as he goes along in the light of relevant secondary sources. The result is unsatisfactory: at times we have little beyond a listing of what Forbes (and modern forensic pathologists) judge to be “medical” evidence as it appears in these records. On the positive side, though, here is a readable introduction to a great range of case material, undoubtedly raising fascinating questions, of great contemporary relevance, about how “expert” knowledge interacts with public affairs. And there are more than a few bizarre and gruesome tales.

Forbes resolves one dilemma, namely, which audience to write for, by plumping for doctors rather than historians. Thus he organizes the great bulk of the case material along lines which reflect a standard forensic test—such as the late Keith Simpson’s own (Simpson provides a Foreword here). As with a modern forensic text, what gets recorded are empirical statements about investigative procedures, the state of bodies, the results of chemical analyses, and so on, often with little record as to what the case is otherwise about. This recording does suggest what a range of “expert” beliefs played a role. Much more seriously, the result in Forbes’s work is that it is not a problem in itself to know what is “medical” or “expert” evidence, since modern medical understandings preselected the whole scheme of organization. Important questions concerning who and what were recognized as expert by the courts and the conditions (procedural and social) in which such “expertise” had influence are left untouched.

The book begins with an overview, covering the legal and institutional setting of what is now forensic medicine. Here and later, Forbes relies on and quotes from secondary sources, some of which even at their best repeat tired clichés which themselves ought to be the subject of historical work (like the coronership impeding the progress of forensic medicine compared with Continental Europe). Secondary sources, as yet, provide no basis for describing matters that very much impinge on Forbes’s study. One might mention here the question of the relation between medical evidence in civil cases and the development of forensic occupations in the criminal area; understanding the range of issues (political, financial, and administrative) which went into major modern legislation on the coronership and how this affected the expert forensic occupations; or even assessing the medico-legal contribution of such major figures as Robert Christison or Alfred Swaine Taylor.

Thus this is a book which will attract forensic practitioners as a goldmine of historical comment. But historians may feel that the complete lack of a conclusion, after pages listing statements of every conceivable forensic “medical” character in Old Bailey trials, signals the need for a more broadly based and more critical assessment of what the subject of the history of forensic medicine might be and how it has changed over the centuries.

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MONICA E. BALY. *Florence Nightingale and the nursing legacy*, London, Croom Helm, 1986, 8vo, pp. vi, 237, £22.50.

In 1855, with Florence Nightingale the nation’s popular heroine, a fund was opened for the public to show their appreciation in a practical way. Monica Baly relates how money flowed in from every quarter, though not without a little persuasion on the part of the organisers. Nearly £45,000 was collected—perhaps the equivalent of £1,000,000 today. Miss Nightingale’s friends knew that she would not accept any personal gift but thought that the opportunity to found an institution for the training of nurses would meet with her approval. Not everyone considered this a worthwhile project; Lady Palmerston thought the Nightingale Fund “great humbug” and described the nurses as “very good, now” even though they did “drink a little”.

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When the proposed scheme was put to Florence Nightingale, she replied politely but less than enthusiastically. She was at the time still nursing in the Crimean War, much preoccupied with the present and future health of the army and very unsure of her own. Although she had in the past visited a number of hospitals both in Britain and Europe and had herself "trained" at Kaiserswerth Institution, she had not found any system of training hospital nurses to her satisfaction; nor had she worked out any plans of her own. As she replied to Sidney Herbert, "It would have been reasonable to have asked for a prospectus of my plans if I had originally *asked* for the money, which of course I did not. But to furnish a cut and dried prospectus of my plans, situated as I am here . . . is what I would not if I could, and could not if I would."

Despite her reluctance Florence Nightingale, with the funds of a grateful nation to hand, eventually had to specify her plans. To her old friend, Mrs Bracebridge, she wrote, ". . . if I had a plan it would simply be to take the poorest and least organised hospital and, putting myself there, see what I could do—not touching the Fund for years until experience had shown how the Fund might best be available". On 9 July 1860, the experiment in training nurses began. Fifteen probationers arrived at the Nightingale School at St Thomas's Hospital.

Monica Baly shows how the Nightingale Fund affected the Nightingale School, midwifery training, Poor Law nursing, district nursing, and nursing in military hospitals. She describes how the experiment evolved with its full share of failures and compromises as well as successes and has left as a legacy some problems which have lasted to this day.

It is surprising to read of the protracted negotiations between Miss Nightingale and St Thomas's which preceded the foundation of the nursing school and to find that she did not always get her own way. Nor did the Fund Council give unanimous approval to the final result. Mr Bracebridge, for one, objected to the regulations for the nurses. He protested, "It was always intended from the first . . . to establish a profession"; but despite expectation of tuition from a medical officer and Sisters, the probationers' training was in fact to be a working apprenticeship with a contract and working conditions not in keeping with professional status.

It is sad to hear the fate of this first intake of probationers. Four were dismissed; two for disobedience, one for being drunk and one for ill health. One died of typhus. Only four of the fifteen were still nursing at the end of the second year. Indeed, even after the scheme had been working for ten years, as Monica Baly points out, there were probably not more than fifty nurses with a Nightingale certificate in active work in hospitals for the sick poor, and contrary to popular belief, only six Nightingale-trained nurses before 1871 became superintendents of hospitals.

The pattern of hospital nursing set up by Florence Nightingale persisted for many years. Much will be familiar to any nurse who trained in the first half of this century. The emphasis on vocation, strict discipline on the ward and off, long hours of hard work, and scant regard for financial reward suggest that Miss Nightingale was more influenced by religious sisterhoods than she knew.

Today the whole question of nurse training is being looked at afresh. In a radical contemporary proposal, the students would be paid from a specific educational budget, they would have student status and work on the wards as part of their education, not as exploited pairs of hands. One wonders why Miss Nightingale with "a million pounds" at her command organized training so differently.

Monica Baly in her informative book has shed new light on the road along which nursing has come. It is debatable how much of Florence Nightingale's legacy will be carried forward, but she herself was aware that "No system can endure that does not march".

Mary Keele

PETER MURRAY JONES, *Medieval medical miniatures*, London, The British Library in association with the Wellcome Institute for the History of Medicine, 1984, 4to, pp. 144, illus., £12.95.

Peter Murray Jones's purpose here is to give some account of the drawings to be found in manuscripts in the British Library and the library of the Wellcome Institute. He does this in