

Book Reviews

chapter on “men, honour and crimes of passion” neatly sets off stereotypes of male behaviour against those of female. These pages contain the main finding of the book, that psychiatric testimony was usually “based on determinist theories of neurophysiology, disinhibition and hereditarian degeneration, which almost always stressed some aspect of the hysterical disorder and linked a portrait of irresponsibility to a wider account of women’s biological life cycle” (p. 209). Not only do these chapters represent fine scholarship, they make for fascinating reading. Harris writes fluently, remains in absolute control of the material, and cites enough specific examples to make these pages—and the book as a whole it must be said—pleasure rather than duty.

It is only when Harris ventures upon the terrain of the general history of psychiatry and neurology in the nineteenth century that the ice becomes a bit slipperier. To set the stage in chapter two for the material that follows, she ends up portraying almost everything that happens in this medical domain as either culturally blinkered or part of the doctors’ plot against women. Thus it sounds almost suspicious on Antoine Bayle’s part that in 1822 he correlates “stages of degenerative brain tissue” with psychosis, in describing what later generations would diagnose as neurosyphilis. Rather than seeing this work as a major triumph of medicine, Harris views it as part of some male medical figment. Mocking the “brains exposed and examined with feverish attention”, she writes: “This anatomo-clinical entity, called general paralysis of the insane (GPI), was to be repeatedly applauded as a major milestone. As late as the French Congress of Mental Medicine . . . in 1889, for example, the alienist J.-P. Falret *files* declared that GPI ‘constitutes the most important discovery of the century’.” (p. 26). Indeed, one might argue this even today. Harris’s contempt for the accomplishments of psychiatry and neurology in the nineteenth century might be related to the thinness of her own knowledge of the subject, for her expertise is clearly on the forensic side, not the medical. She describes, for example, Duchenne de Boulogne as studying “locomotive ataxia” and “miliaanry aneurisms” (*sic* in both cases) (p. 26). The French term for delusions, *délire*, is mistranslated throughout as “delirium”. And it is a minor distraction that she consistently misspells the name of Ambroise Liébeault, a member of the Nancy school and an early writer on medical hypnotism. For all its splendid learning, there are parts of the book that cause some misgivings about the ransacking of the history of medicine by social historians and women’s historians, for in order to do a convincing job of “getting the goods on the doctors”—as the agenda of these researchers seems to be—one must know something not only about social history but about medicine as well.

Edward Shorter, University of Toronto

CHARLES E. ROSENBERG (ed.), *Florence Nightingale on hospital reform*, Medical Care in the United States: The Debate before 1940, New York, Garland, 1989, 8vo, pp. xi, 187, xv, 110, illus., \$60.00.

Facsimile editions of Florence Nightingale’s *Notes on hospitals* (third edition 1863, ‘Enlarged and for the most part Re-written’) and *Introductory notes on lying-in institutions* (1871) are here bound together with a seven-page introduction and further reading list by Charles Rosenberg. As he emphasizes, our primary identification of Nightingale with nursing reform has been in some ways misleading; to contemporaries she was identified with the reform of hospitals and military medicine as much as with nursing, while she in turn perceived the hospital as a microcosm of society with every part inter-related. To the architects and clients of the later nineteenth century it was *Notes on hospitals* that provided a powerful and accepted design guide, a planning polemic, and a detailed brief which clarified the emergence of a recognizable new building type: the “pavilion” hospital.

It was Florence Nightingale’s earlier failure to stop, or at least to have redesigned, the new Netley Hospital that convinced her that she must instruct public opinion on the underlying principles of hospital construction; as a result two papers by her were read at the Social Science Congress of 1858, and formed part of the first 1859 publication of *Notes on hospitals*. The present reprint is of the later expanded version, and already by the time of its review in the

Book Reviews

Builder (23 Jan. 1864), the editor George Godwin was able to assert, “Never was change more complete than that which has occurred in hospital building since we initiated in these pages the movement against the defective plans in use, and showed the advantages of the pavilion system of arrangement now universally adopted”. This reflected the *Builder*’s dedicated support for a reappraisal of hospital design, including the earlier publication of papers by the surgeon John Robertson—which, as discussed by Anthony King in *Medical History*, 1966, 10: 360–73, were later absorbed into Florence Nightingale’s text. The practical and direct manner of her presentation still brings echoes of her impact on contemporaries—whether it be through such provocatively titled subsections as ‘Construction of hospitals so as to prevent fresh external air’; her grimly humorous assessment of existing designs, as for instance new hospitals in India that met the required minimum volume/bed allowance of 1000 cu ft by providing a floor space for each patient of 24 sq ft by 42 ft high; or her uncluttered writing style as exemplified in the first attention-riveting (and much quoted) sentence of the Preface to *Notes on hospitals*.

The books conflate ideas on a wide, and sometimes disjointed, range of topics: survey statistics; building defects; principles for new buildings; special design requirements (e.g., for convalescents, children, soldiers’ wives, Indian military hospitals, a training school for midwives); systems of nursing and management. Plans, details and tables amplify all this.

Both books reflect a desire to see information properly collected and presented (with the opportunity not missed to include an exemplar survey form for the recording of data). Some harsh statistics on variations of death rates by different types of hospital were used to emphasize practical building implications as she saw them. Although Florence Nightingale’s opposition to contagionism was implacable, and, as Rosenberg points out, she was by the time of the 1871 volume drawing still further apart from the medical consensus on disease transmission, her desire to provide a rationale in design would have come as a welcome, unambiguous, and highly useable guide for architects. For the latter there were “principles of construction” that covered everything from site selection, size of pavilions, and ward planning, to windows, ventilation, furniture, drainage, or water supply. The many health care buildings subsequently influenced by these guidelines—in particular the pavilion hospitals and workhouse infirmaries—can still be seen as distinctive elements in the fabric of many English towns. The first large-scale pavilion hospital to be completed in England, the 650-bed Herbert Military Hospital, Greenwich (1865; Capt. D. Galton RE, with Florence Nightingale closely involved) is illustrated and described in *Notes on hospitals* as a key exemplar (“All the advantages of the Vincennes and Lariboisière plans without any of their disadvantages . . . will be by far the finest hospital establishment in the United Kingdom, or indeed in Europe”).

So there is an appropriateness that these volumes should become available when the Royal Herbert Hospital has lain empty for a decade, with some suitable pattern of new uses urgently sought to keep it intact on its commanding site. And at a time when the extensive, but dwindling, record of later nineteenth-century health care buildings in England now needs considerable architectural re-evaluation, this publication provides a helpful and important point of reference.

Jeremy Taylor, York

ALAN DERICKSON, *Workers’ health, workers’ democracy: the Western miners’ struggle, 1891–1925*, Ithaca, Cornell University Press, 1989, 8vo, pp. xviii, 251, illus., \$29.70.

From the standpoint of a student interested in “the people’s health” this detailed and finely written examination of the health experience of metal miners in western America has a great deal to commend it. Firstly, it is a reminder that in a period when a much larger proportion of time was spent at work, the labour process and the work environment were amongst the most significant causes of health problems and mortality. Here the main occupational health hazards associated with the industry are outlined in gory and vivid detail, though throughout the text Derickson balances subjective with qualitative evidence well. Secondly, the author unequivocally demonstrates the culpability of capitalism—how the quest for profit directly led