

contributions on patient labour in North America, Britain, Europe, the West Indies, India and Japan, allowing the reader to make comparisons. Moreover, many of the chapters show how ideas about patient work moved across national boundaries. In her chapter on patient work in colonial hospitals in South Asia, Waltraud Ernst argues that in British India, ‘ideas and practices of patient work in therapeutic and institutional contexts were closely informed by varied European and North American psychiatric paradigms’ (117). However, here, and elsewhere, as other chapters also show, such ideas and practices were modified to better accord with local social, political and economic contexts. In contrast to Britain, where social class dictated expectations about which patients should work, in nineteenth-century British India, asylum superintendents considered labour inadvisable for all European patients, regardless of their class, an argument which reflected ideas about racial difference and reflected the assumptions of colonial rule.

The collection also ventures beyond institutional confines to good effect. James Moran, for example, explores how witnesses in nineteenth-century New Jersey lunacy trials understood ‘the relationship between work and madness’ (78). The ability to work effectively was understood as a sign of mental health; a converse inability to manage one’s labour productively might mark a loss or absence of reason. Osamu Nakamura examines patient work and family care at Iwakura, Japan, where patients lived in ‘home-style’ inns with families.

The voices of medical men dominate the discussion, as in much of the history of mental disorder. However, several chapters offer insights into the meaning of work for the patients who did, or sometimes refused to, work. Monika Ankele’s chapter, for example, examines the reaction of patients to the work therapy practiced in the Hamburg-Langenhorn Asylum in the Weimar period. She argues convincingly that their awareness of ‘wider social conditions’ shaped their perception of work inside the institution and their willingness to submit to work therapy (253). Some patients took advantage of work therapy to learn or maintain skills. Others refused to work, believing the activities offered would not assist them to find employment after discharge.

In her introduction to the collection, Ernst argues that ‘work, psychiatry and society are intrinsically bound up, and patients’ experiences of work and activity in mental institutions have consequently been varied over time’ (10). The essays in this collection affirm the complex intersections between patient work and the social, political and economic, as well as medical, contexts in which it occurred, demonstrating the many and diverse forms it has taken over the last two or more centuries. *Work, Psychiatry and Society* is thus essential reading for anyone interested in the subject of patient work both inside and outside the walls of psychiatric institutions.

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David Anthony Forrester, *Nursing’s Greatest Leaders: A History of Activism*

(New York: Springer, 2016), pp. xix, 293, \$65.00, paperback, ISBN: 978-0-8261-3007-5.

Globally, the profession and academic discipline of nursing are in turmoil at the same time that vast numbers of the protégés of pioneers in modern nursing continue to disappear from the scene. Nursing continues to struggle to find its voice in a rapidly changing, ever more complex, and increasingly regulated health care context. It is at such a time that

examination of great nursing leaders in history can provide inspiration and insight that are relevant for the present time. The book, *Nursing's Greatest Leaders: A History of Activism*, provides ten lessons in courage, each of which has the potential to resonate not only with nurses and professional women but also with leaders under fire in all sectors today. To accomplish this feat, David Anthony Forrester has assembled a team of wise and seasoned scholars of nursing to profile each nurse leader using a particular theoretical lens.

The five practices of exemplary leadership of Kouzes and Posner, including modelling the way, inspiring a shared vision, challenging the process, enabling others to act, and encouraging the heart, provide the framework for analysis of the accomplishments of these ten leaders.¹ This approach has the potential to help readers understand parallels between the situations and responses being described and contemporary challenges.

The stories of these ten women are unique. Florence Nightingale, Mother Mary Aikenhead and Dorothea Lynde Dix were born into privilege, while Margaret Higgins Sanger and Clara Louise Maass experienced poverty. Several of these women experienced a profound spiritual calling to their work, including Nightingale, Aikenhead, Dix, and Edith Louisa Cavell. While Aikenhead's cause for canonisation is reportedly progressing at this time, not all of these leaders were saintly; at least one, Margaret Sanger, openly engaged in sexual experimentation and was associated with such prominent socialists as Jack Reed and Emma Goldman, another notable nurse. The nurses profiled in this collection were selected according to specific criteria: their contributions to the nursing profession, health, health care, and society were both significant and enduring, and they demonstrated courage and innovativeness.

While most of the nurse leaders selected for inclusion in this book are familiar to aficionados of nursing history, several, including Mother Mary Aikenhead, the founder of the Sisters of Charity, and Edith Louisa Cavell, who was executed by a German firing squad for her resistance efforts in Belgium during World War I, have garnered less attention over the years. The academic preparation of these nursing leaders was not consistent throughout these stories but keen observation of and interest in people and politics were. This is a particularly important finding. Susan B. Hassmiller has observed, in her foreword, that a journey on which she retraced Nightingale's life from England to Turkey changed her life forever by showing her possibilities of the kinds of contributions she could make. Forrester has noted that he sought to inspire readers in this way. Yet Forrester and Salmond conclude that few contemporary nurses are able to view the profession within the broad context of making change in society (270); rather, they focus internally. Concurrently, society views nurses not as leaders but as people who implement physicians' orders. These stories illustrate for contemporary nurses the value of political activism and advocacy on behalf of the people whom they serve.

The stories contained in this book are powerful and engaging. Readers will recall stories such as these far better than research about theories of leadership. More importantly, although it is widely recognised that western countries, including the United Kingdom and the United States, have been highly successful in advancing health care while acute illnesses, particularly infectious diseases, were our greatest threats to mortality, there is now widespread global agreement that health systems require transformation to focus on health promotion, disease prevention, and the management of populations with chronic illness. So far, at least in the United States, true systemic change is occurring at a glacial pace.

¹ Jim Kouzes and Barry Posner, *The Leadership Challenge*, 5th edn (San Francisco, CA: Jossey-Bass, 2012).

The stories shared in this book show contemporary readers that within nurses' disciplinary heritage there exists vast knowledge and skills to address these challenges, if nurses will broaden their view to encompass not just a narrow slice of current scientific evidence but also the sound evidence and theoretical wisdom that the discipline has amassed since Nightingale sailed for Scutari and transformed military medicine. She saved lives and money, both of which are pressing concerns today.

The women whose stories are shared in this volume exuded a powerful sense of mission, whether spiritually or socially motivated. Each faced considerable odds in furthering her cause. Because of this, we find their stories compelling and their accomplishments inspiring even today. These kinds of stories always offer hope that sociopolitical structures can be breached or altered when social justice demands it. Just as social justice demanded that vulnerable populations be served during the lives of these ten women, and just as they responded to and surmounted the challenges they faced, so must we all be galvanised to advocate health care that is accessible, safe, and effective in promoting population health today.

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David Gentilcore, *Food and Health in Early Modern Europe: Diet, Medicine and Society, 1450–1800* (London: Bloomsbury, 2016), pp. x, 249, £19.99, paperback, ISBN: 978-1-4725-3497-2.

Early in 2016, a new superfood was heralded in the UK media: black pudding. A necessary component of any 'full' B&B breakfast served in the British Isles, black pudding is a rich, spicy blood sausage made up of pork fat (or beef suet), pork blood, onions, oatmeal and spices. For its supporters, the high levels of iron, zinc, potassium, calcium and magnesium found in black pudding, along with its low levels of carbohydrates, apparently outweighed its high levels of saturated fat and salt and the recent warning of the World Health Organization that all processed meats should be considered carcinogenic. Unsurprisingly, sceptics soon raised their doubts, questioning the evidence on which the claim was made and asking just what qualified as a superfood anyway. Indeed, black pudding did not share much in common with seaweed and avocado oil, the other superfoods of 2016. The consumer, as usual, was left to make up their own mind, flip a coin or perhaps go with Aristotelian moderation and have a small slice, along with some fruit. In the meantime, sales of black pudding soared.

Black pudding is one of many foods that have recently been at the centre of nutritional debate. Are eggs cholesterol-rich killers or low-fat sources of protein? What about prawns? Should we spread butter or margarine on our toast? Is it worse to indulge in foods high in carbohydrates or those high in fat? Or does the rampant success of *The Great British Bake Off* suggest that too often we overlook the emotional, social and cultural benefits of food in our quest for a healthy diet?

For David Gentilcore, author of the marvellous *Food and Health in Early Modern Europe*, such debates and inconsistencies would come as no surprise. Tracing ideas about diet and health found in printed dietary advice from 1450 to 1800, Gentilcore brings together food history and the history of medicine in a thoroughly engaging and – despite its