

inside” function is available on Amazon, where prices are also considerably lower than the one above.

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Helen M Sweet with Rona Dougall,
Community nursing and primary healthcare in twentieth-century Britain, New York and London, Routledge, 2008, pp. xvi, 266, illus., £60.00, \$95.00 (hardback 978-0-415-95634-5).

In their task of bringing community nursing out from the shadow of its hospital counterpart Helen Sweet and Rona Dougall face a similar problem to that encountered by historians of nursing in institutions. This is the impossibility of pinpointing who and what constitutes the nursing activity within community health care. As in the hospital setting where care assistants, learners, enrolled and registered nurses engage in patient care and all are referred to as “nurse”, community care provides a bewildering array of practitioners including the village midwife, the District Nurse, the Triple Duty Nurse, and the Queen’s Nurse. Compounding this confusion, before the advent of the National Health Service (NHS) era they were all organized and funded in a variety of ways that makes the municipal and voluntary divide of hospital provision appear positively simplistic. Another layer of complexity is added with the diverging perspectives on the myth and reality of their work espoused by successive generations of community nurses. Underpinning the narrative is the thorny issue of professional formation.

Like many other exponents of the history of nursing, Sweet and Dougall have to disentangle these threads and provide not only a narrative of community care that answers the questions of academic historians but also one that addresses the concerns of current practitioners. They attempt to do this by using a prosopographical and interdisciplinary approach to the history of district nursing combining it with social, gender and political

history. Their research approach is reflected in the comprehensive range of sources, primary and secondary, documentary, oral and visual, that they have interrogated to give a chronological and geographical picture of community healthcare in the first eight decades of the twentieth century. On the whole, their mission is successfully executed.

To clear the muddy waters of the topic, the book is divided into two parts—the first chronological and the second thematic. In the first, the book is divided into four sections covering 1850–1979 albeit with a concentration on the twentieth century. In these sections Sweet and Dougall give a clear exposition of the development of community health services. The chronological section also provides the contextual lens through which to view some of the issues raised in the course of their research. Thus the professionalization of the community care workforce and the growth of the influence of the Queen’s Institute for District Nursing is positioned against the background of the movement for State Registration of nurses. In the welfare patchwork of the interwar years the reader is shown how the organization of district nursing changed from a service organized by “lady superintendents” to one managed by senior practitioners, although some services were still monitored locally by the great and good of the neighbourhood. In the third section, 1939–48, the work of district nurses is discussed in relation to the social upheavals occasioned by the exigencies of the Second World War. Finally the work of community nurses under the provisions of the NHS are discussed, not least the effects of changing management of care during its first thirty years, particularly the change from geographical allocation of case load to GP surgery attachment.

In the second part of the book questions arising from the research are subject to further investigation. These include geographical variations in patients nursed, the impact of technology, the image of the community nurse and the inescapable topic of professionalization. In contrast to the smooth flow of the first half, this part of the book has more of the

feel of a disparate collection of contributions. On the one hand the rich oral data gives a vivid picture of community nursing in a variety of settings, urban and rural, across the British Isles. On the other, chapters such as the ones on professionalism and the image of the community nurse are redolent of sessions on a student curriculum.

My main perplexity with this book is its selectivity with chronological boundaries. The authors say that they have concentrated their work on the period up to 1979 because events after that are too close to be dealt with objectively. But at times the authors allow themselves incursions into and beyond the 1980s when, as in the discussion of the language of care, it suits their purpose. The authors also admit that they have not discussed all of the huge range of legislation pertinent to community health passed since the 1960s. Their reason for this is that the book is not solely a political history of community health care. With the title of the book as it is, readers might expect the seismic policy shifts of the 1980s and 1990s to be covered.

But they will be compensated with other content. This book makes a significant contribution to the history of caring so needed alongside the predominance of histories of management and professional formation in the canon of history of nursing publications.

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Morrice McCrae, *Physicians and society: a history of the Royal College of Physicians of Edinburgh*, Edinburgh, John Donald, 2007, pp. 282, illus., £25.00 (hardback 978-0-85976-698-2).

This book promises much. The press release which accompanied its launch described it as a “remarkable social history” and the preface claimed that the founding members resolved to “take the lead” in providing free medical care to the poor of Edinburgh and that the College remained the “chief agency in promoting

measures to secure and maintain the health of the people of Scotland” for the two centuries following its foundation in 1681. The volume fails to support these initial claims, despite the author’s mastery of his sources and a deft touch in telling his story.

The early chapters eloquently chart the impact upon the College of the political and religious upheavals of the late seventeenth and early eighteenth centuries before turning to more familiar territory, with sections on the emergence of the Edinburgh Faculty of Medicine and the Royal Infirmary. Many of the subsequent chapters are crafted around the contributions of individual physicians, with extended biographies. Chapter 5, for example, examines William Cullen’s contribution to the medical curriculum, and chapter 6 is headed ‘The invention of medical ethics: the legacy of John Gregory’. Chapter 8—‘Certain measures for the public good’—is a detailed account of the deliberations of the six committees set up in 1791 at the instigation of Andrew Duncan to report on inoculation, asylums, apothecary shops, sea bathing, and vapour baths; the focus of the sixth committee is not revealed. The author admits that their recommendations were not implemented because of a lack of good will on the part of a “tiny and corrupt ruling elite” (p. 127).

The author pinpoints the plight of the urban poor as the great social problem of the mid-nineteenth century and asserts that the College “played the leading role in ensuring that relevant legislation conformed to the problems as they existed in Scotland” (p. 133). It is clear, however, that the College enjoyed very limited success in its attempts to influence public health measures. McCrae offers no evidence to support his claim that its attempts to improve the medical provisions of the 1845 Poor Law Amendment Act bore fruit (p. 161); one offshoot, the 1852 College report on medical aid in the Highlands and Islands, had no obvious impact, and another sixty years elapsed before the creation of a Highlands and Islands Medical Scheme. A similar outcome befell College attempts to influence the deliberations of the General Board of Health