

Book Reviews

Russian officers and an expedition to Baktchi-Serai and Simferopol. Greig's letters give us a better picture of the day-to-day life of a Crimean War surgeon than any other memoirs published so far.

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Sioban Nelson and Anne Marie Rafferty (eds), *Notes on Nightingale: The Influence and Legacy of a Nursing Icon* (Ithaca, NY: Cornell University Press, 2010), pp. ix + 172, £12.50/\$18.95, paperback, ISBN: 978-0-8014-7611-2.

Florence Nightingale left as a legacy her ideas and template for nurses' training and public health reforms based on statistical evidence. In this book, eight nurse historians and scholars write about facets of Nightingale's life and work; each paper provides information drawn from primary sources about Nightingale's goals, actions, and achievements. She is characterised as a spiritual person with practical concerns about health care as she led a delegation of nurses to care for soldiers in British military hospitals in Scutari, Turkey. She wrote books about nursing and hospitals, reported about public health and sanitation problems throughout the British Empire, and organised a nursing school at St Thomas Hospital in London. Ms Nightingale is revered and criticised for her beliefs and actions, and the authors frankly discuss her ideas and dealings in nineteenth-century Victorian society.

Nelson and Rafferty introduce Nightingale's areas of interest and influence, and describe her evolution from an impressionable young woman, to a politically astute social activist and a revered icon. Nelson traces the development of Nightingale's influence in the next paper, and outlines 'the Nightingale imperative' (p.9) for nursing seen in her organisation of care for the sick in a London clinic, for casualties in

hospitals in the Crimea, and of a nursing school in London in 1860. Nightingale brought recognition of nursing as a respectable profession for women who were able to improve health outcomes for the sick and injured. She campaigned to reform public health and hospital care by corresponding with influential people in the Sanitation Movement, British Parliament and universities.

Helmstadter's paper describes Nightingale's best-known humanitarian mission, which was to lead a team of female nurses to care for injured soldiers in military hospitals in the Crimean War. Nightingale was instructed by the Secretary of War to ensure that all nurses would obey the orders of military doctors and purveyors in the hospitals implicitly, and prevent religious disputes. Nightingale selected nurses from various social and religious backgrounds, and monitored nurses' deportment in the military hospitals. Nightingale faced many challenges with her group of nurses in the Crimea; however, she established a fully functioning and respectable nursing service and proved that female nurses could exercise authority through their work, overcome social, religious and gender biases.

Godden provides insight into conditions that influenced nurses' training at the Nightingale Training School. Despite the challenges encountered with the Nightingale School, two Nightingale-trained nurses established nursing services in Australia and Canada.

Lynaugh discusses the emergence of trained nurses in the United States. Nurses, under the supervision of ladies, visited people in their homes during the war of 1812 in the United States. An experienced Nightingale School graduate nurse, Alice Fisher, collaborated to enact hospital reform at the Philadelphia Hospital in 1885, selected trained assistants to work in the hospital, and started a nurses' training school; however, she did not use Nightingale's model of nurse teaching and hospital discipline. In 1893, Isabel Hampton, Lavina Dock, and Florence Nightingale presented papers at a conference, each arguing

different ways to train nurses and staff hospitals. American nurses did not wholeheartedly embrace two of Nightingale's beliefs: that disease emanated from dirt, disorder, and a contaminated atmosphere; and that nurses should be evaluated on their nature and ability. American nurses separated patients with infectious diseases to prevent spread of infections, and disinfected operating rooms, maternity wards and hospital equipment. They formed self-supporting organisations and advocated for three-year training programmes with uniform nursing curricula, examinations and registration for nurses. Nightingale was against nurses' education in universities, as nurses would lose their moral focus and character if they did not train in hospitals.

McDonald explores four widely discussed assertions in the fifth paper of the book. Authors at various times asserted that: a) Nightingale was personally responsible for the high number of deaths in the Crimean War; b) Nightingale was a lifelong opponent of germ theory; c) Nightingale nursing was nothing more than housekeeping; and d) achievements of the Nightingale School were exaggerated. McDonald draws from text in Nightingale's books and papers and other primary sources to provide insight into conditions surrounding each assertion, and counters each.

Magnello describes Nightingale's use of statistics to illustrate findings and establish the need for action. Nightingale collected and analysed data about troop strength, sickness, and deaths in India, and collected statistics about hospital conditions in the Crimea and London. Nightingale used statistics to revolutionise nursing, hospital care, and public health conditions at home and abroad, and was the first woman elected a Fellow in the Statistical Society of London, after her return from Scutari.

Rafferty and Wall conclude the book by identifying Nightingale as an icon for healthcare and nursing. Nightingale recognised the importance of teamwork for the effective delivery of healthcare in hospitals and in the home. These authors then take a

contrary view of Nightingale, who has lost her status as an icon, because nurses and those who work in hospitals continue to struggle with the same challenges such as infections and needless deaths. These authors urge nurses to 'cleave a fresh path in which nurses find their inner iconoclast as the standard bearers of a new professionalism' (p. 141) in nursing and healthcare.

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Cheryl Krasnick Warsh, *Prescribed Norms: Women and Health in Canada and the United States since 1800* (Toronto: University of Toronto Press, 2010), pp. xx + 316, \$34.95, paperback, ISBN: 978-1-44260-061-4.

Prescribed Norms by Cheryl Krasnick Warsh is an exhaustive synthesis of the secondary literature that deals with the history of women and health in North America. Drawing on a wide body of interdisciplinary work, Warsh organises her study thematically into three sections which explore separate but related issues: for example, she examines the changing social and cultural meanings of women's biological functions; she looks at how technology and medicine have intervened in and, in some cases, taken control of women's bodies and their knowledge of them; and she investigates the complicated lives of women who worked as nurses and doctors. Tongue-in-cheek, Warsh concludes her study with the suggestion that the mysteries of women's bodies, which persist in spite of the efforts of some of the most pre-eminent scientists, are best explained through 'chaos or complexity theory' (p. 272). A theory that suggests that knowing 'a system' and predicting its future state is both impossible and futile.

The book is divided into three parts. Part one, entitled 'Rituals' deals with menstruation and menopause – two life events that have received a great deal of attention. Different