

**Book Reviews**

Freud misunderstood Schreber's delusions, and that he was guided by his theory rather than the text. Whatever the interpretation, Schreber's memoirs provide a unique insight into the language, speech, delusions, and behaviour of a paranoid schizophrenic.

Susan M. Pollak, Mt. Auburn Hospital, Cambridge, MA


Though Edinburgh was, albeit most reluctantly, the first Scottish (or, indeed, British) university to recognize medical jurisprudence as an academic subject, with the establishment of a Regius Professorship in 1806, the Department of Forensic Medicine in the University of Glasgow is effectively the oldest—and largest—such department still in existence in Britain today. Despite its inauspicious beginnings as a plaything of university and national politics, and despite the mediocrity of its first incumbents, under the two Professors John Glaister, father and son, who between them held the Glasgow Chair from 1898 to 1962, the Glasgow Department came not only to dominate criminal medico-legal practice in Scotland but also to serve as Scotland's principal national and international centre for post-graduate training and research in forensic medicine.

The timely appearance of *On soul and conscience* on the 150th anniversary of the creation of the Glasgow Regius Professorship highlights the role of the Glaisters and their successors in building up the Glasgow Department into one of the leading centres of modern British forensic medicine, and thus helps to offset the marked London-Edinburgh bias apparent in most existing historical accounts of the development of English (and Scottish) forensic medicine. It was in Glasgow, rather than in Edinburgh or London, that forensic medicine first became institutionalized in Britain as a modern medical specialty, while many of the non-medical methods of scientific crime investigation and toxicological analysis which in England have long been the almost exclusive preserve of the Home Office Forensic Science Service were first developed and practised in Scotland by the Glasgow Department of Forensic Medicine.

In accordance with its primarily departmental orientation and affiliation, the authors have chosen to cast their study in a largely chronological and prosopographical mould, tracing the origins and growth of the Department through the lives and work of successive Regius Professors, and general-historical readers may well feel that this has the effect of unduly narrowing the historical frame of reference in which the Department's work is situated. And whereas the earlier sections abound in fascinating insights into (for example) nineteenth-century Scottish university medical politics, and the close connections between forensic medicine, public health administration, and hygiene in nineteenth- and early twentieth-century Scotland, in the later chapters these more general contextual aspects tend increasingly to be crowded out by a mass of purely technical and institutional details of limited interest to non-specialist readers. Nevertheless, *On soul and conscience* provides an excellent introduction to the history of forensic medicine not only in Glasgow but in Scotland as a whole, while it also serves to highlight the possibility of using local or area studies of medico-legal practice to transcend some of the limitations of more purely institutional or disciplinary histories of forensic medicine.

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The title of this book is somewhat misleading as in fact it presents the introduction of professional nursing into two London hospitals rather than an overview. It is to be
regretted that there appears to have been a considerable period between the completion of the work and its publication. The author claims in the Introduction that “nursing has been neglected by recent scholarship on women”; the most recent item in her bibliography dates from 1983. The book would certainly have gained immeasurably from an engagement with the debates on nursing and its historiography which have developed during the 1980s. Professor Moore’s work is not entirely vitiated by this lack; this kind of detailed case study is greatly needed in the consideration of the rise and impact of the professional nurse.

She demonstrates the complex interplay of conflicting interest groups and their agendas during crises arising from the introduction of nurses of the St John’s House Sisterhood into King’s College and Guy’s Hospitals. This illuminates the tensions between different groups of doctors, and between doctors and lay managers as well as between both these groups and nurses, at a point where changes in medical practice were demanding a more professional approach to nursing care, although many doctors still conceived of nurses as women who worked for them, on the servant model, rather than with them, on the vocational, separate spheres model. Professor Moore perhaps underplays the value of this ideology in creating a power base for women. She emphasizes that her heroines saw their first duty as being to the patients and their well-being, which brought them into conflict with the unspoken and comfortable presuppositions of the medical staff. The situation of Sister Aimee, made a scapegoat for refusing to support doctors’ self-serving assumptions, resonates with the much more recent cases of Wendy Savage and Marietta Higgs, women in the medical sphere also vilified as troublemakers for upsetting received notions and disturbing the system. The closely wrought detail of this book and its narrow focus prevent it from being a work to recommend to the general reader but there is much in it to interest specialists in the history of nursing, hospital administration, the medical profession, gender relations, and allied issues.

Lesley Hall, Wellcome Institute
The presentation of the awards is scheduled for next Friday (PRESENT) 12. I have been sworn to secrecy so I can’t say a word (SECRET) 13. After losing her job, she was unemployed for a month (EMPLOY) 14. My sister’s shyness makes hers social life difficult (SHY) 19. I’m not sure at all; I really can’t say with certainty (CERTAIN) 20. My specialty is the history of Elizabethan England (SPECIAL) 21. The police were told by their informant where to find the criminal (INFORM) 22. He received many medals for his acts of heroism during the war (HERO) 23. The expansion of the company is said to be dangerous to small firms (EXPAND) 24. For all of us, Marilyn Monroe was the personification of beauty (PERSON) 25. I can guarantee the reliability of our new product (RELY) 26.

Second-year course descriptions

Evidence: This course will explore the rules of evidence and their rationale, including relevancy, hearsay, impeachment, cross-examination, opinions and experts, documents, and privileges.

Criminal Procedure: This course will cover regulation of law enforcement conduct during the investigation of crimes, with special emphasis on constitutional and statutory limitations. Topics include search and seizure, confessions and incriminating statements, electronic surveillance, entrapment, identification procedures, and remedies for improper police conduct.

My talk into three main parts. First of all, I’ll tell you something about the history of our company. Secondly, I’ll describe how the company is structured and finally, I’ll give you some details about our range of products and services. I’d like to update you on what we’ve been working on over the last year.

I’ll focus on three main areas. The purpose of the introduction is not only to tell the audience who you are, what the talk is about, and why it is relevant to them; you also want to tell the audience (briefly) how the talk is structured. Here are some useful phrases to talk about the structure. I’ve divided my presentation.