extra teaching time. It is a paradox that by the 1870s these candidates were likely to have come from the new girls' schools and to demand more theoretical knowledge and, because they were capable of receiving it, some of the younger and more scientific doctors were delighted to give it. Miss Nightingale was perturbed that instead of training sanitary missioners the School was producing 'medical women'. The medical model had begun.

In the period 1870 to 1890 the Fund was able to recruit a number of specials, although their training often left much to be desired - and they sometimes said so. Encouraged by Miss Nightingale and coached by Mr Bonham Carter they started schools elsewhere and the gospel was spread. There were, however, problems. Miss Nightingale was always complaining that her School was taking half the hospital's work and without it the treasurer would have to double the staff, and other hospitals were not slow to get the message. Between 1865 and 1890 nine London voluntary hospitals started training more or less on Nightingale lines, complete with a Nurses' Home, a Home Sister, paying probationers and doctors' lectures - not because they were interested in training nurses but because the new scientific medicine was making hospitals safer and more used by middle classes. Short of funds, hospitals began to charge patients and open private patients' wings. The new middle class nurses were more acceptable to the middle class patients, but they had another advantage - they were biddable and comparatively cheap. Nursing became fashionable. The new superintendents, who on the Nightingale pattern were also matrons of hospitals and responsible for nursing services, soon clamoured not only for more probationers but for a longer training.

We have to distinguish between what the Fund actually achieved and its own propaganda and publicity. Privately the Council bemoaned the lack of suitable candidates and the inadequacy of the training, publicly it trumpeted its success. By 1900 the Fund had trained 1,020 nurses - about 25 a year - which did not go far towards nursing the 39,000 patients to be found in the voluntary hospitals. Other hospitals were soon training more, and although they followed the Nightingale system in some respects, the new nurses of the 1880s had other ideas about the direction nursing should take.

The Fund Council must be given credit for making the matron supreme and for carving out an empire for nursing administration - for better, for worse. The key to the reform of nursing in civil hospitals was discipline. Hospitals were lawless places and doctors, stewards and chaplains had not effected control. But the matron's authority created problems when nurses started to claim that they were a profession. If they were accountable to the matron on the one hand and the doctor on the other, could they claim to be independent practitioners and responsible for their own professional acts? Nevertheless, although Miss Nightingale lived to regret the day that she had given the matron so much power, the system did produce the desired effect. After thirty years or so nurses were a pretty disciplined group. The trouble was that discipline for the sake of discipline remained long after the original raison d'etre.

The second influence was the apprenticeship system. It is interesting that, although Miss Nightingale saw the faults and realised that the probationers were doing the hospital's work, and although she agonised over it, she did