not come up with a different solution. But neither did the 'Women's Rights' ladies like Mrs Bedford Fenwick who wanted nursing to parallel medicine. All they offered was three years of the same exploitation.

The other element the Fund's system produced was the one portal of entry. Miss Nightingale insisted that "the lady and her cook should be trained together". Although the Fund tried to find ways of grooming the superintendents, it never really succeeded and it insisted that the would-be matron go through the same hoop so that she knew what she was supervising. What the superintendent needed was not more theoretical knowledge but officer ability and that came from her social background and superior education - reasoning acceptable in 1860. However, once medicine became more scientific, it was clear from the lecturer's reports that the educated could keep up and the less educated could not, but no one suggested that perhaps two different systems were necessary with different emphasis. Miss Nightingale realised there was a dilemma, but she never solved it.

The other heritage was the Nurses' Home - that scheme of Miss Nightingale's own devising. Not only must nurses be seen to be respectable, their parents must be assured that they would be safe and, in the slums of the Borough, that was no easy matter.. A secure Nurses' Home with tight rules and regulations was the answer, but it gave us what Goffman called "the total institution".(12) Nurses worked, slept, ate, played and prayed together. Cut off from family and friends, they developed a culture and folklore of their own. The total institution served its purpose: nurses were kept safe in the most villainous surroundings. For the next generations, however, the Home often became an end in itself, and hospitals found that, although itwas expensive to build, it was worth the money to keep a large labour force on hand for work at all hours.

In conclusion, the main principles upon which the Nightingale Council built its experiment were suitable for 1860 and they met the needs of the time. It is commonplace to say that the time was ripe. In one way this was true because reform was in the air, but in another way the time was not ripe. Great changes in medicine and attitudes to hospitals were just around the corner as were changes in women's education and their expectations. The young woman of 1900 was a very different person from the young woman of 1860. The changes brought about by the Nightingale system took some time to take root and by the time they did they were in some measure out of date.

The next two or three generations of nurses, bred in conformity and obedience, clung to the Nightingale tradition, the tradition that had raised the nursing profession to its pinnacle. They kept its salient features like discipline and imposed their own, like a long training. Whether the new style of nurses at the turn of the century were more satisfactory in laying a firm foundation for nursing is a matter of debate.

NOTES

BL British Library Department of Manuscripts, Nightingale Collection
GLRO Greater London Record Office Nightingale Collection and St Thomas' Hospital records