nursing are of national significance, having one of the earliest training schools and nurses' leagues. Matron Mollet served on a number of organisations but, despite being a pro-registrationist, turned down a seat on the executive of the Society for the State Registration of Nurses. She did, however, encourage her nurses to visit the House of Commons to witness the debates. On one occasion they missed the registration debate but inadvertently finished up lobbying a Labour member of parliament. The book contains a mass of details on the effect of the introduction of telephones and a preliminary training school for probationers in the 1930s but provides no footnotes nor does it contain a bibliography.

The History of District Nursing has received very little attention. Stock's book, although national, inevitably concentrates on Liverpool and London.(24) Maud Gill has produced the first local study of a town which was possibly atypical of late Victorian England. A southern seaside resort affords a sharp contrast to the industrial north and midlands which the Brighton propagandists argued had better district nursing facilities. After all, Brighton was one of the first to affiliate to the Queen Victoria Jubilee Institute in the 1890s.(25)

A Scripture Reading Association in 1877 supplying a missioner became within a year the Relief Fund for Nursing the Sick Poor, employing two nurses. Neighbouring parishes soon wanted a similar facility and thus a number of districts merged. (Here a map of the area would have been illuminating.) From its early history it may be seen that Brighton's district nursing development relied very heavily - too much so - on two women, the aristocratic Miss Wake and Doctor Uhthoff's wife; so much so that when the former was nursing her sick mother the Central Nursing Association almost collapsed. Although the value of district nursing was recognised in Brighton, fund-raising was difficult and often led to threatened reductions in service. The organisers realised that spasmodic fundraising was inadequate to finance relatively well-paid nurses in a central home but they failed to convince the Brighton public of the necessity of regular annual subscriptions. Early developments in Brighton would not have flourished without the support of London and Worthing. Unfortunately, Gill never explores the reasons why a smaller but similar town twelve miles along the coast was more advanced in the 1880s and 1890s. The strength of the book is, however, the mass of detail of nurse rounds, patient illnesses, modes of transport, etc. set against a twentieth century background of mounting financial problems.

Janet Gooch takes another aspect of Brighton's history, the development from workhouse infirmary wards to General Hospital, through poor law, military and municipal control. She chronicles over a hundred years the change from six nurses and attendants (none really trained) supervising 350 patients to one hundred and eighty nurses - including students and orderlies - caring for 700. Her researches justify the national generalisations of poor law nursing as two important themes run through the text. Firstly, the difficulties in attracting trained nurses and probationers, and secondly the inadequacy of the nurses' accommodation. The former was never righted until the Second World War, whilst the latter was not rectified until 1929 with the provision of a proper nurses' home. Within the text there is a great deal of data on nurses' duties, sleeping and meal arrangements, salaries and midwifery training, which could prove very useful when more Poor Law hospital histories are compiled.