Not so glorious history


A useful start to this review might be to ask three questions that categorise most books. Was the book so compelling a read that you could not set it aside and your enjoyment such that you want to share it with as many people as possible? Or was it one of those books to which you have to return week after week to read a little at a time, but which when completed you are pleased to have read, and moreover you place it in your library confident that the material therein will be called on for future research? Or is the book one that you flicked through, wish you had not spared the time, and consider your only remaining duty to be to protect others from the same fate? Ivan Waddington's The Medical Profession in the Industrial Revolution falls very firmly into the second category. It is a difficult book to read, being in effect a historical thesis. None the less, it contains a wealth of well referenced detail that makes it an invaluable source for anyone who is interested in the development of medicine during the turbulent social upheaval of the nineteenth century. Medical and social historians will be grateful to Waddington for providing an interpretation of a complex period, and if there is disagreement about his assessment his sources are presented clearly for consideration.

Waddington confines his researches to England as distinct from the then United Kingdom of England, Scotland, and Ireland. The development of the profession is traced from its tripartite origins of physicians, surgeons, and apothecaries and their representative corporations, the Royal College of Physicians, the Company of Surgeons (from 1800 the Royal College of Surgeons), and the Worshipful Society of Apothecaries, each with its charter and power to grant licence to practise its particular specialty. The distinction between the physicians as men of learning with a university background and the surgeons as craftsmen trained by apprenticeship did much to retard the development of the profession as a whole. The emergence of the general practitioner, capable of practising medicine and surgery and also competent to act as an apothecary, is interesting, though there is a tendency to repetition that can be annoying.

By the mid-nineteenth century the medical profession had formed into two groups, consulting and general practitioners. Though the fees paid to consultants for service to the voluntary hospitals were small or non-existent, a lucrative income was made from teaching fees. The greater part of a consultant's income, however, derived from private practice, which could not be undertaken successfully without an honorary appointment to a voluntary hospital. So it was that "charitable work became the key to fame and fortune." Fortunes were certainly made—Sir Ashley Cooper earned £21,000 in 1815. The Lancet did not approve of the local ambitions of the consultants, or of the nepotic control exercised by the royal colleges on entry to the establishment. The emerging general practitioner lived a more modest existence, especially in the poorer areas where he could scarcely eke out a living, and many had to keep open shop to make ends meet.

The history of the rise of midwifery to respectable stature illustrates the avaricious and purblind attitude of establishment figures who failed to appreciate the need for the profession to adapt to the demands of a changing society. Those who practised midwifery were excluded from both the Royal College of Surgeons and the Royal College of Physicians. The prevailing sentiment on midwifery as a trade in the mid-nineteenth century was clearly enunciated by Sir Henry Halford:

"I think it is considered rather as a manual operation and that we should be very sorry to throw anything like a discredit on the men that had been educated at the universities, who have taken time to acquire their improvement of their minds in literary and scientific acquirements, by mixing it up with this manual labour."

By contrast, in Ireland (which is outside the scope of Waddington's research) Francis Hopkins achieved fellowship of the Royal College of Physicians in Ireland in 1780, and Fielding Ould not only fought his way into the College of Physicians but also obtained a knighthood for his services to midwifery:

"Sir Fielding Ould was made a Knight He should have been a Lord by right, And then each ladies prayer would be Oh Lord! dear Lord! deliver me."

The Lancet, founded in 1823 by Thomas Wakley, became the voice of the rank and file members of the profession and waged a war of attrition against the abuses of establishment medicine. Wakley advocated the foundation of a London college of medicine with which he hoped to remove the barriers dividing the profession into physician, apothecary, surgeon, and accoucheur, while at the same time destroying the monopoly of the colleges. This movement died after a spectacular inauguration at which the council of the Royal College of Surgeons had Wakley evicted from a mass meeting of the profession. One cannot help but wonder how different it might all have been had he succeeded.

The general practitioners achieved political representation within the profession with the passing of the Medical Act of 1858. This Act, which established the General Medical Council, empowered to keep a register of all qualified practitioners, is now regarded as a major legislative landmark. The drafting of this Bill and the reform movement both in the profession and in parliament are dealt with in detail by Waddington. Philosophical deliberation on medical ethics in the nineteenth century advanced little beyond the principles as profoundly stated by Hippocrates, and efforts at ethical reform were more concerned with establishing a set of rules for regulating the relationships between practitioners than between the profession and the public.

In the final chapter of the book, entitled "Professionalism and the development of medical autonomy," Waddington endeavours to show how the profession acquired a high degree of autonomy from lay control. His thesis is that at the start of the nineteenth century the profession of medicine had been a relatively insecure and often only part-time occupation, but at the turn of the century it had become a relatively stable and secure full time career, over which the profession had managed to retain an appreciable degree of control.

At the end of this detailed scrutiny of a profession in a period of dramatic social change doctors tend to emerge as none too attractive in their contribution to society. This is because the stuff of history dependent as it must be on documentation, has to rely on the minutest books and parliamentary papers that provide insight into politics and intrigue which tend to illuminate man's baser instincts. Moreover the successful establishment figures dominate historical research by virtue of their papers, letters, essays, and portraits, which survive for historians to grasp. Little primary material is available for...
For every surgeon's bookshelf


I know of no surgeon, of any age, who does not marvel at the way the human frame withstands the onslaught of the surgeon's knife, nor of any who has not paraphrased Ambrose Pare by thinking: "I made the wound but, thank God, God healed it." The purpose of this excellent monograph is to explain how wounds heal and how attention to surgical technique can improve the quality of healing. It should be obligatory reading for every young surgeon because it is essential to understand how the body deals with the wounds that the surgeon will be making throughout his or her professional life.

The text discusses wound healing in general and then wounds in specific sites. Aimed at the practising surgeon it is good to see chapters on sutures and dressings and clinical trials and techniques—subjects that are often neglected in standard surgical textbooks. Two features of the book irritated me: its repetition and lack of critical argument. When many authors deal with the same subject they are bound to repeat references, and when many authors come from the same department of surgery the references are inclined to be parochial. Some of the factors that affect wound healing are discussed in the same way in three of more chapters and supported on each occasion by the same reference. Careful editing would have avoided this. Of greater concern is the tendency of some authors to quote publications, results, and reference without commenting on the validity of the experiments that generated the results. These results then take the form of "ex cathedra" statements, a status not justified because of the difficulty of the experiments. In a monograph of this kind I expect experimental results to be criticised in detail, especially if young surgeons are going to use the book for learning. The trainee must not learn blindly by rote but must be shown how published statements can be challenged. A scientific monograph must be highly critical of its source material.

Nevertheless, this must be read by all practising surgeons at the beginning of their careers and at regular intervals thereafter. It is not for the reference library: it should be on every surgeon's personal bookshelf.

N L BROWN

Uterine histology


The authors of this highly accomplished colour atlas of endometrial pathology work in West Germany and Denmark. What impresses me particularly is the fine quality of the preparations, the outstanding staining (notably all the fields selected, and the appropriateness of the fields selected. After a brief consideration of technical details the first quarter of the book considers the normal endometrium with special reference to the changes associated with menstruation. Then there are sections on metaplastic changes, circulatory disturbances, and functional disturbances. The effect of