

Medicine and Books

Not so glorious history

The Medical Profession in the Industrial Revolution. I Waddington. (Pp 247; £20.) Gill and Macmillan. 1984.

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 consultation.

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 Astley Cooper earned £21 000 in 1815. The *Lancet* did not approve of the fiscal ambitions of the consultants, or of the nepotistic 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 respectability 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 Hallford:

"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 of 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 so 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 "Professionalisation 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 minute books and parliamentary papers that provide insight into political intrigues 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

historical scholars to assess the dedicated and selfless work performed by those who did not attract the limelight—for example, the general practitioner, who often practised without fee to the community. For portraits of these men historians have to turn to the fiction of Trollope, Eliot, Thackeray, and, more recently, Cronin. Such problems bedevil the history of all groups in society, but the history of medicine tends regrettably to be dominated by the achievements of the minority who rose to leadership, some of whom were truly men of vision such as Wakley, but many, perhaps most, were men of mediocrity, capable none the less of using political office for self advancement, and whose ineffectual activities, recorded in a legacy of documentation, have obscured the altruistic contribution made to society by the profession as a whole. This aspect of the profession is only touched on in *The Medical Profession in the Industrial Revolution*. A more important criticism, however, is the omission from the book of the scientific revolution that was taking place in medicine in the Victorian age. The contributions of, among others, Bright, Hodgkin, Snow, and Lister receive no mention, and this failure to recognise the influence of the industrial revolution on the scientific development of the profession is a serious deficiency in an otherwise informative treatise.

EINO O'BRIEN

Comprehensive atlas on the eye

Atlas of Clinical Ophthalmology. Ed DJ Spalton, RA Hitchings, PA Hunter. (Pp 450; figs and colour plates; £60.) Gower Medical Publishing, 1984.

Modestly claiming to provide an introduction to clinical ophthalmology, the authors more than justify this with a book which is a pleasure to have, whether for casual perusal or for complementing sparsely illustrated standard textbooks. The quality of the pictures is excellent and even the colour balance adequate, considering the many different sources used.

The range of topics covered is comprehensive and conventional. The 20 chapters begin with methods of examination, the eyelids, the conjunctiva, and the outer eye. There is a useful section on allergic eye disease, then the cornea, glaucoma (primary and secondary), the uveal tract, intraocular inflammation, and the lens; the vitreous and vitreoretinal disorders precedes four chapters on the retina, which include a section on diabetic disease and its laser treatment that is worth special mention, followed by the optic disc. Strabismus, neuro-ophthalmology, and the orbit and lacrimal system conclude the chapters, or "volumes" as they are referred to, presumably in deference to the companion *Slide Atlas of Ophthalmology* produced in 20 volumes corresponding to the chapters of this atlas and containing 1175 slides.

It is particularly welcome to find diagrams of the photographs to which labelling is attached rather than spoiling the plates themselves. The inclusion of embryology, pathology, and histology where appropriate will be especially useful to the postgraduate student. Is it carping to mention the inevitable minor errors that always seem to creep into publications? The transposition of the occasional picture in relation to its descriptive paragraph is unfortunate and the reference to choriocapillaris capillaries 20-30 mm in diameter confusing. The current trend of numbering the pages of each chapter from page 1 prefixed by the chapter number instead of consecutively throughout the book makes referring to the index cumbersome but undoubtedly suits the separate volumes of the slide atlas. In places it is difficult to follow the text where continuity is sacrificed to the positioning of plates. Inexperienced readers should perhaps exercise caution in identifying those topics which in any reference work would be in "small print," as there is relatively little alteration in emphasis in this book between rare and common conditions. The disclaimer in the preface allows the omission of details of treatment in many conditions, but there is some lack of uniformity in this respect.

There is a great deal in this prestigious book for everyone who has

an interest in the eye and visual system wherever they work and whether they are physicians or surgeons, established ophthalmologists or in training. Although expensive by any standards this number of coloured illustrations collected in one volume makes it excellent value for money and it should not fail to find a place on the coffee tables of medical schools, postgraduate libraries, and, especially, eye departments.

DAVID V INGRAM

For every surgeon's bookshelf

Wound Healing for Surgeons. Ed TE Bucknall, H Ellis. (Pp 356; figs; £19.75.) Baillière Tindall, 1984.

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 Ambroise 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 of the 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 or 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 BROWSE

Uterine histology

Atlas of Endometrial Histopathology. G Dallenbach-Hellweg, H Poulsen. (Pp 229; colour plates; D kr 470.) Munksgaard International Publishers, 1985.

The authors of this highly accomplished colour atlas of endometrial pathology work in West Germany and Denmark. What impressed me particularly is the fine quality of the preparations, the outstanding staining (nearly all in haematoxylin and eosin), 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