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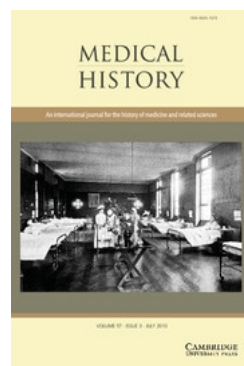
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**Keir Waddington, *Medical education at St Bartholomew's Hospital 1123–1995*, Woodbridge, Boydell Press, 2003, pp. xii, 464, illus., £45.00 (hardback 0-85115-919-2).**

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## Book Reviews

independent of the agricultural industry. In contrast, the University College of Reading was established in 1892 specifically to meet the needs of the local farming community and was more closely associated with agricultural practice.

At this point, Palladino abruptly shifts his attention to cancer research. He rightly points out how historians have been complicit in the triumph of the laboratory as the preferred route to biomedical knowledge and vows instead to focus on clinical research and, in particular, the neglected voice of the research subject. But after poring through twelve filing cabinets of records from the St Mark's Hospital Polyposis Registry, he comes to realize that his efforts are fruitless. These voices cannot be recovered from medical records and family disease histories. "I have been deploying historical actors . . . to serve my own historiographical purposes, almost as if they had no agency in the making of historical recollection" (p. 157).

So Palladino delves even further into the life of one individual—Lockhart Mummery—with an eye to what made the surgeon tick. He uncovers a complex and iconoclastic character, a man very attractive to women, with a passion for gambling, who viewed eating as an art form. Not only did his life violate social conventions, "[i]t was without rhyme or reason beyond itself" (p. 173). What is a historian to do? Palladino falls into existential crisis mode, questioning his motives as a historian and even his own identity (at this point his friends and colleagues must have feared the worst). Rather than simply constructing an argument, Palladino makes the reader struggle along with him, and it is this autobiographical element that makes the book especially engaging and unique.

In the end, Palladino is saved by an occurrence of intellectual serendipity (the book is full of such moments), as he notices on his bookshelf a book of essays by Sir George Stapledon, a director of the Welsh Plant Breeding Station. Stapledon resisted the preservation thrust of the National Trust, arguing that nature should be appreciated in action, not as a static monument. Palladino finds inspiration here for understanding the historian's relationship to the archive, which "should not be conceived

as a place of recognition, but as a place of experiment in transformation" (p. 183). In other words, while the archive cannot reveal the true voices of historical actors, the historian's interaction with the archive can produce new voices that have authentic relevance for the here and now.

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**Keir Waddington, *Medical education at St Bartholomew's Hospital 1123–1995*,** Woodbridge, Boydell Press, 2003, pp. xii, 464, illus., £45.00 (hardback 0-85115-919-2).

Recent years have seen considerable additions to our knowledge of medicine in London and of medical education in particular. A glance at Keir Waddington's select bibliography will confirm this. His own impressive study adds much to this new literature, not least because of being closely focused on a single institution: one that was regarded both by its students and teachers and by many elsewhere as the premier teaching hospital in the capital. In this large volume Waddington attacks a long period but really only gets into his stride in the nineteenth and twentieth centuries. He has been diligent enough with the earlier centuries but there is little to say about medical education, however. It is noteworthy, though, that he finds the presence of apprentices and medical graduates common on the wards before the eighteenth century (p. 19). As in all other voluntary hospitals, clinical teaching increased dramatically in the Enlightenment and, at Bart's, Percival Pott was the initial mover of this development. Waddington, however, has no doubt that it was the surgeon John Abernethy who became the powerhouse of Bart's teaching and the virtual single-handed creator of the medical school. By the 1820s several hundred students on the surgical side were attending the hospital. It was in this decade that Abernethy began to refer to Bart's as having a "Medical School" (p. 39). Waddington's account of these changes is not a linear, myopic one. He draws the reader's

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attention to such things as the importance of the Apothecaries Act of 1815, the criticisms of the hospital schools made by the *Lancet* and the sometimes strained, although usually cordial, relationship of the clinical teachers with the hospital governors. Although not a “great man” history, it is clear from Waddington’s story that some figures did have an enormous effect on the growth of the school. One such was the physician Peter Mere Latham whose stress on bedside teaching and physical examination shifted the emphasis of the school.

Clinical medicine was not the only subject taught at Bart’s. Anatomy, physiology, chemistry, materia medica and a variety of other disciplines were all built into the curriculum, especially after the 1830s. In two of the strongest and most original chapters of the book, ‘Mid-Victorian medical education’, and ‘Mayhem and medical students, 1662–1939’, Waddington addresses in detail how it was that the frequently wild, riotous, sometimes drunken medical student of the early nineteenth century was turned into the relatively docile, studious, aspiring bourgeois doctor of the Edwardian era. First a residential college on the Oxbridge model was founded. Here students could be corralled and supervised. A system of scholarships and prizes was introduced. Written examinations appeared. A Discipline Committee was established along with attendance registers. Philosophical societies and, later, sports clubs, fostered the new ethos. By no means perfect, the reforms did, however, encourage Bart’s many medical students to be pupils their institution could be proud of. No doubt broader changes in Victorian morality and the growth of a single profession were also at work besides these obvious external curricular and institutional changes.

Waddington’s next major theme has two strands: the growth of laboratory science and the rise of academic medicine, the latter development being intimately related to the establishment of the University of London. The introduction of the experimental sciences into the Bart’s curriculum was no easy matter. Many of the clinical teachers, notably Samuel Gee, approved of science in its place but considered

medicine an empirical art. Similarly, tensions existed between those who attempted to promote the University and its examinations and those who defended the autonomy of the school and favoured the conjoint examination of the Royal Colleges. Bart’s did embrace laboratory science and university ideals, notably between the wars, being among the first institutions to establish medical and surgical professorial units in 1919. Two years later hospital and College were legally separated. Most interesting in this connection is that Waddington puts flesh on the bone of what up till now had been mostly anecdote and gossip. As a medical school Bart’s always had a conservative reputation, yet in other ways it showed itself amongst the most innovative. The creation of the units brought out this contrast. The individualist older clinical teachers clearly held the professorial, unit system in some contempt.

A good third of the last part of this book is devoted to the Second World War and after. Waddington chronicles changes in this period with the same meticulousness that characterizes his account of earlier times. He shows too how tensions between conservatives and reformers persisted. This is an important study that adds more detail to the once impressionistic picture of London medical education.

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**Edward Davies,** *The North Wales quarry hospitals and the health and welfare of the quarrymen*, Gwynedd Archives Service, Gwynedd Council, 2003, pp. vii, 311, illus. (hardback 0-901337-83-8).

This important study represents the fruits of long, exemplary research by a practitioner of that honourable tradition of the doctor-scholar. Dr Eddie Davies has remained true to his roots as a native of the north-west Wales slate district of Blaenau Ffestiniog, spending thirty-eight years of his career serving the population of Cerrigydrudion, an upland village which