

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

bestrides Telford's Chester to Holyhead coaching road. Over those years he has played significant roles as long-serving editor of the Welsh-language medical journal *Cennad*, and in promoting the activities of the History of Medicine Society for Wales. In his retirement he has laboured to produce a *tour de force* of synthesis, simultaneously a history of medical institutions, a region, an industry, and a culture. As such, the title of the book might be thought to do the author's achievement a disservice.

Around six of the fifteen chapters are devoted almost entirely to the quarry hospitals. These are amongst the earliest examples of an occupational health service anywhere in Britain. The Penrhyn Quarry Hospital was opened in 1825, the Oakeley in 1848, the Dinorwig in 1860 and the Llechwedd in 1888. These small institutions dealt with a large number of amputations, head and eye injuries. The quarry doctors, many of whom were expert surgeons and experienced general practitioners, were quick to adopt new techniques, such as the use of ether, antiseptic spray and X-ray equipment. The hospitals, which were funded by both employers and workmen, evolved to provide some services for the local community, but their origins were in direct response to the hazards faced by the quarrymen.

The photograph on the dust cover of an injured quarryman being carried in a box stretcher from the Cwmorthin quarry in Blaenau Ffestiniog, conveys the scene. Employed in dangerous work carried out in the adverse climatic conditions of a mountainous environment, slate workers' risks were compounded by their generally poor physique and conditions of material existence. Work accidents were frequent and related to many features of the extractive, processing and transportation aspects of the industry. In describing these practices the author displays an awesome command of the minutiae of quarrying techniques and working practices.

The book provides invaluable insights into the struggles of the slate industry's medical practitioners to establish their professional hegemony by challenging the attempts to have them work alongside "bone-setters". Davies conveys the complexities of the relationship between doctoring and "quackery" through

his account of the bone-setting traditions of families like the Isaacs of Cwm Pennant who eventually produced "conventional" practitioners of some distinction.

Well illustrated with photographs, the book also includes appendices with quarry injury/mortality statistics and constitutions/rules of workers' welfare societies. These serve to underline the earlier point that this is truly a "total" history by an organic intellectual immersed in the life and culture of his "bro" (locality) and its neighbouring communities. Even should he not achieve elevation within the orders of the Gorsedd of Bards, he most certainly deserves to become honorary MO to the Annales School!

Since the author draws on numerous Welsh sources, the book will prove invaluable to researchers unacquainted with the language. However, one word of advice for readers not intimately familiar with these mountainous districts of north Wales. Given the centrality of kinship and place in the construction of Welsh identities and in particular the histories of medical dynasties and associated quarrying communities, the average reader would find their access to this rich source of information facilitated by prior acquisition of the relevant ordinance survey maps.

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Jonathan Oberlander, *The political life of Medicare*, University of Chicago Press, 2003, pp. xi, 262, £13.00, US\$18.00 (paperback 0-226-61596-0).

In 1965 the United States enacted a national health insurance programme for persons of sixty-five years and over called Medicare. In 1972, Congress extended eligibility for Medicare to individuals of any age with proven disabilities and (after a dramatic public demonstration of kidney dialysis) to those with end-stage renal disease. This only-in-America complex of beneficiaries represented continuing political efforts to sustain the viability of private health insurance for the healthiest, least costly