

**From ‘impostors’ to apprentices and medical students as providers of medical care.
Some Welsh examples.**

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I

Witches and impostors have always held a competition with physicians.¹

As far back as can be told, there has never been a shortage of those who have claimed to be able to cure illness. They can be divided into two overlapping groups. There were those who were properly trained by the standards of the day, and those who were not. At first, there had been little to choose between them. The first group emerged later, and became known for their diagnostic skills. The history of modern medicine can, in one sense, be regarded as a process whereby the gap between the two has become progressively widened. As the distinction between the properly trained and the others became more apparent, so did the former group feel more entitled to complain about their rivals.

The amateurs’ inability to adopt a more logical approach to their work seems not to have been a hindrance to them. In fact, their treatments could sometimes be considerably more effective than might have been expected. Many turned to them because of the spectacular, if unjustified, reputations that they had acquired. Only too often, the more outlandish the promises being made, the more appealing would the unsuspecting find them to be. And in spite of the advances that had happened, the unskilled continued to flourish. It was estimated in 1975 that 80 *per cent* of the world’s population depended on traditional healers at times of sickness.²

What was taken to be a useful remedy in one age could be regarded as ineffective in the next. The ‘Royal Touch’ was at one time accepted as a treatment for ‘the King’s Evil’, or scrofula (Latin – small sow), a form of tuberculosis affecting the lymph nodes of the neck. The laying-on of the regal hands was thought to have a remedial effect. It was alleged that this power was restricted to English kings, ‘no Sovereigne of any Kingdom else having that ... medicinall vertue’.³ The National Library’s collections contain at least two instances of its use from the reign of Charles II. John Lloyd, of Wigfair, Flintshire, wrote in 1684 that he hoped to be given ‘access to the King’s presence to receive his touch.’ More detail is given about a boy of fifteen years of age or so from Margam, Glamorgan:⁴

born of honest parents [who] was taken ill above this 12 month and does continue

sick of the Kings Evill as is judged by Severall able physitians and being desirous in order to recover his health to travell to London to attend on his majesties most gracious favour for ye healing of such distempers. [This is a] request on y^e behalf of y^e poor bearer that he might freely travell without ... molestation in y^e pursuance of his said Intention, and y^t all good people charitably disposed [will assist] him in effecting of y^e same

Invariably, it was assumed that a correct diagnosis had been made, which was not necessarily so.

Not infrequently, those who suffered from intractable illness would consult a doctor first. If their symptoms failed to respond quickly, some would turn elsewhere for help. When the death of a patient led to a court case, those involved were not always dealt with severely. The few examples cited here may well not be representative of nineteenth-century legal practice in Wales.

Bone-setters

The legendary Thomases of Anglesey, and the less well-known Rocyn Joneses of Pembrokeshire, acquired enviable reputations as bone-setters.⁵ They were far from being typical of most of those who used that title. The majority treated injuries with wrenching movements, which gave rise to great concern. The surgeon, (Sir) James Paget (1814-1899) believed that virtually every doctor was likely to have to compete with a bone-setter at some stage: 'if he can cure a case which you have failed to cure, his fortune may be made and yours marred'.⁶

Following an injury, in 1892, a boy from Monmouthshire was taken to see a doctor. The father then decided to consult a bone-setter. He concluded that this was a dislocated shoulder, for which he offered treatment on several occasions. The boy's health worsened, and he died. At the autopsy, no abnormality of the shoulders was found. Death was attributed to an inflammation of the spinal cord. The jury decided that the bone-setter 'is deserving of the gravest censure [and that the] father is much to blame'.⁷ No further action was taken, possibly as the family did not wish to face further criticism. Had the defendant been a doctor, the attention of the General Medical Council (see below), which held the right to prevent doctors from practising, would have been drawn to the matter.

Nor were other lay people exempt from the workings of the law. A boy died at Rhuthun in 1855 after his mother had given him a dose of hellebore, which is a plant that contains a

number of poisonous alkaloids. Three of her other children had almost died as well. The coroner felt that had anyone else prepared the tea, the matter would have been referred to a criminal court. Quackery, he maintained, had destroyed more lives than the sword or the gun.⁸

There were times when it was not easy to distinguish between the two groups of therapists. John Harries (1785-1839) of Pantcoy, Cwrtycadno, Carmarthenshire, fails to fit into any neat category.⁹ Best remembered as a white witch (Welsh, *dyn hysbys*), he was venerated for allegedly possessing magical solutions to life's problems, his life's work representing the supreme example of white witchery in Wales. His adversaries regarded him as living by other people's superstitions. So far as is known, unlike some of those who practised in that way, he never faced a court appearance. The sentences which the others faced varied from having to publish a recantation to being flogged in public (in an English court).¹⁰

The borderline between practising 'the black arts' and claiming to be able to deal with illnesses was not always clearly demarcated. Tallis has shown that Harries also had a successful practice as a doctor.¹¹ His father, Harri Siôn (1739-1805), and his son, Henry (1821-49), were also said to possess medical skills.¹² There is no proof that John Harries attended a medical school or that he held any professional qualifications. Nor is it known if he was aware of the work of *Meddygon Myddfai*, who had practised at a rather more sophisticated level in Carmarthenshire seven centuries or so before his time.¹³ The fact that he is described on his tombstone as a surgeon has frequently led to a misunderstanding. In that age, there were few surgeons, even though many were described in that way. They were the family doctors of the time. They were frequently unqualified, having themselves served as apprentices. What little is known of Harries's clinical work indicates that it was comparable in its nature to that of others who were similarly placed.

While the evidence is far from plentiful, some of his methods place him among the lay therapists. The letters sent out with his bills would have been regarded as improper in medical circles:

To John Harries for medicine and medical attendance: Sir, Unless the above amount is paid to me on or before [a specified date], adverse means will be resorted to for the recovery.

Another unacceptable practice of his was that of offering treatment without having met patients. The matter is well illustrated in a letter sent to Pantcoy in 1860:¹⁴

Dear Sir/ My susters (sic) desire you to do the best you can for them Mary Ann
have a pain in the brest will you please send a receipt for it ...

This custom was not unknown in other cultures. Patients from northern India had no faith in shamans who enquired about the nature of their symptoms.¹⁵

As Harries's work represents an example of a worldwide phenomenon, a comparison with the techniques used in third-world countries could yield useful results. In one survey, it was concluded that those studied were 'keenly intuitive and perceptive persons who make good use of their knowledge of people and human problems in helping their clients make the best of their situation.'¹⁶ A substantial achievement, this may have accounted for much of the successes attributed to Harries.

In the psychiatric states characterised by a distortion of thought processes, men practising in Nigeria were able to make a correct diagnosis. They were also aware of an appropriate form of treatment, using a plant containing reserpine, a drug that was once used in western countries for that purpose.¹⁷ This remarkable finding is by no means unique. Morphia and aspirin, to name only two, were in use long before they were scientifically studied. For every known instance of plants being used in this way, there are many others which have no known physical therapeutic value.

Unexpectedly, in an age when psychiatric disorders were usually neglected, the Cwrtycadno library contained a well-thumbed copy of Robert Burton's seventeenth-century classic, *The Anatomy of Melancholy*.¹⁸ It could be that it was in this sphere that he succeeded best. That he had an innate understanding of human nature is beyond doubt. This was likely to have been outweighed by his lack of diagnostic skills.

A difficulty arises in attempting to assess his psychiatric work. The surviving anecdotal accounts of his work are vague and lack any degree of objectivity. Although the use of herbs is mentioned in his treatment of the psychoses, there are no grounds for believing that his thinking on such matters was as advanced as his African counterparts. He seems to have relied heavily on restraining his patients, using physical force.

However, he may have been far from unskilled in dealing with other psychiatric conditions. Both patients' and doctors' expectations regarding treatment have been vastly altered since the nineteenth century. What has remained unchanged is the importance of the psychological approach adopted by the therapist. It has been shown more recently that contemporary native healers deal effectively with some disorders of psychological origin.¹⁹ It has also been

claimed that conditions of the kind are frequently found in societies where there exists what was referred to as ‘a low degree of security.’²⁰ Anxiety states occur in those prone to experience tension more readily than is usual. It is now recognised that repeatedly heightening the level of tension can lead to a more relaxed state. Harries used a technique which bears a striking resemblance to a more recently devised treatment, known as implosive therapy, which is based on this notion. He would stand those patients on a rock at the edge of a deep pool. Having blindfolded them, they would be left there in silence, and so must have become disorientated, and presumably, more anxious. He would then creep up behind them and fire an old revolver close to their heads. That would cause them to fall into the water, which would have further exacerbated their anxiety level. With implosive therapy – an unpleasant form of treatment - the anxiety-provoking procedure has to be repeated several times in order to achieve a satisfactory result.

Quacks

This is a vague term used to describe those who claim to have highly developed medical skills without having undergone any form of professional training. It has been said that they wished to assume the status given to doctors while refusing to accept the discipline demanded of members of the medical profession.²¹ They were originally known as ‘quacksalvers’ from their habit of ‘quacking’ or boasting about their remedies.²² The lack of control over their activities was a constant source of concern. No one could have expressed this more clearly than did the editor of the *Merthyr Telegraph* in 1863: ‘taking a walk through the streets of Merthyr ... the hideous lying bills of the quack meet one at every turn ...’²³ Disparaging remarks of this nature did little to prevent many from advertising. In 1861, twenty-two men and thirteen women throughout England and Wales described themselves in this way in the census of that year.²⁴

In 1869, JH, who was a quack, was charged with manslaughter in the Glamorgan assize court. A woman with a breast abscess had consulted a doctor. She then went to see the accused, who ordered a poultice for her. At their second interview, he applied a blister and soon afterwards, she was taken seriously ill and died. The plaster had contained arsenic, but it was not clear if this had brought about her death. The judge described it as ‘a case of great suspicion’, but there was insufficient proof of the prisoner’s guilt. The jury was instructed to bring in a not guilty verdict.²⁵

Earlier, towards the end of Harries’s life, in 1838, the more colourful, self-styled Baron Spolasco (1806-1858), known variously as John William or John William Adolphus

Augustus Frederick Smith, set up in practice in Swansea.²⁶ He was an itinerant quack who claimed to have studied at seven different universities. He also described himself as having been ‘a perpetual student of the famous late baron Depytren’ (*sic*).²⁷ A later account described Spolasco as:

 pacing slowly ... swinging his cane, and attired in the combined costumes of several centuries ... he is got up to attract attention. That hat with its curled-up rim is made upon a special block for himself. That wig and moustache and those eyebrows are of a preternatural black, which, contrasting with the face painted red with Otard’s best red make him look somewhat like those ferocious individuals that pop out of little boxes, imperious with carmine and horsehair. Even his spectacles are worn for effect. They are retained by some adhesive compound, I imagine – on the very tip of his nose, and his keen watchful eyes are always looking over them.²⁸

His aptitude for overcoming the crises - largely of his own making – which he faced could have helped in no small measure many of those who sought his advice. Before coming to Wales, he had practised in Ireland, where he boasted that he had cured thousands of people.²⁹ In Cork, where he worked from spacious apartments, he:

 suddenly made his appearance among the astonished Corkonians in a phaeton drawn by four black horses with coronetted harness ... and a black musician playing Kate Kearney on a key-bugle in the back seat. [He had arrived there] for the purpose of curing all the diseases which the Corkonians were capable of getting up. They were, I assure you, capable of getting up a great many.

He was once consulted by a man born with misshapen legs, who wanted them straightened. Having charged him £10, Spolasco’s advice was that the patient should ‘put your legs in boiling water till the bones soften, then come to me, and I’ll roll them out’. When news of this was made generally known, he had to leave the city.³⁰

He insisted that he had left Ireland having been urgently called to England for a consultation. The indications are that he did so following a charge of malpractice. He was aboard the Killarney Steamer in 1838 when it sank, his nine-year-old son being among those who were drowned.³¹ It was said that the boy’s death had deprived him of an inheritance of

£20,000. Even more unrealistically, it was alleged that the young man would have graduated as a Doctor of Medicine before he had reached the age of seventeen.

Having set up in practice in Swansea in 1838:

in consequence of the numerous Patients that daily crowd round [his] Consulting Rooms, he has been induced to prolong his stay in Swansea ... Those who require his advice would do well, therefore, to make immediate application, as they may not again have an opportunity of consulting so successful a Practitioner.³²

His fee for accepting apprentices was £525. If they should earn less than £500 in the first year after leaving him, he would compensate them with an equivalent sum. He could hardly have failed to realise that there were available in the town sufficient opportunities for those entering medicine to work with reputable doctors, and that at a lower cost.

His advertisements were probably regarded by many as being offensive. He once insisted that no one since the time of Christ had acquired healing skills that were comparable to his. He would attribute any condemnation of his work to envy on the part of his critics. He was prepared to wager £10,000 to a tenth of that sum that ‘under divine favour’ he could bring about a cure, whatever the malady. This was so even if the sufferer had been ‘doomed’ to using crutches for fifty years.

A year after his arrival, a twenty-three-year-old girl died after he had treated her. She had been diagnosed as having an irritable stomach from a sluggish state of the liver and intestines. Having heard that the ‘Baron’ could be consulted at the Wyndham Arms, Bridgend, she presented herself there. She was asked for an entrance charge of five shillings, with a further guinea for the consultation. He told her that she need not describe her symptoms, as he was already aware that she was very ill; ‘you may bless the hour that the Baron Spolasco came to Bridgend’. She was given the purgatives, aloes and jalap. All those waiting to be seen received the same treatment, irrespective of the nature of their complaints. On being informed of a deterioration in her condition, his comment was that she must be patient. With a further worsening of her state, he advised her to take castor oil, with brandy and wine mulled together, ‘to cheer up her spirits’. If that failed to work, she should have gruel and turpentine. She died an hour and a quarter after taking this mixture.³³

Having been charged with manslaughter and taken into custody, an application for his release was refused by the magistrates. This decision was overturned in a higher court, with

bail being set at £200, with two sureties of £100 each. Spolasco soon responded publicly, saying:

I must infer from the opposition given to my release, that [the authorities] were also united and stimulated by the common object of detaining me in prison to prevent me following my professional duties.

At the assize court, the judge referred to the prisoner's claims 'that he makes the deaf hear, the dying to live, and things too monstrous for anyone to believe [by] grossly imposing upon the credulous public'. That he may not have been qualified, or that the girl was already suffering from a fatal illness were irrelevant. The issue to be tried was whether her death had occurred even a minute sooner than would otherwise have happened. If that were so, he must be found guilty of manslaughter.

Different opinions were provided by the doctors who were called. One testified that the substance from the girl's stomach had brought about an inflamed state leading to gangrene. This had shortened her life. Having given part of the stomach contents to a dog to eat, he had tasted a piece himself. On being cross-examined, he agreed that he had never before 'tasted aloes after it had lain in the stomach of a dead person for two days ... I do not know whether the bitterness of death resembles the bitterness of aloes'. He believed that the girl might have lived for three or four months more had she not taken the medication. The opposing view was that this intervention had not been responsible for the girl's death. A third doctor, too, was uncertain as to whether this intrusion had been relevant. The judge felt that if they were to proceed, 'it would be only a balancing of Medical science'. The members of the jury could not be expected to offer an opinion on questions of that nature. Accordingly, he must direct them to return a not guilty verdict. Mary Lucy Cole of the wealthy Margam and Penrice family believed that 'he has [made] such friends of the common people think [sic] the Doctors persecute him for his cleverness'.³⁴ Ever ready to seek more publicity, now, the 'poor prisoners ... in Cardiff Gaol for trial, beg to return their grateful thanks to Baron Spolasco, for sending them a sovereign, having no means of obtaining anything but what is allowed by the county'.

Nine months later, possibly as part of an effort to suppress quackery, two magistrates were asked to investigate another aspect of his activities. He was accused of placing counterfeit stamps on his medicine containers. After a lengthy inquiry, he was sent for trial at the

Glamorgan assizes. As he failed to produce the sum set for bail, he was taken into custody. An application was made to postpone the trial, and he was released. Between that time and the next hearing, he published a statement that read:

More Extraordinary Cures. Notwithstanding the continued persecutions and groundless calumnies of his enemies, the Baron's house continues to be thronged from morning till night with patients [including those from] Cheltenham, Cornwall and Devonshire ...

There followed a public dinner in his honour, arranged by his supporters, when he was presented with a gold snuffbox worth fifty guineas.

That his work represented a significant threat to the medical fraternity is certain, as large numbers of local doctors attended the trial. Twenty-five charges of forgery were made against him. A guilty sentence could lead to seven years' transportation, or a prison term of not less than two or more than four years' duration. In his closing remarks, the judge was thought to have been unsympathetic to the prisoner. To the surprise of many, a not guilty verdict was reached.³⁵ The reason for its failure is far from clear. As Mary Lucy Cole had hinted at the time of the earlier case, it could be that Spolasco's status in the neighbourhood had some bearing on the jury's decision.

As defiant as ever, he soon made it known that he had been asked to visit a patient at Brecon for a fee of a hundred guineas. He would remain there for three days and could be consulted at a china dealer's shop in the town. (Swansea doctors would not have asked for a fraction of that sum for home visits, even at that distance.) In addition, apart from publishing *Spolasco's Book of Nearly Five Thousand Cases and Cures*, he had now appointed agents from whom supplies of his Life Preservers or Vegetable Family Pills, and Golden Ointment of Peru could be obtained. Late in 1841, 'having been professionally engaged in the Metropolis, [he] congratulates his friends and the Public on his return home'.³⁶

Soon, a Gower clergyman died in great pain, allegedly from the effects of powders which he had prescribed. A large abdominal cancerous growth was found at the autopsy. It was the opinion of two doctors that the tumour rather than the medication had brought about the patient's death. The coroner expressed his unease that anyone should be prepared to take money under those circumstances. That, though, was to be of no concern to the jury. Once

again, Spolasco was exonerated. Not even his strongest supporters could have believed that he had been dealt with unfairly by the courts.

Typical of his kind, once his mistakes were made known, his reputation suffered badly. This led to his reducing his fees. He left Swansea, more unobtrusively than he had arrived, sometime after March 1845.³⁷ It is likely that he was no longer capable of attracting patients as readily.

Shortly, the '*soi-disant* [self-appointed] baron', appeared in court for having failed to pay towards the upkeep of an illegitimate child. He had been arrested in Birmingham. On refusing to comply with the order made against him, he was accused of contempt of court. His plea that he had been wrongly accused was not accepted. He then threatened to take legal action against the magistrates if they were to send him to prison. Ultimately, 'after some discussion, and not a little theatrical display', he agreed to pay the whole sum. In the following year, another warrant was issued after he had again discontinued his payments. An unsuccessful effort was made to 'capture' him in London. Having 'incautiously adventured a visit' to Gloucester, the police were warned of this and kept him in custody overnight. On the following day, he paid his arrears and was discharged.³⁸

He eventually moved to New York. There, he described himself in his newspaper advertisements as a 'professor of medicine and surgery (from London), of European fame', who was 'visited by innumerable sufferers from all parts of the Union'. A failure to pay his rent led to further changes of residence.³⁹ He died in that city in 1858 in great poverty:

notwithstanding the large sums of money which he extracted by his buffoonery and empirical pretensions ... He should have lived in Italy, and gone about with a cocked hat, a stage and a buffoon. He is entirely lost among prosaic Anglo-Saxons.

Many years after his departure from south Wales, it was asked how many of Swansea's inhabitants knew of 'the honourable Baron Spolasco':

it seems to me that gentlemen of the above profession never change ... the 'Baron' with a chaise and four (black horses) in hand, coloured coachman and footman in livery, very closely touching upon royalty entered the town of Swansea in state ... Few funeral honours were, I fancy, performed over [his]

grave, yet I have known worse men who had stately pillars erected to their memory ...⁴⁰

Little is known of the background of either Harries or Spolasco. Their understanding of the nature of disease was simplistic. The little information left implies that their whole emphasis lay on the treatment of illnesses, without being concerned about their causes. It is possible that Harries had been apprenticed to his father or to the surgeon, David James, of the same parish, whose will was written in 1811. In either case, he would have received some semblance of a medical training that had long since remained unaltered. Spolasco needed no such preparation, relying on the widely held failure to accept that the performing of miracles was not a daily event. Added to that, the fame of those with a reputation for having near-magical powers spreads easily. Each made the most of the irrational element in the human psyche. Unlike the regular practitioners, they dealt in certainties, and were unprepared to contemplate failure. They shared a lack of diagnostic skills, which was partially compensated for by their self-confidence. Their work was uninfluenced by the fact that this was an age when changes of a lasting kind were happening in the field of mainstream medical practice. Among the most far-reaching advances made was the passing of the Poor Law Amendment Act of 1834. This set up a medical service for the impoverished, which paved the way for the National Health Service. During Harries's time, in 1809, plans were being made for the establishment of dispensaries (voluntary outpatient clinics) at Carmarthen and Llandeilo. Swansea had its own infirmary (1817); while Carmarthen would follow in 1858.⁴¹ Each district could boast that many – virtually all in the case of Swansea – of its doctors were qualified. Relying on archaic ideas, they would have failed to understand an approach that was based on a knowledge of body structure. As was usual with his kind, Spolasco was destined to have to move from place to place as his failures were made known. His work can be likened to that of the roving practitioners, the 'toadstool millionaires' of the nineteenth-century Wild West.⁴² Typically, they cured some, offered false hopes to many, and drove others to an early grave. Harries was not a quack, and with his high reputation in magical circles, he could safely remain in the place in which he had first found himself. Had it not been for his fame as a sorcerer, his clinical work would be no more likely to be remembered than that of any other country surgeon from that age. Of interest is that the criticisms made of him have been aimed at his magical rather than his clinical activities. His was a district that had been had been greatly influenced by the development of Methodism. Whatever attitude

its adherents may have taken to his ‘magical’ activities, they must surely have accepted his role as a doctor as, unlike Spolasco, he provided an essential service.

Neither accumulated large fortunes. During his lifetime, it was not unusual for unqualified country doctors to augment their income by working as farmers. In his will, Harries is described as a farmer. (Pantcoy was a smallholding of thirty-eight acres or so owned first by the Dolaucothi estate, and then by the earl of Cawdor.) Harries left less than £200.⁴³ His poverty has been attributed to a fondness of ‘the cup’.⁴⁴ All the indications are that Spolasco was impoverished at the time of his death. Whatever Harries’s beliefs regarding the efficacy of his magical techniques may have been, there is no reason to suppose that he regarded his medical work as being ineffective. It is surely inconceivable that Spolasco could have accepted that his methods were effectual, even though there was no surfeit of those who did. (What is known of the work of native healers elsewhere suggests that some of them were only too aware of their own shortcomings. Typical of many were the Baralong rainmaker’s comment to the missionary, Dr Moffat, who had treated him successfully for an illness: ‘it requires very great wisdom to deceive so many. You and I know that’.)⁴⁵

It was an age when – as today - unproved ‘cures’ were in common use. At a time when reliable treatments were not easily obtained, whatever form of help that was available was commonly sought. Apart from those disorders that are of a self-limiting nature, others are readily amenable to suggestion. The value of many remedies may be enhanced if they are prescribed by those perceived as being in authority.

Paradoxically, as medical research has advanced at a previously unanticipated rate, the popularity of ‘alternative medicine’ has increased vastly. A possible explanation for this is that society’s expectations have been vastly altered as a result of the progress that has been made in orthodox medicine. This, in turn, may have engendered a refusal to accept that there remain diseases which are incurable. Yet, the endeavours being made to produce a healthier human race should not rely on the creation of more fanciful theories. The aim must surely be to seek the causes of disease, which in turn, will lead to rational forms of therapy or prevention.

II:

From apprentice to medical student

‘It is told of Abernethy that [on starting a lecture at St Bartholomew’s Hospital] and noticing the young, eager expectant faces that crowded the amphitheatre, [he]

began his address with the words, 'God help you all! What will become of you?'⁴⁶

In the sixteenth century, the Anglican bishops were given the right to sanction those who wished to practise medicine. Imperfect though it was, this arrangement brought about some improvements, even though there must have been many who remained unlicensed. There were no known physicians or surgeons at work throughout Cardiganshire when John Jones of Llandysul asked for permission to do so in 1717. His application was supported by several magistrates and clergymen.⁴⁷ By 1780, there were six known practising doctors there.⁴⁸ From an inexact time in the second half of the eighteenth century, the Anglican Church had lost – or perhaps, relinquished - those powers. It was not until 1859 that doctors were required to be legally registered.⁴⁹ In the intervening period, no constraints were laid on those who wished to refer to themselves as medical men.

For centuries, the older English universities had catered, after a fashion, for those wishing to study medicine. Their graduates, known as physicians, had the highest status in the medical hierarchy, and charged higher fees. Those who were poorer, or not as ambitious, were employed by surgeons or apothecaries, who were themselves often unqualified. With time, increasing numbers of them went on to gain the membership of the College of Surgeons (MRCS) and/or the diploma of the Apothecaries' Company (LSA). In the nineteenth century, the position of apprentice gave way to that of the medical student. Eventually, this would provide the only pathway to a medical career. There happened a transitional period when they commonly served in both capacities at different times. This was so in the case of the leading obstetrician, Sir John Williams (1840-1926). He worked as an apprentice in Swansea before becoming an undergraduate at University College Hospital London. After retiring, he played an important part in the founding of the National Library of Wales, being its first president, and in the functioning of University College Aberystwyth.⁵⁰

Medical apprentices

For centuries, throughout Europe, there had existed apprenticeship schemes covering a variety of occupations. The Statute of Artificers (5 Eliz. I c.4) of 1562 formulated rules whereby periods of apprenticeship were introduced.⁵¹ Surgeons and apothecaries, on whom many among the population relied for medical attendance, were included among those affected. Gradually, as well as selling drugs, apothecaries had taken on more clinical responsibilities. There are instances recorded in the Great Session court rolls which show that

they were doing so, and providing expert testimony of good quality in Wales in the eighteenth century.⁵² The Apothecaries Act of 1815 (55 Geo. III, c.194) helped to elevate their status. A five-year period of training, with proof of good behaviour was asked for. Regular attendances at a hospital or dispensary (an outpatient clinic), together with a course of lectures was to follow. They were expected to show some proficiency in Latin, anatomy, physiology, chemistry and the principles and practice of medicine.⁵³ (A similar act had already brought the Apothecary's Hall, Dublin, into being in 1791.)⁵⁴ The College of Surgeons asked for two terms of attendance at courses in anatomy, physiology and surgery, with a six-year period of practical work. The original bill had not referred to apprenticeships. That was only added in the House of Lords by the Bishop of Peterborough. The Society of Apothecaries took exception to this. They were adamant that they could not be held responsible for the actions of 'reverend prelates [who meddle] with matters that they do not understand.' Previously, the apothecary 'was a most ignorant and illiterate person'. He had often come from a charity school or a parish workhouse before becoming an errand-boy to his employer, eventually going on to full practice himself.⁵⁵ Many employers were thought to be incapable of providing any training for their employees.⁵⁶ Even after the passing of the act, matters did not improve to the extent that had been anticipated. When this was discussed in Parliament in 1833, MPs were told that most of those indentured in this way were not being properly prepared for the examination. They were taught little but how to mix drugs and learn a smattering of poor Latin.⁵⁷

Deprived as they were of many privileges, those from the medical field apparently had a more docile attitude than their fellows in other spheres.⁵⁸ This submissiveness on their part is not easily explained, as a great deal was expected of them:

[He] who thus considers his future prosperity, by looking forward to credit as a practitioner, will see the necessity of being unimpeachable in his morals, frugal of his time, economical of his money, and dutiful to his parents, as well as respectful to his master.⁵⁹

There were no uniform terms of employment. For a young man taken on at Caernarfon in 1813, his lot in life was less exacting than was often the case. He was not to embezzle his employer's property or absent himself without permission. On obeying any reasonable commands, he would be adequately housed and fed, and well trained.⁶⁰

Others in similar positions were forced to lead more restricted lives. In 1844, Thomas Lewis

of Aberystwyth, 'shall not ... frequent taverns or public houses or other places of amusement nor be intoxicated nor play at cards dice or other unlawful games'. Having paid his fee of £30, there were benefits, as his master would eventually attempt to find him a post.⁶¹

When young men were employed by members of their own families, indentures were prepared 'to exclude disputation and preserve harmony.'⁶² In 1849, Arthur John Williams (1830–1911) of Bridgend, Glamorgan, made such an agreement with his father. Leaving nothing to chance, 'he shall not commit fornication nor contract Matrimony within the said Term ... nor absent himself from his said Master's service day or night unlawfully'.⁶³ Williams later gave up his medical work, and was called to the Bar, after which he became a Liberal MP.⁶⁴

Matters were further complicated by the presence of those who might be referred to as semi-trained healers. In 1878, an Anglesey man, who was not a doctor, had obtained a certificate in obstetrics from the Coombe Lying-In Hospital, Dublin, without his having graduated in medicine. Having attended a woman who was in labour, he eventually asked for further help, which was provided by another unqualified man. Both attempted to insert a forceps, with no success. A doctor was then sent for. He decided that he must sacrifice the child's life in an attempt to save the mother. She herself died subsequently. The doctor refused to sign the death certificate, saying that 'there were too many [of these] men on the island'. Her body had to be exhumed after burial for a further investigation. Rather unexpectedly, the jury acquitted both men.⁶⁵

Medical students

The eventual abolition of the apprenticeship system for doctors was bound up with that of improving medical training. As clinical medicine became more scientific in its nature, better and more intensive forms of tuition were called for. By the end of the eighteenth century, there were signs that the subject of medical education was being taken more seriously. Nonetheless, the available textbooks varied from being reliable⁶⁶ to those whose 'connection with [clinical practice] is ... remote.'⁶⁷ Even as early as 1844, 'the student ... must remember that he has not come for pleasure, but for study ... He must not attempt to combine pleasure with his labours. It is an utter impossibility ... The brain of a hard-working student is continually at work.'⁶⁸

On the other hand, in 1799, the Corporation of Surgeons (which became the Royal College of Surgeons of England) had been described as having 'a theatre without lectures, a library without books, a committee room used as a dining parlour, an empty purse for charitable

donations'. The Apothecaries Company did not fare any better. In the eyes of those committed to reform, it was an organisation 'designed for traffick and merchandise, rather than for science'.⁶⁹ The 1815 legislation had decreed that each examiner appointed should 'faithfully, impartially and honestly ... execute the trust imposed in me.'⁷⁰ In 1825, there were 478 practising apothecaries throughout England and Wales, with 225 apprentices.⁷¹ Much of the evidence shows that this clause was not being adhered to. Of the 300 who sat the apothecaries' examination in 1820, only about one in twenty-three had failed. Of the 365 who did so in 1828, about one in six were rejected.⁷² This was taken to be an indication that more was now being expected of candidates. But almost 13 *per cent* of the applicants for posts as poor law medical officers in the 1830s were still unqualified.⁷³ In 1841, of the 15,000 doctors working in the United Kingdom, 5,000 held no professional qualification.⁷⁴ And a proportion of those qualified men who wished to work in the military and naval services in 1865 were refused entry – as many as 43 *per cent* in the case of the naval candidates. This was because they did not have a sufficient knowledge of Latin and 'operative surgery in the dead body'.⁷⁵ The regulatory body, the General Medical Council, had only been in being for less than a decade. Its work in aiming for more consistent levels of tuition had not yet had time to bear fruit. It was formed with the passing of the Medical Act of 1858 (21 & 22 Vict. c. 90). Each year, an official *Medical Register* would now be published, which would list the names of all those who were qualified to practise medicine. Those who were unqualified would only be included if they had been in practice before 1 August 1815. Thus, had he lived that long, Harries would have continued to be able to refer to himself as a surgeon. Spolasco's name would not have been entered in the *Register*. The new legislation did not prohibit others from practising medicine. It merely made it clear that they should not refer to themselves as being doctors.⁷⁶

A more uniform system of training was introduced in due course. The demands made on students also altered. A renowned medical teacher observed that:

the medical student is specially prone to trust to crude theory; or to rely upon what are apparently unquestioned facts. Fallacies are therefore too readily received, and too incautiously applied by the youthful inquirer ... The first and greatest of these is the substitution of a theory for a fact – or probability for an actuality ...⁷⁷

Those words were indicative of a new approach to the teaching of students that was emerging. Further proof that more attention was being paid to training came with the formation of the short-lasting Medical Teachers Association in the 1860s.⁷⁸

Some unease was expressed that with these higher standards, fewer might succeed. Then, the services available to the poor would suffer. There had to be in place a scheme that would cater for:

practitioners of a lower stamp, of the uncultivated but ‘rough and ready type’, who will live in the wilds and in the slums, and be content to earn a very modest competency out of the multiplication of the smaller coin ...⁷⁹

While fewer apprentices were in place, there were no legal barriers to their being appointed. Their duties were then often undertaken by unqualified medical assistants or druggists. They could only be prosecuted if those treated by them were harmed or died as a result. While it would be unwise to generalize, a case of this nature happened in Carmarthenshire in 1893. A patient died of heart failure, having taken a preparation prescribed by a druggist. The few examples found suggest that such matters were dealt with fairly by the courts. In this case, even though it was decided that the patient could have survived had he been treated by a doctor, no further action was taken. Decisions of this kind did nothing to lessen the discontent at the way in which the untrained continued to work.⁸⁰ Chemists and ‘the unblushing advertising quack’ continued to do a thriving business. The only means of preventing them from doing so could not be brought into use unless they had harmed or killed patients.⁸¹

Over the course of the nineteenth century, beginning with the invention of the stethoscope in 1816, the nature of the physical examination of patients was greatly modified. New skills were called for to master those improved aids to diagnosis. As to the nature of the courses on offer, ‘anatomy’, wrote James Parkinson in 1800, ‘is the very alphabet of physiology’.⁸² Modern anatomical studies are often said to have originated from the work of the physician, Vesalius (1514-64).⁸³ By the late eighteenth century, it was being said that even surgeons working in large cities were rarely skilled anatomists. This was so to the extent that the medical evidence being produced in court cases was often thought to be of doubtful value.⁸⁴ The nature of the testimony being provided for the courts by unqualified medical men, even in the eighteenth century, indicates that this was not so in parts of Wales. Many of them were obviously well trained in anatomy.⁸⁵

Before the Anatomy Act of 1832, students might face obstacles in obtaining bodies for dissection. A Pembrokeshire student, Thomas Hicks, writing in 1830, was⁸⁶

heavily engaged every day ... I spend most of my time at the dissecting room studying the nature and structure of the human body and often for hours together by myself before the other young men come in the morning enjoying myself very comfortable without being annoyed with any thing but the rats some of them of an enormous size ... It is the finest study in the world. I could work at it from morning till night and never get tired of it. I was when at home very nervous scarcely able to look at a dead body. But alas, I am now as hard as a flint, and I am ashamed that I can say that I feel no more by examining or dissecting a dead body than if I was engaged in the best of performances but ... such things must be done. It is impossible for a person to pretend to be a medical man without being thoroughly acquainted of Anatomy and indeed many persons die in the country that would be cured if the proper means were employed ... The bodies have been lately very dear as high as 16£ but now we can get good ones from 6£ to 10£.

In London it is a disgrace for a person if one of his patients sinks under fever or inflammation or smallpox but it is seldom the case the recovery is very certain. Dr [?]Ramadge when I attend lectures often sees a hundred patients the same day and I have never known him to lose a case of small pox or fever when he had to treat it from the commencement ... I attend the hospital where I see all the operations performed and I attend Bell at the University of London on surgery he is reckoned the best physiologist in the world. I am just going to enter Dr Davies on midwifery⁸⁷ and I am very sorry that I did not enter to all the lectures there because where a person is educated has a great deal to do with his practice afterwards in life and if I could get money to pay for the lectures the benefit would be unaccountable. I can not possibly ask my father because he has many children besides ...

Not a great deal is known about students' attitudes to the examinations. John Davis of Cardiganshire has left a revealing description of his experiences at the College of Surgeons in 1809:

Mr Forster ... of St Thomas's Hospital, examined very minutely for three quarters of an hour Principally on the muscles of the abdomen, the external ring, *latissimus dorsi*, the situation of the testes in the foetus, how & when it descends, Puncturing the bladder and why I would puncture it thro the Rectum, the treatment of compound fracture & what I would do to the protruded bone, how I would proceed in Gangrene, how soon I should operate, how I should distinguish when I shou'd operate – how I should treat retention of Urine in consequence of Spasm – Then I was Pass'd...⁸⁸

Considering that the total mass of medical knowledge was considerably smaller then, this 'ordeal' was more thorough than might have been expected.

The views of Benjamin Davies of Pembrokeshire, writing probably in the 1850s, differed:

I then went up in the evening for examination, and was lucky enough to get through and I have now much pleasure in writing to let you know that I am an MRCS. The examination lasts for an hour and is by no means a good test of a man's knowledge.⁸⁹

Not uncommonly, students were said to die, particularly from tuberculosis, contracted in the dissecting rooms.⁹⁰ In the case of the Welsh medical students traced, with one exception, no reference has been found to the state of their health. John Morgan of Ystalyfera, in the Swansea valley, had already qualified and obtained the membership of the Royal College of Physicians. He allegedly 'fell a sacrifice to his too eager application to study.'⁹¹

Another source of stress arose from the fact that studying medicine was expensive. The outlay involved in the 1830s lay between £300 and £500.⁹² Edward Higgon Evans was apprenticed at Haverfordwest in 1845, and went on to study at Guy's Hospital, London. The whole cost of his training came to £624.⁹³ The average cost had increased to £700 in 1894, without taking into account living expenses during vacations.⁹⁴

In spite of the impediments faced by them, it is noteworthy that notable contributions have been made to medical research by students from time to time. To mention only a few. It was at nineteen years of age that Edward Jenner (1749-1823) first made the observation which eventually led to the elimination of smallpox. René Laënnec (1781-1826), who later invented the stethoscope, published material on heart disease and tuberculosis as a student. Paul Langherhans (1847-88) discovered the cells in the pancreas gland which produce insulin. In the twentieth century, the Canadian student, Charles Herbert Best (1899-1978) assisted the

medical scientist, Frederick Banting (1891-1941), in isolating insulin, which led to a major advance in the treatment of diabetes.⁹⁵ At the other end of the continuum, of 1,000 students from a London medical school from 1839 to 1859, 120 achieved only a ‘limited success’, while 250 had either left medicine or died.⁹⁶

By the 1890s, the whole system of undergraduate training had undergone a major revision. There were almost 3,000 medical students studying in London.⁹⁷ The first Welsh medical school was opened in Cardiff in the same decade. At that time, a timely warning was issued by a Montgomeryshire physician emphasizing that the transition from being a student to becoming a doctor could be hazardous: ‘your youthful college days are to you the dipping of your feet in the brim of the river, which is to be manfully stemmed by you all your days ... Your task is to cross it; your doom may be to go down with it.’⁹⁸ Now, the day of the medical apprentice was over. Those leaving medical schools were more adequately prepared to face the exciting challenges that were to come with the twentieth century.

T.G. Davies

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Abbreviations

BMJ *British Medical Journal*

Cam *The Cambrian*

Lan *The Lancet*

Times *The Times*

Copies of *The Cambrian* and *The Times* can be accessed using the National Library’s Welsh Newspapers Online facility.

Notes and References

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3. *To the King’s Most Excellent Majesty. The Humble PETITION of divers hundreds of the King’s Poore Subjects* (London, 1643, p. 1.) NLW, Online Research Resources (NLW1 hereafter). Early English Books Online.

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9. The National Library of Wales holds a substantial collection of material owned by the Harries family. NLW MS, 11701-6.
10. *Cam*, 27 November 1885, 10 April 1819.
11. Lisa Tallis, 'The "Doctor Faustus" of Cwrt-y-cadno', *Welsh History Review*, vol. 24, no. 3, (2009), 1-28.
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25. *Cam*, 19 March 1869.
26. A more brief account of some of Spolasco's activities appeared in T. G. Davies, 'Dau Iachawr o Abertawe', *National Library of Wales Journal*, (1987), 98-113.
27. This was probably a reference to the surgeon, Guillaume Dupuytren_(1777 - 1835), who worked in Paris.
28. *Cam*, 24 November 1838; 1841 census, HO 107 1426; *New York Daily Tribune*, quoted in *Cam*, 24 September 1858.
29. John W. Fleetwood, 'Irish Quacks and Quackery', *Dublin Historical Record*, vol. 43, no. 2 (Autumn 1990), 70-84.
30. *Cam*, 24 September 1858.
31. *Times*, 27 & 29 January 1838.
32. 19. *Freeman's Journal and Daily Commercial Advertiser*, 10 February 1838; *ibid*, 29 January 1838, 10 February 1838; *The Bristol Mercury*, 16 June 1838; *Cam*, 24 September 1858, 20 October 1838, 17 November 1838, 26 January 1839, 20 October 1838, 1 December 1838, 9 February 1839, 8 June 1839, 29 May 1841, 3 December 1842, 4 April 1840, 4 June 1842, 15 April 1843, 29 March 1845, 15 May 1844, 19 June 1841.
33. *Ibid*, 24 November 1838ff; 1841 census, HO 107 1426; *Cam*, 2 February 1839 ff. In 1853, there appeared in the *Cambrian* a notice referring to 'the wife or other relative of Michael Collings ('a man of Colour'), Deceased, formerly Servant with the *Baron Spolasco*, and latterly a Cook on board a ship, trading from Swansea to Cuba, [who] will hear of Something to their Advantage' by contacting a London solicitor. *Ibid*, 2 December 1853.
34. *Ibid*, 23 February 1839. Four years later, this case was cited when an application for bail was made on behalf of a man who had been involved in the Rebecca Riots. It was thought that 'judges generally took a very mercifull (sic) view [as happened] with the Baron

- Spolasco'. Ibid, 12 August 1843, 9 March 1839; Lan, 23 February 1839, 822; Cam, 9 February 1839; <http://www.foxtalbot.arts.gla.ac.uk>; Cam, 6 April 1839. 3
35. Ibid, 13 April 1839, December 1839, 7 March 1840, 29 February 1840, 13 June 1840, 25 July 1840; Lan, 29 July 1865, 126; Cam, 29 August 1840.
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38. 7 July 1848, 28 September 1849. The baptism records for London (London, Church of England Births and Baptisms, 1813 – 1906) show that on 25 July 1847, John Spolasco, whose father was Baron Spolasco, and whose mother was Hannah Watkins of Enfield, was baptized at St Mary's church, Lambeth.
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