and help them to remould the tasks that are worth doing into shapes that are not distorted by futile chores. Work can be changed only by cooperation and conversations between those with experience and those who are not yet sucked into the system.

What can doctors do, apart from curing and caring?

The healthcare profession contains a vast reservoir of potential going to waste, of talents which are not properly appreciated, and of conversations which never take place. Doctors who “to remain sane” choose to work part time, combining medical care with something completely different, are already trying to redesign work. But their individual experiments would have an important impact on the quality of work in general if they collaborated with other professions to guide young people in new directions. Routine jobs, and ones which leave no time for anything else, remain satisfying for many. And these people have a right to go on as they are, provided that they do not impose their tastes on others. However, we also need to invent jobs which exercise a greater variety of the lobes of the brain and more strings of the heart and which incorporate breaks and diversions into other fields. Without such breaks creativity cannot be sustained.

Technology cannot arrange that. But that does not mean that there should be divorce between those who rely on technology and those who emphasise care. The

two must know how to converse and to learn more from each other. Technology is not just concerned with economising effort and increasing comfort. It has its own poetry, seeking marriages between human intelligence and the mysteries of nature. The really big scientific inventions have been inventions not of some new machine but of new ways of talking about things. Technology is particularly instructive in its attitude to failure, which is its central concern; it recognises that every machine and every structure has limits. The lessons learnt from working with things are not irrelevant to those who work with people.

Humans cause themselves a lot of misery bemoaning their limits. But there are ways of expanding our confidence: we have only to look at history to see it being done again and again. The most effective way has been by bringing together people who have never realised what they have in common, and different kinds of work which have never known what they could achieve in combination. We need intermediaries to help bring that about. That is why I should like doctors to look beyond the problems of their own profession and participate in the creation of less frustrating and narrow work for other people as well as for themselves.

Competing interests:

- 1 Zeldin T. *An intimate history of humanity*. London: Minerva, 1995.
- 2 Zeldin T. *Conversation*. London: Harvill, 1998.

A very unusual man

The first legal cremation

From here I can see East Caerlan field. This was the site of the first prearranged legal cremation.

A crowd of 20 000 was said to have gathered to witness this last scene of Dr William Price. Souvenir hunters scavenged among the remains of the furnace, possibly aware that this was a seminal event.

Price, born in 1800, one of seven offspring of an ordained priest, became a local legend. A great antiestablishment figure, he was responsible for changing the established practice of disposal of the dead.

He set up medical practice near Pontypridd, after a distinguished undergraduate career. He passed the examination of the Royal College of Surgeons within a year of arriving in London.

A local reputation as physician and surgeon followed despite his heretical belief and eschewal of convention, be it medical, social, or religious. Whether his behaviour was merely quirky or a manifestation of mental illness remains the subject of speculation. Having declared himself to be an archdruid, steeped in ancient druidic lore, he performed strange nocturnal rituals at the Rocking Stone on Pontypridd Common. He was clearly a maverick and a rebel, and his bizarre behaviour led him into frequent conflict with the law and the local church. Evidently erudite, he conducted his own legal defence. He had great linguistic ability and held fanatical beliefs on many issues.

He believed that doctors should be paid according to their efficiency in keeping people healthy, the rationale being that doctors live off ill health and it is in their interest to keep patients ill.

Lifestyle was the main contributor to sickness, according to Price, and it was wrong to educate the public to think that poisonous drugs could bring good health. How very perspicacious.

The Chartist movement naturally attracted Price with its principles of universal suffrage, annual parliaments, and election of MPs on merit and by secret ballot.

In 1884 he performed an act that caused him to be vilified locally and resulted in his indictment and trial. Following the death of his beloved 5 month old son, “Tesu Grist,” he cremated the body in what was seen as an act of blasphemous paganism.

Price believed burial to be the antithesis of all that was aesthetic, hygienic, and scientific, resulting in “wastage of land, pollution and danger to the living.”

Conducting his own defence at Cardiff Assizes, William Price was acquitted of the charges against him. Cremation was deemed lawful, provided that it did not constitute a public nuisance. The proceedings attracted international interest. Price’s next scheme was to build a public crematorium locally, but he was unable to finance this.

Before his death he made detailed plans for his own funeral. Specific orders were given regarding the clothes in which he was to be cremated and what the mourners should wear. Admission tickets were issued, but failed to take account of public demand resulting from the great notoriety of the event.

Cremation is now the commonest method of disposal of the dead in the United Kingdom. By some faiths (Sikhs) it is regarded as mandatory. By others—for example, the Jews—it is equally eschewed. That the act of an unorthodox Welsh doctor should have had such influence on current practice seems quite remarkable.

Jane Smillie *general practitioner, Bridgend, south Wales*

We welcome articles of up to 600 words on topics such as *A memorable patient, A paper that changed my practice, My most unfortunate mistake*, or any other piece conveying instruction, pathos, or humour. If possible the article should be supplied on a disk. Permission is needed from the patient or a relative if an identifiable patient is referred to.