

THE APOTHECARIES' ACT, 1815: A REINTERPRETATION¹

by

S. W. F. HOLLOWAY

PART I: THE ORIGINS OF THE ACT

THE story of the passing of the Apothecaries' Act is an essential prelude to an assessment of the significance of that statute. The agitation for an act to regulate medical practice in the United Kingdom, and in particular to control the practice of apothecaries throughout England and Wales, began as early as 1793. From that time until 12 July 1815, when the Apothecaries' Act received the Royal Assent, many reforms were advocated, several bills drafted, numerous petitions and counter-petitions presented, and innumerable amendments introduced. At last a bill, prepared by the Society of Apothecaries, under the patronage of the College of Physicians, was submitted for consideration by the Legislature. After much revision, the bill was finally rushed through a depleted House of Commons in the closing phases of a particularly active session.² It has been, and still is, the considered opinion of many scholars that this Act marks the beginning of the process of medical reform in England. This article examines in detail both the origins and the consequences of the Apothecaries' Act and suggests that existing interpretations need to be drastically revised.³

By the mid-eighteenth century the apothecary had assumed the functions of a general practitioner of medicine. Some apothecaries still continued to confine their activities to dispensing, while others devoted themselves to wholesale trade, or took up botany and chemistry.⁴ But the majority of town apothecaries and practically all those in the country attended patients of the poor and lower middle-class, prescribing and supplying medicines to them. As one pamphleteer wrote in 1773,

Let the case be what it may, Apothecaries have got physic principally into their own hands: this is evidently the case, especially in the country, where the Physician seldom visits any but such as are in opulent circumstances; the poor, alas, scarce ever! It is much the same in London (allowance being made for those that are in hospitals); so that Apothecaries have by far the greatest number of patients under their own care.⁵

¹ I am indebted to Professor A. J. Taylor and Mr. I. M. Varcoe for their criticism and advice.

² The 1815 Act was passed by a majority of one on the last day of the Session, *Report from the Select Committee on Public Petitions*, 1833, Appendix 296, p. 251.

³ The following abbreviations are used throughout this article:

S.C.M.E. *Select Committee on Medical Education*, 1834.

B.P.P. *British Parliamentary Papers*.

⁴ C. J. S. THOMPSON, *The Mystery and Art of the Apothecary*, 1929, pp. 279–280; C. R. B. BARRETT, *The History of the Society of Apothecaries of London*, 1905, chapters XV and XVI, pp. 139–62; HENRY FIELD and R. H. SEMPLE, *Memoirs of the Botanic Garden at Chelsea*, 1878, *passim*. The great wholesale drug houses of Allen and Hanburys, and Savory and Moore were established by members of the Society of Apothecaries during the eighteenth century, see DESMOND CHAPMAN-HUSTON and ERNEST C. CRIPPS, *Through a City Archway, The Story of Allen and Hanburys, 1715–1954*, 1954; and LAURENCE DOPSON, 'Chemists to Royalty', *Chemist and Druggist*, 1953, 159, 570 (on Savory and Moore).

⁵ *Free Thoughts on Apothecaries and Empiricks*, 1773, quoted by B. HAMILTON, 'The Medical Professions in the Eighteenth Century', *Econ. Hist. Rev.*, Second Series, 1951, 4, 166 footnote 1.

Three years later Adam Smith called the apothecary 'the physician of the poor in all cases, and of the rich when the distress or danger is not very great'.⁶ John Mason Good in 1795 commented that, in London,

where a physician attends one patient, an apothecary attends twenty; and, in the country, this proportion is more than doubled . . . In the line of mediocrity, physicians are seldom consulted, on account of the attendant expence. And huts, hovels, and cottages, which, throughout the whole country, but more especially in large manufacturing towns, inclose such infinite numbers of human beings, and feed, with perpetual pabulum, diseases of the most infectious and fatal tendency, compose almost exclusively the walk of the apothecary. To him is likewise allotted the care of nearly all prisons and poor-houses . . .⁷

By 1799 William Charles Wells could refer to 'the complete establishment of the apothecaries as medical practitioners'.⁸ The apothecaries not only prescribed and dispensed medicines, but also practised surgery. John Mason Good observed that 'there are few apothecaries in the country who do not engage in the practice of surgery: and by far the greater number in London do the same'.⁹ After the establishment of the College of Surgeons in 1800 it became a regular practice for many apothecaries to take the licence of the College as an additional qualification. By 1815 Robert Masters Kerrison observed that the new class of surgeon-apothecaries were 'the most numerous part of the Profession in Town and Country'.¹⁰ And in an earlier pamphlet Kerrison pointed out that 'the Surgeon-Apothecaries are rather compensated by the multiplicity of practice, than by the expense to individuals; they have thus become the general practitioners throughout England and Wales: so that the health of, at least, nineteen out of every twenty patients, is now regulated by them alone.'¹¹

While the apothecary was encroaching upon the domain of the physician, the chemist was taking over the dispensing activities of the apothecary, and even beginning to prescribe over the counter. Recriminations between these two bodies of pharmacists appear in a series of pamphlets published during the second half of the eighteenth century. On the one hand, the chemists were accused of selling and using impure foreign drugs, refuse, dross, and adulterated articles in compounding prescriptions, and leaving out of expensive and complicated formulae all the costly ingredients.¹² On the other hand, the 'monstrous profits' of apothecaries, their incompetence, illiterate character and dishonest practices are portrayed with no sparing hand.¹³

⁶ ADAM SMITH, *An Inquiry into the Nature and Causes of the Wealth of Nations*, Everyman Edition, 1910, Vol. i, p. 100.

⁷ JOHN MASON GOOD, *The History of Medicine, so far as it relates to the Profession of the Apothecary*, 1795, pp. 146-47.

⁸ WILLIAM CHARLES WELLS, M.D., F.R.S., *A Letter to Lord Kenyon*, 1799, footnote to pp. 83-85.

⁹ JOHN MASON GOOD, *op. cit.*, Appendix L, p. 10.

¹⁰ R. M. KERRISON, *Observations and Reflections on the Bill now in progress through the House of Commons for 'Better Regulating the Medical Profession as far as regards Apothecaries' . . .*, 1815, p. 5.

¹¹ R. M. KERRISON, *An Inquiry into the Present State of the Medical Profession in England*, 1814, p. 32.

¹² One of these pamphlets, entitled *Frauds Detected, or considerations against deceit, . . . in drugs*, 1748, was supposed to have been written at the instigation of the Apothecaries' Company, see JACOB BELL and THEOPHILUS REDWOOD, *Historical Sketch of the Progress of Pharmacy in Great Britain*, 1880, p. 26 *Apothecaries vindicated from the imputation of ignorance*, 1756.

¹³ *The Apothecary Displayed, or answer to the apothecary's pamphlet called 'Frauds detected in Drugs'*, 1748.

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One author says that

it is generally allowed that one half, if not three out of four of those who style themselves Apothecaries, in and about London, some too in very reputable practice, are so very illiterate, that they understand no more of compounding and preparing capital medicines than they do of the philosopher's stone . . . Nay, there is not one in ten who perfectly understands the derivation and meaning of his technical terms, or can read the Physician's bill truly, in proper Latin, nor perhaps understands it any better abbreviated.¹⁴

Another writer accuses the physicians of being in collusion with the apothecaries. The physicians prescribe a vast quantity of medicines for the benefit of the apothecaries, who in turn recommend only such physicians as are in the habit of 'writing well', or, in other words, of 'multiplying their nauseous superfluities.'¹⁵

The growing competition from both the chemist and druggist and the uneducated apothecary led to the demand for an Act of Parliament to regulate and control the profession. The 'properly educated' apothecaries, fighting a losing battle in the open market, appealed to the government to create a monopoly in their favour. They made no secret of the fact that they were influenced more by consideration of their own pockets than by any idea of the public good. It was bluntly argued 'that were the aggregate sums obtained by this infringement of the druggists, and divided amongst the druggists of this metropolis, a body of men unknown to the world till about the end of the last century, unauthorised by any public charter, and almost undefined by any public act; were these sums to be equally divided, as they ought to be divided, amongst the apothecaries of the metropolis, every one would have an addition of nearly £200 a year to his present income'.¹⁶ The two main problems for the apothecary were the 'encroachment which chemists and druggists have, of late years, made on the profession of the apothecary, by vending pharmaceutical preparations, and compounding the prescriptions of physicians', and, secondly, the 'want of a competent jurisdiction in the profession itself, to regulate its practice, and to restrain ignorant and unqualified persons from practising at all'.¹⁷

In the spring of 1793, therefore, several leading London apothecaries formed themselves into a society with the aim of investigating and remedying these evils. A general meeting of apothecaries was called on 17 June 1794 at the famous Crown and Anchor, in the Strand, at which some 200 people were present.¹⁸ The chairman spoke at great length on the 'unjust, and innovating usurpation of druggists, together with the intrusion of uneducated and unskilful persons into professional practice'.¹⁹ The resulting hardships endured by the apothecaries were then described at even greater length. 'Taxes have been doubled, house-rent has been doubled, the price of almost every material has been doubled, but the price of medicines . . . has had scarcely any advance in any place; and, in many country situations, the charge for medicines, and more especially the charge for surgical operations, has had a most shameful and a most fatal reduction indeed'.²⁰ 'Hence it is, that the poverty of the

¹⁴ *An Enquiry into the designs of the late Petition presented to Parliament by the Company of Apothecaries, whereby the Apothecaries' monstrous profits are exposed, and compared with those of the Chemist, with respect to practice and retail, to which is annexed a Scheme to prevent the empirical Apothecary from practising; and the Chemist from preparing and vending sophisticated Medicines*, 1748.

¹⁵ *The Apothecary's Mirror, or the present state of pharmacy exploded, by Discriminator*, 1790.

¹⁶ JOHN MASON GOOD, *op. cit.*, p. 151.

¹⁷ *Ibid.*, p. 148.

¹⁸ *Ibid.*, pp. 149-50.

¹⁹ *Ibid.*, p. 150.

²⁰ *Ibid.*, pp. 154-55.

profession is become so conspicuous; and that we are continually hearing of bankruptcies among our brethren . . .'²¹ Consequently, 'few respectable families will consent, at the present day, to educate their sons under our care into our profession . . . And that while an attorney can easily procure a premium of three, four, or five hundred pounds with every clerk he admits into his office, an apothecary . . . is, in general, obliged to accept a much smaller sum.'²²

The persons present at the meeting decided to form a society, called 'The General Pharmaceutical Association of Great Britain'. A subscription of one guinea was collected from each member and a committee of no fewer than twenty members was elected.²³ This committee undertook to communicate with every authentically educated practitioner of pharmacy throughout the kingdom, urging them to join the association and to complete a questionnaire on the state of the profession in their district. This questionnaire was apparently greeted with enthusiasm and a mass of evidence was collected.²⁴ The information obtained must, of course, be treated with caution since those practitioners who supplied it were clearly generally actuated by motives of rivalry and self-interest. Nonetheless, making due allowances for its prejudiced and one-sided nature, it does give some picture of the chaotic state of pharmacy at the close of the eighteenth century.

'There is not, perhaps, a single druggist in the whole kingdom who compounds his different preparations, in all respects consistently with the college dispensatory,²⁵ but the druggists at Manchester appear to excel all others in such nefarious ingenuity, and to extend their endeavours to save trouble and expence, to articles in which it could be scarcely imagined such endeavours were necessary'.²⁶ A correspondent from Croydon mentioned that the foreman of a druggist's shop had applied to him for an explanation of the words 'cucurbita cruenta', which he had in vain sought for amongst the preparations in his dispensatory, and at last had been happy enough to translate them as 'an electrical shock'.²⁷ A druggist of similar penetration and learning was reported in a letter from Worcester to have taken infinite pains to obtain, by sending to other shops, a tincture of the name of 'ejusdem'.²⁸ Abundant evidence of adulteration of drugs, of faulty compounding of prescriptions, and of misconceived and improperly translated directions was collected.²⁹ It was ascertained that the number of druggists had increased fourfold in the space of ten or twelve years, and that when applied to, though totally ignorant of medical science, they prescribed and even reduced fractures.³⁰

Having amassed sufficient evidence, the committee presented addresses to the College of Physicians, the Corporation of Surgeons, and the Society of Apothecaries.

²¹ *Ibid.*, p. 156. ²² *Ibid.*, pp. 155-56. ²³ *Ibid.*, pp. 172-75. ²⁴ *Ibid.*, pp. 176-77.

'The extent of their correspondence is only bounded by the extent of the kingdom; and the materials collected most voluminous and immense. The ardor evinced by practitioners, in every part of the country, to forward the common cause, is uniform and universal; and scarcely a post arrived in London for the first two months, after the establishment of the Association, without new statements, from personal knowledge, of increasing evils . . .'

²⁵ i.e. the Royal College of Physicians' *Pharmacopoeia* of 1746.

²⁶ JOHN MASON GOOD, *op. cit.*, p. 177, and Appendix M, pp. 12-13.

²⁷ *Letters to the Committee of the General Pharmaceutical Association of Great Britain*, Collection C, no. 8; JOHN MASON GOOD, *op. cit.*, pp. 183-84.

²⁸ *Ibid.*, p. 184. ²⁹ *Ibid.*, pp. 186-92.

³⁰ *Letters to the Committee of the General Pharmaceutical Association of Great Britain*, Collection C, No. 2; JOHN MASON GOOD, *op. cit.*, pp. 178-79.

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The College of Physicians replied in polite and encouraging terms;³¹ but the Society of Apothecaries opposed the Association's proposals. When Sir William Dolben presented a petition to Parliament, on 6 February 1795, on behalf of the Association, the Apothecaries' Company resisted it and was able to secure that the consideration of the petition be postponed indefinitely.³² From this point the activities of the General Pharmaceutical Association fade into obscurity. Champney says that it was badly managed, and it seems to have had only a very short life.³³

The General Pharmaceutical Association was the first expression of the growing group-consciousness of the new general practitioner in England. For the first time town and country apothecaries co-operated in defending their common interests. Moreover, by appealing to the legislature to protect those interests, they anticipated future movements. Their programme of reform makes clear the nature of the privileges they sought for themselves and the restrictions they hoped to apply to their rivals, the druggists.

First, That the liberty to vend pharmaceutical preparations, compound physicians' prescriptions . . . should appertain to the apothecary alone . . .

Secondly, That no young men be taken as apprentices who have not had an approved education.

Thirdly, That none be assistants without having been examined as to their competency for pharmaceutical compositions . . .

Fourthly, That none be at liberty to settle until examined; nor any person entitled to an examination until he shall have faithfully served an apprenticeship of five years at the least.

Fifthly, That to promote these purposes, a competent court be established, to consist of a *certain number of members*, who shall have full power to make such bye laws and regulations as may be thought most conducive to the welfare of the public and the profession.³⁴

The General Pharmaceutical Association, therefore, looked to the government to raise the standard of entry into the profession and to prohibit unqualified persons from practising: and it sought to establish a superintending body to regulate and control the profession throughout the country. With varying shades of emphasis, these demands were to be repeated by various medical reform movements throughout the first half of the nineteenth century. But in its most important aspects, the General Pharmaceutical Association was a reactionary rather than a progressive movement. It looked to the past rather than to the future. Its primary purpose was to secure for the educated apothecary a monopoly in compounding and dispensing medicines. The apothecary's future, however, lay not in pharmacy but in the general practice of medicine. The rising class of chemists and druggists, who were so vehemently attacked by the Association, were destined to take over the pharmaceutical functions of the apothecary. The comparative neglect of dispensing by the apothecaries had been the original impetus to the rise of the chemist; and this violent attack in the late eighteenth century, designed as a death-blow, had the opposite effect. It encouraged the druggists to put their own house in order and to unite for their own protection.

³¹ *Ibid.*, p. 196.

³² JOHN MASON GOOD, *The History of Medicine so far as it relates to the Profession of the Apothecary; the Second Edition, to which are prefixed, Observations on a tract, entitled 'Murepsologia'*, 1796, p. xxiii, and pp. 196–97.

³³ T. CHAMPNEY, *Medical and Chirurgical Reform proposed from a review of the Healing Art throughout Europe*, 1797, pp. 124–45.

³⁴ JOHN MASON GOOD, *op. cit.*, (First edition, 1795). pp. 199–201.

In the long run the interests of the chemists and the apothecaries were not conflicting but reciprocal. Only by breaking away from the tradition that apothecaries kept open shop and made up physicians' prescriptions could they establish themselves as members of a learned profession. The status of the apothecary as a general practitioner of medicine would not be secure until there were sufficient chemists and druggists to undertake the compounding and dispensing of the nation's medicines. Only then would the apothecary be able to throw off the vestiges of retail trade and devote his full attention to professional services. But this state of affairs could only exist in a society numerous and wealthy enough to afford such a precise division of labour. By the end of the eighteenth century this society was beginning to emerge. The population of England and Wales had risen from about 5,200,000 at the end of the seventeenth century to over 9,000,000 by the time of the first census in 1801.³⁵ This increase in the number of people in England was associated with a general shift in the distribution of the national population from the southern to the northern counties.³⁶ The emergence of the industrial North created new needs and new wealth to supply those needs. The rise of the chemist and druggist was dictated by a new concept of the value of health and an increased demand for medical attention among the emergent industrial proletariat. The supply of educated apothecaries, whose training lasted from five to seven years, was too inelastic to meet this need in the short run. The chemist was bridging a gap in medical care created by the increased needs of a changing society.³⁷ This, to some extent, accounts for the apothecary's antagonism towards the chemist.

Even in the 1790s the roles of the chemist and apothecary were more complementary than antithetical. It is doubtful whether the apothecary would have been able or willing to cater for the demands of the proletariat who turned to the chemist for relief. Many of the apothecaries' strictures about the adulteration of drugs by chemists can be explained not by any deficiency in the education and training of the chemist, but rather in terms of the demand for medicines by a class which was unable to pay the high prices the apothecary charged for his purer drugs. There can be little doubt that many chemists in the new industrial towns struggled to exist in conditions

³⁵ The figure for the later seventeenth century is the revision by Professor D. V. Glass of Gregory King's estimate, see D. V. GLASS, 'Gregory King's Estimate of the Population of England and Wales, 1695', *Population Studies*, 1949-50, 3, 338; and D. V. GLASS, 'Gregory King and the Population of England and Wales at the End of the Seventeenth Century', *Eugen. Rev.*, 1945-46, 37, 170-83.

The Census of 1801 produced the following figures: England, 8,331,434; Wales, 541,546; Scotland, 1,599,068; army, 198,351; navy, 126,279; seamen in registered shipping, 144,558; convicts, 1,410; total for Great Britain, 10,942,646. (See *B.P.P.*, 1831 (348) XVIII, p. 1, and WILLIAM SMART, *Economic Annals of the Nineteenth Century, 1801-1820*, 1910, pp. 48-49). While it is generally agreed that the 1801 Census was inaccurate, there is some controversy as to the extent of the error. A. J. TAYLOR, 'The Taking of the Census, 1801-1951', *Brit. med. J.*, 1951, 1, 718, suggested that the 1801 Census omitted less than five per cent of the population; but this may well underestimate the margin of error, see J. T. KRAUSE, 'Changes in English Fertility and Mortality, 1781-1850', *Econ. Hist. Rev.*, Second Series, 1958, 11, 59-60.

³⁶ E. C. K. GONNER, 'The Population of England in the Eighteenth Century', *J. roy. Statist. Soc.*, 1912-1913, 76, 261-303, particularly the maps on pp. 289-91.

³⁷ The chemists may have been apothecaries' assistants who set up in business on their own account, see JACOB BELL and THEOPHILUS REDWOOD, *Historical Sketch of the Progress of Pharmacy in Great Britain*, 1880, p. 20. The apothecaries certainly believed the chemists were robbing them of their rightful earnings, see JOHN MASON GOOD, *op. cit.*, p. 151.

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which often denied a more legitimate livelihood.³⁸ As the apothecary became the medical attendant of the middle classes so the druggist began to serve the needs of the proletariat.

There was another factor which made the price of the apothecary's drugs appear exorbitant when compared with those of the druggist. The apothecary's right to attend patients and prescribe for their ailments had been secured as early as 1703 by the decision of the House of Lords in the famous *College of Physicians v. Rose* case.³⁹ But it was still impossible for the apothecary to charge a fee for attendance: he had to depend for his livelihood on the sale of drugs, either those prescribed by himself or those he sold over the counter. The sale of medicines he had himself ordered laid the apothecary open to the accusation of over-prescribing and over-charging. Such criticism was admirably rebutted by Adam Smith who wrote in 1776.

Apothecaries' profit is become a bye-word, denoting something uncommonly extravagant. This great apparent profit, however, is frequently no more than the reasonable wages of labour. The skill of an apothecary is a much nicer and more delicate matter than that of any artificer whatever; and the trust which is reposed in him is of much greater importance . . . His reward, therefore, ought to be suitable to his skill and his trust, and it arises generally from the price at which he sells his drugs. But the whole drugs which the best employed apothecary, in a large market town, will sell in a year, may not perhaps cost him above thirty or forty pounds. Though he should sell them, therefore, for three or four hundred, or at a thousand per cent. profit, this may frequently be no more than the reasonable wages of his labour charged, in the only way in which he can charge them, upon the price of his drugs. The greater part of the apparent profit is real wages disguised in the garb of profit.⁴⁰

Surprisingly enough this was realised by the General Pharmaceutical Association: but rather than attempting to secure for the apothecary the right to charge for attendance it sought instead to eliminate the competition of the chemist. 'For as the apothecary necessarily attends patients without any emolument but what arises from the profits of the medicines he may vend, it will be folly to imagine that any person will subject himself to an expensive education, and a waste of time in apprenticeship, if men egregiously ignorant, can obtain, under any appellation, the same advantages, and without the same labour, or that hazard unavoidably, and often fatally, accompanying an attendance upon the infected sick'.⁴¹ The premise was correct but the conclusion was wrong. In directing its attack against the chemist and druggist the General Pharmaceutical Association was failing to appreciate the true trend of events. The real task of the apothecary was not to make his position as a retailer of drugs inviolate but to secure his status within the medical profession. He needed to become less of a trader and more of a practitioner; to concentrate on prescribing rather than on dispensing; to be able to charge for attendance rather than for medicine supplied.

³⁸ John Mason Good pointed out that the 'encroachment' of the druggist began in London, 'but diffused its deadly breath from thence to all the larger cities and towns throughout the kingdom . . . till, at length, so general was the prevalence of the disease, there was scarcely to be found a village or a hamlet, without a village or a hamlet druggist. If the sale of medicines and the giving of advice was not here sufficient to support the vendor, he added to his own occupation, the sale of mops, brooms, bacon, and butter, and a thousand such articles besides.' JOHN MASON GOOD, *op. cit.*, p. 152.

³⁹ LESTER S. KING, *The Medical World of the Eighteenth Century*, Chicago, 1958, pp. 18-22.

⁴⁰ ADAM SMITH, *An Inquiry into the Nature and Causes of the Wealth of Nations*, Everyman Edition, 1910, Vol. 1, p. 100.

⁴¹ JOHN MASON GOOD, *op. cit.*, pp. 199-200.

From the apothecary's point of view, the most urgent measure was the establishment of a body to organize and control general practitioners throughout the country. Until the mid-eighteenth century the educational and professional standards of apothecaries and surgeons had been regulated by local guilds and societies. Administrative difficulties, partly the result of the sudden growth of the new industrial towns, and a doctrinaire belief in the efficacy of free competition to ensure the interest of the consumer, led to the decay of these guilds and of the medieval system of local regulation.⁴² The College of Physicians, the Corporation of Surgeons, and the Society of Apothecaries were merely guilds with powers to regulate their members resident in London. Their function was to establish a minimum standard of performance, to guarantee a certain level of competence, and to hold their members accountable for the maintenance of those standards. But they had little power to enforce their regulations within London, still less to control their professions in the provinces. In theory the College of Physicians possessed ample authority over all physicians engaged in practice in London, and no physician could legally pursue his vocation in the metropolis and seven miles around without obtaining a licence from the College.⁴³ In practice it was rarely possible to enforce this authority,⁴⁴ and the College had no power whatever 'to control the practice of physic in England at a greater distance than seven miles from London'.⁴⁵ The jurisdiction of the Corporation of Surgeons and the Society of Apothecaries was even more restricted;⁴⁶ their regulations were binding on their members only. Kerrison in 1815 wrote that 'everyone, who is not in the profession, believes that the Society of Apothecaries . . . can compel the unqualified to renounce their pretensions but, it is not so'.⁴⁷ 'As to the apothecary in England', observed Champney in 1797, 'any person that chooses may assume the title, and prescribe either in town or country'.⁴⁸

By the 1790s, therefore, the practice of physicians, surgeons, and apothecaries was regulated in London by three corporate bodies: but in the provinces the medical profession was almost completely unorganized. Even in the metropolis the chartered bodies were singularly ill-adapted to the changing condition of society: the structure of the profession no longer corresponded to the divisions they sought to maintain.⁴⁹ The organization of the profession throughout the provinces and the establishment of a body to superintend the education, examination and professional conduct of all general practitioners in England and Wales were indispensable desiderata of any programme of reform.

The College of Physicians advocated a very straightforward solution to this thorny problem: the powers of the College were to be extended to cover the whole of medical practice throughout England and Wales. This grandiose scheme was first formulated

⁴² STELLA KRAMER, *The English Craft Guilds*, New York, 1927, particularly pp. 185–210.

⁴³ JAMES GREENWOOD, *A concise handbook of the Laws relating to medical men*, 1882, p. 11.

⁴⁴ *S.C.M.E.*, 1834 (602–I) XIII, Part 1. Appendix 9, p. 21.

⁴⁵ EDWARD HARRISON, *An Address delivered to the Lincolnshire Benevolent Medical Society . . . in 1809*, 1810, Appendix F, p. 89.

⁴⁶ JAMES GREENWOOD, *op. cit.*, pp. 38, 52–53.

⁴⁷ R. M. KERRISON, *Observations and Reflections on the Bill now in progress through the House of Commons for 'Better Regulating the Medical Profession as far as regards Apothecaries'* . . ., 1815.

⁴⁸ T. CHAMPNEY, *op. cit.*, p. 123.

⁴⁹ See my article 'Medical Education in England, 1830–1858: A Sociological Analysis,' *History*, 1964, 49, 305–13.

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by Dr. John Latham in 1804,⁵⁰ and after elaboration by a Committee of Fellows, was published in February 1806.⁵¹ The Bill laid down requisites in age, training, and qualification for all physicians, surgeons, apothecaries, and chemists and druggists. It proposed the division of the country into sixteen districts, in each of which there should be a resident physician, taken from the Roll of Fellows in order of seniority. Each resident physician was to be paid £500 per annum out of a fund created by the payment of registration fees of £2 2s. per annum by all qualified practitioners. His duties were to examine, with the aid of suitable assessors, each practitioner in his district who had no recognized qualification, and, if approved, to grant him permission to practise. There was no mention of any curriculum or of any alteration in the chaotic system of medical education, though the Bill did provide for the publication of a list of all registered practitioners.⁵² In short, this Bill would have made the College of Physicians the supreme superintending body of all medical practitioners in England and Wales. No person would be allowed to practise medicine, surgery, midwifery, or pharmacy except by the grace of the President and Fellows of the Royal College. They alone would control the education, examination, and professional conduct of the various grades of medical men throughout the country. But the purpose of the Bill was not merely to elevate the College of Physicians into a new Leviathan, it was intended also to harden and perpetuate the antiquated hierarchical structure of the profession. The physician was to remain paramount: and beneath him, in descending order, were to be placed the surgeon, the apothecary, and the chemist. Each was to be permitted to perform only those functions appropriate to his education, qualification, and status. At the very moment that the old categories within the profession were disintegrating before the demands of a new social order, the College of Physicians sought by legislative action to petrify an obsolete pyramidal structure. Although the Bill itself was quickly discarded, the ideas behind it endured and guided the policy of the College throughout the agitation for the Apothecaries' Act.⁵³

At the same time as the College put forward its reform proposals, Dr. Edward Harrison, an Edinburgh graduate who was in practice in the market town of Horn-castle in Lincolnshire, raised the question of medical reform at a meeting of the Lincolnshire Benevolent Medical Society.⁵⁴ Encouraged by the reception his scheme received, he went to London where he gained the support of Sir Joseph Banks, President of the Royal Society.⁵⁵ In 1805 Harrison obtained the help of Mr. Forster, then Master of the Royal College of Surgeons, Sir George Baker, who had held the office of President of the College of Physicians nine times, and several other eminent physicians and surgeons. They held regular meetings at Sir Joseph Banks' London house under the title of 'The Associated Faculty'.⁵⁶ In March 1806 this group circu-

⁵⁰ *Annals of the Royal College of Physicians*, London, 25 June 1804, 22 December 1804, 2 April 1805.

⁵¹ EDWARD HARRISON, *op. cit.*, 1810, Appendix C, p. 30. ⁵² *Ibid.*, Appendix C, pp. 30-37.

⁵³ Dr. Edward Harrison noted 'the oppressive tendency of the College plan for reforming medical practice.' The plan he pointed out 'includes the present establishment of every description. . . . All must bow to the omnipotent Body. . . . Censors belonging to the College were to have been stationed in different parts of the kingdom, with ample salaries, and such extensive powers, that the Provincial Faculty would have been held in complete subjection. Nay, to humble them still more, they were intended to contribute, by annual taxation, towards the splendor and magnificence of these favoured deputies.' *Ibid.*, pp. 17-18.

⁵⁴ *Ibid.*, p. 7. ⁵⁵ *Ibid.*, p. 8.

⁵⁶ *Ibid.*, pp. 9, 19; and *S.C.M.E.*, 1834 (602-1) XIII, Part 1, Q.4407, pp. 304-305.

larized the profession throughout the country, with a request for opinions on the state of unqualified practice. As a result of this inquiry the Associated Faculty were able to assemble the most important grievances of educated practitioners in England. Their complaints specified that diplomas were conferred with culpable indifference upon ignorant and illiterate students; that the profession was overcrowded, 'owing to the facility of getting that incompetent education with which a great majority now satisfy themselves'; that the earnings of the qualified were reduced by dilution; that 'dangerous imposters' were engrossing 'a considerable share of medical and surgical practice'; that vast quantities of quack medicines were being sold; that chemists were prescribing for the sick; and 'that the urgent and irregular demand for Army and Navy Surgeons, enables a great number of unqualified persons to get employed during the war, who settle afterwards in different parts of the kingdom, to the great annoyance of established practitioners.'⁵⁷

Unlike the General Pharmaceutical Association, the Associated Faculty were concerned with regulating, not merely the practice of apothecaries and chemists, but the whole field of medical care throughout the kingdom. This is clear from the outlines of a Bill 'for better regulating the Practice of Physic', which the Faculty drew up on 9 August 1806. The essentials of this plan were:

- (1) That physicians should be at least twenty-four years of age, be graduates of a university in the United Kingdom, and have studied physic for five years.
- (2) That surgeons should be at least twenty-three years of age, and be licensed by one of the corporations of surgeons after serving a five years' apprenticeship and studying anatomy and surgery for two years in a medical school.
- (3) That apothecaries should be at least twenty-one and have studied physic in a school for one year after serving a five years' apprenticeship.
- (4) That no man should practise midwifery unless he has attended anatomical lectures and received instruction from an experienced accoucheur for one year.
- (5) That female midwives should obtain a certificate of proficiency from an obstetrician.
- (6) That chemists and druggists should serve a five year apprenticeship.
- (7) That every person entering upon the practice of any branch of the profession should pay a fine on admission to the register of qualified practitioners.
- (8) That there should be no interference with those already practising.⁵⁸

The Associated Faculty's plan was intended to raise not only the educational but also the social standard of entry into the profession. Its avowed purpose was to reserve the practice of medicine to 'youths of reputable birth, and liberal education', and 'to prevent the admission of mean and low persons' into the profession.⁵⁹ Harrison feared that 'since admission into the faculties of divinity and law have been regulated with greater circumspection' young men of humble birth and little wealth have tended to be drawn into the medical profession to its great detriment.⁶⁰ In order 'to place the practice of the healing art upon a more respectable establishment', the various branches of medical practice were to be carefully graded according

⁵⁷ EDWARD HARRISON, *op. cit.*, pp. 26-27.

⁵⁸ *Ibid.*, Appendix E, pp. 52-54.

⁵⁹ *Ibid.*, p. 28. It was not uncommon for nineteenth century writers to equate wealth and moral rectitude.

⁶⁰ *Ibid.*, Appendix D, p. 43.

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to length and cost of training. Only those who could afford to attend a university and wait until they were twenty-four could practise as physicians. Even the lowly chemist must serve an apprenticeship for five years and be able to pay not only the premium at the beginning of his training but a fine on being permitted to practise.

Harrison forwarded his proposals to the various corporate medical bodies in London, Edinburgh, Glasgow and Dublin, with a view to obtaining their support. The replies were not encouraging: those from the London licensing authorities were merely formal and non-committal; those from the other capitals were openly hostile.⁶¹ Nevertheless, in August 1807 the Associated Faculty continued its meetings and in 1808, with the aid of a barrister, it drafted an improved version of Dr. Harrison's Bill.⁶² The new Bill provided for the establishment of a medical register on which the names of all those qualified as physicians, surgeons, midwives, apothecaries, veterinary practitioners, chemists, druggists, and vendors of medicines would be entered. Each one on the register was to pay an annual fee, and only those on the register were to be allowed to practise. Special commissioners were to be appointed to enforce the Act, and would be entitled, if they wished, to set up hospitals, medical schools, museums, and libraries, from the money collected from registration fees and from penalties under the Act.⁶³

The most significant feature of this revised Bill was the provision made for practitioners to transfer to any branch of the profession and to extend their sphere of activity in any direction. Every practitioner would first be registered according to 'the capacity or capacities in which he . . . practices as a physician, surgeon, midwife, apothecary, or veterinary practitioner, or in which he sells medicines or drugs or chemical preparations, as an apothecary, compounder or vendor of drugs and medicines'. But 'every person who shall, after having so entered himself . . . in such register as aforesaid, . . . be desirous of practising or acting . . . in any other of the above capacities than that or those in which he . . . shall have been first entered, shall . . . cause a new entry to be made thereof in such register . . . and that at the time of every such entry . . . a certificate shall be given to every person so registered of the capacity or capacities in which he . . . shall be registered to practise, or act, or sell . . .'⁶⁴ Dr. Harrison himself drew attention to the fact that

the Bill does not attempt to limit the sphere of medical duty by coercive statutes. Practitioners will be left under it at full liberty to use their talents according to their own discretion. It will, however, oblige all future medical men to pass through a suitable course of study, and undergo examinations for the particular branch, or branches, of the profession into which they are admitted. If any of these persons be desirous afterwards to act beyond the authority of his Diploma, as is now the case with many in the profession, and can succeed with the Public by his address or merit, he will not be prevented by the Bill from following the bent of his inclination.⁶⁵

⁶¹ *Ibid.*, Appendix D, pp. 38–52, and Appendix E, pp. 52–78.

⁶² *Ibid.*, pp. 42, 45.

⁶³ *Ibid.*, Appendix G, pp. 103–117.

⁶⁴ *Ibid.*, Appendix G, p. 104.

⁶⁵ *Ibid.*, p. 88, footnote to p. 87. Harrison himself graduated M.D. at Edinburgh but carried on a busy general practice at Horncastle. He was appointed honorary physician to the Horncastle Dispensary but specialised in orthopaedic surgery. He conducted a small private mental asylum at his home in West Street, Horncastle, but on moving to London returned to the practice of surgery. See ALLEN H. BRIGGS, 'Dr. Edward Harrison of Horncastle and the Lincolnshire Medical Benevolent Society', *Brit. med. J.*, 1955, i, 722–723, and *S.C.M.E.*, 1834 (602–I) XIII, Part 1, Appendix 9, p. 21.

Such a concept was the very reverse of the ideas which had informed the College of Physicians' Bill of 1806.

It is scarcely surprising, therefore, that when Harrison submitted his Bill to the consideration of the College of Physicians, their reply was far from encouraging. 'The College consider the proposed bill, so far as it regards Physicians, to be highly objectionable, and that it will be incumbent on the College to oppose its enactment'.⁶⁶ The Bill had no more success with the surgeons or apothecaries: the London College of Surgeons replied that 'the subject will be taken into consideration', and the Society of Apothecaries said that 'an early opportunity would be taken of submitting it to the Wardens and the Court of Assistants', but nothing more was heard from either body.⁶⁷ Undaunted by these setbacks, Dr. Harrison continued his campaign by sending a memorial to the Treasury.⁶⁸ Since the beginning of Harrison's agitation the Treasury had arranged the free postage for the circularization of the Associated Faculty's letters, and at various times the Lincolnshire physician had secured the support of William Pitt, Lord Henry Petty, and Spencer Perceval.⁶⁹ The Lords Commissioners of the Treasury were certainly more favourably disposed towards the project than the medical corporations. Copies of Harrison's Memorial and Bill were forwarded to the professional associations by the Treasury. The Society of Apothecaries appointed a Committee to consider the matter and later replied that there was indeed need for reform, that the proposed Bill would be of some benefit, but that the Society was quite competent to control the abuses in its own branch and would not presume to give an opinion as to 'what reform may be necessary in the other parts of the science'.⁷⁰ The College of Physicians were more definite. They could find 'no grounds to recommend this Bill to the adoption of the Legislature'.⁷¹ They opposed the idea of a compulsory education for all apothecaries⁷² and objected to the proposed establishment of a national medical school.⁷³ Such abuses as existed in the practice of medicine could not be entirely removed by government interference.⁷⁴ 'If, however, contrary to their expectations, the Legislature should deem it advantageous to establish any new regulations with this view, the College of Physicians presume to indulge a confident hope that these will be rather the enlargement and extension of those powers already invested in their body . . . than the creation of new authorities'.⁷⁵ Above all, the College feared that Harrison's Bill would destroy the 'orders' of the medical profession, by undermining the physician's position at the apex of the medical pyramid. 'The real design and tendency of Dr. Harrison's proposal are less directed to the amelioration of medical-practice than to the subversion of the existing authorities in Physic, and the depression of the rights, the rank, and the importance of the Physician.'⁷⁶

⁶⁶ EDWARD HARRISON, *op. cit.*, p. 92. ⁶⁷ *Ibid.*, pp. 103-104.

⁶⁸ *Royal College of Physicians, London. Treasurer's Documents, Box 4, Envelope 41. The Memorial and Representation of Edward Harrison, M.D., F.A.S. Ed.; and S.C.M.E., 1834 (602-I) XIII, Part 1, Q.4418, p. 306.*

⁶⁹ *S.C.M.E., 1834 (602-I) XIII, Part 1, Q.4406-4419, pp. 304-306; and Medical and Chirurgical Review, 1806, Vol. 13, p. ccxxvi.*

⁷⁰ C. R. B. BARRETT, *The History of the Society of Apothecaries of London, 1905*, pp. 172-73.

⁷¹ *Royal College of Physicians, London. Treasurer's Documents, Box 4, Envelope 41. Report of the Royal College of Physicians to the Treasury on Dr. Harrison's 'Bill for the improvement of the Medical and Surgical and Veterinary Sciences.'* 16 January 1811, folio 15.

⁷² *Ibid.*, folios 4-5.

⁷³ *Ibid.*, folios 12-14.

⁷⁴ *Ibid.*, folio 6.

⁷⁵ *Ibid.*, folio 19.

⁷⁶ *Ibid.*, folio 17.

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After struggling hard for six years Harrison in 1811 finally gave up his attempt to reform the profession.⁷⁷ An eminent Edinburgh physician told him that 'before your proposed reform can be accomplished, physic must be made more perfect, physicians more honest, statesmen more enlightened, and the bulk of mankind much wiser and better than they are at present, or have ever been, or are likely to become in our time'.⁷⁸ Perhaps, in the end, Harrison came to accept this counsel of despair. But the movement he had fostered did not cease; the torch was taken over the following year, when, on 3 July 1812, a general meeting of London apothecaries was held to protest against the heavy government tax on glass.⁷⁹ Although this tax was the immediate excuse for the meeting, its attention was diverted from the subject of glass-bottles to the more important matter of medical reform by Anthony Todd Thomson,⁸⁰ an Edinburgh graduate with a large general practice in London.⁸¹ An association of apothecaries and surgeon-apothecaries was formed, and a committee of twenty members was appointed, which presented its first report on 6 November 1812. This report once again detailed the grievances of the apothecaries. It referred to

the degradation of the apothecary from a gentleman to a tradesman by the mode in which he is remunerated . . . ; to the inadequacy of that remuneration; to the remuneration remaining stationary for a century . . . ; to the encroachment of the druggists; to the practising of improper persons; and, lastly, to the necessity which exists for placing the apothecary, the surgeon-apothecary, and the practitioner in midwifery, under the direction of a proper controlling body.⁸²

In place of Harrison's scheme for the general reform of all branches of the profession, the Association of Apothecaries and Surgeon-Apothecaries was reviving the programme of the General Pharmaceutical Association.

The new Association began by inviting the Royal College of Physicians, the Royal College of Surgeons, and the Society of Apothecaries to unite with it in an application for an act for the better regulation of the practice of apothecaries throughout England.⁸³ It was suggested that

a distinct privileged body [be] established by the authority of Parliament for [the] examination [of apothecaries], and to superintend the general professional interests of apothecaries and surgeon-apothecaries throughout England and Wales. . . . By the authority to be vested in the proposed superintending body, the apothecary will be required to be universally well qualified . . . [and] . . . he should possess a legal claim to moderate remuneration for his attendance and professional skill.⁸⁴

A petition was presented to Parliament in January 1813 and the outline of the projected Bill was drawn up by the London Committee of the Association on 16 January.⁸⁵ The Bill itself was clearly intended as a compromise between the College

⁷⁷ *S.C.M.E.*, 1834 (602-I) XIII, Part 1, Q. 4419, p. 306.

⁷⁸ EDWARD HARRISON, *op. cit.*, Appendix B, p. 30.

⁷⁹ *Transactions of the Associated Apothecaries and Surgeon-Apothecaries of England and Wales*, 1823, Vol. 1, p. vii.

⁸⁰ *D.N.B.* Anthony Todd Thomson (1778–1849) later became Professor of Materia Medica (1827–1849) and of Medical Jurisprudence (1830–1849) at the University of London (University College London) and Physician to University College Hospital.

⁸¹ BELL and REDWOOD, *op. cit.*, p. 46.

⁸² *Transactions of the Associated Apothecaries and Surgeon-Apothecaries of England and Wales*, 1823, Vol. 1, pp. vii–viii.

⁸³ *Ibid.*, pp. viii–x.

⁸⁴ *Ibid.*, p. ix.

⁸⁵ *Ibid.*, pp. x–xi.

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of Physicians' Bill of 1806 and Harrison's Bill of the same year. It provided for the establishment of a general superintending body to control the practice of apothecaries, surgeon-apothecaries, midwives, and compounders of medicine, consisting of the chief officials of the Colleges of Physicians and Surgeons and the Society of Apothecaries, and of twenty-four general practitioners. This board was to examine and bind by indentures all apprentices, to examine candidates for certificates to practise, and to grant annual licences to all those already in practice in the London area. The whole country was to be divided into districts and placed under the superintendence of District Committees, which would perform on the local level the functions of the general committee in London. Further provision to ensure a high standard of education was devised by enacting that candidates were to produce evidence of apprenticeship, or attendance at an accredited school of medicine, certificates of attendance on two courses of anatomy with dissections, of chemistry, of midwifery, and of the theory and practice of medicine. They were also required to spend six months at a London hospital or a year at a dispensary or provincial infirmary. Qualified practitioners were to be given the right to charge for attendance and their names were to be printed in a Register published annually. Finally, from the fees collected by the superintending committee, a medical school was to be set up in the metropolis.⁸⁶

In these words, Mr. Calcraft explained the purpose of the Bill to the House of Commons in March 1813.⁸⁷

One great object of the Bill was to ensure such an examination of persons practising the medical profession, as surgeons and apothecaries, as would secure to the public the certainty that henceforward none but intelligent and well educated individuals, would be found in that profession. It was also the object of the Bill to put these gentlemen on a footing on which they had never before been placed by the legislature, by enabling them to charge a fee for their attendance.

But there were many obstacles to be overcome. The Royal College of Physicians refused to help. The Registrar, Dr. Hervey, wrote on 22 January 1813 that the College would not consider proposals from the Associated Apothecaries without some official communication on the subject from one of the other chartered bodies.⁸⁸ The College of Surgeons replied that they did 'not intend to interfere', and the Society of Apothecaries, after having consulted the College of Physicians, stated that 'they cannot as a body concur with that committee in their intended application to Parliament'.⁸⁹ Despite this, the promotion of the Bill continued and it received its first reading in the House of Commons.⁹⁰ When the Royal Colleges discovered this, they

⁸⁶ *Ibid.*, pp. xi–xxxvi.

⁸⁷ *Hansard's Parliamentary Debates*, Vol. XXV, 11 March to 10 May 1813, Friday 26 March 1813, House of Commons, column 350.

⁸⁸ *Transactions of the Associated Apothecaries and Surgeon-Apothecaries of England and Wales*, 1823, Vol. i, p. xxxvii; *Papers of the Associated Apothecaries and Surgeon-Apothecaries of England and Wales*, Guildhall Library, Mss., 8299. The Report of the London Committee, 3 September 1813, p. 24; *Annals of the Royal College of Physicians, London*, Vol. 19, 22 January 1813.

⁸⁹ *Transactions of the Associated Apothecaries and Surgeon-Apothecaries of England and Wales*, 1823, Vol. 1, p. xxxvii.

⁹⁰ *The Journals of the House of Commons*, Session 1812–1813, 24 November 1812 to 1 November 1813, Vol. 68, pp. 180, 243, 258, 282. The Bill was read for the first time on 8 March 1813.

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threw aside their former apathy and openly opposed the Bill.⁹¹ At the same time the chemists and druggists were alarmed at the prospect of being controlled by their old rivals, the apothecaries. On 4 March 1813 a general meeting of chemists and druggists was held at the Freemasons' Tavern, Lincoln's Inn Fields, and resolutions condemning the proposed Bill were passed. An address urging the provincial chemists to support the metropolitan opposition to the Bill was published in *The Times*, *Morning Herald*, *Chronicle*, *Ledger*, *Star*, *Courier*, and *Statesman*. Finally a petition from 'several Chemists and Druggists in the Cities of London and Westminster and the Neighbourhood thereof' was presented to Parliament,⁹² and a delegation of chemists had an interview with Mr. Calcraft,⁹³ the mover of the Bill.⁹⁴ In view of this powerful array of antagonism, the London Committee of the Associated Apothecaries decided to withdraw their Bill on 26 March 1813.⁹⁵

Frustrated but by no means defeated, the Associated Apothecaries decided to modify their original plan in an effort to conciliate the opposition. They determined to expunge from the Bill everything affecting the compounding chemist and druggist, and to abandon the proposal to erect a medical school. In order to placate the College of Surgeons it was agreed that every surgeon-apothecary should be obliged to obtain the M.R.C.S. before practising surgery. The idea of uniting the different heads of the already constituted medical bodies with general practitioners in a superintending body was also discarded.⁹⁶ On 4 September 1813 the General Committee laid down the following principles as a basis for a new Bill:

- (1) All apothecaries, surgeon-apothecaries, and practitioners of midwifery to be examined and receive certificates.
- (2) Candidates for examination to have been apprenticed for five years and to produce evidence of a sufficient medical education.
- (3) Army and Navy officers to be exempt from examination, except in midwifery.
- (4) Assistants and midwives to be examined.
- (5) The privileges of the Royal Colleges of Physicians and Surgeons to remain unaltered.⁹⁷

These resolutions were then forwarded to the College of Physicians, the College of Surgeons, and the Society of Apothecaries. On 29 October 1813 the Apothecaries' Company replied to the effect that they could not enter into measures for any improve-

⁹¹ *Ibid.*, p. 314 (Petition of College of Physicians, 16 March 1813), p. 343 (Petition of Royal College of Surgeons, 24 March 1813); *Transactions of the Associated Apothecaries and Surgeon-Apothecaries of England and Wales*, 1823, vol. 1, pp. xxxvii, xxxviii; *Annals of the Royal College of Physicians*, London, vol. 19, p. 100.

⁹² *The Journals of the House of Commons*, Session 1812-1813, 24 November 1812 to 1 November 1813, vol. 68, p. 343.

⁹³ John Calcraft (1765-1831) was M.P. for the Calcraft's family borough of Wareham, 1786-1790, 1800-1806, 1818-1831. He was M.P. for Rochester 1806-1818. (*D.N.B.*)

⁹⁴ BELL and REDWOOD, *op. cit.*, pp. 48-52.

⁹⁵ *The Journals of the House of Commons*, Session 1812-1813, 24 November 1812 to 1 November 1813, vol. 68, pp. 349-50; *Hansard's Parliamentary Debates*, vol. XXV, 11 March to 10 May 1813, Friday, 26 March 1813, House of Commons, column 349-50.

⁹⁶ *Transactions of the Associated Apothecaries and Surgeon-Apothecaries of England and Wales* (1823), Vol. i, p. xxxvi.

⁹⁷ *Papers of the Associated Apothecaries and Surgeon-Apothecaries of England and Wales*, Guildhall Library, Mss. 8299. The Report of the London Committee 3 September 1813, p. 11. Although the printed date of this pamphlet is 3 September 1813, it includes documents dated later, such as these resolutions of 4 September.

ment in pharmacy, save in conjunction with the Royal College of Physicians.⁹⁸ The College of Surgeons sent an uninformative and laconic reply.⁹⁹ The College of Physicians delayed its answer. Meanwhile the Associated Apothecaries petitioned the House of Commons for permission to bring in a new Bill.¹⁰⁰ Their chairman, George Mann Burrows, at the same time diplomatically approached the Rt. Hon. George Rose, a member of Parliament who had taken a keen interest in the movement for medical reform, and persuaded him to write to Dr. John Latham, now President of the Royal College of Physicians, on the subject.¹⁰¹ This manoeuvre ultimately proved to be the turning point in the story. On 2 January 1814 the College replied to Mr. Rose in these words:

. . . the Royal College of Physicians have no objection to the formation of a Bill to be brought into Parliament by the London Committee of Apothecaries, upon the basis of certain resolutions published by the said committee and dated the 4 September, 1813, provided that the powers therein contained be vested in the Society of Apothecaries as established by the Charter of King James; and provided the Bill, before it shall be brought into the House of Commons, be submitted to the consideration of the College of Physicians for their examination and approval.¹⁰²

The report of the College and a letter from Dr. Latham were forwarded to the Society of Apothecaries, who, on 17 February 1814, called a special meeting of the Court of the Company and set up a committee to draft a new Bill.¹⁰³ The College of Physicians was determined to keep a close watch on the Bill's progress. On 20 May 1814 it decided to advise the Society that the words of their original Charter should be preserved in their present Bill;¹⁰⁴ and on 19 April 1814 the College asked for a clause to be inserted in the Bill to prevent apothecaries from refusing to make up prescriptions for physicians or deliberately making them up incorrectly.¹⁰⁵ Even this was not enough. After the Bill had been finally prepared and accepted by the Court of Apothecaries on 6 May 1814, the College of Physicians decided that, as various amendments had been made by the Apothecaries in the text of the Bill, the President should confer with the Society on the matter.¹⁰⁶ The Apothecaries' Company, by

⁹⁸ C. R. B. BARRETT, *op. cit.*, p. 178; BELL and REDWOOD, *op. cit.*, p. 57.

⁹⁹ BELL and REDWOOD, *op. cit.*, p. 58.

¹⁰⁰ *The Journals of the House of Commons*, Session 1813–1814, 4 November 1813 to 1 November 1814, Vol. 69, p. 64 (19 November 1813).

¹⁰¹ GEORGE ROSE (1744–1818) was M.P. for Christchurch, Hampshire, 1790–1818. He was made a privy councillor in 1802, vice-president of the Board of Trade and joint-paymaster-general during Pitt's second administration, 1804–1806; vice-president of the Board of Trade and treasurer of the Navy, 1807–1812. He was an advocate of vaccination, and promoted the establishment of the National Vaccine Institution in 1809 (*Diaries and Correspondence of George Rose*, edited by L. V. Harcourt, Vol. ii, pp. 338–39; *D.N.B.*) George Mann Burrows said of him, 'The opposition of the two Colleges seemed to be waived at the intercession of Mr. George Rose; for he first communicated to the association that the Colleges had assented to the framing and introduction of a Bill. He became the organ of communication between the parties.' (*S.C.M.E.*, 1834 (602–III) Part III, Q. 259, p. 16).

¹⁰² *Royal College of Physicians, London. Treasurer's Documents*. Box 4, Envelope 37. Report of the Committee relative to the Bill of the London Committee of Apothecaries, 20 January 1814; *Ann. R. Coll. Phys. Lond.*, 20 January 1814. The College in fact took exception to one of the resolutions, number 4, which exempted army and navy medical officers from all examinations except midwifery.

¹⁰³ *The Society of Apothecaries, London. Court Minutes*, Guildhall Mss. 8200, Vol. 10, 1801–1817, 17 February 1814.

¹⁰⁴ *Ann. R. Coll. Phys. Lond.*, Vol. 19, p. 165.

¹⁰⁵ *Society of Apothecaries, London. Guildhall Mss.* 8211, 19 April 1814, p. 19; *Royal College of Physicians, London. Censors' Board, Register and Minute Book*, 6 May 1814 to 23 December 1816, p. 3.

¹⁰⁶ *Ann. R. Coll. Phys. Lond.*, Vol. 19, p. 166.

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now a little exasperated, resolved that, as the College persisted in opposing amendments, the Bill should, if necessary, be introduced with the clauses proposed by the College. But the session was by this time too far advanced for the Bill to be introduced.¹⁰⁷

On 22 November 1814 'the Master, Wardens, and Society of the art and mystery of Apothecaries of the City of London' petitioned for leave to bring in their Bill,¹⁰⁸ and this was granted on 27 February 1815.¹⁰⁹ A copy of the Bill was forwarded to the College of Physicians on 4 February and sixteen days later the College informed the Apothecaries' Society that they intended to oppose the Bill because it did not contain the amendment which they required.¹¹⁰ Further difficulties faced the Society. Mr. Rose found that he was too busy to take charge of the Bill and Sir James Shaw, who took over in February had to drop it in March.¹¹¹ In the end it was Mr. Peter Moore, one of the most adroit and successful managers of private bills at that time, who saw the Bill through the House.¹¹² The College of Physicians, the chemists and druggists, and even a number of apothecaries, petitioned against the Bill.¹¹³ The druggists withdrew their opposition on 17 March 1815 when the Apothecaries' Company inserted a clause exempting chemists from the operation of the Act.¹¹⁴ The College of Physicians claimed that they had consented to the Bill on condition that six clauses were incorporated in it, and that in selecting what they wanted from what had been dictated to them, the Apothecaries had broken the agreement. The six dictated clauses provided that (1) Apothecaries should in future be examined and certified and over twenty-one years of age, (2) that they should produce evidence of five years' apprenticeship and testimonials of a sufficient medical education, (3) that they should be examined by a board of practitioners in medicine, pharmacy, and midwifery, (4) that Army and Navy surgeons should not be excused examination, (5) that power be vested in the Society of Apothecaries as established by Charter of King James, (6) that the Bill should be submitted to the College of Physicians for examination and approval.¹¹⁵ These requirements were finally adhered to, and on 11 May 1815 the Bill passed the Commons.¹¹⁶ Unfortunately, the House of Lords made so many trivial and unnecessary alterations¹¹⁷ that the Commons decided to abandon it.¹¹⁸ Leave was, however, immediately given to introduce a new Bill which

¹⁰⁷ *Ibid.*, p. 167; and *Royal College of Physicians, London, Treasurer's Documents*, Box 4, Envelope 37. Letter of S. Backler, 9 February 1815.

¹⁰⁸ *The Journals of the House of Commons*, Session 1814–1815, 8 November 1814 to 7 January 1816. Vol. 70, p. 28.

¹⁰⁹ *Ibid.*, pp. 109, 117.

¹¹⁰ *Royal College of Physicians, London. Censors' Board, Register and Minute Book*, 6 May 1814 to 23 December 1816, pp. 28–30.

¹¹¹ SIR JAMES SHAW (1764–1843) was Lord Mayor of London, 1805, and M.P. for the City of London, 1806–1818 (*D.N.B.*).

¹¹² PETER MOORE (1753–1828) was M.P. for Coventry, 1803–1824 (*D.N.B.*). *The Journals of the House of Commons*, Session 1814–1815, 8 November 1814 to 7 January 1816. Vol. 70, pp. 109, 117, 220.

¹¹³ *The Journals of the House of Commons*, Session 1814–1815, 8 November 1814 to 7 January 1816, Vol. 70, pp. 147 (Petition from College of Physicians, 7 March 1815), 156 (Petition from chemists and druggists, 10 March 1815), 240 (Petition from apothecaries, 25 April 1815).

¹¹⁴ BELL and REDWOOD, *op. cit.*, pp. 64–67.

¹¹⁵ *Royal College of Physicians, London, Censors' Board, Register and Minute Book*, 6 May 1814 to 23 December 1816, pp. 32–33.

¹¹⁶ *The Journals of the House of Commons*, Session 1814–1815, 8 November 1814 to 7 January 1816. Vol. 70, p. 293.

¹¹⁷ *Ibid.*, pp. 427, 438–439 (where the Lords' amendments are listed).

¹¹⁸ *Ibid.*, p. 439.

had a remarkably rapid passage through the Legislature. Permission to introduce the Bill was granted by the Commons on 28 June;¹¹⁹ it received its second reading on 3 July;¹²⁰ it was passed on 5 July by the Commons¹²¹ and by the Lords on 11 July.¹²² The following day it received the Royal Assent.¹²³

On 12 July 1815 'An Act for enlarging the Charter of the Society of Apothecaries in the City of London, granted by His Majesty King James the First, and for better regulating the Practice of Apothecaries throughout England and Wales', (55 George III, c.194) became a public statute.¹²⁴ The preamble of the Act cites the patent of James I by which the apothecaries were separated from the grocers, and adds, that, since some of the clauses of that Charter have been found inadequate, His Majesty is pleased to confirm the Charter except as altered by this Act. The most important alteration was that the Society relinquished the duty of examining all persons who practise as apothecaries within seven miles of London and of inspecting their shops.¹²⁵ In place of these provisions it was enacted that persons appointed by the Master, Wardens and Society shall have power to enter, at any reasonable hour, the shops of apothecaries in any part of England and Wales, and examine their drugs, and if they find medicines which are 'false, unlawful, deceitful, stale, unwholesome, corrupt, pernicious, or hurtful, shall and may burn, or otherwise destroy' them. The penalty for the first offence was £5, for the second, £10, and for the third and any subsequent offence, £20.¹²⁶ The qualification of the persons to be appointed for this task are next specified. For examining shops in and within thirty miles of London, the persons appointed must have been members of the Apothecaries' Company for ten years. For examining beyond those limits, the examiners must have been practising apothecaries for ten years.¹²⁷ The remainder of the Act is summarised below:

(1) Apothecaries who refuse to compound, or unfaithfully compound, medicines prescribed by a licensed physician shall forfeit £5 for the first offence, £10 for the second, and for the third offence their certificate, 'and be rendered incapable in future of using or exercising the art and mystery of an apothecary.'¹²⁸

(2) The Master and Wardens may appoint deputies.¹²⁹

(3) The Society of Apothecaries as incorporated by the charter of James I shall carry this Act into execution.¹³⁰

(4) No acts of the Society shall be valid unless performed at regularly called meetings.¹³¹

(5) A Court of Examiners shall be chosen by the Master and Wardens.¹³²

(6) A chairman of this Court shall be appointed and the members sworn in.¹³³

(7) Examiners retain their office for one year but may be rechosen unless dismissed by the Master and Wardens.¹³⁴

¹¹⁹ *Ibid.*, p. 439.

¹²⁰ *Ibid.*, p. 452.

¹²¹ *Ibid.*, p. 462.

¹²² *Ibid.*, p. 473.

¹²³ *Ibid.*, p. 475.

¹²⁴ The Act is printed in full in *The Statutes: Revised Edition* (1874) Vol.V, 1812–1823, pp. 436–447.

¹²⁵ *Ibid.*, clauses I and II, pp. 436–438.

¹²⁶ *Ibid.*, clause III, pp. 438–439.

¹²⁷ *Ibid.*, clause IV, p. 439.

¹²⁸ *Ibid.*, clause V, pp. 439–440.

¹²⁹ *Ibid.*, clause VI, p. 440.

¹³⁰ *Ibid.*, clause VII, p. 440.

¹³¹ *Ibid.*, clause VIII, pp. 440–441.

¹³² *Ibid.*, clause IX, p. 441.

¹³³ *Ibid.*, clauses X and XI, pp. 441–442.

¹³⁴ *Ibid.*, clauses XII and XIII, p. 442.

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(8) Persons already in practice are not required to be examined but all those commencing practise on 1 August 1815 must submit themselves for examination.¹³⁵

(9) All persons examined must have attained their twenty-first year, have served a five years' apprenticeship, and produce testimonials of a sufficient medical education and of good moral character.¹³⁶

(10) Persons intending to present themselves for examination shall give proper notice to the clerk of the Society.¹³⁷

(11) Persons are not to act as assistants to apothecaries without being examined and certified.¹³⁸

(12) The Master and Wardens may appoint five apothecaries in any county in England and Wales, except in and within thirty miles of London, to act as examiners of assistants.¹³⁹

(13) For a certificate to practise as an apothecary within ten miles of London the sum of 10 guineas must be paid; beyond that area the sum of 6 guineas. Every assistant shall pay 2 guineas for his certificate.¹⁴⁰

(14) The penalty for acting as an apothecary without a certificate shall be £20 for every offence; for acting as an assistant the penalty shall be £5.¹⁴¹

(15) ' . . . no apothecary shall be allowed to recover any charges claimed by him in any court of law, unless such apothecary shall prove . . . that he was in practice as an apothecary prior to or on 1 August 1815, or that he has obtained a certificate to practise as an apothecary.'¹⁴²

(16) Persons refused their certificates may apply again.¹⁴³

(17) An annual list of all those licensed in that year shall be published.¹⁴⁴

(18) All the money received for certificates shall be paid into the hands of the Society who may dispose of it as they think fit.¹⁴⁵

(19) The money from penalties under the Act shall be equally divided between the Society and the informer.¹⁴⁶

(20) This Act shall not affect chemists and druggists 'in the buying, preparing, compounding, dispensing, and vending drugs, medicines, and medicinale compounds, wholesale or retail'.¹⁴⁷

(21) The privileges of the universities of Oxford and Cambridge, and the Royal Colleges of Physicians and Surgeons shall not be affected by this Act.¹⁴⁸

(22) Limits the period of suits or actions.¹⁴⁹

(23) Makes the Bill a public Act.¹⁵⁰

The passing of the Apothecaries' Act of 1815 has generally been regarded as the consummation of the work of the General Pharmaceutical Association, the Associated Faculty, and, more particularly, of the Associated Apothecaries and Surgeon-

¹³⁵ *Ibid.*, clause XIV, p. 442.

¹³⁷ *Ibid.*, clause XVI, pp. 442-443.

¹³⁹ *Ibid.*, clause XVIII, pp. 443-444.

¹⁴¹ *Ibid.*, clause XX, p. 444.

¹⁴³ *Ibid.*, clause XXII, pp. 444-445.

¹⁴⁵ *Ibid.*, clause XXIV, p. 445.

¹⁴⁷ *Ibid.*, clause XXVIII, p. 446.

¹⁴⁸ *Ibid.*, clause XXIX, p. 446.

¹⁴⁹ *Ibid.*, clause XXX, pp. 446-447.

¹⁵⁰ *Ibid.*, clause XXXI, p. 447.

¹³⁶ *Ibid.*, clauses XIV and XV, p. 442.

¹³⁸ *Ibid.*, clause XVII, p. 443.

¹⁴⁰ *Ibid.*, clause XIX, p. 444.

¹⁴² *Ibid.*, clause XXI, p. 444.

¹⁴⁴ *Ibid.*, clause XXIII, p. 445.

¹⁴⁶ *Ibid.*, clause XXV, p. 445.

apothecaries. Such an interpretation, however, raises more problems than it solves.¹⁵¹ The programme of the General Pharmaceutical Association was directed primarily against the chemist and druggist: the 1815 Act specifically excluded this group of practitioners from the operation of the Act. Edward Harrison and the Associated Faculty desired to reform the education and organization of all branches of the profession; the 1815 Act was limited solely to the education and regulation of apothecaries. The original proposals of the Associated Apothecaries and Surgeon-apothecaries included provision for the regulation of the practice of surgery and midwifery; for the establishment of a medical school; and for the right of the general practitioner to charge for attendance. The Apothecaries' Act of 1815 satisfied none of these demands. An examination of the reactions of the reformers reveals clearly the bitter disappointment they felt at the result of their efforts. The Associated Apothecaries and Surgeon-apothecaries referred to 'this most arduous and most unsatisfactory struggle.'¹⁵²

That it was very unsatisfactory may be seen by comparing the Apothecaries' Act as it is with the Bill as first projected by the Association. Shorn indeed is the latter of its fair proportions! The practice of medicine is doubtless now placed under certain, but very inadequate restrictions; but whilst that of surgery and midwifery is still open to every unprincipled pretender, the druggists are neither prevented from making up physicians' prescriptions, nor even from practising medicine; no provision is made for securing a supply of qualified assistance; and lastly, while the public are thus denied so many and so great advantages, not only is the general practitioner not relieved from his burdens, but he is subjected to new and vexatious restrictions.¹⁵³

John Mason Good, the chronicler of the General Pharmaceutical Association's activities and one of the leaders both of that body and of the Associated Apothecaries, denounced the 1815 Act 'as a measure which had been raked from the musty records in which it had mouldered for two hundred years, to disgrace the enlightened period of the nineteenth century.' He objected to the omission of what he considered one of the most important features in the reformers' programme—examinations in anatomy, surgery, and midwifery. He objected to the inquisitorial power of entering premises under pretence of searching for drugs, 'false, unlawful, deceitful, stale, unwholesome, corrupt, pernicious, or hurtful' being vested in any body of men. He condemned the clause which subjected apothecaries to the fear of losing their means of livelihood for refusing to compound, or for incorrectly compounding, medicines prescribed by a physician. The Act was, in his opinion, 'a measure made up of restrictions, penalties, and imprisonments; founded in tyranny and oppression'.¹⁵⁴ Samuel Gray in his Supplement to the Pharmacopoeia summed up the reactions to the Act in these words:

¹⁵¹ cf. CHARLES NEWMAN, *The Evolution of Medical Education in the Nineteenth Century*, Oxford 1957, pp. 58–80; BERNICE HAMILTON, 'The Medical Professions in the Eighteenth Century,' *Econ. Hist. Rev.*, Second Series, 1951, 4, 166–169; SIR ZACHARY COPE, 'Influence of the Society of Apothecaries upon Medical Education', *Brit. med. J.*, 1956, i, 2–4; F. N. L. POYNTER, 'The Centenary of the General Medical Council', *Brit. med. J.*, 1958, ii, 1245.

¹⁵² *Transactions of the Associated Apothecaries and Surgeon-Apothecaries of England and Wales* (1823), vol. i., p. lvi.

¹⁵³ *Ibid.*, p. lviii.

¹⁵⁴ BELL and REDWOOD, *op. cit.*, p. 59.

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This Act has had the singular fortune of being violently opposed, as insufficient, by those who were its original promoters; of being esteemed a burden by many of those whom it was intended to benefit; and of being looked upon with indifference by those against whom it was intended to act; since the Act was altered and restricted to those who practise as Apothecaries, with an express declaration that it did not extend to the Chemists and Druggists . . .¹⁵⁵

The reformers' reaction to the 1815 Act was not one of triumph but of dismay. The Act was rather the frustration than the culmination of their ideas. The explanation of this paradoxical situation is to be found in an examination of the actions of the College of Physicians. During the period 1804–1806 the College attempted to obtain absolute, unfettered control of the organization of the medical profession in England. When it became clear that this grandiose scheme would be tolerated neither by the profession nor by Parliament, the College remained either disdainfully aloof or else openly hostile to the movement for reform from below. Suddenly, however, in January 1814, the Royal College of Physicians appeared to reverse its former policy and announced that it would have no objection to an Act for regulating the practice of apothecaries 'provided that the powers therein contained be vested in the Society of Apothecaries as established by the Charter of King James.' There were two reasons for this apparent volte-face. By the end of 1813 there seemed to be a distinct possibility that the revised Bill of the Associated Apothecaries would be found acceptable to Parliament regardless of any objections that the established medical corporations might bring against it. Instead of opposing the Bill, therefore, the College decided to mould it into compliance with the principles held by the College. Hence the insistence that the powers conferred in the Bill should be vested in the Society of Apothecaries and that the original words of their Charter of 1617 should be preserved in the new Act. For the Charter of James I, which separated the apothecaries from the grocers, had three aspects which appealed to the College of Physicians. It emphasized the humble origins of the Apothecaries' Society; it stressed both the guild and trading activities of the Company; and, above all, it placed the Society under the tutelage of the College of Physicians. In one section of the patent the governing body of the Apothecaries' Society was expressly commanded to call in the President and four Censors of the College, or other physicians nominated by them, in all that concerned the making up of medicines and the inspection of their manufacture and sale: and in another clause 'the authority of the president and college of physicians in the oversight and correction of pharmacy' was affirmed.¹⁵⁶ Yet the College was not content with this confirmation of its supremacy. It further insisted upon the insertion into the Act of a clause making it an offence for apothecaries to refuse to compound physicians' prescriptions or to deliberately compound them incorrectly. Not only did this clause serve to remind the apothecary 'that . . . his office is only to be the physician's cooke',¹⁵⁷ it also drew attention unduly to the retail side of the apothecary's functions. Finally, in order to quash any pretensions the apothecaries might have about becoming members of a learned profession, the College insisted upon the

¹⁵⁵ *Ibid.*, p. 68.

¹⁵⁶ The full text of this charter is to be found in *S.C.M.E.*, 1834 (602–III) Part III, Appendix 1, pp. 83–90. A shortened version, from which the quotation is taken, is available in J. W. WILLCOCK, *The Laws relating to the Medical Profession*, 1830, pp. ccxxx–ccxxxiv.

¹⁵⁷ J. CORDY JEAFFRESON, *A Book about Doctors*, New York, 1851, p. 70.

controversial apprenticeship clause in the Act. A five years' apprenticeship, the time-honoured qualification for membership of a trade or craft guild, became the *sine qua non* of the apothecary's education.

The general practitioners' demand for an Act of Parliament to further their advancement was so skilfully manipulated by the College of Physicians that the Act ultimately passed tended to degrade rather than to elevate the rank and file of the profession. The general practitioner was subjected to the direct control of a London mercantile company, still largely engaged in the wholesale drug trade, and to the indirect supervision of the College of Physicians, whose policy was to make permanent the subordinate and inferior status of the apothecary. Throughout the eighteenth century the apothecary had been gradually improving his position within the medical hierarchy, and the reform agitation during the period 1794–1815 was an expression of his aspirations. The London Society of Apothecaries, however, not only gave no encouragement to this movement but actively attempted to restrain it. The peculiarly conservative role of the Society throughout the reform agitation was not likely to have escaped the attention of the College of Physicians. The Apothecaries' Company's attitude towards reform had changed from initial hostility to complacent apathy. In 1795 the Society had resisted the efforts of the General Pharmaceutical Association, but from then on it seems to have had no policy of its own save one of complete subservience to the College of Physicians. The indifference of the Society towards the work of the Associated Apothecaries gains in significance when it is realised that three-quarters of the reformers were members of the Apothecaries' Company.¹⁵⁸ The apothecaries were militant but their controlling body slumbered.

The extension to the whole of England and Wales of the original powers of the Apothecaries' Society over its members within London came suddenly and unexpectedly. The Company had greatness thrust upon it by the doubtful patronage of the College of Physicians. Almost by accident, and certainly through no effort of its own, the Society of Apothecaries in London took over the regulating functions previously exercised by numerous local guilds in the provinces. The augmentation of the Apothecaries' Society's powers was part of a general policy, advocated by the College of Physicians, of aggrandizement by the metropolitan medical corporations. In the same year that the Apothecaries' Act received the Royal Assent, the College of Surgeons of London, with the support or at least the connivance of the College of Physicians, attempted to extend its control of surgery throughout the country. On 7 June 1815 the House of Commons was petitioned for leave to bring in a Bill to effect this purpose.¹⁵⁹ The session was almost over and the House of Commons was much depleted. There is certainly some suspicion that the College of Surgeons was trying to rush through an unpopular Bill. Nonetheless, on the very day that the final version of the Apothecaries' Act secured the approval of the Lower House, an 'Act for enlarging the Charter of the Royal College of Surgeons in London' was passed by the Commons.¹⁶⁰ The House of Lords, however, rejected the Bill. When it was

¹⁵⁸ ROBERT MASTERS KERRISON, *An Inquiry into the Present State of the Medical Profession in England*, 1814, p. 76.

¹⁵⁹ *The Journals of the House of Commons*, Session 1814–1815, 8 November 1814 to 7 January 1816, Vol. 70, pp. 365, 374, 382, 392.

¹⁶⁰ *Ibid.*, p. 461.

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reintroduced in the Lower Chamber in 1816 the Commons had second thoughts on the matter and the Lords were saved the trouble of a second rejection.¹⁶¹

In the light of this analysis of the passing of the 1815 Act, it is difficult to agree with Dr. Newman's assertion that the 'College of Physicians had missed the whole significance of the matter'. The passing of the Apothecaries' Act was at least a temporary triumph for the College of Physicians. It may well be true that 'they were living in a disappearing world' and 'were concerned to safeguard only their own restricted interests'.¹⁶² But, by diverting the agitation of the general practitioners into conservative channels, the College had ensured that this world would disappear more slowly than it might otherwise have done. The Apothecaries' Act was a re-assertion of the theory of 'orders' at the very moment that this theory was crumbling in the face of the new social structure. 'The object of the act', in the words of Justice Park in May 1828, 'was to keep the business of apothecary distinct from the other branches of the profession'.¹⁶³ There were 'four degrees in the medical profession, physicians, surgeons, apothecaries, and chymists and druggists',¹⁶⁴ and the 1815 Act 'has drawn the distinction between the various departments of the art with great precision . . . Each is protected in his own branch, and neither must interfere with the province of the other'.¹⁶⁵ This was the view of the Law Courts shortly after the Act took effect: it was a strange victory for an association of general practitioners, nine-tenths of whose members were also members of the College of Surgeons.¹⁶⁶

¹⁶¹ *The Journals of the House of Commons*, Session 1816, 1 February 1816 to 2 January 1817, Vol. 71, pp. 272, 278, 287, 292.

¹⁶² NEWMAN, *op. cit.*, p. 75.

¹⁶³ *Allison v. Haydon*, May 7, 1828. 4 Bing. 622.

¹⁶⁴ *Allison v. Haydon*, Easter Term, 1828, 3 Car. and P. 248.

¹⁶⁵ *Allison v. Haydon*, May 7, 1828, 4 Bing. 621.

¹⁶⁶ *S.C.M.E.*, 1834 (602-III) Part III, Q.262, p. 17.

(To be concluded.)