

Proposals to found a Royal College of General Practitioners in the nineteenth century

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THIS paper is an attempt to trace the events which led up to the proposal to found a Royal College of General Practitioners in 1845, to show how nearly it succeeded and why it failed. As with every new venture, the idea that the general practitioner should have a control over his destiny had been germinating in the minds of some of the more thoughtful doctors for over 50 years. I will take up the story from the time when the Apothecaries Act of 1815 made the examination of apothecaries necessary before they could practise.

In the first half of the eighteenth century the profession was composed of three branches similar to those of today: physicians, surgeons, and apothecaries and surgeon-apothecaries. The lines of demarcation between these classes were not so sharp as they are today and members of all branches practised as family doctors.

Consulting practice was still in its infancy, though there were physicians and surgeons who called themselves "pure" and confined themselves more or less to the arts and sciences in which they held qualifications. The physicians were usually graduates of either Oxford or Cambridge and fellows of the College of Physicians. Those who held doctorates from other universities were usually practising under the licentiateship of the college. Without being a fellow of the college or holding its licence it was not legally possible to practise in London or within seven miles of the City, but this prohibition was at the time largely abused.¹ Physicians were not allowed by their college bye-laws to dispense their own prescriptions; this was the work of the apothecaries and of recent years was also being done by a relatively new class of person, the chemist and druggist, who was thus usurping the work of the apothecary.

At the time of its foundation, and for many years after, the physicians were the only truly educated members of the profession and they still lived in their ivory towers, regarding the surgeons and apothecaries as their hand-maidens. Indeed, when the Apothecaries Act was under consideration, the College insisted that a clause be inserted requiring the apothecary to dispense the physician's prescriptions on demand.² The College got its way, and this was one of the reasons why the committee set up by the Apothecaries Company to obtain the Act of Parliament stated in its final report that it "could not help observing with pain that from the time that the Society had received its Charter the jealousy on the part of the physicians which had existed towards the apothecaries and which appears from the records continues with unabated force."³

Apothecaries

The status of the apothecary had been improving gradually over the years. From being the medical attendant to the poor, he had become by 1840 the general practitioner to most of the population. According to the census of 1841, there were in the United Kingdom, 1,776 physicians, 19,106 surgeons and apothecaries, and 2,152 medical students, making a total of 23,034. There was also a nondescript group of men-midwives, cuppers, tooth-drawers, compounders and dispensers of medicines whose classification

was difficult and many of whom may have been included in the main categories in the census returns.

Until 1815 the Society of Apothecaries was a city company responsible for the well-being and discipline of apothecaries within the confines of the city and for seven miles around. Unwillingly, after 1815 it found itself saddled with the examination for licence to practise of all apothecaries throughout the country. In performing this work, for which it was totally unequipped, it acquitted itself with some credit.

The Act had left to the Society the duty of fixing standards and prescribing the course of education for those who would be allowed to sit the examination, and each candidate was required to produce evidence of having been an apprentice to an apothecary for five years and of having walked the wards of a hospital for at least one year. The Court of Examiners met every week to examine candidates and the members must have found the work exhausting. Even before the Apothecaries Act became law, the general standard of education of the apothecary had been improving; from 1815 the improvement continued, and the Society slowly added to the requirements of the candidates. In 1816 a knowledge of physiology and botany was required, and in 1827 the candidates had to produce evidence of training in midwifery.⁴

The licence of the Society was the only authority to practise as an apothecary in England and Wales, and the Society had power to take legal action against those who set up in practice without it, and in 1818 an action against John Warburton for practising contrary to the provisions of the Act was won by the Society; but legal actions were dearly bought and the cost was one which the Society was reluctant to bear.

Apothecaries were not allowed to charge for the advice that they gave nor for the visits that they made, but only for the medicines that they provided—a situation which many found irksome, and some a temptation to over-prescribe. The Society of Apothecaries was, after all, no more than a company of traders and medical men were becoming more and more conscious of their professional dignity. As professional men the physicians could not sue for the recovery of their fees; this the apothecary could do.

Surgeons

The Royal College of Surgeons had received its charter in 1801, having been, since 1745, a Company governed in much the same way as the Apothecaries. It had in its keeping the valuable and massive collection of pathology and comparative anatomy which had been bought from the executors of John Hunter and handed over to the College for safe keeping. Its library was also considerable.⁵ To the College of Surgeons was entrusted the examination of ship-surgeons and surgeons to the army. Its licence permitted the holder to practise surgery in any part of the country, but a surgeon was not permitted to prescribe internal remedies. An exception was made of those who had served in the armed forces who were free to practise as apothecaries on release without further examination.

General practitioners

By the 1840s it was usual for practitioners to hold both the licence of the apothecaries and also to become a member of the College of Surgeons; officially these men were called surgeon-apothecaries, but this title was becoming less and less popular and the term general practitioner was replacing it in common parlance, although even this title was not universally acceptable. Henry Johnson, an extralicensiate of the College of Physicians, expressed the sentiments of many when he told the Select Committee on Medical Registration in 1847 that, though they regarded the term “general practitioner” as a sort of nick-name, yet everybody wished to get rid of the term apothecary which was almost extinct.

The spirit of reform

Reform was at this time a catchword; the Reform Bill of 1832 and the New Poor Law (1834) had only recently passed into the Statute book. The social conscience was being awakened, and the first Factory Act and the Anatomy Act had evinced an interest in the care not only of the young but also of those past caring. "The cry throughout the political world has long been that of reform," wrote the editor of the *London Medical Gazette* in 1841, "and we cannot be surprised that a voice so popular should be heard within the sphere of medicine, especially as so many evils confessedly exist in our profession, which have long demanded revision and correction."⁶

The evils to which the editor referred were chiefly the extent of unqualified practice and the growing importance of the general practitioner as a professional man. In spite of its powers the Apothecaries Company had been singularly unsuccessful in its attempts to suppress quackery. The activities of the quacks were resented by men who only since 1815 had achieved the stamp of orthodoxy by the passing of a statutory examination.

The profession was already overcrowded and competition between practitioners was great. The story is told of two neighbouring doctors in Sussex meeting in a country lane and, because neither would give way, charging each other.⁷ These were proud men standing unflinchingly on their dignity.

The general practitioners were also well-off; one writer said that "as a body" they were "richer than the graduates, over and over again! Opulent, carriage-keeping apothecaries, whose pusillanimity keeps pace with their golden accumulation."⁸ Many of the leading general practitioners in London were earning £2,000 or £3,000 a year, and one at least, the venerable Dr Robert Rainey Pennington "one of the most respectable general practitioners of medicine ever known in London" was said to have earned for between 30 and 40 years upwards of £10,000 per annum.

There were several factors which were helping to stir up discontent and causing doctors to take more interest in their affairs. Communications were becoming easier. The railway system of the country was rapidly developing; correspondence was facilitated by the introduction of Roland Hill's penny post in 1840; medical journalism was achieving greater authority, and medical societies were springing up all over the kingdom.

The medical associations and reform

The advantages of forming groups or associations of people with common interests had been demonstrated, on the one hand, by the friendly societies and workmen's combinations and, on the other, by learned societies such as the Royal Institution and the Medical Society of London. Of particular importance in forming popular opinion was the Provincial Medical and Surgical Association, the future British Medical Association, which had been founded by Charles Hastings in 1832 primarily to encourage scientific inquiry and to foster fellowship in the profession, but which soon became deeply involved in what was soon to be called medical politics.

The Provincial Association was by no means alone in this. There was still the nucleus of the Associated Apothecaries which had first been formed before the framing of the Apothecaries Act to bring about improvements in the lot of the apothecaries; although its general committee appeared to be slumbering, it slept on funds subscribed for the purpose of medical reform. Under the political pressures of the time many other associations sprang up.

Thomas Wakley

In all the machinations that were occurring the name of Thomas Wakley constantly recurs. Wakley, who had founded *The Lancet* in 1823, had entered Parliament in 1836 and was deeply embroiled in medical politics. He had a finger in every pie and because

of his position as a journalist and politician wielded great influence. One of the first of the new medical associations to be formed was the Metropolitan Society of General Practitioners in Medicine and Surgery on which Wakley at first poured his scorn as being entirely composed of surgeons—"The Society for the Degradation of English Surgeons," he called it, but he later welcomed it, as its members were likely to "merge themselves into a National College of Medicine, a College which the demands of the profession have long called for with a voice of thunder."⁹ The president of this society was William Gaitskell, who had written to the editor of *The Lancet* on 9 June 1830: "Various branches of the medical profession have colleges, charters, and corporations, from which the general practitioner is either altogether excluded, or attached as an appendage only; he is not admitted to a participation in their councils, or to share in their honours; as a general practitioner, he belongs exclusively to no one branch, and is, therefore, virtually excluded from all."¹⁰

Wakley was right; even before 1815 there had been a call for a fourth body to look after the affairs of the apothecaries, a call which was at that time quickly quashed by the bitter opposition of the established corporations. Wakley, quickly pleased, quickly offended, soon found fault again with the Metropolitan Society and used his influence to found another society. The London College of Medicine, under the chairmanship of Joseph Hume, M.P., a radical who had studied medicine at Edinburgh and seen service with the East India Company, was short-lived. Nevertheless opinion seems to have been hardening in favour of the formation of a college or some corporation sufficiently powerful to take care of the education and interests of general practitioners.

Not deterred by the failure of the last two organisations, in 1835 Wakley sponsored the foundation of a British Medical Association under the chairmanship of George Webster of Dulwich. This association must not be confused with the British Medical Association of today which was then still the Provincial Medical and Surgical Association, and for which the year 1834 had not been prosperous. It was due to this that Wakley seized the opportunity to found this new body which was to be firmly centred in London. Its policy was that there should be a national faculty of medicine that would supersede the existing bodies.

The number of new medical associations that were being formed at this time was legion and is an indication of the amount of discontent that existed among practitioners: it was a new phenomenon and in 1842 drew comment from the *London Medical Gazette* that,

'Whereas a few years ago they were almost unknown in their present form, a small number only of the profession being united into a few companies or societies for the purposes of collecting and publishing medical facts and observations, and advancing the science of medicine. In the present age, however, a fresh system has arisen, which forms as it were a new feature in the history of medicine, and will probably be ultimately attended with some important results.'¹¹

The medical associations were, as the leader-writer forecast, to make their influence felt in the profession from then on to the present day. Then, as now, they suffered from the impossibility of getting their members to speak with one voice.

Two medical associations in the provinces were especially powerful. The Eastern Medical Association was started by John Green Crosse at Norwich in 1835, and in 1839 Thomas Headlam founded the North of England Medical Association in Newcastle upon Tyne. Both these bodies were later absorbed into the Provincial Medical Association. Many other medical associations were started all over the country, and when in 1841 Webster's British Medical Association called a meeting of representatives of these delegates from 11 of them were present.

Reform in the making

By the late 1830s the spirit of reform had been well aired. All were agreed that reform was necessary; how reform was to be made effective and what shape it should take were

not so clearly seen. General practitioners wanted more say in their education, and in the management of their affairs. In 1839 the two bodies that seem to have taken the lead were the British Medical Association in London and the North of England Medical Association. Both sought to interest other bodies by correspondence and through the medical press. The secretary of the northern Association sent reports of its meetings to all the medical journals. According to it there were two ways in which reform could be achieved; both plans agreed in dispossessing the Society of Apothecaries of the powers which it had under the Apothecaries Act.

According to the first plan, the councils of the existing corporations should be made responsible to a superior board. The second plan was to incorporate each of the existing orders of the profession into its own faculty and from these faculties a general council of an equal proportion of members from each would become the governing body.¹² This scheme was essentially the same as that proposed by Professor Kidd, the regius at Oxford in a pamphlet which had been widely circulated and had caused considerable comment. Kidd thought that if the three existing corporations were retained as equal partners each would vie with the others "in a spirit of liberal emulation"—a pious thought, not soon to be achieved.¹³

The Society of Apothecaries was losing the respect that it formerly had and it became the target for much abuse. In 1841 Dr Marshall Hall declared that it was "degraded by its very designation and still more by its trade in drugs, yet," he conceded, "it had done good service to the medical republic. What should prevent this society, together with all other educated practitioners throughout the kingdom from becoming the British Faculty of Medicine?"¹⁴ This had been the policy of the British Medical Association, the body which Hall was addressing, for more than two years.

On 2 January 1838 a deputation from the Association had waited on the Home Secretary and represented to him the evils under which the profession was labouring. The greatest of these was the unreformed medical corporations of which there were at that time eight, namely: the Royal Colleges of Physicians and Surgeons and the Society of Apothecaries in London; the Royal Colleges of Physicians and Surgeons in Edinburgh; the Colleges of Physicians and Surgeons and the Company of Apothecaries in Dublin—"which are evils in themselves."¹⁵

On 3 July 1838, Webster wrote to the secretary of the Glasgow Medical Association that the prominent object of the British Medical Association was the establishment of a National Faculty of Medicine, with branches in each capital, which should comprehend all legally-qualified practitioners in the kingdom. There would be a representative council elected to manage the affairs of the profession, and to regulate all matters relating to education, examinations and admission to membership. The members of each faculty should possess the same rights and privileges, and be able to practise in all parts of the kingdom. An interesting condition was that all members of the faculty should be recognised by the title 'doctor'. Chemists and druggists were to be examined in chemistry, materia medica and pharmacy. All practitioners were to be registered, and illegal practice was to be punished.¹⁶

This statement of policy was broadly that which most doctors were beginning to hold; differences there were but these were for the most part in details. At its meeting in Liverpool in July that year Hastings' Provincial Medical Association, with an attendance of 1,200, voted for a uniform and adequate education for all practitioners and requested a sound legal constitution.¹⁷

Early Bills

In 1836 Wakley entered Parliament, and at last there was a medical man with the experience and knowledge required to present and explain the problems that beset the profession to the House; this he ably did, without the bellicosity and taunts with which

his journal was plastered. Here he was able to interest members in his idea of a London College of Medicine and, in 1840 with the assistance of Henry Warburton and Benjamin Hawes he introduced a Bill for "the registration of medical practitioners, and for establishing a College of Medicine and for enabling the fellows of that college to practise medicine in all and any of its branches and hold any medical appointment in any part of the United Kingdom."

In 1834 Warburton had been chairman of the Select Committee on Medical Education and Wakley found that his support was a great help. There can be no doubt that the proposers of the Bill considered that the College of Medicine should consist of general practitioners, for the term medical qualification was defined as a degree or diploma from a university, a college of physicians, a faculty, a college of surgeons, a society of apothecaries, a commission in the army, navy or East India Company, or fellowship of the College of Medicine.¹⁸

The Bill did not prosper and was replaced by a second in which some of the weaknesses were modified. This second Bill, introduced by Mr Hawes was an improvement, and would have had the effect of doing away with the orders of medical men and putting the affairs of the profession into the hands of the whole body of doctors. The Bill was opposed by the Society of Apothecaries who doubtless saw that it would bring about its demise. The druggists and chemists whose activities were to be controlled were also opposed to it and neither the physicians' or the surgeons' colleges were enthusiastic; and the Bill got no further than the first reading.

A further modified Bill (the third) was introduced in 1841, this time by Warburton and Hawes. This Bill was an attempt to establish a universal qualifying examination—a single portal of entry—not unnaturally it met with no more success than its predecessors. This first series of Bills fell with the fall of the ministry of Lord Melbourne. Sir Robert Peel, on taking office, appointed Sir James Graham his Home Secretary.

Sir James Graham and the proposed Royal College

Sir James Graham, who was probably the most efficient administrator in the country, had already made a name for himself at the Treasury and in the Admiralty. He had a clear grasp of public business and once he espoused a cause he pursued it with fervour and was reluctant to relinquish it.

Why he took up the cause of medical reform is difficult to see: few in the House understood anything of medical matters and hardly anyone was in the least interested. Though respected for his ability, he was not popular; his intolerance of those who opposed him and his sometimes withering repartee were of no help to him. His friend and biographer wrote of his interest in medical matters with evident puzzlement:

"The attention of Sir James Graham had frequently been called to the necessity said to exist of controlling the differences between the rival branches of the medical profession, and the expediency of establishing some general body in which they should all be represented, and which should exercise a general superintendence over all matters connected with the public health." He dismissed the valiant and untiring work of Sir James in one paragraph: "The diversity of interests involved, and the dissimilarity of the learned bodies, which, under different charters, exercised the right of conferring medical degrees, rendered a careful investigation of the subject no easy task: and when in his eagerness to grapple with its difficulties, and to reconcile if possible contending claims, he got into correspondence with members of the Colleges of Surgeons and of Physicians in London and Dublin, professors of anatomy and chemistry in Scotland, and a large number of general practitioners throughout the United Kingdom, he soon found that what he had thus undertaken added considerably to his daily weight of work. But this appeared a sort of fascination for him. He never tired of collecting and collating evidence, and of discussing orally, or by letter, the infinitesimally minute details of a question, which he deemed of practical importance and which he sought to master."¹⁸

Sir James wasted no time in preparing a Medical Bill. He took office in the autumn of 1841; when the North of England Medical Association held its annual meeting in the summer of the next year its council reported that rumours of the contents of the Bill that

Sir James was about to bring in had reached it. It noted that Sir James had been a member of Warburton's committee on medical education in 1834 and must be aware that the largest class of medical men were without any representation on a licensing body, yet if what they heard was correct these practitioners would be given no say in the examination of general practitioners and would be excluded from taking part in the election of representatives on the proposed general council.¹⁹ The difficulties that today beset the profession are nothing new; even an annual registration fee was suggested and resisted mightily.

So the debates rumbled on, Sir James Clark, senior physician to Queen Victoria, entered the lists with an open letter to Graham in which he suggested that the colleges of surgeons and physicians should be united. He would have all students take a degree of Bachelor of Medicine to qualify them for general practice; those who wished could proceed to the doctorate. There would be no restriction on the type of practice they undertook thereafter nor any requirement for them to take a higher degree. He stated plainly that in any reform the welfare of the general practitioner was the first consideration.²⁰

The *London Medical Gazette* commented that this was all very well, but it was impossible to make any appeal to general practitioners as a body in such a manner as to get any satisfactory result;

The medical associations, it is true, are organs through which, in some degree, their opinions may be known; and the suggestions of these bodies have been taken into consideration. But they embrace proportionally too small a number of practitioners of the country to give weight to their sentiments, especially when we consider that they represent only the opinions of a certain portion of the members. Besides, the petitions presented and the proposals made by these bodies are so various and contradictory as to neutralise one another. Scarce any two agree, except on the one point—that reform is necessary.²¹

Petitions were the order of the day. In July the medical practitioners of Nottingham and neighbourhood petitioned the Queen and Parliament that no fresh charters should be granted to the Royal Colleges of Physicians or Surgeons until the whole question of medical reform had been brought forward, and the council of the North of England Association took similar action.²²

Surgeons' charter

Sir James Graham, however, was anxious that, before he brought in the medical Bill which he contemplated, the question of a new charter for the College of Surgeons should be settled. The surgeons had for some time been occupied in drafting and debating new regulations to enable them to award a new grade, the fellowship. This, with the prodding of Sir James, they were able to do with unfortunate results. The first action of the College under its new charter was to create several hundred fellows. Fellows were able to elect the council of the college. Now they were the elite, the 'pure' surgeons, and the members were the general practitioners, but not surprisingly many injustices were done and jealousy was aroused in many places.

For years the redoubtable Wakley had lambasted the College in the pages of *The Lancet* clamouring for reforms so that the ordinary member should have more say in the elections to its council and so in its affairs; now it turned out that the College was to be even more autocratic than ever. At meetings of associations up and down the country members refused to discuss the subject of reform and clamoured for repeal of the charter. Even a past president of the College, J. G. Guthrie, petitioned the House of Commons not to confirm the charter until he had been permitted to be heard. It took some years for the agitation to die down.²³

Medical Bill of 1844

On 7 August 1844 Sir James Graham supported by Mr Manning Sutton brought in to the House his long expected Bill "For the better regulation of medical practice throughout

the United Kingdom." By the clauses of this Bill all the medical Acts which had gone before were to be repealed leaving a clean sheet for the framing of the new regulations.

A Council of Health and Medical Education was proposed under the presidency of the Secretary of State who was to nominate a vice-president. The Council was to be composed of five regius professors of medicine and surgery, one representative from each of the six colleges of medicine and surgery, and six others nominated by the Crown. A register was to be kept and a registration fee of five pounds for physicians and surgeons and two pounds for licentiates was to be paid. Licentiates were not to be under 21 years of age and were to be examined in medicine by the Royal College of Physicians assisted by the Apothecaries Company, and in surgery by the Royal College of Surgeons. In Scotland and Ireland the Royal Colleges of those countries were to be the examiners. No person was to be entitled to register as a surgeon unless he had attained 25 years of age and had done five years of study and obtained letters testimonial of his being duly qualified to practise as a surgeon. Physicians had to be 26 years old and have graduated from some university in the United Kingdom.²⁴

The Bill aroused immediate opposition, the tone of which was set by Wakley in the pages of *The Lancet*. The unqualified practitioner was still the constant irritation and fear of most qualified men; and as there was no specific standard by which the unqualified could be measured, it was one that was difficult to placate. Wakley's chief criticism of the Bill was that, while it defined what a qualified doctor was, it contained no specific prohibitions against the unqualified. He called the Bill the Quack's Bill and the Quack-practitioner Bill. "The enactments of the proposed bill," he wrote, "would finally restore the monstrous and pestiferous scene of quackery, and would inevitably reduce to ruin and beggary a very large proportion of the practitioners of this country, upon whose interests and welfare the Bill is a most cruel and wanton assault." This is what he said would happen by the withdrawing of the Apothecaries Act.²⁵

Committee formation

The year 1844 saw medical politics come into its own. Provisional committees, small committees, and committees of alarming magnitude sprang up all over the country. Meetings of the profession were called and new societies were formed with little idea of what was required. Everyone was against everything. The remarkable thing is that by the spring of 1845 out of all this welter a considerable degree of unanimity was achieved.

Among the general practitioners who were active in this field there must have been some imbued with considerable powers of leadership. Their praises are unsung, and now it is difficult to identify them.

The year opened with the formation of a provisional committee out of which came a Medical Protection Assembly, the first great aggregate meeting of which was held on 25 March in the Crown and Anchor Tavern in the Strand at which 1,240 doctors attended under the chairmanship of Henry Ansell whom we shall meet again. This meeting was composed of physicians as well as surgeons and general practitioners. Wakley was there and spoke, and supported the venture with a subscription of £25; he was by now disillusioned with the British Medical Association, which, however, continued to meet throughout the year. Its president, Dr George Webster, now for the first time came out clearly with a statement that what the general practitioner required was "Incorporation . . . into a distinct body (which might be called the Royal College of Medicine and Surgery) with power to elect a representative Council"²⁶ and he sent his letter to the secretary of the Provincial Medical Association which was meeting at Worcester together with a suitable resolution to be put to the meeting. He also sent a copy to *The Lancet*.

National Association of General Practitioners

During the year the Marylebone Medical and Surgical Association had been holding meetings to discuss Graham's Bill and had drawn up a manifesto which came up for consideration on 23 October. Clause 30 of this read "That manifestly nothing would so effectually secure the public interests, as the establishment of a College of General Practitioners in Medicine, Surgery and Midwifery." Mr. R. R. Pennington, a venerable practitioner, who had been present at the meetings of the Associated Apothecaries when the Act of 1815 was under discussion, spoke.

It was from the initiative of the committee of this association that a general meeting of the profession was called for 7 December, when a call was made by 60 "most respectable and influential surgeons" for the formation of a National Association of General Practitioners. At this meeting Mr Ancell said—"Let the general practitioners combine to look after their interests and they would be successful," and James Bird observed: "Had the general practitioners of England a College of their own, such a Bill as that of Sir James Graham would never have been heard of"—a remark which called forth cheers from his audience. The meeting at the same time expressed satisfaction with the way the Society of Apothecaries had done its duty under the Act of 1815. "It therefore deprecated, most cordially, any attempt to repeal the Act of 1815, unless another tribunal was instituted that would continue the education of the general practitioner under the control of his own grade, and which would contain some penal enactment for the protection of the public from the intrusion of unqualified practitioners."²⁷ The meeting asked that the Society of Apothecaries be invited to co-operate with the National Association, and not only every individual on the Court of Examiners but some of the Court of Assistants enrolled. This was encouraging.

On 24 December a deputation waited on the Master and Wardens of the society and learned that the society "fully approved of the objects sought by the Association and by the general practitioners of the country, that is to say their incorporation into a distinct and independent College." The committee of the National Association got to work rapidly and circulated the general practitioners of the country and all the associations of practitioners that they could.

On 7 March 1845 it called a meeting of those who had expressed an interest and one week later on the 14 March more than 1,000 doctors assembled to hear its report. The committee was able to show that all the various bodies that had been in existence before were joined with the National Association into one large association, and it believed that it had the active support in its policy from over half of all general practitioners. The British Medical Association had declared that its members should all become members of the National Association and the Medical Protection Assembly had urged its members to enrol individually.²⁸ Even the Associated Apothecaries had woken from its slumbers, perhaps shamed into doing so by the ponderous scorn of Wakley who asked in *The Lancet* on 9 November 1843:

How long is the incubus of silence to remain on the Associated General Practitioners which consisted of such respectable surgeons as Mr Morah of Chelsea; Mr Wooley of Brompton; Mr Semple of Islington, and others not less esteemed by their professional brethren? Presently they will be awakened from their long-continued sleep by the rod of correction, applied, probably with no lethargic grasp by the hands of some still-serving subscribers to the fund, which stood at some £500.²⁹

That is why the Committee of the National Association considered their support to be valuable. Among others that joined the National Association were the medical associations of Marylebone, Finsbury, Tower Hamlets, Kensington, Chelsea, and the City of London; in the provinces the Dorchester and Taunton and Somerset Branches of the Provincial Medical Association, the Norfolk, Hampshire, Lincolnshire, Devonshire, Bedfordshire, Surrey, Hereford, and Staffordshire Medical Associations. The committee had appointed local secretaries in every city, borough, and parliamentary

district in the provinces. Advertisements had been inserted in the daily papers. The result of this was most gratifying:

So far as the committee understand the views of their professional brethren, after correspondence with some thousands of them—They require a College—They wish to build a College themselves—They desire to have a Government on the representative principle, totally unshackled by the customs and laws of any City Guild—to make their own Bye-Laws, to appoint their own Examiners, and to be authorised by law to examine and certify as to competency to practise—not as Apothecaries—not in medicine alone—but as General Practitioners in Medicine, Surgery, and Midwifery. They desire not to interfere with the College of Physicians, or College of Surgeons, but on the contrary, to hold them in the same estimation they have ever done; but they protest against being rendered the mere offset, the mere Licentiates of either College—they call for an independent incorporation, with equal rights and privileges, and to this they feel that their own and the public interest justly entitles them.³⁰

Approaches to the Minister

Assured of the support of their colleagues, the committee memorialized Sir James Graham who countered by doubting whether the Association expressed the wishes of the provincial practitioners. On 14 February a deputation had been received by Sir James who had informed it that on that very day he had received through the Society of Apothecaries an application for a Charter from 26 members of the Manchester Medical Association. The Society of Apothecaries must have seen the shape that events were taking, for as early as the autumn of 1844 it had published a statement in justification of their administration of the Act of 1815, in which it set out the events which had followed the passing of the Act, how the examination had been staged and what preparatory requirements the Society had laid down. It quoted copiously from the evidence given to the Select Committee on Medical Education of 1834, gave the syllabus required and the number of candidates who sat the examination between 1815 and 1844 with the numbers of passes and rejections.³¹

The only way that the course of legislation could be altered was by direct contact with the Secretary of State, and to do this a deputation was set up with power to act. It was composed of the chairman of the National Association, Dr R. R. Pennington, Drs Bacot and John Ridout from the Society of Apothecaries and James Bird and Henry Ancell from the Association. It saw the Minister with full authority to accept such a charter of incorporation for the general practitioners as the Crown might be advised to grant, and on behalf of the Society of Apothecaries, to relinquish its present privileges as soon as the terms of the proposed charter should be adjusted . . . to the satisfaction of the deputation.

The deputation first met Sir James on 12 May 1845, and learned “with the utmost satisfaction,” that Sir James Graham was prepared to recommend the grant of a Charter on the basis of the “Heads of Charter” which had been submitted to him by the deputation as having been mutually agreed upon by the Society of Apothecaries and the National Association. The arrangement agreed was that the new college should have two representatives on the Council of Health.

That the course of education to be pursued by the general practitioner shall be determined by the College, subject only to the common supervision of the Council of Health; that the extent of the examination shall be determined by the College; that there should be a preliminary examination, to which every person proposing to practise the medical profession whether as physician, surgeon or general practitioner shall be required to submit himself. All persons whatever branch of the profession he intended to practise must pass this preliminary test which was to be conducted by the physicians and surgeons. This was not to be sufficient for registration, but a further examination in the branch chosen would then have to be passed.

These were the important clauses. It was to be stated in the Act that the term general practitioner should be identified with the term surgeon-apothecary. The deputation left the meeting with glowing hopes—“that the profession may anticipate

at no distant period a satisfactory adjustment of the many and great difficulties which have hitherto surrounded the subject of medical reform.”³¹

But this was not to be.

Opposition to amended Bill

When Sir James amended his Bill to give effect to the principles agreed with the deputation, it met opposition from various quarters. It seems that neither the Society of Apothecaries or the Association had estimated the strength of the vested interests of the established corporations.

The College of Physicians objected to the fact that the new college was to be called the Royal College of General Practitioners in *Medicine*, Surgery and Midwifery; their college was instituted for the promotion of medical science, and it should therefore be its prerogative to examine all those who wished to practise *medicine*; moreover those who had been previously examined by the physicians and surgeons should not have to be examined by general practitioners.

The surgeons, having recently established the grade of ‘fellow’ in their college objected to the title ‘fellow’ being given to the members of the new college, and also that they were placed in the position of examining candidates in surgery who might be rejected later by the general practitioners. These were a few of the arguments that were raised.

Meeting objections

The deputation did its best to meet them. In particular, it said that, as most practitioners wished to retain the use of the museum and library of the College of Surgeons, it would like it to be possible for the candidates to become members of the Surgeons’ College by paying an entrance fee after having passed the examination in surgery.³²

The major objection of the physicians and surgeons was in the event met by reversing the order of the examinations, so that the candidate would take the examination in general practice first and that of the joint board later. The Secretary of State at a meeting with the deputation on 5 August 1845 promised to redraft his Bill to incorporate the suggestions made and to satisfy so far as was possible the objections raised. Unfortunately the session was nearing its end and further consideration had to be delayed. The deputation did not report again until 25 February 1846.³³

To satisfy the physicians the title of the new college was to be changed to “The Royal College of General Practitioners of England” and the order of the examinations reversed. Other alterations in the Bill did not please the deputation but it was informed that some of the omissions were due to the haste with which it had been redrafted.

The College idea defeated

After an interval the deputation wrote to the Minister asking how the matter now stood, and was surprised and somewhat shaken to receive a reply in the most formal terms to the effect that Sir James did not at present intend to introduce a Bill for medical reform. It appeared to him “inexpedient that a measure of this importance should again be introduced, unless with a reasonable probability of its giving satisfaction to the profession generally: the communications which he has received on the subject during the recess do not justify him in entertaining any such expectation.”³⁴ A brush off for the deputation and victory for the vested interests.

In the words of Sir James’ biographer:

The Medical Bill, which he had spent no end of time and trouble in putting together, was praised and abused, debated and amended, committed and recommitted during the Session of 1845 till everybody except himself was weary of the endless controversy; and it was shelved at last, with the usual formula “to be reintroduced next year”: but next year never came. Its failure indeed was made a theme of reproach by the opposition; but like other and graver questions, which he and his colleagues were

upbraided with not having settled, they were prudently eschewed by their successors, when their turn of office came."¹⁹

Sir James admitted defeat, but for the Association this was by no means the end of the battle.

The final attempts

In the spring of 1847 there was a change of ministry and Sir George Grey became Principal Secretary of State at the Home Office. On 22 April 1847 Wakley and Warburton introduced a further Bill. This reverted to the old scheme of separate registers for each kingdom, and contained no reference to a College of General Practitioners. It was resisted strongly by all parties. In the end Wakley, seeing no future for his Bill, proposed a select committee which was set up under the chairmanship of T. B. Macaulay, the historian.

Meanwhile, the National Association had not been idle. In some way that is difficult to unravel, it had formed an inner body, the National Institute of General Practitioners in Medicine, Surgery, and Midwifery. Perhaps the members felt that an institute sounded more in keeping with an organisation which aspired to the academic dignity of a college. Be that as it may, the Institute had a council which had a committee which met every Tuesday at four o'clock when it was prepared to receive deputations on the various subjects "now much under discussion concerning medical reform."³⁶

On 8 December the Institute memorialized the Home Secretary again: "In the opinion of your memorialists, the only way to arrive at a satisfactory settlement of the affairs of the medical profession will be in the first instance to incorporate by Royal Charter the general practitioners in a college of medicine, surgery and midwifery. . . ." A copy of this memorial was moved for in the House on 20 December and ordered to be printed.

Mr Hawes suggested that the representatives of the physicians, surgeons and the Company of Apothecaries should confer to present a united front. Sir George Grey suggested adding the general practitioners in accordance with a pledge that he had made that he would consider the subject of medical reform only when all parties were in full agreement. The first meeting for this purpose was held without the National Institute being informed but, through the initiative of the Society of Apothecaries, this was later put right.

Agreement by the corporations

A number of meetings of representatives from the colleges, the Society and the Institute were held during the winter, and the greatest harmony prevailed. The conference drew up principles on which a Bill for regulating the practice of medicine should be founded, the first clause of which was that a charter should be granted under the title of "The Royal College of General Practitioners of England." The suggestions for a council of registration and the registration fees followed closely to those of Sir James Graham's Bills. This report was signed by J. A. Paris, president of the Royal College of Physicians, Benjamin Travers, president of the Royal College of Surgeons, and R. R. Pennington for the National Institute.³⁷

The general practitioners must have thought that all their hard work was now justly rewarded, and that all formalities were now at an end. The proposal was put to the larger committee of 100 members. A draft charter was considered which was similar to that approved by the meeting on 14 March 1845 "at which it is reported that about 1,000 gentlemen had assembled." According to this draft the council of the College would consist of 48 members, 24 from within 10 miles of the General Post Office, to be called resident members of council. One third were to retire annually. There were to be a president and three vice-presidents. The council was to appoint examiners who

were to have been members of the College for at least ten years; no president or member of council was to act as an examiner. Candidates were to have had five years previous study and apprenticeship was to be abolished. The College was to have powers of expulsion for misbehaviour.

The Institute claimed that its proposals secured:

. . . to the general practitioner the whole rights and privileges here enumerated, and certain immunities, they erect the profession into ONE TRIPARTITE FACULTY. They realise the public idea and harmonise with the customs of society. They increase the power and render more stable the most venerable of our Institutions—the Royal College of Physicians—thereby securing for the profession, in its unity, the highest position in literature as well as in science, and satisfying the public requisition for a class of individuals whose talents and whose lives are exclusively devoted to the cultivation of physic. They ratify the powers and privileges of the College of Surgeons, and secure the encouragement—in persons of high scientific acquirements—of practical, manual skill in the art of surgery. While they afford the general practitioner all the advantages hereinbefore detailed of an independent incorporation, they open a portal for those among them who may become distinguished in physic, to pass to the right hand chamber and enter the College of Physicians, and to those whose talents and ambitions led them to eminence as practical surgeons, to pass to the left hand chamber and enter the fellowship of the College of which they are already members. To those who are prevented, by the laborious routine of an extensive general practice, from concentrating their skill and abilities upon any one department in particular, they open avenues to rewards and honourable distinctions in their own College, which must ever promote the advancement and general diffusion of knowledge.³⁸

The council of the Institute wound up its report of 1848 with the optimistic opinion that now was the time for something to be done. The Government had said that it might be “if the different branches of the profession could be agreed amongst themselves, but nothing otherwise.” It must have felt triumphant to have achieved so much.

General-practitioner disagreement

Alas, though the incorporations were won over the general practitioners were losing heart. Even while the Institute was drafting its final report, witness after witness was declaring to the Select Committee that a College of General Practitioners was not a good idea; that it would be inferior to the other colleges; that it would lower the status of the general practitioner; that “the Medical and Surgical Protection Association of Shropshire and North Wales universally disliked the idea of a third college of general practitioners, making them all general practitioners.”³⁹ And at last agreement with the College of Surgeons broke down on the question of whether the new college should examine in surgery; the surgeons objected, the Institute insisted. Although leave to bring in a Bill to incorporate the general practitioners was granted to Mr Wyld by the House of Commons in July 1850, it was not proceeded with.

Conclusion

There is much to be learned from this tangled history of a venture which so nearly succeeded and foundered on the hard rocks of the establishment. The ways of committees and the behaviour of doctors when they strive to guide their own affairs have not changed during the last 150 years.

We now have our Royal College and it has achieved all that was forecast for it so long ago. Looking back on 20 short years, our admiration for the members of the Steering Committee and the work that they started grows even greater when we read of these first efforts, so painstaking, so persevering, so inevitably doomed to failure. But let us not forget these worthy gentlemen of the profession. How joyful would they have been to see the edifice for which they strove so hard rising to maturity.

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