A Retrospect on Medical Practice

"*Things present are Judged by things past.*"
—16th Century Proverb.

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I

NOTES ON THE EVOLUTION OF MEDICAL PRACTICE PRIOR TO 1858

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It is the object of this paper to trace the influences which were at work shaping the development of the general medical practitioner during the years which preceded the passing of the first Medical Act in 1858. The Act set up the General Medical Council and the medical register. The General Medical Council was held responsible for advising the licensing bodies as to the character and standard of medical education for admission to the register. It set up a standard of medical education below which a practising doctor could not fall. In the words of Sir George Newman:

> It organized Medicine to serve the nation, regularizing and defining it as a profession, able to render a greatly needed public service, as well as fulfilling its personal and historic purpose. From that date onwards the State itself was to receive the immense advantages of organized Medicine, and science and healing were to become more available for the benefit of all.[1]

The hundred years which have since elapsed will be clearly delineated for all future historians as the period between the first enounciation of the theory of evolution by Charles Darwin and Alfred Russell Wallace and the launching of the first interspace satellites by Russian scientists. It was surely no strange chance that the Act which formalized and directed the future standards of medical education should have been inaugurated on the eve of this great scientific era. Many previous attempts to place the medical profession on a sounder academic foundation had been made, but without success. It is always interesting, and often salutary, to look back and try to detect the forces which, some pulling one way and some another, eventually achieve an acceptable solution to a problem. How was it that in the middle of the nineteenth century the Government recognized the need to step in and become the arbiter of what a medical practitioner should know before he should be allowed to practise his profession, and why was a medical register necessary?

To understand what was happening in these years before 1858 we must look back over a long period. We must look for changes

in the way of life of the people; apprize the development of literature and art; probe the shifting sands of politics, and assess the increase in the accumulation of knowledge in medicine: also we must understand what medical knowledge gained from the advances in science.

The State of the Country

In 1760 the population of the British Isles was in the region of seven million. Eight hundred thousand of these were crowded into the capital. There were no large towns as we know them today. Manchester had a population of 27,000, about the same size as Paignton today. Bristol was the second largest city in the country with a population of 75,000—little bigger than Exeter is now; Bradford with 4,000 was no larger than a fair-sized village. London alone had any sort of sanitary system. The mortality rate of the country was 80 per 1,000.

During the next 40 years, the population of the country increased by about two million, and thereafter with even greater rapidity. At first the increase was due not so much to larger families or to advances in medical learning—though there were advances—as to improvements in hygiene and housing. The country was on the eve of great social changes. The development of the fly-shuttle by Kay in 1733, and the improvement in the application of steam power by Watt in 1769 culminated in the building of the first cotton factory by Richard Arkwright in 1776, and from then on the factory system flourished. Improvements in housing and hygiene were halted by the need for more and more workers in the industrial areas. By 1800, the slide of the population into the towns had become rapid. It was perhaps not so much the sudden increase in the size of the towns which brought the calamitous breakdown in health that we find in the first half of the nineteenth century, as the fact that the towns were quite unprepared for the influx. The absence of sanitation was of little danger so long as the houses were not too closely huddled together, and had a reasonable amount of garden. Night soil could be disposed of in the surrounding fields without great inconvenience and streams and rivers could carry away some quantity of sewage without becoming grossly polluted. The great increase in business occasioned by the Napoleonic wars and the need of the factory owners to have labour near at hand led to grave overcrowding. The demand for houses was regarded by unscrupulous landowners and manufacturers as a further source of income. In the haste to meet the demands of trade there was no thought of town planning. Long strings of back-to-back houses and dreary tenements which still scar many of our cities, are lasting memorials to that era of prosperity.

Early in the nineteenth century the effect of the Industrial Revolu-

tion made itself felt in epidemics of enteric and typhus fevers, and culminated in the arrival of Asiatic cholera in 1832 and 1848. Child labour in the factories combined with malnutrition to produce effects on physique which even the most indifferent of employers could not ignore, and they themselves began to look for means to improve the health of their workers, if only to get more efficient labour out of them. Enlightened owners like Robert Owen of Lanark, preached the cause of the workers, and encouraged the demand for better education and housing conditions.

Yet all was not on the debit side. The people who rushed into the towns did so to get better wages than they could in the country. In some ways their standard of living improved. Those who wished could improve their education more easily than in the rural areas: by attending night schools and debating societies their social conscience was awakened, and so trade unionism was born. Collective security in the form of sickness benefit clubs, an early form of social insurance, became popular, and were founded in nearly every town and village.

Sickness Benefit Clubs

Sickness benefit clubs had their origin in the seventeenth century. The earliest of these were commonly called ' boxes ' because the contributions were kept in large chests. There are records of two in the seaport of Borrowstones in the Firth of Forth, the General Sea Box in 1634 and the Landsman's Box in 1659, but their purpose and contributions are unknown.[2] Daniel Defoe in his *Essay on Projects* (1697) defined a Friendly Society as a " number of people entering into a mutual compact to help one another in case of any disaster or distress fall upon them ", and mentions a Sailors' Friendly Society at Chatham, and adds " more might be named ". By the end of the eighteenth century these clubs were scattered all over the country in nearly every village. George Crabbe, himself a surgeon, wrote in the *Borough* (1810):

> The poor man has his club; he comes and spends
> His horded pittance with his chosen friends;
> Nor this alone—a monthly dole he pays,
> To be assisted when his health decays;
> Some part his prudence, from the day's supply,
> For cares and troubles in his age, lays by;
> The printed rules he guards with painted frame,
> And shows his children where to read his name:
> Those simple words his honest nature move,
> That bond of union tied by laws of love;
> This is his pride, it gives to his employ
> New value, to his home another joy;
> While a religious hope its balm applies
> For all his fate inflicts and all his state denies.

The oath of applicants to the Royal Union Society of Lancashire ran:

I do declare that I will not complain of sickness, so as to be troublesome to the box, without just cause; and if it should please God to visit me with sickness

or lameness, which obliges me to have resource to the box of support, I will, to the best of my judgement, use the best means possible to regain my strength; and as soon as it shall please God to grow in health and strength, so as to become capable of following my business or occupation, I will immediately declare off the box.[3]

The rule books of Union Societies survive for the small hamlets of North Hill and Lewannick in the depths of the Cornish countryside, far inland from Callington, Liskeard and Launceston. That at Lewannick[4] (founded in 1777) has this preamble: "Whereas mankind are liable to infirmities, sickness and other casualties, we the members of this society have for our mutual relief under such afflictions, entered with each other into the following articles of agreement". The age of admission at Lewannick was up to 45. At North Hill[5] (founded in 1784), according to the rules of 1816, " every inhabitant of the parish of North Hill and the parishes adjoining, above sixteen and not exceeding thirty years of age who is free from any natural infirmity, gout or rheumatism, who had had the small-pox, or has been vaccinated, may be admitted as a member of the society". The subscription was 2/- quarterly. Sick pay at a rate of 6/- per week was given to those totally incapacitated, and 3/- per week to those who " be disabled from following his usual occupation and yet able to walk about ". If a member became sick, or was injured on a journey away from home, he could send a certificate, stating how long he had been ill, signed by the minister and churchwardens of the parish or town, or by the surgeon who attended him, in order to get his sick pay. The society reserved the right to have anyone suspected of " having imposed upon the society by pretended sickness " examined by a medical man, and if found to be malingering he was expelled. On the death of a member all the rest of the society subscribed sixpence towards his funeral. If the sum so collected fell short of £5 0s. 0d. it was made up to that sum, if it was more the surplus was paid into the funds of the society. Members to the number of five who had subscribed for twenty years and who, having reached sixty years of age, were incapable of earning more than sixpence a day were entitled to three shillings per week from the stock of the society, but these pensioners were expected to continue their contributions. Any member who voluntarily enlisted in the Army or Navy (with the exception of the Militia of his own county) was expelled. The rules of these societies were exhibited, allowed and confirmed by the Justices at the General Quarter Sessions " pursuant to the Statute in that case made and provided ". The first Friendly Societies Act of 1793 (33 Geo iii c.54) was of a permissive kind: it granted certain advantages to such societies as had exhibited their rules at Quarter Sessions and had them approved.[6]

Besides these union societies there were some whose objects were

in part at least charitable. Such was the Female Benefit Society at Tottenham High Cross, founded in 1798 and mentioned by Lettsom in his *Hints*.[7] This club consisted of both honorary and benefited members; honorary members paying 5/- entrance fee and 1/- monthly or 12/- annually. A Friendly Society for women was established in Norwich[8] and consisted primarily of subscribing members who paid 5/- on admission, 7/6 a year, or £5 5s. 0d. for life membership, in return for which they had the privilege of recommending members who would receive benefit on paying 2/6 on admission and 6½d. every month. Then there were Rupture Societies: there are records of the original Rupture Society (1797) and a seccession from it was formed in Bloomsbury; the City had one of its own.[9]

As time went on these clubs came to employ medical men as club doctors and by 1840 this practice was fairly general. In some places, the factory and foundry owners inaugurated similar clubs for the benefit of their workers. Writing of Kidderminster, Dr Cornelius J. Philbrick[10] gives this account of their formation. " In 1834 the proprietors of the ironworks at Cookley, a village midway between Kidderminster and Kinver, determined to secure medical attention for their workers and their families by means of a self-supporting dispensary, and named several of the neighbouring men, leaving it to the suffrage of the workmen to elect two as their medical officers. From this type of club, according to the writer, spread the penny-club system—called self-supporting dispensaries, Universal Penny Clubs, etc. Subscriptions were at the rate of 1d. a week for adults and ½d. a week for children; midwifery cases were to be attended at 10/- or 7/6. Collectors were employed and cards displayed. Doubtless, this kind of club was popular among some doctors and similar clubs for the dependants of National Health Insurance patients were still being run by friendly societies and doctors until the 1939-45 war.

Medical clubs were abused, however, in two ways. Doctors sometimes admitted—and, indeed, found it difficult to keep out—patients who were quite able to afford to pay fees. A writer in the *Lancet*[11] in 1845 described the situation thus:

> In this locality (which is an entirely agricultural district) there are within a circuit of a few miles, no less than a round dozen of these clubs and societies consisting of Druids, Shepherds, Odd Fellows, Poor Men's Friendly Societies, and the like. These institutions have, for their majority, members of the labouring poor who, were it not for their foresight, would be chargeable on the poor rate, but the minority are composed of the small but respectable tradesmen, innkeepers, farmers and the like—who whether or no they draw their weekly allowances will almost without exception avail themselves of the services of the medical officer who is paid a paltry 2s. 6d. per annum—for which the appointed medical man is done out of his journeyings and mixtures—two farthings a week!

Occasionally, as at Aylsham[12] a society was established " to provide tradesmen, mechanics and other persons above the degree

of common labourers with an opportunity of ensuring to themselves relief in time of sickness or infirmity . . . also to promote acts of kindness and mutual assistance among the members with a view to which it is agreed that all members thereof shall try to promote circulation of trade and business amongst themselves ".

The other abuse which crept into the club system was through the machinations of the New Poor Law. The guardians themselves, in many instances, formed a species of " medical club," intended to provide medical relief for two classes of person, the independent labourer and the pauper. The remuneration of these was to come " from annual subscriptions of the guardians, and of such of the independent labouring poor as may be desirous of availing themselves of the proposed arrangement within the prescribed period according to the following rate ".[13] The capitation rate varied from 2/6 for an individual maintaining himself or herself, to 6d. for a child in a family. Under this system the guardians could add to the number of paupers any name they might think proper during the contract, paying at the same rate as for those originally included. The unfairness is obvious. The report of the Poor Law Comissioners for 1840 shows that this system was fairly common at that date.[14] Some places subscribed to independent clubs, others ran their own.

It is clear that among the poor and in petty official circles, the idea of organized health insurance was popular well over one hundred years ago.

The State of Medical Practice

So much for the steps the common people took to protect themselves against the effects of sickness and injury. England was divided between the rich and the poor. The hymn which sang " The rich man in his castle, The poor man at his gate " was no exaggerated picture of the social division of the people. How were they doctored? For the rich there were the physicians—the holders of the gold-headed canes—men of learning and culture. In an age which could boast of Johnson and Boswell; Chesterfield and Walpole; of Reynold, Gainsborough and Turner; of Grey, Wordsworth and Byron, the physicians and indeed the leading surgeons could hold their own with the best. Pringle, Fothergill, Heberden and Lettsom were men of culture. The provinces could claim men like Wall of Worcester, Glass of Exeter, White and Percival of Manchester, and Thackrah of Leeds. When a rich man was taken seriously ill, the custom still lingered of the physician attending on the patient at his home and living there until he recovered or died. There were no hospitals or nursing homes for the rich, to whom the physician was, in every sense of the word, a general practitioner. By virtue of his fame, he might be consulted by less well known practitioners. It was quite common for men like Ratcliffe, Fother-

gill and Armstrong to hold special free sessions for the poor. By qualification, he would be fellow or licentiate of the College of Physicians of London, holding their licence to practise, and he might be Doctor in Medicine of Oxford or Cambridge or of one of the Scottish universities. He might have bought the M.D. of Aberdeen, having been recommended for that distinction by a physician of renown: there was no need for him to travel to Scotland. He had often studied abroad. Some, like Paget, Lettsom, Fothergill and Brodie, had started life as apprentices to apothecaries.

The poor people looked for medical treatment to apothecaries and surgeons who had gained the right to practise their profession by a seven years apprenticeship or, after the passing of the Apothecaries Act in 1815, five years and, in the earlier years, by licence from the bishop of the diocese; and, after the turn of the century, by passing the examination of the Apothecaries or Surgeons Hall. Some might submit themselves to both societies for examination, but there was no need for this, and a living could still be made without any more than the certificate of apprenticeship, provided by the master at the end of their time. Many a quack with no training at all was able to obtain appointment under the Poor Law of 1834. A writer to the *Lancet*[15] wrote " An individual for a time settled down who had no medical education whatever beyond dispensing and the little to be gleaned in an apprenticeship, styling himself ' Mr ————, surgeon ', and who in the spirit of underselling his neighbours attended midwifery cases at 7s. 6d. with ' something handsome to be given again! ' A club is also attended by a party who never heard a medical lecture, was never at any hospital, public institution, or the like, who retails treacle, candles, and drugs, and bases the whole claim to the calling of Aesculapius by the fact of his having sold the latter prior to 1815; say, prescribed cream of tartar or flowers of brimstone across the counter ".

Writing in 1857 on vaccination, Sir John Simon, medical officer to the Board of Health, stated that it was the intention of the legislature to vest in the local authorities the appointment of public vaccinators subject to their being " legally qualified practitioners ". " About two dozen of medical practitioners attest the utter incoherence and insufficiency of our laws relating to the medical profession; and no one, so far as I am aware has hitherto succeeded in defining what, among them, is a legally qualified ' practitioner ' in the sense of the law referred to ".

Repeatedly Thomas Wakley of the *Lancet* waxed indignant on this theme. In 1846, he wrote[17] that the profession was robbed of hundreds of thousands each year:

> Take the sums paid annually to knavish pretenders, who impudently engaged in practice without the slightest show of right; add to this the sums taken by

prescribing druggists; add again the yearly sums paid by the public for patent medicines; to these add the immense sums by which the profession is underpaid by the government for services rendered to the State, or by public bodies, as in the case of the New Poor Law Commission.

An anonymous writer[18] in 1829, thus classifies the profession. The physician " becomes acquainted with the learning, theory and practice of ancient and modern times relating to disease ". " The Chemical physician, by nice, curious and laborious investigations eliminates and obtains in the most acceptable forms those essential qualities of matter which are required in practice . . . research and discovery though not confined to them, are proper to physicians ". The care of the sick, the author states, and the preservation of the health of the community generally speaking, have been entrusted to the apothecary. He suggests that the apothecary should keep only those medical substances which the physician requires—" he is a sub-physician ": often the most important of the two, he is called first in acute cases, has to act instantly and judiciously, and yet is unable to claim a fee. " He must remunerate himself by an adventitious value set upon the requisite materials, which were often far too few according to the strict rules of his art; consequently he is obliged to supply more than are necessary; and this error is perpetuated by prejudice, by imitation and by habit, and strikes at the root of all improvement in practice, except in the hands of the very few ". Herein lies the root of the bottle of medicine habit, and the tendency to over-prescribe which is still with us today. The apothecary was also expected " to comprise in his own person the character and skill of the surgeon ", also, in his own interest, he had " to practise midwifery to keep his connection together ".

It seems that the profession has always considered itself underpaid. The accounts of the Poor Law Medical Relief are worth studying. They give an interesting picture of medical practice. Almost immediately after the inception of the New Poor Law in 1834 the newly formed Provincial Medical and Surgical Association—the forerunner of the British Medical Association—set up a committee[19] to enquire " into the best methods of affording medical relief for the poor ". They found their task difficult. " There exists much backwardness in giving evidence . . . due to fear of influential inhabitants ". They remarked on " the vast amount of gratuitous medical assistance that has at all times been afforded to the needy by all grades of the profession ", which has " induced the unthinking that there was some sort of conventional, if not legal obligation on the medical profession to attend, without reward, to the ailments of the poor ". The committee affirmed that paupers should have the best treatment available. " The offices of parish surgeon should combine the highest qualifications of the medical body . . . It should unite . . . an acute perception of the incipient stages of disease with

well directed efforts for its prevention, accompanied by the most diligent and scientific treatment ". Coming at that time, this is an interesting statement of the requirements of the good general practitioner, and the stress laid on prevention and early diagnosis has quite a modern ring. When the committee came to investigate the state of medical relief they detected four main evils. First, the occasional adoption of tenders, a practice described as " the system of letting the sick poor of parishes for an annual stipend, to the lowest bidder among such individuals as offer to take charge of them "—a system which lent itself to obvious abuses. Secondly, some practitioners, held a monopoly of numerous parishes—some at great distances from their residences. Thirdly, they found that ignorant and unqualified persons were often employed. Lastly, there was the abuse of extending medical relief to improper objects with a consequent increase of the public burden.

The medical treatment provided by contract was occasionally limited to the " paupers ", that is, to those who were in receipt of relief in money. Where this was the rule the overseers of the poor were in the habit of giving a small token payment to applicants for medical relief so as to constitute them paupers and entitle them to medical treatment. Usually, the contract had no such limitations and the whole population of the parish was at liberty to avail itself of free treatment from the medical officer.

Under the New Poor Law many practitioners found themselves worse off than before. Under the old system the parish surgeon of Little Missenden received a stipend of £10 0s. 0d. per annum, excluding midwifery. Under the new he got, for attending sixteen cases of illness at 2s. 9d., £2 4s. 0d. For one poor woman attended daily for three weeks at a distance of 2½ miles, he got nothing—" an order having been refused after several attempts because the husband was said to be abusive ". Correspondence with the clerk of the Union cost him 5s. 0d. and toll at the turnpike gate 10s. 0d. so that his net profit was £1 9s. 0d. These incidentals of practice—the high cost of correspondence and the cost of travelling—are factors in early general practice which we are apt to overlook when bemoaning our own difficulties.[20]

Taxation was another sore point. A country surgeon writing to the *London Medical Gazette* in 1841,[21] said " the income tax of Sir Robert Peel has struck my brethren and myself with much alarm. If we have been unable to keep the wolf from the door when we paid £12 a year for taxes, how shall we do it when we have to pay £24? We live as frugally as possible indoors; but, unfortunately, we have an expense without which we cannot lessen—I mean the

purchase and keep of a horse, which, to a surgeon attending a Union, frequently costs more than he gets for his contract ".

Medical Education

The stages by which medical education developed must be briefly described. After the Renaissance medical teaching consisted of courses in anatomy and botany with little bedside lecturing and an occasional autopsy. During the seventeenth century, Mayerne developed bedside study in England, and there was an increase in lecturing. In 1617, the Apothecaries' Company separated from the Grocers'. Their duties, at this time, were those of the chemist and druggist, but, as time went on, they gradually extended their activities first to bleeding and cupping and other minor procedures, generally under the superintendence of a physician, till at about the beginning of the eighteenth century they had so far encroached on the physicians activity as to prescribe as well as dispense medicine—much to the annoyance of the gentlemen of the college. In 1722 and again in 1748 the apothecaries were authorized by acts of Parliament to inspect all drug shops in the City of London and to destroy all drugs unfit for use.[22]

In the eighteenth century came routine dissection and the establishment, under the influence of the great Herman Boerhaave, of chairs in clinical medicine and surgery, and the apprenticeship system.

The apprenticeship system lingered on until after the passing of the Medical Act. Taking pupils brought a welcome addition to the income of many a surgeon and apothecary. Sir James Paget, when in 1830 he was bound to Mr. Charles Costerton, "an active, energetic, and well educated practitioner " of Yarmouth, had to pay a hundred guineas.[23] This fee was quite moderate: when Richard Paige Tucker was bound apprentice to William Carwithen Ford of Kingsbridge in Devon, he had to pay the sum of £262 10s. 0d. of " lawful British money," in return for which William Carwithen Ford undertook to provide " good and sufficient meat, drink and lodgings " and, with the best means in his power and according to the best skill and knowledge, teach and instruct him in the profession and practice of a surgeon and apothecary, and at the end of five years, if required, to certify that he had served his apprenticeship under and agreeably to the terms of the indenture. Clothes and laundry were to be provided by Richard Paige Tucker's father.[24] Paget gives an account of his duties. He had to be in the surgery from 9.0 a.m. to 1.0 p.m. and from 2.0 p.m. to 3.0 p.m. or 5.0 p.m. to 6.0 p.m., occupied in dispensing, seeing a few patients of the poorer classes, receiving messages, and making appointments. Of the dispensing, he says " the bottles [were] to be neatly corked and covered; the pills to be duly rolled and smoothly rounded

(no silvering then); the leeches to be put in their boxes with scarcely struggling room; and all to look neat as from any druggist's shop ".

In 1815, the Society of Apothecaries were empowered to examine and licence all those who wished in future to practise as general practitioners. The Apothecaries Act gave the society power to hold such examinations as it thought proper. In future, to take the examination of the society was a necessary ordeal for all those wishing to practise legally. It therefore became advisable for pupils to seek some additional experience besides that picked up as the servant and bottle-washer of a busy master. Medical teaching became remunerative, and—first—private dispensaries, founded originally by men like Lettsom and Armstrong, became popular, and—later—the instruction to be gained on the clinical material in the larger hospitals was sought. Pupils were taken not only in the large London hospitals, but also in many of the provincial hospitals such as the Royal Devon and Exeter and the Norwich General Hospital. The provincial hospitals became minor medical schools to which pupils flocked for instruction.

During the fifty years prior to the passing of the Medical Act practitioners were growing in stature. Medical knowledge had steadily increased. The torch lit by John Hunter had been passed to men of the calibre of Brodie and Paget, Bright and Addison, and the dark crypts of morbid anatomy had been illuminated. Knowledge of the newer methods of diagnosis--of auscultation, percussion and urine analysis—had displaced disputation, inspection of the blood at venesection, and urinoscopy as essential requirements for every practising doctor: this knowledge required special training, and quacks could no longer be tolerated. The work of Chadwick and Southwood Smith, of Florence Nightingale and Lord Shaftesbury had focussed the attention of the administration on the need for medical reform. The profession had found in the Provincial Medical and Surgical Association, under the inspired leadership of Charles Hastings, an instrument capable of fostering and furthering its interests. The medical press, stimulated by Thomas Wakley of the *Lancet*, had become a powerful protagonist for forwarding the welfare of the profession.

The Apothecaries Act had given to the general practitioner a status which had been lacking previously and men with the ideals of doctor Lydgate of *Middlemarch*, who desired to bring into their practices the scientific learning and research they had watched develop in the hospitals whose wards and corridors they had walked, began to find a satisfying and rewarding vocation in family doctoring. The new science of diagnosis, arrived at by careful history taking, searching for the signs of disease at the bedside, and correlating these with the findings at autopsy, opened to all a wonderful field of discovery. To read the correspondence columns of the

Lancet at times when an epidemic disease, such as cholera, was prevalent, is to move into a world in which the search for truth was the rule even amongst the most humble of provincial practitioners.

In these pages I have tried to show what kind of a man our predecessor was and how he came to need the protection of a medical register. Until he had become an entity, receiving a recognized modicum of medical education, and performing duties to to the community of a certain uniform nature, legislation was difficult; for by its very nature legislation can only control things which are real. However desirable it may have seemed, until there was a well-established medical profession it could not be regulated by laws.

These notes make no pretence to being a comprehensive account of the general practitioner in the eighteenth and nineteenth centuries. The story of his evolution is an intriguing subject which has not yet received the full treatment it deserves.

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