

NINETEENTH CENTURY ANTICIPATION— TWENTIETH CENTURY REALIZATION*

D. G. HENRY, M.B., Ch.B.

Liverpool

THE College of General Practitioners has just celebrated its thirteenth birthday, but it does not seem to be generally known that an effort, albeit an abortive one, was made to found a similar organization over 120 years ago.

The first link in the chain of circumstances goes back another 30 years when in 1815 the Apothecaries Act was passed. This important Act entrusted the qualifying examination for about three-quarters of the medical practitioners of England and Wales to the Society of Apothecaries and provided the first regulations of a medical curriculum in England, so constituting a substantial advance in medical education. It also created a body of qualified practitioners, entirely independent of the Colleges of Physicians and Surgeons, so laying the foundations of general practice as we know it today.

Further developments in the field of education were the addition to the curriculum of an examination in physiology and botany in 1816, while in 1827 the Society of Apothecaries also demanded evidence of training in midwifery for candidates for their diploma, a step that was essential for completing the functions of a general practitioner.

The Act of 1815, however, stimulated the desire for further reform and while the resultant widening of the medical curriculum produced a better educated and more competent practitioner, the advances in scientific knowledge continued to outstrip medical teaching, so that an Irish Member of Parliament was moved to say "that proper medical attention was available to all parts of Ireland, but he would rather go into the heaviest fire of battle than submit to medical treatment in an English village". Further, the very fact that there were no less than 17 independent and uncontrolled examining bodies made for a great lack of uniformity in both education and qualifica-

*Delivered at the annual dinner of the Merseyside and North Wales Faculty on October 1965.

tion. There was no official medical registration and the reformers demanded a General Register with the revolutionary proposal that all doctors should be equal before the law as registered medical practitioners. In addition there had arisen a large and successful body of unqualified practitioners. It seems unbelievable but there was actually a proposal to found a Royal College of Unregistered Physicians and Surgeons, whose staff of professors—and I quote from their prospectus published in *The Lancet* of 25 January 1845

“... would not lecture according to the present fashion, but to talk and converse and answer questions. It is thus expected that without wasting time in the abstruse and difficult studies of anatomy, physiology, chemistry and the elements of surgery and medicine, a student of moderate abilities may possess himself of sufficient routine and practical knowledge of medicine and surgery in from three to six months, to enable him to practise his profession with every prospect of success to himself and benefit to the community.” The prospectus particularly invited “all young men of good character who have been well educated but have been unfortunate in business, medical students whose diffidence or circumstances will not allow them to submit themselves to the examinations of their Colleges, and even gentlemen of greater age who are willing to move into localities where they are not previously known, to join this praiseworthy object”.

In the years that followed the passing of the Apothecaries Act of 1815 it became increasingly evident that further reform was desirable to improve medical education; to make standards of qualification more uniform; to institute a General Register, and to combat the widespread growth of unqualified practitioners.

The man who first crystallized these ideas into action was Thomas Wakley, who founded *The Lancet* in 1823 and became a member of parliament in 1825.

The first attempt to reform the profession by Act of Parliament was made unsuccessfully in 1840 and there were subsequent abortive Bills in 1841 and 1842. In 1844 the Home Secretary, Sir John Graham, brought in a Bill “For the better regulation of medical practice throughout the United Kingdom”. This proposed a Council of Health and Education, but since they were not represented upon it and because the Bill did nothing to discourage or control ‘quackery’ the general practitioners opposed it most bitterly. As a result of this opposition “The National Association of General Practitioners in Medicine, Surgery and Midwifery” was instituted at a public meeting on 7 December 1844 at the Hanover Square Rooms. An appeal was made to all general practitioners to join, and existing medical associations all over the country met and passed resolutions enthusiastically co-operating with the National Association and in some cases, particularly the Metropolitan bodies, actually merging with it. At a meeting of the provisional

committee, a memorial was drawn up for presentation to the Home Secretary, stating:

that of every 100 practitioners of medicine more than 90 are general practitioners and that the physician practising medicine alone and the surgeon professing to practise surgery exclusively, although each most beneficial in their separate departments, can never supersede the necessity to the public of this well-informed and carefully educated general practitioner in whom the offices of physician and surgeon are intimately blended. That though they are acknowledged as practitioners of medicine alone under the Apothecaries Act, they have hitherto been recognized as practitioners of surgery alone by the College of Surgeons; neither the Society of Apothecaries nor the College of Surgeons recognizing them as general practitioners in medicine, surgery and midwifery, so that though they constitute an indispensable body numbering perhaps 15,000 or 18,000, they are unknown in a collective capacity and in the Bill brought into the House of Commons last Session by Sir James Graham, their existence is not even alluded to. So that it would prove to the best interests of the public generally and most conducive to the advancement of medical science and be also a measure most serviceable to the profession, if the general practitioners were incorporated by Charter into an independent College.

It is worth noting here that the well-qualified general practitioner at this time was a licentiate of the Society of Apothecaries and a member of the Royal College of Surgeons.

The Provisional Committee of the National Association, at the request of the Home Secretary, drew up a suggested Charter for the new college, one provision being that after the admission of founder members subsequent admission should be by examination only, and forwarded the document to the Home Secretary on 4 February 1845.

The new Medical Reform Bill presented to parliament on 25 February 1845 did not, however, provide for the College of General Practitioners, on the grounds that it was better to retain the attachment of the general practitioner to the College of Surgeons. The National Association protested about this omission at a meeting attended by 1,200 practitioners. It was stated that in three months 4,000 general practitioners had joined the Association, so exceeding in numerical strength any medical association that had ever been formed in this country and demonstrating a unanimity of purpose hitherto deemed unattainable by the medical profession. It was unfortunate that this unique opportunity to present a strong and united body of general practitioners was dissipated by the undemocratic actions of the National Association. No laws were framed for its constitution, sittings were held in secret and public meetings were announced without an agenda. At one such meeting at a late hour when most of the members had left, the provisional committee elected itself the permanent committee as a body. At this time there were roughly 1,000 members of the association living within a ten-mile radius of London and 3,000 country members. The committee consisted of 65 representatives living within the ten-mile radius of

London and one representing the other 3,000 members, and he lived no further from London than Sussex. It is interesting to note that, according to Mr Mitchell's *Medical Directory*, there were at this time practising in London 330 physicians, 245 surgeons and 1,582 general practitioners.

The various provincial medical associations, having no members on the committee of the National Association and so not having their opinions represented, sent in to the Home Secretary their own petitions against the Bill, but their actions and those of the National Association were completely unco-ordinated at a time when it was imperative that the general practitioners should have a representative committee to present to the government an authoritative voice. Nevertheless, on 7 May 1845, Sir James Graham brought in an amended Bill providing for the incorporation by Charter of a College of General Practitioners. The Bill provided that there should be a Board consisting of six physicians and six surgeons appointed by their respective colleges to conduct the preliminary examination, and that each of them together with representatives of the College of General Practitioners, should conduct the final examination in their own particular field. It also provided that there should be two representatives of the general practitioners on the Council of Health. It was rightly objected that by stipulating that the preliminary examination should be carried out by a board consisting of members of the Colleges of Physicians and Surgeons, the College of General Practitioners would be put in an inferior position. Two interesting points emerge here: first, that it was intended for the first time that there should be only one portal into the profession for all medical practitioners; and secondly, that it represented the acknowledgement of general practice as a specialty in its own right, and would have achieved 120 years ago what we are fighting for today.

A further Amending Bill was then introduced on 28 July 1845, stipulating that the first examination was to be conducted by the College of General Practitioners, and that subsequent examinations were to be carried out by the Colleges of Physicians and Surgeons for those wishing to specialize in those subjects. If this Bill had been passed, it would have achieved one of the present aims of the College of General Practitioners in that all undergraduates should have a thorough knowledge of general practice before proceeding to the specialty of their choice.

Unfortunately, as often happens when doctors negotiate, each individual had his own ideas on reform and opposed everybody else's, so that this Bill became so confused and complicated that it quietly disappeared and with it the hope of founding a College at that time. An interesting clause in the Bill stated that any person

found guilty of practising as an apothecary when unqualified should be fined £20 and the money applied to the funds of the College of General Practitioners.

In the following years there were several efforts at passing Medical Reform Bills, but the influence and membership of the National Association rapidly fell, although an attempt to revitalize it was made by converting it into the "National Institute of Medicine, Surgery and Midwifery" at a meeting in the Hanover Square Rooms on 17 April 1846. As the influence of the National Institute decreased there was a corresponding rise in importance of the Provincial Medical and Surgical Association founded by Dr Charles Hastings in 1832 and which was to become the British Medical Association in 1857.

At this time most of the provincial doctors were members of the Royal College of Surgeons and practised surgery, but were not represented on the Council of their College. There was considerable agitation for the government to reform the Charter of the Royal College of Surgeons to establish the right of the "surgeons in general practice" to seats on the Council, and on 4 March 1850 a deputation to the Home Secretary, Sir George Grey, sought to obtain this reform or, if it were not possible, to apply for a Charter for an independent College of General Practitioners.

Meetings of District Branches of the Provincial Medical and Surgical Association were held all over the country at which conflicting resolutions were passed, all concerning some type of reform of the present colleges, but at no meeting was the incorporation of a new college proposed. Eventually, on 2 May 1851, a deputation of the Associated Surgeons of the Provincial Medical Association, led by Sir Charles Hastings, asked for the Colleges of Physicians and Surgeons to be remodelled and stated there was no need for a College of General Practitioners, which would

tend to lower the status and efficiency of the surgeon engaged in general practice, but if difficulties of an unsurmountable nature should prevent any other settlement of the just claims of the general practitioner the Provincial Medical and Surgical Association would look to the establishment of a separate College as a last resort.

However, in March 1852 the Charter of the Royal College of Surgeons was reformed and the demand for the incorporation of another College was no longer considered necessary. It was not until 1858 that the sixteenth and somewhat amended Bill for Medical Reform was passed and given Royal Assent, and by it the General Council for Medical Education and Registration was set up.

So the earlier attempts to form a College of General Practitioners failed. Although conditions of practice 120 years ago may not be

fully comparable with those of today, it is at least interesting to speculate on the influence such an organization might have had.

REFERENCES

- The Lancet*, 1845-1850.
 Newman, C. (1957). *The Evolution of Medical Education in the Nineteenth Century*. London. Oxford University Press.
 Rivington, W. (1888). *The Medical Profession of the United Kingdom*. Dublin. Fannin & Co.
-

Dietary of Old People. BETTY R. STANTON. *Rev. Nutrit. Food Science*. No. 5. 16 October, 1966.

This review was carried out under the auspices of the King Edward's Hospital Fund for London. The intention was to compare two groups of women aged between 70 and 80 years and living alone; one group supposedly well-nourished and the second chosen from a list of those who the staff of a Local Authority Welfare Department suspected, might be undernourished. Miss Stanton says "It was a fascinating study and not merely from the point of view of food. One learned so much by interviewing these women, seeing how they lived, being accepted into their homes and for a short time being privileged to become part of their lives.

"One was struck again and again by the courage of ordinary people, how they had remade their lives after being left alone by the loss of husbands or parents; how they still managed to shop and do housework despite blindness or being crippled with arthritis. One was also struck by the kindness of neighbours in doing shopping, cooking, decorating or washing. Occasionally one was appalled by witless cruelty. Louts kicking to death an old woman's treasured cat. Or people in a rooming house refusing to answer the door to let in 'meals on wheels' for a woman whose legs were paralysed. But these were black exceptions which made the rest brighter by contrast. It was also quite surprising to find that dirt and neglect of personal hygiene and appearance did not necessarily go hand in hand with malnutrition.

"The findings for the whole group did not bear out a popular belief that old people live almost exclusively on bread, jam and cups of sweetened tea."

The average calorie intake decreased as age increased by 2,074 in the 70-73 group and 1,674 in the 73 + group, mainly due to a decrease in the amount of protein and fat consumed.