

The rise of the general practitioner in the nineteenth century

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SUMMARY. It was the Apothecaries Act of 1815 which led to the emergence of general practice as we know it today and it was this one Act which produced a flood of changes on the medical scene that are without parallel in our history. Students were soon to undergo new forms of training in new medical schools and hospitals, and many medical associations and journals were founded. The term 'general practitioner' was soon in use. The driving force behind all these changes was the Society of Apothecaries and the new general practitioners, and all too often they were opposed by the two Royal Colleges. It was only at the beginning of the twentieth century that these new practitioners were allowed to call themselves 'doctors'.

Introduction

THE medical profession from the early sixteenth century had a rigid hierarchical structure which lasted about 300 years until the nineteenth century. The three orders of the medical profession—physicians, surgeons, and apothecaries—were complete in themselves, rigid and sharply delineated, and their rules of demarcation would be the envy of any modern trade union.

At the pinnacle of the profession were the physicians; they were few in number, well versed in Latin and Greek and their patients were limited to the upper classes. Their College was founded by Linacre in 1518 during the reign of Henry VIII and they were granted many privileges.

The surgeons and barbers came together under the Medical Act of 1540 to form a company but their various functions were kept quite separate. They were regarded as craftsmen and were more numerous than the physicians and were in heavy demand during periods

of war. They parted company in 1745 when the hospitals began to flourish and surgery was making significant advances. The Royal College of Surgeons was founded in 1800.

The Worshipful Society of Apothecaries of London

The apothecaries were tradesmen and belonged to the Company of Grocers. The majority of the Company were concerned with the retailing of groceries and culinary spices and their importation. It is not surprising, therefore, that in 1525 the apothecaries began to feel the need of a corporation of their own (Cartwright, 1977). After this date they were officially referred to as a separate body and granted certain privileges. The Charter of the Grocers' Company was amended in 1607 to recognize this established fact.

De Laune petitioned King James in 1614 for a separate Charter and this was granted in 1617 to give birth to the Society of Apothecaries. The apothecaries became firmly established on the medical scene after the plague struck in 1666 (Copeman, 1968); they remained in the city while the physicians ran away. Not only were they dispensing drugs but they were increasingly prescribing them to the lower social classes. This led to conflict with the Royal College of Physicians, which claimed that physicians alone had the right to prescribe and that apothecaries should only dispense drugs. The conflict finally led to a lawsuit in 1703 and 1704, called the Rose case, when the House of Lords decided that the apothecaries had the right to prescribe as well as to dispense drugs (Roberts, 1962; Copeman, 1968). At last a crack had appeared in the rigid hierarchical system, a legal sanction had been lifted, and soon a new term, 'general practitioner', came to be used (Bellers, 1714).

The causes of unrest at the beginning of the nineteenth century

The rigid hierarchical structure of the profession and its three orders was still firmly present at the beginning of

the nineteenth century but there was now some evidence of interchanging roles; some surgeons were also acting as apothecaries and vice versa. There was, however, general dissatisfaction and unrest among the physicians, surgeons, and apothecaries; pamphlets were being written, questionnaires sent out, and various associations were forming (Harrison, 1806). The causes of this discontent were to affect medicine and its practitioners until the second half of the century when the structure and unity of the profession as we know it today began to take shape.

There were three main causes of unrest: the French Revolution, the Industrial Revolution, and the increasing numbers of untrained people practising medicine.

French Revolution

The French Revolution had swept away the old institutions of France; new corporate bodies were formed and democratic principles proclaimed on every occasion. The long war with France had made the British much more aware of these principles and people wanted them put into practice in England and applied to the medical corporations.

The Revolution in France had also led to a big breakthrough in medical science (Holloway, 1962). This applied principally to pathology, where interest was now focused more on individual organs, and attempts were made to correlate this with clinical signs. Clinical procedures became all important and efforts were made to extend their range. Thus we had the invention of the stethoscope by Laennec in 1819, the clinical thermometer by Becquerel in 1835, and in the 1850s the ophthalmoscope, otoscope, and laryngoscope.

Industrial Revolution

The Industrial Revolution during the first half of the nineteenth century was gathering momentum. People were leaving the countryside and massing in various parts of the country to form new towns and cities. This immediately highlighted the big public health problems (Flinn, 1968) of housing, sanitation, and water supply and their relationship to disease. As soon as these problems were tackled the diseases caused by occupation (Greenhow, 1861) were thrown into sharp relief, particularly in the second half of the century. More doctors were therefore required and the new middle class created by industrialization was demanding more medical care. This class also had the education and the money to supply the recruits to the profession (Poynter, 1961).

Unqualified practitioners

Most of the Medical Acts, and indeed the first one of 1540, were concerned with distinguishing between the orthodox and the unorthodox practitioner; between a person who has had some training and someone who has not. This was particularly so at the beginning of the nineteenth century when Dr Harrison (1806) carried out a survey in Lincolnshire and found that there were nine

'quacks' to every one doctor belonging to a recognized body. It was not only the standards of these people that were causing anxiety but also those of the people who were recognized by the medical corporations. Surgeons, for example, discharged from the Armed Services could act as surgeon-apothecaries without any formal training in pharmacy, since the Acts of 1749 and 1763 exempted all officers from any form of apprenticeship (Hamilton, 1951).

Apothecaries Act 1815

It was the influence, therefore, of the French and Industrial Revolutions and the growing number of untrained people which led to the unrest and the forming of the Associated Apothecaries (Horner, 1922). They formed to promote a Bill to regulate the apothecaries and after much opposition from the Colleges, the Apothecaries Act of 1815 was finally passed.

A crack had appeared between the three orders of the profession after the Rose Case; the Apothecaries Act produced a real breach and it was this Act more than any other in our history which set the scene for the beginning of general practice and the general practitioner of today.

From this one Act flowed many educational developments which we recognize today. Wakley started the *Lancet* in 1823 to report hospital lectures; private medical schools flourished for a short time and were quickly replaced by schools attached to hospitals. University College Medical School was the first to cater for the new aspirants to general practice in 1826 and, following the Report of the Select Committee on Medical Education in 1834, nine provincial schools were in use by 1858.

Many medical associations were also formed at this time. The National Association of General Practitioners and its allied body, the National Institute of General Practitioners in Medicine, Surgery, and Midwifery made strenuous efforts in the 1840s to form a Royal College of General Practitioners. But by 1850 the fire of their enthusiasm had died out (McConaghey, 1972) and another hundred years had to pass before the College became a reality. Another prominent association, the Provincial Medical and Surgical Association, founded in 1832 by Charles Hastings, had more success and became the British Medical Association in 1856.

The Act required all apothecaries to be licensed, to be 21 years of age, to serve an apprenticeship of five years, and to pass an examination at the end of this time. The Society had the right to prosecute offenders and they did so particularly against Scottish graduates who were commonly practising in Northern England without the Apothecaries' licence.

The standard required for the licence was gradually raised over the years. In 1827 midwifery and diseases of women and children were added to medicine and pharmacy in the examination and in 1839 a written

paper was introduced for the first time in a medical examination. The entrance standard was also raised by adding a written examination in Latin in 1849 and by adding Greek and Maths in 1851.

The overriding importance of the Act was, of course, in the training and examination of an increasing number of people who wished to practise medicine, surgery, and midwifery and to dispense drugs, in other words, to act as general practitioners. The burden of the work fell upon the Society of Apothecaries who issued their licence—the LSA.

The majority of the members of the Royal College of Surgeons were also acting as general practitioners. In 1834 there were 8,536 members and it was believed that only about 200 confined their work to surgery (Holloway, 1962). The majority, who combined midwifery and pharmacy with surgery, were not eligible for election to the College's Council and it became popular for surgeons to take the second qualification of LSA to become known as surgeon-apothecaries. In 1834 about 41 per cent of members of the Royal College of Surgeons had passed through 'Hall and College' and were therefore members and licentiates ('MRCS, LSA').

After 1838, increasing numbers of licentiates of the Royal College of Physicians were also acting as general practitioners and retail druggists. This applied even to some graduates of Oxford and Cambridge. Scottish graduates were also moving into England and practising in the same manner. A Bill was introduced into the House of Commons in 1833 which would have freed graduates of Scottish universities and Scottish and Irish corporations from the penal clauses of the Apothecaries Act of 1815. Before the Bill was withdrawn about 840 medical men signed a petition in its favour. Thirty Scottish graduates resident in Manchester, 29 living in Liverpool, 14 in Leeds, 12 in Scarborough, and nine in Hull were among the signatories asking for protection for practising as general practitioners (Holloway, 1962).

The relative importance of the various licensing bodies is shown by the number of licences issued in the three years 1842, 1843, and 1844; there were seven from Oxford, nine from Cambridge, 37 from the Royal College of Physicians, 331 from Edinburgh, and 953 from the Society of Apothecaries (Poynter, 1961).

The general practitioner in the nineteenth century

It is clear that various people were acting as true general practitioners in the early part of the nineteenth century and this was much more in evidence after 1815. The term 'general practitioner' was used by Bellers in 1714 (Roberts, 1962) and was often used in the 1830s. Well known medical people were using the term in their evidence to the Select Committee on Medical Education (1834):

"We are a body of men who exist because the wants of society have raised us up. The pure practitioners of

surgery, or of obstetrics, can subsist only in a populous city . . . there is room for one physician only, where there may be twenty general practitioners".

It was therefore after 1830 that the true foundation of modern practice was laid and by 1847 the main division of the profession into consultants and general practitioners was already apparent (*London and Provincial Medical Directory*, 1847). The general practitioner had arrived during this period by several routes (McLachlan and McKeown, 1971): by the Licence of the Society of Apothecaries (LSA), by becoming a member of the Royal College of Surgeons (MRCS), by taking the Licentiate of the Royal College of Physicians (LRCP), or by taking a degree at one of the old, or Scottish universities.

In order to practise generally, many people had taken the two separate qualifications of LSA and MRCS and so their training had included medicine, surgery, midwifery, paediatrics, and pharmacy (Newman, 1957). They were seeing all kinds of patients and dispensing drugs and medicines; various appointments to unions, mines, railway companies, and friendly societies were held and soon became part of general practice. These appointments were soon giving rise to arguments over fees, particularly with the Board of Guardians (Hodgkinson, 1967).

The Medical Act of 1858

The official end to the rigid hierarchical system in the profession came with the passing of the Medical Act of 1858. There were now 'legally qualified practitioners' and all were equal before the law whether they possessed a degree, licence, or diploma. The Society of Apothecaries was recognized and was given a seat on the newly constituted General Medical Council (Poynter, 1961).

The main disappointment was the failure to agree on a conjoint qualification. The ever conservative Royal College of Physicians still refused to supervise the training and examination of general practitioners. The licence of the Royal College of Physicians was issued only to consulting physicians, but after 1859 the licentiates were admitted to a new order of membership and a new class of licentiates was created with the right to dispense medicines.

The Medical Act of 1886 defined a qualifying examination as one in medicine, surgery, and midwifery and it authorized a joint examination by two or more medical corporations. Incredible though it may seem, both Colleges refused to admit the Society of Apothecaries to a conjoint examination (Horner, 1922). Nevertheless, the General Medical Council appointed a surgical examiner to the Society and the Society was therefore made an independent licensing body with power to confer a triple qualification. Both Royal Colleges set up a conjoint examination board and the examination, MRCS, LRCP, became established. After this the influence of the Society began to wane, but

fortunately it has survived to play a different role. The Society had done so much in promoting general practice during the first half of the century—it had taken on the training and examination of general practitioners and had set standards, and it has every claim to be the parent of the Royal College of General Practitioners. The final act in the establishment of the general practitioner came in 1912 (Horner, 1922) when a byelaw of the Royal College of Physicians was amended so that practitioners who held diplomas and were practising as general practitioners could be called 'doctors' and not plain 'Mr'.

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The pre-registration year: chaos by consensus

A questionnaire was sent to all pre-registration housemen who had graduated from the University of Birmingham in July 1975. The results showed much dissatisfaction with the workings of the houseyear, specifically with the long, sleepless hours of work, the almost negligible educational role of the year, the lack of time for human contact with patients, and the tedious, repetitive nature of the work. It is proposed that a shift system, which would seem to be acceptable to most housemen, would solve many of these problems and result in a better deal for both doctors and patients.

Reference

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