

managed by a committee which includes members of the social work and legal professions; they should ensure proper selection, training and supervision of staff, who as well as having professional qualifications in social work or marriage guidance counselling, should also have experience in marital and family work and training in law and conciliation skills; they should liaise with other professions but ensure that their dealings with clients are confidential. There is a code of practice worked out with the Law Society which clarifies their relationship with solicitors and the courts. It is the view of the NFCC that the role of conciliator cannot be combined with other roles, like that of doctor, social worker or marriage counsellor, because of the risk of compromising the conciliation by partiality or concern with other matters and because the process requires adherence to very clear rules in relation to the law.

General practitioners will not be surprised that a study of divorce petitioners conducted in Bristol from 1972–75 found that 20% of the men petitioning and 42% of the women had consulted their family doctor in the process.<sup>7</sup> In order to be effective in helping these people, general practitioners need to be aware of the services such as the family conciliation service which are available. Couples identified by general practitioners as likely to benefit from conciliation can be referred to the local service. Although both partners will need to be seen, a doctor may refer

one of the partners and leave the conciliation service to involve the other. The Citizen's Advice Bureau will have information about the local service and the NFCC (34 Milton Road, Swindon, Wilts SN1 5JA) can provide a list of local services with guidelines on referral. If there is no family conciliation service in the area general practitioners can play a part in stimulating the creation of one.

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## The election of the President

INSPIRED by a new sense of corporate identity and optimism about their future, our predecessors, the general practitioners of the 1820s and 1830s, felt they were the new men of the profession, the doctors for nearly all the people on nearly all medical occasions. They were, however, aware that they alone among the profession had 'no head, no body', no institution which could represent their views; and they looked to the Royal College of Surgeons to take them under its wing.

Many of the general practitioners not only thought of themselves as surgeons, but held the same diploma (MRCS) as those giants of early nineteenth century medicine, the rich and influential surgeons who dominated the teaching hospitals of London. General practitioners, therefore, believed they should be allowed to take part in the election of members of Council and the President. But the ruling elite of London hospital surgeons never had the slightest intention of allowing general practitioners to take any part in the governance of their College, although the College was financially dependent on the examination fee which, in terms of average medical incomes, was the equivalent of not less than £1000 today.

General practitioners, who formed well over 80% of the membership, were allowed no rights or privileges even when the introduction of the new charter of the Royal College of Surgeons in 1843, provided the opportunity for democratic reform. Indeed, the introduction of the FRCS in 1843 established two grades and widened the gap between the 'pure' surgeons and the general practitioners. It was this which led to the establishment, in a mood of frustration and anger, of the National Association of General Practitioners on 7 December 1844. The Association immediately began negotiations with the government and medical corporations in order to create a College of General Practitioners. After many setbacks the plan was finally on the point of success when Council of the Royal College of Surgeons had a last minute change of heart and withdrew their consent, leading to the collapse of the plan in February 1848.

This brief but necessary summary of the first attempt to establish a College of General Practitioners brings me to the subject of the election of the President of the Royal College of General Practitioners. If a College had been founded in 1848,

whether it would have been a success and changed the face of British medicine is an open question; but if it had been established there is little doubt that elections to office would have been on the basis of the votes of the entire membership. In the age of parliamentary reform and increasing support for democratic procedures, anything else would have been unthinkable. That was what membership of an institution meant to our predecessors, and ought to mean to us today.

Since its foundation, the present Royal College of General Practitioners has been in the peculiar position of having two leading officers, the President and the Chairman of Council. It is reasonable that the election of their Chairman should be in the hands of Council. But the specific role of the President is to represent the views of the membership as a whole. It is therefore both extraordinary and indefensible that the President of the Royal College of General Practitioners is still, today, elected by a process that was described by a member of Council as one of 'osmosis'. A name (or names) is quietly circulated among members of the Council until the name of the successful candidate emerges. There is no vote by the membership. It is no defence to argue that the system has worked well so far; nor that it may be in line with the custom of other medical colleges. The present system is one that inevitably tends to make ordinary members feel divorced from their College and its President, and it is not surprising if some of the younger general practitioners perceive the College as an organization run by an elite of middle-aged fellows.

Future historians of the medical profession will wonder why the College which represents the largest branch of the profession tolerated such an undemocratic method of electing its President. The admiration and debt of gratitude felt by myself and others towards the present and many of the past Presidents who have done so much to raise the standard of general practice in Britain is irrelevant. What matters is that the election of the President should be genuinely democratic.

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