

GENERAL PRACTICE IN ENGLAND*

An historical note

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One day in the Autumn of 1664 a merchant in a small way of business in the City of London, one John Doig, felt unwell and sent his servant to ask his physician to call on him. The servant returned to say that the physician had left the City. He was sent out again to find another physician. However, an hour or two later he returned once more to say that he had tried a number of physicians and they had all left the City together with the Court and most of the wealthy inhabitants. For this was the year of the Great Plague and most of those who could afford to do so had fled in terror from it. John Doig then sent his servant for the nearest apothecary, who came and sat up all night with his patient, compounding his herbs and ministering to him. It is not recorded whether or not John Doig recovered because none of the story is recorded. I invented it. However, I am sure from all accounts that many such stories were true. It seems to me that this was the beginning of the general practitioner service in this country, the start of the visiting of patients in their own homes by embryo general practitioners as opposed to physicians or barber-surgeons, albeit the apothecaries were ill-trained at that time. Let us look further in history. Let us go to 1795 to the preface of a *History of Medicine so far as it relates to the Profession of the Apothecary* by John Mason Good. In this preface the author says he wishes

"... to avoid as much as possible the two extremes of tedious prolixity and dry uninteresting brevity; to be explicit without becoming diffuse and concise without offering a mere table of chronological events; to state his facts and arguments fairly and to engage the reader's attention by rendering the subject at once both interesting and pleasant". He goes on to say "... it has been composed

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either amidst the perpetual avocations of business or in hours purposely stolen from recreation and sleep”.

In modern parlance, ladies and gentlemen, this goes for me too. Mr John Mason Good then proceeds to write a pretty dull book. However, he is not entirely without interest.

“ I cannot avoid observing ” he says, “ that within a few centuries of the year of Hippocrates, the division of the medical science into the three grand branches of physician, apothecary, and surgeon very generally, though by no means universally, took place. . . . Several circumstances contributed to produce such a division. The increase in luxury, which was everywhere prevailing throughout all Greece, and especially at Athens, introduced a much greater frequency and recurrence of every disease, and the habitude which mankind had now generally acquired of consulting physicians on almost every occasion instead of having recourse to their own family receipts and personal experience, produced such an influx of engagements as to require more than the time a physician of high reputation had it in his power to bestow ”.

He goes on to describe how, at the time he wrote his book, these learned physicians, who were nearly all well educated men from Oxford or Cambridge, had pupils under their patronage to assist them. As the physicians became busier and busier they entrusted more and more to these assistants, who consulted their chiefs in the coffee houses over particularly difficult cases. John Mason Good goes on

“ The Physician having thus obtained a proportional increase of leisure, was the more enabled to bend his mind to theoretic reasonings and inductions, and from thence to erect, what is at all times most devoutly to be wished for, an effectual and successful practice on solid and rational principles ”.

A splendid phrase! It appears that the presents and fees which the physician received were very large and liberal,

“ . . . so much so at times as to excite our astonishment at their value ”. On the other hand “ the surgeon and apothecary, both retaining an open shop, at which they vended and disposed without trouble of the different drugs and materials they employed, and making at the same time an individual charge, maintained an easy and respectable station in life without expecting the fees and gratuities which were lavished on the physician ”.

This written in 1795 brings us back to the opening of this paper in 1664 and explains why the physicians had followed the money out of the plague-stricken city and left the medical field to the apothecaries. I will now take you back much earlier. It appears that the earliest record at present known in which an apothecary is specially mentioned in England is a Pipe Roll of Henry II in 1180, where an apothecary is stated to have accompanied the king on a journey to Ireland, though we know of course that the art of compounding medicines from herbs is very much earlier than that. However, by the title of this paper I am fortunately limited to England, so the

12th century is a convenient starting point. At this period and for for another four or five hundred years the apothecaries compounded their medicines and sold them in their shops but were not allowed to prescribe, though doubtless many poorer people would buy directly from their shops as people will buy direct from the chemist now. We have seen that the physicians were expensive and, therefore, only for the rich or for more serious ailments. Most maladies were treated by the sufferer or his friends or family according to folk-lore.

Perhaps the nearest approach to the general practitioner was the cleric or lay brother in the monastery who attended the sick poor in the infirmary attached to the monastery. In country districts the lady of the manor was often called upon to give general medical attention to the sick. Sir Zachary Cope, in a recent book, tells us that women of lower degree followed the example of the lady of the manor and became "wise women" who dispensed simple remedies based on the experience and tradition of centuries. In addition to the amateurs there were the physicians, the surgeons, the barbers, and the apothecaries, as well as a host of quacks who poached on the preserves of the others, the midwives who pursued a craft disdained by and forbidden to physicians and surgeons, the herbalists, the alchemists, and the astrologers. The physicians, as I have already said, were learned men from the older universities who considered themselves more as philosophers than as doctors and who were generally above actually examining patients, but who were prepared to glance at the urine and to direct the surgeon in his operations.

In 1511 an Act of Parliament was passed to protect the physician from his competitors. This forbade anyone to practice medicine in the City of London or for seven miles around unless he had been examined by the Bishop of London or the Dean of St Paul's who were assisted by four doctors of physic. Outside that area corresponding licensing powers were given to the bishops or their vicars-general. In 1518 Henry VIII granted a Charter of Incorporation to the College of the Faculty of Physic in London and thus the licence to practice passed from the hands of the church to the physicians themselves. Finally, in 1523 an Act was passed giving the College authority to examine and licence all physicians in England except graduates in medicine of Oxford and Cambridge, over whom it had no control so long as they practised out of London. So much in brief for the physicians.

The surgeons formed a smaller fraternity and by comparison with the physicians their social status was poor and their manners rough. They kept their hats on when they examined their patients. They rarely had any academic background and their university was the battlefield or the jousting ground. They operated empirically and often under the direction of the physician, who, as we have seen, seldom used a surgical instrument though allowed to do so. This patronizing attitude of the physicians to the surgeons was not wholly the product of academic snobbery, but stemmed in part from the twelfth century papal ban on churchmen performing surgery. I have mentioned earlier that much medical teaching came from the monasteries and when these were dissolved by Henry VIII many of the lay brothers and even some priests became physicians or apothecaries.

Next down the scale come the barbers who, apart from their own trade, were allowed to let blood. In 1540 an Act of Parliament brought about the formation of the Barber-Surgeons' Company by the union of the Company of Barbers with the Guild of Surgeons. A well-known picture by Holbein commemorates this event; it hangs in the Royal College of Surgeons. Thus the physicians and surgeons were now established with their own college or company and the enthusiastic amateurs complained that their livelihood was taken from them. Consequently in 1543 another Act was passed to protect the large body of irregular practitioners, common persons having knowledge and experience of herbal folk medicine. By this Act, these unlicensed persons were allowed to treat sores and swellings with herbs, ointments, baths, poultices, and plasters and to give drinks for stone, for strangury, and for agues. From the ranks of these, from the apothecaries, from the barber-surgeons and from some failed physicians, together with dispossessed lay or clerical brothers, the modern general practitioner developed.

A considerable increase in the medical knowledge of this heterogeneous collection of semi-trained individuals occurred in the next reign, that of Queen Elizabeth I, when there began the publication of medical books in the English language. Previously, of course, these books had only been published in latin, a language known almost solely to clerics and lay brothers and those educated at Oxford and Cambridge. Another step in the wider dissemination of medical knowledge that was taken about this time was the increasing practice by physicians, barber-surgeons, and apothecaries of employing assistants and taking apprentices whom they taught

by example; consequently there was by the end of the sixteenth century considerable weakening of the restrictions laid down by various Acts of Parliament as to what branch of the healing art any class of the medical fraternity could practise. From Sir Zachary Cope I learn that in the town of Shrewsbury there is a record of a joiner named Wisbecke in 1574 sending in a petition that he and his wife had lived in the town for twenty-two years

... and to the best of their powers and cunning had spent their time in such art and science as is well known and in giving their advice to such patients as have required it of them, as well to the poor as to the rich and in especial to the poor, they have sought little or nothing at all. Now being somewhat in age and not so well able to travail for the getting of his or her living as before but willing here still to remain to their best endeavour as before and being charged with rents and also greatly charged with buying of books for better knowledge and learning which is a dead stock, they pray for some annuity for God's love.

This petition was endorsed with a list of subscriptions amounting to 22 shillings from 28 persons. It is recorded that the annuity was granted. There is also evidence that the surgeons extended their ministrations on the medical side, but it was chiefly from the apothecaries that the general practitioner arose and we must study this branch more in detail.

In the fourteenth century and earlier the apothecaries were associated with the Pepperers, an influential guild of traders and merchants who imported and regulated the sale of drugs and spices that came from the Red Sea, Arabia, and other Eastern ports. In 1328 they adopted the name of Grossarii or Grocers and received official recognition as the body that had the regulating of weighing in the City. Later they amalgamated with the Spicers and in 1428 they were granted a Charter by Henry VI as the Company of Grocers. The apothecaries didn't much like being lumped in with the grocers and spicers but it was not until 1617 that they obtained a separate Charter from James I. However, they had at that time no special training and no recognized social status. They were reminded that they were only "cooks" to the physicians whose prescriptions they had to make up faithfully and they had no authority to prescribe on their own. Rule 17 of his Charter informed the apothecary that he "meddle only in his own vocation" though he was, apparently, granted permission to open a vein "for to help pleurisy." Another rule instructed him to have two places in his shop—"one most clean for physick and a baser place for the chirurgic stuff." The poor chap obviously had some difficulty in obeying these instructions for nearly 160 years later John

Mason Good writes

"A druggist may be a very honest man in the main, but he may have a large stock of indifferent materials on his hands and in spite of his honesty the temptation to dispose of these materials to the public will often be too strong to be resisted". He goes on to say that patients were complaining of "... some druggists who have made fatal mistakes in their compositions; of others who, from want of a classical education and an incapacity of translating the directions appended to their prescriptions, have been under the necessity of disturbing apothecaries in the middle of the night to translate for them; and lastly of others who from boldly adventuring to interpret, have given wrong directions; or who not daring to interpret, have dispensed their medicines without any directions at all, leaving the bewildered patient to chance or the surmise of his own imagination; whilst not knowing the omission to be the druggist's he is condemning at the same time the physician for performing his duty but by halves. The composition of prescriptions and the vending of pharmaceutic preparations by druggists comprise, then, a national evil of no small magnitude. The materials they make use of must in general be mere offals and the refuse of other drugs; and from want of classical knowledge, perpetual errors or negligencies are discovered in their combination. The credit of the physician is endangered and the patient, perhaps, is destroyed".

Now this passage, which I have quoted at some length, is not only quite entertaining but is also highly significant. You will notice that there is mention in it of the druggist who makes up the prescription as distinct from the apothecary who may be called upon to interpret it as well as the physician who writes the prescription in the first place. In short, the druggist is differentiated from the apothecary. So something must have happened in the intervening years to the status of the apothecary who is no longer merely a maker-up and salesman of drugs. Let us go back again and see what has happened and when.

The Apothecaries Charter of 1617, which I mentioned earlier, was granted by James I to avoid the abuses of "unskilful and presumptuous empirics who do make and compound many unwholesome, hurtful, deceitful, corrupt, and dangerous medicines." By the charter the better sort of apothecaries were withdrawn from their union with the grocers who had shared the drug trade with them, so that they might more skilfully make up the physicians' elaborate prescriptions. The number of apothecaries to whom the charter was granted was the same as the number of physicians practising at that date in London, namely 114. Shortly afterwards the Society of Apothecaries was formed with a Master, Wardens, and Assistants and it was laid down that a seven-year apprenticeship must be served before a man could be a qualified apothecary. The surgeons at the same time were forbidden to sell medicines except "as much as belongeth and apertaineth to the composition and application of outward salves or medicines only."

From here it is but a short step to the Plague of London in 1664-65 when, as I have shown at the beginning of this paper, the poor people left behind in London were driven to seek treatment as well as the supply of medicine from the apothecaries, who became the physicians of the poor. The physicians, having returned to London after the plague, were not at all pleased at the increasing encroachment of their province by the apothecaries and, in 1687, a group of them with the approval of their college proceeded to set up dispensaries for the supply of medicines at cost price to the sick poor of London and its suburbs. There was what was contemporaneously described as an "unseemly squabble." The apothecary mocked the physician for disdaining contact with his patients, neglecting the poor and making himself scarce in times of plague. The physician grumbled that the apothecary, like the quack, passed on only those patients he had already botched and alleged that, as a shopkeeper, his only concern was to sell off his drugs before they went stale. The matter came to a head in 1705 by a lawsuit over the case of an apothecary named Rose who was accused by the physicians of prescribing. Rose was called in by a patient called John Seale, and without asking the aid of a physician he sent him several parcels of physic; he did not charge a fee for the consultation but he did charge for the medicine. Judgment was given for the College of Physicians but on appeal this judgment was reversed by the House of Lords. By this decision the apothecaries gained the right to see, examine, and prescribe for patients; they could still not charge for such visits but only for the medicines. Possibly the habit acquired by so many patients of expecting a bottle of medicine at every consultation stems from this enforced situation of the apothecary. From here gradually the English apothecary pushed his way up from being a mere compounder and salesman of drugs and became the forerunner of today's general practitioner. By the end of the eighteenth century it was estimated that for every patient attended in London by a physician 20 were attended by an apothecary; elsewhere, no doubt, the disproportion was greater. When a physician or an operating surgeon was called to an apothecary's patient, the apothecary continued to attend his patient, though some of the physicians refused to meet him in consultation. To strengthen their position many apothecaries also obtained the licence of the Surgeon's Company and later of the College of Surgeons, thus obtaining a qualification corresponding roughly to the present Conjoint Diploma. At the start of the eighteenth century the

Scottish medical schools were being formed and many of the ablest Scotsmen came to England to practice medicine. Smollett came to London in 1739 after completing his apprenticeship and attending lectures at Glasgow University. Dr John Moore in 1797 wrote:

In that country the education for both medicine and surgery is nearly the same; all who are intended for the profession of surgery also study medicine; without this how could they be fitted for the duty of surgeons to the Army and Navy where they are called to act as physicians ten times for that they have occasion to operate as surgeons?

It would be well now to say something of midwifery. Towards the middle of the eighteenth century a new name-plate appeared bearing the words "Surgeon, Apothecary, and Man-Midwife". He was a brave man who at that time put that plate on his house because he knew he was likely to be ridiculed. By ancient tradition midwifery was a woman's task. It was considered immoral and unseemly for a man to attend a woman in labour unless her life were in danger, and, indeed, under the laws of the mediaeval church man-midwifery had been a capital offence. In 1522 a Dr Werht of Hamburg, who had dressed himself as a woman in order to study the problems of labour, was burned at the stake. Even when men started to act as midwives they had at first to deliver the baby under a sheet one end of which was tied to the patient and the other to the doctor's neck. As one writer put it, if the child was lost at least modesty was saved. The fashion of the man-midwife apparently came to England from France, where following the man-hairdresser and the man-staymaker, Louis XIV called for accoucheurs to attend his mistresses. This royal gesture made man-midwifery popular but the physicians and surgeons were slow to take it up—such nonsense could be left to the apothecaries if they cared to make themselves ridiculous. They did so care—and made money too.

At least they made money in the towns, mainly, as we have already seen by selling their medicines. The country doctor, however, made very little money and his job was one for the physically strong only, riding long distances in all weathers and at all hours on his horse. Sir Walter Scott in *The Surgeon's Daughter* gives an excellent picture of the conditions facing the rural practitioner in Scotland in the late eighteenth century.

He has none of the ample resources proper to the brothers of the profession in an English town. The burgesses of a Scottish borough are rendered, by their limited means of luxury, inaccessible to gout, surfeits, and all the comfortable chronic diseases which are attendant on wealth and indolence. Four years or so of abstemiousness enable them to stand an election dinner and there is no hope of broken heads among a score or two of quiet electors, who settle the business

over a table. There the mothers of the state never make a point of pouring, in the course of every revolving year, a certain quantity of doctor's stuff through the bowels of their beloved children.

We must now move on into the nineteenth century, the age of reform. E. S. Turner in his social history of medical men writes,

In 1800 anyone who thought, like Laurence Sterne, that there were worse occupations than feeling a woman's pulse could call himself a doctor, even if he had done no more than devil behind an apothecary's counter for a few months. Anybody could cut off anybody's leg without legal penalty. Within the British Isles were nearly a score of authorities, including the Archbishop of Canterbury, with powers to license practitioners in physic and surgery, but any amateur was at liberty to thumb his nose at them and put up his own brass plate, red lamp or mortar and pestle. Many a surgeon-apothecary or general practitioner looked on diplomas as mere pedantry.

Neither the Royal College of Physicians nor the Company (later to become the College) of Surgeons seemed prepared to take any steps to correct this position: their members were too busy arguing among themselves. However, the apothecaries, led by George Man Burrows, having formed themselves into an Association, then went on to press for legislation which ended with the Apothecaries Act of 1815 (approved, as its critics pointed out, late at night in a thin House). As Turner says,

... the 1815 Act was a considerable triumph for the apothecaries. It meant that the government, in its first attempt to regulate the medical profession, had by-passed the ancient College of Physicians and the up-start College of Surgeons, ignored the Universities of Oxford and Cambridge and vested the control of the great mass of practitioners in what had once been regarded as a society of shopkeepers. Under its provisions the Society could demand from its entrants certificates of instruction and of attendance at hospitals. To meet these demands the medical schools had to reorganize and rationalize their teaching and many new schools sprang into existence.

"In the near future," Elie Halevy, the French historian wrote, "the practice of medicine would no longer be divided between an oligarchy too exclusive and too confident of its privileges to be industrious and a proletariat of practitioners who offered no proof of necessary scientific equipment.

The Act of 1815 made it compulsory in the future for apothecaries to serve five years apprenticeship and to undergo an examination "for the purpose", it stated, "of ascertaining the skill and abilities of such person or persons in the science and practice of medicine, and his or their fitness or qualification to practice as an apothecary". The candidate also had to produce testimonials of a "sufficient medical education and of a good moral character". There remained one barrier which prevented the apothecary practising freely as a general practitioner—he could not sue for payment for his medical attention. This omission was rectified in 1830 by Lord Tenterden in the King's Bench Court, by his judgment in the following historic

case. Mr James Handy, a surgeon-apothecary in Waterloo Bridge Road, attended the family of an attorney called Henson and sent in a bill for five guineas for 15 visits for Mrs Henson. Mr Henson refused to pay for the visits, which from previous custom he would have been entitled to do. After hearing the evidence Lord Tenterden commented "I cannot see, if a medical gentleman pursues the same honourable plan which this gentleman has done, of not sending in large and useless quantities of medicine, how he is to be remunerated but by being paid for his attendances". The jury quickly returned a verdict for the plaintiff with costs. Thomas Wakley, the notorious editor of *The Lancet* gave this judgment the greatest possible publicity and wrote in an editorial:

Lord Tenterden, the upright, the noble, the gifted Lord Tenterden, has stretched forth the hand of justice and by a single effort has raised what Mr Benjamin Brodie was pleased to term "the subordinate members of the profession" [that is the general practitioner] a thousand degrees in the scale of professional usefulness and respectability, and ten thousand degrees in the estimation of society. Rivers of mixtures and draughts, mountains of pills, bolsters, and plasters at once vanish before the decree of this acute and venerable judge.

I cannot pass on without a word more about Thomas Wakley, a doctor who had studied at Guy's and St. Thomas's, a firebrand and the founder and first editor of *The Lancet*, who continually and violently supported the general practitioner (though he professed to dislike the name) and who constantly criticized medical education. One of his favourite tricks was to publish without permission, verbatim and with sarcastic asides the lectures of the eminent surgeons and physicians, presumably through the good offices of medical students who took down the lectures word by word. In order to protect themselves the lecturers would forbid note-taking or even lecture in the dark, but still their words would appear in *The Lancet*. Furthermore, Wakley would publish accounts of operations performed by well-known surgeons with such criticism as "this operation, which should have taken only a few minutes, took one and a half hours, owing to Mr So-and-So's incompetence". Needless to say he frequently found himself in the courts but he was a colourful and sincere character who usually found hosts of willing supporters to pay his fines for him.

According to Carr-Saunders, in the year 1834 the backbone of the general practitioners (a name now current) was formed by the eight thousand men who possessed the M.R.C.S., being chiefly apothecaries qualified under the act of 1815 who had also taken the surgical diploma of the Royal College of Surgeons. About this

time, too, there were compulsory lectures in midwifery. But not everyone attained this qualification. Some merely took a surgical diploma, some obtained the licentiatehip of the College of Physicians, some the qualifying degree of a university. Any of these qualifications were sufficient for starting in practice and the standards varied. This "educational chaos" as Sir Zachary Cope calls it, led to the passing of the Act of 1858, by which the Medical Register was founded and the General Medical Council established. So that for just over a hundred years medical education has been more or less standardized and registered practitioners and their patients protected against quackery, although it was not until 1886 that it was made compulsory for anyone who wished to have his name on the register to pass an examination in all three of the main subjects—medicine, surgery, and midwifery.

As far back as late Georgian days the general practitioner was beginning to gain the confidence of the public and became the family friend and confidant, but it was not until after the establishment of more sound and uniform education, following the 1858 Act, that he really found his place in the medical profession and was addressed as "Doctor" by members of the Royal College of Physicians. Even then most general practitioners were largely educated on the apprentice system, whereby they picked up what medical knowledge they could from their masters between sweeping the surgery, washing the bottles, or helping to groom the horses. Following three or four years of apprenticeship he then walked the hospitals where he had lectures and ward rounds and watched operations and post mortems. It was not until the 1890's that the permanently unqualified assistant who acted as understudy to his master was banned by the General Medical Council.

A highly important factor in the welding of general practitioners into a powerful body and in the raising of the standards of medical teaching and medical practice was the founding in 1832 of the British Medical Association, which, by the middle of the century, was beginning to exert powerful influence. The feelings of many of us today regarding the activities of the B.M.A. may be mixed but there can be no doubt that over the past 130 years it has accomplished a very great deal for general practitioners. Likewise its *Journal* together with its slightly older rival *The Lancet*, has acted as a great stimulus to better general practice and a great source of medical information and learning. I must make a personal confession that I cannot always understand even the title of some of the

articles appearing today in the *British Medical Journal* and *The Lancet* but certainly 100 years or even 30 years ago the contents were more easily interpreted.

In the nineteenth century the general practitioner was a more philosophical and possibly a more widely-read and widely-learned man than he is today. He was described by the late Sir Clifford Albutt in his Presidential Address to the British Medical Association at Cambridge in 1920 as rather after the kind of Hippocrates or Paré than of the modern graduate,

"His university" Albutt said, "was nature; in his clinical experience he enriched the instruction, half empirical, half dogmatic, of his medical school by shrewd, observant, self-reliant, resourceful qualities of the naturalist. His science and his practice were of the naturalist not of the biologist; his rules of thumb were not without their efficacy and his flair for the issues of disease marvellous".

The march of science, however, even as early as the 1890's began to leave him behind and this progress has enormously accelerated in the past 50 years, so that today discoveries and advances in general practice are more likely to come from massive research such as that conducted by the College of General Practitioners than from the peaceful observation and contemplation of one single practitioner, though it would be pleasant to believe that such genius may still exist.

I must not leave the Victorian era without discussing briefly the entry of women into medicine, something which was obviously influenced general practice as well as other branches of medicine. E. S. Turner says,

... from the start, the proposal that women should be allowed to become doctors attracted the bitterest censure from the opponents of feminism. Of all professions, they pointed out, this was the one in which a woman was most likely to lose her modesty, to blunt those finer sensibilities which were the ornaments of her sex.

They made the usual objection that women were ruled by emotion, were incapable of harbouring two related thoughts and quite unfit to hold human life in their hands. Some physiologists and anatomists even went so far as to claim that because the brain of the female was smaller in size it was, therefore, inferior in capacity. However all this may be, the women won their fight, as you know, and there is not space in this paper to go into the details of how the fight was won nor to apportion the credit to all the splendid women who faced the successful conclusion of that fight. Anyhow, in 1876 an Act was passed enabling all licensing bodies in Britain to open their examinations to women at their discretion and by the end of the

century about 200 women had qualified.

Now besides the rapid advance in scientific and medical knowledge the other factors influencing general practice and general practitioners at this time were sociological and political. In the first place between 1850 and 1900 the population of Great Britain almost doubled, the increase being mostly among the working classes whose wages were low even by the standards of those days. To meet this problem there grew up a large amount of contract practice, largely organized by the friendly societies, the insurance companies and the slate clubs, as they were called. More than three-quarters of this contract practice was done for less than five shillings per annum per person, including the cost of drugs and dressings. It has been calculated that by 1911 there were between six and seven million persons provided for by contract practice. Many more were looked after pretty badly by the Boards of Guardians. At the other end of the scale were the well-to-do who paid their doctor a guinea a visit, quite a considerable sum at that time. In between were the middle classes who either did not care for or did not qualify for the slate clubs, the Oddfellows, the Rechabites, and who yet found it difficult to pay their doctors' bills. This was the situation which led to Lloyd George's National Insurance Bill of 1911. This was intended to cover all persons earning less than three pounds a week. The individual would pay fourpence and the employer threepence, and the State twopence a week, while the doctor would receive six shillings a year for each insured person on his list. Many of us today are perhaps inclined to think that the style of general practice has altered dramatically since the last world war following the National Health Service Act of 1946 but when one reads the history of medical practice it is clear that the change has been much more gradual and goes back to the turn of the century. Dr Norman Gerald Horner in his excellent little book written in 1922 and entitled *The Growth of the General Practitioner of Medicine in England* makes this clear. I will quote him at some length.

"At the opening of the 20th century" he writes, "the practice of medicine was becoming more technical and larger responsibilities were being placed on the shoulders of the medical profession. With the linking of the laboratory and the hospital ward, methods of diagnosis and treatment grew more intricate, while the aseptic technique added to the responsibilities even of minor surgery. The kind of family doctor who had flourished in the last century was now thought old-fashioned; he found it harder every year to keep pace with new knowledge and with the demands of the educated public for new methods.

Besides this—Dr Horner goes on—the personal relations between doctor and patient were changing as the State and the Municipality intruded further

into the sphere of family practice, in the course of public health administration and the disposal of public medical aid. Hitherto the general practitioner had confined his work to curative medicine and the individual patient. The old apprentice system had bred up a practitioner of domiciliary medicine responsible only to himself and his patients, and the spirit of the English medical schools tended to preserve this individualism of work and outlook. The notion that a private doctor should be the outpost of a system of preventive medicine was novel and disturbing. There seemed no end to the fresh statutory duties which social legislation would thrust upon its doctors. To turn medicine into a semi-public profession seemed foreign to all its traditions; but that was what was happening under the impact of State control. Later on Dr Horner says—there were already those that foretold that if these movements went on the family doctor would in course of time cease to be the handy practitioner of medicine and surgery and obstetrics and become a mere medical shop-walker, indicating the appropriate department.

Those words were written in 1922 and not 1962. Of course the 1911 Act flung the medical practitioners into a fury of resentment, argument and politico-medico-sociological disputation. I will not weary you with all the arguments and counter-arguments that were put up, as almost without exception they have recurred and are still recurring following the 1946 Act. The outbreak of the first World War in 1914 probably put an end to this disputation more quickly than would otherwise have occurred. One doctor in 1911 wrote that the Act of that year would put the general practitioner into the position of the man who comes to read the gas-meter. Today I feel that this unhappy eventuality is largely being prevented by such splendid institutions as the General Practice Section of the Royal Society of Medicine, the College of General Practitioners, the Fellowship for Freedom in Medicine, *some* of the activities of the British Medical Association and such medical periodicals as *The Lancet* and *The Practitioner*.

In the course of preparing this paper I have had recourse to many authorities, some of whom I have mentioned. I am grateful to them and to others too numerous to mention and I am particularly grateful to Dr John Horder, honorary librarian to the College of General Practitioners, who provided me with an extensive bibliography which started me off on the task to which you have been patient enough to listen.

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