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"DESIROUS OF IMPROVEMENTS IN MEDICINE": PUPILS AND PRACTITIONERS IN THE MEDICAL SOCIETIES AT GUY'S AND ST. BARTHOLOMEW'S HOSPITALS, 1795–1815

*Susan C. Lawrence**

When the members of Guy's Hospital Physical Society wrote out their first set of laws in 1775, they characterized themselves as gentlemen "desirous of improvements in Medicine, and the other Sciences nearly allied to it, and convinced of the numerous and great Advantages, arising from a free communication of Observations and Opinions . . ."[1] Historians unanimously echo these sentiments of the Society's founders: medical societies were worthy, useful organizations. They taught younger members, disseminated new theories and techniques, built libraries and promoted professional unity.[2] Of the eight medical societies active in London between 1795 and 1815, the three associated with major hospitals had special claims to these ideals.[3] By attracting a wide range of members, from students and local practitioners to eminent hospital men, the hospital societies both supplemented London medical education and strengthened the professional bonds between apothecaries, surgeons and physicians. At the same time, the soci-

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[1] GHMS, Wills Library, Laws of the Physical Society, 1775, Prologue, n.p.

[2] Anthony Batty Shaw, "The oldest medical societies in Great Britain," *Med. Hist.*, 1968, *12:* 242–43; J. M. H. Campbell, "The History of the Physical Society," in *Guy's Hospital Gazette: Bicentenary Number 1725–1925*, ed. Leslie Housden (London: Ash, 1925), p. 107; Cuthbert E. Dukes, "London medical societies in the eighteenth century," *Proc. Roy. Soc. Med.*, 1960, *53:* 700; George Newton Pitt, "Reflections on John Hunter as a physician and his relation to the medical societies of the last century," *Lancet*, 1896, *1:* 1274; Sir Humphrey Rolleston, "Medical friendships, clubs and societies," *Ann. Med. Hist.*, 1930, n.s. *2:* 263–64; J. R. Wall, "The Guy's Hospital Physical Society (1771–1852)," *Guy's Hosp. Repts.*, 1974, *123:* 159, 164–65.

[3] The five general medical and surgical societies in London were: the Medical Society of London (1773), the Society for the Improvement of Medical and Chirurgical Knowledge (1783), Lyceum Medicum Londinense (1785), the Medical and Chirurgical Society (1805), and the Westminster Medical Society (1805). The three hospital medical societies were: Guy's Hospital Physical Society (1771), Middlesex Hospital Medical Society (1774) and the Medical and Philosophical Society of St. Bartholomew's Hospital (1795).

eties served other, less explicit, purposes. In particular, they reinforced the importance of hospital instruction and practice, and provided additional opportunities for ambitious medical men to appear as active and concerned professionals.

Of the three hospital societies founded in the eighteenth century, at Middlesex, St. Bartholomew's, and Guy's hospitals, minute books have survived only for the latter two.[4] Those for the Guy's Hospital Physical Society begin in 1775 and run to 1852.[5] Those for St. Bartholomew's Hospital Medical and Philosophical Society survive from only 1799 to 1815, although the society continued to meet until the 1820s.[6] The minute books do not recount how the societies were established. Tradition has it that Dr. William Saunders started Guy's Hospital Physical Society, importing the idea from Edinburgh, which had an active medical society for students.[7] It is likely that John Abernethy, among others, modeled the St. Bartholomew's society after the successful group at Guy's. Abernethy, an assistant surgeon at St. Bartholomew's hospital, was an active member of the Guy's Physical Society before 1799.[8] Neither society had any formal relationship with its host hospital, other than using the lecture theaters for meetings and small rooms to house libraries. They were connected with the hospitals primarily through the energy of staff physicians and surgeons, who often presided over the meetings, and also by their attraction for hospital pupils.[9]

The existence of the minute books themselves tells us something immediately: the members took their societies seriously. They were not simple discussion groups or social clubs. While their laws, fines, dues and various orders of membership reveal a liking for formality, the fact that a secretary routinely took notes shows that the members thought their proceedings important enough to record both for immediate use and for posterity.[10] This study concentrates on what can now be learned from the minute books about the activities and interests of London medical men just prior to 1815.

[4] Newton Pitt, "Reflections on John Hunter," p. 1274, states that the Middlesex Hospital Medical Society records were lost.

[5] There are eleven volumes, 1775–1852, with a ten-year gap from 1825 to 1835. Volumes seven through nine were used for this study. The minutes, housed at GHMS, Wills Library, are hereafter referred to as "GHPS, Minutes."

[6] The minutes are hereafter noted as "BHMPS, Minutes." The society continued to meet until 1827 according to Dukes, "London medical societies," p. 705. In 1832 the hospital pupils resurrected it as the Abernethian Society. See also Norman Moore, *The History of St. Bartholomew's Hospital,* 2 vols. (London: C. Arthur Pearson, 1918), 2: 826–27.

[7] Newton Pitt, "Reflections on John Hunter," p. 1271; Dukes, "London medical societies," pp. 700, 702.

[8] Victor C. Medvei and John L. Thornton, eds., *The Royal Hospital of Saint Bartholomew, 1123–1973* (London: St. Bartholomew's Hospital, 1974), p. 55. See also GHPS, Minutes, 3 December 1796.

[9] Neither the minute books of the Court of Committees of Guy's Hospital (1757–1821) nor the Journals of the Board of Governors of St. Bartholomew's Hospital (1770–1815) mention any request for permission to hold the society meetings at the hospitals. See GLRO H9/GY/A3/3–5 for the Guy's Hospital Minutes; St. Bartholomew's Hospital Archives, Ha 1/14–16 for the Journals. Apparently the Middlesex Hospital Society did ask for authorization from its Board of Governors; see Dukes, "London medical societies," p. 703.

[10] For the laws of the GHPS, see Laws, 1775; *Laws of the Physical Society Held at Guy's Hospital* (London: Plummer and Brewis, 1820); Wall, "Guy's Hospital Physical Society," pp. 160–62. The laws of the St. Bartholomew's society have not survived, but from the conduct of the meetings it appears that they were similar to those of Guy's.

Identifying those who participated shows how these societies encouraged pupils, practitioners and hospital men to share both their problems and expertise. The cases the members discussed and the papers they presented reveal their disregard for professional boundaries when medical men of diverse backgrounds and status faced the common concerns of practice. Finally, the societies served to reinforce the professional networks which centered on the London hospitals, linking London men to each other and to their provincial colleagues.

The minutes depict a typical meeting of the hospital societies as follows: it is held sometime between October and May, the traditional teaching season. If held at Guy's, it is Saturday night at seven; if at St. Bartholomew's, it is Tuesday at eight. The secretary noted who was in the chair; the names of new members proposed, elected and introduced; a list of books recommended for the library; and, if it was to be a tedious night, some discussion of rules, or revisions to the society's laws. The active part of the evening began with an hour for medical news. Members or visitors described cases, post-mortems, and possible new treatments. They asked for advice on difficult cases and reported on experiments. They also debated the relative merits of competing therapies. After the medical news, one of the members read a paper or re-introduced the previous week's essay, the secretary noting only his name and the topic chosen. Discussion followed until the meeting adjourned.

As the secretaries did not record attendance, it is difficult to know who was present at each meeting. The listing of names of new members introduced, and the usual practice of identifying those who made comments, asked questions, gave cases or presented papers suggest that the probable number who attended ranged from ten to thirty at St. Bartholomew's and from fifteen to forty at Guy's during normal meetings.[11] The formal membership of both societies was much larger, however. Published lists of those belonging to the Guy's Physical Society contain the names of ordinary members, usually pupils or undistinguished practitioners whom the society fined for non-attendance, but by far the largest proportion are honorary and corresponding members, since these latter types of membership could be held for life with no obligation. Although ordinary members could become honorary after giving papers and/or case reports, many established men entered the society with honorary status; other ordinary members simply transferred to corresponding membership when they left London.[12] Both corresponding

[11] Attendance was highest at the start of the sessions in October, with the influx of new pupils and renewed enthusiasm. Both societies were troubled by periods of low attendance. See BHMPS, Minutes, 25 March 1800, 13 March 1803, 29 November 1808. The secretary of GHPS occasionally tried to list all of the ordinary members who did not attend, in order to fine them for their absence. See, for example, GHPS, Minutes, 12 February 1803, where he listed forty-five ordinary members as absent.

[12] The list of GHPS members published in 1804 gives 54 ordinary, 365 corresponding and 240 honorary members. Of these (excluding six clergymen), eighty-five had M.D.s (13 percent), 134 were listed as surgeons (20 percent) and three were definitely apothecaries; 431 had no professional identification and probably were surgeons, apothecaries, or practicing as both; *Laws of the Physical Society Held at Guy's Hospital. . . .*,

and honorary members who lived outside of London occasionally attended meetings when they came to town, and sometimes contributed observations from their provincial practice.[13] The minute books are especially valuable for showing who, among the large number of official members, actually came and spoke at the societies, although they cannot reveal the quiet ones who might have equally benefited from the meetings. Furthermore, many of the participants cannot be positively identified, because of common names and fleeting attendance.[14]

Hospital pupils comprised the single most numerous group of members for both societies, although only a modest proportion of them regularly participated. Most active for long periods of time were the apprentices to the surgical staff at the hospitals, such as William Lawrence and Henry Earle at St. Bartholomew's, Benjamin Travers, Frederick Tyrrell and Thomas Calloway at Guy's and John Flint South of St. Thomas's. Because of their close association with the hospital surgeons, their years of experience with the hospitals and their expectations of eventual hospital appointments, the surgical apprentices formed an elite class among the hospital pupils. Often holding minor posts as demonstrators in anatomy, these apprentices worked hard to make the societies successful by giving papers and frequently contributing case, post-mortem and dissection-room reports.[15]

Like the advanced surgical apprentices, but much less written about in accounts of the period, were physicians' pupils. Men down from Oxford or Cambridge, or on the way to or from a Scottish or a foreign university, took part in the societies while registered as physicians' pupils at St. Thomas's or Guy's, or studying elsewhere in London. William George Maton, working in

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to which are annexed a list of the officers and members ... (London: T. Cox, 1803), pp. 1–29. The list itself is dated 1804. I wish to thank Mr. Baster of the Wills Library for allowing me to consult a photocopy of the document held at the Liverpool Medical Institution.

[13] For example, Charles Wingfield (MRCS 1809), an ordinary member of BHMPS from 1807 to 1809 when a pupil at the hospital, visited the society in 1814 and contributed a case report from Oxford, where he practiced. BHMPS, Minutes, 11 October 1814.

[14] Unless otherwise noted, identification and biographical information comes from the following sources. The standard biographical compilations: William Munk, comp., *The Roll of the Royal College of Physicians of London*. ... 2nd ed., 3 vols., (London: Longman, Green, 1878); G. H. Brown, comp., *Lives of the Fellows of the Royal College of Physicians, 1826–1925* (London: Longman, Green, 1955); Victor G. Plarr, *Plarr's Lives of the Fellows of the Royal College of Surgeons of England,* rev. by Sir D'Arcy Power, et al., 2 vols. (London: Simpkin, Marshall, 1930); Leslie Stephen and Sidney Lee, eds., *Dictionary of National Biography,* 59 vols. (New York: Macmillan, 1885–99); and the manuscript pupil registers at St. Thomas's Hospital Medical School Library, Guy's Hospital Medical School and St. George's Hospital Medical School Library.

[15] William Lawrence was apprenticed to John Abernethy in 1799, made demonstrator of anatomy in 1801 at St. Bartholomew's and MRCS in 1805. He was extremely active in the BHMPS, giving four papers between 1801 and 1807, as well as innumerable case and dissection reports. Henry Earle was apprenticed in 1805 to his father, James Earle, surgeon at St. Bartholomew's from 1784–1815. He delivered five papers to the BHMPS between 1807 and 1812, having given many case reports from the time he entered in 1807. Benjamin Travers, Thomas Calloway and Frederick Tyrrell were apprenticed to Astley Cooper at Guy's in 1800, 1809 and 1810, respectively, the latter two each presenting two papers to the GHPS and all giving case reports. John Flint South, apprenticed to Henry Cline in 1814, gave a paper in 1815 and reported on surgical cases in St. Thomas's to the GHPS. All eventually acquired hospital appointments. On hospital expectations of surgical apprentices, see M. Jeanne Peterson, *The Medical Profession in Mid-Victorian London* (Berkeley: University of California Press, 1978), pp. 77, 146; on the elite status of apprentices among the hospital pupils, see Frederick G. Parsons, *The History of St. Thomas's Hospital,* 2 vols. (London: Methuen, 1934), 2: 250.

London for his Oxford M.D. of 1801, contributed to Guy's Physical Society in 1798. George Rees, who took a Glasgow M.D. in 1801, registered as a physician's pupil at St. Thomas's in 1795 and participated in both the St. Bartholomew's and the Guy's societies while he studied in London and after he returned from Scotland with his degree. Clement Hue regularly joined in the St. Bartholomew's society meetings while a pupil at the hospital from 1800 to 1802, before going up for his 1807 Oxford M.D. John Elliotson and Richard Bright both attended St. Thomas's hospital as pupils and Guy's Physical Society as ordinary members before getting their Edinburgh M.D.s in 1810 and 1812, respectively. As a last example, Isaac Buxton returned to London with an 1802 M.D. from Göttingen, registered as a physician's pupil at Guy's that same year and energetically brought cases to the Guy's society from 1803 to 1808.

The rest of the pupils signed up at the hospitals for practice or lectures under the surgeons, physicians or hospital apothecaries. Many were in London for a year or less; those who stayed longer, particularly pupils who served as dressers and house surgeons, often attended meetings for one to three years before leaving London for provincial or military practice. For example, W. P. Lecocq, from Guernsey, attended St. Thomas's Hospital as a pupil and then as a dresser to Henry Cline, Sr., from 1804 to 1806, and gave papers at the 1804–5 and 1805–6 sessions of the Guy's Physical Society. The records for pupils at St. Bartholomew's are fragmentary, but a partial list from 1807 to 1814, together with the minute books, shows that thirteen of the fourteen house surgeons at the hospital belonged to the St. Bartholomew's Medical and Philosophical Society, and nine of them gave papers during their years there.[16] The societies clearly attracted pupils dedicated to their London training.

While pupils were the more numerous group of members, practitioners were the more active and generally more long-standing participants. Those medical men in private practice in London without any particular association with a hospital are particularly difficult to identify precisely. Such men worked as surgeons, apothecaries or *de facto* general practitioners. Mr. Thomas Walshman, for example, who had studied at St. Thomas's and Guy's hospitals and was a general practitioner in Southwark, spent many years as an active member of Guy's Physical Society. After he took his M.D. in 1801, he continued as Dr. Walshman, both in his local practice and faithful membership in the society.[17] Samuel Cooper, MRCS 1805, studied at St. Bartholomew's before he qualified, and participated in the hospital society from

[16] The only pupil records I have been able to find are in the Private Diary of Ludford Harvey, who kept track of pupils and dressers at St. Bartholomew's when he was a full surgeon there from 1807 to 1824. He kept these notes primarily for financial reasons, since he shared the pupils' fees with the other surgeons. The manuscript is now held in the St. Bartholomew's Hospital Archives. I wish to thank the archivist, Janet Foster, for bringing this uncatalogued manuscript to my attention.

[17] Munk, *Roll*, 3: 56 states that Walshman received his M.D. from Glasgow in 1807, but the secretary of GHPS began calling him "Dr." in 1801; GHPS, Minutes, 2 May 1801.

1803 to 1810. He gradually established a large surgical practice in London and became known as a medical writer.

Hospital men, including men from the host hospitals, participated in, and at times dominated, the weekly meetings. John Abernethy, for example, occasionally treated the St. Bartholomew's society as an extension of his lecture theater. He especially tended to bring up cases which illustrated and confirmed his particular views on the interrelationship between local disease and constitutional irritation. He believed that most constitutional conditions arose from local derangements, particularly of the digestive organs, and strongly recommended attention to diet and general health when treating any illness, whether medical or surgical. Abernethy made these points repeatedly to the society, in his published works and in his lectures on surgery.[18]

Doctors Richard Powell and James Haworth, both physicians to St. Bartholomew's Hospital, also chaired society meetings, entered discussions and brought up cases from their practices. The Guy's society drew upon the staff of both Guy's and St. Thomas's hospitals, with Astley Cooper the most active participant from amongst the surgeons and Doctors William Babington, James Curry, George Currey, Henry James Cholmeley and James Laird from the physicians. Richard Stocker, the Guy's Hospital apothecary, also contributed for several years. Added to this distinguished group were physicians from other hospitals and dispensaries, notably Dr. Thomas Bradley, physician to the Westminster Hospital, who belonged for a time to both societies; Bryan Crowther, surgeon to Bridewell Hospital, active in the St. Bartholomew's society; and Dr. George Birkbeck, physician to the General Dispensary in Aldersgate Street from 1807, in the Guy's society. Finally, although not staff members of the hospitals or dispensaries per se, several medical, surgical and scientific lecturers often contributed, such as Dr. John Haighton, who lectured on physiology and midwifery at Guy's, William Allen, a non-medical man who lectured on chemistry, also at Guy's and James Macartney, a surgeon who lectured on comparative anatomy at St. Bartholomew's.[19]

A third group of practitioners might be called "the hopefuls" because all of these men tried to join the staff of a London hospital. Analysis of the membership lists and the hospitals' Courts of Governors minutes shows that a good number of hospital men did not win their positions easily. Many of the hopefuls often spent years practicing in London, maintaining contact with

[18] See, for example, BHMPS, Minutes, 20 October 1801, 17 November 1801, 1 March 1803, 11 October 1806, 14 October 1806, 13 October 1807, 12 October 1814. Abernethy's published opinions have appeared in a variety of editions, such as *The Surgical and Physiological Works of John Abernethy,* 2 vols. (London: Longman, Hurst, Rees, Orme and Brown, 1825). See especially his "On the Constitutional Origin, and Treatment of Local Diseases," *idem,* 1: 9–144, which appeared in an earlier form in 1804; George Macilwain, *Memoirs of John Abernethy* (London: Hatchard, 1856), pp. 128ff., 220.

[19] On John Haighton, see Samuel Wilks and George T. Bettany, *A Biographical History of Guy's Hospital* (London: Ward, Lock, Bowden, 1892), pp. 363–65. For further information on James Macartney, see John L. Thornton, "A diary of James Macartney (1770–1843) with notes on his writings," *Med. Hist.,* 1968, *12:* 164–73.

the hospitals in part through their active involvement in these societies, while running for staff elections as they arose. For example, Dr. Clement Hue returned to London with his Oxford M.D. in 1809 and participated in the St. Bartholomew's society until at least 1814; he had to wait until 1823 for a physician's post to open in the hospital, but finally obtained a staff position. Doctors James Laird, John Elliotson, James Haworth, Alexander Marcet and the surgeon Benjamin Travers all ran for hospital appointments at least once without success before their ultimate elections, and all belonged to the St. Bartholomew's or Guy's societies while establishing themselves.[20] The men who failed to win posts at Guy's, St. Thomas's or St. Bartholomew's hospitals sometimes ended up with positions at other hospitals or dispensaries. For example, Dr. John Yelloly, who tried for a Guy's post in 1802 and 1804 and for a St. Thomas's one in 1802 as well, managed to become physician to the London Hospital in 1807.[21] Finally, several other physicians and surgeons who belonged to the societies also tried for London hospital posts, but eventually gave up. John Whitfield, member of the Guy's society and a London surgeon, petitioned in 1790, 1799, and again in 1800 for a surgeon's post at Guy's. Dr. James Tattersal, with an 1811 Oxford M.D., put himself forward for assistant physician at Guy's in 1811, 1813 and 1819 and then apparently retired to a provincial practice.[22]

As Dr. Yelloly's eventual connection with the London Hospital suggests, the membership lists of both societies show that they served much more than individual hospital communities. Throughout this period, a number of pupils and practitioners went to meetings of both the Guy's and St. Bartholomew's societies, including William Lawrence, James Macartney and Doctors Robert Gooch, Richard Williams, Robert Thornton and George Rees. Moreover, internal evidence reveals that several student members were studying at other major London hospitals where no known medical societies existed. Among these were Kennedy, Watkins and Wooley from St. George's Hospital, Anthony White, an apprentice at the Westminster Hospital, Pugsley from the London Hospital and Benjamin Brodie, when a pupil at the Great Windmill Street School. Practitioners were also connected to other London societies, both medical and scientific, and so further linked the hospital groups to the broader network of intellectual and professional activity. Local and hospital

[20] Names of unsuccessful candidates, whether they withdrew before the election or went to ballot, appear in the hospital records. See Minute Book of the General Court, Guy's Hospital, 1725–1815, GLRO H9/GY/A1/1/1; Minutes of the Court of Governors, St. Thomas's Hospital, 1784–1849. GLRO H1/ST/A1/8; Journal of the Board of Governors of St. Bartholomew's Hospital, 1786–1801 (Ha 1/15), 1801–1815 (Ha 1/16). Most of the St. Bartholomew's election details are also given by Moore, *St. Bartholomew's*, 2: passim. Competition for physicians' posts dominated this period because there were relatively few vacancies for assistant or full surgeons.

[21] Yelloly had become physician to the General Dispensary, Aldersgate Street, in 1801 and was clearly trying to improve his professional status by moving to a hospital post. James J. Abraham, *Lettsom. His Life, Times, Friends and Descendants* (London: Heinemann, 1933), p. 165. Other examples are Drs. Isaac Buxton and Sayer Walker.

[22] Other examples of society members who failed to win hospital posts are: Dr. Robert John Thornton, Dr. William Moore, William Norris, and Daniel Gibb.

practitioners belonged, for example, to the Medical Society of London (1773) and to the Medical and Chirurgical Society (1805).[23] Similarly, several participated, sometimes quite actively, in a variety of scientific groups, from the official and prestigious Royal Society to the informal and short-lived Askesian Society.[24]

We can better understand the activities of the hospital societies by keeping the complexity of the membership in mind. Those who attended and participated obviously had a wide range of goals and expectations. The pupil passing through on the way to a military career or a quiet provincial practice might have been content to listen. The ambitious pupil or practitioner, however, would have been far more eager to attract attention with cases and papers.

As mentioned above, each meeting had two parts: that devoted to medical news and an hour reserved for a paper. Both sections illustrate the interests and concerns of the members. An average of eight papers a season were given to each society (see Table 1) and although only the authors and topics are known, the lists yield the following conclusions. First, the basic interests did not change. Hernia, dropsy, digestion, fevers, consumption, rheumatism, aneurisms, head injuries, venereal disease, and the like, remained standard fare for paper topics during the entire period. The major, and not surprising, exception to this is vaccination, which became an issue in 1798–99 in both societies and attracted regular attention from the members for the next ten years. Second, in addition to the papers which reflected a primary interest in patient care, were those which showed that the members enjoyed comparative anatomy, medical chemistry, human physiology and occasional excursions into the definition of life (see Table 2). Nor did the speakers restrict themselves to topics and authors exclusively British. In 1808, for example, Samuel Barnes, a former house surgeon at the hospital, delivered a paper on the "System of Bichat," which the St. Bartholomew's society discussed for three consecutive meetings.[25] Third, while most of the

[23] "List of the members . . . 1789," *Mem. Med. Soc. Lond.,* 1787, *1:* n.p.; Of the list of Medical and Chirurgical Society members given for 1805–9 in the *Med. Chir. Trans.,* 1809, *1:* ix–xiii, twenty of the ninety-eight belonged to the GHPS, and one (John Abernethy), belonged to the BHMPS.

[24] Fellows of the Royal Society in the hospital societies during this period included John Abernethy, Astley Cooper, William Lawrence, Benjamin Travers, Alexander Marcet, and William Saunders—all men with established reputations. Joint membership between the GHPS and the British Mineralogical Society (1799–1806) has been noted by Paul Weindling in his article "The British Mineralogical Society: A Case Study in Science and Social Improvement," in Ian Inkster and Jack Morrell, eds., *Metropolis and Province: Science in British Culture, 1780–1850* (Philadelphia: University of Pennsylvania Press, 1983), pp. 145–46, n. 16. The joint members included William Allen (also a member of the BHMPS), Martin Tupper (probably also a member of the BHMPS), Richard Stocker and Dr. William Babington. A similar overlap occurred with the Askesian Society. See Ian Inkster, "Science and society in the metropolis: a preliminary examination of the social and institutional context of the Askesian Society of London, 1796–1807," *Ann. Sci.,* 1977, *34:* 21; Weindling, "British Mineralogical Society," pp. 142–43. Much further research needs to be done on the membership of many other London societies, such as the Linnean Society and the London Philosophical Society, to see how medical men participated in them. How much they pursued science as a necessary adjunct to medicine and surgery, as a separate hobby or avocation or with hopes of further social mobility and professional connections, remains to be investigated.

[25] BHMPS, Minutes, 11 October to 1 November 1808. Note that neither Table 1 or 2 includes the submissions for the prize essays set annually by the GHPS. The response to the prize questions was sporadic, and

Table 1. Number of Papers Given to the Societies, per Year

	St. Bart's	Guy's		St. Bart's	Guy's
1795–96	—	4	1806–07	9	9
1796–97	—	5	1807–08	12	9
1797–98	—	3	1808–09	3	10
1798–99	—	5	1809–10	9	14
1799–1800	9	3	1810–11	11	11
1800–01	7	5	1811–12	10	9
1801–02	9	6	1812–13	5	9
1802–03	11	7	1813–14	8	13
1803–04	6	8	1814–15	10	10
1804–05	6	5	1815–16	—	10
1805–06	10	12			
			TOTALS	135	167

papers were student exercises, some provide evidence of long-standing research interests, the subjects later appearing in the members' publications. For example, in 1800, James Macartney delivered a paper, entitled "On the Production of Light in Insects," which probably contributed to his 1810 essay for the Royal Society on luminous animals.[26] Finally, the selection of paper topics had no obvious correlation with the identification of surgeons', physicians' or apothecaries' pupils. Surgical pupils examined diabetes and consumption, just as future M.D.s took hernia and head injuries as dissertation subjects.[27] Similarly, all types of practitioners explored physiological questions, since topics like animal heat or definitions of life had no professional boundaries.[28]

An analysis of contributions to medical news reveals similar conclusions. While local practitioners and hospital men tended to present their difficult cases, especially those requiring operations, such as hernia, aneurisms and skull fractures, they also brought up problems of everyday practice, such as venereal disease, difficult labor, consumption, fever and burns.[29] The soci-

the answers received were not always read to the society. Most of the prize essay topics were in medicine, surgery or physiology.

[26] BHMPS, Minutes, 16 December 1800, with discussions continued on 30 December 1800, and 13, 20, 27 January 1801. James Macartney, "Observations on luminous animals," *Phil. Trans.*, 1810, *100*: 258–93. William Lawrence revealed his early interest in man with a paper "On the Varieties of the Human Species," given to GHPS on 8 January 1802 and to the BHMPS on 4 October 1803. The same subject formed part of his lectures on the Natural History of Man given to the Royal College of Surgeons in 1818. See his *Lectures on Physiology ... and the Natural History of Man* (Salem: Foote and Brown, 1828), pp. 212–33. See also Bransby B. Cooper, *The Life of Sir Astley Cooper, Bart.*, 2 vols. (London: John W. Parker, 1843), 1: 107.

[27] For example, Dr. Barry gave a paper on crural hernia (GHPS, Minutes, 20 February 1813); Clement Hue presented a paper on gangrene (BHMPS, Minutes, 8 January 1802); John Syer, surgeon, read a paper on phthisis pulmonalis (BHMPS, Minutes, 22 February 1803).

[28] For example, R. W. Brown, a surgical pupil and MRCS 1811, and Dr. Robert Gooch both gave papers on animal heat; BHMPS, Minutes, 19 February 1811, and GHPS, Minutes, 25 April 1808, respectively.

[29] Examples of cases reported to the GHPS have been published by Wall, "Guy's Hospital Physical Society," pp. 165–67 and Campbell, "History of the Physical Society," p. 112. These authors both chose unusual cases to illustrate the society's business; the normal case reports are similar to those published in the contemporary medical press.

Table 2. Number of Papers Delivered to the Societies (1795–1815), by Subject

	St. Bartholomew's		Guy's		TOTALS	
Surgery	50	(38.2%)	48	(28.7%)	98	(32.9%)
Medicine	41	(31.3%)	54	(32.3%)	95	(31.9%)
Physiology	11	(8.4%)	24	(14.4%)	35	(11.7%)
Therapeutics	7	(5.3%)	9	(5.4%)	16	(5.4%)
Chemistry, Natural Philosophy and Natural History	6	(4.6%)	12	(7.9%)	18	(6.0%)
Venereal Disease	4	(3.1%)	7	(4.2%)	11	(3.7%)
Midwifery, Diseases of Women	2	(1.5%)	6	(3.6%)	8	(2.7%)
Eye Diseases	3	(2.3%)	1	(0.6%)	4	(1.3%)
Other	7	(5.3%)	6	(3.6%)	13	(4.4%)
Subject Not Given	4		0		4	
TOTALS	135	(100%)	167	(100%)	302	(100%)

eties particularly encouraged pupils at all levels to describe cases they had observed during the ward rounds: in 1813, for example, the members of Guy's Physical Society decided "that the Dresser for the week (being a member of the Society) should be requested to furnish whatever may fall under his observation interesting to the Society."[30] House surgeons, because they had more responsibility for patients and more opportunities for close observation, were especially eager to share their experiences.[31]

During this twenty-year period, both societies also encouraged their members to prepare more detailed case histories. In Guy's Physical Society, the process appeared formally in 1801, when the Common Committee decided that one of the papers required for a member to rise from ordinary to honorary status could be replaced by two written case reports. To qualify, the report had to contain details of treatment and a comparison with accounts of similar conditions, which it was hoped would provide insight into the efficacy of the remedies used. If the case ended in death, and a dissection was possible, the society expected post-mortem details.[32] The criteria were not just empty standards: in 1804, the committee at Guy's ruled that "Two cases were read but being unaccompanied with any observations & thereby deficient in the end proposed were returned to the Author."[33] By 1811 in both societies, case reports from ordinary members were often quite detailed

[30] GHPS, Minutes, 4 March 1813, resolved by the Common Committee, the group which served as an executive committee of the society. This passage is also quoted by Campbell, "History of the Physical Society," p. 113 as a resolution passed by the Society on 6 March.

[31] Eight out of the fourteen known house surgeons at St. Bartholomew's Hospital from 1807 to 1814 repeatedly gave case reports to the BHMPS during their house surgeon appointments. These included Joseph Lightfoot, John Ashburner and John Webb.

[32] GHPS, Minutes, 3 October 1801.

[33] GHPS, Minutes, 2 February 1804.

and the secretary at St. Bartholomew's noted—with a hint of boredom—that certain individuals went on "at length."[34]

The cases, questions, observations, and problems brought up by the members show that they were not simply contributing to academic or theoretical discussions. Inconsistent treatments, decisions to operate, and proper diagnoses of conditions were pressing and immediate concerns for both students and practitioners. In 1807, Mr. Wood, a pupil at St. Bartholomew's, plaintively asked the society how one could really tell if a fetus was alive or dead in the womb, referring to the descriptions in textbooks as useless. Abernethy responded with the disquieting, but honest, assessment that the whole condition of pregnancy was obscure; there were no easy answers to his questions.[35] As pleased as the members could be with their cures or their positive reports of individual cases, they were often frustrated with the work they were doing and skeptical of smooth assertions and easy answers. James Macartney warned against accepting the claims practitioners often made about the efficacy of mercury in a wide variety of conditions. He noted that because other treatments, especially bleeding, were also routinely given, there was no certainty that mercury caused the perceived improvements. Such haphazard "experiments" ended with the "truth left vacillating."[36]

Those who reported on post-mortems frequently expressed frustration with the lack of correlation between symptoms and morbid anatomy. Most examinations turned up something more or less expected to explain the patient's condition, but others only left the cause of symptoms and death more obscure. There were apoplexies and madness with no sign of disease in the brain; a series of fevers with inexplicably enlarged spleens; sudden deaths due to aortic aneurisms; and the coincidental discoveries during post-mortems of organic diseases which had produced no symptoms or complaints in the living patients.[37] Added to these experiences, about which members could only report and not explain their observations, were difficulties with patients who managed to leave the hospital before dying, thus escaping examination, as well as resigned summaries of private cases where the family refused permission to open the body.[38]

Finally, practitioners reported on experiments ranging from rough clin-

[34] BHMPS, Minutes, 12 February 1811, 12 March 1811, 7 January 1812. Longer case reports are also notable from the pupils at Guy's, especially in the period 1812–13. Several cases reported to the hospital societies were also given to other medical societies, and eventually appeared in print. For example, Isaac Buxton reported to GHPS on a case of poisoning by charcoal fumes on 20 December 1806. On 7 January 1807, William Babington read the details of the case to the Medical and Chirurgical Society: "A case of exposure to the vapour of burning charcoal," *Med. Chir. Trans.,* 1809, *1:* 83–98. The local practitioner, Mr. Hingeston, who consulted Babington on the case, was a member of GHPS.

[35] BHMPS, Minutes, 13 January 1807.

[36] BHMPS, Minutes, 17 February 1807.

[37] GHPS, Minutes, 3 November 1804, 25 February 1808, 31 March 1810, 16 October 1813, 21 October 1815; BHMPS, Minutes, 31 December 1799, 25 November 1800, 17 March 1801, 21 April 1801, 6 October 1801, 12 January 1802, 25 October 1803, 10 December 1805, 17 November 1807, 30 January 1810, 6 February 1810, 15 December 1812, 14 December 1813, 18 October 1814. For dissecting room reports, see, for example, BHMPS, Minutes, 30 January 1810, 20 December 1813; GHPS, Minutes, 30 March 1805, 25 February 1809.

[38] For example, BHMPS, Minutes, 3 April 1810, 10 November 1812.

ical trials to investigations with animals and chemical analyses. In 1796, for example, Abernethy, then an active member of Guy's Physical Society, described experiments conducted at St. Bartholomew's on phthisical patients. The use of various gases for treating lung diseases was a controversial issue during the late eighteenth century, and the medical men at St. Bartholomew's set up a chamber to try the effectiveness of hydrogen gas as a treatment for consumption. Abernethy noted that the patients felt some immediate relief, because of diminished cough and expectoration. He did not recommend the treatment, however, because he could not "conceive it capable of removing Tubercles, actual Thickening, or any long-standing disease of the lungs."[39]

Practitioners and students used animals for experimentation on "clinical" questions. In 1802 Mr. King reported to Guy's on experiments he had performed on rabbits to test the hypothesis that hydrogen gas might help in restoring drowned persons. He drowned several rabbits and satisfied himself that those given hydrogen gas died, while those treated the usual way by resuscitation recovered. Probably in a response to a discussion of postmortem artifacts, Joseph Hodgson, a former St. Bartholomew's pupil and, in 1813, a surgeon in London, gave the St. Bartholomew's society the results of experiments he had done on rabbits to confirm the self-digestion of the stomach after death. He was also happy to disprove Joseph Adams's assertion that self-digestion and stiffening of the limbs did not occur together.[40] Most of the chemical investigations dealt with the materia medica, as in the production of gases, acids, or plant extracts of therapeutic value. Other practitioners hoped that chemical tests might have some physiological or pathological value and reported on items like the chemical analyses of variolous matter and of fluid from hydroceles.[41] Despite the undoubted interest in scientific work, the societies did not actively encourage medical research beyond showing a willingness to hear and discuss what the members presented. The complexities of practice took precedence over questions of medical or scientific theory. The only live demonstrations the members viewed were not chemical experiments, but anatomical or pathological preparations and the occasional patient.[42] Furthermore, practitioners who did advanced work on physiological, botanical, or chemical questions were much more likely to present it to the more appreciative audiences in scientific societies or in publications. For example, Alexander Marcet and John Haighton did

[39] GHPS, Minutes, 24 December 1796. For other clinical trials, see GHPS, Minutes, 28 October 1797, 1 April 1797, 25 February 1809.

[40] GHPS, Minutes, 23 April 1802; BHMPS, Minutes, 10 November 1813. See also GHPS, Minutes, 22 March 1794; BHMPS, Minutes, 10 March 1807.

[41] GHPS, Minutes, 19 December 1795, 27 December 1806; BHMPS, Minutes, 15 October 1799, 3 January 1802, 16 February 1802, 9 March 1802, 16 November 1802, 9 October 1804, 29 October 1805. The interest in chemistry, natural philosophy and natural history definitely took second place to debates on therapeutics and case reports. The members did not actively promote either individual or joint experimentation.

[42] BHMPS, Minutes, 27 October 1807. The Society adjourned early so the members could view an accident victim in the hospital; see also GHPS, Minutes, 30 December 1797.

not present much of their respective chemical and physiological research to the Guy's Physical Society.

The societies also remained apparently oblivious to the renewed calls for medical reform which began to stir London and the provinces around 1800.[43] While informal discussion on reform might have occurred before or after the meetings, political debates were just not part of the societies' business. Whatever formal barriers or jurisdictional complaints separated physicians, surgeons, and apothecaries in ultimate allegiance, many types of practitioners, from Fellows of the Royal College of Physicians to local surgeon-apothecaries, came together amicably on Tuesday and Saturday evenings.[44] Their discussion of a wide range of topics and cases, with mutual respect for differing opinions, indicates that while certainly not all practiced as general practitioners, most of them had the general practitioner's interest in, and understanding of, both medical and surgical problems.[45] Although the traditional and increasingly political distinctions between the ranks shaped the London medical profession in the early nineteenth century, it should be remembered that patient care, pragmatic interests and personal friendship also tied these men together. Such connections probably complicated the tortuous path of medical reform before 1858.

Historians of scientific societies in late eighteenth- and early nineteenth-century Britain have repeatedly noted that such groups brought men of similar and divergent social positions together through their mutual interests.[46] The members of the Guy's Physical Society and the St. Bartholomew's Medical Society were similarly constituted and motivated. The societies provided a setting in which local practitioners, whose families and clientele were among shopkeepers, small tradesmen, and others of the lower middle class, could meet with the hospital men, such as William Babington, John Abernethy and Astley Cooper, whose social place was comparable to that of their wealthier private patients, to share observations from their diverse practices. With this association came the benefits of knowing how other men dealt with specific medical and surgical conditions, and of hearing about and

[43] S. W. F. Holloway, "The Apothecaries Act, 1815: a reinterpretation, part I," *Med. Hist.*, 1966, *10:* 107–29; Peterson, *Medical Profession,* pp. 20–21. For contemporary notice of the reform movement, in addition to the material cited by Holloway, see *Edin. Med. Surg. J.*, 1806, *2:* 252–53, 489–90; 1807, *3:* 119, 250–52.

[44] On the presumed division and isolation of the physicians, surgeons, and apothecaries, despite the rise of the general practitioner, see S. W. F. Holloway, "Medical education in England, 1830–1850: a sociological analysis," *History,* 1964, *49:* 301, 307; Peterson, *Medical Profession,* p. 12. For the important practical and political shift to general practitioners and consultants, see Ivan Waddington, "General Practitioners and Consultants in Early Nineteenth-Century England: The Sociology of an Intra-Professional Conflict," in John Woodward and David Richards, eds., *Health Care and Popular Medicine in Nineteenth-Century England* (London: Croom Helm, 1977), pp. 164–88.

[45] For such debates in the societies see, for example, BHMPS, Minutes, 8 October 1799, 17, 24 February 1801, 6 October 1801, 3 November 1801, 2 February 1808; GHPS, Minutes, 3 December 1796, 30 April 1808.

[46] For example, see Robert E. Schofield, *The Lunar Society of Birmingham* (Oxford: Clarendon Press, 1963), p. 3; Jack Morrell and Arnold Thackray, *Gentlemen of Science: Early Years of the British Association for the Advancement of Science* (Oxford: Clarendon Press, 1981), pp. 22–23; Morris Berman, *Social Change and Scientific Organization: The Royal Institution, 1799–1844* (Ithaca: Cornell University Press, 1978), chap. 1.

questioning the success or failure of new treatments and operations. The hospital societies share two other important features of their scientific counterparts: as vehicles for an "image" of a body of knowledge, in this case an implicit organization of London medical practice, and as avenues for personal advancement, especially professional mobility.[47]

During this period, hospital men sought to maintain and increase their control over medical education within the hospitals and to strengthen their professional eminence within the community.[48] The hospital societies, by confirming the importance of the London hospitals as centers of on-going medical debate and progressive practice, increased the dominant role and prestige of the London hospital men. The hospital men drew on their considerable experience with hospital and private patients and their professional connections with the wider London medical elite, especially other hospital practitioners, to establish their authority on theory and practice. While these men expected deference during the societies' meetings, they never came across as rigidly narrow or dogmatic. They welcomed the comments, questions, or suggestions which pupils or other practitioners offered on diagnosis and treatment. This combination of reasonable open-mindedness and broad experience probably reinforced the head-of-the-profession image which the hospital men sought and helped to impress it upon a most important audience, the next generation of practitioners and colleagues.

As well as the knowledge and experience which pupils and practitioners acquired by attending meetings, they also used the societies to establish beneficial professional relationships with the hospital staff and to improve their prospects of obtaining hospital and dispensary posts. As noted above, several physicians and surgeons were active in the societies while seeking staff elections. Whatever their immediate personal reasons for joining the societies, these practitioners could also have hoped to gain a competitive advantage by becoming known to the hospital hierarchy and by indirectly learning the hospital routine, including the specific opinions and practice of the current staff. Even former physicians' pupils and surgeons' apprentices, already favored for new openings, used the weekly meetings, at least in part, to keep in touch with their influential masters and to demonstrate their continued interest in hospital medicine.

For the local practitioner with no chance at a charity post, the connection with hospital men helped by opening possibilities for referrals of private

[47] For scientific societies as embodiments and proselytizers of changing images of science and its practice, see Berman, *Social Change,* pp. xx–xxi; Robert H. Kargon, *Science in Victorian Manchester* (Manchester: Manchester University Press, 1977), chap. 1, esp. pp. 27–33. As avenues of social mobility, see Inkster, "Science and society" and Weindling, "British Mineralogical Society." Note that I am not specifically concerned here with the image of science which the hospital societies portrayed, nor with their roles for social mobility, which usually, however, contributed to and depended upon professional status.

[48] Peterson, *Medical Profession,* p. 63; Waddington, "General Practitioners and Consultants," pp. 170–73. The efforts of hospital men to control education within the hospitals has been emphasized for the 1820s and 1830s. It actually began in the mid-eighteenth century; I am currently working on a detailed study of London medical education from 1750 to 1815.

patients. Pupils who became corresponding members also used the societies for professional ends, particularly to maintain contact with their London teachers and colleagues, by writing letters with their medical news, and attending the meetings when in town. Furthermore, the local men often called in the hospital men for consultations on their own better paying patients, an arrangement that the camaraderie of the societies could foster for both intellectual and professional rewards.[49]

Finally, and in this respect unlike their scientific counterparts, the hospital societies played a direct role in medical and surgical education. As is the case with most educational opportunities, how much a student learned from a society depended upon his own initiative. At a minimum a pupil could at least watch his peers and masters in action. For the pupil who participated, however, the advantages multiplied. Visibility certainly brought subtle professional benefits, such as a stronger letter of introduction when attempting to develop a provincial, military, or London practice. But presenting case histories had a further concrete value. From the early eighteenth century, medical men had increasingly stressed the importance of clinical observations: of learning, when confronted by a patient, how to disclose his history and to gather the information needed for diagnosis, prognosis, and treatment. Most medical and surgical writers emphasized that the variety of cases and the chance to observe well-qualified men made hospital experience important for both medical and surgical training. A partial drawback, however, was the relative isolation of the majority of hospital pupils in London who did not have the privileged status of the apprentice or the responsibility of the dresser. They attended, they observed—but they were rarely examined on what they observed or required to discuss cases with a senior. Hence many of the students came and went with little trace of formal teaching or examination by those whom they had paid to see.[50] Thus it is clear why the pupils who participated in the societies could have benefited so directly from their experience. Bringing up a case observed at the bedside gave the courageous pupil a chance to receive the questions and responses

[49] Waddington, "General Practitioners and Consultants," p. 171; For an implicit referral of a former hospital patient requiring further care to a young pupil/practitioner, see BHMPS, Minutes, 7 December 1813. See also notes 13, 34 above. For further indirect evidence of connections established and/or supported by mutual membership in the societies, see, for example, William Lawrence, "Observations on lithotomy," *Edin. Med. Surg. J.*, 1809, *5:* 142. Lawrence was assisted in a private case by Bryan Crowther, a member of BHMPS from 1801. See also Alexander Marcet, "A case of hydrophobia," *Med. Chir. Trans.*, 1809, *1:* 153–54; Marcet refers to several other practitioners who were active in the GHPS. Eliot Freidson has emphasized the importance of personal networks for referrals in modern medicine; his comments, with obvious qualifications about the structure of practice, seem equally appropriate for the early nineteenth century: *Profession of Medicine: A Study of the Sociology of Applied Knowledge* (New York: Dodd, Mead, 1971), pp. 94–96, 193–96.

[50] Peterson, *Medical Profession,* p. 14. Note that the first requirement for hospital practice existed only from about 1810, when the Royal College of Surgeons asked for "hospital attendance" for the diploma: Resolutions of the Court of Examiners of the Royal College of Surgeons, vol. 1 (1763–1824) 15 June 1810; Zachary Cope, *The Royal College of Surgeons of England* (London: A. Bland, 1959) has dated the requirement from 1813, when, in fact, the Court decided to demand one year's attendance; see Resolutions, 6 August 1813. The Society of Apothecaries did not require hospital attendance until 1815.

of senior pupils and hospital men.[51] Furthermore, asking questions during the general discussions clarified how theoretical principles presented in lectures applied to actual cases. While the society meetings could not take the place of clinical lectures or practice, they certainly supplemented passive hospital teaching with animated discussions in which the student could test himself.

Guy's Hospital Physical Society and St. Bartholomew's Hospital Medical and Philosophical Society served important educational and professional functions in London between 1795 and 1815. They provided the opportunity for discussing everyday problems, sharing new discoveries and encouraging pupils to exploit fully their hospital experiences. They allowed hospital men to pontificate at times, but also to support the efforts of local practitioners and ambitious students. While not improving medicine in the sense of directing research or organizing clinical investigations, they did help medical men at all levels to think about their experiences before their observations were lost in the demands of the next case. Perhaps most important, the societies fostered the medical communities associated with three of the great London hospitals. They did this by providing links between pupils and practitioners from different hospitals, different kinds of practice, and different professional levels.

[51] As an anonymous pupil wrote home ca. 1793–1800 about the GHPS and the papers discussed, "... this is a very agreeable amusement, and gives an opportunity for those who have confidence enough to display their abilities." Quoted in Parsons, *St. Thomas's*, 2: 251. For evidence that the pupils recorded at the bedside the cases that they gave to the society, see GHPS, Minutes, 22 February 1800, 28 February 1807, 5 March 1814; BHMPS, Minutes, 25 February 1800, 12 February 1801, 15 October 1805, 18 December 1810.