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## CHAPTER FIVE

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### *Scottish Medical Societies and the Profession in the Nineteenth and Twentieth Centuries*

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The main intention of this chapter is to deal with medico-political issues and problems of the profession in the local context. The changing relationship between the local Scottish societies and the expanding British Medical Association is important in this context. A major concern for local medical societies was the development of the auxiliary medical services of midwifery and pharmacy in the course of the later nineteenth and early twentieth centuries. Local medical societies reacted with suspicion. Bearing a distinct similarity to this reaction to the development of auxiliary medical services, is the attitude toward the emergence of female medical practitioners, and their struggle for membership of local Scottish medical societies. The final section of this chapter examines the medico-political issues which came to play an increasingly important role in the daily lives of general practitioners in this period. State involvement in medical care and provision increased, though it was challenged by some local medical societies, who gradually assumed the mantle of local professional pressure groups. In the course of campaigns against growing state regulation of medical provision, local societies on occasion, although not invariably, worked in tandem with the national British Medical Association.

#### LOCAL COOPERATION AND THE ROLE OF THE BRITISH MEDICAL ASSOCIATION

There was a tendency towards association and geographical union of Scottish medical societies which pre-dated the spread of the British Medical Association branches to Scotland in the 1870s. In 1859, a short-lived Association of Scottish Medical Practitioners was set up in Edinburgh.<sup>1</sup> This Association was formed to promote the enforcement of the 1858 Medical Act, in particular to raise actions for the prosecution of unregistered practitioners. The Association did not last long once it was established that the clauses of the 1858 Act did not extend to such prosecutions,<sup>2</sup> and the next year the Association was described as being in 'a state of suspended animation'.<sup>3</sup>

In the north of Scotland, the Buchan and the Aberdeen Medico-Chirurgical societies, and the Garioch and Northern Medical Association, became affiliated to the North of Scotland Medical Association in 1865, a body set up at the suggestion of the Buchan Medical Society the previous year.

A letter from William Bruce, Secretary of the Buchan Medical Society

[who was later to become Scottish general practitioners' first directly elected representative on the General Medical Council] dated August 24 1864 was read, to ask, '... if your members would join in an amalgamation of the different medical societies now existing in the north, to form a "North of Scotland Medical Association" with meetings yearly in Aberdeen, the present societies, as branches, continuing their independent existence'.<sup>4</sup>

The NSMA acted as a locus for educational, professional and social interaction in the region until 1892, when its demise is commented on in the minutes of the Garioch and Northern Medical Association. 'As the North of Scotland Medical Association is now an extinct society, no representatives were appointed'.<sup>5</sup>

Interest and support for a medical association covering the north of Scotland did not necessarily lead to similar enthusiasm for the proposed launching of a 'Scottish Medical Association' in 1874, however. Among the papers of the Buchan Medical Society there is a collection of documents relating to this proposed national medical organisation, including a copy of the circular sent by the committee which had been formed to canvass the opinion of the Scottish medical societies on the proposal.<sup>6</sup> The letter sent by the Buchan Medical Society notifying its members of a special meeting to discuss the proposed national association forms a useful summary, both of the intentions of the suggested association, and the reasons for the lack of enthusiasm shown in the north of the country.

Under the name of the Scottish Medical Association it is proposed to unite all existing societies in Scotland, having for its objects the maintenance of a bond of union among the Members of the Profession in Scotland; the elevation of the standard of their attainments, status, and emoluments; the defence of their rights and privileges; the cultivation of social intercourse; and the advancement of Medical Science.

It is proposed that a General Meeting of the Association be held, annually, in each of the four University Seats by rotation.

Practically, the Buchan Medical Society will have to discuss, whether they join this National Association, or be content with the General Association already in existence, viz., the North of Scotland Medical Association.<sup>7</sup>

Given the final paragraph of the above letter, it should come as little surprise that a limited gathering of the Buchan Medical Society decided by eight votes to four against offering their support to the proposed Scottish association, particularly bearing in mind the society's formative role in the establishment of the North of Scotland Medical Association discussed earlier. However, it was not only north of Scotland medical societies who were unenthusiastic about the idea of a national association. 'A communication was read from Dr. Strachan<sup>8</sup> of Dollar about the establishment of a Scottish Medical Association – after some discussion... the paper was ordered to be left on the table'.<sup>9</sup> From this extract it would seem the Edinburgh Obstetrical Society did not find great support for the

proposal among its members, and others, including the Forfarshire Medical Association at its annual meeting in Arbroath in 1875, resolved to take no action in response to the circular proposing the setting up of a national medical association.<sup>10</sup>

The largely negative reactions of local medical societies across the country to the proposed Scottish Medical Association may have owed much to the timing of the scheme, mooted at the same time as the BMA was taking its first steps to promote, and in a short period, form local branches of the national Association in Scotland. Certainly, earlier evidence suggests that the union of local societies on a regional and Scotland-wide basis was practicable. Paradoxically, it was an overture from the British Medical Association towards the Scottish Midland and Western Medical Association in 1872 to become a branch of the national Association which led to the proposals for a Scottish Medical Association, as the preferred option of this regional society. The subsequent campaign for an exclusively Scottish association was continued in parallel if not in direct competition to the arrival of local Scottish BMA branches in the 1870s.

The discussion in the SMWMA on becoming a branch of the BMA grew from the fact that, as its name suggests, the Scottish Midland and Western Medical Association had local branches throughout the west and central belt of Scotland, and was, as a society, chiefly concerned with medico-political interests.<sup>11</sup> Yet, despite the preferred option in the ranks of the Scottish Midland and Western of a Scottish Medical Association, there was support for setting up a local BMA branch in the area.<sup>12</sup> There were many individual members of the BMA within the profession in Scotland, including John Mitchell Strachan (Parochial Medical Officer at Dollar), who played a key role in the campaign to set up the Scottish Medical Association, and it was inevitable that a Glasgow and West of Scotland branch of the Association would be established, alongside other regional Scottish branches. Fresh impetus was given to the spread of the BMA in Scotland in 1875 when the Association's annual conference was convened in Edinburgh.<sup>13</sup> The West of Scotland branch, with divisions in Lanark, Renfrew, Stirling, Dumbarton, Ayr, Argyll and Bute, came into being in January 1876.<sup>14</sup> Despite the implied fears of its members, the establishment of the local BMA branch had no adverse effects on the fate or functions of the SMWMA, which continued its strong medico-political activities into the twentieth century, and only in the 1920s did its functions become almost exclusively social.<sup>15</sup>

It is understandable that some societies, such as the SMWMA, viewed the setting up of a local BMA branch in their area as a threat to their independent existence, and mooted a Scottish Medical Association in recognition of the distinct nature of the profession in Scotland. Yet other societies actively encouraged links with the national Association. Local society support for the creation of a local branch of the BMA as in Dundee in 1893,<sup>16</sup> or amalgamation into a regional branch, as in the case of the Perthshire Medical Association in 1888/89,<sup>17</sup> were signs of the vigour of local medical, particularly medico-political, activity in the area.

Local medical societies continued to play an important role in the life of the local profession in the nineteenth and twentieth centuries. This was true despite an apparent fear regarding their long-term prospects engendered by the creation of regional branches of the BMA. Even after the creation of BMA branches, Scottish medical societies maintained an interest in medico-political matters. This was achieved mainly in cooperation, but occasionally in opposition, to the policies of the BMA.

#### THE CHALLENGE OF THE AUXILIARY MEDICAL PROFESSIONS

It was inevitable that the medical profession in the course of the nineteenth and early twentieth centuries would come into competition with two of what may be termed the 'auxiliary medical services' of pharmacy and midwifery, as the rank and file of the profession emerged from the shadows of corporate dominance by the elite, and began to coordinate pressure group activity on their own behalf through local and national medical societies.

#### *Midwifery*

The relationship between the medical profession and midwives has historically been a contentious one<sup>18</sup> with the ascendancy of the often untrained midwife gradually replaced by that of the general practitioner in the late eighteenth century. Despite this, many thousands of women continued to act in this occupation, sometimes in cooperation with the medical profession. As the status of the Scottish medical practitioner rose, so too, was a premium placed on increased levels of training and education, something which the midwife had only limited access to until the twentieth century, and which, in the years after the 1830s, was regularly opposed by the majority of the medical profession who had come to realise the importance of obstetrics in their day-to-day practice and income.

The regulation of women employed as midwives in Scotland was initiated in the eighteenth century in Edinburgh and Glasgow through the Town Council and the Faculty of Physicians and Surgeons respectively.<sup>19</sup> For a short time in the 1820s and early 1830s the Aberdeen Medico-Chirurgical Society revived the notion of instruction for local midwives. In taking on an active role in the regulation and instruction of the medical community, the Society proved to be an exception among the organised medical profession, not simply in these years, but throughout the nineteenth and into the twentieth century.

It was suggested by Dr Torry that the appointment of a committee to examine and grant certificates to midwives, would tend much to increase the respectability of that class of persons and give the public additional confidence in their skill.<sup>20</sup>

Prospective candidates for examination before the Society were to produce: '1. A certificate of the moral character from the clergyman of the congregation she belongs to. [And, more important], 2. A certificate of having attended one or more courses of lectures in midwifery.'<sup>21</sup> The examination itself covered the

anatomy and dimensions of the pelvis and child; the management of labour; and knowledge of after-treatment and related diseases. This scheme lasted for five years between 1827-31, and although reasons for its demise are unclear, acts as a testament to the influence of the Medico-Chirurgical Society within the community. The final report of the scheme in 1831 stated that seventeen midwives had been granted certificates in that year alone, five from the city, and a further twelve from outlying country parishes, where there would presumably be more pressing need for their services.<sup>22</sup>

The need for training and registration of local midwives was not recognised more than sixty years later in 1895 when the progress of the latest in a series of unsuccessful Midwives' Registration Bills then before Parliament was the topic of discussion for the Edinburgh Obstetrical Society. Although this proposal was not intended to cover Scotland, it provoked much heated debate and overwhelming opposition among the ranks of the Society, who viewed any legislation intended to regularise the conduct and enhance the status of midwives as an attempt to undermine their livelihood. In one of the numerous debates on the issue within the Society during 1895, the general tenor of the medical practitioners' opposition to the registration of midwives may be assessed.

Dr Berry Hart's position briefly was that, keeping in mind the unlikelihood of an effective training for some time, we were face to face with the danger of launching a large number of unqualified women on the public.... Dr. Connel (Peebles) said he preferred the registration of midwifery nurses rather than midwives, though he felt the difficulties. Thirty years ago a sensible neighbour was usually called in, but in his district the doctor was now almost always sent for. This, he believed, was because knowledge had permeated into the minds of the public. If midwives were to be registered, why not also bonesetters?<sup>23</sup>

The Edinburgh Obstetrical Society's opposition to the Bill was in keeping with the prevailing hostile opinion of rank and file medical practitioners, who opposed any attempt to register midwives as a potential threat to their livelihood by the creation of a qualified auxiliary service in direct competition to the medical profession, albeit confined to a single branch of the practice of medicine. Such determined opposition contributed to the delay until 1902 in the enactment of legislation certifying midwives, and the measure when it did come was limited to England and Wales. Certainly the immediate reason for not including Scotland (and Ireland) in the original Bill referred to when it reached the report stage in the House of Commons, would not provide sufficient reason for a twelve year delay in extending the registration scheme for midwives to Scotland.

Mr. Heywood Johnstone said... with regard to Scotland there did not exist at present any machinery which they could invoke to put the Bill into operation, and a large number of provisions and Amendments would require to be introduced to make the Bill apply to Scotland.<sup>24</sup>

The extension of the Midwives Act to Scotland did not take place until 1915,

and when it did come it was supported by the medical profession for personal reasons. Speaking in 1912, the retiring President of the Edinburgh Obstetrical Society laid emphasis on '... the necessity of a Scottish Midwives Bill. It was a necessary antidote, so far as the welfare of women and infants was concerned to the maternity provisions of the Insurance Act'.<sup>25</sup> The occasion for the passage of the 1915 Midwives (Scotland) Act was in part the unprecedented pressure placed on the medical profession during the war as many practitioners enlisted for overseas service. The additional workload this situation created for those remaining at home (and supported by the fact that many Scottish medical societies were held in abeyance for the duration of the war)<sup>26</sup> made for the very speedy passage of legislation to allow for the practice of duly qualified midwives in Scotland. Such provision was now deemed a necessity to ease the pressure on those remaining hard-pressed practitioners who had not signed on for war service. This was made clear in the second reading of the Midwives (Scotland) Bill which was introduced by T. McKinnon-Wood, the Secretary of State for Scotland,

A great many doctors have gone to the front, leaving rural districts inadequately provided with medical practitioners; so that competent midwives are absolutely necessary throughout Scotland.... The Scottish midwife is not able to obtain a formal qualification except in England. When she returns to Scotland she is not under the same control as the English midwife is. Altogether, I think, ... [there is a] case for treating this as a matter of urgency ...<sup>27</sup>

The remarkably rapid enactment of the later Bill owed more to the overstretched resources of the Scottish medical profession, rather than to a feeling that the profession of midwifery was long overdue this measure of recognition for its position in the scheme of the nation's health care.

### *Pharmacy*

The activity of the Edinburgh Obstetrical Society noted above, was by no means an isolated instance of the Scottish medical profession's opposition to proposed government legislation on related professions considered to be undermining its status. The level of opposition among the Scottish rank and file practitioners to the professionalisation of midwives was even more intense in regard to the development of the profession of pharmacy in the later part of the nineteenth century, and most vehemently in the early twentieth century. Once again, the roots of the medical profession's opposition dated back as far as the seventeenth century. In Scotland, the tendency towards education in both surgery and pharmacy began as early as the mid seventeenth century,<sup>28</sup> and the development of a tradition of training in both areas was continued through the period of dominance by the Scottish medical schools at Edinburgh and Glasgow Universities, largely remaining unchallenged until the emergence of the dispensing chemist provided an alternative source of prescribed medicines for the wider population.<sup>29</sup>

Many general practitioners in Scotland continued to dispense medicines throughout the nineteenth century as part of their daily practice and this additional source of earnings was for poorer practitioners an integral part of their income. Such practice had by no means disappeared by the twentieth century, although 'shop-keeping' general practitioners had been frowned upon by the upper echelons of the profession for most of the preceding century in terms of the adverse effect such retail practice had on the status of the profession. Whereas the disputes between the pharmacy profession and the medical profession in the first instance, and between the rank and file and the elite of the medical profession in the second, were to reach their most extreme stage in the early part of the twentieth century, a similar set of conflicts emerged in the wake of the passage of the Pharmacy Act in 1868.<sup>30</sup> Many practitioners in the west of Scotland in particular felt that the rights of qualified medical practitioners to dispense restricted drugs and poisons was put under threat by the inclusion of clauses in the Act limiting the sale of such articles by the medical profession to practitioners who had obtained the necessary qualifications from the Incorporated Society of Apothecaries. This seemed to be a threat to poorer practitioners who conducted retail dispensaries to augment their low incomes from private practice. It also threatened the direct income from private practice of this same class of practitioners. By raising the standard of the profession of pharmacy in the public perception, with the outlawing of unqualified dispensers, further encouragement would be given to those of limited means to consult their local chemist or pharmacist for advice rather than paying a doctor's fee. The implications of this piece of legislation for the incomes of medical practitioners' were, therefore, great, particularly when it is alleged that, '... before 1913 around 90% of all dispensing took place in doctors' surgeries...'.<sup>31</sup>

In practice, the follow-up 1869 Pharmacy Act allowed qualified medical practitioners, but not their unqualified assistants, to dispense poisons, who were, however, by necessity, left to tend to the doctor's 'open shop' dispensary for most of the day. This latter point became important in 1900 when the General Medical Council (in the wake of a great surge of prosecutions by the Royal Pharmaceutical Society of Great Britain of medical practitioners for employing unqualified dispensing assistants), charged a number of west of Scotland practitioners with serious professional misconduct for allowing their unqualified assistants to dispense poisons under their names. The immediate result of the passage of the 1868 Pharmacy Act, however, was the combination of three of the Glasgow medical societies, with the Glasgow Southern Medical Society in the vanguard, to coordinate the protest among the city's medical practitioners to its implied threat to their livelihood.

A conversation on the Pharmacy Act was held after Mr Forrest's reading of the bill with comments. He then proposed that the Act's contents be brought before the Faculty of Physicians and Surgeons and especially those Clauses which seem to interfere with the existing privileges of the licentiates of that body.<sup>32</sup>



The Council of the Glasgow Faculty of Physicians and Surgeons in response to this overture, agreed to send a memorial to the Lord Advocate on the issue, but the Southern Medical Society also decided to establish a committee to continue the local protest activity against the implementation of the Pharmacy Act as it related to the medical profession. Members of two other local societies, the Glasgow and West of Scotland Medical Association and the Glasgow Faculty of Medicine, were also invited to participate on the committee. The latter society had been established to provide poorer Glasgow practitioners with an alternative to the elitist Faculty of Physicians and Surgeons, whose Fellowship was restricted by the high cost of enrolment to the wealthier section of Glasgow medical men.

Perhaps due to the feeling that the Faculty of Physicians and Surgeons would not be supportive on an issue which was of concern chiefly to the rank and file of the local profession, the representative committee of the three Glasgow societies submitted its own memorial to Sir James Moncrieff, Lord Advocate for Scotland.

The memorialists... respectfully beseech and request your Lordship to take such steps for having said [Pharmacy] act amended, so that it may not... interfere with them in the discharge of their duties; and that the memorialists may be continued in the exercise of the privilege to compound and dispense medicines as hitherto enjoyed by them; and until said act is so amended the memorialists request that your Lordship will not allow any proceedings to be instituted against them should they in the discharge of their duty be obliged to perform any act which may be interpreted as a contravention of the statute.<sup>33</sup>

The passage of the Pharmacy Acts of 1868 and 1869 did little in the short-term to end the practice among rank and file practitioners of keeping 'open shop', as the dispensing and retail of drugs and poisons from the practitioners' own premises was referred to at the time. The continuation of this activity also perpetuated the differentiation in status within the profession in the west of Scotland, as described in the Presidential Address to the Glasgow Southern Medical Society by Robert Forrest senior a local general practitioner in 1872.

He then referred to the keeping of drug shops by medical men and shewed very satisfactorily that in a city like Glasgow with so many poor, these were indispensable, moreover he contended that as many young medical men when beginning practice were destitute of pecuniary means, it was quite legitimate in them [sic] to make an open dispensary a kind of 'crutch' to assist in gaining an honest living....[Even though] the Faculty of Physicians and Surgeons exclude shop keeping Doctors from their fellowship...<sup>34</sup>

The importance of the Glasgow and west of Scotland practitioners' protest against the clauses of the Pharmacy Act of 1868 is of wider significance than it may at first appear. It reveals a status-related division within the ranks of the medical profession in Scotland, less than a decade after the passage of the

Medical Act of 1858 which, it had been hoped by its advocates, would be a major turning point towards the unification and increasing status of the profession as a whole. The situation changed little in the ensuing thirty two years. The controversy which arose over the employment of unqualified dispensers by medical practitioners in the west of Scotland in 1900–1 demonstrated that the rank and file of the profession faced a struggle against their own governing hierarchy in a way which echoed the clashes in the previous century between physicians and surgeons and their respective governing corporations. This time the governing authority was the General Medical Council, created by the Medical Act of 1858, and the west of Scotland practitioners' ire was directed as much against the GMC, as against the vested interests of the Pharmaceutical Society of Great Britain.

Between 1897 and 1900 the Pharmaceutical Society had instituted 46 prosecutions against medical practitioners in Great Britain for the employment of unqualified dispensers: all of these were against practitioners in the west of Scotland.<sup>35</sup> The court proceedings had little practical effect, as they provoked a sympathetic reaction for the prosecuted from many colleagues. For example, one of those prosecuted in these years, Hugh Arthur, was a member of the Scottish Midland and Western Medical Association, and his case led to a vote of sympathy from the Association.

It was moved ... and carried unanimously that the sympathy of the meeting be given to Dr Arthur on account of the wrong and annoyance to which he has been subjected on account of the prosecution of his shop assistants.<sup>36</sup>

The Association also decided to refer the matter of the prosecution of unqualified dispensing assistants to the Parliamentary Bills Committee of the BMA. The Committee however, could not offer any support to the position of the shop-keeping practitioners in the west of Scotland, giving as its reason '... it is the duty of the British Medical Association to support the policy of the Pharmacy Acts'.<sup>37</sup> The lack of support from the local BMA branch on this matter of professional and medico-political interest is of consequence given the discussion at the beginning of this chapter regarding the continued role of local medical societies in medical politics in the years after the advent of BMA branches to Scotland.

At the time of his prosecution, Hugh Arthur had been in practice for twenty-five years, was Police Surgeon and Medical Officer of Health for Airdrie Burgh, and physician at Airdrie Fever Hospital, as well as a local parish medical officer and a Public Vaccinator. He was also a member of the BMA and the Medico-Chirurgical Society of Glasgow. His position was not one of a poorly-paid struggling general practitioner, seeking to augment his limited income by dispensing as well as prescribing medicines. While his career may have been the exception which proves the rule, it also suggests that the keeping of 'open shops' for direct dispensing to patients was not simply pursued by recently-qualified practitioners or those in unremunerative private practice, but was an accepted

part of private practice in the west of Scotland at this time, hence the unanimous support for him in the ranks of the SMWMA.

With the failure of the mass prosecutions of 1897–1900 to bring any effective implementation of the Pharmacy Acts, the Pharmaceutical Society's lawyers proceeded to take a test case before the General Medical Council in order to attempt to force general practitioners to comply with the relevant Clauses of the Pharmacy Act of 1868. At a hearing of the GMC in London on December 3 1900, the legal advisers of the Pharmaceutical Society:

referred to the custom prevailing in Scotland of medical practitioners owning chemist and druggist shops, with surgery attached, and pointed out that it was the custom of the medical practitioner to attend a shop for two hours or so and leave the place for the rest of the day in the entire charge of an assistant who was not qualified under the Pharmacy acts of 1852 and 1868. The Pharmaceutical Society regarded this custom as not only contributing a serious danger to the public but as really the 'covering' of unqualified persons so as to enable them to practise [pharmacy].<sup>38</sup>

The irony of a qualified medical practitioner being charged with 'covering' an unqualified assistant cannot be lost, given the fact that so much of the medical profession's political pressure had been directed against just such abuses in the practice of medicine for most of the previous century, yet in the extensive reporting on this issue in the medical press, and as it is discussed in the minutes of the local medical societies, this point is never raised.

The case brought before the GMC was that of John Martin Thomson, a general practitioner in Clarkston, near Airdrie in Lanarkshire, who had been prosecuted on three occasions for employing unqualified dispensers in his shop. The third incident involved the sale of laudanum to a small child whose mother had used the drug to commit suicide. Given the weight of evidence, the GMC found the case against Thomson upheld, but held off from reaching a decision on whether he was guilty of 'infamous conduct', (for which he could be struck off the Medical Register), until the following June. The possible repercussions of this guilty finding by the GMC did not take long to permeate the ranks of the profession in the west of Scotland.

Sixty four members of the Glasgow Medical profession met in the [Southern Medical] Society's premises to discuss opposition to the recent General Medical Council decision regarding the Sale of Drugs and Poisons by Unqualified Drug Assistants, where it was decided that the body should meet not as the Glasgow Southern Medical Society, but as the 'Practitioners of the West of Scotland'.<sup>39</sup>

Six days later forty five practitioners attended a further meeting which was addressed by William Bruce, the Scottish medical profession's sole directly-elected representative on the thirty one man General Medical Council. [William Bruce] ... greatly relieved the membership of the general practitioners present by stating that the General Medical Council would never condemn the keeping of open shops'.<sup>40</sup> It was decided to draw up a memorial to the GMC on this issue

to be presented in person by a delegation sent from the area, and further, to petition Parliament in an attempt to increase the direct representation of general practitioners on the Medical Council.<sup>41</sup>

It is apparent from these decisions that the case of John Thomson was of importance solely for its symbolic value. For the Pharmaceutical Society his was a test case brought about in order to attempt to enforce the working of the Pharmacy Acts for the benefit of that profession, while for the general practitioners in the west of Scotland the Thomson decision was seen as a blow struck by the supreme governing authority of the medical profession against the ordinary practitioner's freedom to earn a living as best as he or she could. It was regarded by the local profession as a demonstration of the GMC's lack of appreciation of the realities of the day-to-day work of general practitioners. The *Pharmaceutical Journal*, the mouthpiece of the Pharmaceutical Society of Great Britain, understandably took a different view of the GMC's action.

At last there is a prospect of bringing home to the real offenders what the General Medical Council calls 'a very grave offence', which has been for years a great personal scandal and a serious public danger over a wide area in the West of Scotland. Owing to the persistent and openly defiant action of certain medical practitioners the Pharmaceutical Society has been put to much apparently futile expense, and sheriffs have been subjected to the farce of issuing decrees which could not be enforced. The carefully considered, unmistakable, and weighty judgement of the General Medical Council has effectually terminated the last hope or shadow of excuse for continuing a practice which is not only a reproach to an honourable profession, but one detrimental to the true interests and progress of both medicine and pharmacy.<sup>42</sup>

The unsurprising support for the GMC's decision found in the pages of the *Pharmaceutical Journal* was echoed in the national medical press at the time, although for reasons altogether different.

We have no wish to be hard on Dr Thomson. In keeping a shop for the sale of drugs and poisons over the counter, in trade fashion, and without prescribing, he only did what many others of his profession do in his division of the Kingdom. The custom is an old one belonging to more primitive days, and even now in lonely parts it may be capable of some justification. But in general, and at this time of day, it is not one consistent with the welfare of the public or the dignity of the profession, therefore, it must be altered.<sup>43</sup>

The *Lancet's* sentiment was shared by the *British Medical Journal*,

That the members of the profession who are affected by the recent decision of the General Medical Council feel somewhat aggrieved is natural.... Although the abolition of the doctor's shop and his unqualified assistant would mean a sacrifice to many in the West of Scotland, it may be nonetheless a desirable result of the present agitation, and would most likely not only benefit the public, but improve the status of the medical practitioner.<sup>44</sup>

It would seem that in the face of such opposition the 'Practitioners of the West of Scotland' had little hope of ultimate success in their rearguard defence of the right to keep 'open shops'. This did not, however, prevent the formation in 1901 of a conjoint committee, consisting of representatives from the Glasgow Southern and Eastern Medical Societies, supported by delegates from the Glasgow and West of Scotland branch of the British Medical Association. The local BMA presence is in contrast to the lack of support given on this issue in 1897. The main objective of this committee was to secure a meeting of its representative deputation with the General Medical Council in June 1901, before the Council reached a decision on the Thomson hearing, to plead their case and to present a petition to the Council signed by 400 medical practitioners from the west of Scotland. This aim was not achieved, as the GMC decided it could not receive a deputation on a case which was *sub judice*. 'June 4th. Early this morning Dr Bruce called at the Hotel and had a prolonged interview with the Members of the Deputation. Regretfully he stated that it was most unlikely that the Deputation would be received'.<sup>45</sup> In the case of John Thomson the GMC decided to take no further action, having restated before him the seriousness with which they viewed his offence. In reaching this decision, the GMC were impressed by the fact that in the intervening six months since his last appearance, Thomson had employed a qualified dispenser to take charge of his shop when he was out on call.<sup>46</sup> It is also possible that the Council was influenced by Thomson's assertion that he was in no way involved in the organised protest against the original decision of the GMC. In fact, according to his *Medical Directory* entries, which cover a period of almost forty years, John Martin Thomson was never a member of any medical society, apart from a brief membership of the BMA in 1923/24.<sup>47</sup>

The matter did not end with the GMC's decision not to remove Thomson from the Medical Register. The repercussions were to be felt in the campaign to elect the Scottish direct representative on the General Medical Council later that year, and also on the hearing of the cases of a further seven medical practitioners from the west of Scotland for employing unqualified dispensary assistants. These cases, which were heard before the GMC in a group, were the result of prosecutions obtained by the Pharmaceutical Society in the wake of the Medical Council's decision in the Thomson case. All seven were found guilty of having committed grave offences against the profession by their conduct. This judgement amounted to a final warning by the GMC, not simply to the practitioners involved, but to the whole of the profession in the west of Scotland, against the employment of unqualified dispensary assistants. To reinforce their decision, the GMC ordered that a warning notice to the profession in the area be published in the local Scottish press.

the Council hereby gives notice that any registered practitioner who is proved to have so offended is liable to be judged guilty of 'infamous conduct in a professional respect' and to have his name erased from the *Medical Register* under the 29th section of the Medical Act 1858.<sup>48</sup>

The response of the Southern Medical Society (the Conjoint Committee apparently did not last beyond November 1901), was swift, and to a large extent, predictable, 'It is our duty... to protest strongly against the action of the Council in so humiliating men of staunch integrity and of holding up the profession in this part of the country to public ridicule and scorn'.<sup>49</sup> By the time of this meeting the practitioners in the west of Scotland had been dealt a further blow with the defeat of their candidate in the poll to elect a Scottish representative for the Medical Council. Charles Robertson, a general practitioner in the south side of Glasgow came in a poor third<sup>50</sup> to William Bruce who had held the post as directly elected Scottish representative since its inception in 1886. William Bruce had, as has been mentioned earlier, shown some sympathy for the campaign to protect the keeping of 'open shops' by the west of Scotland medical practitioners, and had also supported the calls for the increase of direct representation for the profession on the GMC. Yet Robertson was also defeated in the poll by Norman Walker (assistant physician in the Skin Department of Edinburgh Royal Infirmary), who had declared himself in favour of the GMC's actions against those who maintained retail dispensing outlets in the west of Scotland.<sup>51</sup> His attitude obviously derived more from his belief in the detrimental effects the keeping of 'open shops' had on the profession as a whole, rather than on any geographical bias against practitioners in the west of the country.

The discussion has referred chiefly to the west of Scotland, and it does seem clear that the keeping of 'open shops' by Scottish medical practitioners was geographically limited in the main, to this area of the country.

Taking the eight largest towns of Scotland, Glasgow, Edinburgh, Dundee, Leith, Aberdeen, Greenock, Paisley, and Perth – we would venture on personal knowledge to say that there are not in them and outside Glasgow, Greenock, and Paisley ten drug shops kept by doctors.<sup>52</sup>

This assessment of course, may have been coloured by self-interest, the pharmaceutical profession seeking to minimise the practice of dispensing by medical men. Evidence for such a conclusion emerges in a further report from the same journal whose comments were noted above, which revealed only three months later, that there were known to be fifteen Aberdeen doctors keeping 'open shops'.<sup>53</sup> It is worth mentioning that both of these reports appeared in 1902, one year after the GMC had issued the warning regarding the employment of unqualified assistants by medical practitioners. It is reasonable to assume that the practice was continuing, since it is unlikely that the many practitioners who continued to retail drugs and poisons would all have taken on qualified drug dispensers, in the face of the additional expense this would involve, and also bearing in mind the questionable availability of such numbers of duly-qualified dispensers. The continued dispensing practices of medical men were in fact, commented on in the *Lancet* in 1905, the general tenor of the discussion bearing a more pragmatic viewpoint than that evidenced by the journal during the struggle between the west of Scotland practitioners and the GMC four years earlier.

There have been many suggestions to make it unprofessional for medical men, save in emergencies, to dispense medicines, and quite recently one of the most important branches of the British Medical Association was asked to pass a proposal, to which effect was later to be given in a Parliamentary Bill, that medical men should cease to dispense. The meeting would have nothing to do with the motion because practical members of the association were alive to the actual conditions obtaining in practice.<sup>54</sup>

This state of affairs continued beyond the passage of the more stringent Poisons and Pharmacy Act of 1908 which demanded that a qualified pharmacist be employed at every retail drug store. The 1908 Act was principally aimed at the emerging chain drug stores such as Jesse Boot's,<sup>55</sup> but would also have had an impact on the shop-keeping general practitioner. It seems clear however, that such legislation could never be strictly enforced as regards the dispensaries of medical practitioners. Indeed, although prescribing and dispensing were finally legislatively separated by the National Insurance Act of 1911,<sup>56</sup> provision was made for local insurance committees to make special arrangements for doctors to dispense in rural areas which had no chemist in the locality. More important was the inclusion in the nine shillings per patient per year capitation fee offered by the government to those members of the medical profession who agreed to join the panel practice scheme of the National Insurance Act in 1911, of eighteen pence for those doctors who supplied drugs to their patients.<sup>57</sup> This should not be taken to imply that all doctors maintained retail outlets, but nevertheless it is clear that some practitioners continued to do so. Even after the panel practice system had been in place for some time, it was still not unknown for Glasgow medical practitioners in certain areas to augment their income by the retail of drugs, in spite of all that had been said from as early as 1868 (from outside the profession and within), regarding the adverse effect such retail trading had on the status of the practice of medicine in general. This is revealed in the autobiography of a local general practitioner, George Gladstone Robertson, *Gorbals Doctor*, in which, referring to the year 1918 when he was still a student, he states:

I approached my Uncle George [then in general practice in the Gorbals] and asked if I could help him in any way. Without much hesitation he agreed to give me work dispensing medicines, book-keeping and dressing wounds. For this I would be paid two shillings and sixpence per surgery attendance.<sup>58</sup>

The cooperation which was demonstrated among some of the Glasgow medical societies in 1868, and again, in 1900-1, this time also supported by the local branch of the BMA, is not echoed in the minutes of other societies outside the west of Scotland, which made no mention of the issue of the keeping of 'open shops' by Scottish medical practitioners which so dominated the discussions of the Glasgow Southern Medical Society, and also occupied many pages of the national medical press in the early years of this century. Such an omission is surprising, but perhaps indicates that medical societies across Scotland, despite

the universal aim of upholding 'professional interests', were as divided on this issue, and its implications for the status of the local practitioner, as was the profession as a whole.

MEDICAL SOCIETIES AND THE ADMISSION OF FEMALE PRACTITIONERS

Thus far Scottish medical societies' activities in the nineteenth and early twentieth centuries have been examined chiefly in relation to their relationship with the British Medical Association, and in regard to the vocal opposition of rank and file practitioners to the professionalisation of midwifery and pharmacy. Also in this period, medical societies provide a unique insight into an area of major professional evolution in the course of the later nineteenth and early twentieth centuries: the emergence of female practitioners.

The impact of the gradually increasing numbers of qualified medical women on the Scottish medical societies at the end of the nineteenth and the beginning of the twentieth century reflects that of their entry into the profession as a whole; prospective female society members were limited in number and encountered a great deal of opposition to their applications. Female medical practitioners in Scotland accounted for 4 per cent of the total number of practitioners in 1911.<sup>59</sup> Yet, as Mary Roth Walsh has argued, for female practitioners medical societies were even more a necessary part of the professionalisation process than for their male counter-parts:

Medical schools, and societies especially, presented major hurdles.... Nevertheless, women practitioners needed the advantages of professionalization more than men. Female physicians, already suspect because of their sex, required corroboration of their expertise to meet a disbelieving public.<sup>60</sup>

The general hostile response met by female practitioners entering the profession bears similarities to that given to the emergence of the 'auxiliary' medical professions of pharmacy and midwifery, discussed earlier; in both cases the fear of the (male) rank and file of the profession of a threat to their status and income dictated the reaction.

In some Scottish societies there is no record of the subject of the admission of female practitioners being discussed, let alone their becoming members of these organisations. This is particularly true of bodies which met only once a year, such as the Garioch and Northern Medical Association and the Buchan Medical Society. Great store was set by such societies on social functions. In other Scottish medical societies this appears to have played a part in the exclusion of women from membership of what was seen on such occasions as a male dining club, although there were other, less straightforward methods of opposition presented by some male members of medical societies when the question of the admission of female practitioners was raised.

The earliest identified admission of female practitioners to Scottish medical societies took place in 1893. In that year, two female practitioners were admitted to the Glasgow Obstetrical and Gynaecological Society, and the society had eight



women members by 1900.<sup>61</sup> Female medical practitioners were also admitted into the Forfarshire Medical Association in 1893. On receipt of a letter from two Dundee general practitioners, Emily Charlotte Thomson (former anatomy demonstrator at the School of Medicine for Women, Edinburgh) and Alice Moorhead (former House Physician at Leith Hospital), requesting to join the Association, the question of the admission of women was opened for debate.

Dr Lawrence, Montrose, said that... he was of [the] opinion that the presence of ladies at meetings of the Association had certain practical disadvantages, chiefly in the way of limiting freedom of discussion, and he thought that the question should, in the meantime at least, be postponed....

Dr Buist failed to recognize the supposed disadvantages of having ladies present at the ordinary meetings of the Association, and moved that they be frankly admitted to membership.<sup>62</sup>

The motion by Robert Cochrane Buist, Assistant Obstetrician and Gynaecologist at Dundee Royal Infirmary, later Lecturer in Clinical Midwifery and Gynaecology at University College, Dundee, to admit women, was carried by a substantial margin.<sup>63</sup>

The question of the admission of women was raised at the Edinburgh Obstetrical Society in late 1900 in a letter to the Society from Jessie MacGregor, an Edinburgh-based general practitioner, who had previously worked as a resident medical officer at the City's Hospital for Women and Children.

The Secretary read a letter from Dr Jessie MacGregor to ask if the Society would be willing to elect women to its fellowship. Professor Simpson proposed and Dr Aitchison Robertson seconded that women should now be admitted. This motion to come up for discussion and ballot at the next meeting.<sup>64</sup>

The motion was passed unopposed, and at the next meeting Jessie MacGregor and Hilda M. MacFarlane, also an Edinburgh graduate, who was employed at Northumberland County Asylum, were both admitted as fellows of the Society.<sup>65</sup>

In 1903, the members of Glasgow Medico-Chirurgical Society attending their AGM in May of that year, acting on the unanimous advice of the council, voted in favour of allowing female practitioners to join the Society. However, in October 1903 the admission of female members was successfully opposed on procedural grounds by George Stevenson Middleton, physician at Glasgow Royal Infirmary, and a former President of the Society, who argued that the admission of an unnamed female practitioner was invalidated by the fact that only her name and initials appeared on the proposal form, hence members did not know for whom they were voting. This dubious manoeuvre to continue to exclude female practitioners from Glasgow's leading medical society succeeded, and it was not until May 1911 that the motion, 'That women shall be eligible for election as ordinary members on the same terms as presently apply to men' was accepted by the Society, by a margin of sixteen votes to four.<sup>66</sup>

Middleton had less success in his attempts to block the admission of female

practitioners to the Glasgow Pathological and Clinical Society in November 1903. His objection to the motion to admit women on the grounds that:

the usefulness of the Society would be limited by the admission of Lady members. It must be borne in mind that the Society is a Clinical as well as a Pathological one, and that at times the cases of patients are presented to the Society whose complete demonstrations, would, in the presence of Lady members, constitute a real difficulty,<sup>67</sup>

was defeated by twelve votes to seven.

The admission of women to membership of the Aberdeen Medico-Chirurgical Society in 1905, went unremarked at a time when the minute book entries for the Society were brief and formalised, giving no idea of any debate or dissension among the members on the issue.

The minute of the previous meeting having been read and approved of, Drs Laura Sandeman and Ann Mercer Watson were nominated as members of the Society....

... After the minutes of the previous meeting had been read and approved of Dr Laura Sandeman and Dr Ann Mercer Watson were balloted for and admitted [as] members of the Society.<sup>68</sup>

There was no such reticence displayed on the matter of the admission of women to the Glasgow Southern Medical Society. The subject was first raised in 1895<sup>69</sup> and a vote was taken on the issue in February 1896. At this meeting six members of the Society supported the direct negative to the motion to admit women, while three others were in favour of it. The remaining four members in attendance remained undecided until one of the opponents of the motion brought the debate to a close.

Dr Hamilton... deprecated the absence of the senior members of the Society, and some of the changes which had occurred in recent years. The society was one in the first instance for general practitioners. Were the motion to be carried the society would lose its particular attributes.<sup>70</sup>

This call to tradition carried the day, with five members eventually supporting the motion, and eight opposing it.<sup>71</sup> The issue was raised again in 1900 during the course of a revision of the Society's constitution and bye-laws, and was again defeated, this time by eight clear votes.<sup>72</sup> The matter was apparently not raised again until the 1926/27 session when a retired practitioner, Robert Forrest junior, a former House Physician at Glasgow Western Infirmary, spoke in favour of a motion to admit women in terms of the granting of equal rights to women, which was gradually being acknowledged by the profession as a whole, and could be witnessed in the admission of women to most of the other Glasgow medical societies. This motion was directly opposed by the then Secretary of the Society, Osborne Henry Mavor, Assistant Physician at Glasgow Victoria Infirmary, (better known as playwright and misogynist, James Bridie), and once again the call to the 'traditions' of the Society won the day.

He said that our society had been founded over eighty years ago as a peculiarly male phenomenon and he thought that it still provided for its

members a social atmosphere that the admission of ladies [sic] could not fail to destroy.<sup>73</sup>

Again, the Society rejected the proposed admission of women, although on this occasion the ballot was closer, with the 'traditionalists' view prevailing by a margin two votes in favour of Mavor's negative. Although there were further discussions on the issue in 1928, this was as close as women were to come to admission to the Society until they finally gained entry in 1979.

Perhaps due to the refusal to admit female members to the Society twice in the space of three years, a Glasgow Southern Women's Medical Society was established at some time before March 1928. Knowledge of this body came to light somewhat strangely, due to the fact that the Women's Society began to hold joint meetings with the older body from 22 March 1928. 'This was a notable occasion in the society's history, in that the meeting was a joint one with the Glasgow Women's Southern Medical Society...'<sup>74</sup> These joint meetings were continued for at least three years, after which they are no longer mentioned, perhaps the GSWMS feeling that cooperation with a society which refused to admit them as full participating members was anachronistic.

The first Scottish society set up by and for female practitioners had appeared at the very end of the nineteenth century. From the outset, and by necessity, these organisations contained a large element of professional self-help. The Edinburgh Medical Women's Club (later renamed the Scottish Association of Registered Medical Women in 1906) was established by female graduates of the Edinburgh Extra-Mural Medical School in 1899, among them Jessie MacGregor, mentioned above as one of the first female members of the Edinburgh Obstetrical Society, and her partner in general practice, Elsie Inglis. Members of the club also set up a small private nursing home to provide maternity care for women, which later amalgamated with Bruntsfield Hospital.<sup>75</sup> In 1904, the Glasgow and West of Scotland Association of Registered Medical Women was established, and from the beginning its objects were professional and social, rather than educational: '1. To form a bond of union among the women in practice in Glasgow and the West of Scotland. 2. To look after the interests of medical women generally'.<sup>76</sup>

Both of these local associations became part of the national Medical Women's Federation on its launch in 1917, under the titles of the Scottish Eastern and Western Associations respectively (acting jointly as the Scottish Medical Women's Union for issues of a purely Scottish medical professional nature). They were joined in the Federation in 1927 by the Aberdeen and North of Scotland Association of Medical Women.<sup>77</sup> The activities of the Medical Women's Federation were directed towards achieving professional parity with male practitioners, particularly in terms of equality of employment opportunities and salary, and in this the Federation often worked closely with the British Medical Association, professional integration rather than separation providing the key element to the Federation's activity. The great need for the professional pressure group activities of the MWF can be highlighted by the campaign for equality of

opportunity in public medical appointments in Glasgow after 1921. The BMA Medico-Political Committee's minutes for 22 April of that year reported on their joint efforts with the MWF in protest against the proposal (later implemented), by Glasgow Corporation to dismiss four women doctors from public medical appointments as part of a general campaign to dismiss all married women who had husbands working, from the corporation's employ, and to replace them with the single unemployed.<sup>78</sup> The female practitioners in question had been employed as medical officers in the tuberculosis and child welfare departments. The concentrated efforts of the MWF and BMA notwithstanding, the marriage bar on female employees with working husbands continued beyond the period under survey, as revealed in a protest letter directed to Glasgow Corporation by the MWF in July 1947: 'The Medical Women's Federation is deeply concerned to learn that the City of Glasgow continues to enforce a marriage bar on its medical women employees'.<sup>79</sup>

That female medical practitioners were still the subject of discrimination for official medical posts in Glasgow in the period after the Second World War suggests that the work of the MWF and its local Scottish associations remained essential even in the mid-twentieth century, and that the role of the medical society as a medico-political pressure group remained a key one.

#### THE PROFESSION AND THE STATE IN THE EARLY TWENTIETH CENTURY

The increasing involvement of the state in medical provision in the early years of the twentieth century posed a much more direct set of problems and challenges for the profession as a whole than those discussed in Chapter One in connection with the beginning of medico-political pressure to force government activity in the realm of medical education: the first seemed to be an expression of growing professional awareness, the second was provoked by a fear that hard-fought professional independence was about to be undermined by state involvement in the provision of national medical services. The activities of local medical societies in the period between 1908 and 1913 provide valuable evidence as to the negative reactions of Scottish general practitioners to the introduction of a salaried school medical service, and, perhaps more well known, to the implementation of the National Health Insurance Scheme. A consideration of these activities also reveals the continued importance of the local societies, in an area where the role of the BMA has hitherto been considered as paramount.<sup>80</sup>

#### *School Medical Officer Appointments*

The advertisement for part-time medical officers by Glasgow School Board in 1909 created a situation which led to division within the profession in the city, and within the membership of both the Glasgow Southern Medical Society, and the local BMA branch. The majority of the members of both groups opposed such appointments as undermining the independence and level of remuneration of the profession, by removing from private practice to salaried government service at one fell swoop, a whole section of the population, and therefore,

placing in the hands of a select few, a fixed income for seeing cases which would normally have been treated on an individual basis by general practitioners. In practice, this argument proved spurious, and the profession's fears of reduction of income, groundless. Most of the children treated as a result of medical inspection at school had formerly been left unattended by medical care in any form, due to a combination of family poverty and general ignorance of their conditions. In other words, the appointment of school medical inspectors provided for a level of general preventive health care hitherto beyond the capabilities of individual general practitioners, however well-intentioned. This is made clear by an early report on the functions of the School Medical Service in Edinburgh quoted in the *Lancet*.

An account has been published of the scheme of the Edinburgh school board for the medical inspection of school children.... Under the scheme the staff carries out regular visitations of the schools, examination of the pupils, and supervision of cases in which parents are suspect of neglect. The board is proceeding under two statutes – the Education (Scotland) Act, 1908, and the Children Act, 1908.... No powers are given to the board to provide treatment, the duties of the medical officers being to examine the children, report defects to parents, and bring to the notice of the board children suffering from neglect or cruelty at home.... It is stated that already there is a marked improvement in the condition of children, concerning whom reports have been made to the parents, and that considering the home conditions the efforts made to keep the children clean and wholesome in many cases are surprising. The board is now making arrangements to provide food for the underfed children in the schools...<sup>81</sup>

That there was clearly a great demand for the endeavours of a school medical inspectorate can be demonstrated by the fact that the activities of the service were being supported illegally by Scottish local authorities loosely interpreting the conditions of the Education (Scotland) Act of 1908 to enable them to draw upon the rates.<sup>82</sup> The obvious need for a school medical service notwithstanding, there was considerable opposition to the introduction of a salaried school medical inspectorate among the members of the Scottish medical societies, in Glasgow, as has been mentioned, but also in the north of Scotland:

A discussion took place on the County Council scheme for the examination of school children. The feeling was that the proposed scheme was too expensive... and that after the first [examination] of the schools, the work would swiftly become a sinecure.<sup>83</sup>

Such objections were soon to be succeeded by a considerable outcry against those practitioners who accepted appointments as school medical officers. The Council of the Glasgow Southern Medical Society recommended:

That the Society records in the minutes its high appreciation of the conduct of those practitioners who, in deference to the opinion of the local profession as expressed at a duly convened meeting of medical men...

withdrew their applications or abstained from applying for posts of part-time officers as advertised by Glasgow School Board; and further 'that members who, notwithstanding the opinion of the meeting referred to, have accepted these positions under the Glasgow School Board, should in the circumstances resign their membership of the Glasgow Southern Medical Society'.<sup>84</sup>

It is clear that the Glasgow and West of Scotland branch of the BMA had acted in a similar fashion from a reference in 1912 to the reinstatement of two former members who had been compelled to resign their membership sometime previously owing to their acceptance of School Board appointments.<sup>85</sup>

The organised opposition to the introduction of a salaried school medical service was in part countered by the creation of an Association of School Medical Officers of Scotland<sup>86</sup> in 1911 to protect the interests of this section of the medical profession. The creation of this Association is an indication that even in the twentieth century the setting up of medical societies could be a sign of division, rather than unity in the profession.

That the introduction of a salaried school medical service remained worthy of comment at a time when the profession was apparently involved in a life and death struggle with the government over the National Health Insurance Scheme, is indicative of how far both of these issues can be regarded as part of a wider campaign of resistance by the majority of the profession to increased government intervention in the area of health care and the regulation of those who provided it.

In 1908, the year before the introduction of a salaried School Medical Service, fear of state intrusion into their professional activities had provoked the Aberdeen Medico-Chirurgical Society to vigorous protest against the Town Council's proposal to adopt the 1907 Notification of Births Act in the locality.<sup>87</sup> Early in 1908, a representative deputation was chosen to present a memorial to the Council which objected not to the objects of the Act, but to the method of its proposed administration,

namely, by means of gratuitous certificates supplied under penalty by 'medical men attending births... the injustice to medical men of expecting them to perform another gratuitous service to the State was [stressed].... This vigorous defence of professional rights may be commended to the notice of medical societies everywhere.'<sup>88</sup>

#### *National Health Insurance*

The 'vigorous defence of professional rights' highlighted by the activities of the Aberdeen Medico-Chirurgical Society in opposition to the implied extra unpaid responsibility placed on the medical profession in the operation of the Notification of Births Act, was soon to be echoed throughout the country as the majority of the profession reacted negatively to the medical provisions section of the National Insurance Scheme. The degree of unanimity with which the British medical profession greeted the introduction of the then Chancellor of the

Exchequer, Lloyd George's, National Health Insurance Bill to parliament on 4 May 1911 was remarkable, and soon led to support being very firmly channelled behind the protest activities of the British Medical Association.

The committee... [appointed by the Aberdeen Medico-Chirurgical Society to monitor the passage of the Bill] desire in the first place to impress upon the members of the Society the absolute necessity for unanimity and combination on the part of the profession.... In view of the important steps being taken to defend the profession by the British Medical Association the committee feels any independent action by the Society would be inadvisable at this juncture.... The committee would further recommend that each of the members of the Society should sign the circular to be sent out by the British Medical Association, by which he [sic] pledges himself not to enter into any arrangements for the treatment of patients under the Insurance Scheme except under the conditions defined in the policy of the Association.<sup>89</sup>

A special meeting called by the Buchan Medical Society to discuss the Bill echoed the sentiment, 'No one of us will agree to act for any of the friendly societies, without the consent of the members of this Society and according to the policy of the British Medical Association'.<sup>90</sup>

The two major areas on which the BMA protest campaign was focused, namely, the pledge to refuse service in any proposed scheme for National Insurance, and the refusal to carry out contract practice by those practitioners already employed by Friendly Societies (who originally were to be given much of the responsibility for administering the new national scheme), produced dramatic results. Throughout Great Britain 26,000 medical practitioners signed the BMA pledge, and more than 33,000 contract medical appointments were terminated. Such support for their campaign 'saw the BMA (which was acting in this instance in a manner not unlike that of a trade union for the first time in its history), secure many of its aims in the revision of the National Insurance Bill, (achieving acceptance of four of its six so-called 'Cardinal Points') during negotiations with the government.<sup>91</sup> For most of 1912 the need for a unified front on the part of the profession was recognised and maintained, but towards the end of that year as the date for the implementation of the scheme of medical benefit to be provided through the panel-practice system in January 1913 loomed, divisions began to appear, and local medical society support for the BMA's hardline became equivocal, particularly in view of the BMA leadership's apparent intransigence and unwillingness to continue negotiations with the government in the hope of a last-minute settlement which would allow the profession to work within the scheme.

A special meeting called by the Buchan Medical Society in December 1912 reveals the turmoil within the membership of the local Scottish medical societies.

The question of breaking our pledge to the British Medical Association and joining the Panel of the National Insurance Bill[sic] was discussed....

All present expressed their opinions on the question but the majority were against breaking our pledge and joining the panel. A vote, however, was not taken till we found by telephone that the [BMA] Branch meeting in Aberdeen, by which we are to be guided, declared by 47 votes to 32 in favour of joining the panel. It was then declared that, being at liberty to join the panel, we should all do so.<sup>92</sup>

A similar decision was almost simultaneously being reached at the Council meeting of the Glasgow and West of Scotland branch of the BMA:

The Branch Council suggests that all members who dissent from the present policy of the Association, whether or not they intend to apply for service upon the panel, should sign the accompanying form and return it at once to the Secretary of the Branch.... 'In view of the altered circumstances I beg to give you formal notice that I herewith withdraw from the undertaking and pledge of the British Medical Association'.<sup>93</sup>

The increasingly ambiguous Scottish support for the actions of the BMA suggested by the two above extracts, can be substantiated by an examination of the local divisional returns of the nationwide ballot the Association conducted on 14 December 1912, which show a distinct national split in levels of support for the last-ditch tactics of the BMA.

The crucial nationwide doctors vote on December 14 showed a remarkable result. When the votes of the individual medical district organisations throughout England, Wales and Scotland were recorded, it showed that in England only two out of 88 BMA divisions favoured the Scheme. In Scotland, however, eight out of sixteen divisions voted for it, and substantial majorities for the Scheme were recorded in Ayrshire and Dundee. Glasgow was only narrowly against the Scheme, but Edinburgh, Perth and the Borders were strongly opposed. The vote thus corresponded to the amount of individual practice carried out by the doctors.<sup>94</sup>

Even the *Edinburgh Medical Journal* which had until the end of 1912 been a redoubtable supporter of the BMA's tactics had to concede that the Association no longer spoke for the majority of the profession on the issue of the National Health Insurance Scheme,

The Association has certainly not proved what was hoped, and, as events showed, the last move was a tactical error. The Association, for the time being, ceased unequivocally to represent the profession, and many of its members absolved themselves from their pledges in consequence.<sup>95</sup>

Having been directed by the actions of the BMA, who in the latter part of 1912 and beginning of 1913, clearly seemed to have lost touch with the opinions of the rank and file of the medical profession, the Scottish medical societies also suffered the same hangover effects as the national association in the wake of the long struggle with the government over the state's role in national health provision, with a drop in membership and attendance at meetings. In the case of the BMA, its membership dropped sharply in the period 1913 to 1918, owing partly to the effects of the War on the profession, but also due to a feeling of



disillusionment with the efficacy of professional union in the face of government intervention.<sup>96</sup> The annual report of the Forfarshire Medical Association in 1913 remarked that a fall in the average attendance at Association meetings during the previous session, was due:

[To] a weariness of the flesh brought about by a plethora of meetings of an entirely different character, during a time of unparalleled anxiety in the profession, the exciting cause being the Insurance Act. As the refreshing fruit has now ripened to maturity, it is to be hoped that the Association will regain next session its normal appetite for scientific dietary.<sup>97</sup>

Similar poor attendances affected the Glasgow Southern Medical Society as the Secretary's annual report in April 1913 made clear,

Though several of the meetings had been well-attended, notably the social functions, the average attendance especially in the latter part of the session, had been disappointing, so much so that the Council had decided to terminate the session at an earlier date than usual. A reason for the falling off might be found in the disturbing influences of the inception of the Insurance Act...<sup>98</sup>

The 'disturbing influence' of the implementation of the National Health Insurance Act on the profession's self-esteem was not a permanent one, however, as the functioning of the Act proved not to be the great disaster for the profession that had been predicted, and the benefits of panel practice for the standards of health care were becoming evident, aided by the fact that a separate administrative framework for operating the scheme in Scotland (and in Wales) had been established. The belated acceptance by the profession of the great changes wrought in health provision by increased state intervention emerged at a meeting of the Glasgow Southern Medical Society in December 1913 devoted to a review of the first year's operation of the National Insurance Act.

Fears, which existed before the Act was passed, of unreasonable demands being made by patients on the practitioner had been found in his experience and in that of others, not to have been realised. The effect of the Act on the morale of either patient or doctor was not on the whole, in Dr. Drewer's opinion, for the worse. Malingering was not prevalent and though the sick benefit expended had been very much greater than the Societies had anticipated this was not due to Malingering but to the fact that great numbers could now afford to wait until they were reasonably well before resuming work where formerly they were often compelled by necessity to work before completely well.<sup>99</sup>

While this view did not perhaps take into account some of the difficulties which the working of the scheme were to raise, not the least of which was to be the level of per capita payment for panel medical practitioners, the change in attitude here displayed by the profession in the course of one year, is remarkable.

In the early years of the twentieth century, the opposition of the medical profession, as voiced in the minutes of Scottish medical societies, was focused on

the increasing intervention by the government in the actual practice of medicine and the regulation of the levels and nature of the nation's health provision. Such intervention was regarded by the majority of those involved in medical practice as an attempt to reduce their independent status as providers of health care, to the role of government agent; to all intents and purposes little more than the reduction of the profession to that of a medical civil service. In practice, such fears proved in most respects unfounded, although there was an increase in the clerical and supervisory duties of panel practitioners. Yet this was not so far removed from the activities of contract medical appointees to Friendly Societies in the pre-Insurance era. Perhaps the greatest change in regard to the profession as it is reflected in the records of the Scottish medical societies, is a shift away from nineteenth century discussions on the means of protecting and enhancing the status of the profession, towards those on the role of the profession in the twentieth century within the context of the ever-increasing state involvement in medical concerns.

The intention of this chapter has been to examine some of the chief professional and medico-political interests of Scottish medical societies in the later nineteenth and twentieth centuries as representative of the issues dominating the concerns of rank and file medical practitioners in these years. It is no coincidence that much of the discussion has focused on the professions' relationship with the state, at a time when government involvement in national medical provision was presenting a new series of challenges to the profession of medicine.

Other areas tackled in this chapter, namely the rise of the auxiliary medical professions, and the emergence of female practitioners, echoed the profession's struggle to exclude 'irregulars' from the practice of medicine in the early nineteenth century, when the new-found status of the profession was apparently being challenged from rival occupations. The difference in the later period was in the attempt to preserve the status quo rather than a campaign for reform, an indication of the great strides made in the status of medicine as a profession in the intervening years.

The shifting relationship between local medical societies and the British Medical Association was important in the campaign of organised opposition to the government's attempt to impose a scheme of national health insurance on a largely unwilling medical profession between 1911 and 1913. This can be seen first of all in the impressive success of the BMA backed by the local societies in forcing changes in the government proposals, and then in local society disenchantment with the national Association's increasingly hard-line attitude, which helped hasten the eventual acceptance of the reformed government scheme. Even in times of apparent crisis for the profession nationally, such as the final months of the struggle over the National Health Insurance Scheme in 1912, medical societies retained their local dimension and independence.

## NOTES

1. See Chapter One, pp. 17-8, for more on this Association.
2. *EMJ* 5 (1859-60), 967.
3. *Ibid.*, 6 (1860-1), 775.
4. Aberdeen Medico-Chirurgical Society *op.cit.*, minute book 3 November 1864.
5. Garioch and Northern Medical Association *op.cit.*, minute book, 24 September 1892.
6. Buchan Medical Society *op.cit.*, printed circular on 'The Scottish Medical Association', dated 6 November 1874.
7. Buchan Medical Society *op.cit.*, printed notice of special meeting, 4 October 1875.
8. John Strachan, a general practitioner in Dollar, Clackmannanshire, was one of the leading figures behind the campaign for a Scottish Medical Association. An office-bearer with both the Scottish Midland and Western Medical Association, and the Clackmannan and Kinross-shire Medical Association, he was also a member of the Harveian, Royal Medical and Edinburgh Medico-Chirurgical Societies.
9. Edinburgh Obstetrical Society *op.cit.*, 9 December 1874.
10. See the report of the 17th annual meeting of the Forfarshire Medical Association in *EMJ* 21/1 (July-December 1875), 170.
11. See Scottish Midland and Western Medical Association *op.cit.*, minute book 1873-1928 *passim*.
12. Scottish Midland and Western Medical Association *op.cit.*, minute book, 13 July, 12 October, 1875; 14 January, 13 October 1876, *passim*.
13. For details of the formation of Scottish regional branches of the British Medical Association and more on the impact of this on local medical societies, see Jenkinson 'Role of the Medical Societies' (1991), pp. 269-272.
14. Little (1932), 50.
15. See Scottish Midland and Western Medical Association *op.cit.*, minute book, 1921-39 *passim*.
16. Jenkinson 'Role of Medical Societies' (1991), 271.
17. *Ibid.*
18. For a useful discussion (although relating predominantly to England) of the relationship between midwives and the medical profession, see Donnison (1977), *passim*.
19. Donnison (1977), pp 22-3.
20. Aberdeen Medico-Chirurgical Society *op.cit.*, minute book, 5 October 1826.
21. *Ibid.*, 5 April 1827.
22. *Ibid.*, 3 November 1831.
23. Edinburgh Obstetrical Society *op.cit.*, minute book, 20 July 1895.
24. *Hansard*, Vol. 109, 6-24 June, 1902, cols., 58-9.
25. *BMJ* pt. 2 (1913), 1103.
26. See for example, Aberdeen Medico-Chirurgical Society *op.cit.*, minute book, 19 November 1914 and Glasgow Southern Medical Society *op.cit.*, minute book, 11 November 1915.
27. *Hansard*, Vol. 76, 22 November-17 December, 1915, cols. 480-1.
28. See Chapter Three, p. 54, for more on this subject.
29. For a useful discussion (although mainly limited to the English context) of the dispensing activities of general practitioners and the emergence of pharmacy as a separate and potentially rival profession, see Loudon (1986), pp. 129-51 *passim*. For more on the history of pharmacy in Britain see Holloway (1991).
30. Holloway (1991), 165, has pointed out that both Scottish corporations which represented surgeons, opposed the earlier Pharmacy Act of 1852, '... under the impression that it would interfere with their right to practise pharmacy : amendments were made to conciliate them'.
31. Stewart, 'Jubilee of the National Insurance Act' (1962), 33-5.
32. Glasgow Southern Medical Society *op.cit.*, minute book, 29 October 1868.
33. *Ibid.*, 3 December 1868.
34. *Ibid.*, 31 October 1872.
35. See Holloway (1991), 283. Holloway's figure is in fact forty-five, the slightly higher figure is taken from contemporary accounts of the prosecution by the Pharmaceutical

- Society of John Martin Thomson in December 1900 for employing an unqualified dispenser, for example see *Lancet* 8 December 1900, 1694.
36. Scottish Midland and Western Medical Association, *op.cit.*, minute book, 11 March 1897.
  37. *Ibid.*, Quarterly Council meeting, 15 April 1898.
  38. *Lancet* 8 December 1900, 1694.
  39. Glasgow Southern Medical Society *op.cit.*, minute book, 14 December 1900.
  40. *Ibid.*, 20 December 1900.
  41. *Ibid.*
  42. *Pharmaceutical Journal* 8 December 1900, 648.
  43. *Lancet* 5 January 1901, pp. 44–5.
  44. *British Medical Journal* 5 January 1901, 50.
  45. Conjoint Committee of the Glasgow Southern and Eastern Medical Societies and the Glasgow and West of Scotland Branch of the British Medical Association, minute book, 14 June 1901, Victoria Infirmary Library, Glasgow.
  46. *Lancet* 8 June 1901, pp. 1641–2.
  47. See *Medical Directory* 1893–1930, *passim*.
  48. *British Medical Journal* 7 December 1901, pp. 1699–1700.
  49. Glasgow Southern Medical Society, *op.cit.*, minute book, 19 December 1901.
  50. See result of the poll, *British Medical Journal* 14 December 1901, 1766.
  51. *Lancet* 16 November 1901, pp. 1364–5.
  52. *Chemist and Druggist* 15 March 1902, 429.
  53. *Ibid.*, 28 June 1902, 902.
  54. *Lancet* 1 April 1905, 879.
  55. *Hansard* Vol. 197, 24 November–4 December 1908, col. 1715.
  56. Holloway (1991), 335.
  57. Gilbert (1966), 411.
  58. Robertson (1970), 41.
  59. Dupree and Crowther, 'Profile of the medical profession in Scotland' *Bulletin of the History of Medicine* 65 (1991), 217.
  60. Walsh (1977), 15.
  61. See printed membership list in *Transactions of the Glasgow Obstetrical and Gynaecological Society* (1901), pp. xi–xiv. There is no surviving minute book for this period.
  62. Annual report of the Forfarshire Medical Association, 29 June 1893, Dundee University Archives.
  63. *Ibid.*
  64. Edinburgh Obstetrical Society *op.cit.*, council minute book, 12 December 1900.
  65. *Ibid.*, 9 January, 13 February, 1901.
  66. Medico-Chirurgical Society of Glasgow *op.cit.*, minute book, 5 May 1911, *passim*.
  67. Glasgow Pathological and Clinical Society, minute book, 9 November 1903, Library, Royal College of Physicians and Surgeons, Glasgow.
  68. Aberdeen Medico-Chirurgical Society *op.cit.*, minute book, 4 May and 2 November 1905.
  69. Glasgow Southern Medical Society, *op.cit.*, minute book, 28 November 1895.
  70. *Ibid.*, 6 February 1896.
  71. *Ibid.*
  72. *Ibid.*, 18 January 1900.
  73. *Ibid.*, 15 April 1926.
  74. *Ibid.*, 22 March 1928.
  75. See Papers of the Medical Women's Federation, *op.cit.*, MS History of Bruntsfield Hospital by Joan Rose, May 1947.
  76. Session card of the Glasgow and West of Scotland Association of Registered Medical Women 1905–6, among papers of the Medical Women's Federation *op.cit.*
  77. Medical Women's Federation *op.cit.*, Council minute book, 12 November 1927.
  78. See 'Married women and medical appointments 1919–1954', British Medical Association Medico-Political Committee Minutes, 22 April 1921, among papers of the Medical Women's Federation *op.cit.*
  79. Medical Women's Federation *op.cit.*, letter from Medical Women's Federation to Glasgow Corporation 17 July 1947.

80. See for example, Little (1932), 324–32; and Brand (1965), 216–31. Other historians have given some attention to the opinions of those opposed to the BMA's campaign, see Gilbert (1966), 400–15, and Eder (1982), 31–45.
81. *Lancet* 2 November 1910, 1518.
82. McLachlan (1987), pp. 55–6.
83. Buchan Medical Society *op.cit.*, minute book, 25 September 1909.
84. Glasgow Southern Medical Society *op.cit.*, minute book, 27 December 1909.
85. Glasgow and West of Scotland Branch of the British Medical Association, minute book 1910–18, 25 October 1912, Victoria Infirmary Library, Glasgow.
86. See entry 9 in Part Two of this book for more on the Association of School Medical Officers for Scotland.
87. Aberdeen Medico-Chirurgical Society *op.cit.*, minute book, 9 January 1908.
88. *Lancet* 8 February 1908, 461.
89. Aberdeen Medico-Chirurgical Society *op.cit.*, minute book, 6 June 1911.
90. Buchan Medical Society *op.cit.*, minute book, 24 June 1911.
91. For a discussion of the BMA's campaign against the National Health Insurance Scheme see Little (1932), pp. 324–8; and Brand (1965), pp. 224–5.
92. Buchan Medical Society *op.cit.*, minute book, 28 December 1912.
93. BMA, Glasgow and West of Scotland Branch *op.cit.*, minute book, 30 December 1912.
94. Hamilton (1981), 244.
95. *EMJ* [New Series] Vol. 10, February 1913, 98.
96. Little (1932) 330.
97. Printed annual report of the Forfarshire Medical Association *op.cit.*, 26 June 1913.
98. Glasgow Southern Medical Society *op.cit.*, minute book, 17 April 1913.
99. Glasgow Southern Medical Society *op.cit.*, minute book, 4 December 1913.