

The Obstetric Society of 1825

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In November 1825, the exact date is not recorded, a group of gentlemen met in the Savile Row house of an ambitious young man of Anglo-Italian extraction, Augustus Bozzi Granville, and resolved to form an Obstetric Society to procure, by legislation, the regulation of the obstetric profession, both male and female.¹ Man-midwifery was by then an important element of the stock-in-trade of the surgeon-apothecaries as they became the general practitioners of modern times, but the gentlemen of the Society were those who devoted the greater part of their practice to obstetrics. They delivered the wealthy, staffed the lying-in hospitals and taught the medical students. They were manifestly a specialist group although, as will appear, they were reluctant to assume that distinction. Since man-midwife was hardly a prestigious title, and obstetrician a term not yet devised, they styled themselves physicians accoucheur or surgeons accoucheur to emphasize their continued participation in the two main streams of the medical profession.

Invitations were sent out to those who might be interested. A President of the Society, Dr Charles Mansfield Clarke, a Vice-President, Dr Samuel Merriman, and a Secretary, Mr John Ramsbotham, were appointed. Rules were laid down for three classes of membership. There were to be resident members, physicians and surgeons practising midwifery in London; non-residents, those from the provinces with similar interests; and honorary members who, although expected to be “effective and contributory”, were not, and perhaps never had been, in obstetric practice.

Initial proposals were ambitious. There were to be a house, a library, a museum, monthly meetings for discussion, and a gazette. The President described these ideas as too vast, and the majority decided to confine the objectives to “the political or state part of the question.”² Between 1826 and 1830 the Society created some stir by its appeals not only to the medical corporations, but to the Home Secretary. Its limited success and the absence of those academic functions which hold together most such societies caused it to be short lived and largely forgotten. It can, nevertheless, reasonably be claimed as the first of the specialist associations which in Great Britain were to become so numerous and influential; it was certainly the first occasion on which members of a specialist group, who were in most respects in competition with one another, came together in a formal organization to promote their common purpose. It is therefore of interest to enquire into the motives of the members in forming this association, the political objectives which they set themselves, and the reason for their rejection of academic activities which could have ensured their continuity.

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² A B Granville, Address to Inaugural meeting of the Obstetric Society of London, *Trans. Obstet. Soc. Lond.*, 1859, pp. viii–x.

¹ Editorial, *Med.-chir. Rev.*, 1826, NS 4: 302–3.

The Medico-Political Background

In 1825 reform of the medical profession had been hotly debated for some twenty years, but extraordinarily little had been achieved and midwifery, although increasingly the business of medical men, was still unregulated. Much of the impetus for reform came from Edinburgh graduates who were practising as surgeon-apothecaries in England and who were appalled by the divisive nature of the education and licensing based on the London Royal Colleges. The clumsily named London Association of Apothecaries and Surgeon Apothecaries (founded in 1812, it became the Associated General Medical and Surgical Practitioners in 1826) was at the forefront of the protest;³ it sought a unified control of all medical men providing what we would now describe as primary care including midwifery. The Association was led by three London practitioners, George Man Burrows, Anthony Todd Thomson and R M Kerrison, two of whom were to play important parts in the Obstetric Society. Reform was strongly resisted by the London Royal Colleges, and the Apothecaries Act of 1815, in effect, perpetuated the outdated division between the spheres of the physician, the surgeon, and the apothecary. It preserved the elitist but ineffectual dignity of the Royal College of Physicians, and laid upon the London Society of Apothecaries the duty, for which it was ill equipped, of regulating the training and examining all who would practise general medicine in England saving only those graduates acceptable for the Licence of the Royal College of Physicians. The emerging general practitioners were therefore still obliged to serve an apprenticeship, but not to receive any formal instruction in midwifery.

The attitude of society at large towards the man-midwife was curiously ambivalent. Although medical men were increasingly employed for the supervision of labour by the upper classes, there was a widespread opinion that the business was unmanly, indecent, and immoral besides being unconscionably time consuming. This view was reflected in the policies of the medical corporations. It was perhaps understandable that the original business of the apothecary was little concerned with the practical manipulations of the midwife, but the attitude of the Royal Colleges requires some explanation. Although the great William Harvey, most highly esteemed of all physicians, had written, in *De generatione*, an important and well informed text on development and parturition, and a number of Fellows of the RCP had earlier practised obstetrics, by the beginning of the nineteenth century the College had come to regard the "manual" operations involved in deliveries with considerable disdain as being inappropriate to the intellectual and social status of its elite.⁴ Individual obstetricians who had achieved eminence both as teachers and by their services to the Royal Household resented their exclusion from the Fellowship and protested on a number of occasions; but the physicians were well aware that once a medical man had secured the confidence of a wealthy family by the safe deliverance of their children, his advice, rather than that of one of the Fellows, would subsequently be sought on all manner of medical problems.

In 1783, in an attempt to recognize but to restrict the expertise of socially prominent men-midwives, the College instituted the Licence in *Ars Obstetrica*, and admitted such

³ I Loudon, *Medical care and the general practitioners, 1750–1850*, Oxford, Clarendon Press, 1986, pp. 152–71.

⁴ G Clark, *A history of the Royal College of Physicians of London*, 3 vols, Oxford, Clarendon Press, 1966, vol. 2, p. 589.

already distinguished men as Thomas Denman, William Osborne and Michael Underwood. In 1789, perhaps in order to maintain exclusivity, admission was to be permitted only after examination in Latin; but no further appointments were made after the turn of the century and the scheme was finally terminated in 1804. It was apparent that the obstetricians were, as it was feared they would be, continuing to practise physic. In 1810, the College went so far as to demand from an apothecary the prescriptions issued by one of the presumed offenders (John Clarke) in order to prove he was practising physic as well as obstetrics. But they were finally deterred from legal proceedings by the esteem in which he was held in Court circles. Thomas Denman had made a further attempt in 1808–9 to persuade the College to issue regulations under which their ordinary Licentiate might be qualified to undertake midwifery but was told that it had no authority to enforce examination of practitioners engaged in a manual operation. There seemed little hope of progress from that quarter.

The Royal College of Surgeons of London received its charter in 1800 in succession to the Company of Surgeons of London, and maintained a set policy of promoting the standards and the status of the “pure” surgeons who staffed the “great hospitals”. This was not an unreasonable or ignoble objective. It did not, however, so readily accord with the fact that the income of the College, and a large part of the income of the examiners, derived either from the certification of surgeons for the navy and army, or from candidates for its own membership. The vast majority of these, often with the additional licence of the Society of Apothecaries, would be providing a general medical service for the expanding middle classes and never undertake anything so exotic as “pure” surgery. After the passing of the Apothecaries Act in 1815, the Royal College of Surgeons attempted to secure rights, comparable with those of the Society of Apothecaries, which would oblige anyone practising surgery, even at the lowest level, to have passed the MRCS.⁵ In the hope of recruiting support for the measure, the College would even have allowed midwifery to be included in this certification but Parliament balked at such an encroachment on the liberty of the subject, and surgery can still be performed on humans, though not on animals, by the unqualified. After this set-back, the Royal College of Surgeons became resistant to reform and confirmed in its purpose to promote the art and science of surgery. In pursuit of this objective, it seemed appropriate that its examiners should be chosen only from among the members of its Council, a self-selecting body recruited from the staffs of the great hospitals which excluded any surgeons practising midwifery, pharmacy or any of the specialities.

Neither of the Royal Colleges was seriously engaged in education but the apprenticeship system was increasingly supplemented by courses of lectures delivered at private medical schools. Some of these were attached to the great hospitals which would become the teaching hospitals, so that students would have the opportunity of “walking the wards”, but others like the famous Windmill Street School founded by William Hunter were entirely independent.⁶ Clinical exposure for the students could also be obtained in

⁵ Z Cope, *The history of the Royal College of Surgeons of England*, London, Anthony Blond, 1959, pp. 39–40.

⁶ Z Cope, ‘The private medical schools of London’, in F N L Poynter (ed.), *The evolution of*

medical education in Britain, London, Pitman Medical, 1966. See also, S C Lawrence, *Charitable knowledge: hospital pupils and practitioners in eighteenth-century London*, Cambridge University Press, 1996.

the numerous charitable dispensaries which had sprung up towards the end of the eighteenth century and treated very large numbers of the sick poor on an out-patient basis. The medical schools had started by teaching anatomy and then surgery but later included midwifery; it was the staff of the lying-in hospitals and of those dispensaries which ran a midwife service who provided the teaching cadre. Instruction in the art was particularly required by the many medical men who returned from the army or navy after the wars well enough versed in the care of injuries and the common complaints but totally ignorant of obstetrics. Teaching thus became a substantial source of income for those having an established position in man-midwifery. It was the basis on which a specialist group was formed.

The Instigator

Like many specialist associations in later years, the Obstetric Society was founded at the instigation of an ambitious young man from outside the London medical establishment anxious to make a name for himself, but forced to cede pride of place in the Society to a senior figure who would give respectability if not vigour to the enterprise. Augustus Bozzi Granville was born in 1783 to Italian parents in Milan where he studied medicine but became something of a revolutionary.⁷ After a series of adventures which made him unpopular in his native city, he took his maternal grandmother's name Granville and joined the Royal Navy as a sea-going surgeon. While on half pay in 1813 he sought to gain the MRCS and came to stay as a resident pupil with Sir Anthony Carlisle, a surgeon of some repute at the Westminster Hospital. With consequences which may have prejudiced the future of the Obstetric Society, master and pupil developed a mutual antipathy which came to a head when at breakfast one day Granville found beneath his folded napkin a phial labelled Black Draught. On enquiring its purpose of his host, he was told that "it was the 7th Day of the Moon on which everyone who desired to enjoy health and long life should give a scouring to his alimentary tract."⁸

After the wars, Granville studied midwifery in Paris and returned to London to set up in general and obstetric practice, taking a house, 14 Savile Row, in a street which was becoming fashionable with the medical profession. He gained an attachment to the Westminster Dispensary, where he had oversight of the midwives sent out to poor homes and provided assistance in emergencies. Having produced in 1818 a report upon his first year's experience which highlighted the problems of home deliveries and the ignorance of the midwives,⁹ he came to believe with characteristic lack of modesty that he was the ideal candidate for the Chair of Obstetrics which would be required at the projected University of London. It must therefore have been clear to him that it would be an advantage to be seen publicly as promoting the specialty. With the co-operation of his near neighbour Charles Mansfield Clarke he convened the meeting at which the Society was founded. His wide-ranging proposals for academic activities were rejected, but he remained keen to pursue the medico-political objectives with vigour.

⁷ A B Granville, *Autobiography*, London, Henry King, 1874, p. 5.

⁸ *Ibid.*, p. 323.

⁹ A B Granville, *A report on the practice of midwifery at the Westminster General Dispensary*, this was published in London in 1819 by Burgess and Hill.

The Membership

The names of thirty-one medical men were appended to the letters sent to the medical corporations¹⁰ and it must be assumed that they comprised the total membership. All but five (who simply added MD or physician accoucheur to their signatures) give some indications of their professional affiliations and it is therefore possible to define the composition of the specialist group.

Charles Mansfield Clarke (1782–1857) was already well known on the staff of Queen Charlotte's Lying-In Hospital.¹¹ As an FRS and accoucheur he attended many distinguished ladies including Adelaide, wife of the Duke of Clarence, shortly to become Queen. He was the son of John Clarke, a surgeon of Chancery Lane and Lecturer at the Windmill School, but he spent his early professional career as a surgeon in the army. In 1804 he returned to assist his elder brother, also John, who had already built up a fashionable obstetric practice, which Charles took over entirely in 1815. He was awarded an MD Lambeth by the exercise of an ancient privilege of the Archbishop of Canterbury, and was for that reason dubbed by Thomas Wakley in the *Lancet* as the "Divine Doctor". He was elected President at the first meeting, which he appears to have handled with firmness. He was destined to receive many honours. On the accession of William IV to the throne, he was created a baronet and this royal approval ultimately induced the College of Physicians to make him a Fellow.

The staffs of the great hospitals were represented chiefly by the lecturers at their attached medical schools, since the Middlesex was the only one where in 1825 an obstetrician was formally a member of the staff. Seven members of the Society were in this category. There were then four lying-in hospitals in London and the staff of all four were represented by eight members. In the lying-in hospitals of the time, the distinction between the physicians and the surgeons was often one of seniority rather than practice; both would undertake the "manual" and instrumental part of the business. It was not uncommon for surgeons of some experience to purchase an MD from Aberdeen or St Andrews and then to remuster as physicians. At the New Westminster, Louis Poignand had effected the change when he was granted the diploma in *Ars Obstetrica* by the RCP.¹² Moreover a number of those with a valid higher education in Edinburgh had served an apprenticeship to a surgeon apothecary before going to the University. The Royal Maternity Lying-In Charity and a number of the Dispensaries provided a midwife service for domiciliary deliveries. They carried obstetric appointments and five of their physicians and surgeons joined the Society.

It is clear that all this group were active in teaching both medical students and midwives. A surprising absentee was David Davis, a Glasgow graduate who had set up in midwifery practice in Bloomsbury and seems to have had some association with Samuel Merriman at the Middlesex since they jointly described the use of ergot for stimulating uterine contractions in the expulsion of the afterbirth.¹³ He became known to fashionable

¹⁰ Council Minutes, Royal College of Surgeons, 11 March 1826.

¹¹ *Dictionary of national biography*, ed. L. Stephen, London, Smith Elder and Co, 1890, vol. 4,

pp. 419–20. Hereafter *DNB*.

¹² P Rhodes, *Doctor John Leake's hospital*, London, Davis-Poynter, 1977, p. 75.

¹³ *Ibid.*, p. 72.

society by delivering the future Queen Victoria¹⁴ and he was the successful candidate for the Foundation Chair in Obstetrics at London University, the post for which Granville was preparing himself. Perhaps there was some mutual hostility.

Apart from the obstetricians there were three who must have been included in the class of honorary members. Anthony Todd Thomson and R M Kerrison were veterans of the medical reform movement and clearly their interest was in obtaining a proper education for the general practitioners rather than in specialist obstetrics. Thomson, who had been a friend of the future Lord Brougham while a student in Edinburgh, was one of the original Governors of London University and would in 1828 become its first Professor of *Materia Medica and Therapeutics*.¹⁵ He was also in 1804 one of the first supporters of the Medical and Chirurgical Society, and much later of the Pathological Society. Kerrison continued to write on the state of the medical profession but had no particular interest in the midwifery side.

The third honorary member was James Johnson, who gave as his credentials "Physician to the Duke of Clarence", a position which he had gained by a remarkable piece of good fortune when as a naval surgeon he was called upon to tend the ailing Duke while on voyage to Russia.¹⁶ More importantly however he was a medical journalist. He obtained a St Andrews MD in 1813, set up first in Portsmouth but later moved to London where he owned, edited and often wrote the *Medico-Chirurgical Review*, which in January 1826 was able to announce the inauguration of the Obstetric Society.

The Campaign

In January 1826 the Society addressed the three corporate medical bodies, drawing attention to the evils which resulted from the indiscriminate practice of midwifery and requesting their co-operation in remedying this abuse. It asked that midwifery be included in the examinations for the licence or membership of these bodies; the Society was, in effect, asking that general practitioners should be adequately prepared for this aspect of their work rather than that any recognition should be given to obstetrics as a specialty. The College of Physicians replied that the act of delivery, in cases where assistance was required, was merely a manual act which devolved upon the surgeons but that the diseases of the puerperal state formed part of the practice of medicine upon which their examination was already sufficient.¹⁷ The Council of the College of Surgeons observed that they did not possess any legal authority to make an examination in midwifery compulsory, and the Society of Apothecaries was of similar opinion though they were willing to accept responsibility if it was placed in their hands by the legislature.¹⁸

After these discouraging answers, the Obstetric Society took some time to consider the next move and it was not until February 1827 that another series of letters was despatched with the same objectives.¹⁹ The RCP indicated that it had nothing further to communicate, and the Society of Apothecaries still regretted their want of power in this matter. The

¹⁴ W R Merrington, *University College Hospital and its Medical School*, London, Heinemann, 1976, pp. 142–3.

¹⁵ *DNB*, vol. 19, pp. 715–16.

¹⁶ *Ibid.*, vol. 10, pp. 904–5.

¹⁷ Clark, *op. cit.*, note 4 above, p. 664.

¹⁸ Report of Meeting of Obstetric Society, *Lancet*, 1826–78, 11: 768–9, p. 768.

¹⁹ *Ibid.*, p. 768.

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Council of the College of Surgeons²⁰ had however been forewarned by Astley Cooper that a petition would be made to the legislature and had set up a Committee to examine the problem. As a result, their reply following the March Council Meeting was slightly more accommodating. From October of that year they would require candidates for the MRCS to have attended two courses of lectures in midwifery, and they were now willing to establish a board for the examination in the “midwifery department of medicine” if such a proceeding could be legally sanctioned. It was, however, reiterated that it was desirable that members of the Council (and therefore the examiners) should be persons well skilled in surgery and it was forbidden that such should practise pharmacy or midwifery.

This small concession infuriated Sir Anthony Carlisle; the substance of his objections was not minuted by the Council but on the following day he addressed Robert Peel, the Home Secretary, in an open letter to *The Times*, which was subsequently reprinted in the *Lancet*. It was a ruthless attack on man-midwives. He started off with the relatively mild accusation that members of the Obstetric Society were guilty of the vice of avarice, concerned only to increase their practice and their lecture fees. Man-midwifery was, he declared, a French fashion, it was indecent, unnecessary and dangerous, “not one in a thousand deliveries calls for any help beyond what any moderately experienced woman can safely give.” He continued, “why are we to license adventurers who seek notoriety by desperate acts often involving manslaughter?”²¹

The Obstetric Society met to consider the College’s reply and Carlisle’s letter.²² Clarke, as Chairman, emphasized the objectives of the Society, disclaiming any self interest by the members; they had no intention of applying for a separate Charter, but sought only some restriction on the practice of midwifery for the public good. He pointed out the dangers of being considered as specialists though he did not use that term, which was then chiefly associated with the ill-regarded oculists and aurists. He recounted how, when he had applied to Astley Cooper for an opinion, the surgeon had replied that he hoped that this was not an ear case for he should feel it to be *infra dignitatem* to meet on such a case.²³ Granville added another example, in which, after consultation with Benjamin Travers, a surgeon at Moorfields Eye Hospital, he had expressed his pleasure that his patient should have the opinion of such an eminent oculist but was told, “I beg your pardon Dr Granville, not an oculist but a thorough surgeon.”²⁴

An agreed letter sent to the College of Surgeons welcomed the concession on the attendance at lectures but addressed the matter of the board of examiners. “So far from it being the wish of the members of this Society to render themselves conspicuous solely from their knowledge in this branch of the Profession, it is their determination not to separate themselves from the body of Physicians and Surgeons in general, which would be prejudicial to their interests and ungrateful to their feelings.”²⁵ They should, however, not be excluded from office in the College of Surgeons, or Fellowship in the College of Physicians; only in that way could they be available as examiners. They pointed out that the College of Dublin and Edinburgh already examined in midwifery. The meeting then

²⁰ Council Minutes, Royal College of Surgeons, 13 Feb. 1827.

²¹ A Carlisle, *The Times*, 26 Feb. 1827.

²² Report of Meeting of Obstetric Society, *Lancet*, 1826–7, 11: 768–9, p. 769.

²³ *Ibid.*, p. 769.

²⁴ *Ibid.*

²⁵ *Ibid.*

determined that the Home Secretary should be requested to bring some pressure to bear on the medical corporations and went on to discuss a reply to Carlisle. Dr A T Thomson stigmatized the letter as a “crazy stupid production which could do no harm, the source from which it proceeded would be remembered and the public would estimate it accordingly.” This was a reference to Carlisle’s reputation as an opinionated eccentric who regularly wrote to *The Times* on such subjects as pauper lunatics, Thames water, Mr Gurney’s new lighthouse, the escape of men from goal, and Siamese twins.²⁶ The Chairman had some difficulty in restraining the indignation of other members who subsequently published individual replies which repudiated the accusations, corrected the factual errors, and emphasized the morbidity associated with the practice of uneducated midwives.²⁷ Carlisle was not, however, to be so easily put down. He went on to address a second letter to Judges, Coroners and Justices of the Peace urging them to hold inquests and institute criminal proceedings in any case where death or accident had followed intervention by a man-midwife.²⁸ He allowed that surgical assistance was sometimes required, but on rare occasions “a hospital surgeon of an enlarged intellect who had studied the elementary parts of his profession and meditated much about the good and evil of surgical interference” would be competent to assist. In a further letter he implied that the interest of young surgeon apothecaries was lascivious as well as avaricious; he suggested that the wives and daughters of doctors should take over this part of the practice.²⁹ The idea was, of course, resented as an attack on the social status of general practitioners who as gentlemen could not expect their wives to demean themselves by working.

In July 1827 a deputation waited on Mr Peel, who agreed to refer their memorial to the corporate bodies. Little progress was made and Mr Peel was again approached in March 1828.³⁰ After a further five months, a paper emerged from the College of Physicians which indicated that they could not repeal their by-laws but proposed that as often as any physician candidate for their licence declared his intention of adding midwifery to the practice of physic, he should be examined before the Censor’s Board by some licensed physician practising that art. It was an empty concession since it in no way obliged the licentiate to submit to examination whatever his subsequent intention in respect of midwifery practice, and it was never acted upon. The Apothecaries were willing to examine if it was legal but the initiative for establishing the legality must come from the government. The Council of the College of Surgeons, heavily involved in disputes with the members over a wide range of topics, postponed the establishment of their Board of Examiners pending legal advice but then lost interest. The Physicians did nothing further. The dispute dragged on inconclusively. In December 1829 Peel finally declined to use his power to clarify the legal situation and soon after left the Home Office.³¹ On 18 June 1830 after another meeting of the Society, F H Ramsbottom, now Secretary, wrote a long letter

²⁶ Listed in Powell’s Quarterly Index to *The Times*, see also A Oyster, ‘Hunterian oration’, *Lancet*, 1826, 9: 689–94. “Oyster” was a nickname for Carlisle and the report of the oration is followed by a series of disparaging comments by the Editor.

²⁷ G Jewel, Letter, *Lancet*, 1826–7, 11: 743–5; Anon, ‘Man-midwifery’, *Lancet*, 1826–7, 12: 456–61.

²⁸ A Carlisle, *The Times*, 18 May 1827.

²⁹ The controversy is summarized in J Donnison, *Midwives and medical men*, London, Heinemann, 1977, pp. 56–7.

³⁰ F H Ramsbotham, Letter, *Lancet*, 1829–30, ii: 745–8.

³¹ *Ibid.*, p. 747.

to the *Lancet* setting out the history of their endeavours. There was very little to show for their efforts and they noted that no attention had been given to the female practitioners of obstetrics. They hoped once again to address the corporate bodies. It was agreed that once the regulation of midwifery had been carried into effect, the Society should become extinct. It was an agreement which emphasized its limited remit, even when the achievement of its objectives still seemed remote.³²

Granville tried to revive enthusiasm for the enterprise at a meeting of the Westminster Medical Society and secured the passage of a motion requiring legislative interference by the government.³³ However, no further meeting of the Obstetric Society is reported and there do not appear to be any extant records of discussions. In 1830 the general election resulted in a Whig administration which actively promoted Parliamentary Reform. Not until after the passage of the Great Reform Bill in 1832 could any attention be given to such minor matters as medical reform.

In 1834 the Select Committee on Medical Education heard from Charles Mansfield Clarke that his application to the Colleges "had slept in the tomb of all their Capulets and died a natural death."³⁴ Sir Henry Hallford, the President of the RCP, gave an opinion on obstetrics which must, even then, have been an embarrassment to many physicians. "I think it is considered rather as a manual operation and we should be very sorry to throw anything like discredit upon men who had been educated at Universities, who had taken time to acquire the improvement of their minds in literary and scientific accomplishments, by mixing it up with manual labour. I think it would rather disparage the highest grade in the profession."³⁵

The Obstetric Society had simply withered away, having apparently achieved very little. The status of training of female midwives was never tackled in spite of the original intention. Granville had lost interest and moved to a concern with medical treatment in spas and watering places. The obstetricians had plenty of business without troubling themselves with politics. Carlisle had mobilized the reactionary element which encouraged the corporations in their inactivity, and the whole business of medical reform would continue in dilatory controversy until the Medical Act of 1858. However, attitudes towards midwifery were gradually changing. Although when the College of Surgeons established its Fellowship in 1843 the terms of the diploma specifically excluded those practising midwifery, two former members of the Obstetric Society appeared in the list of the first 300 Fellows admitted without examination. Richard Blagden was by then a Surgeon extraordinary to Queen Victoria, a powerful qualification, and John North had published valuable works on children's diseases. Meanwhile, the RCP had also relaxed and admitted a number of obstetricians to its Fellowship, including Sir Charles Mansfield Clarke.

The Self-Denying Specialists

In spite of being the first of the specialist associations, the Obstetric Society ran a campaign which was no more than a part of the on-going programme of reform aimed at

³² *Ibid.*, p. 748

³³ A B Granville, Address to Westminster Medical Society, *Lancet*, 1830–31, i: 301–5.

³⁴ *Report from the House of Commons Select*

Committee on Medical Education, 1834.

³⁵ *Ibid.*, evidence of 30 Sept. 1830, quoted by Clark, *op. cit.*, note 4 above, vol. 2, p. 686.

adapting the out-moded licensing system of the London medical corporations to the needs of the emerging general practitioners; there can be little doubt that A T Thomson pushed it in that direction. It does not seem, however, that this was the original intention of the instigator, Augustus Bozzi Granville, and the rejection of any academic activities along with the denials of specialist status demand some explanation. The core membership of the Society is readily identified by their practice, their appointments, and their publications as specialists in the modern sense, granted that no specialist can entirely confine his clinical work to the disorders of the system which gives him his titular designation. The obstetricians naturally continued to treat their patients after the completion of the puerperium and were increasingly involved with what later became known as gynaecology and paediatrics; but this could scarcely negate their specialist standing. Nevertheless, in 1826–8 they went out of their way to play down the importance of their particular expertise and showed no inclination to discuss amongst themselves the clinical problems of obstetrics. Most of these gentlemen were frequent contributors to the literature and speakers at the Medical Society of London, the Medical and Chirurgical Society, and at their local medical societies, but they always addressed themselves to a general medical audience even when disputing the opinion of their obstetric colleagues. It may be suspected that, since midwifery can be tedious and time consuming so that few doctors want to carry on responsibility for it throughout their careers, members of the Society were thinking about their future prospects when they declared themselves still within the main stream of medicine and surgery. More important perhaps was the opprobrium in which specialism was held at the time, in part the result of the strident but dubious claims, commonly dismissed as sheer quackery, of the oculists and aurists.

The higher echelons of the profession in London still aspired to a comprehensive understanding of human maladies and their treatment. It was an intellectual arrogance well exemplified by the pronouncements of Sir Henry Hallford but one which also afflicted some of the more successful surgeons. It was a position which did not go unchallenged. Some high-flown oratory from William Lawrence, a surgeon at St Bartholomew's, on the indivisibility of the healing art provoked some very commonsense criticism from James Johnson in the *Medico-Chirurgical Review*.³⁶ He made it clear that in practice comprehensive understanding at the higher levels was unattainable, and that obstetrics would have to be separately recognized. "Medical science is too extensive for all its branches to be studied by one individual . . . there is sufficient distinction between physic, surgery and midwifery for the metropolis and every large city to afford practitioners devoted to one or other of these branches, though still for general use there must be general practitioners." Meanwhile, in Edinburgh, James Hamilton was achieving some recognition of obstetrics in the University.³⁷ Going over the head of the Senatus, he appealed to the Town Council, the ultimate authority there, and secured that the Professorial Chair of Midwifery should be on an equal footing with other chairs with a subject compulsory in the curriculum.

The attitude to specialism would change only very slowly. When in 1859 the Obstetrical Society of London³⁸ was inaugurated, the founder, Tyler Smith, in his opening address

³⁶ Editorial, *Med.-chir. Rev.*, 1830, NS 6: 211.

³⁷ J H Young, 'James Hamilton (1767–1839) obstetrician and controversialist', *Med. Hist.*, 1963, 7: 62–73.

³⁸ T Smith, Address at Inauguration of the Obstetrical Society of London, *Trans. Obstet. Soc. Lond.*, 1859, pp. vii–viii.

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justifying the existence of a specialist society by the inactivity of the Royal College, still found it necessary to combat the fear that, by placing themselves apart, the obstetricians would suffer socially, declaring that it would be “idle to imagine that they would lower themselves in the social scale by raising themselves in knowledge.” But the ascendancy in the profession of the elite physicians and surgeons would last for very many years, however well the general public regarded the specialists.