



# The History of Apothecaries and General Practice in the UK

DHMSA 2022-23      Martin Edwards

# Origins of the apothecary



- Origins as grocers/spicers
- Increasing separation from C14
- Grocers Company 1429
- Apothecaries separate within Grocer's Company 1607
- Society of the Art & Mystery of the Apothecaries of the City of London 1617

# Apothecary training



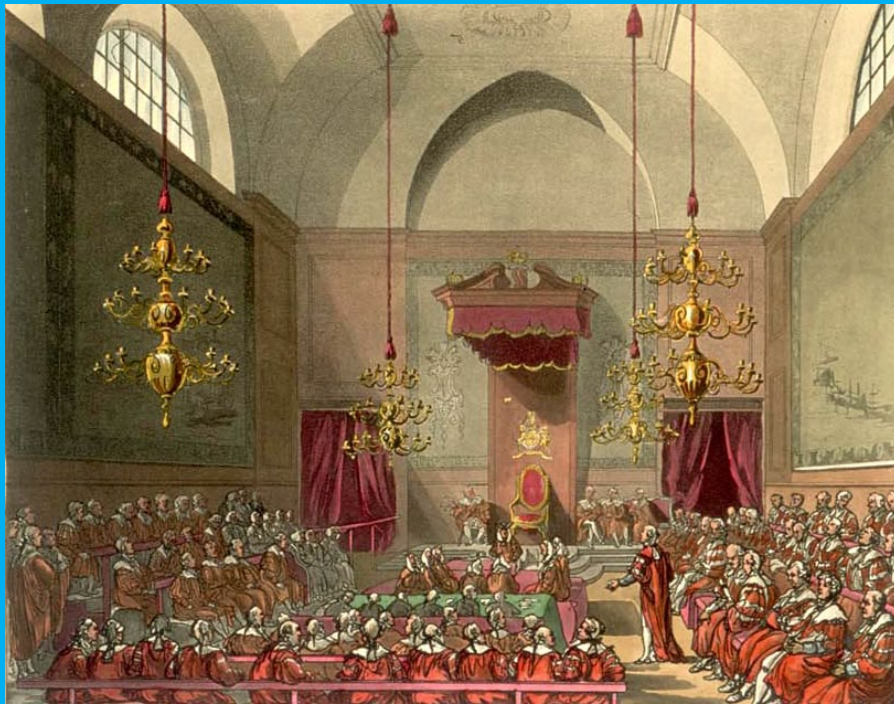
- Grammar school, apprentice age 12-15
- Lower class – trade (shop), apprenticeship
- Diverse backgrounds – sons of medics, minor gentry
- ‘Medical men’ rather than ‘Dr’
- 18C – increasing importance of time in hospital, attachment to surgeon, private courses
- Certificates of attendance, time served – no exams – WSA control variable

# What did apothecaries do?



- Fevers – continued/intermittent/eruptive
- Diarrhoea, phthisis, respiratory infections – potentially serious
- Gout, dropsy etc.
- In shop or visit at home
- Fill prescriptions issued by physicians
- Own preparations – most liquids & powders, could make pills
- Humoral therapy – increasingly heroic 18C
- Bloodletting, purgatives, diuretics, emetics

# The Rose Case 1699 - 1704



- William Rose sued by John Seale/RCP 1699 for 'charging for visits'
- Guilty verdict overturned House of Lords 1704 – clearly usual practice
- Apothecaries legally able to visit, diagnose & issue medication autonomously
- But could only charge for medication
- Expansion of numbers, status & income of apothecaries 18C

# Who else provided medical care?



Wellcome Images



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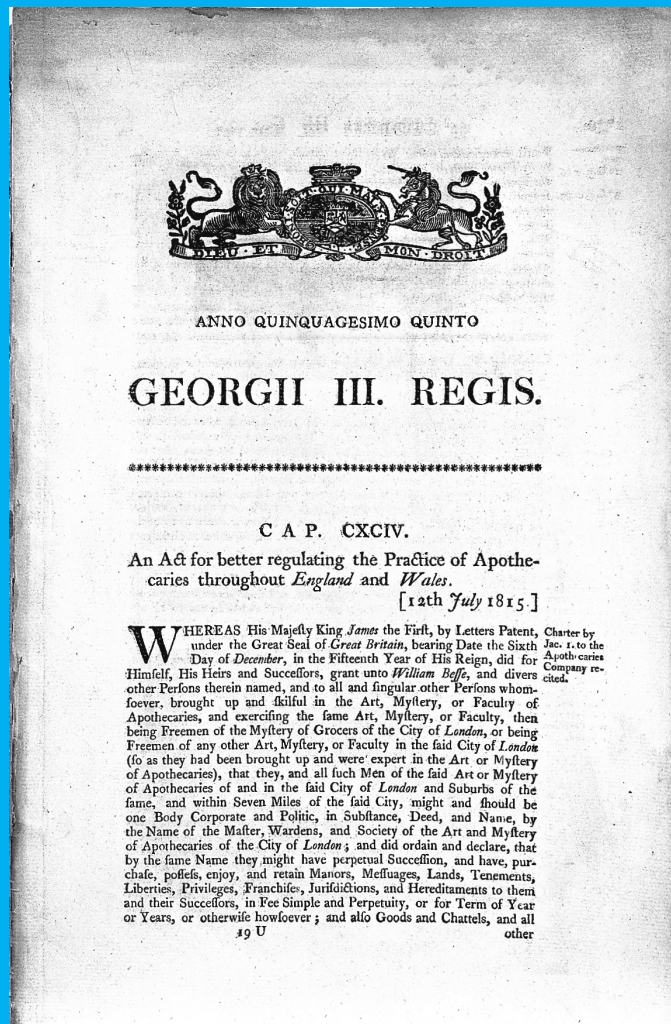
- Surgeon – apprenticeship. Phlebotomy, wounds, fractures, sprains, sore throats, boils, teeth, leg ulcers. Licensed by CS or Bishop.
- Physician – ‘elite.’ Uni educated, licensed by RCP or Bishop. RCP vs apothecaries a constant theme.
- Midwives
- Druggists
- Irregulars – educated gents/wives, wise women, itinerants; little notion that medical qualifications important

# Re-invention: the surgeon-apothecary-man midwife



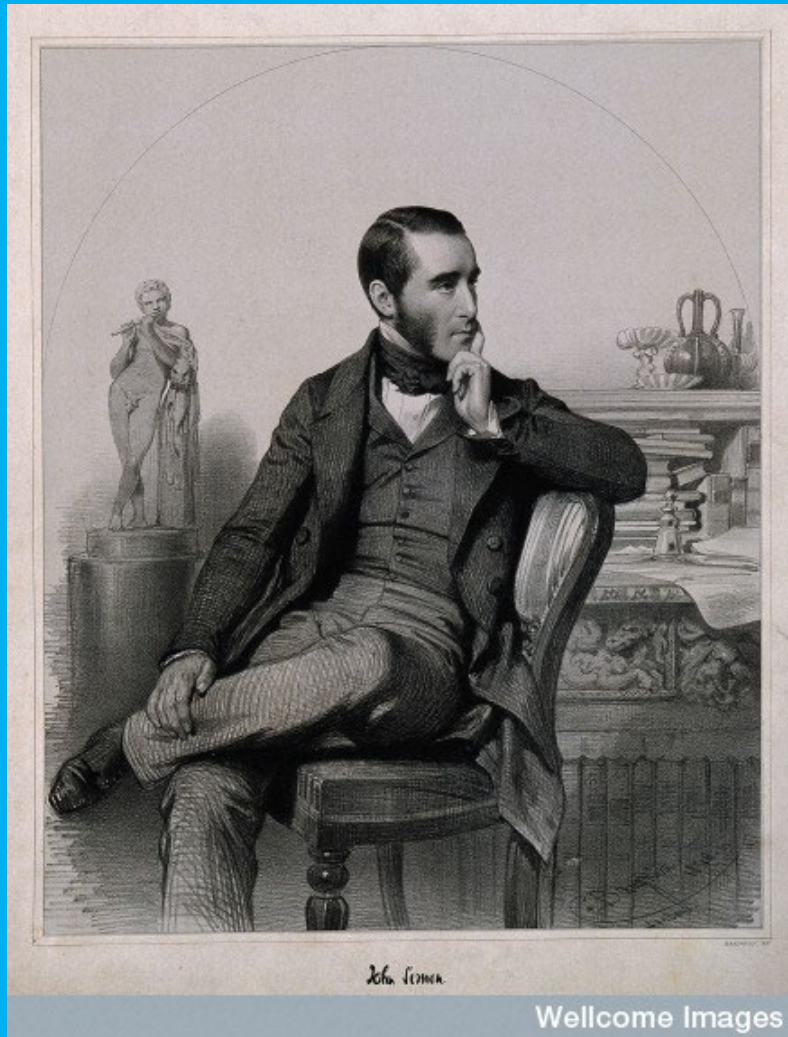
- Increasing competition within & from outside the profession 18C
- Response – broaden training, expertise & caseload; Surgeon – Apothecary
- Forerunner of modern GP?
- Male midwifery

# Competition and the period of medical reform



- Period of medical reform – 1<sup>st</sup> half 19C – to determine who could practise as a doctor
- Provincial Medical & Surgical Association 1832 → BMA 1845
- Apothecaries Act 1815
  - Syllabus – 5 yrs apprenticeship, lectures, 6m in hospital, examined jointly by WSA & RCS
  - Defined apothecary for the first time
  - Reinforced Society's role
  - Legal privileges for qualified apothecaries

# Medical Act 1858



- Competition & clamour for regulation continued after 1815
- Medical Act 1858 – John Simon (1816 – 1904) first MoH. Established GMC
- By end 19C – effective unification of qualifications & status, doctors uni & hospital trained. Apprenticeship abolished 1892
- Competition continued – homeopaths, nurses, chemists, teeth pullers, opticians, spiritualists, faith healers, wise women, osteopaths, chiropodists, VD/cancer/obesity/consumption curers (GMC 1908)

# Reinvention – the gatekeeper



- Access to health care 19C
  - Poor law
  - Friendly Society
  - Payment
  - Casualty
- Referral system – gatekeeper role of British GP throughout 20C

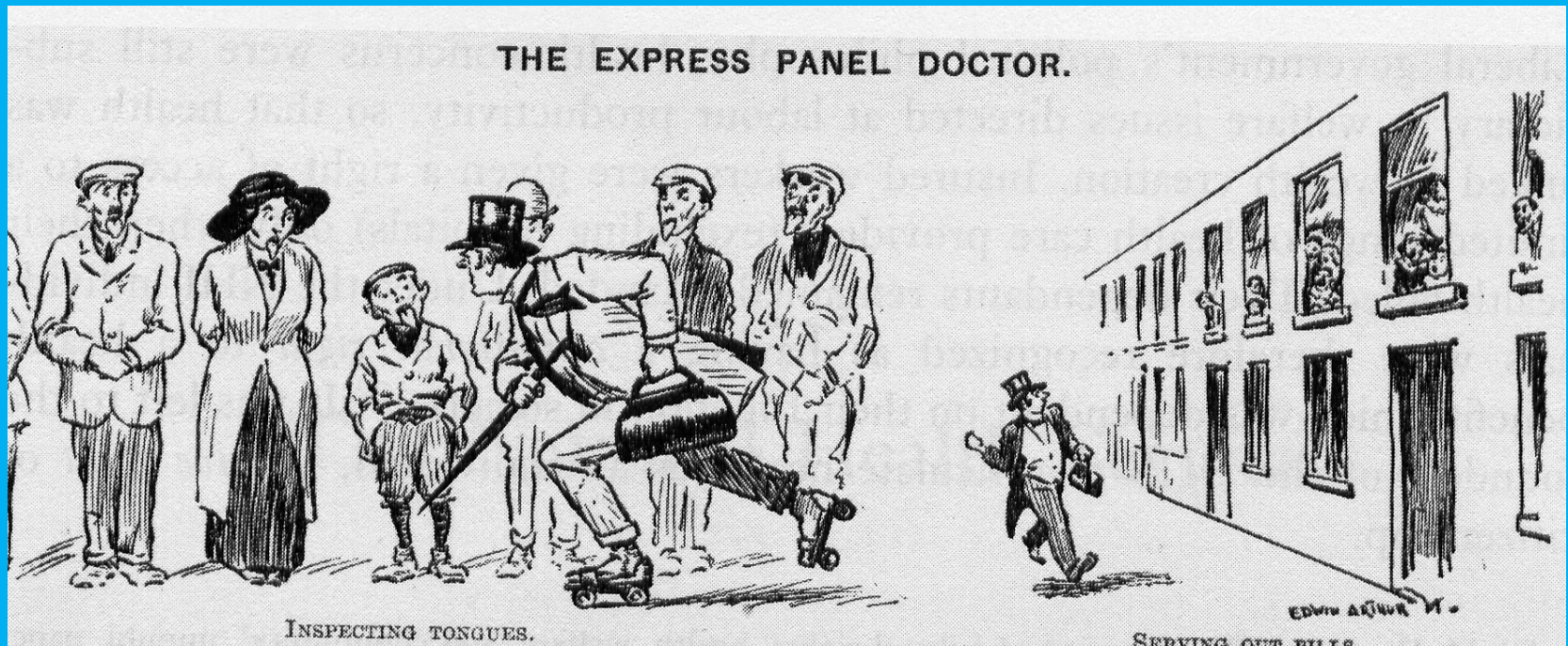
# National Health Insurance Act 1911



- David Lloyd George 1863 - 1945
- Panel system – replaced friendly societies & poor law
- Workers income <£160/yr, c.50% of working population
- Capitation fee to GPs
- Free at point of service → increased consultation rate
- Income secure, reduced differentials
- Reinvention – GPs hard working for reliable income; ?encouraged doctor-orientated medicine

# The reinvented panel doctor

- 3-5 mins consultations, no appointments
- Pts unquestioning, examination rare, stock bottle or sick note
- Private pts – appointment, longer consultation, referrals, prescription
- Premises, equipment, staff sometimes poor – no financial incentive
- Beginnings of poorer reputation cf. hospital service



# Another reinvention: The NHS GP 1948



- Continuation of capitation system for GPs
- Continuing lack of incentive to invest
- Moran 1958 'fallen off ladder'
- High workload, demoralisation, 'screening and filtering'. "Broke and bored"
- Collings Report 1950
- Gillie Report 1963
- Family Doctor Charter 1966, 'golden age of general practice'

# Reinvention: the modern GP



- Consultation analysis. Balint, Byrne & Long, Pendleton, Neighbour
- University depts. of General Practice
- CGP 1952/RCGP 1972
- Biographical medicine
- New drugs
- Access to lab tests
- Vocational training – VT act 1976, full implementation 1982

# Reinvention continues...

