

**The Rise and Fall of the
Apothecaries' Assistants
1815-1923.**

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Dedication

This is for my father and mother Ernest Wilfred and Hilda Adams, and my maternal grandmother Alice Wightman, all of whom, in common with the families discussed in this thesis, understood the importance of education as a means to a successful and fulfilling life. But it was particularly my father that I had in mind while engaged in this work. He was extremely proud when I passed the 11+ examination and obtained a place at Grammar School; sadly he died shortly afterwards and so was unable to enjoy my subsequent academic successes. He would have been equally proud of this achievement; sorry it took so long Dad.

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Abstract.

The central theme of this work is the elucidation of the circumstances that led to the decline of the apothecaries' assistants. The Apothecaries Act (1815) formerly recognised them as dispensers of medicine and provided an appropriate examination and qualification. Initially, starting in 1850, men were the only candidates for the examination and it was not until 1887 that the first woman qualified. From that time the occupation became increasingly popular among young women, as it provided them with respectable employment dispensing medicines in institutions and doctors' surgeries. This situation prevailed until The National Insurance Act (1911) transferred almost all the dispensing to the chemists and druggists. This dissertation examines the aspirations of the Pharmaceutical Society, the Society of Apothecaries, the government and the assistants themselves, all of whom were intimately involved in the changes brought about by the Act.

While much has been written about medical history in the nineteenth century, little interest has been shown in the apothecaries' assistants who were the main dispensers of medicines for a period of about 70 years. This thesis advances our understanding on this subject. Additionally, as most of the assistants were women from middle class families, it opens a window on the social and cultural changes that these young women and their families were experiencing in the second half of the nineteenth century.

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Chapter 1

Introduction

This thesis examines the history of the apothecaries' assistants in the nineteenth and early twentieth centuries, and proposes that their demise between 1903 and 1923 was brought about by three sets of circumstances related to the National Insurance Act (1911). First, the Pharmaceutical Society had, almost from its inception, wished to annex the dispensing of medicines as part of the profession's province.¹ Fortunately for them Lloyd George when formulating his National Insurance Act in 1911 separated prescribing and dispensing.² The Pharmaceutical Society, seeing an opportunity, resolutely lobbied parliament during the formulation and introduction of the Act, to transfer dispensing from the doctors' surgeries, where it was performed by apothecaries' assistants, into their own hands.

Secondly, Lloyd George was not prepared to allow the livelihood of the apothecaries' assistants to stand in the way of this transfer and obstruct the passage of his Bill. The assistants, who numbered only about 4000, presented an unsubstantial obstacle. They operated under the patronage of the Society of Apothecaries and consequently believed that the Society would protect them. Because of this and because they worked as individuals in doctors' surgeries or in hospital dispensaries, they had no other organisation to protect their interests. Thirdly, the Society of Apothecaries failed to provide any effective support for their assistants when the

¹ J. Anderson Stewart, 'Jubilee of the National Insurance Act', *Pharmaceutical Journal*, 189, 5150, (1962) 35.

² *Hansard's Parliamentary Debates*, fifth series, vol. XXV, 1 May-19 May 1911, cols. 610-677.

pharmacists mounted a challenge to the assistants' chosen career. The abandonment of the assistants by the Society after 1911 was unexpected and reduced their status significantly.

The published work on medical history is extensive. Much has been written about the origins and development of the physicians, apothecaries, surgeons, pharmacists, nurses and midwives.³ Additionally, fringe practitioners such as herbalists, quacks, hydropathists and hobbyist clergymen have all featured in the literature.⁴ In contrast the development and subsequent decline of the apothecaries' assistants has received no significant mention. Yet for a period of about 75 years this group of practitioners provided an important and effective service as dispensers of medicines in this country. Apparently, they have been overlooked or considered unimportant by the broader study of the history of medicine in the second half of the nineteenth century. Yet their history gives us valuable insights, not only into the professionalisation of medicine and dispensing, but also into the wider social change occurring at the time.

³ M. Pelling, *Common Lot: sickness, medical occupations and the urban poor in early modern England* (London and New York, 1998)

⁴ See I. Loudon, 'The Nature of Provincial Medical Practice in Eighteenth Century England', *Medical History*, 29, (1985) 4; A. Digby, *Making a Medical Living: doctors and patients in the English market for medicines, 1720-1911* (Cambridge, 1994), p. 20; R. Sturgess, 'Quackery: a barely believable history', *Pharmaceutical Journal*, 275, 7381, (2005) 795; K. Watson, *Poisoned Lives: English poisoners and their victims* (London and New York, 2004), p. 41; H. Marland, *Medicine and Society in Wakefield and Huddersfield 1780-1870* (Cambridge, 1987), p. 240; S.C. Lawrence, *Charitable Knowledge: hospital pupils and practitioners in eighteenth century London* (Cambridge, 1996), pp. 74-75; V. Berridge, 'Health and Medicine' in F.M.L. Thompson, (ed.) *The Cambridge Social History of Britain 1750-1950, vol. 3, Social Agencies and Institutions* (Cambridge, 1990), pp. 188-189; J. Bradley and M. Dupree, 'Opportunity on the Edge of Orthodoxy: medically qualified hydropathists in the era of reform, 1840-60', *Social History of Medicine*, 14, 3, (2001) 417-419; J. Burnby, *A Study of the English Apothecary from 1660-1760* (London, 1983), p. 83; A. Robb-Smith, 'Medical Education at Oxford and Cambridge Prior to 1850' in F. Poynter, (ed.) *The Evolution of Medical Education in Britain* (London, 1966), p. 37; M.E. Fissell, *Patients, Power and the Poor in Eighteenth Bristol* (Cambridge, 1991), p. 16.

They were not a highly educated group by comparison with the physicians, and as individuals did not achieve wide spread recognition for their work in the field of medicine. Unlike many apothecaries and physicians, they did not gain recognition through their involvement in civic activities and as dispensing has traditionally been performed out of the public's sight, they had no direct contact with the public. They worked under the patronage of the Society of Apothecaries and so were not an autonomous body seeking to advance their standing. This historical absence of recognition could be responsible for their being overlooked by current researchers, but perhaps the main reason is a practical one, in that they did not leave much written material behind them. One or two of them are known by their writing, but for reasons other than their qualification and occupation. Agatha Christie is a well known example and Mildred Cable who was a missionary in China, wrote her autobiography. She tells in the book how, prior to joining the missionary service, she qualified first as an apothecaries' assistant and then as a chemist and druggist.⁵ The written records that do exist have recently been discovered in the archive of the Society of Apothecaries and consist mainly of letters to the Society of Apothecaries, from assistants and from candidates for the assistant's examination.

The only authors to make any real mention of the apothecaries' assistants are S. Holloway and Ellen Jordan. Holloway describes the attempts made by the apothecaries' assistants to gain entry to the

⁵ M. Cable and F. French, *Something Happened* (London, 1947), pp. 70-71.

Pharmaceutical Society's register after the National Insurance Act (1911). But does not go into detail regarding the negotiations between the Pharmaceutical Society, the Association of Certified Dispensers, the Society of Apothecaries and the government.⁶ Jordan has written two articles in which the assistants feature, but in both, the theme is that of feminism and the introduction of women into paid employment. The occupation of apothecaries' assistant is used only as an example of work available to suitably educated women.⁷

This thesis seeks to discover, why a body of qualified people who were efficiently conducting the dispensing of almost all the medical prescriptions issued, should suddenly have that work transferred from them to the chemists and druggists. In doing so it examines the motives of the institutions involved in that transfer and looks at the origins, development, training and social backgrounds of the apothecaries' assistants. Beyond this, it takes account of the fact that the majority of them were women. It not only shows how they were early entrants onto the stage of female employment and among the earliest into scientifically and medically based occupations, but it looks at the family backgrounds of 100 actual women who qualified for this work. By considering the occupations of their fathers and brothers, it seeks to ascertain the women's position in society and to discover why they did not join their brothers in entering one of the

⁶ S. Holloway, *Royal Pharmaceutical Society of Great Britain* (London, 1991), pp. 304-305, 336, 341, 355-358.

⁷ E. Jordan, 'Suitable and Remunerative Employment: the feminization of hospital dispensing in late nineteenth century England', *Social History of Medicine*, 15, 3, (2002) 429-456 and E. Jordan, 'The Great Principle of English Fair Play: male champions, the English women's movement and the admission of women to the Pharmaceutical Society in 1879', *Women's History Review*, 7, 3, (1998) 381-410.

professions. This thesis, in terms of both scope and depth, goes beyond the work of both Holloway and Jordan and addresses a previously unexplored area of medical history. In so doing, it illuminates an important facet of social history in respect of Victorian and Edwardian middle class young women.

This chapter sets the scene by looking at the development of medicine as recorded in the literature. It considers the drive towards professionalisation, the influence of legislation as it applied to health and welfare and, as many of the apothecaries' assistants were female, the impact of gender issues. The chapter then goes on to discuss the methodology employed in the research.

Historical Context

As this thesis seeks to examine broad influences that affected the fortunes of the apothecaries' assistants, it is necessary that we understand the origins and development of the various branches of medicine. These branches were to some extent in competition with each other; the resulting interaction, competition and increasing legislation caused stress and turbulence that had an impact on the assistants. This historical context considers a number of broad themes including gender issues, evolving professionalism, increasing government legislation in the sphere of health and welfare, and the development of education as it affected those seeking employment in this area. In consequence, it provides the background against which the rise and decline of the assistants occurred.

In its early days medicine was practised by a large variety of people: herbalists, clergymen, housewives, bonesetters, cuppers, leech appliers, quacks, chemists and druggists, surgeons, apothecaries and physicians were all involved.⁸ Fissell concurs with this view expressed by Burnby, Robb-Smith and Wyman, but makes the further point that the lay people in this group were applying the same principles and using the same cures as the physicians and apothecaries.⁹ Some of the medicines used were efficacious, such as quinine used in malaria, opium for pain relief, colchicum in cases of gout and amyl nitrate in angina. But there were a great number of others in frequent use that were ineffective.¹⁰ Out of this disparate group of healers, it was the physicians, surgeons, apothecaries and chemists and druggists that became recognised by law and survived, but of these it was the physicians who were the senior branch throughout.

Although the physicians' existence can be traced to Ancient Greece, they were first formally recognised in England, in a charter given by Henry VIII in 1518.¹¹ There were a number of ways of becoming a physician; one could enter either Oxford or Cambridge and first take a degree in classics lasting seven years, followed by a medical qualification of six years duration.¹² However, by 1565, Cambridge had abandoned this requirement

⁸ Burnby, *A Study of the English Apothecary from 1660-1760*, p. 83; Robb-Smith, 'Medical Education at Oxford and Cambridge Prior to 1850', in Poynter, (ed.) *The Evolution of Medical Education in Britain*, p. 37; A. Wyman, 'The Surgeoness: The Female Practitioner of Surgery 1400-1800', *Medical History*, 28, (1984) 23; Pelling, *Common Lot*, p. 241.

⁹ Fissell, *Patients, Power and the Poor in Eighteenth Century Bristol*, p. 16.

¹⁰ R. Porter, *Blood and Guts: a short history of medicine* (London, 2003), p. 39.

¹¹ R. Mann, 'From Mithridatium to modern medicine: the management of drug safety', *Journal of the Royal Society of Medicine*, 81, (1988) 725.

¹² Robb-Smith, 'Medical Education at Oxford and Cambridge Prior to 1850', in Poynter, (ed.) *The Evolution of Medical Education in Britain*, p. 21; A. Carr-Saunders and P. Wilson, *The Professions* (London, 1964), p. 66.

that a medical degree should be preceded by a classics degree.¹³ Alternatively, one could acquire a classical education at Oxford or Cambridge and then seek medical training at another university. Furthermore, this training at another university could be replaced by attending lectures and studying under an eminent physician.¹⁴ Pelling supports this view, saying that at Cambridge in the sixteenth century and at Oxford in the eighteenth century, this method was employed.¹⁵

A further method, and a popular one because it consumed less time and was less expensive, was to bypass Oxford and Cambridge and study medicine at a Scottish or Continental university.¹⁶ Digby says that by the mid eighteenth century, Oxford and Cambridge were declining sources of medical graduates and some British physicians were qualifying at Leiden or Trinity College Dublin. In addition, by the early nineteenth century, the universities of Edinburgh, which benefited from the proximity of the city's infirmary,¹⁷ Glasgow, St Andrews and Aberdeen were major suppliers of medical education.¹⁸ Robb-Smith gives a reason for this saying that in the eighteenth century both Oxford and Cambridge suffered from the practice whereby Regius Professorships were given to friends and favourites of the King and that the recipients had no knowledge of or interest in medicine. Consequently, the better teachers, on being passed over for promotion, went

¹³ Robb-Smith, 'Medical Education at Oxford and Cambridge Prior to 1850', in Poynter, (ed.) *The Evolution of Medical Education in Britain*, p. 28.

¹⁴ Robb-Smith, 'Medical Education at Oxford and Cambridge Prior to 1850', in Poynter, (ed.) *The Evolution of Medical Education in Britain*, p. 37.

¹⁵ Pelling, *Common Lot*, p. 238.

¹⁶ Robb-Smith, 'Medical Education at Oxford and Cambridge Prior to 1850', in Poynter, (ed.) *The Evolution of Medical Education in Britain*, p. 42.

¹⁷ Porter, *Blood and Guts*, p. 144.

¹⁸ Digby, *Making a Medical Living*, p. 12.

elsewhere to advance their careers.¹⁹ But there were other reasons; the Scottish universities were less expensive than Oxford and Cambridge. They were open to dissenters, and offered training of a high quality.²⁰ However, the absence of a classical education meant that one could not become a Fellow of the College of Physicians and benefit from the status and rich patients that would follow.²¹

The Oxford or Cambridge route was the one chosen by Anthony Addington, who "... studied medicine at Oxford gaining his MB in 1741 and MD in 1744."²² William Stukeley on the other hand graduated from Corpus Christi, Cambridge in 1709 and then studied at St Thomas's under Dr Richard Mead.²³ Richard Meade had studied at Leiden and Padua prior to gaining his MD at Oxford in 1707.²⁴ John Elliotson, son of a chemist and druggist, trained first at Edinburgh and then at both St Thomas's and Guy's Hospitals and became a Licentiate of the College of Physicians. On deciding that he wished to become a Fellow, he attended Jesus College, Cambridge as a fellow commoner, but as he did not read medicine there, the doctorate he received must have been in classics.²⁵

John Ward was a clergyman who had taken up medicine. He had taken his Bachelor of Arts degree in 1649, but had no medical degree.

¹⁹ Robb-Smith, 'Medical Education at Oxford and Cambridge Prior to 1850', in Poynter, (ed.) *The Evolution of Medical Education in Britain*, pp. 39-40.

²⁰ W. Brockbank and F. Kenworthy, (eds.) *The Diary of Richard Kay (1716-51) of Baldingstone, near Bury* (Manchester, 1968) quoted in D. Porter and R. Porter, *Patients' Progress: doctors and doctoring in eighteenth century England* (Cambridge, 1989), p. 21, note 19.

²¹ Robb-Smith, 'Medical Education at Oxford and Cambridge Prior to 1850', in Poynter, (ed.) *The Evolution of Medical Education in Britain*, p. 19.

²² K.J. Fraser, 'William Stukeley and the Gout', *Medical History*, 36, (1992) 180, note 125.

²³ J. Gascoigne, *Cambridge in the age of the enlightenment* (Cambridge, 1989), pp. 159-63 quoted in Fraser, 'William Stukeley and the Gout', pp. 161-162, note 6.

²⁴ Fraser, 'William Stukeley and the Gout', pp. 164, note 27.

²⁵ W.J. Reader, *Professional Men: the rise of the professional classes in nineteenth-century England* (London, 1966), pp. 60-61.

Nonetheless he received the university's licence to practise based on his attending lectures, studying anatomy with Willis and Lower and performing dissections, post-mortems and animal experiments.²⁶ He was not the only clergyman to practise medicine. From about 1630 to 1800, they took up medicine either because they were dismissed from their living or were interested in the subject. Pelling adds that some of the clergymen claimed that poverty had persuaded them to take up medicine.²⁷ They were, in the early days, amongst the few with any education²⁸ and obtained medical knowledge by reading and collecting existing commonsense remedies. They tended to term themselves physicians or doctors of physic and their arts degree gave them a level of respect rather higher than that of the apothecary.²⁹ Fraser expresses the same idea saying that rural clergy were often expected to give their parishioners medical advice, particularly those who were poor.³⁰ William Turner was a rather special example; born about 1610, he was both a clergyman and a physician. He studied physic in Italy and divinity at Pembroke College, Cambridge and practised medicine because of his interest in it.³¹

Waddington believes that Oxford commenced teaching medicine in the thirteenth century and copied the syllabus employed in Paris, whose medical school pre-dated those at both Oxford and Cambridge. But even

²⁶ Robb-Smith, 'Medical Education at Oxford and Cambridge Prior to 1850', in Poynter, (ed.) *The Evolution of Medical Education in Britain*, p. 37.

²⁷ Pelling, *Common Lot*, p. 242.

²⁸ W. Bonser, *General Medical Practice in Anglo-Saxon England – Essays in Honour of Charles Singer* (Oxford, 1953), vol. 1, p. 154 *et seq.* quoted in L. Matthews, *History of Pharmacy in Britain* (Edinburgh and London, 1962), p. 8, note 1.

²⁹ Burnby, *A Study of the English Apothecary from 1660 to 1760*, p. 83.

³⁰ Fraser, 'William Stukeley and the Gout', 165.

³¹ Matthews, *History of Pharmacy in Britain*, p. 27.

though Paris had developed ahead of Oxford and Cambridge, it had a poorer reputation than other European universities. Scotland also established well regarded courses at a number of universities and students tended to prefer universities in Scotland or Europe to Oxford and Cambridge.³² Robb-Smith agrees that medical training probably started at Oxford in the middle of the thirteenth century, stating that Simon Moene graduated as an MD there in 1312.³³ He goes on to state that, "... until about 1750, the sister universities were the only places in the British Isles offering any medical education ... up to that date nearly 3,000 physicians graduated at Oxford and Cambridge."³⁴ Curiously, he also mentions in the same chapter, the case of John Ward (mentioned above) who did not take a medical degree and says that, "The way Ward learnt his medicine is typical of Oxford medical education throughout the centuries."³⁵ Matthews, discussing the duties of court physicians in the fourteenth century asks the question, "Had these Royal physicians studied medicine in medical schools of Paris, Oxford, Montpellier or Bologna?"³⁶ He does not provide an answer to this question, but it does indicate the places where medical education was available at the time. He also states that, "In Jacobean times, London was already the centre of medical education, although the medical schools of the two

³² N. Sirasi, *Medieval and Early Renaissance Medicine: an introduction to knowledge and practice* (Chicago, 1990), pp. 48-49, 55-56 quoted in K. Waddington, *Medical Education at St Bartholomew's Hospital 1123-1995* (Woodbridge, 2003), p. 15, note 7.

³³ Robb-Smith, 'Medical Education at Oxford and Cambridge Prior to 1850', in Poynter, (ed.) *The Evolution of Medical Education in Britain*, p. 20.

³⁴ Robb-Smith, 'Medical Education at Oxford and Cambridge Prior to 1850', in Poynter, (ed.) *The Evolution of Medical Education in Britain*, p. 19.

³⁵ Robb-Smith, 'Medical Education at Oxford and Cambridge Prior to 1850', in Poynter, (ed.) *The Evolution of Medical Education in Britain*, p. 37.

³⁶ Matthews, *History of Pharmacy in Britain*, p. 22.

universities played their part.”³⁷ However, this does not agree with Robb-Smith’s view described above. Thomas Beddoes’ training illustrates a number of these points. Having obtained a Bachelor of Arts degree at Oxford in 1781, he left because its “medical school was comatose.”³⁸ He moved to London to study under John Sheldon, the successor to William Hunter at the Great Windmill Street Anatomy School. He then went to Edinburgh University to continue his medical studies as it, “offered the most systematic medical education in Britain.”³⁹ But he discovered that Edinburgh offered a poor medical training: the three year course was too short, there were too few bodies available for dissection, the students had no time to read and were not trained how to think. In short it was passed its best as a medical school and had turned into a doctor factory.⁴⁰

Burnby states that the Continental universities provided a better medical education than the two English universities and that in the seventeenth century Oxford and Cambridge only produced 172 medical graduates.⁴¹ S.F. Simmons also provides some figures in his Medical Register of 1783 by recording the universities at which 273 provincial physicians had qualified. The percentages are Aberdeen 5.5, Edinburgh 46.8, Glasgow 2.6, St Andrews 8.8, Cambridge 12.4, Oxford 11.3, and

³⁷ Matthews, *History of Pharmacy in Britain*, p. 41.

³⁸ C. Webster, ‘The Medical Faculty and the Physic Garden’ in L. Sutherland and I. Mitchell, (eds.) *The History of the University of Oxford, vol. v, The Eighteenth Century* (Oxford, 1986), pp. 683-724 quoted in R. Porter, *Doctor of Society: Thomas Beddoes and the sick trade in late-enlightenment England* (London and New York, 1992), p. 12, note 5.

³⁹ C.J. Lawrence, ‘Medicine as Culture: Edinburgh and the Scottish enlightenment’ (University of London, Ph.D. thesis, 1984) quoted in Porter, *Doctor of Society*, p. 12, note 6.

⁴⁰ T. Beddoes, *A Letter to the Right Honourable Sir Joseph Banks... on the Causes and Removal of the Prevailing Discontents, Imperfections, and Abuses, in Medicine* (London, 1808), pp. 60 and 37 quoted in Porter, *Doctor of Society*, p. 42, notes 27 and 28, and p.148.

⁴¹ R. Trail, ‘Physicians and apothecaries in the seventeenth century’, *Pharm. J.*, 1962, 188: 206, 207 quoted in Burnby, *A Study of the English Apothecary from 1660 to 1760*, p. 114, note 372.

Continental Europe 12.7. He further records that 153 provincial physicians qualified between 1750 and 1783.⁴² From these figures, it would seem that Digby's view that Aberdeen, Glasgow and St Andrews were "major sources" is questionable, but we must bear in mind that Simmons's figures only include provincial physicians and that Digby was speaking of the early nineteenth century.

According to Hamilton, one of the criticisms of the Oxford and Cambridge system voiced by those that had studied elsewhere, was that there were no patients available at these universities and hence no practical training.⁴³ The absence of practical training was not a problem for the would-be apothecary and first class physicians such as Withering, Jenner and Fothergill prefaced their attendance at university by an apprenticeship to an apothecary. In that way they learned the practical aspects and this approach, according to Burnby, was both common and frequently preferred.⁴⁴

By 1770, when 'walking the wards' was increasing as a training method, London University was teaching materia medica, the principles and practice of physic, midwifery, the principles and practice of surgery, anatomy, chemistry and natural philosophy.⁴⁵ This led in the early nineteenth century to a change in the London hospitals that gave greater emphasis to underlying principles. Students were encouraged to integrate

⁴² S.F. Simmons, *The Medical Register for the year 1783* (London, 1783) quoted in J. Lane, 'The Medical Practitioners of Provincial England in 1783', *Medical History*, 28, (1984) 366.

⁴³ B. Hamilton, 'The Medical Professions in the Eighteenth Century', *The Economic History Review*, series 2, 4, 2, (1951) 148.

⁴⁴ Burnby, *A Study of the English Apothecary from 1660 to 1760*, p. 72.

⁴⁵ L. Rosner, *Medical Education in the Age of Improvement* (Edinburgh, 1991) quoted in Lawrence, *Charitable Knowledge*, p. 164, note 6.

the theory they had learned, with practical observations on the wards. Also at this time, it was becoming accepted that there was a core of knowledge applicable to physicians, surgeons and apothecaries.⁴⁶ Practitioners were attempting to understand the working of the human body by observing symptoms and then acting accordingly.⁴⁷ This philosophy had been pioneered in Paris and Leiden in the late eighteenth and early nineteenth centuries. Generally, there was a change from employing medicines described in classical texts and from ideas of humours and of individual diagnosis, to an adoption of the concept of relating disease to the body's organs and tissues. The hospitals, offering as they did a collection of patients with a variety of illnesses, gave physicians and students the opportunity to observe and experiment.⁴⁸ Waddington believes that this change was initiated by the surgeons rather than the physicians. The surgeons relied more on the observation of illness and this related closely to the trend towards an approach based on anatomy and pathology.⁴⁹

⁴⁶ S.C. Lawrence, 'Science and Medicine at the London Hospitals: Development of Teaching and Research, 1750-1815' (unpublished PhD thesis, University of Toronto, 1985) pp. 171, 179, 411-2 quoted in Digby *Making a Medical Living*, p. 55, note 59. See also K. Waddington, *Medical Education at St Bartholomew's Hospital*, p. 6.

⁴⁷ R. Maulitz, *Morbid Appearances: The Anatomy of Pathology in the Early Nineteenth Century* (New York: Cambridge University Press, 1987) quoted in S. Lawrence, *Charitable Knowledge*, p. 14, note 29.

⁴⁸ R. Shryock, *The Development of Modern Medicine: an interpretation of the social and scientific factors involved* (Madison, 1974), 151; Ivan Waddington, "The Role of the Hospital in the Development of Modern Medicine: A Sociological Analysis", *Sociology* 7, (1973): 211-5; Charles Rosenberg, *The Care of Strangers: the rise of America's hospital system* (New York, 1987), 82-5; See also; Malcolm Nicolson, "The Introduction of Percussion and Stethoscopy to Early- Nineteenth Century Edinburgh," in *Medicine and the Five Senses*, William Bynum and Roy Porter, ed. (Cambridge, 1993), 134-5; Fissell, *Patients, Power and the Poor*; Risse, *Hospital Life*; John Harley Warner, *The Therapeutic Prospective: Medical Practice, Knowledge and Identity in America 1820-1885* (Harvard University Press, 1986) quoted in S. Lawrence, *Charitable Knowledge*, p.13, note 25: See also K. Waddington, *Medical Education at St Bartholomew's Hospital*, p 27.

⁴⁹ S. Lawrence, 'Educating the Senses: students, teachers and medical rhetoric in eighteenth century London' ed. W. Bynum and R. Porter (Cambridge, 1993) quoted in Waddington, *Medical Education at St Bartholomew's Hospital*, pp. 26-27, note 45.

The move towards hospital based medical education was supported by members of the middle class who in the early nineteenth century were becoming increasingly concerned about the welfare of the poor and made charitable donations to alleviate the situation. Part of this initiative was devoted to establishing and maintaining voluntary hospitals. For instance the Royal Infirmary at Bolton was substantially dependent on funds raised by women who were involved in schools, church societies and political associations.⁵⁰ They also took an interest in the operation of the poor law and this will be discussed later in the chapter.

The medical professionals working in hospitals in the eighteenth century made safe science the basis of their medicine. They believed that, much as is the case today, safe science was founded on impartial opinions and on matters of fact. These opinions were promulgated by men who were properly trained and were working in facilities that could put them at the cutting edge of research, such as were available in the hospitals.⁵¹ The hospitals became a means of presenting, to the trainees, patients who could describe their symptoms. The practitioner/teacher would treat the patients and explain the rationale of his treatment to his students, who could subsequently observe the outcome of the treatment. The patients were

⁵⁰ S. King, *Poverty and Welfare in England, 1700-1850: a regional perspective* (Manchester, 2000), p. 70; also see B. Abel-Smith, *The Hospitals 1800-1948: a study in social administration in England and Wales* (London, 1964); G. Rivett, *The Development of the London Hospital System, 1832-1982* (London, 1986); J. Woodward, *Do the Sick No Harm a study of the British Voluntary Hospital system to 1875* (London, 1974) quoted in Waddington, *Medical Education at St Bartholomew's Hospital*, p. 29, note 53 and K. Waddington, *Charity and the London Hospitals 1850-1898* (Woodbridge, 2000), pp. 9, 67 and 72-73.

⁵¹ Lawrence, *Charitable Knowledge*, p. 21 and Waddington, *Charity and the London Hospitals*, p. 114; J. Lane, 'Role of Apprenticeship in Eighteenth Century Medical Education in England', in *William Hunter and the Eighteenth Century Medical World*, ed. W. Bynum and R. Porter (Cambridge, 1985), pp. 57-103 quoted in Waddington, *Medical Education at St Bartholomew's Hospital*, p. 46, note 3.

mainly from the poor and had been admitted to the hospital under a charity arrangement, however, the knowledge the students gained was applicable equally to the rich and poor.⁵² The medical schools generally did not receive financial support from the hospitals and relied on students' fees and so attracting more students was advantageous.⁵³ But this required that the hospital remained at the forefront of medical experimentation and knowledge, and so more patients were required to provide a broad selection of cases and of treatments.⁵⁴ The London hospitals were particularly successful because they admitted more patients, which increased the number and variety of illnesses available for teachers to illustrate their lectures.⁵⁵ St Bartholomew's hospital was at the forefront of these developments and from 1820, students were able to observe a wide spectrum of patients throughout their treatment.⁵⁶ The newer hospital schools that emerged during the nineteenth century were attached either to existing general hospitals like the London, or to new teaching hospitals exemplified by King's College Hospital and Charing Cross Hospital.⁵⁷ By the mid-nineteenth century these new teaching hospitals were providing a setting where this new style of teaching could occur and as a result the London hospitals were attracting about 300 students a year.⁵⁸

⁵² Lawrence, *Charitable Knowledge*, pp. 26-28.

⁵³ Waddington, *Charity and the London Hospitals*, p. 85.

⁵⁴ Waddington, *Charity and the London Hospitals*, p. 114.

⁵⁵ Waddington, *Medical Education at St Bartholomew's Hospital*, pp. 30-31.

⁵⁶ Waddington, *Medical Education at St Bartholomew's Hospital*, p. 49.

⁵⁷ Waddington, *Charity and the London Hospitals*, pp. 10-11.

⁵⁸ Woodward, *To Do the Sick No Harm*, p. 25 and J. Hays, 'The London Lecturing Empire, 1800-50', in *Metropolis and Provinces: science in British Culture, 1780-1850*, ed. I. Inkster and J. Morrell (Philadelphia, 1983), p. 106 quoted in Waddington, *Medical Education at St Bartholomew's Hospital*, p.30, notes 55 and 57.

A medical course depended on a ready availability of corpses for dissection and demonstration, and this proved a constraint. The Anatomy Act (1832) had attempted to terminate the practice of body snatching by making available the bodies of those who died while being cared for by the community.⁵⁹ The parish authorities were not bound to release them and were reluctant to do so, preferring instead to bury them, even if it meant a charge on the parish. The poor could, in theory, avoid medical dissection by making a written request, and such a course was often encouraged by the authorities.⁶⁰ One of the authorities' concerns was that there were powerful feelings about dissection among the lower class that might lead to mass unrest.⁶¹

From 1850 to 1863, there was a great shortage of bodies as workhouse masters either frustrated the supply personally, or persuaded their inmates to sign a refusal form.⁶² Medical school staff attempted to suppress knowledge of the terms of the Act among the poor, in order to reduce the likelihood that they would file a request for burial. Large hospitals attempted to solve the problem by various devices: Guy's gave preferential admission to the sick poor of those parishes that gave the hospital access to their dead. St Bartholomew's hospital rewarded parish undertakers who supplied corpses for dissection.⁶³ Another problem was that there were

⁵⁹ E. Hurren, 'The Business of Anatomy and Being Poor: why we have failed to learn the medical and poverty lessons of the past' in S. Gestrich, (ed.) *Being Poor in Modern Europe Historical Perspectives 1800-1940* (Bern, 2006), p. 137.

⁶⁰ F. Hutton, 'The Working of the 1832 Anatomy Act in Oxford and Manchester', *Family and Community History*, 9/2, (Nov. 2006) 125; E. Hurren, 'Begging for a Burial: form, function and conflict in nineteenth century pauper burial', *Social History*, 30, 3, (Aug. 2005) 332.

⁶¹ Hurren, 'Begging for a Burial', 333.

⁶² Hutton, 'The Working of the 1832 Anatomy Act in Oxford and Manchester', 125, 127 and 132.

⁶³ R. Richardson, (1989) *Death, Dissection and the destitute*, London quoted in Hutton, 'The Working of

relatively few deaths in small towns and the Act made it illegal to transport bodies over long distances, so Oxford and Cambridge Universities experienced particular difficulties.⁶⁴

This style of training was however the way forward and the universities and the teaching hospitals managed to persevere. By 1903 the ratio of students to available corpses was between 2.3 to 1, to 11 to 1. The use of formaldehyde as a preservative helped by making it possible to store bodies and so smooth out demand and supply. Additionally, it is possible that teachers took advantage of post mortems, being conducted in the hospital, as a teaching opportunity.⁶⁵

Moving now to the situation of the apothecary and surgeon whose training differed significantly from that of a physician. The apothecary's education was based on an apprenticeship, rather than a university course and appealed to those from a poorer background.⁶⁶ The original Charter of the Society of Apothecaries did not require applicants for membership to be examined in any other subject than pharmacy; their medical knowledge was self-taught by extensive reading, an accepted method at around 1700.⁶⁷ They did need a knowledge of Latin and a fair standard of general education, but not to the level required by the universities. The level demanded by the universities would have been difficult to obtain by a boy from a poor background, who was forced to start an apprenticeship at the age of 15. However between 1815 – the date of the Apothecaries Act – and

the 1832 Anatomy Act in Oxford and Manchester', 127.

⁶⁴ Hutton, 'The Working of the 1832 Anatomy Act in Oxford and Manchester', 133.

⁶⁵ Hutton, 'The Working of the 1832 Anatomy Act in Oxford and Manchester', 138-139.

⁶⁶ Reader, *Professional Men*, pp. 41-42.

⁶⁷ Burnby, *A Study of the English Apothecary from 1660 to 1760*, p. 81.

1840, the scope and depth of the qualification improved. In addition to the earlier requirements, candidates had to have studied anatomy, physiology, the theory and practice of medicine, chemistry and materia medica. They also had to have spent six months in medical practice in a hospital.⁶⁸ This broadening of the syllabus meant that by 1835, it was at a standard similar to that of the Scottish Universities.⁶⁹

It was during this period that the apothecaries were metamorphosing into general practitioners, probably brought about by their tendency to set up their practices in small towns where physicians and pure surgeons were not readily available. They were therefore asked to deal with surgical cases and in order to provide this more complete service to their patients, they studied for Membership of the College of Surgeons.⁷⁰ They visited patients' homes and their improved education and training was marked by an improving social status.⁷¹

Surgeons experienced a similar preparation to that of an apothecary; they came from middle class families, or perhaps from an upper class family that had fallen on hard times. No university course was required and their training consisted of courses in surgery and anatomy with an

⁶⁸ Printed notice, 31 Jul. 1815, inserted into the Society of Apothecaries' Court of Examiners' Entry Book of 'Qualification of Candidates', Guildhall Library, MS 8241, vol. 1 (1815-19) quoted in Lawrence, *Charitable Knowledge*, p. 105, note 113.

⁶⁹ S. Holloway, 'The Apothecaries' Act, 1815: a reinterpretation Part II', *Medical History*, 10, 3, (1966) 232.

⁷⁰ I. Loudon, 'A Doctor's Cash Book: the economy of general practice in the 1830s', *Medical History*, 27, (1983) 255.

⁷¹ J. Burnby, *A Study of the English Apothecary from 1660 to 1760* (Medical History, Supplement, no. 3 London, Wellcome Institute for the History of Medicine, 1983) quoted in Porter and Porter, *Patients' Progress*, p. 122, note 29.

apprenticeship, which included “walking the wards.”⁷² St Thomas’ and St Bartholomew’s hospitals were teaching surgery on a master to pupil basis early in the eighteenth century⁷³ and in Paris in 1724, the school of surgery began teaching and examining students in surgery. This academic initiative elevated the surgeons’ status and helped them to separate from the barbers.⁷⁴ After this separation, which occurred in 1745, the surgeons distanced themselves from the City, moving in the direction of becoming a profession.⁷⁵

The chemists and druggists were a disparate group of peddlers and hawkers who started in the seventeenth century to provide chemical remedies and wholesale crude drugs.⁷⁶ They travelled round from town to town selling their cures at local fairs, and as industrialisation concentrated people in the towns, so the peddlers’ carts and market stalls were replaced by permanent shops within the urban community. They sold their own patent medicines and made up customers traditional family recipes. They sold drugs, dispensed prescriptions and prescribed over the counter. They performed minor surgery by letting blood, lancing boils, dressing wounds and drawing teeth. But in addition to these medical activities they sold a

⁷² Reader, *Professional Men*, pp. 33-34; Brockbank and Kenworthy, (eds.) *The Diary of Richard Kay (1716-51)* quoted in Porter and Porter, *Patients’ Progress*, p. 21, note 19; Lane, ‘Role of Apprenticeship in Eighteenth Century Medical Education in England’, in *William Hunter and the Eighteenth Century Medical World*, ed. Bynum and R. Porter, p. 57; J. Burnby, ‘An Examined and Free Apothecary’, *The History of Medical Education in Britain*, ed. V. Nutton and R. Porter (Amsterdam, 1995), p. 17 quoted in Waddington, *Medical Education at St Bartholomew’s Hospital*, p. 16, note 10; Lawrence, *Charitable Knowledge*, p. 25 quoted in Waddington, *Medical Education at St Bartholomew’s Hospital*, p.17, note 13.

⁷³ Hamilton, ‘The Medical Professions in the Eighteenth Century’, 153.

⁷⁴ A. Smith, ‘Weighed in the balance? The Corporation of Apothecaries in Bordeaux, 1690-1790’, *Social History of Medicine*, 16, 1, (2003) 29.

⁷⁵ Hamilton, ‘The Medical Professions in the Eighteenth Century’, 149.

⁷⁶ J. Crellin, ‘Pharmaceutical History and its Sources in the Wellcome Collections: 1. The Growth of Professionalism in Nineteenth Century British Pharmacy’, *Medical History*, 11, (1967) 216 and Carr-Saunders and Wilson, *The Professions*, p. 77.

wide range of non-related goods: from groceries to books and oils to ironmongery.⁷⁷ They were, at this stage, a long way from achieving professional status.

Some aristocratic women also took responsibility for treating the members of their household, estate workers and neighbouring families. In the absence of a local doctor, the lady of the manor would provide a medical service for the village.⁷⁸ Finally and at the furthest extreme of the medical spectrum were the quacks who, in the main, had no knowledge of medicine and tended to be untrained deceitful empiricists.⁷⁹ Nonetheless, the doctors, the apothecaries, the chemists and druggists and the quacks all prescribed the same herbal remedies, the only difference between them was the class of person they were treating, the doctors' university education and the cost.⁸⁰ Lawrence supports this by saying that, from 1700 to 1815, the difference between quacks and regulars was not as sharply drawn as the medical men would have had us believe. What was important was length of experience and a reputation for competence among one's patients, rather than a university degree or a professional body's licence.⁸¹ The patient's social class did not dictate their choice of practitioners; people from every class

⁷⁷ S.W.F. Holloway, 'Professional Business: the achievements of the Royal Pharmaceutical Society since 1841', *Pharmaceutical Journal*, 264, 7077, (2000) 16.

⁷⁸ Wyman, 'The Surgeoness', p. 23.

⁷⁹ Digby, *Making a Medical Living*, p. 27.

⁸⁰ Sturgess, 'Quackery: a barely believable history', 795.

⁸¹ I. Loudon, *Medical Care and the General Practitioner, 1750-1850* (Oxford, 1986), pp. 11-28; R. Porter, *Health for Sale: quackery in England 1660-1850* (Manchester, 1989), pp. 1-15; Fissell, *Patients, Power and the Poor in Eighteenth Century Bristol* in Lawrence, *Charitable Knowledge*, pp. 74-75, note 3 and O. Davies, 'Female Healers in Nineteenth Century England', in N. Goose, *Women's Work in Industrial England Regional and Local Perspectives* (Hatfield, 2007), p. 246.

consulted both quacks and physicians as they thought best.⁸² It is not inconceivable that there were quacks who were effective healers, nor qualified doctors who were incompetent. The issue being that until the late 1700s, no one really knew how medicines worked. Mann, writing in 1996, touches on this when telling about William Withering's work with Digitalis as a cure for Dropsy. Withering's elucidation of the dose-response relationship in 1785 began the introduction of science into medicine.⁸³

Digby records that the Whiggish view saw a rapid growth of science during the eighteenth and nineteenth centuries and the doctor as an "expert engineer of the body as a machine," a view reflected in doctors' own statements at the time. But, agreeing with the view that medicine was something of a mystery to its practitioners, she goes on to say that the physicians themselves were well aware that they were only providing a caring role and it was the body that was healing itself.⁸⁴

The cost of entering medicine as a physician, apothecary or surgeon was a financial burden for most families and must have been one of the reasons why the professional classes remained small.⁸⁵ In order that Henry Peart might qualify as a surgeon-apothecary in 1831, his family had to pay out £900 to £1000. This was to cover living expenses, cost of training, examination fees, instruments, travelling expenses to London and Paris – Paris was a cheaper place to train – and diploma costs. During his first 18

⁸² Lawrence, *Charitable Knowledge*, p. 17; see also A. Smith, *An Inquiry into the Nature and Causes of the Wealth of Nations* (London, Strahan and Cadell, 1776), 1, 137-8 quoted in Porter and Porter, *Patients' Progress*, p. 122, note 55.

⁸³ R.D. Mann, 'Whither Therapeutics? An enquiry into drug use from historical principles: Part 1', *Journal of the Royal Society of Medicine*, 79, (1986) 359.

⁸⁴ Digby, *Making a Medical Living*, p. 302.

⁸⁵ Reader, *Professional Men*, p. 123.

months of practice as a provincial practitioner, Henry Peart earned £52 15s 7d, a rather poor return. We must assume, however, that his fortunes improved as he attracted more patients and became more experienced.⁸⁶

The cost of training must be compared with the salaries earned by the middle class after the mid nineteenth century, which ranged from £200 to £1000. The upper figure would have applied to professional men and well-to-do clergy, while medical practitioners in small towns and villages would have been among the lower middle classes. As such, they would not have been able to afford a medical education for their sons.⁸⁷ Morris confirms this estimate of salaries by giving the example of Nathaniel Sharpe, a middle class man, whose income of £500 in 1868 came from canal and railway shares, and the rent from two houses in Leeds.⁸⁸ The dilemma facing an aspirant medical man was that “those who could afford the training might well have had higher ambitions than to become a provincial surgeon-apothecary and those who would have been happy in such a situation were unable to afford the training.”⁸⁹

Evolving Professionalism

Physicians, surgeons, apothecaries and chemists and druggists, over a period of time, achieved professional status and are good examples of how the professions came into being. From the seventeenth century, the physicians were considered to be professional men, a status defined by their

⁸⁶ Loudon, ‘A Doctor’s Cash Book’, 254.

⁸⁷ Loudon, ‘A Doctor’s Cash Book’, 261.

⁸⁸ R. Morris, *Men, Women and Property in England, 1780-1870: a social and economic history of family strategies amongst the Leeds middle classes* (Cambridge, 2005), p. 292.

⁸⁹ Loudon, ‘A Doctor’s Cash Book’, 256.

social background, university education, the social standing of their patients and their relations with them.⁹⁰ The apothecaries, surgeons and the chemists and druggists were not, at that time, of the same rank. Their non-professional status was defined by the fact that they worked largely with their hands rather than their heads; they were trained by an apprenticeship and had a connection with trade.⁹¹ Nonetheless, it was their objective to achieve a professional status and in this they ultimately succeeded.

In an attempt to define the professions Loudon identifies a number of criteria that include public recognition; an ethical code coupled with a sense of service to be enforced by the threat of expulsion from the profession; established standards of education and practice, and a feeling of corporate identity.⁹² Inkster agrees almost entirely with Loudon,⁹³ but their view is refined by Perkins who suggests that professionals can only exist if they are able to persuade the rest of society that it should recognise and reward a service based on a long, difficult and meritorious training.⁹⁴ Reader, writing 20 years before Loudon, largely agrees with his definition, but adds that the body needed to be recognised as soon as possible by the granting of a Royal Charter. Ideally the Charter needed then to be confirmed by an Act of Parliament conferring monopoly powers, although this was difficult to

⁹⁰ Carr-Saunders and Wilson, *The Professions*, p. 71 and C. Crawford, 'Patients' Rights and the Law of Contract in Eighteenth-Century England', *Social History of Medicine*, 13, 3, (2000) 394.

⁹¹ Reader, *Professional Men*, pp. 31-32.

⁹² Loudon, 'A Doctor's Cash Book', 29-30.

⁹³ I. Inkster, 'Marginal Men: aspects of the social role of the medical community in Sheffield 1790-1850', in J. Woodward and D. Richards, (eds.) *Health Care and Popular Medicine in Nineteenth Century England Essays in the Social History of Medicine* (London, 1977), pp. 130-131.

⁹⁴ H. Perkins, *The Rise of Professional Society: England since 1880* (London and New York, 1989), p. 116.

achieve.⁹⁵ Corfield also confirms that professional knowledge was important and that it was the source of the practitioners “mysterious powers,”⁹⁶ but goes on to add that a high level of social prestige was a necessary characteristic. All these attributes when developed to the extreme would lead to a monopoly position.⁹⁷

Inevitably there was a transitional period while the change occurred from a business or trade, to a profession and in the case of the surgeon-apothecaries, this took place during the latter half of the eighteenth century.⁹⁸ Burnby confirms this view of Loudon’s, saying that although between 1660 and 1760 the physicians, surgeons and apothecaries could not be said to be professionals, they could be considered to be proto-professionals.⁹⁹ Self-regulation of a profession was a key function in order that the standard of practice could be maintained and client confidence be preserved. This requirement led to the formation of organised professional bodies beginning in the eighteenth century.¹⁰⁰ Family connections were important in obtaining entry to one of the professions; having practitioners within the family or a father with business contacts made it easier to obtain an apprenticeship or find a good principal. Once a family had joined the professional class, it was reluctant to leave and well positioned to stay; very few returned to their origins.¹⁰¹

⁹⁵ Reader, *Professional Men*, p. 71.

⁹⁶ P. Corfield, *Power and the Professions in Britain 1700-1850* (London and New York, 1995), p. 2.

⁹⁷ Corfield, *Power and the Professions in Britain 1700-1850*, pp. 25-26.

⁹⁸ Loudon, ‘The Nature of Provincial Medical Practice in Eighteenth Century England’, 29-30.

⁹⁹ Burnby, *A Study of the English Apothecary from 1660 to 1760*, p. 3.

¹⁰⁰ Corfield, *Power and the Professions in Britain 1700-1850*, p. 24.

¹⁰¹ Reader, *Professional Men*, p. 120.

In order further to compare the various branches of medicine, we will examine them under the sub-themes of how the practitioners worked, their relationships with their patients or customers, the geographical locations of their practices, the number of them that could be found in practice and the kind of income they enjoyed. It is widely held that the apothecaries did not stray into the area of prescribing until the late seventeenth century and that prior to that time, were only preparers and purveyors of drugs.¹⁰² Nonetheless, it is possible that they were prescribing before this time and Burnby provides one piece of evidence by pointing to an inquiry held in 1534. Two surgeons were asked to determine whether John le Spicer de Cornhulle, an apothecary, had been guilty of negligence in treating a wound. His right to give treatment was not being challenged, only his alleged negligence.¹⁰³ It seems from this that the territorial battles that were to exist between the various classes of medical men in the eighteenth and nineteenth centuries had not yet started.

It is also a common belief that during the plague in 1665, the apothecaries stayed in London to treat the poor, while the physicians went with their patients to safer areas, an opinion held by Anning, Waddington and Hunt.¹⁰⁴ Hunt also adds that during the civil war the same thing occurred. It seems a little hard to castigate the physicians for abandoning the poor in the circumstances, for all they did was to follow their patients

¹⁰² Burnby, *A Study of the English Apothecary from 1660 to 1760*, p. 43.

¹⁰³ R. Sharpe (editor), *Calendar of the letter books of the archives of the City of London, 1889-1912*, *Letter book G*, p. 21 quoted in Burnby, *A Study of the English Apothecary from 1660 to 1760*, p. 16, note 44.

¹⁰⁴ S.T. Anning, 'The Apothecaries of the General Infirmary at Leeds', *Medical History*, 5, 3, (1961) 221; Waddington, *Medical Education at St Bartholomew's Hospital*, p 25 and J. Hunt, 'Echoing down the years, the tercentenary of the Rose Case', *Pharmaceutical Journal*, 266, 7134, (2001) 191.

who were attempting to move out of danger. The apothecaries, for their part, had little choice but to stay, as their shops, businesses and traditional patients were unable to leave. The physicians, according to Pelling, lost a good deal of public goodwill when they fled from the cities during epidemics, largely because they were regarded as being among those who should morally have stayed.¹⁰⁵

As a corollary, the apothecaries benefited from the absence of the physicians by establishing in the public mind their right to treat the sick.¹⁰⁶ Matthews, casts doubt on the belief that the physicians left the cities during the plague, but adds that whether true or not, all but the very rich began to accept the apothecary as their first line of medical assistance.¹⁰⁷ This situation was confirmed both by the Rose Case in 1703 and the Apothecaries Act (1815). In addition to developing his prescribing, the apothecary continued to practise his original role of selling medicaments and chemicals, and dispensing prescriptions.¹⁰⁸ By the later part of the eighteenth century the term surgeon-apothecary was being adopted to describe the apothecaries who had turned to medicine and extended their skills by taking up surgery.¹⁰⁹ The surgical part of the surgeon-apothecary's work was limited to minor procedures such as dressing minor injuries, sores and ulcers,

¹⁰⁵ See Siraisi, *Mediaeval and Early Renaissance Medicine*, pp. 42-43; Dyer, A.D., 'The Influence of Bubonic Plague in England 1500-1667', *Medical History*, 22 (1978), 308-26; Slack, P., *The Impact of Plague in Tudor and Stuart England* (Routledge and Kegan Paul, 1985) 32, 42-44, 124-5, 166-9; Wilson, F.P., *The Plague in Shakespeare's London* (Oxford, 1927), 100-1, 134ff.; Grell, O.P., 'Conflicting Duties: plague and the obligations of early modern physicians towards patients and commonwealth in England and the Netherlands', in Wear, Geyer-Kordesch and French, *Doctors and Ethics*, 131-52; Wallis, P., 'London Apothecaries and the Plague of 1665' (M.Sc. Dissertation, University of Oxford, 1997) quoted in Pelling, *Common Lot*, pp. 48-49, note 76.

¹⁰⁶ Anning, 'The Apothecaries of the General Infirmary at Leeds', 221.

¹⁰⁷ Matthews, *History of Pharmacy in Britain*, p. 112.

¹⁰⁸ Burnby, *A Study of the English Apothecary from 1660 to 1760*, p. 3.

¹⁰⁹ Fissell, *Patients, Power and the Poor in Eighteenth Century Bristol*, p. 57.

setting fractures and reducing dislocations,¹¹⁰ but he was the ancestor of the general practitioner we know today. In Robson's *London Directory* of 1854, the title of apothecary only appears once in the first fifty pages; it had been replaced by general practitioner.¹¹¹

A number of writers, Cope, Seligman and Loudon, mention that most practitioners provided a midwifery service.¹¹² It was not a popular option and frequently offered only because no one else in the locality was prepared to do so. Its one advantage was that it helped to set up the practice and was a means of keeping a whole family on his books. The problem was that it was hard work and occupied a disproportionate amount of time for a small fee.¹¹³ Although many apothecaries contented themselves with such a life style, others were interested in research, making considerable contributions to chemistry, botany and medicine; among these Richard Poulteney, Sylvanus Bevan and John Chandler were elected Fellows of the Royal Society.¹¹⁴ Others took an interest in local affairs and became mayors and aldermen, a point made by both Burnby and Whittet.¹¹⁵

The physicians, who tended to be concentrated in cities and large towns, differed from the surgeon-apothecaries in terms of education, social

¹¹⁰ Loudon, 'A Doctor's Cash Book', 264.

¹¹¹ Burnby, *A Study of the English Apothecary from 1660 to 1760*, p. 25.

¹¹² Z. Cope, 'The Origin of the General Practitioner', *Hist. Med.*, 5, 1973, 3 quoted in Burnby, *A Study of the English Apothecary from 1660 to 1760*, p. 25, note 70 and S. Seligman, 'The Royal Maternity Charity: the first hundred years', *Medical History*, 24, (1980) 407 and Loudon, 'The Nature of Provincial Medical Practice in Eighteenth Century England', 27.

¹¹³ Loudon, 'A Doctor's Cash Book', 265.

¹¹⁴ Burnby, *A Study of the English Apothecary from 1660 to 1760*, p. 89.

¹¹⁵ Burnby, *A Study of the English Apothecary from 1660 to 1760*, pp. 1 and 115 and T.D. Whittet, 'Apothecaries and their lodgers: their part in the development of science and of medicine', *Journal of the Royal Society of Medicine*, Supplement no. 2, 76, (1983) 7.

status and background.¹¹⁶ They believed themselves to be “marked out by mind not muscle, brains not brawn.”¹¹⁷ They protected their dignity and superior status by remaining detached, and except when taking the pulse, seldom touched their patients. In hospitals also, the physicians remained remote and did not go to the patient’s bedside. In St Bartholomew’s, for instance, the patients were brought to the physician, once a week, at a desk in the general hall.¹¹⁸

The rural doctors, who were mainly surgeon-apothecaries, had to treat all conditions, dealing with their patients in a hands-on fashion.¹¹⁹ Crawford agrees, suggesting that the College of Physicians depicted chemists and druggists, and surgeons as skilled tradesmen and not as a scholarly gentlemen like themselves.¹²⁰ This point is also made by Corfield who says that the physician’s work was theoretical; he diagnosed and prescribed from a distance, while the surgeon treated external ailments and the apothecary was a tradesman who dispensed prescriptions.¹²¹ Lawrence supports this view saying, “London medical men were separated into the familiar tripartite division of physicians, surgeons and apothecaries, each with its own corporate body.”¹²² However Watson believes that before 1700 there was no strictly defined tripartite division of labour between the

¹¹⁶ Reader, *Professional Men*, p. 28.

¹¹⁷ Porter, *Blood and Guts*, p. 34.

¹¹⁸ J. Paget, *Records of Harvey* (London, 1846), p. 16 quoted in Pelling, *Common Lot*, p. 248, note 76.

¹¹⁹ Robb-Smith, ‘Medical Education at Oxford and Cambridge Prior to 1850’, in Poynter, (ed.) *The Evolution of Medical Education in Britain*, p. 50 and Loudon, ‘The Nature of Provincial Medical Practice in Eighteenth Century England’, 12-13.

¹²⁰ Crawford, ‘Patients’ Rights and the Law of Contract in Eighteenth Century England’, 394.

¹²¹ Corfield, *Power and the Professions in Britain 1700-1850*, p. 149.

¹²² Hamilton, ‘The Medical Professions in the Eighteenth Century’, 141-69; Charles Newman, *The Evolution of Medical Education in the Nineteenth Century* (London, 1957), 1-24; Ivan Waddington, *The Medical Profession in the Industrial Revolution* (Dublin, 1984), 1-8 in S. Lawrence, *Charitable Knowledge*, p. 74, note 2.

physicians, surgeons and apothecaries. Pelling refines this by saying that this tripartite arrangement was developed in continental Europe, but that it is difficult to identify the period when it existed in England.¹²³ Instead there was considerable overlap in the practice of the three occupations.¹²⁴ When writing about the period from 1550-1640, he goes on to state that many surgeons and apothecaries admitted to providing internal remedies. They justified this by claiming that either their actions were within the terms of their own occupation, or that they were responding to physicians' requests, or that they were obliged to do so as practitioners.¹²⁵

After the Great Plague the physicians tried to take back from the apothecaries the business they had lost during their absence. They opened dispensaries and gave free advice to the poor. They tried to persuade the apothecaries to reduce the cost of medicines supplied to the poor, but without success. This was not surprising, as at that time the apothecaries were only permitted to charge for their medicines and not their consultation. The real problem was a difference of mindset; the physicians, as a profession, were slow to realise that society was changing; they only recognised two classes, the gentry and their servants. The apothecaries were aware of the growth of a middle class and the desire for medical treatment among the tradesmen who had some money to pay for it. They were a new breed of doctor who wished to provide an affordable service for

¹²³ Pelling, *Common Lot*, p. 231.

¹²⁴ M. Pelling, 'Appearances and Reality: barber surgeons, the body and diseases', in A. Beier and R. Findlay (eds.) *London 1500-1700 the Making of the Metropolis* (London, 1986), pp. 82-112 quoted in P. Watson, 'Acquiring Surgical Know-how; occupational and lay instruction in early eighteenth century London', in R. Porter, *The Popularization of Medicine 1650-1850* (London and New York, 1992), p. 43, note 9.

¹²⁵ M. Pelling, *Medical Conflicts in Early Modern London: patronage, physicians and irregular practitioners* (Oxford, 2003), p. 292.

ordinary people. To do this they did not need a classical education, but an apprenticeship and a practical training.¹²⁶

Cook raises an alternative explanation, not alluded to by others, to explain the professional distinction between the surgeon-apothecary and the physician, other than that of tradesman versus gentleman. He proposes that the physicians and surgeon-apothecaries were in disagreement about a fundamental principle of how patients should be treated. The surgeon-apothecaries, particularly those who had served in the navy, believed in having effective medicines with which they could treat a specific set of symptoms. They believed, for instance, that any man displaying symptoms of fever, irrespective of his age or background and no matter where he was in the world, should be treated in the same way. They wished to carry a limited number of medicines, ideally one for each condition; they observed and took notes of how these medicines performed and adjusted their armamentarium accordingly.

The physicians, however, believed that treatment was much more an individual matter. The treatment would depend on the social class of the patient, his or her age, sex, geographic location, surroundings and state of health. Consequently the treatment would vary for each patient from minute to minute. The ex-naval surgeon-apothecaries took their philosophy into their civilian practices with successful results, to the detriment of the physicians.¹²⁷

¹²⁶ Hamilton, 'The Medical Professions in the Eighteenth Century', 162.

¹²⁷ H. Cook, 'Practical Medicine and the British Armed Forces after the "Glorious Revolution"', *Medical History*, 34, (1990) 13.

The surgeons were less educated than the physicians and tended to come from humbler origins. Only those who practised pure surgery in hospitals could be elected to the Court of Assistants of their Livery Company and this denied surgeon-apothecaries and surgeons practising midwifery access to their governing body.¹²⁸ Yet by 1827 the Royal College of Surgeons was requiring those who wished to become members to attend two courses of lectures in midwifery.¹²⁹ Few surgeons could make a living performing major surgery and spent most of the time treating fractures, dislocations and surface wounds; but by the exercise of these skills, the eighteenth century surgeon could relieve and cure many common complaints.¹³⁰ By the end of the eighteenth century the surgeons, although still considered craftsmen, were making great advances in knowledge by the simple technique of cutting people open to see what went on inside; by this accumulation of skill they had the opportunity of becoming gentlemen by becoming rich and famous.¹³¹

As the use of chemical medicines increased in the 1600s, some specialisation in manufacture occurred and those involved called themselves drugmen or drugsters. Towards the end of the century, they adopted the title of druggists or chemists and druggists.¹³² Crellin states that chemists and druggists considerably increased in number during the first half of the nineteenth century after starting to specialise in “chemical remedies and the

¹²⁸ Hamilton, ‘The Medical Professions in the Eighteenth Century’, 149.

¹²⁹ D. Williams, ‘The Obstetrics Society of 1825’, *Medical History*, 42, (1998) 241-242.

¹³⁰ Loudon, ‘The Nature of Provincial Medical Practice in Eighteenth Century England’, 12-13 and Porter, *The Popularization of Medicine 1650-1850*, p. 43.

¹³¹ Reader, *Professional Men*, p. 32.

¹³² Matthews, *History of Pharmacy in Britain*, p. 67.

wholesaling of crude drugs.”¹³³ Holloway suggests that as the apothecaries diversified into medicine, they tended to neglect their pharmaceutical interests and the chemists and druggists were thus encouraged to compete for this pharmaceutical business, a development vigorously opposed by the apothecaries.¹³⁴ This neglect, on the part of the apothecaries, of their pharmaceutical interests seems unlikely because until 1838 they were not allowed to charge for a consultation, but only for the medicine they dispensed.¹³⁵ One would have thought that they would have taken great care to ensure that their customers received a first class service in respect of this fundamental part of their business. Even if their medical activities took them away from their shops, they had assistants who were capable of providing a pharmaceutical service.

Holloway does offer a more plausible explanation. He suggests that the chemists and druggists flourished as a result of the increase in population, and its shift from the southern to the northern counties at the end of the eighteenth century. The new industrial working families in the north had an understanding of the value of health and had disposable income to spend on it. The apothecaries did not exist in sufficient numbers to satisfy this demand and their training, which lasted from five to seven years, meant that their numbers could not be increased rapidly; it was the chemists and druggists who filled this vacuum in medical care.¹³⁶ Clement, when speaking about John Young, who became a chemist and druggist in

¹³³ Crellin, ‘Pharmaceutical History and its Sources in the Wellcome Collections’, 216.

¹³⁴ S. Holloway, ‘The Apothecaries’ Act, 1815: a reinterpretation Part 1’, *Medical History*, 10, 2, (1966) 111.

¹³⁵ Anning, ‘The Apothecaries of the General Infirmary at Leeds’, 221.

¹³⁶ Holloway, ‘The Apothecaries’ Act, 1815: a reinterpretation Part 1’, 112.

Sunderland in 1841, agrees with this view, saying that at the time, there was an increasing demand for the chemists and druggists' services, albeit in the face of significant competition from medical practitioners, itinerant vendors, grocers and stationers.¹³⁷

Marland, while agreeing that apothecaries abandoned their open shops in the mid-nineteenth century, points out that they retained their dispensing activities and continued to dispense in large numbers at the end of the nineteenth century.¹³⁸ Dispensing for their own patients still provided a significant part of their income. Bell and Redwood writing in 1880 support this view by saying that, "... most chemists and druggists rarely saw a physician's prescription ..."¹³⁹ and Marland adds that, "Even large chemists' businesses in London were only dispensing about 350 prescriptions per annum."¹⁴⁰ The chemists and druggists were taking over the open shop part of the apothecaries' business and competing by offering a readily available and inexpensive counter prescribing service.

Not all apothecaries abandoned their shops to become general practitioners. Some, who had a greater interest in pharmacy, joined the more professionally minded among the chemists and druggists and founded the Pharmaceutical Society.¹⁴¹ Included among the founder members was

¹³⁷ M. Clement, 'Physical Puritanism and Religious Dissent: The Case of John Young (1820-1904), Sunderland chemist and druggist and Methodist Lay Preacher', *Social History of Medicine*, 11, 2, (1998) 200.

¹³⁸ H. Marland, 'The Medical Activities of the Mid-nineteenth Century Chemists and Druggists, with special reference to Wakefield and Huddersfield', *Medical History*, 31, (1987) 422.

¹³⁹ J. Bell and T. Redwood, *Historical sketch of the progress of pharmacy in Great Britain* (London, Pharmaceutical Society of Great Britain, 1880), p. 163 quoted in Marland, 'The Medical Activities of the Mid-nineteenth Century Chemists and Druggists', 422, note 19.

¹⁴⁰ A. E. Bailey, 'Early nineteenth century pharmacy', *Pharm. J.*, 1960, 185: 208-212 quoted in Marland, 'The Medical Activities of the Mid-nineteenth Century Chemists and Druggists', 422, note 20.

¹⁴¹ Mann, 'From Mithridatium to Modern Medicine', 726.

Thomas Morson, who had an apothecary's shop in Fleet Street¹⁴² and although most of the founders of the Society remained in retail pharmacy, a few went on to specialise in large scale manufacture. Thomas Morson founded the fine-chemical company of Thomas Morson and Sons, while Sylvanus Bevan founded the pharmaceutical company Allen & Hanburys, from his shop at Plough Court.¹⁴³

Turning now to the geographical distribution of practices, we find that, broadly speaking, physicians tended to practise in large cities where their rich patients were concentrated. Although, the surgeon-apothecaries existed in significant numbers in the cities, they were greatly in evidence in the smaller towns and villages, where money was in shorter supply and there was a greater need for a general practitioner than a specialist.¹⁴⁴ This is shown by Robb-Smith, who using figures from the Medical Directory and the Census, concludes that in 1780 there were 4.25 times as many surgeon-apothecaries in London as there were physicians, yet in the provinces, the surgeon-apothecaries outnumbered the physicians by 13 to 1. By 1850, the discrepancy between city and country had changed, as a greater proportion of physicians appear to have set up practice in the provinces, however there were still more apothecaries in both town and country, with a larger proportion in the country. According to the same source, the figures were now 6 times as many surgeon-apothecaries to each physician in London, and

¹⁴² Whittet, 'Apothecaries and their lodgers', 21.

¹⁴³ Burnby, *A Study of the English Apothecary from 1660 to 1760*, p. 49.

¹⁴⁴ Reader, *Professional Men*, p. 28.

8 times as many in the countryside.¹⁴⁵ This analysis is partly supported by Lane who states that in the register of 1783 published by Samuel Foart Simmons, there were 121 surgeon-apothecaries and only 8 physicians in Wales, a proportion of 15 to one.¹⁴⁶ The situation, according to Pelling had changed from that of the seventeenth century when there was a “high incidence of academically qualified physicians even in small rural communities.”¹⁴⁷

Lane’s work suggests that physicians moved their practices from areas of high competition to places where there were fewer members of the profession; particularly they sought positions in hospitals that had been recently constructed, as employment in a hospital brought with it kudos among their peers.¹⁴⁸ Some of the physicians followed their rich hypochondriacal patients to popular watering holes, including “Bath, Buxton, Weymouth and Scarborough, on a temporary basis.”¹⁴⁹ The tendency to move to avoid competition was also common among surgeon-apothecaries.¹⁵⁰ However, most practitioners, and particularly the surgeon-apothecaries, once they had become established, tended to stay in the same place where they could protect and nurture the valuable patient base they had amassed and this asset was passed down through the generations. Often family members of different generations worked in the same practice,

¹⁴⁵ Robb-Smith, ‘Medical Education at Oxford and Cambridge Prior to 1850’, in Poynter, (ed.) *The Evolution of Medical Education in Britain*, p. 50.

¹⁴⁶ Lane, ‘The Medical Practitioners of Provincial England in 1783’, 354.

¹⁴⁷ J. Raach, *A Directory of English Country Physicians 1603-1643* (London, 1962) quoted in Pelling, *Common Lot*, p. 240, note 41.

¹⁴⁸ Lane, ‘The Medical Practitioners of Provincial England in 1783’, 357.

¹⁴⁹ Lane, ‘The Medical Practitioners of Provincial England in 1783’, 359.

¹⁵⁰ Lane, ‘The Medical Practitioners of Provincial England in 1783’, 361.

but other kinds of partnership seldom existed and 88 per cent of surgeon-apothecaries were sole practitioners.¹⁵¹

As far as their income was concerned, there was a wide variation in the amounts earned by the general practitioners and it seems to have been related to a number of factors. These included the geographical location, the practitioner's skill both in terms of medicine and commercialism, and the period during which he was in practice. From 1700 to 1800, the population increased steadily and this expanded the patient base for the medical profession.¹⁵² Not only could the pre-eminent physicians enjoy large incomes, but the surgeon-apothecary could also do very well, providing he adopted a vigorous commercial approach to his business.¹⁵³

At that time, an apothecary's income came solely from the sale of medicines, which, as a consequence, were presented in small quantities, individually itemised on the account. Loudon provides the following example, "One family had been supplied in 1754 with medicine delivered daily ... including Sundays ... totalling 687 items plus seven bleedings and two blisters. The bill came to £154 5s 7½."¹⁵⁴ But he goes on to say that their incomes declined during the early part of the nineteenth century as a result of the increasing expense of obtaining a medical training, the competition in the dispensing arena posed by the chemists and druggists and the increased availability of licensed doctors after the passing of the

¹⁵¹ Lane, 'The Medical Practitioners of Provincial England in 1783', 364.

¹⁵² Digby, *Making a Medical Living*, p. 40.

¹⁵³ Loudon, 'The Nature of Provincial Medical Practice in Eighteenth Century England', 28.

¹⁵⁴ Loudon, 'The Nature of Provincial Medical Practice in Eighteenth Century England', 24-25.

Apothecaries Act in 1815.¹⁵⁵ Digby also mentions that a disproportionately large increase in the number of general practitioners during the nineteenth century led to a corresponding decrease in doctors' incomes.¹⁵⁶

Loudon puts some figures to their income by recording that those in the towns tended to have richer patients and became rich themselves. But this was not always the case. Richard Edgell, a Bristol City practitioner, increased his income from £380 in 1823, when he was 42 years old, to £1,500 a year in 1828. By contrast, James Monday qualified as an apothecary in 1819, but was unable to establish a practice in Bristol a year later.¹⁵⁷ Hudson, writing in 1842, says that in London a "moderate general practitioner" could expect to earn £300 to £400 and in the provinces his equivalent could expect £150 to £200.¹⁵⁸ It would seem that there were wide and unpredictable variations. Practitioners could earn additional annual sums of about £50 by becoming the medical officer to the parish, a significant supplement to their income.¹⁵⁹ Digby makes the same point and suggests that this course of action would have the additional advantage of stopping a newcomer taking the post and using it as the foundation on which to build a competing practice.¹⁶⁰

¹⁵⁵ Loudon, 'The Nature of Provincial Medical Practice in Eighteenth Century England', 28.

¹⁵⁶ Digby, *Making a Medical Living*, p. 43.

¹⁵⁷ Loudon, 'A Doctor's Cash Book', 258.

¹⁵⁸ J.C. Hudson, *The Parents Handbook – or guide to the choice of employments, professions etc.* (London, 1842), p. 89 quoted in Loudon, 'A Doctor's Cash Book', 259, note 39.

¹⁵⁹ Loudon, 'A Doctor's Cash Book', 260.

¹⁶⁰ Digby, *Making a Medical Living*, p. 50.

Health and Welfare Legislation

The Rose Case in 1703 was pivotal in the development of the apothecaries. They had been leaving their shops to visit patients at home and prescribe for them during most of the seventeenth century.¹⁶¹ In doing so they had been acting contrary to the terms of the Charter of the College of Physicians and to an Act of Henry VIII. Eventually, the physicians reacted by taking a test case against an apothecary called William Rose. During 1699, Rose treated a butcher called William Seale and charged him £50. Seale thought that his condition had grown worse and took his case to the dispensary at the College of Physicians, where he was cured for £2. The case was taken to the Queen's Bench in February 1701 and the Court established that Rose had visited Seal in his home and supplied medicines to him, but had not charged for his advice. However, he was not licensed by the College and had not taken the advice of a physician. He had, in the Court's view, acted as a physician.¹⁶² This was contrary to the provisions of the College's Charter, confirmed by the Act of Henry VIII, which prevented those who were not members of the College from practising medicine within London or for seven miles around.¹⁶³ It is worth noting that there was nothing in the Apothecaries Charter that prevented them from examining patients and treating them.¹⁶⁴

¹⁶¹ T. McKeown, 'A Sociological Approach to the History of Medicine', *Medical History*, 14, 4, (1970) 347.

¹⁶² Hunt, 'Echoing down the years, The Tercentenary of the Rose Case', 192.

¹⁶³ P. Worling, 'Pharmacy in the Early Modern World, 1617-1841 AD', in S. Anderson, (ed.) *Making Medicines: a brief history of pharmacy and pharmaceuticals* (London and Chicago, 2005) p. 66.

¹⁶⁴ Matthews, *History of Pharmacy in Britain*, p. 113.

Rose, at the suggestion of the Attorney General and backed by the Society of Apothecaries, appealed to the House of Lords on 15 March 1704. The House of Lords upheld the appeal on the grounds that it had long been the custom that apothecaries could legally sell medicines providing no charge was made for their advice. They also added that the earlier judgement was against the public interest, as most people could not afford to consult a physician and if apothecaries were prevented from treating them, they would be denied all medical attention.¹⁶⁵

This case formerly allowed the apothecaries to visit patients in their homes and to diagnose, prescribe and dispense medicine for them. They were still not permitted to charge for their consultation and made their living from their dispensing activities. Then Chief Justice Best ruled in 1829 that apothecaries could charge for consultation provided they made no charge for the medicines.¹⁶⁶ A year later, Lord Tenterden ruled that they might make a charge for their attendance as well as for the supply of medicines.¹⁶⁷ This was confirmed in 1838 by Justice Littledale who said that they might charge for both their consultation and medicines, providing the combined figure was reasonable.¹⁶⁸ From the date of the Rose case the apothecaries almost entirely abandoned pharmacy and became general medical practitioners, a situation that was confirmed by the Apothecaries Act (1815).

¹⁶⁵ Hunt, 'Echoing down the years, The Tercentenary of the Rose Case', 192-193 and H. Charles Cameron, in E. Ashworth Underwood, (ed.) *A History of the Worshipful Society of Apothecaries of London Vol. 1 1617-1815* (London, New York and Toronto, 1963), p. 135.

¹⁶⁶ *Towne v. Gresley*, 3C and P. 581 quoted in Holloway, 'The Apothecaries Act, 1815: a reinterpretation. Part II', 230, note 53.

¹⁶⁷ Holloway, 'The Apothecaries Act, 1815: a reinterpretation. Part II', 230.

¹⁶⁸ Holloway, 'The Apothecaries Act, 1815: a reinterpretation. Part II', 231.

Although the apothecaries had expanded their interests to include the practice of medicine, they wished to continue to compound and dispense, but here they came into competition with the chemists and druggists who were expanding in that arena. The chemists and druggists were increasingly dispensing prescriptions at lower prices and occasionally giving medical advice, rather than limiting their activities to the sale of toiletries and patent medicines.¹⁶⁹ In 1806, the College of Physicians promoted a Bill intended to make it the regulating body, in England and Wales, for all branches of medicine; that is medicine, surgery, pharmacy, and midwifery, but the Bill failed to make progress.¹⁷⁰ The apothecaries sought to promote a Parliamentary Bill to give them authority over the chemists and druggists, who, at the time, were neither formally trained nor regulated, but this also failed. Both Hunt and Holloway refer to a second attempt made by the apothecaries in 1812, noting that it was opposed not only by the chemists and druggists, but also by the Colleges of Physicians and Surgeons.¹⁷¹ Some time later, with the agreement of the College of Physicians, a third attempt was made and this resulted in the Apothecaries Act (1815). It gave the Society of Apothecaries the right to examine and license apothecaries, but did not permit it to interfere in the concerns of the Colleges of the Physicians and Surgeons, nor with the businesses of the chemists and druggists.¹⁷²

¹⁶⁹ Loudon, *Medical Care and the General Practitioner*, 129-138 and Holloway, *Apothecaries Act*, 109 quoted in Lawrence, *Charitable Knowledge*, p. 92, note 63.

¹⁷⁰ Holloway, 'The Apothecaries' Act, 1815: a reinterpretation Part 1', 115.

¹⁷¹ Hunt, 'Echoing down the years, The Tercentenary of the Rose Case', 191-195 and Holloway, 'The Apothecaries' Act, 1815: a reinterpretation Part 1', 121.

¹⁷² Hunt, 'Echoing down the years, The Tercentenary of the Rose Case', 194.

The physicians had insisted on amendments to the Bill, which became the 1815 Act, to preserve their superior position in the medical profession. But they had failed to realise that the immediate future would belong to the general practitioner, rather than the specialist.¹⁷³ Reader agrees, saying, “But this was a mistake, the way forward was that pioneered by the apothecaries, the physicians approach was backwards looking and dying.”¹⁷⁴

The apothecaries had relinquished their intention of controlling the chemists and druggists only after a few leading chemists and druggists in London had galvanised their colleagues throughout the country to object. This protest caused the chemists and druggists to keep a closer interest in such initiatives in future and led to the foundation of the Pharmaceutical Society.¹⁷⁵ In amending their original intentions for the 1815 Act, the apothecaries had given the chemists and druggists a considerable advantage. The chemists and druggists did not need to take any training or apprenticeship; there were no regulations regarding the quality of their work or the goods they sold; the Society of Apothecaries had no right to inspect the chemists and druggists’ shops as was the case with apothecaries’ shops and while the apothecary was bound to dispense physicians’ prescriptions, chemists and druggists were not obliged to do so.¹⁷⁶

In their turn, the chemists and druggists also made a huge mistake. For when attempting to overcome the chemists’ opposition, the apothecaries

¹⁷³ Holloway, ‘The Apothecaries’ Act, 1815: a reinterpretation Part 1’, 127.

¹⁷⁴ Reader, *Professional Men*, pp. 51-52.

¹⁷⁵ Matthews, *History of Pharmacy in Britain*, pp. 118-119.

¹⁷⁶ Matthews, *History of Pharmacy in Britain*, pp. 115-116.

had offered to insert a clause into the 1815 Act. It would have allowed the chemists and druggists to, “carry on that business [the business of a chemist and druggist]... as fully and amply to all intents and purposes as they might have done in case this Act had not been made.” The chemists and druggists were unable to accept this. No doubt its nebulous nature made them suspicious and they attempted to secure their position by defining their work in detail. They offered a replacement clause that described their business as that of, “buying, preparing, compounding, dispensing and vending drugs and medicinal compounds, wholesale and retail.” The apothecaries readily accepted this as the chemists and druggists had overlooked prescribing, which was one of their activities.¹⁷⁷ Had the chemists accepted the apothecaries’ catch-all clause, they could have continued to prescribe and might in time have made the same transition as the apothecaries and become general practitioners.

Following the passing of the 1815 Act, the Apothecaries made sensible progress by rapidly formulating a suitable curriculum of an appropriate standard for candidates for their licence and used hospitals and dispensaries to teach the clinical aspects.¹⁷⁸ The Act had essentially made the Society of Apothecaries into the medical licensing authority for England and Wales; a situation that changed with the introduction of the Medical Act (1858), which created the “registered medical practitioner.” There were, at that time, 21 licensing bodies and the new licensing authority accepted the qualifications of all of them, as satisfactory evidence of fitness to

¹⁷⁷ S. Anderson, ‘The Burdens of History’, *Pharmaceutical Journal*, 264, 7079, (2000) 93.

¹⁷⁸ Z. Cope, ‘The Influence of the Free Dispensaries upon Medical Education in Britain’, *Medical History*, 13, 1, (1969) 32.

practise. The licence obtained was recognised throughout the United Kingdom and gave the holder the right to practise in any or all of the branches of medicine, even though he might only be qualified in one.¹⁷⁹ The Pharmaceutical Society, which had been formed in 1841, negotiated the inclusion of a clause stating that, "... nothing in this Act shall affect the lawful occupation, trade or business of chemists or druggists."¹⁸⁰ Quacks and other unqualified persons were not prevented from plying their trade, but they could now be accused of assault if they carried out a surgical operation.¹⁸¹

Much of the history of the Pharmaceutical Society is tied up with the control and safe supply of poisons and the first Act which addressed the problem of poisoning, was the Arsenic Act (1851), the passing of which was supported by the Council of the Pharmaceutical Society.¹⁸² It required that each sale be recorded in a register, but did not place any restrictions on those who were permitted to sell it, so poison continued to appear on the shelves of a great variety of shops.¹⁸³ The Act did little to prevent its use in criminal cases, as the Madeleine Smith trial and the poisoning at Burdon of Jane Wooler by her husband James demonstrated.¹⁸⁴ Jane was poisoned by the regular administration of small doses of arsenic between 8 May and 27 June 1855.¹⁸⁵ Madeleine Smith, in a case that was not proven, was charged with using arsenic to poison her lover Pierre Emile L'Angelier. L'Angelier

¹⁷⁹ Reader, *Professional Men*, p. 66.

¹⁸⁰ Matthews, *History of Pharmacy in Britain*, p. 133.

¹⁸¹ Reader, *Professional Men*, p. 67.

¹⁸² Matthews, *History of Pharmacy in Britain*, p. 131.

¹⁸³ Mann, 'From Mithridatium to Modern Medicine', 726 and P. Bartrip, 'A "Pennurth of Arsenic for Rat Poison": The Arsenic Act, 1851 and the Prevention of Secret Poisoning', *Medical History*, 36, (1992) 66.

¹⁸⁴ Bartrip, 'A "Pennurth of Arsenic for Rat Poison"', 66.

¹⁸⁵ *The Times*, 10 Dec. 1855, p. 10.

was of a much lower class than Smith and a totally unsuitable marriage prospect; the alleged murder was committed to prevent her parents discovering the relationship.¹⁸⁶

In addition to criminal usage, there continued to be many examples of accidental poisoning and suicide. For example the famous case in 1858 in Bradford, when 200 people were poisoned, of whom 20 died. They had eaten peppermints from a batch that had been accidentally adulterated with arsenic that had been mistaken for calcium sulphate, a material often used as a filler.¹⁸⁷ Or when 340 children, at an industrial school in Norwood in 1857, were poisoned by milk they were drinking. The milk had been diluted with water taken from a boiler that had been descaled the previous day using arsenic.¹⁸⁸ The Pharmaceutical Society, believing that the problem lay with the lack of education and training of those who were permitted to sell arsenic, refused to support any further poisons legislation unless it included a change to the Pharmacy Act.¹⁸⁹

It had been accepted all along that the Arsenic Act only applied to the control of arsenic and there were plenty of other poisonous substances readily available: Robert Vaughan died from an overdose of Laudanum which he had been using as a pain killer, George Lewis committed suicide using potassium cyanide and James Moore killed himself using Oxalic Acid. These three cases are all routine reports of poisonings from the same issue

¹⁸⁶ F. Tennyson Jesse, 'Madeleine Smith 1857' in H. Hodge and J. Hodge, (eds.) selected and introduced by J. Mortimer, *Famous Trials* (London, 1984), p. 133.

¹⁸⁷ I. Jones, 'Arsenic and the Bradford Poisonings of 1858', *Pharmaceutical Journal*, 265, 7128, (2000) 938-939.

¹⁸⁸ Bartrip, 'A "Pennurth of Arsenic for Rat Poison"', 67.

¹⁸⁹ 'Sale of Poisons', *Pharmaceutical Journal*, (1850), ix, p. 356 quoted in Bartrip, 'A "Pennurth of Arsenic for Rat Poison"', 63, note 37.

of the *Pharmaceutical Journal* in 1858.¹⁹⁰ As Marland points out, opium continued to be available from quacks, corner shops and public houses and was widely used as a calmateve for children.¹⁹¹

The failure of the Arsenic Act to control poisoning resulted in the introduction of the Pharmacy Act (1868). This Act set up a register of pharmaceutical chemists, chemists and druggists and apprentices. It recognised those already in business, admitted them to membership and required all future applicants to pass an examination. It restricted the use of a number of titles to chemists on the register and importantly, it restricted the dispensing of prescriptions containing poisons and the keeping of an open shop for the sale of poison, to those included on the register. It also gave the Society the responsibility of formulating and maintaining a Poisons List.¹⁹²

The Pharmaceutical Society's Council attempted to put forward new Bills on six occasions after 1881 (all of which failed), with the intention of correcting, amongst other things, the anomaly contained in the 1868 Act regarding the dispensing of poisons. The anomaly was that while the sale of poisons was restricted to those registered as pharmaceutical chemists or as chemists and druggists, anyone could dispense a prescription containing a poison and this situation persisted even after the passing of the Pharmacy Act (1908).¹⁹³ This was understood by the editor of the *Lancet* who commented, "Dispensing does not necessarily entail a sale, and under the

¹⁹⁰ *Pharmaceutical Journal*, 18, 6, (1858) 342.

¹⁹¹ Marland, *Medicine and Society in Wakefield and Huddersfield 1780-1870*, p. 240.

¹⁹² Matthews, *History of Pharmacy in Britain*, p. 135.

¹⁹³ J. Hunt, 'A brief look back at 1901', *Pharmaceutical Journal*, 267, 7179, (2001) 911-912.

Pharmacy Acts it is the sale of a poison by an unqualified person and not the dispensing of it which constitutes an offence.”¹⁹⁴ In fact, the 1868 Act states that, “... it shall be unlawful for any person to sell or keep open shop for retailing or dispensing or compounding poisons ...”¹⁹⁵ It seems then that the important concept is that of an open shop; providing the dispensing was not done in a shop open to the public, it would not be illegal and this is confirmed by Jackson.¹⁹⁶ A dispenser in a hospital or doctor’s surgery could, for instance, dispense poisons.

The Pharmacy Acts of 1868 and 1908 had been promulgated to deal with the sale of poisons. The National Insurance Act (1911) was the first Act of Parliament to restrict dispensing to chemists and druggists and then only in respect of those prescriptions issued under the scheme.¹⁹⁷ This Act although not directly concerned with the fortunes either of pharmacy, or of the apothecaries’ assistants, was to have a dramatic effect on both of them. Initially, it raised great concerns within the Pharmaceutical Society, as the membership feared that dispensing would be performed in dispensaries created specially to meet the need and staffed by non-pharmacist dispensers.¹⁹⁸ William Glynn-Jones had been the Secretary and Registrar for the Pharmaceutical Society and was the Society’s Parliamentary Secretary and a Member of Parliament during the Bill’s passage. He was

¹⁹⁴ The National Insurance Bill (editorial), *The Lancet*, 1, (1911) 1362-1363 quoted in Hunt, ‘Echoing down the years, The Tercentenary of the Rose Case’, 195, note 12.

¹⁹⁵ *Pharmacy Act*, 31 & 32 Victoria, Cap. XXI.

¹⁹⁶ W. Jackson, ‘A Short History of Women and Pharmacy’, *Pharmaceutical Journal*, 263, 7076, (1999) 1008-1009.

¹⁹⁷ *Hansard’s Parliamentary Debates*, fifth series, vol. XXV, 1 May-19 May 1911, cols. 610-677.

¹⁹⁸ Hunt, ‘Echoing down the years, The Tercentenary of the Rose Case’, 195.

determined that National Insurance prescriptions should be dispensed largely, if not entirely by pharmacists.¹⁹⁹

The Pharmaceutical Society's Council was at the time leading a very unified profession and were committed to the protection of their members' interests as described in their charter. The 16,500 chemists and druggists on the register were mobilised to lobby their Members of Parliament in respect of this objective, even to the extent of sending them a telegram immediately before the debate. A powerful deputation, including William Glyn-Jones, met with Lloyd George, then Chancellor of the Exchequer and sponsor of the Bill. The deputation requested among other things, two important restrictions. First, that "all dispensing be under the direct supervision of a pharmacist" and secondly, that "contracts for the supply of medicines should only be made with those entitled to carry on business as a pharmaceutical chemist, or a chemist and druggist."

Both these requests were acceded to in Parliamentary debate when moved as amendments by William Glyn-Jones. He agreed at one stage to recognise non-pharmacist dispensers with three year's experience and said that he would be introducing a Bill to deal with their qualification.²⁰⁰ However, this Bill never materialised. The restricting of dispensing of National Insurance prescriptions to chemists and druggists had a profoundly detrimental effect on the fortunes of the apothecaries' assistants, amongst whom there was a predominance of young women.

¹⁹⁹ Matthews, *History of Pharmacy in Britain*, p. 138.

²⁰⁰ Anderson Stewart, 'Jubilee of the National Insurance Act', 33-34.

While discussing health and welfare legislation, it is important to mention the Poor Laws and their connection with medicine and middle class women. Relief for the poor had been the responsibility of the parish since the Poor Law Act (1601). It was replaced by the Poor Law Amendment Act (1834) because both rural and urban parishes had been struggling to relieve poverty and at the same time minimise the enormous cost of doing so.²⁰¹ The 1834 Act sought to deal more efficiently with the problem by uniting dozens of small parishes into unions and sited the union workhouse in the local market town.²⁰² The administration of these unions was placed into the hands of an elected Board of Guardians, with a remit to reduce costs, and as they were drawn from the property owning class, they were encouraged in this aim because they were the ones who were paying for the scheme.²⁰³ The intention of the scheme was to reduce cost by limiting the relief given to the poor in their normal environment (outdoor relief) and concentrate them into workhouses where they would receive (indoor relief). Workhouses would be cheaper to operate and costs could be easily controlled.²⁰⁴ Particularly it was designed to end the payment of outdoor relief to able-bodied people and force them to enter the workhouse, where the harsh regime was calculated to encourage them to seek regular

²⁰¹ S. King, *Women, Welfare and Local Politics: we might be trusted* (Brighton, 2006), p. 5.

²⁰² E. Hurren, *Protesting about Pauperism: poverty, politics and poor relief in late Victorian England, 1870-1900* (London, 2007), pp. 17-19.

²⁰³ E. Hurren, 'Poor Law versus Public Health: diphtheria, sanitary reform and the 'crusade' against outdoor relief, 1870-1900', *Social History of Medicine*, 18, 3, (2005) 404; Hurren, *Protesting about Pauperism*, pp. 17-19.

²⁰⁴ A. Crowther, 'The Workhouse', in C. Smout (ed.), *Victorian Values* (Oxford, 1992), pp. 30-87; A. Digby, *Pauper Palaces* (London, 1978); A. Digby, 'The Labour Market and the Continuity of Social Policy after 1834: the case of the eastern counties', *Economic History Review*, 38, (1975) 69-83; A. Crowther, 'Health Care and Poor Relief in Provincial England', in O. Grell, A. Cunningham and R. Jutte, (eds.) *Health Care and Poor Relief in 18th and 19th Century Northern Europe* (London, 2002), pp. 203-19 quoted in King, *Women, Welfare and Local Politics*, p. 5, note 8.

employment.²⁰⁵ However they were only accepted after all their assets had been liquidated and spent on their upkeep. There was a concern, however, on the part of the guardians and the government that the harshness of the law would create public unrest, particularly as there was high unemployment and a limit to the number of workhouse places. To an extent, therefore, outdoor relief continued to be employed and the Act failed to reduce the cost of supporting the poor.²⁰⁶ In consequence, a series of further Acts were passed to address this failure.

Farmers had been using Poor Law relief to maintain, on stand-by, workers whom they required during the busy seasons and in 1842 the government attempted to tighten up the requirements dealing with those who were seeking relief because of seasonal work patterns.²⁰⁷ An Outdoor Relief Prohibitory Order in 1844 attempted to distinguish more clearly between the able-bodied, whom it was thought should be able to find work, and those who were old and needed support. But it allowed the Guardians some freedom to act; outdoor relief continued to be applied and the Order was consequently ineffective.²⁰⁸ In 1852 the Outdoor Relief Regulation Order was introduced, but it too, although designed accurately to define the able-bodied, gave the Guardians discretion and failed also.²⁰⁹ Then the Longley Strategy was instituted between 1873 and 1893 to become known as the crusade against out-relief. However, a significant recession, a slump in trade and industrial crises in Liverpool and London led many guardians,

²⁰⁵ Hurren, *Protesting about Pauperism*, pp. 17-19.

²⁰⁶ Hurren, *Protesting about Pauperism*, pp. 17-19.

²⁰⁷ Hurren, *Protesting about Pauperism*, pp. 17-19.

²⁰⁸ Hurren, *Protesting about Pauperism*, pp. 17-19.

²⁰⁹ Hurren, *Protesting about Pauperism*, p. 20.

between 1860 and 1864, who feared social unrest, to ignore the regulations in respect of able-bodied males and out-relief costs rose once more.²¹⁰ Between 1860 and 1870, spending on out-relief increased on a national basis to 15 per cent of local welfare expenditure.²¹¹ The Guardians were blamed for the excessive spending on out-relief during these years and when the Poor Law Boards were absorbed into the new Local Government Boards in 1871, a new emphasis was placed on reducing out-relief. In future, it was to be employed only in exceptional circumstances.²¹² The creation of the Local Government Boards did reduce local welfare spending by bringing people into the workhouses and ending outdoor relief.²¹³ Nonetheless, the overall position was still that most of those on poor relief after 1834 were supported by outdoor relief.²¹⁴

As mentioned earlier in the chapter, charity work and philanthropy among middle class women had been increasing in popularity from the beginning of the nineteenth century and had accelerated by 1880.²¹⁵ It took the form of campaigning on housing, social work and visiting the poor, and so it is not surprising that they extended their interest to include the conditions in the workhouses.²¹⁶ Some women took on this type of work as a therapy and Mary Haslam of Bolton is an example. She had a desire to alleviate sorrow in the community when getting over the death of her

²¹⁰ Hurren, *Protesting about Pauperism*, p. 20.

²¹¹ Hurren, 'The Business of Anatomy and Being Poor: why have we failed to learn the medical and poverty lessons of the past?', in Gestrich, King and Raphael, (eds.) *Being Poor in Modern Europe Historical Perspectives 1800-1940*, p.139.

²¹² Hurren, *Protesting about Pauperism*, p. 20.

²¹³ Hurren, 'Begging for a Burial Form', 333.

²¹⁴ King, *Women, Welfare and Local Politics*, p. 8.

²¹⁵ King, *Women, Welfare and Local Politics*, p. 86.

²¹⁶ King, *Women, Welfare and Local Politics*, pp. 23 and 13.

daughter in 1878. She found the remedy in improving the lot of the poor in the local workhouse and it became the start of a good deal of public work on her part.²¹⁷ Other women such as Louisa Twining were simply looking for an outlet for their energies. Louisa Twining established the Workhouse Visiting Society in 1858. Her intention was to harness women's talents to improve the "moral, spiritual and physical lives of the indoor poor", that is those living in workhouses.²¹⁸ Many women believed that dealing with women, children and those who were sick was nothing more than an extension of their domestic and parental responsibilities.²¹⁹ What is clear is that philanthropy in the nineteenth century was an outlet for middle class women's abilities.²²⁰ It was the families with several children, some too young to contribute to the household income, or those families on low incomes or the aged or those people who had poor skills who were in danger of becoming paupers²²¹ and in helping them, middle class women were only extending the skills that they practised at home.²²² King and Hurren agree that as well as its connection with middle class women through their interest in charity, the Poor Law has another relevance for this thesis: most Poor Law unions had a contract with a local general practitioner to provide

²¹⁷ King, *Women, Welfare and Local Politics*, p. 201.

²¹⁸ Crowther, *The Workhouse*, pp. 68-69; K. McCrone, 'Feminism and Philanthropy in Victorian England: the case of Louisa Twining', *Canadian Historical Association Historical Papers*, (1976) 123-39; P. Hollis, (ed.) *Women in Public 1850-1900: Documents of the Victorian Women's Movement* (London, 1979), p. 243; T. Deane, 'Late Nineteenth Century Philanthropy: The case of Louisa Twining', in A. Digby and J. Stewart, (eds.) *Gender, Health and Welfare* (London, 1996), pp. 122-42 quoted in King, *Women, Welfare and Local Politics*, p. 13, note 66.

²¹⁹ King, *Women, Welfare and Local Politics*, p. 15.

²²⁰ King, *Women, Welfare and Local Politics*, p. 60.

²²¹ M. Hanly, 'The Economy of Makeshifts and the Role of the Poor Law: a game of chance', in S. King and A. Tomkins, *The Poor in England 1700-1850* (Manchester, 2003), p. 77.

²²² King, *Women, Welfare and Local Politics*, p. 23.

medical services to workhouse inmates.²²³ Loudon confirms this by saying that the parish or the union of parishes supplemented the income of one of the local general practitioners by appointing him medical officer both before and after the 1934 Poor Law Amendment Act.²²⁴ Even though there was no requirement before 1834 for the overseers to appoint a medical officer, in the 1790s most large provincial towns had one, and by the 1820s most parishes had some kind of arrangement with a local practitioner.²²⁵ Medical expenditure on the poor, in the north and west of England, increased significantly from the 1750s. So that by the early years of the nineteenth century, it amounted to about one third of the resources, both as cash and in kind, that were distributed to the poor; a figure that exceeded that spent in the South and East.²²⁶ These local doctors would have benefited increasingly from the supplement they received to their income from these sources and the increase in dispensing work would have created a demand for people qualified as apothecaries' assistants. In chapter 3 we will consider how this relationship between middle class women and medical services supplied by the Poor Laws, might have assisted young women to take employment as dispensers. It is possible that it might have helped to overcome the difficulties posed by the need to safeguard their respectability and protected their father's social standing as the family provider.

²²³ Loudon, 'A Doctor's Cash Book', 260; E. Thomas, 'The Old Poor Law and Medicine', *Medical History*, 24, (1980) 1-19 quoted in King, *Poverty and Welfare in England, 1700-1850*, p. 33, note 57; Hurren, 'Poor Law versus Public Health', 404.

²²⁴ Loudon, 'A Doctors Cash Book', 260.

²²⁵ E. Thomas, 'The old poor law and medicine', *Medical History*, 24, (1980) 1-19 quoted in King, *Poverty and Welfare in England, 1700-1850*, p. 33, note 57.

²²⁶ King, *Poverty and Welfare in England, 1700-1850*, p. 200. See also Porter and Porter, *Patients' Progress*, p. 8; Porter, *Doctor of Society*, pp. 30 and 155.

Gender Issues

In the late 1850s, it was not easy for middle class women to find work. Working, in that social sector, was largely a male preserve and devices such as refusing apprenticeships to women and claiming that they did not have the necessary physique were used to prevent female competition undercutting male wages. Even occupations which one might assume would naturally fall to women were filled by men, for example, ladies apparently preferred to be served by male milliners.²²⁷ Reader agrees that there were few acceptable employment options for a middle class woman. Writing and acting were considered socially unacceptable, and domestic service and industrial work were definitely the preserves of lower class women.

Essentially the only option was teaching.²²⁸ Corfield also mentions teaching, stating that female teachers and governesses outnumbered schoolmasters and tutors by two to one in 1851.²²⁹ Also in agreement, Jordan observes that unlike their brothers, who had been trained for an occupation, young middle class women had to rely on becoming a governess and passing on the education they themselves had received. Alternatively, they could become a seamstress and utilise their only other skill.²³⁰ Jordan also includes nursing as an acceptable occupation for middle class young women. Since Florence Nightingale's work in the Crimea in the 1850s, it

²²⁷ E. Moberley Bell, *Storming the Citadel: the rise of the woman doctor* (London, 1953), p. 19.

²²⁸ Reader, *Professional Men*, p. 167.

²²⁹ Corfield, *Power and the Professions in Britain 1700-1850*, p. 36.

²³⁰ Jordan, 'Suitable and Remunerative Employment', 434.

had been accepted that young women nurses were under full time strict female supervision and respectability was therefore maintained.²³¹

This touches on another important consideration, the maintenance of a girl's respectability. While she was living at home under the supervision of her mother, she was safe, but once she went out to work her respectability became questionable. Any employment she took had to be in respectable surroundings, ideally under the full-time supervision of a reliable lady. Over a period, occupations such as nursing, being a governess and working for doctors became accepted as satisfying this requirement.²³²

Besides the issue of respectability there were a number of issues behind the problem of female employment. Being able to support one's wife and unmarried daughters was a mark of social standing for a man. Being in a position of having to send them out to work to support themselves, or even if that were not necessary, permitting them to work for their own fulfilment was to bring discredit on the family.²³³ Elizabeth Garrett, the first woman to qualify as a doctor, quotes her mother as saying, "... it would be a disgrace to have a daughter leaving home to earn a living."²³⁴ Franz tells of a girl whose family allowed her to attend the forerunner of Girton College, with instructions not to get a degree, but to return home after a year.²³⁵ McDonald agrees that it would be considered unsavoury for a middle class

²³¹ Jordan, 'Suitable and Remunerative Employment', 435.

²³² Jordan, 'Suitable and Remunerative Employment', 435.

²³³ A. Summers, *Angels and Citizens: British women as military nurses 1854-1914*, (London and New York, 1988), p. 21.

²³⁴ Bell, *Storming the Citadel*, p. 50.

²³⁵ B. Hill, *Women Alone: spinsters in England 1660-1850* (New Haven and London, 2001), p. 54 and K. Hughes, *The Victorian Governess* (London and Rio Grande, 1993), p. 17 and N. Franz, *English Women Enter the Professions* (Cincinnati, 1965), p. 40.

girl to have to work.²³⁶ As Reader points out, the expected solution was for young women to marry and be supported by a husband. This expectation was all very well, but it made no allowance for widows and spinsters.²³⁷

Another hurdle was that until the last quarter of the nineteenth century there were no educational facilities available that would fit middle class girls for appropriate employment and until that time standards in education had varied greatly.²³⁸ As it was expected that girls would get married, their schooling was designed to fit them for life in polite society, rather than prepare them for employment.²³⁹ This opinion is confirmed by Franz who says that the main objective in a girl's life was to secure a husband and produce a family.²⁴⁰ Hughes also endorses this saying that from 1830, "girls ... learnt how to attract a husband and be a wife."²⁴¹ Certainly there was no requirement to prepare them to enter the training leading to a professional career. Reader points out that music, as a subject for girls, was popular, usually in the form of piano playing, but it was taught without understanding, purely as a mechanical exercise.²⁴² Hill and Hughes add the accomplishments of drawing, painting, dancing and embroidery and Neff agrees, stating that Miss Buss, a pioneering educator, had said that

²³⁶ D. McDonald, *Clara Collet 1860-1948: an educated working woman* (London and Portland, Or., 2004), pp. 28-29.

²³⁷ Reader, *Professional Men*, p. 168.

²³⁸ Hill, *Women Alone*, p. 55.

²³⁹ Hill, *Women Alone*, p. 54.

²⁴⁰ Franz, *English Women Enter the Professions*, p. 27.

²⁴¹ Hughes, *The Victorian Governess*, p. 17.

²⁴² Reader, *Professional Men*, p. 170.

girls were leaving school with an education that was “entirely showy and superficial.”²⁴³

The situation changed in the second half of the century according to Tosh, when the number of secondary schools for girls was increased. This was due in part to the efforts of women educationalists and to the willingness of fathers to pay for their daughters’ education, rather than to confine them to possible poverty.²⁴⁴ Summers writing about Eleanor Laurence, a distinguished Boer War nurse, says that she “... was part of the generation which filled the new schools established for middle class English girls in the 1870s and 1880s: schools which modelled their games and curricula on those already devised for boys, and encouraged their pupils to compete for distinctions with each other, as their brothers did.”²⁴⁵ Reader agrees with this saying that, the mid 1850s saw the foundation of a number of girls’ schools offering a full education. Amongst these were The North London Collegiate College in 1850 and The Ladies’ College, Cheltenham in 1853.²⁴⁶

Reader and Avery agree that even after education became available, the obstacle of cost remained. A professional education cost £1000 or more and not many Victorian families could afford this to set up one son in a profession, let alone two or three; daughters had little priority in this

²⁴³ Hill, *Women Alone*, p. 54 and Hughes, *The Victorian Governess*, p. 17 and P.P., 1867-68, Part IV, vol. 14, p. 233 quoted in W. Neff, *Victorian Working Women: an historical and literary study of women in British industries and professions 1832-1850* (London, 1966), p. 225, note 73.

²⁴⁴ J. Tosh, *A Man’s Place: masculinity and the middle-class home in Victorian England* (New Haven and London, 1999), p. 152.

²⁴⁵ Summers, *Angels and Citizens*, p. 178.

²⁴⁶ Reader, *Professional Men*, p. 171.

ranking.²⁴⁷ The problem was exacerbated by the size of Victorian families, while a poorer professional father might afford to put his sons into suitable employment, he would be left with little money to help his daughters.²⁴⁸

It was also felt that women had neither the brawn nor brains necessary to pursue a career; "... they were by nature incapable of most of the occupations in which men engaged, particularly those (usually the more profitable) that needed a disciplined intelligence."²⁴⁹ From 1750 doctors began to identify differences in the male and female body and these differences were used supposedly, "to demonstrate the inherent deficiencies of the female sex."²⁵⁰

Chemists made great play, often in jocular fashion, of how heavy, dirty, dangerous and disgusting pharmacy was and therefore how inappropriate it was for women.²⁵¹ Finally there was the misogynistic attitude of men at the time, and the acceptance of that attitude by the majority of women. G. Webb Sandford, a past President of the Pharmaceutical Society and a member of the Council, together with his supporters against female membership, apparently believed in a God-ordained society where men and women had separate roles. In 1873, he wrote that, "He could not help thinking the tendency of the present day is too much towards upsetting that natural and scriptural arrangement of the

²⁴⁷ Reader, *Professional Men*, p. 123.

²⁴⁸ G. Avery, *The Best Type of Girl: a history of girls' independent schools* (London, 1991), p. 5.

²⁴⁹ Reader, *Professional Men*, p. 168.

²⁵⁰ J.M. Traulsen, P. Bissell and L.S. Haugbølle, 'Feminist Theory and Pharmacy Practice', *International Journal of Pharmacy Practice*, 11, (2003) 59.

²⁵¹ Jordan, 'The Great Principle of English Fair Play', 393.

sexes which has worked tolerably well for four thousand years.”²⁵² It was against this varied background that the occupation of becoming an apothecaries’ assistant became popular. The training was relatively inexpensive and of short duration. The entry requirements to commence the training were not very challenging and the employment was considered respectable.

But before considering the apothecaries’ assistants further, we need to mention that nursing as an occupation has been well reported in the literature. The early nurses, according to Godden and Helmstader were lower class women whose job it was to clean the wards, although they were involved in some medical care.²⁵³ By the middle of the nineteenth century upper middle class women were engaged in an unpaid supervisory role.²⁵⁴ They had no nursing skills, but had expertise in the relevant skill of supervising domestic staff.²⁵⁵ In contrast, other professions that were emerging at the time required a significant degree of technical skill in each of their members, with those in senior positions possessing even greater knowledge.²⁵⁶

By 1885 the distinction between these two types of nurse was disappearing and nurses were technically more competent and directly supervised by the medical staff.²⁵⁷ Increasingly by 1900, many nurses were

²⁵² *Pharmaceutical Journal and Transactions*, 3 (1 March 1873), p. 698; *Chemist and Druggist*, 14 (18 May 1878), p. 13 quoted in Jordan, ‘The Great Principle of English Fair Play’, 394, note 61.

²⁵³ J. Godden and C. Helmstader, ‘Women’s Mission and Professional Knowledge: Nightingale Nursing in Colonial Australia and Canada’, *Social History of Medicine*, 17, 2, (2004) 163 and Summers, *Angels and Citizens*, p. 14.

²⁵⁴ Summers, *Angels and Citizens*, p. 95.

²⁵⁵ Summers, *Angels and Citizens*, pp. 21-22.

²⁵⁶ Godden and Helmstader, ‘Woman’s Mission and Professional Knowledge’, 164.

²⁵⁷ Summers, *Angels and Citizens*, pp. 95-96.

opting for the better-paid jobs available in private hospitals, private nursing homes and in the domestic field.²⁵⁸ It could be suggested that the popularity of nursing as a subject in the literature results from the fact that it attracted many more women, from a wider range of society, than did dispensing. Nurses had greater public visibility and nursing still exists as a profession, while the apothecaries' assistants were relatively few in number and have effectively ceased to exist.

The female apothecaries' assistants were young women drawn almost exclusively from the middle class; they had an interest in science, had received a secondary education, had gone on to qualify as apothecaries' assistants and obtained employment as dispensers. Jordan and Holloway are the only authors who have given them anything more than a mention. However, Jordan's interest is in the general field of feminism. Her two articles examine the work of the women's movement in its endeavour to find paid employment for women; in particular the part played by The Society for Promoting the Employment of Women (SPEW). This organisation was founded in 1859, with the intent of "... assisting middle class women whom misfortune had left without means of financial support."²⁵⁹

She offers the female apothecaries' assistants as one example of a group of women that SPEW helped. It had, she says, been successful in obtaining apprenticeships for girls in hairdressing and dial-printing,²⁶⁰ but had failed to make inroads into the medical profession, which was one of its

²⁵⁸ L. Holcombe, *Victorian Ladies at Work: middle class working women in England and Wales 1850-1914* (Hamden, Connecticut, 1973), pp. 92-93.

²⁵⁹ Jordan, 'Suitable and Remunerative Employment', 433.

²⁶⁰ Jordan, 'Suitable and Remunerative Employment', 435.

primary targets. Elizabeth Garrett had successfully taken the Apothecaries Examination in 1865 and thereby become a qualified medical practitioner. However, she had studied privately and the Society of Apothecaries had subsequently blocked that route by only accepting candidates for examination who had studied at recognised educational establishments. These establishments refused to open their doors to women.²⁶¹ Jordan suggests that SPEW was opportunistic in its approach and if one avenue was blocked, an alternative was sought. In support of this she points to the movement's initiative to encourage young women, with an interest in science, to become medical dispensers and to gain the certificate of an apothecaries' assistant, once the route to a medical career had been closed.²⁶²

She uses the apothecaries' assistants as an example to illustrate the operation of the concepts of horizontal and vertical segregation of a workforce. In voluntary hospitals, poor law hospitals and dispensaries, in the second half of the nineteenth century, dispensing was performed by porters and laboratory boys who were entirely unqualified. There was dissatisfaction with this practice and her proposition is that a system of vertical gender segregation employing female apothecaries' assistants was used to replace them. It was not economically viable to employ pharmacists for this routine dispensing work, as they were in demand in retail shops at higher wages than the hospitals were prepared to pay.

²⁶¹ J Manton, *Elizabeth Garrett Anderson* quoted in Jordan, 'Suitable and Remunerative Employment', 438, note 31.

²⁶² Jordan, 'Suitable and Remunerative Employment', 455.

It was however possible to employ women who had passed the apothecaries' assistant's examination; they were qualified to do the dispensing and yet could not command a pharmacist's salary. A male pharmacist could then be put in charge of a number of these female apothecaries' assistants. This she suggests fits in well with the notion of vertical segregation. The female dispensers could not be promoted to the position held by the supervising pharmacist, as it was claimed they were not adequately qualified. Additionally and conveniently, there was a tendency for them to leave to be married within a few years.²⁶³ It can be seen that Jordan's work uses the apothecaries' assistants purely as examples in making her main point about the introduction of women into the work place. Indeed, SPEW, the organisation around which her article revolves, only showed interest in dispensing as an occupation for women because it was unable to gain entry for them into the medical profession.

This thesis differs markedly from Jordan's work in that it considers the apothecaries' assistants from an entirely different perspective. It attempts to trace their origins; it describes the recognition accorded them by the Apothecaries Act (1815); it examines the scope and depth of the curriculum that led to their examination and compares it with that of a chemist and druggist. It also looks at the comparative financial costs in terms of apprenticeship and training, together with the investment in time required to achieve these two qualifications. By use of the censuses, the family backgrounds of 100 women who qualified as apothecaries' assistants

²⁶³ Jordan, 'Suitable and Remunerative Employment', 453.

have been examined in an effort to discover the obstacles that might have obstructed their attempts to gain employment. Finally, the decline of the assistants' fortunes following the introduction of the National Insurance Act (1911) has been described and an attempt has been made to determine the reasons behind the actions of the various bodies concerned in that decline.

Methodology

The discovery, at Apothecaries' Hall, of a bundle of assorted letters, memorials and documents relating to the apothecaries' assistants, initiated a brief search of the literature. This confirmed that very little had been written about this group of people and that it might form the foundation for a worthwhile Ph.D. thesis. Some of the letters concerned the introduction of the assistant's examination in 1850. Others spoke of the fear some of the assistants experienced when it was proposed that dispensing be transferred from their hands to those of the chemists and druggists, under the provisions of the National Insurance Act (1911). There were briefing notes relating to meetings between the Society of Apothecaries and the Pharmaceutical Society, records of counsel's opinion and memorials. All of these concerned the unsuccessful attempts made by the Society of Apothecaries to safeguard the future of their assistants.

After a preliminary examination it became obvious that this cache of source material contained the kernel of a significant contribution to both medical and social history. Very little has been written about the apothecaries' assistants; searches of the secondary literature discovered

only two books and six journal articles that mentioned them at all. Of these only two of the articles, both by Jordan, discussed them in any detail and then, as discussed above, only in so far as to cite them as examples of young women who were early recruits to proto-professional occupations.²⁶⁴ Holloway's book mentions them while briefly discussing the introduction of the National Insurance Act (1911). Yet the apothecaries' assistants played a major role in dispensing medicines between 1850 and 1920.

It would have been possible to consider the activities of the assistants from a purely task related point of view, but they existed at a time of so many complex changes, that it was necessary to take into account the institutional, sociological and medical aspects that influenced their lives. As we have seen, the nineteenth century saw great changes in the practice of medicine. It was becoming accepted that the subject was becoming too extensive to permit anyone to be an expert in all its aspects, and surgery and obstetrics were splitting off as specialities.²⁶⁵ The apothecaries had metamorphosed into general practitioners, leaving the physicians to specialise in medicine. Those engaged in the provision of a medical service were becoming aware of the advantages offered by a professional existence and the growth of the professions is well exemplified by the way the chemists and druggists carved out a place for themselves in the overall medical scene. An examination of the rise of the professions and the medical institutions is therefore material to the apothecaries' assistants'

²⁶⁴ Jordan, 'Suitable and Remunerative Employment', 429-456 and Jordan, 'The Great Principle of English Fair Play', 381-410.

²⁶⁵ Editorial, *Med.-chir. Rev.*, 1830, NS 6: 211 quoted in Williams, 'The Obstetrics Society of 1825', 244, note 36.

situation. The discussion of the evolution of the practice of medicine has relied on such writers as Holloway, Marland, Loudon, Crellin, Lane, Matthews, Pelling, Lawrence, Porter, Waddington and Cope. While Millerson, Perkins, Collins and Corfield have proved helpful in discussing the development of the professions.²⁶⁶

These changes in the practice of medicine either became enshrined in law or were influenced by legislation designed to improve the health and welfare of the public. The Apothecaries Act (1815), The Medical Act (1858) and the various Pharmacy Acts from 1852 to 1908 helped to define changes in the way medicine was practised. While the Arsenic Act (1851) and the National Insurance Act (1911) sought to improve public safety and welfare. The thesis will discuss the legislation that had an impact on the apothecaries' assistants' fortunes.

²⁶⁶ Holloway, 'The Apothecaries' Act, 1815: a reinterpretation. Part 1', 107-129; 'The Apothecaries Act, 1815: a reinterpretation Part II', 221-236; 'How the Royal Pharmaceutical Society Got to Where it is Today', *Pharmaceutical Journal*, 268, (8 Jun. 2002) 809-813; 'Professional Business', 15-21; 'The Year 1000: pharmacy at the turn of the first millennium', *Pharmaceutical Journal*, 264, 7077, (1 Jan. 2000) 32-34; *Royal Pharmaceutical Society of Great Britain 1841-1991: a political and social history* (London, 1991); Marland, 'The Medical Activities of the Mid-nineteenth Century Chemists and Druggists,' 415-439; *Medicine and Society in Wakefield and Huddersfield 1780-1870*; Loudon, 'A Doctor's Cash Book', 249-268; 'The Nature of Provincial Medical Practice in Eighteenth-Century England', 1-32; J.K. Crellin, 'Apothecaries, Dispensers, Students and Nineteenth Century Pharmacy at St Georges Hospital, London', *Medical History*, 6, 2, (1962) 131-145; 'Eighteenth Century Pharmacy at St George's Hospital, London', *Medical History*, 5, 4, (1961) 327-340; 'Pharmaceutical History and its Sources in the Wellcome Collections', 215-227; J. Lane, and A. Tarver, 'Henry Fogg (1707-1750) and his Patients: the practice of an eighteenth-century Staffordshire Apothecary', *Medical History*, 37, (1993) 187-196; Lane, 'The Medical Practitioners of Provincial England in 1783', 353-371; L.G. Matthews, 'Day Book of the Court Apothecary in the Time of William and Mary, 1691', *Medical History*, 22, (1978) 161-173; 'London's Immigrant Apothecaries, 1600-1800', *Medical History*, 18, (1974) 262-274; 'Royal Apothecaries of the Tudor Period', *Medical History*, 8, 2, (1964) 170-180; *History of Pharmacy in Britain*; Pelling, *Medical Conflicts in Early Modern London*; Lawrence, *Charitable Knowledge*; Porter, *Blood and Guts: Doctor of Society*; Porter and Porter, *Patients Progress*; Waddington, *Medical Education at St Bartholomew's Hospital*; Cope, 'The Influence of the Free Dispensaries upon Medical Education in Britain', 29-36; G. Millerson, *The Qualifying Associations: a study in professionalization* (London, 1964); Perkins, *The Rise of Professional Society*; R. Collins, 'Market Closure and Conflict Theory', in M. Burrage, and R. Torstendahl, (eds.) *Professions in Theory and History: rethinking the study of the professions* (London, Newbury Park and New Delhi, 1990); Corfield, *Power and the Professions in Britain 1700-1850*.

Society was also experiencing extraordinary changes following the industrial revolution. The middle class was growing in importance and its culture naturally influenced the lives of young women. The early tendency was to see marriage as the preferred future for a daughter and to permit one's daughter to earn a living from paid employment would have been considered unthinkable. This attitude was reversed by both the uncertainty of finding a husband and the cost of supporting an unmarried daughter for life. The works of Tosh, Reader, Gleadle, Morris, Hughes, Sutherland and Levine were helpful in examining this issue.²⁶⁷ There were other constraints that prevented young women taking work, of which the most significant was the non-availability of a suitable secondary education. Reference has been made to Gleadle, Hill and Avery in this discussion.²⁶⁸ In contrast Jordan's work is based on feminist literature sources such as: Holcombe's *Victorian Ladies at Work*,²⁶⁹ Cockburn's *The Gendering of Jobs*,²⁷⁰ and Cohn's *The Process of Occupational Sex-Typing*.²⁷¹

As the primary source material at Apothecaries' Hall included the names and addresses of the women who became dispensers, it was possible to study their family backgrounds. By this means a clearer view of the status, education and employment of middle class women was obtained.

²⁶⁷ J. Tosh, *Manliness and Masculinity in Nineteenth Century Britain: essays on gender, family and empire* (Harlow, 2005); Reader, *Professional Men*; K. Gleadle, *Radical Writing on Women, 1800-1850: an anthology* (Basingstoke and New York, 2002); R.J. Morris, *Class, Sect and Party: the making of the British middle class, Leeds 1820-1850* (Manchester and New York, 1990); *Men, Women and Property in England, 1780-1870*; Hughes, *The Victorian Governess*; G. Sutherland, 'Education', in F.M.L. Thompson, (ed.), *The Cambridge Social History of Britain 1750-1950, vol. 3, Social Agencies and Institutions* (Cambridge, 1990); P. Levine, *Victorian Feminism 1850-1900* (Florida, 1994).

²⁶⁸ Gleadle, *Radical Writing on Women, 1800-1850*; Hill, *Women Alone*; Avery, *The Best Type of Girl*.

²⁶⁹ Holcombe, *Victorian Ladies at Work*.

²⁷⁰ C. Cockburn, 'The Gendering of Jobs: workplace relations and the reproduction of sex segregation', in S. Walby, (ed.) *Gender Segregation at Work* (Milton Keynes, 1988).

²⁷¹ S. Cohn, *The Process of Occupational Sex-Typing: the feminization of clerical labour in Great Britain* (Philadelphia, 1985).

This primary source material was augmented by a search of the letters sections and editorials in the *Pharmaceutical Journal* of the period. Further material was found in the *Registers of Pharmaceutical Chemists* and the *Registers of Chemists and Druggists*, as well as relevant copies of the *Calendars of the Pharmaceutical Society* located in the library of the Pharmaceutical Society. Records of the names and addresses of those women who passed the apothecaries' assistant's examination were available at the Society of Apothecaries Hall. In addition the Guildhall Library has records of all those entering for the examination. Contemporary editions of *The Times*, regional newspapers and the *British Medical Journal* were consulted on-line. The censuses from 1851 to 1901 together with the Register of Births, Marriages and Deaths were extensively used to obtain information about the female candidates for the apothecaries' assistant's examination. From these records, information about their fathers' occupations, their brothers' occupations and the number of servants each family employed were obtained, in an attempt to discover their family backgrounds.

Although 554 women candidates were identified in the Society of Apothecaries' records, it was possible only to obtain useful information for 100 of them. This was because of a variety of limitations inherent in both the censuses and the Register of Births, Marriages and Deaths. It has been established that the censuses do not provide a complete picture because of a number of generic failings. Most obviously they are only compiled every ten years and so only provide a snapshot record of a continuously unfolding

story. They were particularly imprecise when recording female employment. Higgs believes that women tended to be described as dependents whether they were employed or not because the heads of households were usually men, and the mainly male enumerators failed to question the description.²⁷² Davidoff and Hall support this view saying that unless the women were household heads, the censuses were 'almost useless' as an indicator of their occupations.²⁷³ Hudson's supporting view was that they were "hopelessly inaccurate in recording female work".²⁷⁴

In the 1851 census, householders were instructed to enter the occupation of women in the household if they were regularly employed, whether it be in the home, with the exception of normal domestic work, or away from the home. Nonetheless seasonal, part-time and casual work engaged in by female members of the household could have been overlooked. This would have been particularly likely in the case of seasonal work, if the census day occurred other than during the season.²⁷⁵ It would have applied largely in the case of female workers who were employed seasonally in agriculture. Also on the agricultural scene, female agricultural workers who lived in might have been incorrectly entered as domestic servants. In addition, wives and daughters, who as a group, have traditionally assisted

²⁷² E. Higgs, 'Women, occupations and work in the nineteenth century censuses', *History Workshop Journal*, 23, (1987) 60-62 quoted in Goose, *Women's Work in Industrial England*, pp. 21-22, note 105.

²⁷³ L. Davidoff and C. Hall, *Family Fortunes: men and women of the English middle class 1780-1850* (London, 1987), p. 273 quoted in Goose, *Women's Work in Industrial England*, p. 22, note 104.

²⁷⁴ P. Hudson, *History by Numbers: an introduction to quantitative approaches* (London, 2000), p. 14 quoted in Goose, *Women's Work in Industrial England*, p. 22, note 104.

²⁷⁵ Goose, *Women's Work in Industrial England*, p. 22.

on the farm might not have been registered as agricultural workers.²⁷⁶ The same situation could readily have applied to retailers' wives and daughters who helped in the shop, but were not recorded as shop keepers.²⁷⁷ Women who lived at home and worked as dispensers for their fathers, who were either general practitioners or chemists and druggist, could easily have fallen into this category.

In searching through the censuses a number of difficulties arose, specific examples of which are described here. In many cases censuses taken in different years spelled the subjects' names differently. Sarah Gregar is recorded as Gregar in the register of births, as Greger in the 1901 census and as Gregor in the 1881 census. Herbert B. Coney was the brother of Joyce Coney, one of the candidates. In 1901, he was in lodgings and is shown as Herbert B. Correy, while in the 1871 census, the whole family are recorded as having the surname "Coury". In 1881 and 1891 they are correctly named "Coney". Another brother, Gerald, is shown as Gerald T. Coney in 1891, Gerald S. Coney in 1881 and Gerald Scott Coney in the Register of Births. Florence Brittain, another candidate, has her name spelled Brettain in the 1881 census. While it was possible to trace the examples given above, in many cases subjects "failed to appear" in a particular census and a crucial piece of information was not available to complete the picture. Misspelling of a name could easily have been the

²⁷⁶ E. Higgs, 'Occupational censuses and the agricultural workforce in Victorian England and Wales', *Economic History Review*, 48, (1995) 704-5, 709-11 quoted in Goose, *Women's Work in Industrial England*, p. 23, note 113.

²⁷⁷ E. Higgs, 'The Tabulation of Occupations in the Nineteenth Century Census, with special reference to domestic servants', *Local Population Studies*, 28, (1982) and M. Anderson, 'The Mis-specification of servant occupations in the 1851 census: a problem revisited', *Local Population Studies*, 60, (1998) quoted in Goose, *Women's Work in Industrial England*, p. 23, note 115.

cause and the subject had therefore to be dropped from the research. Wollard considers that the reason could be the inconsistent recording of surnames in the “Census Enumerators Books”. This came about because the enumerators issued the householders with a form on which to record the members of the household. When these forms were collected the enumerators transcribed the data into the Census Enumerators Books and he believes that transcribing errors could have occurred at this stage. This assumes that the heads of the households were able to spell and had an accurate knowledge of the dates and places of birth of its occupants. Where the householder was unable to write, the form would have been completed by the enumerator on the doorstep and spelling errors could easily have occurred as a result.²⁷⁸

A second difficulty posed by the system was caused by the popularity of certain first names and surnames. Faced with a lot of women with identical names, difficulty was experienced in matching, with any certainty, the entry of a candidate’s name, in the register of those who passed the examination, with a particular entry in the censuses. The field recording occupation held the key to ensuring that a correct match was achieved; an entry in that field of “dispenser” or “medical dispenser” proved that the correct one had been selected from all those with the same name. Having identified the subject, it was then possible using her date and place of birth to trace her back through previous censuses and thereby identify other members of her family by similar use of date and place of birth.

²⁷⁸ M. Wollard, ‘The Classification of Multiple Occupational Titles in the 1881 Census of England and Wales’, *Local Population Studies*, 72, (Spring 2004) 36.

However, in some cases, although the woman had passed the examination between 1891 and 1900, the occupation field was left blank in the 1901 census. In these cases it was impossible to be sure that the correct person had been found. Four cases in point are: Lucy May MacKinlay, and Letitia May Martin who passed the examination in 1900 but had no occupation shown in the 1901 census. Edith Elmina Sorsbie passed in 1896 and Agnes Kate North in 1899, and similarly, neither of them have an occupation recorded in 1901. Where there were only a few women of the same name the task was easier and even if the occupation field had been left blank, it was possible, by different logic, to be sure of the correct identity.

Another difficulty was the situation where a member of a family or even a whole family, having appeared in successive censuses, suddenly failed to appear. This could well be caused by a family or individual moving out of the country or being subject to a change of spelling of their name. Often a son appears in the 1881 and 1891 censuses as a child and then not at all in 1901 when he might be expected to have obtained employment. Such a situation meant that he could not be included in the research and diminished its value. For instance, Henry Bonner was the brother of Caroline and Rose Bonner, both of whom passed the apothecaries' assistant's examination. Henry appears in the 1881 census aged 14, but fails to show in later censuses.

In judging the social class of the families, the occupation of the householder was selected as one of the characteristics chosen for comparison. Initially it had seemed possible that the occupations of the

neighbours might give a clue to the social standing of the neighbourhood and add weight to this judgement. This though proved unreliable and the example of Constance Smith, whose father was a Church of England Clergyman at Coddington in Nottinghamshire, demonstrates this well. His immediate neighbours in 1881 were two agricultural labourers and a farmer, in 1901 they were a laundress, a gardener and a maltster. Yet as a member of the clergy he was without doubt within the upper reaches of the middle class. Hannah Forrest's father, Joseph, was a Colliery Owner and lived in Pentree Hobuc Hall, Mold, but his immediate neighbours in 1871 were a miller, a coachman and a gentleman's servant. There were two general issues that made the use of the census records difficult. First, at some stage in the use of the records by officials, comments had been written over many of the entries or they had been crossed through. This is the case for the entry in the 1901 census for William Taylor, the father of Ada Taylor. He was a chemist and druggist, but the word "druggist" is all but obscured.

It is clear then that the censuses do not provide an entirely reliable source and reference to additional sources is advisable. Newspaper reports, trade directories, trade advertisements and criminal court records can help to confirm or even complete the picture.²⁷⁹ However, Davies points out that as far as women in medical occupations are concerned, the census is a better source of information than directories or newspapers, because they were

²⁷⁹ Davies, 'Female Healers in Nineteenth Century England', in Goose, *Women's Work in Industrial England*, p. 237.

usually unable for financial or social reasons to have entries appear in them.²⁸⁰ This is particularly so in the case of the female apothecaries' assistants who were not likely to appear in any of these additional sources as a result of their work. But it is worth noting that the census did not prove a very good source in the case of assistants like Lucy MacKinlay, Letitia Martin, Edith Sorsbie and Agnes North none of whom had an occupation recorded in the 1901 census as discussed above.

In order to establish record linkage between these various sources, a search was made of the alternative sources mentioned above. A search of the British Library Nineteenth Century Newspapers between 1865 and 1910 produced a few relevant reports. Miss Constance Bradbury, who had obtained her Apothecaries' Assistant's Certificate in 1894, secured a position as the first dispenser at the New Ryde Dispensary. General Calthorpe, Chairman of the Isle of Wight County Council said that, "They had been very fortunate in having secured the services of Miss Bradbury, the daughter of a well known gentleman in Cambridge. She possessed the highest certificate and had passed a most difficult examination."²⁸¹ Her father was a Fellow of the Royal College of Physicians, practising in Cambridge. Constance subsequently wrote an article for *The Hospital* (Nurses' Section), which was reported in the *Isle of Wight Observer* relating her experiences on becoming a dispenser. She records that she had been a nurse, but an illness had kept her out of the hospital. She had become interested in Chemistry and taken a course at Newnham College

²⁸⁰ Davies, 'Female Healers in Nineteenth Century England', in Goose, *Women's Work in Industrial England*, p. 237.

²⁸¹ 'Opening of the New Ryde Dispensary', *Isle of Wight Observer*, 2 Feb. 1895, p. 8.

Laboratory. She tells how the Dispensary patients were initially a little unsure about the abilities of a lady dispenser, having never seen one before, but were soon won over and declares that there are opportunities for women dispensers given the necessary theoretical and practical knowledge.²⁸²

Caroline Bonner is reported in *The Standard*, London in 1897 as donating an annual sum of £1 0s. 0d. to the Prince of Wales Hospital Fund for London.²⁸³ This is possibly the Caroline Bonner, who passed the assistant's examination in 1899. Miss Catherine Perkins is reported in the *Birmingham Daily Post* in 1895 as having passed the Pharmaceutical Society's 'major' examination.²⁸⁴ She had previously passed the assistant's examination in 1889. Constance Bradbury seems only to have obtained a mention in the press because of the report of General Calthorpe's speech at the opening of the Dispensary and because subsequently she published an article in *The Hospital*. Catherine Perkins is mentioned because of her success in an examination; the fact that it has medical connections is entirely coincidental.

As apothecaries' assistants were not permitted by law to keep open shop for retailing or dispensing or compounding of poisons²⁸⁵ there was little probability that they would appear in the trade directories and this proved to be so. However, it was possible to trace the fathers of a sample number of them and demonstrate that they lived and worked at the addresses recorded in the censuses. The search was developed further in the case of those

²⁸² 'A Lady Dispenser's Experiences', *Isle of Wight Observer*, 15 Sep.1900, p. 2.

²⁸³ 'The Prince of Wales Hospital Fund for London', *The Standard*, London, 22 Feb. 1897, p. 6.

²⁸⁴ *Birmingham Daily Post*, 16 Jan. 1895, p. 4.

²⁸⁵ *Pharmacy Act*, 31 & 32 Victoria, Cap. XXI.

young women who went on to qualify as chemists and druggists to see if they assumed control of the business after they qualified and this aspect is discussed in chapter 3. As expected the trade directories made no mention of the daughters, but in all the cases examined, the data contained in the trade directories agreed with that obtained from the censuses.

A search of *The Proceedings of the Old Bailey* was conducted between the dates 1815 to 1913. These dates were chosen as the date of the Apothecaries Act and the limit of the records available in the proceedings. The search terms ‘apothecaries’ assistant’ and ‘dispenser’ were used. ‘Apothecaries’ assistant’ produced no results, while ‘dispenser’ produced 18 entries, all of which were men. Of these, four were called as witnesses on matters related to their work and three were witnesses to general crime. Three were charged with a crime and found not guilty; one of these was charged with posing as a doctor when a woman whom he was treating, died. Two of the 18 were found guilty, one of fraud and one of perverting the course of justice. Three were victims of theft. Two were not dispensers, but had claimed to be so in order to further their intentions of fraud and theft respectively. Finally one was found guilty of murder. They were employed across the whole spectrum; including working as dispensers for general practitioners, at Stanhope Street Public Dispensary, Coloney Hatch Asylum [probably a misspelling of Colney Hatch], University College Hospital, the Working Convict prison, as an assistant to a chemist and druggist, as the

dispenser in a troopship and in two of the cases details of employment were not disclosed.²⁸⁶

A search at the Metropolitan Archives in respect of London hospitals and dispensaries produced a very limited amount of relevant information; the records were incomplete; there were no staffing or personnel lists regarding dispensary staff, although some did exist in respect of the nurses. A search for 'apothecaries' assistant' produced no response, as did a search for 'personnel'. In all the searches performed no female dispensers were found and so from the point of view of record linkage, the archives were of no value. However, searches for 'hospital', 'dispenser', 'dispensary' and 'pharmacy' were more productive and produced the wages books of the Great Northern Central Hospital in York Road, Kings Cross for 1898-1901. In January 1898 there were two dispensers employed there, Mr W. Riches, paid seven shillings per week and Mr W. Hart, paid 5 shillings. Mr Hart left on 28 October 1899 and was replaced by Mr Hackwell, who started on 10 shillings per week on 29 November 1899. Mr Riches' wage was increased to the same amount at that time. Mr Hackwell only lasted a month and left on 30 December 1899, to be replaced on 6 January 1900 by Mr A.E. Jay at a weekly wage of 24 shillings. It would seem that, as Mr Riches remained on 10 shillings, Mr Jay must have been more highly qualified and probably a chemist and druggist. The highest paid employee in the wages book at the time was the engineer at 50 shillings per week. On 2 June 1900, Mr Riches was transferred to the "Salary List" for an undisclosed reason and it is not

²⁸⁶ 'The Proceedings of the Old Bailey: London's Central Criminal Court 1674-1913'
<<http://www.oldbaileyonline.org>>

clear whether he continued to work in the dispensary or not. He was not replaced by a non-salaried employee and Mr Jay's remained the only dispensary entry in the wages book until August 1901, when space in the book was exhausted. He had, in the meantime, on 4 May 1901, received an increase to 25 shillings a week.²⁸⁷

Guy's Hospital Salaries Book contains a letter from the superintendent to Mr H, Finnemore, B.Sc., dated 5 June 1914, laying out the dispensary pay scales. This date is towards the end of the period that the thesis examines and confirms that hospitals were, by then, employing pharmacists in their dispensaries. It shows that Mr Finnemore was to be paid £300 per year, plus an additional £10, as he was a panel chemist. Mr Williamson was to receive £180 and Mr Thompson and Mr Benson were to be paid £168 each. Mr Finnemore was a pharmacist and is described as such in the salaries book in 1917; the other two must have been non-pharmacist dispensers.²⁸⁸ Members of the Pharmaceutical Society were being employed as dispensers in institutions prior to this date however. On 4 January 1873, Mr S. Lloyd Stacey of Corbyn Stacey & Co., wholesale druggists of 300, Holborn, London, provided a reference to the Middlesex Lunatic Asylum in respect of Mr John Robb. He was a chemist and druggist of 6, Champion Terrace, Brunswick Square, Camberwell and was applying for the post of temporary dispenser.²⁸⁹ An additional example is that of

²⁸⁷ London Metropolitan Archives, Box H33/RN/C/03/002, Wages Book No. 2, 2 Jan. 1898 – 3 Aug. 1901.

²⁸⁸ London Metropolitan Archives, Box H9/GY/D43/1/1, Guy's Hospital Salaries Book No. 2, 1914-1917, letter, superintendent to H. Finnemore, Esq., B.Sc., dated 5 Jun. 1914.

²⁸⁹ London Metropolitan Archives, Box H11/HLL/13/001/744, letter, S. Lloyd Stacey of Corbyn Stacey & Co., dated 4 Jan. 1873.

John Fraser of 26, Robert Street, who applied to the Chelsea Board of Guardians for a post as dispenser on 9 December 1884. His application was supported by testimonials from Grattan & Co., dated 13 October 1883, and from Jagg & Co. Chemists, of 127, Buckingham Palace Road, dated 6 December 1884. Fraser had supplied copies of his Pharmaceutical Society registration certificate as a chemists and druggist, signed by J.B. Stevenson, Chairman of the Examiners. In addition, he produced certificates from the Edinburgh Medical School attesting to his competence in Chemistry, Materia Medica, Therapeutics, Botany, Mathematics and Electricity and Magnetism.²⁹⁰ Although, no record linkage can be achieved between the women who became apothecaries' assistants and the records of the London hospitals, some useful evidence has been found about the wage rates for dispensers between 1898 and 1917, additionally it has been possible to confirm that pharmacists were replacing apothecaries' assistants as dispensers in London Institutions as early as 1873.

The remaining chapters of the thesis answer the questions raised in this introduction. Chapter 2 will deal with the origins of the apothecaries' assistants, their development following the Apothecaries Act (1815) and examine the scope and depth of their training alongside that of the chemists and druggists. In chapter 3, we will look at the rise in popularity of the apothecaries' assistant's qualification among women and the occupation of medical dispenser. In addition, it will examine the family backgrounds of

²⁹⁰ London Metropolitan Archives, Box CHBG/244/001/149, letter, testimonials and certificates.

these women. Chapter 4 examines the legislation that sought to control the practice of medicine and pharmacy. In addition it discusses the Acts of Parliament concerned with the safety and general health issues of the public that impinged on the medical professions: Acts that attempted to reverse the increase in poisoning in the nineteenth century and the National Insurance Act (1911). Chapter 5 discusses the decline in the apothecaries' assistants' status subsequent to the introduction of the Insurance Act. It examines the parts played by the government, the Pharmaceutical Society, the Society of Apothecaries and the assistants themselves. It also looks behind the facts and attempts to explain the measures taken, or not taken, by these participating groups.

The historiography related to this thesis considers a number of broad themes including the evolution of the medical professions, increasing government legislation in the sphere of health and welfare, and gender issues including the development of education for girls. Yet with the exception of the works of Holloway, Jordan and Jackson²⁹¹ mentioned above, discussion of the contribution made by the apothecaries' assistants has been overlooked. This group of people worked in a supportive role, yet it was essential in the development of general practice medicine. It was they who relieved the apothecary of his traditional task of dispensing and allowed him to concentrate on visiting his patients. The literature that discusses the metamorphosis of the apothecaries into general practitioners fails to mention how the important task of dispensing was accomplished after the

²⁹¹ Holloway, *Royal Pharmaceutical Society of Great Britain*, pp. 304-305, 336, 341, 355-358; Jordan, 'Suitable and Remunerative Employment', 429-456 and Jordan, 'The Great Principle of English Fair Play', 381-410; Jackson, 'A Short History of Women and Pharmacy', 1008-1009.

change. Marland, for instance, points out that apothecaries abandoned their open shops in the mid-nineteenth century, but continued to dispense.²⁹² However, she fails to mention that it was their assistants who then provided this service. The literature also fails to trace the development of dispensing and to show how it passed from the apothecary through the hands of the apothecaries' assistants to the chemists and druggists.

By the second half of the nineteenth century, many of the apothecaries' assistants were middle class women and a review of the history of the female assistants sheds a good deal of light onto the social changes that were occurring in middle class families at the time. It shows how the provision of education to a suitable standard was essential to permit girls to train for an acceptable occupation and enter the work force. These young women and their families were among the first to realise that marriage was not necessarily going to offer them future security and that they would have to become financially independent by their own efforts. The thesis shows how they struggled with the constraints of obtaining an adequate education, safeguarding their respectability and maintaining their fathers' social status. Although a good deal has been written on these themes and even though they illustrate the issues very well, the female apothecaries' assistants have not been mentioned, other than by Jordan.²⁹³

²⁹² Marland, 'The Medical Activities of the Mid-nineteenth Century Chemists and Druggists', 422.

²⁹³ Jordan, 'Suitable and Remunerative Employment', 429-456 and Jordan, 'The Great Principle of English Fair Play', 381-410.

Chapter 2

The Formalisation of the Role of the Apothecaries' Assistant

This chapter discusses two broad areas: first it considers the origins of the apothecaries' assistants and secondly their qualification. There is evidence that the assistants did exist prior to the Apothecaries Act (1815), but were not formally recognised. After the 1815 Act, they became subject to a legally instituted examination and received a certificate that established them as dispensers of medicines. Their fortunes were linked with those of the chemists and druggists, who also became subject to formal qualification in the mid nineteenth century. While they were both broadly involved in the same activities, they developed in different ways.

The National Insurance Act (1911), introduced by Lloyd George, transferred dispensing from the apothecaries' assistants to the chemists and druggists. The result was an increase in business for the chemists and druggists and the decline of the apothecaries' assistants. The chemists and druggists were chosen as recipients of this work because they had in the intervening years transformed themselves into a professional body with significant representation in Parliament, while the assistants had not. The strategy adopted by the Pharmaceutical Society, in its determination to transform a group of shopkeepers into a profession, was to establish a teaching facility and to set examinations.¹ In this way, it increased its members' skill and knowledge to a point where they were accepted by the

¹ Millerson, *The Qualifying Associations*, p. 12.

rest of the professional medical community as experts in their field. The chapter describes in some detail, the development of the syllabus for the chemists and druggist's examination to illustrate this strategy. It is believed that this is the first occasion on which a detailed examination of the development of the chemists and druggist's qualifying examination has been made. It also describes the training necessary to qualify as an apothecaries' assistant and demonstrates that their qualification was always at a lower standard than that of the chemists and druggists.

The Origins of the Apothecaries' Assistants

The involvement of the Navy

Little information exists about the assistants until they were recognised by the Apothecaries Act (1815), but one must assume that they were employed from the early days of the trade performing the menial and heavy work in the shops. There are records of the existence of dispensers in hospitals in the late eighteenth century and these men appear not to have been licensed apothecaries. However, the navy, which by employing dispensers in its hospitals early in the eighteenth century, provides an important source of information.

Dispensers have existed in the British Navy at least since 1712, when Henry Blakey was employed in that role at the Greenwich Hospital.²

Although the dispensers and the Surgeons' Mates might originally have

² D.L. Cowen, 'Notes on Hospital Pharmacy in the Royal Navy in the Eighteenth Century', *Bulletin of American Society of Hospital Pharmacists*, 13, (Nov.-Dec. 1956) 568-574 and C. Lloyd and J. Coulter, *Medicine and the Navy 1200-1900 vol. iii 1714-1815* (Edinburgh and London, 1961), p. 50.

exchanged jobs as demand dictated, by 1742, the duties of a dispenser were formalised. He was responsible for keeping his medicines in secure storage and supplying them in response to a prescription from a physician or surgeon. He was also required to make up his medicines from raw materials, when possible, rather than buying them ready-made and to limit their use so as to save expense. Originally he had no responsibility for ordering replacement stocks or for assessing the quality of received goods, but in 1808 this latter responsibility was given to him.³ We know that by 1758 the Society of Apothecaries had received a request from the Commissioners for the Sick and Wounded Seamen to examine the Navy's dispensers; they were to be assessed regarding their abilities as dispensers and their knowledge of pharmacy.⁴

Apart from Mr Blakey, records exist of other men who were examined by the Society of Apothecaries and found qualified to dispense in naval hospitals. Among them was Mr James Shannon who was given a certificate by the Court of Assistants confirming his abilities.⁵ In 1761, Mr Cornwall, who had passed an examination at the "Apothecaries' Company," was recommended by the Commissioners as a dispenser at Barbados or Antigua. Hugh Wynne in 1779 was examined and found qualified to act as an assistant dispenser at the Haslar Hospital. John Shapcote passed an examination at Apothecaries Hall in 1793 that led to his promotion from

³ Cowen, 'Notes on Hospital Pharmacy in the Royal Navy in the Eighteenth Century', 568-574.

⁴ C. Barrett, *The History of the Society of Apothecaries of London* (London, 1905), pp. 142-143.

⁵ It is important to distinguish throughout the thesis between the "Court of Assistants", who were and are the governing body of the Society of Apothecaries and an Apothecaries' Assistant who worked as a general assistant in an apothecary's shop and after 1815 was formerly examined and recognised as a dispenser.

assistant dispenser to dispenser. So by 1779 the employment of dispensers who had passed an appropriate examination set by the Society of Apothecaries was commonplace in naval hospitals.⁶ Matthews supports this, saying that assistant dispensers serving in the navy, whether ashore in this country, or abroad, or at sea, had to have passed the Society of Apothecaries' assistant's examination.⁷

Shortly after St Petersburg was founded in 1703, Peter the Great started to develop his navy for the Swedish Wars; part of this development was the provision of hospitals and medical services for dockyard workers and naval personnel. The administration of the hospitals and the medical service was included in the Admiralty Regulations published by Peter the Great in 1722 and these were based on similar regulations existing in Holland, France, England and Sweden.⁸

In the latter half of the eighteenth century, Russia was less developed than England and had come to the attention of British entrepreneurs. Catherine II, the Empress at the time, was enthusiastic about improving the skills of her work force and it was in these circumstances that Samuel Bentham a naval architect and brother of the reformer, Jeremy Bentham, went to work in Russia in 1780.⁹ He was struck by the opportunities that existed for improvement in trade in many commodities and while working on a Black Sea naval base, he was frustrated by a shortage of skilled workmen. In consequence, he tried on a number of occasions to recruit

⁶ Cowen, 'Notes on Hospital Pharmacy in the Royal Navy in the Eighteenth Century', 572.

⁷ Matthews, *History of Pharmacy in Britain*, p. 193.

⁸ B. Haigh, 'Design for a Medical Service: Peter the Great's Admiralty Regulations (1722)', *Medical History*, 19, 2, (1975) 130.

⁹ F. Rosen, 'Bentham, Jeremy (1748-1832)', *Oxford Dictionary of National Biography* (Oxford, 2004).

experienced men from England. The Russians were aware of this difficulty and supported his actions. Later on, he suggested improvements to the operation of the factories owned by Prince Grigory Aleksandrovich Potyomkin who was employing him and as a result was given responsibility for running them.¹⁰

It was natural then in the earlier part of the century that Peter the Great should look to Europe for a blue print on which to model his naval medical services. In particular it was “Book 12 of The Ordonnance of Louis XIV for the Navies and Marine Arsenals of 1689” that formed the basis of the regulations dealing with medical matters. A comparison of the French Ordonnance and the Russian regulations shows that about half of the paragraphs are direct copies from the French to the Russian regulations.¹¹ This strongly suggests that medical administration at the end of the seventeenth century was more advanced in France than in Russia. However, the relative state of development of administration in the two countries tells us little about the relative advancement of medical treatment. None the less, the Russian regulations mention apothecaries’ assistants,¹² which supports the suggestion that men with this job title existed in Europe as well. Although the navies were committed to the employment of men with this level of qualification, as dispensers in their establishments, we shall see that the situation in civilian hospitals was not quite the same.

¹⁰ C. Pease-Watkin, ‘Bentham, Samuel (1757-1831)’, *Oxford Dictionary of National Biography* (Oxford, 2004).

¹¹ Haigh, ‘Design for a Medical Service: Peter the Great’s Admiralty Regulations (1722)’, 142-145.

¹² Haigh, ‘Design for a Medical Service: Peter the Great’s Admiralty Regulations (1722)’, 139.

Apothecaries' assistants in civilian hospitals and concerns about terminology

In discussing the situation in civilian hospitals, it will be seen that some caution needs to be observed when attaching a meaning to the title of apothecaries' assistant, as the terminology in the literature is not always clear. The terms "apothecaries' assistant", "assistant apothecary" and "underapothecary" are used without defining their meanings and we have already seen the Society of Apothecaries using the term "assistant to an apothecary" in the 1815 Act. A dispenser, as defined by Cowen, was one who was responsible for "keeping medicines in secure storage and supplying them only on the prescription from a physician or surgeon."¹³ This could apply to the work of an apothecary; equally it could describe an apothecaries' assistant, as we understand his function in post-1815 terms.

The General Pharmaceutical Association, a body established by apothecaries in 1793 to defend their interests against attacks from the chemists and druggists, drew up a series of demands in furtherance of this objective. One of these was, "That none be assistants without being examined as to their competency for pharmaceutical compositions."¹⁴ This suggests that assistants, as defined in the post-1815 sense, were being examined prior to the Apothecaries Act (1815). It could also be that it related to licentiates of the Society who were journeymen working for other apothecaries. Nonetheless, it seems fair to assume that the dispensers

¹³ Cowen, 'Notes on Hospital Pharmacy in the Royal Navy in the Eighteenth Century', 568-574.

¹⁴ Holloway, 'The Apothecaries' Act, 1815: a reinterpretation Part 1', 111.

employed by the navy were taken from the ranks of apothecaries' assistants; for if the Commissioners had wished to employ apothecaries, be they masters or journeymen, they would surely have said so. It would seem then that Messrs. Blakey, Shannon, Cornwall and Shapcote were not licentiates, but came from a less highly qualified group and were being examined by the Society of Apothecaries in respect of their skill as dispensers: they were what, in 1815, would be described as apothecaries' assistants.

Lloyd and Coulter assist in making sense of this confusion by saying that, "In the eighteenth century it is difficult to distinguish between the apothecary and the dispenser" in the civilian sector. While in the Navy the distinction between an apothecary and a dispenser was obvious from the difference in salaries. The Chief Dispenser at Greenwich in 1789 earned £50 per year, while the surgeon received £150 and the physician £200.¹⁵

This position would appear to be supported by Haigh who when discussing the Russian Navy mentions that, "Salaries shall be paid to physicians, surgeons, apothecaries' assistants and apprentices"¹⁶ As there is no mention of an apothecary as such, it would seem reasonable to assume that the term, apothecaries' assistant, has the same meaning as that in Britain after 1815. Haigh also quotes, "The Clerk, ... when the doctor or chief surgeon at the hospital attaches prescriptions for medicines for each patient to his bed must ensure that the apothecaries' assistant

¹⁵ Cowen, 'Notes on Hospital Pharmacy in the Royal Navy in the Eighteenth Century', 568 quoted in Lloyd and Coulter, *Medicine and the Navy 1200-1900 vol. iii 1714-1815*, p. 49, note 2 and J. Cooke and J. Maule, *An Historical Account of the Royal Hospital for Seamen* (London, 1789) quoted in Lloyd and Coulter, *Medicine and the Navy 1200-1900 vol. iii 1714-1815*, p. 50, note 1.

¹⁶ Reglament o upravlennii Admiralteistva i verfi i chast' vtoraya Reglamenta Morskago PSZ-1, VI, No. 3937, 5 April 1722 quoted in Haigh, 'Design for a Medical Service: Peter the Great's Admiralty Regulations (1722)', 131, note 9.

gives the medicines in accordance with the prescriptions.”¹⁷ This statement could have two interpretations; that the apothecaries’ assistant was responsible for the whole of the dispensing process, or that he was simply involved in handing to the patients, medicines dispensed by the apothecary. But Haigh does go on to say, “The physicians must inspect the dispensary to see that ... the apothecary works with care and with all due accuracy.”¹⁸ Suggesting that the Navy did employ apothecaries and that they performed the dispensing.

On turning to the civilian hospitals, we find that the management structure was much the same in each of the four London hospitals, in the early eighteenth century. There was a president, an auditor, a treasurer and a clerk, supported by a Court of Governors.¹⁹ The Court constituted the executive body and in the seventeenth century it met at least once a month.²⁰ By the nineteenth century the composition of the Court had changed and it met only quarterly and concerned itself with strategic matters;²¹ day to day decisions were made by small sub-committees.²² The governors were drawn originally from the City’s labouring aristocracy: the craftsmen, tradesmen and retailers. But by 1730, they were being replaced by Members of Parliament, landowners, lawyers and professionals.²³ In addition to electing new members onto the Court,²⁴ they were responsible

¹⁷ Haigh, ‘Design for a Medical Service: Peter the Great’s Admiralty Regulations (1722)’, 139.

¹⁸ Haigh, ‘Design for a Medical Service: Peter the Great’s Admiralty Regulations (1722)’, 140.

¹⁹ J. Andrews, A. Briggs, R. Porter, P. Tucker and K. Waddington, *A History of Bethlem* (London and New York, 1997), p. 159.

²⁰ Andrews, Briggs, Porter, Tucker and Waddington, *A History of Bethlem*, p. 161.

²¹ Andrews, Briggs, Porter, Tucker and Waddington, *A History of Bethlem*, p. 385.

²² Andrews, Briggs, Porter, Tucker and Waddington, *A History of Bethlem*, p. 161.

²³ Andrews, Briggs, Porter, Tucker and Waddington, *A History of Bethlem*, pp. 162-163.

²⁴ Andrews, Briggs, Porter, Tucker and Waddington, *A History of Bethlem*, p. 161.

for deciding the limits of responsibility of the various posts, the reporting relationships of the staff and for appointing new members of staff and dismissing those who were unsuitable.²⁵ It is this function of dealing with staff appointments that is particularly relevant to the current discussion.

According to Crellin, at St Bartholomew's hospital in 1748, the apothecary was allowed £30 for a journeyman;²⁶ that is a qualified apothecary not owning his own shop. Matthews relates that in 1835 the staff comprised an apothecary, three unqualified dispensers and two labourers.²⁷ The situation at Guy's was similar during the second half of the nineteenth century with an apothecary not only dispensing medicines, but, in this case, also acting as the Resident Medical Officer. He had several assistant dispensers to help him, of whom one was a pharmacist.²⁸ At St George's there was no journeyman to assist, but an "apothecaries' man (assistant)" was employed; this arrangement remained unchanged throughout the eighteenth century.²⁹

A new term, that of "underapothecary", is introduced by Crellin when discussing the findings of a Quarterly Court at St George's held on 21 December 1737. The Court decided that, "the underapothecary be absolutely a servant to and under the direction of Mr Treffrey [the apothecary]." This decision did not satisfy Mr Hutton the assistant apothecary at the time, who resigned and Crellin suggests that this might

²⁵ Andrews, Briggs, Porter, Tucker and Waddington, *A History of Bethlem*, p. 440.

²⁶ W.S. Church, 'Our Hospital Pharmacopoeia and Apothecary's Shop', *Saint Bart's Hosp. Rep.*, XXII, 1886, 23 quoted in Crellin, 'Eighteenth Century Pharmacy at St George's Hospital, London', 331, note 5.

²⁷ Matthews, *History of Pharmacy in Britain*, p. 179.

²⁸ Matthews, *History of Pharmacy in Britain*, p. 181.

²⁹ Crellin, 'Eighteenth Century Pharmacy at St George's Hospital, London', 331.

have been because he wanted greater responsibility. We can assume then that the terms “underapothecary” and “assistant apothecary” are synonymous, as Hutton is referred to by both titles. Crellin does cast some light onto the relative standing of the apothecary and the assistant apothecary when he says that, “The assistant apothecary, Prosser, in 1801, succeeded Kelly [the incumbent apothecary who had resigned] being elected after a trial period as acting apothecary.”³⁰ It seems that Prosser was a licentiate, as he was sufficiently highly qualified to be promoted to apothecary.

Crellin then confuses the situation when discussing Hammerton, the apothecary and Neville, the assistant apothecary who worked at St George’s hospital 15 years after Prosser and Kelly. He says that, “This was the first time an assistant apothecary possessed the same qualifications as his senior.”³¹ He also introduces the title of “dispenser”, saying that on 25 July 1838 the Committee of Drugs and Medicines at St Georges had been charged with improving the dispensing process and agreed to employ one paid dispenser.³² According to Mr Hammerton, the apothecary and his assistant were constantly being given additional duties such as electrical treatment, anaesthesia, cupping and acting as a triage officer in respect of out-patients. This extra load was interfering with the dispensing of

³⁰ Crellin, ‘Eighteenth Century Pharmacy at St George’s Hospital, London’, 330.

³¹ Crellin, ‘Apothecaries, Dispensers, Students and Nineteenth Century Pharmacy at St Georges Hospital’, 132.

³² Crellin, ‘Apothecaries, Dispensers, Students and Nineteenth Century Pharmacy at St Georges Hospital’, 135.

prescriptions³³ and led the Committee to employ the paid dispenser.³⁴ He was Mr Frederick Malton who had been apprenticed for two years to Mr Hutchins in the apothecary's department and it would seem that he had not completed his indentures, but was adequately trained in dispensing.³⁵

In discussing the situation at St George's in 1860, Crellin also distinguishes between the assistant apothecary and the dispenser when he says, "... that the work [of dispensing] has been carried out for the last six months, by the assistant apothecary and the dispenser, assisted by a pupil."³⁶ We also know from him that in about 1840, the dispensing was performed by apothecaries, dispensers and laboratory men.³⁷ This view is supported by Jordan, who states that the dispensing of prescriptions was performed by dispensary porters and laboratory boys and that this practice was coming under criticism.³⁸ From that time the apothecaries started to transfer the dispensing of prescriptions to dispensers, some of whom held the Apothecaries' Assistant's Certificate, and subsequently to men with the Pharmaceutical Society's qualification. This arrangement was endorsed at St George's hospital in 1882 when a motion was adopted that in future all

³³ Crellin, 'Apothecaries, Dispensers, Students and Nineteenth Century Pharmacy at St Georges Hospital', 137-138.

³⁴ Crellin, 'Apothecaries, Dispensers, Students and Nineteenth Century Pharmacy at St Georges Hospital', 135.

³⁵ Crellin, 'Apothecaries, Dispensers, Students and Nineteenth Century Pharmacy at St Georges Hospital', 136.

³⁶ Crellin, 'Apothecaries, Dispensers, Students and Nineteenth Century Pharmacy at St Georges Hospital', 138.

³⁷ Crellin, 'Apothecaries, Dispensers, Students and Nineteenth Century Pharmacy at St Georges Hospital', 136.

³⁸ Jordan, 'Suitable and Remunerative Employment', 432.

dispensers employed should be possessors of the Pharmaceutical Society's qualification.³⁹

Matthews broadly agrees with Crellin's analysis of the various titles. He says that at the Royal Infirmary in Bristol, "... there were apothecaries acting as assistants to the apothecary in the capacity of dispensers and by 1859 a full-time dispenser, responsible for the whole of the pharmaceutical work, was appointed." The dispenser was replaced in 1899 by a pharmacist.⁴⁰ In 1851, at Manchester Royal Infirmary, the apothecary was no longer involved in dispensing medicines, but had joined the medical staff and a dispenser had taken over his former duties.⁴¹ Matthews also tells us that by 1851, most apothecaries had ceased to dispense and when, in that year, St Mary's Hospital in London was opened, a dispenser was appointed to perform the work.⁴² Crellin agrees, saying that between 1867 and 1900 the apothecaries were replaced by dispensers.⁴³ Matthews summarises the situation by saying that if the apothecary chose to branch out into medicine, he might be replaced by an assistant apothecary, who wished to specialise in pharmacy. Alternatively his replacement might be an assistant, who was not an apothecary, but had been trained in dispensing and who was then known as a dispenser. According to him though, these dispensers were displaced by the middle of the nineteenth century by chemists and druggists

³⁹ Crellin, 'Apothecaries, Dispensers, Students and Nineteenth Century Pharmacy at St Georges Hospital', 142.

⁴⁰ Matthews, *History of Pharmacy in Britain*, p. 183.

⁴¹ Matthews, *History of Pharmacy in Britain*, p. 183.

⁴² Matthews, *History of Pharmacy in Britain*, p. 182.

⁴³ Crellin, 'Apothecaries, Dispensers, Students and Nineteenth Century Pharmacy at St Georges Hospital', 140.

or by pharmaceutical chemists.⁴⁴ Also we know that there were 107 apothecaries' assistants, who held the Society's certificate, employed in Hospitals, Infirmaries, Dispensaries, Poor Law Hospitals and with friendly societies in England and Wales.⁴⁵

So it would seem that by 1758, there were dispensers employed by the British Navy who had been examined by the Society of Apothecaries. In addition, the Russian Navy employed apothecaries' assistants, who were not qualified apothecaries. For a period around the middle of the nineteenth century, dispensing in civilian hospitals was being performed by apothecaries, dispensers (some of whom might have been formally qualified by passing the apothecaries' assistant's examination) and by unqualified laboratory men. But by the fourth quarter of the century all three of these classes of dispenser were being superseded by men who had passed the Pharmaceutical Society's qualifying examination. We also know that in 1871 the Lords Commissioners of the Admiralty required that candidates for employment as dispensers in naval hospitals had to have passed the Pharmaceutical Society's 'minor' examination.⁴⁶

The Society's early emphasis after the passing of the 1815 Act was, understandably, to establish the examination for the licentiates and it was not until 1843 that they published the first syllabus for the assistant's

⁴⁴ Matthews, *History of Pharmacy in Britain*, p. 176.

⁴⁵ Society of Apothecaries Archive, Box 9, E/4/4/1/1/, List of Assistants of the Society of Apothecaries, London Holding Hospital, Infirmary, Dispensary, Poor Law, M.A.B. & other Public Appointments, no date.

⁴⁶ *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1871), pp. 237-238.

examination.⁴⁷ From 1846 the Society received letters from potential examination candidates: Mr F. Symonds wrote to the Court of Examiners in 1846 asking if a Mr Moore could present himself for examination as a dispenser. Mr Moore had been duly apprenticed, but becoming partially deaf, together with other unforeseen circumstances, had prevented him completing his studies. He had the opportunity of a position as a dispenser and wanted to know about the examination.⁴⁸

The status of the Assistant was not well understood as illustrated in a letter from Thomas Barrow in 1851. He asked if a Certificate of an Assistant would qualify him to make up medicines for a general practitioner as well as a chemist. The answer to this was that it would permit him to compound and dispense, but not to prescribe.⁴⁹ I. H. Shorthose was apparently also confused about the regulations. He had earlier asked for a copy, but on 4 August 1848, he wrote again requesting to be excused Latin having once had a good knowledge of the language, but since an attack of Phrenitis, had entirely lost it. This confusion was probably the fault of the Society, for it sounds as though they had sent him a copy of the regulations for the licentiate's examination and not those relating to the assistant's examination. The Court replied that it could not forego the examination in Latin, but would consider any peculiarities in his case when he presented

⁴⁷ Society of Apothecaries Archive, Society of Apothecaries of London Candidates Regulations 1841-1900.

⁴⁸ Society of Apothecaries Archive, Court of Examiners Society of Apothecaries Correspondence Book no. 2, 1845-52, Letter, F. Symonds to Society of Apothecaries, 14 Apr. 1846.

⁴⁹ Society of Apothecaries Archive, Court of Examiners Society of Apothecaries Correspondence Book no. 2, 1845-52, Letter, T. Barrow to Court of Examiners, 12 Sep. 1851.

himself. Then, on finding from his earlier letter that he only wished to be examined as an assistant, told him that Latin was not required.⁵⁰

More confusion existed in the case of T. Baxendale who, in 1851, wished to be informed if he could be examined as an assistant without producing certificates. He also wanted to know if he could practise midwifery and prescribe, but was told that the certificate of an assistant permitted compounding only and gave no authority to prescribe or practise.⁵¹

Others had different concerns; in 1850, R. Newhouse wrote to say that he had been, “bound to the Hall in 1835.” For the last 10 years he had been an assistant, had attended to the curriculum required by the Court and would soon be able to present himself, but requested a fair practical examination. He had originally been an apprentice, but had given that up in 1840 and become an assistant.⁵² Apprentices and assistants both worked for apothecaries in their shops and were trained on the job. Although their initial training and work was similar, their expectations were very different. The apprentice was bound by indentures for a period of five years and then had to pass the Society of Apothecaries licentiate’s examination in order to become a fully qualified apothecary. The assistant had to gain enough experience in practical and theoretical dispensing, which typically occupied a period of six months. He then had to take an examination in dispensing to

⁵⁰ Society of Apothecaries Archive, Court of Examiners Society of Apothecaries Correspondence Book no. 2, 1845-52, Letter, I.H. Shorthose, to Court of Examiners, 4 Aug. 1848.

⁵¹ Society of Apothecaries Archive, Court of Examiners Society of Apothecaries Correspondence Book no. 2, 1845-52, Letter, T. Baxendale to Court of Examiners, 26 Sep. 1851.

⁵² Society of Apothecaries Archive, Court of Examiners Society of Apothecaries Correspondence Book no. 2, 1845-52, Letter, R. Newhouse to Court of Examiners, 27Aug. 1850.

obtain the certificate of an apothecaries' assistant, which allowed him to dispense for and under the supervision of an apothecary. The detailed curriculum for the Apothecaries' Assistant's Certificate and the establishments offering training are discussed later in the chapter.

In 1850, J. Fletcher wanted to know "the studies of an assistant" and was told that there was no course of study laid down, but "examinations were enclosed."⁵³ One must assume that this was a copy of the regulations or the syllabus, the latter having first been published in 1843. E. Jones wrote in 1849, enquiring about the cost of the examinations and the necessary information was sent to him.⁵⁴ These examples are included to show the diversity of questions raised in candidates' minds at a time when the examination was being established. However, enquiries of this nature are in the minority, most of the letters available are straightforward enquiries about the regulations.

These letters do however raise two general issues; the first relates to timing. The Apothecaries Act made it an offence after 1 August 1815, with the exception of those already practising, to act as an assistant to an apothecary to compound and dispense medicines without obtaining a certificate.⁵⁵ Yet there was a long delay between 1815 and 1850 when the first certificate was issued. The Act had included a "no prejudice" clause, number 20.3, that permitted those already employed as assistants to

⁵³ Society of Apothecaries Archive, Court of Examiners Society of Apothecaries Correspondence Book no. 2, 1845-52, Letter, J. Fletcher to Court of Examiners, 19 Jun. 1850.

⁵⁴ Society of Apothecaries Archive, Court of Examiners Society of Apothecaries Correspondence Book no. 2, 1845-52, Letter, E. Jones to Court of Examiners, 24 Jul. 1849.

⁵⁵ *Apothecaries Act*, 55 Georgii III, Cap.194, Jul. 1815, Clause 22.

continue to work as such, without passing the examination.⁵⁶ But there must have been deaths and retirements among the assistants during the 35 year delay, creating a demand for new entrants. It is possible that the apothecaries were ignoring the law and taking on new assistants without telling them that they were working illegally or perhaps the Society was not enforcing this clause of the Act. It would seem likely that both explanations are appropriate. No doubt there was reluctance on the part of the would-be apothecaries' assistants to enter for an examination, if it could be avoided. Equally, the individual apothecary's freedom to hire an assistant would be limited, were he restricted to those who were already employed as such. Furthermore, as the first syllabus was not published until 1843, there was little either party could do until then; the matter was in the hands of the Society.

It is probable that the Society was giving priority to the establishment of the licentiates' training and examination. The apothecaries were still wary of the physicians and trying to consolidate their position as general practitioners. It was important for them to capitalise on the opportunities provided by the Rose Case and the 1815 Act before the physicians acted to quash them. As we have seen in chapter 1, the outcome of the Rose Case in 1703 was that the apothecaries were permitted to visit patients in their homes and to diagnose, prescribe and supply the necessary medicine.⁵⁷

⁵⁶ *Apothecaries Act*, 55 Georgii III, Cap.194, Jul. 1815, Clause 20.3

⁵⁷ Hunt, 'Echoing Down the Years, the Tercentenary of the Rose Case', 192-193.

The consolidation of the apothecaries' new position occupied the first half of the nineteenth century, in the face of strong opposition from the physicians, which had commenced before the Apothecaries Act (1815) and continued until the Medical Act (1858).⁵⁸ On the other flank, they were under pressure from the chemists and druggists who were attempting to appropriate their dispensing business.⁵⁹ In addition, the medical profession as a whole was still insecure. The treatments offered by the profession were not any more effective than traditional medicines and the argument in favour of limiting treatment to the professionals was proving unpopular.⁶⁰

In an effort to counter this opposition from the physicians, the Society of Apothecaries was faced with improving the level of education of the candidates for the licentiate's examination to a point where it matched that of the universities of Edinburgh and Glasgow. It took the Society until 1840 to attain this standard of qualification offered by the Scottish universities.⁶¹ In these circumstances, it would have been natural for them to concentrate on examining and licensing candidates wishing to join their ranks as apothecaries and treat the examining of their assistants as a lower priority. The regular reports from the Court of Examiners to the Court of Assistants at the time bear witness to the existence of these priorities. They indicate that the examiners were concerned with the basic education of those offering themselves for the licentiate's examination. On 27 July 1848, they reported that they were intending to reintroduce the preliminary Latin

⁵⁸ Reader, *Professional Men*, pp. 51-52.

⁵⁹ Holloway, 'The Apothecaries' Act, 1815: a reinterpretation Part I', 109.

⁶⁰ Marland, *Medicine and Society in Wakefield and Huddersfield 1780-1870*, p. 249.

⁶¹ Holloway, 'The Apothecaries Act, 1815: a reinterpretation Part II', 232.

examination.⁶² Two years later, on 23 July 1850, they announced that the licentiate's examination was to be modified to include Latin, Medical Classics and an emphasis was to be put on Clinical Medicine.⁶³ On 24 July 1851, the situation had not improved for their report still decried the lack of basic education in the examination candidates and they proposed to introduce an examination in classics and mathematics for junior students.⁶⁴ In contrast the first mention of the assistants occurs on 30 July 1854, when they report that some assistants had applied for examination.⁶⁵

The second issue is the apparent confusion among the candidates about the apothecaries' assistant's examination: how they should train for it, what subjects would be examined and what the qualification would entitle them to do once they had obtained it. Perhaps the concentration of the Society's efforts on the fortunes of the licentiates meant that little information was published about the assistant's examination until the 1840s; this lack of information might well explain the state of confusion among the candidates.

Increasing popularity of the apothecaries' assistant's qualification

From 1850 when the first male assistant qualified, there was a steady increase in the number of successful candidates as shown by the chart on

⁶² Society of Apothecaries Archive, Court Minute Book 1846-1858 p. 131, Minutes, Chief Examiner's Report, 27 Jul. 1848.

⁶³ Society of Apothecaries Archive, Court Minute Book 1846-1858, p. 228, Minutes, Chief Examiner's Report, 23 Jul. 1850.

⁶⁴ Society of Apothecaries Archive, Court Minute Book 1846-1858, p. 272, Minutes, Chief Examiner's Report, 24 Jul. 1851.

⁶⁵ Society of Apothecaries Archive, Court Minute Book 1846-1858, p. 536, Minutes, Chief Examiner's Report, 30 Jul. 1854.

page 108. Copeman does not agree with this date and relates that the first certificate was issued shortly after the Medical Act (1858).⁶⁶ Although the number of male assistants qualifying increased to a peak of 139 in 1874 and then steadily declined, the chart clearly shows the enormous popularity of medical dispensing as an occupation for women between 1887 and 1917. The first female, Fanny Seward, did not pass until 1887, but from then on the number of women qualifying each year rapidly increased, overtaking the men in 1898 and reaching a peak of 424 in 1917.

There are a number of explanations that can be suggested to explain the growth and decline of the female assistants as described in the graph. As discussed in chapter 1, in the nineteenth century there was an increasing amount of money given by the middle class to support the poor.⁶⁷ This increased spending, be it through the Poor Law, or by separate charity relief would have increased the demand for medical services. General practitioners were engaged as Parish Medical Officers to provide medical treatment for the poor and although the pay was not large, it represented a significant part of their income, making the appointments well sought after.⁶⁸ Doctors would, in almost all cases, have employed a dispenser, who would have likely been qualified as an apothecaries' assistant. The demand for assistants would therefore have increased at least in proportion.

⁶⁶ S. Copeman, *The Worshipful Society of Apothecaries of London: a history 1617-1967* (Oxford, 1967), p. 70.

⁶⁷ King, *Women, Welfare and Local Politics*, p. 86.

⁶⁸ Loudon, 'A Doctor's Cash Book', 260.

The increase in spending in the Bolton Union, for example, between 1890 and 1912, shows a steady increase from about £60,000 to £140,000.⁶⁹ During the same period, the number of female candidates for the apothecaries' assistant's examination increased from 5 to 1,900. It is not possible to compare these two increases directly, because the spending by the union would not all have been devoted to medical costs. However, it does show that spending on the poor and the increase in the popularity of the assistant's examination, both increased significantly during the same period.

This increase in female candidates still continued to grow significantly after the passing of the National Insurance Act in 1911, which transferred dispensing from the doctors' surgeries and hence from the apothecaries' assistants, to the chemists and druggists.⁷⁰ The apparent contradiction of continued growth after the transfer may be explained by a number of possibilities. It could be expected that there would be some hysteresis in the system and young women would continue to study for and take the examination after its apparent usefulness as a qualification had diminished. In 1911, the training for the qualification took six months and even if the transfer of dispensing had occurred over night, there would have been between 100 and 200 women in training.⁷¹ The transfer, in fact, took two years; the first National Insurance prescriptions were not dispensed in

⁶⁹ King, *Women, Welfare and Local Politics*, p. 47.

⁷⁰ *Hansard*, fifth series, vol. XXV, 1-19 May 1911, col. 625.

⁷¹ Society of Apothecaries' Archive, Court of Examiners Extracted Lists of Candidates for the Licence, with at the back, statistical analysis of examination results, including those of the Assistants to an Apothecary.

pharmacies until January 1913.⁷² Another reason for the continued increase in female candidates at this time could have been the loss of male apothecaries' assistants to the armed forces from 1914. The war was not the only momentous event of the time. The Suffragettes were at the forefront of a campaign to increase women's interest in the advancement of democracy, which led, in 1918, to the Representation of the Peoples Act. This encouraged women to see themselves on an equal footing to men and must have stimulated them to take up employment.⁷³ The dishonesty of the Society of Apothecaries, which continued to market its assistant's examination after the transfer of dispensing, because it provided an important source of income, could have been a factor in the continued recruitment of candidates. This issue is discussed further in chapter 5, but in respect of the continued growth after 1911, it is interesting that it was not brought to the notice of the Private Court until October 1914.⁷⁴ It is possible that the displaced apothecaries' assistants found themselves financially better off working as chemists' assistants. It might have been that they were prepared to relinquish the status of working for a doctor under minimal supervision, for a job with a chemist and druggist under greater supervision, but for more money. This would have maintained the popularity of dispensing as a career. In considering the increasing popularity of the qualification among women, from the first application in 1878 to the peak in 1917, one must bear in mind the state of girls'

⁷² Anderson Stewart, 'Jubilee of the National Insurance Act', 33-34.

⁷³ 'The Representation of the People Act 1918', <<http://www.parliament.uk/documents/upload/1918-rep-people-act.pdf>>

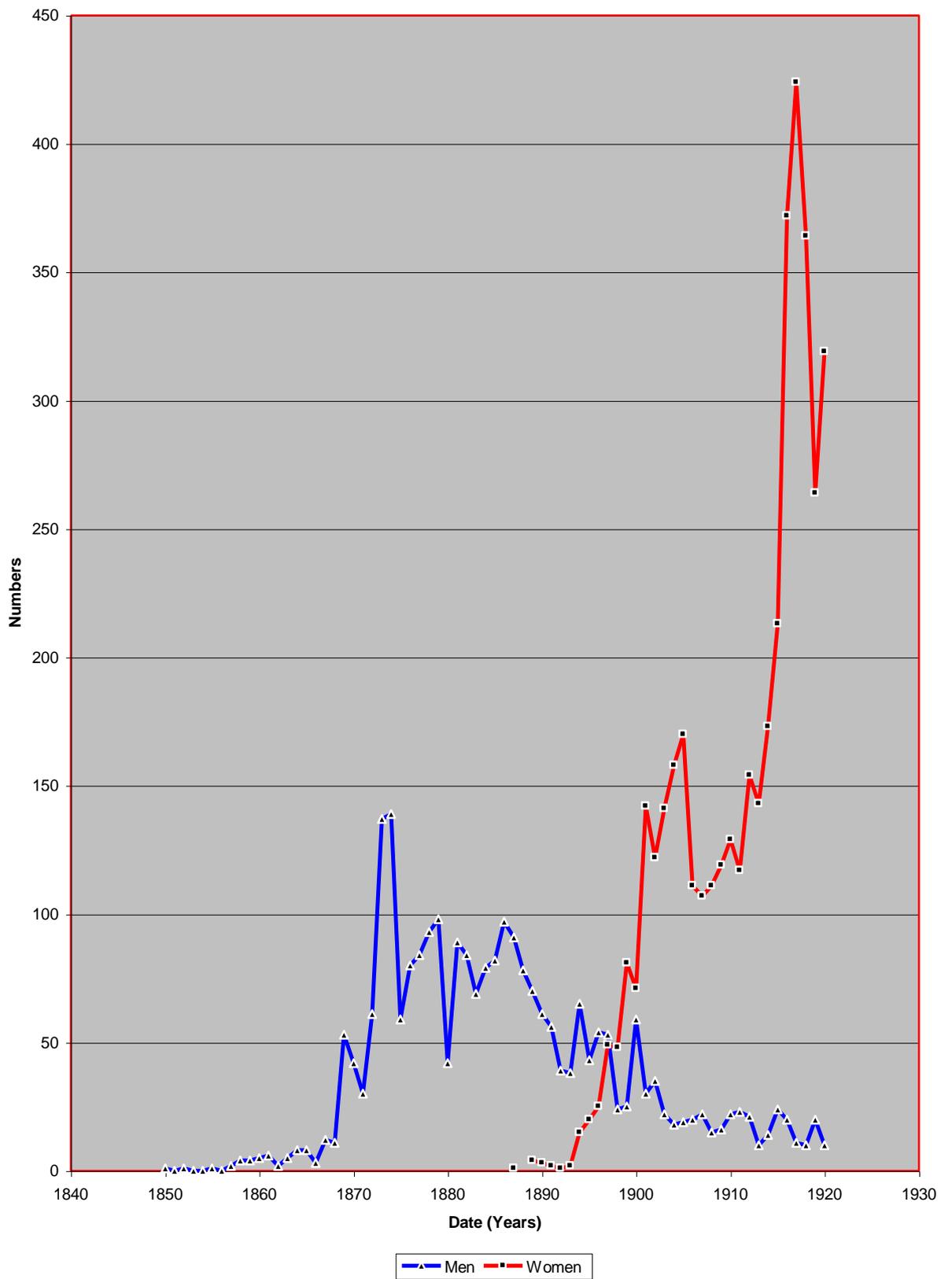
⁷⁴ Society of Apothecaries Archive, Examination Committee Minutes, 12 May 1914.

education. It was not until the second half of the nineteenth century that schools were being established that were able to prepare girls for a scientific occupation. The expanding supply of such young women must have increased the intake into the career of dispensing. Added to this, there would almost certainly have been a dissemination of the attractions of this career option, by word of mouth.

The obvious explanation for the decline after 1917 would be that service men, demobilised after the armistice, were reclaiming their previous jobs. This may have been so, but the graph shows that men were still not interested in training for and taking the examination. It is also possible that the decline is the delayed effect of the transfer of dispensing to the chemists and druggists and as in the increase, there was hysteresis also in the onset of the decline. There is a hesitation in recruiting apparent on the graph between 1901 and 1905 and one could suggest that it was related to the Midwifery Act (1902). This Act marked the evolution of midwifery into a profession and it might have rendered midwifery sufficiently attractive as to divert some middle class women away from a career as an apothecaries' assistant into that profession.⁷⁵

⁷⁵ T, McIntosh, 'Profession, Skill or Domestic Duty? Midwifery in Sheffield, 1881-1936', *Social History of Medicine*, 11, 3, (1998) 404.

Comparison of numbers of male and female assistants qualifying by time



Source: Society of Apothecaries' Archive, Court of Examiners Extracted Lists of Candidates for the Licence, with at the back, statistical analysis of examination results, including those of the Assistants to an Apothecary.

Not all the entrants were successful in passing the examination and there was no one scientific subject that proved more difficult than the others. John Chadwick was "... ignorant of Pharmaceutical Chemistry"⁷⁶ and Hugh Rugg, "... failed as an aspirant in Pharmaceutical Chemistry and Materia Medica,"⁷⁷ while Frederick William Mares was found to be, "... utterly ignorant of Botany"⁷⁸ and George Halstead was "... ignorant of Chemistry."⁷⁹ The one issue that seemed to cause the most problems was the reading of prescriptions and the related knowledge of Latin. Herbert Hay Hewitt was "... unable to read Latin,"⁸⁰ John Thomas Lambert, Douglas Brown and Richard John Cook were "... unable to read a Latin prescription."⁸¹

Some had more difficulties than others; John Pryer was found to be "... deficient in all branches of pharmaceutical knowledge."⁸² Herbert Thew was tenacious; on 31 July 1879, he was found to be "... unable to read a prescription correctly and otherwise generally deficient."⁸³ The regulations were such that he had to wait for three months before re-presenting himself

⁷⁶ Society of Apothecaries Archive, Examiners Comments on Unsuccessful Candidates 9 Jan. 1868-3 Nov. 1881, entry for 4 Dec. 1879.

⁷⁷ Society of Apothecaries Archive, Examiners Comments on Unsuccessful Candidates 9 Jan. 1868-3 Nov. 1881, entry for 3 Apr. 1879.

⁷⁸ Society of Apothecaries Archive, Examiners Comments on Unsuccessful Candidates 9 Jan. 1868-3 Nov. 1881, entry for 2 Jun. 1881.

⁷⁹ Society of Apothecaries Archive, Examiners Comments on Unsuccessful Candidates 9 Jan. 1868-3 Nov. 1881, entry for 6 Jan. 1881.

⁸⁰ Society of Apothecaries Archive, Examiners Comments on Unsuccessful Candidates 9 Jan. 1868-3 Nov. 1881, entry for 21 Jul. 1881.

⁸¹ Society of Apothecaries Archive, Examiners Comments on Unsuccessful Candidates 9 Jan. 1868-3 Nov. 1881, entry for 7 Apr. 1881 and Society of Apothecaries Archive, Examiners Comments on Unsuccessful Candidates 9 Jan. 1868-3 Nov. 1881, entry for 14 Jul. 1881 and Society of Apothecaries Archive, Examiners Comments on Unsuccessful Candidates 9 Jan. 1868-3 Nov. 1881, entry for 16 Dec. 1880.

⁸² Society of Apothecaries Archive, Examiners Comments on Unsuccessful Candidates 9 Jan. 1868-3 Nov. 1881, entry for 9 Oct. 1879.

⁸³ Society of Apothecaries Archive, Examiners Comments on Unsuccessful Candidates 9 Jan. 1868-3 Nov. 1881, entry for 31 Jul. 1879

and on 18 December 1879 he appeared before the examiners to be told that he was "... deficient in reading prescriptions."⁸⁴ On the next occasion, he "... failed in Pharmaceutical Chemistry"⁸⁵ and then on 28 April 1881, good news at last, he heard that, "... to Messrs. Thew and Sketch the Court granted Certificates to act as Assistants to an Apothecary."⁸⁶

The apothecaries' assistants were shortly to find themselves in competition with the members of the newly formed Pharmaceutical Society and so it is appropriate to compare the training and examination of the two groups. As it turned out, both Societies launched their examination programmes at about the same time. The apothecaries' assistant's syllabus was first published in 1843 and the Pharmaceutical Society announced the formation of a Board of Examiners at their first Annual General Meeting in May 1842. However, before making a comparison of the development of the two syllabuses, it is worth reviewing the circumstances relating to the provision of pharmaceutical and medical care at the time.

Creating the pharmaceutical profession by means of education

It was men like William Allen, Jacob Bell, W. Hudson and William Savory who founded the Pharmaceutical Society.⁸⁷ William Allen was a Quaker with an early interest in chemistry. Shortly after leaving school he was

⁸⁴ Society of Apothecaries Archive, Examiners Comments on Unsuccessful Candidates 9 Jan. 1868-3 Nov. 1881, entry for 18 Dec. 1879.

⁸⁵ Society of Apothecaries Archive, Examiners Comments on Unsuccessful Candidates 9 Jan. 1868-3 Nov. 1881, entry for 23 Dec. 1880.

⁸⁶ Society of Apothecaries Archive, Court of Examiners' Minute Book no. 9, Feb. 1872-Jul. 1881, Minutes for 28 Apr. 1881.

⁸⁷ Matthews, *History of Pharmacy in Britain*, pp. 118-119.

employed by Joseph Bevan in his shop in Plough Court and took over the business on Bevan's death. This pharmacy went on to become the major pharmaceutical company, Allen and Hanbury.⁸⁸ Jacob Bell was also a Quaker and was apprenticed in his father's pharmacy. He was the initial publisher of the *Pharmaceutical Journal* and was elected to Parliament as the member for St Albans, where he was responsible for the successful introduction of the Pharmacy Act in 1852. Savory together with his partner Moore had a pharmacy in Bond Street from 1814 and the company exists to this day.⁸⁹

At the time that they met to discuss the founding of the Pharmaceutical Society, medicine was divided into three branches: medicine itself, surgery and pharmacy. The apothecaries had largely abandoned pharmacy in favour of general practice medicine, but until 1830, when they were permitted to charge for a consultation, they were dependent for their income on the supply of medicines and the sale of drugs.⁹⁰ This judgement of 1830 strengthened their position as general practitioners and encouraged them to move further away from pharmacy. Bell and his friends saw this change of direction by the apothecaries as an opportunity to acquire the practice of pharmacy and create a Society which would be responsible for its

⁸⁸ L. Stephen, 'Allen, William (1770-1843)', rev. G. F. Bartle, *Oxford Dictionary of National Biography* (Oxford, 2004).

⁸⁹ 'The mystery of Mrs Smith's medicine chest', *Pharmaceutical Journal*, 279, (2007) 57.

⁹⁰ Holloway, 'The Apothecaries' Act, 1815: a reinterpretation Part II', 230.

management.⁹¹ Their vision was for a body enjoying the same status as the Colleges of Medicine and Surgery, but achieving this presented problems.

The chemists and druggists, from whom the membership would be drawn, varied across a broad spectrum; there were those who were enthusiastic about pharmacy and were keen to advance both its fortunes and their own knowledge and skill in practising it. There were others who having learned their trade empirically were content to continue earning a living at that level and had no aspirations for a professional future.⁹² Then at the far end of the scale, were those who sold herbs, drugs and chemicals alongside oil, ironmongery and colours.⁹³

As a result, Jacob Bell and his friends were subject to a number of constraints and conflicting circumstances. Their first priority was to persuade chemists and druggists to join the Society so that it was of a sufficient size to be able to speak for pharmacy to the other medical professionals and also to the general public.⁹⁴ At the same time, they wished to raise the members' educational standard, both generally and in pharmacy, to a level comparable with that of other professionals. However, theirs was a voluntary society and to have restricted membership only to those who passed an examination would have discouraged men from joining, particularly the older well established chemists and druggists, whose

⁹¹ P.G. Burt, 'An Examination of the Pharmaceutical Responses to the Implementation of the Chemists and Druggists' Register: the transformation of a trade into a profession' (unpublished doctoral thesis, University of Wales, Dec. 1999), p. 61.

⁹² Holloway, 'Professional Business', 17.

⁹³ Holloway, 'Professional Business', 16.

⁹⁴ *Pharmaceutical Journal and Transactions*, series 1, 12, 9, (1853) 417.

membership was important.⁹⁵ Initially, the Society increased its membership by allowing those already in business on their own account to join on payment of a fee.⁹⁶ It also permitted those who were working for proprietor chemists and druggists to join, for a fee, as Associate members, but they had very limited rights. They could, however, provided they joined before February 1843, advance to full membership without sitting an examination, once they could provide a certificate showing that they had started in business on their own account.⁹⁷ Apprentices too were accepted on the payment of a subscription.

From 1 July 1842, the only route of entry for associates and apprentices was by examination.⁹⁸ While all classes of member were encouraged to take the examinations, apprentices and young associates were obviously the main area of attention. At the time, there was no teaching establishment in the country offering courses designed specifically to train pharmaceutical students. In consequence, although the Society regarded itself as an examining and licensing body, it addressed this deficiency by opening its own school of pharmacy in 1842.⁹⁹ In addition, it was possible to study elementary chemistry at the teaching hospitals of Kings College and University College, and at the Scottish Universities.¹⁰⁰

⁹⁵ *Pharmaceutical Journal*, 1, 2, (1 Aug. 1842) 59-60.

⁹⁶ *Pharmaceutical Journal and Transactions*, series 1, 16, 5, (Nov. 1856) 263.

⁹⁷ 'Letters to Correspondents - T.J.H. of Gateshead', *Pharmaceutical Journal and Transactions*, series 1, 12, 11, (May 1853) 504.

⁹⁸ *Pharmaceutical Journal and Transactions*, series 1, 1, 7, (Jan. 1842) 360.

⁹⁹ *Pharmaceutical Journal and Transactions*, series 1, 16, 10, (Apr. 1857) 493.

¹⁰⁰ F. Kurzer, 'George S.V. Wills and the Westminster College of Chemistry and Pharmacy: a chapter in pharmaceutical education in Great Britain', *Medical History*, 51, 4, (Oct. 2007) 482.

The recently opened Mechanics' Institutes also provided instruction in science subjects during these early days of the Society.¹⁰¹

The Mechanics' Institutes were founded first in Scotland and became so successful that between 1820 and 1824, they were copied in England and Wales, and then in Ireland.¹⁰² The intention in founding them was to provide, for the men who worked on factory machines, an understanding of the scientific principles that underlay their operation. The belief was that the machines would be kept in better working order and perhaps modifications would be suggested that would improve factory output.¹⁰³ The subjects taught were largely common to Institutes throughout the country and included: astronomy, chemistry, commercial subjects, dancing, design (including art and architecture), drawing, electricity, education, elementary classes, geography, geometry, grammar, history, hydrostatics, languages, mathematics, mechanics, modelling, music, natural history, natural philosophy and physical science.¹⁰⁴ Although the working class supported the Institutes and welcomed the opportunities they offered, it was not they who founded them; it was the propertied class, and particularly those who owned the factories that were the driving force behind these Institutions.¹⁰⁵

The possibility that those seeking a career in pharmacy studied at the Institutes is supported by two pieces of information provided by Tylecote. She includes in her book, a table entitled "Classification of the Trades and

¹⁰¹ J. Hudson, *History of adult education* (London, 1851), pp. 222-36 and T. Kelly, *George Birkbeck, pioneer of adult education* (Liverpool, 1957) quoted in Kurzer, 'George Wills and the Westminster College of Chemistry and Pharmacy', 482, note 23.

¹⁰² M. Tylecote, *The Mechanics' Institutes of Lancashire and Yorkshire before 1851* (Manchester, 1957), p. 1.

¹⁰³ Tylecote, *The Mechanics' Institutes of Lancashire and Yorkshire before 1851*, pp. 33-34.

¹⁰⁴ Tylecote, *The Mechanics' Institutes of Lancashire and Yorkshire before 1851*, pp. 19, 71 and 340.

¹⁰⁵ Tylecote, *The Mechanics' Institutes of Lancashire and Yorkshire before 1851*, p. 27.

Professions of the Students of the Huddersfield Mechanics' Institution, 1847". This table records that four chemists had enrolled there. Unfortunately, it does not state that they were in the retail trade and so they could have been chemists in industry.¹⁰⁶ However, there is another table that shows a "List of the Periodicals Supplied in the Reading Room of the Manchester Mechanics' Institution in 1846," it includes a copy of the *Pharmaceutical Journal*.¹⁰⁷ This might suggest that some of the students were chemists and druggists, although it is unlikely, as they would have received a personal copy direct from the Pharmaceutical Society. It could be, therefore, that the students included men who were working in a pharmacy, or others who had an interest in qualifying to join the profession. As well as providing suitable introductory courses for those wishing to enter pharmacy, the subjects would have also been useful for those preparing to sit the Society of Apothecaries' assistant's examination.

The Society opened its school for two reasons: to assist those wishing to enter for the examinations and to demonstrate to the public and the rest of the medical profession that the Society was being established on a serious basis. It wished to demonstrate that chemists and druggists should no longer be "... classified with the Chandler, the Grocer and the Oilman."¹⁰⁸ In order to encourage young men to attend the school, the fees were subsidised to a considerable extent by the Society.¹⁰⁹ From the School's foundation

¹⁰⁶ Tylecote, *The Mechanics' Institutes of Lancashire and Yorkshire before 1851*, p. 307.

¹⁰⁷ Tylecote, *The Mechanics' Institutes of Lancashire and Yorkshire before 1851*, p. 301.

¹⁰⁸ *Pharmaceutical Journal and Transactions*, series 1, 3, 4, (Oct. 1843) 146.

¹⁰⁹ *Pharmaceutical Journal and Transactions*, series 1, 17, 2, (Aug. 1857) 106.

until 1856, the annual cost to the Society was £3000.¹¹⁰ In 1851 as a further inducement, lectures were offered free to all members, associates and apprentices.¹¹¹ The courses and lectures had to be designed to fire the interest of young assistants and apprentices. Thereby, they would be encouraged to attend and improve their knowledge of the science of pharmacy and the subjects upon which it was based.¹¹² The Society's School attracted more students than it could accommodate and private schools were established to satisfy the demand. They were opened throughout the country, two in 1870, five in 1880, seven in 1890 and twenty two in 1900.¹¹³ By 1908, Lambeth was the home to six colleges, which produced most of the privately trained chemists and druggists in the country.¹¹⁴

Comparison of the Examinations

We will now look at the examinations and their related syllabuses leading, on the one hand to the qualification as a chemist and druggist and on the other hand to that of an apothecaries' assistant. There were three examinations leading to the Pharmaceutical Society's qualification: a pre-entry examination for those who wished to become apprentices, known as the 'classical', because it originally concentrated simply on testing a candidate's knowledge of Latin. It was later renamed the 'preliminary'

¹¹⁰ *Pharmaceutical Journal and Transactions*, series 1, 16, 5, (Nov. 1856) 264.

¹¹¹ *Pharmaceutical Journal and Transactions*, series 1, 11, 4, (Oct. 1851) 145.

¹¹² *Pharmaceutical Journal and Transactions*, series 1, 5, 4, (Oct. 1845) 145-146.

¹¹³ M. Earles, 'The Pharmacy Schools of the Nineteenth Century' in F. Poynter, (ed.) *The Evolution of Pharmacy in Britain* (London, 1965), p. 90 quoted in Kurzer, 'George S.V. Wills and the Westminster College of Chemistry and Pharmacy', 483, note 30.

¹¹⁴ Kurzer, 'George S.V. Wills and the Westminster College of Chemistry and Pharmacy', 493.

examination as its scope was broadened. As well as testing a candidate's basic education, the 'classical' examination probably served another purpose. It advanced the Society's objective of seeking professional status, the existence of an entrance examination being recognised as one of the indicators of an occupation's professional standing.¹¹⁵

The 'minor' examination bestowed the title of chemist and druggist on successful candidates and allowed them to register as associate members of the Pharmaceutical Society. Finally, there was the 'major' examination, which had the same scope as the 'minor' examination, but required a greater depth of knowledge. Candidates passing the 'major' were given the title Pharmaceutical Chemist and once they were engaged in business on their own account, could apply for full membership of the Society.¹¹⁶

The level of knowledge required by the 'major' examination was intended all along to be the standard for all those practising pharmacy.¹¹⁷ However, the Society's Council was aware that it might be considered too difficult and discourage candidates from entering. The 'minor' examination was therefore set at a level that would confirm candidates as safe dispensers¹¹⁸ and encourage them to engage in further study in preparation for the 'major' examination. Equally, the 'classical' examination was set at a level that would enable most candidates to pass, but would deter those from entering pharmacy as a career, who did not have the basic knowledge to

¹¹⁵ Reader, *Professional Men*, p. 104 and Society of Apothecaries Archive, Box 10, E/4/4/1/2, Letter to the Pharmaceutical Society from 11 members of the National Union of Assistant Pharmacists, 11 July 1909.

¹¹⁶ *Pharmaceutical Journal and Transactions*, series 1, 3, 7, (Jan. 1844) 339.

¹¹⁷ *Pharmaceutical Journal and Transactions*, series 1, 12, 9, (Mar. 1853) 417.

¹¹⁸ *Pharmaceutical Journal and Transactions*, series 1, 7, 7, (Jan. 1848) 299.

succeed.¹¹⁹ For a number of years the Pharmaceutical Society's Council had to manage this conflicting balance in respect of both the 'classical' and 'minor' examinations. On the one hand, it had to keep the standard sufficiently low so as not to discourage candidates, while on the other hand raising it to a level that would bring credit to the Society.¹²⁰ By this means it hoped to show that it was serious in its intentions to create a profession on an equal footing with the other medical professions.

The modest standard of the 'classical' examination was also perhaps a reflection of the level of scientific education available in secondary schools at the time. An insight into this was given by Professor Huxley in 1865, when he was giving evidence before a Select Committee in the House of Lords. He advocated the study of the sciences in public schools to the same level as that of Latin grammar, on the basis that some boys had a bent for these subjects. But he saw difficulties in teaching practical chemistry and thought that, "... for boys [the teaching of] zoology and animal physiology was out of the question." Perhaps it was thought at the time, that a knowledge of the anatomy and inner workings of the mammalian body was inappropriate or perhaps there was difficulty in obtaining animal specimens for dissection. This difficulty, expressed by Huxley, is supported by Henry Acland, who was professor of medicine at Oxford from the mid nineteenth century. For a while he thought dissection unsuitable for undergraduates, having been horrified when first experiencing one himself.¹²¹ Certainly

¹¹⁹ *Pharmaceutical Journal and Transactions*, series 1, 2, 2, (Aug. 1842) 57.

¹²⁰ *Pharmaceutical Journal and Transactions*, series 1, 5, 4, (Oct. 1845) 145 and *Pharmaceutical Journal and Transactions*, series 1, 2, 2, (Aug. 1842) 58.

¹²¹ Hutton, 'The Working of the 1832 Anatomy Act in Oxford and Manchester', 138.

Huxley had no such qualms about botany, finding it to have “... readily accessible subjects [with] easy and not disagreeable anatomy.” He also noted that there were currently no University Scholarships open to boys interested in these subjects and no fellowships in Colleges for men wishing to teach them.¹²²

The Taunton Commission confirmed this situation by reporting that teaching in the mid-nineteenth century concentrated on classics and mathematics.¹²³ This being the case, the Society would have had to set its examination according to the scope of knowledge they expected boys to acquire at school. The founders of the Society seem to have been educated at the sort of schools open to middle class boys and so the decision to base the entry examination on a classical education could have been related to the founders’ experiences. Jacob Bell was educated at a school near Darlington owned by his uncle;¹²⁴ Thomas Morson was educated at University College School¹²⁵ and William Allen went to a Quaker boarding school at Rochester.¹²⁶

However we need to bear in mind Tosh’s comment that there was a wide disparity in the quality of education provided by grammar schools, private boarding schools and public schools.¹²⁷ The *Pharmaceutical Journal*, in March 1863, suggests that it was aware that science subjects were not part of the curriculum at secondary schools. The editorial states

¹²² *Pharmaceutical Journal and Transactions*, series 2, 7, 4, (Oct. 1865) 240.

¹²³ M. Wiener, *English Culture and the Decline of the Industrial Spirit 1850-1980* (Cambridge, 1981), p. 18 quoted in Perkins, *The Rise of Professional Society*, p. 120, note 7.

¹²⁴ J. Burnby, ‘Bell, Jacob (1810-1859)’, *Oxford Dictionary of National Biography* (Oxford, 2004).

¹²⁵ J. Slinn, ‘Morson, Thomas (1825-1908)’, *Oxford Dictionary of National Biography* (Oxford, 2004).

¹²⁶ L. Stephen, ‘Allen, William (1770-1843)’, rev. G.F. Bartle, *Oxford Dictionary of National Biography* (Oxford, 2004).

¹²⁷ Tosh, *A Man’s Place*, p. 66.

that, "... it is his [Master's] duty to instruct his pupil in the science and mystery of chemistry and pharmacy, not in arithmetic and Latin grammar. The student should bring these straight from school"¹²⁸

In this comparison of the difference in professional skills training between the chemists and druggists and the apothecaries' assistants, the 'major' examination will not be considered. The chemists and druggists, with the 'minor' examination as their qualification, existed in far greater numbers than the more highly qualified pharmaceutical chemists. Consequently, it was the chemists and druggists that posed the real threat to the apothecaries' assistants. It is accepted that the 'major' examination was of greater depth than the 'minor'.¹²⁹ So if it can be shown that the 'minor' examination was set at a higher level than that of the assistant, any comparison between the assistant's examination and the 'major' is rendered redundant.

The assistants were not subject to a pre-entry examination, nor any other assessment of existing knowledge prior to the commencement of technical training. In consequence no comparison between the 'classical' examination and an equivalent examination set by the Society of Apothecaries for their assistants will be possible. This creates an immediate contrast between the two groups and puts the apprentice chemist and druggist on a higher plane. Although no comparison of two equivalent examinations is possible at this level, it is still worth looking at the

¹²⁸ *Pharmaceutical Journal and Transactions*, series 2, 4, 9, (Mar. 1863) 381.

¹²⁹ *Pharmaceutical Journal and Transactions*, series 1, 3, 7, (Jan. 1844) 339.

‘classical’ examination to discover the level of secondary education required by the Pharmaceutical Society in its applicants.

The ‘Classical’ Examination

The ‘classical’ examination was first mentioned in 1842 in a statement in the *Pharmaceutical Journal* declaring that, prior to taking up their indentures it would be necessary for boys to pass an examination.¹³⁰ The intention being that boys seeking to join the profession should stay at school until the age of 14 or 15, by which time they should be able to pass the ‘classical’ examination without difficulty and enter an apprenticeship when 16 years old.¹³¹ The initial intention was that they would be examined in the Latin language and it was stated that arithmetic, French and other subjects were important;¹³² although French was not included during the period under consideration.

The arrangements made, in 1842, for sitting the examination required those who lived within 10 miles of London, to present themselves at the Society’s headquarters. In the case of all others it would be conducted by any conveniently located qualified person authorised by the Board of Examiners.¹³³ By 1861, candidates, as an alternative to sitting the ‘preliminary’ examination, could provide a certificate showing a pass in the Middle Class Examinations of Oxford, Cambridge or Durham, or in the

¹³⁰ *Pharmaceutical Journal and Transactions*, series 1, 2, 2, (Aug. 1842) 57.

¹³¹ *Pharmaceutical Journal and Transactions*, series 1, 7, 7, (Jan. 1848) 299-300.

¹³² *Pharmaceutical Journal and Transactions*, series 1, 2, 2, (Aug. 1842) 57.

¹³³ *Pharmaceutical Journal and Transactions*, series 1, 2, 2, (Aug. 1842) 57.

Examination of the College of Preceptors.¹³⁴ This alternative reflects Reader's comments that the professions began, from 1860, to accept, as proof of a thorough preliminary education, the Oxford and Cambridge Local Examinations and the examinations necessary for matriculation at London University.¹³⁵

The certificates of competence from an educated person acceptable to the Society suffered from an obvious disadvantage, in that there was no real way of ensuring that the standard applied was the same in every case. In 1869 the Society replaced this option by making the 'preliminary' examination a written one. Papers could then be answered in any number of remote locations by selecting local invigilators and arranging for them to supervise the examinations on an individual basis, returning the papers to the Society's headquarters for marking.¹³⁶ The Secretaries of the Local Branch Associations of the Society were selected as the invigilators¹³⁷ and thus an extensive coverage of the country was achieved. In the same year, a pass certificate in an examination "from any legally constituted Examining Body of the United Kingdom, providing Latin is included" was added to the list of alternatives to the 'preliminary' examination.¹³⁸

During the following year, the number of localities where it was possible to sit the examination was extended; in addition to London and Edinburgh, it became possible, at three monthly intervals, to take it at any

¹³⁴ *Pharmaceutical Journal and Transactions*, series 2, 2, 9, (Mar. 1861) 441.

¹³⁵ Reader, *Professional Men*, p. 104.

¹³⁶ *Pharmaceutical Journal and Transactions*, series 2, 11, 3, (Sep. 1869) 100-101.

¹³⁷ *Pharmaceutical Journal and Transactions*, series 2, 11, 5, (Nov. 1869) 250.

¹³⁸ *Pharmaceutical Journal and Transactions*, series 2, 11, 1, (Jul. 1869) 17.

of 62 named cities distributed throughout England, Scotland and Wales.¹³⁹ This arrangement was apparently not justified by the demand, as it was later reduced to 39 centres,¹⁴⁰ where it remained constant until 1898. An honours or first grade leaving certificate from the Scottish Department of Education became an acceptable alternative qualification in 1889, providing that certificates in English, Latin and Arithmetic had been obtained at any one annual examination.¹⁴¹

The knowledge of Latin remained a requirement throughout, although the detail of its syllabus changed. In 1857, there were questions on Latin grammar and an ability to translate a passage from an elementary Latin work was included. This elementary work was Caesar's *De Bello Gallico*, but over time the *London Pharmacopoeia* or Perrera's *Selecta e Praescriptis* were added and later discarded.¹⁴² By 1883, the candidates were, in addition to earlier requirements, asked to translate simple sentences from English into Latin and Virgil's *Aeneid* was offered as an alternative to *De Bello Gallico*.¹⁴³ Latin would have been necessary, both when translating prescriptions and when reading the *Pharmacopoeia*, but the amount of non-technical Latin vocabulary and grammar required would have been minimal.

¹³⁹ *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1877), p. 191.

¹⁴⁰ *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1896), p. 63.

¹⁴¹ *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1889), p. 207.

¹⁴² *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1871), p. 157.

¹⁴³ *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1884), p. 211.

From the outset, an understanding of the simple rules of arithmetic was required.¹⁴⁴ This was subsequently extended to include a thorough competency in both British and Metric systems of weights and measures.¹⁴⁵ An understanding of vulgar fractions and decimals was added, together with “the first four rules of arithmetic, simple and compound.”¹⁴⁶ In 1876, a knowledge of simple and compound proportions was included in the arithmetic syllabus.¹⁴⁷ Finally the scope of the arithmetic paper was extended to include a knowledge of “numeration, reduction, percentages and stocks.”¹⁴⁸

It was suggested in 1848 that, in the future, the syllabus might be extended to include mathematics, physics and modern languages.¹⁴⁹ While the reason for the science subjects is clear, the need for languages is less so. The idea might have been prompted by the fact that modern languages were included in similar examinations in France, Germany and other European countries.¹⁵⁰ However, one would have thought that foreign languages would have been of less value during everyday business in Great Britain than was perhaps the case on the Continent. It could therefore have originated from a simple desire to gain parity with the rest of Europe, or to demonstrate a broader education in applicants and so advance the society’s

¹⁴⁴ ‘The Examinations of the Pharmaceutical Society’, *Pharmaceutical Journal and Transactions*, series 1, 7, 7, (Jan. 1848) 297.

¹⁴⁵ *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1873), p. 173.

¹⁴⁶ ‘The Examinations of the Pharmaceutical Society’, *Pharmaceutical Journal and Transactions*, series 2, 2, 9, (Mar. 1861) 441.

¹⁴⁷ *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1876), p. 192.

¹⁴⁸ *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1894), p. 206.

¹⁴⁹ *Pharmaceutical Journal and Transactions*, series 1, 7, 7, (Jan. 1848) 297.

¹⁵⁰ *Pharmaceutical Journal and Transactions*, series 1, 12,12, (Jun. 1853) 574.

professional status. In any event, up to 1899 (the end of the period of this comparison), modern languages were not included in the syllabus.

Although the inclusion of modern foreign languages was mentioned, no attention was given to competency in the English language until 1861, when questions on English grammar and composition were included.¹⁵¹ The English component was augmented for a brief period when English dictation was added in 1869.¹⁵² This was the format of the ‘preliminary’ Examination in 1898 and as such, with its emphasis on Latin and neglect of science subjects, reflected the extent of teaching in boys’ secondary schools. It would seem then that the ‘preliminary’ examination was established to act as a screen to exclude totally unsuitable candidates and to help define the Pharmaceutical Society as a profession, by showing that it had an education based selection process for its entrants.

The ‘Minor’ Examination

The Royal Charter of Incorporation of February 1843 and the Pharmacy Act (1852), permitted the Society to set and amend its own byelaws, subject to their ratification by a Minister of State.¹⁵³ In consequence on 1st May 1853, the byelaws were changed to terminate the no-prejudice clause, thereby restricting admission, to the Society, to those who had passed the

¹⁵¹ ‘The Examinations of the Pharmaceutical Society’, *Pharmaceutical Journal and Transactions*, series 2, 2, 9, (Mar. 1861) 441.

¹⁵² *Pharmaceutical Journal and Transactions*, series 2, 11, 1, (Jul. 1869) 17 and *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1871), p. 157.

¹⁵³ *The Royal Charter of Incorporation granted to the Pharmaceutical Society of Great Britain* 18 February 1843.

examinations.¹⁵⁴ The ‘minor’ examination then became the “journeyman” qualification for the chemist and druggist and, as explained earlier, it will be the ‘minor’ examination that will be compared with the assistant’s examination.

The first syllabus for the apothecaries’ assistant’s examination was published in 1843 and required a knowledge of the *Pharmacopoeia Londinensis* and of the subjects of pharmacy and materia medica, together with an ability to translate physicians’ prescriptions.¹⁵⁵ The ‘minor’ examination syllabus of the same year has many similarities, although the sources give more detail. The student had to be able to read and translate a number of physicians’ prescriptions. He had to demonstrate such a grasp of the technical terms and Latin vocabulary, as would enable him reliably to understand physicians’ intentions regarding the method of compounding and the dosage instructions. He had to be able to identify specified items from a selection of roots, barks, gums, fruits, seeds, leaves and resins. He needed to know the nature and properties of a given specimen, the plant or animal from which it came and its geographical source. This examination in materia medica also covered the metals, earths, alkalies and salts used in medicine.

A knowledge of Botany was required: he had to be able to identify the distinguishing features of plants, particularly those used in medicine. In chemistry he had to know about the chemicals listed in the *Pharmacopoeia*, the decompositions that occurred in their preparation and dispensing, the

¹⁵⁴ *Pharmaceutical Journal and Transactions*, series 1, 12, 6, (Dec. 1852) 265.

¹⁵⁵ Society of Apothecaries Archive, Society of Apothecaries of London Candidates Regulations 1841-1900.

means of detecting impurities and the principal tests for the most important poisons. His knowledge of pharmacy had to cover the preparation of extracts, infusions and tinctures, and the methods used in dispensing them; an understanding of weights and measures was also considered essential.¹⁵⁶ In addition, candidates had to produce testimonials showing that they had been “apprenticed to or regularly educated by a vendor of drugs or dispenser of medicines.”¹⁵⁷ In contrast the apothecaries’ assistants were not required to serve an apprenticeship. Although there are similarities to the assistant’s examination, it is not possible to determine whether the knowledge of the *Pharmacopoeia* that they were required to have, covered the scope and depth of those sitting the ‘minor’ examination; certainly, the assistants did not need a knowledge of poisons.

The ‘minor’ examination underwent a small change in 1850; but only in respect of the Latin content and the reading of prescriptions.¹⁵⁸ But in 1857, the syllabus underwent a considerable review. It may be summarised as comprising the Latin language, Pharmaceutical and General Chemistry, Botany, Materia Medica, the Chemistry of Poisons, and the Natural History of Drugs. A few additions were made to the previous syllabus: in botany a candidate was expected to be familiar with “the structure and distinctive characters of the different organs of flowering plants and to recognise the medicinal plants in daily use.” In chemistry he needed to know how to

¹⁵⁶ *Pharmaceutical Journal and Transactions*, series 1, 2, 8, (Feb. 1843) 481-482.

¹⁵⁷ *Pharmaceutical Journal and Transactions*, series 1, 3, 7, (Jan. 1844) 339.

¹⁵⁸ *Pharmaceutical Journal and Transactions*, series 1, 10, 1, (Jul. 1850) 11.

measure specific gravity and how to determine thermometrical equivalents. He also had to be able to calculate using vulgar and decimal fractions.¹⁵⁹

An indication of the standard expected of candidates may be gained by reference to question number six in the Materia Medica and Botany examination of 1859, which asked, “What are the characters of Alexandrian, East Indian and Tinnivelly kinds of Senna? Mention their Botanical and Geographical sources, the substances commonly used to adulterate them, and the means by which such adulteration could be ascertained?”¹⁶⁰ This question could have appeared word for word in a final degree Pharmacognosy paper in the 1960s. Practical dispensing was introduced into the examination in 1861 and the candidate had to translate the prescription, weigh, measure and compound the medicine by an accepted method. He was to “... write the directions in concise language as well as in a neat and distinct hand” He also had to be able “... to spread plasters with dexterity and neatness.”¹⁶¹

The apothecaries’ assistant’s examination did not change from that of 1843 until 1863, when the *British Pharmacopoeia*, replaced the *London Pharmacopoeia* as the standard reference book and was adopted as the reference book for the examination.¹⁶² There were no further changes until 1871 when Pharmaceutical Chemistry was added to the list of subjects.¹⁶³

¹⁵⁹ *Pharmaceutical Journal and Transactions*, series 1, 17, 2, (Aug. 1857) 117.

¹⁶⁰ *Pharmaceutical Journal and Transactions*, series 2, 1, 5, (Nov. 1859) 257.

¹⁶¹ *Pharmaceutical Journal and Transactions*, series 2, 2, 9, (Mar. 1861) 442.

¹⁶² Society of Apothecaries Archive, Society of Apothecaries of London Candidates Regulations 1841-1900.

¹⁶³ Society of Apothecaries Archive, Society of Apothecaries of London Candidates Regulations 1841-1900.

There had been some small changes to the ‘minor’ examination in 1869,¹⁶⁴ but in 1874, the Pharmaceutical Society made significant changes to the syllabus. First the regulations required candidates to be aged 21. They had to prove that they had passed the ‘preliminary’ examination and had been working for three years for a pharmaceutical chemist or chemist and druggist in compounding and dispensing prescriptions. The paper on prescriptions required them to detect errors, point out unusual doses, demonstrate a knowledge of posology and be able to translate prescriptions written in English into Latin. The Pharmacy paper now required a practical knowledge of the processes that were used to make Pharmacopoeial preparations, such as extracts, tinctures and powders, and the principals upon which those processes were based. In addition candidates had to be aware of the best excipients and methods to use when preparing dosage forms such as emulsions and pills.

Added to the Chemistry paper was an ability “... to determine practically by means of tests, the presence in solution of the chemicals in common use, and explain the reactions that occur in each case.” They also had, “to possess a general knowledge of the laws of chemical philosophy, and a practical knowledge of the means of determining specific gravities, densities and temperature, and of the instruments appertaining thereto, and the physical and chemical constitution of the atmosphere.”¹⁶⁵ This expansion in the syllabus was followed by a change in the organisation of the courses at the School of Pharmacy. Initially, Chemistry and Pharmacy

¹⁶⁴ *Pharmaceutical Journal*, series 2, 11, 1, (Jul. 1869) 17-18.

¹⁶⁵ *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1873), pp. 173-174.

had been taught as a combined subject, as had Botany and Materia Medica. But in 1887, Chemistry and Pharmacy began to be taught separately¹⁶⁶ and then a year later, the study of Botany and Materia Medica was also split.¹⁶⁷ From 1874 until 1891, with the exception of this organisational change, only one small change was made. This was in 1879, when the examiners began to take into account the length of time taken to complete the tasks presented in the practical dispensing paper.¹⁶⁸

There was a complete redesign of the syllabus in 1891 to an extent that makes it too long to be shown in detail in this text, but it has been included instead in appendix 1. In summary, major changes were made to the papers in Pharmacy, Materia Medica, Botany and Chemistry. The Pharmacy paper sought a knowledge of the use of heat in the preparation of pharmaceuticals including the processes of evaporation, distillation and sublimation. It included the methods by which crude drugs could be reduced to powders including, pulverisation, sieving, trituration and granulation. The principles behind the preparation of solutions were also examined; how the particle size of the solute, the nature of the solvent and temperature had an effect on the rate of solution. The processes of infusion, maceration and percolation were included, as were those of filtration and the expression of liquids from vegetable crude drugs. The candidates were expected to know about the best excipients and methods for making pill masses and emulsions, and the methods for suspending insoluble drugs in

¹⁶⁶ *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1887), pp. 224 and 226.

¹⁶⁷ *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1888), pp. 222 and 224.

¹⁶⁸ *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1879), p. 201.

liquids. They had to show that they were capable of making liniments, lotions, mixtures, ointments, plasters, powders, solutions and suppositories.

The Materia Medica paper required candidates to be able to recognise any of the crude drugs included in the British Pharmacopoeia or on a list of 60 items of plant and animal origin. They also had to be able to name the active ingredients they contained and the preparations in which they were used. In Botany, a knowledge was required of 41 named medicinal plants. Candidates had to be able to recognise them and discuss the internal structure of roots, stems, bark and leaves down to the cellular level. They had to be able to name leaf shapes and their arrangement on the stem, and understand the physiology and reproduction of plants. They had to be able to differentiate between monocotyledons, dicotyledons, and cryptogamic plants by the microscopic examination of sections of their stems.

The chemistry and physics paper required a knowledge of the underlying laws: those of conservation of energy, of gravitation, Charles's law and Boyle's law. An understanding was needed of the use and principles behind such instruments as the balance, thermometer and barometer. Candidates needed to know about chemical reactions, about atoms and molecules and atomic and molecular weights, chemical formulae, valency and Avogadro's Hypothesis. A knowledge was required of the non-metallic elements and their compounds, the methods by which they are prepared and the typical reactions they undergo. A similar understanding was required for the metallic elements, how they are extracted, their characteristics and their reactions. Organic chemistry was included in the syllabus and compounds

such as chloroform, methane, ethylene, alcohol and aldehyde had to be studied. Candidates had also to be aware of the methods for estimating the proportions of carbon, hydrogen, nitrogen and oxygen in organic compounds and thereby deducing the molecular formula.

The practical examination in chemistry was extended, when compared with the previous version, and required candidates to be able to use an hydrometer, thermometer and barometer. In addition they had to be able to identify, by chemical testing, metallic and non-metallic elements in an unknown sample. Similarly, they had to be able to identify by chemical tests, organic compounds from a specified list and to detect probable impurities. They also had to be able to perform the volumetric analyses described in the *British Pharmacopoeia*. As an indication of the extent of the change, the syllabus of 1874 was described in about 400 words, while that of 1891 required 1800.¹⁶⁹

Although the development of the syllabus had been by step-change, the change in 1891 was revolutionary and the reason for it is not obvious. Certainly discoveries in chemistry and physics were making rapid progress, but the period between 1874 and 1891 was not particularly marked in this respect. Of the topics upon which knowledge was required, the Law of Gaseous Diffusion had been promulgated in 1831, Avagadro published his Hypothesis in 1811 and Dalton's work on Atomic Weights had taken place in the early 1800s, all over 60 years earlier. Other principles specified had been discovered even earlier. Boyle's Law was promulgated in 1662 and

¹⁶⁹ *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1891), pp. 210-215.

Newton worked on gravitational theory in the early 1600s, so it would seem that the radical re-writing of the syllabus was not stimulated by new discoveries. There is no doubt that the topics included in the syllabus are all essential features for an understanding of pharmacy practice and this might have come as a sudden realisation to the examiners. Alternatively, it could be that the Pharmaceutical Society decided that the time was right to make a significant statement regarding the level of scientific and professional training of its membership.

The law relating to the sale of poisons was included in the syllabus in 1893, when candidates had to display an understanding of the operation of the Pharmacy Act (1868). They had to be able to list the poisons contained in Schedule A of the Act and describe the detailed conditions under which those poisons might be sold by retail, by wholesale and for export. Additionally, they had to describe how these rules varied when the poison was an ingredient in a dispensed medicine. The proper entries to be made in the registers, relating to an imaginary sale, had to be written out and they also needed to show that they understood the provisions of the Arsenic Act (1851).¹⁷⁰ The Pharmacy Act (1868) restricted the sale of poisons to shops supervised by chemists and druggists, and gave the Pharmaceutical Society an important part in deciding which substances should be officially designated poisons. It seems strange therefore that there was a delay of 25 years in including this topic in the syllabus; particularly when both of these responsibilities were ones that the Society had contemplated seeking prior

¹⁷⁰ *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1893), pp. 210-211.

to the passing of the 1868 Act.¹⁷¹ One would have thought that such an important responsibility would have been acknowledged by a prompt change to the syllabus. It is difficult to suggest a reason for this delay unless it was considered to be part of the day to day commercial operation of the shop and therefore a matter for the apprentice master with no need for it to be examined.

The Society of Apothecaries in 1893, included a practical examination in the compounding and dispensing of medicines in their assistant's examination. In addition they discarded Pharmaceutical Chemistry in favour of Chemistry and replaced Medical Botany by Botany of the *British Pharmacopoeia*.¹⁷² Then in 1896, and perhaps in response to the considerable change made in 1891 by the Pharmaceutical Society to their syllabuses, the Society of Apothecaries extended the scope of their assistant's examination. A list of drugs was specified and an understanding of their Materia Medica and Pharmacy was required. Candidates had to know about the general principles of Chemistry, together with the meaning of chemical symbols and formulae and they had to be aware of the distinctive properties of acids, bases and salts.

The preparation and properties of the elements oxygen, hydrogen, nitrogen, chlorine, bromine, iodine, carbon, sulphur, phosphorous and arsenic were included, and where appropriate, their more important compounds with oxygen and with hydrogen. Candidates could be

¹⁷¹ *Pharmaceutical Journal and Transactions*, series 2, 6, 6, (Dec. 1864) 299 and *Pharmaceutical Journal and Transactions*, series 2, 5, 10, (Apr. 1864) 431.

¹⁷² Society of Apothecaries Archive, Society of Apothecaries of London Candidates Regulations 1841-1900.

questioned on hydrochloric, sulphuric and nitric acids and their actions upon the common metals, metallic oxides and carbonates. Lists of 14 common inorganic metals and ammonia, together with their respective salts, and 13 common organic compounds were included and candidates were expected to be able to answer questions on them. Candidates were also required to be able to demonstrate a knowledge of the chemical and physical characters of the pharmaceutical preparations included in the British Pharmacopoeia and be aware of their composition and dosage. They had to be able to recognise common pharmaceutical chemicals and drug substances of vegetable origin included in a list of 100 items. Finally they had to be familiar with the chemical composition of water and air.¹⁷³

Patently, in the last decade of the nineteenth century, the syllabus for the 'minor' examination went into greater detail than that of the apothecaries' assistants. Even allowing for the fact that there might be unstated underlying detail in the syllabus for the assistant's examination, it is clear that the syllabus for the 'minor' examination was more comprehensive. In the assistant's examination, there was no practical chemistry examination, the physics and chemistry theory syllabus was much narrower, there was no botany paper and hence no detailed knowledge of the morphology and physiology of plants. There was no requirement to demonstrate a knowledge of plant structures at a microscopic level, and materia medica and pharmacy were covered in one paper.

¹⁷³ Society of Apothecaries Archive, Society of Apothecaries of London Candidates Regulations 1841-1900.

Again, on the part of the Pharmaceutical Society, there was a long period until 1898 with only one change: the Council of the Society recommended in 1895 that candidates should have attended a course of study, over a period of six months, comprising, “at least 60 lectures in chemistry, 18 hours of practical chemistry each week, 45 lectures and demonstrations in Botany and 25 lectures and demonstrations in materia medica.”¹⁷⁴

In 1899, there was a further revision of the ‘minor’ syllabus, again the whole document is too large for inclusion here, but the changes made are evolutionary and this summary indicates additions to the syllabus of 1891. The Botany syllabus included a greater knowledge of the classification of the Plant Kingdom with emphasis on the Angiosperms. The list of plants for recognition included an additional four plants and candidates were required to recognise, by microscopic means, specimens of stems, roots and leaves. Plant physiology had to be studied in greater depth, as had sexual and asexual reproduction. The Chemistry paper was modified to increase the scope of knowledge of organic chemistry and the list of organic compounds, whose method of preparation was required, was increased from 12 to 23. The modern naming protocol for organic chemicals was adopted; for instance, methane replaced marsh gas and ethyl acetate replaced acetate of ethyl.

The Practical Chemistry paper showed an increase in the number of organic compounds that had to be identified by chemical testing. This list

¹⁷⁴ *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1895), p. 66.

matched the one in the theory paper that specified the chemicals for which the method of preparation was required. In addition to performing volumetric analysis, a knowledge of the underlying principles was required and an ability to prepare, standardise and use volumetric solutions had to be demonstrated. Candidates in the Materia Medica examination had to be aware of the methods used for the collection and preparation for market of crude drugs and had to know the proportions of active ingredients available in a good sample. They had to have a practical knowledge of any Pharmacopoeial tests or assay processes that were applied to crude drugs or their products. There was no change in the theoretical Pharmacy syllabus, but the practical Pharmacy examination specified a list of preparations which the candidate might be called upon to dispense and this included liniments, lotions, mixtures, ointments, pill masses, powders, solutions and suppositories.¹⁷⁵

In 1902, Mabel Stanley, an apothecaries' assistant, published *A Manual for Assistant's Examination Apothecaries Hall* that gives an indication of the extent of the knowledge required by candidates for that examination. The examination at that time was in two parts: an oral examination in the translation of prescriptions and in materia medica, chemistry and pharmacy. This was preceded by a practical examination in compounding and dispensing. The syllabus for the oral examination is that

¹⁷⁵ *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1898), pp. 74-78.

described above for 1896 and a more detailed description is included in appendix 2.¹⁷⁶

Costs of training

As well as the differences in educational levels, there were differences in the cost of training. The cost of becoming a chemist and druggist was much greater than that encountered when becoming an apothecaries' assistant. Those wishing to join the pharmaceutical profession had first to pay a premium of 200 to 300 guineas to obtain an apprenticeship.¹⁷⁷ On the registration of his indentures, from 1 July 1842, the pharmacy student had to pay a subscription, of five shillings provided his master was a member of the Society and ten shillings and sixpence if he were not.¹⁷⁸ By 1853, the fee for the 'classical' examination and registration as an apprentice or student had been combined and increased to two guineas. The fee for the 'minor' examination and registration as an assistant was three guineas, unless he had not previously registered as an apprentice, when it was five guineas.¹⁷⁹

In August 1857, the fee for the 'classical' examination or for presenting the equivalent certificates was still two guineas, but this entitled candidates to student membership until they had completed their indentures, or until they were 21 years old. In the same year the fee for the 'minor' examination and registration as an assistant was five guineas, while those who had previously registered as an apprentice paid only three

¹⁷⁶ 'The Qualification of Dispensers', *Pharmaceutical Journal*, series 4, 68, 14, (15 Feb. 1902) 122-123.

¹⁷⁷ *Pharmaceutical Journal and Transactions*, series 1, 3, 4, (Oct. 1843) 147-148.

¹⁷⁸ *Pharmaceutical Journal and Transactions*, series 1, 3, 7, (Jan. 1844) 340.

¹⁷⁹ *Pharmaceutical Journal and Transactions*, series 1, 13, 5, (Nov. 1853) 204.

guineas.¹⁸⁰ To this must be added the cost of lectures at one guinea per course; an insignificant sum when compared with the cost of indentures and much lower than that charged by other institutions.¹⁸¹ However, it was heavily subsidised by the Society.¹⁸²

Although it was possible to study independently for the examination and the Society suggested a suitable book list,¹⁸³ students were encouraged to attend the courses of lectures at the School of Pharmacy, which the Society had opened in 1842. By 1851, the Society was concerned that some students were expending the bare minimum, in terms of effort and expense, to pass the examinations. It seemed that frequent exhortations in the *Pharmaceutical Journal* to them to take advantage of the facilities provided by the School of Pharmacy were being ignored. So in order to meet its objective of improving the knowledge base in the Society, it decided, as an experiment, to waive its charges for lectures during the coming session. The Society was also aware that medical students were required to provide certificates proving attendance at an appropriate number of lectures, in each subject, at an approved school, prior to their sitting the entrance examination.¹⁸⁴ By 1876 certificates of attendance at Chemistry and Pharmacy, Botany, Materia Medica and Practical Chemistry classes were being given to all attendees under certain circumstances.¹⁸⁵ However, it does not appear to have been a requirement that these certificates be

¹⁸⁰ *Pharmaceutical Journal and Transactions*, series 1, 17, 2, (Aug. 1857) 117.

¹⁸¹ *Pharmaceutical Journal and Transactions*, series 1, 3, 4, (Oct. 1843) 147-148.

¹⁸² *Pharmaceutical Journal and Transactions*, series 1, 17, 2, (Aug. 1857) 106.

¹⁸³ *Pharmaceutical Journal and Transactions*, series 1, 2, 8, (Feb. 1843) 482.

¹⁸⁴ *Pharmaceutical Journal and Transactions*, series 1, 11, 4, (Oct. 1851) 145.

¹⁸⁵ *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1876), p. 208.

produced as a condition of entry to the examinations. They must have served another purpose, perhaps to prove to his master that an apprentice, having been released from work to attend classes, had actually done so.

From 1871, once an apprenticeship had been purchased, the most significant cost was that of attending lectures and practical classes at the School of Pharmacy. These tuition fees rose steadily from a total of 12 guineas in 1871¹⁸⁶ to about 27 guineas in 1896.¹⁸⁷ By comparison, the Westminster College of Chemistry and Pharmacy in 1899 was offering two terms of tuition, comprising 162 lectures, for 12 guineas.¹⁸⁸ During this period lectures and practical classes for each subject at the Society's school were priced separately and it was the Chemistry Practical class that was the most expensive. It rose from 10 guineas¹⁸⁹ to £12/0/0,¹⁹⁰ compared with the Pharmacy Practical course at two guineas¹⁹¹ and the Botany Practical at half a guinea.¹⁹² Students in the Chemistry Practical class were also expected to provide some of their own equipment at a cost estimated by the School of Pharmacy of 25 shillings.¹⁹³ A book list was also suggested in 1877 at a cost of £5 8s. 0d.;¹⁹⁴ by 1880, this had risen to £5 11s. 0d.¹⁹⁵ and to £6 19s. 6d. by 1898.¹⁹⁶

¹⁸⁶ *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1871), p. 164.

¹⁸⁷ *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1896), pp. 81-89.

¹⁸⁸ Kurzer, 'George S.V. Wills and the Westminster College of Chemistry and Pharmacy', 487.

¹⁸⁹ *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1875), p. 203.

¹⁹⁰ *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1896), p. 84.

¹⁹¹ *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1896), p. 90.

¹⁹² *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1896), p. 86.

¹⁹³ *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1896), p. 83.

¹⁹⁴ *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1877), pp. 200, 205 and 207.

¹⁹⁵ *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1880), pp. 210, 215 and 217.

¹⁹⁶ *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1898), p. 85.

As well as monetary cost, time was a consideration. However, this burden was born to a great extent by the apprentice master, who had to release his apprentice during the day to attend lectures and practical classes. Until 1896, the School of Pharmacy organised its courses so that a student could prepare himself for examination in six months,¹⁹⁷ but by 1897, this had been increased to nine months.¹⁹⁸

There is evidence that the training for the assistant's examination was not as long as that for the 'minor' examination. In 1902, a candidate for the apothecaries' assistant's examination had to provide a certificate, signed by a registered medical practitioner or an apothecaries' assistant holding a public appointment, confirming that the candidate had received six months of training in practical pharmacy.¹⁹⁹ Even as late as 1917, Miss Buchanan, in a letter, suggested that the course of study for the assistants should be increased from six to nine months.²⁰⁰ A meeting of the Examination Committee was held in October that year and it was recommended that the curriculum be changed. The course was to be lengthened from six to nine months and the additional time be used to augment the study of Chemistry and Pharmacy.²⁰¹ There was also no requirement for an apothecaries' assistant to serve a formal apprenticeship, while the would-be chemist and druggist was indentured for three years.

¹⁹⁷ *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1896), p. 77 and *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1891), p. 221.

¹⁹⁸ *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1897), pp. 76 and 78.

¹⁹⁹ 'The Qualification of Dispensers', *Pharmaceutical Journal*, series 4, 68, 14, (15 Feb. 1902) 122.

²⁰⁰ Society of Apothecaries Archive, Court Minute Book 1913-1926, Court of Assistants Minutes, 12 Jun. 1917.

²⁰¹ Society of Apothecaries Archive, Court Minute Book 1913-1926, Court of Assistants Minutes, 9 Oct. 1917.

While the Society of Apothecaries did not provide formal training for its assistants, facilities did exist where they could train for the oral examination. The School of Pharmacy in 1871 was offering its courses in Chemistry and Pharmacy, and Botany and Materia Medica to those who were not members of the Society. The cost was two guineas each for the two courses, a figure that was twice the price asked of apprentices and members of the Society.²⁰² The 1869 Annual Report of the Society for Promoting the Training of Women noted that a young woman had received a course of instruction at St Mary's Hospital in Seymour Place, London and had subsequently been appointed dispenser at the hospital.²⁰³ In 1876-77, 187 students passed the Apothecaries Hall Dispenser's Certificate having trained at the Westminster College of Chemistry and Pharmacy.²⁰⁴ This number of successful candidates would suggest that entrants for this examination had been training at this college for a number of years. The Haslemere Herald, in an obituary, reported that, "Miss Katherine Lano Miles MBE ... began her career as a dispenser after attending the London College of Pharmacy for Ladies where she passed the Apothecaries' Dispenser's Examination."²⁰⁵

Additional Evidence

As noted above, available information about the syllabus for the apothecaries' assistant's examination is not detailed, however there is a

²⁰² *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1871), p. 164.

²⁰³ SPTW, Annual Reports 1859-1958 [sic], quoted in Jordan, 'Suitable and Remunerative Employment', 436, note 24.

²⁰⁴ Kurzer, 'George S.V. Wills and the Westminster College of Chemistry and Pharmacy', 490-491.

²⁰⁵ 'Katherine Miles – a Woman of Great Fighting Spirit', *Haslemere Herald*, 27 Nov. 1998.

certain amount of anecdotal evidence available. Most of this arose at the time when the National Insurance Act (1911) was being discussed and the Pharmaceutical Society was being pressed to admit apothecaries' assistants to membership without examination. Some of this evidence is provided by informal organisations of chemists and druggists and by apothecaries' assistants. In a letter to the Pharmaceutical Society, in 1909, 11 members of the National Union of Assistant Pharmacists claimed that the apothecaries' assistant's qualification was inferior. This Union represented those who were qualified as chemists and druggists or pharmaceutical chemists, but who did not own their own businesses and consequently saw their future threatened by the apothecaries' assistants. The basis for their claim was fourfold. The apothecaries' assistants were permitted to take the examination at the age of 18 years. Therefore the amount of practical training they had received had to be limited compared to that of the chemist and druggist who was examined at 21 years of age. The period of training required by the apothecaries' assistants was six months, compared to the three years required by the chemist and druggist. The assistants were not required to sit a preliminary examination and so their educational standard must be considered to be below that required in a professional. They believed that the knowledge required by the assistant's syllabus was about one quarter of that required for the 'minor' examination.²⁰⁶

On 3 May 1919, Mr A. Auger, a member of the Pharmaceutical Society from Chorlton cum Hardy, wrote to the *Pharmaceutical Journal*,

²⁰⁶ Society of Apothecaries Archive, Box 10, E/4/4/1/2, Letter from 11 Members of the National Union of Assistant Pharmacists to Pharmaceutical Journal, 11 Jul. 1909.

“We know that the assistants' examination is 1/10 the value of the ‘minor’.”²⁰⁷ An alternative view was given by an apothecaries' assistant in the same edition. He claimed that the ‘minor’ examination tested applicants on a lot of scientific and irrelevant material, whereas the assistant’s examination concentrated on the knowledge and skill required in day-to-day practice. He accepted that the assistant’s examination could be improved by increasing its scope to include: children's ailments, the markets, counter prescribing, exposure to quack remedies and how to combat them. However, he felt that knowing seven processes for extracting silver, as required by the ‘minor’ exam, was unnecessary.²⁰⁸

An assistant wrote to the *Pharmaceutical Journal* stating that the assistants found the Pharmaceutical Society’s ‘preliminary’ examination too difficult and suggested that they should be exempted.²⁰⁹ This shows that the assistants were still well behind the chemists and druggists in respect of secondary education, and this was in 1919. Another assistant, Miss Wolseley, experienced difficulty in finding an institutional appointment on returning to this country after working abroad, as all the vacancies were for those who had passed the ‘minor’ examination. She thought that, “... the Hall Certificate is adequate when given some practical experience and that the ‘minor’ qualification only improves on it in that it gives a lot of

²⁰⁷ Letter Auger to the Editor, *Pharmaceutical Journal*, series 4, 102, 2903, (7 Jun. 1919) 380.

²⁰⁸ Letter ‘Possessor of the Key of the Secret Door’ (273/17) to the Editor, *Pharmaceutical Journal*, series 4, 102, 2903, (7 Jun. 1919) 381.

²⁰⁹ Letter, ‘Apothecaries Hall Assistant’ (272/37) to the Editor, *Pharmaceutical Journal*, 102, 2903, (7 Jun. 1919) 380-381.

compounding.”²¹⁰ Mabel Stanley’s book, *A Manual for Assistants Apothecaries Hall* was reviewed in the *Pharmaceutical Journal* in 1902 and this offers a further insight. The reviewer states that the book is of interest in that it shows, “... to a certain extent what the Society of Apothecaries ... requires of candidates for its assistant’s certificate.” He later states that, “... the requirements in chemistry, materia medica and pharmacy appear absurdly inadequate when compared with those of the ‘minor’ examination.”²¹¹

Mr Bott was the Secretary of the Association of Certified Dispensers, a pressure group of apothecaries’ assistants. In a letter to the Private Court of the Society of Apothecaries in April 1923, he urged them to change the assistant’s syllabus. He wanted to see candidates providing evidence of a better general education, a longer period of practical training and the minimum age raised from 18 to 20 years.²¹² Representatives of the Society of Apothecaries met with Mr Anderson of the Home Office in 1923, where they stated that Mr Bott and his members were pressing the Court to raise the status of the assistants. Mr Bott was calling for a modification of the examination, an increased period of training and the creation of a Statutory Register of assistants, so that their qualification would correspond with the Pharmaceutical Society’s ‘minor’ examination.²¹³ It is unlikely that such a proposal would ever have been acceptable to the government, as it would

²¹⁰ Society of Apothecaries Archive, Box 9, E/4/4/1/1, Letter H.I. Carson to A. Bingham-Watson, 2 February 1918.

²¹¹ ‘The Qualification of Dispensers’, *Pharmaceutical Journal*, series 4, 68, 14, (15 Feb. 1902) 122.

²¹² Society of Apothecaries Archive, Box 10, E/4/4/1/2, Letter C. Bott to A. Bingham-Watson, April 1923.

²¹³ Society of Apothecaries Archive, Box 10, E/4/4/1/2, ‘Society of Apothecaries, position of Assistants. Notes of Interview with Mr Anderson of the Home Office’, 2 May 1923.

have seen no point in duplicating the Pharmaceutical Society's qualification, which was satisfactorily meeting the needs of the public.

In 1913, a Departmental Enquiry was held to decide whether the Conditions imposed by Section 15 (5) (iii) of the National Insurance Act (1911) were operating satisfactorily in practice. The National Insurance Act was designed to provide financial support for working men and women when they were sick and unable to work. It also provided, at no charge, the services of a doctor, the medicines he prescribed and hospital treatment if needed. Section 15 (5) iii required that all prescriptions issued to insured persons be dispensed by or under the direct supervision of a registered pharmacist, or by a person who had been a dispenser in a doctor's surgery or a public institution for three years immediately before the Act became law.²¹⁴ The enquiry heard from a number of apothecaries' assistants, the Clerk of the Society of Apothecaries, members of the Pharmaceutical Society and the Chairman of the Middlesex Insurance Committee.

The enquiry was asked to consider the apothecaries' assistant's qualification and whether those assistants who were employed by a chemist should be permitted to dispense, other than under the direct supervision of a registered chemist. The enquiry decided that it was not satisfied, "... that the standard of training and attainment required for the certificate of an apothecaries' assistant ... is at present sufficient in itself to qualify for

²¹⁴ Society of Apothecaries Archive, Box 10, E/4/4/2/3, *Report of the 1913 Departmental Committee appointed to consider the Conditions Imposed by Section 15 (5) (iii) of the National Insurance Act, 1911 on the Supply of Medicines to Insured Persons*, vol. 1, p. 4'.

dispensing for the insured without direct supervision.”²¹⁵ The enquiry, as an independent body, was quite clear that the assistant’s examination was not the equivalent of the ‘minor’ examination. It was not at a level which would permit an assistant to keep an open shop for the dispensing of medicines and the sale of poisons. Furthermore, it was not even of a standard that would qualify them to dispense at all, unless directly supervised by a chemist and druggist.

George Wills, who later founded the Westminster College of Chemistry and Pharmacy, was apprenticed to a chemist and druggist in Stony Stratford in 1866 and passed the ‘minor’ examination in about 1870. He later applied for the post of dispenser to C.F. DuPasquier, who was Apothecary to the Queen’s Household. On finding that his application could not succeed because he did not hold an Apothecaries’ Assistant’s Certificate, he sat the examination within three days and passed.²¹⁶ Although this is only one example, it suggests that those who had passed the ‘minor’ examination found no difficulty with that of the assistants.

The Examination Committee of the Society of Apothecaries was aware that its assistant’s examination was inadequate, when compared with the ‘minor’ examination. In March 1919, it recommended to the Court of Assistants that they should hold further examinations after an extended training period to award a higher or honours grade.²¹⁷ In October 1919, a

²¹⁵ Society of Apothecaries Archive, Box 10, E/4/4/2/3, ‘*Report of the 1913 Departmental Committee appointed to consider the Conditions Imposed by Section 15 (5) (iii) of the National Insurance Act, 1911 on the Supply of Medicines to Insured Persons*, vol. 1, pp. 15-16’.

²¹⁶ Kurzer, ‘George S.V. Wills and the Westminster College of Chemistry and Pharmacy’, 484.

²¹⁷ Society of Apothecaries Archive, Court Minute Book 1913-1926, p. 280, Court of Assistants Minutes, 25 Mar. 1919.

sub-committee was set up by the Court of Assistants to consider the apothecaries' assistant's examination. It proposed that candidates should pass a preliminary examination in general education, or present a certificate demonstrating a satisfactory education at a High School to the age of 16 years. It also suggested that a simple practical exam should be included and that the present course length of nine months should be retained, but that it should include 200 hours of teaching in each subject. It hoped to present a further report at a later date, dealing with the question of obtaining the necessary powers to enable the apothecaries' assistants to compete on equal terms with the pharmacists.²¹⁸

The comparisons of the syllabuses associated with the 'minor' examination of the Pharmaceutical Society and the apothecaries' assistant's examination show that the 'minor' examination was far in advance of that set by the Society of Apothecaries. This situation existed from 1843 to the end of the century and applied in terms of both scope and depth. A more extensive general education was required in those leaving school and wishing to train to become chemists and druggists than was the case for those wishing to become apothecaries' assistants. The period of training for the chemist and druggist was longer and more expensive. The disparity is further confirmed by the additional evidence provided. It would seem likely that one of the reasons for the difference was the different attitude and objectives of the two Societies. The Pharmaceutical Society was trying to

²¹⁸ Society of Apothecaries Archive, Court Minute Book 1913-1926, p. 310, Court of Assistants Minutes, 8 Oct. 1919.

create a professional body and was using a comprehensive syllabus and rigorous examination as part of its campaign. Its objective was to have its members recognised by the government, the other professions and the general public as having the advanced level of education and skill characteristic of professionals. It is possible that, at the time and for the task the chemists and druggists were performing, the level set might have been in excess of that needed. On the other hand the Society of Apothecaries had always viewed their assistants as just that, a group of people employed to assist them in their work, who needed to be trained to an appropriate level and no more.

The widening division between the chemist and druggist's qualifying examination and that of the apothecaries' assistant that occurred between the 1840 and 1900, would have consequences for the assistants that they could not imagine. The assistants had a respectable, rewarding and worthwhile occupation for which they were adequately qualified. Prior to 1911 they were dispensing almost all the prescriptions in the country and were in no respect in competition with the chemists and druggists. They were wholly employed either by general practitioners or by institutions and had no direct exposure to the environment of trade and commerce. Moreover, before the passing of the National Insurance Act, it must have seemed as though that situation would continue forever. Lloyd George's overriding requirement that prescribing and dispensing be separated meant that he had to find a body of suitably qualified people to take on the task and he had two options: the apothecaries' assistants and the chemists and

druggists. The chemists and druggists were, by 1911, well established as keepers of open shops. They had proved that they had the commercial skills necessary to run a business and were able to balance the ethical demands placed upon them as professionals, against the natural desire of a tradesman for financial reward. They had reliably controlled the sale of poisons ever since the Poisons and Pharmacy Act (1868). The apothecaries' assistants had no proven experience in any of these areas; they had always worked under the supervision of others and were unproven in a self-supervising situation. The chemists and druggists were better qualified in all aspects of pharmacy, while the assistant's qualification was clearly set at a lower, though probably adequate level.

There were two possible solutions that would have enabled Lloyd George to maintain dispensing in the hands of the apothecaries' assistants. He could have passed legislation that would have permitted the apothecaries' assistants to open shops for the retailing, compounding and dispensing of poisons, and put them on an equal footing with the chemists and druggists under the various pharmacy and poisons Acts. He was not prepared to do so, largely because it was not necessary. By 1901, there were 9000 chemists and druggists distributed throughout the country, some with more than one shop.²¹⁹ Alternatively he could have set up a countrywide chain of dispensaries where apothecaries' assistants dispensed National Insurance prescriptions under the existing legislation. But that would have brought a colossal protest from the Pharmaceutical Society and the medical

²¹⁹ 'The Law Relating to the Sale of Poisons', *Pharmaceutical Journal*, series 4, 69, 15, (30 Aug. 1902) 240.

profession; it was easier to sacrifice the assistants. We must also consider that when the transfer occurred it is probable that there were many female assistants who did not regard it as a great loss. Certainly those who had sought employment as an intellectual exercise, or to seek a purpose in life, or out of a desire to assist others would not have been particularly concerned. This would also have been the view of those who were looking for a means of escaping the restrictions of a middle class home, or who had a good prospect of marriage and were just occupying themselves in the interim. For the remainder who relied on it as a means of earning a living, it was not the end of the world. There was still the option of their becoming assistants to chemists and druggists.

In chapter 3 we will examine the reasons why the apothecaries' assistant's qualification proved so popular with women, together with the sociological changes that were taking place at the time and the family background of the women in question.

Chapter 3

The Rise of the Female Apothecaries' Assistants

In chapter 2, we examined the origins of the apothecaries' assistants and compared their prescribed training with that required by a candidate for the Pharmaceutical Society's qualifying examination. This chapter deals with the women who made up a significant proportion of the assistants. Almost all of them had a middle class background and the characteristics of that class are discussed. The decisions middle class fathers had to make in allocating funds for their children's education and the post educational options open to the daughters of middle class parents are considered. The influence of the Society for Promoting the Employment of Women in finding work for women in the medical sector is briefly examined, with respect to the assistance it gave women wishing to become dispensers or chemists and druggists.

Finally, the results of research into the family backgrounds of a number of successful female entrants for the apothecaries' assistant's examination are set out. The types of employment undertaken by their fathers and brothers are compared with those of the male relations of women who at the same time were qualifying as pharmacists and conclusions about their social positions are drawn. This research, for the first time, demonstrates the social origins of the women who entered into this field of employment and hence shows the sort of people who were becoming apothecaries' assistants. But, on a much broader front, it provides

an insight into the social changes that were taking place among those who made up the middle class. Changes that were being brought about because families had to find a means of ensuring financial security for their daughters and yet continue to conform to the social customs that defined their class. This thesis adds to the work of authors such as Kidd and Nicholls, Neff, and Reader who while referring to this dilemma in their writing fail to discuss individual cases. McDonald, while discussing the life of Clara Collett, deals with only one individual and is unable to draw conclusions that are available by studying a group of subjects.¹

The Middle Class: family situations and gender considerations

The middle classes, according to Kidd and Nicholls, had developed from the ‘middling sort’, a term used in the eighteenth century to describe a variety of people who fell between the landed gentry and the lower orders. However, the boundaries between this disparate class and those above and below were blurred.² The upper boundary was blurred to the extent that the terms ‘Ladies’ and ‘Gentlemen’, which had previously been the preserve of the upper class began, in the early nineteenth century, to be applied to successful professionals, provided they adopted upper class patterns of “... dress, speech and behaviour.”³ Morris in seeking a means of defining the

¹ A. Kidd and D. Nicholls, (eds.) *The Making of the British Middle Class: studies of regional and cultural diversity since the eighteenth century* (Stroud, 1998) and Mc Donald, *Clara Collet* and Neff, *Victorian Working Women* and Reader, *Professional Men*.

² R. Harris, ‘Praising the Middling Sort’, in Kidd and Nicholls, (eds.) *The Making of the British Middle Class*, p. 3.

³ Hughes, *The Victorian Governess*, p. 12.

middle class, a term that was coined between 1820 and 1830, looks to their characteristics. The group, he reports, included those in the middle ranks of government, those who were in control of manufacturing and those in trade.⁴ Kidd and Nicholls amplify this by saying that they were not the owners of great capital or of sizeable property, but were the professionals and managers who did the “thinking work.” The sort of work that combined the resources of capital and labour to obtain a product that neither capital nor labour could produce alone.⁵ Unlike the gentry, who were renowned for their elegant life style, funded by rent from the land that they owned, the middle class went out to work each day, leaving their wives behind to manage the home.⁶ Some of the higher ranking members of the middle class did own land. But they did so as they came to the end of their working lives, to put their money into a less volatile commodity than trade and so provide a secure income for their retirement.⁷

The middle class were of varied religious and political beliefs,⁸ but it was wealth that cemented them together. In some cases their wealth was intimately connected to their businesses, while in others there was less of an association. The retailer had money tied up in his stock and the manufacturer had his fixed and working capital. Those of independent means benefited from interest from their capital and the professional relied on his ability to provide a unique service to others.⁹ Kidd and Nicholls

⁴ Morris, *Men, Women and Property in England*, p. 20.

⁵ Kidd and Nicholls, (eds.) *The Making of the British Middle Class*, p. xxvi.

⁶ Morris, *Men, Women and Property in England*, p. 402.

⁷ Morris, *Men, Women and Property in England*, p. 322.

⁸ Morris, *Men, Women and Property in England*, p. 323.

⁹ Morris, *Men, Women and Property in England*, p. 319.

confirm that economic status at one time would have been the most important consideration. However, recent interest in cultural history has meant that cultural issues must also be considered alongside those of wealth as a defining feature of the group.¹⁰ Not only were the middle class separated into sub-groups by the amount of their wealth and its source, their social status was also a ranking feature.¹¹ The professionals and the merchants were ranked above the manufacturers and below them were the retailers and small masters. This ranking was maintained by the elite who suppressed radicalism within the lower middle class through the Mechanics' Institutes, by making the Institutes appear to offer constitutional equality while retaining control in the hands of the elite.¹²

By 1850 those of the middle class who could afford to do so, began to divorce business and family life by buying homes in the suburbs; no longer did they live over the shop.¹³ Hughes agrees with this, saying that as production moved into larger factories, a manager became responsible for the day to day control. He was often the owner's son living in a house adjoining the business while the rest of the family moved to the edge of town.¹⁴ Morris uses the nature of middle class family life as a defining characteristic. The wife was the homemaker, the family's carer and moral guardian, while her husband's role was a public one. He was the provider of capital to sustain the family's position in society. There existed a distinct

¹⁰ Kidd and Nicholls, (eds.) *The Making of the British Middle Class*, p. xxi.

¹¹ Morris, *Men, Women and Property in England*, p. 319.

¹² Morris, *Men, Women and Property in England*, p. 324.

¹³ Morris, *Men, Women and Property in England*, p. 27.

¹⁴ Davidoff and Hall, *Family Fortunes*, p. 366 quoted in Hughes, *The Victorian Governess*, p. 11, note 1.

division of labour and it was impossible for married women to invade the business world, all attempts being strongly resisted.¹⁵

Rank was also indicated by the employment of one or more female servants to relieve the wife of all but supervisory household duties.¹⁶ She and her daughters devoted themselves to 'paying calls', entertaining visitors and creating a well furnished home as a testament to their status.¹⁷ Charity work and philanthropy, provided they were unpaid, were suitable pursuits for female members of the family, but any paid employment would diminish the whole family's social standing.¹⁸ King makes a similar point: that married women and daughters involved themselves in charitable work because it gave them a sociably acceptable purpose in life.¹⁹ But goes on to say that these charitable interests had to be balanced against their commitment to domestic duties and nineteenth century views on female propriety.²⁰ Middle class men tended to imitate their upper class superiors by keeping their wives and daughters at home and thereby demonstrated their financial success. It was a measure of a man's wealth and status that he could afford to provide for his daughters, so that they could continue to live at home until they married. To permit his daughters to go out to work, whether it was a financial necessity or not was to incur discredit. Even to undertake training, in case work ever became necessary, was equally damaging. When Elizabeth Garrett, who eventually qualified as a doctor,

¹⁵ Morris, *Men, Women and Property in England*, p. 26 and Hughes, *The Victorian Governess*, p. 13.

¹⁶ Hughes, *The Victorian Governess*, p. 13.

¹⁷ Hughes, *The Victorian Governess*, p. 14.

¹⁸ McDonald, *Clara Collet*, p. 62 and Reader, *Professional Men*, p. 167.

¹⁹ J. Lewis, *Women in England 1870-1950 Sexual Division and Social Change* (Brighton, 1984), p. 92 quoted in King, *Women, Welfare and Local Politics*, p. 92, note 74.

²⁰ J. Lewis, *Women and Social Action in Victorian and Edwardian England* (Cheltenham, 1991), pp. 1-2 and 9 quoted in King, *Women, Welfare and Local Politics*, p. 61, note 32.

first suggested her ambitions to her mother in 1860, she was told that, "... it would be a disgrace to have a daughter leaving home to earn a living."²¹ Neff agrees that if women had to go out to work it was considered degrading.²²

The various sectors of the middle class tended to value respectability and politeness;²³ preferring discussion and persuasion as a means of settling their differences and differentiated themselves from the lower class in this respect.²⁴ In addition to being associated by the characteristic of wealth, they were also linked and divided by religious and political affiliations. A convention was consequently adopted and maintained that outlawed the discussion of these topics in public.²⁵ Other means were adopted to maintain the integrity of the class. They built social and cultural bridges: clubs and societies reflecting their cultural interests were formed, and they founded schools and universities.²⁶

As a section of society, members of the middle class enjoyed little better security of status than the lower class: they were not only liable to move up and down within its ranks, but could readily descend into the lower class. Any one of a number of misfortunes such as bankruptcy, steadily decreasing income, falling value of property or investments, death or illness of the husband could all lead to poverty.²⁷ As Kathryn Hughes puts it, "... individual fortunes could be lost as quickly as they had been made, bringing

²¹ Bell, *Storming the Citadel*, p. 50.

²² Neff, *Victorian Working Women*, p. 187.

²³ Morris, *Men, Women and Property in England*, p. 22.

²⁴ Morris, *Men, Women and Property in England*, p. 23.

²⁵ Morris, *Men, Women and Property in England*, p. 323.

²⁶ Kidd and Nicholls, (eds.) *The Making of the British Middle Class*, p. xxvii.

²⁷ Morris, *Men, Women and Property in England*, p. 77.

even the wealthiest to overnight destitution.”²⁸ Perkins also makes this point, saying that as they had a permanent job or an amount of capital to provide some security against debt and poverty, they were better situated than the working class. But this security could easily be dissipated by the loss of a job, the death of the husband or sickness in the family.²⁹

The Constraints faced by Daughters and their Families

Although a family within the middle class lived comfortably, their disposable income was not unlimited and a father faced a dilemma in how it was to be applied to the education of his children. It was an accepted standpoint that a son would, in due course, be required to provide for and support a wife and family. In order to do this, he would need an appropriate occupation and income. Achieving such an occupation would require an education paid for by his father.³⁰ In turn fathers relied on marriage to provide for the long term financial security of their daughters. Tosh agrees with this view, saying that a father’s ambition was to find an “honourable and rewarding” occupation for his sons by training them to take over his business or to place them in a suitable apprenticeship. But in the majority of cases, he relied on finding a good marriage to provide for his daughters.³¹ Nonetheless, fathers were aware that it was always possible that their

²⁸ Hughes, *The Victorian Governess*, p. 27.

²⁹ Perkins, *The Rise of Professional Society*, p. 95.

³⁰ Reader, *Professional Men*, p. 123.

³¹ Tosh, *A Man’s Place*, p. 115.

daughters would not find a suitable match and would be left destitute.³² Another issue was the size of the Victorian family and the cost of educating them all to a level where they could support themselves. Avery believes that while the less wealthy professional men might have been able to set their sons up in life, they could not afford to do the same for their daughters.³³ Their dilemma was how best to use their income to meet the various needs of all their children and in this the size of their income was critical.

In the early decades of the nineteenth century, a comfortably situated middle class man would have earned about £300 per year and one from the lower middle class would have expected to be paid £150 - £200. A clerk or teacher would have earned only £60 per year.³⁴ Circumstances improved over time and Morris relates the case of Jane Hey, the daughter of an apothecary and surgeon. Her husband died, leaving her with an income of £500 per year, which in the 1860s and 1870s was sufficient to support a middle class household and to give her children an appropriate start in life.³⁵ Nathaniel Sharpe who managed property in Leeds, died in 1868 leaving assets that would have generated an income of just under £500 per year which would have provided for a comfortable middle class household.³⁶

³² Tosh, *A Man's Place*, p. 152.

³³ Avery, *The Best Type of Girl*, p. 5.

³⁴ J. Harrison, *The Early Victorians 1832-1851* (London, 1971), p. 104 quoted in Loudon, 'A Doctor's Cash Book', 261, note 44.

³⁵ Morris, *Men, Women and Property in England*, pp. 307-308.

³⁶ Morris, *Men, Women and Property in England*, p. 292.

Perkins records that middle class couples with annual incomes from £160 to £10,000 would have found it difficult to support more than three children.³⁷ This is an accurate report of Perkin's comment, but nevertheless it is a wide range. Other authors suggest that a figure of less than £1000 would be more usual. Loudon suggests £200 to £1000 as being the probable salary range for the middle class after 1850.³⁸ According to Reader, even the best paid in the middle class would have struggled to find £1000 to put a son into one of the professions.³⁹ The cost of the medical education for a general practitioner was estimated to be £300 by Green and £450 - £500 according to Grainger; Green and Grainger were two witnesses at a Select Committee on Medical Education in 1834.⁴⁰ Hudson assessed it at more than £500.⁴¹ In 1831, Henry Peart's family had to find £900 to £1000 for the living expenses, training and examination fees related to his qualifying as a surgeon-apothecary.⁴² Loudon groups together as lower middle class, doctors who practised in small towns, elementary school teachers, run-of-the-mill clerks and lower officials in the civil service, and states that they would not have been able to afford a medical education for their sons.⁴³ Jackson states that a training in pharmacy would have cost £100 in the early twentieth

³⁷ Perkins, *The Rise of Professional Society*, p. 95.

³⁸ Loudon, 'A Doctor's Cash Book', 261.

³⁹ Reader, *Professional Men*, p. 123.

⁴⁰ J. Green, Select Committee on Medical Education, (PP 1834, XIII) Part II, Q.6485-6 quoted in Loudon, 'A Doctor's Cash Book', 256, note 19 and R. Grainger, Select Committee on Medical Education, (PP 1834, XIII) Part II, Q.6654 quoted in Loudon, 'A Doctor's Cash Book', 256, note 20.

⁴¹ Hudson, *The Parent's Handbook*, p. 89 quoted in Loudon, 'A Doctor's Cash Book', 256, note 20.

⁴² Loudon, 'A Doctor's Cash Book', 254.

⁴³ Loudon, 'A Doctor's Cash Book', 261.

century.⁴⁴ While the *Pharmaceutical Journal* quotes 200 to 300 guineas as the cost of indentures in the middle of the nineteenth century.⁴⁵

Yet as Weiner suggests, the poorer members of the gentry and the professionals were entirely dependent on education as a means of maintaining their sons at an acceptably high level in society.⁴⁶ Gleadle, discussing a daughter's situation, makes the point that no sensible father would pay out hard earned money to buy a son an apprenticeship or establish him in a learned profession; if a few years later he were to discontinue that employment and be supported thereafter by the person he married. Why then would he go to such expense for his daughters?⁴⁷ It would appear then, according to the literature, that most middle class families would have found difficulty in putting their sons into one of the professions and their daughters into a respectable occupation. But the research conducted into family backgrounds, and discussed later in this chapter, certainly demonstrates that by the 1880s some families were able to put their sons into professions and occupations typical of the middle class. They were also able to afford the training required to qualify their daughters as apothecaries' assistants, and in some cases to allow them to enter the pharmaceutical profession. There were however other constraints facing a father who wished to provide his daughters with the insurance

⁴⁴ Jackson, 'A Short History of Women and Pharmacy', 1008-1009.

⁴⁵ 'The School of Pharmacy', *Pharmaceutical Journal and Transactions*, series 1, 3, 4, (Oct. 1843) 147-148.

⁴⁶ Wiener, *English Culture and the Decline of the Industrial Spirit, 1850-1980*, p. 18 quoted in Perkins, *The Rise of Professional Society*, p. 120, note 7.

⁴⁷ Gleadle, *Radical Writing on Women 1800-1850*, p. 79.

policy of an occupation; they would need the benefit of an education, and here another difficulty emerged.

Before 1850 no one considered that there was a need for state education for middle and upper class children in England and Wales, as private enterprise was providing that service.⁴⁸ Henry Brougham, an avid reformer and intermittent Member of Parliament, had been interested in improving education and making it universally available since 1810.⁴⁹ In the 1850s he presented a petition to the House of Commons that sought to improve middle class education, leading eventually to a Royal Commission under Lord Taunton, set up by Palmerston's government in 1864.⁵⁰ The government under Gladstone passed the Education Act in 1870, providing nationwide education supported by money from the rates.⁵¹ Elementary education became compulsory for all children between 1870 and 1880.⁵² But there was still a difficulty for working class children, as their attendance at school prevented them from working and contributing to the family's income.⁵³ Consequently, it was only middle class children that could hope to gain sufficient secondary education to become apothecaries or even apothecaries' assistants.

Education for middle class boys, at the time, was available in grammar schools, public schools and private boarding schools, but large differences in standards existed amongst them; and the situation for girls

⁴⁸ Sutherland, 'Education' in Thompson, (ed.) *The Cambridge Social History of Britain*, p. 132.

⁴⁹ M. Lobban, 'Brougham, Henry Peter, first Baron Brougham and Vaux (1778-1868)', *Oxford Dictionary of National Biography* (Oxford, Sept. 2004); online edn., Jan 2008.

⁵⁰ Sutherland, 'Education' in Thompson, (ed.) *The Cambridge Social History of Britain*, pp. 146-147 and McDonald, *Clara Collet*, p. 16.

⁵¹ Sutherland, 'Education' in Thompson, (ed.) *The Cambridge Social History of Britain*, p. 142.

⁵² D. Vincent, *Literacy and Popular Culture England 1750-1914* (Cambridge, 1989), p. 67.

⁵³ Vincent, *Literacy and Popular Culture*, p. 72.

was much worse.⁵⁴ Reader, Hill, Hughes and McDonald agree about the poor state of girls' education.⁵⁵ Hughes suggests that before 1800 most girls were unlikely to be taught anything other than reading, writing and arithmetic.⁵⁶ Formal schooling hardly existed and most girls were taught at home by their mothers or governesses, who concentrated on those accomplishments that would improve their marriage prospects.⁵⁷ Music, in particular piano playing, was a popular accomplishment, but only as a mechanical exercise to provide entertainment in a drawing room.⁵⁸ There was a view that as a girl's future lay in a good marriage, money spent on a formal education would be wasted; particularly as it was believed that girls' brains were inferior to those of boys. Medical Research from 1750 had been directed towards showing that the female body was inferior to that of the male. There was a tendency, in anatomical drawings, to show the female skull as being smaller, indicating that the female brain was smaller and that its intellectual powers would therefore be limited.⁵⁹

A Schools Enquiry Commission held in 1867 discovered from the heads of most schools that parents spent lavishly on the education of their sons, yet seemed unconcerned about educating their daughters and sent them to inexpensive schools.⁶⁰ The pioneering teacher and headmistress,

⁵⁴ Tosh, *A Man's Place*, p. 66.

⁵⁵ Reader, *Professional Men*, p. 169 and Hill, *Women Alone*, p. 54 and Hughes, *The Victorian Governess*, p. 18 and McDonald, *Clara Collet*, pp. 15-16.

⁵⁶ Hughes, *The Victorian Governess*, p. 16.

⁵⁷ Tosh, *A Man's Place*, p. 66 and Hughes, *The Victorian Governess*, p. 17.

⁵⁸ Reader, *Professional Men*, pp. 170-171.

⁵⁹ L. Schiebinger, *Skeletons in the Closet: the first illustrations of the female skeleton in eighteenth-century anatomy* in C. Gallagher and T. Lacquer, (eds.) *The Making of the Modern Body: sexuality and society in the nineteenth-century* (Berkeley, 1987) quoted in Traulsen, Bissell and Haugbølle, 'Feminist Theory and Pharmacy Practice', 59, note 17.

⁶⁰ P.P., 1867-68, Part IV, vol. 13, pp. 743-744 quoted in Neff, *Victorian Working Women*, p. 224, note 68.

Miss Frances Buss, also gave evidence to this Commission. She had, at the age of 16, become a teacher in a school founded by her mother, which was to become the North London Collegiate School for Ladies.⁶¹ Her evidence was that parents did not want an academic education for their daughters. A skill in music and drawing was required in preference to Latin, and English Literature was preferred to English Grammar.⁶² Reader also reports that this schools enquiry was critical of girls' education, describing it as a course in deportment and good manners. Arithmetic, mathematics and grammar were poorly taught and time was spent on the more advanced subjects of astronomy and physical science, while the underlying fundamentals were neglected. Latin was badly taught and Greek hardly at all.⁶³ It was subjects such as arithmetic, mathematics, science and Latin that young women would need were they to take up the occupation of an apothecaries' assistant.

From 1830 to 1870, the education of working class boys and girls, and of middle class boys was much improved, but this was not so for middle class girls.⁶⁴ By the mid-nineteenth century girls' education was becoming an issue. One of the major difficulties was that girls' schools were too small and in order to attract an appropriate number of good teachers, to cover the breadth of necessary subjects, high fees were required. Larger schools

⁶¹ E. Coultts, 'Buss, Frances Mary (1827-1894)', *Oxford Dictionary of National Biography* (Oxford, Sept. 2004); online edn., Jan 2006.

⁶² P.P., 1867-68, Part IV, vol. 13, pp. 254, 698 and 743 quoted in Neff, *Victorian Working Women*, p. 224, note 68.

⁶³ Reader, *Professional Men*, pp. 168-169.

⁶⁴ Hughes, *The Victorian Governess*, p. 18.

would have divided the burden of teachers' salaries between more pupils.⁶⁵ Fees at girls' boarding schools in the 1860s were from £25 to £98 annually;⁶⁶ prices which at the top of the range compared with those for Harrow and Rugby,⁶⁷ while day schools for girls charged £3 to £22 annually.⁶⁸ But because of the vision of ladies like Miss Buss, a number of schools were opened including the North London Collegiate School and Cheltenham Ladies College.⁶⁹ From the late 1860s, there was a continuous drive for both secondary and tertiary education for girls.⁷⁰ In 1869 the Endowed Schools Act created a Commission, with a three year brief to overhaul educational endowments. At the end of the Commission's life by 1874, they had founded 27 schools for girls and another 20 were in process of creation. Some of the Commission's powers were passed on to the Charity Commissioners and they added a further 45 schools by 1903. Additionally, a Girls' Public Day School Company, established in 1872, created eleven girls' schools in London and a further eleven throughout the Country.⁷¹

These girls' schools tended to be styled on boys' day schools and taught some Latin, but not Greek. As such they were modelled on the 'third grade boys' schools concept' as described by Lord Taunton's Commission of 1864,⁷² and were intended to educate girls to the age of fourteen. As the century progressed a few of them reinforced the Latin syllabus and added

⁶⁵ Neff, *Victorian Working Women*, p. 225.

⁶⁶ P.P., 1867-68, Part I, vol. 28, p. 558 quoted in Neff, *Victorian Working Women*, p. 225, note 74.

⁶⁷ Reader, *Professional Men*, pp. 170-171.

⁶⁸ Neff, *Victorian Working Women*, p. 225.

⁶⁹ Sutherland, 'Education' in Thompson, (ed.) *The Cambridge Social History of Britain*, p. 148.

⁷⁰ Levine, *Victorian Feminism 1850-1900*, p. 34.

⁷¹ Sutherland, 'Education' in Thompson, (ed.) *The Cambridge Social History of Britain*, p. 148.

⁷² Sutherland, 'Education' in Thompson, (ed.) *The Cambridge Social History of Britain*, p. 147.

Greek to prepare nineteen year old girls for university.⁷³ Other schools such as Wycombe Abbey, St Leonard's and Roedean were founded as girls' boarding establishments and developed similar values to Taunton's 'first grade' schools, epitomised by boys' public schools such as Eton.⁷⁴ Summers supports this view by giving the example of Eleanor Laurence, a distinguished Boer War nurse, who was educated in one of the schools created for middle class girls in the 1870s and 1880s. These schools were similar to boys' schools of the time; not only did they have comparable curricula and a programme of games, but encouraged girls to adopt the same ethos of competition.⁷⁵ These improvements in education were driven by a change in attitude on the part of middle class parents and an acceptance that their daughters could not rely indefinitely on their fortunes, nor rely on marriage as a means of support. Not only did it become acceptable for women to seek work to secure their future, society took the view that moral and social values would be improved by education and employment. It was suggested that women who worked and had gained independence would be more likely to succeed in the marriage market and the benefits of educating girls purely for their own fulfilment were expounded.⁷⁶

As well as campaigning for universal education for children, Henry Brougham was perhaps inadvertently instrumental in providing facilities for young women who wished to improve their education. He was involved

⁷³ Sutherland, 'Education' in Thompson, (ed.) *The Cambridge Social History of Britain*, p. 149.

⁷⁴ Sutherland, 'Education' in Thompson, (ed.) *The Cambridge Social History of Britain*, p. 149.

⁷⁵ Summers, *Angels and Citizens*, p. 178.

⁷⁶ Gleadle, *Radical Writing on Women 1800-1850*, p. 57.

in 1824 in founding the London Mechanics' Institute and worked throughout the country to promote similar amenities.⁷⁷ By 1837, the directors of the Manchester Mechanics' Institute, recognising women's right to benefit from the same education as men, allowed them access to lectures and the library. This initiative was supported by shopkeepers and the better qualified mechanics who wanted their daughters to have a better education. The scheme proved popular with young women who had not received an adequate education at school and whose ages ranged from about 12 to 25. In addition, there were those fathers who experiencing financial difficulty were unable to pay for their daughters' schooling, yet still wished them to receive a good education.⁷⁸ So from about the middle of the nineteenth century, a time when the Society of Apothecaries was beginning to examine candidates for the apothecaries' assistants certificate, a suitable secondary education for girls was becoming available.

It is not difficult to find examples of middle class girls who were educated at this time and three who exemplify some of the issues were Gertrude Bell, Clara Collett and Alice Mildred Cable. During the First World War, Gertrude Bell was recruited into British Intelligence in the Middle East and went on to become the Oriental Secretary to the High Commissioner in Baghdad. Her father was a wealthy iron founder in Durham and she was originally taught at home by a governess. In 1884 at the age of 16, she became a day scholar at Queen's College in Harley Street and later became a boarder. Elsa Richmond, who edited Gertrude's earlier

⁷⁷ M. Lobban, 'Brougham, Henry Peter, first Baron Brougham and Vaux (1778-1868)', *Oxford Dictionary of National Biography* (Oxford, Sept. 2004); online edn., Jan 2008.

⁷⁸ Tylecote, *The Mechanics' Institutes of Lancashire and Yorkshire before 1851*, pp. 186 and 188.

letters, points out that this was unusual for a girl at that time.⁷⁹ She was an extremely bright girl and in her first year studied Ancient History, German, French, Arithmetic, Geography, English History, English Grammar and Scripture. Her examination results, 99 per cent in German and 55 per cent in Scripture, with the remaining subjects scoring between 70 and 90 per cent, demonstrate her ability.⁸⁰ She went on to gain a place at Lady Margaret Hall, Oxford and obtained a first class degree in history.⁸¹

Clara Collett was eight years younger than Gertrude and lived with her family in Islington; she had two brothers and two sisters. Her father was not rich and supported his family by teaching singing and editing a non-profit making journal: the *Free Press*.⁸² As a Unitarian and a radical thinker, he was keen to see his daughters educated and find work.⁸³ There was a long-standing tradition of providing an education to Unitarian women, to enable them to teach their own children should they ever live in a region without schools.⁸⁴ Clara and her sisters were sent to the North London Collegiate School, a facility that Mr Collett judged to be the equal of that to which he had sent his sons.⁸⁵ But it was as much a realisation on his part, that he would not be able to support his daughters in the long term, as it was a reflection of his Unitarian principles.⁸⁶ In 1865, the Cambridge Local Examinations had been made available to girls and Clara gained

⁷⁹ E. Richmond, (ed.) *The Earlier Letters of Gertrude Bell* (London, 1937), p. 17.

⁸⁰ Richmond, (ed.) *The Earlier Letters of Gertrude Bell*, p. 19.

⁸¹ Richmond, (ed.) *The Earlier Letters of Gertrude Bell*, p. 170 and Lady Bell, (ed.) *The Letters of Gertrude Bell*, vol. 1 (London, 1927), p. 1886.

⁸² McDonald, *Clara Collet*, p. 1.

⁸³ McDonald, *Clara Collet*, pp. 1-3.

⁸⁴ McDonald, *Clara Collet*, p. 9.

⁸⁵ McDonald, *Clara Collet*, p. 10.

⁸⁶ McDonald, *Clara Collet*, p. 12.

passes in Latin, Mathematics (elementary), Natural Philosophy, English, and distinctions in French and German.⁸⁷ On leaving school she joined the teaching staff at Wyggeston Girls' School where the curriculum included English, Mathematics, Classics, Geography, French, German, Latin, Natural Science, Domestic Economy, Laws of Health, Needlework, Drawing, Singing and Callisthenics.⁸⁸ The traditional subjects taught to girls had been augmented by those that would permit them to start on a training course for a profession should they so wish.

Clara had decided that she was not going to rely on marriage to secure her future.⁸⁹ Like Gertrude Bell, she had had a close association with at least one man, but the relationship had not crystallised into marriage. In Gertrude's case the man, was Henry Cadogan, the grandson of the third Earl of Cadogan. Sadly, he was without money and Gertrude's father could not settle enough money on Gertrude to make the marriage a success.⁹⁰ Clara had become attracted to a man whose initials were 'EW'; it is possible that he was a master in a local boys' school, but had she married him, she would have had to have given up work and was reluctant to do so.⁹¹ Both of these young women, being educated and self-supporting, must have been viewed as unusual by middle class society and this cannot have improved their marriage prospects.⁹²

⁸⁷ McDonald, *Clara Collet*, pp. 17 and 20.

⁸⁸ McDonald, *Clara Collet*, pp. 40-41.

⁸⁹ McDonald, *Clara Collet*, p. 41.

⁹⁰ Richmond, (ed.) *The Earlier Letters of Gertrude Bell*, p. 338.

⁹¹ McDonald, *Clara Collet*, p. 50.

⁹² McDonald, *Clara Collet*, p. 45.

Mildred Cable's father was a draper and gentlemen's outfitter in Guildford, employing 27 assistants.⁹³ She was born in 1878 and had three brothers and two sisters. She was a bright child and was under pressure to succeed while being educated both by a governess and later at school.⁹⁴ Her mother wanted her to take up a musical career, but Mildred wanted to be a missionary in China.⁹⁵ Consequently she went to study under a pioneer woman scientist in London. She had no ambition to be a doctor, not wishing to become permanently attached to a hospital in China. Instead she trained first as an apothecaries' assistant, passing that examination in 1897⁹⁶ and then qualified in 1899 as a chemist and druggist.⁹⁷ Mildred appears later in this chapter in the research that examines the family backgrounds of young women who passed the apothecaries' assistant's examination and her details may be found in table 2 in appendix 4. From this table, we can see that her father did very well by his children. His elder son was a student at Cambridge and his younger son was an articled pupil civil engineer, while Mildred became a chemist and druggist. Mildred was also unfortunate in love, being rejected by her suitor just before she was due to take an important examination to which she had been looking forward. The distress was such that she did not present herself for examination, but sailed for China shortly afterwards.⁹⁸ It seems probable that this was the Pharmaceutical Society's 'major' examination.

⁹³ UK Census 1881, Alice Cable.

⁹⁴ Cable and French, *Something Happened*, pp. 60-61.

⁹⁵ Cable and French, *Something Happened*, p. 69.

⁹⁶ Society of Apothecaries Archive, Court of Examiners, 'Qualified Assistants from 1 Jan. 1892'.

⁹⁷ *Register of Chemists and Druggists 1900* (Pharmaceutical Society, London, 1900).

⁹⁸ Cable and French, *Something Happened*, pp. 75-76.

Here we have three young women who came from slightly different sectors of middle class society, all of whom benefited from the advancement in education open to girls in the second half of the nineteenth century. Contrary to popular opinion held at the beginning of the century, each of them clearly demonstrated that girls were equally capable of profiting from the sort of education, which enabled all of them to achieve professional status. As an unintended result of their education, Gertrude and Clara and perhaps Mildred marked themselves out as being unusual and by so doing perhaps damaged their marriage prospects.

As we have seen in the cases of Gertrude, Clara and Mildred, times were changing. There were fathers who, lacking confidence in their ability to provide for their daughters as long-term spinsters, permitted or even encouraged them to enter a profession to secure their future.⁹⁹ No doubt there were also some young women whose fathers could have afforded to keep them at home, but the daughters saw employment as a means of establishing their identity and gaining independence away from the restrictions of life at home.¹⁰⁰

However, in the early decades of the nineteenth century there was one further overruling constraint that limited young women's options; the work they engaged in had to be respectable. The safeguarding of a daughter's respectability was of great importance among middle class families because it had a fundamental bearing on her marriage prospects. A girl who stayed at home under the supervision of her mother was safe in

⁹⁹ Tosh, *A Man's Place*, p. 152.

¹⁰⁰ Levine, *Victorian Feminism*, p. 82.

this respect, while those taking up employment away from the home were on less sure ground. As the need to find employment for a daughter became more pressing, the issue of respectability was initially overcome by adopting an occupation that was under constant female supervision, and nursing or being a governess were acceptable in this respect.¹⁰¹ Working for a medical practitioner would not, on the face of it, offer constant female supervision and at some point there must have been a change in attitude on the part of parents such that they accepted dispensing as a respectable occupation for their daughters. It could be that this change in attitude was related to the long standing connection between women and healing that has featured throughout the thesis. Women were the natural choice as entrants into the nursing profession; notably, in the early stages, middle class women were involved in an unpaid supervisory role.¹⁰² We saw in chapter 1 how in the early days of medicine it was the lady of the house who, in the absence of a doctor, treated the members of her household and even other people in the locality.¹⁰³ It was natural therefore in the nineteenth century for a woman to extend this caring function beyond her household to include those who were poor and sick.¹⁰⁴ Middle class women supported voluntary hospitals, made charitable donations to the poor and helped with the administration of the Poor Law and the workhouses.¹⁰⁵ As a consequence they must have come into contact with local general practitioners who were appointed as

¹⁰¹ Jordan, 'Suitable and Remunerative Employment', 435.

¹⁰² Summers, *Angels and Citizens*, p. 95.

¹⁰³ Wyman, 'The Surgeoness', 23.

¹⁰⁴ King, *Women, Welfare and Local Politics*, p. 15.

¹⁰⁵ King, *Women, Welfare and Local Politics*, p. 11.

medical officers to the parish,¹⁰⁶ and became familiar with the work of these doctors. At the same time, parents were beginning to accept that their daughters could not necessarily rely on marriage as a means of future financial security.¹⁰⁷ It would seem reasonable that parents would have considered it an acceptable step to allow their daughter to take paid employment working as a dispenser for a doctor. Particularly if the doctor was one with whom either the daughter or the mother had been engaged in voluntary work. By this means a mother might have been satisfied that her daughter's respectability would be assured. Having considered the constraints on middle class young women, it is appropriate to look at the kind of options that were open to them.

The Options Open to Young Women

Marriage

Marriage has already been mentioned as the intended and hoped for future for a daughter. Consequently, her main objective in life was to marry and have children; failing to do so created embarrassment throughout her whole family.¹⁰⁸ But finding a husband was not without difficulties. Mrs Anna Jamieson, who was an art historian and author,¹⁰⁹ speaking in 1851, said

¹⁰⁶ Loudon, 'A Doctor's Cash Book', 260.

¹⁰⁷ Hughes, *The Victorian Governess*, p. 28 and McDonald, *Clara Collet*, pp. 41-42.

¹⁰⁸ Franz, *English Women Enter the Professions*, p. 27.

¹⁰⁹ J. Johnston, 'Jameson, Anna Brownell (1794-1860)', *Oxford Dictionary of National Biography* (Oxford, 2004).

that, "... there was an excess of half a million women in England."¹¹⁰ However the UK Census figures for England in 1851 show that there were 8.4 million men and 8.6 million women.¹¹¹ This amounts to 0.2 million more women than men, a figure that is about half that quoted by Jamieson. Hill believes the excess to be bigger than this, stating that more than one million unmarried women aged over 25 are recorded in the 1851 census.¹¹² Neff records the figures differently; she states that in 1851, women in England and Wales outnumbered men by only 100 to 96.¹¹³ A figure that is confirmed by the census record.¹¹⁴

A number of reasons are offered for this imbalance. Tosh agrees that not only was there an excess of women in the population, there was a fashion for men to marry late.¹¹⁵ According to Franz, Victorian families were large and often contained as many as three daughters.¹¹⁶ In Neff's view there was a shortage of men because of losses in the Napoleonic War and those working in the Civil Service abroad had a limited opportunity to marry.¹¹⁷ She presents data from the 1851 census, indicating that the numbers of men and women still single, at a variety of ages, were similar and hence the cause of the problem must have been that men were marrying

¹¹⁰ A. Jamieson, *Sisters of Charity at Home and Abroad*, p. 94 quoted in Neff, *Victorian Working Women*, p. 11, note 2.

¹¹¹ *Population tables I*, vol. I, England and Wales, Divisions i-vii, 1851

<[http://www.histpop.org/ohpr/servlet/Browse?path=Browse/Census%20\(by%20date\)&active=yes&treestate=contract&titlepos=0](http://www.histpop.org/ohpr/servlet/Browse?path=Browse/Census%20(by%20date)&active=yes&treestate=contract&titlepos=0)>, accessed 15 Feb. 2010.

¹¹² B. Hill, *Women, Work and Sexual Politics in Eighteenth-Century England* (Oxford, 1989), p. 222 quoted in Hill, *Women Alone*, p. 2, note 6.

¹¹³ Neff, *Victorian Working Women*, p. 12.

¹¹⁴ *Population tables I*, vol. I, England and Wales, Divisions i-vii, 1851

<[http://www.histpop.org/ohpr/servlet/Browse?path=Browse/Census%20\(by%20date\)&active=yes&treestate=contract&titlepos=0](http://www.histpop.org/ohpr/servlet/Browse?path=Browse/Census%20(by%20date)&active=yes&treestate=contract&titlepos=0)>, accessed 15 Feb. 2010.

¹¹⁵ Tosh, *A Man's Place*, p. 151.

¹¹⁶ Franz, *English Women Enter the Professions*, p. 27.

¹¹⁷ Neff, *Victorian Working Women*, p. 11.

late. She relates that, of the women in England and Wales, 25 per cent of those aged 30 were unmarried; at the age of 35, 18 per cent were unmarried; and at 50 years of age 12 per cent were still unmarried. Of the men 26 per cent of those aged 30 were unmarried; of those aged 35, 18 per cent were unmarried and at 50, 11 per cent were unmarried.¹¹⁸

Figures obtained by Morris from the censuses from 1851 to 1901 broadly support Neff's view. The mean age at which men married between these dates ranged between 25 and 27 years and the finding was the same for women.¹¹⁹ So the reason women were late in marrying was not because there were so many more women than men, but that men were equally late in marrying.¹²⁰ Neff suggests that during the period between Waterloo in 1815 and the Reform Act (1832), men were experiencing uncertainty in the labour market and were reluctant to accept the responsibilities of marriage, unless they could find a wealthy girl.¹²¹

Life as a Governess

Having discussed the option of marriage, let us now consider some of the occupations that were considered suitable for a respectable young woman. According to Holcombe, being a governess was the only respectable option available for a middle class woman by the middle of Victoria's reign and although teaching was closely related, it was not acceptable in terms of respectability. Although about three-quarters of teachers working in

¹¹⁸ Neff, *Victorian Working Women*, p. 12.

¹¹⁹ Taken from the Registrar General's Demographic Summaries, Source: Wrigley and Schofield, pp. 257-265 quoted in Morris, *Men, Women and Property in England*, p. 36.

¹²⁰ Neff, *Victorian Working Women*, p. 12.

¹²¹ Neff, *Victorian Working Women*, p. 13.

schools were female, they were mainly in elementary schools and were recruited from the working class. Middle class women avoided elementary teaching because it would involve their mixing with working class children and teachers.¹²²

In Tosh's view, "The ranks of governesses in middle class households were swelled by young ladies whose fathers had failed in business or had lacked the means to lay by a nest egg for them."¹²³ However, life as a governess was not a very attractive option. Moberly Bell and Tosh point out that, not only were the wages poor, the incumbent was socially in an unenviable position. She was of the middle class, employed by a middle or upper class family, yet viewed by them as a member of the domestic staff and not accepted as a social equal. While the servants, for similar reasons, equally viewed her as an outsider.¹²⁴ A governess was dependent on the servants to provide her meals, do her laundry and clean her room. These services were sometimes provided grudgingly because the servants viewed her as little different from themselves, particularly in a small household with a few over worked servants.¹²⁵ Equally the governess was unsure how to behave towards her employer's friends. Should she adopt the familiarity of a family member or display the detached attitude appropriate to a servant.¹²⁶ Governesses also faced another difficulty. Once the children in her charge had grown up, she became redundant and could well be left to

¹²² Holcombe, *Victorian Ladies at Work*, pp. 34-35.

¹²³ Tosh, *A Man's Place*, p.13.

¹²⁴ Bell, *Storming the Citadel*, p. 14 and Tosh, *A Man's Place*, p. 20.

¹²⁵ Lady E. Eastlake, 'Vanity Fair, Jane Ayre and the Governesses' Benevolent Institution', *Quarterly Review*, 84, (Dec. 1848) 177 quoted in Hughes, *The Victorian Governess*, p. 94, note 26.

¹²⁶ Hughes, *The Victorian Governess*, p. 100.

support herself on the meagre savings she had been able to accumulate while working.¹²⁷ Holcombe states that in 1860 a governess could expect an annual salary of £25.00, with those in London receiving £65.00. From this, many had to help support their families and they might well be dismissed and replaced by a younger woman at the age of 35.¹²⁸

Nursing

Much has been written about the history of nursing. In contrast a career as an apothecaries' assistant, which became a popular choice among young middle class women, has received little attention from researchers and the possible reasons for this will be discussed later in the chapter. Nursing was originally an unskilled job for lower class women, who cleaned the wards and performed the normal duties of a domestic maid. In addition they took instructions from a doctor regarding medical care.¹²⁹ By the middle of the nineteenth century, an additional tier of upper middle class women was being added in a supervisory role. They did not need a salary and did not consider themselves employees.¹³⁰ As nursing managers or 'Lady Superintendents', they did not involve themselves in practical nursing and indeed had not received any training in the subject. Their expertise was in the supervision of domestic servants and they applied that skill to the running of the hospital.¹³¹ This contrasted with the situation existing in

¹²⁷ Hughes, *The Victorian Governess*, p. 65.

¹²⁸ Holcombe, *Victorian Ladies at Work*, pp. 12-14.

¹²⁹ Summers, *Angels and Citizens*, p. 14.

¹³⁰ Summers, *Angels and Citizens*, p. 95.

¹³¹ Godden and Helmstader, 'Woman's Mission and Professional Knowledge', 163 and Summers, *Angels and Citizens*, pp. 20-21.

other newly emerging professions, where the individual members required a significant amount of technical knowledge.¹³²

Summers tells us that the division was between the lower grade of nurse or 'ward maid', as described above, and a higher grade of head nurse or sister, who supervised the nurses and personally looked after the more serious cases. The two grades were recruited from separate sources and there was no chance of promotion across the divide.¹³³ Cecilia Deeble, who was a Lady Superintendent in 1887 complained that many of the nursing sisters "were not ladies, but of the shop girl class."¹³⁴ So it would seem that nursing sisters were expected to be drawn from the higher classes, but sometimes came from the lower class. Anne Caulfield was the Lady Superintendent at Woolwich, and said in 1893 that she thought that, "we ought to have nobody but ladies in the military hospitals, they are not all of that class now."¹³⁵ One of the concerns of having young women from both lower and middle class backgrounds working away from home in hospitals, and in fairly intimate contact with men, was for their moral well being. A Lady Superintendent was well qualified to watch over this issue in that it was just an extension of one of her duties in running a household, where she was responsible for the moral conduct of her servants.¹³⁶

By 1885, the distinction between Lady Superintendents and nurses was being eroded; nurses were receiving more technical training and were

¹³² Godden and Helmstader, 'Woman's Mission and Professional Knowledge', 164.

¹³³ Summers, *Angels and Citizens*, pp. 14-15.

¹³⁴ Summers, *Angels and Citizens*, p. 118.

¹³⁵ Summers, *Angels and Citizens*, p. 118.

¹³⁶ Summers, *Angels and Citizens*, pp. 28 and 82 and Jordan, 'Suitable and Remunerative Employment', 435.

under the direct supervision of the medical staff.¹³⁷ By 1874, they were required to have a limited knowledge of physiology, were using hypodermic syringes, clinical thermometers and performing urine analyses.¹³⁸ Nursing in private hospitals, private nursing homes and domestic nursing occupied two-thirds of those emerging from training from about 1880. Of these options, domestic nursing employed the largest proportion and many hospitals established private units to provide suitably qualified and better paid staff to nurse rich patients in their own homes.¹³⁹

Midwifery

Although it might seem that midwifery was a possible occupation for middle class women, it was not until the Midwifery Act (1902) that it became acceptable.¹⁴⁰ Thomas records that in York from the seventeenth to the nineteenth century, women of limited income would use midwifery as a means of supplementing the family income.¹⁴¹ McIntosh agrees, by relating that in Sheffield midwives were in the main married or widowed women who operated on a part time basis. Employment for married women in the city was not easy to find and midwifery was a source of additional family income that was widely available.¹⁴² She refers to the 1881 census for Sheffield to show that, even though midwives might well be married to men working in skilled trades, they still found the additional income useful. This

¹³⁷ Summers, *Angels and Citizens*, pp. 95-96.

¹³⁸ Godden and Helmstader, 'Woman's Mission and Professional Knowledge', 161.

¹³⁹ Holcombe, *Victorian Ladies at Work*, pp. 92-93.

¹⁴⁰ McIntosh, 'Profession, Skill or Domestic Duty?', 404.

¹⁴¹ S. Thomas, 'Midwifery and Society in Restoration York', *Social History of Medicine*, 16, 1, (2003) 9.

¹⁴² McIntosh, 'Profession, Skill or Domestic Duty?', 404.

was so, even though older children were working in the steel industry or in domestic service and contributing to the household economy.¹⁴³

The social class involved in this occupation remained largely the same from the mid-nineteenth century until the Midwifery Act (1902) and to some extent until that of 1936.¹⁴⁴ One exception to this was the case of Zepherina Veitch, the daughter of a clergyman, who had trained as a nurse at University College Hospital, and later became interested in midwifery and trained at the British Lying-In Hospital. Convention, however, forced her to give up midwifery when she married the surgeon, Professor Henry Smith.¹⁴⁵ Women midwives were popular among the poor because not every woman in the late 1800s was able to afford a guinea to pay a doctor. They therefore called on one of the many local midwives for assistance. Many of these practised a mix of “folk magic” and such skill, as they had been able to learn from their mothers.¹⁴⁶

In 1873, the Ladies Obstetrical College was founded in London to create a college where educated women could study midwifery. It also campaigned for an amendment to the Medical Acts to give women access to a registerable diploma and a defined professional status.¹⁴⁷ With the exception of references to a few women such as Zepherina Veitch, Jane Wilson, Elinor Bedingfield and Rosalind Paget, who were pioneers in

¹⁴³ McIntosh, ‘Profession, Skill or Domestic Duty?’, 408.

¹⁴⁴ McIntosh, ‘Profession, Skill or Domestic Duty?’, 404.

¹⁴⁵ B. Cowell and D. Wainwright, *Behind the Blue Door: the history of the Royal College of Midwives 1881-1981* (London, 1981), pp. 11-12.

¹⁴⁶ Cowell and Wainwright, *Behind the Blue Door*, p. 11.

¹⁴⁷ S. Atkinson, *The Office of Midwife in England and Wales* (London, 1907), pp. 14-25 and J. Aveling, ‘On the Instruction, Examination and Registration of Midwives’, *British Medical Journal*, 1873, i, 308-9 quoted in T. Forbes, ‘The regulation of English Midwives in the Eighteenth and Nineteenth Centuries’, *Medical History*, 15, 4, (1971) 359, notes 13 and 15.

establishing midwifery as a profession, this is the first suggestion that midwifery might be a career attractive to 'educated women'. In every other case midwives have been described as lower class women who took up midwifery for one of two reasons: either because it was a means of supplementing their income, or because it provided a subsistence income for a poor woman with no education and a training limited only to personal experience.

The Obstetrical Society in 1870 decided in favour of compulsory training and registration, and as this was likely to be a long term project, instituted a voluntary training programme in the meantime.¹⁴⁸ Those who took this voluntary training were keen to see their untrained colleagues, who were in the vast majority, achieve the same status. Inevitably, the poor reputation attached to the untrained was adversely affecting those who had a certificate of competence.¹⁴⁹ Forbes and Cowell agree that the road to a legally recognised compulsory examination and registration was both long and marked by obstacles.¹⁵⁰ The first Private Member's Bill was introduced by Mr Harry Fell Pease in 1889 and this was the first of a number of Private Members' Bills that failed for a variety of reasons.¹⁵¹ It was the Bill introduced by Mr Heywood Johnson in 1900 that became law in 1902. It had taken 20 years to create the Central Midwives Board and even then it only applied to England and Wales. In addition a 'no prejudice' clause

¹⁴⁸ P. Rhodes, *A Short History of Clinical Midwifery: the development of ideas in the professional management of child birth* (Hale, 1995), pp. 86-87.

¹⁴⁹ Cowell and Wainwright, *Behind the Blue Door*, p. 34.

¹⁵⁰ Forbes, 'The Regulation of English Midwives in the Eighteenth and Nineteenth Centuries', 359 and Cowell and Wainwright, *Behind the Blue Door*, p. 30.

¹⁵¹ Cowell and Wainwright, *Behind the Blue Door*, p. 22.

allowed untrained midwives to continue to practise for a further eight years, because to outlaw them immediately would have left large parts of the country without a midwifery service of any kind.¹⁵²

It would appear that, with a few exceptions, midwifery was not seen as a suitable occupation for middle class women, at least until 1902 when it began to achieve professional status. In contrast, the occupation of apothecaries' assistant became increasingly popular among women from 1887. It would also be reasonable to suggest that in the second half of the nineteenth century, midwifery's reputation as an occupation for lower class women and its involvement with matters that were considered unmentionable in polite society did not help.

The Society for Promoting the Employment of Women (SPEW)

Before turning to dispensing as a suitable occupation for a young woman, it would be appropriate to discuss the activities of the Society for Promoting the Employment of Women and its influence in gaining work for women in areas related to medicine. In the mid 1850s, a group of women had come together to find employment for middle class women who were in financial difficulty and by 1859 they had founded the Society for Promoting the Employment of Women.¹⁵³

As well as finding opportunities for less well educated girls, it sought to place young women in more challenging situations, including the medical professions. It placed some girls with a scientific leaning in hospitals, such

¹⁵² Cowell and Wainwright, *Behind the Blue Door*, p. 33.

¹⁵³ Jordan, 'Suitable and Remunerative Employment', 433.

as St Mary's Dispensary for Women and Children in Marylebone; here they were able to study for the apothecaries' assistant's examination.¹⁵⁴ Additional training outside the dispensary was also available to them. Lectures were open to them at the School of Pharmacy, and laboratory practice and instruction could be obtained at the South London School of Pharmacy, in Trinity Square, Borough.¹⁵⁵ Dispensing practice was available at the New Hospital for Women in Euston Road and at some of the Provident Medical Society's dispensaries.¹⁵⁶ Constance Bradbury, an apothecaries' assistant, was employed in 1895 as the dispenser at the dispensary in Ryde, Isle of Wight. She offered to train an apprentice to take the Apothecaries Hall examination for 30 shillings a week, including board.¹⁵⁷ The use of the term 'apprentice' is inappropriate and student or pupil might be better, as no formal apprenticeship was required for the training of apothecaries' assistants.

Medical Dispensing

Why the apothecaries' assistants have received so little attention is not clear, but it is possible to speculate on the reasons. The history of the physicians, surgeons, apothecaries, nurses and midwives has been extensively documented probably because they were high profile subjects who worked in direct contact with the public. Additionally, they left a lot of

¹⁵⁴ Jordan, 'Suitable and Remunerative Employment', 436.

¹⁵⁵ Society for Promoting the Training of Women, Annual Reports 1859-1958; [sic] 1899, p. 9 quoted in Jordan, 'Suitable and Remunerative Employment', 454, note 88.

¹⁵⁶ Society for Promoting the Training of Women, Managing Committee Minute Book 1875-94, 16 July 1897, 22 October 1897; General Committee Minute Book, 1869-1901, 3 July 1897 quoted in Jordan, 'Suitable and Remunerative Employment', 454, note 87.

¹⁵⁷ Society for Promoting the Training of Women, General Committee Minute Book, 1869-1901, 11 Oct. 1895 quoted in Jordan, 'Suitable and Remunerative Employment', 454, note. 86.

contemporary written material to mark their passage. The apothecaries' assistants, by contrast, never existed as an independent body; they were very much 'assistants' and acted under the control and patronage of the Society of Apothecaries. The written material that does exist is lodged in Apothecaries Hall and consists of minute books, records of examination results and letters to the Society. It may be that their obscurity, the relatively low importance of their work compared with the major health professions and the concentration of the source material in one location has resulted in their being overlooked by researchers. It is also possible that the fact that the majority of them were women may not have helped. The first mention appears to be in 1991 in S. Holloway's history of the Pharmaceutical Society, followed by two articles by Ellen Jordan brought about by her interest in feminism.¹⁵⁸ This thesis goes some way to correct this scarcity.

The initiatives taken by SPEW, discussed above, coincided, during the last few decades of the nineteenth century, with a number of other factors that opened up dispensing to suitably qualified women. First, there was an increase in the number of Voluntary Hospitals, Poor Law Hospitals and Public Dispensaries that created a demand for dispensers.¹⁵⁹ Secondly, the apothecaries, who had originally performed the dispensing, had turned between 1700 and 1900 to the practice of medicine.¹⁶⁰ As a result, the dispensing tended to be given to unqualified laboratory boys and dispensary

¹⁵⁸ Holloway, *Royal Pharmaceutical Society of Great Britain* and Jordan, 'Suitable and Remunerative Employment', and Jordan, 'The Great Principle of English Fair Play'.

¹⁵⁹ Jordan, 'Suitable and Remunerative Employment', 432.

¹⁶⁰ Crellin, 'Apothecaries, Dispensers, Students and Nineteenth century Pharmacy at St George's Hospital', 140.

porters.¹⁶¹ This was not always the case, as the dispensing at St Mary's Hospital in London, was done by a dispenser, aided by a laboratory man, from the time it was opened in 1851.¹⁶² However, there was increasing criticism of the institutions that used unskilled men to do this work, particularly as the task of compounding was becoming more complex.

The obvious solution of employing chemists and druggists to perform the dispensing had been thwarted by the Pharmacy Act (1868). This was because it required that each shop, open for the sale of poisons, had to be supervised personally by a pharmaceutical chemist or a chemist and druggist. Additionally, the number of shops had grown, removing surplus chemists and druggists from the market. It was therefore the apothecaries' assistants who filled the void.¹⁶³ Some were young women who had an interest in science, but neither the education nor finance to consider entering a profession. They studied instead for the apothecaries' assistant's examination and took up posts as dispensers in Voluntary Hospitals, Poor Law Infirmaries, Dispensaries or in doctors' surgeries. The women employed as dispensers never entirely replaced men and in the early stages men outnumbered them.

The Society of Apothecaries never created a Register of Apothecaries' Assistants providing an annual record of the names of those who were qualified and still living; so it is not possible to compare the numbers of male and female assistants in any one year. However, it is possible to calculate a cumulative figure for those passing the apothecaries' assistant's

¹⁶¹ Jordan, 'Suitable and Remunerative Employment', 432.

¹⁶² Matthews, *History of Pharmacy in Britain*, p. 182.

¹⁶³ Jordan, 'Suitable and Remunerative Employment', 432.

examination and thereby to obtain an indication of the popularity of the occupation among men and women over a period of time. This approach only produces an approximation, as it does not take account of those who died, or those who resigned their position to marry or seek a different kind of employment. However, the male to female differences in the cumulative totals seem sufficiently large to be indicative. Initially women constituted a small proportion of the cumulative total, for by 1900, 2247 men had passed the examination as against 322 women. This can be accounted for by the fact that women had a delayed start: while the first man qualified in 1850, the first woman did not pass the examination until 1887. By 1920, the position was reversed and the cumulative totals were 2629 men and 4175 women.¹⁶⁴

During the latter part of the nineteenth and the early part of the twentieth centuries, these women made an important contribution to health care in this country. In the early days of the nineteenth century the apothecaries had turned their backs on pharmacy to become general medical practitioners. The assistants, in taking over the dispensing activities of these new doctors, played a part in bringing medical care to the poor. We have seen elsewhere that by 1900 apothecaries' assistants were dispensing 90 per cent of the prescriptions written in doctors' surgeries. In hospitals and other institutions they had replaced the "laboratory boys and dispensary porters" who had previously dispensed prescriptions.¹⁶⁵ From

¹⁶⁴ Society of Apothecaries' Archive, Court of Examiners abstracted lists of candidates for the Licence (1858-61, 1866-69) with, at the back, statistical analysis of examination results, including those of the Assistant to an Apothecary deposited.

¹⁶⁵ Jordan, 'Suitable and Remunerative Employment', 432.

the point of view of the female assistants, this medical backwater provided an opportunity for them to secure their financial future, should they not marry or should they marry and be widowed. It made them into pioneers in breaking the bonds that tied young middle class women to their family homes. It demonstrated that young women, given a suitable education, were perfectly capable of working in the same capacity as a man in a scientifically based career. It also gave them a stepping stone into the profession of pharmacy and as we will discuss later, some of them took advantage of this.

The Social Background of the Apothecaries' Assistants

We have previously discussed the statements in the literature concerning the dilemma fathers faced in allocating their funds to secure their children's future. These statements are typified by Avery's comment, that while the less wealthy professional men might have been able to set up their sons in life, they could not afford to do the same for their daughters.¹⁶⁶ In an attempt to test these assertions an analysis has been performed involving 554 women who sat the apothecaries' assistant's examination between 1887 and 1900. This rather limited period of research is bounded by two events: it was not until 1887 that the first woman qualified and the most recent census available to us is dated 1901.

¹⁶⁶ Avery, *The Best Type of Girl*, p. 5.

Of those who passed, it has been possible to discover the family details in 100 cases. The significance of the size of this sample has not been tested by statistical means, however 20 per cent is a large sample and its validity is further reinforced by the fact that the results found for the 100 subjects all fall in a tight range. These strong patterns emerging from the sample suggest that the remainder, had it been possible to examine them, would have shown similar results. A wide spread of results would have suggested that a larger sample would be required to ensure that it was representative of the whole.

The censuses from 1851 to 1901 were included in the search, where required, to assist in discovering the individual's social background. Data was collected regarding the number of servants employed by the family; the occupation of the subject's father; the occupation of her brothers and whether the first born son achieved higher status employment than the remainder. To help in elucidating these matters the results obtained by an examination of the censuses have been tabulated and included in the appendices. Before considering the fathers' and brothers' occupations, it would be worthwhile to look at the number of servants employed by the families as an indicator to their social class. Hughes mentions this characteristic, saying, "From the turn of the nineteenth century, the employment of a female servant had become an important qualification for any family which wished to consider itself middle class."¹⁶⁷ Lane also alludes to it when discussing the cost to a physician when setting up in

¹⁶⁷ Hughes, *The Victorian Governess*, p. 13.

practice. He lists the need for a house: a library, transport and "... the usual domestic servants."¹⁶⁸ These comments of Hughes and Lane suggest that there could have been two sides to the employment of servants. Undoubtedly, a nineteenth century house would have been difficult to run in the absence of modern day labour saving devices. Servants would have been a necessity if the wife and daughters wished to avoid domestic chores. Equally, having servants to perform the daily chores would have released the ladies of the household to adopt the leisured life style of the gentry and aristocracy. Consequently, the employment of servants would have been a desirable objective as they would have marked out a family as being middle class and this seems to be the essence of Hughes' comment. Lane's point seems to suggest rather that servants were a necessary expense that the middle class had to bear. Loudon also suggests that this was the case when discussing Henry Peart, who when starting up his medical practice was able only to employ occasional domestic assistance, rather than a living in servant.¹⁶⁹ Loudon goes on to say that for the first eighteen months of Peart's medical career in 1830-1831, he earned only £52 15s. 7d.¹⁷⁰ This sum would have put him among the lower middle class together with the "routine clerks, elementary school-teachers and lower officials of the civil service".¹⁷¹ Loudon also quoted Harrison as saying that £300 was

¹⁶⁸ Lane, 'The Medical Practitioners of Provincial England in 1783', 360.

¹⁶⁹ Loudon, 'A Doctor's Cash Book', 252.

¹⁷⁰ Loudon, 'A Doctor's Cash Book', 254.

¹⁷¹ Loudon, 'A Doctor's Cash Book', 261.

considered the minimum required to meet normal middle class expectations in the mid nineteenth century.¹⁷²

It has not been possible to obtain an indication of the salaries earned by the fathers of the 100 women discussed in the sample, and so an examination of the number of servants the family employed has been used to obtain some idea of their position in the class structure. Each of the four censuses from 1871 to 1901 was examined and the number of servants employed by each of the families at the time of each census is shown in table 1 in appendix 3. For each family during this overall time span, the maximum number of servants employed at any one of these four snapshots was selected and the number of families employing that number recorded. Of the 100 families, 88 per cent had one or more servants, 50 per cent two or more and 25 per cent three or more. The fact that 88 per cent had one or more servants suggests that these families were firmly middle class. But if we consider that 12 percent had no servants over a period of 30 years and 50 per cent had one servant or fewer, the view is quite different. It suggests that the families tended to be lower middle class, with some in danger of slipping out of that class altogether. Table 2, in appendix 4, shows the occupations of fathers and brothers. When we consider the occupations of those men whose daughters became apothecaries' assistants, as shown in table 2, we find that they mainly came from what has been defined above as the middle class. That is the professionals, merchants, manufacturers,

¹⁷² Harrison, *The early Victorians 1832-1851*, p. 104 quoted in Loudon, 'A Doctor's Cash Book', 261, note 44.

retailers and small masters.¹⁷³ The old professions of the church, law and medicine account for 23 per cent of the total. The newer professions such as pharmacy, architecture and veterinary medicine account for 20 per cent. The more prestigious of the non-professional occupations accounted for 24 per cent; that is occupations including merchants, manufacturers, owners of businesses (a colliery owner) and senior managers in businesses, such as Railway Station Superintendent, Saw Mill Manager and Oil Works Manager. The remainder of the middle class fathers, including the farmers, builders, shopkeepers and clerks provided 32 per cent. There was only one tradesman, a steam ships' boilermaker and as that is a very skilled and responsible job, he would have been paid as a high level tradesman and possibly above the level of a clerk or teacher.¹⁷⁴ So 67 per cent of the assistants had fathers who were either professionals or had high status non-professional occupations.

If we now look at the occupations of the brothers of these women, we see some differences from those of their fathers, but there are many similarities. However, it is first necessary to explain that brothers have only been included in the analysis where they appear in a census at an age where they have an occupation or are training for one. Some of the women's brothers were still children in 1901 and others had appeared in earlier censuses, when they were too young to have an occupation, but subsequently disappeared from the records. In both these cases they have been excluded from the analysis, but to indicate the size of the families, they

¹⁷³ Morris, *Men, Women and Property in England*, p. 324.

¹⁷⁴ Loudon, 'A Doctor's Cash Book', 261.

have been recorded as 'Child' and 'No record' respectively. In categorising the brothers' occupations, it has been necessary to take into account their age. Naturally, most of them had not reached the positions of seniority of their fathers. Some were on the route to a profession and appear as medical students or dentist's apprentices, for instance; in such cases they have been credited with the completion of their training and classed as professionals. Many of them, in fact 39, are described as clerks and one would imagine that some of them would be promoted to managers over a period of time, but because being a clerk was a career in its own right, it has not been possible to make any predictions about their eventual prospects.

The 100 women had between them 164 brothers, but only 12 per cent of them were members of the old professions, compared with 23 per cent of their fathers. However, the new professions had attracted 27 per cent of the brothers and nine per cent of them were engineers. If we look at the professions as a whole we find that 43 per cent the fathers were professionals compared with 39 per cent of their sons. This bears out Weiner's view that the professional class and the poorer gentry had as their highest priority, the maintenance of the social position of their children.¹⁷⁵ As might be expected, considering the age of the brothers, only six per cent of them were in the prestigious non-professional occupations. Tradesmen accounted for six per cent of the brothers, but only one per cent of the fathers. Again it is possible that some of these brothers, one of whom was a bookbinder and another an engine fitter, might have moved into managerial

¹⁷⁵ Wiener, *English Culture and the Decline of the Industrial Spirit 1850-1980*, p. 18 quoted in Perkins, *The Rise of Professional Society*, p. 120, note 7.

positions in time. The remaining sons: the farmers, the shopkeepers, the brokers and agents account for 49 per cent, but more than three-quarters of them were clerks and we have discussed their prospects already. So it would seem that those fathers in the professions and the higher status occupations did put a proportion of their sons into similar status employment as themselves. But all the fathers were also able to put some of their daughters into the respectable occupation of an apothecaries' assistant. It seems then that cost was not the only consideration and others such as the non-availability of an appropriate education, the need to maintain respectability and a reluctance to lose status by allowing a daughter to take employment were having an effect.

Where there was more than one son in the family, a comparison of their occupations shows that, by no means did the eldest son always achieve the highest status occupation. An examination of table 2 in appendix 4, indicates that in only just over half the families did this occur. Even though some subjective judgement is required in interpreting job titles to arrive at this result, the near equal size of the two groups points to there being more factors involved than the availability of money for education. This situation is exemplified by the case of Beatrice Cole, whose eldest brother was a Tea Inspector and a younger brother was a Chartered Accountant. Bertha Cory's eldest brother was a Fire Insurance Clerk and a younger one was a Medical Practitioner. The eldest brother of Sarah Gregar was a house builder and the others were a House Agent and Decorator, and a Surgeon. Doubtless, on occasions, the eldest son was following his father into the

family business, as in the case of Sarah Gregar's brother. But in many cases, it must have been the absence of an academic aptitude on the part of the eldest son and its existence in a younger one, rather than a lack of funds, that arranged things as they were.

It was not unusual for two sisters to take the examination and become apothecaries' assistants. This was so in the case of Marion Wolseley who passed the examination in 1890 aged 28 and was followed by her younger sister Gertrude in 1897 at the age of 27. Alice and Louisa Brookes both passed the examination on 24 November 1897 aged 24 and 26 respectively. Caroline and Rose Bonner also took the examination on the same day, 25 October 1899, aged 35 and 28 respectively. Perhaps they were becoming concerned that marriage was not going to come their way and were taking action to secure their future. Gertrude Mannon passed in 1889 aged 17 and was followed by her sister Margaret in 1899 at the age of 18. As a variation on this theme, Ada Bargery's father Joseph was a sick-bay steward in 1881, but passed the assistant's examination on 26 October 1898. Ada had already passed on 27 July of that year aged 19.

In the case of some women who passed the apothecaries' assistant's examination, the next census taken after the examination does not record the occupation of 'dispenser' nor any similar title that would indicate their qualification. Beatrice Cole, who passed the examination in 1897 and whose father was a pharmaceutical chemist, was living at home with her family in 1901 and yet the census shows no occupation. Similarly, Lily Schilling passed the assistant's examination on 24 January 1900. She was living at

home in 1901 with her father, who was a merchant's manager and her mother who is shown as a dressmaker, yet there is no indication of Lily's qualification or occupation. Mabel Bates had a father who was a chemical agent. She passed the examination in 1898 and in 1901 lived at home with her family, but the census shows no occupation for her. It is possible that their fathers were reluctant to declare the fact that their daughters were working, although Lily's father did not mind declaring his wife's occupation. Perhaps the daughters, having gained the qualification, were keeping it as an insurance against difficult times in the future, but in the meantime were happy to enjoy the life style of a gentleman's daughter. An alternative explanation would be that they had found it difficult to find a position as a dispenser or were unable to find one sufficiently close to home.

There are 14 women who passed the assistant's examination prior to 1901 and have their occupations recorded as nurse in that census. It seems strange that someone would go to the effort and expense of the training and examination unless they intended to seek work as a dispenser. Equally, one would have thought that nurses would have had a fair understanding of the work of a dispenser and so would not take the examination only to find that the work did not suit them. Perhaps it was, as suggested above, that there were few positions available. There is however another possible explanation in the case of three of these women. Amelia Wiginton who passed the examination aged 31, was the matron of a small hospital in 1901 with three nurses. As she was qualified as an apothecaries' assistant, the hospital would not need to employ a dispenser. The same would apply to Emily

Correll who passed the examination in 1895 at the age of 36 and by 1901 was the Matron of a Cottage Hospital with no nurses and five patients. Amelia Colman was in a similar position in 1901 as the Matron of a hospital with three nurses and 11 patients.

Some having passed the assistant's examination went on to qualify as chemists and druggists or as pharmaceutical chemists. Hilda Caws, having passed the assistant's examination in 1899 at the age of 22, went on to study at the School of Pharmacy in Bloomsbury Square in 1903 and succeeded in passing the 'major' examination.¹⁷⁶ Catherine Perkins passed the assistant's examination in 1889 at the age of 23 and then the Pharmaceutical Society's 'major' examination in 1895. Flora Minshull who was a wood engraver in 1871, passed the assistant's examination in 1899, aged 47, but progressed no further. Her sisters Jane and Rose were described as medical dispensers in the 1871 census, but there is no record of either of them taking the examination. As they were aged, respectively, 29 and 25 at the time, they could not have been working under the provisions of the 'no-prejudice' clause included in the Apothecaries Act (1815) and must have been working informally. Jane died in 1873, but Rose went on to register as a Pharmaceutical Chemist in 1879, having passed the Society's 'major' examination.

It is not unusual for children to take up the same occupation as their fathers and in the case where a father owned his own business, at least one of his children was usually encouraged to do so in order to ensure the

¹⁷⁶ 'Women in Pharmacy', *Pharmaceutical Journal*, 76, 22, (6 Jan. 1906) 15.

continuation of the business. Doubtless some of the subjects discussed in this thesis developed an interest in their father's medically related work and took the apothecaries' assistant's examination so as to be able to work as a dispenser. They would then have been in a position to assist in the family business as a dispenser, thereby avoiding the cost of employing a third party dispenser. A chemist and druggist would have been able to employ a similarly qualified son or daughter in his business. But in neither case would these children have been able to succeed their fathers in the practice or business unless they subsequently qualified respectively as a doctor or a chemist and druggist.

Among the apothecaries' assistants surveyed in this thesis, we have a number of relevant examples. Ellen Howell, Dora Notley, Caroline Horsley, Amy Coles and Bertha Nix were assistants who could have been employed in their fathers' medical practices, but it is not possible to say whether they were or not. Ethel Gayton was employed as a dispenser in the North Western Hospital of the Metropolitan Asylums Board where her father was the medical superintendent. Lilian Kennard and Constance Bradbury were both daughters of medical men, but were working as dispensers away from home. Mabel Voight, Alice Brookes and Louisa Brookes were the daughters of chemists and druggists. Both Alice and Mabel might have been employed as dispensers by their fathers, but Louisa Brookes has no recorded employment in 1901. Ada Taylor and Clara Lloyd could both have been dispensers in their fathers' businesses and both had brothers who were chemists and druggists and who would have succeeded their fathers. This

leaves one last group, the assistants who were in a position to inherit the family chemist's shop and they were those who had gone on to qualify as chemists and druggist subsequent to passing the apothecaries' assistant's examination. They are Flora Mitten who appears along with her father in a chemist's shop in Hurstpierpoint in the 1899 *Kelly's Directory* as "Mitten, William and Miss Flora". By 1911 Flora is shown as the proprietor.¹⁷⁷ Annie Tilson's father, James, had two chemist's shops in 1896, both in Long Sutton, Wisbech. There is no mention of James or Annie in the 1905 or 1909 directories and so although Annie might have supervised one of the shops after 1893 when she qualified, it would seem that they were both disposed of by 1905.¹⁷⁸ No Directory could be found that covered Darwen in Lancashire, the location of the chemist's business owned by Ralph Shorrocks, where Mary Shorrocks possibly worked with him. Lizzie Buchanan was also a chemist and druggist potentially working in her father's shop, but no directory could be found covering Kerriemuir where they lived.

Generally speaking, the daughters who were apothecaries' assistants, and whose fathers were doctors or chemists and druggists, were not being trained to take over the family business, but certainly would have been well qualified to assist in it. Of the daughters who trained as an assistant and went on to qualify as a chemist and a druggist, Flora Mitten is the only one where there is evidence of succession.

¹⁷⁷ *Kelly's Directory of Sussex, 1899* (Kelly and Co., Ltd., London, 1899) and *Kelly's Directory of Sussex, 1911* (Kelly and Co., Ltd., London, 1911).

¹⁷⁸ *Kelly's Directory of Lincolnshire, 1896* (Kelly and Co., Ltd., London, 1896); *Kelly's Directory of Lincolnshire, 1905* (Kelly and Co., Ltd., London, 1905) and *Kelly's Directory of Lincolnshire, 1909* (Kelly and Co., Ltd., London, 1909)

In addition to those who passed the apothecaries' assistant's examination and went on to qualify as pharmacists, other young women qualified directly as pharmacists, during the same period, without using the assistant's examination as a stepping stone. We will now look at these women and compare their family backgrounds with those who passed only the apothecaries' assistant's examination. But before doing so, it is worth discussing the difficulties a woman faced in joining the pharmaceutical profession. We have already discussed, in chapter 2, the lengthier training and the costs involved, but there were additional problems in store; passing the Pharmaceutical Society's qualifying examinations was only the first step to membership.

There was a great deal of opposition to overcome from the existing male members and it was the concurrence of three circumstances that enabled the first women to join. The first was the Pharmacy Act (1868) that required all future chemists and druggists to pass an examination prior to being permitted to practise. It also included a 'no-prejudice' clause that permitted all those already in business, to join the Society and continue to trade without examination. Because the Act was not specific in respect of the sex of the applicants, it permitted 215 women to become members, who had continued to operate their husbands' businesses after their death. The register was thus not only accessible by law to women, but a precedent had been established.¹⁷⁹ The second was that there were three women, Isabella Clarke Keer, Rose Minshull and Louisa Stammwitz, working at a

¹⁷⁹ Jordan, 'The Great Principle of English Fair Play', 388.

dispensary run by Elizabeth Garrett. They were judged by SPEW to be suitable candidates for entry, by examination, to the Pharmaceutical Society's register.¹⁸⁰ The third circumstance was a champion for the cause of women in the person of Robert Hampson. He was a radical pharmaceutical chemist from Manchester who was elected to the Society's Council in 1872 and was determined to see women become members of the Society.¹⁸¹ Immediately after his election to the Council, Robert Hampson obtained permission for women to attend lectures at the Society's school.¹⁸² Thereafter he kept the issue constantly before the Council, at Council meetings and the membership, at Annual General Meetings. The three female candidates played an equally important part; all three passed all the examinations including the 'major'¹⁸³ and were persistent in their demands for recognition. Notwithstanding their extremely good academic achievements, they experienced a great deal of opposition to their membership from the Pharmaceutical Society's Council and from the membership in general. They applied on a number of occasions both for registration and later for membership without success.

Robert Hampson initially based his arguments on the rights of women and the fact that the Pharmacy Acts did not exclude suitably qualified women from membership. When this approach failed to impress the membership, he changed his strategy in 1873 and succeeded in persuading the Council to agree by appealing to their sense of "... justice,

¹⁸⁰ Jordan, 'The Great Principle of English Fair Play', 399.

¹⁸¹ Jordan, 'Suitable and Remunerative Employment', 438.

¹⁸² Jordan, 'Suitable and Remunerative Employment', 438.

¹⁸³ Jordan, 'The Great Principle of English Fair Play', 399.

fairness and equity.”¹⁸⁴ It would seem that it was his persistence that finally won the day rather than any other strategy on his part. This can, in part, be judged by the reported opinion of Mr Robbins, a Council member, who said that, “... the matter had come before Council several times, and he thought the members were getting tired of it.” It had taken from 1870, when Hampson first joined the Council, until 1878 for the first women to be registered as members of the Society by examination.¹⁸⁵

The members of the Pharmaceutical Society voiced a number of objections against the prospect of women joining the register. There was a general fear that the employment of women would threaten men’s livelihoods. A chemist’s assistant, that is a man who had passed the ‘minor’ examination, but was working for another who owned a shop, wrote to the *Pharmaceutical Journal* complaining that chemists’ assistants were in a perilous situation. Their wages were not so high that they could withstand competition for their jobs from ladies, who were paid at a lesser rate. He feared that the result would be to force good men to resign from the Society.¹⁸⁶

Others thought that pharmacy would be an unsuitable job for women because of the unpleasant aspects of some of the work. A correspondent to the *Pharmaceutical Journal* wrote about the distasteful features of some of the illnesses that a chemist and druggist was called upon to discuss with his

¹⁸⁴ Jordan, ‘The Great Principle of English Fair Play’, 397.

¹⁸⁵ Jordan, ‘The Great Principle of English Fair Play’, 401.

¹⁸⁶ *Pharmaceutical Journal and Transactions*, 3, (22 Feb. 1873) 679 quoted in Jordan, ‘The Great Principle of English Fair Play’, 393, note 53.

customers; features that often disgusted men, never mind women.¹⁸⁷ Others wrote that the “heavy, dirty and dangerous” work was unsuitable for women and that pharmacy was very much a male preserve.¹⁸⁸ G. Webb Sandford, who had been President of the Pharmaceutical Society for eight years between 1863 and 1880,¹⁸⁹ was an outspoken critic of the attempts to introduce women to the profession. He believed that God had laid down the different roles to be adopted by men and women and that as this arrangement had worked well for four thousand years there was no call to interfere.¹⁹⁰

Having discussed the difficulties faced by the women attempting to join the Pharmaceutical Society, we will now look at their family backgrounds to see how they compare with those of the women who became apothecaries’ assistants. Table 3, in appendix 5, shows the family backgrounds for those women who were admitted onto the Pharmaceutical Society’s register by means of examination. The first point to make is an obvious one and concerns those women who passed the apothecaries’ assistant’s examination and then went on to take those of the Pharmaceutical Society. The census results shown against their names in table 3 are identical to those in table 2: Catherine Perkins, Alice Cable, Mary Checketts and Joyce Coney fall into this category.

An analysis of the fathers’ occupations – similar to the one performed in respect of those women who became apothecaries’ assistants – shows that

¹⁸⁷ Jordan, ‘The Great Principle of English Fair Play’, 393.

¹⁸⁸ Jordan, ‘The Great Principle of English Fair Play’, 393.

¹⁸⁹ *Calendar of the Royal Pharmaceutical Society of Great Britain, 1991-1992* (London, 1991), p. 26.

¹⁹⁰ *Pharmaceutical Journal and Transactions*, 3, (1 Mar. 1873) 698 quoted in Jordan, ‘The Great Principle of English Fair Play’, 394, note 61.

fathers employed in the old professions of the church, law and medicine account for 21 per cent of the total. The newer professions such as pharmacy and engineering account for 26 per cent. The more prestigious non-professional occupations including the merchants and manufacturers accounted for 16 per cent. The remainder of the middle class fathers, including the farmers, shopkeepers and clerks provided 37 per cent. So 63 per cent of the women who entered pharmacy had fathers who were either professionals or had high status non-professional occupations. Allowing for the fact that there are only 19 women in this sample, the distribution between the various occupational groups is similar to that shown by the fathers whose daughters passed the apothecaries' assistant's examination.

In considering these women's brothers we must bear in mind the comments made previously: the constraints occasioned by their ages and the fact that they do not always appear in the later censuses, means that not all the women's brothers appear in the analysis. Given that, we find that the 19 women had 20 brothers between them, a smaller proportion than that displayed by the assistants. Neither Isabella Clarke Keer nor Flora Mitten had any brothers and so their fathers would have had more money available for their education than other girls who did have brothers. Annie and Mary Neve's brother, William, became a solicitor, perhaps joining the practice where his father was a solicitor's clerk, with a possible reduction in cost. Almost certainly Mary Shorrocks's brother, John, would have been an apprentice in his father's business as a chemist and druggist and dentist, which would have saved indenture costs. William Berrill, the brother of

Annie, would have saved his father money by joining him in his exporting business. The same is true for Richard Brittain, who joined his father in manufacturing bedsteads and equally so Francis Checketts, who took up his father's occupation of farming.

An analysis of the brothers' occupations, recorded in table 3, appendix 5, shows that 15 per cent became lawyers or joined the clergy, compared with 12 per cent of the assistants' brothers. The new professions were favoured by 40 per cent of the pharmacists' brothers, compared with 27 per cent in the case of the assistants. Of the pharmacists' brothers, five per cent became merchants or manufacturers, while the figure was six per cent in the case of the assistants. Farmers and clerks account for 30 per cent of the pharmacists' brothers as opposed to 49 per cent in the case of the assistants. Ten per cent of the pharmacists' brothers were tradesmen compared with six per cent for the assistants. Based on these figures, a greater percentage of pharmacists' brothers joined the professions, 55 per cent, compared with 41 per cent for the assistants and this was mainly at the expense of the category of that included farmers and clerks. But it is important to acknowledge again that at 19 the sample size of the pharmacists is small.

In this chapter, the research tells us a great deal about the women who chose to sit the apothecaries' assistant's examination in order to become medical dispensers. By studying the family backgrounds of 100 of these women, who worked in this medical backwater, we obtain an insight into the important social changes that were taking place among the middle class

during the nineteenth century. The middle class was by no means a uniform body, but rather a range of people of widely varying wealth, as well as differing political and religious views. It encompassed those from the old professions at one extreme to those in trade at the other. One indicator of a family's position was the number of servants it employed and this survey demonstrates that 50 per cent of the families examined employed one or fewer servants. This suggests that they were at the lower end of the class and were in danger of slipping out of it altogether.

An analysis of the occupations of the fathers and brothers of those women who became assistants compared with those who became pharmacists, largely shows the same picture: that of middle class families seeking to maintain or improve their social position by putting some of their children into high status occupations. Forty three per cent of the fathers, whose daughters became assistants, came from the professions; while in the case of those women who qualified as pharmacists, the equivalent figure was 47 per cent. However, it is important to mention that in the case of the pharmacists, the sample size of 19 families, is very small. Nonetheless it would seem that there is little difference between the backgrounds of these two groups of women, in respect of their fathers' occupations. A similar comparison of the brothers' occupations shows that 39 per cent of those whose sisters were assistants joined a profession, compared with 55 per cent of those whose sisters were pharmacists. It could be suggested that this latter group of brothers, whose fathers were more heavily biased towards the professions, were benefiting from the availability of better financial

support for their training and perhaps better advice and experience. But as previously mentioned, it was a small sample. In all these cases, the fathers not only found the money to set up one of their sons in a profession, but they managed to train at least one daughter to be an apothecaries' assistant. It is interesting to note that it was not always the first son that joined a profession suggesting that there were constraints other than a shortage of money; academic aptitude could for instance have been a factor. In eight of the families where a daughter had become an assistant, it was one of the younger sons that joined a profession.

A shortage of money could well have been more of an issue in the case of the daughters, as it is likely that the sons would have received preferential consideration. But there were other equally important constraints that affected the daughters. In the first half of the nineteenth century the education available to girls was not of sufficient scope or depth to prepare them to take the first step on the ladder that led to the professions. This was particularly true in the case of the science subjects necessary for the medical professions. Girls' education improved in all these aspects during the second half of the century and it is significant that all the women mentioned in this survey were born after 1843. In addition to this lack of education, there were societal issues that were important. One of the characteristics of middle class life was that fathers were expected to provide financially for their wives and daughters while they were living at home. The family finances were often tight and depended almost entirely on the father. If he should fall sick, die or desert the family, disaster would

probably follow, but permitting his daughters to go out to work, whether they needed to or not, would reflect badly on the whole family. Some evidence presented suggests that some fathers were reluctant to allow their daughters to seek paid employment or to gain a qualification that would allow them to do so. Certainly, the fathers of Lilly Schilling and Mabel Bates, did not declare their daughters' qualifications in the censuses and we have seen how Elizabeth Garrett's family disapproved of her plans to study medicine.¹⁹¹ Additionally, there was the question of a daughter's respectability, a property critically related to her marriage prospects. Allowing her to leave the safe environment of home unchaperoned would put her respectability at risk. However, attitudes were changing; families were beginning to realise that there was a limit to the extent to which they could emulate the upper classes and continue to support their daughters for the whole of their lives should they fail to marry. If a girl were not to marry, then the options open to her were not attractive and it would be preferable for her to find a respectable and relatively high status occupation. No doubt the death of 15 of the fathers and the absence of one other, in the survey in this thesis, encouraged their daughters to sit the apothecaries' assistant's examination.

Another set of circumstances that might have persuaded a father to allow his daughters to take paid employment was related to a practice that had developed among middle class women; they had begun to take an interest in the living conditions of the poor. To this end, middle class

¹⁹¹ Bell, *Storming the Citadel*, p. 50.

women had involved themselves in supporting voluntary hospitals and Poor Law institutions. It is possible that the contact they had with local doctors, who were contracted as Parish Medical Officers, stimulated an interest in some of the daughters and encouraged them to qualify as dispensers. The close association between charitable work and dispensing, as a paid occupation, might have convinced their fathers that no loss of family status would ensue. Equally, a mother's personal experience of the circumstances under which her daughter would be working, would have satisfied her concerns about the issue of respectability.

Becoming an apothecaries' assistant was one of the few jobs open to a middle class woman, but there were others. Once the separation between the higher social class superintendents and the lower class 'ward maids' disappeared in 1885, nursing began to be seen as an option for women from the middle class. Some of the entrants for the apothecaries' assistant's examination were nurses: women like Amelia Wiginton, Emily Correll and Fanny Colman who curiously continued to pursue a career in nursing after qualifying as assistants. Similarly, midwifery was a lower class occupation until it started to achieve a professional status after 1902. There was a decline in the number of women offering themselves for the assistant's examination for a period between 1901 and 1905 and it is possible that midwifery's newly acquired professional status attracted some would-be dispensers. Some young women whose accomplishments were limited to music, drawing, English literature and deportment were, should they fail to marry, left little alternative than to become a governesses. Trade generally

was to be avoided; a lady would lose her status as a lady if she engaged in trade, no matter how delicate it might be.¹⁹² Writing was considered marginally respectable, as evidenced by the fact that authoresses of the time often wrote under a pseudonym.¹⁹³ McDonald, when speaking about 1878, asserts that, “A career on the stage ... was not acceptable for an educated or middle class society woman.”¹⁹⁴ Domestic service and factory work were certainly out of the question, leaving very little that would not seriously damage the family’s social standing.¹⁹⁵

It is not surprising therefore that when the opportunity to qualify as an apothecaries’ assistant arose, in the mid to late nineteenth century, it became popular with young women who had an interest in science. Between 1887 and 1920, nearly 4200 women passed the examination and some of them went on to greater things. Isabella Clarke Keer and Rose Minshull were the first to register with the Pharmaceutical Society in 1897 having passed the qualifying examination, Rose Minshull achieving the highest mark in the ‘preliminary’ examination in a field of 166 candidates.¹⁹⁶ Mrs Clarke Keer went on to teach pharmacy at the London School of Medicine for Women. Their entry into the pharmaceutical profession was not without difficulty and it was a combination of the determination displayed by these women and the efforts of a champion, Robert Hampson who was on the Pharmaceutical Society’s council, that brought it about after a long struggle. They were followed by Margaret Buchanan who founded the Association of

¹⁹² Hill, *Women Alone*, p. 55.

¹⁹³ Reader, *Professional Men*, p. 167.

¹⁹⁴ McDonald, *Clara Collet*, pp. 28-29.

¹⁹⁵ Reader, *Professional Men*, p. 167.

¹⁹⁶ Holloway, *Royal Pharmaceutical Society of Great Britain*, p. 263.

Women Pharmacists. It is reported that she advised girls who had passed the apothecaries' assistant's examination not to stop there, but to continue to study for the Pharmaceutical Society's qualification. The training was shorter and less expensive than that for medicine; nonetheless, a good education including Latin was still required.

Other early Pharmaceutical Society registrants included Edith Rayner who was the dispenser at the Mildmay Mission Hospital in Bethnel Green in 1900 and Georgina Barltrop who was in charge of the dispensary at the North Eastern Hospital for Children in Hackney. Clara Fox, another assistant turned pharmacist, was the dispenser at the St Pancras Infirmary and Margaret Warren held the same post in the Royal Eye Hospital, Southwark.¹⁹⁷ Elizabeth Garrett was the first woman to become a doctor by qualifying as a licentiate of the Society of Apothecaries in 1865. She opened the St Mary's Dispensary for Women and Children in Marylebone a year later and offered work, as dispensers, to some of the apothecaries' assistants.¹⁹⁸ Alice Marion Hart applied, at the same time as Rose Minshull, to be registered as a student member of the Pharmaceutical Society and had her Apothecaries' Assistant's Certificate accepted as equivalent to the 'preliminary' examination. Considering the dispute that was to arise after 1911 in respect of apothecaries' assistants registering as chemists and druggists, this was an interesting development.¹⁹⁹

The world of work was at last opening up to young middle class women and the apothecaries' assistant's qualification was at the forefront of

¹⁹⁷ 'Women in Pharmacy', *Pharmaceutical Journal*, 76, 22, (6 Jan. 1906) 15.

¹⁹⁸ Jordan, 'Suitable and Remunerative Employment', 436.

¹⁹⁹ Holloway, *Royal Pharmaceutical Society of Great Britain*, p. 263.

this development. It made them into pioneers in breaking the bonds that tied young middle class women to their family homes. It demonstrated that young women, given a suitable education, were perfectly capable of working in the same capacity as a man in a scientifically based career. It provided a rewarding career for girls who had a scientific bent and the aptitude to benefit from a secondary education at a price, that in over 4000 cases, their fathers were able to afford. Furthermore, it was widely used as a stepping stone to a professional career in pharmacy. In addition the qualification created a body of people that provided the country's dispensing service for 70 years. In doing so, they bridged the gap between the time when the apothecaries abandoned pharmacy in favour of medicine, and the passing of the National Insurance Act, when dispensing was transferred to the chemists and druggists.

Chapter 4

The Introduction and Amendment of Related Legislation

The period from 1800 to 1912 saw the introduction of a good deal of legislation intended to accomplish social change and to facilitate the establishment of the professions. This legislation had a fundamental influence on the core theme of this thesis: the rise and decline of the apothecaries' assistants. Although, as we shall see, some of these influences remained dormant until 1911 when they combined to deal a severe blow to these dispensers of medicine.

The state of public health was generally a concern and was addressed by a number of Public Health Acts.¹ Lloyd George had long believed that social reform was necessary and that it was the state's responsibility to act. He had campaigned for change throughout his political career and had persuaded the rich that such changes were in their interests.² As Chancellor of the Exchequer he succeeded in guiding the National Insurance Act (1911) through Parliament. Another aspect of public health that was engaging both the government and the public was that of accidental and criminal poisoning, particularly as it related to the widespread use of

¹ Berridge, 'Health and Medicine' in Thompson, (ed.) *The Cambridge Social History of Britain*, pp. 193-194.

² J. Grigg, *Lloyd George. [2], The People's Champion, 1902-1911* (London, 1978), p. 313. Further information about Lloyd George and the National Insurance Act (1911) may be found in B. Gilbert, *The Evolution of National Insurance in Great Britain: the origins of the welfare state* (London, 1966) and W. Braithwaite in H. Bunbury, (ed.) *Lloyd George's ambulance wagon: being the memoirs of William J. Braithwaite, 1911-1912* (London, 1957) and M. Pugh, *Lloyd George* (London and New York, 1988) and B. Gilbert, *David Lloyd George: a political life the architect of change 1863-1912* (London, 1987) and P. Rowland, *Lloyd George* (London, 1975).

arsenic.³ The control of the availability of poisons was to affect the development of pharmacy as a profession.

There was also concern about the variation in standards of qualification of those offering medical assistance to the sick. These concerns coincided with a desire on the part of medical practitioners to see the formal establishment of a profession, with registration of practitioners regulated by law and restricted to those appropriately qualified. There existed amongst the chemists and druggists also a similar wish to see the practice of pharmacy restricted to those who were properly qualified.⁴ Legislation to restrict entry to the medical and pharmaceutical professions to those who were duly qualified inevitably disadvantaged the unqualified practitioners of medicine and pharmacy. Similarly, restrictions on the supply of arsenic were unpopular with those that had previously sold it freely through all manner of outlets.⁵ Such actions interfered with a long-standing tradition of the supremacy of free trade in the country.⁶ But the public and government were beginning to accept that the benefits of free trade were going to have to be restricted in exchange for improved public safety. Nonetheless, there were those who would have put their own interest ahead of the public good. One such was Mr H. Cannell, who gave evidence to a Departmental Committee looking into the use of poisons.⁷

³ Bartrip, 'A "Pennurth of Arsenic for Rat Poison"', 58-59.

⁴ 'The Proposed New Pharmacy Bill', *Pharmaceutical Journal*, series 2, 6, 6, (Dec. 1864) 298-299.

⁵ Watson, *Poisoned Lives*, pp. 206-207.

⁶ A. Wootton, 'Ideal Pharmacy Law', *Pharmaceutical Journal*, series 4, 74, 20, (1 Apr. 1905) 479.

⁷ *Report of the Departmental Committee appointed by the Lord President of the Council regarding Schedule A to the Pharmacy Act, 1868* (25 Nov. 1902), p 110.

The Apothecaries Act (1815) confirmed in statute the judgement of the Rose case of 1703 that had permitted the apothecaries to diagnose and prescribe for the sick in their homes, thereby transforming them into general medical practitioners. It also formally recognised the apothecaries' assistants. The Medical Act (1858) established the General Medical Council and created a register, thus distinguishing between qualified and unqualified medical practitioners. It recognised the apothecaries as medical practitioners and further strengthened their position. In 1852, the Pharmaceutical Society had its Royal Charter confirmed in law by the Pharmacy Act. These were the fundamental acts on which the professions were based and during the second half of the nineteenth century they were amended and replaced as circumstances changed. The professions sought to reinforce their positions, improve their influence or correct errors in earlier Acts that were causing operational difficulties.

Running in parallel with these medical improvements were items of legislation designed to improve the living conditions of the population. The Public Health Act (1848) created a General Board of Health and gave powers to Local Authorities to manage water supplies and sewers, but this centralisation generated fears about central control of local affairs and in 1858, the General Board was disbanded. Nonetheless, the need was still there and the Sanitary Act followed in 1866. In 1871 the Local Government Act provided a single public health administration and then in 1875 the

Public Health Act consolidated most of the existing sanitary legislation.⁸ The National Insurance Act (1911) was concerned primarily with the standard of living of the poor, but because their health was intimately linked with this concern, the medical professions were affected by the Act. Likewise the Arsenic Act (1851), although intended to prevent deaths from arsenic poisoning, had an influence on the formulation of the Pharmacy Act (1868) and the Poisons and Pharmacy Act (1908).

These Acts of Parliament will be discussed under three broad themes, first the Early Development of the Medical Professions; secondly, the Pharmacy Profession and the Problem with Poisons and finally, Politics, Public Welfare and the National Insurance Act (1911). The legislation discussed under these three themes relates to the societal changes that were occurring during the period and had a serious influence on the fortunes of the apothecaries' assistants, who are the core study in this thesis. In many cases the adverse influence they experienced was an unintentional by-product of the legislation, but nonetheless just as damaging. These legislative changes occurred when the apothecaries' assistant's qualification was increasing in popularity and were responsible for its subsequent decline over a period of about 75 years. During this period, the qualification provided a useful and respectable occupation for a section of society, many of them young middle class women. These pieces of legislation are therefore central to the argument of the thesis.

⁸ Berridge, 'Health and Medicine' in Thompson, (ed.) *The Cambridge Social History of Britain*, pp. 193-194.

Early Development of the Medical Professions

The Apothecaries Act (1815) was a consequence of and confirmed, in law, the judgement in the Rose case, as discussed in chapter 1. It also authenticated the provisions in the Society of Apothecaries' Charter given by King James in 1617. It charged the Master and Wardens of the Society with the duty of examining the competency of the apothecaries within London to a boundary of seven miles radius and the quality of the goods available in their shops. The Act required every apothecary to dispense the prescriptions of any licensed physician. A Court of Examiners was to be established to examine the competence of those wishing to become apothecaries or apothecaries' assistants within England and Wales. It made it illegal for anyone to act as an assistant to an apothecary unless he had been examined by the Court of Examiners and given a certificate to practise. However a 'no prejudice' clause was included to permit both apothecaries and assistants, already in practice, to continue to do so without taking the examination.⁹

The Bill passed through Parliament with adverse comment only from Earl Stanhope, who although he was in favour of such a Bill in principle, thought that it was badly written and too oppressive. The chemists and druggists objected to it, as they were in danger of being classified as unqualified persons and a clause was consequently included to protect their livelihoods. It permitted them to "... carry on the same trade or business in

⁹ *Apothecaries Act*, 55 Georgii III, Cap.194, Jul. 1815.

such a manner, and as fully and amply to all intents and purposes, as the same trade or business was used, exercised or carried on by chemists and druggists before the passing of this Act.”¹⁰ This failed to satisfy the chemists and druggists, who offered a replacement clause that defined their business as, “buying, preparing, compounding, dispensing and vending drugs and medicinal compounds, wholesale and retail”. The original clause had been quite broad, essentially allowing the chemists and druggists to continue doing what they had been doing without defining the detail. In redefining the clause to secure the trade aspects of their business, the chemists and druggists forgot that they were also prescribing for patients. They thus gave away this right to prescribe which might ultimately have allowed them to metamorphose into general practitioners. The apothecaries were delighted to accept the chemists and druggists’ redrafted clause and included it.¹¹

In founding the College of Physicians in 1518, Henry VIII confirmed that the practice of medicine should be restricted to qualified men.¹² But this applied only to London and we have seen in chapter 1 that medicine was practised throughout Britain by anyone who wished to do so. By the mid-nineteenth century it was accepted that this situation could not continue and the Medical Act (1858) was passed by Parliament. It restricted the use of the titles of physician, surgeon and apothecary to those who had qualified through one of twenty licensing authorities. It thereby

¹⁰ *Apothecaries Act*, 55 Georgii III, Cap.194, Jul. 1815, clause 28.

¹¹ Anderson, ‘The Burdens of History’, 93.

¹² Robb-Smith, ‘Medical Education at Oxford and Cambridge prior to 1850’ in Poynter, (ed.) *The Evolution of Medical Education in Britain*, p. 24.

effectively created the medical profession. Professionals sought to sell their expertise in a specialist area and as achieving this expertise had involved considerable expenditure of time and money, they sought in exchange a monopoly in their field of activity. The idea of a monopoly concerned those who had always been used to operating in a free trade environment and in consequence, the Bill's passage through Parliament was opposed by those whose interests were going to be affected.¹³ The medical profession did not achieve the monopoly it wanted, as the Act did not outlaw unqualified quack doctors, but it did restrict their activities. The public could still seek treatment from whomever they chose; the Act simply made it easier to determine who was qualified and who was not. It did also lay quacks open to a charge of assault were they to perform a surgical operation.¹⁴

Opposition from the free trade supporters also arose during the passing of the Pharmacy Act (1852), which confirmed the Pharmaceutical Society's Charter and marked the creation of the pharmaceutical profession. It was preceded by two Bills: the first in 1851 and the second a year later. Both these Bills were brought in by Mr Jacob Bell and Mr William Ewart. Jacob Bell had been one of the founders of the Society and was to be its president in 1856. He entered Parliament for the seat of St Albans in November 1850, specifically to promote pharmaceutical legislation. The Society had had no success previously in persuading members of Parliament to introduce a Bill and decided that the solution lay in having one of their

¹³ Reader, *Professional Men*, p. 66.

¹⁴ Reader, *Professional Men*, p. 67.

members elected to the House.¹⁵ This strategy was aided by the Society's 'Parliamentary Fund', which had been established after the Apothecaries Act, to promote pharmaceutical affairs.¹⁶

The 1851 Bill required the Council to appoint a Registrar. He was required to produce a register of all those engaged in the business of a pharmaceutical chemist or of a chemist and druggist. The Bill defined the rules for the registration of pharmaceutical chemists, chemists and druggists, students, apprentices and associates. It attempted to fix the examination syllabuses in law and empowered the Society to make and amend its byelaws, subject to their being ratified by one of Her Majesty's Principal Secretaries of State. It attempted to make it unlawful for anyone, who was not registered, to carry on the business of a pharmaceutical chemist or chemist and druggist in Great Britain. It protected the titles of Pharmaceutical Chemist, Chemist and Druggist, and Dispensing Chemist by making it illegal for anyone who was not registered to use them and similarly protected the signs, tokens and emblems related to the trade.

The Bill protected the existing rights and privileges of the Universities of Oxford and Cambridge, the Royal Colleges of Physicians and Surgeons of England, Scotland and Ireland, and the Society of Apothecaries by stating that they might continue to operate as they had done prior to the Act. Drysalters, vendors of drugs and chemicals for other than medical purposes, makers of patent medicines or horse and cattle remedies were

¹⁵ Juanita Burnby, 'Bell, Jacob (1810–1859)', *Oxford Dictionary of National Biography* (Oxford, 2004).

¹⁶ Millerson, *The Qualifying Associations*, p. 295.

similarly protected.¹⁷ A number of amendments were made at the Committee Stage and from our point of view, two were more important than the others. Changes to the byelaws had first to be agreed by a general meeting of the membership before they were presented to the Privy Council for ratification. Secondly, when a pharmaceutical chemist or chemist and druggist died, his widow was to be permitted to continue to operate his business providing she employed a registered assistant to control the pharmaceutical activities.¹⁸ However this provision was removed prior to the Act becoming law, but did return at a later date.

Jacob Bell, introducing his Bill for its second reading said that he thought that those who compounded and dispensed physicians' prescriptions performed a responsible function and it was right that they should have a certain level of education and should demonstrate their fitness to practise by sitting an examination. Now that chemists and druggists had replaced the apothecaries as compounders and dispensers of medicines, they should be regulated, as had been the case previously with the apothecaries.¹⁹ The chemists and druggists had been chartered in 1843 and had organised themselves well. They had established a training programme and offered an examination to those who wished to take it on a voluntary basis, but those who failed were just as free to set up in business as those who passed. This Bill sought to make the examination compulsory. There was no wish to disadvantage anyone already in business, the intention was to ensure that

¹⁷ *Bills Public*, vol. 5, session 4 Feb.-8 Aug. 1851, pp. 321-327.

¹⁸ *Bills Public*, vol. 5, session 4 Feb.-8 Aug. 1851, pp. 329-338.

¹⁹ *Hansard's Parliamentary Debates*, third series, vol. CXVIII, 1 Jul.-8 Aug. 1851, cols. 111-112.

all those who joined the profession in the future would be trained and examined.²⁰

During the debate prior to the second reading, Mr Hume, a surgeon,²¹ was concerned that there was already sufficient legislation regulating physicians, surgeons and apothecaries. The apothecaries, although they had become general practitioners, were still charged [by the Apothecaries Act (1815)] with the responsibility of dispensing physicians' prescriptions and there was no need to establish another body in law with a monopoly in this area. Mr Bernal disagreed; people were risking their lives by being treated by ignorant druggists and the Pharmaceutical Society was already examining its members in order to reduce that risk. This Bill, which had received no opposition from the medical profession, was seeking to ensure that all those who wished to enter the profession were examined. Sir George Grey, the Secretary for the Home Department, thought that the matter should be considered in the context of the medical profession in general. He was not in favour of the Pharmaceutical Society being given a monopoly in deciding who should be authorised to dispense. Although he was prepared to permit the Bill a second reading, he was opposed to its further progression during the session.²²

At the committee stage on 16 July 1851, Mr Wakley noted that there was opposition to the Bill, although Mr Bell had amended it. Doubt had been raised as to the Society's competence to undertake the country's

²⁰ *Hansard*, third series, vol. CXVIII, 1 Jul.-8 Aug. 1851, cols. 113-116.

²¹ V. E. Chancellor, 'Hume, Joseph (1777-1855)', *Oxford Dictionary of National Biography* (Oxford, 2008).

²² *Hansard*, third series, vol. CXVIII, 1 Jul.-8 Aug. 1851, cols. 116-118.

dispensing, however, he was satisfied that it had proved its competence during the period since the Charter had been granted. Mr Henley thought that it was part of a large and difficult matter and that more information was required. Mr Bell, he believed, should move for a Select Committee investigation early in the next session.²³ On 12 February 1852, Jacob Bell reintroduced the Bill and was asked by Mr Hulme whether any amendments had been made to make it more acceptable and whether any of Her Majesties Ministers now accepted it? Bell replied that the objections had centred on the amount of power that would be given to the Pharmaceutical Society and that this had been resolved. The Secretary of the Home Department had no objection and once he had seen it, he would decide whether to give it his support. The Bill received its first reading.²⁴

Jacob Bell spoke at the second reading on 17 March 1852 and presented petitions in favour from the Royal College of Physicians and the Royal College of Surgeons, from 150 medical practitioners living in London and from chemists and others throughout the country. He said that the time had come to progress from a voluntary examination to a compulsory one, so that the public would benefit from having the service of a qualified practitioner.²⁵ S. H. Walpole, the Home Secretary,²⁶ was concerned about the powers conferred by the second clause, which allowed the Society to make and amend its own byelaws. He wished the Bill to be reviewed by a Select Committee. Mr E.P. Bouverie was opposed to handing a monopoly to

²³ *Hansard*, third series, vol. CXVIII, 1 Jul.-8 Aug. 1851, cols. 849-850.

²⁴ *Hansard*, third series, vol. CXIX, 3 Feb.-22 Mar. 1852, cols. 467-468.

²⁵ *Hansard*, third series, vol. CXIX, 3 Feb.-22 Mar. 1852, cols. 1218-1222.

²⁶ Derek Beales, 'Walpole, Spencer Horatio (1806-1898)', *Oxford Dictionary of National Biography* (Oxford, 2004).

a trading body about which the House knew so little. It seemed likely to him that they would mimic the history of the apothecaries and turn into general practitioners. Nonetheless, the Bill was given a second reading²⁷ and received royal assent on 30 June 1852.²⁸

The original Bill would have made it unlawful for anyone to carry on the business of a pharmaceutical chemist or chemist and druggist in Great Britain, unless they were registered members of the Pharmaceutical Society. This was not achieved in the Act. Instead, the use of certain titles and emblems was restricted to members of the Society and it was left to the public to decide whether they wished to consult a qualified or unqualified practitioner. The physicians' fears, that the Society was being given excessive powers by allowing it to create and amend its own byelaws were assuaged. Any changes to the byelaws had to be ratified by both a Special General Meeting of the membership and by one of Her Majesty's Principal Secretaries of State. The physicians were further mollified in that the subjects of medicine, surgery and midwifery were excluded from the examination syllabus. But in return no one who was a member of the medical profession was to be allowed to join the Pharmaceutical Society;²⁹ not a very valuable concession one would have thought.

²⁷ *Hansard*, third series, vol. CXIX, 3 Feb.-22 Mar. 1852, cols. 1218-1222.

²⁸ *Hansard*, third series, vol. CXXII, 4 Jun.-1 Jul. 1852, col. 839.

²⁹ *Pharmacy Act*, 15 & 16 Victoria, Cap. LVI, 1852.

The Pharmacy Profession and the Problem with Poisons

The emergence of the middle class and the consequent changes in society led to increasing anxiety about the use of poisons; an anxiety that was promulgated by the increasing popularity of newspapers at the time. Both the public and Parliament expressed concern about the ease with which poisons could be obtained and the number of deaths, both accidental and intended, that occurred as a result.³⁰ The number of cases of poisoning had increased during the first half of the nineteenth century and Watson states that crimes of poisoning had increased from the 1820s to reach a peak in 1850.³¹ Coley quotes Alfred Swaine Taylor, as stating that in 1837-38, of the 541 poisonings in England and Wales, arsenic was used in 185 cases, of which most were criminal cases. However, it was opium and its derivatives that were responsible for most deaths, with a total of 196 cases, a figure that included many suicides and accidental poisonings.³² The Registrar General's Reports for England for 1858 to 1861 revealed that 509 suicides and 1,059 other deaths were attributed to poisoning. Additionally, many of the 1,380 murders that occurred in the same period were also the result of poisoning.³³

³⁰ A. Wootton, 'Ideal Pharmacy Law', *Pharmaceutical Journal*, series 4, 74, 20, (1 Apr. 1905) 478.

³¹ Watson, *Poisoned Lives*, p. 206.

³² A.S. Taylor, *A Manual of Medical Jurisprudence* (London, 1846), p. 68 quoted in N. Coley, 'Alfred Swaine Taylor, MD, FRS (1806-1880) Forensic Toxicologist', *Medical History*, 35, (1991) 416, note 40.

³³ Burt, 'An Examination of the Pharmaceutical Responses to the Implementation of the Chemists and Druggists' Register: the transformation of a trade into a profession' (unpublished doctoral thesis, University of Wales, Dec. 1999), p. 115.

Poisonings, by Accident and on Purpose

The ease with which poisons could be obtained was a significant factor in their involvement in cases of criminal and accidental death. Prior to the Arsenic Act (1851), the whole attitude to the use of poisons was different from that of the present day and any shopkeeper could sell any poison he wished.³⁴ Henry Schofield, who poisoned his family in 1817, obtained his arsenic from the local shoemaker.³⁵ Poisons were regularly used in most households and were readily available from hardware shops and chemists and druggists. Arsenic was used for killing rats and 'Lysol' (cresol dissolved in soap solution) was used as a disinfectant.³⁶ Laudanum, a solution of opium in ethanol,³⁷ was freely available and widely used to relieve pain and to quieten children.³⁸

Watson cites three main reasons for the increase in criminal poisonings during this period. The first two, which are closely related, were poverty and the opportunity to collect money from Benefit Societies or Burial Insurance policies.³⁹ The third was the inconvenience caused by the presence of children within a family. She suggests that children were not viewed in the same light as they are today. Contraception was not widely used and as a consequence, children were often unwanted, became a drain on the family's resources and were in danger of being poisoned when the

³⁴ Watson, *Poisoned Lives*, pp. 206-207.

³⁵ PRO, PL 27/9, box 2 (Lancashire), *Rex v. Henry Schofield*, 1817. Deposition of Isaac Wolfenden quoted in Watson, *Poisoned Lives*, p. 40, note 24.

³⁶ E.F. Reynolds, (ed.) *Martindale The Extra Pharmacopoeia*, thirtieth edition (London, [1883] 1993), p. 792.

³⁷ Reynolds, *Martindale*, p. 1738.

³⁸ Coley, 'Alfred Swaine Taylor', 410.

³⁹ Watson, *Poisoned Lives*, pp. 85-91.

strain became too much.⁴⁰ For example, Rebecca Smith who was illiterate, undernourished and in poor health had been married for 18 years to an alcoholic husband. She poisoned eight of her eleven babies in the 1840s using arsenic, because she could see no future for them and felt that a quick death was preferable to starvation.⁴¹

Burial clubs and societies came into being in the north of England to provide saving schemes to pay for a decent burial. The insurance industry also sold policies that paid out a sum on death and both these schemes offered an incentive to those who had fallen on hard times and were prepared to contemplate murder as a solution.⁴² Robert and George Sandys who lived with their wives in adjoining cellars in Stockport had insured their children with the Philanthropic Burial Society. In 1840 they poisoned three of their children with arsenic and collected £3 8s. 6d. for each of them for an outlay of 17 pence.⁴³ The general situation is illustrated by Sir Arthur Conan Doyle in *The Sign of Four*. He has Holmes comment, “I assure you that the most winning woman I ever knew was hanged for poisoning three little children for their insurance money.”⁴⁴

Arsenic was often the cause of accidental poisonings, such as that that occurred on a large scale in Bradford in October 1858. Arsenic was mistakenly supplied to a confectionary manufacturer instead of an inert filler. It had been bought from a chemist and druggist, but at the time the proprietor was ill in bed and had told his shop boy where it was stored.

⁴⁰ Watson, *Poisoned Lives*, p. 96.

⁴¹ *The Times*, 18 Aug. 1849, p. 5 and Watson, *Poisoned Lives*, p. 88.

⁴² Watson, *Poisoned Lives*, p. 89.

⁴³ *The Times*, 29 Oct. 1840, p. 6.

⁴⁴ A. Conan Doyle, *The Sign of Four* (London, [1890] 1974), p. 26.

Sadly, the boy had selected the wrong container and supplied 12 lbs. of arsenic. It was used to make a batch of peppermint lozenges that were sold to the public and 20 people, including some children died. Approximately 200 others became seriously ill. The consequences of the mistake were limited by the prompt action of the police, who traced the source and managed to recall most of the sweets. Each lozenge was found to contain between 11 and 16 grains of arsenic compared with the therapeutic dose of one-sixteenth to one-twelfth of a grain;⁴⁵ 1 to 4½ grains would constitute a fatal dose.⁴⁶

It would seem that mistakes such as this were not uncommon, for Charles Dickens in *The Pickwick Papers* includes a commentary on the contemporary situation in a chemist's shop. During the swearing of the jury in the trial of Bardolph vs. Pickwick, one of the jurymen, a chemist, objects. He says, "I just wanted to observe my Lord ... that I've left nobody but an errand-boy in my shop. He is a very nice boy, my Lord, but he is not acquainted with drugs; and I know that the prevailing impression on his mind is that Epsom salts means oxalic acid; and syrup of senna, Laudanum."⁴⁷

The medical profession was also responsible for cases of accidental poisoning. In August 1866, the wife of Mr C. Simpkin, living in Rutland, was provided with a bottle of medicine by her surgeon Mr Spencer. Shortly after taking a dose, she became unwell and died within 20 minutes, showing

⁴⁵ I. Jones, 'Arsenic and the Bradford Poisonings of 1858', *Pharmaceutical Journal*, 265, 7128, (23/30 Dec. 2000) 938-939.

⁴⁶ Reynolds, *Martindale*, p. 1338.

⁴⁷ C. Dickens, *The Posthumous Papers of the Pickwick Club* (London, [1837] 1981), p. 432.

typical symptoms of strychnine poisoning. Mr Spencer was called and insisted that there was nothing harmful in the medicine. To prove his point, he drank from the suspect bottle himself, an action, which in the face of the available evidence was, to say the least, foolish. He exhibited the same symptoms and required medical treatment himself. The two bottles supplied contained 8.2 grains of strychnine in four ounces of liquid;⁴⁸ a dose of half a grain would have been capable of killing a person in 20 minutes.⁴⁹

The Government's Response

Public and governmental concern about the increasing number of cases of poisoning and particularly the popularity of arsenic as the poison, led to the introduction of the Arsenic Act in 1851. It was introduced into the House of Lords by George Howard, the seventh Earl of Carlisle. At its second reading he said that while the provisions of the Act should be difficult to evade, its operation should be as easy as possible to execute. Those who wished to buy arsenic for legitimate purposes should be inconvenienced as little as possible. It was accepted however that it was concerned only with arsenic, while there were many other poisonous substances readily available. Arsenic had been selected for attention because it was well known by the public and being colourless and tasteless, was easy to use as a human poison.⁵⁰ Carlisle also thought that it would be difficult to create an all-encompassing list of substances that might be used improperly.⁵¹

⁴⁸ *The Belfast Newsletter*, 4 Oct. 1866, no page number.

⁴⁹ Reynolds, *Martindale*, p. 1231.

⁵⁰ O. Davies, *Murder, Magic, Madness: the Victorian trials of Dove and the wizard* (Harlow, 2005), p. 94.

⁵¹ *Hansard*, third series, vol. CXCIV, 4 Feb.-14 Mar. 1851, cols. 1300-1301.

The Bill was brought into the Commons on 25 March 1851 and contained the following provisions. Every person selling Arsenic was to keep a record of the sale in a book. The entry was to include the quantity sold, the purpose for which it was stated to be required, the date, and the details of the purchaser. Restrictions were set on the quantity that could be sold, and arsenic to be used for agricultural purposes had to be denatured by mixing it with soot or indigo. Sales to medical practitioners and for use as an ingredient in a medicine were exempt. The Bill passed through the remainder of its readings without discussion and received royal assent on 5 June 1851.⁵²

Essentially, the Arsenic Act only identified the buyer and recorded the sale; it did little to prevent people using it as a poison. This is demonstrated by the case of Madeleine Smith who poisoned her suitor Emile L'Angelier. He was considered unsuitable by her parents, but nonetheless a relationship developed. Then another more suitable young man appeared and Smith's affection for L'Angelier cooled. She asked for the return of her letters, but L'Angelier refused and threatened to send them to her father. At this stage, Smith unsuccessfully tried to buy a quantity of prussic acid from an apothecary. Then on two later occasions, in March 1857, she bought quantities of arsenic from a druggist called Murdoch, saying she wished to use it as a cosmetic. She gave it to L'Angelier in drinks of coffee

⁵² A Bill intituled An Act to Regulate the Sale of Arsenic (as amended by the committee), *Bills Public*, vol. 6, session 4 Feb.-8 Aug. 1851, pp. 7-11.

and cocoa.⁵³ The Arsenic Act had not prevented the sale, but it did provide evidence of her purchase of the poison.

The Arsenic Act did nothing to prevent accidental poisoning by arsenic as exemplified in the case of the peppermints contaminated with the poison in Bradford. Such accidents at home and at work were responsible for many more deaths than resulted from criminal activity.⁵⁴ The Act exerted no control on the sale of other poisons and accidents involving them continued to occur. On 5 November 1858, Richard Vaughan of Sackville Street, London, died from an overdose of laudanum which he had been using for the relief of pain caused by an ulcer in an eye socket. He had accumulated a large quantity by the frequent purchase of small amounts. On 25 October 1858, Mr George Lewis of Hermes Street, Pentonville Road committed suicide using potassium cyanide. This chemical was used by photographers and was thus easily obtained. Mr James Moore, of Little St Andrew's Street, Seven Dials, having purchased a large quantity of oxalic acid, committed suicide on 9 November 1858.⁵⁵

The controls placed on the sale of arsenic made other poisons more attractive to criminals, as is demonstrated by the case of William Dove, a gentleman of independent means, living in Burley, near Leeds. He poisoned his wife over a period of time between December 1855 and March 1856 by introducing strychnine into her food. Using the pretext of exterminating

⁵³ F. Tennyson Jesse, 'Madeleine Smith 1857', in H. Hodge and J. Hodge (eds.), *Famous Trials* (London, 1984), pp. 133-169.

⁵⁴ A. Crowther and B. White, *On soul and conscience: the medical expert and crime. 150 years of forensic medicine in Glasgow* (Aberdeen University Press, 1988), p.19 quoted in Bartrip, 'A "Pennurth of Arsenic for Rat Poison"', 57, note 13.

⁵⁵ *Pharmaceutical Journal*, 18, 6, (1 Dec. 1858) 342-343.

stray cats around his home, Dove obtained the poison on two occasions from John Elletson, the assistant of the family's general practitioner.⁵⁶ These inadequacies of the Arsenic Act (1851) led the government to look to the Pharmaceutical Society to assist in controlling the sale of poisons.

However, the Pharmaceutical Society had other things on its mind. It was not satisfied with the Pharmacy Act (1852) and was seeking further legislation. It wished to restrict the keeping of an open shop for the dispensing of medicines, to those who were registered members of the Society.⁵⁷ Before it accepted responsibility for the control of the sale of poisons, the Society first wanted to consolidate its position. It believed that there was no point in restricting the sale of poisons to those on the Society's register, until the title of chemist and druggist had been defined in law and entry to the register had been restricted to those who had passed an examination. Unless this were done, grocers and others would simply put a chemists and druggist's sign over their door and carry on selling poisons. The Society wanted to secure its own position first, believing that any mention of poisons control in the new Bill they were intending to introduce would slow its passage through Parliament and be counterproductive.⁵⁸

The Pharmacy Act (1868)

The Pharmacy Bill, which the Pharmaceutical Society introduced in 1864, was a response to proposals by a Committee of the General Council of

⁵⁶ *The Daily News, London*, 11 March 1856, p. 6 and Davies, *Murder, Magic, Madness*, pp. 62-64.

⁵⁷ 'Special Meeting of the Pharmaceutical Society', *Pharmaceutical Journal and Transactions*, series 2, 5, 10, (Apr. 1864) 448.

⁵⁸ 'Sale of poisons', *Pharmaceutical Journal*, 9, 7, (1 Feb. 1850) 356 quoted in Bartrip, 'A "Pennurth of Arsenic for Rat Poison"', 63, note 37.

Medical Education and Registration. This Committee wished to amend the Medical Act (1858) to include Pharmacy within the general framework of Medicine and place it under the control of the Medical Council. It would have made the Medical Council responsible for the education, examination and registration of all those wishing to practise pharmacy. It would have required the registration of all those who wished to keep open shop for the compounding of medicines and required that all prescriptions written by physicians and surgeons were compounded and dispensed only by those registered. It would have prohibited the sale of all patent medicines whose formulae were not disclosed and a body of inspectors was to be established to ensure that the provisions of the Act were enforced.⁵⁹

Understandably, these proposals united chemists and druggists in defence of their vested interests, whether they were members of the Pharmaceutical Society or not, and meetings were held throughout the country.⁶⁰ The Editor of the *Pharmaceutical Journal* believed that Parliament would not adopt a measure that would take away the legitimate trade of thousands of men, in which they had been engaged for many years and which was their only source of income.⁶¹ Despite this editorial and the fact that the Bill was in the very early stages of consultation among the medical licensing bodies, it prompted much alarm and distress.⁶² Until this time, many had seen little value in membership of the Pharmaceutical Society and its educational programme. A Mr Collins speaking at a Special

⁵⁹ 'Medical and Pharmaceutical Legislation', *Pharmaceutical Journal*, 5, 10, (1 Apr. 1864) 429.

⁶⁰ 'Medical and Pharmaceutical Legislation', *Pharmaceutical Journal*, 5, 10, (1 Apr. 1864) 429-430.

⁶¹ 'Medical and Pharmaceutical Legislation', *Pharmaceutical Journal*, 5, 10, (1 Apr. 1864) 430.

⁶² 'Medical and Pharmaceutical Legislation', *Pharmaceutical Journal*, 5, 10, (1 Apr. 1864) 429.

General Meeting of the Society held on 17 March 1864 highlighted this lack of interest. He pointed out that the Society, had by 1864, experienced a decrease in membership from a high point of about 4,000 to 2,100 and they were a small proportion of the total number of chemists and druggists in business. Of the 2,100 only 430 had passed an examination.⁶³ The actions of the Committee of the General Council of Medical Education and Registration prompted those chemists and druggists who were not members of the Society to join.⁶⁴

Although the proposed amendment to the Medical Act caused concern among the chemists and druggists, its intentions were in the main, closely aligned with the objectives of the founders of the Pharmaceutical Society.⁶⁵ They had wanted to see the dispensing of all physicians' prescriptions restricted to those who had been examined and registered. This objective had remained alive during the parliamentary progress of the 1852 Pharmacy Act, although they never expected to achieve it. The interest expressed by the large number of chemists and druggists throughout the country persuaded the Pharmaceutical Society to introduce the 1864 Bill. It was also encouraged by the probability that the Medical Council would abandon their Bill were the Society to introduce one of its own containing the same intentions. Perhaps, they thought, circumstances had changed and the long-term objectives of the Society might be realised.⁶⁶

⁶³ *Pharmaceutical Journal*, 5, 10, (1 Apr. 1864) 448.

⁶⁴ *Pharmaceutical Journal*, 5, 10, (1 Apr. 1864) 431.

⁶⁵ 'The Proposed New Medical Bill', *Pharmaceutical Journal*, series 2, 5, 2, (1 Aug. 1863) 45.

⁶⁶ *Pharmaceutical Journal and Transactions*, series 2, 5, 10, (Apr. 1864) 429-431.

A Special General Meeting of the Pharmaceutical Society was requisitioned by more than 300 members and was held on 17 March 1864. The sole item on the agenda was a proposal that an application be made to Parliament for an amended Pharmacy Act. This Act, while protecting the position of those already in business, would require that all future chemists and druggist undergo a compulsory professional examination prior to going into business.⁶⁷ The meeting was largely in favour of the resolution, although a few contrary opinions were expressed. Mr Pedlar opposed any measure that would prevent small shopkeepers selling simple medicines such as Epsom Salts and senna. This had been proposed in the Medical Council's Bill and he thought it would be very damaging to their businesses and would disadvantage the poor.⁶⁸ Daniel Hanbury believed that there would be some merit in collaborating with the Medical Council with a view to creating one comprehensive Act to regulate medicine, surgery and pharmacy.⁶⁹ Mr Abraham was in favour of the *status quo*; members of the Society were able to take the examination if they wished and had a protected title. The public were able to identify skilled practitioners and free to choose whether they obtained their medicine from them or from someone who was unqualified. He was opposed to restricting public choice.⁷⁰ Here again we hear the voice of the free trade lobby, which believed that it was not the responsibility of the government to prevent the general public from visiting unqualified practitioners, if they so desired;

⁶⁷ *Pharmaceutical Journal and Transactions*, series 2, 5, 10, (1 Apr. 1864) 444.

⁶⁸ *Pharmaceutical Journal and Transactions*, series 2, 5, 10, (1 Apr. 1864) 450.

⁶⁹ *Pharmaceutical Journal and Transactions*, series 2, 5, 10, (1 Apr. 1864) 455.

⁷⁰ *Pharmaceutical Journal and Transactions*, series 2, 5, 10, (1 Apr. 1864) 451-452.

such decisions should be left to the individual. Mr Geo. Edwards wanted the meeting to be clear about the resolution. The discussion had assumed that, after the Act was passed, the examination to be taken by all those wishing to become members of the Society would be compulsory, yet the word 'compulsory' did not appear in the resolution.⁷¹ Following a short discussion the word 'compulsory' was added.

Mr Flux, the Society's solicitor then summarised a draft Bill currently being considered by the Council; the significant issues were that after 1 January 1865 no one would be permitted to keep open shop for the dispensing of prescriptions issued by a medical practitioner, unless he was registered under the Pharmacy Act (1852) or under this new Act. After that date all those who wished to commence business would have to pass an examination. Chemists and druggists who were in business in Great Britain on that date were entitled to be registered as chemists and druggists for a fee. Assistants and associates, as described in the Pharmacy Act (1852), would be registered when they passed the Society's 'minor' examination and commenced in business, and finally the rights of duly qualified medical practitioners would not be infringed.⁷²

It is worth noting that there is no mention of the sale of poisons in this Bill. The Council's immediate desire was to unite the profession by ensuring that only those registered under the terms of the Pharmacy Act (1852) were permitted to keep open shop for the dispensing of medical prescriptions. It feared that a Bill that included the control of poisons would

⁷¹ *Pharmaceutical Journal and Transactions*, series 2, 5, 10, (1Apr. 1864) 456.

⁷² *Pharmaceutical Journal and Transactions*, series 2, 5, 10, (1Apr. 1864) 458.

be more difficult to steer through Parliament and preferred to leave that challenge to a later date. Representatives of the Pharmaceutical Society comprising the President, Mr Sandford; the Vice-President, Mr Hills; the Secretary, Mr Bremridge; the Treasurer, Mr Daniel Bell Hanbury; the Society's Solicitor, Mr Flux and five other members, met with the Home Secretary, the Right Hon. Sir George Grey to discuss the Bill on 22 November 1864.⁷³

Despite this, the 1864 Bill did not progress and in 1867, an amended Pharmacy Bill was formulated by the Pharmaceutical Society. It differed significantly from the 1864 Bill, in that the control of poisons was included. From 31 December 1867 no person was to be permitted to keep open shop for "retailing, dispensing or compounding poisons or for the compounding of prescriptions of duly qualified medical practitioners" unless he was registered under the terms of the Act.⁷⁴ The Bill also included a list of 16 poisonous substances, [detailed in appendix 6] that were to be designated poisons within the meaning of the Act.⁷⁵ Additionally, the Pharmaceutical Society was charged with the responsibility of proposing other substances for inclusion on this list, subject to ratification first by the Medical Council and then by one of Her Majesty's Principal Secretaries of State.⁷⁶

The Bill also made minor amendments to the regulations governing the registration of chemists and druggists, and apprentices. The businesses of medical practitioners, veterinary surgeons, manufacturers of patent

⁷³ *Pharmaceutical Journal*, series 2, 6, 6, (1 Dec. 1864) 298-299.

⁷⁴ *Pharmaceutical Journal*, series 2, 8, 11, (May 1867) 671.

⁷⁵ *Pharmaceutical Journal*, series 2, 8, 11, (May 1867) 675-676.

⁷⁶ *Pharmaceutical Journal*, series 2, 8, 11, (May 1867) 671.

medicines and wholesalers of poisons were protected. Importantly, where a pharmaceutical chemist, or a chemist and druggist died while in business, his executors were permitted to continue his business for as long as they wished, providing it was conducted by a duly qualified assistant. In due course this clause was invoked to allow limited companies to operate a chain of pharmacies providing they employed a qualified man in each shop. This change drew a distinction between pharmacy in this country and the rest of Europe where the individual pharmacist proprietor arrangement still prevails. In some cases pharmacists' wives, who, although unqualified, had worked alongside their husbands while they were alive, were able to show that they had been employed by their husbands as dispensers and were accordingly to be included on the register. The Bill also specified the packaging and labelling required for poisons for sale by wholesale or retail, and exempted from jury service all registered pharmaceutical chemists and chemists and druggists.⁷⁷ There is however no record that this Bill was introduced into Parliament.

While the Pharmaceutical Society was attempting to steer its Bills through Parliament, concern among the public and government about the continued easy availability of poisons intensified.⁷⁸ In consequence, on 19 May 1868, in the House of Lords, Earl Granville introduced a Bill to Regulate the Sale of Poisons and alter and amend the Pharmacy Act (1852). From its introduction it had a rapid passage through the Lords, was sent to the Commons and received royal assent on 31 July 1868. At the Committee

⁷⁷ *Pharmaceutical Journal*, series 2, 8, 11, (May 1867) 671-676.

⁷⁸ *Pharmaceutical Journal*, series 2, 6, 6, (1 Dec. 1864) 299.

Stage in the Lords, Earl Granville suggested that the object was to safeguard the public by requiring that all those engaged in the sale of poisons, and all chemists and druggists be examined and qualified and the titles included in the Bill be restricted to those qualified. The Duke of Marlborough spoke about the indiscriminate sale of poisons from village shops. He said that as the Pharmaceutical Society was the only body interested in this issue and as they had offered examinations to safeguard the public, it was right that they should be supported. But as these examinations were to become compulsory on all those conducting this trade, it was necessary that the government should have some control of the examination process. To this end, he proposed an amendment, accepted by Granville, that the Privy Council should have this responsibility and that the Society should have the power to make regulations for the general sale of poisons, ratified by the Privy Council. He was concerned however, that not all common poisons were included in the Bill.⁷⁹

The Act, which received royal assent on 31 July 1868, differed from the Pharmaceutical Society's 1867 Bill in the following ways. During the passage through parliament of the 1867 Bill, concerns had been expressed about the creation of a monopoly in dispensing and its attack on free trade. In consequence the provision that would have restricted the compounding of prescriptions, issued by qualified medical practitioners, to those on the Pharmaceutical Society's register was removed. However, the Act retained the requirement that those keeping open shop for the retailing,

⁷⁹ *Hansard*, third series, vol. CXCII, 11 May-26 Jun. 1868, cols. 1554-1555.

compounding or dispensing of poisons be pharmaceutical chemists or chemists and druggists within the terms of the Act. Thus the Pharmaceutical Society's two original intentions of 1864: to restrict to its members the compounding and dispensing of prescriptions in open shops and to have nothing to do with the control of the sale of poisons were completely negated.⁸⁰

'Pharmacist' and 'Dispensing Chemist' were added to the titles that had previously been restricted to registered members of the Society. The Privy Council became the body from which the Society had to seek ratification on changes to the byelaws and additions to the poisons list. Apprentices had once again to serve out their apprenticeships and pass the qualifying examination. There was a 'no prejudice' provision for men who were assisting chemists and druggists as dispensers in their shops (referred to by the Pharmaceutical Society as 'assistants') and were not at the time members of the Society. Providing they had been engaged in dispensing for three years, they were permitted to join after passing a modified examination. In the 1864 Bill, protection had been provided for duly qualified medical practitioners, in that nothing within the legislation was to interfere with their practices. They were not mentioned in the 1868 Act, but apothecaries were included and given this protection. This is surprising as clauses of this nature were often added to nullify any opposition from closely

⁸⁰ J. Hunt, 'Pharmacy in the Modern World, 1841-1986' in Anderson, *Making Medicines*, p. 79 and 'The Proposed New Pharmacy Bill', *Pharmaceutical Journal*, series 2, 6, 6, (Dec. 1864) 299.

related bodies, who might consider that the legislation attacked their position.⁸¹

This issue immediately came to light and it was necessary to amend the 1868 Act with an Amendment Act in 1869, to protect the practices of medical practitioners and veterinary surgeons. This was instigated by Lord Robert Montagu who was concerned that the 1868 Act distinguished between English apothecaries and veterinary surgeons and their Scottish equivalents. The English practitioners were allowed to dispense for their patients while the Scots were not and this could be serious in the highlands where access to a chemist's shop might involve a long journey.⁸² At the same time, the regulations concerning the sale or supply of poisons were amended in the case of dispensed medicines. This corrected the nonsensical situation requiring dispensed medicines that contained poisons to be labelled 'Poison'. The amendment required the container to be labelled with the name and address of the supplier and the ingredients had to be recorded and retained by him.⁸³

More Problems with Poisons and Pharmaceutical Politics

The next developments in legislation commenced with a curious Bill introduced into the House of Lords in June 1871. It empowered the Privy Council to request the Pharmaceutical Society to exercise its authority, given in the Pharmacy Act (1868) to make regulations to control the, "keeping, dispensing and selling of poisons." If the Society failed to do so,

⁸¹ *Pharmacy Act*, 31 & 32 Victoria, Cap. XXI, Jul. 1868.

⁸² *Hansard*, third series, vol. CXCIV, 10 Dec. 1868-23 Mar. 1869, col. 863.

⁸³ *Pharmacy Amendment Act*, 61 & 62 Victoria, Cap. 25, Jul. 1869.

the Privy Council was to be empowered to act independently and make such regulations as it saw fit.⁸⁴ This suggests that the Pharmaceutical Society had not been exercising the powers it had been given to make these regulations.⁸⁵ The Bill passed from the Lords to the Commons, was read there for the first time, and withdrawn on 17 July 1871.⁸⁶ During the whole of its passage, no debate was entered into.⁸⁷

From 1885 until 1898 two themes were engaging Parliament, the public and the Pharmaceutical Society. The first, as we have already discussed was the desire of the Pharmaceutical Society to amend some aspects of the Pharmacy Act (1868) and it was partially successful in achieving this aim in the Pharmacy Acts Amendment Act (1898). The second was a wish, on the part of some members of Parliament and the agricultural chemical suppliers, to see a reduction in the restrictions on the sale of poisons used in agriculture. Others, in parliament and among the public, wished to see greater regulation of the sale of poisons. Both of these factions attempted unsuccessfully to use the Pharmacy Bills, formulated at the time by the Pharmaceutical Society, to achieve their objectives.

Between 1885 and 1891, five Bills were introduced into Parliament with the intention of amending the previous Acts. They were used to air various concerns, but none of them received the royal assent. The Poisons Bill (1885) was introduced into the House of Lords by the Lord President, Lord Carlingford. At its second reading on 19 March 1885, he explained

⁸⁴ *Bills Public*, vol. 4, session 9 Feb.-21 Aug. 1871, p. 471.

⁸⁵ *Hansard*, third series, vol. CCXCV, 4 Mar.-19 Mar. 1885, cols. 1662-1663.

⁸⁶ *Hansard*, third series, vol. CCVII, 14 Jun.-19 Jul. 1871, col. 1870.

⁸⁷ *Hansard*, third series, vol. CCVI, 2 May-13 Jun. 1871, cols. 1598, 1823, 1962 and *Hansard*, third series, vol. CCVII, 14 Jun.-19 Jul. 1871, cols. 45 and 219.

that while it was easy to understand the dangers of selling poisons, it was difficult to suggest a means by which the supply of essential poisons could be maintained, while at the same time safeguarding the public. The Pharmaceutical Society had been given powers to make regulations to control the sale and dispensing of poisons, but had not exercised them. This Bill would transfer, to the Privy Council, the powers given to the Pharmaceutical Society in 1868 to control the sale and dispensing of poisons; in future the Privy Council would maintain the Poisons Schedule.⁸⁸ This Bill was another attempt to address the concerns mentioned in the Poisons Bill (1871). There were concerns expressed that it would interfere with legitimate trade and it was sent to a Select Committee for consideration, but was never transferred to the House of Commons.⁸⁹

The Pharmaceutical Society was concerned about the growing practice among candidates not to take a structured course of study prior to sitting the examinations. Instead they were learning to pass the examinations at cramming schools, resulting in their being deficient in practical skills. The Society had attempted to remedy this by passing a byelaw, but the Privy Council had refused to ratify it.⁹⁰ The Society's response was to introduce a Bill in 1887, which authorised it to lay down the syllabuses for the 'preliminary' and 'minor' examinations. Candidates were to provide certificates proving that they had attended courses of study in

⁸⁸ *Hansard*, third series, vol. CCXCV, 4 Mar.-19 Mar. 1885, cols. 1662-1663.

⁸⁹ *Hansard*, third series, vol. CCXCVII, 17 Apr.-7 May 1885, cols. 134-135.

⁹⁰ *Hansard*, third series, vol. CCCXII, 11-30 Mar. 1887, cols. 491-493.

materia medica, chemistry and botany and that they had served as apprentices to a chemist and druggist for three years.⁹¹

At the second reading, Dr Clark objected to these restrictions on the grounds that, originally, all one required to practise as a chemist and druggist was some knowledge of the business. Then in 1868, a qualifying examination and register were introduced; now the Pharmaceutical Society wished to prescribe the curriculum and require candidates to achieve a pass in three specified subjects. This, he thought, was contrary to free trade, was tending to create a monopoly and was giving the Society powers they should not possess; powers which ought to be in the hands of a public body.⁹² Here we have another occasion on which the issue of free trade conflicted with the Society's attempts to create a profession. As the creation of professional organisations, with both responsibilities and privileges, began to accelerate, it aroused concerns in those who believed that everyone should be free to practise a trade without restraint. The responsibility, they thought, for ensuring that the service they gave was safe and satisfactory, lay with their customers, as they had a free choice in selecting the tradesman.

The Earl of Miltown introduced the third Bill, the Pharmacy Acts Amendment Bill in 1888. At the Committee Stage, he proposed the addition of an important clause. There was an increasing tendency for qualified chemists and druggists who owned more than one shop to hire unqualified men to run their branch shops. The proprietors worked in their original shop some distance away, but claimed that they were in control of activities

⁹¹ *Bills Public*, vol. 5, session 27 Jan.-16 Sep. 1887, p. 213.

⁹² *Hansard*, third series, vol. CCCXIII, 31 Mar.-25 Apr. 1887, cols. 463-467.

at the branch shops. This put the public in danger and was unfair to qualified assistants who had spent time and money passing the examination. It was believed to be in contravention of the 1868 Act, but it had been impossible to secure a conviction. His solution was a clause requiring each shop to be supervised by a qualified man, in person.⁹³

At the second reading in the House of Commons on 9 April 1888, Mr Kelley [Camberwell North] raised the same objection as that raised by Dr Clark regarding the 1887 Bill. The Pharmaceutical Society was saying that no man could become a chemist and druggist unless he, "attended their lectures, paid their fees and obtained their certificate." He accepted that men needed to be trained for this job, but it was obvious from the fact that men were passing the current exam that they were competent, without the Society controlling the syllabus as well.⁹⁴ The Bill failed to be read for a second time because there were insufficient members in the chamber. The second reading was attempted again on 23 July 1888 and after discussion, the Bill was dropped.⁹⁵

The fourth Bill, brought forward in 1889, was a repeat of that of 1888; it was read in the House of Commons for the first time and subsequently dropped.⁹⁶ The fifth bill was introduced in 1891 and failed no better than its immediate predecessor. It dealt with a number of matters internal to the

⁹³ *Hansard*, third series, vol. CCCXXIII, 2 Mar.-21 Mar. 1888, cols. 328-329.

⁹⁴ *Hansard*, third series, vol. CCCXXIV, 22 Mar.-19 Apr. 1888, col. 697.

⁹⁵ *Hansard*, third series, vol. CCCXXIX, 20 Jul.-7 Aug. 1888, cols. 303-304.

⁹⁶ *Bills Public*, vol. 6, session 21 Feb.-31 Aug. 1889, p. 247.

operation and organisation of the Pharmaceutical Society and was dropped after its first reading.⁹⁷

The final Bill in the series, the 1898 Pharmacy Acts Amendment Bill, was not significantly different from the 1891 Bill and succeeded in gaining royal assent on 26 July that year. But it did not include a requirement that candidates were to complete a structured course of study. During its passage two issues were raised that were to figure prominently in the 1908 Poisons and Pharmacy Act. The first was raised by Mr Alexander Cross as an amendment to exempt from the provisions of the Act, persons engaged in the sale, manufacture or distribution of agricultural or horticultural products containing poisons. His reasons were that, farming communities that were remote from a chemist's shop were experiencing inconvenience in obtaining supplies of pesticides. Secondly, that chemists and druggists were abusing their monopoly position by charging inflated prices for these products. Mr Cross was a wholesale seed merchant and it could be that his objection had been provoked by the fact that the Pharmaceutical Society had prosecuted him for making an illegal sale.⁹⁸

Dr Clark, supporting the reading, said that the key point was that, "this Bill was intended to correct an issue internal to the Pharmaceutical Society and was not intended to address the control of poisons at all."⁹⁹ During the debate prior to the Bill's third reading in the House of Lords, the Lord Chancellor proposed an amendment to prevent companies carrying on

⁹⁷ *Bills Public*, vol. 7, session 25 Nov. 1890-5 Aug. 1891, p. 427.

⁹⁸ 'Agricultural Poisons – The Agitation Renewed', *Pharmaceutical Journal*, series 4, 74, 20, (27 May 1905) 782.

⁹⁹ *Hansard*, fourth series, vol. LVIII, 18 May-10 Jun. 1898, cols. 989-1000.

the business of a chemist and druggist without any qualified men being involved. This was occurring as a result of a decision in the Courts that held that a company was not a person and so the Pharmacy Acts did not apply to companies.¹⁰⁰ Neither the amendment from Mr Cross nor that from the Lord Chancellor was moved, but their interventions served to bring the issues to the notice of Parliament.

The Poisons Bill (1898) (as opposed to the Pharmacy Bill (1898)) was introduced by the Duke of Devonshire, who was Lord President at the time and was a second attempt to introduce Lord Carlingford's 1885 Bill. During its second reading on 24 June 1898, he said that it was intended to improve the protection offered by the Pharmacy Act (1868). There had been 786 deaths, involving items in the Poisons Schedule, and the Pharmaceutical Society had not been as effective as it had been hoped. Added to this there had been repeated requests [from undeclared sources] to the Privy Council to include other substances in the Schedule, including carbolic acid. The Privy Council had refused on the grounds that such a restriction in supply would inconvenience the public and give the chemists and druggists a monopoly.¹⁰¹ Again we see public safety losing out to the demands of free trade. The Bill would contain a Schedule, additional to that in the 1868 Pharmacy Act, and items included in it would be subject to restrictions including special labelling. The Privy Council would be responsible for the addition and removal of items in this Schedule.¹⁰² Although the Bill was read for a third time, it proceeded no further, but the concerns over the

¹⁰⁰ *Hansard*, fourth series, vol. LXII, 18 Jul.-26 Jul. 1898, col. 529.

¹⁰¹ *Hansard*, fourth series, vol. LX, 24 Jun.-5 Jul. 1898, col. 10.

¹⁰² *Hansard*, fourth series, vol. LX, 24 Jun.-5 Jul. 1898, col. 10.

supply of poisons continued to exercise Parliament, mainly in the area of labelling and packaging and these concerns were reflected in the debates that culminated in the Poisons and Pharmacy Act (1908).

Further private members' Bills were introduced into Parliament in 1903, 1904, 1905, 1906 and two in 1907, none of which completed its passage; however a Government Bill was successfully introduced in 1908. The 1903 Bill sought to restrict the sale of poisons to shops that were registered and to record the names of the chemists and druggists who were in charge of them. Secondly, it attempted to resurrect the objective of creating a monopoly for pharmacists in dispensing prescriptions.¹⁰³ This requirement did not appear in the Government's Bill of 1908; it was a step too far towards a monopoly and would not have been accepted by the free trade lobby. The 1903 Bill also sought to prevent the sales of poisons from market stalls and other non permanent outlets.¹⁰⁴

The Bills launched between 1904 and 1907 were essentially reintroductions of the 1903 Bill with adjustments to try to deflect objections. However, they did address four more serious matters that had arisen, all of which involved the company chemists. The name we naturally associate with the company chemists is Jessie Boot. He had been ten years old when his father died in 1860. Shortly afterwards he left school to work in the small, herbalist's shop in Nottingham that his father had owned. Jesse quickly realised that opportunities lay in selling, at reduced prices, proprietary medicines manufactured by others and successfully expanded

¹⁰³ *Bills Public*, vol. 3, session 17 Feb.-14 Aug. 1903, pp. 581-590.

¹⁰⁴ *Bills Public*, vol. 3, session 17 Feb.-14 Aug. 1903, pp. 581-590.

the business along those lines.¹⁰⁵ He was not alone in identifying this opportunity; others included Lewis and Burroughs, and Parkes, both in London; Days and Timothy Whites in the South; Taylors, and Inmans in the North of England.¹⁰⁶ They all expanded rapidly in the 1880s and 1890s and in doing so were able to benefit from bulk buying which further increased their ability to cut prices.

Trouble with the Company Chemists

The first of the four serious issues addressed in these Bills concerned the permission given, in the 1868 Act, to the executors or widow of a pharmacist, who had died while in business, to continue the business, provided a qualified assistant was employed. The London and Provincial Supply Association Ltd. decided that this clause would entitle a limited company to open a shop for the sale and dispensing of poisons. This had not been the intention of the Pharmaceutical Society in including the clause and it brought a case against the Association in 1880.¹⁰⁷ The House of Lords found for the Association and changed the nature of pharmacy in Great Britain. No longer were the shops controlled by single proprietor pharmacists, as is still the case in continental Europe; limited companies were able to open pharmacy chains.

Secondly, the 1868 Act had mentioned only 'persons' and not limited companies. In consequence, limited companies were exempt from the terms

¹⁰⁵ S.D. Chapman, 'Boot, Jesse, first Baron Trent (1850-1931)', *Oxford Dictionary of National Biography* (Oxford, 2004).

¹⁰⁶ S. Chapman, *Jesse Boot of Boots the Chemists: a study in business history* (London, 1974), p.103.

¹⁰⁷ *Bills Public*, vol. 3, 17 Feb.-14 Aug. 1903, pp. 581-590 and Holloway, 'Professional Business', 19.

of the Act and could operate a pharmacy without being required to employ a chemist and druggist to manage it.¹⁰⁸ A related concern had arisen in the case of some duly qualified pharmaceutical chemists who had opened more than one shop, and while supervising one of them personally, had unqualified men managing the others.¹⁰⁹ In addition, some men who had taken the qualifying examination and failed, had promptly formed limited companies and opened chemists' shops, which they ran without any qualified supervision.¹¹⁰

Ensuring that each shop was supervised by a qualified chemist was not the only matter that concerned the Pharmaceutical Society; there was a third issue. The 1868 Act had envisioned a situation where each shop would be under the direct supervision of its owner and that he would be a registered chemist and druggist. If breaches of the Pharmacy Acts occurred, he would be the one solely responsible. Now that limited companies were involved the position had changed. Where a breach of the Pharmacy Acts occurred, it was only possible to take legal action against the person who actually made the sale, be he qualified or not. That man might well have been forced by his employers into acting contrary to the Acts and yet because the employers had not actually made the sale, they would be immune from prosecution.¹¹¹ A registered chemist employed by a firm of company chemists makes this point in a letter to the *Pharmaceutical Journal*, stating, "It is a fact ... that the qualified employee in such

¹⁰⁸ *Hansard*, fourth series, vol. LXII, 8-26 Jul. 1898, col. 529.

¹⁰⁹ 'Pharmacy Bill, 1904', *Pharmaceutical Journal*, series 4, 72, 18, (27 Feb. 1904) 277.

¹¹⁰ 'In the Public Interest', *Pharmaceutical Journal*, series 4, 70, 16, (28 Mar. 1903) 471.

¹¹¹ W. Glyn-Jones, 'The Law Relating to the Sale of Poisons', *Pharmaceutical Journal*, series 4, 69, 15, (30 Aug. 1902) 240.

establishments dare not make any remark or even take any precautions to ensure and safeguard the public safety on pain of dismissal from his situation”¹¹² The 1908 Act addressed this difficulty by treating limited companies as though they were individuals as far as the requirements of the 1868 Act were concerned.¹¹³ This was a major change, as it reversed the previously held position that a master was not responsible for the actions of his employees.¹¹⁴

Fourthly, there was an issue concerning the use of restricted titles by limited companies. The Pharmacy Act (1868) had restricted the use of the titles ‘chemist’, ‘druggist’, and ‘chemist and druggist’ to those who were named on the Society’s register. Company chemists had traditionally used the title ‘chemist’ and in doing so were breaking the law. The Society’s argument was that the title had been earned by qualified men after a lot of hard work and expense, and it was unfair to degrade its value by permitting limited companies to use it.¹¹⁵ The 1905 Bill had attempted to outlaw this practice by specifically mentioning Joint Stock Companies as bodies not being permitted to use the titles.¹¹⁶ Additionally, a Joint Stock Company was not required to employ qualified men; yet by placing the title ‘chemist’ over the door it could well mislead the public into thinking that the shop was under the control of a chemist.¹¹⁷

¹¹² Letter, “Anti-humbug” (69/20), dated 19 Mar. 1905, to the editor, *Pharmaceutical Journal*, series 4, 74, 20, (25 Mar. 1905) 468.

¹¹³ *Poisons and Pharmacy Act*, 8 Edw. 7, Cap. 55, 1908, Clause 4.

¹¹⁴ ‘The Draft Pharmacy Bill’, *Pharmaceutical Journal*, series 4, 70, 16, (21 Mar. 1903) 435.

¹¹⁵ W. Glyn-Jones, *Pharmaceutical Journal*, series 4, 69, 15, (30 Aug. 1902) 240.

¹¹⁶ ‘The Draft Pharmacy Bill’, *Pharmaceutical Journal*, series 4, 74, 20, (14 Jan. 1905) 32.

¹¹⁷ W. Glyn-Jones, *Pharmaceutical Journal*, series 4, 69, 15, (30 Aug. 1902) 240.

The Society also believed that a greater principle was at risk. If the company chemists were permitted to use restricted titles, the precedent might well be extended to other professions. The prospect of limited companies being set up to provide medical or dental services excited the other professions and they expressed their support for the Pharmaceutical Society.¹¹⁸ In response, the company chemists pointed out that they had spent a lot of money erecting shop fronts that featured the word 'chemist' and in any event each shop was to be controlled by a registered chemist and druggist. Consequently, the public would be adequately protected. They saw it as an attempt to injure the company chemists' businesses by creating a doubt in the public's mind as to their competence.¹¹⁹ This issue was settled by a compromise in the 1908 Act whereby the company chemists were permitted to use the terms 'chemist', 'druggist', 'chemist and druggist', 'dispensing chemist' and 'dispensing druggist' providing at least one of the company's directors was a registered chemist and druggist.

The opposition to the clauses in these Bills that related to company chemists was led by Jesse Boot and his campaign started while the Pharmacy Acts Amendment Bill of 1898 was passing through the House of Lords. It had had inserted into it a clause that would have prevented grocers and other retailers from trading as company chemists. To counter this Jesse Boot with other company chemists such as Days, Hodders, Inmans, Taylors, Parkes, and Lewis and Burroughs, formed the Drug

¹¹⁸ 'Chemists' Titles and the Public Interest', *Pharmaceutical Journal*, series 4, 76, 22, (26 May 1906) 633 and 'Medical Sympathy', *Pharmaceutical Journal*, series 4, 71, 17, (14 Nov. 1903) 699 and 'The Pharmacy Bill', *Pharmaceutical Journal*, series 4, 71, 17, (11 Jul. 1903) 56.

¹¹⁹ 'The Poisons and Pharmacy Bill', *Pharmaceutical Journal*, series 4, 76, 22, (19 May 1906) 574.

Companies Association Ltd to safeguard their interests from action in the Courts and in Parliament.¹²⁰ When the 1908 Bill mounted a similar attack on the company chemists, the Army and Navy Stores, Harrods Stores and the Cooperative Stores also joined this association.

Part of the campaign mounted by the Drug Companies' Association was to appeal directly to the public by taking out large advertisements in a number of newspapers including *The Times*, *The Daily Mail*, *The Daily News*,¹²¹ *The Bradford Daily Telegraph*, and *The Belper News and Derbyshire Telephone*.¹²² The Association had also supplied information to a member of *The Times* advertising staff, who had written three advertisements that appeared in the newspaper. They dealt respectively with the position as it existed after the 1868 Act, the objectives of the 1905 Bill and what the effect of this Bill would be on the public if passed into law.¹²³ Their argument was that the Pharmaceutical Society was trying to re-establish the monopoly its members had previously enjoyed. This would be accompanied by high prices; a situation that the company chemists' competition had prevented, to the benefit of the public.

They also poured scorn on the Society's demand that directors of company chemists should be qualified chemists and druggists, on the grounds that reputable companies such as theirs already employed a qualified man in each of their shops. The skill and knowledge in dispensing prescriptions and the care exercised in selling poisons was the same

¹²⁰ Chapman, *Jesse Boot of Boots the Chemists*, p. 113.

¹²¹ 'Limited Companies and the Pharmacy Bill', *Pharmaceutical Journal*, series 4, 74, 20, (25 Mar. 1905) 467.

¹²² 'Pestle Work', *Pharmaceutical Journal*, series 4, 70, 16, (30 May 1903) 770.

¹²³ *The Times*, 4 May 1905, p. 7, 5 May 1905, p. 7 and 6 May 1905, p. 15.

therefore in one of their shops, as in a shop owned and operated by a proprietor chemist and druggist. There was no need for the directors to be qualified as well; after all, directors of shipping companies did not need a master's certificate.¹²⁴

On 2 April 1906, *The Times* carried an advertisement, placed by Boots Cash Chemists, relating how between 1896 and 1906, the Pharmaceutical Society had attempted to cripple the businesses of the company chemists.¹²⁵ The Grocers' Federation were also concerned about the proposals in the Bills, in that they feared that they would be prevented from selling common household items such as disinfectants containing carbolic acid¹²⁶ and simple cough medicines. Jessie Boot wrote to *The Grocer* in December 1903, encouraging them in their opposition.¹²⁷ In the same month, he also wrote to Members of Parliament and the editors of a number of papers, including the *Manchester Guardian*, about the restrictions that clause seven of the 1903 Bill, would place on the company chemists. According to him, all the directors of a company that had a pharmacy department would have to be registered chemists and druggists.¹²⁸

All this widespread and no doubt costly advertising by the Drug Companies' Association Ltd appears to have engendered little response from the public. A search of copies of *The Times* from 1 January 1902 to 31 December 1908 produced only one letter, related to the Pharmacy Bills or the Poisons and Pharmacy Bills or the sale of poisons. That was from a

¹²⁴ *The Times*, 4 May 1905, p. 7.

¹²⁵ *The Times*, 2 Apr. 1906, p. 12.

¹²⁶ 'The Press on the Sale of Poisons', *Pharmaceutical Journal*, series 4, 70, 16, (11 Apr. 1903) 541.

¹²⁷ 'Pharmaceutical Poaching', *Pharmaceutical Journal*, series 4, 74, 20, (8 Apr. 1905) 535.

¹²⁸ 'An Attempt to Create Prejudice', *Pharmaceutical Journal*, series 4, 72, 18, (2 Jan. 1904) 3.

‘Country Gentleman’ concerning the lack of availability of agricultural chemicals, a matter that will be discussed later. The only mention of poisons in *The Times* editorial, during the period, was that of the presence of arsenic in some beers and of lead poisoning in the potteries industry.¹²⁹

Despite these efforts on the part of the company chemists to sway public opinion, many of the newspapers supported the Pharmaceutical Society’s campaign. Nineteen newspapers are quoted as having understood the issues and of being in favour of the Bill; amongst them were *The Times*, *The Daily Telegraph*, *The Daily Mail*, *The Daily Chronicle*, *The Yorkshire Daily News*, *The Leicester Post* and *The Swansea Leader*. They had all grasped the inadequacies of a law that allowed a man to fail the ‘minor’ examination and yet be legally able to proceed as though he had passed. That is, he could set up a one man limited company that could do everything that the Pharmacy Acts would have prohibited his doing, had he tried to do so as an individual.¹³⁰

Although the Drug Companies’ Association seems to have had little effect on public opinion, it did have the support of at least fifteen members of the Lords and Commons; a number of whom had a direct interest in the outcome. Lord Ebury was the Chairman of the Army and Navy Co-operative Society Limited¹³¹ and Mr A.H. Scott, the Liberal member for Ashton-under-Lyne, had a member of his family with an interest in Burgons, Ltd., a drug company in Manchester.¹³² Mr James Bailey, M.P. for

¹²⁹ ‘Poisons and Pharmacy Bill’, *The Times*, 28 Mar. 1906, p. 13.

¹³⁰ ‘The Pharmacy Bill’, *Pharmaceutical Journal*, series 4, 70, 16, (4 Apr. 1903) 507.

¹³¹ ‘The Poisons and Pharmacy Bill’, *Pharmaceutical Journal*, series 4, 76, 22, (12 May 1906) 543-544.

¹³² ‘Pharmacy Bill’, *Pharmaceutical Journal*, series 4, 76, 22, (10 Mar. 1906) 300.

Newington, Walworth Division, was a director of Harrods Stores Ltd.¹³³ Mr James Duckworth, M.P. for Stockport, owned a grocery chain and was Jessie Boot's partner.¹³⁴ He objected to the 1906 Bill on the grounds that, requiring companies to have a qualified director, or preventing them from using personal titles was "entirely objectionable and pernicious."¹³⁵

Agricultural Merchants' Grievances

Running alongside this skirmish between the pharmacists and the company chemists, there was another attack that concerned the availability of poisonous substances. It was claimed that complaints had been made by horticulturalists, seeds men and agricultural suppliers about the inconvenience experienced by farmers in buying agricultural chemicals that contained poisons. This prompted the Lord President of the Council to appoint a Departmental Committee to consider Schedule A to the Pharmacy Act (1868). This Schedule consisted of those substances considered to be poisons in the terms of the Act and therefore were subject to its restrictions when being supplied. The Committee's brief was to recommend any changes to the Schedule that it thought appropriate. It was also to consider whether a third sub-section of the Schedule should be created to include substances which should be packaged in a distinguishing manner, whether sold by a

¹³³ 'The Pharmacy Bill', *Pharmaceutical Journal*, series 4, 70, 16, (4 Apr. 1903) 507.

¹³⁴ S.D. Chapman, 'Boot, Jesse, first Baron Trent (1850-1931), retail and manufacturing chemist', *Oxford Dictionary of National Biography* (Oxford, 2004).

¹³⁵ 'Notes in Parliament, Mr Duckworth's Opposition', *Pharmaceutical Journal*, series 4, 76, 22, (17 Mar. 1906) 324.

chemist and druggist or not.¹³⁶ The Committee's report and the related debate had an influence on the formulation of the 1908 Act.

The Committee included amongst its members Professor Sir William Tilden, a Fellow of the Royal Society and an eminent chemist; Thomas Stevenson, a physician and William Martindale, who had twice been president of the Pharmaceutical Society. Martindale died during the life of the Committee and was replaced by Walter Hills who had been President of the Pharmaceutical Society from 1896 to 1899.¹³⁷ Both these pharmacists obviously put forward the Pharmaceutical Society's viewpoint. Also on the Committee, and equally biased from the opposite side, was Alexander Cross, M.P. Mr Cross was a wholesale seed merchant and chemical manufacturer, a director of a number of commercial companies and of the Glasgow Chamber of Commerce.¹³⁸ He had been prosecuted in Glasgow by the Pharmaceutical Society for the illegal sale of one of his products, Ballikinrain Ant Destroyer. It contained enough arsenic in a syrupy vehicle to kill 200 people¹³⁹ and he had sold it in a plain bottle for 2s. 6d.

While the Committee was considering its brief, a debate ensued between the manufactures and sellers of agricultural chemicals on the one hand and the Pharmaceutical Society on the other. The manufacturers argued for fewer restrictions on the sale of their products, while the Pharmaceutical Society, concerned about public safety, was looking for even

¹³⁶ *Report of the Departmental Committee appointed by the Lord president of the Council to consider Schedule A to the Pharmacy Act, 1868* (25 Nov. 1902), p. iii.

¹³⁷ *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1991), p. 27.

¹³⁸ *Dod's Parliamentary Companion for 1905* (London, 1905), p. 229.

¹³⁹ 'The Sale of Poisons: the Chemist's Discretion', *Pharmaceutical Journal*, series 4, 71, 17, (1 Aug. 1903) 223 and 'Agricultural Poisons – the Agitation Renewed', *Pharmaceutical Journal*, series 4, 74, 20, (27 May 1905) 782.

greater restrictions. This was an interesting change of view on the part of the Society, who at the time of the 1868 Act, had been attempting to avoid any responsibility for the sale of poisons. But it did perhaps mark the increasing professional attitude of the Society in that they were putting public safety before their own interests.

The change of heart was nonetheless justified, as deaths from poisoning had continued to occur. In January 1902, a gardener had died as a result of drinking a preparation containing nicotine, which had been supplied by the vendor in a disused brandy bottle. Analysis showed that two tablespoonfuls of the contents would have proved fatal.¹⁴⁰ The Departmental Committee heard that between June 1891 and March 1901, there had been 27 cases of accidental or suicidal poisonings reported in *The Pharmaceutical Journal*. They had all involved weed killers or sheep dips, most of which contained arsenic.¹⁴¹ The Pharmaceutical Society's concern was also shared by coroners and police officers. Dr Wynn Westcott who gave evidence to the Departmental Committee of behalf of the Coroners' Society said that, "the restrictions affecting the sale of poisons and poisonous substances should be increased rather than diminished." He further said that, "the fact of scheduling a poison certainly diminished the number of suicides with that drug."¹⁴²

¹⁴⁰ 'The Law Relating to the Sale of Poisons', *Pharmaceutical Journal*, series 4, 69, 15, (30 Aug. 1902) 240.

¹⁴¹ *Report of the Departmental Committee appointed by the Lord President of the Council to consider Schedule A to the Pharmacy Act, 1868, Appendix VIII* (25 Nov. 1902), p. 166.

¹⁴² 'The Evidence against Relaxation of the Law', *Pharmaceutical Journal*, series 4, 71, 17, (1 Aug. 1903) 222-223.

Other issues also influenced the debate. Since 1868 the use of sheep dip and pesticides containing poisonous ingredients had become more widespread, yet the Act restricted the sale of poisons to chemists' shops. This, it was claimed, was inconvenient, particularly in rural areas where chemists' shops were sparsely distributed. Mr Glyn-Jones, who was to become the Pharmaceutical Society's Parliamentary Secretary in 1909, responded to this by pointing out that there were 9000 chemists in Great Britain, many of whom had branch shops.¹⁴³

Additionally, the Pharmaceutical Society stated that, "No cultivated part of the kingdom is any where near 50 miles from a registered man."¹⁴⁴ Mr Winfrey was a pharmacist and the Member of Parliament for southwest Norfolk. In an interview in March 1906, he said that farmers did not suddenly make up their minds to treat their fruit trees or dip their sheep and that being able to obtain agricultural chemicals within two days should suffice.¹⁴⁵ This view was contradicted by Mr C.J. Gilbert of Messrs W. Cooper and Nephew of Berkhamstead when he addressed a meeting of the Chemical Section of the London Chamber of Commerce in April 1906. He stated that, "An outbreak of scab or maggot fly often necessitated prompt attention, and if a farmer was not able to get the necessary remedies locally, it would mean he would have to store them ... the very thing which in the public interest should be avoided."¹⁴⁶

¹⁴³ 'The Law Relating to the Sale of Poisons', *Pharmaceutical Journal*, series 4, 69, 15, (30 Aug. 1902) 240.

¹⁴⁴ 'Inconvenience to Framers etc.', *Pharmaceutical Journal*, series 4, 71, 17, (1 Aug. 1903) 222.

¹⁴⁵ 'The Sale of Agricultural Poisons', *Pharmaceutical Journal*, series 4, 76, 22, (10 Mar. 1906) 292.

¹⁴⁶ 'London Chamber of Commerce', *Pharmaceutical Journal*, series 4, 76, 22, (28 Apr. 1906) 505.

There were other difficulties: chemists and druggists, it was argued, while being knowledgeable about the safe use of poisons, were not able to advise on the use of pesticides and sheep dips, while agricultural merchants were.¹⁴⁷ The Pharmaceutical Society countered this by stating that, as botany constituted a major part of the Society's qualifying examination, who could be better qualified to advise on such matters than its members. Indeed, in rural areas, they said, the local chemist was often the only source of scientific advice.¹⁴⁸

The predictable complaints about chemists attempting to create a monopoly in order to overcharge were also aired in evidence. The Society pointed out that, far from making excess profits, chemists often refused to sell poisons to people they felt should not have them.¹⁴⁹ It also added that it had not sought responsibility for the sale of poisons; the government had obliged it to accept those duties in the 1868 Act. Furthermore, the Society in carrying out its obligations to police the Act was prosecuting 300 to 400 cases per year, all at its own expense.¹⁵⁰

These objections and claims that the farming community was being inconvenienced were not supported in the general press. A search of copies of *The Times* from 1 January 1902 to 31 December 1908 produced only one letter from a 'Country Gentleman'. One would imagine that, had there been other letters to the press, the *Pharmaceutical Journal* would have

¹⁴⁷ 'Poisons for Agricultural Purposes', *Pharmaceutical Journal*, series 4, 76, 22, (31 Mar. 1906) 372 and *Report of the Departmental Committee appointed by the Lord President of the Council regarding Schedule A to the Pharmacy Act, 1868* (25 Nov. 1902), p. iii.

¹⁴⁸ 'The Sale of Poisons', *Pharmaceutical Journal*, series 4, 71, 17, (1 Aug. 1903) 222.

¹⁴⁹ 'General Misconceptions', *Pharmaceutical Journal*, series 4, 71, 17, (1 Aug. 1903) 222.

¹⁵⁰ 'Administration', *Pharmaceutical Journal*, series 4, 71, 17, (1 Aug. 1903) 222.

commented on them. ‘Country Gentleman’ hoped that the Privy Council would authorise local authorities to license agricultural agents, ironmongers, nurserymen and florists to sell agricultural chemicals. They were in constant touch with farmers and growers and better able to recommend their use than chemists and druggists.¹⁵¹ The *Pharmaceutical Journal* describes the term ‘Country Gentleman’ as a “rather thin pseudonym” and wonders how “a practical knowledge of ironmongery” would qualify someone to advise on the action of nicotine on plants and animals.¹⁵²

The Committee heard representations from Retail Pharmacists, The Pharmaceutical Society, Manufacturing Chemists, Patent Medicine Manufacturers, The Patent Medicines Vendors’ Defence Association, The Patent Medicine Department of the Co-operative Wholesale Society of England and Wales, Manufacturing Agricultural Chemists, The Board of Agriculture, The Scottish Chamber of Agriculture, The Ironmongers’ Federated Association, The Optical, Mathematical and Physical Instrument Makers, a General Practitioner from Glasgow and a Nurseryman from Kent. Notably, not only did farmers not come forward to give formal evidence, none were called to do so.¹⁵³

The nurseryman, Mr H. Cannell, grew fruit and flowers and had the largest nursery in Kent. He had never heard of a case of poisoning that involved an agricultural chemical and was firmly in favour of free trade; he

¹⁵¹ *The Times*, 28 Mar. 1906, p. 13.

¹⁵² ‘Poisons for Agricultural Purposes’, *Pharmaceutical Journal*, series 4,76, 22, (31 Mar. 1906) 372.

¹⁵³ *Report of the Departmental Committee appointed by the Lord President of the Council to consider Schedule A to the Pharmacy Act, 1868* (25 Nov. 1902), p iv.

believed that anyone who wished to, should be permitted to sell poisons.¹⁵⁴ He used large quantities of nicotine based insecticides on his plants, which he bought in barrels from the manufacturer. He also repacked insecticides into small containers and sold them to the retail trade. This trade was necessary because there were few chemists' shops in the area.¹⁵⁵

Not all those in the farming community were in favour of a relaxation of the regulations. A farmer from Tunbridge Wells, Mr Edw. Dunkley, wrote to the *Pharmaceutical Journal* saying, "... I am a farmer and quite think that poisons can be obtained easily enough, and should not be sold to farmers and gardeners without proper precautions. The more easily they are obtained the less care is taken of them."¹⁵⁶ The ironmongers had been suggested as suitable outlets for the supply of agricultural chemicals. However their trade magazine, *The Ironmonger*, stated in its edition dated 7 February 1903, that it did not think it a good idea to permit ironmongers to sell agricultural poisons.¹⁵⁷ The Grimsby Chamber of Commerce and the Lincolnshire Chamber of Agriculture were firmly opposed to the sale of poisonous agricultural chemicals by other than chemists and druggists.¹⁵⁸ The *Gardeners' Chronicle* was in two minds. While it accepted that the objects of the Bill were in the public interest, it did not want to see the chemists and druggists being given a monopoly in the sale of horticultural

¹⁵⁴ *Report of the Departmental Committee appointed by the Lord President of the Council to consider Schedule A to the Pharmacy Act, 1868* (25 Nov. 1902), p. 110.

¹⁵⁵ *Report of the Departmental Committee appointed by the Lord President of the Council to consider Schedule A to the Pharmacy Act, 1868* (25 Nov. 1902), pp. 108-109.

¹⁵⁶ 'Poisons for Agricultural Purposes', *Pharmaceutical Journal*, series 4, 70, 16, (13 Jun. 1903) 823.

¹⁵⁷ 'The Future Effects of Legislation on the Lines of the Report', *Pharmaceutical Journal*, series 4, 71, 17, (1 Aug. 1903) 223.

¹⁵⁸ 'Lincolnshire and the "Poisons" Campaign', *Pharmaceutical Journal*, series 4, 71, 17, (25 Jul. 1903) 99.

chemicals, which were becoming essential to the cultivator. It thought that it must be possible to find a means of resolving these conflicting requirements.¹⁵⁹

In its report, published on 25 November 1902, the Departmental Committee recommended that a third section of Schedule A be established to list materials used in agriculture, horticulture or sanitation. These materials should be available for sale from persons licensed to do so under regulations set by the Privy Council and it had in mind that licences would be issued to tradesmen such as agricultural merchants.¹⁶⁰ Not surprisingly the two major antagonists did not agree.

Both Mr Cross and Mr Hills issued minority reports. Mr Cross believed that the sale of poisons for trade purposes, and for agriculture and horticulture should be taken from the Pharmaceutical Society, as there was no evidence that the public would be at greater risk. These chemicals were increasingly required by various industries and the threat of foreign competition demanded that unnecessary obstacles be removed. The existing regulations did not safeguard the public as the danger only occurred once the poison had been sold.¹⁶¹ Mr Hills, for the Pharmaceutical Society, thought that too much emphasis had been given to, “manufacturers, proprietors and agents of specifics containing poisons.” There was no evidence that anybody had found it difficult to obtain these materials; the 1868 Act had, “not interfered with the legitimate use of poisons for technical

¹⁵⁹ ‘The Press on the Sale of Poisons’, *Pharmaceutical Journal*, series 4, 70, 16, (11 Apr. 1903) 541.

¹⁶⁰ *Report of the Departmental Committee appointed by the Lord President of the Council to consider Schedule A to the Pharmacy Act, 1868* (25 Nov. 1902), p. iii.

¹⁶¹ *Report of the Departmental Committee appointed by the Lord President of the Council to consider Schedule A to the Pharmacy Act, 1868* (25 Nov. 1902), p. x.

or manufacturing purposes.”¹⁶² This contest between free trade and public safety was settled in the 1908 Act by a compromise between individual liberty and public good. Traders, other than chemists and druggists, were permitted to sell poisonous preparations containing arsenic or tobacco or the alkaloids of tobacco. However the preparations were to be used exclusively in agriculture or horticulture and the trader had to be licensed to do so by his local authority.

The First Nail in the Apothecaries’ Assistants’ Coffin

While these two great debates involving the Pharmaceutical Society, the company chemists and the agricultural agents were raging, the 1903 Pharmacy Bill was being placed before Parliament. It contained an apparently insignificant provision that was to assume great importance for the apothecaries’ assistants. Once Lloyd George’s 1911 National Insurance Act took away their dispensing work and gave it to the chemists and druggists, the clause became the focus of a lengthy struggle between the Society of Apothecaries and the Pharmaceutical Society.

The provision was included in clause 10 of the 1903 Bill and permitted the Pharmaceutical Society’s council, on the payment of a fee, to recognise certificates indicating an acceptable standard of skill and knowledge. These certificates were to be issued by legally authorised pharmaceutical bodies in any colony or possession, providing that the candidate had undergone an appropriate course of training and passed an

¹⁶² *Report of the Departmental Committee appointed by the Lord President of the Council to consider Schedule A to the Pharmacy Act, 1868* (25 Nov. 1902), p. xii.

examination.¹⁶³ This provision was included unchanged in the Pharmacy Bills introduced each year from 1904 to 1907 inclusive. However, from 1906, Pharmacy Bills were being introduced into the House of Lords and they included a variation of this provision. In the 1906 Bill in the Lords, the provision appeared in clause 5(b) and the wording is sufficiently important to make it worth quoting in full. The Society was given the power to make a byelaw:

“Providing for the registration, upon payment of the prescribed fee, as pharmaceutical chemists or chemists and druggists under the Pharmacy Acts, 1852 and 1868, without examination, of any person holding colonial diplomas who produce evidence satisfactory to the council of the society that they are persons of sufficient skill and knowledge to be so registered;”¹⁶⁴

This provision was included to address a problem that was particularly acute in the provinces of Quebec, Manitoba, Ontario and Nova Scotia. In these provinces, the Pharmacy Boards refused to accept the British qualification because the Pharmaceutical Society did not recognise theirs. However, the Society not only wanted to establish a reciprocal qualification with Canada, but also had a vision of a reciprocal agreement between all the countries of the Empire. It was for this reason that the clause was included. It was necessary to allow the Society to make these provisions by means of passing a byelaw rather than including them in the actual Act. The Society could then withdraw the reciprocal agreement with a particular country,

¹⁶³ *Bills Public*, vol. 3, session 17 Feb.-14 Aug. 1903, pp. 581-590.

¹⁶⁴ *Bills Public*, vol. 4, session 13 Feb.-21 Dec. 1906, pp. 555-564.

without requiring primary legislation.¹⁶⁵ But as with the ‘Widow’s Clause’ in the 1868 Pharmacy Act, the Society had once again opened up a loop hole which would be exploited by others. This was a dangerous thing to do. It had established pharmacy as a profession, by requiring a high standard of skill and knowledge, proved by examination, in those who sought to join its register. A number of influential scientists, civil servants, physicians, surgeons and politicians already recognised the Society’s school and examination as being very demanding and so the Society had every reason to protect its position and not create an alternative non-examination route to the register.¹⁶⁶

The loophole was first exploited at the Committee Stage of the Poisons and Pharmacy Bill (1908) in the House of Lords, when an amendment was requested by the War Office. This permitted qualified military dispensers to benefit from clause 5(b) and potentially to be admitted onto the Society’s register without examination.¹⁶⁷ The list of those able to benefit was further extended after the Bill had been passed to the House of Commons. During the debate prior to its third reading, Sir W.J. Collins proposed that certified dispensers – in other words those who had passed the apothecaries’ assistant’s examination – be included in the list. He argued that they were a “large and worthy section of dispensers” and as they had passed an examination of a similar standard to that taken by the qualified military dispensers, they should also be included.¹⁶⁸

¹⁶⁵ ‘British Diplomas in Canada’, *Pharmaceutical Journal*, series 4, 76, 22, (14 Apr. 1908) 436-437.

¹⁶⁶ Holloway, ‘Professional Business’, 20.

¹⁶⁷ *Hansard*, fourth series, vol. CXCII, 9-21 Jul. 1908, cols. 549-571.

¹⁶⁸ *Hansard*, fourth series, vol. CXCVIII, 7-21 Dec. 1908, cols. 2163-2164.

Curiously this exploitation did not seem to concern the Pharmaceutical Society. No doubt it thought that as the matter was dependent on the passing of a byelaw – an action entirely under its control – it could choose to recognise any of the groups mentioned or not, as it saw fit. There was no adverse comment in the *Pharmaceutical Journal* at the time. Indeed in the 31 March 1906 edition, it was reported that the Society of Apothecaries had protested to the Lord President of the Council against any provision in the Poisons and Pharmacy Bill that would affect the rights enjoyed by apothecaries' assistants regarding the dispensing of medicines. The Pharmaceutical Society had replied that it had no intention of interfering with the rights of apothecaries or their assistants,¹⁶⁹ reinforcing a statement already made in the *Pharmaceutical Journal* of 16 December 1905.¹⁷⁰

However, we do know that the amendment regarding the apothecaries' assistants was included to overcome opposition to the Bill. The Editor of the *Pharmaceutical Journal* in May 1919 states that the clause was included in the Bill to persuade those who opposed it to remove an amendment that would have been fatal to it.¹⁷¹ According to William Currie, the President of the Pharmaceutical Society in 1919, it was a concession to those Members of Parliament who were supporting the interests of the apothecaries' assistants. He said that, as the 1908 Act had taken from the assistants the right to keep open shop, they had been added

¹⁶⁹ 'The Pharmaceutical Journal Office', *Pharmaceutical Journal*, series 4, 76, 22, (31 Mar. 1906) 371.

¹⁷⁰ 'Bloomsbury Square, Blackfriars, or Somerset House?', *Pharmaceutical Journal*, series 4, 75, 21, (16 Dec. 1905) 823-824.

¹⁷¹ 'The Proposed New Byelaw in Relation to Apothecaries' Assistants', *Pharmaceutical Journal*, series 4, 102, 2901, (24 May 1919) 323-324.

to the list of those who might benefit from the exercise of Section 4(b).¹⁷² This seems rather odd, as the 1908 Act only re-stated the provision of the 1868 Act in this respect. That was that no one, other than pharmacists, could sell poisons or keep open shop for the retailing, dispensing or compounding of medicines containing poisons. The assistants were still able, as was anyone else, to keep open shop for the dispensing of prescriptions that did not contain poisons. The National Insurance Act (1911) required that all prescriptions issued under the scheme, whether for medicines containing poisons or not, could only be dispensed by a pharmacist. But it still permitted anyone to dispense private prescriptions not containing poisons.

Sir William Collins who introduced the apothecaries' assistants' amendment must have been one of those supporting the assistants. He was an ophthalmic surgeon and Member of Parliament for St Pancras West. He had, according to A.S. McNalty, "... a disdain for expediency at the expense of principle"¹⁷³ and this might have influenced his actions. He certainly damaged his own medical career at St Bartholomew's Hospital by strongly opposing compulsory vaccination.¹⁷⁴ The Bill received royal assent on 21 December 1908¹⁷⁵ and passed into law with this clause now labelled Section 4(b). The Pharmaceutical Society, unable to foretell the future, had no idea that the National Insurance Act (1911) was going to transfer the dispensing

¹⁷² Society of Apothecaries Archive, Box 9, E/4/4/1/1, 'Statement by the President of the Pharmaceutical Society regarding the referendum', 25 Jul. 1919.

¹⁷³ A.S. McNalty, *Sir William Collins: surgeon and statesman* (1949) in Virginia Berridge, 'Collins, Sir William Job (1859-1946)', *Oxford Dictionary of National Biography* (Oxford, 2004).

¹⁷⁴ Virginia Berridge, 'Collins, Sir William Job (1859-1946)', *Oxford Dictionary of National Biography* (Oxford, 2004).

¹⁷⁵ *Hansard*, fourth series, vol. CXCVIII, 7-21 Dec. 1908, col. 2346.

of medical prescriptions from the apothecaries' assistants to the chemists and druggists. At the time, 90 per cent of the prescriptions written in doctors' surgeries were dispensed by the assistants.¹⁷⁶ When the transfer occurred, the Pharmaceutical Society experienced considerable pressure to formulate a byelaw admitting the assistants to its register to nullify the threat to their livelihoods. It was then that the Society's belief that Section 4(b) was permissive and not mandatory was to be tested¹⁷⁷ and this will be discussed in the next chapter.

Politics, Public Welfare and the National Insurance Act (1911)

Prior to Lloyd George's National Insurance Act (1911) sickness benefits were largely provided by friendly societies mainly located in the north of England. Their membership of about 4,250,000 was drawn mainly from skilled industrial workers, who paid between 4d. and 8d. per week. For this they received about 10s. per week when ill, plus treatment from a doctor, who had a contract with the friendly society. On death the member's estate received about £15 to cover funeral expenses.

The contracted doctors were paid either a salary or a capitation fee and this was often an important part of their income. Their relationship with their patients was unusual. Normally a doctor could decide whom he wished to treat and equally a patient could select his doctor. Where there was a friendly society contract, it was the Society that matched up the

¹⁷⁶ Anderson Stewart, 'Jubilee of the National Insurance Act', 33.

¹⁷⁷ Society of Apothecaries' Archive, Box 9, E/4/4/1/1, Letter Uglow Woolcock to Mowbray Upton, 8 Jan. 1914.

doctor and his patient; a situation that was considered almost unethical by the medical profession. But as the doctor issued certificates that resulted in payments by the friendly societies, the societies wanted control of the relationship to guard against malingering. Lloyd George's problem was that the members of these Societies came largely from the better paid skilled workers,¹⁷⁸ leaving about 39,000,000 people in families where the income was less than £160 per year.¹⁷⁹ They could not afford to contribute to health insurance or were not prepared to do so and the government's view was that only a compulsory scheme would solve this problem.¹⁸⁰ At first sight, this figure of 39 million 'poor' people seems high. This is particularly so since L. Money also claims that there were an additional 1.4 million 'rich' people and 4.1 million 'comfortable' people in the United Kingdom in 1908 and 1909, to give a total of 44.5 million.¹⁸¹ But the 1911 censuses for England and Wales, Scotland and Ireland support this claim by reporting a total of 45,305,229 for the British Isles.¹⁸²

In addition to the friendly societies, the insurance companies also had an interest in death benefits. Many people, often from among those who could not afford to join a friendly society, would take out a Whole Life Policy

¹⁷⁸ Grigg, *Lloyd George*, p. 316. For further information about the Friendly Societies see P. Gosden, *The Friendly Societies in England 1815-1875* (reprint, Aldershot, [1961] 1993) and S. Cordery, *British Friendly Societies 1750-1914* (Basingstoke, 2003) and D. Neave, *East Riding Friendly Societies* (Beverley, 1988).

¹⁷⁹ L. Money, *Riches and Poverty* (London, 1911, 10th ed.), p. 47 quoted in Gilbert, *The Evolution of National Insurance in Great Britain*, p. 303, note 23.

¹⁸⁰ Official Report, House of Commons Debates, Series 5, IV, (April 29, 1909), cols. 485-7 quoted in Gilbert, *The Evolution of National Insurance in Great Britain*, p. 301, note 19.

¹⁸¹ Money, *Riches and Poverty*, p. 47 quoted in Gilbert, *The Evolution of National Insurance in Great Britain*, p. 303, note 23.

¹⁸² Preliminary Report, Scotland, 1911, p. iii and Summary Tables, England and Wales, 1911, p. 2 and Preliminary Report, Ireland, 1911, p. 13 in Histpop Online Historical population reports <[http://www.histpop.org/ohpr/servlet/Browse?path=Browse/Census%20\(by%20date\)&active=yes&treestate=contract&titlepos=0](http://www.histpop.org/ohpr/servlet/Browse?path=Browse/Census%20(by%20date)&active=yes&treestate=contract&titlepos=0)> accessed 1 Feb. 2010.

with an insurance company, to pay for a decent burial. The insurance companies were naturally opposed to government proposals to provide a death benefit as part of a national insurance scheme, as that was a significant proportion of their business. The 12 largest companies collected premiums amounting to £20,000,000 per year and employed 70,000 salesmen for the purpose. The salesmen were paid 43 per cent of the premium and only 37 per cent was paid out as benefits. This poor return to the policyholder had an additional disadvantage, for when a man became sick, off work and unpaid, it was likely that he would not be able to keep up the premiums. The policy would then lapse and all the money he had paid in previously would be lost. Lloyd George strongly objected to this mistreatment of the poor and had in mind a scheme whose administration would take up only 10 per cent of the premiums. In short, his scheme would provide better benefits – including a widow’s benefit – from smaller premiums. However, any attempt to take the death benefit business from the insurance companies would result in the real possibility of 70,000 salesmen adversely influencing their customers against the government, during their weekly visits. This was a risk Lloyd George could not take, as the government had a very small majority at the time. The value of the agents’ books was about £20,000,000 to £30,000,000 and the option of buying them out was also impossible.¹⁸³

This was only one of the problems he faced. Apart from the insurance companies, there were other parties involved, each with its own demands.

¹⁸³ Gilbert, *The Evolution of National Insurance in Great Britain*, p. 320.

The friendly societies were keen to remain in business and wanted the government to run the scheme through them.¹⁸⁴ Initially, this idea had appealed to Lloyd George and he had first discussed it with the friendly societies in 1908. But he had not taken the doctors into his confidence;¹⁸⁵ perhaps believing that they would agree to his proposals without comment. In fact they were a very dissatisfied group and were not prepared to accept a number of the Bill's key proposals. Taking them for granted was a mistake on Lloyd George's part as their support was crucial to the scheme's success.

Before the advent of the friendly societies, the doctors had begun to treat people who were members of sickness clubs and who paid a small sum weekly; this work, performed largely on a humanitarian basis, was uneconomic and was subsidised by the doctors' richer private patients. Over a period of time these clubs grew in size to the extent that they were becoming a burden on the doctors. The situation was not improved when they were absorbed into the friendly societies, which engaged the doctors under contract to provide medical services for their members for an uneconomic return.¹⁸⁶ This was possible because of the large number of young doctors who were setting up in business and were prepared to work for very little money, just to get started.¹⁸⁷ As the number of friendly society patients increased, the doctors accumulated more low cost society patients than they could deal with and were forced to compromise their ethical medical standards in order to avoid treating these people at a loss. At the

¹⁸⁴ 'The Attitude of the Friendly Societies', *British Medical Journal*, (19 Aug. 1911) 385.

¹⁸⁵ 'The Attitude of the Friendly Societies', *British Medical Journal*, (19 Aug. 1911) 385.

¹⁸⁶ 'Doctors and the Insurance Act', *The Times*, 21 Dec. 1911, p. 10.

¹⁸⁷ 'Sickness and Invalidity Insurance', *British Medical Journal*, (2 Apr. 1910) 820.

same time their private patients tended to join the friendly societies to benefit from cheaper medicine; so the doctors were denied the subsidy that they had provided.¹⁸⁸ The position was further aggravated by the Voluntary Hospitals that provided treatment for a small fee. This annoyed the doctors who believed that some of those treated there could well afford to consult them privately.¹⁸⁹ In consequence there was an almost unanimous determination on the part of the profession to refuse to be associated with a new scheme involving the friendly societies.¹⁹⁰

This concern was reflected in another aspect of the Bill. Lloyd George had proposed that the scheme would be compulsory for all men earning less than £160 per year.¹⁹¹ The doctors thought that this limit was set too high and would include in the scheme even more of their private patients. They wanted the figure to be no higher than £104 per year because many of their private patients were earning 30s. to £3 0s. 0d. per week. It was envisaged by the government that some men who would be excluded from the scheme because they were earning too much, would wish to join voluntarily. The doctors were concerned that this would deprive them of more private patients. Mr Johnson-Hicks helped by proposing an amendment that limited the scheme to those whose total income from all sources did not exceed £160 per year, but the doctors continued to insist on a limit of £104 per year.¹⁹²

¹⁸⁸ Gilbert, *The Evolution of National Insurance in Great Britain*, p. 311.

¹⁸⁹ Gilbert, *The Evolution of National Insurance in Great Britain*, p. 305.

¹⁹⁰ Sickness and Invalidity Insurance, *British Medical Journal*, (23 Apr. 1910) 1008.

¹⁹¹ Berridge, 'Health and Medicine' in Thompson, (ed.) *The Cambridge Social History of Britain*, p. 220.

¹⁹² 'Amendment of the Insurance Bill', *British Medical Journal*, (8 Jul. 1911) 86 and 130.

The doctors who were contracted to the friendly societies experienced further restrictions. They were required to treat every patient allocated to them by the society at any time of day or night. In private practice they had a choice and could refuse to treat difficult patients. This was another reason for not wanting Lloyd George's scheme to be run by the friendly societies.¹⁹³ They were also disenchanted with the idea of a fixed payment per patient per year, as it did not take account of the actual work done.¹⁹⁴ In some cases the patient would remain healthy and they would make a profit, in others they would have to treat a minor illness and might break even. However, there would be cases of chronic illness that required medical care over long periods and they would then make a loss. The difficulty was in agreeing on a fee that would be fair to all. They felt that were they to accept payment by capitation fee, they would personally be providing sickness insurance for the scheme members and were overwhelmingly in favour of payment related to work done.¹⁹⁵

During the second reading of the Bill in Parliament, Dr J. Esmonde who was the Nationalist M.P. for Tipperary and had been a surgeon since 1885 mentioned a number of concerns. He pointed out that some men who were currently paying for private medical care would, because of their limited earnings, now be required to join the scheme and their doctors would lose money when they did so. This money would then be given to doctors who provided care under the scheme. This effect would be

¹⁹³ 'Doctors and the Insurance Act', *The Times*, 21 Dec. 1911, p. 10 and 'State Sickness and Invalidity Insurance', Letter from A.E. Larkin, *British Medical Journal*, (24 Dec. 1910) 1999.

¹⁹⁴ 'Shall Contract Practice be Abolished', *British Medical Journal*, (25 Jun. 1910) 1561.

¹⁹⁵ 'State Sickness and Invalidity Insurance', Letter from P.R. Cooper, *British Medical Journal*, (24 Dec. 1910) 1999.

exaggerated because scheme members would take their families with them when they changed to a National Insurance doctor. The result would be that doctors would be forced to work under the scheme whether they wished to or not.¹⁹⁶ Letters from Dr E. Milligan and Dr J. Taylor are representative of many calling for payment in proportion to the work done, rather than by an annual fee per patient.¹⁹⁷ In the early stages, the British Medical Association had taken a different view to that of the majority of doctors and favoured a contract scheme,¹⁹⁸ while the *British Medical Journal* had agreed with the doctors.¹⁹⁹ At one point the British Medical Association suggested that it should run the medical benefits scheme for the government,²⁰⁰ but ultimately accepted the government's proposals for an Insurance Commission and Local Health Committees to administer it.

The doctors' concerns can be summarised then under six headings: that the income limit for the insured was not to exceed £2 per week; the insured were to have a free choice of doctor and the doctor was to have the right of refusal; the administration of the Medical Benefit was to be managed by Local Insurance (Health) Committees and not friendly societies; the basis of payment was to be in accordance with the wishes of the majority of doctors in the district; the rate of remuneration was to be set at a level considered adequate by the medical profession and doctors were to be represented on the scheme's administrative bodies to an extent acceptable to

¹⁹⁶ *Hansard*, fifth series, vol. XXVI, 22 May-16 Jun. 1911, cols. 317-320.

¹⁹⁷ 'Sickness and Invalidity Insurance', Letters from E. H. M. Milligan and J.H. Taylor, *British Medical Journal*, (21 May 1910) 1264-1265.

¹⁹⁸ 'Sickness and Invalidity Insurance', Letter from E. Milligan, *British Medical Journal*, (23 Jul. 1910) 229-230.

¹⁹⁹ 'Medical Treatment of the Poor', *British Medical Journal*, (19 Mar. 1910) 712.

²⁰⁰ 'Shall Contract Practice be Abolished', *British Medical Journal*, (25 Jun. 1910) 1562.

them.²⁰¹ By the time the Bill came towards the end of its passage through Parliament most of these issues had been dealt with. Despite all the discussions with the friendly societies, the government had decided not to work the scheme through them, but to set up an Insurance Commission and Local Health Committees to administer it. This came as a complete surprise to the friendly societies. For two years, they had been led to believe that they would continue to supervise medical benefits, as they had done in the past, but now on behalf of the government.²⁰² The change of heart seems to have been in part because of the objections of the medical profession, but also because the friendly societies were adamant that the scheme must continue their practice of commencing payment from the first day of sickness. Lloyd George wanted to start it on the fourth day.²⁰³

There were two issues that remained undecided even after the Bill became law: the first was the question of whether the doctors' remuneration was to be based on capitation or related to work done. The government's position was that they should be paid an annual fee and this was eventually accepted by the profession. The discussion then concentrated on the second issue, the size of the fee. The doctors were determined that they would receive both a fair return and an escape from the servitude forced on them by the friendly societies.²⁰⁴ Lloyd George, having responsibility for the exchequer, wanted to limit the cost of the scheme, but was aware that the medical profession was essential for the success of his venture. Discussions

²⁰¹ 'The Insurance Bill Today', *British Medical Journal*, (9 Dec. 1911) 1560-1561.

²⁰² 'The Attitude of the Friendly Societies', *British Medical Journal*, (19 Aug. 1911) 386-387.

²⁰³ Gilbert, *The Evolution of National Insurance in Great Britain*, pp. 383-386.

²⁰⁴ 'Club Doctors', *British Medical Journal*, (12 Aug. 1911) 349.

between the government and the friendly societies in November and December 1908 had convinced Lloyd George that a fee of 4s. per year would provide for both medical consultation and medicines for each insured person.²⁰⁵ The doctors disagreed and by November 1911, the Council of the British Medical Association was advising its members not to accept an offer of 6s.²⁰⁶ Lloyd George must have been hoping, now the Act was law, that the doctors would capitulate over the matter of payment, but this was not to be. At meetings throughout the country, doctors refused to serve under the scheme and 27,000 signed a pledge not to do so. The government took no notice of this opposition and when the Insurance Commissioners asked for a meeting to discuss the introduction of the scheme, they were met with a blank refusal by the Royal Colleges and the General Medical Council.²⁰⁷

Dr Esmonde, who had spoken in the House before on behalf of the doctors, put a telling argument during the second reading debate. He had been contracted to the Post Office as a doctor and had received 8s. 6d. for each individual, to pay for consultations and medicines, and he thought that that was reasonable. He pointed out that, members of the Post Office scheme were all healthy and examined by a doctor prior to employment. Not only that, they worked in a healthy environment and these two conditions were unlikely to be true for many members of the government scheme. If the government could afford to pay 8s. 6d. for the Post Office workers, how could it justify not doing so for others.²⁰⁸ This was apparently

²⁰⁵ 'The Present Position of the Insurance Bill', *British Medical Journal*, (12 Aug. 1911) 339.

²⁰⁶ 'The Medical Part of the National Insurance Scheme', *British Medical Journal*, (18 Nov. 1911) 1371.

²⁰⁷ 'The British Medical Association's Move', *The Times*, 4 May 1912, p. 9.

²⁰⁸ Hansard, fifth series, vol. XXVI, 22 May-16 Jun. 1911, cols. 317-320.

a difficult argument to refute because the final settlement was for 8s. 6d. including 1s. 6d. for medicines, leaving the doctor 7s. as a fee. There was also a further 6d. for additional drugs, which would go to the doctor should they not be needed.²⁰⁹ Although the doctors had been asking for 8s. 6d., excluding the cost of drugs, they accepted this offer because Lloyd George threatened to hand the administration of the Act back to the friendly societies.²¹⁰ It is also probable that the doctors realised that by holding out for a larger fee, they would risk alienating the public who had been paying their contributions for months.²¹¹

The pharmacists, in one respect, fared better than the doctors, because from the outset Lloyd George proposed to separate prescribing and dispensing. The doctors would write a prescription, which would then be dispensed at a pharmacy. He was concerned that if the doctors were in control of both prescribing and dispensing, they might attempt to enhance their income by writing prescriptions, charging the scheme for the medicine, but then failing to supply it.²¹² The transfer was particularly to the advantage of the pharmacists in working class areas, such as Rotherhythe and Canning Town, where they experienced increases in prescription based turnover of £500 to £600 in the first year.²¹³

None the less, the pharmacists had concerns similar to those of the doctors. They demanded that: the supply of all medicines was to be restricted to those businesses authorised to do so by the Poisons and

²⁰⁹ 'Government Offer to the Doctors', *The Times*, 24 Oct. 1912, p. 7.

²¹⁰ Gilbert, *The Evolution of National Insurance in Great Britain*, pp. 410-411.

²¹¹ 'The Doctors' Decision', *The Times*, 20 Nov. 1912, p. 9.

²¹² *Hansard*, fifth series, vol. XXV, 1-19 May 1911, col. 625.

²¹³ Anderson Stewart, 'Jubilee of the National Insurance Act', 34.

Pharmacy Act (1908); all dispensing under the terms of the Bill should be performed by pharmaceutical chemists or chemists and druggists according to the stipulations of the Pharmacy Acts; that control of medical and pharmaceutical services should be organised by Local Health Committees and not by friendly societies; that the public should be allowed to select their own pharmacist; payment should be according to scale rates and not *per capita*; that pharmacists should serve on the Health Committees and the Insurance Commission and that the upper wage limit for inclusion in the scheme should be £160.²¹⁴ The first three of these concerns were agreed by Parliament on 1 August 1911 and by the time the Act was passed, the other issues had been settled satisfactorily.

During the negotiation, Mr Glyn-Jones had to accept that dispensers with three years' experience should be recognised by the Pharmaceutical Society and agreed to promote a Bill in conjunction with the War Office, the Medical Council and the Society of Apothecaries.²¹⁵ To this end the Pharmaceutical Society wrote to the Society of Apothecaries, enclosing a report of its Parliamentary Committee proposing a Bill to establish a qualification for those acting as assistant dispensers to chemists and druggists. The Clerk to the Society of Apothecaries replied saying that they could not support such a Bill as their dispensing certificate rendered it unnecessary.²¹⁶ The Pharmaceutical Society appears to have taken the

²¹⁴ 'National Insurance Bill Mass Meeting of Pharmacists in London', *Pharmaceutical Journal*, 87, 33, (8 Jul. 1911) 59-60.

²¹⁵ Anderson Stewart, 'Jubilee of the National Insurance Act', 34 and Holloway, *Royal Pharmaceutical Society of Great Britain 1841-1991*, p. 336.

²¹⁶ Society of Apothecaries Archive, Court Minute Book 1913-1926, p. 8, Private Court Minutes, 1 Apr. 1913.

matter no further. William Glyn-Jones was Member of Parliament for Stepney and Parliamentary Secretary of the Pharmaceutical Society. He was a pharmacist who had opened his first shop at the age of 26 and had found his business greatly affected by the price cutting actions of the company chemists. He campaigned vigorously against their tactics and formed the Proprietary Articles Trade Association with the object of establishing resale price maintenance.²¹⁷ Although the company chemists had been his adversaries at the time of the 1908 Act, he now found them on his side as they joined forces to impress on Parliament the importance of the issues raised by the Pharmaceutical Society. Jesse Boot wrote a letter to every Member of Parliament in July 1911, supporting an amendment put by Mr Glyn-Jones, restricting dispensing to registered pharmacists.²¹⁸

There were some objections from doctors about the proposal to transfer dispensing from their surgeries to the pharmacies. Dr Addison had put down an amendment in Parliament pointing out that, "... since it was lawful for doctors to dispense, it was monstrous to propose that they should not be allowed to dispense for insurance patients ...". Dr Hillier introduced an amendment that would authorise pharmacists or certified assistants to apothecaries, or persons, "who for seven years prior to the passing of the Act had been employed as dispensers" to dispense National Insurance prescriptions.²¹⁹ There were also letters to the *British Medical Journal* and the *Pharmaceutical Journal* on the subject. One correspondent signed

²¹⁷ Chapman, *Jesse Boot of Boots the Chemists*, pp. 106-108.

²¹⁸ 'Parliamentary Notes and News', *Pharmaceutical Journal*, series 4, 87, 33, (5 Aug. 1911) 215.

²¹⁹ 'Parliamentary Notes and News: Proposed Amendments', *Pharmaceutical Journal*, series 4, 87, 33, (22 Jul. 1911) 113.

himself as ‘A Dispenser of Thirty Years’ Standing’. He pointed out that it was usual practice when formulating a Bill, where restrictions were to be put on the ability of a particular group to earn a living, to include a ‘no prejudice’ clause. This had not been done in the case of the National Insurance Bill. He also deplored the fact that the byelaw mentioned in the Poisons and Pharmacy Act (1908), that could have registered apothecaries’ assistants, had not been introduced as a solution to the problem.²²⁰

Dr F. Wynne thought that most of the doctors that he knew would be prepared to give up dispensing providing, “it did not involve too heavy a pecuniary loss.”²²¹ Dr R. Russell thought that, while many medical men would be pleased to give up dispensing, as it would make them appear more professional, it was likely to lose them many patients. He believed that the public would copy doctors’ prescriptions and use them to obtain medicine for members of their families who were displaying the same symptoms.²²² Mr Chas Faull felt that to allow apothecaries’ assistants equal status to pharmacists would devalue the pharmacists’ qualification. There was a notable difference in the skill and educational levels of the two qualifications and there would be ample opportunity for the assistants to work in pharmacies, under supervision, for better salaries than they were currently earning.²²³ Despite these objections, the Act became law and the Pharmacists were satisfied with the outcome.

²²⁰ ‘Letters to the Editor National Insurance Bill’, *Pharmaceutical Journal*, series 4, 87,33, (29 Jul. 1911) 192-193.

²²¹ ‘Prescriber and Dispenser’, *British Medical Journal*, (11 Dec. 1909) 1714.

²²² ‘Dispensing and the Insurance Bill’, *British Medical Journal*, (28 Oct. 1911) 1139.

²²³ ‘National Insurance Bill’, *Pharmaceutical Journal*, series 4, 87,33, (5 Aug. 1911) 223.

In this chapter we have discussed the societal changes that resulted in legislation that had both direct and indirect influences on the development of the medical professions. The direct influence is exemplified by the Pharmacy Act (1852) that confirmed the Pharmaceutical Society's charter of 1841. The Arsenic Act (1851) and other Acts designed to control the sale of poisons were indirectly influential in establishing the Pharmaceutical Society as a professional body. The Society was initially concerned with establishing and standardising the quality of service its members provided. The granting of a Royal Charter and the passing of the first Pharmacy Act were indications of the government's appreciation of the work of the embryo pharmaceutical profession. When the government gave the Society responsibility for control of the supply of poisons in the 1868 Pharmacy Act, it was an endorsement of the respect the Society had acquired since its inception. In parallel with the growth of the professions, there was increasing concern about the living conditions experienced by the country's population. Legislation was brought forward not only to control the availability of poisons, but to provide clean water, sanitation and improved health, and in 1911, Lloyd George promulgated his Bill to provide sickness benefit for working men. These initiatives of establishing the health professions and providing a better standard of living overlapped and interacted with each other.

The apothecaries' assistants did not feature in any of this legislation, other than the Apothecaries Act (1815), yet it was a series of apparently unrelated features of a number of these Acts which led to the assistants'

decline. The apothecaries' assistants failed to anticipate the approach of this decline, although its advent was signalled by a number of indications that the chemists and druggists were interested in the dispensing business. In fairness to the assistants, these indications were spread over a period of just less than 100 years and while they are obvious in hindsight, their significance might not have been so apparent at the time. The first of these indications was given during the formulation of the Apothecaries Act (1815) when the chemists and druggists included dispensing as part of the definition of their trade.²²⁴ This sign was almost certainly overlooked by the apothecaries' assistants, who at the time had not even been recognised formally as a group. However, the apothecaries, who eagerly accepted the amendment to their Bill, must have been aware of the pharmacists' ambitions in respect of dispensing. Mr Hume issued a reminder of the pharmacists' intentions when he objected to the Pharmacy Bill in 1851 on the grounds that the apothecaries were still charged by the Apothecaries Act to dispense physicians' prescriptions. He believed that there was no requirement to establish a second body, in law, with the same responsibility.²²⁵ In March 1906, there must have been some alarm expressed within the Society of Apothecaries, as it issued a protest to the Lord President of the Council. It was concerned about amendments to the proposed Poisons and Pharmacy Act that would affect the rights of its assistants. But the Pharmaceutical Society had no intention of interfering with their rights providing they continued to operate within the terms of the

²²⁴ Anderson, 'The Burdens of History', 93.

²²⁵ *Hansard*, third series, vol. CXVIII, 1 Jul.-8 Aug. 1851, cols. 113-116.

Apothecaries Act (1815), as it pointed out at the time.²²⁶ Over the years, a few of the assistants were, no doubt, concerned by the signs of possible change, but they drew insufficient attention to the omens to provoke their colleagues or the Society of Apothecaries into effective action.

Although it is not clear why the apothecaries and their assistants did not take timely steps to stifle this desire on the part of the Pharmaceutical Society, it is possible to suggest likely reasons. The assistants no doubt felt secure in their position; they were qualified for the job they were doing and were recognised as such in law. While the Apothecaries Act had limited their role to working under the supervision of an apothecary, the law had over the years been informally reinterpreted to allow them to dispense for physicians. They had also become engaged in dispensing in hospitals and other institutional dispensaries. Probably because of this, they had been left largely to work on their own responsibility and begun to see themselves as equals of the chemists and druggists. Mr Sharpe was one such. He only had an assistant's qualification and was prosecuted for keeping an open shop for the sale of poisons. He was under the mistaken impression that he was entitled to do so under the terms of the Apothecaries Act (1815).²²⁷ The great majority of the assistants were employed in doctors' surgeries as individuals, with little contact with their colleagues; so opportunities to organise themselves into a group for mutual protection were limited. Instead, they relied entirely on their patrons, the apothecaries, to protect

²²⁶ 'The Pharmaceutical Journal Office', *Pharmaceutical Journal*, series 4, 76, 22, (31 Mar. 1906) 371; 'The Apothecaries' Society and the Pharmacy Bill', *Pharmaceutical Journal*, series 4, 71, 17, (8 Aug. 1903) 236.

²²⁷ 'Legal Intelligence', *Pharmaceutical Journal*, series 4, 75, 21, (16 Dec. 1905) 846-848.

them. In contrast, the members of the Pharmaceutical Society had worked very hard from 1841 to achieve protective unity. In 1911, the Pharmaceutical Society was in a position to mobilise the 16,500 pharmacists on its register; they each sent a telegram to their MP urging them to vote in support of the pharmacists' interest in the National Insurance Bill.²²⁸ The assistants did begin to organise themselves by founding the Association of Certified Dispensers in 1906. But it concentrated on lobbying the Society of Apothecaries in an attempt to have it intervene with the government on the assistants' behalf, rather than directly engaging with the legislators itself.²²⁹

In short the assistants were unable to forecast the eventual outcome. Neither did they have the imagination to realise that change was inevitable, nor that the change when it occurred might not be to their advantage. They were late in organising themselves and then failed to lobby aggressively enough and to direct their lobbying to the appropriate quarter. The closest they came to influencing government was through the efforts of an individual, Mr Smith, who obtained an interview with Mr Braithwaite, Lloyd George's principal assistant in formulating the Act. But Smith was acting in his own interests and was too late to make any real change. The apothecaries seem to have done very little to ensure their assistants' long term protection; perhaps they also relied on the Apothecaries Act to maintain the *status quo*. Certainly, once their income had been increased after the passing of the National Insurance Act in 1911, they lost interest in

²²⁸ Anderson Stewart, 'Jubilee of the National Insurance Act', 34.

²²⁹ Society of Apothecaries Archive, Box 9, E/4/4/1/1, Open Letter, F. Trayner to Potential Members of the Association of Certified Dispensers, not dated.

dispensing and took the opportunity to enhance their professional status by severing their links with trade.²³⁰ The next chapter will consider in greater detail the effects of the National Insurance Act (1911), the transfer of dispensing and the efforts made by the Government, the pharmacists, the apothecaries and their assistants to benefit from the legislation.

²³⁰ 'Prescriber and Dispenser', *British Medical Journal*, (11 Dec. 1909) 1714.

Chapter 5

The Decline of the Apothecaries' Assistants

The next phase in the history of the apothecaries' assistants was played out against the backdrop of a change in social thinking regarding the country's poor. Growing concerns over the health of the working class and its detrimental impact on industrial productivity led to further initiatives to ensure that they were able to function reliably and effectively.¹ From this sprang the National Insurance Act (1911) and, as indicated in the previous chapter, this Act was to have serious consequences for the apothecaries' assistants. At the time the assistants were dispensing about 90 per cent of the prescriptions written in doctors' surgeries and were widely employed in hospitals and public dispensaries.² In transferring the dispensing of prescriptions from the doctors' surgeries to the chemists' shops, Lloyd George took away most of the apothecaries' assistants' work.

As we have seen in chapter 4, the Pharmaceutical Society had been given a facility in the Poisons and Pharmacy Act (1908) to introduce a byelaw that would permit apothecaries' assistants to register as chemists and druggists. From 1911, the apothecaries' assistants, either as individuals or in concert, as the Association of Certified Dispensers, were eager to see such a byelaw enacted and in this they were supported, to an

¹ Grigg, *Lloyd George*, p. 313.

² Anderson Stewart, 'Jubilee of the National Insurance Act', *Pharmaceutical Journal*, 189, 5150, (14 Jul. 1962) 33 and 'Pharmacy Bill and Doctors' Dispensers', *Pharmaceutical Journal* series 4, 70, 16, (13 Jun. 1903) 823.

extent, by the Society of Apothecaries.³ The Pharmaceutical Society was firmly opposed to such a provision. The government, realising that no solution was possible that would satisfy all parties, made mollifying comments, while allowing a compromise to emerge that was partly acceptable to those concerned. The compromise however was such that the apothecaries' assistants were reduced from being the first-line providers of dispensing services, to working as assistants to chemists and druggists. As "Assistant Apothecary" puts it in a letter to *The Times*, "... exactly the same position as the chemist's unqualified bottle-washer."⁴ This struggle that led to the decline in the assistants' fortunes involved four participants: the assistants themselves, the Society of Apothecaries, the Pharmaceutical Society and the government, mainly in the persons of Lloyd George and the Privy Council. Each had their own interests to advance or protect and this chapter will examine the persuasions that motivated each of them.

The Apothecaries' Assistants' Vulnerability

The apothecaries' assistants were the weakest of the protagonists, but tried very hard to protect their livelihood in the face of change. Ever since the passing of the Poisons and Pharmacy Act in 1908, the government had been under pressure to persuade the Pharmaceutical Society to recognise apothecaries' assistants by formulating a byelaw under Section 4(b) of the 1908 Act. Typical of the questions that were put to Ministers on 12

³ Society of Apothecaries Archive, Court Minute Book 1913-1926, p. 27, Private Court Minutes, 7 Oct. 1913. and Society of Apothecaries Archive, Box 10, E/4/4/2/1, Letter, W. Smith to A. Mowbray Upton, Clerk to the Society of Apothecaries.

⁴ 'For Whose Benefit', *The Times*, 7 Jan. 1913, p. 6.

occasions between 1909 and 1920, was the exchange between Major Archer Shee (Unionist member for Finsbury Central) and the Home Secretary on 30 March 1914. He wished to know whether the Pharmaceutical Society had made any progress in formulating a byelaw to permit apothecaries' assistants and army dispensers to register under the Pharmacy Acts. He also pointed out that a recent Departmental Committee had found the Society's reluctance to do so as "... constituting a serious grievance of four years' standing." The Home Secretary replied that the Society was experiencing difficulties in doing so, but it was promoting a Bill to create a register of qualified dispensers.⁵

This interest on the part of parliamentarians was probably promoted by a fear held by the apothecaries' assistants that the Pharmaceutical Society wished to annex the dispensing business. In 1903, when the Bill, which was a forerunner of the Poisons and Pharmacy Act (1908) was introduced, some of the apothecaries' assistants noticed that in Clause 2 it restricted to pharmacists, the keeping of an open shop for "the retailing, compounding or dispensing of poisons or of medical prescriptions."⁶ It is likely that their concern was raised by the phrase "medical prescriptions", which as we have seen, were at that time largely their preserve. None of the previous Pharmacy Acts had succeeded in creating a closed shop in respect of dispensing prescriptions; the only restriction had been in the 1868 Act and that had restricted to pharmacists, the sale of poisons, including those in dispensed medicines.

⁵ *Hansard's Parliamentary Debates*, fifth series, vol. LX, 23 Mar.-8 Apr. 1914, col. 811.

⁶ *Bills Public*, vol. 3, session 17 Feb.-14 Aug. 1903, pp. 581-590.

The situation in 1903 therefore was that anyone could open a shop to dispense prescriptions, providing the medicines did not contain a poison. No doubt these wary assistants saw this as an attempt by the pharmacists to create a monopoly position in respect of dispensing. One of them protested in a letter saying that many of them were very experienced and competent and would “experience hardship” if the Bill were to pass into law.⁷ It may be that they were confused and believed that the Bill applied to their dispensing activities in doctors’ surgeries, which was not the case. Apothecaries’ assistants were entitled to dispense for and under the supervision of apothecaries under the provisions of the Apothecaries Act (1815), a point that the Pharmaceutical Society openly accepted.⁸

However, the assistants were not permitted to keep open shop for the sale of poisons. This had been tested in a case brought by the Pharmaceutical Society against Mr H. Sharp, the managing director of Sharp’s Drug Stores Limited, who had sold a quantity of White Precipitate [Mercurous Chloride], which was a Scheduled poison. His defence was that he had passed the apothecaries’ assistant’s examination and the sale was made under the authority of the Apothecaries Act, which he believed permitted him to dispense and sell poisons. The Judge was quite clear that Sharp had sold a poison contrary to the Pharmacy Act (1868) and that any exemption that Act contained was restricted to apothecaries acting in the course of their businesses. It did not extend to those holding the assistant’s qualification unless they were acting under the supervision of an

⁷ ‘The Pharmacy Bill and Doctors Dispensers’, *Pharmaceutical Journal*, series 4, 70, 16, (20 Jun. 1903) 851-852.

⁸ ‘The Society of Apothecaries’, *Pharmaceutical Journal*, series 4, 76, 22, (31 Mar. 1906) 371.

apothecary.⁹ This view was also held by Dr E. Jepson who stated that the assistant's qualification gave its holder no authority to act on his or her own responsibility, but only under the supervision of an apothecary. He specifically made the point that doctors should be careful when leaving assistants to dispense medicines containing active ingredients such as strychnine. In addition, those responsible for recruiting dispensers in institutions should consider whether they should engage a pharmacist rather than an apothecaries' assistant.¹⁰ The position was also expressed well by the Departmental Committee formed in 1913 to consider the workings of the National Insurance Act. It said that the Apothecaries Act (1815) did not give assistants any rights or privileges, but simply stopped anyone acting as an assistant to an apothecary unless they were qualified according to the Act.¹¹

Although, at the time of the Poisons and Pharmacy Act (1908) some apothecaries' assistants suspected the potential for later difficulties, most did not and they were horrified when the National Insurance Act (1911) threatened to take away their livelihood. The apothecaries were their patrons and many assistants wrote to the Society of Apothecaries in despair, asking what was being done to secure their future, as the following letters show. Mr S. Wright, who was about to take the assistant's examination, was "... anxious for the future." He wrote to the Clerk of the Society asking whether the certificate would have any value after the National Insurance

⁹ 'Legal Intelligence', *Pharmaceutical Journal*, series 4, 75, 21, (16 Dec. 1905) 846-848.

¹⁰ 'Dispensers, Qualified and Unqualified', *British Medical Journal*, (24 Jun. 1905) 1407.

¹¹ *Report of the Departmental Committee appointed to consider the conditions imposed by Section 15(5)(ii) of the National Insurance Act 1911 on the Supply of Medicines to Insured Persons*, vol. II, p. 149.

Act had separated prescribing and dispensing. He wished to know whether “... doctors will not be allowed to keep a qualified dispenser?”¹² Mr E. Elford, who was studying for the assistant’s certificate at the Westminster College of Pharmacy, had been talking to “two or three chemists.” They had told him that the certificate “... would not be worth the paper it is written on ...” He was in doubt about what he should do, as taking the examination would be pointless unless the resulting certificate would secure him a living.¹³

Charles Turner, the Director of the Manchester College of Pharmacy, wrote on behalf of his students to ask about their future prospects under the new Insurance Bill. He was sure that the Society of Apothecaries would be taking some action and wished to reassure his students.¹⁴ E. Griffiths was an elderly infirm chemist with two daughters who were apothecaries’ assistants. One was employed as a dispenser in a doctor’s surgery while the other worked in her father’s shop. He wished to know how they might become registered as chemists, as the Insurance Act would make one redundant and the other homeless on his death.¹⁵ What a terrible outcome for a father who had taken the trouble to provide for his daughters.

Nora Gabb was a dispenser employed by a doctors’ practice and had been told by them that dispensing was to be transferred to the chemists. She thought that it was time for action because “... a great many dispensers

¹² Society of Apothecaries Archive, Box 10, E/4/4/2/1, Letter, S. Wright to F. Hayden, Secretary to the Court of Examiners, 8 May 1911.

¹³ Society of Apothecaries Archive, Box 10, E/4/4/2/1, Letter, E. Elford to Secretary of the Court of Examiners, 21 Aug. 1911.

¹⁴ Society of Apothecaries Archive, Box 10, E/4/4/2/1, Letter, C. Turner to Society of Apothecaries, 9 Dec. 1911.

¹⁵ Society of Apothecaries Archive, Box 10, E/4/4/2/1, Letter, E. Griffiths in ‘Editorial Notes’, *British and Col. Druggist*, (9 Jun. 1911).

will be thrown out of employment” She also asked if there was an “... organisation of qualified dispensers” and rather despairingly ended by saying, “With many apologies for troubling you, but I know of no one else to whom I could write.”¹⁶ It is not known whether Nora Gabb received an answer to her question about an “Organisation of Qualified Dispensers”, but such an organisation was founded in 1903 to protect the interests of apothecaries’ assistants.

The first president and secretary, respectively Mr Gott and Mr Forshaw, were both from Bradford.¹⁷ The fate of this organisation is not known, but it was either succeeded or absorbed by The Association of Certified Dispensers, which was incorporated in February 1906.¹⁸ In 1913 it had as its Hon. Secretary, Mr F. Trayner, who was the dispenser at the Hackney Union Infirmary.¹⁹ This hospital had originally been part of the Hackney Workhouse and was taken over by the Guardians of the Poor, after the Poor Law Act (1834).²⁰ So dispensers in Poor Law hospitals were represented in the Association. He published an open letter laying out the Association’s objectives and achievements to encourage an increase in membership. He believed that it existed “... to preserve the statutory rights and privileges of the assistants of the Society of Apothecaries ...” from attacks by those who wanted “... to prevent assistants from holding posts in the Public Service, in Hospitals and generally.” The Association, he said,

¹⁶ Society of Apothecaries Archive, Box 10, E/4/4/2/1, Letter, N. Gabb to F. Haydon, (date unclear).

¹⁷ ‘Apothecaries’ Assistants’ Association’, *Pharmaceutical Journal*, series 4, 70, 16, (20 Jun. 1903) 61.

¹⁸ Society of Apothecaries Archive, Box 9, E/4/4/1/1, Open Letter, F. Trayner to Potential Members of the Association of Certified Dispensers, not dated.

¹⁹ Society of Apothecaries Archive, Box 9, E/4/4/1/1, Précis of statements made at a meeting of certain members of the Pharmaceutical Society’s Council on 5 May 1912.

²⁰ Hackney Hospital (1750-1995) <<http://www.homerton.nhs.uk/about-the-trust/our-history/hackney-hospital-1750-1995/>> accessed 25 Jan. 2010.

existed under the patronage of the Master and Wardens of the Society of Apothecaries and the committee had succeeded in having the assistants included in Section 4(b) of the Poisons and Pharmacy Act (1908). It had also engineered the inclusion of a clause in the National Insurance Act (1911) preserving the assistants' rights and privileges specified in the Apothecaries Act (1815). Furthermore, the committee was intending to promote a Bill in Parliament to give the assistants a legal status and distinctive title. The Bill would have their certificate recognised as an appropriate qualification, enabling them to practise pharmacy and to dispense, for the entire population, in surgeries, shops and institutions.²¹

Initially, they saw themselves for what they were, assistants to apothecaries operating under the auspices of the Society of Apothecaries. They held their meetings in Apothecaries Hall and were appreciative of the help they believed they were getting from the Society. They expected that the Society would represent their interests with the government and with other bodies, and so their initial demands were directed through the Society. Their strategy was in two parts: to improve their qualification and status to bring them to a level comparable with the chemists and druggists, and secondly to see a new Bill introduced that would secure their future as dispensers of medicine under the National Insurance Act. In June 1917, a suggestion was made to the Court of Examiners at the Society of Apothecaries that the length of the course of study for the assistant's

²¹ Society of Apothecaries Archive, Box 9, E/4/4/1/1, Open Letter, Trayner to Potential members of the Association of Certified Dispensers, not dated.

certificate should be increased from six to nine months.²² Four months later the suggestion was adopted and the additional time was used to reinforce the pharmacy and chemistry content. Additionally, the examination in practical pharmacy was increased from 45 to 90 minutes, and these changes were to become effective from July 1918.²³

By October 1919, the Court of Assistants had formed a sub-committee that had reported to the Court about the assistants' circumstances and their examination. It had considered instituting a school of dispensing or of pharmacology, but had decided against that because the Society was an examining and not a teaching body. Secondly there were existing schools that were providing these facilities effectively. It proposed to improve the examination by including a preliminary test in general education and by adding a simple practical paper to the qualifying examination. The nine month course was to be retained, but with the requirement that 200 hours should be devoted to each subject and the syllabuses in chemistry and practical pharmacy were to be revised. Finally it proposed a new title for the assistants: that of dispenser or qualified dispenser, but there was no intention of empowering them to keep open shop. This proposal was agreed by the Court.²⁴ The proposed addition of a practical paper must have been in pharmacy, materia medica or chemistry, as a practical test in dispensing already existed.

²² Society of Apothecaries Archive, Court Minute Book 1913-1926, p. 197, Court of Assistants Minutes, 12 Jun. 1917.

²³ Society of Apothecaries Archive, Court Minute Book 1913-1926, Court of Assistants Minutes, 9 Oct. 1917.

²⁴ Society of Apothecaries Archive, Court Minute Book 1913-1926, p. 310, Court of Assistants Minutes, 8 Oct. 1919.

The Association of Certified Dispensers then asked the Private Court to improve the assistants' status by introducing a statutory register and the Clerk of the Society was instructed to consult the officials of the Privy Council.²⁵ By 1923, Mr Trayner had been replaced as Secretary by Mr Bott who, having received many letters about the Society's inaction, asked the Private Court to improve the assistants' position. He wanted them to have a new title: "Certified Dispenser of the Society of Apothecaries." He wanted the minimum age for entry to the examination to be raised from 18 to 20 and for the period of practical training to be increased. He believed that the society had a duty to protect its assistants, of whom 450 were members of the Association of Certified Dispensers. He was aware however that if they upgraded the examination to approach that of the chemist and druggist, they might lose candidates to the Pharmaceutical Society.²⁶

We now turn to the second part of the strategy, that of amending the legislation. The Society of Apothecaries had considered introducing a Bill in 1913 that would have extended the powers of the Apothecaries Act (1815) in respect of the assistant's qualifying examination.²⁷ Acting on instructions from the Court, the Clerk approached Mr Charles Bathurst, the Unionist M.P. for Wiltshire South and Dr Christopher Addison, the Liberal M.P. for Shoreditch, Hoxton Division, for assistance. Mr Bathurst was a keen agriculturalist, a tariff reformer in parliament and a barrister by profession.

²⁵ Society of Apothecaries Archive, Court Minute Book 1913-1926, p. 485, Private Court Minutes, 6 Feb. 1923.

²⁶ Society of Apothecaries Archive, Box 10, E/4/4/1/2, Bingham Watson, Clerk to the Society of Apothecaries, 'Society of Apothecaries, Position of Dispensers', Apr. 1923.

²⁷ Society of Apothecaries Archive, Court Minute Book 1913-1926, p. 8, Private Court Minutes, 1 Apr. 1913.

He was also a Life Member of the Royal Agricultural Society and a Fellow of the Chemical Society.²⁸ Dr Addison was a Doctor of Medicine and a Fellow of the Royal College of Surgeons.²⁹ Neither of them appears to have had any particular connection with the Society of Apothecaries. Dr Addison recommended that the apothecaries should come to an arrangement with the Pharmaceutical Society and it was agreed that this would be desirable in the interests of both the Society of Apothecaries and the assistants.³⁰ Sometime later a Bill was prepared that would empower the Society to create a register of their assistants and give those registered the restricted title of “Certified Dispenser of the Society of Apothecaries.” Additionally, the Society would have been given the power to remove names from the register and reinstate them if appropriate. The assistants would have been authorised to dispense on behalf of duly qualified medical practitioners, pharmacists, in hospitals, dispensaries, sanatoria, infirmaries, for friendly societies and public authorities; although they would not have been permitted to keep open shop, nor sell medicines or poisons on their own account. The Bill permitted women to be registered and empowered the Society to make the regulations necessary to implement the Act’s provisions. Finally, the rights of pharmacists were protected. However, it would appear that this draft Bill was never introduced into Parliament.³¹

²⁸ *Dod’s Parliamentary Companion for 1913* (London, 1913), p. 239.

²⁹ *Dod’s Parliamentary Companion for 1913* (London, 1913), p. 225.

³⁰ Society of Apothecaries Archive, Court Minute Book 1913-1926, p. 19, Private Court Minutes, 1 Jul. 1913.

³¹ Society of Apothecaries Archive, Box 11, E/4/4/2/8, ‘A Bill to amend and extend the powers of the Society of Apothecaries of London under the Apothecaries Act, 1815’.

In 1920 the Association of Certified Dispensers wrote to the Society to urge it to proceed with the Bill to amend and extend its powers. The Society replied that the Privy Council had advised that such a course was not advisable at that time.³² This must have been the Bill formulated in 1913. Mr Bott and Mr Wager, respectively the Secretary and Chairman of the Association of Certified Dispensers, met with the Private Court on 1 May 1923 to press for a new Act of Parliament. It was to create a statutory register of assistants and give them full recognition under the National Insurance Act (1911) and the Dangerous Drugs Act (1920). Messrs Bott and Wager suggested that the Bill of 1913 be revived and said that the members of their Association were prepared to assist financially. Mr Haydon, who was Chairman of the Court of Examiners at the time, said that the medical men, who had contracts under the National Insurance scheme and employed dispensers, drew 90 per cent of their patients from the Insurance Scheme. They were not allowed to supply them with medicines and hence their dispensers had been disadvantaged.³³ There is little doubt that doctors must have lost some of their private patients, as those who were not previously members of a friendly society were included in the National Insurance scheme. But it is also probable that when a man joined a doctor's panel under the Act, he would have brought his family with him. They would have been private patients and their prescriptions would have been dispensed in the surgery, counteracting the loss resulting from private

³² Society of Apothecaries Archive, Court Minute Book 1913-1926, p. 371, Letter to the Society, from the Association of Certified Dispensers, 2 Nov. 1920.

³³ Society of Apothecaries Archive, Box 10, E/4/4/1/2, 'Notes on a meeting between Mr Bott and the Private Court reference a new Act of Parliament and the assistants', 1 May 1923.

patients joining the scheme. However, there were many claims, from various quarters, of hardship experienced by the assistants after the National Insurance Act became law and it would seem that their work load must have diminished.

On the following day, 2 May 1923, representatives of the Society of Apothecaries met with Sir John Anderson, Permanent Under Secretary at the Home Office,³⁴ to discuss the request made by Mr Bott for a new Act of Parliament. It would create a statutory register of assistants and enhance their examination to a point where it would compare with the Pharmaceutical Society's 'minor' examination. The assistants would then be eligible for appointment under the National Insurance and Dangerous Drugs Acts. Mr Anderson thought unofficially that Parliament would not see any benefit in giving a second body the power to qualify people under these Acts, but that there might be an opening for a body of dispensers eligible for minor positions.³⁵ Nothing came of these attempts to introduce new legislation to improve the assistants' position.³⁶

Another suggestion was to form a united front with the army council. Their dispensers were also specified in Section 4(b) of the Poisons and Pharmacy Act (1908) as those who could be recognised by the Pharmaceutical Society for inclusion on their register. In September 1913, the Association of Certified Dispensers informed the Private Court of a resolution emanating from one of their meetings, urging the Society of

³⁴ G.C. Peden, 'Anderson, John, first Viscount Waverley (1882-1958)', *Oxford Dictionary of National Biography* (Oxford, 2004).

³⁵ Society of Apothecaries Archive, Box 10, E/4/4/1/2, 'Society of Apothecaries, Position of Assistants. Notes of an interview with Sir John. Anderson of the Home Office 2 May 1923'.

³⁶ P. Hunting, *A History of the Society of Apothecaries* (London, 1998), pp. 223-224.

Apothecaries to exhort the Pharmaceutical Society to formulate a byelaw under Section 4(b). They were invited to send a deputation to meet with the Private Court and Messrs. Trayner, Montague-Smith and Anderson took up the offer. They presented a draft byelaw that would satisfy their Association and suggested that the Society act in concert with the Army Council to persuade the Pharmaceutical Society to act. The Master replied that the Society had been trying for four years to influence the Pharmaceutical Society and had just recently written to the Privy Council urging them to insist that the pharmacists took action. In addition, he had been in communication with the War Office.³⁷ This is certainly the case because Mr A. Mowbray Upton, Clerk to the Society of Apothecaries, had written to the Director General of Army Medical Services in July 1913. His letter had drawn attention to the report of the Departmental Committee appointed to consider the conditions imposed by Section 15(5)(ii) of the National Insurance Act (1911). In particular it had compared the similarity of the positions of the apothecaries' assistants and the army dispensers, and had suggested a joint approach to the Pharmaceutical Society insisting that they formulate a byelaw.³⁸

Mr Trayner must have had second thoughts about the wisdom of combining with the army dispensers, for he wrote to the Society drawing attention to the fact that there was a large disparity between the army dispensers' work and that of the assistants: the assistants' career was of

³⁷ Society of Apothecaries Archive, Court Minute Book 1913-1926, Private Court Minutes, 7 Oct. 1913.

³⁸ Society of Apothecaries Archive, Box 9, E/4/4/1/1, Letter, A. Mowbray Upton to Director General Army Medical Services, 7 Jul. 1913.

longer duration and dealt with a greater spectrum of work.³⁹ By December 1913, the Private Court had decided that the hardship being experienced by the assistants was such that they could wait no longer for assistance from an apparently reluctant Army Council. Accordingly, they put a draft byelaw to the Pharmaceutical Society for its approval.⁴⁰

During the 10 years that these negotiations were in train, the relationship between the Association of Certified Dispensers and the Society of Apothecaries changed. In the early stages the Association had politely asked the Society of Apothecaries for help, but as time passed they became more frustrated with the lack of progress. As early as 1913 the Association displayed its dissatisfaction, when it passed a resolution that, “The Society of Apothecaries be approached with a view to their expediting by means of definite proposals the formulating of byelaws under Section 4(b) of the Poisons and Pharmacy Act (1908)”.⁴¹

By 1916 the Association was asking for direct access to the Master of the Society of Apothecaries, rather than through the Clerk. They were also wanting firm action to rebuff, and even claim damages for an implication in the *Pharmaceutical Journal* that the assistants were not qualified. The Court, having reviewed the current situation and the action it had taken already, did not believe further action was necessary on its part. But

³⁹ Society of Apothecaries Archive, Box 9, E/4/4/1/1, Letter, F. Trayner to A. Mowbray Upton, 4 Nov. 1913.

⁴⁰ Society of Apothecaries Archive, Court Minute Book 1913-1926, p. 37, Special Private Court Minutes, 16 Dec. 1913.

⁴¹ Society of Apothecaries Archive, Court Minute Book 1913-1926, p. 26, Private Court Minutes, 2 Sep. 1913.

becoming tired of the Association's dissatisfaction with its efforts, suggested the Association should take such action as it thought fit.⁴²

A year later, the Clerk attended one of the Association's meetings and reported that there had been, "... a very strong opinion among its members that the Society ought to take some active steps to secure a better position for the holders of the certificate who were gradually being excluded from being allowed to compete for appointments as dispensers."⁴³ A resolution was drawn up at the 1919 Annual General Meeting of the Association stating that it viewed "... with the gravest disquietude the failure of the Society ... to take appropriate action in the matter of the loss of their former status as dispensers." It called for a committee to be formed to address the present position of the assistants.⁴⁴ Finally in 1922 the Association directed Mr Bott, "to express extreme regret at the *non possumus* attitude taken by the parent society." It thought that should the Society "... still be obdurate in carrying out the necessary reforms ..." it would be better permanently to discontinue the assistant's examination than to disappoint future candidates.⁴⁵

While the Association of Certified Dispensers had been urging the Society of Apothecaries to plead their case with other interested parties, they had themselves been in contact with the Pharmaceutical Society and

⁴² Society of Apothecaries Archive, Court Minute Book 1913-1926, p. 146, Court of Assistants Minutes, 16 May 1916.

⁴³ Society of Apothecaries Archive, Court Minute Book 1913-1926, p. 189, Private Court Minutes, 3 Apr. 1917.

⁴⁴ Society of Apothecaries Archive, Box 11, E/4/4/2/8, 'Resolution instructed to be drawn up and sent to the Society of Apothecaries at the Annual General Meeting of the Association of Certified Dispensers 29 May 1919'.

⁴⁵ Society of Apothecaries Archive, Box 10, E/4/4/1/4, Letter, G. Bott to Bingham Watson, Clerk to the Society of Apothecaries, 22 Jul. 1922.

the Privy Council. Mr Trayner and three other assistants, all dispensers from London dispensaries or infirmaries, met with the President, Secretary and Assistant Secretary of the Pharmaceutical Society in May 1912. The pharmacists made some encouraging comments to the effect that they understood the difficult position into which the National Insurance Act had placed some of the assistants. They went on to state that they would have no hesitation in accepting onto the register, assistants of the calibre of those who formed the delegation. However, the difficulty they were facing was how to distinguish between assistants who would be capable of keeping open shop and the remainder.

The Pharmaceutical Society insisted on its examination being the only means of registration and objected to the Society of Apothecaries attempting to set up an alternative route. They would need to ascertain why the assistants, who wished to be registered without examination, had not adopted the normal route of qualifying by taking the Society's 'minor' examination. The pharmacists did suggest that they might be able to register nearly all the assistants, were the Society of Apothecaries to discontinue the assistant's examination.⁴⁶ This offer to accept onto their register, most of the existing assistants, as a full and final settlement of the requirements of Section 4(b), was probably the best offer the assistants were to receive. However, this offer was not going to be acceptable to either the Society of Apothecaries, or the rank and file members of the Pharmaceutical Society.

⁴⁶ Society of Apothecaries Archive, Box 9, E/4/4/1/1, 'Précis of statements made at a meeting of certain members of the Pharmaceutical Society's Council on 5 May 1912'.

Not only the Association of Certified Dispensers, but individual assistants became concerned with the lack of progress and took the matter into their own hands. Mr Smith, a member of the Association, had been dissatisfied with the absence of information emanating from the Society of Apothecaries. Believing himself to be in great danger of losing his job, he had written to the Chancellor and other Members of Parliament. Although he had not asked for an interview, the Chancellor had invited him to meet with Mr Braithwaite, who would be happy to talk to him about the situation.⁴⁷ William John Braithwaite was the Civil Servant selected by Lloyd George to be his principal assistant in formulating the National Insurance scheme.⁴⁸

Smith had discovered during the interview that the government knew nothing of the Association of Certified Dispensers and he had been asked why a deputation had not asked to meet the Chancellor.⁴⁹ This is curious because four months before this meeting, on 5 July 1911, Mr Rowland wrote acknowledging receipt of a memorial he had received from the Clerk to the Society of Apothecaries.⁵⁰ This memorial was to express the discontent felt by the apothecaries' assistants that the Pharmaceutical Society had not exercised Section 4(b), despite requests made by the Society of Apothecaries and to urge the Privy Council to put pressure on the Pharmaceutical Society

⁴⁷ Society of Apothecaries Archive, Box 10, E/4/4/2/1, Letter, W. Smith to A. Mowbray Upton, Clerk to the Society of Apothecaries, 16 Nov. 1911.

⁴⁸ Jonathan Bradbury, 'Braithwaite, William John (1875-1938)', *Oxford Dictionary of National Biography* (Oxford, 2004).

⁴⁹ Society of Apothecaries Archive, Box 10, E/4/4/2/1, Letter, W. Smith to Mr Howell, undated.

⁵⁰ Society of Apothecaries Archive, Box 10, E/4/4/2/1, Letter, J. Rowland to A. Mowbray Upton, 5 Jul. 1911.

to do so.⁵¹ Mr Rowland went on to say in his acknowledgement of 5 July 1911, that the memorial had been seen by the Chancellor of the Exchequer and that, “Mr Lloyd George will take care not to overlook the claims of persons holding the qualifications of the Society of Apothecaries to act as licentiates or dispensers.”⁵²

Shortly after Mr Smith’s meeting with Mr Braithwaite, the Attorney General had told him that he would like to meet a deputation of three apothecaries and three members of the Association. Smith had passed this information to Mr Howell, who was the Hon. Secretary of the Association at the time, and he in turn had sent it to the Clerk of the Society of Apothecaries. The Clerk took exception to the fact that Smith had approached Lloyd George’s office other than through the Association. But Smith robustly replied that Mr Howell seemed to be ineffective in his efforts to safeguard the assistants’ position and as an assistant, he reserved the right to act in his own interest.⁵³ Although the Clerk was complaining that Smith had gone behind Mr Howell’s back in talking directly to the Chancellor, it seems likely that he was equally annoyed that Smith was bypassing the Society.

The Association of Certified Dispensers also interacted with the Departmental Committee that had been set up in 1913 to assess whether the National Insurance Act was operating effectively in respect of the supply

⁵¹ Society of Apothecaries Archive, Box 9, E/4/4/1/1, Instruction from Upton & Co. to Counsel, 1911.

⁵² Society of Apothecaries Archive, Box 10, E/4/4/2/1, Letter, J. Rowland to A. Mowbray Upton, 5 Jul. 1911.

⁵³ Society of Apothecaries Archive, Box 10, E/4/4/2/1, Letter, W. Smith to A. Mowbray Upton, Clerk to the Society of Apothecaries, 18 Nov. 1911 and Society of Apothecaries Archive, Box 10, E/4/4/2/1, Letter, W. Smith to A. Mowbray Upton, Clerk to the Society of Apothecaries, 16 Nov. 1911.

of medicines and appliances to insured persons.⁵⁴ The Clerk, A. Mowbray Upton, accompanied by Mr F. Trayner, dispenser at the Hackney Union Infirmary and Mr G. Reed, dispenser at the Croydon Provident Dispensary gave evidence.⁵⁵ The Clerk initially attempted to give evidence regarding the transfer of dispensing from doctors' surgeries to chemists and druggists, but the Committee refused to hear him on the grounds that the matter was *ultra vires*. He had protested at this, but gone on to give evidence of the hardship that would, in consequence, be experienced by the dispensers.⁵⁶

The Committee's report comments on the situation of the assistants and the hardships they were experiencing. Its members did not believe that a relaxation in the restrictions on the sale of Scheduled Poisons, whether contained in dispensed medicines or sold over the counter, would be in the interest of insured people or the public generally.⁵⁷ They reconfirmed that all dispensing that was performed, other than that under the provisions of the Apothecaries Act (1815), had to be done by or under the direct supervision of a chemist and druggist. But they thought that it might be possible to create a qualification, which while not as advanced as the Pharmaceutical Society's 'minor' examination, would be of a higher standard than the assistant's examination. Such a qualification would be desirable were it designed so that those holding it, and working for a chemist and

⁵⁴ *Report of the Departmental Committee appointed to consider the conditions imposed by Section 15 (5) (iii) of the National Insurance Act, 1911 on the Supply of Medicines to Insured Persons vol. 1, p. 6.*

⁵⁵ *Report of the Departmental Committee appointed to consider the conditions imposed by Section 15 (5) (iii) of the National Insurance Act, 1911 on the Supply of Medicines to Insured Persons vol. 1, p. 5.*

⁵⁶ Society of Apothecaries Archive, Court Minute Book 1913-1926, p. 8, Private Court Minutes, 1 Apr. 1913.

⁵⁷ *Report of the Departmental Committee appointed to consider the conditions imposed by Section 15 (5) (iii) of the National Insurance Act, 1911 on the Supply of Medicines to Insured Persons vol. 1, p. 12, par. 24.*

druggist, would be able to dispense without being under his direct supervision. They were sure however that the Apothecaries' Assistant's Certificate was not of a standard that would permit dispensing without direct supervision.⁵⁸

The Committee also suggested that much of the dispensing arising out of the Act would be for patients who previously could not have afforded to consult a doctor. The richer patients who had previously consulted the doctor would be uninsured and would continue to pay for their own medication, and have it dispensed in the doctor's surgery. The assistants would therefore experience little change in the number of prescriptions presented to them. Additionally, the assistants might to be able to diversify into other areas including book keeping and collection of outstanding debts.⁵⁹ This was all very well, but these activities were not ones that the assistants had trained for and not ones that they had chosen to do. The Committee also considered that the Council of the Pharmaceutical Society should activate Section 4(b) and formulate a byelaw to admit assistants onto their register.⁶⁰

The Association of Certified Dispensers had been formed specifically to address the damage that the National Insurance Act was about to do to the livelihoods of the apothecaries' assistants, but it had insufficient

⁵⁸ *Report of the Departmental Committee appointed to consider the conditions imposed by Section 15 (5) (iii) of the National Insurance Act, 1911 on the Supply of Medicines to Insured Persons vol. 1*, pp. 15-16, par. 37.

⁵⁹ *Report of the Departmental Committee appointed to consider the conditions imposed by Section 15 (5) (iii) of the National Insurance Act, 1911 on the Supply of Medicines to Insured Persons vol. 1*, p. 12, par. 23.

⁶⁰ *Report of the Departmental Committee appointed to consider the conditions imposed by Section 15 (5) (iii) of the National Insurance Act, 1911 on the Supply of Medicines to Insured Persons vol. 1*, p. 18, par. 43 (vi).

influence and power to change the outcome. By the time it realised that the Society of Apothecaries was not going to represent its assistants' interests with any real enthusiasm, its opportunity to act on its own behalf had passed. It entered the negotiations too late to achieve any change and was in time only to accept the terms of the new byelaw formulated by the Pharmaceutical Society. The only alternative at that stage would have been to continue the previous deadlock.⁶¹

The Pharmaceutical Society's Ambitions

The Pharmaceutical Society was extremely concerned about the potential outcome of the dispute. Only 70 years previously the chemists and druggists had set out to secure their own future by creating a profession built on a programme of enhanced education and skill. The last thing the Society wanted was the dilution of its reputation, as a highly skilled body, by the creation of a route to membership, other than by its examination. It had also long believed that dispensing should lie within its area of responsibility. Jacob Bell, in seeking to improve the training of chemists and druggists believed that, "There was a need to verify that all dispensers of medicines had undergone a basic education, and, by examination, shown

⁶¹ 'Certificated Dispensers and the Pharmaceutical Society's Draft Bye-law', *Pharmaceutical Journal*, 102, 2903, (7 Jun. 1919) 376-377.

their fitness to perform those duties.”⁶² In 1843 he had said that prescribing and dispensing should be separated.⁶³

The *Pharmaceutical Journal* in the same year stated that there was no point in having prescriptions written by highly qualified doctors only to have them dispensed by men of limited ability. Although the nature of knowledge would differ between the two occupations, the level of knowledge should be the same.⁶⁴ It went on to reinforce this view in 1844 when it pointed out that the repression of unqualified dispensers of medicine was as important as that of unqualified doctors.⁶⁵ Although the Chemists and druggists in 1905 were calling for a Bill that would require that they should be responsible for all compounding and dispensing,⁶⁶ they had no great hopes of achieving such a monopoly. In an interview with Lloyd George in October 1911, Mr J.R. Young, a past president of the Pharmaceutical Society went as far as to say that the separation of prescribing and dispensing had been no more than a dream.⁶⁷ So when Lloyd George announced in Parliament that he intended to separate prescribing and dispensing,⁶⁸ the Pharmaceutical Society was overjoyed.

However, there was a problem yet to be overcome. The Bill did not indicate who was going to perform the dispensing. The wording of Clause 13 stated that provision was to be made by friendly societies or Insurance

⁶² Burt, ‘An Examination of the Pharmaceutical Responses to the Implementation of the Chemists and Druggists’ Register: the transformation of a trade into a profession’ (unpublished doctoral thesis, University of Wales, Dec. 1999), p. 101.

⁶³ Anderson Stewart, ‘Jubilee of the National Insurance Act’, 35.

⁶⁴ ‘Medical Reform’, *Pharmaceutical Journal*, 3, 11, (1 May 1843) 678.

⁶⁵ ‘Restrictions in the Medical Profession’, *Pharmaceutical Journal*, 2, 11, (1 May 1844) 511.

⁶⁶ A.C. Wootton, ‘Ideal Pharmacy Law’, *Pharmaceutical Journal*, series 4, 74, 20, (1 Apr. 1905) 479.

⁶⁷ ‘National Insurance Bill’, *Pharmaceutical Journal*, series 4, 87, 33, (14 Oct. 1911) 496.

⁶⁸ *Hansard*, fifth series, vol. XXV, 1 May-19 May 1911, col. 625.

Committees, "... for the supply of sufficient and proper drugs and medicines to insured persons." The pharmacists believed that it had long been the intention of the friendly societies to set up dispensaries and central drug stores for this purpose. This uncalled for competition was bad enough, but the important issue was that because the friendly societies were only going to supply medicines, rather than sell them, the Pharmacy Acts would not apply. There would be no legal requirement to employ pharmacists and inevitably apothecaries' assistants, or others even less qualified, would perform the dispensing, as this would be the cheaper option.⁶⁹ The Manchester Unity Friendly Society had said that it was likely that it would create "a central drug store ... for the supply of medicines at certain hours of the day." They might also come to an arrangement with the Hearts of Oak, Foresters and others to establish a wholesale warehouse.⁷⁰ The pharmacists argued that as "The overwhelming majority of the insured will find a pharmacy managed by a qualified chemist at their door ...,"⁷¹ the Act should take advantage of this. Holloway believes that this extensive distribution of chemists' shops was a contributory factor in persuading Lloyd George to transfer dispensing to the pharmacists.⁷²

⁶⁹ 'Pharmacists and National Sick Insurance', *Pharmaceutical Journal*, series 4, 87, 33, (25 Nov. 1911) 705 and *The Times*, 25 May 1911, p. 5, col. 1 and 'The National Insurance Bill and Pharmacists', *British Medical Journal*, (10 Jun. 1911) 419 and 'National Insurance Bill Mass Meeting of Pharmacists in London', *Pharmaceutical Journal*, series 4, 87, 33, (8 Jul. 1911) 60. More information about the Friendly Societies may be found in: Cordery, *British Friendly Societies, 1750-1914* and Gosden, *The Friendly Societies in England 1815-1875* and W. Blake and J. Moore, *Friendly Societies* (Cambridge, 1951).

⁷⁰ 'National Insurance Bill', *Pharmaceutical Journal*, series 4, 87, 33, (14 Oct. 1911) 496-497.

⁷¹ 'National Insurance Bill Mass Meeting of Pharmacists in London', *Pharmaceutical Journal*, 87, 33, (8 Jul. 1911) 59.

⁷² Holloway, 'Professional Business', 20.

The pharmacists had also seen the difficulties the doctors had experienced in obtaining a reasonable remuneration while working for the friendly societies and this enhanced their concerns. Like the doctors, they pressed for a scheme run by Local Health Committees.⁷³ The pharmacists' concern was reflected by questions in Parliament. On 29 May 1911, Viscount Wolmer asked Lloyd George if Health Committees would be able to buy medicines wholesale to supply to doctors and patients. Lloyd George replied that they would have the same power in this respect as the friendly societies. He went on to say that he thought that chemists would benefit greatly from the Bill.⁷⁴ Lord Charles Beresford, the Member for Portsmouth,⁷⁵ asked whether friendly societies were going to be permitted to open dispensaries and if so, whether the dispensing in them would be done by qualified pharmacists.⁷⁶ In reply, Sir Charles Hobhouse, Liberal Member for East Bristol and Financial Secretary to the Treasury,⁷⁷ said that they wished to provide the best scheme for supplying medicines and consequently no method should be discounted; qualified persons would do the dispensing.⁷⁸ It seems that the government did not want to be tied down to delegating dispensing to the pharmacists, nor did it want to restrict it to businesses owned by pharmaceutical chemists or chemists and druggists as defined in the Poisons and Pharmacy Act (1908). His statement that

⁷³ 'National Insurance Bill Mass Meeting of Pharmacists in London', *Pharmaceutical Journal*, 87, 33, (8 Jul. 1911) 59-60.

⁷⁴ 'Parliamentary Notes and News', *Pharmaceutical Journal*, series 4, 86, 32, (3 Jun. 1911) 753-754.

⁷⁵ V. W. Baddeley, 'Beresford, Charles William de la Poer, Baron Beresford (1846-1919)', rev. Paul G. Halpern, *Oxford Dictionary of National Biography* (Oxford, 2004).

⁷⁶ 'Parliamentary Notes and News', *Pharmaceutical Journal*, series 4, 87, 33, (5 Aug. 1911) 215.

⁷⁷ Trevor Wilson, 'Hobhouse, Sir Charles Edward Henry, fourth baronet (1862-1941)', rev., *Oxford Dictionary of National Biography* (Oxford, 2004).

⁷⁸ 'Parliamentary Notes and News', *Pharmaceutical Journal*, series 4, 87, 33, (5 Aug. 1911) 215.

dispensing would be done by qualified persons is also ill defined, as the apothecaries' assistants were qualified, but only under the 1815 Act to dispense for apothecaries.

Lloyd George thought that the pharmacists were becoming unnecessarily concerned and did not believe that they would be too disadvantaged. He thought that there would be such an increase in the number of prescriptions written, that there would be enough to keep the chemists in business, even were the friendly societies to do some of the dispensing. Nonetheless, this did not address the pharmacists' concern that there was a potential for a two-tier quality of service: part of the public would receive their medicines from a pharmacist and the remainder would not. While Lloyd George was prepared to allow the Act to pass into law and then have the Insurance Commissioners sort out this kind of administrative detail,⁷⁹ the Pharmacists were not going to leave such a matter of principle to chance. The Editor of the *Pharmaceutical Journal* pointed out that the time for alterations was before the Bill became law, while the Society had some bargaining power. It would be foolish to rely on promises to amend the regulations once the Bill was passed.⁸⁰ Lloyd George reassured the pharmacists in a meeting with their representatives held on 1 June 1911. He would not allow the friendly societies to establish wholesale drug stores, managed by a grocer who would sell items by the ounce without any understanding of what he was selling. It was, he said, as important to give

⁷⁹ 'Pharmacists and Sickness Insurance', *Pharmaceutical Journal*, series 4, 86, 32, (10 Jun. 1911) 770.

⁸⁰ 'The National Insurance Bill', *Pharmaceutical Journal*, series 4, 86, 32, (17 Jun. 1911) 806.

the patients pure drugs, as it was to get a competent doctor to diagnose.⁸¹ But the pharmacists were still not convinced. The only solution acceptable to them was to have the Bill amended to include their demands.

The Pharmaceutical Society organised a meeting at the Holborn Restaurant on 6 July 1911, when 1000 pharmacists from all the major cities in the country were present. The required amendments were put to them, including the two critical ones: that the supply of medicines to insured persons be made only by those firms and bodies carrying on the statutory business of a chemist and druggist under the Poisons and Pharmacy Act (1908). Additionally, the dispensing should be performed by, or under the direct supervision of a pharmacist.⁸² The meeting carried the proposed amendments almost unanimously.⁸³

The Pharmacists also had the support of the doctors at this stage. At a meeting of the Standing Joint Committee of the British Medical Association and the British Pharmaceutical Conference on 15 June 1911, issues of mutual interest concerning the National Insurance Bill were discussed. The outcome was that on 5 July 1911, the Council of the British Medical Association passed a number of resolutions, including one that upheld the principle that dispensing should be performed only by pharmacists and doctors.⁸⁴ The British Medical Association was also on record as saying that the suggestion of cheap dispensaries run by approved

⁸¹ 'National Insurance Bill', *Pharmaceutical Journal*, series 4, 87, 33, (14 Oct. 1911) 496.

⁸² 'National Insurance Bill Mass Meeting of Pharmacists in London', *Pharmaceutical Journal*, 87, 33, (8 Jul. 1911) 59 and 63.

⁸³ 'National Insurance Bill Mass Meeting of Pharmacists in London', *Pharmaceutical Journal*, 87, 33, (8 Jul. 1911) 63.

⁸⁴ 'British Medical Association and British Pharmaceutical Conference', *Pharmaceutical Journal*, series 4, 87, 33, (8 Jul. 1911) 36.

societies and staffed by unqualified dispensers was not acceptable. Medical men would insist that the drugs supplied were of the highest quality and were dispensed by properly qualified pharmacists.⁸⁵

The multiple chemists also played an important role in ensuring that dispensing for the insured became the province of the chemist. Their financial power and lobbying capability largely prevented a scheme based on friendly society control.⁸⁶ Jesse Boot, speaking for the Company Chemists' Association, wrote that they were equally determined to ensure that all dispensing would be performed under the terms of the Pharmacy Acts and only by pharmacists, whether they were sole proprietor traders or employed by members of the Association.⁸⁷

In addition to these direct concerns about the National Insurance Bill, the pharmacists were also aware of the threat posed by the army dispensers and the apothecaries' assistants; a threat that the National Insurance Bill was about to bring to life. This threat had been created by the provisions of Section 4(b) of the Poisons and Pharmacy Act (1908) as it authorised the Pharmaceutical Society to pass a byelaw to register the army dispensers and apothecaries' assistants as chemists and druggists. The Pharmaceutical Society had declared, ever since 1908, that the provision was permissive and that the decision as to whether they formulated a byelaw or not, was entirely theirs; in this, it seems they were quite justified. For on 21 July 1908, Sir John Batty-Tuke, who was the Conservative

⁸⁵ 'National Insurance Bill', *Pharmaceutical Journal*, series 4, 87, 33, (1 Jul. 1911) 3 and 'The National Insurance Bill and Pharmacists', *British Medical Journal*, (10 Jun. 1911) 419-420.

⁸⁶ Holloway, 'Professional Business', 20.

⁸⁷ 'Chemists Companies and the National Insurance Bill', *Pharmaceutical Journal*, series 4, 87, 33, (5 Aug. 1911) 215.

member for the Universities of Edinburgh and St Andrews, a physician and surgeon and a lawyer, proposed an amendment to the Bill. This would have removed the army dispensers from the provision of Section 4(b) because of their inadequate training. In response Mr Herbert Samuel (Liberal member for Yorkshire Cleveland) and Under Secretary of State for the Home Department, wanted it retained. It had been included at the request of the War Office and accepted by the Pharmaceutical Society, “as it was permissive only.”⁸⁸ On 18 December 1908, the day after section 4(b) had been amended in the House of Commons by Sir W.J. Collins to include the apothecaries’ assistants, a similar speech was made in the House of Lords by the Earl of Crewe. He was the Lord Privy Seal and Secretary of State for the Colonies and said that, “This simply increases to some extent the discretion of the Pharmaceutical Society as to the persons they may recognise under their byelaws.”⁸⁹ Two senior members of the government had declared in their respective Houses of Parliament that Section 4(b) was to be applied at the Pharmaceutical Society’s discretion. This and the timing, – just before the Bill became law – strongly suggests that the provisions were being included to overcome opposition. At the same time Parliament was clearly saying that the Pharmaceutical Society could disregard them.

Whether either the government or the Pharmaceutical Society realised that, in practice, the provisions would become obligatory is unclear. Certainly neither of them appears to have questioned the possibility at the

⁸⁸ ‘Miscellaneous Provisions’, *Pharmaceutical Journal*, series 4, 81, 27, (12 Dec. 1908) 782.

⁸⁹ *Hansard*, fourth series, vol. CXCVIII, 7-21 Dec. 1908, col. 2193.

time. However in July 1919, “Student Associate” writing in the *Pharmaceutical Journal* questioned whether a statement in an Act of Parliament could ever be permissive. There was no point he thought in including a statement that was permissive. He went on to quote from the case of *Julius vs. Lord Bishop of Oxford* where it was held that,

“Where a power is deposited with a public body with the object of its being used for the benefit of persons specifically pointed out, and with regard to whom a definition is supplied by the Legislature of the conditions upon which they are entitled to call for its exercise, that power ought to be exercised, and the Court will require it to be exercised.”⁹⁰

As we have discussed earlier in this chapter, there was a steady stream of questions in Parliament asking when the Pharmaceutical Society was going to exercise the provisions in Section 4(b). The Society managed to avoid acting on the provisions until 1919 when pressure from the Privy Council became inescapable. The argument was that, had the army dispensers and apothecaries’ assistants not been included in Section 4(b), the 1908 Bill would have been voted out by its opposers in Parliament. In consequence, the Section had become a fundamental part of the Bill. In essence, had it not been for that Section, the Act would never have existed.

Although the Society had obtained the opinion of counsel that it was permissive, in practical terms, they were in no position to ignore the wishes of the Privy Council. The Privy Council could block any new pharmaceutical legislation and refuse to ratify any new or amended byelaws on other

⁹⁰ Letter, “Student Associate” to the Editor, *Pharmaceutical Journal*, series 4, 103, 2909, (19 Jul. 1919) 59.

matters essential to the Society's operation. It also had the ultimate sanction of introducing new Pharmaceutical legislation to settle the matter, which might be less advantageous to pharmacy than the 1908 Act. The Society was aware that the 1908 Act had brought many benefits to the profession; in consequence and despite opinion of counsel to the contrary, the Society's Council decided that Section 4(b) must be considered obligatory.⁹¹ According to the *Pharmaceutical Journal*, a draft of the byelaw was read for the first time at a meeting of the Pharmaceutical Society's Council on 6 May 1919. The point was made by Mr White, a past president of the Society, that while they were sacrificing a principle, the price was not high. Not many assistants would be admitted and the byelaw would close the door forever on the admittance of further assistants to the register. Mr Skinner did not trust the government to accept the byelaw as a final settlement of the matter and opposed the motion. Mr Wolf was also in opposition; he wanted to know who had decided that Section 4(b) was obligatory. The Council, at this point went into committee.

On resuming, the matter was put to the vote and adopted, with only three of the 14 members present objecting.⁹² It would appear that some members of the Council had undisclosed information about the discussions with the Privy Council. They had, it seems, convincing evidence that the matter would finally be settled by this single acceptance of a number of assistants onto the register, but could not make the evidence public. An

⁹¹ 'The Proposed New Bye-law in Relation to Apothecaries' Assistants', *Pharmaceutical Journal*, 102, 2901, (24 May 1919) 323-324 and 'The Functions of the Privy Council in Relation to the Society and its Byelaws', *Pharmaceutical Journal*, series 4, 102, 2903, (7 Jun. 1919) 361-362.

⁹² 'New Byelaw Relating to Apothecaries' Assistants First Reading', *Pharmaceutical Journal*, series 4, 102, 2899, (10 May 1919) 292-293.

inspection of the actual minutes of the meeting sheds no further light on the matter, as there is no record of what was said while the Council was in committee.⁹³

There was a good deal of protest about the exercise of Section 4(b) from rank and file pharmacists in editions of the *Pharmaceutical Journal* of the time, with some argument to the contrary from the apothecaries' assistants. The protestors not only expressed outrage that those who had not taken the Society's qualifying examination were to be allowed onto the register, but also complained about the Society's ineptitude in its handling of the situation so as to allow the possibility to arise. Mr M. Goldstraw from Chesterfield thought that, "... were an appeal made to individual members of the Society, the measure would be opposed by 99 per cent." He was also concerned that other unqualified bodies might follow the assistants' example and that a dangerous precedent would be set.⁹⁴ Mr J. Mason, who had a shop in Blandford in Dorset, believed that there would be, "... few pharmacists ready to swallow the bitter pill which the Council of the Society is preparing."⁹⁵

The Public Pharmacists and Dispensers' Association represented pharmacists working for the Prison Service, the Asylum Boards and some hospitals. George Gibson, the pharmacist at the St Pancras South Infirmary and Hon. Secretary of the Association, wrote on their behalf to

⁹³ Pharmaceutical Society, Minutes of Council 3 Apr. 1919-1 Feb. 1921, Meeting dated 6 May 1919, 'New Byelaw re. Apothecaries' Assistants', pp. 160-161.

⁹⁴ 'The Proposed New Byelaw relating to Apothecaries' Assistants', *Pharmaceutical Journal*, 102, 2901, (24 May 1919) 341.

⁹⁵ 'The Proposed New Byelaw relating to Apothecaries' Assistants', *Pharmaceutical Journal*, 102, 2902, (31 May 1919) 358.

say that they were very opposed to the lowering of the educational standard of the qualification. Rather than earn it, the assistants were asking to have “the statutory qualification ‘conferred’ on them.”⁹⁶ Mr U. Aylmer Coates who lived in Burnley had first qualified as an apothecaries’ assistant and then as a pharmacist. He pointed out that the Pharmacy Acts stated that the reason for the Society’s qualifying examination was to ensure the safety of the public. The knowledge required to pass the assistant’s examination was “very elementary” compared with that needed to pass the Society’s examination and not sufficient to protect the public when poisons were being dispensed.⁹⁷ Mr R. Perkins from Brighton was concerned that there had been little debate within the membership on the matter. Even though the assistant’s syllabus had been extended since 1908, the standard was still trivial compared with that of the Society. The assistants were not the equals of pharmacists in knowledge of pharmacy and were often “their inferiors in general education.” He was also concerned about the President’s assertion that only a limited number of assistants would be accepted onto the register. He compared the government’s promise in this respect with that they had given in 1908 about the permissive nature of Section 4(b).⁹⁸

An assistant indirectly accepted that the standard of the Pharmaceutical Society’s examination was at a higher level. He suggested that on the payment of two guineas, those who had obtained the Apothecaries’ Assistant’s Certificate should be exempt from the

⁹⁶ ‘Certified Dispensers – a Disclaimer’, *Pharmaceutical Journal*, 95, 2721, (11 Dec. 1915) 750.

⁹⁷ ‘The Proposed New Byelaw relating to Apothecaries’ Assistants’, *Pharmaceutical Journal*, 102, 2901, (24 May 1919) 340.

⁹⁸ ‘The Proposed New Byelaw relating to Apothecaries’ Assistants’, *Pharmaceutical Journal*, 102, 2901, (24 May 1919) 341.

Pharmaceutical Society's 'preliminary' examination and be allowed to register as an apprentice. The 'preliminary' examination was, he said, "... a high stumbling block."⁹⁹ It would seem unlikely that he would be able to cope with the intellectual challenge posed by the 'minor' examination, if he felt unable to pass an examination designed to assess whether he had the educational standard required to embark on it.

There was marked ignorance among pharmacists about the relationship between the Pharmaceutical Society and the Privy Council. They were also confused about the way in which Section 4(b), which had been declared to be permissive, could suddenly become obligatory. Mr W. Josty writing from Liverpool asked about some comments made by Mr White at the Council meeting on 6 May 1919, when the New Byelaw was being read for the first time.¹⁰⁰ What he asked was the nature of the "formidable stumbling block" that "must be removed." He also wanted information about the difficult position into which the Council had got themselves. It would seem, he wrote, that the Society must have entered into a bad bargain in 1908 and have been caught napping. He called on the Council to organise a referendum and strengthened by the result, to refuse to exercise Section 4(b).¹⁰¹ Arthur Watson asked from Stockport if, "... the Society is bound by some secret understanding of which we know nothing."

⁹⁹ Letter, 'Apothecaries Hall Assistant (272/37)', *Pharmaceutical Journal*, 102, 2903, (7 Jun. 1919) 380.

¹⁰⁰ 'New Byelaw Relating to Apothecaries' Assistants. First Reading', *Pharmaceutical Journal*, 102, 2899, (10 May 1919) 292.

¹⁰¹ 'The Proposed New Byelaw relating to Apothecaries' Assistants', *Pharmaceutical Journal*, 102, 2899, (17 May 1919) 321.

We should not, he thought, be “bound by any agreements to which we are not parties.”¹⁰²

Mr J. Mason, writing for a second time, could not understand the reason why assistants were to be admitted. There was no shortage of candidates for the Society’s examination. He wanted to know, “What vested interests were pulling the strings behind the scenes?”¹⁰³ There was also a fear that the Society had no guarantee that in passing the byelaw they would not set a precedent. It was feared that it would leave an open door to all those who wished to register without qualifying by examination. Arthur Mills from Eastbourne was not surprised that legal opinion thought that Section 4(b) was permissive. Had the government wished it to be obligatory, they would have worded it, “The Society shall pass byelaws.” He had no doubt that a Court would find in the Society’s favour and that if the Society acceded to the Privy Council’s demands, more would follow.¹⁰⁴ Mr H. Bagshaw writing from Oldham thought that the Society’s Council did not have enough determination. Would other professions such as doctors, engineers and lawyers or even trades unionists, allow the government to open up their ranks to those who had not completed an approved course of training?¹⁰⁵

A Special General Meeting of the Society was held at the Central Hall, Westminster on 6 August 1919. Despite all the protests, pharmacists

¹⁰² ‘The Proposed New Byelaw relating to Apothecaries’ Assistants’, *Pharmaceutical Journal*, 102, 2902, (31 May 1919) 359.

¹⁰³ ‘The Proposed New Byelaw relating to Apothecaries’ Assistants’, *Pharmaceutical Journal*, 102, 2902, (31 May 1919) 358.

¹⁰⁴ ‘The Proposed New Byelaw relating to Apothecaries’ Assistants’, *Pharmaceutical Journal*, 102, 2902, (31 May 1919) 358-359.

¹⁰⁵ ‘The Proposed New Byelaw relating to Apothecaries’ Assistants’, *Pharmaceutical Journal*, 102, 2901, (24 May 1919) 340-341.

attending from all over Great Britain ratified the proposal made by the Council by voting firmly in favour of the byelaw. In fact, there were 682 in favour and 434 against, a majority of 248 votes in favour. There had been a postal referendum held earlier and of the 9076 cards issued, 66 per cent were returned. Votes in favour amounted to 4294 and against 1667, a majority in favour of 2627.¹⁰⁶ This referendum was for information only; the Pharmacy Act (1852) did not allow decisions to be made by postal ballot, but required a General Meeting. However, the vote at the Special General Meeting did reflect that achieved in the postal ballot.

The Society of Apothecaries Indifference

Like the other interested parties in this dispute the Society of Apothecaries had their own views on the matter. Originally, when they were primarily engaged in pharmacy they had obtained their remuneration from compounding and dispensing medicines. The Rose case gave them permission to practise medicine, but they were unable to charge for the consultation and had to continue to make their money from their dispensing activities.¹⁰⁷ In the face of increasing competition from the chemists and druggists, they set up the General Pharmaceutical Association in 1793. This attempted to prevent incursions by the chemists and druggists and preserve their prescribing and dispensing businesses. They had not realised that their future lay in medicine; they were attempting to step into the

¹⁰⁶ 'Special General Meeting', *Pharmaceutical Journal*, 103, 2912, (9 Aug. 1919) 147 and 149.

¹⁰⁷ Holloway, 'The Apothecaries Act, 1815: a reinterpretation. Part 1', 113.

future, but reluctant to relinquish the past. Because more of their time was taken up in visiting patients and they were not permitted to charge for this activity, they had to overcharge for their dispensing in order to subsidise these consultations. In these circumstances, the chemists were easily able to undercut them.¹⁰⁸ By 1850, a series of legal judgements, as discussed in chapter 4, had changed the situation and apothecaries were permitted charge for both consultations and the supply of medicines. Although they still earned part of their money from dispensing, they were not entirely dependent on it and at that point, their concern for their assistants' prospects must have lessened. Their interest in dispensing was reinvigorated in 1904, when it was proposed to include a clause in the draft Medical Acts Amendment Bill to prevent doctors dispensing prescriptions. This brought protests from the practitioners in poor areas, who depended on dispensing to make a living.¹⁰⁹

In 1911, when Lloyd George was publicising his intention to separate prescribing and dispensing, the issue of reduced remuneration arose again and R.M. Russell, from Goodmayes in Essex, pointed out a new concern. Prescriptions that doctors gave to their patients, so that they could take them to a chemist to be dispensed, would become the patients' property. The patients would be able to have them dispensed repeatedly by the chemist to treat other members of their families. In this way, the doctors would lose many paying patients.¹¹⁰ W. Uglow Woolcock, the secretary to the Pharmaceutical Society, refuted this suggestion saying that the

¹⁰⁸ Holloway, 'The Apothecaries Act, 1815: a reinterpretation. Part I', 111 and 113.

¹⁰⁹ 'Prohibition of Dispensing by Doctors', *British Medical Journal*, (13 Feb. 1904) 399.

¹¹⁰ 'Dispensing and the Insurance Bill', *British Medical Journal*, (28 Oct. 1911) 1139.

prescription would not be retained by the patient, but would eventually be sent to the insurance committee.¹¹¹

However, this separation of dispensing and prescribing was more far-reaching than one of income; there was an issue of status involved. Because the general practitioners, who were a large part of the medical profession, had developed from the apothecaries, their connection with dispensing associated them with “trade.” This aspect of his work made it difficult to view the general practitioner as a gentleman.¹¹² In contrast, the physicians as members of one of the older professions saw themselves as occupying a higher social plane. Far from engaging in the preparation and sale of medicines, they seldom even touched their patients, other than perhaps to take their pulse.¹¹³ It had long been the ambition of the general practitioners to cast off this trade connection and achieve the professional standing of the physician, but they were reluctant to give up the income that went with it. In 1909, F.E. Wynn writing in the *British Medical Journal* said that he thought that many medical men would be glad to give up the “drudgery of dispensing,” providing it did not affect their income too much. They would also be pleased with the improvement in professional status that would accompany the abandonment of the commercial side of their businesses.¹¹⁴

This anguish over money and status, that had exercised the general practitioners, was eventually settled in 1911 during the negotiations related

¹¹¹ ‘Doctors and Drugs, Who Shall Dispense?’, *The Times*, 2 Dec. 1912, p. 4, col. 3.

¹¹² Reader, *Professional Men*, pp. 31-32.

¹¹³ Loudon, ‘The Nature of Provincial Medical Practice in Eighteenth-Century England’, 12-13.

¹¹⁴ ‘Prescriber and Dispenser’, *British Medical Journal*, (11 Dec. 1909) 1714.

to the National Insurance Act. Lloyd George offered to pay them an annual fee of seven shilling in respect of each patient on their panel (plus the six pence allocated for additional drugs, should they not be needed to treat the patient).¹¹⁵ This was sufficient to persuade them to turn their backs on dispensing and allow it to be assigned to the pharmacists. In doing so they raised their status to the level of a physician and reduced that of their assistants to the level of chemist's assistant.

The apothecaries were aware that the assistants had enjoyed a statutory right to exist for over 100 years. But in a memorandum in 1913, they accepted the view expressed by the Pharmaceutical Society, that the assistant's qualification had become redundant. However, they were also aware that were the assistant's examination to be discontinued, the Society of Apothecaries would suffer a considerable loss of revenue.¹¹⁶ Table 4 in appendix 7 shows a comparison of the examination fees paid by the assistants and the apothecaries in relation to their respective qualifying examinations. It can be seen that the assistants contributed, on average, over half of the Society's income from examination fees. As doctors gave up dispensing under the 1911 Act, the number of candidates applying for the assistant's certificate could be expected to decline, with a consequent loss of income.¹¹⁷

¹¹⁵ Carr-Saunders and Wilson, *The Professions*, p.94 and 'The Doctors' Decision', *The Times*, 20 Nov. 1912, p. 9.

¹¹⁶ Society of Apothecaries Archive, Box 9, E/4/4/1/1, Memorandum, 'The Society of Apothecaries and the Pharmaceutical Society', 1913.

¹¹⁷ Society of Apothecaries Archive, Box 11, E/4/4/2/8, 'Resolution from the Annual General Meeting of the Association of Certified Dispensers', 29 May 1919.

If the apothecaries had lost interest in their assistants, at no point did they do the honourable thing and suggest giving up the assistant's examination. In fact the opposite was true. They continued to accept fees for an examination leading to a qualification that had little value, without pointing this out to the candidates. In the Court of Examiners's Minute Book, attached to the Minutes for the meeting of 12 May 1914, there is a handbill, obviously designed to be sent to candidates, that describes the privileges of the assistant's qualification. It includes the statement, "The Assistant's Certificate legally qualifies the holder to act as an assistant in compounding and dispensing medicines. The holder of the certificate is eligible for Poor Law appointments under the Local Government Board; also for appointments in Hospitals, Infirmaries and Dispensaries under the direct supervision of a Medical Officer." Frank Haydon, the Secretary to the Court of Examiners, has written on it, as a note to the Clerk, "The certificate does not entitle the holder to sell drugs neither does it entitle the holder to dispense medicines under the Insurance Act," and asks for his comments. The Clerk responded on 6 October 1914, that he had put the matter to the Master and Wardens and they had come to the conclusion that instead of making any alterations, it would be better to stop distributing the circular and to reply personally to any individuals who sought information as to what rights the certificate conferred.¹¹⁸ This seems at best misleading and unethical, and at worst obtaining money by false pretences.

¹¹⁸ Society of Apothecaries Archive, Examination Committee Minutes, 12 MY 1914.

As this handbill stated that apothecaries' assistants were eligible for "Poor Law appointments under the Local Government Board", it is worth summarising the functions of that Board in order to understand the connection it had with the assistants. Among other roles, the Board was given responsibility for the administration of the Poor Law and it transformed some of the Poor Law infirmaries, which employed assistants as dispensers, into municipal hospitals. The Board was formed by the Local Government Board Act (1871) to draw together and then supervise, on behalf of the State, the powers by which the country was administered at a local level. Prior to 1871, in addition to the Poor Law Amendment Act (1834), a number of Acts of Parliament had been passed relating to areas of local government, including the Public Health Act (1848) and the Local Government Acts of 1858, 1861 and 1863. They applied to urban areas and controlled such matters as the supply of drinking water, the removal of sewage, street drainage and cleaning, housing and food. In rural areas the Sewerage Utilization Acts of 1865 and 1867, and the Sanitary Acts of 1866 and 1868 gave responsibilities to parish vestries for the provision of these services.¹¹⁹ In addition to these services related to the infrastructure, the Local Government Board also had within its remit, vaccination, disease prevention, the provision of baths and washhouses, and the registration of births, marriages and deaths. The Poor Law, as indicated above, was also one of its responsibilities; in fact the Local Government Board was formed

¹¹⁹ C. Bellamy, *Administering central-local relations, 1871-1919* (Manchester, 1988), p. 112.

out of the existing Poor Law Board.¹²⁰ According to Dunbabin, it was a concern about the rates that led, between 1869 and 1871, to the creation of the Local Government Board Act. In the preceding years, rates had been levied by a number of agencies and between 1841 and 1868 the rates had been subject to a two fold increase. While the major burden fell on the urban areas, there was a general call for reform of local taxation, as well as for a consolidation of the various demands for payment.¹²¹

During a good part of the nineteenth century, the administration of local services had developed by enhancement and continuing adjustment in the way that they were managed locally and yet supervised by central government.¹²² This evolution was sustained beyond the end of the century, as the whole programme had an influence on legislation that was formulated during the early years of the twentieth century. This was particularly true of the way in which medical services, which are of particular interest in this thesis, were provided and paid for. The infirmaries that had been attached to workhouses, providing they were suitably equipped, became municipal hospitals serving the whole community and patients were expected to contribute to their treatment according to their means. Local Authorities though, eager to limit their outgoings, tended to leave the voluntary hospitals that were financed by charity to continue to operate as previously.¹²³ Medical treatment at home

¹²⁰ M. Maltbie, 'The English Local Government Board', *Political Science Quarterly*, 13,2, (1898) 236.

¹²¹ J. Dunbabin, 'British Local Government Reform: the nineteenth century and after', *The English Historical Review*, 92, 365, (Oct. 1977) 783.

¹²² Maltbie, 'The English Local Government Board', 237.

¹²³ E. Snell, 'The Local Government Act, 1929, from a medical point of view', *Supplement to the British Medical Journal*, 2, 3593, (16 Nov. 1929) 222.

had been available to a greater or lesser extent since the Poor Law Amendment Act (1834); it had been paid for by outdoor relief and had improved in effectiveness from 1850 onwards. But here as well, the guardians were reluctant to pay out relief and minimised the cost by appointing the least expensive doctor to the post of medical officer.¹²⁴ As we have seen elsewhere, there were always doctors who were prepared to enter into these contracts, either at the start of their careers when they were building up their practices, or purely as a reliable supplement to their income.

There were other Acts of Parliament, which emanated from the Local Government Board Act. For some time the institutional treatment of tuberculosis patients had been the responsibility of the sanitary authorities and the passing of the National Insurance Act (1911) and the Public Health (Tuberculosis) Act 1921 advanced this provision greatly. The Blind Persons Act (1920) removed the care of the blind from the Poor Law provisions and gave it to the county councils and county borough councils. In 1918, the Maternity and Child Welfare Act (1918) entitled councils to make provision for children less than five years of age, as well as for both expectant and nursing mothers. Some maternity beds were made available in both general hospitals and Poor Law infirmaries. The Mental Deficiency Act (1913) had been intended to provide institutions to house the mentally deficient. However, there was difficulty in administering it because in typical county boroughs, care of these people had previously fallen between the council, the

¹²⁴ Snell, 'The Local Government Act, 1929, from a medical point of view', 223.

Poor Law guardians and the education committee and this arrangement was in need of rationalisation.¹²⁵ Having discussed the connection between the Local Government Board and the apothecaries' assistants, we will now return to the part played in their decline by the Society of Apothecaries.

There are a number of examples of the Society of Apothecaries acting in a less than enthusiastic way in respect of their assistants concerns during this dispute. They often appear to have delayed or sidelined both responses to assistants' questions and actions that the assistants had requested. The Society of Apothecaries' Court of Examiners attempted to reassure the assistants in 1912, by issuing a memorandum stating that they were aware of the concerns of the assistants and those studying for the examination. They said that the National Insurance Act would not prevent a medical man from dispensing for his patients nor from employing a dispenser. They may have been confident in 1912 that they could persuade the government and the Insurance Commissioners to adopt this view, but as we have seen earlier in this chapter, there were many assistants writing to express doubts founded on good authority.

They went on to say that the Act would increase the number of prescriptions and increase the assistants' work load; even doctors who had not employed an assistant in the past would need to do so. They pointed out that those assistants employed in institutions were outside the scope of the Act and would not be affected. This may well have appeared to be the case at the time, but as we shall see later in this chapter, there were

¹²⁵ Snell, 'The Local Government Act, 1929, from a medical point of view', 223.

ramifications of the Act which would be detrimental to the prospects of the assistants in institutions. In any event, there were many more employed in doctors' surgeries than in institutions. They quoted Clause 15 (5) iv of the Act, which stated that the Act would not interfere with the rights and privileges contained in the Apothecaries Act (1815). They failed to point out that this meant that doctors could continue to dispense for their private patients, but not for those seeking treatment under the National Insurance Act. They said that overall, the assistants would see little change and that there would possibly be a big increase in dispensing. However, they then went on to add the important rider, "... if medical men secure the right to continue to dispense their own medicines."¹²⁶

Another example of the apothecaries' delaying tactics occurred in 1915, when at the end of an exchange with the Pharmaceutical Society, the apothecaries were told that the pharmacists would not act until a Court of Law had decided whether Section 4(b) was obligatory or not. The apothecaries had passed this to the Privy Council who had said that notwithstanding the unhelpful position taken by the pharmacists, they would keep the issue in mind and take the first opportunity to find a solution. The Society of Apothecaries' Private Court recorded that, "The reply of the Privy Council be registered as extremely satisfactory and that no further steps be taken at the moment pending action by the Privy Council."¹²⁷ Not only were the apothecaries applauding the Privy Council

¹²⁶ Society of Apothecaries Archive, 'Assistants' Certificate, The National Insurance Act', Court of Examiners Minute Book No. 15, Apr. 1912, p. 112.

¹²⁷ Society of Apothecaries Archive, Court Minute Book 1913-1926, p. 87, Private Court Minutes, 2 Mar. 1915.

for doing nothing, they, having found that the problem could be conveniently lodged with that body, resolved to do nothing until the Privy Council decided to act.

The Association of Certified Dispensers continued to press the apothecaries for a more vigorous prosecution of its case with the Pharmaceutical Society and the Privy Council. It also continued to ask for improvements in the assistant's syllabus to raise their status; yet it repeatedly received a rebuff or a stalling response from the Private Court. In 1922, the assistants had asked for further steps to improve their status and the Clerk was told to reply that the Society had already considered the matters referred to and had nothing more to add.¹²⁸ Again in 1922, the Association wrote suggesting a number of changes in the curriculum and the Private Court decided not to recommend any more changes as the syllabus had been changed only recently.¹²⁹ Changes had in fact taken place in 1918;¹³⁰ a new syllabus had been agreed in 1919 and introduced in 1920.¹³¹ It needs to be born in mind that there was a limit to the extent to which it could be enhanced. The closer it approached the Pharmaceutical Society's 'minor' examination, the more likely it would be that candidates would opt for the 'minor' examination, as it offered a more certain future in an

¹²⁸ Society of Apothecaries Archive, Court Minute Book 1913-1926, p. 459, Private Court Minutes, 1 Aug. 1922.

¹²⁹ Society of Apothecaries Archive, Court Minute Book 1913-1926, p. 441, Private Court Minutes, 2 May 1922.

¹³⁰ Society of Apothecaries Archive, Court Minute Book 1913-1926, Court of Assistants Minutes, 9 Oct. 1917.

¹³¹ Society of Apothecaries Archive, Court Minute Book 1913-1926, p. 310, Court of Assistants Minutes, 8 Oct. 1919.

accepted profession.¹³² As we have seen, the idea of enhancing the examination, to approach that of the 'minor', was not received favourably by Mr Anderson, who was Permanent under Secretary at the Home Office. His view was that Parliament would be unlikely to accept two bodies, the apothecaries' assistants and the pharmacists, with very similar qualifications performing the same function; it would be a duplication without benefit.¹³³

The Government's Resolve

The government also had its own difficulties; it had inadvertently created an incompatibility between the provisions of the Poisons and Pharmacy Act (1908) and the National Insurance Act (1911). Section 4(b) of the 1908 Act had been included to permit the Pharmaceutical Society to recognise the qualifications of pharmacists who had been trained and examined in the colonies, particularly in Canada. The ability to include such pharmacists on the British register would promote the concept of reciprocity of pharmaceutical qualifications between the colonies. In addition it would permit colonial pharmacists who came to Britain, to practise here without taking a further examination. Particularly it was designed to remove a refusal by the Canadians to recognise the British qualification until a reciprocal agreement was in place. This was not an unreasonable

¹³² Society of Apothecaries Archive, Box 10, E/4/4/1/2, Bingham Watson, 'Position Paper: Society of Apothecaries, Position of Dispensers', Apr. 1923.

¹³³ Society of Apothecaries Archive, Box 10, E/4/4/1/2, 'Society of Apothecaries, Position of Assistants. Notes of an interview with Mr Anderson', 2 May 1923.

arrangement considering that the pharmacy qualification in the colonies had been based on the British syllabus and that some of the colonies were accepted as having achieved a high standard in pharmaceutical education. In making the arrangement, the Society believed that it would be dealing with pharmacists whose skill and knowledge was similar to that of those who had qualified in Britain.¹³⁴

At a later date, the government included the army dispensers and apothecaries' assistants in this provision, to nullify opposition to the Bill and ensure its being passed into law. This opposition was proposing an amendment that would have opened the Pharmaceutical Society's register to all apothecaries' assistants.¹³⁵ While including the army dispensers and apothecaries' assistants in Section 4(b) as a compromise, the government overlooked, or because of expediency ignored, one important issue. Neither the army dispensers, nor the apothecaries' assistants had a training or qualification, either in scope or complexity, approaching the colonial dispensers with whom they were being associated.

Additionally, the Society had included the colonial dispensers with no opposition in Parliament, so the decision to register them or not was entirely their own. This was not true in the case of the apothecaries' assistants; because they had been included to negate opposition to the Bill, there was a view that they had become a fundamental feature of the Act. Section 4(b) that the Pharmaceutical Society thought it was accepting on the basis that it would be permissive, had become obligatory. Pressure had been applied

¹³⁴ 'Reciprocity with the Colonies', *Pharmaceutical Journal*, series 4, 87, 33, (4 Nov. 1911) 587-588.

¹³⁵ 'The Proposed New Bye-law in Relation to Apothecaries' Assistants', *Pharmaceutical Journal*, 102, 2901, (24 May 1919) 323-324.

in Parliament ever since 1908 to compel the Pharmaceutical Society to include the assistants on its register. The National Insurance Act (1911) added urgency to the situation by taking dispensing away from the doctors and essentially rendering redundant their dispensers who held the Apothecaries' Assistant's Certificate.

One particular difficulty created in drafting the Poisons and Pharmacy Act (1908) was that Section 4(b) required the Pharmaceutical Society to register those assistants who were "persons of sufficient skill and knowledge." The Pharmaceutical Society pointed out that it had a perfectly satisfactory method of deciding whether people had a sufficient level of skill to be registered, in the shape of the 'minor' examination. This response was not acceptable either to the Privy Council or the apothecaries' assistants and in fact, this solution was not open to the Pharmaceutical Society as Section 4(b) also specifically ruled out selection by examination. Had selection by examination been permitted by Section 4(b), it would have introduced a major difficulty. The Society would have had either to insist on the 'minor' examination as the arbiter, which would have led to an impasse between it and both the apothecaries' assistants and the Privy Council. Or it would have had to devise an examination at a lower standard that would have enabled some of the assistants to pass. This solution would have alienated a large majority of the members of the Pharmaceutical Society and could have led to its downfall, a solution that would have been equally unacceptable to the government.

The Privy Council had stated that it did not want to see the standard of the pharmaceutical qualification lowered, nor did it want a byelaw so written that it would allow a flood of clearly unqualified people onto the Pharmaceutical Society's register. However, it did want a byelaw framed that would permit the registration of those who were suitably experienced.¹³⁶ Discussions were held between representatives of the Pharmaceutical Society, the Association of Certified Dispensers and the Privy Council, chaired by Sir William Collins, and a byelaw was formulated and put to the membership of the opposing bodies. It was a solution that satisfied no one except perhaps the government.¹³⁷

Lloyd George had a personal interest in this piece of legislation; from his earliest days in politics he been passionate about social reform and was determined to see his National Insurance Bill become law.¹³⁸ His determination was such that it appears he was prepared to act autocratically to achieve his objective, as the following examples indicate. He had, from the start, been in constant discussion with the friendly societies about how the National Insurance Act was going to work. He had drawn on their experience of running a comparable scheme and led them to believe that he would operate his scheme through them. Then in October 1911, he refused to accede to the friendly societies' request that benefits be paid from the first day of sickness, as had been their practice, and insisted that they commence on day four. For the societies, this was their one non-

¹³⁶ 'The Making of Byelaws', *Pharmaceutical Journal*, 90, 2581, (28 Jun. 1913) 895-896.

¹³⁷ 'The Proposed New Byelaw in Relation to Apothecaries' Assistants', *Pharmaceutical Journal*, 102, 2901, (24 May 1919) 323-324.

¹³⁸ Grigg, *Lloyd George*, p. 313.

negotiable condition. It had just been endorsed at a conference of friendly society representatives and when the negotiators went back to discuss it further with Lloyd George, he refused to meet them; his secretary refused to raise the issue with him and he failed to answer a letter from them.¹³⁹

He had had to turn his back on the friendly societies because he realised that he could not operate his scheme using them alone. The commercial Insurance Companies were politically too powerful to be ignored; they had a large number of door-to-door salesmen who could easily swing the electorate before an election.¹⁴⁰ He also had to take into account the outright refusal of the doctors to be contracted to the friendly societies¹⁴¹ and when the time came to part from the friendly societies, he did so ruthlessly. According to the Editor of the *British Medical Journal*, “The Chancellor promised them [the friendly societies] faithfully that there should be no interference with the friendly societies, and he has not kept his pledge.”¹⁴² He was equally ruthless in dealing with William Braithwaite, the architect of the Bill. Braithwaite had visited Germany to discover how its scheme was operated and was chosen by Lloyd George as his principle assistant in formulating the Bill. But when all the work was done he was passed over for the post of Chairman of the National Health Insurance Commission because he was thought to be too young.¹⁴³ As Gilbert puts it, “... the Chancellor, with the singular callousness that was as much a part of

¹³⁹ Gilbert, *The Evolution of National Insurance in Great Britain*, pp. 383-386.

¹⁴⁰ Grigg, *Lloyd George*, p. 320 and Gilbert, *The Evolution of National Insurance in Great Britain*, p. 320.

¹⁴¹ ‘Medical Treatment of the Poor’, *British Medical Journal*, 1, 2568, (19 Mar. 1910) 712-713.

¹⁴² ‘The Attitude of the Friendly Societies’, *British Medical Journal*, 2, 2642, (19 Aug. 1911) 385.

¹⁴³ J. Bradbury, ‘Braithwaite, William John (1875-1938)’, *Oxford Dictionary of National Biography* (Oxford, Sept. 2004); online edn, Jan 2008.

his nature as his charm, appointed Robert Morant to supervise the establishment of the service, a post Braithwaite had confidently expected to be his.”¹⁴⁴

So what chance was there that Lloyd George would be sympathetic to the apothecaries’ assistants when they proved to be an obstacle to his plans? We know that he was aware of the assistants’ predicament from Mr Rowland’s letter of 5 July 1911, stating that, “Mr Lloyd George will take care not to overlook the claims of persons holding the qualifications of the Society of Apothecaries to act as licentiates or dispensers.”¹⁴⁵ We also know from Rowland’s earlier letter of 10 June 1911, that the Bill was so drafted as to allow for “exceptions to be made in certain cases from the general rule.”¹⁴⁶ But Lloyd George’s objective of separating prescribing and dispensing was too important and the assistants’ future could not be allowed to interfere. He either overlooked them or ignored them on purpose.

An Unsatisfactory Compromise

The Pharmaceutical Society, the Society of Apothecaries, the apothecaries’ assistants (represented by the Association of Certified Dispensers) and Lloyd George all had their own points of view and objectives as they considered the introduction of the National Insurance Act. The interaction of the National Insurance Act and Section 4(b) of the Poisons and Pharmacy

¹⁴⁴ Gilbert, *The Evolution of National Insurance in Great Britain*, p. 339.

¹⁴⁵ Society of Apothecaries Archive, Box 10, E/4/4/2/1, Letter, J. Rowland to A. Mowbray Upton, 5 Jul. 1911.

¹⁴⁶ Society of Apothecaries Archive, Box 10, E/4/4/2/1, Letter, J. Rowland to A. Mowbray Upton, 10 June 1911.

Act (1908) created an impasse that had no simple solution and an accommodation had to be achieved between the interested parties by negotiation. These negotiations between the four parties took place over a period of 10 years, as each party, knowing that a solution that would satisfy everyone was unattainable, struggled to minimise the disadvantage they would individually suffer.

The Society of Apothecaries started discussions with the Pharmaceutical Society on 8 June 1909. The Clerk wrote to the President of the Pharmaceutical Society indicating that his Society had no intention that everyone passing the assistant's examination would apply for registration as chemists and druggists. He expected that only those who had held a certificate for five years; had been employed in dispensing from time of certification to the time of application; had appointments as dispensers with a Local Government Board or other Public Body or in Public Hospitals or Dispensaries or acting as dispensers to medical practitioners in private practice would be eligible. Even then they would require the recommendation of the Society of Apothecaries. This position had been confirmed at a meeting he had had with the Secretary of the Pharmaceutical Society.¹⁴⁷ The Clerk also agreed to draft a byelaw for the Pharmaceutical Society's consideration that would differentiate between those assistants who would be suitable and those who would not.¹⁴⁸

¹⁴⁷ Society of Apothecaries Archive, Box 9, E/4/4/1/1, Letter, A. Mowbray Upton to unspecified [probably R. Bremridge, Secretary to the Pharmaceutical Society], 7 Nov. 1910.

¹⁴⁸ Society of Apothecaries Archive, Box 9, E/4/4/1/1, Letter, R. Bremridge to A. Mowbray Upton, Clerk to the Society of Apothecaries, 8 Nov. 1910.

Almost two years later, on 15 March 1911, the Clerk wrote to the Secretary enclosing a draft byelaw in accordance with his suggestions and asked for it to be adopted. He also said that it should demonstrate that the apothecaries had no desire to see all the assistants applying.¹⁴⁹ The draft was acknowledged by the Secretary who promised to pass it to the Pharmaceutical Society's Council, in the expectation that they would give it careful and sympathetic consideration.¹⁵⁰ The Secretary wrote again on 4 May 1911 to say that the draft byelaw had been submitted to the Parliamentary and General Purposes Committee of the Council and its contents would be borne in mind when the time came for considering such matters, but that that time had not yet arrived.¹⁵¹ This was the first example of an attempt to avoid dealing with the matter on the part of the Pharmaceutical Society.

The Society of Apothecaries must have been in contact with the Privy Council because that body wrote to the Pharmaceutical Society on 29 October 1912 asking about the present position.¹⁵² The Pharmaceutical Society replied on 11 November 1912 that it had had discussions with representatives of the assistants and army dispensers. As neither the army dispensers nor the assistants' knowledge was sufficient to meet the necessary standard, the Society had been left with two options: either to introduce a lower standard of registration or to formulate a byelaw that

¹⁴⁹ Society of Apothecaries Archive, Box 9, E/4/4/1/1, Letter, A. Mowbray Upton to the Secretary of the Pharmaceutical Society, 15 Mar. 1911.

¹⁵⁰ Society of Apothecaries Archive, Box 9, E/4/4/1/1, Letter, R. Bremridge to A. Mowbray Upton, 20 Mar. 1911.

¹⁵¹ Society of Apothecaries Archive, Box 9, E/4/4/1/1, Letter, R. Bremridge to A. Mowbray Upton, 4 May 1911.

¹⁵² Society of Apothecaries Archive, Box 9, E/4/4/1/1, Letter, Sir Almeric Fitzroy to Clerk to the Society of Apothecaries, 14 Nov. 1912.

would be inoperative and had decided not to exercise the powers.¹⁵³ The Privy Council on 14 November 1912 asked the Society of Apothecaries to comment on this reply and was told that the powers were intended to enable the Pharmaceutical Society to register assistants without examination. Yet they were saying that it would be useless to pass such a byelaw because no assistant of whom they had knowledge would meet the standard on which the byelaws would be formulated. The Society of Apothecaries believed that this statement begged the whole question. They did not wish to dictate to the Pharmaceutical Society upon what terms the byelaw should be framed, nor did they wish to see the standard of knowledge for registration lowered. But the power was included in the Act for a reason and it must be wrong for the pharmacists to assert, as the reason for not acting, that the byelaw when passed would be practically inoperative.¹⁵⁴

After a further two years, in January 1914, the Clerk to the Society of Apothecaries wrote to the Secretary of the Pharmaceutical Society, observing that five years had passed since the Poisons and Pharmacy Act (1908). In that time, no steps had been taken by the Pharmaceutical Society to exercise the powers in Section 4(b), despite approaches by the Society of Apothecaries and by individual assistants. Moreover, nothing had been heard concerning the draft byelaw that the Clerk had provided in 1911 at the request of the Pharmaceutical Society. He referred to the Report of the Departmental Commission appointed to consider the conditions imposed by

¹⁵³ Society of Apothecaries Archive, Box 9, E/4/4/1/1, Letter, R. Bremridge to the Clerk to the Privy Council, 11 Nov. 1912.

¹⁵⁴ Society of Apothecaries Archive, Box 9, E/4/4/1/1, Letter, A. Mowbray Upton to the Clerk to the Privy Council, 12 Dec. 1912.

the National Insurance Act (1911) in the supply of medicines to insured persons. Pointing out that it had said that the apothecaries' assistants' grievance could be addressed without damaging the Pharmaceutical Society. The Clerk enclosed another draft byelaw for consideration, which differed little from the previous one.¹⁵⁵

The response, dated January 1914, states that the Pharmaceutical Society's Council had agreed to the inclusion of Section 4(b) only because it was permissive and the contrary view held by the Apothecaries would make negotiations impossible. The only way to settle the matter would be in the courts and the Pharmaceutical Society would be prepared to assist in this approach.¹⁵⁶

As the Society of Apothecaries thought that the inclusion of Section 4(b) in the Act made it obligatory, they sought the view of Counsel and found that he disagreed with them. The Rt. Hon. Sir Robert Finlay, K.C., M.P. said in May 1914 that, "He believed that the Pharmaceutical Society were only required fairly to consider the matter and then to decide whether such a byelaw should be passed." He suggested further efforts should be made to have the matter adjusted by negotiation and if it then appeared that they really were refusing fairly to consider the question, a writ of *mandamus* might be considered.¹⁵⁷ Findlay was a very successful lawyer and politician, rising to be Attorney General and later Lord Chancellor in

¹⁵⁵ Society of Apothecaries Archive, Box 9, E/4/4/1/1, Letter, A. Mowbray Upton to the Secretary of the Pharmaceutical Society, 2 Jan. 1914.

¹⁵⁶ Society of Apothecaries Archive, Box 9, E/4/4/1/1, Letter, W.J. Uglow Woolcock to A. Mowbray Upton, 8 Jan. 1914.

¹⁵⁷ Society of Apothecaries Archive, Box 9, E/4/4/1/1, Letter, R.B. Finlay to the Society of Apothecaries, 7 May 1914.

1916. However, it was recognised in 1917 that he was becoming senile and so it is possible that this opinion given to the Society of Apothecaries in 1914 was questionable.¹⁵⁸

Another meeting was arranged with the Pharmaceutical Society, and the Society of Apothecaries' representatives met beforehand to discuss their position. They were aware that the Pharmaceutical Society's objections were that the register would be flooded and that it wanted to retain only one entrance to the register. They were uncertain how many assistants would apply, but thought the number would be small. However, they thought it might be necessary to set a limit. They recognised that the Pharmaceutical Society was keen to see the end of the Assistant's Certificate and might offer to recognise all current holders in exchange for the termination of the examination, but they could not agree to this.¹⁵⁹ The meeting was held on 16 July 1914 and the minutes record that the Pharmaceutical Society was prepared to make a byelaw under certain restrictions if the apothecaries would give up the assistant's examination in future. The apothecaries could not accept this, as the plea was being made in respect of existing certificate holders. The Pharmaceutical Society replied that it would be unfair to their members to keep open any route to registration other than their examinations. Finally, the Apothecaries were asked how many applications

¹⁵⁸ G.R. Rubin, 'Finlay, Robert Bannatyne, first Viscount Finlay (1842-1929)', Oxford Dictionary of National Biography (Oxford, Sept. 2004); online edn. Jan 2008.

¹⁵⁹ Society of Apothecaries Archive, Box 9, E/4/4/1/1, Notes for use by representatives of the Society of Apothecaries, dated 1914, at a conference between the Society of Apothecaries and the Pharmaceutical Society of Great Britain.

they were expecting.¹⁶⁰ Consequently, on 17 November 1914, the Clerk wrote to the Secretary of the Pharmaceutical Society to advise him that the maximum number of applications would be 150. But he thought that a good number of these would not be considered suitable.¹⁶¹ There was, it seemed, progress at last. However, this impression was only to last until February 1915, when the Clerk was advised by the Secretary to the Pharmaceutical Society that its Council could not depart from the position already taken up. Before any progress could be made, it was essential that it be decided in a court of law whether the power was permissive or obligatory.¹⁶²

Almost immediately the Clerk wrote to the Privy Council seeking their help and saying that the apothecaries took the view that such an attitude on the part of a public body was deplorable. The apothecaries' opinion was that whether the power was permissive or obligatory, the Act was intended to make provision for the assistants to be registered. Furthermore, they were reluctant to go to court over a matter that seemed capable of settlement by goodwill and reasonableness. There was no question of the assistants flooding the register as only those who were assistants at that time would be eligible and the maximum number of applicants had been set at 150. For the same reason no back door to the register would be created. The Pharmaceutical Society, he said, seemed to

¹⁶⁰ Society of Apothecaries Archive, Box 9, E/4/4/1/1, Minutes of a Conference between representatives of the Society of Apothecaries and the Pharmaceutical Society held in the Hall on 16 Jul. 1914.

¹⁶¹ Society of Apothecaries Archive, Box 9, E/4/4/1/1, Letter, A. Mowbray Upton to J. Uglow Woolcock, 17 Nov. 1914.

¹⁶² Society of Apothecaries Archive, Box 9, E/4/4/1/1, Letter, J. Uglow Woolcock to A. Mowbray Upton, 22 Feb. 1915.

have adopted the strategy of doing nothing except under compulsion.¹⁶³ The response from the Privy Council was that the matter would not be lost sight of.¹⁶⁴

Apparently two years then passed before the next notable event, which was a meeting between the Clerk to the Society of Apothecaries and Mr J.C. Ledlie of the Privy Council Office. The Clerk asked about progress and was told that the Privy Council was watching this matter, but the Law Officers were very busy with war matters. When they had time they would be asked whether the powers of the Pharmaceutical Society in Section 4 (b) were permissive or obligatory. If the powers were obligatory and they chose not to exercise them then the only recourse would be to apply to the High Court for a judgement. Alternatively, additional legislation could be introduced, but such a move, he felt sure, would be vigorously opposed by the Pharmaceutical Society.¹⁶⁵

Almost three years had passed since the Private Court had resolved to leave the matter in the hands of the Privy Council and still no resolution was in sight. Once the war was over the matter progressed almost too rapidly for the apothecaries. The Privy Council took the view that Section 4(b) was obligatory and applied pressure to the Pharmaceutical Society's Council. It prepared a draft byelaw and sent a copy to the Clerk on 10 June 1919, announcing that it had been read for a second time at a meeting of the

¹⁶³ Society of Apothecaries Archive, Box 9, E/4/4/1/1, Letter, A. Mowbray Upton to the Clerk of the Privy Council, 26 Feb. 1915.

¹⁶⁴ Society of Apothecaries Archive, Box 9, E/4/4/1/1, Letter, Sir Almeric Fitzroy to the Clerk to Apothecaries, 1 Mar. 1915.

¹⁶⁵ Society of Apothecaries Archive, Box 9, E/4/4/1/1, Notes on an Interview with Mr J.C. Ledlie of the Privy Council Office, 3 Oct. 1917.

Society's Council and was due to be read for the third time at the July meeting. It had not at that time been broadcast to the members of the Pharmaceutical Society.¹⁶⁶ The Clerk presented it to the Private Court and wrote back on 1 July 1919 to advise that they had many grave objections to it.¹⁶⁷ By 12 August 1919, a final version was approved by the Pharmaceutical Society and submitted to the Privy Council who sent it to the Society of Apothecaries with a request that comments be submitted immediately.¹⁶⁸ The terms of the byelaw were that,

“Persons who before 1 January 1921 make application, in the prescribed form to be registered without examination as Chemists and Druggists, providing they produce evidence satisfactory to the Council that, (a) They had before 31 December 1908 obtained under the provisions of the Apothecaries Act (1815) (Section 17), a certificate of qualification to act as an assistant to any Apothecary in compounding or dispensing medicine, (b) They had been for a period of seven years immediately prior to the date of their application continuously employed as whole time dispensers of medicines, either in charge of a department or on similar responsible duties in an institution approved by the Council for this purpose; shall be so registered without examination upon payment of a registration fee of fourteen guineas; provided that the Council may refuse to register any person so applying, if on grounds to be stated by them, they are of the opinion that the applicant does not possess the necessary skill, qualification, and fitness to be so registered. The form and method of application and the Institutions to be approved for the purposes of this byelaw shall be prescribed by the regulations to be made by the Council and approved by the Privy Council.”¹⁶⁹

¹⁶⁶ Society of Apothecaries Archive, Box 10, E/4/4/1/4, Letter, Secretary to the Pharmaceutical Society to Bingham Watson, 10 Jun. 1919.

¹⁶⁷ Society of Apothecaries Archive, Box 10, E/4/4/1/4, Letter, Clerk of the Society of Apothecaries to Secretary Pharmaceutical Society, 1 Jul. 1919.

¹⁶⁸ Society of Apothecaries Archive, Court Minute Book 1913-1926, Court of Assistants Minutes, 12 Aug. 1919.

¹⁶⁹ ‘Pharmaceutical Society of Great Britain meeting of Council 6 May 1919, New Byelaw relating to Apothecaries’ Assistants First reading’, *Pharmaceutical Journal*, 102, 2899, (10 May 1919) 292-293.

The Society of Apothecaries again had a number of objections, and not surprisingly so, as the terms of the byelaw were quite restrictive. Despite the fact that negotiations had continued for 10 years, the Pharmaceutical Society was only going to consider assistants who had qualified prior to 1908. They were also going to close the door for application on 1 January 1921. This meant that those who had served in the Great War would not be able to comply with the stipulation requiring them to have been in continuous full time employment as dispensers for seven years immediately prior to their application. This was hardly in accordance with Lloyd George's promise, "To make Britain a fit country for heroes to live in."¹⁷⁰ Those assistants who worked in doctors' surgeries, who were by far the majority, were not to be considered; only those who were in supervisory positions in institutional dispensaries were going to be admissible and even then the Pharmaceutical Society would nominate which institutions would be acceptable. Those who were accepted would be asked for a registration fee of 14 guineas, which was expensive when compared to the fees pharmacists were paying at the time. In 1918, a member's annual subscription was one guinea,¹⁷¹ although this did not include the cost of training and examination fees. Finally the Pharmaceutical Society was to be the final arbiter as to whether a candidate was acceptable in terms of skill, qualification, and fitness.

Despite objections submitted by the Society of Apothecaries on 20 August 1919, the Privy Council wrote to say that their Lordships had not

¹⁷⁰ *The Times*, 25 Nov. 1918, p. 13, col. 1.

¹⁷¹ *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1918), p. 178.

found sufficient grounds to warrant their withholding their approval and that the byelaw had been approved on 14 January 1920.¹⁷² By 1921, of the 150 potential applicants, only 52 assistants had taken up the offer.¹⁷³ On 11 November 1920, Mr Crooks, Labour Member of Parliament for Woolwich, asked a question in the House about the restrictive nature of the byelaw and complained that it did not meet the intentions of the 1908 Act. In response, Mr Balfour, Unionist Member for the City of London and Lord President of the Council, said that the byelaw had been accepted by both the Pharmaceutical Society and the Association of Certified Dispensers as a fair compromise and that the government had no power to persuade the Pharmaceutical Society to make greater concessions.¹⁷⁴

Further Nails in the Assistants' Coffin

This was not the end of the assistants' problems however. Although the passing of the byelaw had dealt a serious blow to their position, they had been left a few havens. From 1913, these were increasingly closed to them. One was closed when it was found that the National Insurance Act prohibited an assistant, employed by an institution, from dispensing a prescription for another employee of the institution. This was so even though the employee was being treated by a doctor in the institution. It was considered wrong that an institution's employees should have their

¹⁷² Society of Apothecaries Archive, Box 10, E/4/4/1/4, Letter, Sir Almeric Fitzroy to the Clerk of the Society of Apothecaries, 16 Jan. 1920.

¹⁷³ Hunting, *A History of the Society of Apothecaries*, p. 233.

¹⁷⁴ *Hansard*, fifth series, vol. 134, 1-19 Nov. 1920, col. 1408.

prescriptions dispensed by a person of lower qualification than an insured person not employed by the institution. Persons not working at the institution would, of course, take their prescriptions to the more knowledgeable chemist and druggist. The result of this was a tendency for hospitals and other institutions to recruit members of the Pharmaceutical Society, who were able to provide a full service as dispensers, rather than the assistants, who in this respect could not.

This situation is illustrated by the case of Mary Begg, an assistant, who in 1914, had worked at the Friedenheim Hospital, Swiss Cottage for 16 years. She wished to dispense for insured employees (about 30 in number) at the hospital and signed an agreement between herself and the Insurance Committee for the County of London providing for the supply and dispensing of the necessary drugs and medicines. Subsequently, the Insurance Committee wrote to say that they could only enter into such an agreement with a registered pharmacist. On 30 March 1914, the Society of Apothecaries wrote to the Chancellor of the Exchequer and gave details of the case, pointing out that, over time, the tendency would be for institutions to replace their dispensers with pharmacists who could dispense for everyone. The Society of Apothecaries also referred this case to the National Health Insurance Commission (England). In its reply on 17 April 1914, the Commission referred to Clause 15 (5) (iii) of the National Insurance Act (1911), and said that only those registered as chemists and druggists could enter into an arrangement with the Commission for the supply of medicines and that as Mary Begg was not a registered chemist

and druggist she was ineligible. Mr J. Davies replied, on behalf of the Treasury, on 20 April 1914 that the Chancellor had nothing to add to the communication from the National Insurance Commissioners.¹⁷⁵

Another issue arose in army hospitals. Mr Richards was an assistant of 14 years' standing and chief dispenser in charge of dispensing in a group of six large military hospitals. He had read in the *Chemist and Druggist* of 5 October 1918, that the Pharmaceutical Society had virtually persuaded the Director General Army Medical Services to put a pharmacist in charge of all hospitals of over 100 beds. There was no mention of the assistants so he presumed that they would be replaced. He saw this as a further step on the part of the Pharmaceutical Society to eliminate the assistants and asked for immediate action. He requested that the assistants' case be placed before the Director General Army Medical Services and related service chiefs, before the Army Council Instruction was issued. He accused the Society of Apothecaries of not making the slightest effort in the past to defend the Certificate despite similar attacks.¹⁷⁶ This was a clever move by the Pharmaceutical Society, as once the Army Council Instruction had been issued there would be no appeal and once the service hospitals had adopted this approach, civilian hospitals might follow suit. The Society of Apothecaries wrote to the Director General Army Medical Services requesting that assistants be put on the same footing as pharmacists in respect of 100 bed hospitals. The reply stated that it had been decided that

¹⁷⁵ Society of Apothecaries Archive, Box 11, E/4/4/2/2, Letters, M. Begg, 9 Mar. 1914, 24 Mar. 1914, 27 Mar. 1914, 21 Apr. 1914, 27 Apr. 1914, 11 May 1914 and from the Society of Apothecaries to Insurance Commissioners, 30 Mar. 1914 and to the Chancellor of the Exchequer, 30 Mar. 1914.

¹⁷⁶ Society of Apothecaries Archive, Box 21, E/4/4/3/2, Letter, H. Richards to the Clerk to the Society of Apothecaries, 12 Oct. 1918.

those who held a legal qualification as a pharmacist should be placed in charge of the dispensaries in the larger hospitals. Those who had other approved qualifications as dispensers would work under them.¹⁷⁷ Army Council Instruction No.8 of 1919 was accordingly adopted.¹⁷⁸ Once again the Society of Apothecaries was unable to help its assistants and again was taken by surprise, as it appears to have been an assistant that brought the matter to their notice.

There were some Insurance Committees that exceeded the requirements of the National Insurance Act. The Act permitted a person to dispense in a hospital provided that, “for three years immediately prior to the passing of the Act, they had acted as a dispenser to a duly qualified medical practitioner or a public institution.”¹⁷⁹ Yet in January 1913 Mr J. Hickman wrote to the Clerk, referring to an article in the *Chemist and Druggist*. It stated that the Bristol Insurance Committee had approved of four dispensaries subject to the condition that all future appointments as dispensers should be confined to persons registered under the Pharmacy Act. The Bath Insurance Committee, according to this report, seemed to have done similarly and he asked if this was not in conflict with Clause 15 (5) (iii) of the National Insurance Act.¹⁸⁰ This informal tightening of the provisions of the Act further operated against the interests of the assistants.

The Dangerous Drugs Act (1920) delivered another blow to those assistants working in hospitals and public institutions. It permitted any

¹⁷⁷ Society of Apothecaries Archive, Court Minute Book 1913-1926, Private Court Minutes 3 Dec. 1918.

¹⁷⁸ Society of Apothecaries Archive, Box 21, E/4/4/3/2, Army Council Instruction No.8 of 1919.

¹⁷⁹ Anderson Stewart, ‘Jubilee of the National Insurance Act’, 34.

¹⁸⁰ Society of Apothecaries Archive, Box 11, E/4/4/2/2, Letter, J. Hickman to A. Mowbray Upton, 4 Jan. 1913.

person lawfully keeping open shop for the retailing of poisons, to be authorised to manufacture any medicine containing cocaine or to compound or dispense it. In addition to cocaine, the Act was to apply to morphine, ecgonine, (sic) diamorphine and their respective salts, and to medicinal opium and preparations.¹⁸¹ So while members of the Pharmaceutical Society were authorised, by the legislation, to compound and dispense these substances, the assistants were not. The Act also provided that the Secretary of State might issue or grant licences or authorities on such terms and subject to such conditions as he might think proper. By this he could have given assistants the same authority as the Act had given the pharmacists, but chose, where he did make any provision, to authorise the institution rather than the assistant employed as dispenser. At a meeting of the Private Court in January 1921, the Clerk reported on the Dangerous Drugs Act (1920) and was authorised to write to the Home Secretary protesting against its present form and pressing for amendments in the interests of the assistants. He was also asked to contact the Privy Council to see if they could assist in getting the regulations changed.¹⁸² In March 1921, a meeting of the Court of Assistants approved a draft letter to the Home Secretary that enquired why the Society had not been consulted with other bodies in respect of the regulations proposed to be made under the Dangerous Drugs Act.¹⁸³ It is not clear whether this letter was sent, but in any event, it seems strange that the apothecaries were not aware of this

¹⁸¹ *Dangerous Drugs Act*, George V, Cap. 46, 1920.

¹⁸² Society of Apothecaries Archive, Court Minute Book 1913-1926, Minutes of a Special Meeting of Private Court, 25 Jan. 1921.

¹⁸³ Society of Apothecaries Archive, Court Minute Book 1913-1926, Court of Assistants Minutes, 8 Mar. 1921.

development. They had parliamentary agents and surely, with the number of times they had been surprised previously, one would have thought that they would, by now, be paying special attention.

In May of the same year, the Senior Warden presented evidence on behalf of the assistants before a committee appointed by the Home Secretary to consider outstanding objections to the Dangerous Drugs Act.¹⁸⁴ The committee recommended that hospitals and institutions that had employed assistants as dispensers for a period of three years should be exempted from the provisions of the Act, yet the Home Secretary ignored the recommendation.¹⁸⁵ The Clerk wrote to the Home Secretary in October in protest and a month later met with Mr Anderson, the Secretary to the Committee. Mr Anderson's response was that its recommendation that institutions employing appropriate assistants should be exempted, had not been ignored by the Home Secretary, as the order he had made was not final and the Institutions should apply for exemption.¹⁸⁶ This was the back door route, whereby the assistant could not obtain authority to order and handle these substances, but the institution employing him or her could. In some cases they did, but no doubt in others they decided that they would be better off employing a pharmacist, either immediately, or when the position next became vacant.

The pharmacists were always on the look out for an opportunity to increase their control of the dispensing business, as this example in a letter

¹⁸⁴ Society of Apothecaries Archive, Court Minute Book 1913-1926, Court of Assistants Minutes, 5 Apr. 1921.

¹⁸⁵ Society of Apothecaries Archive, Court Minute Book 1913-1926, Court of Assistants Minutes, 4 Oct. 1921.

¹⁸⁶ Society of Apothecaries Archive, Court Minute Book 1913-1926, Private Court Minutes, 1 Nov. 1921.

written by H. Carson in February 1918 to the Clerk to the Society of Apothecaries illustrates. It concerned a Miss Wolseley, who had been a student of his and had been granted a Society of Apothecaries' Assistant's Certificate in 1907. She had worked at seven establishments as a dispenser for over 12 years, including the Royal Free Hospital and on two foreign appointments. She had recently returned from a two year appointment as a dispenser in the Scott Women's Hospital in Macedonia and had applied to Devonshire House for dispensing work on another foreign appointment. Devonshire House was the administrative centre recruiting V.A.D. nurses, hospital cooks, clerks, storekeepers and dispensers for war work.¹⁸⁷

She had been told that although they needed three dispensers, they would not take her, as the War Office required, for Foreign Service, dispensers with the Pharmaceutical Society's 'minor' qualification, but that they might be able to get her a home appointment. When she applied to the Evelma Hospital, a pharmacist who was a member of the hospital committee objected saying that they had never had anyone with the Hall Certificate before. However they had to take her because a pharmacist with the Pharmaceutical Society's 'minor' certificate, whom they had appointed, failed to take up the position. The pharmacist who had objected, was sufficiently satisfied with her work as to ask her not to leave when she later wanted to go and do war work. Miss Wolseley said that she considered that the Hall Certificate was adequate when given some practical experience and that the 'minor' qualification only improved on it in that it gave a lot of

¹⁸⁷ 'Work for Voluntary Aid Detachments', *The Times*, 14 Mar. 1917, p. 9.

compounding. She went on to obtain a position at the Edmonton Infirmary, which was a War Hospital. The head dispenser there was a lady with a Hall Certificate; she also had never experienced any difficulty in doing the work, but had met the same objections.¹⁸⁸

Of the parties involved in the after effects of the National Insurance Act, the losers were the apothecaries' assistants who were transformed from doctors' dispensers, dealing with the majority of prescriptions written, into chemists' assistants. A large number of these assistants were female; 4,175 women passed the examination between 1887 and 1920.¹⁸⁹ In light of this, it is necessary to consider whether this large proportion of women were influential in weakening the lobbying effort of the assistants. In many cases, young middle class women were not brought up to take a leading role; their fathers and brothers were the family's financial providers; it was they who had the vote and whose political views were important; it was they who made the important family decisions.¹⁹⁰ The daughters were brought up with the intention that they would marry and take a supporting role to their husband in a family of their own.¹⁹¹

Although we know that the Chairmen and Secretaries of the Association of Certified Dispensers, between 1913 and 1923, were male, it is

¹⁸⁸ Society of Apothecaries Archive, Box 9, E/4/4/1/1, Letter, H. Carson to A. Bingham-Watson, 2 Feb. 1918.

¹⁸⁹ Society of Apothecaries' Archive, 'Court of Examiners Extracted Lists of Candidates for the Licence', with at the back, statistical analysis of examination results, including those of the Assistants to an Apothecary.

¹⁹⁰ 'W.W.P.', 'Woman As She Is and As She Ought To Be', *New Moral World*, 5, 12, (12 Jan. 1839) 178 quoted in Gleadle, *Radical Writing on Women 1800-1850*, pp. 63-64; Reader, *Professional Men*, p. 168; Neff, *Victorian Working Women*, p. 187.

¹⁹¹ Franz, *English Women Enter the Professions*, p. 27; Hughes, *The Victorian Governess*, pp. 13 and 17.

possible that some female members of the Association did seek office, just as a few women sought more influential roles in other professions at the time. However, there is no evidence to suggest that this was the case. Without doubt, women's assertiveness did increase to some extent, during the nineteenth century, as the Suffragette movement demanded an expansion of the franchise to include women. But this did not come into being until the Representation of the Peoples Act in 1918 and as most of the women, considered in this thesis, were adults by then, they would have been brought up believing in their subservience to men. Nora Gabb is a good example, as discussed earlier in this chapter. On finding that the National Insurance Act was about to threaten her job, she wrote to the Society of Apothecaries asking for help. Her apology for troubling the Society and her comment that she knew "of no one else to whom she could write", suggests that she was used to relying on others, rather than taking action herself.¹⁹²

This deferential culture that it is suggested existed among the apothecaries' assistants, must have been exacerbated by the fact that most of them worked as individuals in doctors' surgeries isolated from their colleagues. Few opportunities must have existed for them to meet and discuss their common problems and to organise themselves against Lloyd George's attack on their livelihood. It is quite possible that some of these women were confident of finding a husband and viewed their employment as a means of occupying themselves until they married. In these circumstances they would not be greatly concerned at their impending

¹⁹² Society of Apothecaries Archive, Box 10, E/4/4/2/1, Letter, N. Gabb to F. Haydon, (date unclear).

redundancy. A search of *The Times* from 1915–1925 produced only six advertisements from women dispensers seeking employment; so there is no evidence of large scale redundancy among these people. But it is worth noting that those that did advertise were offering other talents apart from dispensing, suggesting that they were not finding it easy to obtain employment. One wanted a post abroad and offered “dispenser, languages and nursing”, stating “any post considered”.¹⁹³ Miss Neale of Lidsey, Bognor was a qualified dispenser looking for a post with a doctor. She was also able to do bookkeeping and was a certificated chauffeuse who could do minor repairs to a car.¹⁹⁴ A third who was a qualified lady dispenser with seven years experience and skilled in short hand, typewriting and nursing, was seeking a position with a doctor or London Institution.¹⁹⁵

Another consideration regarding the effectiveness of the assistants’ lobbying, is the relative proportions of men and women in the occupation. Although the proportions of men and women in the Association of Certified Dispensers are not known, it is possible that the women members were in the majority. They would have been less assertive and determined, as discussed above, and would have put up less of a fight than a similar number of men. Becoming a pharmacist would have provided an escape route for those who had the intellectual capacity to pass the more difficult Pharmaceutical Society’s qualifying examination and who also had the funds necessary to pay for the additional training and apprenticeship. Some of the female assistants, women like Annie and Mary Neve, Margaret

¹⁹³ *The Times*, 25 Feb. 1919, p. 3.

¹⁹⁴ *The Times*, 16 Aug. 1920, p. 3.

¹⁹⁵ *The Times*, 1 Dec. 1923, p. 3.

Buchanan, Flora Mitten and Rose Minshull, having gained the Assistant's Certificate, went on to qualify as pharmacists.¹⁹⁶ This loss of those who were the more ambitious and probably more assertive among the female dispensers would have diminished the voice of the female section of the Association of Certified Dispensers. Finally, as mentioned earlier in this chapter, some of the apothecaries' assistants might have been content to give up their job dispensing for a general practitioner and accept similar employment with a chemist and druggist. They as a group would have had little enthusiasm for defending the position of the apothecaries' assistant.

While the assistants were the losers, the pharmacists achieved a major part of their long-standing ambition to corner the market in dispensing; only they could dispense National Insurance prescriptions. The general practitioners relinquished their dispensing activities in exchange for a considerable increase in salary. In doing so they finally turned their backs on the apothecary's shop and by severing this link with trade, enhanced their professional status. Lloyd George achieved his ambition of bringing into being a piece of social legislation that was, "beyond comparison the most expensive, the most ambitious and the most controversial".¹⁹⁷

¹⁹⁶ UK Census Collection 1851-1901; Register of Chemists and Druggists 1900; Register of Pharmaceutical Chemists 1900.

¹⁹⁷ Gilbert, *The Evolution of National Insurance in Great Britain*, p. 289.

Chapter 6

Conclusions

The apothecaries gave their assistants very little support when the National Insurance Act was threatening their livelihoods. They were at best reactive to the situation. They frequently delayed replying to requests or sidelined them until they were forced to act. This contrasts with Penelope Hunting's view that "... the Society mounted a vigorous campaign to defend the position of apothecaries' assistants."¹ It is not clear why the apothecaries should have taken this approach. They had a parliamentary agent who was informing them of the proceedings in parliament and so it cannot be that they were unaware of the dangers to their assistants. It may have been that they considered that their conversion into general practitioners was complete and they no longer needed or wished to be associated with their assistants. Their attitude could have been encouraged by the capitation fee offered them by Lloyd George that made them able to cast dispensing aside and with it the connection with trade; a connection which had been the final blemish on their professional standing.

The Pharmaceutical Society had, almost from its inception, sought to extend its activities to include the dispensing of medical prescriptions. It is no surprise that when Lloyd George made the separation of prescribing and dispensing a principle of his National Insurance Act in 1911 and proposed to transfer dispensing to the pharmacists, they were delighted to accept. One

¹ Hunting, *A History of the Society of Apothecaries*, p. 229.

outcome of this transfer was that the apothecaries' assistants sought to activate a clause in the Poisons and Pharmacy Act (1908) that authorised the Pharmaceutical Society, by means of a byelaw, to accept apothecaries' assistants onto its register. The Society was reluctant to allow entry to its register by any other route than its examination programme and robustly resisted demands for it to do so until forced to compromise by the Privy Council. Even then it allowed only a very few to join.

Lloyd George's only interest was to see the National Insurance Act become law. He had been a champion of legislation to improve the living conditions of the poor for many years and considered the National Insurance Act a significant advance. To this end he dealt quite ruthlessly with those who got in the way, as the following examples show. From 1908, he had intended to have his scheme run by the friendly societies and consulted with them while designing it.² Even as late as October 1911, he had said that, "... a complete agreement had been reached between him and the friendly society representatives ...". Then just before the Act became law, he reneged on his understanding with them and arranged for the scheme to be run by Insurance Commissioners and Local Health Committees.³

The second example concerns William Braithwaite, a Civil Servant whom Lloyd George had selected to formulate the National Insurance scheme. Braithwaite worked on the scheme as Lloyd George's professional advisor from 1910 to 1911 and had fully expected to be appointed to run the scheme once the Act was passed. But Lloyd George chose instead Robert

² Bunbury, (ed.) *Lloyd George's ambulance wagon*, p. 25.

³ Gilbert, *The Evolution of National Insurance in Great Britain*, p. 384 and 'The Insurance Bill', *The Times*, 20 Oct. 1911, p. 7, col. 6.

Morant who was Permanent Secretary at the Board of Education.⁴ Clearly then, Lloyd George was acting quite in character when, having on a number of occasions promised that he would not overlook the claims of apothecaries' assistants, went on to do just that and transferred their work to the chemists and druggists.⁵

As mentioned above, the core of this thesis is an elucidation of the rise and decline of the apothecaries' assistants with a particular emphasis on the women who trained for and undertook employment in this occupation. In order to understand this sequence of events, a number of developments and changes that were occurring in the eighteenth and nineteenth centuries have been taken into account in order to construct the back drop against which the rise and decline occurred. These developments and changing circumstances were extensive and each had an influence on the fortunes of those who became apothecaries' assistants.

The history of medicine has been extensively covered in the literature by writers such as Fissell, Burnby, Robb-Smith and Wyman.⁶ Yet mention of the apothecaries' assistants has been limited to two articles by Ellen Jordan, one brief reference by Jackson and a brief description by Holloway of the effect on them of the National Insurance Act (1911).⁷ Jordan makes only passing reference to them while discussing her main theme of feminism

⁴ Gilbert, *The Evolution of National Insurance in Great Britain*, p. 339 and Geoffrey K. Fry, 'Morant, Sir Robert Laurie (1863-1920)', *Oxford Dictionary of National Biography* (Oxford, Sept. 2004); online edn., Jan 2009.

⁵ Society of Apothecaries Archives, Box 10, E/4/4/2/1, Letter, J, Rowland, the Treasury to A. Mowbray Upton, 5 Jul. 1911.

⁶ Fissell, *Patients, Power and the Poor in Eighteenth Century Bristol* and Burnby, *A Study of the English Apothecary from 1660-1760* and Robb-Smith, 'Medical Education at Oxford and Cambridge prior to 1850' in Poynter, (ed.) *The Evolution of Medical Education in Britain* and Wyman, 'The Surgeoness', 22-41.

⁷ Holloway, *Royal Pharmaceutical Society of Great Britain*.

and the entry of women onto the working scene.⁸ While Jackson mentions them in his article on the entry of women into pharmacy.⁹ This thesis extends the work of all these authors by describing how, for a period of about 70 years, these assistants were employed as dispensers in doctors' surgeries, public dispensaries and hospitals. As such they worked alongside mainstream medical professionals and made an important contribution to the provision of medical services.

Not only does the thesis add a new facet to the subject of medical history, it examines the individual backgrounds of a number of young women who were engaged in this work. It discusses the social, financial and educational constraints that might have influenced them and their families in choosing dispensing as a career. Middle class women had not habitually taken paid employment until the second half of the nineteenth century and this thesis provides an additional view of the entry of middle class women onto the working scene. In doing so it throws light on the changes to the fundamental fabric of middle class society that were necessary to accommodate it.

These young women dispensers are an ideal group for study because their names and addresses are available in the records of the Society of Apothecaries. By combining that information with information available in the censuses it is possible to obtain a detailed appreciation of their social background. Studying such factors as the occupations followed by their fathers and brothers, and how many servants serviced their homes, provides

⁸ Jordan, 'Suitable and Remunerative Employment' and Jordan, 'The Great Principle of English Fair Play'.

⁹ Jackson, 'A Short History of Women and Pharmacy', 1008-1009.

an understanding of their position within the class system. It is also possible to speculate on the constraints, which up to this time had prevented similar young women taking up paid employment.

The work of Reader, Tosh, Corfield, Kidd and Nicholls, Perkins, and Hughes has been consulted to identify the characteristics of the middle class.¹⁰ The circumstances surrounding young women in the second half of the nineteenth century were changing and these authors have indicated the options open to these young women. In addition they have pointed to possible constraints that influenced them when considering their futures. These constraints included social considerations such as the need to preserve respectability, or to protect their father's status as the family's breadwinner.¹¹ The prioritisation of disposable income in favour of providing an education and training for sons has been suggested as a consideration.¹² In addition, it has been suggested that the simple lack of suitable educational facilities open to daughters could have been a restriction.¹³

In considering the issue of education Avery, Franz, Neff, Gleadle and Hill have been consulted.¹⁴ In this manner it has been possible to use this relatively small group of women on the fringe of medical practice as a lantern to cast light on the employment prospects of young Victorian middle class women. Particularly it has been possible to conclude that the non-

¹⁰ Reader, *Professional Men*; Tosh, *A Man's Place*; Corfield, *Power and the Professions in Britain 1700-1850*; Kidd and Nicholls, (eds.) *The Making of the British Middle Class*; Perkins, *The Rise of Professional Society*; Hughes, *The Victorian Governess*.

¹¹ Neff, *Victorian Working Women*, p. 187.

¹² Avery, *The Best Type of Girl*, p. 5.

¹³ Hughes, *The Victorian Governess*, p. 18.

¹⁴ Avery, *The Best Type of Girl*; Franz, *English Women Enter the Professions*; Neff, *Victorian Working Women*; Gleadle, *Radical Writing on Women, 1800-1850*; Hill, *Women Alone*.

availability of an appropriate education was the most significant reason why middle class young women were not able to engage in suitable employment until the late nineteenth century.

By transferring dispensing from the apothecaries' assistants to the chemists and druggists, the National Insurance Act (1911) adversely affected the assistants' livelihoods. In consequence negotiations were entered into by the pharmacists, the apothecaries, the apothecaries' assistants and the government, as the pharmacists attempted to deny the assistants entry onto the Pharmaceutical Society's register. In order to appreciate the standing of the Pharmaceutical Society compared with the other participants in these negotiations, the development of pharmacy and the Pharmaceutical Society has been considered. The thesis illustrates the founding and development of a profession by describing how the founders of the Pharmaceutical Society proceeded to transform a disparate group of patent medicine sellers into professionals. This was achieved by advancing the chemists and druggists' education and skill to a point where they became accepted by the rest of the medical professionals as experts in their field. In this study, the works of Matthews, Crellin, Kurzer, Hunt, Holloway and Anderson have proved helpful.¹⁵

In assessing the arguments mounted during the negotiations following the National Insurance Act, it was important to understand the scope of the apothecaries' assistant's and the chemist and druggist's

¹⁵ Matthews, *History of Pharmacy in Britain*; Crellin, 'Pharmaceutical History and its sources in the Wellcome Collection: 1.', 215-227; Kurzer, 'George S.V. Wills and the Westminster College of Chemistry and Pharmacy', 477-506; Hunt, 'Pharmacy in the Modern World 1841-1986' in Anderson, (ed.) *Making Medicines*; Holloway, *Royal Pharmaceutical Society of Great Britain*; Anderson, 'The Burdens of History', 93.

training. Part of this assessment involved a study of the development of the syllabuses for both the Pharmaceutical Society's 'preliminary' examination and its 'minor' examination over a period of sixty years. It would seem that this is the first time that the evolution of these syllabuses has been described in detail. Mabel Stanley's manual has been consulted in respect of the apothecaries' assistant's examination syllabus and *Pharmaceutical Journals* and *The Pharmaceutical Society's Calendars* proved a valuable source regarding the pharmacist's training.¹⁶

The nineteenth century saw the introduction of a good deal of legislation intended to improve social conditions and public safety. The circumstances surrounding the practice of medicine received a good deal of attention in an attempt to ensure that the practitioners were appropriately trained and registered. No longer was it acceptable for clergymen to practise medicine as a sideline and the Medical Act (1858) prevented quacks and other medical charlatans from describing themselves as doctors. The physicians, surgeons, apothecaries and chemists and druggists achieved legal recognition in their respective fields. But inevitably, a good deal of manoeuvring occurred among these four professions during this time of flux, as each attempted to secure and if possible to enlarge, an area of responsibility they believed to be theirs by right. There was a line of demarcation between the physicians and the apothecaries, the physicians being wary of the apothecaries' implied threat to their territory. Equally, the apothecaries were reluctant to abandon their pharmacy businesses and

¹⁶ M. Stanley, *A Manual for Assistant's Examination, Apothecaries Hall* (London, 1902); *Pharmaceutical Journals* (1842-1900); *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1871 to 1896).

eyed with concern the interest shown by the chemists and druggists in that direction.

During the course of negotiating this legislation the Pharmaceutical Society suffered some damaging misfortunes, which suggest that the early leaders lacked political skill in their dealings with government and with their medical colleagues. They took exception to a clause, included in the Bill that became the Apothecaries Act (1815) that described the pharmacists' business in general terms. In an attempt to ensure that they were not disadvantaged by the clause, they re-wrote it, describing their business in great detail, and submitted it to the Society of Apothecaries. But their version of the clause failed to specify that they had been prescribing for the public. The Bill had made no mention of this facet of their work and, in the absence of an amendment, would have permitted it to continue. In their eagerness to provide a job description so detailed that it would secure every aspect, they foolishly omitted prescribing and thereby denied themselves the possibility of emulating the apothecaries and becoming general practitioners.

Until the introduction of the Pharmacy Act (1868), pharmacies had each been operated by a single proprietor. Eager to offer security for pharmacists' widows, the Society allowed the widows or the deceased's executors to continue to run the business, provided they employed a pharmacist to supervise the shop. Limited companies correctly decided that the law would permit them also to operate pharmacy businesses on this basis. The pharmacists' lack of foresight meant that the tradition of single

shop proprietor operated pharmacies was lost and with it a good deal of the professional status that the Society had worked so hard to create.

In an attempt to establish inter-colonial reciprocity of qualifications, the Pharmaceutical Society included in the Poisons and Pharmacy Act (1908), a provision that would allow them to include in their register, without further examination, pharmacists who had qualified in the colonies. The Act contained a number of contentious issues and in order to overcome opposition to it, a compromise was reached that widened this provision to include military dispensers and apothecaries' assistants. Once the National Insurance Act (1911) transferred dispensing from doctors' surgeries to pharmacies, many assistants attempted to take advantage of this provision and a lengthy dispute ensued. The Pharmaceutical Society was only able to prevail by accepting a compromise that permitted some assistants to register. Although this compromise had a negligible long term effect, it caused great upset among the Society's membership at the time. The self inflicted injuries, described in these three examples, emanated from a mix of greed, ineptitude and a lack of strategic thinking. They point to an inadequacy in skilled leadership that compromised the Society's professional development.

The period during which the apothecaries' assistants had a significant role in the dispensing of prescriptions, from 1850 to 1920, saw a great deal of social change. Attitudes changed regarding the control on the sale of poisons. The public and rather more reluctantly commercial

interests accepted that free trade would have to be restricted to reduce the number of deaths by poisoning. Reforms were made that increased the extent of the franchise; public health was improved by measures that improved living conditions. Steps were taken, remarkably quickly considering the size of the task, to provide safe drinking water, sewage disposal and street cleaning in major cities. These changes led logically to the introduction of the National Insurance Act (1911). The professions were consolidating their control of their areas of responsibility and during this period the apothecaries' assistants' situation had hardly changed.

The syllabuses for the Pharmaceutical Society's examinations had grown out of all recognition between 1842 and 1900, while the assistant's examination had changed very little. The assistants were walking blindfold towards a disaster. No doubt they believed that the Society of Apothecaries would look after their interests and their lives would continue unchanged. Of course, they were unaware of the hardship they were going to face at the hands of Lloyd George, just as the pharmacists were unaware of the windfall he was about to present to them. But the assistants and the Society of Apothecaries must have known from the outset about the Pharmaceutical Society's ambitions to annex dispensing. They must also have been aware of the growing disparity between their qualification and that of the chemists and druggists. Had they maintained some sort of parity, it would have been much more difficult for Lloyd George to discount their claim and for the Pharmaceutical Society to refuse them admission to their register. Had they maintained parity with the chemists and druggists,

the government would have been bound to insist that the Pharmaceutical Society acknowledge their claim.

As it was, the Pharmaceutical Society's arguments were irrefutable. It already had a qualifying examination that gave entry to the register to all those who passed. Under no circumstances could it open up a second route to membership that involved passing a much easier examination. After all, it had laboured to include a clause in the Pharmacy Act (1868) to prevent men who had failed its examination from setting up one man limited companies with the sole intention of opening a pharmacy. By this means they could bypass the restrictions prescribed by the previous Pharmacy Act. To allow the assistants to register wholesale would have led to an outcry from the existing membership, a serious loss of credibility among the other medical professions and the possible destruction of the Society. By staying within their limited sphere of dispensing for an apothecary the assistants failed to predict the future or even to appreciate that the future might bring change. In fact they did not want it to change; they did not want, or could not afford to train for one of the professions and their qualification was providing an acceptable, respectable and apparently secure living. Had they expanded their role by a further Act of Parliament, prior to the founding of the Pharmaceutical Society, they might well have prevented its founding or at least been able to merge with it on equal terms.

By 1911, the government saw no need for two organisations performing the same function and so refused the apothecaries' assistants a new Act of Parliament that would have permitted them to operate alongside

the pharmacists. Over a period of time, the apothecaries' assistants had allowed themselves to become trapped in the doctors' surgeries and when the Act transferred dispensing to the pharmacists, their work was taken away. They suddenly realised that they had no escape route to the outside world, other than to become assistants to chemists and druggists. The situation was an unexpected reversal of that experienced by Jacob Bell when he was attempting to introduce the first Pharmacy Bill in 1851. As discussed in chapter 4, Mr Hume argued in the House of Commons that as the apothecaries were still charged with dispensing doctors' prescriptions, there was no need for a second body with the same function.

The pharmacists, with their more scientifically based qualification, were well positioned for the start of the chemotherapeutic revolution that occurred in the early 1930s with the invention of a new class of synthetically produced antibacterial drugs, the Sulphonamides. The assistant's qualification would have required considerable enhancement to fit them for this new development. Thereafter the Pharmaceutical Society advanced from strength to strength. Not only has it survived 170 years of rapid and extensive social and scientific change, but it has also achieved its founders' objectives, that of establishing pharmacists as the foremost dispensers of medicines.¹⁷

¹⁷ Holloway, *Royal Pharmaceutical Society of Great Britain*, p. 417

Appendices

Appendix 1

Schedules of Subjects of the Minor Examination to come into force after July 1891.

“Prescriptions – The Candidate is required to read without abbreviation autograph prescriptions; translate them into English; understand the grammatical construction of the Latin; and render a literal as well as an appropriate translation of the directions for use. To detect errors, discover unusual doses, and have a general knowledge of Posology. To calculate percentages and other quantities occurring in prescriptions; also to render in good Latin ordinary prescriptions written in English.

Practical Dispensing – To weigh, measure and compound medicines; write the directions in concise language in a neat and distinct hand; to finish and properly direct each package. [In awarding marks in this subject the time taken by the Candidate in doing the work is taken into account.]

Pharmacy – The Candidate will be required to possess a general knowledge of the following branches:-

(a) Operations requiring the use of heat. Evaporation, with particular reference to the preparation of extracts and inspissated juices; special characters and modes of preparing the various classes of extracts; influence

of surface, temperature and pressure upon the rate of evaporation; water, steam and sand baths; distillation, ordinary, fractional and destructive, distinctive characters and objects of each; official preparations illustrating the various kinds of distillation, apparatus employed, the retort and receiver, still and worm, Liebig's condenser, principles on which they are constructed and used.

(b) Disintegration of solid substances; cutting, bruising and pulverization: apparatus employed, principles indicating which is to be adopted in particular instances; methods for controlling the degree of comminution, sieves and sifting, trituration, levigation, elutriation, granulation, including methods for producing certain chemicals as fine powders, small crystals, scales etc. Solution: its nature, solvent power of various menstrua, influences of (a) temperature; (b) state of division of the substance to be dissolved; (c) time; (d) position of the substance in the menstruum; lixiviation, infusion, digestion and decoction, percolation and displacement, principles on which the successful performance of these processes depends; form and materials for percolators and other vessels employed. Filtration, objects and methods, filtering media, means of expediting filtration; dialysis: its application in pharmacy, construction and use of the dialyser. Expression: methods of obtaining the juices from plants; recovery of the residual liquids from tincture marcs etc., screw, hydraulic and other presses. The principles involved in the dispensing of medicines, particularly with reference to the best excipients and methods for forming pill masses, the preparation and nature of emulsions, the most suitable

emulsifying agents, and the best means of suspending insoluble substances in liquids.

(c) The Candidate will also be required to show a practical knowledge of the processes, and understand the principles of the processes by which the official preparations belonging to the following classes are made, viz., collodions, confections, decoctions, dilute acids, extracts (solid and liquid), glycerines, infusions, juices, liniments, lotions, mixtures, ointments, pill masses, plasters, powders (simple and compound), solutions, spirits, suppositories, syrups, tinctures, vinegars, waters and wines. He must be able to conduct such of the operations, or parts of them, as may be required by the examiner. A knowledge of the proportion of active ingredient or crude material in official preparations containing aconite, antimony, arsenic, belladonna, Calabar bean, cantharides, hydrate of chloral, chloroform, caustic potash and soda, colchicum, digitalis, elaterium, ergot, iodine, iodoform, ipecacuanha, lead, mercury, nux vomica, opium, phosphorus, scammony, stramonium, squill, alkaloids and alkaloidal salts.

Materia Medica – The Candidate is required to recognise specimens of any crude drug mentioned in the British Pharmacopoeia or in the annexed list, and to describe their characteristics so far as may be necessary to detect adulteration or substitution. He must be familiar with their geographical source, the botanical and zoological names of the plants and animals yielding them, the natural orders to which they belong, and the localities from which they are obtained. The Candidates will be required to name

their chief active constituents and also the official preparations into which they enter.

Roots	Leaves	Juices, etc.
Althaea officinalis	Datura Stramonium	Acacia Catechu
Inula Helenium		Lactuca virosa (Lactucarium)
Alkanna tinctoria	Flowers	Aloe spicata, etc.
	Calendula officinalis	
Rhizomes, etc	Pyrethrum cinerariaefolium etc.	Gum-Resins
Helleborus niger	Arnica montana	Boswellia Carterii, etc.
Hydrastis canadensis		Euphorbia resinifera
Sanguinaria canadensis	Fruits	
Iris florentina	Anamirta paniculata	Oleoresins
Allium sativum	Punica Granatum	Pistacia Terebinthus
Veratrum album	Cuminum Cyminum	
Acorus calamus	Capsicum annum	Resins
	Laurus nobilis	Callitris quadrivalvis
Barks	Piper longum	Pinites succinifer
Berberis vulgaris	Vanilla planifolia	Calamus Draco
Cinnamodendron corticolum		
Simaruba amara	Seeds	Cryptogamic Substances
Quillaia Saponaria	Paullinia sorbilis (Guarana)	Lycopodium clavatum, etc.
Prunus serotina	Trigonella Foenum- Graecum	Fucus vesiculosus
Ulmus campestris	Dipteryx odorata	Chondrus crispus
Ulmus fulva	Pyrus Cydonia	
Cinnamomum Cassia	Strophanthus species	Animal Substances
	Strychnos amara	Spongia officinalis
Herbs	Hyoscyamus niger	Coccus Lacca
Tussilago Farfara	Amomum Melegueta	Mylabris Cichorii
Spigelia marilandica	Areca Catechu	Sepia officinalis
Marrubium vulgare		Castor Fiber
Solanum Dulcamara	Hairs	
	Mucuna puriens	

Botany - The Candidate will be required to recognise any of the plants specified in the list appended to this schedule; to refer any flowers that may

be shown to him to their class and sub-class; to possess a general knowledge of the internal structure of stems, leaves, and roots, and their parts, and of the elementary tissues of which they are composed; to describe a cell, its structure and usual contents; to explain the thickening of cell walls, and to describe the manner in which cells are combined to form tissues. To distinguish between roots and stems, and to name such important modification of either as present distinguishing characteristics. To name correctly such leaf shapes as are shown, and to recognise appendages or any important modifications of the leaf. To have a practical knowledge of the various arrangements of leaves or flowers in the bud, and of the different kinds of phyllotaxis and of inflorescence; to understand the principles of branching, and the different kinds of branch systems. To possess a general knowledge of the processes of reproduction of plants, and to describe those of phanerogams and ferns. To name and describe the arrangements of the parts of the flower, the number, position and shape of the floral envelopes and of the organs of reproduction, to name and describe the different kinds of fruits, and the various modes of dehiscence and kinds of placentation. To have a general knowledge of the physiology of plants, and to describe the functions of the roots, stems and leaves. To be acquainted with the materials which form the food of plants, and to understand the part played by starch, sugar, and aleurone grains in the life of the plant. To recognise, by means of the microscope, sections of stems of dicotyledonous, monocotyledonous and cryptogamic plants; spiral, reticulated, and

scalariform vessels; as well as the simpler structures, such as stomata, pollen grains, and hairs.

List of Plants for Recognition

Aconitum Napellus	Datura Stramonium
Papaver Rhoëas	Hyoscyamus niger
Papaver somniferum	Solanum Dulcamara
Ruta graveolens	Digitalis purpurea
Althaea officinalis	Mentha piperita
Cytisus scoparius	Mentha viridis
Rosa canina	Mentha Pulegium
Bryonia dioica	Daphne Laureola
Aethusa Cynapium	Daphne Mezereum
Conium maculatum	Juniperus Sabina
Oenanthe crocata	Taxus baccata
Anthemis nobilis	Arum maculatum
Matricaria Chamomilla	Colchicum autumnale
Taraxacum officinale	Avena sativa
Achillea Millefolium	Hordeum vulgare
Menyanthes trifoliata	Triticum sativum
Borago officinalis	Aspidium Filix-mas
Cochlearia Armoracia	Rosmarinus officinalis
Foeniculum Dulce	Lavandula Vera
Valeriana officinalis	Sinapis alba
Atropa Belladonna	

Chemistry and Physics – The Candidate will be expected to possess an elementary knowledge of the following subjects:-

(a) the law of the conservation of energy; the law of gravitation; the British and metric system of weights and measures; the balance; specific gravity; atmospheric pressure; the barometer; air-pump and siphon; the law of Boyle; temperature; thermometer; the law of Charles; the law of gaseous diffusion; V. Meyer' method for determining vapour densities.

(b) The chief characteristics of chemical action, the distinction of elements and compounds; the laws of chemical combination by weight and

volume; the hypothesis of Avagadro; atomic weight and molecular weight; chemical formulae and nomenclature; valency; the distinction between metals and non-metals.

(c) The general characters of non-metals; the chief methods of preparation and the typical reactions of the following non-metallic elements and compounds:– hydrogen, oxygen, ozone, water, peroxide of hydrogen; chlorine, bromine and iodine, and their compounds with hydrogen and oxygen; fluorine, hydrofluoric acid; nitrogen, ammonia, the oxides of nitrogen, nitrous acid nitric acid; sulphur, sulphuretted hydrogen, sulphurous and sulphuric anhydrides and acids, thiosulphuric acid; phosphorous, phosphine, the oxides and oxy-acids of phosphorous, the chlorides of phosphorous; silicon, silica, fluoride of silica, silicofluoric acid; boron, boric acid. The usual impurities in those of the above-named substances that are included in the British Pharmacopoeia.

(d) The general characters and classification of the metals, and the general methods of forming oxides and salts; the sources and usual methods of extracting, and the chief properties of, the under-mentioned metals, and the principal modes of preparation, properties, adulterations, and contaminations of such of their compounds as are described in the British Pharmacopoeia:– potassium, sodium, ammonium, lithium, barium, calcium, magnesium, zinc, aluminium, iron, chromium, manganese, arsenic, antimony, tin, copper, bismuth, lead, silver, mercury, gold and platinum.

(e) Carbon, its oxides, cyanogens, hydrocyanic acid, cyanide of potassium, ferrocyanide and ferricyanide of potassium, oxalic acid. The

chief method of preparing marsh gas, ethylene, alcohol, aldehyde, acetic acid, acetate of ethyl, spirit of nitrous ether, nitrate of amyl, hydrate of chloral, chloroform, iodoform, ether; the principal properties, reactions and mutual relations of these compounds. The Candidate will also be expected to possess a general knowledge of the methods of estimating carbon, hydrogen, oxygen and nitrogen in organic compounds and of obtaining molecular formulae.

Note.— Candidates will be expected to solve simple problems relating to the weight and volume, under different conditions of temperature and pressure, of elements and compounds concerned in chemical reactions.

Chemistry.— PRACTICAL EXAMINATION.— To determine the specific gravity of liquids and solids, to be familiar with the general construction and use of the thermometer and barometer.

To recognise by tests the more important non-metallic elements and compounds, as well as the metals and salts indicated in the foregoing list; to detect the chief impurities in those that are included in the British Pharmacopoeia; to recognise by their physical properties those which possess well-defined characteristics.

To identify by chemical tests the organic compounds before enumerated, and in addition tartaric and citric acids, starch, cane sugar, grape sugar, salicin, quinine, morphine and strychnine; and to detect the impurities in such as are included in the British Pharmacopoeia.

To perform those volumetric determinations which are described in the British Pharmacopoeia.

To quantitatively determine the total alkaloids in cinchona bark, and in the tincture and extract of nux-vomica, and the morphine in opium.

The Candidate will further be expected to have a practical acquaintance with the methods of preparing the more important inorganic substances, including the non-metals and their compounds, and such metallic compounds as are included in the British Pharmacopoeia and also the following organic compounds:– ether, chloroform, spirit of nitrous ether, nitrate of amyl, acetate of ethyl, and hydrocyanic acid, so that he may be able to explain to the examiner the operations involved in their preparation, and, if called upon, to perform the operations or certain stages of them himself.”¹

¹ *The Calendar of the Pharmaceutical Society of Great Britain* (London, 1891), pp. 210-215.

Appendix 2

Regulations Relating to the Assistant's Examination.

Chemistry

The general principals of chemistry. Meaning of Chemical symbols and formulae. Distinctive properties of acids bases and salts. The preparation and properties of the elements: oxygen, hydrogen, nitrogen, chlorine, bromine, iodine, carbon, sulphur, phosphorus, arsenic, and their more important compounds with oxygen and with hydrogen. Hydrochloric, nitric and sulphuric acids, and their actions upon the common metals, metallic oxides and carbonates. The chemical composition of water and air. The preparation, properties and tests of the following:—

Ammonium carbonate, chloride and nitrate. Sodium hydrate, borate, carbonate, bicarbonate, chloride, nitrate, sulphate, and sulphite. Potassium hydrate, carbonate, bicarbonate, bichromate, bromide, chlorate, cyanide, iodide, nitrate, and permanganate. Calcium oxide, hydrate, chloride, carbonate, and sulphate. Magnesium oxide, carbonate, and sulphate. Alum. Zinc oxide, carbonate, chloride, and sulphate. Iron reduced, peroxide, protosulphate, persulphate, perchloride. Lead metal, oxides, acetate, subacetate and carbonate. Silver metal, oxide, and nitrate. Copper metal, nitrate and sulphate. Bismuth metal, oxide, nitrate and carbonate. Antimony oxide, and chloride and tartar emetic. Mercury oxides and iodides, calomel and corrosive sublimate. Alcohol, ether, acetic ether, chloral hydrate, chloroform, iodoform, glycerin, quinine, and strychnine. Hydrocyanic, acetic, tartaric, and citric acids, and their common salts.

Candidates will be expected to have performed or to have witnessed experiments illustrating the principal properties of the substances mentioned in the Syllabus.

Materia Medica and Pharmacy

Candidates will be required to show a knowledge of the chemical and physical characters, the composition and doses of the articles and preparations included in the British Pharmacopoeia, 1898, and to recognise the following substances:—

Acidum Arseniosum, Acidum Benzocum, Acidum Carbolicum, Acidum Gallicum, Acidum Hydrocyanicum Dilutum, Acidum Salicylicum, Acidum Tannicum, Alumen, Ammonii Carbonas, Ammonii Chloridum, Antimonium Tartaratum, Borax, Calx Chlorinata, Carbo Ligni, Cupri Sulphas, Ferri et Ammonii Citras, Ferri et Quininae Citras, Ferri Carbonas Saccharatus, Ferri Phosphas, Ferri Sulphas, Ferri Sulphas Exsiccatus, Ferrum Reducium, Ferrum Tartaratum, Hydrargyri Perchloridum, Hydrargyri Subchloridum, Hydrargyrum, Hydrargyrum Ammoniatum, Iodum, Magnesii Sulphas, Phosphorus, Plumbi Acetas, Plumbi Iodidum, Plumbi Oxidum, Potassi Bromidum, Potassi Chloras, Potassii Iodidum, Potassii Permanganas, Potassii Sulphas, Potassi Tartaras Acidus, Sodii Sulphas, Sulphur Sublimatum, Sulphur Praecipitatum, Zinci Sulphas.

Ether, Amyl Nitris, Chloral Hydras, Chloroformum, Iodoformum, Paraldehydum, Spiritus Etheris Nitrosi, Spiritus Rectificatus.

Aconiti Radix, Aloe Barbadenis, Aloe Socotrina, Aloinum, Araroba, Asafetida, Belladonnae Radix, Calumbae Radix, Camphora, Cannabis Indica, Cantharis, Catechu, Cinchonae Cortex, Cascara Sagrada, Cocae Folia, Colchici Cormus, Colocynthis Pulpa, Conii Fructus et Folia, Copaiba, Cubeba, Digitalis Folia, Elaterium, Ergota, Filix Mas, Gentianum Radix, Glycerinum, Guaiaci Resina, Hyoscyami Folia, Ipecacuanhae Radix, Jaborandi Folia, Jalapa, Kino, Myrrha, Nux Vomica, Oleum Morrhae, Oleum Ricini, Oleum Terebinthinae, Opium, Physostigmatis Semina, Podophylli Resina, Podophylli Rhyzoma, Quassiae Lignum, Quinae Sulphas, Santoninum, Scammoniae Resina, Scammoninae Radix, Scilla, Senega Radix, Senna Alexandrina, et Indica, Strophanthi Semina.”¹

¹ ‘The Qualification of Dispensers’, *Pharmaceutical Journal*, series 4, 68, 14, (15 Feb. 1902) 122.

Appendix 3

Table 1: Maximum number of servants recorded in the censuses between 1871 and 1901 per family of those passing the Apothecaries' Assistant's Examination.

Number of Servants employed:	0	1	2	3	4	5	6
Number of families employing that number:	12	38	25	15	7	2	1

Source: UK Census Collection 1851-1901.

Appendix 4

Table 2: Apothecaries' Assistants – Father's and Brothers' Occupations.

Subject	Father's Occupation and Status - Deceased (D), Absent (A)	Brothers' Occupations			
		Brother 1	Brother 2	Brother 3	Brother 4
Fanny Saward	Public Secretary	Accountant			
Ethel McKerrow	Cotton Manufacturer	Salesman	Analytical Chemist	Lithographic Apprentice	No record
Alice Ashwin	Merchant	Corn merchant			
Beatrice Cole	Pharmaceutical Chemist	Tea Inspector	Chartered Accountant		
Caroline Vincent	Solicitor	Solicitor			
Frances Cunnington	Wine Merchant (D)	Electrical Engineer			
Gertrude Wolseley	Metal Merchant	Commercial Clerk			
Marion Wolseley	Metal Merchant	Commercial Clerk			
Kathleen Moore	Stockbroker	Stockbroker	Secretary, Ltd. Company	Stockbroker's clerk	Commercial Clerk
Lilian Kennard	General Practitioner	Physician & Surgeon			
Margaret Burge	Builder	No brothers			
Eliza Draper	Carver & Guilder (20 employees)	Assistant Manager			
Lilian Bell	Builder & Architect	Architect			
Ellen Howell	Doctor of Medicine	Private Means	Private Means		
Ethel Hodgkinson	Solicitor	Law Student			
Constance Bradbury	Physician	Medical Student			
Ethel Gayton	Medical Superintendent	No employment			
Jessie Willan	Saw Mill Manager	Child			
Edith Hollway	Merchant (D)	No record			
Alice Brookes	Chemist & Druggist	Medical Student			
Louisa Brookes	Chemist & Druggist	Medical Student			
Caroline Bonner	Railway Station Superintendent (D)	Engine Fitter	Bank Clerk	No record	Banker's Clerk
Rose Bonner	Railway Station Superintendent (D)	Engine Fitter	Bank Clerk	No record	Banker's Clerk
Ruth Freeman	Oil Works Manager	Electrical Engineer			

Subject	Father's Occupation and Status - Deceased (D), Absent (A)	Brothers' Occupations			
		Brother 1	Brother 2	Brother 3	Brother 4
Margaret Gentle	Steam Ship Boiler Maker	Cotton Broker's Clerk	Apprentice Mechanical Engineer		
Mary Gates	Master Brewer (employing 174 men)	No brothers			
Lilian Hands	Postmaster	Clerk to an Accountant	Post Office Clerk	Clerk to a Manufacturer	Brass Foundry Traveller
Fanny Flood	Wholesale Druggist	No record	No record	No record	
Flora Minshull	Bridle Merchant (D)	No record	Brush Trade Apprentice		
Margaret Bedell	Wine Merchant (D)	Mecantile Clerk	Child		
Hilda Caws	Foreign Consular Agent	No record			
Frances Lewis	Tallow Chandler (D)	No brothers			
Beatrice Finch	Builder	Builder	Manager Hardware	Manager Linoleum Warehouse	
Mabel Stapylton	Principal Clerk H.M. Customs	No record	Mechanical Engineering Student		
Alice Linton	Vicar (D)	Living on own means	No record	No record	Child
Lucy Dawe	Vicar	Clergyman	Dental Mechanic		
Constance Moore	Stockbroker (D)	Assistant Secretary Property Corporation			
Gertrude Mannox	Jeweller	Chartered Accountant	No record	Clerk	Jeweller's Assistant
Margaret Mannox	Jeweller	Chartered Accountant	No record	Clerk	Jeweller's Assistant
Alice Hopkins	Doctor in Music Cambridge	Rector	No record		
Catherine Hillyer	Secretary Public Institution	Medical Student			
Susan Johnson	Master Mariner	Master Mariner	Marine Engineman & Apprentice	Child	
Lily Joyner	Ship & Insurance Broker (D)	Journalist	No record		
Florence Lewis	Clerk of Works in a Copperworks	Analytical Chemist			
Ada Bargery	Dispenser	Chemist's Assistant			

Subject	Father's Occupation and Status - Deceased (D), Absent (A)	Brothers' Occupations			
		Brother 1	Brother 2	Brother 3	Brother 4
Mabel Voight	Chemist & Dentist	No brothers			
Bertha Cory	Civil Servant	Clerk Fire Insurance	Medical Practitioner	Brewery Pupil	No record
Grace Rennie	Metal Merchant	Metal Merchant	Engineering Auctioneer	Sales Manager Cycle Trade	Architect
Grace Coxon	Mining Engineer	Solicitor's Articled Clerk	Mining Student	Architect	No record
Ada Taylor	Chemist & Dentist	Chemist & Druggist	Farmer		
Katherine Tomlin	Surgeon	Estate Agent's Assistant	Telegraph Company's Clerk		
Mary Ingall	Army Lieut. General	Government Assistant Auditor	Assistant Bank Manager		
Ada Entwistle	Watch Maker & Jeweller	Dentist			
Eleanor Potts	Solicitor	Commercial Clerk			
Beatrice Robinson	Methodist Minister	Infirmery Dispenser	Solicitor's Articled Clerk		
Adelaide Cooke	Land Estate Agent	No record	Packer Hardware	Export Merchant's Clerk	Civil Engineer
Kathleen Walton	Congregational Minister	Physician & Surgeon	No record	No record	
Edith Wells	Lace Manufacturer	Book Binder			
Dora Notley	Medical Practitioner	Medical Practitioner			
Frances Johnson	Grocer and Provision Merchant	Clerk Shop Filler			
Nellie Sing	Accountant (D)	Clerk to an Accountant	Commercial Traveller		
Ethel Payne	Architect & Surveyor	Marine Insurance Claims Examiner	Builder's Carman	Merchant's Clerk	
Mabel Thomson	Cotton Broker	Cotton Broker	Cotton & Produce Broker	Commercial Clerk	
Clara Aldridge	Ironmonger	Mercantile Clerk	Eastern Telegraph Service		
Caroline Horsley	Surgeon & Medical Practitioner	Commercial Clerk	Child		
Kate Horniblow	Coal merchant	Child	Child		

Subject	Father's Occupation and Status - Deceased (D), Absent (A)	Brothers' Occupations			
		Brother 1	Brother 2	Brother 3	Brother 4
Mary Hancock	Publisher's Clerk	No record			
Joyce Coney	Farmer employing 10 men & 4 boys (D)	Bank Cashier	Naval Cadet	No record	
Sarah Gregar	Builder (D)	House Builder	House Agent & Decorator	Surgeon	
Hannah Forrest	Colliery Owner	Mining Engineer	Clergyman	Mechanical Engineer	Railway Clerk
Winifred Flower	Living on Railway & Other Dividends	Bank Clerk	No trace		
Katherine Elgood	Surveyor	Law Stationer	Assistant Electrical Engineer		
Hilda Dawson	Solicitor	Architecture Pupil	Assistant Schoolmaster	No record	Clerk, Civil Service
Margaret Clark	Solicitor	Architect's Pupil	Chemist's Apprentice	Child	Child
Amy Coles	Physician & Surgeon	Market Gardener	Apprentice Mechanical Engineer		
Gertrude Buchanan	Grocer	Grocer & Shopkeeper	Farmer	Grocer	Grocer
Emily Rivers	Commercial Clerk	Mechanical Engineer			
Ruth Platts	Living on own means (A)	Not employed			
Annie Ward	Veterinary Surgeon	No record	Photographic Operator	Child	Child
Grace Phillips	Company Director	Stockbroker	Not employed		
Catherine Perkins	Commercial Clerk Hardware	Land Surveyor & Science Teacher	Clerk	Bank Clerk	Insurance Clerk
Henrietta Begg	Barrister	Barrister	Civil Servant		
Mary Checketts	Farmer employing 25 men & 6 boys	Farmer			
Ellen Clarkson	Clerk in Bank of England	Head Clerk, Gold & Silver Refinery	Wood Carver	Analytical Chemist	
Lucy Cuthbertson	Solicitor	Electrical Supply Engineer	Child		
Maud Lewis	Accountant	Apprentice Accountant	Clerk in Colliery Office		
Clara Lloyd	Pharmaceutical Chemist	Dentist's Apprentice	Chemist		

Subject	Father's Occupation and Status - Deceased (D), Absent (A)	Brothers' Occupations			
		Brother 1	Brother 2	Brother 3	Brother 4
Emily Nichols	Ironmonger (D)	Cambridge Undergraduate	Civil Engineer		
Bertha Nix	Physician & Surgeon	Medical Student			
Annie Pimblett	Clergyman	Clergyman	No record	Clergyman	Child
Jessie Roddis	Sculptor	Sculptor			
Rosa Spencer	Farmer (D)	Farmer	Farmer		
Constance Sheldon	Brewer's Agent	No record	Commercial Clerk		
Edith Sisterson	District Surveyor	Gravel Merchant	Child	Child	Child
Constance Smith	Clergyman Church of England	Assistant School Master	Cambridge Undergraduate	Child	Child
Fannie Type	Congregational Minister	No record	Chartered Accountant	Architect	
Gertrude Tillyer	Brewer	Electrical Engineer			
Constance Williams	Brass Founder	Clerk	Clerk	Electrical Engineer	
Alice Walkden	Cashier, Brewery	Miller's Clerk	Railway Canvassing Agent	Assistant Officer, Excise	Horticultural Student
Alice Mildred Cable	Draper & Gents Outfitter (employing 27)	Cambridge Student	Articled Pupil Civil Engineer	No record	

Source:

- UK Census Collection 1851-1901.
- Guildhall Library, London, Candidates' Declaration Book for the Apothecaries' Assistant's Examination.

Appendix 5

Table 3: Father's and Brothers' occupations for those women who gained entry onto the Pharmaceutical Society's register.

Subject	Father's Occupation and Status - Deceased (D), Absent (A)	Brothers' Occupations			
		Brother 1	Brother 2	Brother 3	Brother 4
Margaret Buchanan	Medical Practitioner	No record	No record	No record	
Isabella Clarke Keer	Solicitor	No brothers			
Flora Mitten	Chemist (proprietor)	No brothers			
Annie Neve	Solicitor's Clerk	Solicitor			
Mary Neve	Solicitor's Clerk	Solicitor			
Catherine Perkins	Commercial Clerk	Land Surveyor	Clerk	Bank Clerk	Insurance Clerk
Mary Shorrocks	Chemist & Druggist & Dentist	Dentist			
Annie Tilson	Chemist & Druggist	Clergyman			
Rose Minshull	Bridle merchant	No record	Brush Trade Apprentice		
Edith Berrill	Exporter (D)	Exporter	Living on own means		
Nellie Blundell	Merchant in furs, feathers & straw hats	Warehouseman			
Florence Brittain	Metallic Bedstead manufacturer	Bedstead manufacturer			
Kate Browning	Medical Practitioner	No record			
Lizzie Buchanan	Chemist & Druggist and Postmaster	No record			
Alice Mildred Cable	Draper and Gents Outfitter	Cambridge Student	Articled Pupil Civil Engineer	No record	
Rachel Casson	Inspecting Engineer	Chemist Shopkeeper	No record		

Subject	Father's Occupation and Status - Deceased (D), Absent (A)	Brothers' Occupations			
		Brother 1	Brother 2	Brother 3	Brother 4
Mary Checketts	Farmer employing 25 men (D)	Farmer			
Joyce Coney	Farmer employing 10 men (D)	Bank Cashier	Naval Cadet	No record	
Lucy Cuthbertson	Solicitor	Electrical Supply Engineer	Child		

Source:

- UK Census Collection 1851-1901.
- Register of Chemists and Druggists 1900
- Register of Pharmaceutical Chemists 1900

Appendix 6

Substances included in the Schedule of Poisons (Schedule A) in the Pharmacy Bill, 1867

- Arsenic and its preparations
- Oxalic Acid
- Prussic Acid
- Chloroform
- Cyanides of Potassium and Mercury
- Strychnine and all poisonous vegetable alkaloids and their salts
- Aconite and its preparations [Monkshood]
- Opium, its Extract, and Laudanum
- Corrosive Sublimate [Mercuric Chloride]¹
- Emetic Tartar [Antimony Potassium Tartrate]²
- Nitrates of Mercury, and Red and White Precipitates [Red Mercuric Oxide]³ [Mercury Ammonium Chloride]⁴
- Belladonna and its preparations [Deadly Nightshade – Hyoscyamine, Atropine and Hyoscine]
- Essential Oil of Almonds, unless deprived of its Prussic Acid
- Cantharides
- Savin and its oils [Young shoots of Juniperus Sabina which contain Savinin and Podophyllotoxin]

¹ Reynolds, *Martindale*, p. 1387.

² Reynolds, *Martindale*, p. 39.

³ S. Budavari, (ed.), *The Merck Index* 12th edn. (Whitehouse Station, NJ, 1996), p. 1004, item 5935.

⁴ Budavari, *The Merck Index*, p. 1003, item 5927.

Appendix 7

Table No: 4 Examination fees income from the Assistants compared with that from the Apothecaries.

Date		Assistants	Licentiates		Licentiates sub-total	Total Assistants & Licentiates	Assistants' Contribution
			Primary Exam	Final Exam			
		(£)	(£)	(£)	(£)	(£)	(%)
1913	Jan.-Mar.	286	68	283	351	637	45
1915	Jan.-Mar	400	31	555	586	986	41
1918	Jan.-Mar	759	122	292	414	1173	65
1920	Jan.-Mar	672	34	246	280	952	71
1921	Jan.-Mar	622	42	427	469	1091	57

Source: Society of Apothecaries Examination Committee Minute Books
25 July 1899 to 21 August 1917 and 14 May 1918 to 11 March 1952

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