

ROBERT WILFRED SCARFF, M.B., B.S., F.R.C.S. Professor of Pathology in the University of London.

LEONARD ANTHONY PAUL SLINGER, O.B.E., M.B., B.Chir., D.P.H. Director of Medical Services, British Guiana.

DOROTHY MARY TAYLOR, M.D., D.P.H. Senior Medical Officer, Ministry of Health.

#### O.B.E. (Military Division)

THOMAS WELSH CARRICK, M.B., Ch.B., D.P.H. Lieutenant-Colonel, R.A.M.C.

RICHARD GEOFFREY CHAMPION DE CRESPIGNY, E.D., M.B., B.S., F.R.A.C.P. Colonel, R.A.A.M.C.

JOEL GLASS, L.R.C.P.&S.Ed., D.P.H. Surgeon Commander, R.N.

#### O.B.E. (Civil Division)

ALFRED BIMBISARA ABAYOMI-COLE, M.B., B.S. Senior Medical Officer, Sierra Leone.

ROBERT CALDERWOOD, M.B., Ch.B., D.P.H., D.T.M.&H. Lately Deputy Secretary to the Ministry of Health and Deputy Director of Medical Services Singapore.

STANLEY WALKER COOPER, F.R.C.S.Ed., D.T.M.&H. Surgical Specialist, Ghana Medical Service.

WILLIAM ALEXANDER CRAMOND, M.D., D.P.M. Physician Superintendent, Woodilee Mental Hospital, Lenzie, Dunbartonshire.

JOHN RALPH DONALDSON, E.D., M.B., B.S. Formerly Commissioner of the St. John Ambulance Brigade, State of Western Australia.

WILLIAM GLYN EVANS, M.B., B.Ch. Lately Director of Medical Services, Sarawak.

SOYODE OBAFUNMILAYO OLUMUYIWA FRANKLIN, M.B., B.Ch. Chief Medical Officer, Ministry of Health and Social Welfare, Western Region, Nigeria.

JEAN ARTHUR GEMMELL, M.B., Ch.B., D.P.H., D.T.M. Medical Superintendent, Maternity Clinic, Aden.

CHARLES HENRY GURD, M.D., M.R.C.P.Ed., D.T.M.&H., C.P.H. Physician Specialist, Fiji.

ALAN WAITES HANSELL, M.B., B.S. General practitioner and Medical Officer of Health, Bedale, Yorkshire.

IAN WILLIAM JAMES MCADAM, M.B., Ch.B., F.R.C.S.Ed. Professor of Surgery in the University College of East Africa, Makerere, Uganda.

DUNCAN MACMILLAN, M.D., F.R.C.P.Ed., Dip.Psych. Physician Superintendent, Mapperley Hospital, Nottingham.

JOHN ALEXANDER MCVICKER, M.B., B.Ch. Member, Northern Ireland General Health Services Board.

ELIZABETH THEODORA MESS, M.B., B.S., F.R.C.S.Ed. For public services in the Northern Region, Nigeria.

ALBERTO MARIA RODRIGUES, M.B.E., E.D., M.B., B.S. For public services in Hong Kong.

DAVID SCOTT, M.D., D.P.H., D.T.M.&H. Specialist Epidemiologist, Ghana Medical Service.

EILEEN ROSAMUND BARTER SNOW, M.B., B.S. For services to the United Kingdom community in the Punjab, India.

DOUGLAS ERIC THOMPSON, M.B., B.Chir., D.P.H., D.T.M.&H. Senior Medical Officer, Tanganyika.

HUGH BRYSON CALWELL WALLACE, M.D., M.R.C.P.I., D.T.M.&H. Specialist Physician, Medical Services, Federation of Malaya.

MAURICE HOLLAND WEBSTER, M.B., Ch.B., D.P.H. Director of Medical Services, Northern Rhodesia. In recognition of his work in providing a health service at Kariba during the period of the construction of the Kariba Dam.

BASIL DUDLEY WHITWORTH, M.B., B.Chir. Director of Medical Services, Swaziland.

#### M.B.E. (Military Division)

DOUGLAS STUART PATON, M.B., Ch.B. Major (temporary), R.A.M.C.

#### M.B.E. (Civil Division)

JAMIETRAM KRISHNARAM DAVE, L.C.P.&S. For public services in Tanganyika.

WALTER PARKER HARRISON, M.R.C.S., L.R.C.P., L.D.S. R.C.S. Member, Lincoln National Service Medical Board.

WILLIAM ALFRED CONRAD HORTOR, M.R.C.S., L.R.C.P. For public services in Jamaica.

ADAM SOLTYSIK, M.D. Surgeon-specialist, Grenada, Windward Islands.

HENRY THOMPSON STRUDWICK. Temporary Medical Officer, Jamaica.

## Nova et Vetera

### TITLE OF THE ROYAL COLLEGE OF PHYSICIANS OF LONDON

*A private Bill "to confer further powers on the Royal College of Physicians of London, to confirm the name of the College, and for other purposes" is to be introduced in the House of Lords this year. Besides confirming the College's title, the Bill extends to the whole of England the territorial area in which the performance of "corporate acts" by the College (its council or committees) is valid and empowers the College to hold land in excess of an annual value of £1,000. We are indebted to the College's librarian, Mr. L. M. Payne, for the following account of the College's title.*

Before the College of Physicians moved from Warwick Lane to Pall Mall East in 1825 it was found necessary to obtain parliamentary authority for the exercise of the College's powers from within the City of Westminster. Doubt existed, apparently, about whether under its original Charter (1518) the College could hold its meetings outside the City of London. Now that the College is to move to a new site outside the City of Westminster the same legal process has to be repeated. During the drafting of the private Bill for this purpose attention became focused on the difference between the title by which the College is now known—the Royal College of Physicians of London—and the name and title of the College generally used in legal documents—the President and College or Commonalty of the Faculty of Physic in London. Thus it is that one of the Bill's clauses confirms the name of the College as it is now known and declares to be fully valid the use of that name before the passing of the proposed Act.\*

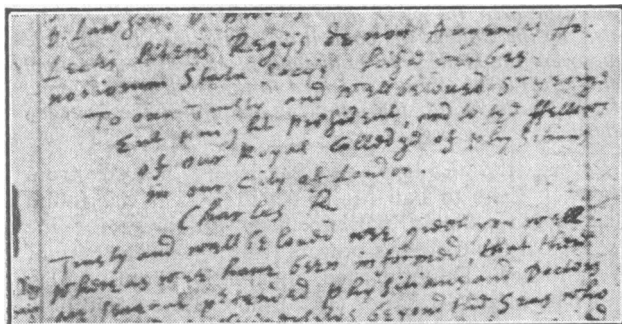
#### Authority for "Royal"

This clause presupposes that the origin of the authority for the use of the word "royal" in the title of the College is unknown. Inconsistency in practice over many years makes it difficult to reach any certain conclusion as to how the custom arose or whence the College derived its right to the word "royal" in its name. Neither Munk nor Farre, who have written most on the history of the College, devotes any space to this question. Garrison's statement in his *Introduction to the History of Medicine* (4th ed., 1929, p. 239) that "in 1851 (21–22 Victoria, cap. 90) it became the Royal College of Physicians of England which title was confirmed in 1860 (23–24 Victoria, cap. 66)" is misleading. The Medical Act of 1858 (not 1851) is concerned with a change in the title from Royal College of Physicians of London to Royal College of Physicians in England, which would follow on the granting of a new Charter; however, no new Charter was applied for. The amending Act of 1860 is concerned with interpreting, and not with authorizing, or confirming, the name. It seems safe to say, therefore, that for the last hundred years at least the College has consistently used "royal" in its title.

Before then publications, official and unofficial, and manuscript sources provide interesting but inconclusive evidence. The first edition of the by-laws (1862) subsequent to the Medical Acts of 1858 and 1860 has the title *Charter and Bye-laws of the Royal College of Physicians of London*. The editions, printed and manuscript, of the Statutes before that date omit "royal." The *Medical Directory* from 1845 onwards and the *Medical Register* published by Dr. S. F. Simmons in 1779, 1780, and 1783 invariably describe the College as "royal"; the

\*To be known as the Royal College of Physicians of London Act, 1960.

practice in other directories (including ratebooks) varies. The Diplomas of Fellowship of the College and Licences to practise do not seem to have included "royal" until after the passing of the Medical Act. Goodall, the first historian of the College, wrote *The College of Physicians Vindicated* (1676) before being admitted a Candidate of the College, and eight years later published *The Royal College of Physicians of London Founded and Established by Law*. The edition of the *Pharmacopoeia Londinensis* (1677), published between those dates, is called *Pharmacopoeia Collegii Regalis Londini* and all subsequent editions consistently include "regalis" in the title.



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### Earliest Uses

One of the first acts of Daniel Whistler after becoming Registrar (on September 30, 1674) was to send out an appeal for funds for the new College in Warwick Lane; at the foot of the letter he described himself as Registrar of the Royal College of Physicians of London. A few months later (February 12, 1674/5) King Charles II addressed a letter (Fig. 1) "To our Trusty and Wellbeloued Sir George Ent Knight President, and to the Fellows of our Royal Colledge of Physitians in our City of London" about "not increasing the number of Fellows with Honorary Status." These are the earliest instances so far discovered of the use of "royal." They can scarcely be explained except by reference to the Charter granted to the College by Charles II in 1662/3, one of the provisions of which was that the College would be known as "The President, Fellows and Commonalty of the King's College of Physicians in the City of London." This Charter needed the confirmation of Parliament, which the College immediately set about securing. But opposition from the Surgeons and Apothecaries was fierce, so it may well have been that thanks to the Plague and the Fire, and the consequential need for new premises, the College let the matter drop. Roberts (*On the College*, 1750, MS.) points out that by the Charter of James II the original name of the College was restored, adding that the College "have uniformly retained the original Title given them by the Charter of Hen: 8." Elsewhere in the same manuscript Roberts says that the new title was never assumed. This is not strictly true, as in the earliest, but unofficial, *College List* the College is described as King's College of Physitians, and subsequent *College Lists* (1693-) all include the word "royal."

There does seem some ground, therefore, for the suggestion that the use of the word "royal" is derived from the Charter of Charles II. The fact that the College relies for its authority on the original Charter of Henry VIII would probably explain the inconsistent practice to be found, particularly in the eighteenth century. One would like to assume that some attempt to have the College regularly known by the name of the Royal College of Physicians of London coincided with the move to Pall Mall East. But evidence on this point is quite inconclusive. It is only with the passing of the Medical Acts of 1858 and 1860 that any consistency in usage can be observed.

L. M. PAYNE.

## Correspondence

*Because of heavy pressure on our space, correspondents are asked to keep their letters short.*

### Combined Pethidine and Antagonists in Obstetrics

SIR,—I have read with considerable interest the paper entitled "Use of Premixed Pethidine and Antagonists in Obstetrical Analgesia" by Dr. John Bullough (*Journal*, October 31, p. 859) on the use of mixtures of pethidine with small doses of the antagonist levallorphan for obstetrical analgesia and thought that your readers would like to compare the results reported with those obtained in a similar study carried out at the Department of Obstetrics of Harlem Hospital in New York.

We have compared the effects of pethidine alone and of pethidine plus "lorfan" (levallorphan tartrate), premixed in the proportion of 80:1, in a total of 1,420 women in labour. The drugs were administered in a double-blind fashion. 739 cases received pethidine without the antagonist (Series B) and 681 cases were given pethidine plus levallorphan (Series A). Analysis of the two series showed that they were comparable as regards age, parity, and the presence or absence of antenatal or intrapartum abnormalities.

When labour was well under way as indicated by regular, painful uterine contractions, and the cervix was dilated at least 2 to 3 cm., 2 ml. of the coded solutions (i.e. 100 mg. of pethidine alone or in combination with levallorphan) were injected intramuscularly to patients who weighed at least 100 lb. (45.4 kg.). Women who weighed under 100 lb., or in whom 100 mg. pethidine was considered too high a dose for other medical reasons, received 1 ml. of the coded solutions. The second dose of analgesic medication, whenever needed, was 1 ml. of the coded solutions regardless of the weight of the patients. Drugs other than pethidine and pethidine plus levallorphan, particularly barbiturates, other sedatives, analgesics, and scopolamine were not administered during labour. The two series were both subdivided into six groups, depending on the time interval between administration of the last dose of analgesic and delivery. These arbitrarily chosen intervals were as follows:

Up to 20 minutes before delivery	Group I
21-40	II
41-90	III
91-120	IV
121-240	V
>240	VI

Breathing time, crying time, and sustained breathing time were recorded for all infants. We are indebted to Dr. Frank Wilcoxon for the statistical evaluation of the findings which are shown in the Table. As is seen, it was found that

*Effects of Pethidine Alone (Series B) and of Pethidine + Levallorphan ("Lorfan")\* (Series A) on Breathing Time, Crying Time, and Sustained Breathing Time of Infants Born to 1,420 Parturients*

Groups	Last Drug Admin. (Minutes before Delivery)	No. of Patients		Breathing Time†	Crying Time†	Sustained Breathing Time†
		Series A	Series B			
I	0-20	44	41	—	—	—
II	21-40	56	76	+	+	+
III	41-90	192	210	++	++	++
IV	91-120	86	88	+	+	+++
V	121-240	206	212	+++	+++	+++
VI	241+	97	112	+	++	+++
Totals		681	739			

\* Pethidine + Levallorphan, 80:1 ratio.

† The following symbols were used: — Indicates time for A not shorter than for B. + Indicates time for A shorter than for B—difference not significant statistically. ++ Indicates time for A shorter than for B—difference significant statistically. +++ Indicates time for A shorter than for B—difference highly significant statistically.