

# Medical History

## Precepts and practice: Charles Hastings's vision and reality

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Charles Hastings created the Association at a time when the country was in a state of flux, both political and social. The year 1832 saw the passage of the Great Reform Bill and the Anatomy Act, the foundation of the first provincial university in Durham, and the operation of the first passenger railways. Medical practice was still not fully recognised as a profession and doctors tended to join together in numerous groups, some centred on the colleges in London, Edinburgh, or Glasgow and others joining together in the large provincial towns and cities. There was, however, no overall organisation or control of the profession and most of those practising medicine held no qualification.

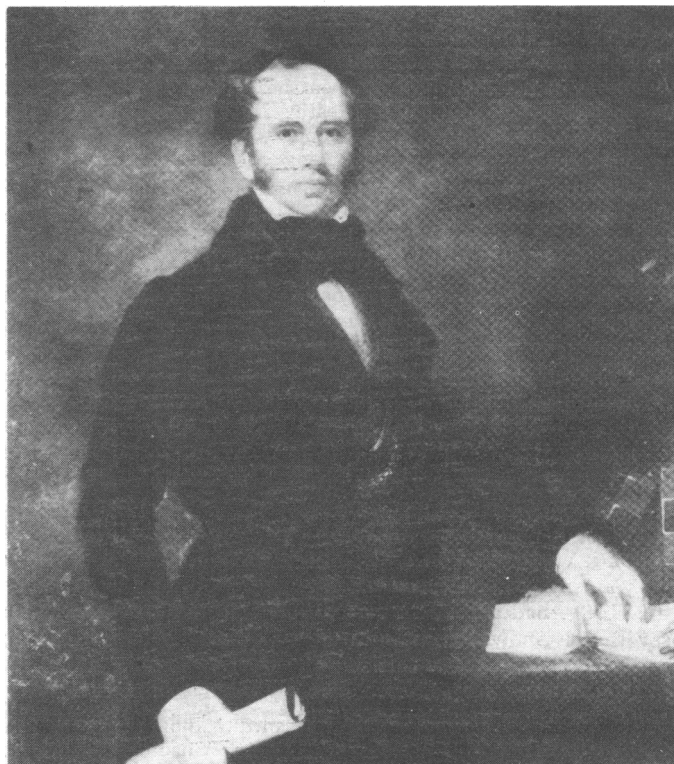
Poor patients were treated under the provisions of the Poor Law by the efforts of the Board of Guardians. Medical knowledge itself was obviously limited, and the recording and exchange of knowledge between doctors were primitive. Nevertheless, the *Lancet* had been founded in 1823, and all over Europe small local journals were beginning to record the development of medicine. One such journal was the *Midland Medical and Surgical Reporter* or, to give it its full title, the *Midland Medical and Surgical Reporter and Topographical and Statistical Journal*, which first appeared—with Hastings as its editor—in August 1828. Sixteen issues only were produced, and because of the financial problems of the publishers the last appeared in May 1832.

By then, however, Hastings had clearly recognised the need for better organisation of the emerging profession, and having carried out fairly extensive discussions with many colleagues throughout the provinces he published in the last copy of the *Reporter* the prospectus for a new medical association. He wrote:

"A wish has, in consequence, been warmly expressed and widely circulated that the members of the profession residing in the Provinces should unite themselves into an Association friendly and scientific: that this Association should have for its main object, the diffusion and increase of Medical Knowledge in every department of science and practice, and that the valuable communications of its Members should, from time to time, appear in the shape of published Memoirs of the Society."

The title of the new Association, Hastings suggested, should be the "Provincial Medical and Surgical Association," and he went on to entreat all of his old friends and correspondents to "join us with head, and heart, and hand in support of so excellent an Association."

At the now famous meeting in the board room at Worcester Infirmary on 19 July Hastings addressed the assembled company at some considerable length. He presented the five main principles, which may be summarised as follows: the "collection of useful information"; "an increase of knowledge of medical topography"; "investigation of endemic and epidemic diseases";



Charles Hastings.

"advancement of medicolegal science"; and "the maintenance of the honour and respectability of the profession." He followed the last principle with the statement that: "it is admitted on all hands that the organisation of the profession which obtains, is not what it ought to be; for the whole system of medical polity in this country is both defective and erroneous."

The first four principles were clearly scientific whereas, taken with the subsequent comment, the last one has a more political flavour. Whether or not Hastings and his colleagues were deliberately minimising the political potential of the new association and emphasising its scientific aspects we cannot know, but undoubtedly it was soon immersed in both of its new roles.

### Scientific aims

The scientific aims of the Association were achieved partly by regular scientific meetings and partly by the new *Provincial Medical and Surgical Journal*. The latter prospered steadily in parallel with the growing Association, being published weekly from 1840 and becoming in 1853 the *Association Medical Journal*.

This is a shortened version of the Hastings Oration delivered at the BMA's 150th anniversary celebrations at Worcester, 9-11 September 1982.

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The Association itself, however, after considerable debate changed its name to the British Medical Association in 1855 and, in turn, the Journal appeared for the first time as the *British Medical Journal* on 3 January 1857.

The *BMJ* has always commanded considerable respect within the profession but—like all great institutions—it has had its occasional difficulties, usually due to the independent nature of the editors and, in particular, the occasional reluctance of the editors to publish members' contributions. In 1865 the *BMJ* and its editor (Dr Markham) were under considerable criticism, and it was even suggested at one meeting that it be discontinued—a proposal that was, however, amended to suggest that an editorial committee should be appointed to "help" the editor. Now, editors are not always keen on editorial "help"—particularly from politicians—and fortunately the great good sense of the Annual Meeting showed itself when the proposal was resoundingly defeated and instead a motion was passed:

"That it is inexpedient to disturb the existing arrangements with regard to the Journal (a) because Dr Markham has proved himself quite equal to the responsibilities devolving upon him, and (b) because the tone and management has gone on improving; and that general support and sympathy from the members of the Association, especially of those connected with the public medical and surgical institutions of the Kingdom, are alone warranted to make the Journal an organ suited to carry out the principles on which the Association is founded."

Another interesting episode in the history of the *BMJ* is recorded in a brief minute of the Annual Meeting at Leeds in 1869. It reads: "The Council have to regret the resignation of the very able Editor of the Journal. Arrangements have been made for carrying on the business of the Journal until the appointment of his successor, which it will be the duty of the new Committee of Council to decide on, at its first meeting." The records, however, do not show anywhere the reason for the resignation of this truly very able editor (Dr Ernest Hart). There was, however, apparently a lively discussion on the Editor's expenses, and it was noted that the meeting "verged upon the stormy." Apparently some speakers questioned one item of £802 which it was said had been paid to "anonymous contributors." As you might expect, the *Lancet*—then, as now, a great rival of the *BMJ*—had a full account of the proceedings. Some would say that it shows how little times change because the report suggests that "the Chairman was unwilling to afford information."

"When Dr Seaton, of Sunbury, wished to know if it was within the knowledge of the Auditor how this money had been spent, and whether the Editor had had the sole and secret control of it, the Chairman replied, 'I do not suppose he will answer that question, even if he can,' and when asked himself, 'Can you give me any information on this matter?' he made the surprising reply, 'I am here to regulate the meeting and not to answer questions.'"

To complete the story, however, Dr Hutchinson was elected editor for one year, but Dr Hart resumed the editorship the following year (1870) and he became one of the great editors of the *BMJ*. None of the Association's records throws any further light on the incident, but the support of the Annual Meeting for the independence of the editor proved to be a very wise decision and a great strength for the *Journal*. Little<sup>1</sup> expresses the view: "It may be said without exaggeration that the *Journal*, throughout its long history, has represented the peripheral nervous system of the Association, without which communication the Branches and Divisions would have been almost entirely non-existent, and paralysis must have resulted."

Hence I believe that through its provision of the *BMJ* to all of its members, and to doctors throughout the world, the Association more than adequately fulfils the expectations of Hastings and his colleagues. Even so, the BMA has also largely fulfilled its other scientific aims, although undoubtedly some of the forms of these have changed. The Divisional scientific meetings have inevitably been affected by the growth of the postgraduate centres, but the BMA has adapted its role to concentrate now on the important national clinical meetings—such

as this meeting here in Worcester or the symposia recently held on road accidents, occupational health, and the "cost of life" in Birmingham, Southampton, and Blackpool, and the great international scientific meetings in Hong Kong, San Diego, and (in 1983) Toronto. Another aspect of our work has been the BMA's enormous contributions on medical ethics, on the prevention of alcoholism, and on the prevention of road accidents and the introduction of seat belt legislation. Today the BMA is studying the medical problems of nuclear war, the problems of the handicapped and the disabled, and the extremely difficult ethical problems associated with in-vitro fertilisation.

All in all, I would therefore argue that the scientific aspirations of the founding fathers have more than been achieved and have every confidence that the *BMJ* and the Board of Science will maintain and develop this role of the BMA.

### Early political problems

The new Provincial Medical and Surgical Association was rapidly drawn into the political problems facing the profession, and in 1832 there were two great concerns. The first was the need to organise and regulate the emerging profession and the second to ensure that there was a mechanism both to provide care for the poor patients and to ensure that doctors were properly rewarded. In 1832 many practitioners of medicine were unqualified, and those who were qualified had qualifications of very variable and doubtful value. Such training as there was was provided by the universities of Oxford and Cambridge, the royal colleges, and the numerous independent medical schools. Possibly the worst training was obtained at the great universities, where the requirements were that the students had merely to remain in residence for the allotted time and to attend two anatomical dissections. In addition, the undergraduate had to attend the lectures of the regius professor for three terms, but when investigated it was found that in one university no regius professor had lectured for over 100 years, and yet medical degrees had been conferred just the same.

Paul Vaughan<sup>2</sup> records: "A speaker at the Provincial Association's meeting in 1840 had some angry words to say about such establishments, but what he said was not more than the truth: 'Sixteen or seventeen corporations,' he said, 'are vying with each other in underselling their honours like a Dutch auction, at the lowest price, and with as little regard to the sacrifice of decency as possible, promiscuously to all who require them.' As a matter of fact, the speaker was wrong; there were not seventeen but nineteen separate corporations dispensing medical qualifications or 'titles,' 'purporting to certify the medical attainments of their bearers.' Among the authorities so empowered appeared the name of His Grace the Archbishop of Canterbury."

These problems clearly demanded a more formal organisation of medical training, qualification, and regulation, and this became probably the major issue before the new Association. The existing corporations and colleges were understandably jealous of their privileges, and so it was almost impossible to attain a common aim among the profession.

The history of the activities leading to the Medical Reform Act of 1858 is complex and fascinating. The Association formed a Medical Reform Committee, and it helped promote and foster no fewer than 17 Medical Bills, all of which were unsuccessful. Ultimately, however, in 1857 the Rt Hon W F Cooper (a member of the Government) indicated that he wanted to introduce yet another Medical Reform Bill. He deliberately sought the advice of the BMA, and after some amendments the Bill finally became law the following year, 1858.

This Medical Act was of enormous importance to the Association because it was the first legal recognition of a body of qualified doctors, and the simple but fundamental principle of the Act was set out as follows: "It is expedient that persons requiring medical aid should be enabled to distinguish qualified from unqualified medical practitioners." This object was to be achieved by a General Council of Medical Education and



Registration of the United Kingdom which subsequently became the GMC. The General Council of Medical Education, which was thus formed, was given the functions of: (1) Obtaining from the licensing bodies information with regard to their courses of study and education. (2) The establishment of a medical register. (3) The preparation of a national pharmacopoeia.

The new GMC included six men nominated by the Crown, one of the first nominees being Sir Charles Hastings. The 1858 Medical Act did not give the profession everything it wanted by any means, and the Association immediately began to work for an amended Act. The *BMJ* of 1886 records that "bill after bill has been introduced by the Committee on behalf of the Association." The fundamental aim was to reduce the representation of the Establishment of the day and to replace them by direct elected representation from the profession. The influence of the royal colleges and the great corporations was, however, very considerable, and in the end a less ambitious measure was adopted, the amending Medical Act being passed in 1886 virtually as a result of pressure by the BMA. The new Act was particularly important because it provided for some direct representation on the GMC, and in the *BMJ*'s view "it will constitute a vantage ground, whence further improvements may be accomplished." Of course, the problems of representation on the GMC persisted, and again it was primarily political pressure by the BMA that led to the latest Medical Act of 1978, which again radically changed the constitution—on this occasion so as to provide a built-in majority of elected members of the Council.

Has the Association now completed this task? I certainly hope so. We have been particularly fortunate in our excellent relationships with the Presidents of the new GMC—first Lord Richardson (a past president of the BMA), then Sir Robert Wright, and now the current President Sir John Walton (himself the immediate past president of our Association). I have no doubt, however, that the Association must and will continue to watch with very close interest the activities and the development of the new Council, and we will do this because we—like our predecessors—recognise that the GMC, in its field, is undoubtedly the most important and influential body in British medicine.

### Medical care for the poor

In the 1830s the organisation of patient care—particularly for the poor—was largely the responsibility of Boards of Guardians operating under the Poor Law, and the standard of care and, incidentally, of the medical officers, left a great deal to be desired. Thus this problem became the second great medico-political concern of the newly formed Provincial Association. The Association immediately took up the problem and, as is the way of the BMA, it set up a committee—the Poor Law Committee.

The general philosophy of the day was that patients should really be firmly encouraged to look after themselves, but the Association's new committee reported in July 1836 in the following humane terms, of which we are very proud: "To refuse help to those who in the time of absolute need and destitution apply to the authorities for medical relief, or to delay it by interposing unnecessary distance and official impediments between the patient and the advice he seeks, or to supply it from an inferior or a distrusted source, and all this under the specious plea that the poor must be driven by these obstacles and this second-rate relief to depend on their own resources, constitutes a theory and practice deserving only of universal reprobation. . . ." This view, I believe, would be widely shared by the members of the BMA today. The Poor Law Committee subsequently reported prophetically that they looked forward with hope to a period when the Poor Law Medical Board might form a section of what they called a grand National Board of Health, and throughout the ensuing years the BMA kept constant pressure on the politicians to improve the provision of care under the Poor Law.

In some ways, possibly the most important event in the history of the Association was the part it played in shaping the great National Health Insurance Bill of 1911. Flowing from a Royal Commission on the Poor Law in 1905 this Bill sought to promote better medical care for the working classes. The Association had been extremely critical of the provision of health care under the existing Poor Law, and it welcomed the aims of the new Bill. It did so, however, dependent upon certain principles: (a) that medical services rendered on behalf of the State should be paid for by the State; (b) that the payment should be adequate and in accordance with the professional services required; and (c) that there should be adequate medical representation on all committees (formed to control medical assistance).

The details of the Bill, however, were the subject of a major conflict with the Chancellor of the Exchequer, Lloyd George. The BMA laid down six cardinal principles, and after an extremely tough and lengthy battle with the Government four of these principles were won, one was partly won, and only one was lost. The result of the Association's negotiations were clearly acceptable to most doctors, although many of the members were still very unhappy and continued to complain. This led to the now famous quotation from the *Westminster Gazette*: "We all admire people who don't know when they are beaten. The trouble with the BMA is that it doesn't know when it has won." Nevertheless, the authoritative and determined stance taken by our negotiators during the passage of this Bill secured for the BMA recognition by the Government of the Association as the representative body for the medical profession as a whole—a position which has never been lost.

The negotiations after the last war leading to today's Health Service were equally complex, determined, and protracted, but after concessions on both sides they led to a situation in which the BMA was able to lend its wholehearted support to the very great social experiment—the National Health Service of today. Despite its many problems I believe that the majority of our members still wholeheartedly believe in and support the aims and concept of our National Health Service.

In 1836 the Association's Poor Law Committee reported its concerns about the pay of the medical officers, suggesting a remedy which, for me, makes quite fascinating reading today. They plainly stated that in matters of remuneration one great principle should be observed—namely, that "the remuneration should not be determined between the interested parties, one of which was interested in reducing it below par, and the other in raising it above par. A third party should be called in and the scale of remuneration fixed by legislative enactment." Once again, the founding fathers proved their powers of prophecy, and there is no doubt that the role of negotiator for the profession's pay remained a major task for the Association throughout the 19th century—and it remains so today.

From time to time rival associations and splinter groups have sought to capture these negotiating rights, but fortunately for all the parties concerned—the patients, the government, and the profession—the principle of a single negotiating body, the BMA, has been preserved, and I am sure that this is a position which must be vigorously defended in the future in the interests of all concerned.

This brief account of the BMA's principal aims, activities, and achievements since its foundation can no more than touch upon some of the great issues in which we have played a major part. I have said nothing, for instance, of our role in the promotion of the 1836 Act for the Registration of Births, Deaths, and Marriages—an initiative of our Association; of our support and promotion for the Army Medical Service (later the RAMC); of our support and promotion for the Naval Medical Service; of our work for the registration of midwives and for the Midwives Act of 1918; of the work for the Maternity and Child Welfare Act (of 1918); or of our promotion of the system of notification of infectious diseases and our support for the development of epidemiology as a science.

Hastings and his colleagues obviously could not have known the precise nature of the problems facing us today, but I am sure

that their precepts, principles, and attitudes are as valid now as they were in 1832. Hastings was a very great man and he was also a very modest man, but I have no doubt that he would have been quietly but justifiably satisfied with the achievements of his Association. I am equally sure, however, that he would have pointed out that the problems facing the medical profession and society continue and that the need for an active and vigorous BMA is just as great as it ever was.

No words can better express my feelings about the BMA than those spoken by a very close friend and ally of Charles Hastings, Dr John Connolly of Warwick. These were part of his address to the third annual meeting held in Birmingham, and his sentiment and his message are just as appropriate today as they were in January 1834:

"We have no reason to apprehend that our successors will look back to the first proceedings of the Association with any feelings but those of respect; they will see that our regards, not narrowed to our own little day, were extended forward to their days, and to

the hidden days beyond them. Animated by the same pure ambition as the founders, I trust they (us) will carry on medical knowledge beyond the point at which they themselves became engaged in its pursuit, and in their turn will cheerfully transmit it, by them increased, to other generations, by whom, with the permission of Providence, it may be more and more cultivated to the end of time."

The circumstances surrounding the foundation of the BMA are well recorded, and I have drawn freely on the standard histories by Little, McMenemey,<sup>3</sup> and Vaughan.<sup>2</sup>

## References

- <sup>1</sup> Little EM. *History of the British Medical Association 1832-1932*. London: British Medical Association, 1932.
- <sup>2</sup> Vaughan P. *Doctors' commons*. London: Heinemann, 1959.
- <sup>3</sup> McMenemey WH. *The life and times of Sir Charles Hastings, founder of the British Medical Association*. Edinburgh: Livingstone, 1959.

# Miraculous deliverance of Anne Green: an Oxford case of resuscitation in the seventeenth century

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On 14 December 1650 a remarkable event took place in Oxford, and of the contemporary accounts one is so detailed<sup>1</sup> that it constitutes an important report of an early example of resuscitation of a person presumed dead. Anne Green was executed and then revived by the two doctors who were proposing to dissect her. The case is so bizarre that a full account is of interest.

Apart from the hangman and the justices of Oxford, whose actions today appear so brutish, the persons concerned in this dramatic episode are Anne Green herself, Dr William Petty (later Sir William Petty), and Dr Thomas Willis (later Sedleian Professor of Natural Philosophy in Oxford). The circumstances arose from the custom of granting the corpse of an executed criminal to the reader in anatomy in order that an anatomical dissection might be performed for the benefit of the Oxford students of medicine.

## Anatomical dissection in Oxford

A few words about the practice of anatomical dissection in Oxford are appropriate.<sup>2</sup> Until the middle of the sixteenth century, anatomical dissection of the human body was conducted in Oxford as in most European universities according to a ritual that had not been altered for centuries. The Hogarth caricature "The Reward of Cruelty," although engraved in the eighteenth century, depicts the mediaeval scene. The dissection of the cadaver is shown being performed by an assistant, while the professor sits on a raised throne above the dissection table and reads aloud from the works of either Galen or Mondino. In Oxford the anatomical dissections took place in the anatomy

school, which was part of the university schools quadrangle and may be seen in Loggan's print of 1675.

In 1549, however, the statutes of the University of Oxford were revised after the visitation of King Edward VI, and this revision caused changes in the instruction of medicine. From this time the Oxford medical student was obliged to view two anatomical dissections and also to perform two dissections.

To obtain the human cadavers for these new requirements was a difficulty that was resolved in 1636 by a section of the great Charter of Charles I to the University of Oxford. This part of the charter permitted the anatomy reader to demand, for the purpose of anatomical dissection, the body of any person executed within 21 miles of Oxford. This was the statute invoked in the case of Anne Green in December 1650.

## Anne Green and her "crime"

Anne Green was a maid employed by Sir Thomas Read who lived in a large house at Duns Tew in Oxfordshire. She was born at Steeple Barton and, at the time of this narrative, was 22 years of age. She was described as "of middle stature, strong, fleshy, and of an indifferent good feature." Apparently she was seduced by Mr Geoffrey Read, the grandchild of Sir Thomas Read, conceived, and subsequently gave precipitate delivery of a premature stillborn boy. The poor girl concealed the body of the child, and this body being subsequently discovered caused her to be suspected of murder. She was immediately taken into custody and taken before a justice of the peace who consigned her to the Oxford gaol where she remained for three weeks until the next sessions were held in Oxford. At the sessions she was arraigned, condemned to death, and on Saturday 14 December 1650 she was hanged.

## The execution

The place of execution was the Cattle yard in Oxford. A psalm was sung and some mitigation was said of her crime with

Paper presented at the 12th World Congress of Neurology, Kyoto, Japan, September 1980.

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