

CONCLUSION

Dempster, in a challenging article on John Hunter, has shown that “Attitudes to Mr Hunter, like propaganda, become repetitive so that the calumnies, once started, continue and few in the surgical world have doubted or cared whether they had substance or not.” Again and again, men have written that he was “failing in scholarship”, “did not bother to read books very much”, was “hampered by a defective education”, or had “a want of logical accuracy in his reasonings”, all of which can be traced back to his first (1794) detractor, Jesse Foot. Dempster showed these parrot-like judgements to be manifestly untrue, and that Hunter was indeed a “thinking man”, that “If John is to be denied the title of scholar because of his contempt for Latin and Greek and the Oxbridge set-up of the eighteenth century, we must place Darwin also in the ranks of the non-scholar.”³⁶⁸ Thus have a famous man’s scholarship and powers of original thought been almost irremediably traduced, and in like manner has a whole professional group been denigrated over the years. Only a careful study of the lives of these people, the apothecaries of the seventeenth and eighteenth centuries, can redress the balance.

Trease has demonstrated that the lack of attention to English records has led to erroneous ideas about English pharmacy.³⁶⁹ Living in an age that is conditioned to exact definitions and the legal protection of titles, it is difficult for us to project ourselves into a period when people were careless of such niceties. We have placed our own present-day interpretations on a title, and, as a result, have for long obscured pharmaceutical and medical history. Several workers have suspected that there was little difference, if any, between the so-called apothecary and the so-called surgeon of the period under review and even later, but proof was only forthcoming with the abstraction and subsequent analysis of all the medical personnel from the Inland Revenue apprenticeship records of the eighteenth century. During the century from 1660 to 1760, all branches of medicine widened their experience and expertise. It was even apparent to a contemporary, R. Campbell, who in 1747 said: “There is such a Connection between the several Branches of Physic, that it is almost impossible for a Person to be Master of any one of them without a superficial Knowledge of all the rest. The Physician should know something of the Surgeon’s Business, and he of the Doctor’s, and the Apothecary of both.”³⁷⁰

Financial considerations, in any case, forced many medical practitioners into a non-specialist practice. There is, nevertheless, an important exception to this general statement – the surgeons appointed to the voluntary hospitals. The hospital could supply them with so much surgical work that they could practise as that rarity, the “pure” surgeon. In London, the medieval hospitals of St Bartholomew and St Thomas were joined by the mid-eighteenth century by the Westminster (1719), Guy’s (1725), St

³⁶⁸ W. J. Dempster, ‘Hunter the Scholar’, *Wld Med.*, 1975, 87–96.

³⁶⁹ Trease, *op. cit.*, note 1 above, pp. 11–16.

³⁷⁰ R. Campbell, *The London tradesman*, London, T. Gardiner, 1747; reprinted, Newton Abbot, David & Charles, 1969, p. 52.

George's (1733), the London (1740), and the Middlesex (1745) hospitals. Soon, a numerically small but powerful and very wealthy corpus of hospital surgeons grew up in the capital. In the provinces, the voluntary hospital was a slightly later and noticeably smaller development, and so the highly esteemed hospital surgeon was of a correspondingly later and less luxuriant growth. There were, however, twelve such hospitals in existence by 1755, which, it is estimated, housed around a thousand beds. In addition to its surgeons and physicians, each hospital had a resident apothecary, but the total numbers were so small it is not thought that they had an effect on the evolution of the profession.

The apothecary, in common with all vital institutions, varied in his function and practice through the centuries, changing his role with the demands of society and science. It is inaccurate to regard him as a dispensing doctor, or as a pharmacist with a busy counter-practice, making the occasional domiciliary visit or call on his physician's coffee house. In the years centring on 1700, he was physician and surgeon and pharmacist and retail grocer. As the years went by, he turned more and more to the practice of medicine. This is not surprising. Gregory King, in 1688, estimated that the population of England and Wales was five and a half millions, and the survey of London as a result of the Act of 1694 has given a figure of nearly 124,000 for the ninety-seven parishes within the walls and the thirteen outside; quite obviously the 114 members of the College of Physicians could not cope with numbers of that order.³⁷¹ As Trail has pointed out, the two English universities had inexplicably and regrettably failed in their duty. They were "... slow in adapting themselves to Continental methods of medical training which were attracting young men of good families. ... Students were few; only 172 graduated in the 17th century, a lamentably small number in view of the growing population."³⁷² He was equally critical of the College of Physicians, "... it took the College authorities a long time to follow Harvey's advice and to admit that every physician must be at all times something of an empiric. ... They should [have], much earlier than they did, ... copied the worthy example of the experimenting apothecaries, who took a much more practical view of the advances possible under the stimulus of the Royal Society."

The need and chances were there and the apothecary-surgeon took them, in which he was actively encouraged by his local authorities, who needed to implement the Poor Law Acts by those means available to them. The experience gained by this typically English medical practitioner was considerable long before the advent of the voluntary hospitals. His was a practical training for a practical subject, which, despite all jibes, paid off handsomely and laid the basis for the work of such fine physicians as William Withering, or surgeon-apothecaries-turned-physicians such as Edward Jenner.

The long-held views on the positions of the apothecary and surgeon in society without doubt require very considerable adjustment. Unequivocally, a man who possessed a medical degree was held to be a gentleman, who had nothing to do with the lowly apprenticeship system, and yet the records show otherwise.³⁷¹ William Chambers of Hull, MD of Leiden (1724), Gilbert Heathcote of Derbyshire and London, MD of Padua (1688), and George Vaux of Reigate, MD of Leiden (1704) all took

³⁷¹ L. S. King, *The medical world of the eighteenth century*, Chicago University Press, 1958, p. 18; *London inhabitants within the walls*, op. cit., note 160 above, p. xx.

³⁷² R. R. Trail, 'Physicians and apothecaries in the seventeenth century', *Pharm. J.*, 1962, **188**: 206, 207.

Conclusion

their apprentices.³⁷³ The last two men were Quakers, which debarred them from the English universities and accounts for the fact that George Vaux's brother Isaac, son George, nephew Isaac, and grandson George all became members of either the old Barber-Surgeons' Company or the new Surgeons' Company. It is doubtful if their social standing was any less than their father's or brother's.

The popular estimate of the provincial apothecary also needs a reassessment. He would seem not to have been the ignoramus so often believed. Willan has noted that Abraham Dent had much wider interests than those confined to a little market town such as Kirkby Stephen, and suggested that, "... if more were known about the Abraham Dents, eighteenth century England might appear less bucolic and less provincial."³⁷⁴ Study of the Botts and the Dickensons certainly bears out this tentative conclusion. They were no strangers to London, and their contacts, both personal and for business, mostly through the widely spreading network of the immediate family and cousins to the second and third degree, are to be found in the towns and cities of the Midlands and that Mecca of fashion, Bath. They travelled more widely than is often thought. Mary Spicer and her husband moved between Stafford, Reading, and London; she was visited in Bath by her cousin Lewis and his wife and the old Rector, Joseph Dickenson (who caused problems by leaving his nightshirt behind), whilst Thomas Pidgeon and Septimus Bott both had professional ties with the London Society of Apothecaries.

The apothecary played an important civic role. Thomas Pidgeon was mayor of Coventry, and his son-in-law an alderman; Lewis Dickenson was mayor of Stafford and was involved in many of the town's activities; neither was this unusual. Several of the apothecaries of Chester became mayors of that city, the Joshua Bryans, junior and senior, were mayors of South Molton no less than five times between 1753 and 1810, and the famous William Franceys was mayor of Derby in 1697, 1699, and 1700, to be followed by his son Henry. Thomas Ryves, "pharmacopola" was town clerk of Hastings at the time of his death in 1691, in which position he was followed by Peter Fiott, "doctor in phisick".³⁷⁵ Derry of Bath carried out research into the mayors of that town, and has come to the conclusion "... that families influential in corporation affairs either originated with apothecaries or sooner or later produced apothecaries among their members."³⁷⁶

At the same time, apothecaries were keenly interested in the developing sciences, in particular those that impinged on their own profession. They were in the forefront of the popular interest in natural history; the physic garden at Chelsea was of international fame, and it is probably true to say that no man had a wider connexion in the botanical world than James Petiver FRS. John Haughton FRS was sufficiently well thought of by the Royal Society to be invited to sit on the committee that had been set up to investigate the state of agriculture in England.

³⁷³ William Chambers, who described himself as "Surgeon, etc" in the indentures, took as apprentice Ralph Darling, who subsequently became his son-in-law. In 1710, Joshua Fiddel of Leeds went as an apprentice to Gilbert Heathcote in Chesterfield. Richard Smith was apprenticed to George Vaux for seven years from 29 September 1711.

³⁷⁴ Willan, *op. cit.*, note 358 above, p. 146.

³⁷⁵ 'Hastings and district', *Pharm. J.*, 1964, 194: 651.

³⁷⁶ W. Derry, 'Notes on the apothecaries of Bath', typescript deposited with the British Society for the History of Pharmacy, p. 1. Copy in author's possession.

A study of the English apothecary from 1660 to 1760

It has been suggested that the apothecary's shop was in fact a health-centre in miniature. Roberts has said, "The apothecary shop was a focal point of the medical scene of the day [early seventeenth century]. It was tending to become a medical centre with, often, a team consisting of a physician, a surgeon, an empiric and an old woman who acted as a midwife. They relied on the apothecary, his shop, and his dispensing skills to keep the team going."³⁷⁷ *If* this were the case – and it is not impossible – the reasons for the support that the apothecary received from the general populace are obvious, and equally obvious are some of the causes underlying the physician's jealousy. This focal point was no shop in the sense of a modern help-yourself store or seedy corner shop where dubious transactions took place at the back door. In any case, such research as has been carried out on retail trade in the eighteenth century indicates that the disparagement of the shopkeeper may well be a Victorian accretion to an idea which had begun to emerge some seventy years earlier, a view which has of recent years been enhanced by a modern belief that medical ethics and commerce, that is to say the "profit motive", are incompatible: the trader is a putative rogue, thus the apothecary must have been made of lesser clay than his medical colleagues.³⁷⁸ The time has been more than ripe for a reappraisal of the apothecary, his life-style, his background and status, and his function as tailored by the social demands of his period.

³⁷⁷ R. S. Roberts, 'Current problems: seventeenth century parallel', *Pharm. J.*, 1969, **202**: 38.

³⁷⁸ The Parrys and Holloway see the Apothecaries' Act of 1815 as retrogressive because it placed the control of general practice under the jurisdiction of the Society of Apothecaries, a mercantile company, and thus degraded the general practitioner. N. and J. Parry, *The rise of the medical profession: a study in collective social mobility*, London, Croom Helm, 1976; S. W. F. Holloway, 'The Apothecaries' Act: a reinterpretation', *Med. Hist.*, 1966, **10**: 107–29, 221–236; J. K. Crellin, 'Sociology and the professions', *Pharm. J.*, 1977, **218**: 199.