THE CITY AND THE SURGEONS*

BY

PHILIP E. JONES, LL.B., F.S.A.

Deputy Keeper of the City Records

In the long history of the livery companies of the City of London the rather exceptional development of the Fellowship of Surgeons is of special interest. The aldermen were concerned to see that crafts served the needs of the citizens and issued orders and imposed controls to that end. In 1354 four eminent surgeons were summoned by the mayor and aldermen to examine and certify whether a certain enormous and horrible hurt on the right side of the jaw of Thomas de Shene had been properly treated by John le Spicer. They said upon oath that if the said John had been more expert at his craft, or had called counsel and assistance to his aid, the injury might have been cured, but through lack of skill the injury had become incurable. Such cases necessitated some organization of the craft in order to choose and appoint leaders or masters. By 1369 the demands of the mayor and aldermen had resulted in three master surgeons being sworn to present defaults of other surgeons and also to give assistance in emergency at reasonable fees.

The Barbers' Petitions

In 1376 the barbers presented a petition to the mayor and aldermen against country folk who came to the City and intermeddled with barbering, surgery, and the cure of maladies without experience and training. The authorities agreed to their proposals that the craft should appoint wardens who should be presented and sworn before the mayor and should examine the skill of all persons wishing to exercise the craft, and also the instruments of the art used by them. Whereupon Laurence de Westone and John de Grantone were elected wardens of the barbers, and it appears on the surface that the barbers' craft had achieved control of the surgeons. However, by 1390 we find that four masters of the surgeons were sworn before the mayor and aldermen to make scrutiny of both men and women who undertook cures and to present their defaults as well in their practice as in their medicines. Whether they exercised their powers as a section of the Barbers' Company or as a distinct organization is difficult to determine.

Nevertheless, it is significant that in 1410 the barbers petitioned that their ordinances of 1376 should be confirmed, that persons exercising the art of shaving, making incisions, blood-letting, or anything pertaining to barbering or surgery should not be subject to the scrutiny of any persons of any other craft. Events seem to show that the surgeons were not prepared to submit to the barbers but were agreeable to co-operate with them. In 1415, just five years after the confirmation to the barbers, the mayor and aldermen heard with some alarm that barbers inexperienced in the art of surgery were undertaking cures to the patients' harm and also as a means of obtaining the patients' goods by fraud.

The mayor and aldermen, wishing to obviate such a scandal, decided that the ordinances of the barbers

ought to be amended so that the barbers following surgery should choose two of their most skilful members to be masters of the surgeons, to be presented and sworn before the mayor and aldermen to supervise that art. Simon Rolf and Richard Wellys were duly chosen masters to oversee barbers who practised surgery and to examine wounds, hurts, and other infirmities. It is perhaps significant that Rolf was described as barber in 1415 but as barber-surgeon from 1416 onwards. Many barbers, however, refused to be examined as to their skill by the master surgeons, and it was further ordered that no barber should take under his care any person who was in peril of death or maiming without showing the patient to a master of the surgeons within three days. Penalties to the Chamber of London and to the Barbers' Guild were established and the masters were bound to give advice to their colleagues.

It would appear that the separate appointment of masters or wardens by the surgeons led for all practical purposes to a separate organization. The ordinances made by the good advice of the worshipful men of the craft or science of surgery, signed by 17 surgeons and dated May 10, 1435, reflect almost exactly the constitution of many other crafts. They provide for the election annually of four masters on the feast of Saints Cosmas and Damian (September 27); for the admission of freemen by redemption and servitude, and the supervision of apprentices by the Chamberlain of the City; for the payment of fees in the form of quarterage; and for an oath to behave well and truly in saving God's people, to keep all the good ordinances, rules, and secrets of the craft, to help each other with counsel and deed to the worship, profit, and honesty of the craft, and not to harbour or lodge a foreign surgeon not examined by the masters. Penalties were provided for breach of ordinances, for non-attendance at meetings, and for slandering other members of the fellowship. Disputes were to be settled by the mayor and aldermen.

The Bloody Sign of Aquarius

Maybe the professional relationship of barber and surgeon is indicated by a case of 1424 when John Harwe, free surgeon, was called to assist John Dalton and Simon Rolf, barbers admitted solely for the practice of surgery. It seems that Dalton had attempted skilfully to stop the flow of blood from a wound but was unsuccessful because the moon was consumed in the bloody sign of Aquarius. For lack of other remedy the patient consented to a cautery, which saved his life. The complaint of the patient was considered by an eminent panel of medical men—doctors, physicians, and surgeons—who declared that the treatment had been surgically correct and imposed on the unhappy patient perpetual silence.

It would appear that the first charter of the Barbers—1462—was designed to strengthen the control of the company over the barber-surgeons, for it was concerned largely with the skill of the barber using the faculty of surgery in healing and curing wounds, blows, and other infirmities as well as bleeding and tooth-drawing. Two masters were to be appointed to supervise all barbers using surgery, their instruments, plaisters, and medicines. For a while the surgeons seemed to have acquiesced and both their number and their independence declined. Meanwhile the City approved further ordinances of the Barbers' Company in 1482 and 1487.

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Free Surgery in 1500

Early in 1492 the remaining eight members of the Fellowship of Surgeons petitioned the Court of Aldermen, among other things, for the examination of the cunning and experience of all foreigners who use the feat of surgery, which supplication seeming good and honest was allowed. Further ordinances were drafted providing for a meeting-place and for the supervision and examination of all surgeons, subject in default to very heavy penalties, and for closer control by the mayor, aldermen, and chamberlain. The more interesting clauses were concerned with professional conduct. Every surgeon on his admission was required to take an oath to work without fraud or sophistication, and false work was punishable by imprisonment or suspension from practice at the discretion of the mayor, advised by the masters. No cure should be attempted which might cause death or maiming without consultation with the masters of the craft, who should always be ready to oversee "without anything taking for their labour." Payment required by surgeons should be not only a measure of their services but also have reference to the ability of the patient to pay, and if a patient could not afford a surgeon the masters of the surgeons should assign a good worker in the craft without fee. It seems a limited free national health service was in operation in 1500, and even then some could afford the London Clinic and some could not.

This further regulation of the surgeons by the Court of Aldermen and the grant of independent arms to the surgeons seem to have put the Barbers' Company on their mettle, and a composition was concluded on July 12, 1493, between the Fellowship of Surgeons and the Fellowship of Barber Surgeons and Surgeon Barbers. The double designation seems to emphasize that the primary occupation of some members was barbering and of others surgery. The composition reflected the surgeons' ordinances as to professional competence and conduct and provided that of the four wardens of the joint company two should be chosen by the surgeons. A few years later the Barbers' Company took the precaution to obtain from Henry VII a confirmation of the privileges granted in their previous charter of Edward IV and to increase the authorized number of wardens from two to four in accordance with the composition.

Barbers' and Surgeons' Hall

In spite of charters, ordinances, and statutory regulations the barbers and surgeons were not fully integrated. Even the mayor and aldermen continued in some circumstances to treat with the masters of the surgeons apart from the Barbers' Company when one would have expected them to negotiate with the two surgeon wardens of that company. The surgeons and barbers were even assessed separately. The union was finally consolidated, at least in law, by an Act of Parliament of July 24, 1540, in order that the knowledge and exercise of surgery might be more perfect. To that end the company was allowed annually the bodies of four condemned felons for anatomies. Strange as it may seem the Act provided that those who exercised barbering and shaving should not practise surgery, and vice versa. In other words, one organization was provided to serve two crafts which were acknowledged to be distinct. In fact, barbers no longer pretended that they could exercise surgery and the surgeons did not aspire to shave or trim the beard. New ordinances were approved

which reflected most strongly the professional qualifications of the surgeons rather than the rules governing apprentices to barbers. A grant of arms to the joint company in 1562 and 1569 depicted and emphasized the union.

It would appear that the barbers made a serious attempt to cement the union of the two fellowships in spite of the fact that they outnumbered the surgeons, had greater assets, and contributed more to the common fund. The surgeons enjoyed the use of Barbers' Hall, which by order of the company was henceforth always to be referred to as Barbers' and Surgeons' Hall. It was subsequently redesigned specially to suit the needs of the surgeons. They also enjoyed the privileges of the barbers' status as a livery company of the City and eventually appointed the master of the company in alternate years. Even at the court meetings the barbers did not meddle with the surgeons' affairs, and the minutes themselves record meetings of members of the company of the surgeons' side.

Through the centuries the mayor and aldermen had approved ordinances for both the barbers and the surgeons apparently without favour to either. They were not unduly worried by competition or any aspirations a craft might have provided the citizens were served and the peace and well-being of the City was not threatened. Upon complaint the aldermen did not hesitate to summon both physicians and surgeons, and even medical men from afar, to confer and give an opinion for their guidance. One such complaint in 1574 was referred to two doctors of physic, two of the most discreet surgeons, two medical men from Oxford and Cambridge, and two aldermen. Even after the 1540 union the mayor and aldermen sent orders to the masters or wardens of the surgeons as if they were a distinct company. They were earnestly desired in 1562 to do their best for one of the sheriff's serjeants who had been hurt in an affray in Smithfield and to deal charitably with him for so doing. They were summoned frequently to appear before the aldermen to explain their opposition to unadmitted surgeons, particularly foreign surgeons and physicians. The wardens were required to appear in 1538 to declare their grief concerning John Lesture, of France, who practised physic and surgery and who, the aldermen were informed, had performed many honest and great cures. In 1540 the Court of Aldermen issued a special licence under seal to Henry Mustryk to exercise his cunning. Likewise they issued injunctions to the surgeons to stay their prosecutions. The Court of Aldermen may well have been responsible in part for the provisions in the ordinances relating to fees and the duty of service without fee, for in other fields they were constantly setting the price of goods and the wages to be paid. The aldermen played no small part in the history of the surgeons' fellowship prior to 1745.

The Royal College

The benefits enjoyed under the union of 1540 and their large measure of autonomy within the union failed to satisfy the surgeons. They petitioned the Crown for separation in 1684 and duly achieved their objective in 1745 by means of an Act of Parliament. The constitution of the new Company of Surgeons was little different from that enjoyed within the barbers. They continued as a City company but without the rights of a livery. They spurned the Barbers' Hall and Theatre and met

for a while in Stationers' Hall. Indeed, they made no claims on the Barbers' Company, not even for their book of ordinances or other records of their fellowship. They acquired from the City on very favourable terms a lease of land in the Old Bailey on which a hall and lecture theatre was built. In 1795 they experienced a further upheaval. The provisions of their governing statute in relation to the quorum of their court had been infringed and the corporation was forfeited. After vacillating for five years between another Act of Parliament and a charter, the company was re-established as a Royal College in 1800 and their municipal connexion, their relationship with the City and the Court of Aldermen, extending over five centuries, was finally terminated.

ASSOCIATION OF PHYSICIANS OF EAST AFRICA

The annual conference of the Association of Physicians of East Africa was held on May 17, 18, and 19, 1962, at the Medical School, Makerere University College, Kampala, Uganda. The president of the association, Professor D. B. JELLIFFE (Department of Paediatrics) opened the conference with his presidential address on "Childhood—the Principal Disease of Tropical Medicine." He stressed the huge child population of developing tropical regions, their high morbidity and mortality rates, and the fact that the three main diseases were malnutrition, pneumonia, and intestinal infections.

Paediatric Problems

In the paediatric section Professor R. F. A. DEAN (Medical Research Council) discussed kwashiorkor. He said that the aims of treatment should be to promote rapid protein synthesis and to aid the removal of sodium. In the Infantile Malnutrition Research Unit of the Medical Research Council in Kampala good results had been obtained with diets providing 4 g. protein/kg. body-weight per day, and about 20 calories/g. protein (half from vegetable oil) with supplements of potassium. He pointed out that, although no specific amino-acid deficiency of the home diets might be involved, there might still be a failure of the metabolism of one or more amino-acids. Dr. R. G. WHITEHEAD (Medical Research Council Unit) discussed this question in more detail, and Mrs. C. E. SMITH, also of the Unit, described the effects of variation in potassium intake on the excretion of sodium and of water.

Dr. F. M. BISSETT-SMITH (Department of Paediatrics) read a paper on prematurity in which she discussed a detailed study of 21 infants weighing 4 lb. 6 oz. (2 kg.) or less at birth. The presence of a strong suckling reflex enabling the early establishment of breast-feeding was found to be of fundamental importance. Dr. A. A. KHAN (Department of Paediatrics) read a paper on hookworm anaemia in paediatric wards. Treatment consisted mainly in deworming with tetrachlorethylene, blood transfusion, and iron therapy. Hookworm infestation was considered to be a contributory factor in causing protein calorie malnutrition in 16% of cases.

Cardiology

In the section of cardiology Dr. J. R. HARRIES (Medical Department, Kenya) discussed the haemodynamics of aortic occlusion on the basis of 17 patients with head-and-neck cancer who had undergone aortic occlusion and high-dosage nitrogen-mustard therapy. These investigations were still incomplete and no positive conclusions could yet be made. Dr. A. D. CHARTERS (Nairobi) related mortality from ischaemic heart disease to the ratio of motor vehicles per

head of population. He also called attention to the low figure of such disease in nations with a high death rate from cirrhosis of the liver. Dr. A. M. RANKIN and Dr. K. SOMERS (Department of Medicine) reported on an electrocardiographic study of normal healthy East African male subjects. Their findings were similar to those described in the literature on the American negro and the South African Bantu. Dr. P. P. TURNER (Medical Department, Uganda) reported on the electrocardiographic effect of emetine hydrochloride on 25 African patients. Abnormalities of the pattern were shown and it was concluded that these were due to myocardial injury and that emetine hydrochloride should be used only in hospital with the patient resting in bed.

Pancreatic Disease

Professor J. A. TULLOCH (Department of Medicine) described the occurrence of diabetes mellitus in Africa as compared with other tropical areas and with Britain and America. The general impression from prevalence surveys was that diabetes mellitus is uncommon in the African except in a few urban areas but common in the Asian. Dr. A. G. SHAPER (Department of Medicine) described the main clinical features in 36 African patients with pancreatic calcification and discussed possible aetiological factors. He suggested that in a pancreas rendered vulnerable to injury by nutritional imbalance alcohol or other factors might well initiate pancreatic damage. Mr. K. W. JONES (Department of Medicine) demonstrated a simplified technique for blood-sugar estimation utilizing the Zeiss blood-sugar colorimeter. This method could be valuable in areas where laboratory facilities were limited.

Biopsy

Dr. R. H. R. WHITE (Department of Paediatrics) described the technique of renal biopsy as used in 96 children aged 1 month to 15 years. At Mulago Hospital renal biopsy was used routinely in investigation of the nephrotic syndrome. The incidence of acute post-streptococcal glomerulonephritis in Uganda was apparently increasing. Jejunal biopsies were discussed by Dr. J. C. BANWELL (Department of Medicine). Appearances in the African were found to be similar to those of Caucasian subjects. In a group of eight subjects with hookworm disease no evidence of villous atrophy was detected, in contradistinction to reports from Puerto Rico. Atrophic changes in the jejunum were found in protein-calorie malnutrition. Dr. J. R. BILLINGHURST (Department of Medicine) made a review of closed needle-biopsy of serous membranes recently carried out at Mulago Hospital; 27 were of pleura, five of peritoneum, and seven of pericardium. The diagnosis of tuberculosis was made in seven pleural biopsies and malignant disease was found in four biopsies. Peritoneal and pericardial biopsies were less informative.

Symposium on Geographical Medicine

Dr. F. J. BENNET (Department of Preventive Medicine) opened with a talk on the human ecology of Uganda. He made special reference to tribal culture, food patterns, and migration. The relationship between these factors and the disease picture in communities was left open for discussion. Dr. J. W. KIBUKAMUSOKE (Medical Department, Uganda) analysed 1,000 consecutive cases of venereal disease presenting at the V.D. clinic at Mulago. Gonorrhoea emerged as the most important condition (70% of the cases) and the frequency of stricture due to chronic neglected gonorrhoea was disturbing. A plea was made for a W.H.O. gonococcal eradication campaign in view of the size of the problem. Mr. H. B. GRIFFITH (Department of Surgery) dealt with the epidemiological background to gonococcal urethral stricture. A safari survey showed that the incidence in Uganda was many times that elsewhere in East and Central Africa. The conclusion was that gonorrhoea in Uganda is sub-epidemic and that its effects would tax medical resources for many years to come.