Those who have faith in the idea of the European Economic Community believe profoundly that its success is of great importance for Europe. Many also allow themselves the hope that economic unity might be followed by political unity, with incalculable benefits to Europe and the world. One step towards the success of the Economic Community is for the people of every member country to have some knowledge and understanding of the other member countries. This is specially important for doctors, who naturally tend to be influential members of society. It is true that in all civilised countries doctors have much in common, not only in technical knowledge but in outlook, but the details of medical organisation in foreign countries are often puzzling and even incomprehensible. It has therefore been suggested that it might be of interest to our European colleagues to read a short account of the history and present functions of the Royal College of Physicians of London.

Primitive medicine was deeply involved with religion and magic. As medical knowledge gradually advanced, the religious and magical aspects receded, and the practitioners of the art slowly emerged as a recognised profession. At first, all doctors were independent and worked alone, but in Europe they could see around them craft and vocational guilds for a great variety of occupations. It was only natural that they also should group themselves into professional organisations, with the object of raising the status of their profession and discouraging practice by untrained persons.

In the Middle Ages there were four classes of persons practising medicine—physicians, surgeons, apothecaries and quacks. The physicians were learned men with university degrees, well-versed in the Latin language and literature. Many were in clerical orders and holding valuable ecclesiastical appointments. They naturally considered themselves far superior to the other groups in training, knowledge, and social status. Their patients were drawn only from the uppermost social class and its retainers. The great majority of the people were treated either with folk medicine in the home or by one of the lower professional groups.

Surgery was primitive, often carried out by barbers, and indeed there was very little difference between the barbers and the surgeons. A craft guild of
Barbers was founded in the City of London in 1387 and the Barber-Surgeons’ Company in 1540; many of its members practised surgery, and the two occupations remained linked, somewhat uneasily, for 200 years.

The apothecaries’ original function was to prepare, compound and sell the drugs that had been prescribed by the physicians. It was a simple step for the apothecaries, who must often have acquired some medical knowledge, to treat the patients themselves. This was doubtless acceptable to the patients, because the fees of the apothecaries were lower than those of the physicians, but was a fruitful source of strife between physicians and apothecaries because the former naturally wished to keep treatment entirely in their own hands.

The last group included a wide variety of totally untrained practitioners, men who visited country markets and fairs to sell magical nostrums to an uneducated and credulous public. They included those who specialised in bleeding, cupping, treating for worms, or pulling out teeth.

Some steps in professional organisation were taken by the doctors themselves and some by intervention of the State. In 1421 the English Parliament sent a petition to the King, Henry V, asking that all except university graduates should be excluded from the practice of medicine, and that others who wished to practise should be required to undergo examination. These recommendations were accepted, but as far as we know were never carried out. However, two years later a College of Physicians and Surgeons was founded in London, but did not take root, and after a few years ceased to exist.

In 1511 an Act of Parliament was passed limiting medical practice to those who had undergone strict examination. In the City of London and for seven miles round, the examination was to be conducted by the Bishop of London or the Dean of St Paul’s Cathedral, with the assistance of four physicians or surgeons. For the rest of England, the examination was to be conducted by the bishop of each diocese in a similar manner. The reason why the Church was involved in what seems a purely medical matter was that the clergy were literate and the organisation of the Church throughout the country constituted in effect an efficient civil service. The universities of Oxford and Cambridge were allowed to retain their right to issue licences to practise anywhere in the kingdom.

On 23 September 1518 the Royal College of Physicians of London was founded. The College is not only the most ancient of English medical institutions, but also one of the most active. In several of the English-speaking countries overseas there are younger professional organisations, whose founders took it as their model, but it would be difficult to find a parallel to it on the Continent of Europe. It is therefore not easy for a foreign observer to understand its character and functions. The adjective ‘Royal’ may mislead.
It does not mean that the College is an organ of the State or that the Crown controls its activities. In Great Britain at the present time the State exercises a more direct authority over medical practice than in any of the neighbouring countries, but the College is in law a private body, standing outside the National Health Service. Its title is honorific, a mark of status, which originated from the fact that the College was created by an act of state, namely the granting of a charter by King Henry VIII. This charter, although subsequent legislation has altered its operation, is still in force.

The small group of distinguished physicians who petitioned for the charter, and the King who granted it, had no intention of setting up a novel institution. Their declared purpose was to raise the standards of medical practice in London towards those of the cities of Italy and other European countries. At that time England was medically an under-developed country. Through the small medical faculties of its two universities it participated in the European medical tradition; but there were fewer physicians in proportion to the population than in the other western countries; the means of excluding imposters from practice and of maintaining ethical standards were inadequate; and the physicians had no organisation. The remedy proposed by the reformers was to establish in London a college of a type already well-known in France, Italy and the Netherlands, specially in cities where, as in London, there was no university. The physicians were to be formed into a body corporate, with such powers as might bring about improvements in the above-mentioned deficiencies.

Although Henry VIII was the nominal founder, the leader of the group of physicians concerned was Thomas Linacre (1460–1524). Linacre was an Oxford humanist, medical man and cleric, who had for several years travelled extensively in Europe, chiefly in Italy. He had taken his MD degree at Padua, had been received at the court of Lorenzo the Magnificent at Florence, was a friend of the famous Venetian printer, Aldus Manutius, and had dedicated one of his books to Giovanni de’ Medici, Pope Leo X. He was on familiar terms with the leading scholars of Europe, although more as a classical scholar than a medical man. Linacre became the first President of the College, to which he gave his house as a meeting place (Fig. 1). The first charter gave as the objects of the College: ‘to withstand in good time the attempts of the wicked, and to curb the audacity of those wicked men who shall profess medicine more for the sake of their avarice than from the assurance of any good conscience, whereby very many inconveniences may ensue to the rude and credulous populace.’ The President was given power to fine and imprison those who practised without adequate qualifications. Five years later the foundation was confirmed by an Act of Parliament, which included the
words: 'That no person... be suffered to exercise and practise physic, but only those persons that be profound, sad,* and discreet, groundedly learned, and deeply studied in physic.' The Act also extended the College's zone of influence and its licensing powers from London to the whole of England. In addition, it created the offices of Censor and Elect. There are still four Censors, who are chiefly concerned with examinations and discipline. The Elects were eight of the most senior Fellows whose chief function was to elect the President, always from among their own number. This procedure seemed natural enough in the sixteenth century but was regarded by later generations as an inefficient anachronism.

The infant College started with six Fellows, and grew slowly. By 1553 there were only 31 Fellows and the numbers did not exceed 100 until 1828. The Fellows were thus a small and select élite who until recent years seldom exceeded one per cent of the profession. They now comprise about two per cent. Until 1835 no one could become a Fellow unless an MD of Oxford or

* This archaic word means 'serious'.
Cambridge, which excluded those with Bachelor’s degrees and graduates of
the Scottish and continental universities. This restriction was often circum-
vented by the device of incorporation; that is, the holder of another university’s
degree could, on payment of a fee, receive the corresponding degree at Oxford
or Cambridge.

In 1556 the College began to issue licences to practise in London or for
seven miles round to those not eligible to become Fellows, but who had
passed the College examinations. Three years later it issued the first Licence
extra urbem, usually known as the Extra-Licence, which permitted practice
elsewhere in England and Wales, but not in Scotland or Ireland.

A notable sixteenth century President, John Caius,* in 1555 instituted the
College Annals and recorded all that was known of the College’s history from
the foundation to that date. These records have been carefully kept up to the
present day. Caius, who had also travelled extensively in Europe, where he had
no doubt seen other medical colleges in operation, was a believer in ceremonial.
He gave the College the caduceus, a small silver staff to be carried by the
President on formal occasions, and a new seal. He not only had the statutes
revised and reduced to order, but had them handsomely bound in red velvet
with silver fittings, and provided a red velvet cushion on which were to be
laid the caduceus and volume of the statutes at College meetings. To this day
the caduceus is laid on such a cushion before the President, accompanied not
by the statutes but by a silver-gilt mace presented to the College in 1684.
The original statutes have been lost, but Caius’s binding is still in the College
library.

The early days of the College were largely devoted to the suppression of
unqualified practice, notably by apothecaries. The College did not object
to practice by surgeons, provided they did not prescribe drugs or attempt to
treat internal diseases. Indeed, the College aided the surgeons by providing
their anatomical teaching. These efforts at the control of malapraxis, as it was
called, met with variable success. It became increasingly difficult for the
College to obtain convictions, specially in areas remote from London, and
because some of the irregular practitioners were protected by important and
influential patients. In 1617 the status of the apothecaries was greatly im-
proved by the foundation of the Society of Apothecaries, which laid down
standards for the education and examination of its entrants. The Society still
exists as a craft guild of the City of London and its Licence is still a legal
qualification.

The College received a setback in 1702 when the conviction of an apothecary

* His name is pronounced ‘Keys’ because Caius was merely a Latinisation of the English name Keys
or Keyes.
for improper practice was reversed on appeal to the House of Lords, the highest judicial tribunal in the country. As a result, no penalties were exacted after 1712 and no more prosecutions were attempted after 1735. The final emergence of the apothecaries as real doctors was achieved by the Apothecaries Act of 1815. They were, in fact, forerunners of the general practitioner or family doctor.

The surgeons similarly improved their status, both technically and professionally. As their art developed, their association with the barbers became increasingly distasteful and in 1745 they severed their connexion with the Barber-Surgeons' Company to form the Company of Surgeons. In 1800 the Company became the College of Surgeons in London and in 1843 took its present form as the Royal College of Surgeons of England, the homologue of the College of Physicians and a highly respected professional body. The Barbers' Company still exists as one of the ninety or so craft guilds in the City of London, although like the majority of these guilds it has long since ceased to carry out its original functions. At last the apothecaries and surgeons had achieved professional status and freedom.

The College had to deal with problems other than illicit practice. In the eighteenth century the Licentiates, who included in their number many eminent physicians and scientists, became increasingly restive at having no part in the government of the College, which was (and still is) vested in the Fellows. In 1767 some of the Licentiates formed the Society of Collegiate Physicians, an ingenious title which could easily be confused by the lay public with the College of Physicians. Worse was to follow. The dissidents actually broke into a College meeting. Some concessions were made, and the affair died down.

Among the contributions to medicine made by the College was the institution in 1541 of an elaborate system of examinations, with prescribed texts and numerous oral tests. This was 250 years before the older universities replaced their mediaeval and merely formal disputations by the modern type of examination.

In 1587 the College founded its own herb garden and in 1618 published the first London Pharmacopoeia. As the College was for many years the only body of organised medical and scientific experts in the country it was often consulted by governments. In the seventeenth century it became the licensing body for medical books. In the eighteenth century it supervised mental hospitals in London and Middlesex. In the nineteenth century the College gradually began to reform itself. In 1835 the fellowship was opened to medical graduates of universities other than Oxford and Cambridge.

Despite the work of the College, the general state of medical practice in the
British Isles in the early nineteenth century was far from satisfactory. The Census returns show that of the persons practising medicine, about one-third were properly qualified, one-third held only a half qualification (that is, were qualified either in medicine or in surgery) and one-third had no qualification at all. There were also some peculiar territorial anomalies, for example, that a graduate of Edinburgh could not practise in Glasgow, and vice versa; more strangely still, a graduate of London University could not legally practise in London without the College Licence. From about 1830 reformers had striven to abolish these and other anomalies, and had made many but unsuccessful attempts to introduce legislation to control the profession. At last, in 1858, the first Medical Act became law, and was to have important effects on the College and, indeed, on all medical practice. For the first time the whole profession was brought under some degree of governmental control. The object of the Act was not to suppress unqualified practice, but merely to enable those seeking medical advice to distinguish between qualified and unqualified practitioners. For this purpose the General Medical Council was established. Its chief duties were to keep a Medical Register, to allow entry to the Register only to those properly qualified, and to remove from it practitioners found guilty of serious professional misconduct. The Act gave some privileges to those registered, and imposed some disabilities on the unregistered, but made no general prohibition of unqualified practice. The territorial restrictions were removed, and a doctor whose name was on the Register could practise anywhere in the British Isles or overseas dominions. Needless to say, the Act did not meet all the aims of the reformers, one of which was to establish a single portal of entry to the profession. Today there are still 23 bodies that give a primary qualification. Three new medical schools at new universities will shortly add to this number.

The first Medical Act and the amending Acts that followed had several direct effects on the College. One reform was abolition of the office of Elect in 1860. Since then the President has been elected by the general body of Fellows, or at least by those who attend the meeting in person. Other effects of the Act were that the Licence and Extra-Licence were abolished and replaced by the Membership of the College, at first composed of selected Licentiates and Extra-Licentiates and certain others, but nowadays recruited by examination. In 1885 the College combined with the College of Surgeons to give a new kind of Licence, a joint primary qualification—Member of the Royal College of Surgeons and Licentiate of the Royal College of Physicians, usually abbreviated to MRCS, LRCP. Today there are thus three grades in the College—Licentiates (who must also be MRCS), Members (who have taken a severe examination in medicine) and Fellows
(who are selected from the Members, without examination). It should be pointed out that the College of Surgeons has only two grades—Members (who correspond to the Licentiates of the sister College) and Fellows (who have taken a severe examination in surgery and correspond to the Members of the sister College). The College of Physicians is governed by its Fellows, the College of Surgeons by an elected Council of its Fellows.

There are similar Royal Colleges of Physicians in Edinburgh and Glasgow. In recent years all three have combined their Membership examinations, so that the holders of this diploma are now styled MR CP (United Kingdom, or UK). The London Colleges also offer jointly a number of postgraduate diplomas in special branches of medicine—tropical medicine, psychological medicine, ophthalmology, laryngology and otology, radiology, child health, anaesthetics, physical medicine and rehabilitation, industrial health, and pathology. Colleges on similar lines to the College of Physicians have been founded in recent years, in Obstetrics and Gynaecology, General Practice, Pathology, and Psychiatry.

Although the College of Physicians has a long and picturesque history, it must not be supposed that it is a mere historical relic. Its present-day activities are more numerous and far-reaching than ever before. There are some 20 endowed lectures on various aspects of medicine in which physicians can describe their researches or review a subject of topical interest. The oldest of the lectures was founded in 1581 and the long line of lecturers includes William Harvey, appointed in 1615, who in these lectures first revealed the results of his studies on the circulation of the blood.

There are numerous research funds, currently supporting work in almost every branch of medicine; for example, on the applications of computers to medical problems, genetic and biochemical studies of metabolic abnormalities in the new-born, hypothermia, rehabilitation after strokes and mental impairment in the aged.

The College's educational work caters for the needs of all grades of physician, from the youngest hospital interns to the most senior consultants. The latter often realise that, with the rapid progress of knowledge, they may need instruction even more than their juniors. Recent conferences for trainee and established consultants have been on chronic liver disease, infections, thyroid disease, clinical pharmacology, and aspects of gastroenterology. There are courses for interns on applied physiology and the growing points of medicine.

Although the title of the College includes the words 'of London', it now extends its influence all over the country. Regional conferences are held, for example, at Newcastle, Cardiff, Southampton, Norwich, and Bristol. Each of the National Health Service regions (which are based on universities) has
a College Regional Adviser, to transmit information to and from the College, mostly on postgraduate study.

In conjunction with other interested bodies the College has formed the Joint Committee on Higher Medical Training through which much time and

Fig. 2. The third building, in Warwick Lane (1674 to 1825).

Fig. 3. The fourth building, in Pall Mall East (1825 to 1964).
Fig. 4. The present building, from the south-west; the entrance on the left, the lecture theatre on the right (Thomas Photos, Oxford).
care have been devoted to working out training programmes for 18 medical specialties. In 1972, the College, in conjunction with the Colleges of Physicians of Edinburgh and Glasgow, instituted the Faculty of Community Medicine, which was defined as 'that branch of medicine which deals with populations or groups rather than with individual patients. In the context of a national system of medical care, it, therefore, comprises those doctors who try to measure accurately the needs of the population both sick and well. It requires to bring to this study special knowledge of the principles of epidemiology, of the organisation and evaluation of medical care systems, of the medical aspects of the administration of health services and of the techniques of health education and rehabilitation which are comprised within the field of social and preventive medicine'.

Another aspect of the College's educational work is the system of examinations, notably that for the Membership held jointly with the Edinburgh and Glasgow Colleges, whose purpose is to test the knowledge and experience of the candidate by an advanced examination, to indicate his fitness for further training in hospital medicine with a view to one of the higher posts. The examination is widely regarded as one of the most thorough, but also one of the fairest tests of its kind in the world. The first part, a paper of multiple choice questions, is held not only in London, Edinburgh, Glasgow and nine other centres in the United Kingdom, but at eight centres overseas—in Ceylon (now Sri Lanka), Malaysia, the West Indies, Iran, Egypt, the Sudan, Ghana and Ethiopia.

The College holds four formal meetings a year to conduct its ordinary business; also one at which the President is elected and one at which the new Fellows are admitted. In addition, there are separate meetings at which the new Members are introduced. At the ordinary quarterly meetings, to remind Fellows that they are physicians, as well as administrators, the meetings are preceded by a clinico-pathological conference. The activities of the College are now so numerous and complex that much of the detail has to be delegated to committees, which today number fifty.

Social life is not neglected. Some of the meetings are followed by dinners, and there are also dinners to which Fellows and Members may bring guests of either sex. There is an annual Ball.

The College publishes the Journal of the Royal College of Physicians of London for general circulation, and the College Commentary on College affairs for internal circulation. It has for centuries had a strong interest in social questions and preventive medicine, and has issued many reports in these fields. Early examples were on the health hazards of industry in 1627 and on the evils of gin-drinking in 1725. In modern times there have been important reports on
housing, abortion, drug addiction, smoking, atmospheric pollution and the dangers of boxing.

The library, now largely devoted to the history of medicine, is available to anyone working in this field.

Fig. 5. The interior of the present building, showing the main staircase (Thomas Photos, Oxford).
The College has occupied five homes of increasing size (Figs 2 and 3). The present building, designed by Mr Denys Lasdun, was opened in 1964 (Figs 4 and 5); although in the modern idiom it embodies the panelled Censors' Room of 1674 brought from a previous building (Fig. 6).

In conclusion, the College has never ceased to strive to carry out the ideals of its founders—to maintain and improve the standards of medical practice.

Acknowledgements

It is a pleasure to express my thanks to the President and officers of the College, and to Sir George Clark, Mr Leonard Payne, Mrs Morag Engel and Miss Susan Ryland, for their help in the preparation of this article.

This article is available from the College in French, translated by Dr B. Julien, and in German, translated by Dr V. C. Medvei.