



EPSOM COLLEGE AND THE MEDICAL PROFESSION

1885-1985



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“Do what you will, the time will probably come when you will want the advice of a physician...Choose a sensible man, personally agreeable to yourself, if possible, whom you know to have had a good education, to stand well with the members of his own profession, and of whom other scientific men, as well as physicians, speak respectfully.”

Oliver Wendell Holmes, M.D. (1860).

From darkness into Light:

In Stuart times (1603-1714) there were few hospitals in Britain, and although St Bartholomew's Hospital (1123) and St Thomas's Hospital (1207) had been built long before the seventeenth century, these hospitals served mainly as charitable institutions for the needy and infirm, as much as for the sick. King James 1st was made painfully aware of this lack of medical care when his eldest son, Henry, a young man of exceptional promise, died of typhoid fever at the age of nineteen, in 1612. At that time there was little help for the sick in spite of the fact that smallpox, tuberculosis and typhus were endemic, and cholera and plague alarmingly epidemic; and during the eighteenth century and the early years of the nineteenth, many so-called medical men had no recognisable education at all, learning only basic skills as an apprentice or in an apothecary's shop. Although the Royal College of Physicians was founded in 1518, and granted two types of license to practice in London before 1858, provincial physicians were not required to affiliate with the College and were never prosecuted for practising without a licence. At that time the organisation and structure of the medical profession in Britain was quite simply in a state of near chaos, with medical practice in 1800 being little more than an amalgam of chance and quackery. Medical remedies or 'simples,' were usually derived from hedgerow plants or herbs, alongside toxic preparations of mercury, arsenic, and phosphorus that were freely prescribed, without much thought or knowledge of their dangerous side effects.

More formal education for doctors came with the eighteenth century when many of the great London teaching hospitals were founded – the Westminster Hospital in 1719, Guy's Hospital in 1721, St George's in 1733, the London Hospital in 1740, and the Middlesex Hospital in 1745 - and over the next hundred years Charing Cross Hospital, University College Hospital, King's College Hospital, and St Mary's Hospital. At the same time a considerable number of provincial hospitals were built, but most of these were confined to the larger towns and cities, so that the poorer inhabitants of villages and the wider countryside had little to rely on other than care in the home, and the need for small hospitals now became more obvious, although it would be at least a further fifty or more years before the birth of the Cottage Hospital movement. In spite of the undoubted excellence of the newfound medical education, all was not well, as the image of the Victorian medical man was said to be one of "humility," or "charity" toward the poor, and thereby impoverished occupational or social status.

Dr William Stokes, Regius Professor of Physic at Dublin, in an address to the British Medical Association (1869), stated that "man's first priority was spiritual, his second his "worldly interests," and third, his health. Hence the professions drew their ranking – divinity first, law or government second, and medicine last." A country surgeon recalled with some pain his inferior position in his community, where he was "looked down upon with humiliating condescension by the rector and the squire of the village." A number of authors, in

describing the mid-Victorian medical scene suggested that medical education was inferior to the classical education provided at Oxford and Cambridge Universities, because it was “infused with the developing sciences of anatomy, physiology, and pathology, and could not compete with a classical education in the race to social prestige. It was the worst of all education – a technical one,” and it had little power to elevate a man or to give him the social status of a gentleman. Sir George Turner (1931), consulting surgeon at St George’s Hospital and descendent of a large medical family, described in his account of Victorian medicine the low social status ascribed to medical practitioners of the time. He commented that among his patients were “the *nouveau-riches* or snobs who imagined that no doctor could be born a gentleman. That such people exist was artlessly shown by a little girl who, when her mother said she must see a doctor (my father), said “Oh, but Mr Turner is a gentleman, not a doctor.” Sir George had a further reminder of the low social status of doctors when he remembered his early school days. “My gentility was tested on Derby Day by a question as to whether my father had gone to Epsom [*the College, and not the racing*]. If he had gone, he was not a gentleman.”

The Advancement of the Medical Profession:

M. Jeanne Peterson (1978), in her masterly account of the medical profession in mid-Victorian London wrote that “The advancement of the medical profession is part of the larger story of the “rise of the middle classes” which took place in the wake of the industrial revolution.” As Britain prospered it became clear that attitudes were about to change.

In 1858, the first Medical Act gave doctors legal recognition at last, and a status which they had not experienced before. During the 18th century the population of England had increased rapidly, from six million in 1750, to nine million in 1800, twenty five million in 1850, and thirty six million in 1900. There was a gradual drift of younger people from rural areas to the towns, and by 1900 four-fifths of Englishmen lived an urban existence. England in the mid-nineteenth century was a curious mixture of wealth and poverty. With the Industrial Revolution the landscape inexorably changed so that huge areas of slum dwellings, smoking factory chimneys and epidemic disease became prominent. Doctors at that time were forced to marry early for professional reasons and often contracted the illnesses of their patients with fatal consequences. Ignorance of birth control led to larger, often huge families, who might suddenly be left fatherless. They often worked unsocial hours in appalling conditions. The *British Medical Journal* published a letter from a Victorian practitioner who described how, in 1882, he was called out at night and had to go six miles in rain and snow to see a sick patient, while “suffering from jaundice, an ulcerated throat, and a high temperature.” He made a plea “that there should be a sick fund or general club by which a man, when he is totally disabled shall receive sufficient sick pay to keep him going and to pay a *locum tenens*.” Quite clearly, the medical profession needed help, and his letter was one of the first steps toward the creation of the Medical Sickness Annuity and Life Assurance Society in 1884, a Society that provided ‘*Care for the Caring*.’

In the 1830s surgery was performed without anaesthesia, and overcrowded hospital wards meant that patients admitted with deadly infections were very likely to spread these to others. Lavinia Mitton, author of *The Victorian Hospital* (2001) wrote: “It is difficult to imagine how the patients must have felt, as they lay upon the wooden operating table, eyes upwards, listening for the footstep which would signal that the terrible moment had arrived.” Hospitals in the first half of the nineteenth century were known as ‘gateways to death,’ and septicaemia or blood poisoning was the main cause of death following surgery. Because the chance of post-operative death was so high, relatively few operations were carried out. It was not until the 1870s that Sir Joseph Lister (1827-1912), incidentally a Vice

President of Epsom College, discovered antiseptics. Surgeons at that time were not required to wash their hands before examining a patient and one visitor wrote that the surgeon “wore an old blue frock-coat for operation...which was stiff and glazed with blood.” Lister realised that airborne micro-organisms might be responsible for post-operative infection and proceeded to wash the wounds of his patients with carbolic acid. In 1867 he advised surgeons to wear clean gloves and wash their hands before and after operations with a 5% solution of carbolic acid. Surgical instruments were similarly treated, and with this regimen Lister reduced the post-operative death rate from 46% in 1865 to 15% in 1868. It is significant that Robert Boxall [Epsom College 1870-1877] closely followed Sir Joseph Lister in pioneering antiseptics. As Obstetric Physician at the Middlesex Hospital he was sceptical of the theory that scarlet fever might be the prime cause of puerperal sepsis, or childbed fever. His researches showed that this dreaded complication of childbirth could be largely eliminated by the use of antiseptics during labour and afterwards, a landmark discovery at that time.

The first half of the nineteenth century saw great advances in medical knowledge, the introduction of ether and chloroform for anaesthesia in the 1840s, and improved skills in surgery. More hospitals for the sick and wounded were needed, although at this time there were relatively few provincial hospitals. The need for small hospitals outside the great cities was obvious and it was Albert Napper (1815-1894), a medical practitioner in Cranleigh, who conceived the idea of the Cottage Hospital where “all the good effects of a hospital might be obtained with a zealous, earnest surgeon, and a good nurse in a simple cottage like that of a poor man.” He was a ‘typical example of the newer sort of practitioner, with the characteristics of a country gentleman. His courtesy, readiness to give information and wholeheartedly to do his best for his patients won for him a reputation and popularity which the most ambitious might envy.’ In 1859, he founded the first Cottage Hospital at Cranleigh, just fifteen miles from Epsom. It immediately proved to be a success and his original idea rapidly gathered momentum, so that by 1877 there were 200 Cottage Hospitals, and twenty years later this number had risen to 300. The typical Cottage Hospital had between six and twenty beds, and patients were charged a modest weekly sum. They were attended by local practitioners, who often performed surgical operations such as amputations, but who might, in difficult cases call in specialist help.

The importance of Albert Napper’s Cottage Hospitals has been largely underplayed, but within the context of Victorian England they were extremely important. In 1867, E. J. Waring commented that “one of the advantages of cottage hospitals was the establishment of good feeling and friendly professional intercourse between the medical men of the district. It is difficult to quarrel with those whom you meet every day on common ground and whose help you may need at any time to administer an anaesthetic or to set a fracture,” He went on to state that “And yet in the days when competition in medicine was keen – and it used to be very keen – harmony might not be achieved in the hospital. Although open to all, in many towns there would be doctors who refused to use the hospital and who would speak badly of it to their patients. Some who used it were so uncharitable as to carry inside its walls the feuds with their colleagues.” Francis Brett Young (Epsom College 1895-1901), the novelist, and a practitioner in Birmingham, was well aware of such feuds and readers of *My Brother Jonathan* (1928) and *The Young Physician* (1919) are given an impressive insight to hospital life in the early years of the 20th century.

Mr John Propert’s Great Idea:

During the early nineteenth century there was a great increase in the number of public schools. New schools sprang up, endowed or supported by the great city companies, the

Services, the Church, both Anglican and Roman Catholic, and by certain munificent individuals. Thus there were schools for the sons of soldiers, of sailors, rich men, poor men, the clergy and so on. But there was no school specifically endowed for the sons of doctors. However, in August 1844, at the annual meeting of the Provincial Medical and Surgical Association, the forerunner of the British Medical Association, a committee was appointed to consider the establishment of a school specifically for education of the sons of doctors. The committee hoped, in the first instance, to raise £10,000, by shares, donations and benefactions, but this idea, once ventilated, almost immediately died.

Some seven years later, Mr John Propert (1793-1867) organised a meeting at which a party of 'noblemen and gentlemen, including the Bishops of London, Ripon and St Asaph met under the Presidency of the Right Honorable the Earl Manvers.' Their purpose was the founding of a Medical Benevolent College. At this meeting it was announced that a sum of £2,999 had already been subscribed for the purpose of establishing the Society and that Dr Graham of Epsom had placed at the disposal of the Council twenty acres of land for the proposed building 'upon highly advantageous terms.' The College would provide an asylum for 100 pensioners, who were duly qualified medical men or their widows (possessing incomes of at least £15 per annum), and secondly a School in which 'a liberal education would be given to 100 boys, the sons of duly qualified medical men, the majority of whom would pay £25 each year for education, board, lodging and washing, while the rest would be orphans educated and maintained entirely at the expense of the Society. Within twelve months John Propert's energy and persistence led to the collection of £17,822-17s, and the building of the College was now assured. The aims of the College were widely advertised, local secretaries were appointed and subscriptions and donations were collected from well-wishers throughout the United Kingdom and, indeed, overseas in places as widely disparate as Hong Kong and South Africa.

John Propert was a remarkable man. He was educated at Cardigan Grammar School, but left at the age of fifteen to become an ensign in a militia regiment during the Napoleonic wars. The highlight of his time in the militia was carrying the colours at the jubilee of George III in 1809. Having left the militia, he became apprenticed to Dr W. L. Noott, a respected Cardigan practitioner, until financial assistance from a relative enabled him to enter St Bartholomew's Hospital in 1811 as a pupil of the great surgeon John Abernethy, F.R.S. (1764-1831). He obtained the diploma of Member of the Royal College of Surgeons in 1814, and although almost penniless at the time set up house in Portland Street where, according to *The Lancet*, 'with habits of industry and perseverance, and a competent knowledge of his profession, he rapidly rose in estimation of the public and attained a considerable practice.' Remarkably, he also found time to preside as High Sheriff, magistrate and Deputy-Lieutenant of Cardiganshire. John Propert often referred to himself as the "Poor Welsh Apothecary," and delighted in telling boys at the College that he had first come to London with only a small piece of silver in his pocket, and how the secret of all success was self-reliance.

Although the lists of subscribers to the College Appeal were impressive, *The Lancet* for November 29th, 1851 was concerned that the names of many eminent medical men did not appear in these. 'There are, we fear, a few cold hearts among us: let us shun their freezing influence. It has gone abroad as an objection to the scheme that the school will not only be exclusively for the sons of medical men, but for those sons only who are intended for the profession. The idea is monstrous. We have authority for stating that the school will not be confined to the sons of medical men, but the foundation will be exclusively for the orphans and sons of distressed members of our own profession, whatever be their future destination, and that they will be educated in a manner to fit them for first-rate mercantile pursuits, government offices or any of the professions or respectable trades.' On January 3rd,

1852, *The Lancet* took things further. After pointing out that very few of the most distinguished physicians and surgeons had subscribed to the College Appeal, it asked whether, 'Sir Astley Cooper, had he been alive, would have suffered such a list to appear without containing his own name?' However, by February 1852, *The Lancet* was singing a different tune. 'The final success of the Medical College can no longer be doubted in any quarter; indeed its failure is no longer a possible contingency....subscriptions and donations are pouring in every day, and almost every hour...some who were once cold, cautious and doubtful, have become warm and zealous, and supineness has been succeeded by activity and emulation.'

On February 27th 1855, it was announced that Her Majesty Queen Victoria had granted her patronage to the College and approved the alteration of the designation to that of the Royal Medical College. And so it was that on July 23rd 1855, the Opening of the Medical Benevolent College took place. The *Surrey Gazette* reported the event: 'The time fixed for the opening ceremony was half past three o'clock and to meet the requirements of those desirous to be present special trains were put on by the London and Brighton Railway Company. A large number availed themselves of this mode of conveyance, but a still larger number, perhaps, came in carriages from the lower districts of the county, Reigate, Dorking, Guildford, Etc. For a period the road presented an appearance similar to that shown by an adjacent highway leading to the race-course. Standing on the terrace in front of the building it was a pretty sight to see the equipages winding up the hill, the road being traceable almost the whole way from the town and railway station. Before the commencement of the formal proceedings several thousand persons had collected on the grounds. His Royal Highness Prince Albert, who left Buckingham Palace at 3 o'clock, arrived at the College about 4 o'clock, having travelled by special train. He was accompanied by H.R.H. Prince of Wales.....'

Two months later, on October 10th, 1855, the first ninety pupils entered the College, soon to be joined by William Mathias Noott, the ten year old son of Dr W. L. Noott, John Propert's mentor at Cardigan, and Albert Napper's two sons. Over the next thirty years they were followed by four of his grandsons, and in 1926 by a great-grandson. Tragedy struck in 1892 when Harold Napper, the youngest grandson was 'killed by a blow from a cricket ball in the field.' He was just fifteen years old.

Wish and Fulfilment:

In 1855 the College was incorporated by Act of Parliament, to which the Royal Assent was given on July 23rd. Two weeks after the arrival of the first one hundred pupils the first intake of pensioners took place. John Propert addressed them and reminded them of the sufferings of our troops in the Crimean War and the devoted services rendered by our medical staff at Scutari and Balaclava, News had just come in that the Russians had been defeated in the Battle of Inkerman and he alluded to the "pleasure which that day's celebration imparted as far outweighing all the glories of success over a vanquished foe." At the public banquet held to mark the opening of the College, Henry Pownall, the Chairman, praised John Propert for his "noble purpose of affording permanent help to a body of men who ever jeopardised their lives for the public good."

The College Council in the following years included a number of extremely distinguished medical men. Sir Joseph Lister, F.R.S. (1827-1912), the pioneer of antiseptic surgery; Sir William Gull (1816-1890), Professor of Physiology, and Physician to H.M. Queen Victoria; Sir William Jenner (1815-1898), who discovered the distinction between typhus and typhoid, and Physician to H.M. Queen Victoria; Sir James Paget (1814-1899), one of the founders of scientific medical pathology, and Surgeon to H.M. Queen Victoria; Sir Henry Wentworth

Dyke Acland, K.C.B. (1815-1900), Regius Professor of Medicine at Oxford; Sir William James Erasmus Wilson, F.R.S., the eminent surgeon who earned the thanks of the nation for defraying the expense of bringing Cleopatra's Needle from Alexandria to London; and Sir George Burrows (1801-1887), President of the Royal College of Physicians, and Physician to H.M. Queen Victoria.

Science teaching at Epsom College really started in about 1870 when the first school laboratory was built, and this was earlier than in most other schools. Henry Sterry Esq., who presented the prizes on Founder's Day 1871, spoke of the decision of the College Council to encourage science, and to "add the two new subjects of botany and zoology to the curriculum." In that year, Dr Robinson Thornton, D.D., the first Headmaster, resigned on his appointment as Warden of Glenalmond, and was succeeded by the Rev. William de Lancy West, D.D. It was he who first developed the scientific side of the school, instituting classes for the London University Matriculation and the Preliminary Scientific Examination, now known as the first Medical Examination (First M.B.). The first of many boys to pass this from Epsom College, Francis Goodchild, did so in 1872. He went on to study medicine at St George's Hospital Medical School, qualified M.B. and M.R.C.S., but unfortunately died in 1883 at the early age of 29. In 1884 St Mary's and St Thomas's Hospitals offered free scholarships to pupils at Epsom College, and within a short time similar scholarships were offered by St Bartholomew's, the London, the Middlesex, King's College, Charing Cross and Westminster Hospitals. Although the Headmaster, Dr West, was a classicist, he appreciated the importance of science and appointed a number of specialist masters who introduced this into the curriculum. Sir William Thistleton Dyer, F.R.S. (1843-1928) was one of these. He was an 'innovative botany teacher with a natural science degree from Oxford who knew leading biologists such as Henry Moseley, Ray Lankester, and Thomas Huxley.' He later became director of the Royal Botanical Gardens at Kew.

In 1889 the Rev. Thomas Hart Smith-Pearse, M.A. (1855-1943) was appointed Headmaster, and during his twenty-five years in office the school curriculum was completely reorganised as the study of science became more important. The first Biology Laboratory was built in 1886, the Chemistry Laboratories were enlarged in 1901 and new Physics Laboratories were built in 1909. The Headmaster who had previously been president of the Natural History Society at Marlborough College revitalised the Epsom College Natural History Society and, in 1917 published his *Flora of Epsom and its Neighbourhood*. In 1931, Arthur Ellis, M.A. (1902-1983) was appointed Head of the Biology Department. He was a distinguished Fellow of the Linnean Society, and author of a number of important works on biology. In 1974, he won the Stamford Raffles Award, presented annually by the Zoological Society of London to the amateur naturalist considered to have made the most important contribution to zoology. At Epsom College, Arthur Ellis founded a new natural history museum, housed on two floors, with specimens collected from other museums and institutions world-wide. Natural History had now become fashionable again and the museum was regarded as probably the finest of any school in the country.

With the establishment of science education Epsom College was ahead of most other schools. Although classics remained the subject by which a boy's abilities were measured, Dr West started the Medical Sixth, known in his time as P.Sc., but it was not until 1932 that biology became a separate department and physics and chemistry were divided. In 1936 it was decided that boys should take the certificates not of London University, but of the Joint Board of Oxford and Cambridge, which eliminated a four or five week 'stand-easy' at the end of the summer term. Diversification of the sixth forms continued and in 1950 there were two medical, two biological, two mathematical and two literary sixths.

When Dr Theodore Thomson [Epsom College 1910-1914], Editor of the *Epsom College Register* (1855-1954), commented that some mid-Victorian humorists had suggested that Epsom was a school for the third-class sons of first-class doctors and the first-class sons of third-class doctors, he inevitably raised a few hackles. The Medical Profession owes a lot to Epsom College, and it will be seen from the following text that not only has Epsom College produced a very large number of outstanding doctors, but indeed has produced a considerable number of very distinguished men, some of whom have made important medical discoveries, or initiated new medical techniques, among which are a number of 'world firsts.' From 1855 until 1939 over 2,230 boys educated at the College entered the medical profession, and from 1940 until 2002 another 1,014 joined their ranks. In all, more than three thousand doctors, about one third of the boys educated at Epsom College, have entered the medical profession. The present research was designed to examine this medical output, and to discover details about the individual doctors and their medical careers. This has meant an extensive search of medical directories from 1870, and the obituaries of doctors reported in the *British Medical Journal*, *The Lancet*, and a number of other medical journals. Details of each and every doctor educated at Epsom College have been studied, and relevant records of medical school, university, medical qualifications, distinguished honours, military service, medical and university appointments and significant details of individual medical careers, have been recorded.

Dr Thomson detected a falling off in the numbers of boys entering medicine over the hundred years that he examined. This trend continues, but it is of interest to find that the number of Consultant Physicians and Surgeons has increased whereas the number of General Practitioners has decreased. It was suggested in the 1954 Register that Epsom College had produced 26 Fellows of the Royal College of Physicians, indeed more than any other school, but a more detailed examination of the biographies of Old Epsomian doctors shows that Epsom College has in fact produced no less than 217 Fellows. There are also 350 Fellows of the Royal College of Surgeons, over 186 Fellows of the Royal Colleges of Anaesthetics, Pathology, Psychiatry, and Obstetrics and Gynaecology, and 57 Professors of various medical disciplines. There are also two Presidents of the Royal College of Physicians, two Presidents of the Royal College of Surgeons, two Presidents of the British Medical Association, four Deans of Medical Schools, two Vice-Chancellors of Universities, four Fellows of the Royal Society, and 21 Physicians and Surgeons to the Royal Family.