THE CENTENARY
of the
GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION
of the
UNITED KINGDOM
(THE GENERAL MEDICAL COUNCIL)
1858-1958
IN RELATION TO MEDICAL EDUCATION

by
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The origin of the Council

THE MEDICAL ACT of 1858 is by far the most epoch-making milestone in the history of medical education and practice. It established a statutory body, the General Council of Medical Education and Registration of the United Kingdom, now known as the General Medical Council (1951), which celebrated the centenary of its inauguration in October this year. No less than seventeen Bills had foundered in Parliament between 1840 and 1858 before this, the first modern major Medical Act, received the Royal Assent on 2nd August 1858. Later "between 1870 and 1881 upwards of twenty Medical Bills (not all acceptable to the Council) were lost in Parliament before the second major Act was passed in 1886." The purpose of the Act which came into effect on 1st October 1858, by which the Council had been established and given the responsibility to carry out, was to enable the public to distinguish between qualified and unqualified practitioners by the compilation and publication annually of the Medical Register; to secure complete reciprocity of practice in all parts of the United Kingdom; and the publication of a national Pharmacopoeia containing reliable standards for medicines. The Act also contained " half a dozen inconspicuous lines authorizing the Council to erase from the Register the name of any practitioner convicted of a criminal offence or 'judged after due inquiry to have been guilty of infamous conduct in any professional respect'." This provision, which attracted little notice in 1858, is the basis for the belief of the laity that the primary concern of the Council is with professional ethics and discipline. The Council, which assembled for the first meeting on 23rd November, with Sir Benjamin Brodie as President, having been constituted with regard to its primary responsibility for medical education, was comprised of medically qualified representatives of the nineteen Licensing Bodies then functioning; also six members who had been nominated by Her Majesty with the advice of Her Privy Council under the auspices of which the Council had been established. The Act of 1858 terminated a long period of wrangling and

clash of vested interests which had continued for centuries concerning medical education and practice, but, during the hundred years in which the Council has been functioning, order has been restored from chaos by the tactful procedures adopted by the successive Presidents and Members ably helped by the Administrative Officers. The Presidents have always emphasized the fact that the Council was established " for the good of the public, and not for the protection of the medical profession," yet, by the broad sympathetic understanding by the Council of the difficulties and prestige involved, the profession has always been conscious that its legitimate interests have not been abused. The preamble of the Act stated that " it is expedient that persons requiring medical aid should be enabled to distinguish qualified from unqualified practitioners." The publication of the Medical Register was very necessary as " the Census returns of 1841 suggest that nearly 5,000 of the 15,000 persons then practising in England were unqualified." It was also quite apparent that it was necessary to formulate a scheme for education as when the Council began to enquire and obtain information from the Licensing Bodies " it learnt with concern in 1862 that among 1,750 students preparing for the examinations of the Society of Apothecaries no more than 350 had passed a preliminary examination in general education." The Act anticipated and Parliament demanded an early publication of the Medical Register ; this was achieved in July 1859. A schedule in the Act had specified the qualifications of each of the nineteen Licensing Bodies which would in future entitle the holders to registration. The professional titles conferred by these Licensing Bodies, after tests of varying standards, had little more than local value. " An Edinburgh practitioner might be unable to extend his practice legally to London, Dublin, or even Glasgow." A graduate of London University was legally prohibited by two Acts of Parliament from practising as a physician in London ; hence the difficulty for the public to distinguish the qualified from the unqualified persons and the need for reciprocity to be established for qualified practitioners to have freedom in choosing the place in which they might practice. The training of future medical practitioners and prevention of the untrained from practice had been controlled for centuries by various Acts of Parliament, and it is only by a study of these that the details embodied in the Act of 1858 can be fully appreciated so that it is possible to see the chaos that this Act rectified.

The background

The training for and practice of medicine had resulted in the development of three distinct grades of practitioners namely surgeons, physicians and apothecaries, each proud and jealous of their privileges and interests. The treatment of the sick had been in the hands of the ecclesiastics in the monasteries, where attention was paid to care rather than cure, the church rather than the clinic and last aid rather than first aid. In 1163 the meeting of the Council of Tours, under Pope Alexander III culminated in the

edict *Ecclesia Abhorret a Sanguine.* The consequence was that the ecclesiastics ceased to do surgery and continued to practise only the healing art of medicine. The practice of surgery was passed on to the Barbers, who seized the opportunity of practising surgery on their own account, calling themselves Barber-Surgeons ; they practised both barbery and surgery. Finally the general practice of surgery was relegated to "barbers, bath keepers, sow gelders and wayfaring mountebanks."

The Barber-Surgeons

The Barbers formed a guild, the early record of which in 1307 is in an Ordinance preserved at the Guildhall. There is also a record of 1369 of a Guild of Surgeons in which two Masters were given power to report the faults of unskilled surgeons. In 1376 the Guild of Barbers obtained an Ordinance that " two Masters should be appointed annually to direct and rule the craft, to inspect instruments and medicines used and to see that none should be admitted to the franchise except after attestation of their skill by good examination." The Guild of Surgeons in 1423 sought an alliance with the Physicians (the first Conjoint Board) in order to challenge the surgical privileges of the Barbers ; both projects were unsuccessful so the Guild of Surgeons continued as a separate body. In 1462 Edward IV recognized the surgical privileges of the Barbers by Letters Patent and granted a Charter to the " Freeman of the Mystery of Barbers of the City of London practising surgery." It is from this Charter which confirmed the Ordinance of 1376 that the Royal College of Surgeons of England dates its constitutional history. The two Masters of the Company of Barbers were empowered to inflict punishment upon offenders by fines, imprisonment or other reasonable means as it was laid down that no person was allowed to practise *surgery* in London and its suburbs unless first approved by the Masters of the Company. In 1493 the Guild of Surgeons formed an alliance with the Barbers Company to act in unison in all matters relating to surgery and in the examination and government of its practitioners.

In 1540 the two companies were united by Henry VIII as " The Masters or Governors of the Mystery and Commonality of Barbers and Surgeons of London." This new body was to enjoy all the rights and privileges previously granted to each company. There was opposition to making the practice of surgery a closed profession, so, in 1543, " an Act that persons being no common surgeons may minister outward medicines " was passed and thereby unlicensed practitioners were allowed to treat outward swellings and sores with herbs and ointments. The company in 1555 drew up regulations relating to the examination of candidates for its License to practise and thirteen examiners were appointed ; this regulation marks the origin of the Court of Examiners of the Royal College of Surgeons of England. A further Charter was granted in 1605 with reference to the examinations and to prohibit from practising " ignorant persons and such as wilfully refused to be examined."

The Physicians

There was much legislation during the Tudor period relating to medical education and practice. An Act, to protect the interests of physicians, no doubt inspired by Thomas Linacre, was also passed in 1511 providing that no one should practise *medicine* within the City of London or within seven miles of it unless he had been examined and approved by the Bishop of London or the Dean of St. Pauls with the help of doctors of physic or those expert in surgery. Outside London the examinations were to be held by the Bishop of the diocese or his Vicar-General with the aid of expert persons. This Act, like that of 1858, was also to exclude the unqualified practitioner. The preamble draws attention to the ignorant persons " exercising the science and cunning of physic, to the perfect knowledge whereof be requisite both great learning and ripe experience." This was followed in 1518 by the foundation, by Letters Patent, of the College of Physicians in London (it became Royal in 1860) with Thomas Linacre as the first President. A further Act in 1540 defined Medicine as including surgery and gave physicians the right to practise when and where they wished, but an Act of 1543 forbade surgeons from practising medicine. The College of Physicians by the Act of 1518 confirmed later by the Statute of 1521 was invested with the control and authorization of drugs of a recognized standard.

The Apothecaries

The Apothecary was an old established calling. Recipes to be dispensed for the treatment of disease are mentioned in the Ebers and Edwin Smith papyri. Hippocrates (460 B.C.) taught the importance of observation, comparison and therapeutic treatment of disease based on experience; about 200 different drugs are recommended in the writings. The materia medica prepared by Dioscorides (A.D. 77) was more or less unchallenged until the Renaissance. The recipe and method of preparation by the Apothecary of the holy anointing oil and incense are mentioned in the book of Exodus (xxx 25. 35). The Arabian Physicians Rhazes (860-926) and Avicenna (980-1037) both issued what might be called a pharmacopoeia. The Guilds of Pharmacists also in Florence, Barcelona, Saragossa, Augsburg and elsewhere issued pharmacopoeias. It is not surprising therefore that the Act of 1518 contained a special provision authorizing the College of Physicians in London to appoint four persons with the duty " of the correction and government of physic and its professors together with the examination of all medicines and the punishment of offenders by fine, imprisonment or other means." This duty was discharged by the College for 340 years (1518-1858). These visitors appointed by the College, empowered by statute to destroy any drugs found to be defective after investigation, were the forerunners of the inspectors and analysts appointed under the " Sale of Food and Drugs Act " (1875). The Act of 1518 also enacted that " no person, except a

graduate of Oxford or Cambridge, without dispensation, was to be permitted to practise physic throughout England unless he had been examined and approved by the President and three Elects of the College."

The third grade of medical practitioners was the Apothecary, who had always been a shopkeeper selling sweets, preserved fruits and dispensing drugs. Aspirants to the calling had to serve an apprenticeship of at least five years, and a curriculum was laid down which had to be fulfilled by the apprentice.

At first the Apothecaries did not prescribe but only dispensed medicines but later began to prescribe as well, so the College of Physicians naturally objected. They gradually became the unqualified practitioners of medicine, who attended an individual afflicted with a disease not requiring external or manual aid. James I, having granted a Charter in 1606 to unite the Apothecaries with the Grocers, granted another Charter to the Apothecaries in 1617 " to disunite, disjoin, separate and dissociate the Apothecaries of our City of London from the Freeman of the Mystery of Grocers of the same City." This established the Society of Apothecaries which from 1617 to 1858 exercised the chief influence on the organization of medical education in the country. The foundation of the Society synchronised with the beginnings of the advances in medical science. In 1633 the Society unsuccessfully invited the College of Physicians to take part in the examination of those apprentices who wished to become freemen of the Society after fulfilling the curriculum. In 1804 a local group of Apothecaries in Lincolnshire and the Midlands put forward a scheme for the improvement of medical education and practice. The scheme included the publication of a Register of those qualified to practise any of the professions of physician, surgeon, apothecary, midwife or veterinary practitioner. No support was given to this scheme by the Corporate Bodies. In 1813 a further scheme was suggested by an Association of Surgeons and Surgeon Apothecaries. A Bill was drawn up to be presented to Parliament which suggested the formation of a Central Body to control medical education and practice consisting of representatives of the Corporate Bodies and the establishment of a Register of medical practitioners. It also laid down that all practitioners were to serve an apprenticeship and pass examinations. The Bill was dropped as it received no support from the Corporate Bodies, so a tentative suggestion was made that an altogether independent fourth body (the first suggestion of a General Medical Council) should be set up to regulate medical education and practice ; this was only realized in 1858. Further Bills were drafted but dropped owing to one or other Corporate Body raising some particular objection. Finally a Bill known as the Apothecaries Act was introduced into Parliament on 27th February 1815, passed on 11th July, receiving the Royal Assent on 12th July. The Bill made no change in the Charters or privileges granted to the Corporate Bodies except that though the College of Physicians retained its privileges with regard to

practice in and around the City of London, elsewhere in England and Wales, no person could practise medicine unless he had fulfilled a curriculum and passed an examination conducted by examiners appointed by the Society of Apothecaries or was a graduate in medicine of Oxford or Cambridge, or a Licentiate or Extra Licentiate of the College of Physicians.

The Apothecaries Act

By this Act of 1815 it had become possible to introduce for the first time organized teaching of clinical medicine and surgery as a necessary requirement for the qualifying examinations of the Society. The leaders of the Society insisted as far as possible on a sound preliminary education and a definite period of instruction in approved hospitals in addition to a period of apprenticeship with a general practitioner, who was one entitled to practise both medicine and surgery. It was the requirement of hospital practice, which could be given during the period of apprenticeship, that led to the establishment of hospital medical schools in London and the chief towns of England and Wales. This period of hospital instruction and practice was required by no other Corporation at this time ; the College of Physicians did not require it until 1834.

The implementation of the Medical Act (1858)

Such was the position when the Medical Act of 1858 was put into effect on 1st October and the General Medical Council was given the authority to blend the conflicting interests into one co-ordinated whole. The qualifications in existence in 1858 gave license to practise either medicine *or* surgery *or* both. Midwifery was not exalted to rank with medicine or surgery as a statutory requirement for qualification until the Act of 1858. Up to 1852 neither the College of Physicians nor the Royal College of Surgeons had encouraged the practice of midwifery by their licentiates but it was recognized as an essential subject in the Recommendations and requirements of the General Medical Council in 1867.

The division of Medicine into *medicine* and *surgery* had been made more and more definite by legislation before 1858 ; the Act of 1540 was an anachronism allowing a physician to practise surgery with no previous training. " In the times of Greece and Alexandria medicine and surgery were one, to the clear eye of the Greek they could not be sundered. The division of Medicine into *medicine* and *surgery* had its roots not in nature, not even in natural artifice but in clerical, feudal and humanistic conceits" (" *The Historical Relations of Medicine and Surgery.* Sir T. Clifford Allbutt." Macmillan London, 1905). He continues : " That in later ages in Europe the field of surgery has been avoided by the physician and the field of medicine forbidden to the surgeon and that by this unnatural schism medicine has suffered much bane, is illustrated in history as it is day by day in the *fragmentation of our work.* The limits should be by personal choice on natural lines, not by the service of mediaeval rules."

He also relates the conditions of education when he was a student. " In the days of my graduation (1861) in my own University (Cambridge) we were not examined in surgery. We were only called upon to produce a certificate of having attended a course of lectures on Surgery and Obstetric Medicine . . . . In the examination indeed surgery was expressly excluded, for the requirement was ' The medical treatment of surgical and obstetrical disease.' During the time of my studentship at St. George's I believe I never entered a surgical ward."

In view of the foregoing remarks it is apposite to consider how in 1858 and subsequently, the General Medical Council has by its suggested Recommendations, not *Regulations*, broken down to some extent the mediaeval fragmentation of medical education and practice, which has again been stressed by recent legislation. " The Act empowered the Council to ask Licensing Bodies for full information about their current courses of study and examination, and to send Visitors to attend and report upon any examinations held by the Bodies. The Council itself had no power to refuse to register any scheduled qualification, however inadequate the conditions on which it was granted, but it could represent to the Privy Council that a qualification granted on insufficient conditions ought no longer confer a right to registration. The Privy Council could then order that the qualification should cease to confer such a right." To raise the standard of education the Council proceeded to issue " Recommendations " or " Resolutions " to indicate the minimal requirements which should be regarded as sufficient. These were issued successively in three groups: (*a*) recommendations as to General Education, from 1860 onwards; (*b*) recommendations as to Professional Examinations, from 1861 onwards; and (*c*) recommendations as to Professional Education from 1867 onwards. By 1874 all the Licensing Bodies demanded Clinical Tests in the qualifying examination.

The effect of the Medical Act (1886)

The second modern major Medical Act was passed in 1886. It authorized five practitioners of medicine to be elected to the Council by the postal votes of the profession as a whole. Later, " direct representatives were able to make a special contribution in cases of 'canvassing for patients' —a matter with which the Council had not begun to concern itself in 1886." It also laid down that applicants for registration were required to have passed Qualifying examinations in Medicine *and* in Surgery *and* in Midwifery. An examination for a " half-qualification " no longer sufficed. In addition, the Council had now a duty to secure the maintenance at Final or Qualifying Examinations of a standard of proficiency " such as sufficiently to guarantee the possession of the knowledge and skill requisite for the efficient practice of Medicine, Surgery and Midwifery." The Council was now empowered to send Inspectors from time to time to report on the " sufficiency " or " insufficiency " of the examinations. The Act required the Council to make a representation to the Privy

Council if it appeared to the Council that a Licensing Body was maintaining an insufficient standard of proficiency at its Qualifying Examinations. The Council has continued to issue Recommendations from time to time. These have been " the expression of a concordat amicably reached, not of an ordinance framed and issued by external authority." The constitution of the Council is now one whereby all the Medical Faculties and corporations are represented. The Recommendations of 1922 introduced a five-year curriculum exclusive of Physics and Chemistry ; those of 1936 and 1947 had a tendency to be too precise. Those of 1947 were such that they conveyed an impression that they were really Regulations. The reason for their being worded in such a manner was that vocational training had to be stressed when it was possible for the newly qualified to proceed to independent practice immediately after registration. Students subsequently tended to concentrate on factual data, owing to the growing congestion of the currriculum resulting from the increase of specialism and other causes.

The Dental Profession

" In 1878 the Council was charged by Parliament with the duty of supervising, if not creating, the dental profession." In 1921 the Council was able to hand over its dental functions to the Dental Board of the United Kingdom and published its last Dentists Register in 1922. In 1956 the Dental Board was terminated and on 4th July the General Dental Council came into existence under the Dentists Act (1956).

The effect of the Medical Acts (1950, 1956) and Recommendations (1957)

The more recent Medical Acts of 1950 and 1956 were prepared in close consultation with the Council. The principal provisions in the Act of 1950 affecting medical education were that the newly qualified graduate must in the first place be provisionally registered while he undertakes a year of resident Hospital appointment as a house physician and a house surgeon ; each for a period of six months. If he is then certified by the Licensing Body as having fulfilled these appointments in a satisfactory manner, he will be granted *full* registration and the consequent privileges. This new regulation came into force on 1st January 1953. The hospitals in the United Kingdom in which these appointments can be fulfilled are approved by the Licensing Bodies and not by the Council ; in the Republic of Ireland they are approved by the Medical Registration Council of the Republic. This Act also empowered the Council to send Visitors to Medical Schools as well as to Examinations. In 1952-53 the Council appointed eight persons to act both as Visitors of Medical Schools and as Inspectors or Visitors of Examinations. It was after obtaining reports from the Visitors *and* the observations on them from the Licensing Bodies and Medical Schools, that the Council in May 1957 issued revised Recommendations with reference to the curriculum.

The institution of the pre-registration year adds weight and meaning to one of the new Recommendations which states that " the memorising and reproduction of factual data should not be allowed to interfere with the primary need for fostering the critical study of principles and the development of independent thought " (Recommendations as to the Medical Curriculum p. 10). It will be interesting to know in due course how the teaching Licensing Bodies, which are the Universities, have interpreted this basic definition of education and succeeded in producing a graduate who can be trained subsequently to practise any branch of medicine, one able to think, having the desire to continue learning and the intellectual means to do so. Some Medical Faculties had considered that the Recommendations of 1947 had exerted a restrictive effect on the diversity, freedom of and responsibility for their method of education.

A Faculty of a University should, however, always realise in the words of Sir T. Clifford Allbutt that " the function of a University is *not* qualification for any art or trade but a training of the mind, a formation of habits of study, of insight, of easy handling of ideas and the development of imagination." The new Recommendations " indicate the minimum length of the whole period of professional study, but refrain from specifying the period of time to be allotted to particular subjects or the sequence in which they should be taught. Specialities and subdivisions of the principal subjects are no longer specified, and no attempt has been made to indicate precisely the scope of the instruction which should be given in particular branches " (Recommendations as to the Medical Curriculum, 1957, **1**, 6, para. 10). The method of Education is now therefor the responsibility of the Medical Faculties of the Universities. They can apply the test of the Final Qualifying Examination how and when they wish after the minimum period laid down has elapsed. The Licensing Bodies and Examining Boards holding Final Examinations, of which there are now twenty-three, must, however, each continue to fulfil the duty legally imposed on the Council to be satisfied that their portal of entry into the profession is of a standard " such as sufficiently to guarantee the possession of the knowledge and skill requisite for the efficient practice of medicine, surgery and midwifery." The new Recommendations give the Medical Faculties ample scope to arrange the instruction so that the fragmentation of Medicine is replaced by an integration of all the subjects which may have been restricted by previous Recommendations. The undergraduate should be made to realize that the various subdivisions of Medicine are artificial and the subject is really a one and indivisible whole.

The British Pharmacopoeia

It has already been stated that the profession of the apothecary goes back to antiquity and in consequence the publication of what might be called a Pharmacopoeia was a necessary adjunct to the art of medicine.

In 1585 the College of Physicians, in order to justify their responsibility with regard to the inspection of drugs, decided to publish a pharmacopoeia, the drafting of which was entrusted to a committee of six Fellows of the College. It was only after a new committee of eight Fellows had been formed, of which William Harvey was one, that in December 1618 the first London Pharmacopoeia was published. Nine subsequent editions were published between 1650 and 1851, the most famous being that of 1836. This one, as it included for the first time the use of alkaloids, " marked an epoch in the history of the science and art of prescribing as it introduced into practical pharmacology in England a new philosophy of the science of Therapeutics."

The Act of 1858 " imposed on the Council the duty of publishing a national Pharmacopoeia containing reliable standards for medicines." The first British Pharmacopoeia was published by the Council in 1864; there were four subsequently published by 1914. The purpose of each was " to give authoritative recognition to, and to ensure the purity and conformity to standard of, medicaments used in medical practice." Previously the three Colleges of Physicians had published Pharmacopoeias; those of London from 1618-1851, that of Edinburgh (1699-1841) and of Dublin (1807-1850). The one sponsored by the Council was accepted by all and since then no other Body has issued one. In 1928 a Pharmacopoeia Commission was established which maintains a laboratory and prepares successive editions of the Pharmacopoeia which are then approved by the Council and published.

The Council and the Medical Profession

The Council during the century since its inauguration has truly earned the gratitude of the public and the profession of medicine by the tactful procedures it has adopted to break down the barriers and jealousies which separated the various grades of practitioners. By its most recent Recommendations with regard to the Curriculum it has provided the opportunities which have been sought by the teaching Licensing Bodies to enable them to develop medical education by what are regarded as University methods, untrammelled by any restrictive influences. The need for the establishment of such a body as the General Medical Council should now be apparent to all and its influence be appreciated on the education and the social status of the medical profession.

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