

The global politics of medical reform in Britain and Jamaica in the early nineteenth century

Between 1826 and 1843 the medical practitioners of Jamaica engaged in a long and fraught campaign to create a College of Physicians and Surgeons in the island. They hoped that it would examine and license all island practitioners; inspect chemists and druggists; circulate medical knowledge; reform everything from hospitals to quarantine; and support both the dignity and unity of the profession in Jamaica. Their campaign linked them with a wider imagined community of medical reformers in the British Isles, Europe and the United States in the early nineteenth century, using new knowledge and practices to challenge the political as well as medical establishment. ‘Medicine and politics blended insensibly into one another’ in Britain during this period, Ian Burney has argued, as practitioners the metropole and the provinces worked to assert their medical authority and protect their professional standing.¹ Yet there is also a strong case for seeing the Jamaican practitioners engaging in a similar process, as part of an imagined community which encompassed Britain’s imperial provinces but which had to take account of the very particular political and social conditions of these provinces. While previous work on the period has emphasised the circulation of medical theories, knowledge and practice in creating this community at both a national and an international level, this article emphasises the importance of examining the spread of medical institutions for licensing and education in the same way. The campaign in Jamaica for a medical college shows how this ‘imagined community’ of provincial medical practitioners was reproduced and given institutional form in one of Britain’s imperial provinces, how it

¹ Ian A. Burney, ‘Medicine in the Age of Reform’, in *Rethinking the Age of Reform: Britain, 1780-1850*, ed. Arthur Burns and Joanna Innes (Cambridge: Cambridge University Press, 2003), 163-165; Adrian J. Desmond, *The Politics of Evolution: Morphology, Medicine, and Reform in Radical London* (Chicago: University of Chicago Press, 1989), 10-15; Mark Harrison, *Medicine in an Age of Commerce and Empire: Britain and Its Tropical Colonies, 1660-1830* (Oxford: Oxford University Press, 2010), 113, 171

was shaped by the interlocked experiences of domestic and colonial political and social reform, and its consequences for the development of medical practice within empire.

1. Context

The early nineteenth century was a time of flux for the medical profession in Britain, Europe and the wider world. Thanks to the rise of comparative anatomy in centres such as Paris and Edinburgh and the growing body of experience from tropical and military medicine, the intellectual and scientific boundaries between medicine and surgery in Britain were breaking down.² The growing functional divisions of the profession into consultants, general practitioners, and druggists or chemists were a challenge to the legal boundaries between physicians, surgeons and apothecaries in England, and the various colleges or societies who trained and licensed them came under pressure from universities in Scotland and the United States, who contended that their medical diplomas should give their graduates a license to practice all three freely.³ The Apothecaries Act of 1815 offered a moderate compromise by

² Harrison, *Medicine*, 5-14, 113-200; Desmond, *Politics of Evolution*, 41-100; Burney, 'Medicine', 163-174; Irvine Loudon, *Medical Care and the General Practitioner 1750-1850* (Oxford: Clarendon Press, 1986), 13-28; David Cowen, 'Liberty, Laissez-Faire and Licensure in Nineteenth-Century Britain', *Bulletin of the History of Medicine* 43, no. 1 (1969): 30-40; Ivan Waddington, *The Medical Profession in the Industrial Revolution* (Dublin: Gill and Macmillan, 1984), 9-24

³ Loudon, *Medical Care*, 180-184; Charles Edward Newman, *The Evolution of Medical Education in the Nineteenth Century* (Oxford: Oxford University Press, 1957), 1-41, 82-112, 130-112; G. N. Sir Clark, A. M. Cooke, and Asa Briggs, *A History of the Royal College of Physicians of London*, 4 vols. (Oxford: Clarendon Press for the Royal College of Physicians, 1964-2005) vol. ii, 633-45; Zachary Cope, *The Royal College of Surgeons of England: A History* (London: Anthony Blond, 1959), 40-69 and below nn. 16, 67. For the rise of military and naval doctors, who were likewise trained in both physic and surgery, see Marcus Ackroyd et al., *Advancing with the Army: Medicine, the Professions, and Social Mobility in the British Isles, 1790-1850*

allowing general practitioners to be licensed jointly as surgeons and apothecaries by their college and society respectively, while leaving their surgical and pharmaceutical training in the hands of private schools.⁴ However, radicals such as Thomas Wakley used medical journals such as *The Lancet* to push for liberalising the royal colleges, the accreditation of provincial and private medical schools, and even the foundation of a new college for general practitioners that would teach medicine as ‘one faculty’ and then license them to practice, as described below in more detail. This was a direct attack on the medical establishment, as Ian Burney in particular has shown, with Wakley and others using new medical knowledge and new professional values to attack an entrenched hierarchy and to propose new models of licensing and regulation that recognised changing medical practice.

Echoes of these debates reverberated in provincial England, where, as Michael Brown has argued, medical societies and other medical institutions such as hospitals, asylums and boards of health were key factors in the emergence of an ‘imagined community’ of provincial medical practitioners.⁵ By the early nineteenth century these were helping practitioners to

(Oxford: Oxford University Press, 2006), 108-146; Catherine Kelly, *War and the Militarization of British Army Medicine, 1793-1830* (London: Pickering & Chatto, 2011), 26-30, 127-151

⁴ Waddington, *Medical Profession*, 29-34, 45-29, 54-75; Desmond, *Politics of Evolution*, 1-21, 101-151, 192-222; Burney, ‘Medicine’, 163-171, 175-181 and *idem*. ‘The Politics of Particularism: Medicalization and Medical Reform in Nineteenth-Century Britain’, in *Medicine, Madness and Social History: Essays in Honour of Roy Porter*, ed. Roberta Bivins and John V. Pickstone (London: Palgrave Macmillan, 2007), 48-57; Loudon, *Medical Care*, 129-188, 279-181.

⁵ Michael Brown, *Performing medicine: medical culture and identity in provincial England, c. 1760-1850* (Manchester: Manchester University Press, 2011), 83-217 and *idem*, ‘Medicine, Reform and the ‘End’ of Charity in early nineteenth-century England’, *English Historical Review* cxxiv, no. 511 (2009): 1353-1388. See also Loudon, *Medical Care*, 152-155, 174, 279-181. The concept of the ‘imagined community’ was of course first developed by Benedict Anderson and applied to the study of nations and national identity.

develop and display new standards of conduct based on medical authority and scientific knowledge which demarcated their professional identity and emphasised their shared membership of this newly-constructed or –imagined medical ‘profession’. The circulation of metropolitan and provincial medical journals was an important part of this process because they pulled all these groups into a wider conversation shaped, in the case of *The Lancet*, by what Brown has described as ‘a medical campaign [located] within the established traditions of democratic political reform’.⁶ This article will show that the campaign for a medical college in Jamaica suggests that similar processes were in train there, as well as in other imperial provinces such as the Cape of Good Hope, New South Wales and Upper and Lower Canada as the colonial governments experimented with medical licensing and practitioners formed medical societies and journals to lobby governments on issues such as licensing, medical care, public health and pharmaceutical regulation.⁷ In the United States, state powers

⁶ Irvine Loudon and J Loudon, ‘Medicine, Politics and the Medical Periodical, 1800-50’, in *Medical Journals and Medical Knowledge: Historical Essays*, ed. S Lock and R Porter (London: Routledge, 1992), 49-66; Michael Brown, ‘“Bats, rats and barristers”: *The Lancet*, libel and the radical stylistics of early nineteenth-century English medicine’, *Social History* 39 (2014), 182-209. Quotation on p. 183.

⁷ For colonial medical societies, see W. Nichol, ‘The Medical Profession in New South Wales, 1788-1850’, *Australian Economic History Review* 24, no. 2 (1984): 120-126, 129-131; Edmund H. Burrows, *A History of Medicine in South Africa up to the End of the Nineteenth Century* (Cape Town; Amsterdam: A. A. Balkema, 1958), 90-91, 130-131; Harriet Deacon, ‘Cape Town and ‘Country’ Doctors in the Cape Colony During the First Half of the Nineteenth Century’, *Social History of Medicine* 10, no. 1 (1997): 45-51. For licensing, see Burrows, *Medicine in South Africa*, 72-93; Harriet Deacon, ‘Medical Gentlemen and the Process of Professionalisation before 1860’, in *The Cape Doctor in the Nineteenth Century: A Social History*, ed. Harriet Deacon, Howard Phillips, and Elizabeth van Heyningen (Amsterdam; New York: Brill, 2004), 85-89; ‘Country’ Doctors’, 35-45; Rainer Baehre, ‘The Medical Profession in Upper Canada Reconsidered: Politics, Medical Reform and Law in a Colonial Society’, *Canadian Bulletin of Medical History* 12, no. 1 (1995): 102-108; William Canniff, *The Medical Profession in Upper Canada, 1783-1850* (Toronto: W. Briggs, 1894), 16-190;

to license practitioners were weak, so local medical societies offered accreditation, respectability and authority to doctors in a competitive medical marketplace.⁸ The early nineteenth century was therefore marked by a search for a model of medical licensing and training which could accommodate the new medical practices and communities. In this search, the conflict was not so much between Britain and the colonial periphery as between the medical establishment in London, on the one hand, and the increasingly firmly-imagined medical communities of provincial England, of Scotland and Ireland, and of the British Empire, on the other, who were beginning to find common points of opposition towards this medical establishment.

The construction of an imperial medical profession was complicated however in Jamaica and the British West Indies by the parallel process of wholesale social reform which required the entire system of medicine to be reconstructed as the islands transitioned from a slave to a free society. As Catherine Hall, Thomas Holt, Gad Heuman and others have argued, this process was intended to incorporate freed people of colour into colonial society, albeit as subordinates of whites, a process which required these societies to reassess how public necessities such as religion, prisons, education and medical care were to be provided to former slaves.⁹ Planters

Barbara Tunis, 'Medical Education and Medical Licensing in Lower Canada: Demographic Factors, Conflict and Social Change', *Histoire Sociale/Social History* 14, no. 27 (1981): 67-91.

⁸ Paul Starr, *The Social Transformation of American Medicine* (New York: Basic, 1982), 44-59; William G. Rothstein, *American Physicians in the Nineteenth Century: From Sects to Science* (London: Johns Hopkins University Press, 1972), 63-84, 101-121; Joseph F. Kett, *The Formation of the American Medical Profession: The Role of Institutions, 1780-1860* (New Haven, CT: Yale University Press, 1968), 12-96

⁹ Catherine Hall, *Civilising subjects: metropole and colony in the English imagination, 1830-1867* (Chicago, IL: University of Chicago Press, 2002); Thomas Holt, *The problem of freedom: race, labor and politics in Jamaica and Britain, 1832-1938* (Baltimore, MD: Johns Hopkins University Press); Gad Heuman, *Between black and*

had formerly made their own arrangements for the medical care of their slaves, and in the 1820s the imperial government had attempted to establish a minimum standard for care for slaves which included the provision of medical care.¹⁰ This offered profitable opportunities to the two hundred regular practitioners in the island in the 1820s and 1830s, and even after the act of emancipation in 1834, the decision to tie former slaves to their estates in a form of indenture known as ‘apprenticeship’ provided a degree of continuity.¹¹ However, when this was abandoned in 1838 and former slaves were permitted to move into the workforce as free labourers, this created serious financial challenges for doctors. Rural practitioners lost their regular stipends for attending plantations. Even urban practitioners, who could combine private practice with medical posts at hospitals, dispensaries, workhouse and gaols, faced competition from chemists, druggists and ‘irregular’ practitioners, including large numbers of obeah-men or spiritual healers offering African-derived remedies which the former slaves

white: race, politics and the free coloreds in Jamaica, 1792-1865 (Westport, CT: Greenwood Press, 1981); Swithin Wilmot, ‘Political Developments in Jamaica in the Post-Emancipation Period, 1838-1854’ (Unpublished DPhil thesis, University of Oxford, 1977). For social care, see Wilmot, ‘Political Developments’, 124-260; M.K. Bacchus, *Utilisation, misuse and development of human resources in the early West Indian colonies* (Waterloo, ON: Wilfrid Laurier University Press, 1990), 117-391; Diana Paton, *No bond but the law: punishment, race and gender in Jamaican state formation, 1780-1870* (Durham, NC: Duke University Press, 2004) pp. 53-190.

¹⁰ Richard B. Sheridan, *Doctors and Slaves: A Medical and Demographic History of Slavery in the British West Indies, 1680-1834* (Cambridge: Cambridge University Press, 1985), 42-46, 269-291, 295-318; B.W. Higman, *Slave Population and Economy in Jamaica, 1807-1834* (Cambridge: Cambridge University Press, 1976), 128-138, 261, 272

¹¹ D. J. Murray, *The West Indies and the Development of Colonial Government, 1801-1834* (Oxford: Clarendon Press, 1965), 127-165; Christer Petley, *Slaveholders in Jamaica: Colonial Society and Culture During the Era of Abolition* (London: Pickering & Chatto, 2009), 85-96

often preferred.¹² Since licensing was virtually unknown in the West Indies, with the exceptions noted below, practitioners in Jamaica worried that there was no way for them to uphold new standards of care or to regulate the profession in the island at a time of rising competition and falling fees.¹³ The efforts to establish a medical college in Jamaica therefore occurred at the intersection of the movement for medical reform in Britain and social reform in Jamaica, and were shaped by this tension.

This study of how this demand was met in Jamaica with the prolonged attempts to form a medical college therefore sheds light on both the colonial and institutional dimensions of medical reform in Britain and the British Empire during this period, and fleshes out a growing scholarship on medicine and society in the West Indies during an important moment of transition. Broader studies of medical practices in Jamaica and the region by Richard Sheridan, Nadine Wilkins and B.W. Higman have all commented in passing on the grand ambitions of the college, but they have not placed it in its political context.¹⁴ Jamaica has however been an important site for studies of imprisonment, insanity, epidemic disease and forensic which have shown how British medical practices were translated into a colonial

¹² Sheridan, *Doctors and Slaves*, 46, 72-97, 269, 336-267; Higman, *Jamaica*, 261-264, 266-269; Nadine Joy Wilkins, 'Doctors and Ex-Slaves in Jamaica, 1834-1850', *Jamaican Historical Review* 17(1991): 22-25; Pratik Chakrabarti, *Materials and Medicine: Trade, Conquest and Therapeutics in the Eighteenth Century* (Manchester: Manchester University Press, 2010), 53-76. For comparable issues in British Guiana, see Juanita de Barros, 'Setting Things Right': Medicine and Magic in British Guiana, 1803-38', *Slavery & Abolition* 25, no. 1 (2004): 28-50; 'Dispensers, Obeah and Quackery: Medical Rivalries in Post-Slavery British Guiana', *Social History of Medicine* 20, no. 2 (2007): 243-261.

¹³ Sheridan, *Doctors and Slaves*, 48-50.

¹⁴ *Ibid.*, 50-52; Higman, *Jamaica*, 264-265; Wilkins, 'Doctors and Ex-Slaves', 25-26.

idiom.¹⁵ They have emphasised in particular how key institutions such as the workhouse, prison and asylum were adapted to meet the needs of planters for mechanisms to control former slaves socially and economically by criminalising and pathologising their survival strategies such as vagrancy and mobility. The history of the medical college in Jamaica extends this narrative by showing how issues of colonial medical licensing and education became enmeshed in this process, and then fed back into metropolitan debates, since by claiming membership of this ‘imagined community’ of provincial medical reformers, the Jamaican practitioners invited obstruction from their metropolitan opponents. Two main phases can be identified. Between 1826 and 1835 supporters in Jamaica demanded and eventually obtained their ambitions plans for a medical college. Then between 1835 and 1843 they faced a backlash from opponents in Britain and Jamaica which cut down their plans into an institution that met both imperial and colonial needs. Ultimately this article therefore reveals the global scale of debates over medical reform in Britain in the early nineteenth century and the imbrication of imperial and colonial demands for such reform.

2. The First Phase: 1826-35

The initial proposals bore the stamp of radical British medical opinions but were calculated primarily for urban practitioners, who were less affected by emancipation. They tended to identify with the moderate planters and professionals in towns such as Kingston who were

¹⁵ Paton, *No Bond but the Law*; Leonard D. Smith, *Insanity, Race and Colonialism: Managing Mental Disorder in the Post-Emancipation British Caribbean, 1838-1914* (Basingstoke: Palgrave Macmillan, 2014), 20-24, 29-47; Christienna D. Fryar, ‘The Moral Politics of Cholera in Postemancipation Jamaica’, *Slavery & Abolition* 34 (2013): 598-618; and below n. 101; Margaret Jones, ‘The most cruel and revolting crimes: the treatment of the mentally ill in mid-nineteenth century Jamaica’, *Journal of Caribbean History* 42 (2008), 290-309; Aaron Graham, ‘Politics, persuasion and public health in Jamaica, 1800-1850’, *History* 104 (2019), 63-82.

supporters of the ‘Town’ or ‘Liberal’ party in the colonial assembly, and had reluctantly accepted by 1830 the need to concede civil rights to free people of colour and to begin to move towards emancipation.¹⁶ The first edition of the *Jamaica Physical Journal*, for instance, published by one of the supporters of the college, argued that it had been founded ‘on the most liberal principles’.¹⁷ They were opposed by rural practitioners, who made up at least two-thirds of the profession in the island according to a survey carried out by the college in 1833 and were generally allied with the ‘planter’ or ‘country’ party in the assembly, who were most concerned to resist emancipation. Both feared that the college would be a vehicle for liberal urban medical interests that would tear down social and racial hierarchies by enabling people of colour to qualify as medical practitioners and minister on the same terms as whites. Conflict was therefore inevitable, between two groups of practitioners who had divergent professional and social interests within a fractured medical community. ‘It was not in the remotest degree probable that a charter, embodying only the names of a few individuals about Spanish Town and Kingston’, one opponent explained in the *Jamaica Courant*, ‘... could ever have ensured the cooperation of the respectable district practitioners’, especially in a measure calculated to place them under the thumb of urban reformers threatening their livelihoods.¹⁸ The first phase was therefore a clash in which the imagined community of medical practitioners in Jamaica fractured as reformers increasingly saw themselves, through

¹⁶ For the parties in Jamaica, see Holt, *Problem of freedom*, 219-63, 443-52; Heuman, *Black and white*, 83-152.

¹⁷ *Jamaica Physical Journal*, January 1834, ‘Editorial’, p. 46. Due to the inconsistent and confusing nature of volume and issue numbering for the *Journal*, references are given by date and title only. A complete run of issues is held at the Wellcome Library, London.

¹⁸ *Jamaica Courant*, 14 October 1830, ‘A few thoughts concerning the establishment of a College of Physicians and Surgeons in Jamaica [by A British Graduate]’.

the mechanism of the medical college, as part of the diverse and vocal imagined community of medical reformers then active in London and the English provinces.¹⁹

For instance, although some form of medical licensing was a necessity, the decision made by reformers in Jamaica to establish a college reflected the example provided by Wakley and other reformers to seek certification outside the established medical establishment. Other British colonies generally settled on a mixture of a government medical board for licensing practitioners and a medical society to represent their interests. ‘Such unauthorised societies have been always of very short duration and their assumed power would not be respected’, one Jamaican partisan noted in 1830 though, referring to a medical society set up in July 1794 during an outbreak of yellow fever.²⁰ This had met several times over the next five years but then fell into disuse.²¹ A formal college offered more stability than a society, and more freedom than a medical board under the control of the imperial government. Also important was a powerful sense amongst even liberal practitioners of their own importance, and that a medical college was necessary if the island were also to promote medical research and education. ‘There are many men of talent and professional acquirements in this island, and ...a wide field for scientific observation’, the *Jamaica Physical Journal* noted in its first

¹⁹ Of necessity this article only examines one part of the process by which the imagined community of medical reformers in Jamaica constructed its identity, and more work is necessary to reveal its full dimensions. For an outline, see above nn. 12, 14.

²⁰ L.L.L., *Letters on the necessity of establishing a college of physicians and surgeons in Jamaica, addressed to the editor of the Kingston Chronicle, and originally published in that paper, with additional notes and observations* [hereafter *Letters*] (Kingston, 1830) p. 54. The sole copy can be found in the Bodleian Library, Oxford, as G.Pamph. 2666 (1).

²¹ *Royal Gazette* [of Jamaica], 12-17 July 1794, ‘Editorial’; 26 July – 2 August 1794, ‘Postscript’; 16-23 August 1794, ‘Editorial’; 23-28 August 1794, ‘The following Resolution’.

editorial in January 1834, and it singled out Dr Nathaniel Bancroft, a Fellow of the Royal College of Physicians and the chief medical officer at the military and public hospitals in Kingston, who had been a key figure in British debates over yellow fever in 1794.²² As proposals developed though they also gradually came to reflect the influence of Wakley and other British medical reformers, as Jamaican practitioners looked to them for guidance in supporting this provincial outlier of the wider imagined community of reformers.

Thus, the first proposal, which was introduced in the assembly in November 1826 by John Smith, a graduate of Edinburgh, did not propose a college but only a 'faculty' on the Scottish model for educating new practitioners in tropical diseases, and medical boards across the island to examine new arrivals.²³ The assembly established a committee with several medical representatives, who concluded that an anatomical school was impractical but that a college or medical board would help address abuses, therefore shifting the focus from education to regulation.²⁴ Despite heavy opposition from conservatives it passed the assembly with the support of liberals and moderate planters and was sent up to the council for their approval in December, but the session ended before any progress was made.²⁵ Analysing this failure two

²² *Jamaica Physical Journal*, January 1834, 'Address', p. 1. For military hospitals as centres of medical research, see Harrison, *Medicine*, 15-25, 64-88, 103-108, 119, 179-188; Ackroyd et al., *Advancing with the Army*, 302-318; Kelly, *British Army Medicine*, 3. For other proposals, see Sheridan, *Doctors and Slaves*, 51-52.

²³ The National Archives of the United Kingdom, London [hereafter TNA], CO 140/114 (*Votes of the House of Assembly of Jamaica*, 1826-7) pp. 144-5. In 1774 the Jamaican historian and planter Edward Long had suggested the need for a registry of practitioners and 'a college, endowed with a library; lecturers on physiology, anatomy, botany and the *materia medica*; with licensed inspectors of apothecaries, shops and drugs': Edward Long, *The History of Jamaica, or, General Survey of the Antient and Modern State of That Island*, 3 vols. (London: Printed for T. Lowndes, 1774) vol. i, 594; Sheridan, *Doctors and Slaves*, 48.

²⁴ TNA, CO 140/114 (*Votes*, 1826-7) pp. 147, 222, 234, 242, 252

²⁵ *Ibid.* pp. 299, 301, 309

years later, a correspondent named L.L.L. in the *Kingston Chronicle* admitted that ‘from the very short period which its zealous protector had to prepare the bill, it was probably imperfect ... [and] circumstances perhaps hurried it forward in rather an imperfect state’, but the main problem, as noted above, was that the officers were drawn entirely from Spanish Town or Kingston.²⁶ ‘It was said, I know not with what truth, that this nomination gave offence to several medical men’, L.L.L. wrote, but his interlocutor in the *Jamaica Courant* had no such doubts, and added on behalf of all other country practitioners that ‘a sentiment of extreme disgust pervaded the profession generally on the proposal of the bill of 1826’.²⁷ From the outset rural practitioners therefore resisted proposals for a college, which threatened their professional autonomy and position, and these positions became more entrenched as the island moved towards emancipation and the stakes for all of those concerned became higher.

The increasingly close connection between medical and political opinion in Jamaica can be gauged from the continuation of this debate in the public sphere. At least a dozen newspapers circulated at some point, often identified with very particular political, social and economic interests. ‘The one liberal newspaper in the island’, the *Kingston Chronicle* was read by moderates in Kingston and reluctantly supported Emancipation in 1834 as a bulwark against anything worse.²⁸ Its competitor in Kingston was the *Jamaica Courant*, which took a harder

²⁶ L.L.L., *Letters*, pp. 1, 19.

²⁷ *Jamaica Courant*, 14 October 1830, ‘A few thoughts’.

²⁸ William Laurence Burn, *Emancipation and Apprenticeship in the British West Indies* (London: Jonathan Cape, 1937), 273; Mary Turner, *Slaves and Missionaries: The Disintegration of Jamaican Slave Society, 1787-1834* (Urbana: University of Illinois Press, 1982), 11, 165, 184; Petley, *Slaveholders in Jamaica*, 72, 96-79, 114, 137; Wilmot, ‘Political Developments’, 313. On the public sphere in this period, see Andrew Lewis, ‘An Incendiary Press’: British West Indian Newspapers During the Struggle for Abolition’, *Slavery & Abolition* 16, no. 3 (1995);

and more conservative line on slavery, while *The Watchman* and the *Morning Journal* were the newspapers of the black and free coloured populations in Kingston, and generally adopted a liberal stance. The *Jamaica Despatch* was ‘the reactionary mouthpiece of the planters and their mercantile partners’ and circulated widely in rural areas, while the weekly *Royal Gazette* tended to split the difference between the two and closely followed government policy. A debate between L.L.L. and ‘A British Graduate’ in the *Kingston Chronicle* and the *Jamaica Courant* respectively between July and August 1830 was therefore a chance for the medical reformers and their opponents to present their arguments to their respective constituencies, and to emphasise in increasingly stark terms the political and social implications of the medical policy being proposed by the supporters of the college.

The eight letters published by L.L.L. and later reprinted in a small pamphlet of sixty pages presented a consistent argument. A college with the real power to license physicians and surgeons was necessary in order to uphold professional standards and protect the public of Jamaica, but the institutions in Britain such as the Royal College of Surgeons had been founded for domestic purposes ‘and not with any view of benefitting the empire at large’.²⁹ The bill proposed in 1826 had been rather rushed ‘and had it passed into law ... any medical practitioner who chose to set himself against it might ... have driven a coach and four ... through it’, but its basic principles were sound.³⁰ Since the largest number of practitioners was to be found in Kingston the college hall, library and museum should be located there, and rural members should rely on them to run the college.³¹ ‘I trust that the Medical Men who

Kamau Brathwaite, *The Development of Creole Society in Jamaica, 1770-1820* (Oxford: Clarendon Press, 1971), 31-39; Petley, *Slaveholders in Jamaica*, 40-41, 46-47, 62..

²⁹ L.L.L., *Letters*, pp. 1-19

³⁰ L.L.L., *Letters*, pp. 1-2, 20-2

³¹ L.L.L., *Letters*, pp. 22-5

live at a distance from Kingston will not experience any jealous feelings’, he said, ‘from my having said that the labour must chiefly be borne by those residing there’.³² In order to maintain the unity of the profession all practitioners needed to join the college and submit to its jurisdiction, and to pass examination before a board in Kingston, ‘[as] it derogates from the respectability of an incorporation by delegating its enquiries to other bodies, which either require none or very inadequate examinations’.³³ L.L.L. therefore transposed into a colonial key many of the radical proposals advanced by medical reformers such as Wakley in Britain; ‘if such a body is to be founded in Jamaica, let them be imitated where they prove useful’, he wrote, ‘and let the errors be avoided which are either hurtful or may tend to bring them into disrepute’.³⁴ He represented the views of liberal urban practitioners who identified with the **radical** demands for medical, social and political reform in Britain represented by Wakely.

His letters were answered by the ‘A British Graduate’ in the *Jamaica Courant*. Only one has survived, but their outline can be teased out from L.L.L.’s responses, and they offered an equally consistent set of arguments intended ‘to illustrate the feelings of the body of country practitioners, to which I have the honour to belong ... and only aiming at the general good’.³⁵ A British Graduate acknowledged the need for some sort of medical regulation and even admitted the logic of basing a college in Kingston, but objected strongly to the monopolistic power it would inevitably exercise over rural practitioners, and the decline in standards by allowing unqualified urban practitioners to issue licenses on their own examination. ‘Let us not have that *pot pourri* sort of crushing together all who can offer the, apparently only,

³² L.L.L., *Letters*, p. 24

³³ L.L.L., *Letters*, pp. 24-5, 28, 31-2

³⁴ L.L.L., *Letters*, p. 15

³⁵ *Jamaica Courant*, 14 October 1830, ‘A few thoughts’.

qualifications ... of *practising* as apothecaries and dispensing pills and drafts in Spanish Town or Kingston’, he wrote, ‘... to requite the labours of the *soi-disant* Physician or Surgeon’. The royal colleges were therefore the only bulwarks against both a precipitate decline in standards – ‘the idea of a graduate of a British university’, he concluded, ‘having to submit to the subsequent examination of a Jamaica Corporation of Physicians and Surgeons carries ridicule on the face of it’ – but also the opening of the profession in Jamaica to non-whites who had trained with local druggists rather than metropolitan schools and would be put on a professional and social par with British practitioners.³⁶ Underlying the opposition to the college was therefore a strong vein of medical conservatism which mirrored that of the British medical establishment, but also an even stronger a social conservatism which sought to protect white power by denying entry to local people of colour.

The reply that L.L.L. offered the ‘A British Graduate’ in November 1830 shows that a conversation had been in progress in which the public sphere offered partisans, as in Britain, the opportunity to work through contentious topics and modify proposed legislation in light of this debate. ‘As the time is now arrived when ... the subject will probably be submitted to the legislature’, L.L.L. noted, ‘I think it right to take a general view of all that has been said by others and to point out how far in my opinion their proposals can be adopted or ought to be rejected’. He acknowledged concerns by ‘Chirurgion’ about the nomination of the initial officers, showed why the medical society suggested by ‘Peter Morris’ was impractical, weighed up the benefits of the benefit society proposed by ‘An Old Practitioner in the Country’, and considered the proposal by ‘Medicus’ to appoint district censors to regulate local practitioners, which he thought impractical and open to abuse.³⁷ He reserved most of

³⁶ Ibid.. For similar fears in British Guiana, see de Barros, ‘Dispensers, *Obeah* and Quackery’, 246, 248, 255.

³⁷ L.L.L., *Letters*, pp. 50-1, 54-7.

his attention for ‘A British Graduate’, contending that the diplomas from some Scottish universities were worthless, let alone those from the United States, ‘[where] universities rise and fall ... like mushrooms, and ... degrees are granted by some of them after attendance on such means of instruction as are by no means sufficient to afford proper qualifications’.³⁸ Some procedure for assessing knowledge was therefore necessary, but to address the objections raised by ‘Medicus’ and the ‘A British Graduate’ he conceded that temporary licenses could be issued to new applicants until they could be examined by the college in Kingston.³⁹ He also ruled out making the college a centre of teaching and research, which accommodated the social concerns by the ‘A British Graduate’ about promoting black practitioners but weakened the medical authority of the institution.⁴⁰ In general, ‘L.L.L.’ therefore enunciated a provincial critique of metropolitan institutions to help guide medical reform in Jamaica, aligning himself with the imagined community of medical reformers to address opposition which likewise drew on metropolitan practice to justify the status quo.

Consequently, when the proposal for a college was once again submitted to the assembly it had drawn even closer the models provided by Wakley and other provincial reformers for the reconstruction of the British medical establishment. A letter to the *Jamaica Courant* by ‘Misempeirikos’ in August 1831 resurrected the issue, and the new bill was introduced in November 1832.⁴¹ The corporation was now to be a ‘college’ rather than a ‘faculty’, and

³⁸ L.L.L., *Letters*, pp. 50-4. For American medical education, see Starr, *American Medicine*, 40-44; Rothstein, *American Physicians*, 85-100.

³⁹ L.L.L., *Letters*, pp. 50-1

⁴⁰ L.L.L., *Letters*, pp. 51-2

⁴¹ TNA, CO 140/122 (*Votes of the House of Assembly of Jamaica*, 1832-3) pp. 81, 101, 106, 170, 171, 181, 193.

A copy of the act (3 Will. IV c. 7) was bound with the *Letters* in G.Pamph 2666 (1), as ‘Act of legislature, 3d William IV c. 7 establishing a college of physicians & surgeons in Jamaica, with bye-laws of the college’.

although it would not offer formal medical education it would still exercise control over practitioners by licensing and disciplining them. Practitioners would enter the fellowship by enrolling their diplomas or their warrants as military or naval surgeons, and only practitioners unable to offer such proofs would be required to undergo examination, receiving a temporary licence until they could do one or the other. The bill therefore kept the principle of a college whose fellowship would comprehend the entire profession but made some concessions to opponents by cutting down its powers of enrolment, while the bye-laws drawn up in May 1834 introduced further concessions by allowing fellows to elect five District Censors who would enforce medical regulations locally, issue temporary licenses and otherwise restrain the power of the college officers.⁴² In general though it still embodied the aims of L.L.L. and the ‘one faculty’ of physicians and surgeons which were at the centre of Wakley’s campaigns for medical reform in England, and it created between 1834 and 1836 an open and reasonably democratic medical establishment with independent powers of licensing and regulation.

By most measures the **impact** of the college during the very brief moment it enjoyed was extensive. About fifty practitioners out of the two hundred in Jamaica enrolled as fellows, including Bancroft and the cream of the urban medical establishment in Kingston.⁴³ The first meetings of the college in May 1834 lobbied the governor for a census of practitioners and established a committee to reform medical fees, the current system being felt ‘unworthy of an enlightened age ... [and] disreputable to the medical profession, and ... as unsatisfactory to

⁴² Ibid. A copy of the bye-laws was also published in *Jamaica Physical Journal*, June 1834, ‘College of Physicians’, pp. 377-81.

⁴³ For enrolments, see *Jamaica Physical Journal*, January 1834, ‘College of Physicians’, p. 50; February 1834, ‘College of Physicians’, p. 121; May 1834, ‘College of Physicians’, p. 318; September 1834, ‘College of Physicians’, p. 100.

the public as it is to practitioners'.⁴⁴ Like radical reformers in England, they concluded that the dignity of the profession made it necessary to move away from the compromises of the Apothecaries Act of 1815 and allow practitioners to charge fees like physicians for prescribing medicines, since allowing them only to charge for making up medicines like apothecaries encouraged a culture of over-prescription that undermined their authority and standing.⁴⁵ The committee created a table of fees for the assembly to pass into law, though several writers later complained to the *Jamaica Physical Journal* that the fees were calculated for urban practitioners rather than rural ones. Finally, it provided a platform for the *Journal* itself, which was edited by James Paul, the treasurer of the college, and became in effect its in-house journal. 'The act ... now being in force, a new era commences in the practice of medicine in this island', Paul noted in his first issue, '[and] the present time is therefore considered a fit one for the commencement of a publication', and the list of the subscribers to the first issue overlapped very closely with the membership of the college.⁴⁶

For the three years it circulated the *Journal* was an important organ for the consolidation of a professional identity among practitioners in Jamaica, both as a colonial medical community

⁴⁴ *Jamaica Physical Journal*, June 1834, 'The College of Physicians', pp. 377-82; September 1834, 'College of Physicians' pp. 101-3.

⁴⁵ *Jamaica Physical Journal*, June 1834, 'The College of Physicians', pp. 382-3, 385-6; September 1834, 'Editorial', pp. 105-6, and 'To the Editor of *The Jamaica Physical Journal*', pp. 110-12. For the system as it operated in Jamaica, see Sheridan, *Doctors and Slaves*, 296-299, 306-298. For Britain and the empire, see Loudon, *Medical Care*, 249-251, 265; Harriet Deacon and Elizabeth van Heyningen, 'Opportunities Outside Private Practice before 1860', in *The Cape Doctor in the Nineteenth Century: A Social History*, ed. Harriet Deacon, Howard Phillips, and Elizabeth van Heyningen (Amsterdam; New York: Brill, 2004), 148-151, 185-193. For a similar effort in Boston, see Mark S. Blumberg, 'Medical Society Regulation of Fees in Boston, 1780-1820', *Journal of the History of Medicine and Allied Sciences* 39, no. 3 (1984): 303-329..

⁴⁶ *Jamaica Physical Journal*, January 1834, 'Address', pp. 1-2, and the list of subscribers on the title page.

in their own right and as part of the wider imagined community of medical reformers that encompassed reformers in London and the English provinces. Like *The Lancet* it offered both medical information and commentary on medical politics in Jamaica and overseas, drawn from local contributors or from Wakley's journal *The Lancet*, to the extent that one hostile practitioner dismissed the *Journal* as 'a reprint of *The Lancet* ... [and] nothing more than second-hand ware'.⁴⁷ Paul advertised that he was a fellow of the London College of Medicine, an institution set up by Wakley in 1831 to educate general practitioners along the lines he proposed in *The Lancet* and to provide a model for his college based around one faculty, and this close engagement continued within the *Journal* itself.⁴⁸ 'Medical reform is all the cry in England', Paul noted in his first editorial, explicitly tying himself to Wakley's agenda, '[and] how strange it is that Jamaica should ever take the lead of the Mother Country'.⁴⁹ Noting other liberal reforms in Jamaica that had outstripped those of England, such as the enfranchisement of Jews in 1830, he brought these credentials together in his conclusion that 'while our professional brethren in England are eager for reform of their medical institutions, Jamaica has already afforded them a glorious example in incorporating all who at the present time are in practice into one body politic ... on the same footing, and no difference in rank can exist'. All this was grist to Wakley's own mill and he reprinted it verbatim in *The Lancet* in order to spur reform in Britain. The *Journal* also carried reports and editorials on college meetings, and lobbied for new legislation that would increase its

⁴⁷ *Kingston Chronicle*, 16 November 1835, 'Proceedings of the House of Assembly' [hereafter 'Proceedings'], 13 November 1835. For journals, see above n. 7.

⁴⁸ Desmond, *Politics of Evolution*, 104-105; Loudon, *Medical Care*, 279-280.

⁴⁹ *Jamaica Physical Journal*, April 1834, 'Medical Reform', p. 247 and August 1835, 'Review of *The Jamaica Physical Journal*', pp. 305-6; *Lancet* vol. ii (1834-5) p. 55. For other examples of Wakley's interest in overseas medical reform and its implications for Britain, see Ronald D. Cassell, 'Lessons in Medical Politics: Thomas Wakley and the Irish Medical Charities, 1827-39', *Medical History* 34, no. 4 (1990): 412-423.

powers of medical regulation.⁵⁰ Like Wakley and provincial reformers in England, such as the medical community of York, Paul used the *Journal* to attack the medical establishment, upbraiding the conservative corporation of Kingston in 1834 for misusing hospital posts as patronage, and printing letters and editorials calling for the Kingston Hospital to be opened up to local practitioners for teaching and research into tropical diseases.⁵¹ Finally, he also supported the college's proposals on the question of fees, recommending the new tariff to the assembly and publicising efforts by himself and medical practitioners in Kingston to adopt the fees unilaterally when this planned legislation fell through.⁵²

During its first phase of existence the College of Physicians and Surgeons therefore served as an important vector for the spread of new medical reforms and ideas from Britain to Jamaica and the West Indies, embodying many of the changes that Wakley and other reformers were demanding. It had taken concrete form because the social and political system in Jamaica was sufficiently stable and sophisticated to create a complex set of medical laws, and because its sponsors managed to paper over the divides within the profession, though it could not eradicate them entirely. The *Journal* reported that the election of college officers in April 1834 was marked by 'party feeling' between urban and rural practitioners, and others complained that the officers elected were all Scottish graduates of Edinburgh, at the expence of English surgeons.⁵³ The *Journal* argued nevertheless in June 1835 that the college had

⁵⁰ *Jamaica Physical Journal*, January 1834, 'Editorial', pp. 47-8, and April 1834, 'Editorial', pp. 239-40.

⁵¹ *Jamaica Physical Journal*, February 1834, 'Editorial', pp. 118-20; March 1834, 'Editorial', p. 190; April 1834, 'Editorial', p. 248; September 1834, 'Editorial' p. 109-10; July and August 1836, 'Article 4: Letter to the Editor', pp. 333-4; Brown, 'Medicine, Reform', 1353-1388 and *idem*, *Performing medicine*, 83-106. For the similar importance of the Somerset Hospital in the Cape, see Burrows, *Medicine in South Africa*, 118-130.

⁵² *Jamaica Physical Journal*, September 1834, 'Editorial', p. 105-6.

⁵³ *Jamaica Physical Journal*, May 1834, 'Editorial', pp. 315-20; September 1834, 'Editorial', pp. 108-9.

been of great use, putting into effect the radical medical policies being debated in Britain.⁵⁴ However, by tying itself so close to the cause of provincial medical reform and Wakley's wider agenda, reformers in Jamaica came to the notice of the medical establishment in London, particularly the Royal College of Surgeons, who opposed the project not on its merits but because they viewed the Jamaican college as a stalking horse for domestic medical reformers. By arguing that a provincial community such as Jamaica was not equipped either to educate or license medical practitioners to the higher standards now developed in London they aimed to demonstrate that English provincial hospitals could likewise not be allowed similar freedoms, thereby maintaining standards in the profession. This in turn gave new ammunition to the college's opponents in Jamaica. By tying Jamaica into this imagined community of liberal medical reformers as a provincial outlier, practitioners seeking a medical college therefore had to cope between 1835 and 1843 with the consequences.

3. The Second Phase: 1835-43

Once the bill for the college of physicians and surgeons in Jamaica had received the assent from the governor, Lord Mulgrave, in November 1832, it was dispatched to the Colonial Office in Britain to be confirmed or disallowed. A covering letter from Mulgrave noted that the bill had come up the day before the assembly was dissolved and had been rushed through the council without much oversight.⁵⁵ He therefore sent with the bill a list of objections from the attorney-general of the island, which were concerned with minor points of procedure and

⁵⁴ *Jamaica Physical Journal*, June 1835, 'Disallowance of the act establishing a college of physicians and surgeons in Jamaica', pp. 215-16.

⁵⁵ TNA, CO137/188 ff. 110r-112v, Mulgrave to Goderich, 2 February 1833, and ff. 116r-117v, O'Reilly to Yorke, 1 February 1833.

practice that would usually have been ironed out by the council. The under-secretary to the Colonial Office, James Stephen, agreed that these were generally minor points and referred the bill to the medical establishment in London in May 1833 for their approval, apparently anticipating no real resistance.⁵⁶ The Royal College of Physicians, a conservative but also somewhat somnolent backwater that had largely been ignored by reformers such as Wakley, was noncommittal about medical and scientific utility of the college but did not raise any real objections.⁵⁷ By contrast, the Royal College of Surgeons was in the midst of a prolonged battle to maintain its own privileges and the wider standing of the surgical profession against the demands for medical reform, and adopted a wholly uncompromising stance which the colonial opponents of the Jamaica College then exploited for their own ends. Successive attempts eventually resulted in deadlock, which was only broken in 1843 by a compromise which removed opposition at the cost of watering down the powers of the new college.

The Royal College of Surgeons of London was chartered as the Company of Surgeons in 1745, when it was given the powers to examine and license surgeons to practice both in England and, crucially, ‘throughout all and every of His Majesty’s dominions, any law or custom to the contrary notwithstanding’.⁵⁸ This was carried over into the charter of 1800 which elevated the company into a royal college and set the seal on its campaign to raise surgery into a respectable scientific profession. The college council received the act from the Colonial Office in June 1833 and referred it to a committee chaired by the hardliner Sir

⁵⁶ TNA, CO 323/49, ff. 121r-v, Stephen to Stanley, 4 May 1833

⁵⁷ TNA, CO 137/90 ff. 422r-v, Hawkins to Lefebre, 20 July 1833, and ff. 424r-v, ‘Opinion of the President and Fellows’, 20 July 1833. For the Royal College of Physicians and medical reform in this period, see Clark, Cooke, and Briggs, *History*. vol. ii, 666-70, 680-8

⁵⁸ Cope, *History*, 1-30.

Anthony Carlisle, who had consistently opposed English reforms of any kind.⁵⁹ The college had only recently abandoned its opposition to the recognition of provincial medical schools, for instance, and was in the process of lobbying against a medical school at the new liberal University College, London, which undermined its control of surgical training and education in the metropolis.⁶⁰ The committee therefore predictably reported that the college in Jamaica would make no contribution to medical research or public health, ‘[as] the safety of the public requires that the practitioner shall receive his professional education in the Mother Country, where alone competent instruction can be obtained’.⁶¹ Their main objection though was to the power of the college in Jamaica to examine and license surgeons directly, a claim that raised the spectre of provincial schools in England likewise licensing their own graduates according to their own standards and also challenged the privileges of the college in London at a time when its charter was under direct attack from reformers such as Wakley. ‘[It is] a power which may be liable to great abuse both as to the admission and as to rejection’, they noted, and was also ‘a direct violation of the right professed by Members of this Royal College to practice freely and without restraint in any of His Majesty’s Dominions’.

The Royal College of Surgeons applied similar tests to other legislation received for their review during this period. For example, in October 1839 the council strongly opposed an act creating a College of Physicians and Surgeons of Upper Canada, since it likewise gave the

⁵⁹ Desmond, *Politics of Evolution*, 419.

⁶⁰ Cope, *History*, 41-50; Desmond, *Politics of Evolution*, 26-41, 104-105, 152-182; Newman, *Medical Education*, 112-130; Waddington, *Medical Profession*, 29-42, 54-29; Hugh H. L. Bellot, *University College London, 1826-1926* (London: London University Press, 1929), 143-152, 215-130.

⁶¹ Royal College of Surgeons of England Archives, London [hereafter RCS], GOV/2/1/2 (Council Minutes, 1833-8) pp. 94, 95, 100-3, and RCS, COM/2/2 (Council Committee Minutes, 1828-45) pp. 104-5; TNA, CO137/190, ff. 416r-419r, Belfour to Lefebvre, 18 July 1833.

fellows of that college considerable power over surgeons licensed by the Royal College of Surgeons in London.⁶² It thus undermined the medical establishment at home, even if it had in fact been founded by the conservative ‘Family Compact’ of Tory landowners in Upper Canada specifically to root out radicals trained in medicine in France or in the United States, who had been prominent in the recent Rebellion of 1837.⁶³ The fellows were understandably aggrieved to learn that the bill had been disallowed and wrote a rebuttal to the Colonial Office which pointed out that Royal College of Surgeons had failed to challenge an earlier medical board in Upper Canada between 1818 and 1827 which exercised similar powers.⁶⁴ The College, they said, was picking and choosing the laws it chose to enforced, due to ‘ultra-ignorance’ in London and the advice of hostile local practitioners ‘who either did not understand the act or wilfully misrepresented it’.⁶⁵ An act to license practitioners in Antigua was allowed to pass in 1840, by contrast, because did not allow licenses to be withheld from surgeons licensed by the Royal College of Surgeons.⁶⁶ The College insisted that the same power be inserted into medical licensing bills from the Cape of Good Hope in 1838 and van Diemen’s Land in 1841, and commended the medical inspector of New South Wales for his efforts to detect fraudulent surgeons and ‘to maintain unimpaired the rights and interests of this College in a colony of such much importance ... the College have at all times been most

⁶² RCS, GOV/1/2/3 (Council Out-letters, 1800-39) pp. 146-8, Belfour to Grey, 18 October 1839 and RCS, GOVR/2/13 (Council Minutes, 1838-43) p. 167. The episode is described most fully in Canniff, *Medical Profession*, 108-166.

⁶³ Baehre, ‘Medical Profession’, 104-120; R. D. Gidney and W. P. J. Millar, *Professional Gentlemen: The Professions in Nineteenth-Century Ontario* (Toronto: University of Toronto Press, 1994), 22-24, 53-29

⁶⁴ Canniff, *Medical Profession*, 151-157.

⁶⁵ *Ibid.*, 158-159.

⁶⁶ RCS, GOV/2/1/3 pp. 272-3, 294-5. For responses from the colleges, see TNA, CO 7/65, Haskins to Stephen, 30 September 1840; Upton to Stephen, 12 October 1840; Vincent to Stephen, 16 November 1840.

desirous of protecting the public by preventing unqualified persons practising surgery'.⁶⁷ To maintain their medical authority and their power to protect the public by preventing dilution of standards, the Royal College of Surgeons therefore exercised swingeing powers over other colonial practitioners to prevent them joining the imagined community of medical reformers.

The disallowance of the act incorporating the college in Jamaica was thus the opening of the second phase in the campaign, which played out both internally and on the imperial stage as supporters lobbied the imperial government, and countered local efforts by conservative practitioners to hobble the college now that the question had been reopened. When news arrived in May 1835 the *Jamaica Physical Journal* ran several editorials praising the college, and although Paul acknowledged that the act was indeed technically in breach of imperial law, he argued that 'it could never have been anticipated by the framers of the bill to have inquired rigidly into the character of those already admitted members or fellows of colleges in Britain'.⁶⁸ The new Whig governor, Lord Sligo, told the Colonial Office that he was 'deeply impressed with the injury that will be done to the Apprentices of Jamaica' without the college, thereby linking together the liberal projects of medical reform, Emancipation and the creation of a free society, and he copied to them a letter from Bancroft to a friend at the Royal College of Physicians as further support.⁶⁹ 'We all regret that our late act should have been so worded as to interfere with the rights of the members of the College of Surgeons of London', Bancroft wrote, but argued that the privileges had been abrogated by the new

⁶⁷ RCS, GOV/2/1/2 pp. 475-6; RCS, GOV/2/1/3 pp. 29-30, 34-5, 48, 167, 242, 259-61, 274-5, 379-80

⁶⁸ *Jamaica Physical Journal*, June 1835, 'Disallowance of the act establishing a college of physicians and surgeons in Jamaica', pp. 215-16, and 'Editorial', p. 259; August 1835, 'Jamaica College of Physicians and Surgeons', p. 307.

⁶⁹ TNA, CO 137/198 ff. 397r-v, 398r-399r, 400r-v, Sligo to Aberdeen, 14 May 1835; Aberdeen to Sligo, 9 July 1835; Stephen to Sligo, 5 August 1835; TNA, CO 137/99, f. 2r, Sligo to Colonial Office, 14 June 1835.

charter of 1800.⁷⁰ This was duly referred back to the Royal College of Surgeons in July 1835 by the Colonial Office, around the same time that University College, London was making another attempt to secure a charter that would allow it to award medical degrees, and the council therefore strongly objected to both.⁷¹ Proving the continued overlap of colonial and metropolitan medical reforms, the *Jamaica Physical Journal* noted in August that the recent decision by the privy council in London to withhold the university's charter, on the petition of the British establishment, 'augurs ill for the resuscitation of our college in Jamaica'.⁷²

Colonial opponents in Jamaica had already drawn on the power and authority of the Royal College of Surgeons, as noted above, and by coming out in opposition to the Jamaica College the medical establishment in London revitalised conservative practitioners in Jamaica, who now saw another opportunity to block liberal reforms that threatened the social and racial hierarchy of the island. The powers of the Royal College to regulate colonial surgery had been emphasised by 'A British Graduate' in 1830, but were restated after 1835 with particular force by his successors. Dr Benjamin Whittaker opposed a new bill in November 1835 because 'the profession should [not] be fettered with such a useless bill ... Of whom did the College of Physicians and Surgeons consist? Why, a set of MDs who had rendered no benefit to mankind, and he did not believe there was a single surgeon a member of it'.⁷³ The *Royal*

⁷⁰ TNA, CO 137/199 f. 3r, 4r, 5r-6r, Stephen to Harrison, 22 July 1835; Colonial Office to Sligo, 14 July 1835; Bancroft to Turner, 29 May 1835.

⁷¹ RCS, GOV/2/1/2 pp. 310-11, 314-16; TNA, CO137/206 ff. 543r-544r, Andrews to Grey, 27 August 1835. For UCL, see Bellot, *UCL*, 230-237, 241-238; Cope, *History*, 157-162; Clark, Cooke, and Briggs, *History*. vol. ii, 692-6

⁷² *Jamaica Physical Journal*, August 1835, 'Jamaica College of Physicians and Surgeons', p. 307.

⁷³ TNA, CO140/126 (*Votes of the House of Assembly of Jamaica*, 1835-6) pp. 20, 76-7, 141, 142, 179, 202-3, 207; *Kingston Chronicle*, 16 November 1835, 'Proceedings', 13 November 1835; 18 November 1835,

Gazette supported a revised bill in July 1836 ‘to suppress humbug and quackery’, but when the bill was introduced again it once more faced conservative opposition from Whittaker and from Dr Samuel Boyd Barnett, a surgeon in the rural parish of St Ann’s.⁷⁴ Both men objected to the clauses requiring all practitioners to become fellows of the college and to other clauses that seemed to separate surgery and physic.⁷⁵ They were joined by conservative planters such as William Frater and Hugh Fraser Leslie, who were not interested in the wider welfare of the black public and had lost patience with the bill, arguing that ‘for three or four sessions successively the house had been physicked by this nauseous bill, which was like a blister ... and certainly amputated a great deal of valuable time’. Exploiting the demonstrable splits within the medical profession itself, they stated that ‘if the doctors could not agree among themselves, how was it possible for planters to agree in what would be good for them?’ The campaign came to a head in November 1839, when a newly-revised bill for the college was introduced for a third time and was so extensively reported by the press that the debates and tactics used by both sides can be reconstructed.

In October 1839 a small group of urban practitioners that included Bancroft, Paul, various former fellows of the college and a new arrival named John Ferguson, issued a petition that called for an act to protect and register practitioners, which was widely circulated and

‘Editorial’; 2 December 1835, ‘Proceedings’, 1 December 1835; 8 December 1835, ‘To the Editor of the Kingston Chronicle and City Advertiser [by Benjamin Whittaker]’; *Royal Gazette*, 5-7 December 1835, ‘Proceedings’, 1 December 1835.

⁷⁴ *Royal Gazette*, 9 July 1836, ‘The College of Physicians and Surgeons’; 16 July 1836, ‘Jamaica College of Physicians and Surgeons’; TNA, CO140/128 (*Votes of the House of Assembly of Jamaica, 1836-7*) pp. 86, 96, 99, 195, 203-4.

⁷⁵ *Kingston Chronicle*, 28 February 1837, ‘Proceedings’, 24 February 1837; *Royal Gazette*, 4 March 1837, ‘Proceedings’, 24 February 1837.

received at least sixty signatures.⁷⁶ When it was brought before the assembly on 31 October it had the support of the *Royal Gazette*, now edited by Paul, and the *Morning Journal*, which argued that in Jamaica as in Britain ‘the time is arrived when the intervention of parliament is imperatively called for’.⁷⁷ During the climactic debate on 19 November it was strongly supported by medical assemblymen such as Dr John Ewart and Dr John Clachar; by relatively moderate planters such as Alexander Barclay; by black or mixed-race elites such as Edward Jordon and Robert Osborn, who edited the *Morning Journal*; and even by a few conservatives such as Leslie, who complained that the bill ‘had been a plaster stuck to their backs for some time, [and] the sooner they got rid of it the better’.⁷⁸ They were opposed mainly by Barnett and Morales, who repeated that the college would create ‘an oligarchy in the profession’ with unwelcome rules and charges imposed by unqualified urban fellows drawn from the new black urban classes.⁷⁹ Conservative newspapers such as the *Jamaica Despatch* and *Jamaica Standard* reported verbatim Barnett’s speech that even black doctors trained up in plantation hospitals or ‘hot houses’ would soon be able to wield power over white doctors and patients. ‘Give all the black hot-house doctors their degrees of MDs’, he was reported to have said, ‘but do not disgrace the character of English surgery by the bill’.⁸⁰ More damagingly, they successfully showed that the petition circulated in October had omitted any mention of a college, and thus accused its supporters of bad faith. Enough doubts were sown about the

⁷⁶ *Jamaica Despatch*, 21 November 1839, ‘Proceedings’, 19 November 1839.

⁷⁷ *Royal Gazette*, 31 October 1839, ‘Editorial’, and ‘Proceedings’, 28 November 1839; *Morning Journal*, ‘Physicians Bill’, and ‘Proceedings’, 19 November 1839; TNA, CO140/130 (*Votes of the House of Assembly of Jamaica*, 1839-40) pp. 42-3, 65, 73-4, 168-9, 174. The petition is on pp. 42-3.

⁷⁸ *Jamaica Standard*, 27 November 1839, ‘Proceedings’, 19 November 1839.

⁷⁹ *Jamaica Despatch*, 21 November 1839, ‘Proceedings’, 19 November 1839.

⁸⁰ *Jamaica Despatch*, 22 November 1839, ‘Proceedings continued’, 19 November 1839; *Jamaica Standard*, 27 November 1839, ‘Proceedings’, 19 November 1839.

real opinions of the profession – even the *Morning Journal* was forced to concede that ‘certain circumstances connected with the getting up of it appear ... to be in our opinion extremely irregular’ – that Barnett and Morales were able to get the further consideration of the bill for the college deferred until March 1840.⁸¹

Just as medical reformers in Jamaica had in the first phase imagined themselves as a part of this wider community of medical reformers, both in order to protect their professional status and support their social and political programme, their opponents now therefore aligned themselves in a less explicit way with the imagined community of the London medical establishment, using their authority to undermine the liberal reforms of their opponents. For example, Osborn had voiced support for the bill because he hoped that it would allow black students to receive a local medical education, and a conservative newspaper, the *Jamaica Standard*, reported him saying that ‘he considered it hard that the youth of the country should not be able to get as good a knowledge of the medical profession here as they could by being sent to England at so great an expence’.⁸² Morales replied that it was impossible to achieve this, and repeated that the charter of the Royal College of Surgeons was therefore the only thing that stood between poorly qualified black practitioners in Jamaica receiving licenses to practice medicine. Conceding for the first time the need for some sort of medical licensing, he insisted that it should simply be one of registering licenses or diplomas obtained in Britain, Europe or the United States. An editorial in the *Jamaica Standard* likewise condemned the college as ‘a levelling system by which the respectable portion of a community may be

⁸¹ *Morning Journal*, 25 November 1839, ‘Editorial’. The supporters later claimed that the omission had been accidental: *Morning Journal*, 26 November 1839, ‘Editorial’.

⁸² *Jamaica Standard*, 27 November 1839, ‘Proceedings’, 19 November 1839; *Jamaica Despatch*, 21 November 1839, ‘Proceedings’, 19 November 1839.

reduced to a par with the inferior orders’, reinforcing the distinction between European and African medicine by adding that ‘were we on the sick bed we would rather have as our medical attendant Dr Paul as he is than the most accomplished graduate of a Timbuctoo University or even the most “scientific” member of our Island College’.⁸³ The *Jamaica Despatch* printed a letter which complained about the college devaluing of the title of doctor, ‘the same dignified title being accorded to druggists, medical apprentices and even to the negroes who keep the surgeries clean’.⁸⁴ Morales called a meeting on 16 March 1840 which secured six signatures on a counter-petition, despite speeches by Paul and Bancroft, and this was sufficient to sow doubts when the house resumed. Ewart and Barclay argued that registration alone would be ineffective and Jordon added that the house served ‘to legislate for the people of Jamaica and not for the Royal College [of Surgeons]’, but wavering assemblymen such as Hugh Whitelocke concluded ‘some deference ought to be paid to that part of the medical profession who were in favour of the registration, and whom he could not exactly call the minority’, and the bill for reviving the college was therefore set aside.⁸⁵

Supporters of the Jamaica College also continued to face opposition from the Royal College of Surgeons, so that even the bills which made it through the assembly in 1836 and 1837 fell at the next hurdle. Having noted the legal objections of the Royal College of Surgeons the Colonial Office had no choice but to act on them, and instructed the council or upper house of the colonial legislature in Jamaica to incorporate suitable exemptions or provisions into any bill that came before them again. For instance, the first revised bill was amended by the

⁸³ *Jamaica Standard*, 18 December 1839, ‘Editorial’; 25 December 1839, ‘Editorial’; 8 January 1840, ‘Editorial’.

⁸⁴ *Jamaica Despatch*, 20 March 1840, ‘To the Editor of the Morning Journal [from Noli Me Tangere]’

⁸⁵ TNA, CO140/130 pp. 422, 489; *Morning Journal*, 13 April 1840, ‘Proceedings’, 9 April 1840.

council to state that nothing therein would prevent any member of any of the royal colleges in Britain practising medicine or surgery.⁸⁶ It was voted down by the house, not on its own merits but due to a wider concern, one letter to the *Kingston Chronicle* suggested, at recent high-handed imperial interference with colonial legislation.⁸⁷ The council added a similar amendment to the second revised bill in February 1837 which had the accidental effect of reinforcing the divisions between surgery and medicine, leading to a remarkable episode noted above of liberal reformers pushing hard for a bill that entrenched existing medical divisions while conservative practitioners such as Whittaker and Barnett leapt on the opportunity to declare their genuine support for a liberal ‘blended’ faculty on the one hand with their opposition to the bill on the other.⁸⁸ ‘He knew this’, Whittaker was reported to have said, ‘that if he were compelled to practise surgery alone he would starve’, and for this reason managed to undermine the amendment and the bill by causing lay members such as William Frater and Hugh Fraser Leslie to give up in frustration at this ‘nauseous bill’.

By 1840 the proposal for a medical college in Jamaica was therefore deadlocked, at both the colonial and imperial level, immobilised by the wider political competition, and this was only broken by a series of compromises that addressed the concerns of both imperial and colonial parties. The first came in Jamaica. Morales had made a strategic concession in 1839 that he and rural practitioners were prepared to accept a system of medical registration in exchange for dropping the idea of a college, and by separating the question of licensing from the other proposed functions of the medical college this provided the basis for reconciling colonial and

⁸⁶ TNA, CO140/126 (*Votes*, 1835-6) pp. 179, 202, 203, 207

⁸⁷ *Kingston Chronicle*, 21 December 1835, ‘To the Editor [from A.B.]’.

⁸⁸ TNA, CO140/128 (*Votes*, 1836-7) pp. 195, 203-4, 256, 257; *Kingston Chronicle*, 28 February 1837, ‘Proceedings’, 24 February 1837; *Royal Gazette*, 4 March 1837, ‘Proceedings’, 24 February 1837.

imperial interests and breaking this impasse. The petition put before the house in October 1840 merely asked for a registry ‘and to provide for measures to enquire into the competence of those arriving, in which the rights of the Royal College of Surgeons of London are to be protected’.⁸⁹ As the bill developed it provided for a three-tiered profession. Practitioners could enrol their diplomas and become fellows of the college, subject to its rules and regulations; or they could choose merely to register and practice individually; or they could submit to examination by the fellows and become a licentiate of the college. The fellows would maintain the register and represent – but not regulate – the profession in the island.⁹⁰ Their powers were further diluted when Morales objected to an amendment from the council which gave the college sole power to inspect and license chemists and druggists.⁹¹ ‘He could see no reason for this, except it was considered that so soon as a medical man became a fellow of the college he rose superior in talent and ability’, Morales argued, and it was ‘an attempt to create a very unnecessary and invidious distinction’, and the council was forced to give way.⁹² Combined with statutory provisions for district censors and proxy voting by rural practitioners, this dilution of the powers of the college ensured that the interests of the rural practitioners in Jamaica could be protected from the liberal urban practitioners.

Opposition inevitably remained. ‘A Country Practitioner’ upbraided Morales in the *Morning Journal* in November 1840 for having ‘stretched the license of party warfare a little beyond

⁸⁹ TNA, CO140/131 (*Votes of the House of Assembly of Jamaica*, 1840-1) pp. 30, 41, 104, 106, 117-18, 140-1.

⁹⁰ TNA, CO140/131 (*Votes*, 1840-1) pp. 205-7, 230-1, 234, 275; *Morning Journal*, 10 November 1840, ‘Letter to Charles McClarty Morales Esq [by A Country Practitioner]’. The act (4 Vic c. 21) can be found in *The Laws of Jamaica passed in the fourth year of the reign of Queen Victoria* [1840] (Spanish Town, 1841) pp. 42-52.

⁹¹ 4 Vic c. 21 § xvii (*Laws* 1840 p. 49); TNA, CO140/131 (*Votes*, 1840-1) p. 206, 231, 234. The act permitted druggists to be certified by ‘a fellow or licentiate of the college, or a registered practitioner’.

⁹² *Morning Journal*, 4 December 1840, ‘Proceedings’, 2 December 1840.

its legitimate bounds', for example, by opposing a medical college which had the powers to deal with quacks and empirics on the specious grounds of defending the charter of the Royal College of Surgeons.⁹³ 'I now denounce it as fraught with the most dire consequences to the character of the profession in this country, as well as to the public weal', he argued, '... and never, whilst an assembly of enlightened and liberal minded men occupy the benches of Jamaica's senate ... can it pass into law', though he was prepared to concede that the unlimited powers of the college to license applicants by examination was a 'palpable error' that threatened medical standards. It was also still not sufficient to address the objections of the Royal College of Surgeons, who had only just defeated in August 1840 another bill brought forward by Wakley for their reform.⁹⁴ Determined to defend the integrity of their charter, the council repeated that they would accept nothing less a full and explicit exemption of its members from the control of any medical college overseas, sending to the Colonial Office in June 1841 a verbatim copy of their original objections of 1833; 'the object of the present act being the same as that of the former', the covering letter stated, 'the President and the Council are not aware that they can add anything by way of suggestion to what is contained in their communication'.⁹⁵ By contrast, the Royal College of Physicians and the Society of Apothecaries were still not much affected by demands for reform and sent back the same sleepy answers to the Colonial Office as before, recommending only minor tweaks.⁹⁶

Understandably irked, the officers of the college in Jamaica fired off a further letter to the Colonial Office which addressed directly some of the minor points raised by all three

⁹³ *Morning Journal*, 10 November 1840, 'Letter to Charles McClarty Morales'.

⁹⁴ Loudon, *Medical Care*, 283; Cope, *History*, 64-69; Waddington, *Medical Profession*, 75-76.

⁹⁵ RCS, GOV2/1/3 pp. 371, 378-80.

⁹⁶ Clark, Cooke, and Briggs, *History* vol. ii, 688-92, 700-5

societies and denied that their latest statute breached the privileges of the Royal College of Surgeons. ‘The framers of the act ... were well aware of the[ir] peculiar privileges’, the president, Dr Ferguson stated, ‘... and it has been their sedulous and anxious endeavour to avoid the introduction of any clause that might be construed to interfere with these rights’, but they were now forced to bring forward a new bill and to incorporate into it the full and explicit statement that the Royal College of Surgeons had demanded.⁹⁷ Introduced into the assembly in November 1842, it stated that any fellow or member of the college of surgeons who refused to be enrolled in the registry might nevertheless register his diploma with the censors and receive a license to practice surgery (but not physic) without restraint, in essence creating a fourth tier of medical practitioners in Jamaica who were only permitted to practice surgery.⁹⁸ The solicitor of the Royal College of Surgeons concluded in June 1843 that this clause, ‘it appears to me, ... has been framed with the intention of meeting the objections of the College to the previous acts, and has to a great extent accomplished that object’, and noted that in his opinion ‘the principal object of the bill is [now] for the purposes of registration’. The rights of their charter having been upheld, and the principle of provincial or colonial regulators challenging the fitness of surgeons certified by the Royal College safety defeated, the council at last wrote to the Colonial Office to give approval for this version of the act, enabling it to be passed into law and the Jamaica College incorporated.

⁹⁷ Royal College of Physicians Archives, London [hereafter RCP], RCP-OFFIP/4046/1, President and Censors of the College of Physicians and Surgeons of Jamaica to the Earl of Elgin, [undated but circa 1843].

⁹⁸ TNA, CO140/134 (*Votes of the House of Assembly of Jamaica*, 1842-3) pp. 43, 44, 53, 160, 161, 163, 258, 265, 280, 303; *The Laws of Jamaica, passed in the sixth year of the reign of Queen Victoria* [1842] (Jamaica, 1843) pp. 238-47; RCS, GOV/2/1/3, p. 602, 606-7; RCS, GOV/2/6/3 (Council Letterbook, 1839-67) p. 68, Belfour to Hope, 16 June 1843. For the Royal College of Physician’s response, see RCP, RCP-OFFIP/4046/4, President of the Royal College of Physicians to the Colonial Office, [undated but circa 1843].

4. Conclusion

The campaign for a college of physicians and surgeons in Jamaica was therefore only finally settled after nearly twenty years, with much the same mixture of ‘professional injustice and radical correctness, political expediency and Peelite compromise’ that Adrian Desmond, Irvine Loudon and others have shown helped to settle other medical and scientific matters in Britain.⁹⁹ The profession in Jamaica was divided between groups with different professional interests and priorities that were related in turn to questions of the future social and cultural development of the island. These overlapped with political battles over medical reform in Britain, to the extent that reformers in Jamaica clearly saw themselves as a provincial outpost of this wider ‘imagined community’ described by Michael Brown, and vice versa, which was consolidated by institutional frameworks such as the college itself and by the circulation and interchange of information and news through *The Lancet* on the one hand and the *Jamaica Physical Journal* on the other. The corollary was that they faced opposition from other communities, including colleagues in Jamaica who did not see themselves as part of this imagined community. Of necessity they instead aligned themselves with conservative medical interests in Britain, who opposed the Jamaica College less from any real interest in or knowledge of the situation in Jamaica and more from the concern that it would serve as the thin end of the wedge for reformers in Britain seeking to loosen their control over surgical standards and training. The Jamaica College accommodated these competing interests by accepting the dilution of its powers and responsibilities, with important consequences that prevented it taking an active role in shaping the social reforms of the 1840s and 1850s.

⁹⁹ Desmond, *Politics of Evolution*, 373, and above nn. 1-3.

For instance, although conceived in 1826 as a centre of excellence for medical research, education, examination and regulation, the officers of the Jamaica College of Physicians and Surgeons noted forlornly in 1843 that it was now ‘only to be regarded as an incorporated society to guard the registration from the intrusion of imposters; to put the law in force against unqualified persons; and also to form a library and anatomical museum and to protect and watch over the interests of the profession in general’.¹⁰⁰ It failed to take a meaningful role in shaping Jamaican medical policy after 1843 compared to the energy of its predecessor in 1834 and 1835. Bancroft complained loudly in 1840 about the appalling state of the public hospital and lunatic asylum in Kingston, but reforms were driven by the *Morning Journal* and other liberal urban interests.¹⁰¹ One of the key planks in Wakley’s medical reforms was the introduction of coroners and medical witnesses qualified in forensic medicine, a principle strongly supported by the *Jamaica Physical Journal* in 1835, but it was brought into law by conservative doctors such as Whittaker, Barnett and Morales to help subsidise other rural practitioners.¹⁰² The *Journal* had supported public dispensaries offering cheap out-patient care, but it was defunct by 1836, and the college had no role in the foundation of public dispensaries after 1842.¹⁰³ Numbers of practitioners fell from two hundred in 1833 to fifty by 1860 despite the best efforts of the college to uphold the interests of the profession.¹⁰⁴ It also played a relatively minor role in the island’s response to the serious cholera epidemic of

¹⁰⁰ RCP, RCP-OFFIP/4046/1, President and Censors to Elgin, circa 1843, and covering the letter of Elgin to Lord Stanley at the Colonial Office, 27 January 1843, in RCP-OFFIP/4046/2.

¹⁰¹ Smith, *Insanity*, 39-41, 49-72; Christienna D. Fryar, ‘Imperfect Models: The Kingston Lunatic Asylum Scandal and the Problem of Postemancipation Imperialism’, *Journal of British Studies* 55 (2016): 709-727.

¹⁰² Graham, ‘Politics’, 67-73.

¹⁰³ Wilkins, ‘Doctors and Ex-Slaves’, 26-29; Wilmot, ‘Political Developments’, 162-166, 259-160.

¹⁰⁴ Wilkins, ‘Doctors and Ex-Slaves’, 22.

1850, which killed 30,000 people.¹⁰⁵ The agent of the Colonial Office, Dr Gavin Milroy, reported that ‘in consequence of the non-working of the bill constituting a College of Physicians and Surgeons, which indeed is at present virtually a dead letter, medical men ... cannot be legally registered, nor is there in consequence any restriction against illegal and unqualified practitioners or ... unlicensed druggists’.¹⁰⁶ The college might possibly have made little impact even if it had been founded in its original form, but the dilution of its remaining powers rendered it even more toothless. It exemplified the power of medical reform in Britain and its colonies in the early nineteenth century, in particular the power of the ‘imagined community’ of medical reformers to knit together groups in the imperial as well as English provinces into a unified campaign, but also its limits, since imperial and colonial groups also had the same powers to combine to frustrate colonial medical reform.

¹⁰⁵ Fryar, ‘Moral Politics’, 603-609, 612; Wilkins, ‘Doctors and Ex-Slaves’, 30; Graham, ‘Politics’, 73-81.

¹⁰⁶ PP 1866 (3595), [Gavin Milroy], ‘The Affairs of Jamaica: Report on the causes of the present increased sickness in the city and its environs, together with general remarks on the sanitary condition of Kingston’, p. 86.