

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

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**Abstract:** Between 1826 and 1843 the medical practitioners of Jamaica engaged in a long and fraught campaign to create a College of Physicians and Surgeons. This campaign linked the island with the global processes of medical and political reform, especially in Britain, and numerous studies have revealed the political barriers that faced efforts to reshape medical practices in this period. Yet the metropole was also in a continuous dialogue with its colonial periphery. Existing work has looked at what this dialogue meant for the circulation of medical theories and practices, but equally important was the transmission of medical institutions, which provided structures for their development and application. The campaign in Jamaica offers an important case study of the complex process by which medical institutions spread in this period and reveals both the imperial aspects of medical and social reform in Jamaica and the colonial aspects of medical reform in Britain.

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 that would serve the profession and the public. 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 otherwise support both the dignity and unity of the profession in Jamaica. This campaign linked the island with the wider processes of medical and political reform in the British Isles, Europe and the United States in the early nineteenth

century, as radicals challenged the medical and political establishments with new knowledge and practices. Ian Burney has noted that 'medicine and politics blended insensibly into one another' in this period, and studies have revealed the 'complex of contradictory forces that marked the age of reform' and the political barriers that faced efforts to reshape medical practices in Britain during this period.<sup>1</sup> Yet the metropole was also in a continuous dialogue with its colonial periphery in this period, which acted as a spur for medical innovation and a laboratory for testing policies and processes before they were adopted in Britain, often in cooperation with colonial elites who had their own reasons for adopting metropolitan practices. Existing work has looked at what this dialogue meant for the circulation of medical theories, knowledge and practices both to and from the metropole, but equally important was the transmission of medical institutions, which provided structures for developing and applying these innovative theories and practices. The campaign in Jamaica to create a medical college, the first in the British Empire, therefore offers an important example of the process by which medical institutions spread, and reveals both the imperial aspects of medical and social reform in Jamaica and the colonial aspects of medical reform in Britain.

## 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

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<sup>1</sup> 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

intellectual and scientific boundaries between medicine and surgery in Britain were breaking down.<sup>2</sup> 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.<sup>3</sup> The Apothecaries Act of 1815 offered a moderate compromise by 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.<sup>4</sup> However, radicals such as Thomas Wakley used medical

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<sup>2</sup> 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

<sup>3</sup> 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* (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

<sup>4</sup> 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; '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.

journals such as *The Lancet* to push for the liberalisation of 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 license them to practice. Echoes of these debates reverberated in provincial England, where medical societies were founded to regulate the profession locally and connect practitioners with wider movements for reform, and in imperial territories further afield.<sup>5</sup> In the Cape of Good Hope, New South Wales and Upper and Lower Canada, colonial governments likewise experimented with licensing physicians, surgeons, general practitioners and chemists, while practitioners formed medical societies to lobby governments on issues such as licensing, medical care, public health and pharmaceutical regulation.<sup>6</sup> In the United States, the powers

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Roberta Bivins and John V. Pickstone (London: Palgrave Macmillan, 2007), 48-57; Loudon, *Medical Care*, 129-188, 279-181.

<sup>5</sup> *Medical Care*, 152-155, 174, 279-181.

<sup>6</sup> 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; 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.

to license practitioners were weak, so local medical societies offered accreditation, respectability and authority to doctors in a competitive medical marketplace.<sup>7</sup>

The early nineteenth century was therefore marked by a search within Britain and its related territories for an institutional model of medical licensing and training which could accommodate new medical practices. In Jamaica and the British West Indies this search was complicated by a 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. Planters had formerly made their own arrangements for the medical care of their slaves, which might be nothing at all. Pressure from reformers in the 1820s forced the imperial government to impose a policy of 'amelioration' on the planters which required them to improve working conditions and provide proper food and medical care.<sup>8</sup> This offered profitable opportunities to the two hundred regular practitioners in the island in the 1820s and 1830s, attending thirty thousand whites, forty thousand mixed-race 'free coloureds' and three hundred thousand slaves, but the end of slavery in 1834 and the premature abolition of Apprenticeship in 1838 created new challenges. Rural practitioners lost their regular stipends for attending plantations, and even urban practitioners, who could combine private practice with medical posts at hospitals, dispensaries, workhouse and gaols, faced competition for

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<sup>7</sup> 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

<sup>8</sup> 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

business from chemists, druggists and many 'irregular' practitioners, including large numbers of obeah-men or spiritual healers offering West African remedies.<sup>9</sup> 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 or enforce the new standards and types of medical practice being developed in Britain, to offer medical education or research into tropical diseases, or to regulate the profession in the island at a time of rising competition and falling fees.<sup>10</sup> The efforts to establish a medical college in Jamaica therefore occurred at the intersection of two important movements, namely medical reform in Britain and social reform in Jamaica, which both had important political dimensions and demanded new institutional solutions.

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

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<sup>9</sup> 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.

<sup>10</sup> Sheridan, *Doctors and Slaves*, 48-50.

ambitions of the college, but they have not placed it in its political context.<sup>11</sup> Studies of imprisonment, insanity and epidemic disease in Jamaica by Diana Paton, Leonard Smith and Christienna Fryar have all shown that metropolitan social and medical theories and practices were adapted for the needs of elites in the region, and were sometimes even given institutional form through the creation of new workhouses, prisons, asylums and boards of health that blended metropolitan best practice with local circumstances.<sup>12</sup> However, very little work has been done on the more mundane questions of medical licensing, regulation, research and education in Jamaica, even though this required practitioners and the public to engage closely with fundamental questions about the nature of medicine and medical practitioners within their changing society. Neither has much attention been paid to the practical processes by which these reforms were effected, not least the difficulties of managing change at both an imperial and colonial level, and the extent to which colonial changes and schemes fed back into the calculations of medical and political interest groups within Britain itself. The campaign for a medical college in Jamaica therefore speaks to various ongoing debates about the wider story of medical reform in Britain and its empire in the early nineteenth century, the interaction of the core and periphery or global and local in medical history, and the imbrication of the political, social and medical in the construction of institutions of public health.

## 2. The First Phase: 1826-35

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<sup>11</sup> Ibid., 50-52; Higman, *Jamaica*, 264-265; Wilkins, 'Doctors and Ex-Slaves', 25-26.

<sup>12</sup> Diana Paton, *No Bond but the Law: Punishment, Race, and Gender in Jamaican State Formation, 1780-1870* (Durham, NC; London: Duke University Press, 2004); 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.

Two main phases can be identified in the campaign. The first fell between 1826 and 1835, as supporters in Jamaica demanded and eventually obtained their ambitions plans for a medical college. The second phase fell between 1835 and 1843 as colonial and metropolitan opposition sabotaged the college, leading to rounds of bargaining that resulted in a more acceptable but far less radical – and effective – college.

The initial proposals bore the stamp of radical British medical opinions but were calculated primarily for urban practitioners and their liberal allies, who would less affected by emancipation and tended to identify with the moderate planters and liberal professionals in urban centres such as Kingston, who reluctantly conceded civil rights to Jews and free coloureds in December 1830 and later favoured the 'Town' party in the assembly. 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'.<sup>13</sup> 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 who allied with the planter or 'country' party in the assembly and feared that the college would be a stalking horse for liberal interests and their aim to tear down the racial, social and economic hierarchies which separated whites, free people of colour and black slaves. Conflict was therefore inevitable, both for narrow professional and broader social reasons. '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 conservative writer explained in the *Jamaica Courant*, '... could ever

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<sup>13</sup> *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.



have ensured the cooperation of the respectable district practitioners'.<sup>14</sup> This phase can therefore be mapped onto an internal struggle between conservative rural interests on the one hand and more liberal urban interests on the other, as these two groups competed to control the terms on which Jamaica would move from a slave society to a free one. The college was not just a medical institution but a concrete embodiment of what these groups hoped and feared about the new free society.

The ambitious decision of liberal interests in 1826 to seek a medical college, the first one outside the British Isles, reflected a mixture of factors. As noted above, other British colonies in Canada, Australia and South Africa were exploring very similar issues but generally settled on a mixture of a government medical board for licensing practitioners and a medical society to represent their interests. In Jamaica this was not seen as practical. 'Such unauthorised societies have been always of very short duration and their assumed power would not be respected', one partisan noted in 1830, referring to a medical society set up in July 1794 during an outbreak of yellow fever.<sup>15</sup> This had met several times over the next five years but then fell into desuetude.<sup>16</sup> A formal college offered more stability than a society, and more freedom than a medical board under the thumb of the imperial government, at a moment when that government's efforts to ameliorate the condition of slaves was already causing

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<sup>14</sup> *Jamaica Courant*, 14 October 1830, 'A few thoughts concerning the establishment of a College of Physicians and Surgeons in Jamaica [by A British Graduate]'.

<sup>15</sup> 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).

<sup>16</sup> *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'.

grave disquiet across Jamaica and the British West Indies.<sup>17</sup> Equally important though was probably a powerful sense even among liberal interests in Jamaica of their own importance, since practitioners were clearly convinced that only a medical college was consistent with their dignity, especially if the island was to make the most of its resources for research into tropical medicine. '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 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.<sup>18</sup> For all these reasons, supporters pressed for a college would embody the last word in metropolitan medical practice.

The first proposal for a college was introduced into the assembly in November 1826 by John Smith, a graduate of Edinburgh, who proposed a 'faculty' for educating new practitioners in tropical diseases and medical boards across the island to examine new arrivals, providing the medical services for the slaves required by amelioration.<sup>19</sup> The island assembly established a

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<sup>17</sup> 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

<sup>18</sup> *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.

<sup>19</sup> 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

committee with several medical representatives, who concluded that an anatomical school was impractical but that a college or medical board would help address abuses.<sup>20</sup> 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.<sup>21</sup> Analysing this failure two 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 was that the officers were drawn entirely from Spanish Town or Kingston.<sup>22</sup> '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'.<sup>23</sup> From the outset the lines of division were therefore drawn between a new medical institution supported by liberal urban interests and opposed mainly by rural practitioners, concerned mainly about its impact on their practice and position. As the island reluctantly moved towards wholesale emancipation, these two groups and the issue of the college was already becoming entangled with these broader social issues.

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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.

<sup>20</sup> TNA, CO 140/114 (*Votes*, 1826-7) pp. 147, 222, 234, 242, 252

<sup>21</sup> *Ibid.* pp. 299, 301, 309

<sup>22</sup> L.L.L., *Letters*, pp. 1, 19.

<sup>23</sup> *Jamaica Courant*, 14 October 1830, 'A few thoughts'.

Although another bill would not be brought forward until 1832, the contest was continued in the island's public sphere, which offered an open forum where the bill could be debated. 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.<sup>24</sup> Its competitor in Kingston was the *Jamaica Courant*, which took a harder 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 each side to present their arguments to their political constituencies, to align themselves with the major racial, social and economic issues of the day, and to explore the boundaries of debate. For the historian it provides an opportunity to examine both the circulation and influence of new ideas of medical licensing from Britain and their overlap with broader issues, especially the eventual decision to grant free coloureds

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<sup>24</sup> 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; Swithin Wilmot, 'Political Developments in Jamaica in the Post-Emancipation Period, 1838-1854' (Unpublished DPhil thesis, University of Oxford, 1977), 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); 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..

civil rights in December 1830 and what that might mean for the preservation of white social and economic power.

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 profession 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'.<sup>25</sup> 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.<sup>26</sup> 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.<sup>27</sup> 'I trust that the Medical Men who 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'.<sup>28</sup> 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'.<sup>29</sup> 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

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<sup>25</sup> L.L.L., *Letters*, pp. 1-19

<sup>26</sup> L.L.L., *Letters*, pp. 1-2, 20-2

<sup>27</sup> L.L.L., *Letters*, pp. 22-5

<sup>28</sup> L.L.L., *Letters*, p. 24

<sup>29</sup> L.L.L., *Letters*, pp. 24-5, 28, 31-2

wrote, 'and let the errors be avoided which are either hurtful or may tend to bring them into disrepute.'<sup>30</sup> He represented the views of liberal urban practitioners who identified with the liberal 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'.<sup>31</sup> He acknowledged the need for some sort of medical regulation and even admitted the logic of basing it 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, 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 not only 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.<sup>32</sup> Underlying the opposition to the college was therefore a strong vein of medical conservatism which mirrored that of the British medical establishment, as

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<sup>30</sup> L.L.L., *Letters*, p. 15

<sup>31</sup> *Jamaica Courant*, 14 October 1830, 'A few thoughts'.

<sup>32</sup> *Ibid.* For similar fears in British Guiana, see de Barros, 'Dispensers, *Obeah* and Quackery', 246, 248, 255.

described below, but also a broader and more fundamental social conservatism which sought to protect white power.

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 'Chirurgien' 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.<sup>33</sup> He reserved most of 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'.<sup>34</sup> 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

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<sup>33</sup> L.L.L., *Letters*, pp. 50-1, 54-7.

<sup>34</sup> L.L.L., *Letters*, pp. 50-4. For American medical education, see Starr, *American Medicine*, 40-44; Rothstein, *American Physicians*, 85-100.

Kingston.<sup>35</sup> He also ruled out making the college a centre of teaching and research, which accommodated concerns by the 'A British Graduate' about promoting black or mixed-race practitioners but weakened the medical authority of the institution, and represented the first of many concessions that would render it an irrelevance.<sup>36</sup>

The Jamaican public sphere therefore provided an opportunity for both parties to debate the legislation and explore points of compromise before it was once again submitted to the assembly, and also to keep the issue before the public. A letter to the *Jamaica Courant* by 'Misempeirikos' in August 1831 resurrected the issue, and when the new bill was introduced in November 1832 it included many of the suggestions raised during the public debate.<sup>37</sup> The corporation was now to be a 'college' rather than a 'faculty', as L.L.L. had initially suggested, and would not offer teaching for candidates. 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 addressed some of the issues raised in 1830 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

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<sup>35</sup> L.L.L., *Letters*, pp. 50-1

<sup>36</sup> L.L.L., *Letters*, pp. 51-2

<sup>37</sup> 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'.



licenses and otherwise dilute the power of the college officers.<sup>38</sup> In general though it still embodied the aims of L.L.L. and the model of 'one faculty' of physicians and surgeons were at the centre of Wakley's campaigns for medical reform in England, and it created between 1833 and 1835 an open and reasonably democratic medical establishment with independent powers of licensing and regulation.

By most measures its impact during the very brief moment between 1833 and 1835 allowed to the college seems to have been good. About fifty practitioners out of the two hundred in Jamaica enrolled as fellows, including Bancroft and the cream of the medical establishment in Kingston.<sup>39</sup> 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 the public as it is to practitioners'.<sup>40</sup> Like liberal 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 for prescribing medicines, since allowing them only to charge for compounding encouraged over-prescription that undermined their authority and standing.<sup>41</sup> The committee

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<sup>38</sup> Ibid. A copy of the bye-laws was also published in *Jamaica Physical Journal*, June 1834, 'College of Physicians', pp. 377-81.

<sup>39</sup> 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.

<sup>40</sup> *Jamaica Physical Journal*, June 1834, 'The College of Physicians', pp. 377-82; September 1834, 'College of Physicians' pp. 101-3.

<sup>41</sup> *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

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 subscribers to the first issue overlapped closely with the membership of the college.<sup>42</sup>

For the three years it circulated the *Journal* served as an important organ for the circulation of medical knowledge and reforms, 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'.<sup>43</sup> 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*

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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..

<sup>42</sup> *Jamaica Physical Journal*, January 1834, 'Address', pp. 1-2, and the list of subscribers on the title page.

<sup>43</sup> *Kingston Chronicle*, 16 November 1835, 'Proceedings of the House of Assembly' [hereafter 'Proceedings'], 13 November 1835. For the comparable role of medical periodicals in Britain, see 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.

itself.<sup>44</sup> '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',<sup>45</sup> Noting other liberal reforms in Jamaica that had outstripped those of England, such as the enfranchisement of Jews in 1830, he brought these medical and political 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 powers of medical regulation.<sup>46</sup> Like Wakley, Paul also used his publication to attack the establishment, upbraiding the conservative corporation of Kingston in 1834 for using 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.<sup>47</sup> Finally, he supported the college's proposals on the question

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<sup>44</sup> Desmond, *Politics of Evolution*, 104-105; Loudon, *Medical Care*, 279-280.

<sup>45</sup> *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.

<sup>46</sup> *Jamaica Physical Journal*, January 1834, 'Editorial', pp. 47-8, and April 1834, 'Editorial', pp. 239-40.

<sup>47</sup> *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; Michael Brown, 'Medicine, Reform and the 'End' of Charity in Early Nineteenth-Century England', *English Historical Review* cxxiv, no. 511 (2009): 1353-1388. For the similar importance of the Somerset Hospital in the Cape, see Burrows, *Medicine in South Africa*, 118-130..

of fees, recommending the new tariff to the assembly and publicising efforts by himself and others to adopt the fees unilaterally when this planned legislation fell through.<sup>48</sup>

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 expense of English surgeons.<sup>49</sup> The *Journal* argued nevertheless in June 1835 that the college had been of great use, putting into effect the liberal medical policies being debated in Britain. For exactly this reason though the college soon faced with the unqualified hostility of the Royal College of Surgeons in London, which instituted the second phase between 1834 and 1843 and demonstrated the imbricated nature of British medical reform and colonial innovation.<sup>50</sup> By tying themselves so closely to Wakley's agenda, reformers within Jamaica came to the notice of his conservative opponents in England, who viewed the college as a stalking horse for domestic reformers and therefore strongly opposed it out of politics rather than principle. This in turn provided ammunition for conservative rural interests in Jamaica, now suffering

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<sup>48</sup> *Jamaica Physical Journal*, September 1834, 'Editorial', p. 105-6.

<sup>49</sup> *Jamaica Physical Journal*, May 1834, 'Editorial', pp. 315-20; September 1834, 'Editorial', pp. 108-9.

<sup>50</sup> *Jamaica Physical Journal*, June 1835, 'Disallowance of the act establishing a college of physicians and surgeons in Jamaica', pp. 215-16.

from the full effects of slave emancipation in 1834, creating an interlocking series of obstacles to be overcome.

### **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.<sup>51</sup> 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 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.<sup>52</sup> 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.<sup>53</sup> 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 therefore adopted a wholly uncompromising stance

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<sup>51</sup> TNA, CO137/188 ff. 110r-112v, Mulgrave to Goderich, 2 February 1833, and ff. 116r-117v, O'Reilly to Yorke, 1 February 1833.

<sup>52</sup> TNA, CO 323/49, ff. 121r-v, Stephen to Stanley, 4 May 1833

<sup>53</sup> TNA, CO 137/90 ff. 422r-v, Hawkins to Lefebvre, 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

towards the demands of its colonial counterpart which the colonial opponents of the Jamaica College then exploited for their own ends. The capacity of the institution to serve as a vector for medical reform in Jamaica would therefore depend upon untangling these interrelated elements.

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'.<sup>54</sup> 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 Anthony Carlisle, who had consistently opposed English reforms of any kind.<sup>55</sup> 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 permitting a medical school at the new University College, London, which undermined its control of medical training in the metropolis.<sup>56</sup> 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,

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<sup>54</sup> Cope, *History*, 1-30.

<sup>55</sup> Desmond, *Politics of Evolution*, 419.

<sup>56</sup> 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.

where alone competent instruction can be obtained'.<sup>57</sup> Their main objection though was to the power of the college in Jamaica to examine and license surgeons directly, which not only raised the spectre of provincial schools in England licensing their own graduates according to their own standards but also directly challenged the chartered 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'.

Having linked itself with British medical reformers the Jamaica College therefore had to cope with the politics of medical reform in Britain, in which the Royal College of Surgeons carefully vetted not just Jamaican but all colonial legislation to help defend its position at home.<sup>58</sup> For example, in October 1839 the council strongly opposed an act creating a College of Physicians and Surgeons of Upper Canada for exactly the same reasons given for Jamaica, since it gave the fellows of that college considerable power over surgeons licensed by the Royal College of Surgeons in London.<sup>59</sup> It thus undermined the medical establishment at home, even if it had in fact been founded by the conservative 'family compact' of tory

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<sup>57</sup> 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.

<sup>58</sup> RCS, GOV/2/1/2 pp. 475; RCS, GOV/2/1/3 pp. 29-30, 34-5, 48, 167, 242, 259-61, 272, 274-5, 294, 371, 378-80

<sup>59</sup> 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.

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.<sup>60</sup> The fellows was understandably highly 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 had likewise claimed the power to license surgeons in the province.<sup>61</sup> They accused the College of picking and choosing the laws it 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', overlooking the circumstances of medical reform in London that were inducing the college to clamp down on colonial interlopers.<sup>62</sup> An act to license physicians and surgeons in Antigua by examination or enrolment was allowed to pass in 1840, by contrast, because it did not allow licenses to be withheld from surgeons licensed by the Royal College of Surgeons.<sup>63</sup> The objections by the College to the Jamaican college and other colonial regulations were consistent, at least, and a logical extension of their efforts to protect the standing of surgery in England itself by retaining control of education, training, licensing and regulation.

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

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<sup>60</sup> 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

<sup>61</sup> Canniff, *Medical Profession*, 151-157.

<sup>62</sup> *Ibid.*, 158-159.

<sup>63</sup> 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.



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'.<sup>64</sup> 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.<sup>65</sup> '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 charter of 1800.<sup>66</sup> 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.<sup>67</sup> Proving the continued overlap of colonial and

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<sup>64</sup> *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.

<sup>65</sup> 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.

<sup>66</sup> 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.

<sup>67</sup> 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

metropolitan medical reforms, the *Jamaica Physical Journal* noted in August that the recent decision by the privy council in London to withhold the charter, on the petition of the British medical establishment, 'augurs ill for the resuscitation of our college in Jamaica'.<sup>68</sup>

The opposition by the Royal College of Surgeons in London also provided a tool or set of languages for colonial opponents to use to defend not only their own medical practices but also the social and racial hierarchy of the island, which had been left in flux by the passage of Emancipation in August 1834. As noted above, the powers of the Royal College of Surgeons to regulate colonial medicine had been emphasised by 'A British Graduate' in 1830, but it was repeated 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'.<sup>69</sup> The *Royal Gazette* supported a revised bill in July 1836 'to suppress humbug and quackery', but when the bill was introduced again in November it once more faced opposition from Whittaker and from Dr Samuel Boyd Barnett, a surgeon in the rural parish of St Ann's.<sup>70</sup> Both men objected to the clauses requiring all practitioners to become

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<sup>68</sup> *Jamaica Physical Journal*, August 1835, 'Jamaica College of Physicians and Surgeons', p. 307.

<sup>69</sup> 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, '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.

<sup>70</sup> *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.

fellows of the college, and to other clauses that seemed to separate surgery and physic.<sup>71</sup>

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 contemporary press that both the debates and political tactics used by each side can be reconstructed, confirming the split between social liberals and conservatives.

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 received at least sixty signatures.<sup>72</sup> 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'.<sup>73</sup> 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

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<sup>71</sup> *Kingston Chronicle*, 28 February 1837, 'Proceedings', 24 February 1837; *Royal Gazette*, 4 March 1837, 'Proceedings', 24 February 1837.

<sup>72</sup> *Jamaica Despatch*, 21 November 1839, 'Proceedings', 19 November 1839.

<sup>73</sup> *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.

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'.<sup>74</sup> 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.<sup>75</sup> 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'.<sup>76</sup> Even 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 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.<sup>77</sup>

The medical profession and the college had therefore fully become part and parcel of wider debates after 1834 about the social and political future of both Britain and Jamaica, as well as

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<sup>74</sup> *Jamaica Standard*, 27 November 1839, 'Proceedings', 19 November 1839.

<sup>75</sup> *Jamaica Despatch*, 21 November 1839, 'Proceedings', 19 November 1839.

<sup>76</sup> *Jamaica Despatch*, 22 November 1839, 'Proceedings continued', 19 November 1839; *Jamaica Standard*, 27 November 1839, 'Proceedings', 19 November 1839.

<sup>77</sup> *Morning Journal*, 25 November 1839, 'Editorial'. The supporters later claimed that the omission had been accidental: *Morning Journal*, 26 November 1839, 'Editorial'.

the direction of the medical profession, which had very much to do with politics and society respectively and much less with the actual medical merits of the college. For example, Osborn 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'.<sup>78</sup> Morales replied that it was impossible to achieve this, and 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 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. A subsequent editorial in the *Jamaica Standard* likewise condemned the college as 'a levelling system by which the respectable portion of a community may be 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'.<sup>79</sup> 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'.<sup>80</sup> 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

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<sup>78</sup> *Jamaica Standard*, 27 November 1839, 'Proceedings', 19 November 1839; *Jamaica Despatch*, 21 November 1839, 'Proceedings', 19 November 1839.

<sup>79</sup> *Jamaica Standard*, 18 December 1839, 'Editorial'; 25 December 1839, 'Editorial'; 8 January 1840, 'Editorial'.

<sup>80</sup> *Jamaica Despatch*, 20 March 1840, 'To the Editor of the Morning Journal [from Noli Me Tangere]'

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 by the assembly.<sup>81</sup>

Supporters of the Jamaica College also faced continued opposition from the Royal College of Surgeons, for the reasons already noted, with the result 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 to instruct 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 council to state that nothing therein would prevent any member of any of the royal colleges in Britain practising medicine or surgery.<sup>82</sup> 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.<sup>83</sup> 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

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<sup>81</sup> TNA, CO140/130 pp. 422, 489; *Morning Journal*, 13 April 1840, 'Proceedings', 9 April 1840.

<sup>82</sup> TNA, CO140/126 (*Votes*, 1835-6) pp. 179, 202, 203, 207

<sup>83</sup> *Kingston Chronicle*, 21 December 1835, 'To the Editor [from A.B.]'.

'blended' faculty on the one hand with their opposition to the bill on the other.<sup>84</sup> '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, for the reasons already noted, and could not be broken without compromises or concessions. The first came in Jamaica, evolving out of the concession which Morales had made in 1839 to accept registration in lieu of incorporation. Once the supporters of the college had agreed to separate membership and registration, this provided the basis for a compromise that would accommodate as well the objections of the Royal College of Surgeons. The petition laid before the assembly in October merely asked the house to set up 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'.<sup>85</sup> Though the final bill provided for a college of physicians and surgeons, it broke decisively with the core principle that the college should represent and regulate all practitioners in the island, which had been at the heart of successive bills since the first in 1826. Instead, it provided for a three-tiered profession. Practitioners could either enrol their diplomas and become a fellow of the college; or simply become a registered practitioner; or submit to an examination by the fellows and become a licentiate of the college. The fellows

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<sup>84</sup> 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.

<sup>85</sup> TNA, CO140/131 (*Votes of the House of Assembly of Jamaica*, 1840-1) pp. 30, 41, 104, 106, 117-18, 140-1.

would maintain the register and represent – but not regulate – the profession in the island.<sup>86</sup> 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.<sup>87</sup> '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.<sup>88</sup> Combined with statutory provisions for district censors and proxy voting by rural practitioners, this ensured that the interests of the rural practitioners would be protected from the liberal urban practitioners who would again dominate the college, and removed the power of the college to speak for and impose new medical standards across the island as a whole, the liberal features which had shaped proposals since the 1820s.

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 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.<sup>89</sup> '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

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<sup>86</sup> 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.

<sup>87</sup> 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'.

<sup>88</sup> *Morning Journal*, 4 December 1840, 'Proceedings', 2 December 1840.

<sup>89</sup> *Morning Journal*, 10 November 1840, 'Letter to Charles McClarty Morales'.



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 fully 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.<sup>90</sup> Determined to defend the integrity of their charter, the council repeated that it 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'.<sup>91</sup> The Royal College of Physicians and the Society of Apothecaries, by contrast, were still not much affected by demands for reform and consequently sent back the same sleepy answers to the Colonial Office as before, recommending only minor tweaks.<sup>92</sup>

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 societies, and denied that this 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

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<sup>90</sup> Loudon, *Medical Care*, 283; Cope, *History*, 64-69; Waddington, *Medical Profession*, 75-76.

<sup>91</sup> RCS, GOV2/1/3 pp. 371, 378-80.

<sup>92</sup> Clark, Cooke, and Briggs, *History* vol. ii, 688-92, 700-5

explicit statement that the Royal College of Surgeons had demanded.<sup>93</sup> 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 licensed to practice surgery.<sup>94</sup> 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 College therefore wrote to the Colonial Office to give approval for this version of the act, which could at last be formally confirmed and pass into law.

#### 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

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<sup>93</sup> 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].

<sup>94</sup> 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].

Britain.<sup>95</sup> The process took so long not because the systems of politics in Jamaica were unworkable, but because even the mundane and relatively issue of medical licensing, which almost all parties agreed was necessary in one form or another, became entangled with wider issues of social and political reform both in Jamaica and Britain. The profession in Jamaica was divided between urban and rural practitioners 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, though not exactly, with political battles over for medical reform in Britain. Due to these interlocking and overlapping interests the contest for a college was fraught and acrimonious, but did eventually produce a major institutional innovation in medical licensing in the island which anticipated similar reforms in Britain by nearly twenty years. However, the impact of these multiple rounds of negotiation was also to dilute the ambitious powers and remit of the original body, and thus its capacity to modernise medicine in Jamaica along liberal lines.

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 rather 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'.<sup>96</sup> It therefore failed to take a meaningful role in shaping Jamaican medical policy. Bancroft complained loudly in 1840 about the appalling state of the public hospital and lunatic asylum in Kingston, but reforms were driven by the

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<sup>95</sup> Desmond, *Politics of Evolution*, 373.

<sup>96</sup> 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.

*Morning Journal* and other liberal urban interests.<sup>97</sup> 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 Whittaker, Barnett, Morales and other conservative members to help subsidise rural practitioners. The *Journal* 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.<sup>98</sup> 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.<sup>99</sup> It also played a relatively minor role in the island's response to the serious cholera epidemic of 1850, which killed 30,000 people.<sup>100</sup> 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'.<sup>101</sup> The processes by which new medical institutions were founded outside Britain were therefore crucial, since they helped to determine the capacity of those societies to support the spread of new practices and forms of knowledge. In the case of Jamaica, its entanglement with wider social and political forces at home and in Britain placed a real limit on this capacity.

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<sup>97</sup> 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.

<sup>98</sup> Wilkins, 'Doctors and Ex-Slaves', 26-29; Wilmot, 'Political Developments,' 162-166, 259-160.

<sup>99</sup> Wilkins, 'Doctors and Ex-Slaves', 22.

<sup>100</sup> Fryar, 'Moral Politics', 603-609, 612; Wilkins, 'Doctors and Ex-Slaves', 30.

<sup>101</sup> 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.

