Communicable Knowledge

Medical Communication, Professionalisation, and Medical Reform in Colonial Victoria, 1855-66

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Abstract

This thesis examines the process of medical professionalisation in colonial Victoria from 1855-66. During this eleven-year period the medical profession of colonial Victoria were able to create Australia's first long lasting medical societies and medical journal, found the first medical school, and receive legislative support of their claims to exclusive knowledge of medicine. The next time an Australian colony would have these institutions created would not be for another 20 years.

This thesis examines these developments through a framework of communication, primarily from the medical community itself. Communication was central to the process that resulted in the creation of the above listed institutions. Here communication is examined as the driving force behind the two processes of professionalisation: the internal, community creating and boundary forming aspect; and the external process through which the community gains external recognition of their claims. For Victorian practitioners during the period of this study the internal process drives the creation of the societies, the journal, and the medical school, whereas the external process is typified by the campaign for 'Medical Reform' that sees the community engage in agitation for legislative backing of their conception of medicine as science over other alternate medicines.

Communication was not isolated within the colony. As such the place of the Victorian medical community as a node within transnational networks of knowledge exchange is examined. As Victoria was better integrated into these networks than its colonial neighbours, an examination of the involvement of said flow of information in the creation of professional communities is considered an important part of this analysis.

Behind these processes of community creation, I trace a thread of disunity sparked by professional differences. Highly publicised arguments over differences in medical opinion play out in the colonial press. This comes to a head at the end of the period of study. Despite their focus on communication the medical community ignores the role their public conduct plays in this process. The end result is that, while they were able to create these lasting institutions, their public conduct saw the public's opinion of them stay low through to the end of the century.

Declaration

I, Christopher Orrell, that this thesis contains only my own original research towards the degree of Master of Arts.
Due acknowledgement has been made in text where other material has been used.
This thesis is fewer than the maximum word count in length, exclusive of tables, maps, bibliographies, and appendices.

Signed: Date: 26/02/2020
Christopher Orrell

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Contents

Introduction

In the history of Australian medicine Victoria presents as somewhat of an aberration. Where the other colonies legislated medical reform towards the end of the nineteenth century, Victoria had done so by 1865. Sustained medical journalism was unknown in the other Australian colonies. While many journals came and went only the Melbourne based *Australian Medical Journal* was published for more than a decade. In fact, the *Australian Medical Journal* continued to be published into the 20th century, and despite several name changes it continues to be published today as the *Medical Journal of Australia* by the Australian Medical Association (AMA). Unlike the other colonies, Victoria was the only state to have a pre-existing professional body for medical practitioners prior to the entry of the British Medical Association into the colonies in 1880. Victoria was the first Australian colony in which medical practitioners were able to secure the epistemological primacy of their exclusive claims to knowledge of healing.

Given this, one could be forgiven for thinking that Victoria was some kind of a nineteenth century medical paradise, free from the division and disunity that characterised both the colonial and British professions. This is completely incorrect. Such was the state of the profession that an 1860 article in the British medical journal *The Lancet* claimed that the behaviour of the medical community of Victoria brought down the reputation of medical practitioners throughout the British Empire.[1] The infighting amongst the medical profession would only get worse as the century progressed.

Yet despite being so divided the Victorian medical community was able to create lasting institutions the likes of which would not be seen in the other Australian colonies for another 15-25 years. This thesis will examine the development of these institutions by examining the medical community itself. Between 1855 and 1866 the medical community of Victoria was beginning the process of professionalisation, a process that would continue into the 20th century.

In beginning in 1855 this thesis begins with the formation of the Medical Society of Victoria (MSV), which would become the major voice of medical practitioners in Victoria until the advent of the Victorian branch of the British Medical Association (BMA) in 1880. All influential medical practitioners during this period were members of the MSV. The end date of 1866 extends this study past the adoption of the *Medical Practitioners Statute 1865* to allow for an examination of the forces that would continue to shape the medical community past this period and ultimately bring Victorian medicine in line with the other Australian colonies by the time of Federation.

This thesis will argue that contrary to the typical view of the isolation of the Australian medical community, the medical community of Victoria was highly outward looking, and that this allowed for the development of lasting institutions long before the other colonies. The outward gaze of the medical society prompted anxiety, both from the resulting lack of social norms deriving from being pioneers in a developing colony, and from the poor esteem in which the medical practitioner was held in both Britain and Victoria. This outlook was what drove medical practitioners as a group to push for and develop these colonial institutions.

This thesis will examine the internationality of the Victorian medical profession during this period. A major component of the development of these lasting institutions in the mid-nineteenth century was the international ties and communication of the medical community, and the colony as a whole. It is through utilising these ties that the medical community were able to drive the process which would eventually result in the development of our modern notion of the medical profession. To do so I will examine the role of communication in the development of what Shortt terms 'the hallmarks… of professionalization': medical societies, medical journals, medical schools, and reformed licencing standards.[2]

As such, a major focus of this thesis will be the communications of the medical profession. The concept of communications here refers to the transmission of ideas and knowledge directed at improving the state of medicine. This is not to be confused with private

[1] "Medicine in Melbourne," *The Lancet* 75, no. 1907 (1860): p.280.

[2] S. E. D. Shortt, "Physicians, Science, and Status: Issues in the Professionalization of Anglo-American Medicine in the Nineteenth Century," *Medical History* 27, no. 1 (1983): p.54

advice given to patients during consultations. Specifically, the communications examined herein all revolve around the creation, negotiation, and reinforcement of the ontological character of the medical profession. In other words the object of analysis will be the boundary work underpinning the creation and acceptance of the imagined professional community, and the reinforcement of the makeup thereof. I contend that this was a process that was driven by a community whose bounds transcended the colonial boarders and operated in a dual imperial-colonial framework.

The development of a profession consists of both internal and external processes. The internal occurs exclusively within what will become the profession. It is a wholly communicative process by which a community is formed and solidified. Such a process sees the boundaries of a professional community negotiated and formed on a principle of inclusion/exclusion. This is entirely under the control of the members of the forming community.[3] The external process is contingent on the internal process having begun and is the process by which the community negotiates its place within a broader societal context. This process involves the negotiation of public acknowledgement of the burgeoning community and in some cases, such as that of the medical profession, involves legislative backing being granted.[4] Each part of this process involves communication between relevant parties, at first those forming a community, and then negotiation and dialogue with those outside the community to legitimise its existence.

Before the medical community can be examined, the wider context of the colony of Victoria during this period should be understood. The mid-nineteenth century is an important time in the history of Victoria. Separation from the colony of New South Wales was achieved in 1851, and around the same time gold was discovered in the new colony. Gold proved to be a great boon for the fledgling colony, transforming it almost overnight. Victoria's capital, Melbourne, became a boomtown and the colony saw a massive influx of fortune seekers bound for the goldfields. By 1855 the population of the colony had increased almost fivefold compared to 1850, increasing from 69,739 in 1850 to 319,379 in 1855.[5] Over the next decade it almost doubled to 626,639 in 1865.[6]

The medical community in Victoria from the years 1855-1866 was composed of medical men trained at foreign medical schools. There were no locally trained practitioners during this period as the first graduates fully trained at the medical school, opened 1862, were not to graduate until 1867. The names of approximately 2000 practitioners appeared on the Victorian medical register throughout this period. From 1850-1901, there were 1330 degrees and 2782 licences held by medical professionals in the colony of Victoria.[7] About a third of the emerging profession in Victoria held university qualifications. The vast majority had attained their qualifications in the United Kingdom, almost all of whom received their medical education at English or Scottish institutions. There was a near even split between the two settings.

The above statistics come from the medical register, which until 1862 was a voluntary record of qualified medical practitioners. The register was originally designed to give a list of medically qualified men who could serve as medical witnesses during trials. Therefore, these statistics do not necessarily cover the whole of the profession within Victoria. Notable in their absence are practitioners of popular alternative therapies, such as homeopathy or hydropathy. While there were institutes that taught these skills, the qualifications they awarded were not recognised by the medical board, who were responsible for overseeing the registration of

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[3] Thomas F. Gieryn, "Boundary-Work and the Demarcation of Science from Non-Science: Strains and Interests in Professional Ideologies of Scientists," *American Sociological Review* 48, no. 6 (1983): p.781. Similar processes can be seen in the development of national identities as described by Anderson. Benedict Anderson, *Imagined Communities* (London: Verso, 1994).

[4] Gieryn, "Boundary-Work and the Demarcation of Science from Non-Science"; Evan Willis, *Medical Dominance* (Sydney: Allen & Unwin, 1989).

[5] *Statistics of the Port Phillip District, (Now the Colony of Victoria,) for the Year 1850* (Melbourne: John Ferres, Government Printer, 1851); *Statistics of the Colony of Victoria for the Year 1855* (Melbourne: John Ferres, Government Printer, 1856). P.1

[6] *Statistics of the Colony of Victoria for the Year 1865* (Melbourne: John Ferres, Government Printer, 1866).

[7] Diana Dyason, "The Medical Profession in Colonial Victoria: 1834-1901," in *Disease, Medicine and Empire: Perspectives in Western Medicine and the Experience of European Expansion*, ed. Roy MacLeod and Milton Lewis (London: Routledge, 1988). pp. 195-6

practitioners with legitimate qualifications. The only qualifications the board recognised were those from institutions which were known by the board to provide an education in the medical sciences or to issue licences based on recognised training or skill therein.

The first chapter of this thesis will present historiographical underpinnings that demonstrate the connection of the thesis to key works in the field. Particularly this chapter will delineate the differences in approach between this thesis and earlier works on the professionalisation of medicine in Colonial Victoria.

The second chapter of this thesis will examine the internal communication that shaped the creation of the medical community as we know it. This communicative process saw the bounds of scientific medicine set, and the formation of professional communities. The chapter will also examine Victoria's place as a node in a vast network of international knowledge exchange.

The third chapter of this thesis will examine how the Victorian community campaigned for 'Medical Reform': the legislative codification of the primacy of scientific medical knowledge in medical treatment. This process saw the medical community leverage their international connections to gain legislative backing.

The final chapter of this thesis presents a brief analysis of the events surrounding the trial of a Melbourne surgeon in 1866, and the implications thereof on the standing of medicine within the community. This trial was greatly sensationalised within the colony and was large enough to be the subject of several editorials in British medical journal *The Lancet*. The involvement of medical practitioners in the trial will be examined, as will the commentary coming from outside of the colony.

Chapter 1 – Historiographical Review

The historiography of medicine in Victoria between 1855 and 1866 is scant. The last major examinations were written in the 1980s. Since then, this period has been for the most part ignored. In the intervening years the historiography has moved on, and while still occasionally cited in modern papers these reviews are becoming increasingly outdated when compared to broader scholarship. The critical lens could once again turn to this period and revaluate the developments and events with the benefit of more recent studies.

Dyason briefly examines the period as part of a wider examination of medicine in the Colony of Victoria in her chapter 'The Medical Profession in Colonial Victoria: 1834-1901' but within a much broader survey of medicine in Victoria from the foundation of Melbourne through to Federation.[8] Dunstan similarly briefly touches on it in his monograph *Governing the Metropolis*, though from the perspective of governance and within the context of the development of the city of Melbourne.[9] Other histories skirt the bounds of the city and instead elect to study more 'interesting' areas, such as the goldfields.[10] More recent histories focus on specific places or groups, such as hospitals or friendly societies.[11] There is much which is as yet unexplored.

Dyason's chapter provides an overview of the medical profession in nineteenth century Melbourne. It provides a run-down of the world of the medical practitioner, covering educational backgrounds, nationality, how they made a living, and societies to which they belonged. This serves as a good overview of the profession across the nineteenth century and provides a partial analysis of the level of international connectedness of the medical community. Pertinently, Dyason has traced the origins of Victorian medical qualifications between 1839-1901 and using these calculated the percentage of the overall number of British qualifications granted between 1876-1880 which appeared on the Victorian medical register.[12] The medical community, and therefore medical knowledge, is shown to be wholly imported with a bias towards practitioners trained at British and Scottish institutions. As the first medical school in Melbourne was only founded in 1862, towards the end of the period of this study and too soon for anyone to graduate from the degree, it is logical to question whether the graduates of overseas institutions cut themselves off from the rest of the medical community form which they learnt. Logically, one would expect that there would remain some level of professional communication or attempts to stay abreast of developments 'back home'.

Dunstan's *Governing the Metropolis* is primarily focussed on how the city of Melbourne was governed. As such, it covers issues related to medicine, such as public health policy, and examines how these were created from the standpoint of the government. Dunstan is at times critical of the Victorian government in its slowness to adopt public health policies. It is highlighted that while the medical community was aware of public health issues, such as the supply of water to the city, the government was loathe to listen to them and act on these issues.[13] Knowing that the medical profession was able to achieve some concessions from the colonial government, this poses the question of how the medical community communicated these ideas to the political realm. Were there differences between the approaches that succeeded and failed? Dunstan does not attempt to answer these questions.

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[8] Dyason, "The Medical Profession in Colonial Victoria."

[9] D. Dunstan, *Governing the Metropolis: Politics, Technology and Social Change in a Victorian City: Melbourne 1850-1891* (Melbourne: Melbourne University Press, 1984).

[10] Keith Macrae Bowden, *Doctors and Diggers on the Mount Alexander Goldfields* (Maryborough, Victoria: Hedges and Bell, 1974); Keith Macrae Bowden, *Goldrush Doctors at Ballaarat* (Mulgrave, Victoria: Magenta Press, 1977).

[11] For example: A. Gregory, *The Ever Open Door: A History of Royal Melbourne Hospital 1848-1998* (Melbourne: Hyland House, 1998); Yolande Collins and Sandra A. Kippen, "The 'Sairey Gamps' of Victorian Nursing? Tales of Drunk and Disorderly Wardsmen in Victorian Hospitals between the 1850s and the 1880s," *Health and History* 5, no. 1 (2003): p.42.

[12] Dyason, "The Medical Profession in Colonial Victoria." pp.195-6

[13] Dunstan, *Governing the Metropolis*.

Not all research has exclusively focussed on the metropole. Bowden's works on the medical profession on the various goldfields, *Doctors and Diggers on the Mt Alexander Goldfields* and *Goldrush Doctors at Ballarat* provide much detail on the lived experience of medical practice at the Ballarat and Mt Alexander (Bendigo) goldfields.[14] Instead of analysis, Bowden's writing takes a more narrative bent, describing medical life on the fringes of colonial society through a series of vignettes. Despite this Bowden's works are well sourced and drawn mostly from a wealth of primary material. Especially of note is the level of research Bowden has put into the formation of medical societies on the goldfields.[15] Bowden provides lists of members, addresses, dates of meetings, and newspaper articles about these early societies. Bowden's research shows the importance of professionalisation outside of the colonial metropolis.

Bowden, Dyason, and Dunstan's work, when taken together, provide a rather broad overview of medicine in mid-nineteenth century Victoria. Dyason's works is perhaps the most extensive, covering most aspects of medicine in Victoria in the period from settlement to federation. Dunstan and Bowden go into further detail on smaller sections of the medical experience in the colony, but both remain somewhat wide-ranging. However, the three each examine an aspect of an important idea in the history of medicine: professionalisation. Dyason's work deals with the process of professionalisation, showing its path across the nineteenth century. For Bowden and Dunstan, the idea in ancillary to their works, but is brought to the fore by its connection to their main focuses.

The professionalisation of medicine is a topic that will emerge throughout my thesis. There are two major works on the topic in Victoria that are still considered to be the best analyses of the topic: Pensabene's *Rise of the Medical Practitioner in Victoria* and Willis' *Medical Dominance*.[16] Pensabene's monograph *The Rise of the Medical Practitioner in Victoria* is the oldest and most widely cited of the two.[17] It is, however, somewhat outdated. Pensabene characterises the professionalisation of medicine as the outcome of growing prestige and public perceptions of medical competence aided by the emergence of breakthroughs in medical science. His decision to begin the period of his study in the 1870s reflects this.[18] It would also appear that the decision to start in 1870 has more to do with the entry of the British Medical Association into the colonial medical scene than anything else, as Pensabene himself notes.[19] This ignores the developments going on within the colony in earlier years, including the developments of acts for the registration of qualified medical practitioners, the foundation of earlier medical societies, and the highly publicised trial of J. G. Beaney.[20] The creation of the aforementioned structures of medical community and governance are considered to be hallmarks of professionalisation, as Shortt contends.[21] These are not, however, the end of the ahistorical process, and Pensabene is correct to assert that the process continues even after these hallmarks are met. Pensabene does also correctly identify a lack of prestige, or a low public opinion of medical practitioners, as being present in the colony at the time. As I will show the pursuit of professional prestige is a driving force for the creation of an idea of 'profession', but it is not the only factor involved. Increases in prestige are part of the process, and while they correlate, increases in social standing are results of the process, not the driving force behind it.

Additionally, Pensabene does not consider the 'internal' part of the process of professionalisation, whereby a group of individual practitioners first form a community based on shared ideals, which then expands to create an Andersonian 'imagined community' by creating

[14] Bowden, *Doctors and Diggers*; Bowden, *Goldrush Doctors*.
[15] Bowden, *Doctors and Diggers*, 190–209; Bowden, *Goldrush Doctors*, pp.102–20.
[16] T. S. Pensabene, *The Rise of the Medical Practitioner in Victoria.* (Canberra: Australian National University, 1980); Willis, *Medical Dominance*. Both are still in use to this day, with citations as recent as 2017. See: T. Bak, "Homeopathy and the Defence of Medical Pluralism in Nineteenth-Century New South Wales," *Health and History* 19, no. 1 (2017): pp.1–19.
[17] Pensabene, *The Rise of the Medical Practitioner in Victoria.*
[18] Pensabene *The Rise of the Medical Practitioner in Victoria.* p.6
[19] Pensabene *The Rise of the Medical Practitioner in Victoria.*
[20] "The Trial of Mr Beaney at Melbourne," *The Lancet* 2, no. 2248 (1866): pp.360-1.
[21] Shortt, "Physicians, Science, and Status."

and utilising professional societies and a professional press.[22] Instead, Pensabene disregards the role of agitation for reform from the medical community, and argues that increased prestige, gained through better medical practices and scientific knowledge, was the primary driver of professionalisation. I feel that Pensabene's case is overstated, and would instead argue that increased prestige and the dominance of scientific medicine is the result of professionalisation. Pensabene's argument also belies the autonomy of the community within the colony by attributing the beginning of the process to the importation of the BMA. My thesis will instead examine the communication involved in this community formation, as well as how the fledgling community communicated to other groups.

Medical Dominance, Willis' 1989 monograph, has been suggested as another important text on the history of Medicine in Victoria.[23] Much like Pensabene, Willis' examines the professionalisation of Medicine, however he takes a more sociological approach. The analysis therein is heavily framed around class, shaped by the author's contemporary experiences of 'medical dominance'. It relies on Marxist-style theories of class struggles to the exclusion of other aspects. Willis' argument is somewhat overstated. Too much emphasis is placed on the role of class, and class-based struggles, in the process of professionalisation. Willis himself mentions, in a 2006 follow up article, that the class-based framing of the work has aged poorly and now seems rather dated.[24]

Despite the issues with the framing Willis' monograph is highly insightful. One of Willis' most important points, as far as this study is concerned, is when he highlights the 'internal' community-building process of professionalisation, and how it laid the groundwork for later developments.[25] The assessment of professionalisation as both an internal and external process is very insightful, though I feel there is more that could be said, especially with regards to the role communication played in the process. Willis does not go into great detail on what this process entailed, nor how it was negotiated.

The above works contributed the most to shaping my research questions. In the case of Dyason and Pensabene's works, they are still highly regarded or often cited today. In the ensuring decades, they have not been superseded by other research in their field, and research has moved in other directions. As it stands, I feel that our understanding of the medical profession in Victoria during the period of this study is unsatisfactory and could benefit from further research.

Professionalisation is the key theme of this thesis. Plenty has been written on the topic in both Australian and international contexts. One of the best recent studies of the process is Brown's *Preforming Medicine*.[26] Brown examines the historical process of professionalisation through the lens of changing medical culture. Through this lens he examines the creation of a small-scale provincial community centred around medical knowledge. Changes, such as the move from medico-gentility to scientific medicine as profession, are tracked through this community. Especially relevant to this study is Brown's utilisation of Anderson's theory of imagined communities, applied here to the profession of medicine instead of national identity.[27] Brown shows the process involved in forming professional identities, and connecting them to a broader conception of a community of British medicine. This use translates well into the antipodean context.

In a broader analysis, Shortt examines this development in the Anglo-American context.[28] He showcases the different approaches taken in the US, Canada, and the UK. Importantly, Shortt examines the use of science by the medical profession to add legitimacy to their calls for reform. This analysis provides a great point of focus on the way the medical community wished to be

[22] See: Anderson, *Imagined Communities*.
[23] Willis, *Medical Dominance*; Peter Lloyd, "A History of Medical Professionalisation in NSW: 1788/1950," *Australian Health Review* 17, no. 2 (1994): p.14; Evan Willis, "Introduction: Taking Stock of Medical Dominance," *Health Sociology Review* 15 (2006): pp.421–31.
[24] Willis, "Introduction: Taking Stock of Medical Dominance."
[25] Willis, *Medical Dominance*. p.46
[26] Michael Brown, *Performing Medicine: Medical Culture and Identity in Provincial England, c. 1760-1850* (Manchester: Manchester University Press, 2011).
[27] Anderson, *Imagined Communities*.
[28] Shortt, "Physicians, Science, and Status."

seen. The scale of the study means that depth of analysis has been traded for breadth. Compared with works that focus on a smaller area, like that of Roberts or White, Shortt only touches the surface. However, this provides a solid foundation from which a more comprehensive study could be made.

Key to establishing an understanding of the processes driving the process of medical community formation will be understanding this concept of medicine as science as an idea emerging during the period being examined. Achieving the separation of effective treatment from alternative or unproven therapies was a major element in the process of professionalisation. Much of the political agitation that resulted in the definition of the medical profession as we know it was aimed at excluding the unqualified, quacks, and practitioners of alternative medicine. Gieryn's 'Boundary Work' examines this idea from the perspective of science.[29] In this paper Gieryn analysed how scientists attempted to make a space for themselves in society by delineating the boundaries between their and other professions. The emphasis is mainly on the rhetoric used by the scientific community to create this space in opposition to other groups and highlights how the rhetoric could change depending on context. While Gieryn preliminarily deals with science, one of his examples is the exclusion of phrenology from the medical sciences in Britain. These same principles developed by Gieryn are easily transplanted to the context of the development of medicine in Victoria. The delineation of 'scientific medicine' from alternative medicine was an important part of the process of professionalisation and medical reform.

As Brown suggests, medical journals played a major role in this process. Journals are one of the key mechanisms of communication and are therefore highly integrated into the internally driven process of delineation. Bynum, Lock, and Porter's *Medical Journals and Medical Knowledge* provides a range of different examinations of medical journals in the British context.[30] By examining the contents of local journals, such as the *Australian Medical Journal*, and comparing its contents with other contemporary journals, it could be possible to see if similar topics are discussed and fit them into an international context.

To do so requires setting the paper within the communicatory frameworks of international knowledge transfer. In a recent paper, Minard has written about the networks of knowledge transfer that existed in Victoria in the mid-nineteenth century.[31] While focused on biological sciences, his paper can be utilised as an example of the international links found in the colony. Belknap has recently detailed how scientific organisations communicated with the public, and the interplay between bodies promoting science for the public and science for 'professional' scientists, a relationship that was not always on the best of terms.[32] This interplay between professional and public is important in analysing the securing of epistemological hegemony that the process of professionalisation represents. This process of community formation and delineation is important in securing the exclusive character of the medical profession as conceived during the period of study.

The external aspect of this process, especially with relation to legislative campaigns, is typically referred to as 'medical reform'. Roberts highlights the complexity of the issue of legislative medical reform in Britain during the nineteenth century.[33] By splitting the key arguments commonly referred to as 'medical reform' into four categories based on their ultimate aim, Roberts introduces more nuance into the analysis of the 1858 Medical Act. Roberts reconciles the competing interests behind the act to revaluate the act and place less emphasis on the 'failings' perceived by the modern audience. While the construction of the groups would

[29] Gieryn, "Boundary-Work and the Demarcation of Science from Non-Science"
[30] W. F. Bynum, Stephen Lock, and Roy Porter, eds., *Medical Journals and Medical Knowledge: Historical Essays* (London: Routledge, 1992).
[31] Pete Minard, "Making the 'Marsupial Lion': Bunyips, Networked Colonial Knowledge Production between 1830–59 and the Description of Thylacoleo Carnifex," *Historical Records of Australian Science* 29, no. 2 (2018): p.91.
[32] Geoffrey Belknap, "Illustrating Natural History: Images, Periodicals, and the Making of Nineteenth-Century Scientific Communities," *The British Journal for the History of Science* 51, no. 3 (2018): pp.395–422.
[33] M. J. D. Roberts, "The Politics of Professionalization: MPs, Medical Men, and the 1858 Medical Act," *Medical History* 53, no. 01 (2009): pp.37–56.

change, this is an idea easily introduced into the colonial setting. Criticisms of the kind Roberts envisions as problematic have often been levelled at the Victorian act.[34]

Professionalisation is a topic that has been well researched in other Australian colonies. Both Lloyd and White have both written accounts of the topic in New South Wales and South Australia respectively.[35] Lloyd writes of the slow development of medical reform in New South Wales and how it was influenced by its origins as a penal colony. He writes that, after the end of transportation and the advent of responsible government in New South Wales the colony sought to limit the influence of the government. This led to a 'preoccupation with *laissez-faire* ideologies and individualism' which was opposed to government regulation and restriction of choice.[36] This became the default state of play in New South Wales until after Federation. Lewis and MacLeod instead attribute this lack of legislative movement to the absence of a cohesive body to promote the interests of medical practitioners as a group, and the power afforded by organisation to other groups vying for space within the medical field.[37] Here they favourably contrast the development of medical legislation in Victoria to the lack of movement in New South Wales, which they say was driven by the Medical Society of Victoria. Bak brings the argument back to *laissez-faire* ideologies of free market control in his analysis of 'Medical Pluralism' in nineteenth century New South Wales.[38] He insists here that the power of what he terms 'irregular' practitioners stems from the insistence of the colonial legislature in letting the free market decide the types of medicine acceptable for medical treatment.[39] The three each present different causes for the delay in, and eventual adoption of, medical legislation in New South Wales. Together, they represent a broad evaluation of the complexity of the topic.

Bak examines this question of delineation and professionalisation from the other side, looking at the push-back against the process of professionalisation in colonial New South Wales.[40] While Bak's paper examines New South Wales history, it is noted that in Victoria the push was more successful, with tighter laws being introduced much earlier there. It does not, however, go into detail on how the Victorians were able to successfully campaign for these changes. Pensabene too raises the issue of a push-back from the public and political realms against the professionalising medical field.[41] Barrow has examined this public pressure in the British context.[42] Barrow's study looks at the social aspects of this push-back against orthodox medicine, especially with regards to how it was influenced by the social climate of the 1840s. The picture he paints of Britain at that time is very similar to that of White's image of South Australia later in the century. Both contend that the want of democracy, especially with regards to the Chartist movement, meant that as a whole the public were unwilling to accept the elitism and exclusory purposed of the pushes for medical reform.[43]

Martyr's monograph *Paradise of Quacks* is an extensive investigation into alternative medicine in Australia.[44] Its title is drawn from the epithet given to New South Wales at the end of the nineteenth century referencing its comparatively relaxed laws around the practice of medicine. Martyr endeavours to de-marginalise the practitioners of alternative medicine. This

[34] See: Dyason, "The Medical Profession in Colonial Victoria."
[35] Lloyd, "A History of Medical Professionalisation in NSW"; K N White, "Negotiating Science and Liberalism: Medicine in Nineteenth-Century South Australia," *Medical History* 43, no. 02 (1999): pp.173–91.
[36] Lloyd, "A History of Medical Professionalisation in NSW." p.19
[37] Milton J. Lewis and Roy MacLeod, "Medical Politics and the Professionalisation of Medicine in New South Wales, 1850–1901," *Journal of Australian Studies* 12, no. 22 (1988): pp.69–82.
[38] Bak, "Homeopathy and the Defence of Medical Pluralism in Nineteenth-Century New South Wales,"
[39] *Ibid.* pp.8–12.
[40] *Ibid.*
[41] Pensabene, *The Rise of the Medical Practitioner in Victoria.*
[42] Logie Barrow, "Why Were Most Medical Heretics at Their Most Confident around the 1840s? (The Other Side of Mid- Victorian Medicine)," in *British Medicine in an Age of Reform*, ed. Roger French and Andrew Wear (London: Routledge, 2014), pp.164–83.
[43] White, "Negotiating Science and Liberalism"; Barrow, "Medical Heretics."
[44] Philippa Martyr, *Paradise of Quacks: An Alternative History of Medicine in Australia* (Sydney: Macleay Press, 2002).

includes a brief examination of how they came to be marginalised by the colonial medical profession. The most astute observation in this work is that medical debates did not occur in a vacuum, and instead drew on those from other parts of the world.[45] Generally, these connections were drawn from interstate or British arguments, though there was an occasional flow of ideas from Europe too.

Similar to Lloyd, White's analysis contextualises professional development within the framework of social conditions of the colony of South Australia. He contends that the remoteness coupled with the chartist legacy of the state prevented the medical profession from precipitating effective legislation. Being sparsely populated, it was advantageous for the state to refrain from laws providing for the registration and licensing of medical practitioners. In their view, he argues, unqualified and alternative practitioners were just as good as those with qualifications, thus meaning that there were more practitioners able to treat the sick and the wounded. This meant less distance between a lay-person and their nearest medical practitioner. Additionally, he writes that the South Australian legislature was wary of promoting the rights of a singular group over others, a key part of the Chartist roots of the colonial legislature. Unlike the individualism and anti-interventionist, pro-market ideology of New South Wales as described by Lloyd, South Australia was unwilling to introduce government backed inequality. No consideration was given to competition in shaping the medical market. While coming from different ideological beginnings, the result was the same, and the medical profession did not achieve state sponsorship for 'scientific' medicine until the end of the century.

These intercolonial contexts demonstrate the failures of communication by the local medical professionals. No communities formed locally were able to gain the traction of the Victorian societies. New South Wales and South Australian practitioners were therefore less likely to pursue shared goals in the manner of their Victorian counterparts.

Expanding on these themes, it is made clear that an analysis of the medical profession's communications and campaigns for reform will need to be grounded in the broader historiography of the place and period. Outside of medicine, there are several other features of Australian historiography that inform my analysis. Boucher's analysis of liberalism in Victoria provides an interesting background to this period.[46] In Boucher's view, Victoria, by virtue of its young age, was able to introduce numerous reforms which were then used as examples for similar reforms back in Britain. The lack of centuries of tradition meant that the colony was open to new ideas and developments Tying into this, I will argue that there was direct influence by British liberals and reformists in the development of the colony, as can be see within the medical community. There is a clear connection here, as can be seen in the events leading to the foundation of the Medical School.

The Colony of Victoria had its own unique circumstances that proved beneficial to the medical profession in their quest for professionalisation. More than any other colony, early Victoria was shaped by one thing: gold. The Victorian goldrush saw hundreds of thousands of immigrants rush to the new colony. The discovery of gold in 1851 vastly changed the landscape of Victoria, figuratively and literally. Here emerged a society that, with its new-found wealth, put on a veneer of sophistication and sought to place itself amongst the older, more established societies. As Goodman explains, the new colony was 'self-consciously progressive', and the influx of new people into the colony brought new ideas on how it should be governed.[47] The extension of the franchise to the miners in the wake of the Eureka rebellion saw great changes in

[45] Martyr, *Paradise of Quacks*, p.69

[46] Leigh Boucher, "Victorian Liberalism and the Effect of Sovereignty: A View from the Settler Periphery," *History Australia* 13, no. 1 (2016): pp.35–51.

[47] David Goodman, "The Gold Rushes of the 1850s," in *The Cambridge History of Australia*, ed. Alison Bashford and Stuart Macintyre (Cambridge: Cambridge University Press, 2013), pp.170–88; David Goodman, "Gold and the Public in the Nineteenth-Century Gold Rushes," in *A Global History of Gold Rushes*, ed. Benjamin Mountford and Stephen Tuffnell (Oakland, California: University of California Press, 2018).

the way the colony was governed, and by 1857 adult male suffrage had been achieved in Victoria.[48]

The history of medicine has a much more established body of literature in the British context, as it is a more widely researched field. Much of this work, however, is broadly applicable to the Victorian context, especially during the timeframe of my study. British culture was the de facto culture of the colony of Victoria, having been brought over with the largely immigrant population. 87% of the population was British in 1857, the largest group being the English, who made up 35% of the total population.[49]One could consider Victoria as a part of a 'Greater Britain' during this period. Additionally, there was a marked effort by members of the colony to bring the best aspects of British education, culture, and thought over, fuelled by the riches provided by the goldrush.

As such, I will be drawing upon the British literature to further my examination. By considering British sources, we can assess how isolated Victoria's medical community was, and the extent to which it follows a similar trajectory to that of the British community. It is clear that there was a level of international interest in the developments in Victoria, and there was certainly concern shown over several Victorian developments. Events such as the highly publicised trial of Dr Beaney in 1866 were written about in British journals like The Lancet and showed fears about the fate of the profession in and outside Victoria.[50] This is not to say, of course, that Melbourne is merely a colonial outpost, echoing the developments in London. Agency must be given to the colony, as it followed its own trends and developed in its own way. The best manner to provide this is to contrast the colony with the other colonies and Britain. This allows for colonial idiosyncrasies to be highlighted, and the interplay of forces within the colony to be analysed.

[48] Angela Woollacott, *Settler Society in the Australian Colonies: Self-Government and Imperial Culture* (Oxford University Press, 2015), p.100. Note that this development occurs in most Australian colonies, other than Western Australia, around this same period.
[49] "Part I - Population," in *Statistics of the Colony of Victoria, for the Year 1861* (Melbourne: John Ferres, Government Printer, 1862), pp.5–38.
[50] "The Trial of Mr Beaney at Melbourne," *The Lancet* 2, no. 2248 (1866): pp.360-1.

Chapter 2 – Communication and Community Construction

When compared with the rest of the Australian colonies, the medical community in Victoria developed quickly. While Victoria was not the first to have a professional medical society, or a medical journal, those founded in the other colonies were unable to be maintained for longer than a few years. Only in the final decades of the nineteenth century were lasting societies and journals founded throughout the other Australian colonies.[51] The shift from the 'medical marketplace' to state-sponsored professional medical knowledge was driven by the solidification of these communicatory methods. The first signs of this shift occurred in Victoria, but these would rapidly solidify and become the status quo for the colony until at least the end of the century, by which time the other Australian colonies had adopted similar approaches to medical regulation.

Why, then, was Victoria different? How were Victorian medical practitioners able to sustain these developments when they failed in the other colonies? With these questions in mind, this chapter will focus on the development of the medical community in Victoria, and the professionalisation of the practice of medicine therein. This chapter focusses specifically on the role of the individual members of professional communities in creating, maintaining, and ensuring the longevity and prosperity of the communities to which they belong.

Communication was key in this process. The process of professionalisation and community creation revolves around communication. The validity of the formation of a profession rested on its members' ability to communicate the need for the profession. Communication is therefore the primary driver of what we would call professionalisation.

Professional Societies

Professional societies are one of the hallmarks of the process of professionalisation.[52] They arise from a need, a requirement for a body to represent the interests of a group of like-minded individuals. Often there is a provoking factor involved in their creation, such as marginalisation or competition. It is the role of the professional body, therefore, to communicate the virtues of the developing profession to a wider audience and represent the interests of its membership. This is the most basic purpose of the professional society.[53]

Additionally, professional bodies function as internal regulators of medical communities, establishing codes that govern professional conduct.[54] This served a communicatory purpose, ensuring that practitioners understood their position as representing the profession and therefore conducted themselves in a manner deemed appropriate lest they be removed from the community. In this manner professional societies defined who the members were in their guise as a practitioner.[55]

Medical practitioners in Victoria were quick to form professional bodies, with the first, the Port Phillip Medical Association, being founded before separation. Most were based in densely populated locales, such as the City of Melbourne (Medical Society of Victoria) or on the various goldfields (Ballarat Medico-Chirurgical Society, Castlemaine Medical Association, Mount Alexander Medical Association, Bendigo District Medical Association).[56] These organisations were formed 'for the mutual protection of their rights and privileges, the diffusion of professional knowledge, and the discouragement… of unqualified practice.'[57] Each of these stated objectives form part of the process we now refer to as professionalisation. This ties them

[51] Milton J Lewis, "Medicine in Colonial Australia, 1788-1900," *Medical Journal of Australia* 201, no. S1 (July 2014).
[52] Shortt, "Physicians, Science, and Status" pp.52, 54.
[53] Willis, *Medical Dominance*; Brown, *Performing Medicine*, p.153-162.
[54] Willis, *Medical Dominance.*
[55] Brown, *Performing Medicine, pp.154-7.*
[56] Bowden, *Doctors and Diggers*; Bowden, *Goldrush Doctors*.
[57] Proposal made by Dr James Stewart at the first meeting of the Ballarat Medico-Chirurgical Society, 20th October 1854. Quoted in Bowden, *Goldrush Doctors*. p.102

to a trend not specific to Victoria but one that was happening concurrently throughout the western world.[58]

Each of the stated objectives of society formation ties firmly to the role of a professional society as a communicative, representative body. The 'protection of… rights and privileges' ties in with the desires of its members to reforge the practice of medicine as a respectable practice, and to place themselves, as a profession, amongst the colonial elites. This is a trait linked closer to the Medical Society of Victoria than the goldfields associations. The second objective, 'the diffusion of professional knowledge,' is a much more important part of the communicatory purposes of the societies. It is through the spread of professional knowledge that the medical societies could ensure their members had the latest medical knowledge, and more importantly, could function as the arbiters of professional knowledge. This meant that the medical societies could control the spread of information to the medical community, and in effect delineate what was accepted as medicine and what was pushed to the fringes as quackery.

This ties neatly into the third purpose: 'the discouragement… of unqualified practice.' As was the case in Britain and the other Australian colonies, the catalyst for the formation of these professional societies was competition from other practitioners, especially the 'unqualified'.[59] Unqualified here means practitioners who were not licenced by the medical colleges in Britain or had no formal education in medicine. The medical associations and societies were formed in a reaction to this competition, to represent the interests of their members, and to agitate and create pressure for reform. They were purposely and consciously exclusionary as a result of their genesis, limiting their membership to those deemed by the medical societies to be qualified. This therefore constitutes an attempt at conspicuously changing the delineation of the medical field to a select group. In this way it is a prime example of Gieryn's 'boundary-work'.[60]

'Boundary-work' can be said to be the goal of each of these medical associations and is the major thread that binds their histories together. This process is the one in which all the societies were majorly active, and with the exception of the Medical Society of Victoria, it appears to have been their primary *raison d'être*. For the goldfields societies there are scant records of their existence, and they appear to have risen and fallen with the gold rush. The main evidence for their existence in the historical record can be found across the various advertisements that were taken out in the local newspapers in their area of operation, in which they provided a list of the society's members and the common fees charged for consultations.[61]

Advertisements of this type show the struggle of the medical practitioners in the 'medical marketplace' of the colony. It was, of course, a result of the direct competition of other practitioners on the goldfields that had prompted this attempt at professional delineation. The demarcation of the boundaries of the professional societies was initially intended as a way of communicating the difference between practitioners to potential patients in a medical marketplace crowded with all manner of other treatment possibilities. As Willis contends, the motivation was largely financial. [62] The creation of medical societies created a centralised body through which practitioners could advertise their services and make assurances as to the quality of treatment provided. In this manner the original formation of the medical societies served a purpose similar to the formation of workers' unions.

Given that the medical societies had similar ambitions, it must then be no surprise that they had similar criteria for membership. While there were small differences, for the most part anyone seeking membership of any these societies was required to be 'a legally qualified medical

[58] See: John C. Burnham, *How the Idea of Profession Changed the Writing of Medical History* (London: Wellcome Institute for the History of Medicine, 1998); Brown, *Performing Medicine.*

[59] Lloyd, "A History of Medical Professionalisation in NSW"; Martyr, *Paradise of Quacks*, pp.70-8; Roberta Bivins, *Alternative Medicine? A History,* (Oxford: Oxford University Press, 2007) Brown, *Performing Medicine.*

[60] Gieryn, "Boundary-Work and the Demarcation of Science from Non-Science."

[61] James Stewart, "A Correct List of the Legally Qualified Medical Practitioners and Members of the Ballarat Medico-Chirurgical Society, Residing and Practicing in the District of Ballarat," *The Star*, September 25, 1856, sec. Medical p.4

[62] Willis, *Medical Dominance*.

practitioner,' i.e. a holder of a medical license or a degree in medicine.[63] This, however, is a misleading claim that reflects more the push for legal change spearheaded by these societies than it does the legal reality of colonial practice during this era. Indeed, until 1862 there was no 'legal qualification' required to practice medicine in Victoria. The legislation covering medical qualifications only controlled the presentation of medical evidence before the courts.[64] Even after the 1862 Act, the unqualified could still practice medicine, but they were merely prevented from use of the honorific title 'doctor'. It was only later, with the passage of the Medical Practitioners Statute in 1865 that the practice of medicine was somewhat restricted to those who were medically trained and qualified. The act did not grant extra rights to the medical practitioner, it only took away the ability of the unqualified to take legal action if a customer refused to pay, and restricted government medical appointments to those on the medical register.[65] However, it should be noted that both acts included a grandfather clause – added after lengthy negotiations – that allowed an unqualified practitioner the same protections under the act as long as they could prove to have practiced medicine within the colony on a regular basis since 1853.[66]

The so called 'legal qualification' required by medical societies before 1862 was a formal qualification, such as a license or degree. Some societies, such as the Bendigo District Medical Association, would require their members to appear on the colonial medical register.[67] In the absence of legislation governing the practice of medicine, medical societies acted as a pseudo-regulatory bodies, thereby constituting that which Willis refers to as the 'Internal dynamic of professionalisation': pressure for regulation originating within the community to be regulated.[68] To this end medical societies would regularly publish lists of their members within the local newspapers, just as the Medical Board published the names of qualified practitioners in the government gazette.[69] Unlike the government gazette, however, these lists functioned as advertisements for the listed practitioners, and as such would include practice addresses and fees charged. Fees were often standardised within a society to encourage patronage of any of their members. This is especially true of the regional societies.

Colonial medical societies had no real power outside of dictating membership conditions. For some societies, it was merely a case of having the 'correct' qualifications, but other societies were far more stringent with their membership. The Medical Society of Victoria (MSV), for example, was rather restrictive when it came to membership. Within the rules of the society, it was stipulated:

> That every candidate for election as an ordinary Member must be a legally qualified medical practitioner, who shall have resided at least one year in the Colony, and shall, previous to his election, have shown his diploma to the Committee of Management, or the Honorary Secretaries. He must be proposed and seconded by Members of the Society, one month before the day of election, which shall be by ballot, a majority of three-fourths of the Members present being necessary to make his election valid; and that no ballot shall take place unless at least twelve Members are present.[70]

Therefore, even if a prospective member was properly qualified, the MSV could still reject their application for membership on the grounds that they were not accepted by the current membership. This meant that members of the society had the final say on new members, and it was possible to prevent membership of the societies on ideological, ethical, or social grounds. It

[63] Medical Society of Victoria, *Rules of the Medical Society of Victoria* (Melbourne: Goodhugh & Hough, Printers, 1856). p.3
[64] *Medical Witnesses at Inquests Act* 1838 (NSW)
[65] *Medical Practitioners Statute* 1865 (Vic)
[66] *Medical Practitioners Act* 1862 (Vic); *Medical Practitioners Statute* 1865 (Vic)
[67] Bowden, *Doctors and Diggers*.
[68] Willis, *Medical Dominance*. p.48
[69] See James Stewart, "A Correct List of the Legally Qualified Medical Practitioners and Members of the Ballarat Medico-Chirurgical Society, Residing and Practicing in the District of Ballarat," *The Star*, September 25, 1856, sec. Medical p.4 for one such example.
[70] Medical Society of Victoria, *Rules of the Medical Society of Victoria*. p.1

should be noted, however, that this sort of selective membership was not isolated to just medical societies. Indeed, it was a relatively common feature seen in many nineteenth century professional societies, and more widely in gentlemen's clubs.[71]

Limiting their membership to only the medically trained would have served to isolate the group from the outside. These practices could also be a cause for controversy. Medical societies, as professional groups, stood for the rights of those who were able to obtain licenses and degrees. Those trained through the 'old system' of apprenticeships would not be recognised by the medical societies, nor the medical board, even if they practised for many years without incident. Bowden has found at least one case where issue was taken with the membership limitations of medical associations. He describes a letter sent to the Argus about the formation of the Bendigo District Medical Association. The anonymous author of the letter expressed his indignation about that association being stricter than the government on the qualifications they allowed. He was especially perturbed by the adoption of a ballot system by a profession well known for its petty squabbles.[72] Discord within the profession was evident early on.

'Quackery', as it was then called, was a major problem for the emerging profession during this period. These 'other' practitioners could come in many forms. They could be unqualified physicians plying the same trade as the qualified, they could also be others offering alternative medical treatments such as Chinese medicine or homeopathy. Other medical practitioners were sometimes included on this list, such as dentists, ophthalmologists, and pharmacists. The boundary between 'quackery' and legitimate medical practice was actively defined by the medical community. It was a process of boundary work which saw some types of treatments excluded from the medical community's conception of medicine.

Alternative medicine was known to be an issue for practitioners outside of the colony. Various forms of alternative medicine were popular throughout the nineteenth century, and public support for this kind of medicine reached its zenith during the 1840s.[73] In the colony of New South Wales it was especially problematic, with equal weight being given to alternative medicine. Especially prominent there was homeopathy.[74]

The Medical Society of Victoria, while founded with the purpose of representing the interests of medical men within the colony, quickly began to insulate itself from the wider medical community. The 'in' group mostly consisted of men associated with the Royal Melbourne Hospital and eventually the University of Melbourne. Members of the MSV were some of the most important and successful members of the medical community.[75] This group was the cause of a number of disagreements and heated arguments within the medical community of Melbourne. This divisiveness ultimately led to the foundation of the Victorian branch of the British Medical Association, which eventually usurped the MSV's position as the largest and most important medical association in Victoria.[76] While this would happen much later it bears mentioning here, as these issues began appearing early in the society's history.

For those accepted as members by the MSV, the society would have facilitated the exchange of ideas between this grouping of professionals. Most, if not all, of these groups held regular meetings of their members, some of which included the presentation of papers. In this manner, the groups disseminated medical knowledge amongst their members. Aside from the goal of professionalisation, the continued education of practitioners was a major reason for the existence of these groups. Papers would be written and read on topics that practitioners found

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[71] Ruth Barton, "'Men of Science': Language, Identity and Professionalization in the Mid-Victorian Scientific Community," *History of Science* 41, no. 1 (2003): pp.73–119; Barbara Black, *A Room of His Own: A Literary-Cultural Study of Victorian Clubland*, (Athens, OH: Ohio University Press, 2012), pp.47-8

[72] Bowden, *Doctors and Diggers*. p.192

[73] Barrow, "Medical Heretics."

[74] Tao Bak, "Homeopathy and the Defence of Medical Pluralism in Nineteenth-Century New South Wales,"; Peter Hobbins, "Tending the Body Politic: Health Governance, Benevolence, and Betterment in Sydney, 1835–55."

[75] Bryan Gandevia, "A Review of Victoria's Early Medical Journals," *Medical Journal of Australia* 2 (1952): pp.184-88.

[76] Pensabene, *The Rise of the Medical Practitioner in Victoria,* p.102.

interesting or helpful. Topics often included curious cases encountered in practice, new theories or treatments for maladies, or the practitioner's take on some specialist knowledge. These papers would then be published, as standalone tracts or as articles within journals and newspapers. In this regard the colonial society fulfills the same functions as its British counterparts. Through this process the Medical Society of Victoria fashioned itself as a node in a network of international knowledge transfer. Meetings of the society focused not just on the latest developments of colonial medicine, but served to diffuse the latest in foreign knowledge available to its members.

Medical societies heavily pushed for continued education amongst their members, stemming partially from their need to characterise medicine as an ever-evolving science.[77] If medicine was constantly developing new treatments, new cures, then it stands to reason that the medical man should keep atop of new developments. This was pursued was through the establishment of medical libraries. While members would individually have private collections, libraries were established to ensure that the knowledge of new medicines was available to all members. Books were sourced from overseas, and subscriptions to numerous foreign journals were taken out.[78] These journals were overwhelmingly British, though there were occasional subscriptions to American and French journals for some collections. The practitioners of this era were well connected to the new developments in medicine from around the world through journals. Truly, the society functioned as a communicatory node, diffusing international knowledge within the colony, and talking back into a greater network of knowledge creation. Access to novel developments was facilitated through the society for those of lesser means who otherwise would be excluded.

Medical societies presented themselves as providing an inoculation against the chaos of the non-scientific medical practitioner. Their members provided a known factor in going to see a doctor. By going to a physician who was a member of a medical society, the sick could expect to get high quality treatment from a well-trained individual - or so the members of these societies would have the people of the colony believe. As we will see in the next chapter, this formed a large basis for the push for medical reform. Some of the earliest victories for the proponents of policy based medical reform involved the restriction of medical practice, or at least the use of medical titles in advertising, to those who could demonstrate that they had rightfully earned a degree from a select group of universities.

As highlighted above, this era saw many medical associations form, especially in major centres of population. However, the continued existence of these medical societies is another matter entirely. If the Victorian experience is anything to go by, the existence of medical societies could be entirely fleeting. Most medical societies had a tendency to disappear from the historical record almost as suddenly as they emerged.[79] Despite a strong start, by 1860 all of the regional and goldfields societies seem to have stopped their activities, and very few mentions of them can be found after this point. The same is true of the Victorian societies antedating the period of this study.[80] The Port Phillip Medical Association, Victorian Medical Association, and Medical Chirurgical Society were all founded and based in Melbourne but collapsed almost as rapidly as the others. Only one of the societies founded in this period managed to avoid the fate shared by its contemporaries. The Medical Society of Victoria was able to continue into the twentieth century before it too eventually collapsed.

The MSV was, to some members of the medical community, a fairly contentious organisation. It was seen to be made up of the 'elite' of the colonial medical community, and as such it was seen to only represent the interests of this perceived 'elite'. Many of its members were prominent within colonial society, counting amongst its membership doctors and surgeons associated with the major hospitals, the colony's chief medical officer, the Vice Chancellor of the

[77] Medical Society of Victoria, *Rules of the Medical Society of Victoria*, p. 2, Brown, *Performing Medicine*, p.156.
[78] Gandevia and Tovell have thoroughly researched this topic, and were able to track down the catalogues for several medical libraries, as well as the purchase orders of the MSV. Bryan Gandevia and Ann Tovell, "The First Australian Medical Libraries," *Medical Journal of Australia* 2 (1964): pp.314-20.
[79] Dyason, "The Medical Profession in Colonial Victoria."
[80] *Ibid.*

University of Melbourne, several members of the University's academic staff (especially after the foundation of the medical school in 1862), and even several members of parliament.[81] Having members in several high places was certainly no hinderance to the society's pursuit of medical reform.

The idea of a medical 'elite' of Melbourne should be differentiated from those of London. Unlike the medical elite elsewhere in the empire, the MSV were strongly involved in calls and action for change. Their position as 'elites' was uncontested. This is a direct contrast with Peterson's characterisation of the elites of London, for example, who are characterised as being largely against the types of changes that found support in the antipodes.[82] Instead the characterisation of the MSV as elite instead came from their connections within colonial society. The majority of its membership were drawn from in and around Melbourne.[83] Many had practices on Collins Street, or ties to the Melbourne Lying-In Hospital or the University and its medical school. Only a handful of medico-parliamentarians were involved with the MSV, most were uninvolved and kept a distance from the group despite broadly agreeing with their ambitions.[84]

The MSV did not encompass the entirety of the medical profession in Victoria during this period. Despite being the biggest medical society in the colony, only a small portion of the total number of practitioners in the colony were members of the MSV. Take, for instance, the year 1856. From the published medical register we know that by the end of 1856 there were 461 qualified medical practitioners practicing in the colony who had successfully registered with the medical board.[85] This gives us a ratio of around one doctor per 755 people in 1856, less than half the lowest ratio found in Britain across the nineteenth century – one doctor per 1721 people.[86] Based on the rules for the society, published in 1856, we know that all the members of the MSV were registered with the medical board, as it was a precondition for membership.[87] Of these 461 men only 67, or 15 percent, were listed as members of the MSV in its published list of members for 1856.[88] All of the members lived in Victoria, and most were based in Melbourne, its suburbs, and the adjacent townships. However, the overall reach of the MSV, based on the addresses of its members, stretched as far as Geelong and Ballarat.

In the city of Melbourne itself the MSV was more dominant. The 1857 edition of the Sands and Kenny Melbourne directory lists 52 individuals as practicing 'Physicians and Surgeons'.[89] Of the individuals listed in the directory, almost half of them are also listed as being members of the MSV. These numbers only represent those practising within the city proper, between Flinders, Spring, La Trobe, and Spencer streets. While by no means did the MSV constitute a majority of all the practitioners in the colony, they did represent a substantial portion of the medical community. They were the biggest single organised group of medical practitioners in the colony, so while they did not represent the community as a whole it would appear that they were either broadly agreeable to those who were not involved with them, or that there was no reason for those who disagreed to form a formal opposition.

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[81] Several of these members can be found in appendix 2. Medical Society of Victoria, *Rules of the Medical Society of Victoria* (Melbourne: Goodhugh & Hough, Printers, 1856). pp. 7-8

[82] M. Jeanne Peterson, *The Medical Profession in Mid-Victorian London* (Berkeley: University of California Press, 1978).

[83] Medical Society of Victoria, *Rules of the Medical Society of Victoria*. p. 7

[84] See Appendix 2.

[85] Victorian Government, *Victorian Government Gazette*, 18, 1857, pp 321-22

[86] Statistics of the Colony of Victoria for the Year 1856 (Melbourne: John Ferres, Government Printer, 1857), p.61; Dyason, "The Medical Profession in Colonial Victoria," p.198.

[87] Medical Society of Victoria, *Rules of the Medical Society of Victoria*.

[88] Medical Society of Victoria, *Rules of the Medical Society of Victoria*. pp.7-8. It should be noted that this is about one and a half times the number of members that Pensabene gives. He claims the numbers came from member published in the *Australian Medical Journal*, but these do not seem to have been published before 1875. Where he has obtained the pre-1875 numbers is unknown. Pensabene, *The Rise of the Medical Practitioner in Victoria,* p.186

[89] Sands & Kenny, "Sands & Kenny's Commercial and General Melbourne Directory for 1857," *Melbourne History Resources*, accessed September 26, 2019, https://omeka.cloud.unimelb.edu.au/melbourne-history/items/show/20.

It is difficult to determine the exact cause of the longevity of the MSV. It could be argued that to some extent the founding members took their experiences with the earlier societies and strove to learn from past mistakes. Dyason claims that this was a decision made at the foundation meeting of the society.[90] This may well be the case, given that the MSV was created with the merger of two rival societies, the Victorian Medical Association and the Medical Chirurgical Society. The formation of the combined society was intended to mend the gap between the two rival societies, and to prevent public spats between medical professionals. As discussed later in this thesis, this simply did not happen, and the MSV would eventually find itself at the centre of several bitter public spats between professionals. This discord and disharmony, as Pensabene highlights, was to continue into the 20th century.[91] Eventually these disagreements would become enough to prompt the foundation of the Victorian branch of the British Medical Association by disgruntled former members of the MSV, however that would not occur until 1879.

Perhaps part of the reason that the MSV was able to exist for so much longer than the others lay in its creation of a medical journal. By creating a medical journal the MSV was able to use the press to create and maintain a community. This was a utilisation of the press was to an extent the same mechanism of community formation posited by Anderson. While the MSV was strict in its admittance of members, going as far as requiring potential members to be elected by the existing membership of the society, and therefore arguably not an 'imagined' community per se, its use of the press as a tool for unity was very similar.

Medical Journalism

Medical journals were the main mechanism for the transfer of medical knowledge and information amongst members of the profession. More so, journals set the bounds of the community through editorial policy. There were three medical journals published in Victoria during the period of this study. They were the *Australian Medical Journal* (1856-1896), the *Medical Record of Australia* (1861-1863), and the *Australasian Medical and Surgical Review* (1863-1864).[92] Of these the *Australian Medical Journal* was the most prolific and well-known, and became the longest running medical journal published in Australia.[93] The *Medical Record of Australia* and the *Australasian Medical and Surgical Review* were founded as alternatives to the *Australian Medical Journal*, and were nowhere near as successful.[94]

This set of three journals, all published out of Melbourne, were the only medical journals published in any of the Australian colonies over the period of this study.[95] Indeed, they were among the first to be published at any point in the Australian colonies. Before 1856 there had only been one other medical journal published in the colonies, also titled the *Australian Medical Journal*. This other journal began publication in Sydney in 1846, but was a rather poorly circulated affair which collapsed within the next year, and is notable for being the first medical journal in the country and containing an article covering one of the first antipodean uses of etherisation in surgical procedures.[96] So when it began publication the Melburnian *Australian Medical Journal* was the only then current antipodean journal dedicated to scientific medicine.

An editorial in the first volume of the *Australian Medical Journal* states that it was founded to fulfil 'the want of a medium of communication… felt by individual members of [the]

[90] Dyason, "The Medical Profession in Colonial Victoria."
[91] Pensabene, *The Rise of the Medical Practitioner in Victoria.*
[92] J. H. L. Cumpston, "The History of Medical Journalism in Australia," *The Medical Journal of Australia* Vol. 2 (1939): pp.1-5. While original run of the *Australian Medical Journal* ended in 1896, that was simply a name change, and the journal continues to be published today, now under the name of *The Medical Journal of Australia*.
[93] Dyason, "The Medical Profession in Colonial Victoria." pp.208-9
[94] Willis, *Medical Dominance*. p.55
[95] Bryan Gandevia, Alison Holster, and Sheila Simpson, *Annotated Bibliography of the History of Medicine & Health in Australia* (Sydney: The Royal Australian College of Physicians, 1984). p.120. Only one journal predates those above. Also called the *Australian Medical Journal* it was published in Sydney,
[96] John D. Paull, "The Role of Dr Isaac Aaron and the Australian Medical Journal in the Dissemination of Information about Etherisation in the 1840s," *Anaesthesia and Intensive Care* 41, no. 1 (2013): p.10.

profession'.[97] Such a void would have been all too obvious to the British trained practitioners, who were used to a surfeit of medical journals in Britain. The *Australian Medical Journal* gave the colonial practitioners a voice for the first time. The focus of the journal was very local in scope, with early issues containing articles from practitioners living in Melbourne and the inner suburbs. Slowly, the journal's reach would expand, and soon there were regular reports being contributed by the regional hospitals, and papers and correspondence regularly being contributed from as far afield as New Zealand.

From its founding the *Australian Medical Journal* the journal was to play an active role in the professionalisation of medicine. In its first issue of the editors stated that they had but one wish: for the journal to unify the profession, not just in Victoria, but across the Australian continent.[98] As the founding editors saw it, the journal was to speak for the whole of the medical profession in the Australian colonies, with lofty aims to 'embody [the wider medical community's] views and represent truth honestly and fairly.'[99] In this way, the journal was attempting to galvanise the creation of a wider community outside the membership of the MSV. By creating, and importantly reinforcing 'shared medical identities and values' across the extant community this was an attempt to define the professional standards of the community from within.[100]

Indeed, the *Australian Medical Journal* from the beginning had allied itself with the cause of 'Medical Reform'.[101] Medical reform was the contemporary term used to describe the sought-after laws that would reform the practise of medicine, by enshrining in legislation recognition of those with formal medical training and allowing only this group to legally practise. As an offshoot of the Medical Society of Victoria, the journal was to communicate to its readership details on the society's push for medical reform. Such was the focus of the journal's editorial staff on medical reform, the first bill presented to the colonial legislature on this reform was first drafted by the editors and published in the journal.[102]Through its agitation for political reforms the *Australian Medical Journal* was drawing upon and extending the tradition of medico-political agitation that had begun in 1832 with *The Lancet*.[103]

In this way the *Australian Medical Journal* played a key role in the reformist ambitions of the society: it was the main vehicle for communication for the profession. The journal, from its very first number, acted as more than just a medium for the exchange and spreading of knowledge throughout the colony. The journal had the same function in uniting the medical community as Anderson identified of newspapers and other periodicals in the creation of national identities in his *Imagined Communities*.[104] This was to shape the bounds of knowledge, and of wider medical discussion in the colony. From its privileged position as the only medical journal created within the colony, the *Australian Medical Journal* was uniquely placed at the centre of colonial knowledge distribution. This therefore meant that the editorial policy, on both articles

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[97]John Maund and Joseph Black, "The Journal," *Australian Medical Journal* 1, no. 1 (1856): pp.47-49.

[98] *Ibid*. While the names of the editors are not disclosed in the journal itself, Cumpston's history of Australian medical journalism attributes editorship at the beginning. Gandevia agrees with this assessment, however it is possible that Cumpston is also his source of this information. Maund and Black were assuredly members of the Medical Society of Victoria, and were listed as the honorary secretaries thereof for the first year of the journal's publication, 1856. Cumpston, "The History of Medical Journalism in Australia." p.3 Gandevia, "A Review of Victoria's Early Medical Journals." Medical Society of Victoria, *Rules of the Medical Society of Victoria*. pp. 7-8

[99] Maund and Black, "The Journal" p.47

[100] Susan C. Lawrence, *Charitable Knowledge: Hospital Pupils and Practitioners in Eighteenth-Century London* (Cambridge: Cambridge University Press, 1996) p.18; John C. Burnham, *How the Idea of Profession Changed the Writing of Medical History* (London: Wellcome Institute for the History of Medicine, 1998) p.183; Anderson, *Imagined Communities*.

[101] John Maund and Joseph Black, "Medical Reform," *Australian Medical Journal* 1, no.3 (1856): pp.208-13

[102] Medical Society of Victoria, "Medical Reform Bill", *Australian Medical Journal* 1, no. 4 (1856): pp.284-7

[103] Brown, *Performing Medicine*.

[104] Anderson, *Imagined Communities*.

published and editorials themselves, played a leading role in the shaping of the colonial conception of medicine. Articles could be published on the whims of the editors, and topics could be foregrounded or pushed to the fringes based on editorial decision. For the most part, the journal was well governed, and acted as an impartial medium of communication, and the articles are considered to be of a high standard, similar to those found in comparable London journals.[105]

The *Australian Medical Journal* was initially seen as a great development for the colony, and a sign of the Victorian medical profession's maturation to a world class community. Congratulatory articles appeared in two British journals, including *The Lancet*, and *The British and Foreign Medico-Chirurgical Review*, both praising the initiative of the MSV in continuing the tradition of medical journalism in the antipodes.[106] *The Lancet* compared the early issues of the *Australian Medical Journal* favourably to the standard of medical journals in London, Edinburgh, and Dublin, and praises the scientific merit of the journal, referring to it as 'the first to bestow the scientific character upon medicine' in the new colony.[107] Throughout these early years the Victorian journal, and the community it represented, would occasionally feature within the pages of the large British journals, such as *The Lancet*, though not always in as favourable a light. From the coverage in British journals it is clear that the medical community in Victoria was not as isolated from the outside world as is typically thought. Their colleagues in London watched the developing community with great interest.

Melburnian Medical Journals and Professional Politics

The *Australian Medical Journal* was *the* major local medical journal produced in the Australian colonies for much of the nineteenth century. During the period of analysis for this thesis this is doubly true, as the *Australian Medical Journal* was the *only* successful medical journal produced in the colonial setting, or anywhere on the Australian continent for that matter. There were two other attempts at creating new medical journals during this period, both founded in Melbourne: the *Australasian Medical and Surgical Review* and the *Medical Record of Australia*.

What drove the foundation of two competing journals? Were there gaps in the market? Did the alternatives offer coverage of topics neglected by the other journals? More than anything it was the *Australian Medical Journal*'s links with the MSV. The *Australian Medical Journal* was founded and wholly published by the MSV, acting in much the same manner as, for example, the *Provincial Medical and Surgical Journal* (which in 1857 became the *British Medical Journal*) did for the Provincial Medical and Surgical Association (which itself became the British Medical Association in 1856). Disagreement about the connection of the journal to the society drove the foundation of competing medical journals in much the same manner as can be seen in both Belknap and Wale's analyses of contemporaneous natural history periodicals in Britain.[108] The foundation of these journals was a way of communicating disagreement with the *Australian Medical Journal*.

In terms of scientific content, there is little variation between the three medical journals. All three were broadly catering to the orthodox medical practitioner and largely ignored the medical fringe. None of the journals devoted room to articles on 'quackery' like phrenology or homeopathy, despite their popularity outside of the profession. All three had sought case reports from practitioners around the colony, and published articles on the latest findings of medical research. The quality and sources of the research, however, differ greatly. Both the *Australian Medical Journal* and *Australasian Medical and Surgical Review* received submissions from

[105] Gandevia, "A Review of Victoria's Early Medical Journals."
[106] Thomas Wakley, "The Australian Medical Journal," *The Lancet* 68, no. 1732 (1856): p.515; "'Australian Medical Journal' Melbourne, Nos. 1 & 2, 1856. Editied under the Superintendence of the Medical Society of Victoria.," *The British and Foreign Medico-Chirurgical Review* 19 (1857): pp.165–66.
[107] Wakley, "The Australian Medical Journal"
[108] Belknap, "Illustrating Natural History"; Matthew Wale, "Editing Entomology: Natural-History Periodicals and the Shaping of Scientific Communities in Nineteenth-Century Britain," *British Journal for the History of Science* 52, no. 3 (2019): pp.405–23.

across the medical community, though both (but especially the latter) tended towards being Melbourne centric. The *Medical Record of Australia* faced more difficulties than the others in securing submissions. Most of the content published in the *Medical Record of Australia* were reprints of sections of the editor, Dr C. E. Reeves' own previously published work.[109] A close friend of Reeves, J. G. Beaney, also contributed several papers and various case notes to the journal.[110]

In founding new journals, practitioners sought in part to communicate a challenge to the authority of the MSV. By adding more editorial voices in medical journalism it was believed that more voices could be heard, and debate over medical science in Melbourne broadened and made more democratic. The similarity of scientific content within showed that there was no disagreement about the bounds of the community they represented. The political bent of the *Australian Medical Journal* and MSV was a large factor in the founding of both its competitor journals. The *Australian Medical Journal* was highly politically active. Not only was it a central player in the push for medical reform, it also was the only of the three journals to attempt to debunk or decry the practice of alternate medicine in the colony. This level of political agitation meant that the journal was, in essence, the colony's answer to *The Lancet.*

Links to the highly political Medical Society of Victoria were central to the identity of the *Australian Medical Journal*, despite the journal's attempts to distance itself from the society. The journal was a key part in the success of the Society in defining the bounds of the medical community in Melbourne. Each issue had featured reports and speeches from the meetings of the society, and the political bent of the editorials published in each issue were driven by the views of the core members of the Society, who were often characterised as the medical elites of the colony. This is despite the readership of the journal widening beyond the Society's membership.

This political involvement was not limited to the pursuance of lofty goals of professional hegemony. Indeed, part of the issue taken with the Society was the way in which it was guided by the members of the community oft seen as being the 'elites'. Indeed, internal politics would on occasion spill out from within the Society and onto the pages of the *Australian Medical Journal*. This, of course, proved to be problematic for some, and was seen as holding the profession back.[111] The communication of new knowledge was being tainted by pettiness.

Both the other competing journals were founded to offer an alternative to the existing journal. Their goal was to provide another means of disseminating new medical information to colonial practitioners without involvement in the professional politics of the Medical Society of Victoria. In the introductory editorial of both the *Australasian Medical and Surgical Review* and the *Medical Record of Australia* oblique reference was made to the politics and political positioning of the *Australian Medical Journal*.[112] Both fledgling journals made claims of impartiality and each assured their readers that their journal was, as succinctly put in the introductory editorial of the *Medical Record of Australia*, above issuing 'personal or party attacks'.[113] Despite claims of impartiality, both journals had a tendency towards political statements, though one was far more political than the other.

The *Medical Record of Australia* is almost emblematic of the division that was rife in the Victorian medical community. Despite claiming impartiality, from the outset the journal was to position itself against the *Australian Medical Journal* and MSV, and would often denigrate its rival through thinly veiled references to perceived improper conduct.[114] Contrary to the editorial policy stated in the first issue of the journal, the *Medical Record* would frequently print editorials

[109] C. E. Reeves, "Address," *The Medical Record of Australia* 1, no. 1 (1861): p.1.
[110] It should be noted that Beaney was a prolific author, and his work appeared in all three of the journals being examined here. His work was also known to have featured in British journals such as *The Lancet* from time to time. Gandevia, "A Review of Victoria's Early Medical Journals."
[111] "Medicine in Melbourne," *The Lancet* 75, no. 1907 (1860): 280.
[112] C. E. Reeves, "Address," *The Medical Record of Australia* 1, no. 1 (1861): p.1.
[113] Quoted in Gandevia, "A Review of Victoria's Early Medical Journals."
[114] C. E. Reeves, "Address," *The Medical Record of Australia* 1, no. 1 (1861): p.1; Gandevia, "A Review of Victoria's Early Medical Journals."

which made scathing assessments of prominent members of the colonial medical community. The journal definitely bore ill will towards the most prominent members of the MSV.

Perhaps the most telling aspect of the unprofessional rivalry between the editors of the *Medical Record of Australia* and the MSV/*Australian Medical Journal* is the apparent policy of editorial opposition, whereby the *Medical Record of Australia* would use its editorials to position itself against the editorial positions of the *Australian Medical Journal*. One could fairly surmise that the editorial policy of the *Medical Record of Australia* was to take the contrary position to that of the *Australian Medical Journal*. Often the differences of opinion were already well documented, such as the editor Reeves' support for the contentious 'club' system whereby a practitioner would be contracted to provide cheaper medical service to members of the various friendly and medical benefit societies.[115] The rivalry and ill will certainly seemed to be driven by personal disagreements on the manner in which the medical community should function in its relationship with the public.

When the *Medical Record of Australia* ceased publication in 1863 it was claimed to have been caused by the ailing health of Reeves, and his inability to continue compiling the issues of the journal.[116] This belies the journal's inability to gain the support of contributors. For most of its run the contents of the *Medical Record of Australia* were simply reprints of older publications by Reeves or Beaney. As both were already accomplished authors, especially Beaney who had several monographs that were known to have reached medical libraries in Britain and been reviewed in several major British journals, there was no lack of material from which the contents of the journal could be drawn. However, there were few if any other contributors, regular or otherwise. It would appear that the *Medical Record of Australia*, by virtue of its editorial stance, had made itself a pariah within the medical community. Reeves and Beaney appear to have underestimated the level of support in the community for the *Australian Medical Journal* and by extension the MSV. Their divisive tactics of editorial opposition had instead further isolated them from the community to which they had once belonged.

One could easily surmise that the *Medical Record of Australia* failed as a journal due to its opposition to the *Australian Medical Journal*. Therefore, it can be said that the *Australian Medical Journal*, and by extension the MSV, spoke for the Victorian medical community during this period. This was very much the case, and the characterisation of the membership of the MSV as being the uncontested 'elites' of the colonial medical profession has some definite level of merit.

Colonial Knowledge in British Journals

There was very clearly an emphasis placed on the intercolonial connections of the community. Even the title of the *Australian Medical Journal* shows that there was a view of the community as being a part of a broader medical community, one spanning the colonies across the continent of Australia. However, while research was conducted in Australia it was far from the main centres of knowledge creation. Typically, this is considered to have been a large issue for the medical community, and the 'Tyranny of Distance' is said to have rendered any connection to the wider British or Anglo-American medical communities all but moot.[117] This idea paints the colonial medical communities with a broad stroke and belies the true complexity of these networks of transnational knowledge transfer.

This communication of knowledge between the colony and the outside world, especially to the heart of the empire, was very important in the development of the colonial profession. This was more than just a one-sided exchange, and extended past the mere importation of knowledge, both in the form of migration and the purchase of published knowledge from overseas. Communication from the colony would be exchanged with those in the British medical

[115] Gandevia, "A Review of Victoria's Early Medical Journals." For a wider view of the 'club system', and especially the issues of the mainstream medical community with the system see Willis, *Medical Dominance*.
[116] C. E. Reeves, "Notice", *The Medical Record of Australia* 3, no. 12, (1863): p.138
[117] Peter Hobbins and Kathryn Hillier, "Isolated Cases? The History and Historiography of Australian Medical Research," *Health and History* 12, no. 2 (2010): p.1.

community. However, this should not be read as the two being placed on equal footing, as there was a definite bias towards metropolitan knowledge, which was held in higher esteem. It was this back-and-forth exchange that would prove to be a driver of medical reform and professionalisation in the colony.

Scientific networks of knowledge exchange were well established between Victoria and Great Britain by the mid-1850s.[118] Similar networks were concurrently developing from the other Australian colonies, though during this period the Victorian connection proved to be the strongest. A brief survey of 5 major British journals published during the period of 1855-66 show that there were 203 articles related to the Australian colonies. [119] The five journals surveyed were: *The Lancet*, *The British Medical Journal*, *The Medical Times and Gazette*, *The British and Foreign Medico-Chirurgical Review*, and *the Edinburgh Medical Journal*. Unlike the Australian journals, the British journals were more interested in commenting on the state of the community in the antipodes than in research undertaken there. Of the 203 articles appearing in the British medical press, 120 relate to Victoria.[120] Most of the references to the Australian colonies appeared within 3 journals, *The Lancet*, *The British Medical Journal*, and *The Medical Times and Gazette*, with 76, 58, and 58 articles with reference to Australia appearing respectively.

These British articles show that there was a level of professional communication and interest between the practitioners of Victoria and those outside the colony. That the majority of these articles appear in the London journals is unsurprising, given London's place as the node at the heart of imperial networks of exchange. Several different styles of articles appear in the British press concerning Victoria. The smallest group of these are the original research of medical practitioners, including case notes. These were all exclusively written by practitioners from Victoria. The names of well-known medical practitioners such as Reeves, Beaney, Halford, and Bird are seen attached to articles detailing original research or interesting cases from across Victoria.[121] Reviews of original antipodean research also appeared in British journals, often commending the research undertaken in the colonial setting. News from the colony constituted another major set of articles.[122] These often included accounts of medical practice in the colony, and could be written on regions (e.g. 'Medical Practitioners at the "Diggings"') or could concern specific institutions or facilities (e.g. 'The Melbourne Hospital', 'Yarra Bend Lunatic Asylum').[123] Didactic commentary articles were also a common feature, especially in *The Lancet*. Though similar to news articles, these articles should be considered separately as in addition to reporting on the colonial profession these articles were critical, often dictating from on high suggested changes to the profession.[124] These were often very closely linked to news coming from the colony. The final group of colonial material published in British journals is correspondence.[125]

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[118] Minard, "Making the 'Marsupial Lion'."

[119] Ann Tovell and Bryan Gandevia, *References to Australia in British Medical Journals Prior to 1880* (Melbourne: Museum of Medical History, Medical Society of Victoria, 1961). Tovell and Gandevia state in their introduction that while they went through the journals with a fine-toothed comb, the list is not necessarily exhaustive. Ibid.

[120] As with Tovell and Gandevia, I base this simply on the title for the sake of brevity. *Ibid*.

[121]"Reeves, C. E., Diseases of the Stomach and Duodenum," *The Medical Times and Gazette* 13 (1856): p.648.; J. G. Beaney, "Removal of Shaft of Femur," *British Medical Journal* 1 (1863): p.219. ; George B. Halford, "Antipodal Polemics," *The Lancet* 85, no. 2170 (1865): pp.351–52.; S. D. Bird, "On Australiasian Climates, and Their Influence in the Prevention and Arrest of Pulmonary Consumption," *British Medical Journal* 2 (1863): p.556.

[122] "The Trial of Mr Beaney at Melbourne," *The Lancet* 2, no. 2247 (1866): p.334. See Chapter 4 below for more information about the trial.

[123]"Medical Practitioners at the 'Diggings,'" *The Lancet* 1, no. 1531 (1853): p.21; "The Melbourne Hospital," *The Lancet* 2, no. 1936 (1860): p.341; "Medical News," *The Lancet* 2, no. 2043 (1862): pp.463-65. Each of these examples come from *The Lancet*, however these articles are not exclusive to the one journal.

[124] See "The Melbourne Hospital," The Lancet 2, no. 1936 (1860): p.341

[125] For example see: Seton, "The Melbourne University Examinations for Medical Degrees," *The Lancet* 80, no. 2028 (1862): p.55.

Generally these letters comments or commentaries on earlier pieces published in the journal to which they were sent and provided the British journals with a colonial perspective.

Of the articles published in the British journals on medicine in the Australian colonies the most frequent type was the news article. Often, these were short and straight to the point, rarely going over 50 words in length. 128 such articles appeared in the British medical press between 1855 and 1866. Of these, 72 related to Victoria. These reports were almost entirely factual, informing the British community of developments occurring in the colonial medical scene.

Victoria features prominently amongst the Australian colonies in British periodicals. It could be suggested that this was because of the Victorian Gold Rush, and the associated population boom. This view, however, is overly simplistic. As seen in the chart provided in Appendix 3, it was not until c.1862 that the references to Victoria start eclipsing the other colonies by a sizable margin. By this point the gold rush population boom had subsided, and the gold rush itself was winding down quickly. While there had generally been more Victoria linked articles than other Australian states before 1862 it was often only a handful. The Victorian medical profession had clearly placed itself in full view of the community in Britain. However, far from living up to their potential for greatness the Victorians had begun to emulate their antecedent British colleagues in a manner that drove some to despair by continuing the trend of professional division.

There were two major factors in the jump in coverage of the Victorian medical community in British journals. The *Australian Medical Journal* and the opening of the medical school at Melbourne University. Both developments were lauded in the British press.[126] By February 1860 *The Lancet* was describing the Victorian medical community as being destined for greatness.[127] *The Lancet* was full of glowing praise for the medical men of Melbourne, suggesting that Melbourne was a place of great and rare harmony amongst the medical profession, pervaded by a sense of comradery and a desire to put aside differences and work towards the greater good for the sake of advancing the science of medicine. Such was the perceived state of intellectual harmony that Melbourne was described as a veritable '"Athens" of Australia'.[128] This glowing praise of the colonial medical community served as a rebuke to the behaviour of their forebears. The subtext of the article suggests that the public behaviour of practitioners in Britain left much to be desired. Victoria was held up as an example of ethical behaviour in inter-practitioner communication, a utopia where professional disagreements did not play out on the public stage. But this was not to last. Something was rotten in the colony of Victoria.

Within a month of the article applauding the harmonious state of Australian- and especially Victorian- medicine a shorter and more sombre article appeared in *The Lancet*. Far from the praise singing of the previous puff piece, this latter article offered a much more scathing analysis. 'We should like our friends in Australia to understand that "squabbles" are fast becoming an obsolete element in the medical economy' it begins.[129] From this point, the tone of analyses from Britain became much more critical. The Victorian profession had shown its true colours, and news of the discord within the community had reached their colleagues in London. Far from being the utopian community discussed not a month earlier, Melbourne had been found out and its squabbles laid bare. From this point, when internal rifts were brought to the fore, much of the writing on the Victorian medical profession became sharp criticism. This criticism came not only from the pages of *The Lancet*, but also from the other major journals such as the *British Medical*

[126] "'Australian Medical Journal' Melbourne, Nos. 1 & 2, 1856. Editied under the Superintendence of the Medical Society of Victoria.," *The British and Foreign Medico-Chirurgical Review* 19 (1857): pp.165–66; Thomas Wakley, "The Australian Medical Journal," *The Lancet* 68, no. 1732 (1856): p.515; "Medical Reform in Australia," *Association Medical Journal* 1856, no. s3-4 (1856): p.1079.

[127] Thomas Wakley, "Medicine in Australia," *The Lancet* 75, no. 1904 (1860): p.201.

[128] *Ibid*.

[129] "Medicine in Melbourne," *The Lancet* 75, no. 1907 (1860): p.280. This article in particular is highlighting an article in Melbourne newspaper *The Age* ('Literature: The Australian Medical Journal – No. 17, January 1860' *The Age,* 12/01/1860, p.3) which gave a scathing review of the *Australian Medical Journal*, 1, no. 17 (1860). In the volume of the journal in question were published several extremely critical reviews of published works, each containing attacks on the character and qualifications of the authors of the works reviewed.

Journal. Victoria had now shown that its medical community was more fractious than initially thought. Far from being an example of ethical communication between professionals, the public spats over professional differences had shown that Victoria was closer to an anti-example thereof.

Despite the differing commentaries on the colonial community's behaviour, communication between the colony and the imperial locus was convivial and collegial. Victoria had, in essence, developed its medical community into what would be regarded in Britain as a provincial community. As can be seen in chart 1 in Appendix 1, Victorian practitioners figured much more readily in the British journals than the other colonies. This intra-imperial communication was a major part of the professional life of a medical practitioner in Victoria in this era. The intra-imperial connections were also linked to the major developments within the profession, including the medical school and the legislative enacting of medical reform.

Founding A Colonial Medical School

Much of the history of the medical school is already well understood. Russell's history of the is fairly comprehensive, narrating the process by which the school took shape, and the challenges faced by those insistent on its creation.[130] This thesis, instead, will examine how, from its inception, the school was designed to influence the development of medical knowledge within the colony and the colonial medical community itself. The process of creating the colonial medical school was one of close communication between members of the medical profession in Victoria and their British colleagues. Throughout the process the reformist desires are communicated through the construction of novel courses of study designed to improve upon the system of medical education as it was in Britain.

Having been founded in 1862, the Melbourne Medical School was the first medical school established in Australia. Despite the Act of foundation in 1853 granting the University the right to confer medical degrees, it would take another nine years for formal instruction on the practice of medicine to commence. The goal of those setting up the school was to provide a world class medical education in a colonial setting, thereby ensuring that promising students did not have to leave the colony to receive training. It was believed that this would result in a higher number of skilled practitioners in the colony by both lowering the opportunity costs of a medical education and preventing the loss of talent to places abroad at the end of the medical degree caused by reliance on foreign training.[131]

The creation of the medical school was inextricably linked with the cause of 'medical reform', at least as far as the Medical Society of Victoria was concerned. It could be seen as a way of ensuring that the practitioners trained in Melbourne were trained to the standards promoted by the Society. It should be of no surprise, then, that the two came hand-in-hand, the bills for both being passed and enacted almost simultaneously.[132]

The creation of the medical school was a prescriptive act on the behalf of the medical profession, designed to lock down the epistemological primacy of orthodox medical knowledge within the colony. A similar process had been driven by provincial medical associations in Britain.[133] This matter was of high urgency for the reformists within the profession, as the creation of a medical school would cement the conception of the medical field within the colony. The *Australian Medical Journal* urged, in an 1857 editorial, that the process of medical reform should be wedded to the creation of a medical school for just this reason.[134] A blank slate in a far flung part of the Empire, such as Melbourne was, doubly added to the perceived urgency of the creation of a medical school. While facing the same pressures faced by 'self-conscious marginality' as provincial societies in Britain, the profession in the antipodes had a unique opportunity to reform what was perceived to be a stale system in dire need of reform.

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[130] K. F. Russell, *The Melbourne Medical School, 1862-1962* (Melbourne: Melbourne University Press, 1977).
[131] "Medical Reform", *Australian Medical Journal* 2, no. 3, 1857, pp.199-203
[132] Victorian Parliamentary Debates, Legislative Council, vol. 8, 18/06/1862. p.1849
[133] Brown, *Performing Medicine*.
[134] "Medical Reform", *Australian Medical Journal* 2, no. 3, 1857, pp.199-203

From the beginning a medical education in Melbourne was to be of the highest quality. To this end the international connections of medical practitioners were leveraged, and guidance sought from eminent colleagues. Many eminent practitioners in England and Scotland were contacted to help develop the curriculum for the new medical school. Ultimately the first curriculum was designed by the noted English surgeon and pathologist James Paget in 1858. At the time Paget taught at the St Bartholomew's Hospital Medical School, holding the position of professor of anatomy, physiology, and pathology.[135] The course design submitted, in his own words, combined 'those parts of the system of Education and Exams in England which are generally approved, with other regulations as are in England generally felt to be desirable'.[136] Paget's design was purposely holistic, with 'a safe knowledge of all the branches of the practice' being taught to all medical students, with specialities only introduced once the groundwork of medical knowledge was laid.

A key part of the design submitted by Paget was its departure from the established British system of medical education. As the first medical school to be founded in the Australian colonies it provided the founders an opportunity to start afresh and distance themselves from the complexities and difficulties of the pre-existing British system. Here, Paget's design was communicating the reformist hopes of the medical community. Opposition to the British system of medical education, with its anachronisms and complex and byzantine power structure, was perhaps the defining feature of the early medical school's curriculum. These reforms were very much in line with those espoused by the various 'provincial' medical practitioners and associations found in Britain.[137]

The new curriculum developed for Victoria was almost emblematic of the reformist desires of the Victorian medical community. Paget's design built upon the expectation of a 'proper' education in medical practice, ensuring the student had training in anatomy, physiology, chemistry, and botany along with general medicine and surgery, practical chemistry, and practical pharmacy.[138] Alongside this Paget recommended a period of practical placements to be conducted in the hospital and laid out a schedule of examinations that would test both the theoretical knowledge of the student, and their practical skills. Paget's aim was to have the school's primary focus on training general practitioners. To this end those who wished to specialise would be required to complete a further course of study with its own examination criteria.[139] This necessity to specialise after qualifying as a general practitioner is quite at odds with the standard medical education conducted in Britain, which was much less holistic in its focus, and had semi-rigid separations of specialities during training.[140] In Melbourne, both surgeon and physician would be required to understand and be competent in the other's discipline in addition to their own. In this way it was well suited to the necessities of colonial practice, especially on the rural fringes.

When it was finally established in 1862, the Melbourne Medical School offered a uniquely comprehensive course. In offering a five year course in an era when three to four year medical courses were the norm, the Melbourne Medical School aimed to produce practitioners of the highest quality and with comprehensive knowledge of all things medical. The committee charged with founding the medical school was focussed on ensuring that the medical school met the needs of the colony and built upon the foundations laid in the development of the British system.

In some respects, the hiring of the head of the school from Britain showed the primacy of British medicine in the medical community. The Melburnian medical community clearly considered themselves an offshoot of a larger British community, or at least those who were

[135] Russell, *The Melbourne Medical School, 1862-1962*. p.15
[136] University of Melbourne Archives, University of Melbourne Faculty of Medicine 1862-1952, 1993.0180, Box 1 Folder 1 Item 263, Letter from James Paget F.R.S., 09/04/1858
[137] Brown, *Performing Medicine*. pp.13-4, 153
[138] University of Melbourne Archives, University of Melbourne Faculty of Medicine 1862-1952, 1993.0180, Box 1 Folder 1 Item 263, Letter from James Paget F.R.S., 09/04/1858
[139] University of Melbourne Archives, University of Melbourne Faculty of Medicine 1862-1952, 1993.0180, Box 1 Folder 1 Item 279, University of Melbourne Regulation for Degrees in Medicine and Surgery, July 1861
[140] Peterson, *The Medical Profession in Mid-Victorian London.*

involved in the creation of the medical school did. Paget played a large part in the development of the school, despite not once setting foot in the colony. When the time came to hire suitable teaching staff for the medical school the task was given once again to Paget. However, this time he was not the only man hired for the job, and was assisted in his search by the comparative anatomist and famed palaeontologist Richard Owen. Owen had already developed links with the scientific community in Victoria, having had antipodean assistance with fossil collecting.[141] Given Owen's areas of study, it is no surprise that the first appointee that they selected was a fellow comparative anatomist, George Halford, who was appointed as the inaugural professor of anatomy.

The primacy of British medicine was central to the entire process of the creation of the medical school. The process can be read as the medical community of the colony ensuring the primacy of the system from which the majority of the profession came. It should be noted, however, that primacy was given specifically to 'British' medicine as a whole, rather than, for example, in Scottish or English medicine. Indeed, the colonial profession saw little difference between the various British schools, nor between the practitioners educated there. All British qualifications were treated equally.

Melbourne had been fortunate in the imperial connections used to create the school, as they allowed for the wholesale importation of predeveloped pedagogy from imperial contacts, meaning that little negotiation of the delineation of epistemological orthodoxy was required for the school. Unlike other medical schools in Britain, the development of the medical school in Melbourne was a fairly agreeable affair. Indeed, the communicatory approach was most agreeable, with discussions focussing on pedagogical rather than epistemological issues. However, the school was embedded within the University, and its creation was therefore subject to oversight from public figures outside of the medical field who had brought their own pre-conceived notions of medical education to the process.

Deft negotiation of these issues was required, and when the initial investigative committee was constructed by the University Council it was headed by a prominent member of the medical community, Anthony Colling Brownless. From its inception in 1855 Brownless headed the Medical School Committee, and he subsequently developed a reputation for being iron-willed in his duties.[142] It was under his influence that the committee sought the British contacts that allowed the school to flourish. Brownless, as a prominent member of the Medical Society of Victoria brought with him the Society's conception of medical knowledge, leaving little room for deviation from what was being established by the society as medical orthodoxy. So great was Brownless' focus on direction that, after meeting a deputation from the society enquiring after the progress of the school's development, that a dissenting member quit the society entirely in a rage, and took to the pages of the local newspapers to express his extreme dissatisfaction with the process.[143]

Through the whole process the Medical Society of Victoria was an ardent supporter of the creation of a medical school, as reflected in the pages of the society's medical journal. An editorial published in July 1857 boldly claimed 'We conceive not only has the time arrived for a School of Medicine to be established, but the necessity also.'[144] The editorial strongly links the push for the establishment of a medical school with the push for medical reform, suggesting that advantage be taken of the *tabula rasa* that was the young colony. For the author of the editorial time was of the essence, as they feared that the colony would develop what was believed to be a hindering system of professional rivalries, needs, and wants that were believed to be holding back the cause of medical reform in Britain. As far as the MSV was concerned, now was the time to stand up for the future of the profession. Both a medical school and medical reform *had* to happen, and both had to happen *now*.

[141] Minard, "Making the 'Marsupial Lion'."
[142] Russell, *The Melbourne Medical School, 1862-1962*.
[143] Russell., p.20; William Thomson, "The Australian Medical Journal", *The Herald*, 20/07/1861, p.5
[144] "Medical Reform", *Australian Medical Journal* 2, no. 3, 1857, p.202

Conclusion

The development of a large colonial medical community was a communicative process, both internally to the developing community, and externally to the rest of the colony. In Victoria, this was driven by a desire to change the status of the practitioner in the 'medical marketplace'. Specialist groups were formed, with membership contingent on possessing recognised knowledge. The closed nature of these groups allowed for epistemological boundaries to be created, and exclusive rights to the possession of specialist knowledge claimed. Such groups also had to communicate that it was they who were the exclusive possessors of said knowledge.

As seen above, this is where the Medical Society of Victoria had differentiated itself from its contemporaries. While other societies simply advertised their members as skilled practitioners of medicine, making assurances to the quality of care provided, the Medical Society of Victoria took to advocation and agitation, actively seeking to better the standing of its members through reform.

Additionally, the Medical Society of Victoria took the additional step of constructing itself, and its community, as a node in a network of knowledge creation and exchange. Through both the *Australian Medical Journal* and the connections of its members the Medical Society of Victoria increased its standing throughout the medical world. The society proved that the Victorian medical community was more than just a distant outpost of medical culture, a community closer in form to a British provincial medical community than the colonial communities that surrounded it.

The cause of medical reform was ever present for the society from its beginning. Initially framed around improving issues within the British system, after the 1858 passage of the *Medical Act* in Britain an opportunity presented within the colony. The medical community had the will, and it was up to them now to harness the now blowing winds of change and use them to drive legislative action.

Chapter 3 – Medicine in the Political Realm

Due to its young age and relative lack of established traditions, the Colony of Victoria presented as a blank slate to the colonial medical community. Compared to the entrenched system of medical governance in Britain, Victoria's system was easily mutable, and could be changed to suit the desires of the emerging profession.[145] This chapter will examine how medical practitioners strove to bring about medical reform that seemed to be only fantasy back in Britain. The reforms proposed by the medical community will be tracked against those that were legislated, and Victoria's implementation thereof will be compared with other states, including the other Australian colonies and Britain herself.

The path to legislated epistemological hegemony for the medical profession was one of dialogue and negotiation. To be able to utilise the blank slate the booming colony provided, and to wrangle the chaos of the unregulated colonial medical practice, practitioners had to convincingly communicate why the practice should be regulated and why the claims to knowledge of the 'orthodox' practitioners were the most meritorious.

Above, this thesis has examined how the process that drove these reforms originated from the communication of shared professional values resulting in the creation of a community united by their accepted skills and qualifications and a rejection of the claims to knowledge of those lacking the required credentials. This community saw themselves, and in turn was seen to be, part of a globe spanning imagined community of practitioners that at once grew from and facilitated the flow of expert knowledge. As seen with the creation of the medical school, these internal processes then had to be leveraged against the colonial status quo.

By 1855 Victoria already had the beginnings of medical legislation in place. Some were holdovers from legislation passed in New South Wales pre-separation, however several were created by the legislature of the Colony of Victoria. These acts dealt separately with quarantine, mandatory vaccinations, issues of sanitation and public health, and legal recognition of medical qualifications.[146] The acts, however, were far from what we are accustomed to today, and those desired by the profession.

Here, it is important to note, that a type of proto-medical registration had been legislated in the colony of New South Wales since 1838. Upon separation, this law was carried over to the newly formed colony of Victoria. This early form of registration simply stipulated the requirements for medical witnesses in 'coroners' inquests and inquiries held before justices of the peace', medical practice was entirely outside of its scope. Any medical evidence presented or derived therein was required to be presented by someone who had experience working in medicine. However, the bar for medical 'experience' was set low, as all the act required was for the applicant to satisfactorily show a single member of the medical board that they practised medicine in some form.[147] Qualifications did not necessarily to be shown, something as little as having been appointed surgeon of a ship was considered enough. Such positions were easily obtained and often had lax requirements. Importantly, medical registration under this early act was entirely optional, and not required for appointments into government controlled medical positions. The act was designed not to ensure the competence of public treating practitioners, but instead facilitate the collection of medical evidence for use in legal trials.

By 1866 Victoria's medical legislation had been greatly expanded. Many new medical laws were created, and in 1865 the laws were consolidated into two pieces of legislation, covering much of the medical field. The new consolidated legislation expanded on that previously enacted, due in part to the efforts of those interested in medical reform. These new acts included provisions for the regulation of surgical schools, the restriction of medical practice to those with recognised qualifications, compulsory registration for medical practitioners, an expansion of the powers of the Medical Board and the Boards of Health, prevention of the adulteration of food and drink, and

[145] Roberts, "The Politics of Professionalization."
[146] *Medical Witnesses at Inquests Act 1838* (NSW); *Public Health Act 1854* (Vic); *Compulsory Vaccination Act 1854* (Vic)
[147] *Medical Witnesses at Inquests Act 1838* (NSW)

expanded powers for quarantine.[148] While far from the only legislation of their kind passed in this period, the *Medical Practitioners Statute 1865* and the *Public Health Statute 1865* consolidated most of the previous laws and provided Victoria with a comparatively strong legislative backing for health and medicine. The main acts passed preceding the consolidated acts were the *Anatomy Schools Act 1862* (Vic), *Medical Practitioners Act 1862* (Vic), and the *Adulteration of Food Act 1863* (Vic).[149]

Dyason refers to the *Medical Practitioner's Statute 1865* as being much weaker than desired, and toothless in application.[150] The latter is definitely the case, especially when compared against the corresponding British legislation. However, it proved a stark contrast against medical legislation in the other Australasian colonies, as this legislation is comparatively far reaching. For the most part the act worked similarly to the British *Medical Act 1858*, although it lacks the power for enforcement contained within the British act.[151] The passage of these acts in 1862 certainly placated the more vocal sections of the medical community, as discussion of medical reform all but disappears from the pages of the professional journals for the following years.

British medical legislation was the main antecedent for the Victorian legislation. As will be shown, bills previously seen as unacceptably radical changes to the status quo would suddenly become acceptable if similar legislation was adopted in Britain. Overall the colonial legislature was much more liberal than its British counterpart. Political movements in Britain would eventually find their way into the Australasian colonies. Migrants would bring to the colonies their problems and issues with British legislation, and would take advantage of the lack of established systems and actively seek to reform the systems they took issue with back in the United Kingdom.[152] The medical community is no exception to this, and many a reform agenda was played out in the colonies. Additionally, where Victoria was introducing legislation similar to that of Britain, comparisons would be drawn between the bills during the parliamentary process.[153] Behind this seemingly contradictory and competing legislative duality of 'Britain knows best' and systematic reform lay the anxiety and hope the colonial frontier inspired. It was by utilising both of these feelings that colonial practitioners were able to provoke legislative action on what they saw as important issues. Despite the reformative aspirations outlined above and in the previous chapter, British example would become a major rhetorical tool for the profession.

The Australian colonies provide fertile ground for the examination of the rhetoric used in debates around medical legislation by virtue of their physical proximity and great difference in laws. Despite being in close proximity and having an ongoing flow of people and ideas across their borders, medical legislation and medical reform occurred at different rates. By 1866 Victorian legislation had become the most favourable to the emerging medical profession. It was not until much later in the nineteenth century, or in New South Wales' case the twentieth century, that similar legislation would be adopted.[154]

Medical Reform

As touched on in the previous chapter, 'Medical Reform' was the manner in which the medical profession framed their pushes for legislation. 'Medical Reform' was a term used by many disparate groups seeking change in the laws governing the practise of medicine to describe their cause. In his study of the origins of the British *Medical Act 1858* Roberts broadly divides these conflicting ideas into four main groups based on their conception of reform. They were

[148] *Medical Practitioners Statute 1865* (Vic); *Public Health Statute 1865* (Vic)
[149] These are far from the only medical acts passed in Victoria by 1865. A list of relevant legislation can be found in Appendix I at the end of this thesis.
[150] Dyason, "The Medical Profession in Colonial Victoria." p.201
[151] *Ibid.*
[152] For a more generalised study of this phenomena see: Boucher, "Victorian Liberalism and the Effect of Sovereignty."
[153] See Victorian Parliamentary Debates, Legislative Assembly, vol. 9, 1862. p.137
[154] Lewis and MacLeod, "Medical Politics and the Professionalisation of Medicine in New South Wales, 1850–1901"; White, "Negotiating Science and Liberalism"; Bak, "Homeopathy and the Defence of Medical Pluralism in Nineteenth-Century New South Wales,"

divided into those who sought: 'occupational representation', or governance of the medical profession by the medical profession; 'professional status', or increased professional prestige, to a level similar to lawyers of the clergy, and backed by law; 'state service', those who believed that medicine should ideally serve the community through the government, an ideal descended from Chadwickian beliefs in public health and Benthamite utilitarianism; and 'market deregulation', a *laissez-faire* type governance in both medical education and the provision of medical care.[155]Each of these disparate ideas of medical reform presented within the Victorian medical community, and within the general population.

Using Roberts' definitions, the elevation of professional status was prevailing ideology amongst colonial practitioners. The various medical societies were great supporters of this cause. Even those not affiliated with the societies often shared the goal of gaining professional status. Invariably, increased professional status was intertwined with the achievement of professional epistemological hegemony. If one examines the initial draft of the Bill presented by Embling in 1858 (as first published in the *Australian Medical Journal* in 1856)[156] it is primarily geared towards restricting the practice of medicine to the 'legally qualified'. The Act passed in 1862 would retain most of this restrictive intention. In this way it forms a direct continuation of the goals promulgated by the colonial professional societies from their creation.

The three other schools of thought outlined by Roberts featured less readily in the medical community itself. Ideas of state service were accepted to varying extents by the medical community, though they could be a major cause of contention.[157] The cause of occupational representation too was a concern, though it was of lesser importance in the colonial setting than in Britain due to the lack of an established system of control, like the British colleges.

The last of these, market deregulation, is the least seen in the medical community, though it is not absent.[158] For the most part the practitioners in favour of market deregulation were unqualified or practised in ways that were frowned upon by the rest of the medical community, such as selling patent medicines or practising homeopathy. They stood to lose the most from a tightening of regulations around medical practise.

Similarly to both South Australia and New South Wales, some of the fiercest objections to medical regulations in Victoria came from a (misguided) belief in the power of the free market to remove unqualified practitioners from practice. The common thought was that the unqualified practitioner, by dint of giving poor advice and treatment to his patients, would soon find himself without a customer base. In the aforementioned colonies this argument was persuasive enough to prevent the legislation of any kind restricting the practise of medicine. So successful was this argument in New South Wales that alternative and unlicensed medicine flourished to the point that it was labelled the 'Paradise of Quacks'. Objections of this sort were often grounded in *laissez-faire* ideology, preferring a governmental policy of non-intervention. Such ideologies were therefore opposed to legislative approval being given to any exclusive claims of knowledge, as the medical community were seeking.

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[155] Roberts, "The Politics of Professionalization." pp.39-44

[156] Medical Society of Victoria, "Medical Reform Bill", *Australian Medical Journal* 1, no. 4 (1856): pp.284-7

[157] This is especially true with regards to the association of practitioners with Friendly Societies. This relationship was not always a happy one, especially due to the perception that the practitioner was not being paid enough for their services. Reeves, editor of the *Medical Record of Australia* was especially noted for his opposition to this 'club system'.

[158] LL Smith was both a medical practitioner and member of parliament who fully supported market deregulation. It should be noted that he was also *the* major producer and supplier of patent medicine in the colony. Kevin J Fraser, "Dr. L.L. Smith's Entrepreneurial Medical Practice in Victorian Melbourne.," in *New Perspective on the History of Medicine: First National Conference of the Australian Society of the History of Medicine*, ed. Harold Attwood, Richard Gillespie, and Milton Lewis, Occasional Papers on Medical History Australia 4 (Melbourne: Australian Society for the History of Medicine, University of Melbourne, 1989), pp.143–62.

The Medical Practitioners Act and the Rhetoric of Medical Reform

It would not be until 1862 that the *Medical Practitioners Act* would be passed.[159] The act, bearing the long title 'An Act to amend the Laws relating to the Registration of Legally Qualified Medical Practitioners', was to an extent a series of changes made to pre-existing legislation. But for the medical community the changes were of great importance.

The concerns this act deals with were first raised in the first issue of the *Australian Medical Journal.* [160] By the journal's 4th issue a potential bill had been drafted and published.[161] A bill proposing similar changes was raised by medico-politician Thomas Embling to the Legislative Council first in 1858, and again in 1859.[162] These three bills were substantially similar, very little changed between the bills iterations. The unchanged nature of the bill raises the question: 'What changed in the six years between the initial drafting and the eventual passage of the bill?' The answer lies in the ability of the profession to present itself and communicate its goals.

From its first introduction into parliament for consideration and debate, the bill was found to be broadly agreeable. This acceptance only increased during the second reading. Medical practitioners Embling, Owens, and Greeves framed the issue as vital to the public health. Despite his objections to regulatory oversight of the kind presented in the bill, Owen supported its aim to 'protect the public against the acts of charlatans.'[163] Embling suggested that without this bill, unqualified practitioners could continue to claim expertise and dangerously defraud the public.[164] Embling did not mince words. He characterised the unqualified practitioner as a murderer and ally to murderers. The unqualified practitioner held the colony back, increasing the child mortality rate with his incompetence, and ignorantly corrupting the mortality statistics. Embling was quick to trumpet the virtues of the medically trained by contrast, building up a case for the exclusivity of knowledge. By framing the debate around the health of the public, these three medical practitioners made the bill difficult to challenge or disagree with, and it was quickly move to the committee stage with little resistance. However, there it languished, and the bill never left committee, where it eventually expired.[165]

The fractious nature of the medical community in the public realm did them no favours in the parliament either. Should medical knowledge be used as a rhetorical device, or medical expertise used by a practitioner to advance an argument, it would often be rebutted with a variant of 'The medical profession were not in agreement'.[166] This meant that often a medical parliamentarian could have no recourse to their medical knowledge during these debates. This should not, however, be read as a lack of use for medical knowledge in the colonial Victorian legislature. Instead this meant that the medical professional had to be able to persuade otherwise sceptical legislators if they wanted to get any of their preferred legislation through.

Medical expertise was a more acceptable rhetorical device in some contexts more than others. Other acts, framed on the basis of public health, were much less contentious, and therefore passed through the legislature with little difficulty. Take, for example, the *Adulteration of Food Act 1863* (Vic). Framed by its originator, Dr Macadam, as 'a matter of life and death' the bill saw limited changes from its first presentation to its final admission into law.[167] Such was the emphasis put on the passing of the bill that most changes that were proposed for it were merely changes to the wording to avoid ambiguity and misuse. The biggest alteration to the bill was to make the penalties harsher.

The difference between this bill and others appears to be the almost universal acceptance of the importance of the legislation. Food and drink were consumed by all, and it was therefore

[159] *Medical Practitioners Act 1862* (Vic)
[160] John Maund and Joseph Black, "The Journal," *Australian Medical Journal* 1, no. 1 (1856): pp.47-49.
[161] Medical Society of Victoria, "Medical Reform Bill", *Australian Medical Journal* 1, no. 4 (1856): pp.284-7
[162] Victorian Parliamentary Debates, Legislative Assembly, vol. 3, 1858. p. 284
[163] *Ibid*. p. 361
[164] *Ibid.* p. 360
[165] *Ibid.* p. 491
[166] Victorian Parliamentary Debates, Legislative Assembly, vol. 11, 1865. p. 434
[167] Victorian Parliamentary Debates, Legislative Assembly, vol. 9, 1862. p. 742

important to ensure that they were unadulterated. No colonial developments had precipitated this level of importance, and there were no cases of adulteration mentioned in the debates. Instead, this bill was a measure passed for the protection it afforded the population of the colony. Unlike in Britain, where until the 1850s there was legislative resistance to similar bills, generally on the grounds of government over reach or a belief in the ability of the free market to punish fraud, this bill found an eager and accepting audience in the Victorian legislature.[168]

Here is a large difference between the colonial and British legislatures. While the British only started making moves to outlaw and police the adulteration of food following a scandal whereby *The Lancet* showed most food sold in London to have been adulterated to some extent, no such event had happened in Melbourne. The Victorian parliament more readily accepting this issue likely comes down to several factors. Firstly, it is clear from the debates that many of the members of both the Legislative Council and Legislative Assembly had some level of knowledge of the campaign by *The Lancet*. The campaign was known even outside the medical profession in this far flung colony. It is also clear from the debates that the British legislation was known and understood. When it was first tabled by Macadam, the legislation was considered comparatively weak, both in terms of penalties and of language, and was revised for the second reading to bring it more in line with the British legislation. However, the existence of the British legislation formed only a minor part of the bill's passage. Instead, it appears that the threat to life and health posed by adulteration, as emphasised by the medical profession, captured the attention and allowed for the quick and easy passage of the bill.

The most obvious change was the passage of the British *Medical Act 1858*. This was definitively a factor in the final bills passage, and greatly shortened the parliamentary debates around it. A major part of the *Medical Act 1858* was the introduction of medical registers, and a board to oversee the mandatory registration of all qualified practitioners. This was an issue heavily campaigned for in Britain. However, it was hardly novel in Victoria, as the colony already had a system of registration governed by an appointed board, established by the parliament of New South Wales prior to separation.[169] The two systems of registration had some major differences. The biggest of these was that in Victoria registration was optional and unneeded to practice legally until 1862, whereas the *Medical Act 1858* required registration of all practitioners before they could practise.

Ancillary to this was the more accepting nature of the colonial registration system. While in Britain a practitioner was required to hold a British qualification or have been licenced by one of the professional colleges, colonial authorities were not anywhere near as strict. Instead, in addition to accepting the licenced practitioners, they also accepted anyone with a degree in a medicine, or those who had been granted a government appointment, such as a surgeon on a ship.[170] Victoria also explicitly allowed for the registration of practitioners with foreign degrees, should they receive the backing of the Medical Board. This meant that the system of registration in Victoria was to an extent separated from the collegial system that caused much consternation for British medical reformists even before 1862. The accepting nature of the prereform system was driven by colonial anxieties around the supply of medical professionals, especially away from the major population centres.

Despite having a licensing system already created, the concerns of Victorian practitioners largely mirrored those of their colleagues back in Britain. A major cause of consternation amongst the medical population was that, although this system was created, it had no real power. The voluntary registration system of Victoria did not stop those not on the register from practising.[171]

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[168] Christopher E. G. Orrell, "Contextualising The Lancet's Analytical Sanitary Commission: Food Adulteration, Politics, and Public Opinion in 19th Century Britain" (Melbourne: Monash University, 2016).
[169] *Medical Witness at Inquests Act 1838* (NSW). Amended by *Medical Witness at Inquests Act 1844* (NSW); *Medical Witness at Inquests Act 1845* (NSW); *An Act to extend the provisions of Acts relating to legally qualified Medical Practitioners 1854* (Vic); *An Act to amend an Act intitulated "An Act to extend the provisions of Acts relating to legally qualified Medical Practitioners" 1860* (Vic)
[170] *Medical Practitioners Statute 1865* (Vic)
[171] *Medical Witness at Inquests Act 1838* (NSW); Dyason, "The Medical Profession in Colonial Victoria." p.102

As registration purely affected the ability of a practitioner to provide legal evidence, the day-to-day experience of medical practice was unaffected by said system of registration. Indeed, unregistered practitioners and peddlers of alternate therapies proliferated in the colonies. Much effort was expended on the behalf of the medical profession in warning people away from this largest group of alternative practitioners. As outlined in the previous chapter, medical professionals often took the process into their own hands through the medical societies. For many this was merely a temporary fix, and did not offer a long-term solution to the problems they had with fringe practitioners. A more permanent and legally binding solution was sought.

Medical Reform was definitely not a priority for the colonial legislature. The first bill introducing medical reform after the British *Medical Act* was introduced in January by apothecary-physician L.L. Smith, who had been opposed to earlier efforts. It was not until late March that the bill was introduced for a debate.[172] Within this debate we see the clear change of debate tactics, and the immediate success thereof. The bill is readily accepted when introduced as 'it was now the law of the land in England'.[173] This bill, however, would not go on to become the final act for despite being introduced as a carbon copy of the British legislation several of the clauses were changed. Most notably a definition was added that allowed licenced apothecaries who held no other qualification to legally practice as physicians and surgeons.[174] Once these differences were brought to light debate on the bill was pushed back for six months as the bill had 'been introduced under false representations.'[175] This bill was not brought back before the parliament.

The passage of the final bill would become a dialogue between its supporters and detractors. For some members of the parliament the bill moved too far towards the monopolisation of professional practice.[176] The issue plagued the bill as it moved through the differing levels of the legislature. It was here that the medical profession were forced to concede legislative ground. Two points of contention emerged during the third and final reading of the bill before it was enacted into law. Both related to the level of privilege granted to the medical profession at the expense of those they wilfully marginalised. False claims of medical knowledge were specifically targeted under the bill in a manner considered harsh by some. Specifically issue was taken with clause VII of the eventual act which restricted the use of medical titles to only those registered under the act. The clause provided a list of protected titles but contentiously ended with the phrase 'or any other medical or surgical name or title'.[177] The phrase was considered to marginalise those some considered to be medical practitioners (i.e. homeopathists) from using the proper name of their profession as they were not protected under the bill.[178] This issue was readily resolved by pointing out that such groups were not considered medical under the bill, and could therefore freely use the title so long as they made no reference to medicine.

Another issue presented itself, which ultimately required a compromise. A final clause was constructed and inserted in the final reading. Clause XIV of the act functions as a 'grandfather' clause. In effect it gave rights to those who had practiced medicine in the colony before a certain date. The initial proposal suggested setting the cut-off date at 1851. Debate raged over this clause, with some suggesting that it be moved as far forward as 1861. This latter date sparked the most outrage, with practitioners and supporters alike returning to the rhetorical roots of their support the bill, claiming that the proposed date would destroy the true purpose of the bill: protecting the public from the harm of the unqualified impostor. Eventually, a compromise was reached whereby the medico-parliamentarians offered the date of 1853. This amendment passed and was brought into the legislation.

The act was then sent to the Legislative Council. After the bill was read an attempt was made by Wilkie, medico-parliamentarian and president of the Medical Society of Victoria, to rush

[172] Victorian Parliamentary Debates, Legislative Assembly, vol. 5, 1860. 29/03/1860 p.900
[173] Ibid.
[174] Ibid.
[175] Ibid. p.901
[176] Victorian Parliamentary Debates, Legislative Assembly, vol. 9, 1862. 17/06/1862 p.1339
[177] *Medical Practitioners Act* 1862 (Vic) s.7
[178] Victorian Parliamentary Debates, Legislative Assembly, vol. 9, 1862. 17/06/1862 p.1338

the bill through to an immediate final reading.[179] Although rebuffed for an immediate reading, by stressing the importance of the bill for the protection of the public, Wilkie managed to get the bill passed later that same day.

The act is one of a suite of 24 pieces of legislation passed on 17th June 1862 and given assent on 18th June 1862, immediately at the end of the 1861-1862 session of the colonial legislature. The *Medical Practitioners Act 1862* is numbered 25 Vict. no.158. This is pertinent as another medical act, dated to the same day, is numbered 25 Vict. no.156. This is the *Anatomy Schools Act 1862*.[180] This earlier act is important in itself, as it was considered essential to the foundation of the colonial medical school. The *Anatomy Schools Act 1862* codified rules around the collection, treatment, and use of cadavers in the instruction of anatomy in the course of a medical degree. The act itself also has an antecedent in British legislation, the *Anatomy Act 1832*. In many parts of the colony the passing of the Victorian version of this British act was seen as a necessary hurdle to the formation of a Medical School in the colony, fuelled in part of lingering fears of resurrectionists.[181] The passage of these two acts in such close proximity suggests perhaps a legislature that was somewhat more amenable to medical legislation. It does not, however, represent a wider acceptance of the efficacy of 'scientific' medicine over alternatives, nor an overall change in the tone of public discourse around medical practitioners. As Pensabene contends there was still widespread distrust of medical men into the latter parts of the nineteenth century.[182]

The *Medical Practitioners Act 1862* was repealed three years after its entry into legislation and was replaced by the *Medical Practitioner's Statute 1865* (Vic*)*. The new statute was a consolidation of earlier laws regarding the training and registration of medical practitioners, and the requirements for medical witnesses to attend court when summoned. Very little is new, and there was substantial will in the parliament to prevent amendment of the pre-existing laws, except to bring it into line with the British legislation.[183]

Conclusion

Early moves to medical reform were only achieved in the colonial parliament through a process of dialogue between medico-parliamentarians - with a strong backing from the medical community - and other members of parliament. While initial efforts found some support when framed as issues of public health the most major opposition came from those who found the proposals too heavily favoured one section of the medical marketplace over others. The adoption of reforms in Britain similar to those initially developed by the Medical Society of Victoria and first presented in 1857 allowed a partial change in rhetoric. By leveraging Britain's passage of similar legislation along with the initial framing for the protection of the public, the passage of medical reform bills were easily passed in the colonial setting with few changes. Ultimately, it was the combination of both the protection of the public against fraud and injury coupled with the passage of similar legislation in Britain that allowed the final passage of the legislation, and the beginnings of legislative backing of claims to ontological hegemony.

Despite political acceptance, the general public was yet to accept these claims to exclusive knowledge. The process of gaining public support was greatly hindered when, in 1866, medical knowledge itself was put on trial.

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[179] Victorian Parliamentary Debates, Legislative Council, vol. 9, 1862. 17/06/1862 p.1331

[180] Interestingly, 25 Vict, no.157 is completely unrelated to the two acts on either side of it, and instead repeals an act related to the property of the Church of England in the colony of New South Wales numbered 8 Will. 4 no.5.

[181] Perhaps the definitive study on the British *Anatomy Act* and public anxieties around resurrectionists is Ruth Richardson, *Death, Dissection and the Destitute: The Politics of the Corpse in Pre-Victorian Britain* (London: Routledge, 1987).

[182] Pensabene, *The Rise of the Medical Practitioner in Victoria.*

[183] Victorian Parliamentary Debates, Legislative Assembly, vol. 11, 1865. 19/01/1865 p. 195

Chapter 4 – Medical Knowledge on Trial

Until this point this thesis has focused on the manner by which medical practitioners in colonial Victoria actively carved out a space within society defined on and centred around the possession, protection, and dissemination of knowledge. The medical community had successfully leveraged both colonial attitudes and imperial connections in gaining a level of state sponsorship of their claims to exclusive knowledge of medicine. A definite shift from a medical marketplace system had occurred, and the colonial profession had taken its first steps in the process of professionalisation. However, the public perception of medical practitioners remained low. Medical communication had, to this point, centred on creating and maintaining communities, and on gaining legislative backing. At best, it appears that the medical community took the public for granted. They assumed that the public would simply follow along with the changes they made, and that medical skill would speak for itself.

This chapter provides a case study showcasing the public conduct of the medical community as a causative factor of the low esteem in which they were held. Previous histories have shown that public opinion of the medical profession was scathing at best.[184] The profession was a subject of ridicule in the press, which would represent medical practitioners as overqualified death merchants.[185] 'Doctors Differ' was a popular rebuke of claims to medical knowledge.[186] These notions were unwittingly conveyed to the public through the public conduct of medical practitioners, especially from their interactions with each other. Perhaps the best example of this is the Beaney trial.

The Beaney Trial

In early 1866 there was an event that called into question the entire notion of the medical profession in Victoria. While, as we have previously seen, the medical community was cultivating a concept of a unified profession, one event thrust the divisions within directly into the spotlight. This was the trial of the famous surgeon James Beaney for murder. Beaney was a large character who was well known within both the medical community and the wider colony. He was a surgeon who ran a successful private clinic and had been elected as an honorary surgeon at the Melbourne Hospital. Beaney had a reputation for being a bold risk taker who would often take on cases others felt too difficult or dangerous. He was also a prominent member of the Medical Society of Victoria and would give demonstrations in surgery for the medical school. Beaney was also an established medical author who had published papers in both colonial and British medical journals, and had published several books on surgery.

On the evening of the 12th of March 1866, a patient, 21 year old barmaid Mary Lewis, had presented to Beaney. She had presented with 'faintness, together with pain in the lower part of her abdomen, and bearing down, with some protrusion of the womb.'[187] Beaney had sent her home to rest, as he could not examine her further that day. It was not until the afternoon of the next day that Beaney was able to examine Lewis, whereupon he diagnosed her with a chronic uterine inflammation coupled with internal ulceration 'consequent on and in connection with sub-involution of that organ [the womb]' following her pregnancy 13 months prior.[188] Beaney commenced treatment which continued until Lewis died 4 days after first seeking his assistance.

After Lewis' death several issues started to emerge. Lewis had attended several other practitioners in the months before she had seen by Beaney. These other practitioners had assessed

[184] Pensabene, *The Rise of the Medical Practitioner in Victoria.*
[185] 'The Daughter of an M.D., F.R.C.S.', *The Melbourne Punch, Almanac for 1882*, p.19.; 'Honorary Help', The Melbourne Punch, 06/09/1887, p.355.; 'The Butcher's Shop', The Melbourne Punch, 16/11/1876, p.195.
[186] J. G. Beaney, *Doctors Differ: A Lecture Delivered at the Melbourne Athenaeum*, (Melbourne: F. F. Bailliere, 1876)
[187] Beaney's case notes, quoted in C. E. Reeves, *The Queen V. Beaney*, (Melbourne: W. B. Stephens, 1866) pp.56-9
[188] *Ibid*.

Lewis and had come to the conclusion that she was pregnant.[189] Upon receiving this news Lewis requested an abortion be provided by the diagnosing practitioner. Said requests were denied on moral grounds, and each practitioner involved had then refused any further service to Lewis. It was because of these earlier encounters, and Lewis' death subsequent to treatment by surgeon Beaney, that rumours then began to spread suggesting the young woman's untimely demise was caused by a botched abortion.

This is where the situation became complicated. It was believed that Beaney had performed an abortion at the request of Lewis. A coronary inquest was called and subsequent to an autopsy being carried out, concluded that it was possible that Lewis had died as a result of an illegal abortion provided by Beaney. Beaney was then charged and imprisoned following the inquest.[190] The crimes were serious enough that it was understood that, were Beaney proven guilty, an execution was a foregone conclusion. Given his prominence in public life due to his flamboyant and larger than life character, and the very real chance that he would be executed, Beaney's arrest and trial became an immediate sensation in the colony. All eyes turned to follow this very public trial as it played out in the courts and on the pages of the colonial newspapers.

Medical evidence had shown that there was the potential that Beaney had provided an illegal abortion that resulted in a death, and it was on medical evidence that this surgeon was to be put to trial. It was therefore only natural that medical expertise would play the largest role in convicting or exonerating Beaney. Thus, it should come as no surprise that both the prosecution and the defence had decided to rely on the expert testimony of medical practitioners. Both sides would have to communicate to the court, and the public following the case, that the medical evidence showed that Lewis had been given an abortion, from which she had subsequently died. It could be said that, while the trial focused on Beaney and his competence, the claim to exclusive possession of medical knowledge by the colonial medical profession was on trial. The reputation for skill and knowledge that had been built up in the previous decade by colonial medical societies such as the Medical Society of Victoria, and the reputation of medical practitioners as a whole, was being brought into question.

From this standpoint the trial was an unmitigated disaster. While Beaney was the one on trial, it was the claims of expertise of the medical community that had received the death sentence. Day after day expert witnesses were called, and day after day each medical practitioner gave their evidence, explaining the physiological signs that proved that Lewis had been pregnant and received an abortion.[191] Given the fact that no foetus was found, it had to be established that other signs that showed that Lewis had been pregnant. However, it was in the course of establishing that Lewis had been pregnant, and that there were clear wounds that had been caused by a botched abortion, that an event occurred that to the modern viewer would be unthinkable: the witnesses for the prosecution started contradicting the testimony of their colleagues. Even worse, they started pointing out the flaws of logic in the testimony of other prosecution witnesses. Despite agreeing that the physiological signs seen during an autopsy pointed to Lewis being pregnant, none of the witnesses could agree that any of the signs definitively showed this.[192]

This is where things started to go wrong for the medical community. It was not just the defence and the prosecution who disagreed on what the medical evidence showed. Even members of the prosecution could not agree on the meaning of reported physiological signs seen when Lewis' corpse was examined. Some practitioners focussed on certain evidence, while others dismissed the same evidence as meaningless.[193] Agreement could not be reached on the matter. Though all of the witnesses for the prosecution could not agree on which signs suggested

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[189]C. E. Reeves, *The Queen V. Beaney*, (Melbourne: W. B. Stephens, 1866); J. G. Beaney, *Vindication: With Reflections on the Inquest Held Upon the Body of Mary Lewis*, (Melbourne: W. B. Stephens, 1866); "The Beaney Trial," *Australian Medical Journal*, 1866, pp.240-253

[190] "The Beaney Trial," *Australian Medical Journal*, 1866, pp.240-253

[191] *Ibid;* C. E. Reeves, *The Queen V. Beaney,* pp.94-244; "The Trial of Mr Beaney at Melbourne," *The Lancet* 2, no. 2248 (1866): p.361.

[192] "The Beaney Trial," *Australian Medical Journal*, 1866, pp.240-253; [192]C. E. Reeves, *The Queen V. Beaney*.

[193] "The Beaney Trial," *Australian Medical Journal*, 1866, pp.240-253.

pregnancy, they all agreed that Lewis had been pregnant at the time of her treatment. The experts called by the defence for Beaney disagreed over the signs of pregnancy suggested by the prosecution and provided their own evidence that they said proved that Lewis had not been pregnant.

The competing claims of specialist knowledge by each of the practitioners called as expert witnesses proved confusing for the jury of laymen who had to defied on Beaney's ultimate fate. After much deliberation, the jury were unable to reach a unanimous decision. The competing evidence, and the range of disagreement over the physiological signs that were offered as proof proved to be too confusing for the jury to reach a decision. No verdict was reached, and the trial was declared a mistrial.

This alone was quite a blow to the public perception of medical knowledge. The trial, instead of communicating a vision of a profession who were uniting over shared knowledge, showed a highly divided group who could not even agree over the most basic of facts of the case. That the supposed experts were unable to agree on what proved that the deceased was pregnant was a real blow to public acceptance of claims to exclusive possession of medical knowledge. Despite having expended much time and effort creating an image of professional competence, establishing a set of qualifications founded on a shared standard of knowledge of medical art and science, the medical community revealed that they instead could not come to an agreement based upon knowledge they claimed to share. However, the worst was yet to come.

As the trial was declared a mistrial, the matter of Beaney's guilt or innocence was not decided. A second trial had to be run. This trial would prove to be an even worse blow for the medical community. In this trial it was decided that Beaney's defence would not rely upon medical evidence at all. No experts were called upon to defend Beaney. No witnesses at all were called by the defence. Instead, it was decided that Beaney's defence would lay in discrediting the expertise of the witnesses called by the prosecution. As each practitioner gave their expert assessment of the evidence, Beaney's lawyer would pounce upon contradictions, probing the differences of opinion between the practitioners, and allowing them to discredit each other. Unfortunately for the medical community, this strategy was a success. The expert knowledge of these members of the medical profession was successfully brought into question, and the jury decided that there was no clear agreement between the so called experts. Therefore, there was no way that the medical evidence could prove guilt on Beaney's part. A verdict of innocent was reached, and Beaney was released. *The Lancet* summed up the case bluntly: 'the Beaney case… developed to a satisfactory conclusion, in spite, rather than in consequence, of the medical evidence.'[194]

Interest in the trial had come from all quarters. The medical community, however, was particularly interested in the trial. The arrest of a prominent figure in the medical community was not, however, the reason that there was such intense interest in the case from the medical community. Instead it came from differences of opinion.

Reaction to the Trial

The trial of Beany brought divisions within the medical community to the fore. *The Lancet* notes of the trial 'from first to last the trial of Mr Beaney… has been less honourable to the medical than to the legal profession.'[195] Despite over a dozen medical witnesses being called over the course of the trial, the medical evidence was conflicting and unsure. Such was the mishandling of the case by the medical community that an earlier article in *The Lancet* theorised that the trial was and attempt by Beaney's enemies to be rid of him.[196] It does not elaborate on the identity of these so called 'enemies'. Whatever the case, it certainly cast the medical community of Melbourne in a poor light.

While the view from London was one of regret and disbelief at the poor handling of the trial, in Victoria the reaction was markedly different. While the *Australian Medical Journal* was

[194] "The Trial of Mr Beaney at Melbourne," *The Lancet* 2, no. 2248 (1866): p.361
[195] *Ibid*.
[196] "The Trial of Mr Beaney at Melbourne," *The Lancet* 2, no. 2247 (1866): p.334.This rightly seems a preposterous notion and should be taken with a grain of salt.

hesitant to publish any comment on the trial until it finished, following the trial it appears that every practitioner had to give their view on the matter.[197] Within the *Australian Medical Journal* there were 5 letters published on the trial within a single issue, and presumably more received. Each letter was a practitioner writing in to give his own opinion on the trial. The issue dated August 1866 begins with a paper entitled 'On a Case of Rupture of the Uterus' before launching into the editor's analysis of the Beaney trial. The September issue too, features a long essay on uterine ruptures, the cause of death of Beaney's patient. This latter article, however, was presented at a meeting of the Medical Society of Victoria and had the express purpose of attempting to mend the division the trial caused, and to educate as to the proper examination methods. [198] In the *Australian Medical Journal*'s editorial on the case, which takes up just less than half of the August 1866 issue, much of the evidence is listed over the course of 14 pages.[199] The article reads like a damming report on Beaney, until the defence's medical testimony is presented, which entirely contradicts that of the prosecution.

Subsequent to the end of the trial, it seemed every medical practitioner had an opinion on both the case before the court, and on Lewis' condition when she had initially presented to Beaney. Nor were the medical men of Melbourne shy about conveying these opinions. In the months following the trial and Beaney's acquittal the pages of the *Australian Medical Journal* were full of articles on obstetrics and gynaecology. While some of the articles attempt to hide or ignore the trial, attempting to maintain a veneer of dispassionate scientific observation, it is clear from the sheer number of articles that appear in the journal that there is an obvious link to the well known trial. Some issues, such as that of August 1866 are almost entirely comprised of articles on obstetrics or gynaecology. Much like had happened in the trial, none of the published articles could agree on the evidence presented, and differed in what they considered proof and what was irrelevant.

The trial was a sensation in the public press. The contradictory nature of the medical evidence was therefore spread throughout the colony. To the lay-person of the general public the 'point-blank contradictions uttered by the experts' was 'bewildering' and 'perfectly incomprehensible to… all outside the profession.'[200] One article went as far as to question the validity of the medical knowledge of the community, suggesting:

> If such opposite views can be held as to the cause of death in such a case either the knowledge possessed by the profession must be far more limited than is generally supposed – or that the science of medicine is not a science… The medical profession has now the power from the Legislature to prosecute any one who shall assume to practice medicine unless he can show that he has had the requisite training… but if, as a result of this, we only arrive at such a state of chaos as this trial has shown to exist, the public may begin to question whether it would not be wise to revoke this power.[201]

Here we see the nature of the absolute failure of communication that was the Beaney trial.

The Beaney Trial had broad implications for the medical profession. It demonstrated to the colony, and to those watching throughout the empire that any perception of the medical community of Victoria as a united profession with coherent ideas was flawed. Instead the divisions of the fractious community were laid bare for all to see. Some suggested 'that antipathies and jealousies run so high that a dozen medical men could be got to accuse another of malpractice,

[197] The July 1866 issue of the journal makes note of the lack of reporting and promises a highly detailed commentary the following month. "The Beaney Trial," *Australian Medical Journal*, 1866, pp.203-4.
[198] D. J. Thomas, "On A Case Which Recently Formed the Subject of Inquiry in the Supreme Court, and in Which the Cause of Death Was Variously Accounted for by the Medical Witnesses," *Australian Medical Journal*, 1866, pp.259-280.
[199] "The Beaney Trial," *Australian Medical Journal*, 1866, pp.240-253
[200] "Mr. Beaney's Trial" *The Telegraph*, 07/07/1866, p.2
[201] "Mr. Beaney's Trial" *The Telegraph*, 07/07/1866, p.2

wherever the circumstances would permit of diverse opinions.'[202] Despite attempts at fostering a community, the medical profession remained incredibly divided, and publicly so.

The divisions within the community ran deep and persisted well past this period, despite members of the community insisting otherwise.[203] Pensabene's history of the profession from 1870 onwards shows that the divisions continue well into the latter half of the century.[204] Only in the last decades of the nineteenth century do these divisions among the scientific medical practitioners start to mend. Perhaps this is a result of the increasing percentage of the professional population having been educated in Victoria, as Dyason contends.[205]

The trial, too, laid bare the failings of the Medical Society of Victoria. *The Lancet* in their criticism of the *Australian Medical Journal* following the trial highlight a lack of medical knowledge within the community, especially in obstetrics. The diverse opinions of the medical witnesses at the trial, and the multitude of opinions printed within the *Australian Medical Journal* afterwards, show a complete lack of knowledge in this field. It is contended that in Britain the trial would never have gone ahead as the medical testimony used in the trial was completely wrong, and each suggestion of the physiological signifiers of pregnancy were simply incorrect. That this evidence was presented during the trial was a damming inditement on the communication of new knowledge through the medical community, and the acceptance of new knowledge by practitioners. Both the Medical Society of Victoria and their journal had failed in their role as facilitators of the communication of medical knowledge.

Following this trial, Beaney was able to continue practising surgery in Melbourne. It appears that there was little to no reputational damage suffered by Beaney following this trial. He was even re-elected as an honorary surgeon to the Royal Melbourne Hospital within a few years. Instead, it appears that it was the medical community that came out of the trial worse for wear. Indeed, as Pensabene argues, the medical profession in Victoria was often a target of ridicule from within the broader community.[206] Beaney was not immune to ridicule but had not suffered the same reputational damage as the medical community. If anything, this trial cemented the idea that 'Doctors Differ' in the public consciousness of Melbourne.

Conclusion

The Beaney trial presents a foil of sorts to the medical community's claims of cohesion. Despite their claims to knowledge, the 'expert' witnesses called under the *Medical Practitioners Statute 1865* to provide evidence showed anything but. Their constant disagreement about how the physiological evidence had shown that Lewis was pregnant was especially damaging for a community known by the general public for its bitter infighting. The reputation of medical expertise in Melbourne was severely tarnished. So too was the reputation of the Medical Society of Victoria, as it was from their ranks that the majority of the expert witnesses came. Even the defendant, Beaney, was a member of the society.

More importantly, the claims to control of knowledge and practice by the Medical Society of Victoria were greatly challenged by this saga. Not only had their expertise been thoroughly torn apart in a court of law, but Beaney would return to his successful practice unphased. Beaney was unquestionably one of the most well-known public figures of medicine in the colony, and until this trial had been a member of the society. After this trial he leaves the society amidst great animosity from his peers. Beaney's subsequent return to successful practice presents a breakdown in the society's control of the medical community.

The sensationalised trial had brought to light the deepest divisions within the community, and had undone the successes the society's communicative endeavours had brought. Subsequently, and despite the best efforts of the profession to communicate otherwise, it was to

[202] "The Beaney Case", *Leader*, 30/06/1866, p.12
[203] J. G. Beaney, *Doctors Differ: A Lecture Delivered at the Melbourne Athenaeum*, (Melbourne: F. F. Bailliere, 1876) Ironically, this is the same Beaney whose trial brought the differences to a head ten years before he gave this talk.
[204] Pensabene, *The Rise of the Medical Practitioner in Victoria.*
[205] Dyason, "The Medical Profession in Colonial Victoria."
[206] Pensabene, *The Rise of the Medical Practitioner in Victoria.*

be known that on all aspects of medicine and medical treatment in the colony of Victoria 'Doctors Differ'.[207]

[207] Beaney, *Doctors Differ*

Conclusion

The pursual of medical reform, and therefore the interconnected process of professionalisation were communicative acts on the behalf of medical practitioners. In mid-nineteenth century Victoria this process was highly contingent on two forms of communication: the internal, community forming practices that created the societies and their culture of medical journalism; and the external, whereby the results of the internal processes were communicated outside of the community.

The internal communication of the medical community was multi-layered. On a local level, this led to the creation of the medical societies and the medical journals. This process was self-reinforcing, and the standards of acceptance into the community were defined by their creations. In Victoria there was another level of internal communication, the international. As during this period all medical practitioners were foreign trained, the community considered itself as a part of a wider, transnational community of medical practitioners. The community positioned themselves as a communicatory node, facilitating the exchange of ideas between the colony and the outside world. The Victorians especially tied themselves to the British medical community through a shared culture of medical practice.

The combination of the two communicatory influences, the local and the Imperial, resulted in legislative backing for the epistemological primacy, an official endorsement of the medical community's claims to exclusive knowledge. By 1866 the medical community of Victoria bore the hallmarks of a burgeoning medical profession.[208] The key driver of the process was the Medical Society of Victoria and its supporters.

However, despite all that was developed through communication, public recognition of the supposed primacy of medicine-as-science over all medical practice was not forthcoming. In the public realm views of medical practitioners as arrogant and disunited remained unchanged. If anything, by the end of this period communication had failed with the general public, the esteem of the medical practitioner had fallen in the view of the public.

While the developing community were anxious to improve on perceived deficiencies in the British system of medicine, the British precedent was heavily relied upon, especially in political activities. Aspirations to improvement internal to the community, encouraged by their British colleagues, spurred on the development of the community itself, and its tools of communication. Externally, the community had to be content with being a follower on medical reform. This paradox proved to be key to their modest successes outside of their own community. Despite a promising start, the disfunction of the British medical community was soon transplanted into the colonial setting and amplified. While colonial practitioners in Victoria had succeeded in building a community and securing reforms that would be unknown in other colonies for almost another two decades, the vitriol of their divisions had become internationally infamous.

By the time of Federation Victoria had been eclipsed by most of the other colonies.[209] The medical utopia written of in *The Lancet* in 1860 had well and truly failed to eventuate.[210]

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Rather than declining, after this period the division within the medical community would only increase until the end of the century. The Medical Society of Victoria, despite having been initially formed from competing societies with the goal of mending divisions within the medical community, was at the core of the divisions that would extend to the end of the century. Indeed, the divisions became so bad that a group of medical practitioners, frustrated with the mismanagement of the Medical Society of Victoria, founded the Victorian branch of the British Medical Association. It was the BMA, not the Medical Society of Victoria, who would then drive the pursuit of medical reform in Victoria.

From its foundation, the Victorian chapter of the British Medical Association proved more palatable to the Melburnian medical community, and quickly gained more members than

[208] Shortt, "Physicians, Science, and Status."
[209] Pensabene, *The Rise of the Medical Practitioner in Victoria.*; Bak, "Homeopathy and the Defence of Medical Pluralism in Nineteenth-Century New South Wales,"
[210] Thomas Wakley, "Medicine in Australia," *The Lancet* 75, no. 1904 (1860): p.201.

the Medical Society of Victoria. It would eventually lead to the collapse of the earlier medical society, absorbing the society in the early 20th century. Even the Australian Medical Journal, the official publication of the Medical Society of Victoria would be absorbed into the BMA, and continues to be published today as the Medical Journal of Australia, by the Australian Medical Association, the successor organisation of the combined colonial branches of the British Medical Association.

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Appendix I – Timeline of Medical & Related Legislation

Year	Date ratified	Citation	Short Title	Full Title	Place of Passage
1838	13th June	(1 Vict., No. 3)	Medical Witness at Inquests Act	An Act to provide for the attendance of Medical Witnesses at coroners' inquests and enquiries held by justices of the peace	New South Wales
1838	12th October	(2 Vict., No. 22)	Medical Witnesses at Inquests Act	An Act to define the qualifications of Medical Witnesses at coroners' inquests and enquiries held before justices of the peace in the colony of New South Wales	New South Wales
1844	23rd August	(8 Vict., No. 8)	Medical Witnesses at Inquests Act	An Act to amend the Act passed in the second year of the reign of Her present Majesty Queen Victoria intituled 'An Act to define the qualifications of Medical Witnesses at coroners' inquests and enquiries held before justices of the peace in the colony of New Wales'	New South Wales
1845	27th October	(9 Vict., No. 12)	Medical Witness at Inquests Act	An Act to amend 'An Act to define the qualifications of Medical Witnesses at coroners' inquests and enquiries held before justices of the peace in the colony of New South Wales'	New South Wales
1854	31st March	(17 Vict., No. 14)		An Act to extend the provisions of the Acts relating to legally qualified Medical Practitioners	Victoria
1854	20th November	(18 Vict., No. 4)	Compulsory Vaccinations Act	An Act to make compulsory the Practise of Vaccination	Victoria

1854	30th November	(18 Vict., No. 8)	Common Lodging Houses Act	An Act for the well ordering of Common Lodging Houses in the Colony of Victoria	Victoria
1854	19th December	(18 Vict., No. 13)	Public Health Act	An Act for promoting the Public Health in populous places in the Colony of Victoria	Victoria
1855	1st June	(18 Vict., No. 36)		An Act to prevent the further pollution of the river Yarra Yarra above the city of Melbourne	Victoria
1855	16th July	(18 & 19 Vict., No. 55)	Victoria Government Act	An Act to enable Her Majesty to Assent to a Bill, as amended, of the Legislature of Victoria, to establish a Constitution in and for the Colony of Victoria	Britain
1858	2nd August	(21 & 22 Vict., No. 90)	Medical Practitioners Act	An Act to Regulate the Qualifications of Practitioners in Medicine and Surgery	Britain
1860	18th September	(24 Vict No. 118)		An Act to amend an Act intituled 'An Act to extend the provisions of the Acts relating to legally qualified Medical Practitioners'	Victoria
1862	18th June	(25 Vict., No. 156)	Anatomy Schools Act	An Act for regulating Schools of Anatomy	Victoria
1862	18th June	(25 Vict., No. 158)	Medical Practitioners Act	An Act to amend the laws relating to the registration of legally qualified Medical Practitioners	Victoria
1863	September 2nd	(27 Vict., No. 177)	Adulteration of Food Act	An Act to Prevent the Adulteration of Articles of Food and Drink	Victoria
1865	June 1st	(28 Vict., No. 262)	Medical Practitioners Statute	An Act to Consolidate the Laws relating to Medical Practitioners	Victoria

1865	June 1st	(28 Vict., No 264)	Public Health Statute	An Act to Consolidate the Laws relating to Public Health	Victoria

Appendix II - Medical Members of Victorian Government, 1855-66

Note: The following medical men were all involved with both the practice of medicine and the colonial government at the same time, or had at one time practiced medicine in the colony before entering government work. Medically trained government figures who had not practiced or been involved in the practice of medicine in the colony have been omitted. Notable amongst these exclusions is William Clark Haines, who in 1855 became the first Premier of the Colony of Victoria.

Legislative Assembly

Aldcorn, Andrew: Physician; MLA 1858
Embling, Thomas: Medical Practitioner; MLA 1856-61, 66-7
Findlay, John: Surgeon; MLA 1857-9
Girdlestone, Tharp Mountain: Surgeon; MLA 1862-5 (Member of MSV)
Greeves, Augustus Frederick Adolphus: Physician and Surgeon; MLA 1856-61, 1864-5
Heath, Richard: Surgeon; MLA 1866-7
Hedley, George Dixon: Physician; MLA 1861-2
Hood, John: Chemist; MLA 1859-64
Hunter, Alexander: Surgeon; MLA 1859-61
McAdam, John: Scientist; MLA 1859-64 (Member of MSV)
Owens, John Downes: Medical Practitioner; MLA 1856-9, 1861-3
Russell, Alexander: Surgeon; MLA 1859-61
Smith, Lewis Laurance: Medical Practitioner (and businessman); MLA 1859-65, 1871-4, 1877-83, 1886-94
Thomson, Alexander: Physician; MLA 1857-61

Legislative Council

Embling, Thomas: Medical Practitioner; MLC 1855-6
Greeves, Augustus Frederick Adolphus: Physician and Surgeon; MLC 1853-1856
Hope, Robert Culbertson: Medical Practitioner (and farmer); MLC 1856-64, 1867-74
Hood, John: Chemist; MLC 1856-9
Owens, John Downes: Medical Practitioner; MLC 1855-6
Palmer, James Frederick (Sir): Physician; MLC 1856-70; Speaker 1851-56; President LC 1856-70; Chairman Board of Education 1851-71
Tierney, Daniel Joseph: Physician; MLC 1856-59
Wilkie, David Elliot: Physician; MLC 1858-68; Acting President LC 1861-2; Chairman of Committees 1864-8 (Member of MSV, President of MSV 1858, Editor of MJA)

Local Councils

Boards/Committees

McCrea, William; Physician; Chairman of Medical Board, 1853-18??; Chairman of Central Board of Health, 1856-18?? (Member of MSV)

Colonial Coroners

Wilmot, William Byam: MD; Coroner of the District of Port Phillip 1841 to Separation, thereafter Coroner of the Colony of Victoria to 1857 (Member of MSV)
Youl, Richard; MD; Coroner of the Colony of Victoria 1857 – 1897 (Member of MSV)

Local Coroners

Girdlestone, Tharp Mountain: Surgeon; Alma 1855, Maryborough 1855, Ararat 1857

Appendix III – Medical Journal Data Tables

Table 1 – References to the Australian Colonies in British medical journals

	Victoria	New South Wales	Tasmania	Western Australia	South Australia	Queensland	Australia	Total
British and Foreign Medico-Chirurgical Review	4	1	1	0	0	0	1	7
The Lancet	42	16	9	0	3	0	6	76
British Medical Journal	32	9	5	1	0	1	10	58
Edinburgh Medical Journal	4	0	0	0	0	0	0	4
Medical Times and Gazette	38	9	1	1	3	1	5	58
Total	120	35	16	2	6	2	22	203

Table 3 – Articles mentioning Victoria by type over time

	1855	1856	1857	1858	1859	1860	1861	1862	1863	1864	1865	1866
News	1	2	0	9	4	4	6	12	13	7	9	4
Commentary	0	1	0	0	0	4	3	1	2	1	0	4
Research	0	1	0	0	1	0	0	1	1	1	0	2
Review	1	2	1	0	1	2	0	0	5	4	0	0
Correspondence	0	0	0	1	1	0	1	1	2	0	2	1

Table 2 – References to the Australian Colonies in British medical journals over time

	Victoria	New South Wales	Tasmania	Western Australia	South Australia	Queensland	Australia	Total
1855	2	1	0	0	1	0	0	4
1856	6	1	0	1	1	0	0	9
1857	1	1	0	0	0	0	3	5
1858	9	5	2	1	0	0	0	17
1859	7	6	2	0	0	0	2	17
1860	10	2	2	0	1	0	2	17
1861	10	3	0	0	0	0	2	15
1862	15	3	4	0	1	0	3	26
1863	23	2	3	0	2	2	3	35
1864	15	5	2	0	0	0	1	23
1865	11	1	0	0	0	0	1	13
1866	11	5	1	0	0	0	5	22

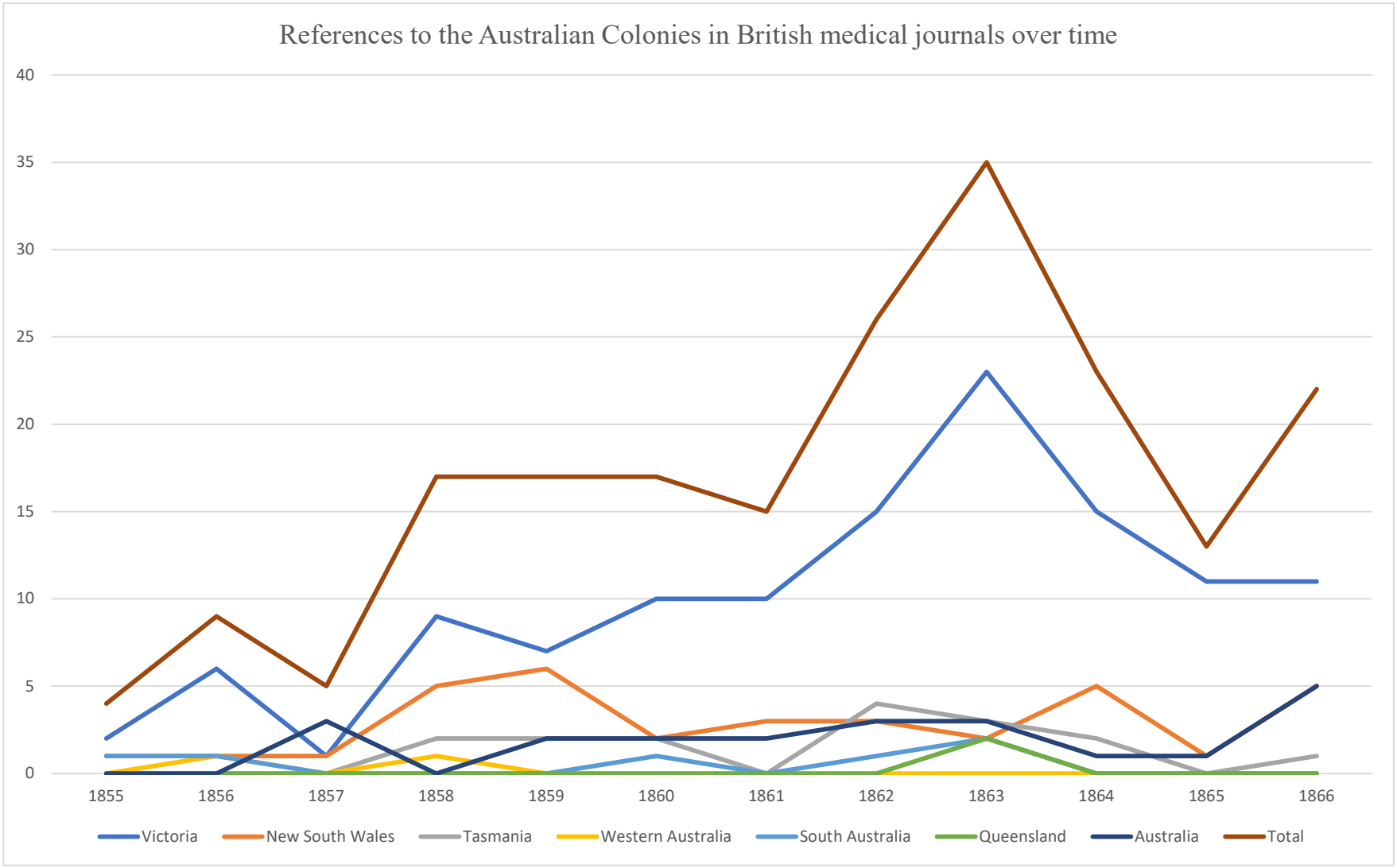

Figure 4 – References to the Australian Colonies in British Medical Journals Over Time