With a membership of just over 17 500 the Royal Society of Medicine is the largest medical society in Britain. Its ancestor, the Medical and Chirurgical Society of London, was founded in 1805 when a band of malcontents seceded from the Medical Society of London. By the charter of 1834 the Society became the Royal Medical and Chirurgical Society, which amalgamated with over a dozen other societies to create the Royal Society of Medicine in 1907. It occupies number 1 Wimpole Street, a monumental building that has been redeveloped for the Society’s bicentenary in 2005.

In 1805 a group of dissidents led by Dr John Yelloly, Dr Alexander Marcet, and Dr William Saunders broke away from the Medical Society of London after a series of protests. They were frustrated by the autocratic reign of Dr James Sims who had occupied the presidential chair for the last 19 years and who suppressed all demands for reform. Having resigned from the parent Society, the rebels formed a new Society which was run on more democratic lines: the Medical and Chirurgical Society of London.

There were similarities between the two societies: they both gave priority to establishing a medical library, both published Transactions and aimed to attract a membership composed of physicians, surgeons, and apothecaries. In practice, apothecaries preferred the older Society where they enjoyed a firm foothold; the younger Society seems to have been “a more elevated establishment…formed purposely with a view to exclude the lower orders of the profession”.1

The staff of Guy’s Hospital was strongly represented at the Medical and Chirurgical Society—Dr Saunders, its first President (see fig 1), established a school of chemistry at Guy’s and several of his protégés followed his lead by joining the Society. Among the luminaries who enrolled in the early years was Dr Matthew Baillie, nephew of William and John Hunter, physician to George III, and the author of Morbid Anatomy (1793)—the first systematic atlas of pathology. Sir William Blizard, twice President of the Royal College of Surgeons, Dr Gilbert Blane (later a baronet), Sir William Farquhar (physician to the Prince of Wales and Prime Minister Pitt), and Astley Cooper (another President of the Royal College of Surgeons, a future baronet and royal appointee) all joined promptly. Furthermore, the Medical and Chirurgical Society could count on the support of Sir Joseph Banks, President of the Royal Society, the philosophical Dr William Wollaston, and Professor Humphry Davy of the Royal Institution.

The status of the Society was enhanced by the charter from King William IV granting its incorporation as the Royal Medical and Chirurgical Society in 1834 (see fig 2). The charter signified royal sanction and endowed the Society with a permanence and title that eluded the other London medical societies. At the same time the Society acquired a house in the West End, number 53 Berners Street (now the site of the fashionable Sanderson Hotel). Membership numbers swelled and the Society’s reputation as a flourishing academic institution rose during the Victorian era, despite competition from a plethora of new societies. The prosperity of the Royal Medical and Chirurgical Society was marked by the purchase of the freehold of 20 Hanover Square in 1889. This substantial early 18th century house acted as a magnet to tenants and by 1891 there were 16 societies and associations gathered under its roof. Amalgamation was a logical step.

**MEDICAL EDUCATION**

The Medical and Chirurgical Society was founded by “a union of gentlemen” who met regularly to exchange “accurate information on many points of practice” (pp iv–v).2 With the exception of a ban on medical politics, the Society’s interests were broad and liberal. Fellows were encouraged to present individual case histories, to explore the mysteries of chemistry, share research papers, and demonstrate apparatus and patients at meetings. Astley Cooper described the first operation for aneurysm of the carotid artery, performed on a 44 year old woman while she sat placidly in a chair without an anaesthetic. She died but Cooper was not discouraged and he was soon to be renowned as the father of arterial surgery (pp 1–10, 222–33).2 Dr Edward Jenner contributed two papers to the first volume of the Society’s Transactions: “Observations on the distemper in dogs” (he thought cowpox might prevent distemper) and “Cases of smallpox infection communicated to the fetus in utero” (pp 263–73),3 and he sent his friend Marcet “a little game and a couple of woodcocks” for the dinner table.3 As the Society’s Foreign Secretary, Marcet was the channel for letters and medical information received from contacts in Europe and surgeons serving with the army in India and America: Dr Yelloly liked to think that the Society was the centre of medical communications for the British Empire—and beyond. Thus Fellows learnt how severely pneumonia was affecting a regiment of Guards fighting in North America, heard wild theories about epidemics of yellow fever, and one
report received from Haiti claimed that the locals were braver than the British: “The blacks are peculiarly unirritable, they suffer the knife almost without a groan.”

A broad, multidisciplinary and international approach to medicine remains a characteristic of the Society where meetings aim to educate doctors, dentists, veterinary surgeons, students, healthcare professionals, and the general public. The academic department organises over 400 conferences, courses, and meetings each year; there are commemorative lectures, conversations, and awards to attend, not to mention the activities of the Music Society, the Medical Art Society, the Retired Fellows’ Society, and the Wine Club.

OSLER AND MACALISTER

Professor William Osler, appointed to the Regius chair of Medicine at Oxford University in 1903, was the éminence grise behind the formation of the Royal Society of Medicine. Osler’s reputation knew no bounds—as physician, medical historian, benefactor, and bibliophile his influence pervaded medicine in this country and North America. When in London Osler frequented the Royal Medical and Chirurgical Society where he struck up a friendship with its Secretary, John MacAlister. MacAlister had long nursed plans to unite the medical societies based at 20 Hanover Square in one supreme society possessing a medical library to excel all others. His project found little support until Osler came on the scene, urging him to “go right ahead, that the time was ripe and that I was not to worry about the old fogies” (p 409). Encouraged, “Amalgar” (as Osler called him) spent two weeks at a seaside hotel, drawing up the blueprint for the amalgamation of London’s medical societies. With the blessing of Sir Richard Douglas Powell, the current President, proposals were put to 26 societies and negotiations commenced in 1905 under the chairmanship of Sir William Selby Church. Two years later the Royal Society of Medicine was instituted by the charter of 28 May 1907 whereby 15 medical societies dissolved to re-emerge as the first Sections of the Society.

The amalgamation had practical advantages but there was one serious flaw: the Medical Society of London declined the invitation to join. This, the mother Society, and the Royal Medical and Chirurgical Society, coexisted as “noble rivals”, dividing between them the allegiance of Harley Street (p 31). Traditional rivalry, suspicions over the valuation of property, and reservations about the terms of amalgamation led members of London’s senior medical society to vote against amalgamation. MacAlister was disappointed, nevertheless there was general rejoicing once the Royal Society of Medicine was born; tributes flowed and Sir William Osler (he was knighted in 1911) reported in June 1907 “we baptized the Royal Medical Society (sic) the other afternoon, and had a most satisfactory initial meeting” (p 31). Osler continued to be an active supporter of the Royal Society of Medicine, sitting on the Council, presenting a first edition of William Harvey’s work on the circulation of the blood and other precious volumes to the library, and promoting the building of a suitable house for the Society. He founded the History of Medicine Section and served as President of the Clinical Section, but he refused to stand as President of the hydra-headed Society—twice (1914, 1918).

SECTIONS

Osler and MacAlister aimed to draw all medical specialties into the Royal Society of Medicine as Sections and with 54 Sections active in 2004, it may be said that this goal has been achieved. The Royal Medical and Chirurgical Society provided the basis for the first two Sections—Medicine and Surgery—in 1907. The Sections of Pathology, Epidemiology and Public Health, Odontology, Obstetrics and Gynaecology, the Clinical Section, the Sections of Dermatology, Clinical Neurosciences, Laryngology and Rhinology, Otology, Radiology, Experimental Medicine, and Therapeutics are the direct descendants of the 19th century societies that agreed to dissolve and join the Royal Society of Medicine in its first year. Since the first 13 Sections commenced their meetings in 1907, the specialisation of medicine has exceeded all expectation and the Society has expanded accordingly. Whenever the demand arises new Sections are founded, hence the Society embraces all the major specialties and topics of interest in the field of medicine, from accident and emergency to venous—the most recent addition to the list being the Subsection of Cardiology. There is no limit to this vista.

THE LIBRARY

The Royal Society of Medicine boasts one of the largest postgraduate biomedical libraries in Europe offering an unrivalled service to members. Its origins lie in two small, book lined rooms at 2 Verulam Buildings, Grays Inn Road,
where the library of the Medical and Chirurgical Society was established in the first decade of the 19th century. It was open to Fellows for two hours on Tuesdays; they were permitted to borrow two books each for a fortnight and late returns incurred a fine of sixpence. Two hundred years on and the library is open five days a week; members may borrow eight items and there are no fines. It offers a collection of some half a million volumes dating from 1474, 1500 current journals are available to readers, and postal loans and research services are also available.

Initially the library relied on gifts from Fellows who gave not only their own works but also treasured classics by Celsus and Hippocrates. Within a few years a proportion of the Society’s income was allocated to the purchase of medical books and periodicals in English, French and German, and the collection expanded rapidly. The need for more space for the library was the main reason for the Society’s move to Lincoln’s Inn Fields in 1810, where the books were classified and arranged by Dr Peter Mark Roget—his biographer claims that it was “an easy, even a natural step” from the classification of library books to the classification of ideas and language achieved in Roget’s *Thesaurus of English Words and Phrases*, first published in 1852 and now in its 150th edition.6

After Yelloly and Roget, the tradition of dedicated librarianship was upheld by Dr Thomas Bateman, who presented a copy of his own publication on cutaneous diseases to the Society, a seminal work incorporating the achievement of his mentor, Dr Robert Willan.7 In 1854 Benjamin Wheatley was appointed the Society’s resident librarian, a post he held for nearly 30 years. “Our genius loci”, as one Fellow described him,8 died at the Society’s house in 1884. Nobody, however, rivalled Sir John MacAlister in terms of devotion to the library and the Society generally. Personal initiative, a thirst for work, and a forceful personality put MacAlister at the hub of the Society for 41 years: he dominated the library, oversaw the centenary celebrations, planned the Royal Society of Medicine, and master-minded the move to Wimpole Street.

MacAlister and Osler were united in their ambition to establish the greatest British medical library under the auspices of the Society. They wooed Andrew Carnegie, the American steel magnate, and the financier J P Morgan, hoping for sponsorship, but it was not until 1953 that a major grant was secured—from the Wellcome Trust. This enabled the extension of the library to a second floor, known as the Wellcome Research Library. Fifty years later the library expanded further with the addition of a rare books reading room as part of the redevelopment of 1 Wimpole Street for 2005.

**1 WIMPOLE STREET**

Number 1 Wimpole Street, purpose built for the Royal Society of Medicine to designs by the architects John Belcher and J J Joass (see fig 3), was opened by King George V and Queen Mary in May 1912. The site (where the architect James Gibbs had lived until his death in 1754) was ideally located for the headquarters of the Emergency Surgical Aid Corps whose members assisted during the air raids and explosions that shook the capital. The Postgraduate Medical Association was launched at 1 Wimpole Street in 1919 and the Society also hosted Inter-Allied Conferences when the lecture hall was thronged to capacity with demobilised medical officers; similar conferences organised between 1942 and 1945 for doctors in the armed forces were equally successful. The Society’s house emerged from the Second World War comparatively unscathed and was able to offer temporary accommodation to less fortunate Royal Colleges.

**THE BICENTENARY PROJECT**

The bicentenary of the Royal Society of Medicine in 2005 presented the perfect opportunity to redevelop a tired building. A new 300 seat lecture theatre, the renovation of the library and the atrium, a new entrance and Fellows’ rooms form part of a major redevelopment costing some £14 million (see fig 4).

Moreover, number 20 Hanover Square, occupied by the Society from 1889 until 1910, has been sold and Chandos House, at the north end of Chandos Street, has been acquired. Designed by Robert Adam for the third Duke of Chandos (1769–71) this grade 1 listed building has been restored with advice from English Heritage. It now provides accommodation for Fellows visiting London and five elegant meeting rooms. The Society has come a long way from its...
first humble home in a terraced house on Grays Inn Road where proceedings commenced 200 years ago.
The Royal Society of Medicine archives are held at 1 Wimpole Street, London W1G OAE and the illustrations are provided by courtesy of the Society. The main source for this article is the author’s History of the Royal Society of Medicine. London: RSM Press, 2001.

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Clinical Evidence—Call for contributors

Clinical Evidence is a regularly updated evidence-based journal available worldwide both as a paper version and on the internet. Clinical Evidence needs to recruit a number of new contributors. Contributors are healthcare professionals or epidemiologists with experience in evidence-based medicine and the ability to write in a concise and structured way.

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