

The Royal College of Physicians and Oxford Brookes University

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**Dame Josephine Barnes DBE in interview with Sir Gordon Wolstenholme
Oxford, 6 June, 1989**

GW Dame Josephine, you've had a really wonderful life in medicine; I'm not saying it's altogether over. But you achieved a very fine reputation as an obstetrician and gynaecologist and you've had great distinction in medicine. You are a fellow of at least four colleges and you've also been president of the British Medical Association. Where did all this begin, the medical side of your life?

JB The medical side began when I was about thirteen when I was at the Oxford High School and when I told my mother 'I am going to be a doctor.' She was very surprised. She herself was a musician and my father was a parson. There were distant cousins who were doctors. But from then on I never wavered that that was what I was going to do.

GW Was this a schoolteacher or somebody?

JB No, it came from inside me, I think.

GW Vocation.

JB Vocation. It was the thing I wanted to do more than anything else. I never thought of doing anything else.

GW So right through the remainder of your schooldays you had that in mind.

JB Absolutely, yes, and my university days as well, of course.

GW You went to Lady Margaret Hall, [Oxford]?

JB Yes, and, of course, there one had the great advantage that in my year at Lady Margaret Hall there were only two medical students; all my friends were reading classics, English, French, history, music.

GW That has its advantages.

JB It was wonderful, wonderful. One was not entirely with medical students all the time. I regret to say I found it rather a change for the worse when I did go to medical school in London.

GW I can well believe it. You also, whilst at Oxford, played hockey for the university.

JB I did indeed, yes. Can I tell you something?

GW Please do.

JB I have one thing in common with David Gower. Now you won't believe this will you? We both played hockey for University College, London.

GW No, really.

JB Not together, not at the same time, but when I went on to London I went on playing hockey.

GW Did you play for University College?

JB I played for University College and deputy for University of London. I wouldn't play for London University, I felt to play for one university was enough, so I wouldn't play for the other one.

GW Divided loyalties.

JB Yes I thought so.

GW Well, you went to University College and you qualified I think in '37.

JB Yes, that's it.

GW Have you any special feelings of gratitude to any particular teachers at University College?

JB Well, I have feelings of gratitude to my teachers all through medicine. Do you mind if I drop a few names?

GW I would like you to.

JB Sir Charles Sherrington, Sir Francis Walshe, Alice Carleton in Oxford, and then Francis Browne at UCH, but also Wilfred Trotter and Julian Taylor. I'm dropping names I know but...

GW This is what I want you to do.

JB But these are people who taught me and inspired me.

GW It was a wonderful period.

JB It was amazing. When I went to University College Hospital Medical School, I think I'm right in saying there were nine Fellows of the Royal Society on the staff -

not just doctors - but I mean it really was a staff that has never been before and probably never will be again.

GW I can remember Harold Himsworth telling me that to be on the MRC and not to have a FRS was unthinkable in those days, but there came a time when it was extremely unusual to have a Fellow on the MRC.

JB Well, these were the people who taught me, I mean I was so fortunate. I think it was Francis Browne though who really inspired me; he was an Irishman, although everybody thought he was a Scot. But he'd been trained in Aberdeen, and he was the first professor of obstetrics. You know the Rockefeller Foundation gave University College Hospital a lot of money, and they set up the unit which was Sir Thomas Lewis's unit and the medical, surgical and obstetrical and pathological departments, and Francis Browne was the first president [of the college] and he really inspired me, because he really invented antenatal care, it came from him. It was he, who insisted that mother's had proper care during pregnancy.

GW Previously this was not the practice?

JB My mother never had any antenatal care, and it wasn't a routine thing at all. No, no. It was a great inspiration though, he was a very inspired teacher. He wrote a wonderful book called 'Antenatal and Postnatal Care', which his son John continued, when John was at Hammersmith. It went into nine or ten editions, I'm not sure, but it was a marvellous, marvellous piece.

GW I remember him well. He was a very inspiring and attractive person. You had got a first at Oxford, hadn't you, in physiology?

JB Yes I did.

GW So that was the beginning of a remarkable record. You also did very well at UCH.

JB Well, I think one of the things I achieved which was the most value to me in my future life was that thanks to Alice Carleton - as I say I came from a totally non-medical family - and Alice said, 'I think you'd better do the primary FRCS.' Well, I'd never heard of this, I didn't know what it was, so I thought if Alice says I should do it, I'll do it. So I got my primary FRCS, I think two months before my twenty first birthday, so I was quite lucky.

GW I suspect that's a record.

JB No, I don't think it's a record. But you see from then on I had no problem, I could take the final fellowship in due course without any problem.

GW If I remember rightly, between '37 and '41 you got your fellowship of the Royal College of Surgeons, you got your membership of the Physicians and of the Obstetricians and Gynaecologists and your MD.

JB I did yes.

GW Did you write a thesis for your MD?

JB Yes, I wrote a thesis on pulmonary tuberculosis and pregnancy, because I had been working with Andrew Morland and with F.J. Browne and we had a lot of young women with tuberculosis and a lot of pregnant women with tuberculosis. So I wrote up all the series from UCH from 1926 until then, and also of course did a lot of reading on it, and treated some of the cases myself; quite a number of them I used to do their pneumothoraxes and pneumoperitoneums and so on.

GW Yes, it was a regular feature of life, wasn't it, in those days?

JB Well, when I went to Mundesley, which was a private sanatorium, not only was I the medical officer - there was no one junior to me, although I was jolly junior - but I was also the radiographer and the pathologist - I had to look at all the sputa - and the pharmacist - I had to hand out the medicines. And what better training could anybody have, it was wonderful.

GW How long were you doing that?

JB I did a summer there, and I had time on hand so that was when I worked for the MRCP, I decided I would do it. I didn't pass it the first time, I didn't expect to, but I got through the second time.

GW Where did your other training take you, which hospitals?

JB I went to Windsor where I did my surgery. That again was amazing because I've never worked so hard, and I had the eight obstetric beds as well as the general surgery, and of course that was all there was for the three thousand people in Windsor and the thirty thousand in Slough. So we had nothing but abnormal obstetrics, we had everything, literally everything. You name it, we had it including, I'm sorry to say, one maternal death from eclampsia, but that wasn't anybody's fault. We had the lot, and a lot of surgery. It's really where I learnt to operate because the surgeon I worked with, he used to do an abdominal operation and then he would retreat to the surgeons' room, smoke a cigarette and while he was doing that he expected the house surgeon to have the abdomen sewn up and the next patient on the table.

GW And open?

JB No, he used to open them. So one became pretty quick, pretty slick at surgery.

GW The length of a cigarette.

JB That's right. I became quite good at that.

GW It sounds absolutely fascinating, all the more fascinating, because it would be so immensely more difficult or impossible to do nowadays, to get this kind of wide clinical experience.

JB I was so lucky, wasn't I, I mean to have all this? We had the Girdlestone team from Oxford came over to do our orthopaedics.

GW This was wartime, wasn't it?

JB No, it was just before the war, '38.

GW Just before the war and the very beginning of your training.

JB Of course I was terribly lucky because a great friend of my family's was Sir William Harris who was the organist of Windsor. But I tell you I did one thing which I think is probably a strange thing to have done; I canvassed Windsor Castle in the cause of Conservatism, because one of the anaesthetists at the hospital was standing for the local council, and of course five hundred people live in the castle, so I went all round the castle asking people to vote for this chap.

GW Did you meet with much opposition?

JB Not at all.

GW It must have been the easiest job.

JB Surprise I think, that anyone should think of doing this. But it was rather fun. I went all down the lower ward. They won't let you in now, the security is such, but you could just walk about in there then.

GW Very much happier times.

JB The other thing we had to do was we had to do all the coroner's post-mortems at Windsor. And there was a delightful arrangement by which, when there was an inquest and they wanted our evidence, they would ring up the hospital and I would get on my bicycle and go down to the coroner's court. And the jury, they used to go out into the park and collect the old men who sat on the park benches, and line them up as the jury. And then I would give my evidence, and I'd get my three pounds or whatever it was and go back again. Extraordinarily, nothing dreadful ever happened, they were all absolutely straight forward things, mostly road accidents because, you see, we had the A4 on one side and the A30 on the other, so we got enormous numbers of road accidents, terrifying, awful.

GW And I think you said, you had eight obstetric beds there, so even that would keep you pretty busy.

JB Oh yes, it did, it did indeed.

GW What followed that, what came after that?

JB Then I went back to UCH as house-surgeon to F.J. Browne and did my six months there. The first three months we had to do the district, that is to say we had all

the district around and the flying squad, but the district in particular. And then the second three months we did the labour wards and the rest of the work. So it was quite interesting but there was a curious arrangement at UCH at that time, and it was all argued out with the dean who was Gwne Williams, David Innes William's father, and he refused to allow any arrangement for any time off for the residents. He said, 'No, you're only here six months and you're going to learn. So I had no official time off at all for those first three months. I didn't mind.

GW No, and no pay of course.

JB No pay. Oh no. Board and lodging and laundry, that's what we got.

GW And the district? I was at the Middlesex and going to do 'midder' on the district was quite an experience, I mean in terms of social revelation.

JB Oh, it was, it taught me an awful lot. I mean I think it's so important and I think the saddest thing, I think, is that a lot of consultants possibly have never been in a patient's home, you know.

GW And other consultants of course wouldn't normally expect to go anywhere near.

JB Never been in a patient's home. And we of course did. And our district was St Pancras, Kings Cross, Caledonian Road, we went over and joined...Barts was the next one I think and Middlesex the other way. You had Regent's Park which was rather more salubrious, probably.

GW Well, I don't know, we also had Soho.

JB Of course you had, yes.

GW Which was quite dramatic at times.

JB Yes, I'm sure.

GW Where did you go from there? When did you first have an obstetric job? Well, this house job was of course obstetrics.

JB This was obstetrics and gynaecology. I had Gladys Dodds' beds, obstetrics and gynaecology. Let me think: from there that took me up to '39 in the beginning of the war. And I had planned to do the final course at the London Hospital to take the FRCS because F.J. Browne had said to me - when, I was a medical student I went to him and said, 'Look, I think I'd like to do obstetrics and gynaecology, and he said, 'Fine, go away and learn some medicine and surgery and come back and see me again,' which was jolly good advice. So I did that you see, I did as I was told always. And the war came of course, so I came up to London and got rid of the flat I was supposed to be renting to do this course at the London, went to see to the BMA and offered my services in any capacity that was needed. And they said, 'What are you doing'? And I said 'I am working for the final fellowship.' And they said 'All right

get your fellowship, and then we will see. We'll probably need surgeons.' So they weren't going to put me into the services. So I went off and did the fellowship and then I was told by Clifford White at UCH that I should go and be house surgeon at the Samaritan Hospital, which I did. So I did six months there, had a break between when I had a very uncomfortable month at the City of London Maternity Hospital which was then in the city, which was bombed the week after I left. Then I went back to Queen Charlotte's in Marylebone. I was the last medical officer in Marylebone and the first in Hammersmith. And again - I've had a charmed life because my rooms in Gosfield Street were bombed the week after we left.

GW Rather sounds as if you provided information as to when you wouldn't be there.

JB That's right. And I remember arriving in Hammersmith, because we arrived in the blackout of course, and there were no curtains or blinds. And I remember delivering an extended breech on a mattress on the floor by the light of a lantern. But all was well, no trouble.

GW A charmed life for everybody.

JB I think so.

GW Wonderful. That must have been great experience though, at Queen Charlotte's.

JB It was good experience. To me, it was very sad experience actually, the way the hospital was run then - I hope I'm not being too critical, it was an enormous privilege to be there. But of course it was terribly difficult because the consultants Arthur Bell, Douglas MacCleod, Leonard Phillips, Louis Rivett, they used to come one day a week each, you see. And between that, there was no one. And Stanley Clayton - later Sir Stanley of course - was the registrar but he was way down at Leatherhead, he never came except once a month when he used to come and have lunch with us and collect the statistics. So Howard Duval and I, we were literally left with everything to do. And it was a bit much I think. We were well qualified by then, we both of us had the fellowship, but even so being a fellow doesn't mean you are necessarily a brilliantly experienced surgeon.

GW No, but from the patient's point of view they were a great deal better off in your hands than some of the others.

JB We had to do the surgery and we had to do the forceps deliveries and we had to do the anaesthetics and we had to do the blood transfusions, I mean we had to do the lot. Again, one just got on with it and nothing terrible happened. I don't remember a maternal death at Charlotte's, no we didn't have one at all. A near miss but nothing really.

GW That went on for most of the war, were you still there?

JB No, I was at Charlotte's until 1941, then I had to make a decision again whether to go back to the services or not, but I decided that I could make just as much use of being an obstetrician as I could, so I went to Oxford, came back to Oxford. I spent a year at the Radcliffe with Chassar Moir and John Stallworthy and that was a marvellous year from the point of view of experience. The other thing that I did when I was there, which was really quite entertaining, that is that Ruskin College, which was a Trades Union College as you know, was turned into a maternity unit for evacuees mainly from Portsmouth and Southampton, and I was put in charge of this by Chassar. It was just down the road from the maternity unit in Walton Street, but it was most difficult to run. We had marvellous midwives who came. We'd had to turn the principal's study into an isolation room because we were just getting penicillin then, we didn't have it before you see, so we still had infection, we still had to be very afraid of infection and we had to isolate people with fevers, and of course all the facilities were the facilities for young male students, in other words little tiny rooms with no washing facilities at all. And you may remember there was the old don who said, 'What do the men want with baths? They're only up for eight weeks anyway.' And it was more or less like that.

GW That must have been a remarkable experience. How long did that go on, when did you revert to normal?

JB It went on for a year. I don't know how long Ruskin was kept on, because I left, I did a year in Oxford. I went back to UCH after that. But a year was enough I found. I found the atmosphere very artificial in Oxford. My brothers were in the army or in the navy and my sister was in the Admiralty. The war was going on, bombs were dropping in London, and in Cardiff where my parents were.

GW You must have felt that you were doing an extremely important job. I mean you didn't feel at all embarrassed that you were not in the actual services.

JB I never felt embarrassed that I wasn't in the services but I did feel that Oxford was altogether too remote. There were people...I had been through the blitz at Charlotte's, you see. We had the Battle of Britain when I was at Charlotte's and the bombs used to drop on...well they aimed for Paddington, Marylebone, Euston, St Pancras, King's Cross and Liverpool Street, and of course we were right on that path. And my brother was in the fire service, involved in the fires and so on, so I just

GW So you felt that they were having rather a sheltered life in Oxford.

JB There were people there who would admit they'd never seen a bombed house and I'd seen plenty because I used to have to climb over these. When I was at Charlotte's you see, we used to go out in the air-raids to the district. I remember going out to an eclamptic and the ambulance refused to come out, so I had to sit with this woman and give her morphine. I managed to go round to the local chemist who, great surprise, gave me some chloral. She had eight fits and I got the thing under control.

GW Live baby?

JB Yes, live baby, live mother.

GW Wonderful.

JB Yes, we got away with it.

GW When you went back to UCH, were the flying bombs coming?

JB They came later. And then that year I got married and the year after I had my first child, so I was then no longer callable upable and therefore UCH were very glad to have me because they were losing people all the time, you see.

GW You've had such an extraordinarily distinguished career, how did you fit in three children into this?

JB Well, I hope they don't feel they were fitted in, but I fitted them in, and the way I did it was I determined the best thing to do was to have them properly looked after, so I had a wonderful nanny who was much better at looking after small children than I am, and we survived that way. She had her eightieth birthday last year, she's still a family friend.

GW How wonderful.

JB Yes, that's how I did it. I decided the best thing to do was to employ people who were good at running...I had a marvellous Italian and then a Portuguese cook housekeeper. They were wonderful cooks and delightful people.

GW Is this why you give gastronomy as one of your hobbies?

JB Well, I've always liked food and I like wine particularly, of course.

GW Of course. The other main one is music, and you've managed to keep your music up throughout all this.

JB Oh yes, I don't perform very much now but I used to. I accompanied my children and grandchildren until they got too good. My younger grand-daughter is such a good cellist nowadays that she wouldn't want me to accompany her, I don't think. I used to when she was younger.

GW This comes from your mother's side. Was your father also musical?

JB Not particularly, no. My mother was a very remarkable musician, amazing. She'd been at the Royal College of Music. She was the second woman Fellow of the Royal College of Organists. She could do anything: she could transpose, she could read music, she was a marvellous accompanist, she was a very good organist and she could just do the whole lot. But of course, I think, we poor children must have given her agonies. What was funny was that if I'd be practising the piano and she was in the kitchen and I played a wrong note, you would hear her shout 'E flat'. I would play one wrong note and she would hear it. So that was a good start.

GW There is some story about some musician whom it was difficult to get up in the morning, so you played an unresolved chord downstairs or something and he then he couldn't bear it and would come down.

JB Well, mother would have done that, I'm quite sure, if I'd banged away hard enough. Yes.

GW You've mentioned your mother being the second Fellow of the Royal College of Organists, have you felt in anyway a pioneer or do you feel you are already on the shoulders of the women who went before you in medicine?

JB I think on the whole I owe a very great deal to the women who went before, yes. I had of course to make my own way, it wasn't easy.

GW No, I mean it was more difficult for a woman, still very much in your day, wouldn't you say?

JB Yes, you see one of the things that I'm pleased about as far as my life goes, I was the first women consultant on Charing Cross Hospital staff. That was quite a responsibility because I felt that I had to be very careful and if anything went wrong, you know, if there was any disaster of any kind they'd say, 'Oh well, this is what happens if you have women on the staff.'

GW Sort of woman driver complex.

JB So I did twenty three years without a single operation death, which I think was quite good. Don't you think that was a good record?

GW Remarkable.

JB I mean patients died with malignancy and one or two septic abortions.

GW But not as a result of any operation.

JB No, I didn't have one single operation death in twenty three years, which I think was quite a good record.

GW You were very conscious of having to - I am not saying you would have operated in any different way - but you were conscious that you were vulnerable to criticism.

JB Yes, I was very much so. And I was very, very conscious, and then of course - no this was a little bit later - when I came on the council of Medical Defence Union, I just began to realise just what appalling accidents can occur, not through anybody's fault, necessarily.

GW What led you to get into that aspect of medicine?

JB I was invited. Two of my brothers were lawyers: one is a barrister, and one is a solicitor. And my barrister brother and I were very close in age. We used to sing together in the Bach Choir, for example, because we used to sit together and sing together. And he was reading for the bar while I was an undergraduate and we were quite close to each other.

GW And you've enjoyed the somewhat legalistic arguments?

JB The thing I think is terribly important - and I think this should apply to lots of people - I think it's terribly important if you're not trained as a lawyer just to realise that you don't really know anything about the law, just as people who are not trained in medicine shouldn't pretend that they know things about medicine, which plenty will of course.

GW Yes. Touché, I have to say.

JB Why?

GW I was chairman of the professional conduct committee for three years and there was a great temptation to interrupt the QCs.

JB I'm sure, I'm quite sure. But I soon learnt this, and I respect lawyers immensely but they look at things in quite a different way, don't they? It's quite different.

GW Yes, it's a logic which I suppose as biologists we really perhaps can't afford.

JB Yes, I've always found this work interesting and there was a suggestion that I might go on the GMC and I always said I'd rather be.....

GW I wish you had.

JB No, I said, 'I'd rather be a poacher than a game-keeper, which was perhaps a bit naughty but we were defending the people who were up before you, you see, and I preferred that side of it.

GW Most of these cases were very sad and not wicked. It was a great refreshment when some wicked scoundrel came up because all the rest were just miserably sad. Do you feel - let's just jump a little bit for a moment in regard to the Medical Defence Union - do you feel that we are on a slippery slope with the question of medical negligence and Americanisation, if you like of our.....

JB We're not really Americanised.

GW We haven't got the contingency fee.

JB No, we're not really Americanised. I have an American cousin who is a lawyer so I have a chance to talk to him about it. But of course what we hear about in America is mostly the eastern seaboard and California; the rest of America is not like

that at all. I think that the public in this country, of course, some of them...one sees these people - I have to go to court from time to time - realise that there is some money in it for them and so they go after it. I think the legal aid system badly needs overhauling, it's disgraceful. You see it was brought in as justice for the poor. It virtually means that only the poor can afford to get justice. And you see, if we in the Medical Defence Union fight a legally aided plaintiff and we win, we don't get our costs, which is disgraceful. Legal aid doesn't pay our costs. So there are people who try it on, there's no doubt. I won't quote detailed cases, but there are people who try it on and once you've got legal aid certificate, you see, you can go up to the House of Lords, and you can run up huge bills. Of course, the legal aid system to some degree has saved the legal profession because if it hadn't been for that they were in very serious financial difficulties at the time legal aid came in.

GW Guaranteed...

JB Guaranteed at least a minimal... but of course now they're doing so well they won't take on legal aid cases. So the thing goes on, it's very strange.

GW But in the United States it's obstetrics which has been hit more than probably any other discipline.

JB Obstetrics and plastic surgery. A friend of mine is a plastic surgeon in the United States.

GW I would say that plastic surgery, well not always, but sometimes is a luxury, whereas obstetrics is an absolute necessity, and women are now deprived of obstetrical care I think in some regions such as New Jersey and so on.

JB Well up to a point, I think the public is to blame, very often. I will give you an example which is quite extraordinary, and this was the lady who got two million dollars for an abnormal child because the chemical contraceptive she was using had failed. Well, we knew it wasn't safe anyway, and she got two million dollars. I mean what can you say to that? So it means of course that an awful lot of (?) unfavourable things ...One of my great interests at the moment is in family planning and of course in family planning particularly in relation to the third world. I have been out to Geneva and WHO and looked at this. But the thing has become so serious that, for example, the intra-uterine devices which are very suitable for the third world have been withdrawn because the firms are so frightened not of the legal action but of the costs of winning the actions. They win the actions but they have to spend so much fighting them.

GW So they're not being marketed anymore?

JB Not in the United States. When I was last in Chicago, the American ladies were nipping across the border to Canada to get their IUDs. I mean, the whole thing becomes quite ridiculous. No, you're quite right. And of course damages and costs go up in this country, and of course, as a result, because the profession runs its own defence - of course it's only the doctors and the dentists, the nurses, midwives, all the technicians, they're all covered by the health authority - and we don't know what's

going to happen with this new edict that the health authority is going to indemnify doctors, we don't know I was talking to some of the people yesterday, whether it will be retrospective, for example, we don't know.

GW The other thing of course on the American scene is that judges are elected and re-elected and they go up for election, don't they? So that there is a great deal to be said for a man to give an award of...These are not jury awards I presume. If a judge can somehow give three million when three million has never been given before, his chances of re-election are greater.

JB Yes, that's right, he's re-elected, is it every four years, I think?

GW Something of that kind.

JB I can remember going with my cousin in a suburb outside Bronxville outside New York, and I was allowed to go into the polling booth to watch him vote in one of the mid-term elections, not the main presidential election, and he had a list like this which included the refuse collector and the postmaster and the local attorney and the coroner and all the rest. And he punched a thing and then pulled a lever and voted for them.

GW A bit like the GMC elections of today.

JB Absolutely. I don't know whether there was proportional representation, I don't know.

GW You mentioned briefly...you just referred to your interests in the third world, and in family planning and so forth. This has been a major interest for you, both in this country and abroad, I think, hasn't it.

JB Yes, particularly in this country, of course, because I haven't had that much opportunity abroad.

GW You've examined abroad, of course.

JB Oh yes, I've examined in Africa, and the West Indies and Australia.

GW But countries like Kenya where the birth rate is really out of control, with the possible exception of the influence of AIDS, what do you feel is the answer to this family planning?

JB I think it's in the hearts and minds of the people. I think the most impressive thing I saw was when we went to Turkey and we went to Ankara and we went to a village where we met the imam and he said 'Yes'. He went to the mosque and told the men their wives mustn't have so many children. Now that seems to me to be where you start, don't you think so?

GW Indeed.

JB The men only go to the mosque, you see, the women don't go. And he told the men that their wives shouldn't have so many children because there wasn't enough in the village to support so many more children. Now, if we could only get the Roman Catholic Church and the Muslim people to appreciate this, and to tell people that it isn't right to have more children than you can afford to keep.

GW Yes, I think in Kenya at one stage they introduced a charge for education and the birth rate some five years later dropped considerably. It's come back up I think.

JB Well Singapore, of course, they do it the other way. They tax you if you have more than so many children and you get a heavy tax after the second child. Singapore has managed to stabilise its population at a million, haven't they? But Kenya, I agree, has the fastest growing rate in the world and it's terribly difficult to persuade Africans - I mean I'm not being feminist over this, but one must appreciate that in the third world men are on the whole more important than women, the women are in the background possibly very influential, but the men decide what goes on. And, of course, your Muslim man can have his four wives, and this came in, of course, at the time when the men were being killed in the wars and there's nothing...it's traditional. So that I think that it's in the hearts and minds of the people basically, and the more you educate them, the more they understand. I've seen this in the Arab world because I've been there a great deal, much more than I have in perhaps Africa and elsewhere. And once the people get educated, they limit their families, they don't want to have large numbers of children once they understand the benefits.

GW They are ambitious for those children.

JB That's right, yes. So I think it's not something that doctors can do or priests or imams or anybody else, I think it's the people themselves who've got to feel this.

GW And they've got to have confidence, of course, that the children they have are going to survive.

JB That is where we have got to reduce infant mortality and get them with a chance of surviving. And that of course is a big problem, it's a terrible problem in Nigeria, almost worse than Kenya, I think. I've been there several times and it's almost worse.

GW À propos of this in a sense, the role of midwives, which of course is very important in this country and in the countries abroad in the third world which are perhaps of British connection. But I think in the Dutch colonies and in the French colonies and so on there is no tradition of midwives, or there is some tradition but I mean it's not really...Isn't there an American counter-influence to the use of midwives?

JB I'm afraid I really honestly don't know about this. What I have seen which impresses me enormously, I saw in the Sudan something which impressed me enormously, and that was in the villages down towards the Gazera, the cotton growing area, the village girls being trained to deal with normal births. Now they weren't being trained to do much else, they were given ergot and Dettol that's all they got, and

they were told that if they got into any trouble they could call in a trained midwife. There'd be one midwife for the village, possibly, or several villages.

GW And the training was done by midwives?

JB Yes. And then if the midwife was in trouble, she could call in the doctors, but I think quite honestly, and this is I am sure a disgraceful thing to say, but I'm going to say it, one of the troubles with the third world is that doctors don't want to work in the villages where they are needed, this is the trouble. In Nigeria, for example, a whole village will pay to send a boy to medical school but he won't go back and work in the village, he'll want to go into the city and have a big practice.

GW I am afraid so, yes. It is true to say there is negative side to this, that when they do go they are then neglected and ignored and forgotten and so on.

JB I'm sure this happens, that they are in the back of beyond and this of course is where I think the missionary, the medical missions of all denominations are still needed and do a great deal of very, very good work.

GW Coming back to the midwives again just for a moment, the American view that there really shouldn't be such a profession, what view do you take of that?

JB I went out to a charity which was trying to get midwives installed. When I got there – it was run by a lady called Lubeck(?) - I found my cousin was their lawyer, which was purely coincidence, and they had this meeting to promote what they called Nurse Midwives and I'm sorry to say that all the top brass in obstetrics came down to put a stop to it. But they won't be able to go on doing this because somebody has got to deliver the women. And I don't know, it depends again, I always hate generalising about the United States, because when I'm there I feel that I am not English or British, I'm an European. It's a huge continent and I imagine that in the deep south there probably are midwives who are working, and working very successfully, where there are not necessarily doctors. But I think we need midwives certainly, and we're terribly short of midwives, we don't treat them as we should. One of the things one always tries to emphasise to young doctors, and this I'm afraid particularly applies to young doctors from overseas, that your midwife is to be respected: a) as an independent practitioner in her own right; and b) probably someone with a much greater experience of childbirth than you have yourself. I reckon that when I was at Charlotte's I used to get the midwives - the labour ward - I used to get them to call me when they were doing a vaginal examination and I used to go and examine the patients with them and I learnt all about childbirth that way. I learnt so much from the midwives. Now your average perhaps male doctor from Africa, of course he's not going to be told what to do by a woman, not at all. He's not even going to be told by me, and he despises them, but this is his education. It's not his fault, it's the way he's been brought up, he's superior.

GW We have the tradition - I think I'm right, correct me if I'm wrong - that a midwife has to go through general nursing first.

JB She used not to have to, I think she does now. She used not to have to.

GW In this country.

JB Yes.

GW But there are countries where you can do a three year training in midwifery, wholly.

JB That's right. Well, when I was president of the Gynaecologists of Europe, which I was for two years, we did have a lot of arguments about midwives in the different countries. And the French, they have a very good midwifery service with midwives and they're pretty restrictive as to training and so on. So what the girls used to do was to go and train in Belgium with the EEC. Once they were trained in Belgium they could work in France. And the midwives there of course are very important because with the French their *accoucheur* was separate, they didn't have obstetrics and gynaecology, like we have, their *accoucheur* was separate from the *gynécologue* (the gynaecologist), and the surgeons were separate again, so it was quite different. But it's all coming together now, it's becoming much nearer like we are.

GW Were you involved at all in the harmonisation of these arrangements?

JB Well I was president of this organisation for two years so I was, yes, I was involved up to a point. I don't know how much influence we had but we were at that point the mono-specialist sub-committee on obstetrics and gynaecology for Europe.

GW You were on that?

JB Yes.

GW It was an exciting time. I was on it for the GMC. I always feel that the world hasn't realised that people from all these different countries willingly came together to try and find a common factor, which wasn't necessarily the lowest. In fact, I remember the Italians, whom we rather looked down on, begging us not to lower our standards down to them but to help them to come up to ours.

JB Yes. Well, I think what one appreciated...I was very fortunate in that the Royal Society of Medicine, in fact, because I do speak French, not brilliantly but I can speak French quite fluently, sent me to France in October '45 to the first meeting of the French Gynaecological Society. And of course that was so interesting... and then I spent a good deal of time with the friends you know we have in Italy, I spend a lot of time with them. I went to Spain after the war there. What we didn't appreciate is how much they suffered from being cut off during the war with what we were doing in the way of advances. When you think what we did in Britain in the war: we developed a bold transfusion service, we discovered penicillin, we discovered the rhesus factor.

GW Anaesthesia.

JB Anaesthesia went through the roof. And you see they hadn't any of that. And even when I went to Russia in 1968 I was shown around the top obstetric unit and they only had one small Boyle's anaesthetic machine. I didn't dare to ask about epidurals because it was something that was an insult. But they were so far behind that I think one didn't realise just how much we were needed and being cut off like this for six years...I reckon it took the French - and I did go pretty well every year and I went last year - now they're away ahead of everyone, they are superb.

GW I would agree.

JB But I think it took them perhaps ten years to catch up, would you say?

GW I think in the early fifties they were catching up very rapidly, and thought they couldn't learn anything from us, but we went on I think rather too long thinking that we were ahead of everybody.

JB Yes, which we were not by any means. But of course the Italians, we had problems with Italy, the problem we had with Italy as you probably will know is that they don't have what we used to call in the European thing a *numerus clausus*, which means the number of students. There's no restriction and in a place like Florence, which I know best, or in Rome thousands of students swarm into the medical school, their examinations are oral and they're then thrown on to the market more or less.

GW Yes. Many of them have not put a stitch in, they've not put a hand on a chest even, or anything by the time they qualify.

JB They've hardly ever seen a patient or watched an operation. And I think that this is something where our education system is better. Whether it's better than the American, I'm not sure. I think it is different.

GW Do you think...just compare the modern medical education in England and when we were students. We did so much in our time with our hands and so on, and that's now very difficult for people, I think.

JB I was left in charge of casualty at UCH as a medical student, but I thoroughly enjoyed it and nothing happened. I think the other thing that worries me so much is - I've told you how fortunate I was - is that one does, there are exceptions I know, but one would like to encourage...I mean when I was first a medical student, I met a very wise Oxford don who said, 'All right you're going to study medicine, but I suggest that you read one book which isn't medical every week,' and I've done that. Now do they do this? I still read one book that isn't medical every week.

GW I've heard many complaints that they don't read and they don't look and they don't...

JB What do they do?

GW And they don't play, they don't go to music.

JB They play games.

GW Even that is rather difficult for them in London.

JB Mind you I never found it. I used to rush around. And of course, I personally - I'm terribly square I know - but I personally am enormously pleased that I learned Latin and you see nowadays they don't learn Latin. Now I regret that I didn't learn Greek. I learnt anatomy rather well but I learnt it in three: I learnt it first in Latin, then in English, and then in English again because they changed the terminology three times while I was learning.

GW Not to mention the pronunciation.

JB Oh, the pronunciation, yes. But I think it's an awful pity that they don't learn Latin, and the schools won't have it, they don't want to teach them. I am glad I did.

GW I've never subscribed to this belief that the curriculum is so overloaded that you really can't put any more into it. I think there are heads of departments who continue to be very selfish.

JB Oh there are.

GW But I don't think from the individual student's point of view that you can really overload them if the interest is there.

JB And yet if you talk to them of course they're absolutely delightful people. One of my pleasures is they kindly gave me a degree in Southampton, which was one of the ones when I was on the Todd Commission; you see we were the people who recommended that there should be a medical school, and they occasionally ask me to go down and talk to the students. Now they are delightful, highly intelligent people. They go straight into clinical work as soon as they arrive. I'm not sure if it is a good or bad thing.

GW I think it gives them a purpose in life, a stimulus, it makes sense of what they're trying to do, whereas in your day and mine going up from Oxford or Cambridge, we really didn't relate it to clinical medicine whatsoever until the day we arrived, and then we tended to make the only clinical the whole thing.

JB I was so lucky again, because my parents at that time...my father was an itinerant parson, they were in York, and I as a junior medical student used to go to the York dispensary which was provided for the poor of York. I used to hold the childrens' heads when they had their tonsils guillotined, and go round the slums of York to see the poor people that were looked after by this dispensary. This was when I was a junior medical student before I ever went to hospital.

GW You mean even when you were at Oxford?

JB Yes, yes. And that inspired me enormously. I think it was terribly good. And of course what students do nowadays, is they do awfully interesting electives which

we never had the chance to do. This was a sort of elective. A lot of them did electives in third world countries, which I think is good.

GW Yes, this is splendid.

JB Which is excellent.

GW It's good from both ways. They give a fresh insight perhaps into the kind of good mannered care of patients which is rather lacking in some other countries.

JB But they don't learn obstetrics like we learnt it because you see we did six months obstetrics and gynaecology, and it's been whittled down. I had the students at Charing Cross for eight weeks to teach them the whole of obstetrics and gynaecology. It was whittled down, whittled down and shortened, shortened. When I used to examine in the conjoint, of course, one would have them, the students from all sorts of medical schools. And I used to ask them how much they'd done. It's surprising how little they did as students compared with the fact that we did our twenty deliveries: I did six in the district and fourteen in the hospital, and we delivered babies so that when after I was qualified I went and did general practice and I had to do a delivery, I wasn't worried at all. I was terribly over confident, I am quite sure, but I just got on with things.

GW I remember being worried.

JB I was a bit frightened that something awful would go wrong but nothing did, but you know what I mean.

GW I think you know, after all, it was only in 1866 you had to qualify in medicine, surgery and obstetrics, and in our time of course when you graduated so to speak, you were expected to be capable of doing something. And then in the fifties this was totally changed so that you are soundly based, then you have your pre-registration year's minimum of hospital experience before you can do anything.

JB Which can be very patchy.

GW I was going to say, in one way it was a great improvement.....

JB It's not as good. It's not as good as what we got.

GW ...but it loses all this apprenticeships side of it.

JB I mean, for example, one of the things we complain of in the Defence Union is that I had to do an examination in forensic medicine and I had to go to, I forget how many, twelve lectures from Sir Bernard Spilsbury did I have to go to, in order to take this examination. And of course with my brothers in the law and the interest, I found it absolutely fascinating and perhaps this is partly what led me on to be so interested in legal medicine.

GW Can I remind you of another thing and that is the tremendous changes in regard to abortion during...

JB Ah well, yes.

GW Now this was not acknowledged really when you were a student, was it? I mean there was...D and C [dilatation and curettage] wasn't mentioned or was it, I forget now, on the operations board? Theoretically, anyway no terminations were done, but they were done of course for other reasons or good reasons.

JB During my student days the Bourne case happened, Aleck Bourne's case in 1938. And when I was at Charlotte's Aleck Bourne was actually working there and he used to live there during the week so I got to know him very well and talked to him all about this case. He used to tell us about it.

GW What was his attitude to that? Was he intending to challenge...

JB Yes.

GW ...or was he thrust into it?

JB No, he was intending to challenge and he was prepared to go to prison. And it was Sir Patrick Hastings who defended him against Mr Justice Macnaghten. And the judge leaned over backwards to acquit him, and he was prepared to plead guilty and Patrick Hasting persuaded him the day before that he shouldn't, that he should plead not guilty. If he had pleaded guilty, of course, he would have been sent to prison for one day because he'd already been arrested, but he would have inevitably been off the register. He would have had no hope, he couldn't have stayed on the register, so this was really the reason for pleading not guilty.

GW That was a rape victim, and how early in pregnancy was he able to abort?

JB About ten or twelve weeks. But the house surgeon walked out of the theatre, and then he went round and told the police this is what he'd done. It was a very courageous thing to do. He was a strange man, Aleck Bourne, though. I think he is now passed on; I think his wife has recently too. He had a very affluent practice in London and he was a lay preacher and a very powerful Christian and he suddenly lost his faith, gave up his practice, became a socialist and virtually retired from the world almost.

GW How very strange.

JB He was a most marvellous surgeon, he was one of the best surgeons I've ever seen. The theatre sister at the Samaritan said that he was the best surgeon and that the next best was Gilliatt, so I was very lucky working with these people who were such good surgeons. So this led of course on, and of course what perhaps people don't realise is that the abortion act of 1967 was the sixth act that came before Parliament, there were five attempts before, all of which failed. And then I was on the Lane committee, of course, with Elizabeth Lane for two and half years, looking at the abortion act and concluding, that apart from some of the scandals, it was working well. And I think the great achievement of the abortion act has simply been that we no longer have criminal abortion, it has just disappeared. We no longer have these poor girls.

GW We never knew exactly what it was, but it must have been absolutely immense, mustn't it judging by what happened afterwards?

JB Well, David Glass at the London School of Economics reckoned there were a hundred thousand a year, and interestingly enough that is roughly what the total of legal abortions is running at at the moment. But you won't have had anyone up before the GMC for illegal abortion for years, will you?

GW No.

JB I mean there were

GW Yes indeed, certainly in Henry Cohen's day, even.

JB But that has disappeared, and I can't think that is any thing but a good thing.

GW But of course there are tendencies to come back to withdraw, to change the act. I mean here it is only the question of perhaps of the age up to which you may do it, but in America there is a very strong pro-life lobby.

JB Yes, I think in this country, of course, the thing that is strange - and this is you will know being in public life, as I have been too a bit - in 1974 the Lane Committee advised by no less than Alec Turnbull, we advised that the week should be reduced to to week twenty-four. That was 1974, fifteen years later nothing has being done. It is now the policy of the BMA and the Royal College that twenty-four weeks should be the limit, but nothing has been done.

GW This is slightly queered by the problems of amniocentesis, isn't it and so on? I mean because of the time it takes to get the results.

JB Yes, but you can't terminate a pregnancy after twenty-four weeks, the baby may live you see, that is the problem.

GW Quite a few are surviving.

JB Yes, that is the thing you see, so you don't want to go beyond twenty-four weeks. And the same with the amniocentesis. I mean when I worked in the Middle East, for example, there were rather enthusiastic doctors who would suggest amniocentesis. I wouldn't do one. Do you know why? Because if it came up that the baby was abnormal, I still was not allowed to terminate the pregnancy, so you were exposing the woman to a one or two per cent risk of miscarriage, and there have been some babies injured by the amniocentesis if the needle hits the foetus, and it seemed to me totally illogical to do this if you weren't going to terminate the pregnancy.

GW In Arab countries did you come up...any question of pressure on you to terminate for a female?

JB I came across it but there was no pressure on me. I can tell you I did meet an Indian doctor from Bombay who was doing this extensively.

GW I was afraid so, yes.

JB But Margaret Blair and I...I did an abortion counselling service for four years which was fascinating; very interesting, sitting and talking to these people coming up asking for legal abortions and we did have one woman - which bothered Margaret very much - who had had three boys and she said, 'If my next pregnancy is a boy will you terminate it.' And Margaret and I scratched our heads: I said 'No', I wouldn't. I think I was right. I don't think we want to start that in this country.

GW I hope not, but I believe that...there have been rumours reaching the GMC anyway that this...

JB Oh its going on in Harley Street, I'm sure. Oh, it is ,yes.

GW Well. we are reaching very nearly the end of this. If you were having your time again, would you plan things differently? It seems to me that you have had a wonderfully exciting life.

JB I can't think of anything that I would've altered. I might have planned things so that I could spend a bit more time with my children, that is the only thing. The problem was not so much when they were at day school, that was easy, but when they were at boarding school and they had sixteen weeks holiday a year and I had six weeks, that was really difficult. I think that was the only difference I would make: I would try to spend more time with them, definitely.

GW But you would strongly advocate having a career as well as a family.

JB I think so, yes, and I think the family benefit.

GW Yes.

JB I think even...you may say this, you may not believe me, but I think one of the good reasons for educating woman is that they have the boys with them until they are twelve or so, and it is surely far better for a boy to spend his time with an educated woman than with one that isn't. No?

GW That's a very good note on which to end. Josephine, thank you very much indeed. I am immensely grateful. Time has passed all too quickly. Thank you very much indeed for submitting to this ordeal.

JB Thank you for asking me, it has been a great honour.