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Sir George Godber, GCB in interview with Sir Christopher Booth and Dr Stephen Lock. Oxford, 13 January 1994.

Part One

CB We are very privileged today to welcome Sir George Godber for an interview in this series. Sir George, you of course were I think the longest serving Chief Medical Officer at the Department of Health this century, and many of us thought the best one, but it would be immodest to say that no doubt. But that's basically who you are. And I have with me on my left, Dr Stephen Lock, who as the editor of the *British Medical Journal* through a long period, which only ended two or three years ago, was very much involved in commenting on things that were happening in the Health Service and writing editorials and interviews and other things. So he's going to join in this discussion and talk with you about your very distinguished career. If I might just start by asking you to give us some idea of your background and how you got into medicine.

GG Well Chris, I'll start with one thing, you're not right that I'm the best CMO; Wilson Jameson[1] is unquestionably the person who gave most to the development of health services in this country in his time as Chief Medical Officer. But my background in medicine doesn't derive from any family connections. I had an uncle who was a GP in Derbyshire. My family were farming on both sides. I went to Bedford to school and there was a medical section of the science sixth and I went into that. And I could only do it if I got scholarships, and I went to Oxford on scholarships and went on to the London Hospital Medical School also with a scholarship. And that's how I got through, otherwise if I hadn't been that lucky I probably wouldn't have ended up in medicine at all, but it was really where I wanted to be.

CB So what date did you actually graduate then, in medicine?

GG At the end of '33.

CB 1933. And at that time at the London Hospital there were some rather gigantic figures around. Who do you remember particularly?

GG Well, I can't think of any figure I'd call gigantic there. The person who influenced me most was Arthur Ellis, who was the professor of medicine, and he influenced me mainly because of the broadness of his interest in the medical field. But I did not think the teaching at the London Hospital Medical College was all that good. I'd been accustomed at Oxford to being given the opportunity to learn and then the opportunity to see whether you could out-argue your tutor over an essay. You

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[1] Sir (William) Wilson Jameson.

didn't get that sort of thing at the London. There were people, whom I won't name, who gave out their *obiter dicta* and you were supposed to do a genuflexion and take it at that. Well that I could never do. And, of course, it did give a wonderful opportunity for learning clinical medicine. The medical school was one of the smaller clinical schools in London. The number of beds to the medical school was the largest and there are people who would use that dreadful word 'clinical material' and say there was more of it. And it was the fact that some people did say that I think that turned me to public health as much as anything else.

CB Did you go into public health straight after you graduated in medicine then, or how did things happen?

GG No. One of the things that you could do that gave you some immediate financial return when you had qualified, and I was in debt and needed it, was a six months' job at the Poplar Hospital for Accidents. You saw plenty in the accident department there that you shouldn't have seen, more experienced people should have seen, but you learned a lot on the job. And then I went as HP [house physician] to the medical unit, where Arthur Ellis was the person who'd always impressed me most at the London.

CB Tell us a little more about Arthur Ellis. I mean he was the first professor at the London so he was in that clutch of professors that followed the Haldane report on medical education in London. And Ellis had trained along with Francis Fraser at the Rockefeller Institute, New York, and Columbia in about 1910.

GG Yes, he was Canadian.

CB Did he ever talk about that?

GG A bit. But, no, mainly he was concerned with the clinical field in which he was dealing, and of course the unit controlled a large number of beds. And I must say he was the best of chiefs to have, and the most responsive to what you did for them. But of course the real thing about the London was that it probably had the best nursing staff of all the London teaching hospitals. I kept one!

CB Yes, she's with us today.

GG But, really, you learnt your medicine against a background of absolutely first-class nurses, you learnt it on the job in the ward.

CB And then you moved on from Ellis's department, did you?

GG Well, yes I decided that Harley Street was no place for me, and in those days the only way you were going to go on without taking fees from patients was in public health or in something like the Colonial Medical Service, which didn't attract me at all. So I decided I would go in for a public health job with the object of getting to the Ministry of Health because I was quite sure that we would have to have a National Health Service. It would be run from the Ministry of Health and I wanted to have a share in running it. Well, that was way back in the early thirties and maybe a bit eccentric. I remember Archie Clark-Kennedy, who was the dean and had been deputy director of the medical unit when I was first its HP, asking me what I was going to do

and why I hadn't applied for another of the endless succession of house posts. And I said I was going into public health and he looked quite shocked and said, 'Do you want to spend the rest of your life looking down drains?' Well that shows you the sort of ignorance of your top level clinician.

CB And what was the next step career-wise then, at that stage for a young man?

GG Well, my next step was to get membership and to take on a part-time assistantship.

CB That's membership of the Royal College of Physicians.

GG Yes, and take on a part-time assistantship doing evening surgeries for a man in Limehouse who had too big a list for those days. He could only have his larger list if he had an assistant. So I was his part-time assistant and five nights a week I went down to Whitechapel and did two hours in his surgery, and that was in order to pay for my keep while I did a DPH [Diploma in Public Health] course. So I borrowed some money from my wife and paid for the DPH course at the London School of Hygiene. We were married as soon as I'd finished, the day after I finished the job, in fact, and did a whole time DPH course at the London School of Hygiene. Incidentally, there's a point there that's quite interesting. Nurses at the London weren't allowed to go out with house staff or with students. We got round that by meeting in the Commercial Road instead of in front of the London in the Whitechapel Road. And we broke the news to the nursing staff - my wife had just finished training - when I went in and said good-bye to the matron, which had never been done by a house officer before. But I explained to her that I didn't want her to find out I was marrying one of her nurses tomorrow from anybody else. She looked absolutely aghast and sent for the ward-sister to explain. The ward-sister, I may say, had known all about it, but then that was because early on I had said to her, 'You know, if you had a private ear there's something I could tell you.' And she said, 'Oh yes.' So I said, 'I'm going out with your staff nurse, I'm engaged to her.' She said, 'Which one?' And I told her and she said, 'Oh that's all right.' Everything was fairly straightforward from then on.

CB Now when you went to the London School of Hygiene and Tropical Medicine, there were some interesting teachers there. I mean you must have met Major Greenwood for example.

GG Yes, but Major Greenwood, you could keep. Major Greenwood was the name on the cover of a book, he wrote a good book. The real teaching was done by Tony Bradford Hill. There was a good department of statistics there, but Tony was the person...

CB Was that your first connection, therefore, with Tony Bradford Hill?

GG Yes.

CB How interesting.

GG I did meet his father Leonard Hill who came and gave a couple of talks at the School of Hygiene. But the real personality at the School of Hygiene then was Wilson Jameson.

CB Now had he become the dean by then?

GG He was dean, yes. He was professor of public health and dean and he was the overall influence. But there were people like Graham Wilson and Topley[2] who were really absolutely first-rate lecturers.

CB Who were microbiologists and very distinguished ones.

GG Yes, it was a very good school and compared to the London, a clinical school, it was a great deal better. It was organised as a teaching establishment ought to be, and Wilson was responsible.

CB So Wilson Jameson and Tony Bradford Hill were really the two men there who influenced your young and burgeoning career in public health, is that fair?

GG And Graham Wilson. But those two certainly were the outstanding ones, and they were friends afterwards. I mean, I could go back to Tony Bradford Hill when I'd finished as a student and had a problem in the work I was doing, because I had to go straight on from there to do something that you needed to do for public health in those days, and that was to get good clinical experience in communicable disease.

CB And where did you do that?

GG I went to the North Western where there was an absolutely first-rate medical superintendent - my senility is such that I've forgotten his name for the moment [Alex Loe?]. He was a Scot, a very good chap and I learnt in six months there more about communicable disease than I would have got anywhere else. Of course, it doesn't matter so much now because most of it's prevented, but it's something I sometimes feel that the people in public health now will have missed out on, because they know about infectious disease from the books not from practice.

CB Now the war must have come somewhere round that time in your career.

GG No, you see I did my DPH course in '36/'37 and then the only next step was to get a job in public health. I got the MRCP [Member of the Royal College of Physicians] and I applied for an assistant county medical officer job in Surrey. I tried for one of the Lancashire county boroughs but somebody else got ahead of me on that. I got this job in Surrey and the vacancy in the Department of Health came up about eighteen months later.

CB So you moved into the Department of Health fairly early in your public health career?

GG They wouldn't take you less than five years after qualification. Well, I got my job just before the five years were up, but my date of entry was a couple of months later, so it beat the regulations and I went in.

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[2] William Whiteman Carlton Topley.

CB So thereafter your career was entirely in the Department?

GG Entirely in the Department.

GB Well, now we're moving on to the period before the introduction of the National Health Service with the 1946 acts and the implementation in 1948, and you must have been very much involved from your vantage point at the Department in knowing what was going on.

GG Yes, because one started off wondering what on earth it was all about. At the end of the first week I went home and said to my wife, 'I can't take this, they simply give me files to read.' But the first study I was given to do for them was absolutely priceless. They'd said they'd been advising on cubicle wards in infectious disease hospitals, the design, for about twenty years, and they thought it was time somebody went to look and see how they worked. And I was rebellious enough to say to the senior medical officer, 'Yes, I should think so too.' But anyway I went round. He gave me a list of about twenty of these places to go and look at and off I went, and at the end of the month having done the twenty I went back with reports and an assessment of the whole thing. And he looked absolutely horrified and said, 'You haven't done that properly, you should have taken six months.' But just then we were involved in making some of the preparations in early '39 for the event of a war and I was whipped off to do something about that. Well, I was never short of work again in the thirty four years I had in the Department.

CB But when did the health service question come up? I mean did you give evidence to the Beveridge Report, for example? It came out in '43.

GG It came out in '42. I wasn't senior enough for that but I was assigned to one of the civil defence regions, the one based on Nottingham, and sent there at the beginning of the war. And my job there was to provide back-up for the local authority people and to organise the special arrangements that we had to make for evacuees from London. And I was single-handed in that region, which was fairly big, based on Nottingham, and ran around like a scalded cat for a year or so, and then was given somebody to help. But Wilson Jameson came into the Department at the end of 1940 replacing Arthur MacNalty. They changed both the Secretary and the Chief Medical Officer at the same time. And Wilson J, was at the time on the Goodenough Committee also.

CB Which was the committee on medical education in London.

GG He brought an entirely new sort of atmosphere into the Department. You really began to think you were going places on the future of the health service and not just sitting back and carping about what local authorities were doing.

CB And of course Goodenough was a banker wasn't he, the head of Barclays Bank?

GG Yes, but his link was with hospitals in Oxford. And I met him once or twice and he was a convincing sort of personality and that was a good committee that he had. And because I was in charge of the North Midland Region when Beveridge had come out and the government had said they were going to have a health service, it

was already apparent that we needed to look at the hospitals, which were in a mess at that time. Already Nuffield had sponsored a survey, just before the war began, in Berks, Bucks and Oxon, and a new survey of London and the metropolitan areas was launched with Archie Gray [from UCH] and Topping from the LCC. They were surveying all the hospitals in London and a large area south with virtually the metropolitan regions. And Tom McIntosh at the Department and Ernest Rock Carling were set on to do the North West, the Liverpool and Manchester regions. Well, under Wilson J's prompting the Department agreed with the Nuffield that they would jointly sponsor surveys for all the hospital services. And I remember Wilson J saying to me, 'Do you think you could do this in the North Midlands?' Well, I knew them pretty well already and I said, 'Well, I'll have a go at it.' And he said, 'I haven't got any help to give you.' So that just meant working nights as well as days. And Leonard Parsons, who was acting as hospital officer in the Birmingham region for the EMS, and I had a house governor from Leeds attached to us, and the three of us went round to review all the hospitals. Well, the three of us went to all the larger ones and I went to all the others, picking them up as I could. And in the course of 1943 we produced a report on the hospital services in that region. There were similar surveyors in each of the other regions.

CB And in summary was it intensely critical of the hospital service at that time?

GG Well, it wasn't a hospital service. It was intensely critical of the fact there wasn't a real service, there was simply a patchwork. And all the surveys said this in effect.

CB Stephen, do you want to come in?

SL No.

CB I mean the development of services at that time must have had a big impact on how you all reacted in the Department of Health with the experience that must have been shattering in all government departments at that time, the election of the Labour Government of Clement Attlee.

GG That was later. We're talking about before this. And the emergency medical services which had been running since 1938 simply used the hospitals as they were, filled in some of the gaps. The sort of thing which it showed up was that the pathology services were just pathetic, and Philip Panton from the London was recruited to supplement existing pathology services.

CB Now you must have got to know Francis Fraser, who was head of the emergency medical services in London at that time.

GG Yes. Francis Fraser he was at the Postgraduate School, of course, then. He had been previously at Barts. He ran the emergency medical services for London. But what those emergency services showed up were that there were large areas in the hospitals outside the teaching centres which weren't getting adequate specialist cover. And the hospital surveys emphasised that. They all came out and said the only real answer to this is to make the country a build up of hospital districts which can be grouped into regions, and provide comprehensive specialist services for those hospitals. After all, you can do good specialist work in a barn if you have to, if you

have good enough nursing, but it isn't the buildings it's the people who work in them. A hospital is a group of people more than a structure and most of our provincial centres weren't even one group of people. There were nearly two thirds of a million people living in Lincolnshire at that time and there wasn't one resident whole time pathologist, which shows you how absurd the situation was. There wasn't a paediatrician in Lincolnshire either. And what impressed us was that there must be a mechanism for filling in the gaps in the specialist services and organising them as effective groups.

CB So that formed very much the background to Departmental thinking leading up to '45 and '46.

GG Yes, the information that comes from the EMS and those hospitals surveys is the background to one of the really crucial decisions about the structure of the health service as it emerged. You see Beveridge had said he assumed there would be a health service. Government accepted that and produced a white paper in '44. John Hawton was the administrative civil servant effectively responsible for writing that paper: it's very much his kind of writing. But they had Wilson Jameson and others in the Department backing them with advice. They had the hospital surveys to indicate the sort of pattern that would be needed in the specialist services. They rather assumed that general practice available to everybody would simply be a development from what we already had in the insurance service before for employed workers.

CB The panel system from 1911.

GG Yes.

SL Can I butt in and ask, because there had been a joint committee going on since I think 1938 hadn't there? The BMA plus the government looking at the future of health provision.

GG I think Stephen you're thinking about the BMA's committee which was producing a report on a health service for the nation.

SL Yes. Didn't that have representatives of other people apart from the BMA?

GG I think it had others apart from the BMA. I don't now recall exactly, but I don't think it had any Departmental representation.

SL No, no. But you were aware that that was going on and what its recommendations were likely to be, or not?

GG And there was a group of younger doctors. Kenneth Perry, I remember was one of the active people amongst them, I forget what they called it. They also produced a plan for a health service for the nation. It was in everybody's thinking that we needed something of that kind. You know it really goes back to the report just after the First World War which said something of that kind should be produced, and the atmosphere towards the end of the war was such that it would have been unthinkable not to proceed with a social set-up that provided health care for those who needed it, and not according to their capacity to pay. And it was against that background that you have got to see the establishment of the health service. Nobody

doubted that there had to be one, nobody seriously doubted it. You know, Richard Titmuss in one of his little books of essays records a conversation with an elderly civil defence worker - he also was a civil defence worker - who said 'You know what changed during the war was that we came to realise we're all neighbours and we've got to look after each other.' And I just sometimes think it would be quite nice to have that concept re-introduced into the House of Commons now.

CB Yes, wouldn't it be nice.

SL Of course, it had happened in the First World War as well, hadn't it, and been rapidly forgotten? And it's very interesting to see why it changed after the second as opposed to the first.

CB That just implies, doesn't it, that the '45 election then wouldn't have been a shatteringly worrying thing to people in the Department, or was it, because there were so many people on the right-wing side who saw that as the revolution?

GG No, it wasn't a shattering thing to us in the Department. The only thing we weren't certain about was whether Nye Bevan was as good as he proved to be, but we pretty soon were. You see, as soon as the white paper was out discussions started with all sorts of groups from the British Hospital Association, the BMA, and the Colleges and so on, and all that each special interest did was to explain why everybody else should change but they should be left as they were. Well, you can get a common denominator out of that of course, and there was a draft bill. It was never published, but there was a draft bill in print of how to do it with a very complicated pattern of administration leaving hospitals with their present management. And when Nye appeared in the Department he was given this to take home to read and shattered everybody next morning by coming back having read it. And he said this was all right but we've got to take the hospitals over, and that was his contribution, first contribution. His second was that he was strong enough to carry it through, no matter all the niggling complaints of people like Herbert Morrison, who, of course being local government, thought everything was all right provided it was local government. Well, it wouldn't have been all right over the country as a whole and it wouldn't have been all right in London come to that, because the only local authority in the South of England that was really doing an effective job in the hospital service was Middlesex. And there were, as you know, places like the Central Middlesex, for example. But then after the election we'd got the broad pattern worked out. Nye comes in and fixes certain things, mainly the hospital take-over, and the other thing he said was this has got to be for everybody, no income limit. Now those are two crucial things that wouldn't have happened with the other side. And then he said I'm not going to argue this one, we're going to have a bill and we're going to put it before Parliament and we'll maybe argue about the details later but we're not arguing about the principle. And of course that stopped all the sort of fiddling and delay that had been going on under his poor Conservative predecessor - that chap who became master of one of the Cambridge Colleges, I've forgotten his name. [Henry Willink]

CB It wasn't Christopher Addison?

GG No.

CB He was much earlier. Coming back to that period, because Aneurin Bevan is always associated in people's minds as someone who fought the medical profession and brought them to a standstill, particularly the BMA. I suspect that it's rather mistakenly thought that it was the President of the College of Physicians, Lord Moran, whom you knew well, who in fact pulled the fat out of the fire, or not?

GG Oh no. Corkscrew Charlie had an effect.

CB Corkscrew Charlie, you mean Lord Moran?

GG Doesn't everybody mean that.

CB Just for the record.

SL They won't in fifty years time perhaps.

GG Well. that was his nickname at Mary's and I guess they knew a good deal about him. But he was important: he was a member of the Spens Committee on hospital staff remuneration and hospital staffing structure, and I think he was probably as much responsible for the merit awards as anybody. But the merit awards got us over a very difficult hurdle. They sound nonsensical in some ways, but they have a basis of reason.

CB You mean the system of giving extra payments to consultants in hospitals.

GG To particular chosen consultants. It was the only way to level things up. And Moran's important influence - there were two important influences. One was in the College of Physicians itself. There was a strong anti-progress movement, as there always is in any medical organisation dominated by seniors like you and me, Chris, and Moran was able to hold that off. It was led by Horder[3], who was way out in the backwoods and unsuitable.....

CB Way out in the backwoods, Lord Horder the senior physician at St. Bartholomew's Hospital?

GG Well, he had been. He'd been a physician to various distinguished politicians and I think that's how he came to be Lord. But he was a jolly good physician, I mean no doubt about that, but he'd ceased to think by this time, if he ever did think in the social field, and old Corkscrew managed to hold him off. There was one dreadful election, you weren't a fellow then, Chris?

CB No, I wasn't.

GG Well, you used to come in and sit. You know the way they collect the voting slips and the registrar picks them out and they are counted, and the score was getting up to something like 270 for Horder and 280 for Moran, and we were really getting rather bothered, but he carried the day. And that was the end of Horder as an influence of that kind.

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[3] Thomas Jeeves Horder, Lord Horder of Ashford.

CB Was he very significant in Nye Bevan's relationship with the BMA or not? Or was that entirely something that Bevan himself could deal with?

GG No, Bevan dealt with the BMA. Moran wasn't significant in his relationships with the BMA. He was significant in his relationships with the Colleges, if only because another of his slight problems was that Webb-Johnson[4], who was President of the RCS [the Royal College of Surgeons], was really generally a more popular figure amongst the Colleges than Moran was, and came to be the chairman of the consultants who were negotiating with the Department about various things to do with the health service. But Moran did manage to get his fellow presidents, Webb-Johnson and Bill Gilliatt of the Obstetricians, to sign with him a letter which in its final draft form was corrected in my then boss's department, Wilson Jameson, in his office - nobody knew about that of course. It wasn't a Ministry of Health activity. And I remember having to take it down to the Colleges for him and say OK, get it in, and it went into *The Times* and it took the ground from under the feet of the backwoods men in the General Medical Services Committee so that they could no longer stand out.

CB That's the committee of the BMA who were essentially rather reactionary people?

GG Yes.

SL Who represented the GPs.

GG So that was really an important moment.

SL Do you think that the BMA would have gone to the brink because history shows that the BMA really never has gone to the brink? If you take the Lloyd George Act for instance they reneged at the last moment and the secretary of the BMA then actually became the secretary of the Panel Committee.

GG Yes indeed.

SL Recently, of course, over fund holding and everything else, they have done an inverted sort of sine wave. I always wonder whether pressed the BMA actually would have gone to the brink. It's one of those ridiculous questions that perhaps can't be answered.

GG You can't guess, but that lot was silly enough for anything. There were really forward looking people amongst them but they weren't listened to. People like Talbot Rogers[5] from Kent and even old Solly Wand[6] from Birmingham had a touch of realism about him. But you know they still had too much of the feeling in our profession that in a way, we are better than other peeople and other people should go along. You know, that's something you could say that hasn't yet sufficiently changed in medicine, the authoritarianism with regard to other people.

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[4] Sir Alfred Webb-Johnson.

[5] Alfred Talbot Rogers.

[6] Solomom Wand.

SL But at that stage really the Colleges were speaking for the consultants. The BMA wasn't, although it subsequently got things like the Joint Consultants Committee. The BMA was not speaking for the consultants at all.

GG No, it had a committee. It eventually called itself the Central Committee for Hospital Medical Staff but it wasn't influential, the real negotiation was being done by the Colleges. Alfred Webb-Johnson was their leader in those discussions, which used to take place in basement rooms in the Ministry of Health, with Charles Moran sort of skirmishing on the flank and poor old Alfred trying to carry the party along.

CB Alfred Webb-Johnson that is? Right.

SL And the task I suppose must be made much easier on your side because there were only three, I say only, three Colleges to deal with. I mean today there would be forty Colleges and faculties to deal with.

GG You say easier Stephen but I'm not so sure. You see you've got three minds and now you've got chaos with about twenty different minds, only half of whom know what they really want.

SL Of course, two of them were very antagonistic weren't they? I mean Webb-Johnson actually hated Moran.

GG That was a personal thing.

SL Yes, but it must have hindered.

GG Oh, yes. It certainly did that. I mean the reason why the College of Physicians is up in Regent's Park is that when Alfred Webb-J said lets all get together when the RCS is rebuilt, and Moran thought that he would then have to go through a front door which belonged to the College of Surgeons and he wasn't having that at any price. That's why we ended up where we did instead of having a group of Colleges in Lincoln's Inn Field.

CB Can we just ask you your own assessment of Bevan? You said the two particular contributions he made, but as somebody working close with him what was he like?

GG Moran?

CB No, not Moran, Bevan the minister.

GG He was a very able person. He was bigoted in some ways, because you might expect him to be, remembering his origin from a mining community in South Wales. I suppose one says bigoted because one is not from a community like that. It would be fairer to say his opinions were always slanted by that, but he had a big enough mind to see two absolute essentials for our health service for the future: taking over the hospitals, and everybody to have it. And he was big enough too, to keep hands off general practice which would have made awful trouble if he'd tried to do it. He hoped to be able to change things later on or that governments would be able to change. Yes, I think that Nye Bevan's contribution to the health care in this country has been as great as that of any politician.

SL Where did he get his input from? Was he a great reader or did he have a circle of advisers, say like Titmuss[7] or some people like that?

GG He had one or two advisers like that. Horace Joules was the medical one.

SL Who was chief physician at the Central Middlesex?

GG Yes, and there's that chap who was a GP in Kent, Brooke. He was another very close friend to Nye. Nye had his medical contacts all right.

CB One of the interesting things about Nye was that he always had his own treatment privately from Sir Daniel Davies who was a fellow Welshman.

GG Did he have it privately, wasn't he in a National Health Service hospital when he had his surgery?

CB I'm not sure about that.

SL I think he was in the Free.

CB He was at the Royal Free. But I know his consultant was Dan Davies who never went into the health service. He stayed out of it.

GG Sorry, wasn't Dan Davies just honorary in the health service? He still had his post in a health service hospital?

CB You could be right.

GG I think that's what it was. There were one or two people like that.

CB It's good to hear that clarified because that's a fairly general view that people think about.

GG I don't think that's right. I think Dan Davis…

CB So that's an injustice to Nye Bevan.

GG And there's an otologist at one of the other medical schools, that one in Gower Street.

CB University College.

GG Yes, University College. A contemporary of mine at Oxford, who was also honorary all his time as a consultant in the health service. So I think strictly Davies was a consultant in the health service but chose not to receive payment.

CB I see, yes. Well, now can we move on from there. 1948 comes, July 5th is the appointed day, the day the health service starts, and you were involved at a more junior level until you became CMO. In what date was that?

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[7] Richard Titmuss.

GG Well, I became CMO in 1960. But after I'd done the hospital survey the Department broke up its medical staff and put a principal medical officer as liaison with each of, let's see, I think there were five of us. And I was given the two southern metropolitan regions and Oxford to deal with, as liaison with regional hospital boards. What one had to do was to see that there was reasonable participation in getting names proposed for hospital boards, to see who was going to be appointed to run the executive councils which took over the insurance responsibilities, and to keep in touch with the medical officers of county boroughs and county councils who got to do the support services, which were a lot more important than most people realised in the early stages of the health service. And each of those authorities had to submit its schemes for carrying out its obligations under the act, and I had to read every one of those schemes before they were approved. And they were introducing new services in running home nursing, home help and giving support to patients at home - quite a lot additional to what they had been doing and a great deal more in fields like immunisation. And it was really quite important to get those health authorities functioning, and they [their services] are grouped around general practice and the support of patients outside hospital, which was quite crucial in the early stages and isn't often appreciated.

CB I think that's absolutely true. Stephen, what about the development of specialist services at that time?

SL It's one of the things that George has always spoken a lot about, this diffusion of skills and expertise across all the regions. You've already talked about Lincolnshire and, presumably, I mean that is the sort of region you were after.

GG You see the specialist services had grown up round the larger voluntary hospitals and they weren't very large. The county hospital in Lincoln only had two hundred and twenty beds, which was small in those days. And very often people could only do specialist practice provided they did a bit of general practice on the side to pay for them, because they weren't being paid for what they did in hospitals. And people who wanted highly specialised assistance and could afford it went off to the bigger centres to get it. But the hospital surveys had all shown that every hospital district needed an interlocking team in all the specialities. Now, it's no use saying to a dozen regional hospital boards: 'There you are, go ahead and do it.' They'd all do it in different ways. So fairly early on a special committee was set up under Sir John Charles, who was my predecessor, he was then deputy chief medical officer, and I was the amanuensis to this committee of senior consultants like Francis Fraser [Leonard Parsons, Geoffrey Jefferson and Harry Platt].

SL Was Avery Jones one, in those days or not?

GG Avery Jones came into another thing, but he would have looked very young in this group. I think I was probably the only person under sixty in the room and most of the time I was writing out the notes. They produced a document on the development of consultant services, which was circulated to all hospital authorities and to all specialists in the hospital service and which provided the basic pattern on which these regional boards made their connected appointments.

SL This was after the health service had begun, was it?

GG No before.

SL Just before?

GG We began in '45 and I think it took quite a long time, as you can imagine, because you went through speciality by speciality. There were people like Harry Platt in it and Geoffrey Jefferson and the father of the present cardinal and Parsons from Birmingham and Seymour Barling from Birmingham.

CB When you say the father of the present cardinal, you mean Hume, the surgeon?

GG No, not the surgeon the cardiologist from Newcastle, [Sir] William Hume.

CB A different one.

GG This just shows you how I keep losing surnames. That's who it was, William Hume. There were two or three whose names....Chasser Moir from Oxford was the gynaecologist.

CB But clearly not a London based group, very much a national group.

GG Oh yes, very much because they were all consultant advisers to the emergency medical services, and London was far too big to need consultant advice so they all came from outside, which was a jolly good thing when you come to think of it. Francis Fraser was the only London one. And this pattern for the development of consultant services was produced. It would look horribly out of date now. For instance, it doesn't even envisage geriatrics, but it deals with the way in which you should have regional centres for thoracic surgery or plastic surgery or radiotherapy. So there you've got a blueprint, not exactly a blueprint, but you've got a background policy.

CB A setting of the scene?

GG Yes, that's the best way to put it Chris. And regional boards used it in order to produce their own programmes for development of specialist services.

CB And that obviously was a major part of your life through those early years after the health service came in.

GG Yes, that really took the first three or four years of the health service, because there was the problem of whether people were thought fit to be graded as consultant. And all hospital staffs went through a process of review of grading, and a couple of thousand of them were described as SHMOs, which means senior hospital medical officers, and definitely down-graded. And a lot of them had to be up-graded in the next two or three years, it really was a piece of snobbishness. But anyway it was done and we ended up with a core of perhaps five thousand consultants - five and a half thousand, depending if it was England and Wales. And that had to be added to, and the specialities had to be strengthened. I told you there wasn't a paediatrician in Lincolnshire, obviously they had to have one. There wasn't a specific cardiologist in the Sheffield region except for James Brown, who was located in Grimsby, which was a bit far afield, so they moved him to Sheffield as the regional consultant. He was a

member of the regional board which helped. But the build-up was fairly easy in surgery, not so easy in medicine, much slower in things like paediatrics.

CB And psychiatry?

GG Psychiatry you'd got to take rather differently. The background to psychiatry in 1948 was not the sort of thing that we have now. It was of mental hospitals with locked doors, medical superintendents who, you know, were a bit like Pharaoh.

CB They were very powerful.

GG Very, absolutely, ridiculously so. And only a few of them like T P Rees in the Croydon place had begun to open their doors. Macmillan in Nottingham was another. And it was four or five years later before psychiatry was beginning to get civilised, and they were beginning to think not in terms of taking people in, certifying them and locking them up for good, but of treating them without taking them in if you could, maintaining them outside, perhaps with day hospitals. The first effective one of those was down in Worthing, I think, linked with the county mental hospital there. But getting psychiatrists to think in terms of acute psychiatric units based on general hospitals, which was the point we'd got to by the late 1950s – it was very difficult to get across.

CB Was that partly due to the technological advances of drugs becoming available like chlorpromazine and things like that?

GG Oh yes it was, because those drugs made it possible to discharge some patients. It made it possible to treat some patients as ambulant out-patients. But the sort of thing that happened was that before the war the Birmingham region had been promised, or rather their predecessors had been promised, a new mental hospital out somewhere in Staffordshire. And I can remember a file coming to me in the mid-fifties, as I was then deputy chief medical officer, which said more or less, well we can't do anything about this because successive ministers have promised this thing, we'll just have to let them have it. So I sent it on saying that I didn't think this was right, that we should make an attempt with the regional board to change their minds, and I was prepared to go and do that single-handed, if I was given the authority to say at the end of the argument, if I lost, 'All right, OK, it's your mistake, you go and make it.' And it came back with some misgivings and off I went and we had a large meeting with the Birmingham Regional Hospital Board and I did my bit and failed, and at the end of it the chairman of the board said, 'Well Dr Godber what do we do now, you haven't convinced us?' So I said, 'All right, you've got to live with it, you go and make your own mistakes.' And three months later I got a letter from him saying we've changed our minds. And that's why there's an athletics centre instead, where there should have been a mental hospital.

CB Well, that's very interesting, that must have been very satisfying.

GG Oh very. But that's the way things move.

CB But it gives us an insight into the satisfaction of work within a department, which for people like myself working in a hospital sometimes thought somewhat distant from the clinic I was running.

GG Look, Chris in those sorts of positions you never say to people, 'This is right: do it.' You think who's going to try and block you.

CB George, you mean you never said that.

GG Well, I don't know. This is the only way to get it done. You just think, now who's going to get in the way and you take them one by one and you sort of feed them half a sentence. This is if you're clever and it comes off, and it doesn't always. And then you wait and let those sink in and they begin to put their half sentences together, and then you try and they say, 'Oh no'. Then they come back and say, 'Well, but, perhaps we might.' And there you are, if you've got it right. But don't kid yourself, you don't always get it right, you may be trying quite the wrong things.

CB Now, simultaneously during that period, one of the great scientific discoveries was, of course, the relationship between smoking and cancer of the lung by your old friend Tony Bradford Hill and Sir Richard Doll, who became Regius Professor in Oxford. Stephen is particularly interested in this, I know, and I presume would wish to ask what the Department's reaction to that was, and how the Department responded to a major public health problem.

SL Yes, and not only the Department but the government and the College of Physicians as well, because, I mean, I think there were other interests involved.

GG The College of Physicians only became non-smoking about five years ago, that's part of your answer.

SL Yes that's quite true.

GG Well, the report came out and I suppose we thought, well there's something clear.

CB 1954?

GG No, the first paper published was I think '51[8].

CB '51. You're right, it's the doctor one that came out later.

GG Well, I think we all thought, well there you are, tell people and they'll respond. But I think we were forgetting that people are not being told only by you, but being told by all the commercial interests that want to keep it going. And they're being told much more loudly and cleverly, to put it bluntly, by those commercial interests. So what we did was the characteristic departmental thing, we consulted an advisory committee. Now the advisory committee was the advisory committee on cancer, and it was chaired by Sir Ernest Rock Carling, a very nice chap, a close personal friend of mine, a life-long heavy smoker, who wasn't really convinced. Ernest Rock Carling was a good chap. It's reasonable that there should be Rock Carling fellowships still, and good things come out that way, but Ernest was not open to conviction on this, as after all when we're bigoted about something - you and I Chris must be bigoted about something - we don't listen. Well nor did he. And so we

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[8] Doll, R and Hill, A B. 1950 'Smoking and carcinoma of the lung: preliminary report'. *British Medical Journal*; 2, pp. 739-748.

put it to the advisory committee and they solemnly advised the Central Health Services Council that this was more or less *sub judice* and they took about two years doing it, and by that time Ian Macleod was minister. But then we thought well, we'll ask the MRC. And the MRC solemnly said that they thought the relationship was causal and they took their time over saying that. But when we got that advice Ian Macleod said all right, he'd take a press conference, he wasn't very keen on it but he would. And he consulted the chancellor of the exchequer - I think it was Reggie Maudling at the time - who said, well it's all right for you to hold that press conference provided you smoke while you're doing it. But he did! It seems absolutely incredible but he did, and Ian Macleod was a good minister. But you see the addicted can look round their addiction and pretend they haven't got it. That was what really was happening there. But then...well, my predecessor was a very nice chap. He wrote good annual reports: very scholarly ones. He came out in one of them with some comment on the mysterious and inexorable advance of lung cancer. And Horace Joules, whom you may remember from the Central Middlesex, whenever he met me used to glower and say 'mysterious and inexorable'.

CB Can I just chip in? Horace Joules, as I understand it, was a heavy smoker?

GG He gave it up.

CB He gave it up overnight I'm told.

GG Well, Charles Fletcher, of course, was in that act too, and Charles was highly critical about our failure to do something. So in the true bureaucrat's method I asked him to lunch. I knew Charles well. He rowed for Cambridge a couple of years after I'd rowed for Oxford, so we had a link.

CB You were a rowing blue?

GG Oh yes. So we had a link in common foolishness.

CB Well that's something I didn't know. Anyway, back to Charles.

GG Well, he came and had lunch with me and we talked over what to do, and I thought, we both thought that if we could get a really authoritative report from a body above suspicion we might be able to push the government into action. I didn't tell John Charles what I was up to until afterwards of course, but he didn't mind. And Robert Platt had just been elected president [of the RCP]. That of course was a break with tradition, he was the first out of London president, and the first free thinker as a president, I might say.

CB I think probably you'd like to stop at this stage, would you and put on a new tape and we can come back with Robert Platt as our first...? Would that be right?

SL And are we going to say anything about Russell Brain, who said it was no part of...?Are you going to say something about that because Chris has delved into the [story]? It's there, in black and white.

The Royal College of Physicians and Oxford Brookes University Medical Sciences Video Archive MSVA 104

Sir George Godber, GCB in interview with Sir Christopher Booth and Dr Stephen Lock. Oxford, 13 January 1994.

Part Two

CB Well, Sir George, I'd entirely agree with your comment about Lord Platt as having been a very important, if not the most important, president of the College of Physicians for a long time, and the new college in Regent's Park, post-graduate education, and of course smoking, which we were talking about. Perhaps you'd like to tell us a bit more about your own involvement in the smoking debate.

GG Well, I have never smoked. No, that's not quite right, when I was six I remember stealing six cigarettes and sharing them with my younger brother, but it made him sick so I gave up, and I haven't smoked since. But when I went to Oxford it just seemed to me not one of the things that you wasted money on. And you know, once you take up a position you tend to hold it for no very good reason, and I stuck to it. And when the evidence came out in '51 with the paper by Doll and Bradford Hill, the immediate reaction in the department was to think a bit and then refer it to an advisory committee - the standing advisory committee on cancer, which was chaired by guess what, Ernest Rock Carling, who was a surgeon, a life-long smoker, a heavy smoker. And he wasn't convinced, and so we went on through the advisory committee machinery and so on and we got to the point I was talking about earlier of Charles Fletcher and I deciding to approach Robert Platt. Well, Robert accepted the idea straight away and set up an expert committee, and that was, I think, fairly early in the year when it got together.

CB We're talking about 1957 or '58.

GG '58 I think it was.

CB 1958. I think that's correct.

GG And I think it was that Easter, Margaret his wife told me how they both decided they'd got to stop [smoking]. So at the Easter weekend they stayed at home and concentrated on not smoking. And Robert went into work after the holiday in the usual way, and he was just walking out of the tobacconists - where he always bought a tin of fifty cigarettes on his way into work - with the tin of cigarettes, and he realised what he was doing and he took it back and gave it to the shopkeeper. And he was so impressed by having wasted the money for those fifty cigarettes, he never smoked again. And poor Margaret had more difficulty in giving up than that. But then there it was, the College of Physicians set up a committee which Robert chaired and Charles was secretary, and they produced that marvellous report[1]. I warned Enoch Powell it was coming up.

[1] Royal College of Physicians of London. 1962. *Smoking and Health.* London: Pitman.

CB This was 1962?

GG '63, oh,'62. I warned Enoch it was coming up and he was a non-smoker and he thoroughly approved and said he would indicate his approval when the thing was published, and he did. But I tried him then on the idea of prohibiting the advertising of cigarettes and his answer was reminiscent of Virginia Bottomley's nonsense of today. He said if you were allowed to sell something, you can't be restricted about promoting it. Well, I pointed out to him that you're not allowed to advertise a cancer cure, but you can still sell one. That didn't have any appeal to him, and I never succeeded either with Enoch or any of his successors in getting them to prohibit advertising of cigarettes. I always remember saying to Keith Joseph that we really had to do something like this and he looked quite shocked and said, 'You really can't expect to abolish smoking.' And I said, 'No, but I want to see it reduced to an activity of consenting adults in private.' And he didn't like that one bit, and we never did get, and we still haven't got a prohibition of the promotion of cigarette smoking. Well, we went on of course, through a series of reports and publicity campaigns and so on, and round about I think it was 1969, I began to think I wasn't going to get anywhere in this country so I thought I'd try and get the World Health Organisation in to it. And I was going to the European Regional Committee of WHO and there was nothing in the regional director's annual report about smoking and health, so I got hold of the usual congratulatory draft resolution and amended it to regret that he'd had not mentioned the subject, to ask him to include in his next report a thorough review of it, and to suggest what action the organisation might take. And of course that sort of thing goes through without any difficulty, apart from the Turkish representative who said he'd have to go out of......Oh, it was to include that there was to be no smoking in the rooms where the meetings were held, and the Turkish representative kicked at that and said he'd have to go out every twenty minutes, and the rest of us said it was all right with us, and so it went through. But then of course that goes to the executive board of WHO, and I was a member at the time so when it came through there, I got a similar resolution passed there, and one that asked the director general to report to the assembly in May about action that the organisation might take. And Charles Fletcher and Dan Horn from the United States produced a beautiful report[2] - it's still one of the best on smoking and health - and the organisation came up with an appropriate resolution but with no teeth in it. But that must have been about 1970, I suppose, and I didn't manage to get any further until a reinforcing resolution in my last year which was '73. But there had been world conferences in between and I remember Tony Bradford Hill was at the first one in New York. And I went to the first five of them - they happened every three or four years - I can't remember which, and that gave an international sounding board. And WHO had an expert advisory committee before, I think it must have been, the third of these conferences and they asked me to chair that after I retired, and we recommended the prohibition of advertising. And there was another one three years later and we made the same recommendation with rather more force. And I chaired that one in New York, and I got the final meeting to ask its chairman to write a letter to the ministers of health of all countries represented, suggesting that they do something about this: nothing happened and still nothing happens.

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[2] Fletcher, C M and Horn D. 1971. *Smoking and Health*. London: HMSO.

CB Going back to the College's reaction; Robert Platt as you said immediately was interested. His predecessor was the distinguished neurologist who became Lord Brain. And as librarian of the College of Physicians and the conservator of the Brain papers, I happen to know we have a letter written to him in 1956 - that's a year before Platt was elected - by Sir Francis Avery Jones saying why didn't he do something about smoking and produce a report, because the Regius Professor of Medicine - or Physic they called it - in Cambridge, who was Sir Lionel Whitby, was suffering from cancer of the lung and he was a smoker.

GG Yes I know because Avery talked to me about the draft.

CB But why did Brain not respond you think?

GG Because it's not the sort of thing you would expect Russell to respond on. He was a good neurologist, he was a nice chap and by the lights of the early years of this century he was a good president, but by the lights of later generations, no. He wasn't in the future at all, he was the last old style president. He was succeeded by Robert [Platt]. As a matter of fact, he became president because the younger fellows club which had been attempting to lever Moran out of the presidency had tried to get Leonard Parsons of Birmingham elected instead.

CB That's instead of Brain?

GG No, instead of Moran. And the last thing Moran wanted was to have a president from outside London, so Russell was roped in. I don't know whether he really wanted the job. But you know Russell's outlook on things is really summed up by his speech as president of the British Association shortly after he ceased to be president of the College, in the course of which he said the progress in medical research in the fifties had been astonishing but of course it wouldn't continue. Well, you see, period, people have stopped thinking when they say things like that, haven't they? We may think that the pace has been terrific in our time, Chris, but it's going faster and it will go faster.

CB Now that's an interesting sidelight on Brain whom I knew very well, I was his doctor at one stage.

GG Were you? I was very fond of Russell.

CB Let's move on now because one of the other areas which I think Stephen would like to bring up is general practice.

SL Yes, because obviously this was going on at the same time and was an equally important strand of your planning. We'd had the Dawson report, I think way back in the early twenties which suggested health centres and people practising from purpose built buildings premises, and ancillaries. This has never happened but was obviously part of the thinking with the health service.

GG Yes. The position in general practice at the beginning of the health service was that the interpretation of the Spens recommendations about remuneration had been so unfair, that general practitioners were not adequately remunerated on a scale

that would have enabled them to recruit additional numbers. And, as you know, the whole thing was put to a judge to review and he produced a report which said in effect, they're quite right, you should have given them more betterment.

SL That's the Danckwerts report.

GG The Danckwerts report, yes. But when we got the Danckwerts recommendations, there was suddenly a large lump of money which had to be distributed amongst general practitioners. And that gives you a bit of latitude and we had to negotiate as to how it was to be distributed. And we managed to persuade them that from this central pool of money they would contribute, I think it was a hundred thousand a year or something like that, to be used as a source for interest free loans to people, grouped three or more, for providing better premises. So that was going to give a special advantage to group general practice, because health centres had clearly not taken off, there were a few, but they didn't amount to much, and in case they weren't as then envisaged the answer to what we needed. What we needed was for general practitioners to practise together, with nursing and other allied support and appropriate secretarial back-up and so on. And out of the Danckwerts settlement we got special assistance for that sort of thing. But as it worked out over the ensuing decade, it began to operate against the people who'd done the right things: people like Ronnie Gibson in Winchester, whose groups had provided a health centre and had recruited staff to work with them, and it was costing them far too much in expenses. The way in which general practitioner's expenses were repaid was quite unfair, they weren't even given rental for their premises, for instance. And that meant that goodwill was fighting against financial disadvantage; that never works out in any undertaking. And that led to all the dissatisfaction of the middle 1960s. It led to the production of the general practitioner's charter and to a really first-class piece of negotiation between the GPs led by Jim Cameron, who deserves far more credit than he tends to get, and...

CB He was then chairman of ?

GG (He was chairman of the GMS committee. He was later knighted after he'd been chairman of council of BMA)...and Kenneth Robinson who was the minister, whose father had been a general practitioner, was fully understanding. And we had a negotiation that extended over nearly a year, and it started with the usual histrionics from one or two backwoodsmen and it ended with a rational solution. And that's what happens in medicine. There's always somebody who has brought his soap-box with him and wants to shout from it, but then most people are of goodwill and if you carry on you come out with something rational in the end. What you mustn't do is take the soap-box man at face value.

CB I can chip in a little anecdote about the introduction of health centres when one of the earliest ones was opened in the Goldhawk Road in Shepherds Bush, and I went round to the back whilst Kenneth Robinson was opening it and I found a single-handed practitioner who objected strongly to health centres who just looked at me and said, 'All that glistens, isn't gold.'

GG Meaning that what he wanted out of it was gold.

GG Meaning that what he wanted out of it was gold.

SL To come to Kenneth Robinson he has been described as the best minister of health so far as the doctors were concerned. Was that true so far as the Department was concerned, as well?

GG If you use that qualification, Stephen, yes in a way. Kenneth was influenced by his background. He's a good chap, he was a broad-minded person, he had other things that he introduced which were extremely valuable, but he was perhaps a bit too malleable with the medical profession, because we're an awkward lot and sometimes we do need a bit of table thumping, and Kenneth never thumped a table in his life. And he was followed by Dick Crossman who was a very able man. I would have said an almost impossible human to live with. He could thump tables all right and didn't always stop to think before he did it, but he could also see when you'd got to break the mould and move on a stage.

SL And of course he was concerned with the Ely scandal[3] was he not?

GG Yes, but you see Kenneth had persuaded and cajoled and got the profession along to the point where the next step needed someone to break the mould. Dick did that, but what Dick could do was to plan the reconstruction of '74, and although it was Keith Joseph's bill, Dick did the original discussion. He left regional boards, he left the universality and so on, but he didn't go the step further that we needed, over making it simply region/district. I argued with him about the introduction of 'areas', which were simply there to placate county councils and borough councils with the idea that they still had, as of right, a part in the running of the health service. But they were a crazy notion. Unfortunately, too many of the best people in public health went for jobs with them which disappeared within a few years. When, after I retired, I was in America and we were talking about this, they said how long do you think areas will last, and I said certainly not more than ten years. Well, it wasn't nearly as long as that and they should never have been there. And yet with our politics, central and local government and the rest, there was no hope of not getting them. So I don't think you can blame anybody for that.

SL Could we tease out one more strand in your thinking, and that was the importance of postgraduate education to both consultants and GPs. And there was of course the important Christ Church conference, which was led by George Pickering and you, I think, in the early 1960s.

GG Well, postgraduate education was obviously a necessity for a profession progressing at the rate ours was. It was necessary for two areas: proper education for the recently qualified training up to be consultant, GP or whatever; and ongoing teaching for the people not working in hospital centres with the advantage of learning from the colleagues with whom they worked there. Now, it was just after I became CMO, in successive weeks I had two groups come in to see me. One was from Exeter - and I can only remember Fred Brimblecombe, who was a fellow of a college.

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[3] A scandal concerning patient care at the Ely Hospital, Cardiff.
Crossman, R. 1979. *The Crossman Diaries* (condensed version edited by A. Howard), London: Magnum, pp. 591-4.

GG [There was] an orthopaedic surgeon [Norman Capener], and there was another physician whose name I've forgotten. And they came from Exeter and they said, 'We don't want you muscling in on our territory, but we want a postgraduate medical centre, and we want it on the hospital site but we don't want you to have it, it's got to be ours. We've got to keep it independent, but we must be on the hospital site, so long as you keep your hands off it. Can you get us a rent free site? So I said, 'I think I can stuff that one through the treasury.' And they went away and the next week Stoke came with exactly the same proposition. I can't remember the three chaps: one of them was a fellow named McCall, a pathologist, a very good chap. And they had the same thing and they got the same answer. So then having lined up the Departmental cannons, we fired them off at the treasury, who grudgingly agreed that we would have rent free sites for these two centres. And so they got underway. And a week or so later Gordon McLachlan of the Nuffield Provincial Hospital Trust came in the way that he often did to talk about what they might do next. I told him about these two visits and asked him if he thought they [the Nuffield Trust] might get into that area. So we went together and talked to George Pickering and decided who we'd like to have at the December conference at Christ Church, and George is magnificent, or was magnificent.

SL He was then of course Regius Professor of Medicine at Oxford?

GG He was a very old friend of mine. And he handled that conference beautifully and did what you should always do at the end of a conference, got them to authorise you to summarise their views and publish them, without even asking to see whether you'd got it right. But George did that in the *Lancet*. And the Trust [Nuffield] came up with an offer of quarter of a million in individual grants to help people to get going and the result was quite electric. And it came mainly from general practitioners. There were in every centre, I'd say, there were some consultants who were ready to take part, and they were needed of course. But they didn't realise enough how much they themselves needed on-going education, I fear. However, there was even one centre, I think it was Coventry, where the local GPs said, 'Can we have a levy of a penny per head from the capitation on our lists to be put into a fund to help this postgraduate centre.' By the time the lawyers had got through that, it couldn't be done, but never mind. They did contribute on a very large scale and in a very short time these centres were springing up everywhere. Let's see, I think George Pickering got to lay the foundation stone at Exeter and I got to open it, and I think I laid the foundation stone at Stoke and he opened it, but it was something like that. We used to have a race as to who collected most of these rather dubious activities. But it was the most striking inter-professional departure for me in the history of the health service because it was internal and voluntary and not dominated by the Department, or for that matter by the universities.

CB I think that's absolutely right and the other thing I would add, speaking as one with a hospital background, is that it brought the general practitioners and consultants together under the same roof to discuss mutual problems and socialise.

GG Chris, that's right and of course that's what I'm so fearful about now because every district needs its combination of primary and secondary care. It needs a focus for it, it needs a meeting place, it needs a recognition on both sides of the interface of

their need to interchange with the other. The consultants need the input from the GPs just as much as the GPs need it from the consultants.

CB I entirely agree with that. I think the other thing that came out of that period was what Stephen referred to earlier as the disappearance of the old medical officer of health. I don't know whether you'd like to say anything about that? But with the introduction - I forget who it was, but somebody produced a report on what was to be called a community physician, and that rather replaced...

GG I forget who first coined that term but John Charles used it, I think, in his last annual report. It was coincidental with the public health people changing their description to community medicine. But you know they don't get nearly enough credit for what they did achieve in the fifties and sixties. They were given a job behind the scenes of backing up of general practice and of hospital practice, of giving social support, of making sure home nursing was available to everybody. That ma ybe just a nursing managed activity now, but it wouldn't have got off the ground if the medical offers of health of the day hadn't taken over the old county nursing associations and really pushed the service along, and got money for it from their budgets; that was a local authority funded thing. And then the home help service. It was one of the voluntary things. You could do it or not if you were a local health authority. Every local authority included it in their schemes except Dorset and I had to pay a special visit to Dorset to twist the arm of the county medical officer to see that it was put in. But they all put in programmes, fairly forward looking programmes - only a few of them completely lost to the building of magnificent palaces as health centres, which never got built except for that one out in the east of London somewhere. But they had these other fields of service in the community that had got to be co-ordinated and developed, and they got no credit for achieving an enormous amount in that area. That carried on and look at what happened over immunisation: diphtheria, polio, tetanus, the whole range of immunisation carried through in those twenty years - not completely because general practitioners didn't always do their part about persuading people to have it done. There were some GPs who persuaded their patients not to have their children immunised against measles for instance. Now, of course, where there's a price on it if you get ninety per cent, then you can really use general practice to get that result. But GPs wouldn't have it as an obligation in the beginning.

CB No they were very resistant at that time, I think that's right. There are so many other things we can talk about, but one I would particularly like to ask you about, and that relates to the relationship of the Department, certainly in your time as CMO, with the Medical Research Council, bearing in mind that the MRC is a government body, really, funded from government sources - in your day, I think, under the Privy Council.

GG Under the Privy Council, yes.

CB And it had its own budget and was an independent operation. But the CMO and the CMO for Scotland always sat there, and I presume the reason for that was there would be a health department input into the sort of research that the MRC was carrying out. And did you feel that was valuable, did they do what you wanted?

GG It was absolutely invaluable, that link with the MRC which hadn't really existed in the earliest times. George Newman and his opposite number were at daggers drawn.

CB That was Sir Walter Morley Fletcher, Charles's father.

GG Yes indeed. When his successor was Mellanby[4]. Things got closer. I was Wilson Jameson's medical personal assistant and I met Mellanby in Jameson's office and Jameson used to go as an observer to the MRC, and Charles did also. And when I came along it was understood that I was an observer at the MRC and at the Clinical Research Board, but strictly an observer. I wasn't there to take part in the scientific discussions or anything like that. I could speak if I was spoken to. It's very easy to look as if you need to be spoken to, you know, and I never had any trouble, with people like Hartley Shawcoss and Heathcoat Amory to look as though I needed spoken to.

CB They were chairmen of the medical research council?

GG We weren't funding them, but Harry Himsworth, who was my opposite number for a lot of the time, was a close personal friend. We'd know each other as members of the younger fellows club [of the RCP] and we used to meet in fact off the scene, every month or two and talk over the things that either of us might do - until I found Harry sometimes saying, 'Look you aren't planning the MRC's programme.' But it was a good pattern of exchange; it was a friendly one and I saw all their papers. And you know, having been a member, what a medical education that can be, especially for somebody who often spends his time in an office reading about silly things. And I became, in the last three years, I think, a member not simply an observer. I can only remember one occasion when I was there as an observer when I nearly did explode, but of course Derick Heathcoat Amory knew very well that something was up. One particular chap was being criticised as director of a unit for not wanting to take his unit along the path the council thought right - I won't tell you which it was. And the secretary - it wasn't Harry – said, 'Well, he says he'd like to hand over the directorship to his deputy and we think that would be the right choice, but he'd like to go on working as a scientist in the unit under his deputy as director. But of course you can't do a thing like that, nobody would ever keep his finger out of the pie in those circumstances. I think he ought to be retired at sixty two.' Well, I happened to have known this chap at Oxford and I was absolutely furious with this off the cuff comment. And Derick looked at me and said, 'I think the CMO has something to say.' So I simply said, 'I know this chap. I've known him a lot longer than any of you have, and he's one of the very few people - and I don't see another one in this room - who would do that.'

CB Well, you are a wonderful friend to have. Could you give us perhaps a judgement on Sir Harold Himsworth's achievements as secretary during that time.

GG I found Harry an admirable colleague. He was a bit conscious of being a scientist, and medical scientists are a bit above ordinary doctors, Chris, as you know.

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[4] Sir Edward Mellanby.

CB I'm rather aware of that, George.

GG Yes, you're one of the few who are. But you know he got the MRC into the clinical field without putting the noses of the non-clinical scientists out of joint.

CB I think that's a very fair comment.

GG And that was a good thing to do...and I'd better not go on.

CB No, I think that sums him up extremely well. To have been able to support people like Max Perutz in the Laboratory of Molecular Biology in Cambridge on the one hand and Tony Bradford Hill on the other was a great achievement, and I agree with that. I think one other thing we perhaps should just touch on - we've got a little time more - is medical audit.

GG Look, I really should have said something earlier especially when you mentioned Francis Avery Jones, because there was yet another committee in the basement of the ministry before the war ended in which Ernest Rock Carling was chairman and Avery Jones is the only other surviving member of that committee. Ryle[5] was a member of it and so was Tony Bradford Hill. We were trying to sort out what kind of extraction of information we could make nationally from a nationalised hospital service, and we devised a form of summary of case notes. It's a very simple thing, but it was one that worked and some very useful information about the early working of the hospital services was published by what was then called the General Registrar Office as a result. I think those things were read quite extensively outside this country, but in this country we're always suspicious of figures and I don't suppose many people have read them. But there's a lot there that shouldn't be missed. But they were a basic requirement if you're going to have the later kind of studies that we now need. But I think the pioneer for such studies is the confidential enquiry into maternal deaths. Now there was an international meeting of obstetricians round about 1949 in London and Eardley Holland was its president. And I remember his coming along to see Wilson Jameson, and I was there, saying that he thought that the enquiry that was going on into maternal deaths, which was then being done by medical officers of health department, wasn't good enough. He was quite right. And when I became deputy I was told to get ahead with trying to organise this and Joe Wrigley of St Thomas' and Arnold Walker, who was the chairman of the Central Midwives Board, and one of our own medical staff got together to try and produce a kind of report to be made of every maternal death. And of course the department had come up with about six pages of foolscap which didn't make sense. But then we managed to get something together and Joe Wrigley and Arnold Walker, and Katherine Hirst was the senior medical officer, between them managed to sell the idea. Bill Gilliatt at the College of Obstetricians was very helpful and we got a regional assessor in every region who was a senior obstetrician, people like Norman Jeffcoate[6]. And each death was the subject of a report by the obstetrician of the district with contributions from midwives and GPs and the county MO if necessary. It was instigated by the country or county borough MO because he got the notification of death, and it came up to be reviewed by the regional assessor whom we appointed,

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[5] Professor John Ryle.

[6] Thomas Norman Arthur Jeffcoate.

and then the confidential reports to the Chief Medical Officer and these were analysed by Arnold Walker and Joe Wrigley and Katherine Hirst. And after three years of it we decided to put them together and make up the triennial reports which are still being published. Of course, it isn't a proper validation of obstetric practice but it pin-pointed an awful lot of things and we were able to get the practice of obstetrics adjusted in some particulars in a way we couldn't have done any other way. And that I think was the pioneer and other things followed. The anaesthetists, for instance, the chap whose name I forget, from Newcastle who reviewed a thousand deaths under anaesthesia. And then Frank Riley in the department organised three regions doing review of neo-natal deaths. But now of course we've got it going.

CB It's moved on.

GG And on a much broader basis.

CB Sir George, before we conclude, can I just ask you to tell us perhaps what is the most exciting thing that's happened to you in your life, apart from winning the boat race.

GG Good Lord, we didn't win the boat race, we were almost out of sight. I don't know, it's a bit difficult to say.

CB Well, the thing perhaps that gave you most satisfaction in your time as CMO, is that a better way of putting the question?

GG Well, yes, because you've limited me because of course my marriage would be the most important central event in my life, and I mean that. But as CMO I don't know.

CB Well you did so much, it's difficult to pick out.

GG No. The essence of being CMO is not to do things yourself. There's no future in being rushing ahead with a banner with a strange device; what you should be is the man just behind the banner, helping him to get along The problem is to pick the right ones.

CB That's a very generous view. Well, I think in concluding, I should say that you've perhaps looked back on your life with considerable satisfaction but no complacency, none, and that so far as we're concerned, Stephen Lock, myself and Brookes University and the College of Physicians, we would like to thank you very sincerely for giving us so much of your time and your recollections. Thank you very much indeed Sir George.

SL Thank you.

GG Well, thank you Sir Christopher but it has never been with satisfaction.