

**Dr Wilfrid Harding CBE in interview with Max Blythe
Oxford, 27 April 1990**

MB Wilfrid, I'd like you tell me about your place of birth and time of birth and something about your parents, at the start of this interview.

WH Well, I was born in Berlin, as the youngest of seven, during the First War, or first year of the First World War. And what I think is important about my life, in the first instance, is that my mother was so concerned about never worrying my father, who had a very important post in the Berlin administration, that when my father left at 8 o'clock in the morning, he knew nothing unusual and when he came back at 4.30 in the afternoon, I was born, and he didn't know that my mother had been pregnant! And the next... perhaps, incident, which was amusing, was that when... on the day on which I was christened, Italy declared war, and a policeman had been... had to be posted outside our house because people were thinking that we were celebrating the entry of the enemy into the war.

MB Right. So, born into interesting times, right from the start.

WH Interesting times, yes.

MB Tell me about your parents. You've mentioned them already, but tell me a little bit more about them.

WH Well, my father was the town architect of Berlin,¹ and had been by then for twenty years, and had, I think, by then built more public buildings, particularly hospitals, than any other architect.

MB And had something of an international reputation, did he not?

WH Yes. But what, to me, is much more important, is that he was utterly patient-orientated, and he had one maxim in his architectural life and that is that every patient in a hospital, when he is an in-patient - he or she - must see something beautiful. That might be a tree, it might be a sculpture, it might be a bit of frieze on the wall. And this sort of characterises my father as...

MB That was very pioneering, very early, for that kind of thinking.

WH Yes. Yes. And the same way in which... when he designed the marvellous fairytale fountain, a very large area, and the Kaiser insisted that it must go into the best part of Berlin, he said, 'I've built this for people to enjoy, who don't otherwise

¹ Dr *hc* Ludwig Ernst Emil Hoffmann

have the chance to enjoy beautiful things,' and he insisted on it being placed into a working-class part of Berlin, where it still is.

MB How did you get on with him? Did you get to know him well, or was he too remote? I mean, was he too busy to...?

WH Well, he was sixty-three when I was born, and he was wrapped up very much in his work. When he came back home, he had his little study and he would go on working. He was a very interested father, particularly in... in education and so on, yes, but he was a little remote.

MB Did he talk with you about hospital design?

WH No.

MB Did you get some of your early ideas from him at all, about medical...

WH Not... very little. But I do remember that in 1921 when we stayed for three weeks... my mother, my father... and he... outside one of the most important baroque monasteries in Bavaria, he explained in great detail to me the intricacies of baroque art. And quite recently I went there again and remembered it all.

MB The memory is still very, very good?

WH Oh yes. Very much so.

MB And your mother?

WH Well, my mother... he married my mother who was less than half his age.² He was introduced to a banker in Berlin, a Jewish banker, whose twin daughters he met at a dinner party in January. They got engaged on 16th March and they got married in July. And that, in those days, was something a bit out of the ordinary.

MB That was the fast lane.

WH Yes. And his best friend, also an architect, married the twin sister. And since then the families have been intertwined.

MB Right. And you had a close relationship with your mother?

WH Oh, very. Very.

MB Very... very good.

WH Yes.

MB What were her great interests?

² Marie Minna Eugenie Hoffmann (née Weisbach)

WH Well, can I come back to the grandfather? Because he, although he was a banker, was utterly socially orientated. He was, I think, the first who they say developed working-class housing in Berlin. He was the sponsor of a popular scientific organisation which showed Times(?) films and so on. He was one of the founders of the Berlin Zoo, so funnily enough, in a very different way, they both gelled. My mother was extremely well educated, particularly in languages. And from the age of eleven, she and her twin sister only corresponded in English, although my mother didn't get to England until... what... about 1934, when she was almost sixty years old.

MB But she had a good background in English.

WH And Italian and French. And when I was about to marry my first wife, she learnt Swedish because she was a Swede.

MB In thinking of your family, you also had brothers and sisters who were important in your early life.

WH Yes. Well, six is a lot. The eldest was probably the most important pioneer on the revelation of the problems of nuclear developments in Germany, and she, unfortunately, had died early. My eldest brother ended up as a Medical Officer of Health in a part of Berlin at the same time at which I was an MOH [Medical Officer of Health] in London. He was, in fact, also my... one of my godfathers because during the war it was so difficult to find men... and he was badly wounded in the war and he spent a number of years after Hitler came, in purdah, because he certainly had... he had served in the war and so he was not at first kicked out, but his career was completely stopped.

MB But just returning to the idea of you as a family and children, that was a very happy family unit and that was a pretty nice place to be at that time?

WH When you say 'happy family unit', of course, my eldest sister was born in '96 and I was born in '15...

MB Right, so there was a big...

WH ...so there was a big splay. But yes, we were a united family, and this, of course, was terribly important because one of my later brothers was allowed by Hitler, personally, I think, to remain in the German Armed Forces, and ended up as Chief of Staff of the German Night Fighters, the other side of the Channel, when I was about to invade Normandy. And he was, in fact, shot down and... and got killed as a result of an RAF interception.

MB Wilfrid, I'm keeping you right back for the time being, though. Those interesting years are ahead. But just keeping back to those years of boyhood and youth, schools proved an interesting time as well. Schools provided an interesting time?

WH Well, I hated the sort of school regime in Germany, but in a way my school was a bit out of the ordinary because, although it was in Berlin, every subject, other

than German, was taught in French. It was a school originally founded for the Huguenots. But when I was about fourteen, the remoteness of my parents and the gradual removal of elder brothers and sisters, made me go to a boarding school in Bavaria, which was wonderful - near Munich, on a very big lake, with a lot of outdoor activities. The only trouble was that I came from Berlin and they were Bavarians!

MB Right! When did the first glimmerings, the first prospects of a career in medicine begin to dawn? Was it at that time?

WH No. I... I finished school, I intervened with six months in a Nazi labour service, which... the Nazis had just come to power, and my family wanted to make quite sure that I left nothing undone that proved that I was a good German. And from there, straightaway from there...

MB What year was that, Wilfrid?

WH This was 1933.

MB That was '33, yes.

WH 1933. I left school two months after Hitler came into power and I remember very well the scenes in Munich during the take-over. Well, then, like my next older brother, I went straight from there to a Quaker college in Birmingham, Woodbrooke [College]. And I spent a year there. And during that year, I decided, helped particularly by the husband of one my sisters in my thinking, that I would not go back to Germany and I was going to do medicine, because I was going to do law in Germany, because I really... because that was the thing to do. And I thought I might make a complete break.

MB It's always difficult to look back and to decide the elements that actually do result in such big decisions. Can you untangle any of the elements in that thinking that led to this massive decision to go away from what was the expected and go into medicine?

WH Well, let's face it, anyone who was partly Jewish would be inclined to go somewhere else, even if at that stage it was likely that with my father's background exceptions would be made. But anyone who goes from a Nazi six months into a Quaker College... of course, has an experience which can make a great change. And it was as part of that change... I'm still not clear why medicine, other than the basic orientation of the family and my father.

MB There was no massive urge to be a carer? You didn't feel that? You felt that professionally it would be an exciting career to qualify in?

WH Well, I was rather more thinking of - and this sounds terribly pi - but the one career in which you could help people, directly. I had no science background, I had no science... or nowadays what is called 'O' levels. And, no, it was a theoretical and, perhaps, at that stage, a very unwise decision, because to go on to university in a... first of all, to have to qualify to go to university, and then to go to university, and to be accepted by university, with no background in science at all, was... well, it was

only possible because I didn't know what the implications would be. I didn't know anything about English education.

MB But you went to university. Can you tell me about that period?

WH I was lucky that the sub-dean at University College, John Kirk,³ had been a medical missionary in China, as a surgeon, and he, I think, took me on as a... as completely out of true. And I picked all four subjects in... well, it was three subjects in the inter-science, and he didn't kick me out then, and...

MB He kept you as a wild card, and you...

WH Yes.

MB ... you went on.

WH You see, in German education then, anyway, you did very little work until, say, the last fortnight before an exam and then you mugged it all up. That's one side. And the other side was that there was the language. And there was a third element, I knew nobody in London. I lived in digs opposite the Black Cat factory in... in Camden Town, and I was very lonely and very unsure of myself.

MB But you went through the whole process of medical education over four, four and a half, five years?

WH Well, when you say I went through the whole... I had certain stops in this because, having eventually got my second MB and getting entry to University College Hospital, the war started. The Hospital was evacuated to a mental deficient institution, Leavesden. And after two days of war, I was arrested as a potential spy and spent several days in a police cell and then a week in Bedford jail - other more important people have been there - and then made the run of, I think, about eight or so camps, before, in the end - and after a very nasty interview with, what I assumed to have been MI5 - I was allowed to come out again, three months later.

MB And went back to medical school?

WH I then went straight back to medical school. My friends were extremely trusting and generous to me, almost all of them. And then came the Dunkirk disaster. Well, Dunkirk was not the disaster, but the return of the troops. And by then, many more camps had been opened and although I had been completely cleared and given what was then called a 'C Certificate', or 'Friendly Alien', I was arrested a second time because there were vacancies in the camps.

MB You were returned to a camp, at that stage?

WH I returned to a camp and spent quite some months in... on Lingfield racecourse, which was a camp and where I... Unfortunately, the British authorities, who weren't very, shall we say, insightful about this, put the refugees and people like

³ John Kirk (1881-1959)

myself into the same campus as German merchant seamen and their Nazi officers. And that was not funny.

MB These really were unpleasant days?

WH That was unpleasant.

MB That must have been a bad time to go through.

WH Well, yes, it was because there was the Battle of Britain overhead, there were signs on the side of the camp where the German seamen were, saying: 'Jews not wanted here'. And there was really very little insight on the part of the authorities and it was not, not funny.

MB When did you return to medical education after that? Eight months, nine months, you were mentioning.

WH No. Then this time it was only three months, three months out. Yes, that's right. And then, at that time, the hospitals who, under the emergency medical scheme, could possibly treat soldiers were not allowed to receive aliens, even if they were friendly aliens. So I went out, and my wife, at that stage, had moved from London to Oxford, and I came to Oxford without any chance, officially, to continue my studies. And I remember, with continued gratitude, Alex Cooke,⁴ to whom I... who was then the dean, and who gave me quite wrongful permission to attend ward-rounds at the Radcliffe [Infirmary]. And it was not until Christmas that year, Christmas '40, it must have been, when I was allowed back to UCH. As a result, of course, my clinical studies and my clinical knowledge was severely inhibited, and that may well have been one of the reasons why I went into, what nowadays is called community medicine now, or public health.

MB Right. When did you complete work at University College Hospital? Did you go right through and complete before...?

WH Yes. Yes.

MB ...you did war service?

WH No, no. I first... I completed my medical work, medical studies, in November... October/November '41, and then was... I got a house job at UCH. I think they were very generous to give the 'alien problem' a house job, but they did! And after that, what was I to do? I couldn't get into the services, and it was my great desire to go into the services. In fact, I came back at the end, just before the war, from Sweden, where we'd spent a holiday, in order to be on the right side when the war started. But...

MB You really did have a deep passionate concern for fighting against what happened to be a... a country where you'd had a pleasant boyhood and youthful days.

⁴ Alexander Macdougall Cooke (1899-1999)

WH Oh, you're wrong on two scores! First of all, my feelings were positive. I wanted to do everything possible I could for the country which had allowed me to have a second home. And secondly, I never fought against the country, I fought against one individual and his minions. So, let's be quite clear about that.

MB That's cleared that up, I think, very clearly! So we now get you moving from medicine towards a military career, Wilfrid. Tell us something about that.

WH No, no, not quite yet, because I came back to Oxford. I found two locum jobs, one in Cowley, which was quite exciting because, of course, Cowley in those days was full of worker families who'd come from Wales and elsewhere to help in the armament industry. And then one night when I was taking a patient, an infectious disease patient, up to the Slade Hospital, which was then the infectious disease hospital, and the RMO [resident medical officer] there, Eleanor Singer - the daughter of Charles Singer, the historian - and she asked me what I was going to do next, and I said I was applying for jobs and there was the tuberculosis job at the Radcliffe. She said, 'Why don't you take my job? I'm going abroad for UNNRA [United Nations Relief and Rehabilitation Administration], and not only is it twice as well paid, but also you won't only be the resident medical officer, you'll also be an assistant Medical Officer of Health'. And so one night's cup of coffee did it, you know!

MB And you were in the field of community medicine?

WH At a time at which, when you had a job, so short were we on the ground... and at the same time I had the hospital job, I had the child welfare clinic, I ran the scabies clinic at the Radcliffe, I helped with the tuberculosis clinic and so on. So it was one very crowded year.

MB And then came the military?

WH Yes. But during that year, a great friend, Sir Alexander Patterson, who was the Commissioner of Prisons - and I had got close to him in a way that I needn't talk about now - who became increasingly determined that my wish should be fulfilled. There was an evening when he asked my wife and me to come for coffee to University College, where he was having a flat while the present Commissioner was at Oriel. I suddenly remembered that I'd left the lights on in my car. And Alex said, 'I'll see you out.' And I said to Alex, 'Alex, there's something funny in this coffee party. What's on?' And he said, 'Well, I... Wilfrid, I gave my word that I wouldn't say anything, but I can't not say it. You are being vetted by the head of the German Section of MI5', who were then, of course, at Blenheim. And three or four weeks after, I got my summons to become an RAMC Officer.

MB And that was an interesting period also.

WH That was interesting inasmuch as... first of all, I got tropical medicine training, and I had horrible visions of the Japanese War. And, of course, having had a tropical medicine course, I was then immediately sent to the British... what was then called the British Liberation Army, the Montgomery's force. I was amazed that they took me, accepted me for that particular thing. I changed my name, or it was changed for me. I found one day when I got to the mess for breakfast that there was a different

name at my place, and I said to the batman, 'That's not my butter dish.' And he said, 'Yes, sir. But that's your name.' And I had my new name then.

MB Who changed your name?

WH Well, the War Office, because there are two things. We were given officers' identity cards and mine had, first of all: 'Nationality – stateless, formerly German' and my name. And I thought that wasn't a very clever way to invade Normandy with! And through Alex Patterson, first of all, I was sent for by the War Office, and got strips torn off because I'd told Alex that I was in the British Liberation Army. Anyone who was in Kent was, but... and soon after they took nationality out of all officers' identity cards. They were all re-issued, and I got a new name. And the only other corollary to that was that a little while later, when my commanding officer was worried about my status, I was called into his office and a letter was read to me from the judge, advocate's department, which said that the Germans were perfectly entitled to... to shoot me as a traitor, or whatever, but they were pleased to let me know, through the commanding officer, that my wife would be entitled to a pension, as if I was in...

MB Wilfrid, just taking those two years, you were two years in the forces? Two years?

WH In the forces?

MB Yes.

WH I started in '43, and I converted from military into control commission, in the same job, until '48.

MB Right. So this was an important period. And it really did become a very important period because there was very important work to be done after the war that really got you involved in community medicine.

WH Can I just say that the most important thing for me was that I was wounded in Normandy, and nobody could from that moment on argue against my feeling British. I then...

MB So that was a key moment?

WH Very. Very. It was a very nasty situation, and six of my section of eighteen were killed and practically every other was wounded. I was pretty badly wounded myself, but it can only rank as one of the most important positive...

MB This was the first time, perhaps, you felt one of the boys, did you?

WH I always felt... no, I felt one of the boys, but they didn't think that I was! They couldn't any more... any longer...

MB But now you knew you were...

WH Yeah.

MB ...fully.

WH And then, of course, the next marvellous thing was that when the Army gradually found out that (a) I had a public health background, and (b) German, was German-speaking, they translated me into Military Government, and the next thing that happened was that I was in charge of a population of about 350,000 Germans, for health services. And I was in charge for the entire health services in Germany, for that period. And, of course, most of the MOHs had disappeared because they had all been Nazis, and had to be Nazis. And I was virtually on my own. And I finished as head of all the German health service in the Ruhr District of Germany.

MB A unique opportunity. An exceptional opportunity.

WH Well, only inasmuch as I knew that no problem could ever arise in public health that I hadn't seen before. Perhaps that's exaggerating, but it felt like it.

MB And in Germany, at that time, there must have been exceptional problems.

WH Yes. One... I'll give you one example. Essen, probably the largest Ruhr town, had 3,000 sewer breaks, 2,000 breaks in the water system... that was just one of my thirty towns. I made many mistakes, but I learnt an awful lot.

MB When you came back, Wilfrid, how did progress in public health then continue? You went and trained at the London School of Hygiene [and Tropical Medicine]?

WH Well, of course, I came to the to the London School of Hygiene at a most exciting moment. That was October '48, a few months after the National Health Service had started. And the year at the London School of Hygiene is probably my most important and rewarding academic experience. It was wonderful. There was a professor there, I didn't get on all that well with personally, Jimmy McIntosh, who had been Chief Medical Officer for Scotland, and he gave the philosophical and medical social background. There was Bradford Hill,⁵ whom you may know. And there were others of similar influence. And they were, all of us, mature people. We had practically all been through the war in one way or the other. We all had no time to waste because we needed to get into an earning job, and yes, it was the experience of a lifetime.

MB Where to from the London School of Hygiene?

WH First of all, because there was industrial action by the BMA, into general practice for a little while in Middlesbrough, and then to the London County Council, where a job, which was advertised... which sounded utterly uninspiring - that was a medical officer, non-classified, for slum clearance and medical priorities in housing. Although non-classified, it was a one step up. And when, having been selected in the morning at County Hall, and then being ordered to come back in the afternoon, I went

⁵ Sir Austin Bradford Hill (1897-1991)

to an old friend, who was my director of hygiene in the Army and who ended up as a very distinguished psychiatrist at the Maudsley, Morris Markowe. I saw him over lunch at the Maudsley and he said, 'Wilfrid, what the content of the job is is completely unimportant. If you land a headquarters job in a large organisation, it's up to you to sell yourself.' So I accepted the job in the afternoon.

MB And that's how it was to be.

WH That's how it was to be. And although the assessment, with one colleague, of 50,000 backlog medical certificates was not funny, slum clearance was because with a very enlightened boss I was shown...

MB Who was that, Wilfrid?

WH A man called Argles(?), who never got on very well in career, but was a real gentleman, and a marvellous teacher. And, you see, there for the first time, on the positive side, I saw intimately how people lived because we had to go... we had, say, a slum clearance area of 800 houses in the East End; we had to go to every one of these houses and look at it. The public health inspectors, sanitary inspectors in those days, did the detailed work. But as we had to give evidence, we had to be inside every house. And what shook me, and still shakes me, was the un-slum character of slum houses, where people were extremely proud of their tiny houses, with only a tiny yard behind, and the windows were clean and... We committed major crimes by pulling these houses down and putting people in enormous blocks of flats, which, later on, when I was in Wandsworth, I had to deal with... and Putney Heath and also Wimbledon Common. And we were destroying community life; we were destroying shopping at the local village store. We ensured by our so-called positive action that in remote areas like Wimbledon, the women had to go out to work while... and the kids became latch-key kids, all because we worked on certain formulae... that you had to... that you didn't have to have a... that your house must be entered through a lobby and not into the sitting room. And there were twelve points, as I remember. And yes, I was part of this and...

MB You felt guilty, even at that time? Not even... not just in retrospect?

WH I felt doubtful then because you... when authority tells you that this is a proven development... but I felt doubtful.

MB You felt for those lives?

WH Oh yes. And for the real communal life. And, of course, in blocks like that where the husband can no longer go into the back-yard and mend his bicycle, that it is... at best, it's suggested to him that he should go to a common workshop for the whole estate, which, of course, they wouldn't do. But you are losing community, experience in community life, and you increase criminality.

MB And that certainly has been the case.

WH Yes. And I'm... I'm part of it.

MB Wilfrid, we're having to move on at a fair pace in this interview because there's so much to cover. And I was wanting to take you on towards... You had a long and interesting and fulfilling, and tremendous career in public health, and we really probably have to talk about the Camden days, and move on towards the Camden days. Would that be a crime to move on that far at this point?

WH Not at all.

MB You made a big impact in Camden.

WH Not at all, except that... one grew into this, of course. I became a divisional medical officer for part of London and the LCC [London County Council], which meant that you had a certain amount of responsibility...

MB Right. In Allen Daley's⁶ time, was this? This was in... when?

WH This is after. But I must just, because of the scope of the interview, say that Alan Daley, at the... on the third floor of County Hall, made us all read a book with the title: *Public Health is People*. So that's enough to characterise the man. He... he's one of my lesser heroes. And so I grew from this experience, in which you had always someone else on top of you - County Hall, I was in Camden, Islington and Holborn at that time - to the formation of the London boroughs, in which the London boroughs, for the first time, (a) became much larger, for instance, Hampstead and Holborn and St. Pancras became one borough, Camden. And you had, for the first time in London, complete control over your own public health services - personal and environmental. And I was... I can't tell you how lucky I was to get it... and one day I'll tell you how others manoeuvred me into this position, unknown to me. And there I arrived, my first independent command with four individual authorities, the LCC division and the three boroughs, with two colleagues, who had been MOHs of their respective boroughs at the time, and who both had agreed that when the one got it, the other one would be associate, and neither got it, but who were both generous and loyal and positive people.

MB So you had a good team.

WH I had a good team.

MB What date was this? Can we pinpoint this now?

WH '65.

MB '65.

WH I was appointed '64. And if I may just go into the episodic again, in order to sort of achieve the gelling of the team, when it came to the first Christmas, I arranged a party for the whole staff. I actually paid for it myself too, if I remember rightly! And the staff said to me, 'You've got the small town hall, and it's got space for 300, and you've got the large town hall, and that goes over to 1200. Of course, we'll take

⁶ Sir (William) Allen Daley (1887-1969)

the large one'. I said, 'No, we'll take the small, then the public health inspectors must speak to the health visitors, and so on. And this really, you may think it's a little thing, but that was my... my policy, all the time that...'

MB A family department.

WH Yeah. And it became a family department. And I still get letters every year from the messenger of 1966.

MB Wilfrid, around that time, in fact probably just before, developments were taking place that were to shape a critical new institution in Britain, the Faculty of Community Medicine, which I have to talk to you about, because this runs parallel with your work at Camden and public health, because you were deeply involved in the formation of the Faculty of Community Medicine. Can I move you on to that particular rail at present and ask you how that came about?

WH Well, first of all, by then I had become an established, but also extremely enthusiastic practitioner of community medicine. That's one side. But I had also increasingly developed an interest in medical politics, not party politics. I grew up through the Society of Medical Officers of Health on one side, which was not the trade union, the BMA did this, but it was a professional organisation, and the BMA on the other. So that by the time these things were beginning to gel, I was fairly high up on the professional side. I was... I became chairman of the council of the Society of Medical Officers of Health in '66. I had been on the BMA, vice-chairman of the BMA Public Health Committee, so people knew me. That is on the purely sort of development of professional, organisation side. On the little more personal side, I had hero-worship for Max Rosenheim,⁷ ever since I was a student. Max had lived all his life in Hampstead, which was part of Camden. Max taught at UCH, which was in Camden, and Max was president - by then Sir Max - of the Royal College of Physicians, which is also in Camden. So there was this almost incidental link. And he, in fact, gave me what I think was the first post of... well, he influenced UCH to give me the first post of consultant physician in community medicine at UCH. And the other side was that Jerry Morris, the professor of public health at the London School of Hygiene, also had the same geographical link, and Jerry... can I go back to Max... was, by nature, a social physician. As a Medical Officer of Health, I was telephoned one night, at 6 o'clock ... I'm glad I was in the office! And the voice at the other end, said, 'Wilfrid, this is Max. I am standing in for a general practitioner in Hampstead.' He was President of the Royal College of Physicians. 'And I'm in the house of an old couple. The husband has fallen out of his bed and has either broken or strained,' I forget which, 'his leg. The wife is very small and weak. Do you have a night nursing service?' And I prayed it was working that day! And said, 'Of course, Sir Max, I have a night nursing service. You report into the centre at seven o'clock for new cases.' And it worked! But the same Max, I know - and there must be countless stories about him - at one time had an engine driver in his wards with diabetes, and he went to see him in a very modest house in Finsbury, to see how he was going on. So, I mean, he had this social conscience, and he published a book sometime, with a social worker.⁸ And we planned things together, locally, such as the

⁷ Max Leonard Rosenheim, Baron Rosenheim of Camden (1908-1972)

⁸ Garrad, J. and Rosenheim, M.L., (1970). *Social Aspects of Clinical Medicine*. London: Baillière, Tindall & Cassell.

Kentish Town Health Centre, as well as centrally. But Jerry [Morris] had, perhaps, more political... I don't mean basic Labour Party or whatever, but socio-political motivations, and was a determined pioneer. And he, I think, should always be counted with Max as the real progenitors of the Faculty. In the wider sense there had been, first of all, through the new National Health Service, a division of the proper National Health Service, which was hospitals and GPs, and the preventive service and clinic service, which, although nominally was NHS, was still run by the local authorities. And as a result, our people found it increasingly difficult to maintain their status as doctors. That was one side. Then...

MB This is doctors in public health?

WH Yes, their status within...

MB Within the new service?

WH Within the other... in other words, where there was... where you established continuity between a hospital service and the follow-up service, you did it by personality and goodwill and not organisationally. And the same with the general practitioners with attachments and so on, with health centres. And so I think there was a feeling of frustration. And then there were other developments, such as the development towards the Sebohm Report, which took the social services out of the hands of the MOH [Ministry of Health], and these things, together with the more positive desire to form a professional body, moved towards the Faculty. The Society of Medical Officers of Health had tried to convert itself into a College, but curiously enough, because it happened to be a limited company, it couldn't do so other than with the consent of certain influences of power in the Department of Health. And we never got round, we never accomplished this. So gradually, there was this trend, which was then, perhaps, more formalised by the recommendations of the Royal Commission on Medical Education, the Todd Committee, which, in fact, had a paragraph which asked for a professional organisation to deal with community medicine. And may I just say that Royal Commissions are usually influenced by what they are told; they aren't often coming out in original thoughts. So there had been some influencing of the Royal Commission. And this was 1965. And that encouraged the Jerry Morris's of this world, others in the field, to... to try and come together. Now...

MB I was just going to ask you, at this stage, Wilfrid, I was just in my own mind thinking who might have influenced that thinking of that Royal Commission. Rosenheim?

WH Well, I was one of the people who gave evidence, but not the only one. I gave evidence for the... I was one of the people who gave evidence for the Society of Medical Officers of Health. So there was Jerry, trying to get that... there was the Society of [for] Social Medicine, where people like [Thomas] McKeown and [Charles] Lowe and Richard Doll were outstanding, who, I think, originally had in mind something which was rather more an educational establishment only. And they were also, in a way, worried, because half their membership - possibly over half - were non-medical. And so any, as it were, medical format, would have problems. So after a lot of individual efforts: Doll was concerned, primarily concerned; [R C]

Wolfenden, my great friend, who was the MOH of Bristol and held also the professorship of public health there, was... and then by, say, '68, Jerry, I think, seized on all this and persuaded the London School of Hygiene, through its dean, [Edward] Spooner, to call together a few people, that must have been the end of '68. Then, at the same time, Jerry, as it were - I think it was mainly Jerry - influenced Max to assist. And from then on, it really was, though there were a lot of difficulties, a straight run for Max, who had first of all to persuade his own College and then the Royal Colleges of Glasgow and Edinburgh, to think about a Faculty of Community Medicine. And can I just put in a funny story there? When I talked to Max about being an amalgam of a Faculty linked to three Colleges, he said to me, 'Wilfrid, believe it... believe me, by the time one of the three Colleges has found something wrong with what you want to do, and then discussed with the other two, and then find it very difficult to resolve their difficulties, you will have done what you want to do. Believe me, Wilfrid, one way to utter freedom, is to be a Faculty of three Colleges.' I think he was right. And we... all the time I've been associated with the Faculty, we've only been most generously treated by the three Colleges, and there's never been any problem. I mean, we must be very grateful to them. Not just London, but all three. Then, of course, there was the problem, professionally, between the Social Medicine people, who were very largely highly distinguished theoreticians, more or less, who would think... some of them were not even teaching post-graduate students because they thought the standard required was too low for them. And in the end, when we had established a working party, which worked from October '69 to November '70, on which were represented the Social Medicine people, the Society of Medical Officers of Health, the medical hospital administrator, the Scots obviously separately... the problems which arose, first of all, was non-medical membership. Well, I knew, for one, that no Royal College would accept a non-medical membership *ab initio*. Secondly, the name - they didn't like community medicine. We thought community medicine was the one title which couldn't be objected to by anyone else because it wasn't pinching theirs. But, of course, by now the Acheson Committee has killed it, and we are now public health medicine, which semantically, and in other respects, I think, is just unacceptable. And then there was a real sticking point. It seems silly after fifteen or more years, and that was that to enter into the main cadre of the Colleges, in other words, to become members or fellows of the Colleges, Max had originally hoped that members of the Faculty of Community Medicine could eventually proceed straight to fellows of the Royal College of Physicians. But he had difficulties to persuade his own College and the other two. The Society of Social Medicine, who were the least... who from self-interests, had anything to worry about, because they had a lot of fellows already, all the same, fought against this and tried to make this the major issue, because they said, 'If you have to go... if the public health doctors and community doctors have to go through a membership of one of the Colleges, to a fellowship, you are establishing a three-tier system, whereas everybody else has only two.' And this was the sticking point at which, in the end, at the last moment, although we had agreed the setting up of the provisional board of the new Faculty, they decided that they could not go ahead at that moment. This was a very fraught meeting. They had talked to the presidents of the three Royal Colleges - it was in February 1972. Max had then come to the rest of us, we were assembled for this first meeting, and said, 'I'm afraid the Society of Social Medicine cannot come in as members at this stage. Would you accept them as observers?' And I'm afraid I was very naughty because I thought then, if academics, once they come in as observers, will stay observers forever. And I merely said, on behalf of the rest of us, that I fully understood, but before we got any further, could

we too have access to the three presidents and discuss similarly what the Social Medicine people had discussed. And Max said, 'Oh, this would take far too long, Wilfrid. We'll get on with it now.' And I was then elected to chairman of the provisional body, and it was... our first task was, through the executive committee of that new body, to come to terms with the Social Medicine people. And that is, incidentally, where Archie Cochrane⁹ came in, who had not been a party in any of the previous negotiations, and who was fielded by the Society of Medical Officers of Health, and who was quite shocked when it was revealed to him how long the preceding discussions had taken place, how much unanimity there was, how in November we'd agreed we were all together. And within, I think, three months... or would it be six, the Society of Medical Officers became part of this. Sorry, it's a long story.

MB No. No. It's a fascinating story. But there were lots and lots of meetings and difficulties.

WH Oh yes.

MB It's interesting how difficult it was, given the number of factions involved.

WH Let's face it, I mean, I'm talking about medical politics. At the same time, we had to write a programme. We had to sell ourselves to three very senior Colleges by... by saying what we wanted to do, why we wanted to do it, how we wanted to do it. And this was obviously the major issue. I'm merely mentioning the politics of it because they were of more immediate consequence.

MB Right. Wilfrid, we're moving right into the last minutes of this particular interview. It would be nice if you could just wind this session up by telling me how that institute first made itself felt, and how you felt about it when it was running, whether you were happy with the way in which it took to the roads.

WH Well, I was the chairman of the provisional committee, provisional board, and I then, again, became the second president after Archie Cochrane. And the first thing I've got to say is that I felt very bad about letting the majority of members of the Society of Medical Officers of Health down, because the fieldworkers, the practitioners, the clinicians, were by definition not eligible. We will talk about eligibility later. So I, myself, am eternally grateful that the situation was accepted as it was. We then... I think the next terribly important step was the educational policy of the Faculty, because that obviously is the main thing of a child of a Royal College. And what we did, rather like the GMC in their... in their make-up, we established an Education Committee, which had virtually no control over it from the board. I mean, they were quite independent. And we had people of vision and substance, and here I must mention Michael Warren, who was our first academic registrar, who, with their colleagues in the academic disciplines, produced a most impressive programme, because let's face it, community medicine didn't exist itself, so to suddenly to put up training programmes and...

MB Colossal task.

⁹ Archibald L. Cochrane (1909-1988)

WH Mmm?

MB Colossal task.

WH Colossal. And the major intention was to liken it, as closely as possible, to the clinical skills, so that our people are registrars and senior registrars. And one, perhaps the last thing I'm allowed to say, was rather amusing... is that the community physician, under the National Health Service, was never allowed to call himself ... to be called a consultant, although he had the same conditions of service - he was even entitled to a merit award - but they were not consultants until two years ago, after the Acheson Report, and now, we have, in fact, been accepted.

MB So that benchmark has finally been reached.

WH We are now consultants, yes.

MB Wilfrid, it's been marvellous to talk with you about those early events, that foundation, today. Thank you.

WB Thank you.