The College and the NHS

Early days

Before describing the role of the Royal College of Physicians in the setting up of the National Health Service (NHS), it is appropriate to begin by considering briefly its past roles in the maintenance of the public health. The fundamental reason why Thomas Linacre founded the College and Henry VIII granted its charter, was to set and maintain standards in the practice of medicine. At first it was a rather individual affair, the College ensuring, by inspection of credentials and by examination, the competence of individual doctors. When complaints suggested that competence (or at least orthodoxy) was in doubt, the College made formal enquiries; and if there was irregularity, the College could impose a variety of sanctions on the errant practitioner, ranging from fines through withdrawal of the right to practise, up to imprisonment without a requirement for the intervention of officers of the law – a privilege which, for better or worse, we no longer have.

Involvement in concerns about the public health and promoting it came rather later. In the 17th century the corporation of London used the expertise of the College in attempts to stem the ravages of the recurring epidemics of plague. At its behest, the College published advice in 1630 and again in 1665, as Daniel Defoe records in his Journal of the plague year.

The first initiative of the College itself in relation to public health came in 1675 when it resolved to provide free treatment for the sick poor. In 1726 it asked one of its fellows, who was a Member of Parliament, to bring to the attention of the House of Commons the problems of drunkenness, a pervasive evil at that time. In 1782 it carried out its own survey on influenza. Advice was sought by government throughout the 18th century on a range of public health matters such as outbreaks of fever, and on more serious matters too. For example, when war threatened with France in 1740, the Admiralty enquired whether English spirits distilled from malt were as wholesome as French brandy, the supply of which was in imminent danger of being cut off.

By the beginning of the 19th century the College had ceased to take an active interest in public health matters.

Disaster – for the public and the College – struck in 1831 when the Asiatic cholera came. The Privy Council sought advice from the College and a Board of Health was set up. Dissension followed and a second Board was formed from which the College was omitted because it was seen as representing a small body of practitioners who spent little time on public matters and lacked the administrative structure to gather information quickly and make prompt recommendations. From this time on the College ceased to be central to the counsels of government though it commented, when asked, on specific questions raised by the Colonial Office and medical reformers.

The twentieth century

During the Boer War, the military authorities had been much disturbed to find that 48% of conscripts were unfit for military training, let alone service abroad. An interdepartmental committee was set up to consider the causes of this 'physical deterioration' and what could be done about it. The help of the two Royal Colleges was solicited. The Surgeons did not feel they had much to contribute, but the Physicians were somewhat more helpful. What was clear from the report was that the public health had not improved overall since the time of Dickens. Medical services in the 19th century had developed in a piecemeal way based on local authorities but with a chaotic mix of administrations and huge variations in scope from one authority to another. The most enlightened authorities were, as Charles Webster has put it, within sight of providing locally a comprehensive health service. But in other parts of the country, people lived in fear of death or disablement from injury or disease with the horrifying prospect of penury for the family and the dreaded workhouse should the breadwinner be incapacitated.

In the first decade of this century there was also a growing zeal for social reform reflected, for example, in the Royal Commission on the Poor Laws and Relief of Distress in 1909. These pressures culminated in 1911 with Lloyd George's National Health Insurance Act. This, at least, provided a service for manual workers on the basis of regular deductions from pay. However, it covered only diagnosis and treatment within the scope of general practitioners (GPs), the supply of 'proper and sufficient medicines', and a few appliances. The scheme excluded most women and children and did not cover consultant and specialist services or institutionalisation. It was quickly seen to be inadequate. In 1914 parliament voted to extend the scheme to cover specialist services, but the First World War stopped that. By 1917 a Ministry of Reconstruction was at work and recommended the establishment – for the first time – of a Ministry of Health. This happened in July 1919 and the first
Minister, a doctor, Christopher Addison, was appointed. He quickly set up a consultative council on medical matters under the chairmanship of Lord Dawson of Penn, and in seven months they produced what came to be known as the Dawson report. It was, in fact, the outline of a national health service, based on existing services and their organisational support, with, at its heart, the health centre, a place where there would be a convergence of varied medical, nursing, public health and supportive skills. The deepening economic depression meant, however, that its provisions were never implemented.

By 1939 all hope of a rationalised comprehensive service within the foreseeable future had faded as the country prepared for war, but the widespread conviction amongst the public, the profession and politicians of the necessity for such a service persisted. Indeed, one aspect of the preparations for war was of profound importance for the future development of a health service: the establishment of the Emergency Hospital Service (also known as the Emergency Medical Service) in 1938–39. Large numbers of casualties were expected in the light of the numbers occurring in the Spanish Civil War and the belief articulated by Stanley Baldwin that 'the bomber will always get through'. Planning by the Ministry of Health was facilitated by an Advisory Committee chaired by Sir Charles Wilson (later Lord Moran) who at the time was Treasurer of the Royal College of Physicians. The end result was a service based on local authorities with the Ministry dictating the role that each would play. It was so successful that its scope was soon extended from dealing with civilian casualties (which had been fewer than expected), together with the sick and wounded of the armed services, to cover the sick of all kinds – much to the relief of the doctors who had been under-employed so far. This became virtually a national hospital service, putting paid to the gloomy conviction of the medical profession that a unification of the disparate parts of the hospital service (voluntary including teaching, municipal and poor law) was impossible.

Another feature of the Emergency Medical Service was that for the first time consultants and specialists were on a regular, albeit small, part-time salary. This arrangement was profoundly different from that obtaining hitherto, under which their services were honorary. The modest security of this arrangement began to erode the resistance of specialists to a salaried service.

A force for change

To return to the early days of the war, the prospects of a successful outcome in 1940 and 1941 seemed scarcely realistic. Nevertheless, planning for reconstruction, assuming success, went on in both the Ministry of Health and the British Medical Association (BMA) which set up a Medical Planning Commission in 1940. It is at this time that the Royal College of Physicians began to be seriously involved in planning for a comprehensive NHS. It is worth pausing for a moment to consider how the College stood in relation to government: in a word, poorly. It was no longer the body to which government turned first for advice as it did in 1665. It was dominated by London consultants who, as Lord Moran later said in exasperation, had turned it into a club. The College was, he said, 'like an old village from which the main traffic had been diverted by a by-pass'. So little did its President in 1939, Sir Robert Hutchinson, think of its relevance to the great happenings of the time that he suggested it be closed for the duration of the war. The building was in any case locked for most of the time during the 1920s and 1930s, only being opened regularly for Comitia (the meeting of Fellows). Lord Dawson, when he was elected President in 1931, had set out to strengthen the influence of the College on education, research and health, but to no avail. He had invited comments from younger Fellows and Charles Wilson had written to say that the only way the College could recover its influence was by furnishing something which other bodies could not and looking further into the future than other medical bodies. Such foresight characterised Wilson's own approach and was central to his efforts as he became more involved in College activities in the 1930s. In July 1938 he was elected Treasurer and so became more influential on College policy.

In 1940 the College was asked to nominate two representatives among 49 to the BMA's Medical Planning Commission. Charles Wilson felt that the invitation should be declined and that the government should set up its own independent body since the BMA was already committed to certain policies. If the College accepted the proposal, government in future would be even less likely to consult it. At Comitia in October, discussion of the proposal was inconclusive and in December, the counsels of older Fellows such as Lord Dawson and Lord Horder prevailed. In January, however, representatives including Charles Wilson were appointed. The College also agreed to Wilson's proposal that it set up its own Committee to consider the future of the profession and George Pickering, for the Younger Fellows Club (made up of those under 45), wrote to say that Wilson should be its Chairman.

The BMA's Commission formulated plans some of which were quite radical. A draft interim report appeared in May 1942, but never a definitive one because the whole tenor of discussions about a future health service changed with the publication in December 1942 of the Beveridge report.

The Beveridge report

Sir William Beveridge came from a progressive background in the Raj, and early became committed to social reform. At the beginning of the Second World War he had hoped to be given responsibility for the manpower programme, but the Minister, Ernest Bevin, denied him. He was bitterly disappointed. He was, instead, made chairman of a safely obscure inter-departmental enquiry into the co-ordination of the social services. But Whitehall had underestimated its man. Beveridge quickly saw this sideways move as presenting him with the opportunity he needed. Between June
1941 and November 1942, while a succession of military failures and the blitz of London dominated peoples' lives, he and his Committee devised a blueprint for a new post-war society. Though the report was not primarily about health, it contained the famous 'Assumption B', which was that there would be 'Comprehensive Health and Rehabilitation Services' for all. Assumption B was profoundly influential in subsequent thinking about a national health service.

The reception of the Beveridge report now seems astonishing. There had been three years of war without, in early 1942, conspicuous success. The destruction of docks, airfields, industrial plant, homes and life had been relentless, but as the report was nearing completion, the first major victory occurred – the defeat of Rommel at El Alamein. There was a surge of renewed confidence. The release of the report was carefully orchestrated: 70,000 copies were sold in a few days and the whole run of 100,000 copies was sold out in a month. The newspapers gave it huge headlines.

Early action to implement the Beveridge proposals was widely expected for two reasons. First, the need for a comprehensive health service had long been agreed by all concerned. As Webster has put it, 'Beveridge became the convenient focus for a more determined agitation for a new Health Service for the entire population capable of supplying the most modern forms of treatment and care without the humiliation and stigma associated with established agencies of charity, the poor law or public health'.

Second, there was a new optimism, amounting to almost euphoria in intellectual circles bred of the defeat of the axis powers in North Africa and, in June 1943, ascendancy in the Atlantic, when for the first time more ships were built than were sunk. It is interesting to note that even the Nazis, having obtained a copy of the report, turned it to propaganda advantage by claiming that Britain was 'espousing the principles of national socialism'.

The government fully accepted Assumption B; the question now was how to implement it. Although the doctors agreed on the need, their ideas about implementation differed profoundly depending on their primary allegiances – to the BMA or to one of the Royal Colleges. A new President of the Royal College of Physicians, with strong support from the younger Fellows, had been elected in 1941. It was Sir Charles Wilson who became Lord Moran in the New Year's Honours of 1942. He was determined that the BMA alone would not speak for all doctors and especially not for consultants. In keeping with his conviction of the importance of foresight he had already placed the College in a strong position. He had been ceaselessly active since his election in trying to bring the consultants together in a solid block, spoke persuasively at Comitia and corresponded widely. He paid particular attention to the Fellows outside London, visiting provincial centres and talking to local consultants to keep them abreast of his thinking about the future Health Service (and much else besides). He had the support of the universities in wishing to have a consultant-led service. On the BMA side, its administrative machinery made it an awkward negotiating body and there was, moreover, widespread suspicion of the Ministry of Health amongst GPs. Finally, the much regretted absence of the Royal Colleges in an advisory capacity to government for more than a century turned out now to be an advantage: there was less wariness and suspicion of the College deriving from old confrontations such as there was between the government and the BMA. The College was thus in a good position to contribute usefully to the negotiations.

There were three other major parties in the debate. First, the voluntary hospitals including the teaching hospitals. The latter had great prestige, but all had been financially precarious for years and had been rendered more so by three years of war. Second, there was the Ministry of Health which had been developing ideas about a national health service since the 1930s and was the main agent of planning. Its civil servants had strong opinions on how such a service should be structured. Finally, there were the local government authorities with the hospitals and services that they administered – by far the largest providers of health care. These interest groups responded to Beveridge by retreating to their entrenched positions and the preparations for what all desired 'took place', as Webster puts it, 'in an atmosphere of noisy conflict'.

I shall not describe in detail the Ministry's plan at that time. In essence there would be a comprehensive health service based on extended powers of existing local authorities. The radical element was that GPs would be employed directly by local authorities, thereby losing their status as independent providers. This proposal confirmed the worst fears of the BMA. A White Paper was issued in February 1944 and, not surprisingly, was heavily criticised by the profession and the voluntary hospital sector. Another was therefore drafted in early 1945 under the aegis of the Conservative Minister of Health, Henry Willink. This document which was circulated to the profession was never officially promulgated. It represented an unhappy compromise with the abandonment of the long cherished goal of combining planning and execution in the same hands ... [and had resulted in an] administrative system of almost unmanageable complexity.

For the Royal Colleges, Moran – ever alert to the implications of procedural niceties – had won agreement from the Minister that their representatives should be summoned to meetings of the official negotiating Committee directly and not through the BMA. There were, however, difficulties because Moran (who was one of the representatives) was frequently and unpredictably absent because of the Prime Minister's insistence that his personal physician accompany him on all his travels abroad. Not surprisingly, the Ministry officials often declined to alter the agenda. His absences also led to difficulties within the College when he was away from Comitia when important matters (not only related to the Health Service) were to be discussed. Here he relied greatly on the Registrar, Sir Harold Boldero, as Moran's letters show. It must be said, however, that despite these services Moran
The reaction of the *Daily Mirror* to the Beveridge report (2 December 1942), and the key protagonists in the setting up of the National Health Service.
had a poor opinion of Boldero, as a conversation with one of my predecessors as Harvian Librarian, Charles Newman recorded for the College archives, reveals: Boldero was, Moran said, ‘a stupid man ... intellectually ... I don’t think he ever read a book in his life ... I made him Registrar and I regret to say it was a mistake ... he had all sorts of prejudices of the public school variety’. All in all, as the European war ended, the translation of Beveridge’s Assumption B into practice was no nearer than in 1942. Everything then changed with the landslide victory for Labour in the summer of that year.

Aneurin Bevan

The key to the future was, of course, the charismatic new Minister of Health, Aneurin Bevan. He was, as all who worked with him attest, a remarkable man. He was pragmatic and commonsensical and had an instinctive regard for the practical solution. He would in discussion, as Lord Moran told Michael Foot, apply ‘his mind to the matter in hand as if he had been wrestling with it for days. He never appeared tired, never intellectually lazy. He was a rare phenomenon, always ready for new mental adventures’. The accord which was quickly established between Bevan and Moran was another ingredient in the successful outcome of planning for the health service.

Bevan swiftly re-established the Minister’s supremacy in policy making. Within a few weeks of the announcement of the election results on 26 July he had with his small group of immediate advisors drawn up a firm plan. The old aim of a single administration for all the health services was abandoned as impracticable. He proposed instead a tripartite scheme with different forms of administration for independent contractor-providers (eg the GPs), public health and hospitals. It was his proposals for the last which were the most radical. To the surprise and irritation of his senior officials, he pursued the previously scarcely considered alternative of nationalisation which went along with regionalisation of planning. The origin of Bevan’s ideas about nationalisation is uncertain. Charles Webster has cogently argued recently that a key influence may have been The Economist. Be that as it may, the proposal was tried out on his Cabinet colleagues on 11 and 18 October and, apart from a rearguard struggle from Herbert Morrison in favour of local authority control, the principle was accepted. The whole scheme was ready by 21 March for publication of the NHS bill accompanied by a White Paper outlining the proposed legislation.

The profession quickly realised the importance of establishing a good relationship with Bevan. As Moran later told Michael Foot: ‘The Service was inevitable, so it at once became important if doctors were to have a say in things that Bevan, as Minister of Health, should look upon them as allies and seek their advice’. He dined him at home in Harley Street: ‘I felt that we should have a much greater say in things if we could establish a friendly approach to the Minister for he had a way of dividing the world into those who were for him and those who were against him’. The BMA leaders also began with a friendly approach when in October 1945, Charles Hill arranged a small off-the-record dinner at the Café Royal to enable those likely to be involved in future negotiations, to meet the Minister. Those present included not only three from the BMA, but Lord Moran and Sir Alfred Webb-Johnson, President of the Royal College of Surgeons. If the dinner was designed to impress the Minister, it was the reverse that happened. Bevan had already moved a long way from this mining background. In the 1930s he had dined frequently with Lord Beaverbrook, his taste for champagne earning him from Brendan Bracken the sobriquet ‘The Bollinger Bolshevik’. The Café Royal was an old haunt and as he strode in he observed that it was not quite what it was when he and Oscar Wilde before him had made it famous. He ordered a very large plate of oysters commenting, ‘When I was a nipper we could buy that lot for a few pence; then the price went up when Mayfair thought they were aphrodisiacs’. But the understanding with Moran and Webb-Johnson persisted and was crucial in the negotiations.

The protagonists as before, were the Ministry (or rather now, the Minister, himself) the voluntary hospitals, the local authorities and the doctors. Bevan expected difficulties, but he encountered less from the first two than he had anticipated. The doctors, fortunately for Bevan and the future of the Health Service, were divided. The BMA was intransigent, but the Colleges, especially the Physicians, were more amenable. To Bevan’s advantage the uneasy coalition between GPs and specialists that had existed during discussions of earlier plans, had been fractured.

Comitia had a first discussion of the Bill on 15 April 1946, a month after its publication, on the occasion of Moran’s re-election to the Presidency. It ‘approved[d] the central direction and co-ordination of the general policy [on] hospitals...’.

The first parliamentary debate was the next day in the House of Lords. Moran came down firmly in favour of the national ownership of hospitals and concluded with the comment that when it became law the whole medical profession would unite to make it work. Lord Horder – his unsuccessful principal rival for the Presidency on now six occasions – dissented and implied in his speech that the College supported the views of the Colleges of Surgeons and of Obstetricians and Gynaecologists which, he said, wished to dissociate themselves from the proposal for nationalisation of hospitals. Moran, who up to that point had not claimed to be speaking for the College, but for himself, felt he had to intervene and quoted the previous day’s resolution of Comitia.

At the next Comitia in May there was a storm when F M R Walshe attacked the President for representing his own views and not the College’s. Walshe had a famous command of English, especially in the critical, not to say vindictive mode. Incidentally, Moran was not the only President to have trouble with Walshe. His successor,
Russell Brain, was repeatedly criticised over all sorts of matters – not least on what Walsh spoke as his neurological incompetence – leading Brain to pen a delightful clerihew:

This critic
Is parasitic.
He lives by biting
Other people’s writing.

[Dennis Brinton told me that Walsh was the critic in question.]

Despite this unpleasantness, the meeting was a successful one. Moran stressed that Bevan was a reasonable man provided he was convinced that the comments being made were designed to improve the quality of the Bill. There was a long debate recorded in detail in the *Annals* 

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and although there were shades of opinion expressed, the recognition of the need for a better and comprehensive service was widespread. With some minor amendments, a motion embodying comprehensive support for the Bill was approved by 88 votes to 13.

The *Lancet* said of this meeting that it would prove to be a turning point because, ‘For the first time one of the principal organisations of the profession had made a public statement on the National Health Service which emphasises support rather than objections, and offers that support on means as well as ends’. And so it proved, but the trouble was not by any means over. One difficulty was that the Bill gave much power to the Minister to determine details of the Service by regulation, and a second (especially serious in the light of the first), was Bevan’s comment that the profession was not yet ripe for a full time salaried service. The implication appeared to be that some time it would be. The doctors feared that ripe or not, it would eventually be imposed. Some reassurance came from the government’s side and the Bill slowly made its way through the committee stages in the House of Commons and the House of Lords. Numerous modifications of detail were made, but none of principle. On 6 November 1946 the Bill received the Royal assent.

**Lord Moran’s intervention**

Bevan was now ready to discuss with the profession the details under which the Service would operate. Again there was trouble. The BMA reserved its position and in a plebiscite of the whole profession, 55% voted against negotiating. The Royal College of Physicians, by contrast on the 5 December, resolved unanimously that the Negotiating Committee – the one set up in 1944 on which Moran sat – should start its work with Bevan. The Royal College of Surgeons resolved similarly, but because there was much more dissent, the stance in negotiations of its President, Sir Alfred Webb-Johnson, was less certain.

There was then much activity behind the scenes, well described by Richard Lovell in his biography of Lord Moran. The Presidents of the three Royal Colleges met Bevan and a plan began to emerge that had the support of Charles Hill of the BMA. At this stage, the *British Medical Journal* (BMJ) attacked Bevan, who took deep offence and backed off. Webb-Johnson interceded personally with the Minister, and it was agreed that the three Presidents would write a letter to the *BMJ* setting out the contentious points. The Minister, as agreed, replied and was sufficiently encouraging for negotiations to begin. However, a vitriolic correspondence in the *BMJ* followed, much of the opprobrium falling on Moran. One doctor wrote to him personally saying ‘I am glad that you will not live to see the results of your sins’.

Details of the regulations were discussed at Comitia. Some Fellows shared the BMA’s sense of betrayal, but when the Presidential election came round again in March, Moran won decisively over Horder. As far as the College was concerned, progress with the negotiations went fairly smoothly for most of 1947, but in December the old difficulties were raised again in acute form by the BMA. In essence there were four:

1. That the sale and purchase of goodwill associated with medical practices should be allowed to continue
2. The basic salary component of remuneration should be eliminated and payment should be entirely by capitation
3. The controls over distribution of GPs should be dismantled
4. The Minister should not constitute the final point of appeal when GPs were threatened with termination of their contracts.

The *BMJ* took the view that the consultants were ineffectual and the GPs must lead the opposition. A plebiscite was arranged for February and a special representative meeting of the BMA would be held on 17 March. The membership voted 8:1 against accepting service under the Act. Bevan had in the meantime delivered a withering attack on the BMA in a highly unusual special debate on the Bill (which was already passed) in the House of Commons. It thus seemed inevitable that stalemate would be reached on 17 March. At this point, Moran’s foresight paid off. He and the College were seen to be largely independent of the confrontation between the BMA and the government. Moreover, at Comitia at the end of January, he had, anticipating such an eventuality, obtained agreement that all options should be left open. On 10 March he therefore went to see Bevan.

The greatest anxiety for GPs was that a whole-time salaried service might be brought in by regulation. Bevan agreed to Moran’s suggestion that what was needed was an amending Act to lay down that a whole-time service would not be introduced without the sanction of Parliament. This would take time, so Bevan agreed that he would make a public statement. I quote from Moran’s notes: ‘[Bevan] proposed that the three Presidents write him a letter asking for the amending Bill, the exact timing being a matter for future discussion’.

The College and the NHS

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You will have noticed that in this drama we are approaching Easter and therefore the Presidential election. The success of this plan would be heavily influenced by the outcome of the election since once again, Lord Horder, who was deeply against the NHS proposals, was likely to be the chief rival and if he became President, would be highly unlikely to sign the letter.

At that time there were no nominated candidates, but Fellows simply gathered and wrote a name on a piece of paper which was placed in a silver urn. The votes were counted and if less than two-thirds had been cast in favour of one candidate, there was a second ballot with votes being cast just for the two who had scored highest in the previous ballot. And so it happened on 22 March, the day after Palm Sunday. Moran gained 155 votes and Horder 122, a further 60 going to other names. The run off was particularly tense. As Lovell describes it, 'After about 150 votes had been counted Horder got ahead. Five Horder votes were called in succession, but when all votes were counted Moran had 171 and Horder 165'.

So by this narrow margin of six votes the plan was able to go ahead. On 7 April Bevan made his conciliatory statement in the House of Commons. In the House of Lords, Lord Samuel for the Liberals congratulated the President of the Royal College of Physicians for having done so much to resolve the conflict. In this debate, Moran said he trusted that Bevan would be rewarded by the loyal support of all responsible members of the profession. Bevan later said that Moran's speech on this occasion was: 'The most helpful thing said by any doctor in the whole of this business'. Matters now moved rapidly. Another plebiscite showed that 8,000 GPs had changed their mind and were now in favour of entering the NHS. In May the BMA withdrew its objection and the NHS started on the 'Appointed Day', 5 July, 50 years ago.

What was it like? For patients as for doctors there was no practical difference between the week before the 5 July and the week after for, as Sir George Godber has put it, 'A health service is not primarily an administrative machine, but rather a great number of personal acts of care for the sick by professionals who do not wait to find out how they will be paid'. But there was one profound difference: the fear of doctors' and hospital bills had gone. The depth of this relief is reflected in a letter written by an old man to Bevan a few years later, when Bevan was dying: 'Please fight and win Mr Bevan. I have just been discharged from hospital where I have been overwhelmed and humbled by the charity of the health service you have created. To preserve this service you must live. I pray to God that if your affliction cannot be destroyed that I might bear it for you. God bless you Sir. Please live. Many are praying'.

The full story

My story has been of the role of the College in the formation of the NHS. It was, as you have heard, crucial at certain stages, especially at the last. Told briefly, from this perspective, the story is obviously incomplete and runs the risk of bias. Let me try, in conclusion, to indicate the other stories that should be told to produce a balanced picture.

First, the BMA (though it had bitterly opposed the Bevan plan not least because of its genuine fear of loss of clinical independence) had been responsible during the 1930s and early 1940s for keeping alive the idea of a comprehensive health care programme for the whole population. For this it deserves much credit.

Second, the development of the details of the 1946 Act and the regulations represented the culmination of years of work by a succession of committed civil servants at the Ministry amongst whom we should particularly remember Sir John Maude, Sir Wilson Jameson (Chief Medical Officer from 1940–50) who has been called the architect of the NHS, and Sir John Hawton, who has been called its builder.

Third, we must not underestimate the role of Sir Alfred Webb-Johnson at the Royal College of Surgeons. Specifically, he played an important part in the behind-the-scenes manoeuvres that led to the three Presidents' letter of January 1948; and more generally he was able to keep open the lines of communication between the BMA and the Minister because he was trusted by both.

Finally, Bevan himself had his own plans for dealing with the final impasse. But as Michael Foot points out: 'Moran's intervention offered the exact moment for Bevan to make his decisive conciliatory move'.

Moran's achievement depended on a number of talents. He had long been convinced of the need for the College to regain its position in the counsels of the land and to this end brought into its activities younger Fellows and those outside London, thus enabling him to form a balanced judgement of the views of his constituency and to develop his strategy accordingly. He was far sighted. He was determined and he was a persuasive speaker. He carried the College with him and managed to get from Comitia the support that he needed to manoeuvre freely. He was able to withstand criticism and even, as he said in a letter to one of his sons, abuse, if it was necessary to bide his time and to reserve the College's position. He was a master of personal diplomacy – sometimes straightforward and sometimes not. Moran's deviousness exasperated the BMA which christened him 'Corkscrew Charlie'. Something of this is, I think, apparent in Annigoni's portrait of him of which Winston Churchill said: 'Just right Moran: makes you look like a medieval poisoner'. Perhaps. But he was a 20th century fixer, and for that, 50 years later, the College and the service remain in his debt.

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My First 75 Years of Medicine
by A M Cooke DM FRCP

For most doctors, medicine is a lifelong commitment; few, however, have been directly involved in medicine for the greater part of this century. Dr Alexander (Alec) Macdougall Cooke was born on 17 October 1899. After war service with the Royal Flying Corps, he went up to Oxford to read medicine in January 1919, where he later became a consultant physician. Thanks to his diary and his impeccable memory, he has given us a stylish and elegant first-hand account of the fastest and most far reaching changes in the history of medicine. He takes us from the therapeutically impotent days of the pre-antibiotic era to the dramatic impact of penicillin, and from the beginnings of the National Health Service — 'the greatest piece of social engineering' — to today's strains and stresses of imposed changes. He describes, in inimitable style, the pleasures and problems of a consultant physician's practice, the wrangles over academic medicine within Oxford University, the quirky generosity of private benefactors, the foibles of fellow doctors and his happy relationship with students and junior staff. He also keeps an experienced and critical eye on the progress of medical science.

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