

The Royal College of Physicians – ancient and modern

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ABSTRACT – The history of the College's first 430 years was covered in three volumes ending in 1947. It required an entire fourth volume to cover the next 36 years up to 1984. During this time the almost incredible changes and advances in medicine were accompanied by a metamorphosis in the scale, scope, behaviour and attitude of a very traditional College – now housed in one of Denys Lasdun's finest modern buildings. Led by a series of remarkable presidents, the College has met its challenges with considerable panache. It strongly supported the National Health Service at its inception, published ground-breaking reports on smoking and other 'lifestyle' threats to health, and made constant efforts to improve medical standards and defend academic medicine. Its story, as told by Asa Briggs, is enough to provide nostalgia for the elderly and much food for thought for the not-so-old.

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What is our relationship with the past? We don't want to destroy it, we don't want it to destroy us. In some way, we have to come to terms with it.

When he made that statement, Denys Lasdun, architect of the College's home in Regent's Park, was expressing the philosophy of the College, which values its traditions and yet has continued to evolve steadily, with its ground-breaking support for establishing a National Health Service, its work of improving clinical standards and medical education, and its commissioning of a daring modern building. The College has also continued to advise government when invited to do so – and sometimes without an invitation. With the publication of volume IV of *A history of the Royal College of Physicians*, Asa Briggs,¹ eminent historian and polymath, has now given us a rare opportunity to review and reassess the College's changing role and its part in the dramatic events of the years between 1948 and 1984.

Some idea of the transformation of scale in the College as an institution in the years referred to by Briggs can be gleaned from the fact that in 1949 Lord Moran had to tell Comitia that the work of the College, increasing in scale and scope, could not be

done unless the President had the backing of a whole-time medical secretary. Twenty years later the College had a staff of sixty. By 1980 it was 82 and still rising.

1948 saw the beginning of the National Health Service. To those who saw the service in its early years, the remarkable advances in healthcare, the technical developments, and the life-saving procedures which have arisen have been an unending cause for admiration but also for concern, as a clash developed between public hopes and finite resources. In the action-packed period that followed the start of the service, the College faced many problems. Some of its efforts were a clear success, as when it supported Aneurin Bevan's Health Service Bill against the majority view of the medical profession. Other initiatives, like the pioneering report on *Smoking and health* in 1962 and College reports and recommendations concerning alcohol, drug addiction and obesity, are still unfinished business. The choice of Denys Lasdun to design its Regent's Park building has been a triumph. The expansion and modernisation of College functions and services have been impressive. All in all, it is a very different organisation now from that in 1948, when the NHS was established and Asa Briggs' story begins. References to the themes that he has covered do not only provide a flavour of his book but also serve as a check on the way in which the College has responded to new challenges.

In 1944, in wartime, the Coalition Government followed up on William Beveridge's brilliant analysis and published a White Paper on 'A National Health Service', 'to bring the country's full resources to bear upon reducing ill health and promoting good health in all its citizens'. In principle, the British Medical Association (BMA) Representative Committee gave its support, but it subsequently objected strongly to the detailed, legislative proposals of 1946. Lord Moran, onetime physician to Churchill and now College President (Fig 1), decided to ignore his own internal opposition and persuaded the quarterly meeting of the College Comitia to support the proposals.

The BMA, however, had a number of sticking points and, influenced by Lord Moran, Nye Bevan – as Minister of Health – resorted to compromises. Very reluctantly, and on the eve of the appointed day, the BMA agreed to join the NHS. The College's role, however, was not easily forgiven and the *British*

Medical Journal railed against this ‘oligarchy, run by an autocrat’. Moran’s nickname of ‘Corkscrew Charlie’ may not have been invented by the BMA but they certainly subscribed to it. In the journal’s letter pages, Bevan was ‘an uncontrolled dictator’ and doctors who approved of the act were ‘Quislings’. These wounds did eventually heal. In 1983 Sir Douglas Black, the last President of the College considered in this volume, was chosen unanimously to become BMA President.

At the start of the Health Service, as Briggs has noted, the country’s hospitals were in a parlous state. Most local authority hospitals were run with the most meagre resources, and two-thirds of them were built before 1891. Voluntary and teaching hospitals fared better, but while some were well managed and well regarded, others were virtually bankrupt. Inequalities in healthcare provision – still a cause for concern – could be illustrated by the position in the county of Lincolnshire, which had one gynaecologist and no full time radiologist. There were few effective drugs other than sedatives, analgesics, and anaesthetic agents. Sulphonamides were available but proved to have a limited range of action; penicillin and streptomycin were remarkably effective but were in short supply; and when cortisone was first used by Hench in 1949, Asa Briggs notes that 40 head of cattle were required for a single day’s treatment.

In its early years, despite the huge size of the problem, the NHS did well, and Briggs notes that a reformed *British Medical Journal* in 1960 described Bevan as the most brilliant Minister of Health the country had ever had. But Beveridge’s hope that the costs would diminish once ‘the backlog of pent-up demand’ was satisfied proved a mirage. As expectations rose and effective, costly scientific discoveries continued to be made, the NHS was faced with administrative and financial difficulties which were often made worse by poor local access to adequate facilities.

Historically, there had been a steady decline in mortality, influenced especially by immunisation and by the prevention of disease, perhaps more so than by some of the specific therapies noted here. New surgical advances, heart transplants, *in vitro* fertilisation, a range of new antibiotics, and the contraceptive pill all kept up the pace of change and the College, like many other organisations, found some of the ethical considerations challenging. Pharmacological advances were prominent, but after the thalidomide disaster of 1961, the College organised a discussion on ‘The profession and the pharmacological industry’, and a Committee on Safety of Drugs was established soon after. Patterns of disease had also changed when, for example, treatable venereal diseases appeared to be replaced by the more threatening acquired immune deficiency syndrome (AIDS) and previously treatable infections such as tuberculosis re-emerged in a resistant form.

As the College history makes clear, the contributions made by its Presidents varied a great deal. Some made their main contribution in ways that were outward-looking rather than being based on the College alone. Russell Brain (later Lord Brain), Lord Moran’s successor, contributed to national health policy by his outstanding contributions to two Royal Commissions, on



Fig 1. The Right Honourable The Lord Moran of Manton (1882–1977); President of the College (1941–50) – sometimes nicknamed Corkscrew Charlie. Painted by Pietro Annigoni in 1951.

Marriage and Divorce and on Mental Illness, and he presided on committees on drug addiction and family planning. It was, however, left to Robert Platt (Fig 2), the first President to be appointed while holding a Chair in a provincial university, to broaden the work of the College, centred as before on maintaining medical standards and on education. The College Membership Examination remained important, indicating that those who passed it had ‘a knowledge of general medicine that justifies further training as a consultant’; but this now represented only a fraction of its activities. In keeping with the Goodenough Report on medical education, Robert Platt helped to ensure that both undergraduate and postgraduate education involved the rapidly developing academic departments and became less dependent on the contributions of part-time consultants. He initiated College symposia and teachings for groups of physicians in a programme of continuing education that has continued to develop, supplemented by regular scientific conferences. By 1969, College advisors were appointed to each of the NHS Regions, in most cases with a deputy as well. The role of the College as a purely London institution was a thing of the past.

It was also Robert Platt who dreamed of completely new premises for a more dynamic RCP and inspired the move from Pall Mall East to its beautiful home in Regent’s Park in 1964. The power of the President was demonstrated when he actually overruled a decision of the College Comitia, its supreme body, in order to acquire the Regent’s Park site. If a working environment can influence the behaviour of a traditionally conservative

group of people, Lasdun's College can surely claim its part in the changes that followed.

Briggs believes that Platt's was the main influence in almost every choice in the development and construction of the building. As an example, the Censor's room in the new building was lined with the original Spanish oak panelling that had been designed by Robert Hooke for the building in Warwick Lane in the City that was erected after the Great Fire of 1666. This same panelling was later transferred to Pall Mall and finally to Regent's Park where, in Briggs' words, old and new now exist side by side. Authoritarian or not, Platt's presidency produced remarkable results which will continue to be admired for generations. Like his predecessor, Lord Moran, Robert Platt (later Lord Platt) was determined to give clear leadership despite his critics.

In its evolution as an institution, the need for more democracy and accountability had its strong advocates. When RR (Dick) Bomford became the very first Treasurer to break with tradition and present full accounts to the Comitia, the need for modernisation of the College's procedures became apparent. As Asa Briggs has shown, the lesson has been learnt. The College has changed.

The next President, Sir Charles Dodds, was a distinguished biochemist. He was unusual in that he was not a clinician, but his pioneering work on female hormones and on the synthesis of stilboestrol had far-reaching implications for fertility control as

well as for the treatment of prostate cancer and of a number of other conditions. He was greatly respected as a scientist and was Vice-President of the Royal Society. Like Lord Brain he made his chief impact by advising Government and by chairing national committees. From among his many contacts he also recruited eminent people to become Friends of the College. As Sir Cyril Clarke put it, this alone had a major impact on the College's expanding responsibilities by attracting substantial financial help 'to bridge the gap between income and expenditure'.

Briggs quotes a comment that Max Rosenheim, Charles Dodds' successor, was 'a master of medicine in its purest form'. He made his own invaluable contributions, first by sponsoring lectures, courses, conferences and teach-ins in a number of provincial centres as well as in London. He also travelled and spread both his own vision and the College's influence to other countries, by developing strong associations with medical institutions all over the world and providing help in emerging countries. He supported, for example, the University of Ibadan in its crucial formative years, and he made it possible for Sri Lanka to hold the first of the College's MRCP Part I examinations outside Britain. He gave the College an important new direction and, in so doing, gained the warmest of accolades from Karachi, Delhi, and other emerging medical centres.

Douglas Black, in spite of his great abilities, had a less easy time. As onetime Chief Scientist to the Department of Health he was well aware of the importance of academic medicine but in 1982, in a tough economic climate, 17% of London's clinical academic posts were frozen. A House of Commons Committee predicted that 300 such posts would be lost to universities in the following year. In its report on *The threat to academic medicine*, the College expressed its concerns about the long-term future of teaching and research, ignored at the time but perhaps as relevant now as they were then. When subsequently Sir Douglas Black chaired a working party which led to the Black Report on *Inequalities in health*, it provided careful statistical documentation of the strikingly different health experiences and death rates between the rich and poor, and emphasised the importance of preventive medicine. These, together with the health goals that the Report put forward, were warmly welcomed by health service staff but not by the Thatcher government that was then in power.

In Briggs' account, the College Presidents continued to retain their influence, but with increasing responsibilities for clinical governance, the dissemination of information, the maintenance of standards and the improvement of continuing education, the importance of the College Officers, the Censors, the Council and the College Committees increased to the point at which comments about oligarchies and autocrats had become a distant memory. The time when individuals could make instant decisions has not passed without regrets, however. As a postscript to Asa Briggs' notes on Lasdun's building, it was in 1967 that College representatives first met the Deputy Crown Estates Commissioner to discuss the future of the adjacent Nash property in St Andrew's Place, which Lasdun had suggested could be an extension to the College. This meeting was the first of many but there appeared to be nobody who could make a final decision. Michael Tibbs, the College Secretary, called it 'a pan-



Fig 2. Lord Platt of Grindleford (1900–1978), an influential President of the College (1957–1962). Painted by Merlyn Evans in 1963.

tomime in seven acts which lasted for the next sixteen years'. It was not until the last year to be covered in this volume that the Royal College of Physicians moved in to numbers 9 and 10, forming a housing nucleus for the developing College Faculties that were to follow.

Briggs' intriguing account, full of gems and meticulously researched – with some very comprehensive appendices – comes to an end in 1984. By then there were new College commitments in relation to examining, conferences, a new Medical Services Study Group, and new Faculties of Community Medicine and of Occupational Medicine. There were twice as many Fellows and five times as many Members as at the start of this period. The College published its own successful journal (now *Clinical Medicine*), and its many other publications had begun to

provide information and stimulation on an increasing scale.

Since 1984 the pace of change in medicine has continued to accelerate and so has the work of the College. Enough changes have certainly occurred in the last 20 years to provide as remarkable an account as in volume IV. Perhaps the College should be persuaded to commission it.

Reference

- 1 Briggs A. *A history of the Royal College of Physicians*, Volume IV, 1948–1983. Oxford: Oxford University Press, 2005.