

NATIONAL | Life
stories

IN PARTNERSHIP
WITH

BRITISH
LIBRARY

NATIONAL LIFE STORIES

LEADERS OF NATIONAL LIFE

Dame Josephine Barnes

Interviewed by Rebecca Abrams

C408/015

This interview and transcript is accessible via <http://sounds.bl.uk>.

© The British Library Board. Please refer to the Oral History curators at the British Library prior to any publication or broadcast from this document.

Oral History
The British Library
96 Euston Road
London
NW1 2DB
United Kingdom

+44 (0)20 7412 7404
oralhistory@bl.uk

Every effort is made to ensure the accuracy of this transcript, however no transcript is an exact translation of the spoken word, and this document is intended to be a guide to the original recording, not replace it. Should you find any errors please inform the Oral History curators.

The British Library	National Life Stories
Interview Summary Sheet	Title Page
Ref no: C408/015	Digitised from cassette originals
Collection title: Leaders of National Life	
Interviewee's surname: Barnes	Title: Dame
Interviewee's forename: Josephine	Sex: female
Occupation: obstetrician and gynaecologist	Date and place of birth: 18 th August 1912
Dates of recording: 24 th October and 26 th October 1990	
Location of interview: Interviewee's home	
Name of interviewer: Rebecca Abrams	
Type of recorder: Sony Professional cassette recorder	
Recording format: D60 Cassette	
F numbers of playback cassettes: F1073 – F1076	
Total no. of digitised tracks: 8	Mono or stereo: Stereo
Additional material: Summary and transcript. Further comments on the interview by Dame Josephine Barnes (see transcript).	
Copyright/Clearance: Full clearance.	
Interviewer's comments:	

Tape 1 [F1073] Side A [track 0100A0]

Can you tell me where you were born, first, please?

I was born on the first, 18th August, 1912.

Where were you born?

I was born in Sheringham, in Norfolk. Not because we come from that part of the world, but because my mother happened to be there at the time.

And what was your father's name?

My father's name was Walter Wharton - W H A R T O N - Barnes.

What was his profession?

He was Parson, a Methodist Minister.

So did you have quite a strict Methodist upbringing?

Oh yes. Very much so. I don't think I tasted alcohol till I was 20, so I certainly had a, you know, we were expected to go to the church on Sundays. I was allowed to miss the evening services later on, but, certainly when I was a child, we had to go both at 11 in the morning, and at 6.30 in the evening. For some curious reason, I was never sent to Sunday School. We never went to Sunday School, I don't know why. I never could find out.

What was his parish?

Well, this is quite an extraordinary story. My father was born in 1881, and he had a very poor upbringing. His father died when he was 13, his mother had to bring him and his

two surviving brothers and sister up. He started to be an architect and then decided to go into the Church. Qualified as a Minister. I suppose in about 1911, he got married. So I mean, he, they weren't a, Methodist theological students are not allow to marry. I don't think they are in the Church of England either. They weren't allowed to marry. He went to the First World War as a Chaplain, had a very bad time, particularly because he was at the Battle of Somme, where there 60,000 casualties the first day, and he had to deal with the wounded and the dead, conduct the funerals, write the letters of condolence, and I think that really shook him. It was, not very good. But, in 1935, my mother, having inherited some money, took, we all went to Oxford - my father, my mother, who was a musician, my three brothers and my sister - we all went to school there. And my father went up to what is now St. Catherine's, as an undergraduate. And in five years he got a degree in theology.

Where was your childhood actually spent, then?

Well, by the time we settled in our home, in 1946, I reckon I'd lived in 13 different places. I was born in Sheringham, then we spent three years in Basingstoke, where my father had a church, then five years in Exeter over the First World War. Father was away a good bit. Then five years in Scarborough in Yorkshire, then five years in Oxford, which took me up till the time I went up to Oxford.

Where were you actually at school then?

I was at the Oxford High School for those five years, thank goodness. It was a marvellous school.

Just going back a little bit, can you tell me what your mother's full name was?

My mother's name was Alice Mary Ibbetson - I B B E T S O N.

And what do you remember of her?

Oh, I remember a great deal of her, because she's such a, I mean, I think we were all very close to her, not just me and my brothers, but my grandchildren too. She was a very splendid musician. She was the second woman Fellow of the Royal College of Organists, which she got in 1907, when she was, she was 23 then, I suppose, yes. But she was at the Royal College of Music. She went there at the age of 16, which was quite a thing for a Victorian girl to do, in 1900. And she stayed there till she married in 1911. She was a super musician, I mean, a marvellous pianist, accompanist, organist, choir trainer, you name it she could do it.

How did your parents meet each other?

I think my mother came to London, and my dear great-aunt, Anne Jane Taylor, who was unmarried, took a flat in Zetland House, Marlowes Road, down the road here, in Kensington, to look after my mother, basically, because, I mean, she couldn't, you couldn't be, at 16, you couldn't be on your own in London in 1900. So that is what happened. And, so that was it.

So how did they meet?

Oh well, I think my aunt went to the chapel where my father was officiating, and that's how they met.

Did you have brothers and sisters?

Yes, I've got three brothers and a sister.

And are they all still alive?

My sister, sadly, died in 1979. She was a civil servant in the Admiralty.

Where did you come in relation to your siblings?

I was the eldest, unfortunately!

Do you think that actually had any positive effect, being the oldest?

Yes, I do. I think it, I think, I'm very glad that, at least my son, my son's son, my grandson, is older than his sister, she's two years younger. I think my brothers, I have always resented, resented having an older sister, because with five children, the eldest is always left to do a certain amount of the discipline, and I think, certainly my second brother, and, they've always resented my, my being older.

Did you take a disciplinarian role with them, then?

Well not really. But I mean, I think they thought I did. And I was always the one who was blamed. "Why did you let Teddy do this?" You know, sort of thing, I always got the blame, because I was the eldest, I was supposed to be responsible. I was indeed, when I was 15, left in charge of them. I remember my parents went away.

And where did they go?

They went on holiday. In fact, it went very well.

Where were you all living at that time?

We were living in a very nice house in Oxford then, it was lovely.

Do you remember your address in Oxford?

Yes, number 1 Hernes Road. We had two houses in Oxford - H E R N E S - it's still there, I saw it last, last week. And then we lived at 30 Norham Road, my mother bought a house at 30 Norham Road, because my brother was then, my oldest brother was then at Baliol, my sister was at the Oxford High School, and my youngest brother was at the Grammar School, so Mother bought this house, to save on boarding fees. It was a very good buy.

And if you could choose the words to describe your childhood, what would you select?

I would say I was a very happy childhood indeed. And I think that it's rather a reflection on our children to think, you know, when you're a child, you're terribly uncritical. You tend to accept things as they come to you. I never remember resenting anything, until, oh no, not until my twenties, and, of course, the marvellous thing was, that both the school I went to in Scarborough, and at the Oxford High School, we had incredible freedom. And, believe it or not, from the age of eight to the age of 12, I walked across Scarborough twice, four times a day. You couldn't let an eight year old do that now. I never thought, I mean, we never thought anything of it, one just walked. And the same in, in Oxford. The Oxford High School, we had this marvellous Headmistress, Miss A. Brown, and we had to go to school from 9-1, we had a lot of homework, usually three hours homework, but the rest of the time was our own, we could do what we liked, we could go up to London, we could do anything we liked! And, but I don't remember anyone getting into any sort of trouble at all.

And did you have a particular friend at school?

No, I had a lot of friends at school. Some of whom I'm still in touch.

So there were no particular kind of ones?

Not really, not really.

And how much were your parents around throughout this, when you were in Oxford?

They were there all the time, because my father was studying. He was going to lectures, writing essays, he was a student.

So you were all students.

My mother was a great, she knew all the great musicians of the day, and she was a particular friend of Sir Hugh Allen, and she used to go to his score reading classes, she

used to sing in the Bach Choir, and I think she did some accompanying for him too, because she was a wonderful accompanist.

So music and religion were very important elements ...

Oh yes, yes. As a matter of fact, I didn't like, particularly like going to the Methodist Church in Oxford, and I used to escape. And what I used to do was, to go to the Dragon School Service in the morning, which is a lovely service, it's, for somebody, it's almost pagan, but it's a lovely service. My brothers would have to read lessons and so on. And then, in the evening, I was very fortunate, in that one of my mother's college friends, the family were great friends, was Sir William Harris. William Harris was then organist of Christ Church, and I had the free run of the organ loft, and Sunday evenings, turned pages for him. It was rather strange, this school girl going up and turning pages at Christ Church, but I did that for a long time, on Sundays.

Music has obviously been a continuing interest, has Methodism been an enduring ...

No, I'm afraid not. I'm afraid I ... I think by the time I went up to Oxford, when I was 18, I found I really couldn't cope with it any more, but mind you, when I was at home, I would always go to my father's church, because that was, I felt was, you know, normal family loyalty, and I was, we were married by my father, because, again, I felt it was the right thing to do.

Tell me about how you got into Oxford?

Oh, I applied to Lady Margaret Hall. I did the examination, and I did rather badly. I was then accepted by the Home Students, which is now St. Anne's, and then there was an unexpected vacancy at Lady Margaret Hall, so I was allowed to go there.

To read?

Medicine, of course. Physiology, we had to read physiology. But, you see, that was 1930, when there was a quota for women students in Oxford. I forget what the quota

was, 500, I think, something like that, between the five Colleges. There must have been more than that. How many were we at LMH? We were about 200, no, 150. There was a quota of women students, in other words, the Colleges were only allowed to take, I mean, Lady Margaret Hall was only allowed to take, I think it's 56 students a year, and some of whom, the others, the other three were equally restricted. But, in addition to that, there was a quota for women medical students, so that out of 43 medical students, which was a large class, I think there were five women. So, I mean, I just applied, and I got in.

Were you aware that it was a very male-dominated field that you were going into?

I don't think I thought about that. I just thought it was what I wanted to do. It didn't worry me very much.

And where did your interest in medicine come from?

I just, I just, it just came. I mean, you know, like, it just came to me when I was about 13, that this is what I wanted to do. I never thought of doing anything else from then.

And what was it about it?

Oh, lots of things. The idea of service, if you like, perhaps, if one is being high-falutin. Intense interest in the workings of the human body, which I knew I would have to learn. There were all sorts of reasons.

Can you give me any more?

No. I think those were the main ones. I mean, it was just something, I never wanted to do anything else, ever. Didn't occur to me. I mean, a lot of, you see, in those days, university education, 1930s, was very different. A lot of my friends, for example, were undergraduates, and they were on education scholarships, which meant that they were supposed to be committed to teach. Most of them didn't. But otherwise, of course, we

were supported by our parents, unless you got a scholarship. So I didn't, not at Oxford, I got one later.

Why did you go to Oxford? Did you consider going to Cambridge? I mean, you'd been living in Oxford ...

Oh no. And I loved Oxford, I mean, I liked everything about Oxford, I wanted to stay there. I did the five years at school, I wanted to stay on.

And you mentioned that one of your brothers was at Baliol, were any of your other siblings ...

Yes, my next brother was at Hertford and my youngest brother was at Oriel. So I think my parents did jolly well to get four of their five children to Oxford. My father started from nothing.

Were you aware of being a very clever family?

Oh, I don't think so, no.

Was there much discussion of ideas?

No, no, not at all. We'd spend most of our time playing cricket, or rowing on the, punting on the river. No, I don't remember discussing ideas with my brothers at all. They were younger than me, remember.

But as a family, was there a discussion of ideas, or politics?

No, no, no. Not really. My father did, he had his, he was a lovely person, he was a very nice man. Everybody who met him liked him. But he had very very rigid views, and you didn't argue with his views, I mean, you just listened, you didn't say anything.

But did you disagree with his views?

Well, I can tell you one small story. When we were married, and it was Wartime, of course, the Methodist Church then, was strictly teetotal, and no drink was allowed in our house or anywhere. And when we were married, we did have a reception, and we had some white wine. My father, afterwards, said, "You know, I don't think it was right, we had that wine in the Church Hall." So I said, "Well, you know, there's quite a good precedent for wine at a wedding!" And he had to give in on that one! I think that's I think that was about the only time I ever disagreed with him!

What was your mother like?

Oh, she was lovely. Generous, and open, but, rather reserved. I mean, not a person with whom you would discuss emotional problems at all, never. Never ever. They were typical of Yorkshire Victorians, which is what they were.

What are your memories of Oxford, as an undergraduate?

Oh, just heaven. It was lovely. I mean, they were just a wonderful. I had lots of friends, and a lot of freedom. One worked jolly hard. Of course, the trouble with medicine is that, you're always taking examinations. So one had to work, one had friends, and it was just wonderful. I played hockey, which I did enjoy very much.

For the University?

Yes, for the University. And for the County.

And are there any friendships from undergraduate days which have endured?

Yes, I've just been up to stay with a friend of mine in Scotland, last, a couple of weeks ago. I think those friends, the friends I made at Oxford, are probably the ones that have endured longest. I last, the person I was closest to at school, I used to see, but she died last year, which was very sad. When you get to my age group, they begin to die, you know!

And you mentioned that you worked terribly hard. Were there other, I mean, that you played hockey. And did you, were you involved in music?

I sang a lot in choir, and various other groups. What else did I do? Those are the main things, I think.

And how aware were you, at that age, and at that time, of the direction that you were going to take, medicine?

No, not at all. I mean, I had to get a, I had to pass my, what they called the PM examinations, and then I had to take a degree in Physiology. And then I had to go to hospital. And I didn't think much about that beyond the fact that I would have to go and work in a hospital.

Did you think at all about the, the position of women, with regards to medical care?

No, no, no. Not then I didn't.

Marie Stopes had just previously published her ...

Oh, Marie Stopes came and lectured, she came and lectured to us, Marie Stopes. We thought she was a very strange lady indeed.

What did she lecture on?

She came and lectured to us about birth control. You see, it was just about the time she had a famous law suit, with, Dr. Sutherland, which she lost.

What was that about?

Oh, she took it to the House of Lords. It's all here. It's a libel action. And, she lost it in the House of Lords, but paid her own costs, that's what she looked like. I mean, we thought she was very strange, dressed in this sort of thing.

She looks like an Egyptian dancer.

Well, that's what she wanted to be, mmm.

*Would you like me to turn the tape off while youWhat was your impression of her?
Were you struck by her?*

I was too young to understand what it was all about. I was only about 18. I think I thought she was rather strange.

Were there any, oh, what's the word? Turning points, as the undergraduate, would you say, or did the, did the form of your career take shape later on?

I just went on as an ordinary undergraduate, and took a degree. I was very lucky in that I got four years, because I had to do some extra examinations.

Did you live at home, or did you live in College?

Oh, we weren't allowed to live at home. What was the thing, you see, as I told you, there was a quota for women, so Lady Margaret Hall was only allowed a certain number of students, and we had to, we all, I mean, we all had to live in College, and, of course, we all had to pay the full fees, which gave us board and lodgings as well as our rooms and teaching.

Battles, are they called?

No, we didn't have battles. We had an all in, all in, four meals a day. We were overfed! We didn't have to go and buy our meals like they do now.

And were you got up at a certain time, and was it really like a boarding school?

We had compulsory chapel at quarter to nine, quarter to eight, and what was the term, 56 days, seven weeks, yes, you had to sign in for 45 chapels in order to keep, what's called "keep the term." I didn't mind that, I rather liked the chapel at quarter to eight in the morning, and then you went into breakfast, and then you rushed off to do whatever you were doing. But, of course, I was basically a science rather than a medical student then, and so we were, we were in the laboratories most of the time. I mean, all our work was in the laboratories in the morning. We'd have the afternoons free.

But there must have been very very few women doing sciences at that time, in the thirties?

There weren't very many, no.

And did that make it different at all, do you think?

I don't think so. I mean, we just got on with it.

So you weren't particularly conscious of ...

Well, there was this rather peculiar thing, of course, by which the Professor of Anatomy was a Professor called Arthur Thomson (without a P), and his great work was a textbook of anatomy for art students, not for medical students, so he didn't really, he, he was teaching the medical students, but the important part of the department was left to a very remarkable woman called Alice Carlton, who everybody thought was ... and she was wonderful. - C A R L T O N - and another chap called Blake Odgers, who'd been a surgeon. And D.C. Corry who was one of the surgeons from Oxford, from the Radcliffe, he used to come and teach anatomy, so, I mean, we had to work quite hard to learn anatomy, and we had a viva. You do a part, then every week you had a viva, and you had to pass that in order to get signed up for that part. And these are not, these were not necessarily Oxford regulations, they were General Medical Council regulations, where all students had to dissect the whole body once.

If you weren't conscious of, of the direction your future career was going to take at this point, nevertheless, were there areas of your degree that interested you more?

Well, oddly enough, no. I, well, I can say this, I'll say just one thing, which I haven't told you, I was talking about Arthur Thomson and his staff, he thought it was indelicate for young men and young women to dissect the body together, so the young women were relegated to his, to his studio at the top of the building, because he was an artist, as I say, author of this Anatomy for Art Students, so I found myself up there, alone with a corpse for quite a long time, and a book, and told to get on with it. And I really found it rather difficult to begin with, so Alice Carlton came and rescued me, and then everything was all right. I don't think anybody knew I was there!

It must have been absolutely terrifying!

No, not at all. I mean, one just got on with it. But I would think the Oxford Medical School, the Oxford Physiology School, there were several, there were some very very famous people. There was Sir Charles Sherrington, O.M., F.R.S., who was the Professor of Physiology, who was a poet, had come from Liverpool, and his great thing was the nervous system, and a lot of our physiology was very much directed by that, but, of course, we had to learn the rest of it. There was a chap called Douglas, who had worked, worked on respiratory physiology, and had actually been to the Andes, to see what happened to your breathing at high altitude, it's all very primitive compared with what they do nowadays. And then there was Sir Rudolf Peters, in biochemistry, and we had to learn that too. And he was looking for Vitamin B₁, which he never found. Lord Dodd found it in the end, I think. So, you see, we had a pretty wide, we had a lot of things to learn, we had an awful lot to learn, because we had to learn all about the digestive system, the nervous system, the heart and lungs, and the locomotive system, and you know, there was a lot to learn.

What was happening, I mean, in the medical profession at that time? I mean, was this a time of important discoveries? Or, what was going on?

I really can't remember the 1930s. I don't remember that there was all that much going on. It really blossomed when we got to the Wartime in the 1940s. But I wasn't involved in it then, you see, I wasn't involved in medicine. I was a science student, I wasn't a medical student, basically.

Right. What did you do after Oxford? You got a First, did you?

I did, yes, mmmmm, yes. I did. I went to, I got a scholarship to University College Hospital Medical School in London.

When was that?

In 1934.

And that's when you started specialising?

No, not until, I had to qualify in medicine first, so I didn't start specialising then, no, certainly not.

But you, you became a medical student rather than a scientist, so ...

I became a medical student, yes, which meant one had to go through all the branches of medicine. And again, one had to be signed up. I think it's a bit different now. But, I mean, we had to do, I did medicine, surgery, pathology, bacteriology, pharmacology, and we were examined in all these things.

How often?

Well, the exams would come at various times. Forensic medicine we had to do, hygiene we had to do, which was public health, obstetrics and gynaecology we did towards the end of the time, but, you know, one had to go through it all. You couldn't, orthopaedics, fractures, ear, nose and throat, which I never could understand at all! We had to do it all, you see.

How many women were there on that course?

UCH, because, they didn't like it, but they were given a special, they were given a special endowment of money to admit 12 women medical students a year, and they took eight from University College London, and four from outside, so we were a fairly select lot.

And how many men would there have been on the course at the time?

Oh, about 60, I should think. So we were one in five. It ran at about one in five, the same as Oxford.

Do you think there were, in fact, advantages for women, in being in such a minority?

Oh yes. Enormously.

For example?

I think that one was, you know, when it's one to one, emotional involvements become much easier, become much more pressing. When it's 1:5 most of us got on with our own arrangements, if you know what I mean. But I don't think it, I think it did give us a certain advantage. It made us rather conspicuous, mind you. It meant we had to behave ourselves, and we had to work.

So it was, it was almost a sort of inverted advantage? Because you were more noticeable, you had to work harder, you had to be better?

Well, that's right. Yes, I think so. And, of course, I suppose we had to be better, because, I mean, unless you were good, you see, you didn't get in at all.

And was there a sense of solidarity between the women who were this minority, or not?

Well, again it was difficult, because the eight who came from University College, were six months ahead of the four of us who came from Oxford, there were three from Oxford, I think. There were some from Cambridge, did come, but I think three of us were from Oxford, and I can't remember where the fourth one was from. But, sorry, you were asking me?

Whether there was a sense of solidarity?

No, I don't think so. We had our own common room, but the eight who came from University College were six months ahead of us, and at that stage in your life, a difference of six months, is a very considerable difference indeed.

That's quite an odd arrangement, isn't it? Why did they come up earlier?

Well, it worked quite well, actually. Instead of us all qualifying together, you see, well, the London University people were qualified, they, they qualified in May, and we qualified in July, so that, from the point of view of getting jobs afterwards, we weren't all coming in together, as they do now.

And were those friends that you made then, who've remained important?

My best friend went to Australia, my other women friends, I don't know what's happened to them. I never see them, except one. But they're not particularly friends of mine. I mean, I still know a lot of people who were students with me, the ones that have survived. A lot died. Some were killed in the War.

Apart from that you had your own separate common room, were you otherwise trained together, the men and the women?

Oh yes, absolutely.

And was there a range of age, or were you all roughly the same age?

There were one or two older students, not many.

And did you know, at that stage, where you were going to? Or were you all free ...

Well, the great thing, you see, you wanted to get qualified, and you had, as I've told you, we had so much to learn, the main thing was to get qualified.

So there almost wasn't time to think?

Well, of course, but, no, one just got on with the idea, that the first thing to do was to become a doctor and get a house job, that was the important thing. Because you weren't launched until you did.

You've mentioned some of the advantages of being in the minority, were there, nevertheless, disadvantages?

I don't think, I was never very conscious of them. I just got on with what I had to do. Again, when I was, I went on, I did a lot of singing still. I sang in the London Philharmonic Choir, which was marvellous, because we had people like Sir Thomas Beecham and Fert Werngler conducting us. I sang in a smaller choir, called the Goldsborough Singers, so I had, you know, I did all that. And I started off playing hockey, then I refused to play for the University of London. I thought if I'd already played for Oxford, I didn't refuse, but I didn't apply. I used to play for University College, London, if they were short, I would play for them. What else did I do? That was it.

Where were you living at the time?

Oh, I was terribly lucky. End of Tape 1 [F1073] Side A

Tape 1 [F1073] Side B [track 0200A0]

Where were you living at that time?

Well, I was jolly lucky, actually. My mother, who was, in some ways rather, for all her sophistication, was slightly naive, knew of a place in Cartwright Gardens, which has, mercifully, since been demolished, where a friend of hers who had been a medical student at UCH, had lived, I knew this friend too. And so I got this bedsitting room in Cartwright Gardens, and it was the most ghastly place. It was full of, elderly woman, well, elderly to me, women secretaries. You see, what you've got to remember is, that between 1920 and 1940, there was a surplus of about two million women in this country, because two million men had been killed in the First World War, and so these poor ladies had no, little hope of marriage, they all had to earn their living, and they didn't earn a very good living. I mean, they were secretaries, I don't think there were any teachers even, they were mostly secretaries in the City.

How old do you think they actually were, I mean, they seemed to be old.

Oh, I would have thought, 1930, I think they'd be in their forties, probably, forties or fifties, some maybe older, some of them were older. And it was a terrible place. I mean, it was just that I didn't like it perhaps, but it was terribly funny, because there were, I had this room, the place was infested with mice, and one Sunday, I was very rarely there on a Sunday, because I used to go to Oxford most weekends, there was a scream from one of the rooms, and one of the good ladies had decided she'd change her bed, turn her mattress. She found a mother mouse, and a whole lot of baby mice under her mattress! Certainly the mice came into my room, until I realised that the only thing to do was to put all food and paper out of the room, and then they didn't come any more. But then I met a lady, a very nice lady, who was the secretary, the then secretary to the editor of the Daily Telegraph.

Who was that, do you remember her name?

Miss Wilkinson her name was. I can't remember who the editor of the Telegraph was then, and she had taken a flat in Handell Mansions, which is still there, round the corner, and she said would I like to have a room? So I said, "Yes please, I very much would like a room." And she was terribly kind to me, I must say. I had this room for 16 shillings a week, which included my gas fire, my hot baths, and what gas I used for cooking. And light. The only thing she said I wasn't to have a gramophone. If I had a radio I was to play it very quietly. And so I did that. And I just lived in that room for three years, I mean, for two years and nine months, and it was marvellous.

When you say you went to Oxford for weekends, was that home?

Yes. My mother was still in Oxford then.

And where was your father?

Well, he was, where was he? He was in Liverpool part of the time, and my mother used to commute up and down to Liverpool, but she kept the house on in Oxford, as I told you, for the benefit of my two brothers and my sister.

And did you still see quite a lot of each other, as a family, at that time?

Oh yes, I mean, my brothers would be at home when I went home.

So they would go home.

But, I mean, my brothers went to Mill Hill School, because they went to boarding school, you see. And my youngest brother went to Kingswood, so they were at boarding school. My sister was at the Oxford High School till, till the family moved to Cardiff. Now, when was that? 1937. And then she was, what was she, 1919, she was 18, she went to Cardiff University, and read Classics and Archaeology.

You must have been in about the middle of your medical course by then?

Well, I was half way through. Four years in Oxford, and three years in London, I was more than half way through.

And, what happened after that? What happened after you finished your training, medical training?

Well, I got a house job.

Where?

At UCH, and there again, there were very few house jobs, and they were allocated. You had to take an examination for the house job, and I qualified in July, and I had to wait until November to get a house job, and even then I had a six months job, which was unpaid. It's rather hard to go to your parents and say, "I've got a job, but I'm not going to be paid anything", after seven years.

What was that? What were you doing?

House physician at University College Hospital. It was a very good thing to do. But, in order, partly to fill in that time, I went round to the BMA House, British Medical Association, they had a locums, and I got a locum in Cambridge, so I spent a month in Cambridge, as a general practitioner. I was very wet round the ears, I'd only just qualified! I was full of confidence. I didn't think anything would go wrong, and it didn't, actually. I delivered a baby. I'd delivered a good many babies when I was a student. And I thought, "Nobody died, so I could practice very well." I worked quite hard.

Where was that practice?

In Cambridge, Newnham Road, it's still there. My son's in it now, which is very, but with no influence from me. He would be the first to say that. He was very anxious when he applied for it, that no one should know who he was, of course, they all found out! But never mind!

There weren't any crises at all during that time, that month?

The only patient who defeated me, this is, this may seem very strange. How old was I then? 24? No, 23, 24. The only person who defeated me, was a mother with a baby with a feeding problem. I hadn't the slightest idea what to do about it!

What did you try and do?

I had to go and pace the floor with it! I told her to give it a bit more food. I don't think they were feeding it enough. The mother had some rather peculiar ideas about breast feeding, and so on, which some mothers do. That was the only thing that defeated me.

What do you think you would have done now?

Oh, I could have had it tested and weighed, and I'd have seen what food it was getting. I'd probably have given it a bottle, even if the mother, I'd know what to do now, I mean, having had three children myself, I know what to do now! But, I knew a bit, because, you see, my youngest brother was ten years younger than I was, so I had quite a lot to do with his upbringing, in a babysitter.

In what sort of way? How?

Well, I mean, I could bath him and dress him, and that sort of thing.

And would you have been allowed to feed him and change his nappies?

Oh yes, oh yes, certainly. Of course. I was very confident. I've always been rather, perhaps, over-confident. I was a very confident person in those days. You know, it never occurred to me I'd fail in anything. There we are.

It doesn't sound like you did, either!

Well, we lost against Cambridge once! We won twice! And I played. And I was very cross about that!

What position did you play?

I played right half, for choice. And on this occasion, I'm afraid, all our best team, it happens, well, the best team all left, and I was left, and I played centre half, which I wasn't good at, I shouldn't have played there at all. And we lost 6-4. We won the other two though.

Tell me about your, the house job, how did you find that?

That was marvellous.

Can you describe what a typical day would have been?

Well, for one thing, we all had to live in, be resident. And there was no official time off, at all, in six months. So, if you wanted to go, I went to the theatre and the opera a lot when I was a medical student, by the way, I should say that, and John, who was my current boyfriend, and I, we used to go to the Old Vic, or Sadlers Wells, pay 6d. in the gallery, and I saw so many plays, and so many operas, I don't particularly care for ballet, but it was marvellous, we really ... and I went to other concerts too. One summer, my parents gave me, for my birthday, in August, a season ticket to the Promenade Concerts, which were then at the Queens Hall, and I could walk from my flat, you see. And I was there the whole of the eight weeks of the Promenade Concert season, working in UCH, so I could go to any concert I liked, which was wonderful. So I would perhaps, you know, go and hear one, one concerto, or one symphony, I wouldn't necessarily stay through the whole of every concert, every day. That was a marvellous musical education, I can't tell you. Sir Henry Wood was conducting all that time, and I used to sing with Sir Henry Wood too, in the Philharmonic Choir. And in his Semi Chorus, which was quite an honour.

Why was music so important to you? Where did that come from?

My mother, I think. But, I mean, music's important. My next brother, Francis, writes music now. He's a barrister, and we go singing together in the summer. We went to Norfolk this summer. We used to sing together in the Bach Choir, because there's only, less than two years between us. My sister was a competent singer and pianist. My youngest brother's very keen on listening to music, never, never came as a performer. But my children, and grandchildren, you see, are all terrific musicians.

Do you think it's in the blood?

It's in the genes, I think. I think it must be. I mean, my second grand-daughter, Alice, is a terrific cellist, I mean, she's, I went to, went to Evesham to hear her play the Shostokovitch cello concerto which she's playing four times in the United States, they're going off there tomorrow, so there's plenty of music around there.

How old is she?

17. Not bad. So that one, that one on the right there, Alice. My son-in-law, Martin, is the organist at Westminster Abbey, that's him over there. So, there's a fair amount of music around!

So music really is vital?

Well, it's part of the family, it always has been, and there's never been a time when one wasn't without music, you know. Even in the wartime, I mean, one got quite good music on the radio.

You mentioned that there was a period in your life when you were really going to the opera and theatre a lot.

Yes.

I mean, were there any things in particular that stick in your mind?

Well, I mean, there were people around, you see, one didn't think anything of, people like Olivier, and Edith Evans, and all, all the great names of the 1930s. I get them a bit confused because we went to a lot of theatres and opera during the War, because it was the only thing to sort of relieve one of the appalling boredom, as it were, of sitting in the blackouts.

But are there any other, are there any particular stunning performances that you ...

Well, I did go, one Sunday afternoon, I went to the Albert Hall, and I paid 6d. and I climbed up to the gallery, which is quite a climb, if you've ever been there. And I heard Kreisler play three violin concertos, one after another. I think it was, I think it was probably, it may have been Beethoven, Beethoven, Brahms, he played three, three violin concertos, one after another. It was a pretty remarkable afternoon. Fritz Kreisler.

Let's go back to you describing your lifestyle once you'd got the job, the House job. You said that you lived in, and that there were no official off times.

Yes.

What else?

Well, in the morning, you would be, if you hadn't been, if you weren't called out, you would, I mean, this was a medical house job, it was really, honestly, comparatively leisurely, it was very nice. There was plenty of time for reading and so on. A cup of tea would be put down beside you, and then you would get up and you'd go down to breakfast. We lived in what was called "Residence", which was, the height of ambition, looking at it now, it's the most awful sordid place, but we had, you had your own room, which was jolly nice, and then you'd go on the wards, or the outpatients, and you'd go on the wards, where you had to write all the notes, of course. And then as the chief came in, you would do a round with, do a round, you'd do a round of all the patients. And then as the chief came in, wouldn't necessarily come in every day, you would do a

round with the chief, and possibly with the medical registrar. We didn't, there weren't the number of registrars there are now. It was really, between, we were directly responsible to the, to the consultants. And there were two very nice consultants. One was called John Hawksley, who's still alive, and his main interest was in stomachs, so we had to do gastroscopies at 9 o'clock on Monday mornings. And Andrew Morland who was the most delightful man I could possibly know. He actually had had tuberculosis himself, and had been in the Davos, which, of course, is the scene of the Magic Mountain by Thomas Mann if you know what I mean, do you? Yes. Davos I think it was called. And he taught me about chests and tuberculosis, and then he gave me two months in the summer, I went to the Mundesley Sanatorium, which was a private sanatorium, basically, of people with tuberculosis, and I spent two months there.

Where is that?

It's in Norfolk. It's not far from the sea. Quite near Sheringham, I think, quite near Sheringham. I had a marvellous time there, two months there.

Why? Why was it marvellous?

Well, it, well, we were in the country, it was lovely. We had a golf course and tennis courts next door. I even had a girl come to stay with one of the staff, who was preparing for Wimbledon, and I used to practice against her, so my tennis improved quite a lot. And we were off duty alternate days, which meant that one day, you see, you'd get up at 7 o'clock in the morning, and you'd go and see all the patients. I always saw every patient, so you'd have breakfast. Then the chief came in. He lived out. And we took the X-rays. I took the X-rays myself. And I did the pathology, I did all the bloods, and bacteriology, and we would have a discussion on each patient, as to what they were to do that, well, what was to be done for them, where they should go. Then we'd have lunch. Then I'd be free that afternoon and night, until 10 o'clock the next morning. Well, which evening would I be on? I'd be on the night before, I was on at 7 o'clock in the morning. So the next night I'd be on at night, if you see what I mean. And I'd probably be on all the weekend. That was wonderful. But to come back to UCH, then, you would have lunch, then, there were all sorts of things to do. But dinner was a

formal meeting, a formal occasion. And the dinner was at the Residence, and there would be about 20 of us - the RMO, the Resident Medical Officer - who was a bit senior to us, we were just qualifying, you see, we were very newly-qualified. And dinner was a formal occasion, presided over by the RMO, and if you were late, you had to apologise to him, and you weren't allowed to come in to dinner in your white coat, though you could wear your white coat for breakfast, or lunch, or tea. So it was, you know. I think it was a marvellous six months. They don't get it now, I don't think.

Do you think it was also very good training?

Oh yes, of course it was.

Because, you were so involved in it, and there was nothing but work.

Well, what was nice was, you see, that you had all these colleagues, and the, the talk that went on between these young doctors who were all doing different, we were all doing different bits of medicine, you learnt such a lot from the contact with them, which they don't get now. You know, I mean, you might sit next to a surgeon at dinner, or a gynaecologist, or, or somebody doing something quite different. It was very different.

So you really lived what you were doing?

Absolutely. Mmm. Yes.

And how, how is that so very different now? I mean, certainly the hours that people work would suggest that they ...

We worked the same hours.

You worked the same hours?

We worked longer, because we worked 24 hours a day, seven days a week, which is 168 hours, I think. But we weren't working all that time, I mean, we were expected to be

there all that time. And one would get called out at night, quite often. And then the other thing I had to do in that job was, I had to do, you see, it was all very different. Those were the voluntary days, before the Health Service, and all the chiefs were volunteers, they weren't paid, they were only paid for teaching. They had, they relied on their private practice, to live. And I think some of the younger ones probably had a pretty tough time. We were not paid at all.

You weren't at all? So how, how were you funding yourselves, and how were you living?

Well, we were given, what, the applications for these jobs, they were board and lodging and laundry. So you got your, you lived free. I had a little money left over from, I had a little money fortunately. My mother had given me some capital, I had a little money. I had enough.

But that's,

But you hadn't got time to spend any money.

But nevertheless, that must have discriminated against some people who wanted to do the training but simply couldn't afford to.

It, well, there were quite, some of my contemporaries would go straight into practice, as I did to begin with. And some of them, of course, would have fathers, you see, practices were bought and sold in those days, so if father had a practice, if he had a son, if he wanted to leave the practice to his son, the boy would be expected to go straight to the practice as soon as he qualified.

What about people, though, who were coming from quite different backgrounds? I mean, were there such people, or not?

Not really, no. I think we were mainly, mainly, and always, the medical students then, were always, the Oxford students were a much broader, the medical students were

almost all middle-class, a lot of them had been to schools like [inaud]. They hadn't been to the top, to the top, necessarily been to the top public schools, in fact, I don't think they had. I don't remember them. There was one Etonian I think. Some from Rugby, Harrow, but, Winchester, but most of them had been to schools University College School, or various grammar schools, but, I mean, we were firmly middle class, very definitely. There were no working class children there.

And the other women who, who were there, were they women from very similar backgrounds to yourself?

Well, Rebecca had been to Somerville when I was at LMH, she was the, they were a Jewish family, who'd come here, I think she was second generation, probably, from Germany.

Rebecca?

Bizik her name was. She's, she then married somebody called Dixon and went to Australia. The others were mainly middle class families, yes. They'd be bank managers children, perhaps, or, you know, I'm not being, denigrating bank managers, but, I mean, you know, that was the sort of, there was no one strict, I don't remember any boy or girl that came from a strictly working class family. Though, of course, University College, University College School, and UCH always had a very strong Jewish entry, there always was, and there were a lot there then. And some of them would come, probably, from immigrant backgrounds. But they'd be quite prosperous.

You mentioned that it was a very good, very thorough training. Can you compare it for me, more directly, with the kind of training that people get at that stage now? I mean, what would you point to about now that, that you think is not so good?

I was saying, I taught students. I think it's always been good in this country. I don't think it's, it's just different, because medicine's changed. What I was going to say is, that, because of the Honoraries, the fact is, people were Honoraries, at four o'clock in the afternoon, one of us house physicians had to go and do anaesthetics. And I gave

about 200 anaesthetics in that six months, because the Honorary Anaesthetist would leave at four o'clock, to go off, to give anaesthetics in nursing homes, and earn their living, but they would be paid. Or dentists, they would go and give anaesthetics for dentists. So I did a lot of anaesthetics in that time.

Was that not quite risky?

No one died that I gave an anaesthetic to, no. I became quite good at it. The anaesthetics in those days, were not as nice, pleasant as they are nowadays, but at least they were much safer.

What were they?

Mostly chloroform, or ether. I know chloroform's supposed to be dangerous, but no one I gave chloroform to ever came to any harm. And the main thing was, you see, that you had a mask, and you put the ether on, and if anything went wrong, you just took the mask off, and the patient would breathe air, got air. So it wasn't, you know, as I say, it ...

Why were they unpleasant?

Oh, they'd make you awfully sick, if you had an ether anaesthetic, you'd have sickness and gastric irritation the next day. They were just beginning to bring in the machines to deliver anaesthetics then, and they were quite safe too, though. Because again, if you, we didn't have the, you see, it's the powerful drugs they use nowadays, this is the danger. We didn't have relaxants, we didn't want paralysed people, and we just, we just put them to sleep.

But, I mean, clearly there are fashions and trends in medicine as in everything else. What, looking back, I'm not saying what were you aware of at the time, but, looking back, can you see that you were being trained in the context of any particular medical fashion?

The fashion of the 1930s.

Which was what?

Well, it's what I've told you. I mean, there wasn't a, it was almost a cottage industry. I mean, we hadn't got the powerful drugs they've got nowadays. We hadn't got the elaborate machinery they've got nowadays, it's this that takes up the time of the junior doctors. We hadn't got monitors, and we had electrocardiograph, probably, but they were pretty primitive ones. We had X-rays, of course. We had some quite expert pathology, but it wasn't like, I mean, now it's all, the sciences, I think it's quite different, the physics and the mathematics have come in, which we didn't have.

This was six months training, is that right?

That was six months, yes.

Right, then what happened?

Then I went to Windsor. I did my two months in Mundesley, it was lovely, it was in Norfolk.

How is that spelt?

MUNDLESLEY. Then I went to Windsor Hospital for six months.

Working?

As a house surgeon. There I was doing surgery, well, I was doing some midwifery as well. I think I had pretty well decided at the time I qualified, that I would do obstetrics and gynaecology, that was pretty well decided, and I remember, I did go and see the Professor of Obstetrics, Professor Brown, and said, "I think, sir, I would like to do obstetrics." And he said, "Now, look, Miss Barnes. Go away and learn some medicine and surgery, and come back and see me." So I did that.

Do you think that was good advice?

Excellent advice. Excellent advice. I wish I'd learnt more surgery.

So when did you actually qualify?

1937.

And you were married by then?

No, no, I wasn't married till '42. No students were married, no, no. In fact, there was a, there was the odd, no one was married in the Residence at all. The odd one who was, they wouldn't allow the wife to sleep with her husband. I had great difficulty, after I was married, and I was still living in the hospital. They wouldn't even, although I offered ration books, although I offered to pay, they wouldn't even let my husband have breakfast in the hospital. They were very anti-marriage. It was considered quite, not the done thing at all, to be married.

Because, I suppose, it would distract you from what you were doing?

That's right, I think so.

So after you qualified, can you explain the sequence of events after that?

Well, I told you, I went to Windsor.

For six months.

Yes. That was marvellous. Then I went back to UCH in 1939, it must have been, February '39, yes. And did the house job in gynaecology and obstetrics there with J. Browne (with an E on the end of his name).

How had you come to decide upon obstetrics?

I just liked it when I did it, as a medical student. We had a very, we had a very, we had very much better training than they get nowadays in obstetrics. We had to deliver 20 babies.

In, what, just 20 babies during an allotted time?

No, we had two months. We had six months of obstetrics and gynaecology, now, they get eight weeks. And we had to deliver 20 babies, and there was, I mean, of course, in those days, I forget what percentage of births took place in hospital, it was very low, something like 20%, I think, so I delivered six babies in their own homes, on the District. Later, I did a flying squad on the District, so I delivered my 20 babies, and I enjoyed that.

What was it about that area that you enjoyed?

Oh, lots and lots of things. First of all, that you're dealing with pregnant women, you're dealing with normal women, doing a normal event, and I enjoyed that. And secondly, in gynaecology and part of the obstetrics, there's an element of surgery, and I always enjoyed operating. In fact, when I was at Windsor, I did quite a lot of operating on my own, general surgery. There seems to be people who have survived my ministrations! Oh, I just generally liked the whole, the whole set up. I liked the variety of it, that you had, I mean, I read a thesis on "Pulmonary Tuberculosis in Pregnant Women", now that was interesting, you see, because it combined my medical training with my obstetric training. I could do the, put the two together, so, you know, there was so much to it, that I enjoyed it.

Is it fair, do you think, to say that you're, the appeal of obstetrics was more intellectual than ideological?

I don't know, I don't think I was thinking about breeding women for drudgery, or, or the role of women in society, in particular. I've never been a feminist, and I'm not now. I

mean, I think women should be allowed to do what they want to do, they shouldn't be prevented as they were, of course, earlier. But I haven't any particular feminist views how to practise it.

Were there moments in, in your career, when you were aware that there were things you weren't being allowed to do? Or things that would have been difficult for you to do, because of being a woman?

No.

Nevertheless, it was a very male-dominated profession.

Yes, it never worried me. I mean, I just got on with what I, I just got on with what I had to do.

And you knew what you wanted to do?

I knew what I wanted to do. I had to wait, I mean, I had to hang around for jobs, and I had to take more examinations.

What, than you would have done, had you been a man, do you mean? Or ...

Oh no, well, not, yes, probably I did do one extra one, because I reckoned that if I was competing, I'd have to be a bit better, I'd have to be a bit better qualified, and that's why I got three Fellowships.

So you responded to the challenge of that?

Absolutely. But, really, I wasn't thinking of it in particular terms, "Here I am a woman, I must do this and this and this", not at all, no.

It was more just that you knew what you wanted to do.

That's it, mmm, I think so, I think so, I think so, really.

And were there never moments when there were blocks to what you wanted to do on grounds of gender?

No, not on grounds of gender. Through my own fault perhaps, sometimes, but never on grounds of gender. I mean, if you do 10 or 15 examinations, you don't necessarily do them all very well, but, on the whole, I got by quite well.

We'd got to 1939, and you went back to UCH to do the house job in gynaecology and obstetrics. Tell me a little about what you were doing?

Well, again, I was living in the hospital, as I say, it was actually the same as in the other house job. And Windsor we lived in too. Windsor was very different. Windsor was awful actually, because Windsor, the Edward VII Hospital, I think it's a nursing home, and it was the only hospital for 3,000 people in Windsor, and 30,000 people in Slough. We were desperately busy. We worked, I mean, talk about the juniors working now, we worked like they work now. Because we did the anaesthetics as well as the surgery. And a lot of the work in the hospital was done by the local general practitioners who, of course, were paid for it. There was no payment to GPs except for some insurance patients, in those days. They had to rely on fees from patients. And, you know, the dermatology was done by one, ear, nose and throat by another, anaesthetics by several, some of them were so bad, that we used to drive people away if we could. Because one of my colleagues, Peter Butt, had done an anaesthetic house job, in Barts, and was a very good anaesthetist, he taught me a lot. That's how you learn from your colleagues if you're all resident together, you see, you learn so much that way. And we had obstetrics. We had eight obstetric beds, and I think I saw, in the six months I was at Windsor, I saw every obstetric emergency. But, to show you the sort of staff we had, the obstetrician, David Maxwell was also a Medical Officer to Eton College, so ...

End of Tape 1 [F1073] Side B [Track 0200A0]

Tape 2 [F1074] Side A [Track 0300A0]

You mentioned that the obstetrician at Windsor was David Maxwell.

Yes.

And he, he was also at Eton?

He was also one of the doctors of Eton College. They have these, they have several doctors, I mean, there are 1200 boys at Eton, they have, my son was there, so I know they have quite a lot of, they have three doctors, I think. What he'd told me about Eton was, that he'd seen every bone in the body broken, by these boys!

So after Windsor you then went back to UCH?

Yes.

And how long were you at UCH for then?

Six months then, well, I did a little short locum, I was six months and a bit. And what I was planning to do, I'd already got the higher degree in medicine, the MRCP, I was planning to do the Fellowship of the Royal College of Surgeons, which was in two parts. I'd done the Primary Fellowship when I was at Oxford, but you can't do normally, I was very lucky, I passed it. And so I had planned after those six months at UCH, that I would come back to London, we were going on holiday, I was going to have a holiday at last, and do a course for the final Fellowship, but this was August '39. So we all went on holiday to France, except my father who went fishing in Scotland. My parents were in Cardiff by this time, and our Oxford house had been given up, and sold. And we all went to France in '39, in August, and we missed, we were right in, we were on the Lake of Anisee, which is absolutely, I must say, and we missed the announcement advising all British people to leave. There was a party of, let's see, how many of us? Five of us, I think, and four Harrisses, William Harris and his wife and two daughters, and so we all got home with very great difficulty, actually.

How did you get home?

We got, we got a train. I remember, I had to spend the whole night in the corridor. We got a train at Geneva, I think it was, where mother had a car, and she drove to Boulogne and got one of the last crossings with the car, and we, I, my brother and I ended up in Paris, and Francis, I travelled with Francis, my brother, and I can't remember how the Harrises got back, they got back somehow, and we came across and got home. And I remember we went straight down to Cardiff, and within two days, the War started.

How aware had you been of the crucial situation?

Oh, fully aware, of course. Of course.

So,

But one didn't realise that war was that imminent, nobody did, I don't think. I think everybody was taken, I mean, the great thing of the last war is that the British were continually taken by surprise. I mean, the invasion of, of Belgium and Holland was total, I mean, it was, and Norway, there was no preparation for that at all. There was no proper preparation, and there was no preparation in France, or in this country, there was the Maginot Line that was supposed to keep the Germans, and they just walked through it, you know. That's, all a bit of a nonsense.

So how did that affect your career?

Well, the way it affected my career was, that because I was going to do, in London, for the Final FRCS was cancelled. So I went home to Cardiff for two months. I went home to Cardiff for two months, and there was, they were very kind to me in the Cardiff Hospital, they allowed me to go coaching there, basically, to see surgical cases. I used to go to the surgical outpatients, I didn't go to much operations. Then I went and spent a week in Oxford, and lived in digs, and spent the whole week solidly reading in the library, the science library.

Reading what?

Reading surgery for the exam. And then I passed the exam.

So they'd put the course back on, did they?

No, I didn't, there was no course, I did my own course.

So there was no course, but they still did the exam, I see.

Yes, they had the exam, and no course.

And what was this exam?

It was the Fellowship of the Royal College of Surgeons.

And why, why did you, why did you need this qualification?

Oh you had to have it, you had to have it then, if you wanted to become a consultant in gynaecology.

So this was when?

'39.

This was still 1939.

So then, I, I passed the FRCS, I'm glad to say, and then I was invited to go and work at the Samaritan Hospital in Marylebone Road, by the senior surgeon there, who was also at UCH, Clifford White. And, of course, by then, once the War started, women doctors were at a premium, because the men were all being called up and having to go away, and so I was sent for to, I went to the Samaritan, I enjoyed that very much. I had six

months there, doing gynaecology. Doing a lot of operating, and filling in for surgeons who had been called up. Two of the surgeons had gone already. So one had to do the outpatients, and some of their operations.

So was that something of a blessing for women doctors?

It was fantastic, it was fantastic, fantastic.

What kind of opportunities were there for you that there wouldn't otherwise have been?

I don't think I'd have got that job as a woman. I don't, I was the first woman they'd had. In fact, it was rather funny, cos I went, when I arrived there, and I went and said hallo to the Hospital Secretary, he looked at me, and he said, "You're the first woman we've had here since the last war." So I wouldn't have got that job, no, not at all. In fact, Professor Brown had the idea of sending me over to Belfast, actually. He had a job for me there. But I would prefer to stay in London. It's better to stay in London.

What was it like being in London during the War?

Oh dear! What was it like? Now, that's a long story.

Well, let me ask it differently. How did it affect your lifestyle?

Oh, I didn't get so much to eat, or drink. I think I just went on working, I mean, you know, just worked as we did before.

And you lived in the same place?

I had to live in the Samaritan, I had to live in at Queen Charlotte's. I tell you, that was a bit more hectic. The Samaritan, I was there from December till June, that's right, and then I did, then the Blitz started, and the air raids became really very nasty. Of course, you must remember, London was blacked out, there was no, blackout, you had to draw your curtains at night, you wouldn't show the lights, but you could get about. I used a

bicycle. I used to cycle actually, I had my bicycle at the Samaritan, I used to cycle. I cycled all over London throughout the War, actually, because I found it was the best way. There were no, very few cars, you see, so you could get around very fast. Distances in London are not really very long, you know.

No, that's right, it's just the congestion on the roads.

Absolutely.

You were working solely in obstetrics at this time?

Gynaecology, at the Samaritan. That's womens' diseases, basically. No babies. And then I went on, I did a, I did a fortnight at the City of London Maternity Hospital, which was then in the City of London, on the corner of City Road and Old Street, and it was, it was, that was awful, it was dirty, it was, the chiefs were awful, and I didn't enjoy it at all. I had to do things I really shouldn't have had to do there.

Like what?

Well, I had two medical students, I had to get, fortunately, one of them had been a pharmacist, I had to get them to give the anaesthetics, while I did the operations. It was very bad indeed. The staffing was really poor.

Presumably, I mean, there was an enormous burden of work as well?

Well, it was pretty, there was a pretty fair amount of work, certainly, yes. Yes.

So what sort of hours would you work?

24 hours a day, seven days a week. I couldn't leave the place. I mean, I didn't leave it during, I think I did once go down to see my brother who was living in the Temple, and I went for a walk in the City, but I mean, apart from that, I wasn't able to leave the place.

But, I mean, how effective can you be, if you're having to work that hard?

You don't work. I mean, you're just there, you're sleeping some of the time, eating some of the time, you're just there.

So, sort of non-stop?

Yes, it's ...

Do you think that's a good way to work?

No. What we used to do at Windsor, we had a bridge school going in the Mess, that was a good idea, took our minds off our ... but, well, one just got on with it.

When did you meet your husband?

I'd known him since '37, but we really met, we were married in '42.

Where did you meet him? How did you meet him?

Well, I mean, I'd known him, because he was a student at UCH, and I'd known him, and we got married in '42.

And he was around was he? Or was he gone ...

No, no, he was in the Army. He was in the Army, and we had, we were supposed, we were supposed to have a fortnight's honeymoon, and he was then going abroad, but, in fact, we got four days, and he stayed in this country for a bit, so I used to go and visit him when I could. I was back at UCH by then.

And do you,

We missed out a year, you see, you missed out the year in Oxford.

You've, you've gone too fast, from Queen Charlotte's, we hadn't even got to Queen Charlotte's, you left me at the Samaritan in '39.

Yes, that's right. Let's go back to the Samaritan. What happened after that?

Then I went to, as I say, the City of London Maternity, which was awful. And then I went to Queen Charlotte's, which was then in Marylebone, and the Blitz began, and it was really horrific. I mean, the air raids were appalling, and we were on the path of the German bombers. They used to fly in, turn round, and aim for Paddington, St. Marylebone, Euston, St. Pancras, Kings Cross, and Liverpool Street, in a straight line, and you could hear these bombs come down. So we were pretty close, because we were on that line, we were just behind Marylebone Station. And the women got very terrified, and insisted on going down to the basement, in the old building in the Marylebone Road. They didn't appreciate that over their heads was the gas pipes, the steam pipes, and the hot water pipes, and the electric cables. They insisted on going down, people had this curious sort of troglodyte feeling. I always got into trouble because I didn't, my husband Brian came on leave, and we used to go, we used to, sometimes, if we felt active, we'd go and stay, it was quite cheap in those days, because your restaurant meal was not supposed to cost more than five shillings, so we'd go and stay at the Savoy, and I'd always ask for a room on the top F100r. And we were very unpopular with the staff. But I always thought you were much safer at the top than you were underground, there's nothing to fall down on you. And about half way through my time at Queen Charlotte's, the Secretary of the Hospital, the Chairman of the Hospital, was almost knocked down by a bomb, and decided we should move. So we moved to Hammersmith. So we moved the whole lot, lock, stock and barrel, from Marylebone to Hammersmith in one day.

Heavens!

It was quite a thing. I delivered a baby that evening, sitting on the floor, but we'd got to Hammersmith, and there was no blackout, there were no curtains, and so we couldn't

put any lights on, so I had a lantern, and I sat and delivered this baby on the floor. It was all right, it was fine!

That was in, this was ...?

This was 1940.

And had you been, to use, inappropriately probably, modern jargon, had you been "going out" with your husband since ...

No, no. We met, we decided we liked each other, and we got married in about six weeks. I mean, people did that in the War, you know, you felt, "Well, let's do it now, or we may not be able to." And we had our first child within a year, too. I mean, that was, that was the sort of feelings people had in the War.

So, all the sense of time must have been very different?

Absolutely, mmmm.

What happened after Queen Charlotte's?

Then I went to Oxford for a year. I went to the Radcliffe Infirmary in Oxford, and the Maternity Home in Walton Street, and I also ran a maternity unit in Ruskin College, which not many people booked up! It was a terrible place for a maternity unit! Because in Ruskin College, they're men, of course, they were all men then, there weren't any women there, were all in very small bedsits. It was the most awkward place to look after mothers.

Why was there a maternity unit there?

Well, this was for evacuees from Southampton and Portsmouth, basically. I think we had some from London. Oxford had 35,000 evacuees. It was not very comfortable living in Oxford, but fortunately, I was in, I was in South Parks Road, where I had a

bedsitting room, and I had breakfast and dinner, which was something, and my lunch in the hospital, so I didn't, I didn't get very much to eat, but I didn't starve.

Was, I mean, do you think your experience during the War was very useful to you in subsequent years?

Oh yes. Oh yes. Yes.

In what way?

Well, when I went, I mean, Oxford was not too bad, but when I went back to University College Hospital, I mean, the whole of that big London teaching hospital was eventually run by about six women, doctors. Because the men went, were called up one by one.

Who were the other women?

Oh, Peggy Morgans, Doreen Nightingale, Eileen Dickens, Maisy Merry, and Noreen Crunch were the anaesthetists. Doreen Nightingale was a surgeon, Eileen Dickens was a consultant obstetrician, because I had to go part-time after my daughter was born. Peggy Morgans was a physician, married to a physician, but he was in the Falkland Island, her husband was in the Falkland Islands. So, you know, it was quite a, quite a time.

And were there any significant changes that occurred then?

Oh yes.

Because of the fact that it was being run by women?

Oh not because, nothing to do with it being run by women, no. We just carried on and did the same as the men would have done.

So what were the significant changes that happened?

What do you mean? In medicine in general?

Well, I meant more, actually, in obstetrics and gynaecology.

Well, medicine, it's all part of general medicine, you can't say that it happened particularly in obstetrics and gynaecology then, the, perhaps one of the outstanding people was Grantley Dick Read who was around, and he was, I'd [inaud] so I didn't worry too much about him. He did lecture to us, and I did know him very well. But, of course, when I was in Oxford, the two things that were happening, well, several things happened. First of all, there was an enormous improvement in anaesthetics. We had Sir Robert MacIntosh who was the first Professor of Anaesthetics in this county. And his Chair was started by Lord Nuffield, whom I did meet once. But they'd gone for Robert MacIntosh, and persuaded him to start an Anaesthetic Department in the Radcliffe, so we had that. We had the first patients treated with penicillin, that was terribly exciting.

Can you tell me a bit more about that?

Well, I can. It's a long story, though, I'm afraid. Alexander Fleming made the observation that made penicillin possible, but didn't follow it up in '29, that's his biography up there. And Howard Florey with a German, whose name I can never pronounce, I don't know, its

C H A I N, whether he calls it KINE or Chain, I never know, he's died now. N.S. Chain, anyway, he went to America. And a team of researchers, managed to extract penicillin from this mould, and they did some experiments on mice, which showed that it would deal with infections, so then they developed it in a practical form, and a chap called Charles Fletcher took it over, he was working in the Radcliffe at that time. And I worked with Lady Florey, with the first Lady Florey, I know both Lady Floreys, as it happens, after Ethel died, he married Margaret, whom he'd lived with for some time, and I knew them both. And, so the first, the first patient treated in the Radcliffe was a policeman, with a fatal infection, virtually, and they used to collect his urine, and re-extract the penicillin from it, because there was so little available. And, unfortunately,

they then ran out and the poor man died. But, Howard Florey, who later became Lord Florey, of course, went off, he's an Australian from Adelaide, was flown over to the United States, but it was obvious that this was so important, we had the sulphonamides before that, we'd had them since 1935, and they were saving some lives, but they weren't as good as penicillin. And Florey went to the United States, he persuaded an American firm to spend two million dollars developing a plant for commercial penicillin. He must have made an awful lot of money.

So it was an exciting time, you were right there when,

Well, it was. And what is more, we also developed, from the point of view of the troops, at last, we had a proper blood transfusion service. Before that, if we needed a blood transfusion, when I was at Windsor, if I needed a blood transfusion, I had to get a donor, bleed the donor myself, and give it to the patient. And so what I did at Windsor was, I lined up, there was an all night bus garage opposite, and we got all the people there to volunteer, so we would just ring over to the bus garage, and say, "I want a donor at the Group A", and they would send someone. Even so, the blood transfusion service, you see, the emergency medical service started at the beginning of the War, which replaced the old service. It meant that doctors were paid, we were paid, a bit better, not much, but, I think I was paid 300 (pounds) a year in Oxford. I had to live on that, mind you. It wasn't very much. But ...

And were these changes, what kind of impact were these changes having on the more specific field of obstetrics?

Well, it means we could treat infections we couldn't treat before. And blood transfusion, we could save people's lives who would have died of haemorrhage. Which we'd always been able to do, but it means you have to get hold of a donor, bleed the donor, and then give the blood to the patient, and that was a very tedious performance, as you can imagine, which we had to do. But we then had blood in bottles. And I, the New Bodleian was opened by Queen Mary on the day I got my medical degree, I can remember that, 1937, and there were no books in it, so it was turned into a blood transfusion centre, and you see, in the War, everybody did everything, I mean, we all

did anaesthetics, we all did the emergencies, I was a Resuscitation Officer for the City of Oxford for a while, I didn't, I didn't have to resuscitate anybody, I'm glad to say!

It sounds an amazing title, doesn't it!

Mmmm. And we used to, I used to go, every week, to the New Bodleian, and we used to bleed the donors. I've bled everyone from the Dean of Christ Church downwards. I remember bleeding Stephen Spender on one occasion, which was quite exciting!

So, from Oxford you went back to UCH, did you?

I'd had enough of Oxford. I found Oxford in Wartime, I couldn't, I didn't like it very much at all. The people who'd stayed behind were the very dug-in Oxford types, do you know what I mean?

Explain?

That live there now.

Explain what you mean.

Well, they were the sort of dug-in dons, of which there are still a few around. And my brother was there for a while, and I think he was still there when I left. No, my youngest brother was at Oriel at that time. But, you see, all my friends had gone away, most of my friends had gone away, I had friends in the hospital, of course, but not many, and I didn't live in, so altogether, it was a, I found Oxford stifling, and I wanted to get back to London where the action was, you know, I'd been in it through the Blitz. I came into the, came back to Queen Charlotte's one evening, I did manage to get home to Cardiff, and walked through Paddington, and the fire of London was burning, and I could read my newspaper in the street. And it really was, it was pretty awful, I mean, I can tell you. And I used to go from Queen Charlotte's to do clinics, and you never knew how you were going to get there, whether the tube stations would be open or not, I didn't have a, it was too far to bicycle to Hammersmith, and then, when I got to

Hammersmith, I used to be allowed to go out in the matron's car, which had two mattresses on the roof, to the district patients, and we had all sorts of obstetric emergencies which I had to deal with in people's homes, in the blackout. One lady who had twins, and it was awful, I was stuck with the, and the ambulance wouldn't come out until the air raid was over, so I had to sit and wait until the air raid had finished, before I could take the lady to the hospital. You know, I mean, there were all sorts of things like that happening. But I wanted to come back to London, and I came back to UCH, and I was very glad I did.

When you say, "where the action was" ...

Well, Oxford, you see, was never bombed, they took it all terribly seriously. One of the chaps in the hospital, I was working with, said, "Oh, I've never seen a bombed house." Well, I mean, my brothers were in the War, I'd been in the Blitz, this sickened me, do you know what I mean? I mean, he was a perfectly nice chap, there was nothing to it, but I mean, you know, it struck me as, and Oxford was so abnormal, all these 35,000 evacuees walking the streets all day, they had nothing else to do, poor things. They were mostly billeted in houses, and they used to, for any food, or anything there was, they all queued up, so you would see these queues outside the shops, you'd know there were sausages or something.

And that was running alongside the kind of Oxford privilege, at it's worst?

That's right.

Were your brothers in the Army? How old were they?

My eldest brother, Francis, was in the London Fire Service, in the Temple, because he was a barrister, he lived in the Temple. And he did the London Fire Service for a bit, then he went into the Middlesex Regiment, where they made him fire machine guns, which flared up an infection of his tendons, that he'd had from rowing at Oxford. The machine guns did his hands no good. And then they lost so many firemen in the Blitz that they asked, they called him back. He was re-, re-, he was reinscribed back into

the Fire Service, stayed there till '42. My younger brother, who was a solicitor, who was a lawyer, just finished his degree in law,

What was his name?

Edward. He went and joined the Ox and Bucks Light Infantry the day War was declared, virtually. And served the whole of the war without ever hearing a gun fired in anger! He came out in '46, and had never heard a gun fired in anger! Ended up in Colombo in Mountbatten's Headquarters.

Did you have friends who, who were actually out fighting?

Oh yes. Of course I did. My husband, of course, eventually, he ended up with the First Battalion of the Grenadier Guards so he, he saw plenty of action. They were involved in Njimegen, and they didn't get to Arnhem, they tried to get to Arnhem, and they didn't, you know, "A Bridge Too Far", and they didn't get there, so he had a fairly horrific time.

So when, when did you actually meet your husband, again?

'42. We met about September, I think, and we were married November 28th.

When were you married?

November 28th, 1942.

And then you had four days?

Yes.

Where was that?

Brighton. The Old Ship.

And then?

He went off to the Army, and I went back to work.

He was a doctor too?

Yes, oh yes.

Working in what field?

He was general practice eventually.

And then you said that you had your first child within a year?

Yes. November '43. Penny. That's, you see that young man, that's my daughter beside him, and that's also my daughter up there, Penny, the eldest.

And how was it to be on the other side of, of obstetrics?

Well, things didn't go terribly well, and I more or less had to ring up my obstetrician, and say, "I think you'd better come and do a Caesarian", which was rather funny really, in a way. But it was all right. I wasn't very clever at having babies, so I ended up with three Caesarians. That's all right. I mean, they're all fine. They're all alive and well.

Do you think it made a difference to your attitude, or approach, professionally, having had children yourself?

I hope not. I hope not. I feel very close, as I've told you, I've been ten years older than my brother, I've been used to having babies and small children around. I hope it made very little difference indeed. I wouldn't like to think it did.

Was there a sense of urgency about having children, because of the War?

My husband had, he had, more than I did. I would rather have waited a bit longer, but he said, "You know, I may be in Africa tomorrow, let's see what we can do." I think he was right, it was a good idea to get on with it. I wasn't that young, you see, so it was just as well to get it over.

And where were you living?

Well, my parents, by then, had come back from Cardiff, and had settled in Barnet, Hertfordshire, which was on the end of the tube line to Warren Street, so I lived with them, and they were marvellous to us. I lived with them from about '43 to '46, I think, until my husband came out of the Army, and we got our own home.

And where was that?

That was in Chester Square, London, S.W.1.

And you carried on working did you, when you had children?

I had four months off with the first one, but I didn't have it all off, because I did some, I was doing some research, so I managed to do the research and write it up at home.

What was the research on?

It was on blood pressure in pregnancy. It was quite important work, I think. It was published.

Tell me, tell me a little bit more about it.

Well, what we were doing, there was an idea that people who had babies, suffered from high blood pressure. So we looked at a whole series of women who'd had children, and those who hadn't and we took their blood pressure, and then we, I had to do all the statistics on that, but, of course, the statistics then were not as easy to do as they ... you

had to do it all by hand, more or less, rather like, almost back with the abacus, you didn't have a calculator to do it for you, so you had to do it all yourself. And what was interesting was, that our figures came out almost identical with a similar observation that had been made in the United States a year or two before. It was interesting, I mean, that they showed that we were not, I didn't think that we were that far out.

Showing?

Showing that there was no difference. That having children doesn't make you get high blood pressure later in life. That was what was important, because everybody was saying it did, and there were some very wild statements being made about pregnancy damaged the kidneys, and so on, and we got, and we proved all that was all a nonsense, I'm glad to say.

Many more than any other area of medicine, do you think it's fair to say that the area of childbirth is rife with, with, with myths and ...

Oh yes.

And old wives stories.

Oh, for goodness sake, yes. And the, about every five years, someone rediscovers natural childbirth!

Was natural childbirth around as ...

Oh well, Grantley Dick Read came in in 1937, and said ...

End of Tape 2 [F1074] Side A [track 0300A0]

Tape 2 [F1074] Side B [track 0400A0]

... work, and he mainly delivered healthy women having their second baby, which anybody could do. If anything went wrong, he sent them to a nursing home to someone else.

So what was your line on childbirth, and on natural childbirth?

Well, you discuss with people what they want, but you explain to them that childbirth isn't necessarily natural, that you may have to assist them, and most people accepted that. I never had any problem. Very rarely. I remember one woman, one woman only, we had, but she was a bit crazy, she wouldn't let anyone touch her, or interfere with her, but nothing apart from that. Most people accepted that we were there to do our best for them. And I think, my philosophy with childbirth is, as I'm saying, that I drive my car from here to Oxford, I want to arrive safely. If a mother's having a baby, I want her baby to arrive safely. Fair enough.

You, I mean, you say that when you first started working in this field, only 20% of babies were born in hospital, so you've overseen a huge shift in that.

Oh, enormous shift, yes. Lots of shifts, lots of things, lots of things.

Can you give me an idea of some of those shifts?

Well, when I was at Windsor Hospital, I didn't get into trouble for this, but it I could have done. I started sending patients home a day or two after operations, and that was a revolution, absolutely. And I found that what happened with this was, that, their general, I sent them home, the general practitioners were informed to look after them. Now, this was fine, you see, because the general practitioners for this could charge a fee, so they didn't mind, they got money. We got extra beds, and we were always over, hopelessly overcrowded and overworked, and the general practitioners would take the stitches out, and we undertook, if anything went wrong, we'd take them back. Now, this was a very popular move, because the patients had to pay to be in hospital, so it was a

very popular move all round. At Queen Charlotte's, we started getting women who'd had babies out of bed. The first baby I ever delivered was in Cambridge, in the nursing home, and after 17 days, I suggested she might get out of bed, in the bedroom. She ticked me off, this young woman, for these revolutionary views. She said, "Oh, if she gets up now, she'll get a prolapse." And they were made to stay in 21 days.

Just lying still in bed?

Yes, yes, terrible. But at Queen Charlotte's, we got everybody up, because of the Blitz. And the same at UCH, we had a fire at UCH. We got everybody out of bed, and made them carry their babies downstairs, if necessary, so that we could evacuate the building if it caught fire, because, you see, the fire was almost, was almost as great, or greater a risk, than a direct hit with a bomb. I mean, a direct hit bomb was there, but the fires, firebombs, fires were awful.

Presumably that gave you physical evidence that it wasn't at all harmful to get up?

It was much better. So that was one thing we did, we got people up early. What were you asking me? I can't remember now.

About the other kind of shifts that you saw.

Well, the gradual shift away from hospital delivery, that took a long time. We'd get people in a fortnight in Charlotte's when I first went there. By the time I left Charing Cross in 1977, they were staying in 48 hours, and 24 hours, I think. And I think there's everything to be said for not keeping people in hospital. And after a lot of the operations, some of the more old-fashioned gynaecologists would keep patients in 10 days after a minor operation. Well, I wouldn't do that. Although I, [inaud] I said all my patients get out of bed the day after operation. And the Matron came to me and said, "Miss Barnes, if you do that, there'll be nothing for my nurses to do." So I said, "Don't worry, I'll find plenty for your nurses to do." So the nurses didn't have to cart bedpans round, and so on. So ...

And do you think that, that it is a good idea for people to have their children in hospital?

Yes, absolutely. If you put 100 pregnant women in with people, but leave them to get on with it, 80 will be perfectly all right, the other 20 will get into some serious trouble of one kind or another. Even perfectly-healthy women, like my daughter-in-law, who had an awful haemorrhage after my last grandchild was born, and she looked a perfectly normal, healthy girl, but this is what she did. So I think you've got to be very, I'm very positive that it's much better to go into hospital where, you see, in hospital, you've got the monitors, you've got the equipment, you've got the anaesthetic equipment, you've got blood transfusion, you've got everything. I did the flying squad for 11 years, and I only lost one mother, and she'd died before I got there. And you have no, there's no doubt at all that babies are safer born in an environment where they can get all this modern care. That only makes sense to me.

And what do you think about the, the recent sort of reliance on pain-killers in childbirth? Epidurals?

That's not new. That's not new. In the 1920s, it was all twilight sleep, much more dangerous.

What's that?

It was morphia and hyoscine. Terrible.

Twilight sleep?

Twilight sleep it was called, yes. That was in the 1920s, before my time! No, I mean, as regard pain-killing, I would say this. That I don't think any woman should suffer unnecessary pain in childbirth, and I did some work on pethidine, in fact, I wrote a rather important paper on it, and I also was on various committees, on anaesthetics, and I'm still on one, we're doing another survey. No woman should suffer unnecessary pain in childbirth. You were asking about epidurals. Well, they have known risks, they

have their side-effects, and don't want you to have an epidural unless you need one, and not everybody needs an epidural, so, that's what I would say.

What was the work you did on pethidine?

I studied a thousand patients given pethidine, and wrote it all up.

When was this?

Well, '47, I think.

And showed, from that?

Showed basically, that pethidine was good for pain relief, and relatively, relatively harmless to the babies. We didn't have any, any, any problems from it. But we were using not a very big dose. I mean, if people give excesses doses of any of these things, they'll get into trouble, of course.

What do you think, retrospectively, you know, looking over the whole kind of span, what would you point to as the main advances in obstetrics?

Well, two things that have happened. First of all, mothers don't die having babies any more, or virtually, I mean, what is it? One in 10,000 something like that, whereas the highest incidence of mothers, [you've got a science degree, have you? No, no. Right. I won't talk science then.] The highest incidence of mothers dying in childbirth was in 1929, oddly enough. And it's steadily progressed now. So that's important, mothers don't die having babies. Many fewer babies are stillborn, or die the first week of life. In 1958 it was 35 per thousand, and now it's down to 8 per thousand, or even less. So those are two things which, surely, are important. I mean, what more do you want than that? That childbirth is much safer.

And why do you think it's safer? Because of the medical advance, because ...

Because we look after the mothers properly.

Do you feel that you, personally, have been involved in any of those ways in which mothers are now looked after more properly?

Who's to say, who is to say how one is involved? Who is to say? I mean, how would I be involved? By setting an example in the teaching hospital, possibly?

What sorts of examples might you ...

Well, I would teach medical students how I think childbirth should be looked after. And that's something. I taught medical students from 1937 till 1977, so ... I think in 40 years, you can teach quite a lot of people, and quite a lot.

And have your own opinions on the matter changed?

In what way do you mean? No, I don't think so. I mean, I always feel that one should make the best use of the facilities you have.

There aren't any beliefs or practises that you adhered to, in 1937, which you, radically ...

Well, we didn't have the things, we didn't have what we've got now, then, so things have changed, yes. I mean, we didn't have monitors, we didn't have proper blood transfusion, we didn't have penicillin, or all the antibiotics there've been since. On the whole, the people I was dealing with, because they were the poor women from round the Kings Cross area of London, on the whole, the population's much healthier, and that began during the War, with rationing, people were properly fed. So, you know, I mean, there have been a lot of changes.

Let's go back to your personal life. You'd had your first daughter in 1943.

'43. I was still working at University College Hospital, and at the Elizabeth Garrett Anderson Hospital. I had also worked at the Hospital for Women in Soho Square, and I went on with that until about '45, so I was pretty busy. My mother was marvellous, and I'd got a lady who came and looked after Penny, my daughter. She had a husband in the War, who was in the Grenadiers, who was killed, which was sad, but she had a little girl, a little bit older than Penny, and she was very happy, she used to come in with her little girl, and she'd give Penny her lunch, take her out in the afternoon, and put her to bed, so that, by that time, I'd be home. Mother could cope up till lunch time quite well. So that's how I managed. Mrs. Smith and Valerie used to come. And I paid her, of course, for that.

And when was your next child born?

'48, January, '48.

And that is? Which child is that?

That's Amanda, my second daughter. That one up there, in my picture there.

And then?

Anthony, my son, in '53, December, '53. Don't think I've got a picture of him here, yes I have, no I haven't.

They're quite spaced out your children, was that from circumstance or choice?

Well, no, not really. You see, my husband, Penny was born in '43, my husband was away at the War till '46, and then I think it took us 18 months to get Amanda, and the other one just turned up, sort of thing, didn't do much about it, and he turned up, which was very nice.

Was there any question in your mind that you should not continue working?

No.

Or,

Never. Never ever. In fact, I made it a condition when we'd get engaged to get married, I said, "I'm not marrying you unless you allow me to continue working. I'm not going to give up work." I made him go away and think about it. I said, "Look, you know you're marrying a working woman, and I intend to go on working. You'd better go away, and tell me if you still want to marry me." I told him to go away and come back in three days, and tell me. Which I thought was fair enough.

Was that quite unusual?

I don't know.

Why were you so determined to carry on working?

Because I'm not domestically minded. It, I'm a nervous wreck if I'm left at home all day with a small baby. I'm not a nervous wreck if I'm spending the day working. And I regarded that was just not my thing to do. I was marvellous in, I was lucky in getting the most wonderful nanny, who became a member of the family, who really loved that. She loved looking after children. She loved washing and ironing, and mending and knitting. And I can't bear any of them. I mean, I do them, but I mean, it wasn't what I wanted to do. And I felt, I've had all this training, I've got all these skills, why should I throw it away? I'd passed all these exams, not that that mattered much, but I mean, I'd had all this training, all these skills, why should I throw them away?

Were there expectations that you would throw them away?

No, not really. But I thought I'd better make it absolutely clear before we got married, that I was intending to go on working.

And was that accepted as a condition of your marriage?

Well, he came back in three days and said, "I still want to marry you." So that was one!

Your daughter Amanda said, said in an interview, that she was never conscious of your career, as such, she said, "Work never interfered with family life."

Oh no, she didn't say that. She didn't, I know she didn't say that. What did she say? You've got it wrong.

Have we?

What Amanda says, "From very early on, I realised that Mum wasn't like a lot of my friends mothers, in the sense she wasn't at home in an apron, baking cakes, Mum simply wasn't there." That's what Amanda said.

She also says later on, that work never intruded on family life.

Ah, that was different! No, she didn't say that. No, she didn't say that. She never said that. On the contrary, oh, work never intruded into family in the way that I would never talk about my work, but it intruded all right. No question. "Sometimes if there was no one to leave us with, my sister and I might have to wait in the car while Mum went back to the hospital."

You're reading this from, "Relative Values", in the Sunday Times.

Yes, yes.

So, how did you balance these two things? I mean, were you conscious, ever, of being torn between family commitments and work commitments?

Yes I was. I mean, there's no question, one was. I always reckoned that the thing that defeats the working mother is the measles. If you're children are ill, you feel awful

about having to leave them and go to work. But I was very lucky, on the whole, in having this marvellous nanny to look after them, latterly, not to begin with. And, the other problem I found was that, when they went to boarding school, they would have 16 weeks holiday a year, and I had six weeks holiday a year, so there were 10 weeks one had to fill in somehow.

So what did you do?

Oh, they went to stay with friends, or they stayed at home. Amanda never needed any problem, she was a pianist, and she would just sit and play the piano. They'd go and stay with my mother, they'd go and, they'd go camping with friends, and we would, you know, we picked, or they'd go away with the nanny when they were smaller. She was very good about that. We found a place in Bognor, it was called Black Mill House and they would go there, and they could be on the beach, and swim and so on. So we managed, well that was the toughest part, we only took them with us latterly. But that was the toughest bit.

Was it a source of regret that you weren't able to spend more time with them?

Not regret so much, I don't think I feel I missed all that much, but, I don't think they minded either, too much. But, I was never one of these, I mean, I never could go along with, I think Mr, Dr. Bowlby, did an awful lot of harm. You know who he was?

The attachment theory?

Yes.

Why?

Because he's made mothers feel guilty.

You don't think you'd have felt guilty necessarily?

Well, I mean, when the children were babies, even though we had the nanny, I always did the nights. I always did the night feed, whether I was breast feeding or bottle feeding, I never got Nanny to get up in the night, I always got up in the night myself, so that she could go to bed once the children were in bed, if she wanted to, or, do what she liked, but I never asked her to get up at night to the children, I did all that myself, unless we were away, and then she'd have to.

Have you, do you talk about, ever, how they perceived you as a mother, and whether they minded the fact that you had such a busy career?

I don't talk about it now. I do remember Penny, my oldest, once saying, "I wish you were like other mothers." And I said, "Well, I'm awfully sorry, I can't be." Because, you see, once you're committed, as I was, I was totally committed, there was no question, I couldn't go back, my husband could never earn enough to support us in the way we wanted to, to live, and bring up and educate the children. It wasn't his fault, I mean, he just couldn't, it was just impossible.

And so, what were you so committed to?

Well, how do you mean?

Well, I mean, what was the core of this commitment?

Well, the fact that I'd trained myself for it, and I wanted to go on doing it. As I say, I'd had all this marvellous training, and I didn't want to waste it.

And did you find it fulfilling, on a day-to-day basis?

Absolutely. Completely. My goodness, of course. I had a consulting room in Wimpole Street for 30 years, from 1946 onwards, so I had to go there, you see, and see private patients, and I had to pay the rent, so that, in order to pay the rent, you have to see the patients! Its a vicious circle otherwise.

What sort of strikes me is that, as a lifestyle, it can't have left you very much time for leisure, for relaxation, for sleep! Was that so?

No. We had lots of leisure. We went a great deal to the theatre and the opera. We had nice weekends away, very often. We used to play tennis, we had very good holidays, and I got the chance to travel in France, Spain and Italy, basically, Switzerland, through my international connections, then my husband would come with me, and we would make it a break, you know. Get a nice break for a few days.

End of F1074, Side B [track 0400A0] - rest of tape blank

Tape 3 [F1075] Side A [track 0500A0]

Before you talk about your life from the Second World War onwards, which is the point we'd got to last time, can you give me some idea of how the conditions in which you were, you were working, changed?

I think I look back to the 1930s, because, of course, I first became a medical student in 1930, and during my vacations in York, where my parents were then, I used to go out with doctors from the York Dispensary. Now, I think it's important to realise that, although men had some sort of medical help with National Insurance, women had, women and children had nothing, except for Maternity and Child Welfare, which didn't treat them, it only, it only assessed their condition. So the York Dispensary was a charity, which existed for the poor of York. I used to go to the Dispensary, and hold the childrens' heads while they had their tonsils out. And then I used to go out with one of the women doctors working there, and we would go to the slums, mostly behind the market in York, I think, down Whipma Whopma Gate, and the poor parts of the city, and one really did see appalling poverty there, and a lot of children who were never, they were not sick, but they were never well, because they were living in such appalling conditions. I found the same thing when I came back to London, because University College Hospital, we mostly looked after the railway workers from around the stations, Kings Cross, St. Pancras, Euston, and Upper Caledonian Road, and there one did see poverty that was unbelievable, even by modern standards. The social worker, or lady almoner, I used to talk to her about this, and she would say that, "If you asked a woman how much her husband earned, she would always say, '3/10/00 (three pounds 10) a week'". Now, that was what he gave her out of his earnings. The rest he kept to spend on himself. I'm pretty sure there was a lot of wife beating, there was a great deal of back street abortion, because these poor women were desperate in their poverty, and so, I mean, one did see a pretty difficult side of life at that time. I did actually, once, go up the Rhondda Valley, which was worst of all, where people were literally starving, and there was a very important investigation, or medical experiment, if you like, which was done under the aegis of Queen Charlotte's Hospital in London, by which they gave food to these starving women who were pregnant, and they found that many fewer of them died. So it was, you can gather, things were pretty desperate.

And how much was known then about the connection between nutritional well-being and ...

I don't think that was important, I mean, everybody knew that it was important to be well-fed, but the problem is, if you haven't got the wherewithal, you couldn't be well-fed. I mean, it wasn't scientific, it wasn't scientific as far as the public went. I mean, they liked their food, but they hadn't got the money to buy it. On the whole, and I know there's all this fuss about coronaries, but, on the whole, British people had a pretty good diet from Elizabethan times onwards. I've got a book upstairs, by the Drummonds, called, The Englishman's Food, and, I mean, if you had, if you had the money, and food was cheap, you could eat fairly well indeed. I mean, I reckon, during my time as a medical student, we used to try, all of us, to see what we could get in the way of supper, for 6d. Well, with that I could get two eggs, and a quarter of a pound of bacon, that wasn't bad, for 6d. And fish and chips were 6d.

So how were you affected by the kind of poverty that you saw, and that you were working with?

It didn't affect me, politically, I must say that. Well, it simply meant me, made me feel, as I think the then Edward VIIIth, then Prince of Wales said that something must be done. And, of course, something was done. The War did improve peoples' condition very much more.

How so?

Well, because, for one thing, there were jobs for the women, they could go to work, and have their own money, not their husband's money. That was important.

As a working woman yourself, did you feel, what did you feel about the fact that these women were so abject, and had so little independence and so little autonomy?

I just felt desperately sorry for them. But I didn't think it was something I was there to do anything about. I was there to, to look after their medical problem.

And were there changes in the particular medical problems? I mean, obviously, there were nutritionally related medical problems.

I, let's, don't let's overdo nutrition, it wasn't that important.

What other things were they connected with?

Well, of course, there was the fact that we had very little in the way of adequate treatment for infections, and we did see a lot of very advanced cancer, because people tended to neglect themselves until it was too late. The first operation I ever saw was, in fact, when I was a medical student in Edinburgh, in 1932, I think it was, and there we were allowed to go to one of the old style operating theatres, of which you see pictures in books. We sat on benches in our ordinary clothes, and the patient was wheeled in with the Professor of Surgery, down below, with a huge breast cancer, which the surgeon did his best with. It was not, it was pretty awful. If you could look at that, you could look at most things, I think.

Were there ever any occasions where you actually, where you really felt you were being tested to the limits of your own endurance?

No. No, I don't think so. I'm fairly tough, you know. I mean, I was determined that I was there to do what, what I could for the people, and one of the first things you have to learn in medicine, and if you, you omit to learn this at your peril, as you will know, and that is, that you must not get emotionally involved with your patients' problems, because if you do, you can't, you can't, you can't achieve a proper judgement as to how they should be treated.

It's very different, it's very different from the example that, presumably, was set by your father, as a, as a Minister?

Well, I think that the clergy had to be the same, they're professional people, they had to be impartial too. I mean, they can't be emotionally involved with all their, all their patients, they can't. I mean, my father used to come back quite upset when he had to conduct funerals, and he had many funerals to conduct, I remember that, particularly a funeral of a child, but, I mean, obviously, he'd come home and have his tea, you know. I mean, you can't do this, you can't be a professional, whether you're a doctor, a lawyer, a parson, a solicitor, or a, or an accountant, you can't involve yourself in your client's emotional problems, because otherwise you couldn't do your job.

There's been quite a lot of work done in very recent years, about the emotional effect, or the impact of working so close with death, I mean, nurses, for instance. Do you see that,

I think they had the worst of it, because, I mean, an 18 year old, her first week in nursing, would have to lay out a dead body, but, on the other hand, I mean, she again would be trained, that this was a dead body, and she was doing a job, and that she mustn't get emotionally involved either with this or with the relatives. And if we lose this, I mean, it's not callousness, it's simply professional. If we lose this, then we lose all the best standards of professionalism. I'm sure this is right.

The, you don't regret the tendency, do you, towards the attention being paid to the emotional implications of the job?

No, of course not. We pay attention to the emotional implications, but we don't involve our own emotions in them. Of course we pay attention to the emotional implications of death, of childbirth, of illness, of sickness, of everything, but we don't involve ourselves in them, I mean, if we suffered with all our patients, we would never be well. I mean, we have to, we have to keep ourselves in a fit state to do the job we have to do, that's the important thing.

Let's go, let's go back to 1946. Tell me what you were doing then.

Well, in 1946, my husband came out of the Army, and he had no job, and no money, because he was only, well, he was a Major in the Army, but the pay was pretty poor, I must say. Had no clothes. There was still rationing of clothes, and I will say, in general, that I think that between 1946 and '51, I would say this was about the most difficult time in my life, because we had rationing of food, of clothes, even we had rationing of bread and potatoes, and I used to have drive round in the car with the ration books, to pick up bread and potatoes for the household. We, I had to have staff, so I had a housekeeper, and someone to look after the child, and we found a rather derelict house in Chester Square, which we bought. It was a great big house, and shared it with another family. We weren't allowed to let it, but they had the top half, and we had the bottom half. And then we had one family, and then when they left, we had another. We weren't allowed to let it under the terms of our lease, so the way we did it was, we sent a bill for half the ground rent, and half the rates, so they didn't, they didn't do too badly.

And then you had ...

So we had to furnish this house. I had to go on working, yes.

And you had another child then?

1948 I had the next child, yes, mmm. And it really was a very very difficult time. The rationing was the worst thing of all.

Why was that? Just because it made everything such a struggle?

Oh yes. I had to feed people. You had to feed people, and you couldn't get any meat. You had to queue up for fish. If you were lucky, you got a bit of liver, or a few sausages, I mean, it was an appalling time. And after the end of the War, you see, the lease loaned from the United States stopped, so that the food situation got much worse. We got just about enough to eat, but that was all. We could eat out occasionally, we used to eat out occasionally. My husband, actually, worked, at that time, in Wellington Barracks, so he used to go and take the sick parade early in the morning, and got his

breakfast there, which was good, because he's a, he, he likes his food. It was always difficult to give him enough.

Was it a difficult time to be bringing up young children as well?

Well, I didn't think of it in that way really. I mean, one, you were short of clothes for them, but, luckily, my sister-in-law had a baby 10 months before my first child was born, and I managed to use some clothing coupons, which I got hold of somehow, to get some nappies, because there weren't disposable, there was nothing disposable then, I had to wash them all by hand, myself.

When did you find time to do that?

Six o'clock in the morning. I used to wash them when we were in Barnet, and hang them out on the line. And, but, on the other hand, my, certainly Penny, my daughter, didn't have any new clothes of her own, except what people made for her, because, very fortunately, my sister-in-law handed me on all her baby clothes, and, of course, my advice to all mothers nowadays, is, for goodness sake, don't buy too much of the clothes for the first three months, and if you can borrow them, do. Because, children's clothes are not cheap, and they're out of them, in three months time, the things they're wearing as babies, they're out of in three months. I think that's good advice.

Where were you working at this time?

I was working at University College Hospital, and the Elizabeth Garrett Anderson, and I then started my private practice in Wimpole Street.

Was that from economic necessity?

No, I wanted to do a private practice. I liked it.

Why?

Well, I enjoyed the contact with patients, which is much, and on the whole, private patients are easier to talk to, I mean, your contact with patients in a busy clinic is, is not quite the same. I mean, it's nice to be able to sit people down in front of you and talk to them. The standard of medicine is, is the same.

Presumably the conditions are different?

In some ways better, in some ways worse.

Can you explain what you mean by that?

Well, I mean, in your consulting room, you'd just have the, you've got your consulting room, and the amount of equipment you've got yourself. In a hospital, you've got all the facilities in the hospital behind you. I mean, if I want a blood count or an X-ray, I have to send a patient off to get it done. In the hospital, one just filled up a chit and it was done.

How long did you, was that going on for?

The Elizabeth Garrett I went on till 1977, UCH I left in '53, private practice, well, I mustn't say this because it's advertising, but I still do some, I mean, I never stopped that, though I gave up maternity work in 1977, and I gave up operating about five years ago, but I still consult.

So, through the fifties, what, what was your typical lifestyle like? I mean, what was your typical day?

Well, I would get up about half past seven, and the housekeeper would bring us a cup of tea. I would then, the children would then be brought down, ready for school, by the nanny, one hoped they'd been washed, they hadn't always, I don't think! And they were made to eat a cooked breakfast every day. I insisted on that. And then I usually took them to school, unless I had a very early start. They had, the school was round the corner, Francis Holland, so they had to be there, I could get them there, it was open at

half past eight, so they always wanted to go to school early, and then, eventually, yes, so that's what I would do. And then each day would be different. I'd have a clinic one day, an operating session another day, a session in private practice another day, and, you know, or a lecture another day. It wasn't consistent at all. I mean, there was a pattern for the week, but I can't say that each day was the same, because it wasn't.

And would you be working nights?

Well, if, if some of my patients had, if there were emergencies at night, I'd have to go to them, to the hospital, yes. And if a patient had a baby at night, I would go and deliver it, private patient. And I preferred them at night, actually, it's much much easier to get about, and you're not harrassed by thinking what you ought to be doing, when you're sitting there waiting for the baby to be born!

How were your own interests developing at this time, in terms of the medical world? I mean, how, how was your field of interest?

Well, it was the same as it had always been, since I'd qualified, it didn't change.

And you mentioned that you, that some of the research work that you'd been doing, the work on blood pressure, and the work on pethidine ...

Oh, that's been done before. I didn't have time to do any, I didn't do any more research work then, I really didn't have time. I wrote some books.

Tell me what they were.

The first book I wrote was published in '48, and that was a book on histology, that is to say, it was, I'd collected a lot of slides of gynaecological conditions and I had them all reproduced and wrote them up. I've still got a copy of it upstairs. The next book I wrote was published in '54, both these books, you see, were written during my pregnancies, and that was a book called, The Care of the Expectant Mother, which was not a good book, and I'm glad to say, died a natural death, it's, I'm not proud of it.

Why?

It wasn't good enough. It wasn't detailed enough, it wasn't properly written, it was not right.

What do you feel about the care of expectant mothers? I mean, what are your ...

Well, they need to be properly cared for, that's all I'd say.

What does that mean?

Well, they need proper medical care. They need blood tests, they need blood pressure taken, they need their urine tested, they need to be weighed, the progress of the pregnancy to be watched, and nowadays, of course, ultrasonics, you know, I mean, that's what I was on about.

When did your medico-legal work begin?

1961.

And can you tell me about that?

Well, I was appointed to, I did some medico-legal work before that, but I was appointed to the Council of a thing called the Medical Defence Union, and I was there till, oh, when did I stop that? 1987, yes.

And what did that involve?

Well, that involved meetings, alternate Tuesdays, looking at cases, and making medico-legal decisions. For example, if a patient is suing a doctor for negligence, we had to decide whether to defend them, in court, or to settle. So that basically is what it all is

about. There's a lot more to it than that, of course, but, I mean, that's what it's about. And we were looking after the interests of doctors, basically.

So what, what sorts of criteria were established for ...

None. I mean, each case is taken on its merits, with reference, of course, as always in the law, to the precedent of previous cases. But, basically, each case is, is settled on its merits, and the Medical Defence Union, we have a medical, we have a medical staff, medical secretaries, I forget how many there are, about 10 I think, we have a branch in Manchester, who look at the cases, and, you know, one doctor, there are 120,000 members, I think it is, and one member in 15 consults the Medical Defence Union every year. It's not a union as such, it's a pity it was ever called that, it's not a Trades Union. The BMA is the Trades Union. It's a defence society, basically. Defence is the word, not union.

Can you tell me about any of the cases?

Well, there was the case of Whitehouse and Jordan, that's public, I think. When Mrs. Whitehouse had a baby that wasn't quite right, and she sued Mr. Jordan, who's a consultant in Birmingham. It became quite a famous case, because the judge, Mr. Justice Birch, who died last year, gave her £120,000 (a hundred and twenty thousand pounds) compensation, and we thought this was quite wrong, because Mr. Jordan had done nothing wrong at all, he'd been perfect. So we took it to the Court of Appeal and we lost there, so we took it to the House of Lords, and we won in the House of Lords, so, of course, this is where all this political negligence business is the thing, you see, if you took it to the House of Lords, and, as a result, of course, Mrs. Whitehouse got nothing. I mean, we thought she didn't deserve anything. She behaved extremely badly, but, I mean, that was our opinion. Lord Denning supported us.

Are there any other?

Oh, lots of cases. I mean, masses of cases.

That you were particularly involved with?

I was involved with so many, I can't honestly tell you. I think perhaps my most interesting case, and this was not a Medical Defence case, I was also made an Inspector in Nullity, and that is a very ancient officer of the court, because it goes back to pre-Reformation days, when, as the country was then Roman Catholic, the only way a marriage could be dissolved was by an annulment, which meant it hadn't, in theory, it hadn't been consummated. And there were a lot of cases to begin with, they've disappeared now. We don't get any. I don't know whether, they don't come, I don't think. I had to be the expert witness, the official inspector, that is, in the case of April Ashley, that was quite interesting.

Tell me about that?

Well, April Ashley was a man who'd been converted to a female in Morocco, and was married to one of the Corbetts, Lord Rowallan's son, and when he, when he'd married her, he found he couldn't consummate the marriage with this curious male/female person. And the great argument was as to whether he could marry her legally. Now, Lord Justice Ormerod, who lives round the corner here, who tried the case, and they got him to try it because he was, I think, then, the only medically qualified judge, and they felt that he really was the only person who could try it. And he decided that Ashley was a male person, that two males can't marry each other, so she lost the case.

What were your feelings about the whole issue of medical accountability has become completely out of order, recently, it seems to me, with a great trend towards following America, and everybody suing everybody else, the moment anything happens at all.

What are your feelings about that?

Well, I think it's gone too far, of course. We've got to find a way out of it. It's, it's, I think a great deal of it, I'm sorry to say, has been due to media publicity. There's no doubt patients are injured by doctors' negligence, I mean, I've seen enough cases to know this is true. And I think it's all wrong that they should have to go through all the ordeal of a court, it's our advocerial court, legal system, that does this, you see. And, of

course, the problem is going to be that if we solve this, the lawyers will lose a great deal of money. They have already, over the Crown Indemnity business. But as there are so many lawyers in the House of Commons, it's not going to be an easy thing to get it through, not if it's going to cost lawyers money!

But do you think, what do you think about the accountability, medical accountability. Do you think that, in principle, that that's important?

Of course it is. I mean, that's, that's elementary, of course it's important, we're accountable for everything we do. But then you're accountable when you drive a car, you're accountable on your own bicycle, I mean, you're accountable for all your actions. The only difference in medicine is, that you're accountable to one specific person.

So how much right of redress would you like to see the patient having?

If there's been genuine negligence, I would like the patient to be compensated, if she has suffered, as a result of this genuine negligence of a doctor. But a lot of the cases that I see, the doctors have not been negligent. I mean, there's a series of cases, which are sponsored by an organisation called "Ban the Jab", which was, we've finished with those, I think now, due to women having had a contraceptive injection, it said that they weren't properly warned, that sort of thing is an absolute nonsense. It's a waste of legal time. And I think Legal Aid is another, is another thing, you see. Part of the reason why there's been this outburst, is the Legal Aid. Now, I'm not suggesting that Legal Aid isn't a good thing, it obviously is, but Legal Aid was meant for justice for the poor. It's gone so far now, that only the poor can afford justice. The middle class people can't afford to go to law, on their own expense, because legal costs are so enormous.

So how would you like to see that, that remedied?

I think, probably, what we should have, I think it would be best if we, if a system was set up, for example, something like the Industrial Tribunals. One of my brothers was Chairman of an Industrial Tribunal, by which the case could be argued in front of, of three people, who would then decide whether there was a case, there was no case,

whether there was a case for compensation, in which case, how much, or whether it, and then, if the, if the plaintiff objected, they could, they would still have the right to go to law. That's the sort of system I would think was right. I gave evidence to the Pearson Committee which was on, on liability, and I said I thought that it was right that a handicapped child should have some sort of State Pension. Well, they do anyway, of course. I have a handicapped grandson, and if his parents could have proved that his handicap resulted in negligence in childbirth, he probably would have got a million pounds, but he'd have more than that spent on him, of public money, much more.

Would you like to see an upper limit to the amount?

You can't, no, that is not possible. That's not possible, because the theory of compensation is that you compensate people for what they would have had if they hadn't had the, whatever it was, you see. I wouldn't like to see any upper limit. But I don't think this paying of large lump sums to children is right. But again, you see, you've got an awful problem to work out how much you pay them, because you've got to allow for inflation. You don't know what inflation's going to be in 20 years time.

In the case of the Christian Scientist family who allowed their son to die, what would the medical profession,

We would just be disgusted. I mean, the whole, the whole of Christian Science is completely bogus. I had a wonderful book which was called, Our New Religion, which was written by A.J.L. Fisher, of New College, Oxford. And he pointed out that Christian Science, and Mary Baker Eddy and all the lot, they were completely bogus, they were absolutely bogus, every bit of it was bogus. But I think that Christian Science and all the sort of phoney things, like homeopathy and, well even, acupuncture may have something in it, but a lot of these, hypnotherapy, a lot of these things, are absolutely fine as long as you don't have anything very seriously wrong with you. And most people don't. That's the point.

So, so, I mean, there's also a push for more connection between these two, complimentary therapy, they like to call it, and orthodox medicine.

Complimentary therapy is splendid if you've got nothing seriously wrong with you, because it makes you feel better. It has what is called a "placebo effect", it's no better and no worse than that.

Would you think there ought to be more controls over the way in which,

There are already.

alternative therapies ...

There are already. I mean, it's, people have no one but themselves to blame if they get into trouble with Christian Science, or alternative therapy, because we should tell them, we should tell them that this, what I've told you, that they're fine so long as, they make you feel better, just as a holiday makes you feel better. Somebody, having to pay for it makes you feel better. One of the bad, one of the worst facts of a free National Health Service is, people don't have to pay anything, and therefore, they feel they should get everything out of it. I remember this happening when the Health Service came in in '48. People rushing off to their GPs, and demanding shampoos and wigs, and teeth and spectacles. I remember our housekeeper, who was a very simple Cornish lady, came back with a pair of spectacles. She was fearfully pleased with herself, she'd got her free spectacles. And, about a week later, I went down to the kitchen to arrange some meals, and found the spectacles lying on the sideboard, on the dresser, so I said, "Oh, Mrs. Bartlett, what about your spectacles?" "Oh, I don't wear them things." And she'd just got them because they were free. At taxpayers expense.

I wanted to ask you about this, I mean, specifically in relation to, to the question of doctors accountability and compensation, and rights of redress, whether that that, whether the creation of the NHS and free medicine, has changed things, that that has had a change in peoples attitudes, towards their right to expect a certain standard?

It gave people a certain feeling that they have rights, yes. Because, before, they'd had to pay for them. I think that was the point. That's why I think that, basically, it's of

benefit, not to the Health Service, but to the patients, that they should have to pay something. You can always repay them if they're, if necessary.

Do you think it also made doctors less scrupulous about their standards?

Oh no. Not at all. I mean, we daren't be. Mind you, there was some very very bad general practice, particularly in cities, and this was because, as a general practitioner in a big city, with a lot of poor people, you simply could not earn enough to make a decent living. Round North London, there was a "Sixpenny Doctors", few of them still remain. And you see, all you needed to do in general practice, when the Health Service started, but this was, this wasn't new, I mean, it had been done before. You set up a surgery with a desk, and you sat there, and the patients came to see you, and you wrote prescriptions, certificates, and referrals to hospital. And the patient would say, "My doctor never examines me." He never examined anybody, you just sent them off to hospital if they needed to be examined. And that was the sort of standard of general practice. Now, this has all been written up, I'm not making it up, that existed in, in the big cities. Now, one is sorry for the doctors. And I used to go up to emergency, sometimes, which I had to do, and I would try and ring up the family doctor to tell him what I'd done, and the surgery would be in, say, the Caledonian Road, but the doctor would live in Golders Green, I mean, he wasn't there. He'd just come in to do his sessions. Sorry about this, I'm being rather tough on this. I shall be shot down in flames by the general practitioners. But general practice has now enormously improved. There's no question about it.

End of Tape 3 [F1075] Side A [track 0500A0]

Tape 3 [F1075] Side B [track 0600A0]

Well, first of all, the general, the young general practitioners of today have been properly trained, they have to do three years training, which I think is absolutely right. They are better paid than they were. They will say they're not paid well enough, but they're not badly paid. And they seem to work in groups or partnerships, which means that you don't have the elderly single-handed doctor, they're disappearing one by one.

So when the NHS was created in 1948, how well thought out was it, in terms of the impact it was going to have on doctors' lives? How did it affect your working life, for instance?

It affected my working life in that I was paid for doing things for which I hadn't been paid before.

What sort of things?

Well, I mean, all my hospital work I was paid for, whereas before, I was what is called "Honorary". As I told you last time, I didn't have, I wasn't paid for it. I was paid for doing for what I, I was paid for my hospital work. It wasn't very much, but it was enough, I mean, it was, one had to supplement it with private practice in order to educate children, and run the house and so on, but one was paid.

Were there practical effects?

None at all. We just went on the same, in the hospital service. My husband refused to join the Health Service, he continued in private practice, and he did very well.

What were your feelings about the public health care?

What do you mean?

Were you,

I mean, public health means something special, you see. Public health is a specialist part of medicine.

Oh well, you'd better explain to me what that means, then.

Public health, public health deals with the health of the community. My daughter-in-law's in public health, and that is, epidemiologists, statistics, child welfare, school clinics, all that sort of thing. It's not, it's not part of, and one of the problems with public health has been that, up till recently, the doctors in public health were not allowed to prescribe any treatment, so that's quite different, we must be careful how I'm talking about public health.

Right, what I mean then, is the National Health Service. Were you in favour of it's creation? Did you see it as a good thing?

I was, I think, sceptical, but it obviously had to happen, one was never fighting it. I did go to some of the, the British Medical Association was huffing and puffing just as they are now about Clarke, and a new health service, and everybody was saying it would be a disaster. I didn't feel it was my business. I had children to support, and a living to earn, so I wanted, I was glad to paid, I mean, quite honestly. I don't think I thought, the one thing I did think, and I can tell you a story that somebody overheard, Aneurin Bevan and Attlee walking along one of the corridors in the House of Commons, and Aneurin said, "You know, we're going to have a wonderful Health Service, but we'll never be able to afford it." You see, it's a bottomles purse, an open-ended commitment, that is what Clarke has had to deal with, and it just gets more and more expensive every year, and doesn't necessarily give people a better, better service.

And do you think that the way it's, their attempts to restructure the Health Service at the moment is,

I really don't know, because I'm not going to have to work in it, and I'd rather not comment on it.

Just to go back slightly to, to the question of your medico-legal work, the area of your medico-legal work, and the question of compensation. You were working in obstetrics and gynaecology throughout the period where, or where the bill came in, and also when there were enormous changes in, well, with all the thalidomide children.

Oh well, that was a, a blip, unfortunately. In 1958, there was an international conference of medical women in Baden-Baden in Germany. I didn't go. But the Germans said that they had noticed some very peculiar things happening in Distval which is since thalidomide. And the American doctors who were there took it up, and took it back to Washington. One of them got a Congressional Medal of Honour for doing this! And then people realised what thalidomide, how dangerous it was. And I think perhaps this led to a general feeling that pregnant women should be careful what medication they take, or are given. I mean, we all know that now.

But the same is true of the coil, isn't it, that people have increasingly realised that the coil can cause infertility and infections, and, and that it's actually not such a straightforward mechanism as it was once thought.

Well, we never told them it was. I never told anybody that it was.

But, in those sorts of cases, do you think the doctors should be accountable?

I think that it's important that they should warn the patients that there is a possibility, that the patient should be made to, to, I mean, there are leaflets for coils now, to explain to people what the risks are. I think the most important thing about the coil, and I would say, I will never give anybody a coil except in very exceptional circumstances, until they'd had one baby, and then you're much safer. And you, you can eliminate infection before you put the coil in, and then you should be all right, unless, I mean, the trouble with the coil and the Pill, is that if you've got somebody who's really promiscuous, they're no protection against venereal infection. That is the point, whereas the barrier methods are. But I will tell you this, which most people don't appreciate. By the year 1890, all the current methods of birth control were known,

except the Pill. So it's not new. I mean, we had methods of birth control for people, the only thing is, they wouldn't use them.

And why wouldn't they use them?

There was terrific prejudice. It's part of people's, I don't know, basic emotional set up, or whatever it is, you know, it interferes with enjoyment, and goodness knows what, but, as I say, there were contraceptives, and there was no reason why, they weren't perhaps as reliable as the modern ones, but they were there.

So were you in favour of the kind of promotions of education that the Brook Advisory Centres were responsible for, for instance, in the sixties?

Well, I think the Brook Advisory Centres were formed through a great necessity. It's unfortunate, however, that the teenage pregnancies which they're, they're basically for people under 25, you see. I know Lady Brook very well, who formed them. They're basically formed as an advisory service, not just as a birth control service. They don't necessarily give contraceptive advice to everybody who goes there. But, I think that the impact is terribly disappointing, in that the number of abortions goes up each year, and the number of teenage pregnancies doesn't diminish. And that is surely not, that's not the business of the doctors, that's the business of parents, schools. It's not our business.

It's your business, though, I mean, as doctors, to the extent that it impinges on your workload.

Yes, but, I mean, we can't even, I mean, we can go, a lot of doctors do go and lecture in schools. In fact, most schools will have lectures on birth control and reproduction and so on, but that doesn't stop teenage pregnancy. I mean, it's not our, we can't do that. I must admit, I was sometimes a bit, I used to do an abortion counselling service, and I was sometimes a bit tough with some of these really very silly girls, who'd got themselves pregnant, for no apparent reason, except that it was an impulse, you know. But I think, I think that, having said that, one must realise that it is a very powerful

impulse. And then they turn round and come up to me and say, "I want you to abort me." It was difficult not to get a little bit cross!

You must have seen great changes between the back street abortions that you described,

Well, that was the thing, you see, and this is what has happened, and it's the best thing, the best thing that's happened. I mean, you've kept records of maternal mortalities since 1952, and the, up to about, was it six or nine, it can't be three years, so it's either six or nine years ago, abortion was the commonest cause of a pregnant woman dying. Now it's hardly, there are hardly any deaths at all from abortion.

Do you feel, do you feel that, and I'm interested because of your medico-legal work, to, to get a sense of whether you, whether you believe in rights of patients, in a clear-cut sense, and rights of doctors, and particularly, rights of women in terms of their health care during pregnancy?

This is nothing to do with the medico-, well, it's only remotely to do with the medico-legal work. Only remotely. Medico-legal work is quite different. Medico-legal work, basically, deals with, "Did the doctor do, did the doctor do something negligent?" In other words, the best example is, did he leave a pair of forceps inside the patient? You see. I mean, that's what the medico-legal work is basically about.

But it must involve ethical questions about responsibility and rights?

No, not really. No. Again, I think you've got to be very careful that you don't get involved in political polemics on this. The rights of women, and all the rest of it. As I told you, I'm not a feminist.

Why was this kind of work so rewarding for you? Why did you want to do it?

I found it interesting, in that I was learning, for one thing, of course, it wasn't only gynaecology this medico-legal work, it was everything you could think of, eyes, ears,

nose and throats, fractures, a lot of orthopaedics. One was learning a lot from one's colleagues, which was interesting. They were a very nice lot of people to work with.

And something you'd always enjoyed?

Something I'd always enjoyed. My two, two of my brothers were lawyers, so I was quite interested in the legal side of it. And the feeling that one wanted to see justice done. Not just for doctors. I mean, a lot of the cases that came to us would be settled out of court. I'd say the majority of cases now, where a patient thinks she's been negligently treated, the majority of cases are, are settled out of court. Compensation is paid to the patient, out of court. They don't get to court at all. So, I mean, we have got a pretty just system.

What other things were you involved with during this time?

Well, now, let's see. Where do you want to be? Well, a mild excursion into politics, but that's not very important.

What was that?

Well, I stood for the GLC, and, in Brixton.

When?

In 1958, I think it was, I can't remember, it was one of the elections, on the condition, I was really doing it on condition that I was, no way was I going to be elected, because I wouldn't have been able to cope with it. And I nearly got elected. I had quite a good campaign. So I did a bit of politics, I always found that interesting. Never got any further than that. I suppose, well, yes, there were the various maternity surveys I was involved with - 1946, 1958, and 1970.

Would you like to tell me about those?

Yes, I will. We looked, in 1946, they all had something, what they had in common was, that we looked at every birth that took place in a certain week in that year. In 1946, we were looking at social aspects of child-rearing, in particular relation to the poverty I described to you, and we were looking at the care that mothers got in, because there was no Health Service then, remember. We were looking at the relief of pain they got in childbirth, that was pretty deplorable then. We're looking at that again this year, actually. But we were looking, basically, at the costs of child-bearing, the social costs of child-bearing.

What do you mean by social costs?

Well, how much did the woman spend. When she had a first baby, she spent thirty pounds, when she spent on her next baby, would be twenty pounds. Things like prams, cots, baby clothes, nappies, all the things you have to have for a baby. That was, that was, that was a, a lot came out of that. I think that influenced the, I think that had a big influence when the Health Service was set up. And the other thing was that we then got a cohort of children, I think, I can't remember how many there were in that lot. And they were followed up by a chap called Dr. Douglas, and I think they're still being followed up. They're now, they're now some, they're grandparents, they've been in prison, they've had all kinds of things. So they were followed up to see to what degree the events of their birth, or their, the influence of subsequent progress. The 1958 Survey was suggested by my then chief, William Nixon, who died, sadly. And the idea of the 1958 survey, we were looking at the reasons why babies died. It was called "The Perinatal Survey", and we looked again at every birth, 18,000 births in March '58, and that was published in '63. And we looked at all these reasons. Then the perinatal mortality, that is to say, the number of babies being stillborn, or dying in the first week of life was 35, it's now below eight, so, you know, it did stimulate people to do better. And there again, we had a cohort that has been followed up, and a lot came out about maternity services, paediatric services, anaesthetic services, in particular.

What sorts of things?

Well, deficiencies, basically.

But deficiencies through personal, or human negligence, or through lack of funding?

Through lack of, through lack of facilities sometimes, very often. And women insisted on having babies at home, who shouldn't be at home. I mean that's, there's no doubt about that. That came up very clearly. Though people, people twist those figures round, because some of these ardent supporters of natural childbirth are twisting the figures round, it really savages one, twisting the figures round to say they're not right. But they were right, I know they were, because I was there. That sort of thing. Then the 1970 survey, "British Births, 1970". Again, we were looking at the care of mothers and babies, and a cohort to follow up. They're now 20 aren't they. Neville Butler's followed them up, and, through a thing called "Youth Scan", I think you may have heard of? He's followed them up, and found out all sorts of things about, you know, drugs, and education and all kinds of things.

When you say "we", who was actually running these surveys?

Well, I was Chairman of the Committee, but the running of the survey in 1958, was run by Denis Bonham, who is now in New Zealand, and Professor Neville Butler of Bristol. In 1970, it was Professor Chamberlain, who is now at St. George's, and someone who is no relation of his, called Roland Chamberlain, whose, who had been in the Department of Health, and was a paediatrician. The 1946 survey was done entirely by James Douglas, who was at the London School of Economics.

And where was this information made available? And what sorts of use was the information put to?

Well, they're on tape, if anybody wants it, they can have it. It's all available on tape. The 1970, the 1958 survey, I think, is all in Colchester, it's all on tapes.

And what came out of these surveys?

Well, improvement to the maternity services, we hope.

Were there direct links between the surveys and the changes made?

Of course. There had to be, because they were made public. I mean, we were, we were, I mean, we got some financial support from the Department of Health, and they would, they, they took this up and saw what needed to be done. But George Godber, we had another thing which I did, and this I did myself, as the Chairman, was a Committee on Anaesthetics During Childbirth, and George Godber who was then the Chief Medical Officer at the Ministry of Health, sent out a circular to all regions, saying that, for maternity work, properly experienced, and not junior anaesthetists, must be available. We've taken this up with the Department many times since.

When was that?

Oh, I can't remember, sorry. Can't remember. 1960 something I expect. Maybe 1950s.

It's interesting the way change takes place, and why it takes place, and what the motivating forces behind change are, and this is why I asked this question about what the direct links between the surveys being published, and changes being made.

It's a gradual process, it doesn't happen overnight. I mean, but you see, as far as medicine goes, you must remember that doctors, you don't just qualify, you're being continually educated. And general practitioners are expected, and they do, they're paid extra for what is called "seniority payments" for attending courses and lectures and so on. I mean, I go to a, well, I don't go to perhaps so many as I did, but even now, I will go to a medical course, three or four times a year, and learn about the latest developments. We all, they're packed out those courses. They're full. I mean, everybody, I mean, the important thing about, well, the law is the same. I mean, lawyers have to keep up to date. They have to read all the law reports and so on. We have to keep up to date. We have to read our journals. There's a journal there. We have to attend conferences. We have to attend meetings, and listen to lectures. I mean, it doesn't stop, you see. That's the important thing to remember. So that, as it was, the

whole consensus of medicine changes. And I'll give you one example. My friend, Ian Donald, who has now, I'm sorry to say, died, was an obstetrician at the Queen Mother's Hospital in Glasgow. When he was a young man, at, I think it was Hammersmith, or, I can't remember, it was St. Thomas's or Hammersmith, the National Birthday Trust Fund, of which I am President, which is a maternity charity, gave him £250 (two hundred and fifty pounds), and he started the whole of ultrasonics. On the other hand, of course, ultrasound equipment is expensive, and there isn't always money. The simplest machine costs something like £20,000 (20 thousand pounds) well, not the little hand ones, but the big ones do, so again, in each hospital, and the same at Charing Cross, or any other hospital, there's always a queue of consultants wanting new equipment. And you have to wait until you get to the top of the list before you can get it. So, you see, it doesn't happen overnight. I mean, you can't say "Overnight, every maternity unit must have ultrasound", because there are probably, well, there were certainly 192 Health Districts, so, and some of them there will be more maternity units than that, let's say there are 200 maternity units, you can't produce 200 machines overnight! They've all got to be, they've got to be authorised, they've got to be, so they can be paid for. They've got to be manufactured, and they've got to be delivered, and then the people have to learn how to use them. It isn't, you see, it doesn't happen just like that. You must [inaud]. But every time there's a new discovery, it, it, it's like dropping a stone in a pond, it spreads out till everybody takes advantage of it, do you see what I mean?

I'm interested to know if you were involved in the fight to keep the Elizabeth Garrett Anderson Hospital going?

I was. I was Chairman of the Committee. Yes.

Can you describe a bit about that?

Well, I can tell you the whole story if you like.

Yes please.

The Elizabeth Garrett Anderson Hospital was founded by Elizabeth Garrett Anderson, who was the first woman doctor to qualify in this country, in 1866, the year after she qualified, was the new hospital for women and it caught on, because at that time, there was a very bad cholera epidemic, and the need for hospitals became important. And it moved around, and eventually it ended up in its present site on the Euston Road, I can't remember when it was, in ... and I went there as locum in 1945, and stayed there until I retired in 1977. The idea, of course, was that it was a hospital for women and children, that would be staffed entirely by women doctors. And when I first went there, we had medical, surgical, paediatric, psychiatric services. I think the basic thing that made the problems there, was the fact that there came in, rigid rules on post-graduate training, and we had a, we had a nursing school, I was talking about it last night. Because we were joined up with the Seaman's Hospital, the Dreadnought Hospital, we taught the girls about women, and they taught ours about men. In about 1973, I think it was, Barbara Castle appeared at the Hospital, and said she was going to close it, and we were determined that it would not close.

Sorry, why did she want to close it?

There wasn't any money. It was really terrifically expensive. It was difficult. We had to close the, we had a maternity unit in Hampstead at which we delivered about 800 babies a year. We had very good results. We had a Home of Recovery in Barnet, the Rosa Morrison House, which was started by Elizabeth Garrett Anderson herself, actually. The maternity unit was started by Louisa Garret Anderson, Elizabeth's daughter, so, you know, the tradition has, a lot of the Anderson family are still around, I still see them. So we were determined that this hospital should not close, that it still had a function in providing facilities for those women, who wanted to see a woman doctor, because you can't guarantee that in, in, in any other hospital. And there were several hospitals, there was the South London, which was a sort of offshoot of the EGA, founded in about 1911. There was New Sussex Hospital for Women in Brighton, now in Surrey, I think, a geriatric home. There was one in Newcastle, and two in Edinburgh, and one in Glasgow, Redlands. But these all closed one by one, and I think, it ended up by Elizabeth Garrett Anderson being the last of all, but before that, the South London was soon opened, and the Hospital was fairly run down, but we got, thanks to Mrs.

Thatcher, basically, we got a grant from the Department to rehabilitate the hospital and set it up. It needed a new outpatients, new operating centres and so on, on condition that we raised a certain amount of money. And we raised more than we were asked to raise, and so the hospital has been virtually rebuilt inside. I go there occasionally still. It's got nice operating theatres and so on. And so it never closed. But the paediatric department closed quite soon, because, of course, for all, I mean, Great Ormond Street does terribly well. I know the Appeal Director there, they've got a very good Appeal Director, and as a result, they get a lot of money. Great Ormond Street is basically a children's hospital for children with very highly specialised conditions. Not just the average child. But, you see, children don't go into hospital nowadays, the sick child is looked after by the parents. I don't think, my children only went into hospital to have their appendix out, that was all.

Do you think it's regrettable that the hospitals need to spend so much time thinking and worrying about keeping themselves financially afloat?

Oh, they don't have to do it nearly as much as they used to. Before the Health Service, of course, well, one of the things that happened, you see, when Aneurin Bevan took over all the hospitals, he took over virtually, he took over the most that were virtually bankrupt. He took over a financial, a huge financial liability, which was, "put it on to the taxpayer", so you needn't worry about that.

I'm interested as well, to know whether you think that,

You see, we were not, the big London teaching hospitals didn't pay the junior staff anything. And nurses were paid a pittance, one pound a week or something. But they were given board and lodging and laundry, as I was telling you, so that the money you had, was your own money to spend as you liked. And you were given a uniform if you were a nurse, so it wasn't so bad. It wasn't good, but it wasn't bad.

Do you think there are advantages to having female obstetricians?

No, not particularly. No, I don't think so. As I tell you, I, I think if a woman wants to practice in obstetrics, a woman doctor, she should be allowed to.

What was your commitment to, what, I mean, really from the point of view of the patient?

Well, I mean, if a patient wants to see me, I'll see her. That's all.

What was your commitment to the Elizabeth Garrett Anderson Hospital, then?

I was a senior consultant.

But you weren't committed to, from an idealistic point of view?

No, no, it was a job. It was a job I was very glad to have. It was my first consultant job when it was very hard to get one. Because I got it at the time when the men were coming back from the War, and jobs were very hard to come by, for women. [inaud] men came back from war, you see. We'd been doing their job for them. As I told you, six women had been running UCH, and now quite suddenly, 50 men come.

But there was an argument which is that women's hospitals, and women's schools and women's colleges, are important to redress the balance. You didn't feel that particularly?

I felt that if there is a need for a facility for a hospital, where a woman patient can be, client, if you like, can be sure of seeing a woman doctor, then one should support it. But, you see, I worked also in mixed hospitals. I mean, I did more work at Charing Cross Hospital, which was a mixed hospital, than I did in the Garrett Anderson, and at UCH, which was, we had, on the Unit, there was one other woman, Eileen Dickens, who sadly has died, and me. The rest of the Unit were all men. I mean, you know, I don't think one should, one doesn't think about the question of gender, you just think about how is the job going to be done, and are the clients going to be pleased? Now, you'll get some, mostly Moslem women, and some Jewish women, who don't like

seeing a man doctor. It's Middle East, Middle East, right? So it seems fair enough, if you've got a National Health Service, that you should provide women doctors to see them, don't you think so?

How early on were the different cultural needs of women recognised, in terms of ...

Well, you see, we didn't, we didn't have the Moslems, they didn't come till 1950s, 1960s. They weren't here. I mean, people were either Catholics or Protestants, and that was it!

So that's 40 years ago, so you've overseen that change.

Well, quite. I know. But I mean, that's, we didn't have, I mean, we didn't have places like Bradford and Leicester. We didn't have any mosques. We had synagogues, of course, and again, we had to respect those people very much. I mean, I do very much, and some are my best friends. But you know, that's a new thing, all the immigrants, altogether, it's new.

And with the influx of the immigrant population, has the profession responded, in your field, to those needs?

How do you mean? I mean, the Health Service, they have the same rights in the Health Service as everybody else. They always have had.

Were there any difficulties, though, with different, you know, obviously dietary requirements, but were there different customs surrounding childbirth?

The only thing I remember, and this is quite funny. At Charing Cross, I delivered an Arab lady, and it became a fashion, medicine goes greatly by fashions as you will have gathered from what I've said, that you didn't wash babies for the first few days. Now, there was a lot to be said for not washing babies. First of all, we took some bacteriological cultures from the baby's baths, and found that they were heavily infected. So you were not going to get so many skin infections in a baby, if you didn't

bath them. And, of course, one of the great reasons for sending people out of hospital quickly, is that it stops them getting, it stops hospital infections, that's the great, great advantage that you get. Right. So we, we used to clean the babies up, and mop them up when they were born, and then they'd be bathed, I think they were staying in about five days then. They'd be washed before they went home. But the Arab lady has her ritual wash as soon as it's born. And this lady was very angry indeed, that we hadn't washed her baby. She said, "The baby's dirty." I said, "The baby's not dirty, it's got it's natural skin fat which we think is good for it." Because there was quite a lot of evidence that the baby produced a thing called "Vernix", which is very good for it. That sort of thing, one came across.

Now, of course, I mean, babies are washed almost straight away, aren't they?

No, they aren't, no. No, we don't, well, it depends which unit you're in. We didn't wash them. We didn't wash them, because there's a theory that, leaving the secretion, the fatty secretion, called Vernix, on the skin, is good for the baby. It absorbs it, it absorbs good things from it.

There must have been many theories, though, which you've seen overturned?

Oh, of course. Of course, of course. I don't know what they're doing now, because I haven't done any maternity for years, but, but there was this, as I say, I was just giving you this case as an example, really, of the sort of simple cultural things you could get into, that the baby didn't get it's ritual wash. The other thing, no, I think that ...

End of Tape 3 [F1075] Side B [track 0600A0]

Tape 4 [F1076] Side A [track 0700A0]

In 1954, you, you went to Charing Cross Hospital as the first woman gynaecologist.

That's right.

Can you tell me something about the responsibilities that you had?

Well, it was, I was a consultant, which meant, of course, I was in charge of a unit of the patients beds, and junior staff, and had to organise teaching. It was quite a responsibility, as the first woman, because I felt if anything went wrong, they would say, "Ah! That's what happens when you have women on the staff." They'd never had a woman consultant before at Charing Cross, and, of course, the, at that time, the new hospital wasn't built. I think that opened in '73, wasn't it? And so we had, I think, at one time, we had six separate departments of obstetrics and gynaecology. I had to work at Mount Vernon Hospital, where I did my operating. Saw the patients in London, operated on them at Mount Vernon. Kingsbury Maternity Hospital, where we were doing about 2,000 births a year, very nice, happy little hospital. And then I did two and a half years at Harrow Hospital, which I didn't enjoy, so I didn't do very much at Charing Cross itself, except the outpatients, which I did on a Saturday morning, which is not very popular with the staff, but very popular with the patients. You see, if you have a clinic on a Saturday morning, the husband's probably home to look after the children, or the wife, if she has a job, doesn't have to give up time from work, so I was very popular. Saw Churchill's funeral from the, on the Saturday morning, from the window of Charing Cross Hospital, and I was very angry, because two patients turned up, demanding to be seen! So that was a very good start in my life, and, of course, I was then paid a good deal more, which was good.

And did you run into any difficulties?

Not that I recollect.

And you were there for how long?

23 years. No woman ever died that I operated on. Some of them died who had advanced cancer, but that was different.

That's a very good record.

I think it was quite good. I'm quite pleased with it! Yes!

And how many staff did you have working under you?

Well, it would vary, you see. The normal unit would consist of the consultant, that would be, well, we're talking of, you see, there would be the other consultants, Humphrey Arthure and I, we were the two consultants, and then there would be either a registrar, you see, they were all in different places, remember. There would be either a registrar, or a senior registrar, depending on the particular status of the people working with us at the moment. And then there would be the house officers, the juniors, so that each unit would consist of that. And then, in fact, I arranged with Humphrey, we got on terribly well, Humphrey Arthure, my immediate senior, I'm still great friends, I still see him a lot. We arranged that we wouldn't have any beds allocated to us, all the beds were allocated according to need. Now, I'll tell you this now, because I think it's important. One of my achievements in the Health Service, and this [inaud] the Elizabeth Garrett Anderson, is that, I got rid of my waiting list. Now, you hear about waiting lists. Waiting lists are essentially unnecessary. I know there are a million people waiting for operations. A great deal of that is due to the doctors, I'm sorry to say. Now, the way I did it, first of all, when I got to Elizabeth Garret Anderson, there were about 200 people waiting for operations. I got them out of bed, to begin with, so they went home sooner, or we sent them to the home of recovery, and then we devised a system by which the patient would be seen in outpatients, oh yes, and then, the other thing I did was, every six months, the new house officer, they came in every six months, had to write to every patient on the waiting list, and ask them if they still wanted to come in. Now, if you remember that 40 per cent of the population of London move every year, people would have got better, or they would have gone somewhere else for their operation, or they would have moved out of London, so that a lot of people that are

counted on waiting lists, are not really on waiting lists at all. I'm very cynical about this, because it's a ridiculous thing the politicians throw up, which is quite nonsense. But nobody seemed to have bothered to do this, as I did, as I say, every six months, they were written to. So, we got the waiting list down, and we had a shorter stay in the hospital, as I told you the matron said, "You won't find anything for my nurses to do." I found far too much for them to do, because they had a constant stream of patients coming in. I tried to introduce five-day ward, which seemed to me to be a good way of saving money, but that, they wouldn't have that. If you have a five-day ward, you see, you can send a lot of your staff off at weekends, and as the nurses now only have a 36 hour week, you can save a lot of money by not employing people at the weekends. You can save on your cooks, who come in and out, you can save on your porters, you can save on almost everything, as long as you have some staff there to look after the patients who are not well enough to go home. So I got rid of the waiting list. Then, by the time I left, if the patient was, came to outpatients with a problem, they might have to wait about six weeks to be seen, but then they would be given a date, a positive date, to come in. Now that meant, you see, if you don't give people dates, if you keep people on a waiting list for a year, and then you suddenly write to them and say, "Come into hospital." That's ridiculous. It's, it's not the way to treat people. And, of course, we got a lot of patients not turning up. People still do, I mean, this business of waiting lists is absolutely ridiculous, it's totally unnecessary, or almost. There are some things, like orthopaedics, when it may be. So, we got rid of our waiting list, and I think most of the waiting list, for example, there was a huge waiting list for childrens' tonsils. Well, children don't have tonsils taken out now, or very few do, so there's no waiting list for that. So that if a patient came to outpatients, she was given a date she could fit in with the children if she wanted, some would want to come in in the holidays, and some would want to come in during the term, so she could choose her date, and then she would know that she would be admitted on that day. Well, don't you think that was sensible? It was too sensible for the authorities, I think.

How did they respond to it.?

They tried to close the hospital. They said, "You haven't a waiting list so we'll close you down." In spite of pointing out, yes, having had, in spite of pointing out that we

were doing more work than ever before. The number of operations we were doing had trebled, but that didn't appeal to them, we hadn't a waiting list.

Some people would say that this is typical of the National Health Service,

It is.

Which, when it's running efficiently, it's considered to be not running properly.

It's a huge bureaucracy. A terrifying bureaucracy. A terrifying bureaucracy. I won't say more because it would be slander, but I could say a lot more about the Department of Health.

Were there any other particular achievements that you'd like to point to during that time, at the Charing Cross? During your 23 years at the Charing Cross.

No, I don't think so. I mean, I was particularly pleased that they asked me to do things. I'm still President of the Staff Club, which I think is nice. And I was President of the Appeal for the new research block, when we raised £3 million (pounds). Princess Anne came and opened it. So that was nice.

Did you get on well with your staff?

Oh, terribly well, always. Always the best of friends. Still are.

And did you have any firm personal policies for being a manager?

Oh no. I just did my job, and expected them to. One of the things I will tell you, which did please me. When I retired, they gave me a dinner, and one of my young men who'd worked with me as registrar came back, and he said, "You know..." I had obviously enjoyed working with him, or he wouldn't have come back, I think! But, he said, "I always remember one thing about you. You were always punctual." Now, I think that was terribly important. I was always there on time, and I made a great fuss if

an operating list started at 2 o'clock, the first operation started at 2 o'clock, and I had this, the juniors knew this, and the anaesthetist knew it, everybody knew it. The theatre sister knew it. And unless there was a very good reason, my operation list started on time.

What did you do if the others, I mean, how did you make other people be punctual?

Well, I told them they had to be.

And what if they weren't?

They would be told again. You see,

Were there any kind of disciplinary measures?

Yes, the disciplinary measure is that, at the end of each six months, your junior doctor gets, gets a testimonial, so you hang that over their heads!

What was your reputation? I mean, how were you regarded?

I think they all liked me.

But were you regarded as a strict ...

I think they respected the fact that I liked things done properly. Well, that's fair enough, isn't it? I mean, my children are the same, I think. My daughter will tell you the same. I mean, they respected that, but things would, Amanda said, in their interview, they were expected to be there for meals on time, merely as a courtesy to the cook who was cooking it for them. If they weren't to be there on time, they were to say. I mean, you know, I think that's fair enough, don't you? I think you must respect, I always respect people who work for me, or with me. Don't you think that's fair enough?

So was there quite a lot of continuity between your home life and your work life in terms of, of, of the way it was run, would you say?

Well, my home life was run, particularly after, when we settled in Chester Square, on the basis that the house was manned 24 hours a day, seven days a week, which it had to be. There weren't answering machines in those days, I mean, one had to be, have someone, with children, you had to have someone there, which meant, of course, I had to have, at one point, I think we employed six people. We had a cook and a housekeeper, we had a cook/housekeeper, a nanny, two secretaries - a secretary each - a daily woman, and at one point, we had a chauffeur, which was marvellous, I must say. But we could afford it then. Now, I don't say we, I mean, with the nanny, for example, I didn't, we couldn't pay them very well, but they were given board, lodging. They were looked after, they were fed. They didn't have any personal expenses at all, so everything they got was their own. And I think they appreciated this. And I had to earn it, but we had to earn it.

The nanny, in particular, must have been invaluable?

She was marvellous. She was a good car driver, so we got another, we got a third car so that she could ferry the children around. She liked driving, she'd been an ambulance driver in the War.

Could you have managed without her?

No. Certainly not. No.

And did you ever feel there was ever any competition for your role, in relation to your children?

No, none at all, no. The only thing is, of course, if, if Nanny was on holiday, I would, perhaps, that would be very difficult, but quite often, if she went on holiday, the children would go and stay with my mother, because she loved, my mother loved

having them, and she was living near Oxford by then, and they loved going there, because they could go riding and so on.

Do you think you were able to have as much involvement with your children as, as you wanted?

Yes. Enough. Enough. Enough.

Let's go on to, to, well, in 1964. In 1964 you got divorced.

Yes.

How did that affect your life in practical arrangements? Did you move house?

I moved in '68. I stayed on. Penny got married in '67, and I stayed on in the house, because I felt, from the children's point of view, this was their home, their base, I didn't want an upheaval for them, at that moment. They were all away, actually. Penny was at Oxford, Amanda was at school, Anthony was at Dragon School then, yes, he was, yes, he didn't go to Eton till, when did he go to Eton? '67 I think it was, '66. So, I didn't move at once. I didn't want to move at once, and I, you know, I just, just stayed on. I had some students living in there during the term. I used to have London University students, and I had the flat at the top which was occupied, so, you know, I went on living in Chester Square.

And then the following year, you started your Committee work?

Royal Commission on Medical Education, yes. I did Committee work before that, I can tell you, because I'd been President of a thing called Medical Women's Fed, well, I'd been, I'd been with the Medical Women's Federation for about 20 years, that is the British organisation of women doctors.

I'm quite interested in the fact that you've been involved in, in that sort of organisation, and also, later on, with the Cancer Campaign, the Women's Cancer Campaign, and,

and you were the first woman consultant at Charing Cross, all sorts of, all these firsts for women.

Yes.

And you were involved, you've always worked in the field, which is particularly to women's medical care.

Yes, yes.

And yet you're quite resistant, it seems to me, to the idea of women's issues and women's rights.

I don't like, I don't like the screaming women. I can't stand them. Some of the, particularly some of them, I'm sorry to say, I'm not, this isn't political, but some of the Labour women, who are so bitter and so hard about women's rights, that I can't stand it. I think women, women, women's rights, they should, they should earn them, and deserve them. They shouldn't expect them to be handed on a plate.

And yet you've worked quite hard for women's rights.

I haven't worked hard for women's rights, I've worked for women. Not for their rights. Except perhaps, the Royal Commission on Medical Education, when we did agree, but this was nothing to do with me, I mean, there were two women, and about ten men on that, so we did agree that, by now, women should be admitted to medical school on merit, and not on a quota system. That was the one thing that came out of that, which, if you like, is a feminist issue. But it was happening anyway, so it wasn't anything really particularly to do with us.

Let's talk about the Todd,

That was the Todd Commission.

Tell me about that. Tell me about how that came to be and how you, what your involvement with that was.

Well, I was appointed to the Royal Commission on Medical Education in 1965, and we were to look at medical education in this country and, to some degree, comparatively in the rest of the, of the world. And we met about every two weeks in Russell Square, and then some, I went to America for a while, and Canada, to look at some of the medical education there. I did that voluntarily, because I went to a meeting in Rochester, New York, and I also went to India and Pakistan, voluntarily, because they had a congress on medical education in Delhi, which I went to. I went officially to Russia, and officially to Sweden, apart from that we mostly met in this country. We had to go to Scotland, Northern Ireland, and Wales. We also had to do that. Any Commission does.

That must have been completely fascinating?

It was. It was.

And what kinds of differences did you find?

Oh. Now. I don't think, that's a long, long, long, long story. I think, on the whole, that medical care adjusts itself to the facilities available, that is the problem. So that, I mean, quite honestly, the Russian medical care was appalling, almost worse than India. Also, in '63, I must have, it must have been '63, yes, I examined in the West Indies, so I went all over the West Indies, and I went twice. '65 I examined in Nigeria, and again, you have to go twice, so I went to Ibadan, that was fascinating.

Why?

I did a lot of examining. Well, seeing how another medical school works, and the medical school in the West Indies was excellent. So was the one in Ibadan, because it was, well, it was British found, with British standards, and it wasn't adequate for the needs of the country, but it was setting the standard, and I remember talking to John Wilson, whose still a friend of mine, about this, and he said, "Well, when we set up the

University here", it was set up by the University of London, it subsequently became independent, of course, like all these places, "We had to decide whether to dilute and set up a lot of medical schools all over the country, or one first class one. And we decided we would set up one first class one which would set the standard." So it was first class, it was excellent. I mean, some excellent research work. When I went back later, I'm sorry to say, the whole thing had slipped into, well, it had become quite African, it had stopped being British, and become African. But it's what they want, it's what they need.

Do you think, from what you saw in Russia, that it was absolutely predictable, the kind of state that Eastern European medical should have got itself into now?

Well, I went round hospitals there, they, compared with British hospitals, they were very poorly equipped. The treatment the patients received was, I mean, it was extraordinary, there were no flowers, there were no pictures, there were no visitors allowed. There was one man up, obviously dying, he'd just been put out on a balcony and covered with some old coats, and left to die. Their equivalent in the maternity department, this was the top one, I mean, the, we would say Queen Charlotte's in this country, was, was primitive in the extreme. And although they were spending money putting people into space, and developing nuclear weapons, they were not spending money on their own people, and that will come home to roost sooner or later, won't it. Particularly now, I mean, they can see in the West what goes on. The same with the East Germans. I mean, I didn't go, I've been to Germany, I haven't worked there, but, I mean, they will see now what can be done.

Travelling around these countries, did that confirm the opinions you already held about medical education, or did you form opinions about it, out of that experience?

No, I think I had, I think we knew pretty well, but we did, of course, have to make quite a lot of recommendations about medical education, which we did. Oh golly, without getting the book and looking it up, it's such a long time ago, I can't remember, but, obviously we, we, we wanted to see improvements in medical education. Of course, medical education has changed very much indeed, enormously, but it still remains,

which is nice, quite individual in individual medical schools and universities, which I think is nice.

So you wouldn't want a standardised ...

Not like they had in Russia. Everything was standardised from Talinin to Vladivostok. The teaching, everything. But we went to one of the Polit Clinics, and that was quite fun, to see what they were doing there.

What were ...

Well, the Polit Clinic's a sort of general practitioner, surgeries, where they

And what was happening there?

They were looking after patients. They were giving them intravenous injections for vitamins, which I think was, indicates very, very, indicates that they were very poorly off for other medication.

And there have been other later Committees as well, haven't there? There was the Warnock Committee?

Well, I was on the Lane Committee next. That was the Committee on the working of the Abortion Act. The Abortion Act was passed in '67, and because there was so much disquiet about the working of the Act, this Committee was set up under Mrs. Justice Lane. Now, she was a remarkable lady. She's not with us any more now. But she was the first woman High Court judge, so she was the Honourable Mrs. Justice Lane, then. She then became Mrs. Elizabeth Lane, D.B.E., Dame Elizabeth Lane afterwards. But that was what she was at the time. And that was an absolutely super Committee, I must say.

When did that start?

'71-'74 I think it was. And again we, of course, you see, what happens with these things is, you see, the first thing you do, is to invite people to give evidence to you. And you have something like 600 pieces of evidence to consider, so it's, you know! We had 645 with the Warnock, I think. People write in from all kinds, everything. You know, every religion, and every political party, and every pressure group is, is, is included.

I think it would be very useful if you could describe how these Committees actually work. I mean, let's take the Lane Committee, for instance. How often did you meet? Did you have a specific role on them?

No, I didn't. I was, we had a Scottish lawyer as well, we had social workers, we had, you always have a secretary, or two secretaries, you always have two secretaries, generally one medical and one lay. The Secretaries to the Royal Commission on Medical Education, we had one civil servant from the Department of Education, and another civil servant, Mr. Hodge, from the Department of, no, that was Horrnick, from the Department of Health. So you always had your civil servants there, you see, and they had to draft the reports, or, with the Chairman, they'd draft the reports, and they'd sit, they'd do all that. And then you, a notice was sent out, a public notice, asking for people who wished to give evidence, to give it. And then the other thing you do, you spend a lot of time taking oral evidence, so we had to take, see all the Deans of the Medical Schools all over the country, of which there were then 24 I think. It's quite a lot to do.

And what were you personally doing?

I was a member of the Committee.

But what did that mean?

Well, I mean, I was one of ten. We all sat and listened, that's all. And asked questions. We were expected to ask questions of people who came to give evidence to us. And then we had a great deal of reading to do. I've let my papers go, they've gone to the, some archive somewhere, but we had a great deal of reading to do, because we had all

the written submitted evidence, saying what should happen, you see, so you'd a lot of work to do.

And how often would you meet?

It varied. Probably, maybe once a month, maybe, it depended, when you were writing the Report, we'd meet more often. And then you'd come to writing your Report, and you go over it word by word, with the Chairman and the civil servants, and everybody's expected to be there. I wanted to go off, I had an invitation which was a very exciting one, to go to Iran, Australia and Peru, and I could have done that, but, as we were writing the Report, I couldn't go, so I had to cut that out.

And what came out of the Lane Committee, for you, for you?

Oh, you're talking about the Lane Committee now are you? Oh, which are we talking about, the Royal Commission, or the Lane Committee?

I've got the Lane Committee.

Well, it's just the same. We had Doreen Rothman, who was a former student of mine, as the prominent Department of Health, as the Secretary of the Committee, she was very very good. What came out of the Lane Committee is quite simple, that the Abortion Act was working well, but some controls were needed to be reinforced, but apart from that, it was working well. That was the basic ...

And were your own personal opinions ever in conflict with, what the, with what other people ...

No, I think we were very much in agreement, which was very good, because there was Juliet Cheetham who's now a rather distinguished social scientist, who was a Catholic, actually, but she fell along, fell in with what we decided, although she might well have stuck out against it, because the Catholic Church, of course, is very much opposed. So ...

And, and the next, the next main Committee, am I right, this was the Warnock?

Warnock, yes. Dame Warnock, Baroness Mary Warnock.

Could you just very briefly set the scene for that one?

Well, we were looking, of course, at, we were called the Committee on, what was it? Vitro something, infertility and human embryology. I can't exactly remember the proper title.

And the debate, the debate was about in vitro fertilisation, wasn't it, with the Warnock Committee?

Not only that. Lots of other things.

That was how the media picked it up.

All sorts of artificial reproduction, artificial insemination, in vitro fertilisation, and surrogacy, they were the main topics we discussed, I would say, donation of eggs, the whole spectrum we covered. And, of course, the setting up of what was first a voluntary Licensing Authority, then became the Interim Licensing Authority, and now, with the Bill, will become the Statutory Licensing Authority. That was, I think, the most important thing we did, except that we, we, I mean, the groundwork for the Human Embryology Bill is pretty well based on Warnock. So I think we did a good job.

When you say you think you did a good job, what do you, what do you mean exactly?

It was a good Report. It was forward-looking, sensible, and practical. It was a good Report.

And what were the pitfalls of that?

The pitfalls? None of ours. I mean, the pitfalls, the point is that, we set up a Licensing Authority, because we didn't want, as has happened in other countries, and I won't mention which ones, we didn't want people setting up, and some had done so, setting up clinics promising in vitro fertilisation, who had neither the skill nor the facilities to do it properly. I mean, we feel that it's so important that if this kind of thing is to be done, it must be done properly.

And so what are the achievements of that?

The Voluntary Licensing Authority. And I have to go, I'm on the Ethical Committee of a new unit in Wanstead, which I think I may resign from, but I'm on that, and they were visited by the Voluntary Licensing Authority, the Interim Licensing Authority, and they were very very closely questioned, and they were only licenced for another year, because, obviously, the Authority wasn't completely happy about what they were doing. The other thing, of course, we did, was to suggest that all research must be licenced. All human research, and that is in the embryology field. It can only be done under licence. Well, that's fair enough. And Mary Donaldson, who was Lord Mayor of London, is the Chairman of the Licensing Authority, and she's done a marvellous job, I must say. She really has. But they had some very distinguished people on it, I mean, people you may have heard of, like Julia Neuberger's on it, and all sorts of, you know, it isn't just doctors and nurses, Julia's on it, I know her quite well. And Anne McClaren is on it, she's a very distinguished scientist, so it's not, you know, it's, the licensing, and there are about, there are about 15 of them, I think. I'm not sure how many I could tell you, but, and they send, they don't all go to every visit, but they, each visit, each clinic which is licenced, is visited at least annually, more often if they think they're not doing the job properly.

Are you in favour of the kinds of medical advances that are happening in this field?

One should never, you should never say that any medical advance is not a good thing. It's always going to be a good thing. I mean, some, some perhaps turn out not to be good, but, I mean, medicine must advance, and you can only, I mean, as John Hunter,

the famous surgeon said, "You mustn't think, you must try the experiment. You must know what's going on." I mean, the huge advances that there have been, perhaps almost in pharmaceuticals, than anything else, penicillin, all the antibiotics, the contraceptive pill, all the things that have come from advances, but they have to be tried first, you know, I mean, you can't ...

But the, the issue of, of artificial insemination, artificial reproduction of embryos, this whole area is, is riddled with ethical problems as well as medical problems. I mean, are you wary of this area of development at all?

No. I think it's got to go ahead. But I think that, why, that is why we need the Licensing Authority, because it's got to be properly controlled, and the people who are doing it have got to be reputable people whose results are open to inspection by anyone, which they are. That's the important thing. That's what matters. That it should be done properly. The other thing, of course, that is important, is people should be counselled properly, and in particular, I think the IVM Programme, the in vitro fertilisation programme, I think the weakness there is that the success rate is, in some clinics, is only 20 per cent. In other words, for every hundred patients who go there, only 20 get a baby. And I think that the Steptoe/Edwards business, I mean, I, it was marvellous what, I knew Patrick Steptoe very well, and I went to see him in 1970, and he told me what they were doing, and Louise Brown was born in 1978, so I was right in the middle of all that. But I think that, I think it is terribly important that people are properly counselled. I'll give you a rather silly example. I had a letter from the Middle East, and I have travelled a good deal, from a doctor there, who should know better, saying, "I have a patient who wants to come to Britain for in vitro fertilisation. She can only stay three days. Please send me the necessary particulars." Well, of course, that's ridiculous. I had to write back and say that she would have to come, that her husband would have to come, that they would have to stay probably three months, that it would cost them a lot of money, and they should be appreciative of the problems. And when, even then, one couldn't guarantee ...

End of tape 4 [F1076] Side A [track 0700A0]

Tape 4 [F1076] Side B [track 0800A0]

... in 1980 you became involved with the Advertising Standards Authority. Tell me how that happened, and where your interest in that came from.

Well, I was invited by the Chairman, Lord McGregor, to join the Council of the ASA. This is part of a sort of network, which is, was set up by the advertising industry itself, and there are various things all, all eponymous, ASBOF, which is the Advertising Board of, wait a minute, Advertising Board of Finance, has [inaud] the Control of Advertising Committee, no, CAP, what's that? Can't remember, but anyway, I mean, there are all these, it's not just, the ASA is the one which looks at, basically, at advertising, and advertisements, as you probably know, have to be "honest, legal, decent and truthful". It publishes a Code of Advertising, which is a very detailed code, we've just had a new code within the last year or two, and we receive complaints from the public, I think it's something like, is it 900 a month? It's quite a lot, I can tell you, but I can't remember. And then we do monitoring. That is to say, we have a big department which goes through advertisements in magazines and newspapers and so on. We don't do television, that is done by the IBA, they do their own. We don't do pharmaceutical or medical advertising, that's done by the ABP, the Association of the British Pharmaceutical Industry, but we do a lot of, a lot of things.

And can you give me an example of an advert which receives a lot of complaints, and which you have to act on?

Well, you see, the complaints come to us, and they're considered by the Council. And if they're found to be in breach of the code, as we call it, then the complaint is upheld. The strongest section we have is a media notice which is very rarely used, when we send a notice to all the media, telling them that they must not publish that advertisement again.

And has it happened?

It happens, but not very often.

What has it happened with?

Can't remember. I have to be very careful here, because we did have, we did have a legal review of one our cases, which we'd upheld a complaint, and it went to the High Court, and they decided that we were wrong. So we have to be very careful.

Why, maybe you can say why an advert would not be passed? What sorts of reasons?

Well, we do quite a lot on mail order. If things are not received within due time, then that is a breach of the code. We do quite a lot on time shares because there's, some enormously ... time share things going around at the moment. But basically, well, you'd get an airline advertising a fare to America of £500 (five hundred pounds) and then you find that if you take that up, you've got to, you've got extra payments, you've got compulsory insurance, and goodness knows what, you see, that sort of thing.

And, I'm interested in, in the ways in which the different areas of work connect up, for you personally. I mean, would you say you're a principled person?

A what?

A principled person?

No. The ASA, you see, I think it's important that they have a doctor on the, they must have a medically qualified person on the Council. I happen to have a fairly broader view, perhaps, than some doctors, because, well, one of the advertisements for cosmetic clinics is one we're working on at the moment. Advertisements for skin creams which will rejuvenate you, those we work on, and that sort of thing, you see. In addition, there is another Committee I'm on called the Health and Nutrition, where we look at, again, all medical claims, which is, that's a separate category. And, so that's the sort of thing we do. Do you want me to talk to you about the Advertising Standards Authority?

Yes.

Well, I was invited by the Chairman, Lord McGregor, to join the Council in 1980, and I've been on it ever since. The Advertising Standards Authority is part of larger network of bodies, but the basic principle is that they are paid for, by the advertising industry, to maintain it's own standards, and I think that is a very splendid sort of British conception, if you like, so that we, a Code of Practice, there's a Code of Practice, by which advertisements must be "honest, legal, decent and truthful". And we look at those, and decide if they're in breach, we have a complicated code, we had a new edition of it recently, and if they're in breach of the code, then the advertisers are informed, and they either have to modify or withdraw the advertisement. The extreme sanction is what we call Media Notice, when the, all the media are told not to use that particular advertisement, or ban that, not allow that company to advertise at all, which, of course, is a very serious matter for them. Then, we don't do broadcasting advertising or television, rather, that's done by the IBA. We don't do pharmaceutical, medical advertising, that's done by the British Pharmaceutical Industry, but that's about it. We do have a Committee called the Health and Nutrition Committee when we look at advertisements for foods and medication. And that is what we do.

Obviously you can't talk specifically about cases because of confidentiality, but would you say, I mean, what do you think is the prime importance, or significance of something like that ...

Well, I think it's very, I think it's very important that advertising is controlled in this country, and is controlled so well. The sort of cases I could quote, for example, queries about advertising cars that can do 150 miles an hour, that we have, that has been, that's been made public, but, we rather deplore that. Using naked women to advertise various other things, we also deplore that, that sort of thing.

In 1974 you were made a Dame, has that had any effect at all?

Not at all. No. It's made no difference. I'm still the same person I was before.

And then in 1977, you retired from Charing Cross, how did,

I retired from the National Health Service, the whole of the National Health Service. You have to retire then, you see, I'd reached retirement age.

But you haven't stopped working at all.

Oh no.

And how, how has your working life changed since then? Has it actually improved?

In some ways it's become easier, in some ways more difficult. I think the thing I miss most, as I've told you about, is the junior staff, the people I have to help me, the fact that, if I'm not there, there's no one, whereas when I was, say, on the Royal Commission or anything like that, I could always get someone to do the work, to do the work for me.

So what makes up the bulk of your work now?

Oh, some consulting, writing reports, court cases, attending committees, the charities I go on, you see, I'm President of a thing called the Royal Medical Benevolent Fund, which arose out of my Presidency of the British Medical Association.

And what does that do?

That provides financial help, basically, for doctors and their dependents who have fallen on hard times, and it's surprising how many do. And I'm also on a thing called the Epsom College Conjoint Committee, and that provides funds for scholarships in the College, which was founded for the sons of medical practitioners. So I do a lot of charity, the Cancer Control Campaign, of course, and, oh yes, I'm also President of the Family Planning Doctors, Family Planning Nurses, and the Obstetric Physiotherapists, so I have, you know, I have a good deal to do. A lot of paper comes in from all these various things.

Can you talk a little bit about the Cancer Campaign?

That was founded in 1965 was it? Or '66? '65 I think, by a group of women in Stoke Newington, who were worried, I think I did mention to you the appalling cancers one saw in these poor women when I was working as a young doctor at UCH, were worried about the number of women dying of cancer, unnecessarily, as they thought, and it started from there, and we do screening programmes, we have 60, these caravans that go out and screening, and I occasionally work in them. Last year, I did one session in the House of Commons, and one in the House of Lords. We weren't allowed to go in, we had to be outside, but we screened people there. We exist, in general, as a, an early detection and prevention of cancers.

And there's been a great drive in the last couple of years towards cervical cancer, in particular, hasn't there.

Well, we were, I think breast cancer's come ahead now, because there are, of course, many more breast cancers than cervical cancers. But certainly, yes.

And a great landmark in your career, of course, was being the first female President of the BMA.

Well, that was something quite terrific, yes. It was marvellous.

Can you describe how that happened?

Well, first of all the BMA, you must realise, is a voluntary, you don't, it's not compulsory to belong to it. Something like 70-80 per cent of doctors do belong to it. It is, in a way, the doctors trades union, in that it is recognised by the Department of Health as the negotiating body for doctors' pay. It is also a scientific organisation, it has a Board of Science. It publishes a lot of journals, the British Medical Journal, and about ten others, and it has branches or divisions all over the country, which meet from time to time. Every year there is the Annual Representative Meeting, which is held in various parts of the country, and that is usually in the July, and in between, there's

usually a scientific meeting, the last one was in Edinburgh. When I was there, we had our scientific meeting in Hong Kong, which was great fun. So that was very good. I was very lucky.

And what did it mean being President, what did it involve?

Attending Council meetings, lecturing all over the country, conducting the meeting in Hong Kong, which was quite hard work. I can assure you, I didn't want to make any errors or say anything I shouldn't. But you are, as President, you are more or less in a state of being an absent monarch, I mean, you're not supposed to be concerned with the day-to-day running of the Association, that's done by the Chairman of Council, representative body, and the editor of the journal. And so ...

And what were your achievements during your time as President?

My achievements? I emerged, I think, with people still liking me! I can't say any more than that!

Throughout this time you've travelled a great deal.

Yes, mmm. I first started in 1945 when I was sent over to the French Gynaecological Society. I can speak French, not well, but fluently, and from then on I've travelled all over the place, all over Europe, and then we had some friends in Italy, in Florence, which was lovely, because we got to know Florence really well, and their children and ours were about similar ages, and so we used to exchange children for annual holidays, which was lovely. So my children got to know Italy, which was good for them. And France, they speak French.

And how, how close have you stayed with your brothers and sisters?

Oh, my sister died, sadly. So I don't [inaud] with Rosemary, sadly.

When did she die?

She died in '79. My youngest brother's unmarried, and lives in my parents' house in Oxford, I see a lot of him. My eldest brother's now retired, and he lives in Ickenham, I see a lot of him. My next brother's a retired lawyer, I only see him very rarely. I saw him last Sunday, because his grand-daughter was christened, and I was invited to the christening.

And what about your children, what are they doing now?

Well, Penny, the eldest, is married to the organist of Westminster Abbey, so she's pretty busy, and they have three children - Nicola who is, just got a First in Maths at Cambridge, and is now at Worcester, Oxford, doing a post-graduate degree in mathematics. The next one is Alice, who's a brilliant cellist, who's at this moment in Boston, I think playing the Shostokovitch cello concerto, with the school orchestra, so she's doing well, she's 17. The boy, sadly, is the handicapped one. And then Amanda, my next daughter, is a musician, pianist, taught the piano at the Guild Hall for about 16 years, and now is more interested in opera. She did translations of Falstaff, the Barber of Seville, Don Giovanni, she's doing Lohengrin and I Domineo at the moment, I think. She did Beatrice and Benedicti, you know, this year, she translated it. She has three boys. My son is a general practitioner in Cambridge.

What's his name?

Anthony Warren.

Anthony.

And he has a wife who is also a doctor, who is in public health, as it's called now, it used to be community medicine, and they have two small children, five and three, so that's the family. We all keep pretty close. We're all great, what is interesting, and this is, this is quite interesting, is that, in 1811, a branch of our family, one of the descendants, one of the descendants of my great, how many greats? Three greats, grandmother, who had 19 children, one of her descendants went first to Canada, and then to the United

States, so we have relatives from then, we've kept up, each generation, and I'm glad to say that Penny is going to stay with one of the American cousins next week. And David has just been over to, my youngest brother, to California, for the 100th birthday of one of them! So, you know, it's a family that has always kept, I've got a family tree going back to 1811, going back further than that, actually.

Where do the family actually come from?

Yorkshire.

From where in Yorkshire?

Well, my grandmother lives in York, but her family basically came from a farm near Molton, a place called, a place called Thornthorp in Langton.

And what was their profession?

Farmers.

They were farmers.

Eventually, but they, my great grandfather was one of the founders of the Midland Bank. I did sort that out with the, I sat next to a director at dinner one night, and I said, "My great grandfather founded your bank." He didn't believe me. So I gave him his name, and he wrote to me a few days later and said, "You're quite right! I've found your grandfather."

Which one was that?

That was the great grandfather, his name was John Francis Taylor, and he was Master of the Merchant Adventurers in York, his portrait is there. He was Master twice. A beautiful place, if you go there, the Merchant Venturers Hall is lovely. When I was

President of the BMA, I addressed the York Medical Society, and I had dinner under my great grandfather's portrait, I told them, which was nice.

How wonderful.

We're not a very special family, not at all.

And hobbies, we haven't mentioned your hobbies.

Well, as you get older, you know, you get more difficult, hobbies get more difficult. I mean, I used to, I used to climb mountains and so on. I would say swimming and walking are the most important activities that I enjoy most now. Music always, of course, listen to a lot of music. Reading, I read a terrific lot. I did this piece on my reading, on Woman's Hour, when was it? Yesterday.

Do you have a favourite author?

No, I read anything and everything.

And what about music? Are you as eclectic in musical taste?

I'm, not, well, it depends what you mean by modern music. I mean, I don't, I don't mind jazz, I like jazz. I don't particularly care for rock. I don't like some of the modern music that's been written at all, I'm afraid. I'm rather square from that point of view, but, on the other hand, I do like some of it very much indeed, I mean, music's been written by people like Jonathan Harvey, Kenneth Laden, who has recently died. He was a bursar in Edinburgh. There is some very good music being written. I mean, I'll certainly go as far as Benjamin Britten and Walton, very much so.

And we've come quite a long way, I wondered whether, whether you could point to particular achievements in your medical career, thus far, that you feel particularly proud of?

Well, I think my achievement in the examinations were, were good, I mean, they were better than most, let's say, I mean, you know, that's how I mean to say it was good. I think I'm very proud of the fact that I have three healthy children, which, I think, is something to be pleased with. I think I get, did a good job when I worked for the hospitals, and on these Commissions. Apart from that, I mean, no, I take life, as you probably gather, I take life as it comes. The next thing I'm asked to do, I get on with and do.

If you had to pick out particularly important research, or a particularly important advance that you've presided over, what would it be?

Well, there's a lot to say, well, the research, I never was a researcher, I mean, I did some research when I was young, but I don't think that would, I would never regard that as an important part of my life at all, not at all.

What would you regard ...

I think just being me, really, quite honestly, I can't say more than that. I mean, just doing what I, what I could, when I, doing what I was asked to do when I could. I don't know that I would say more than that really.

What are the qualities of your own personality that have allowed you to live as, amazing, the stressful life in terms of

It wasn't stressful. It wasn't stressful. Not at all. I just take it as it comes. I don't, I don't suffer from stress.

But you worked fantastically hard all your life.

Yes, but I don't suffer from stress. I mean, I just take it, just do the next job, as it comes along, I get on with it. I don't get particularly stressed.

You must have quite a lot of energy?

No, I haven't. I speak too much, but I haven't really got, perhaps not energy. I had at one time, perhaps. No, I think that what I would summarise by saying that, what I set out to do, when I was 13, which was to study medicine, to become a doctor and to practice medicine all my life, I'm very lucky that that has come about, and I've managed to do that, and keep it going, even until now. That, I think, is perhaps my best achievement really, that I never stopped.

Are there any things that you still very much feel are undone, unfulfilled?

I don't think so, because, you see, one obviously has to move with the times. For example, I don't know how to use a computer, though I'd quite like to learn to use one. I don't know how to use some of the modern, modern equipment that's used in hospitals, so I mean, if I was to practice in a hospital now, I'd have to start again as a junior doctor, to learn all the new things. So I think that, in a lifespan, there is a certain amount that you can achieve, and that's, I mean, I've achieved as much as I reckon I can. I wish I could achieve more, but obviously everybody does, but, I mean, I think that within the limits that you have in any life, I've achieved as much as anyone can.

And is there any one particular achievement that you would take with you?

No. No, no, no. No, not this time, at least. Which I did, as you know.

F1076 - End of Side B - Part One

End of interview

Further thoughts following the interview with Rebecca Abrams

I was asked what was the most important achievement and I totally omitted to mention the fact that I was awarded the Honorary Degree of Doctor of Science at the Encaenia in Oxford in June, 1990. I would regard this in some ways as the most important achievement in my career. I also, at the time, was very conscious of the courage of my parents in taking us to Oxford in 1925. Had they not done that I would never have achieved anything I have managed to do up to now.

I also did not mention my connection with education in general, apart from the Royal Commission on Medical Education.

I have been a Governor of Benenden School for the last 25 years. I am a Fellow of King's College, London, Honorary Fellow of Lady Margaret Hall, Oxford, and the Royal Holloway and Bedford New College.

I am also President of The Friends of the Girls' Public Day School Trust.