

# FIFTY YEARS OF THE WELLCOME TRUST

## EDITORIAL

Since its creation in 1936, the Wellcome Trust has carried out the wishes of its founder in the promotion of research in medical science and in the history of medicine. Its achievements have been recently chronicled by A. R. Hall and B. A. Bembridge in a volume reviewed on pp. 473–475 below, and, more briefly, by Lord Franks in the following retrospect. It would be superfluous here to describe the role of the Wellcome Trust in the development of medical research, but its importance for the history of medicine cannot be underestimated. Without the support of the Wellcome Trustees, the history of medicine in the United Kingdom would scarcely exist as an academic discipline, or as more than local antiquarianism, and historians from all over the world would be deprived of the rich resources of the Wellcome Library and the Wellcome Galleries at the Science Museum. In congratulating the Trust on its golden jubilee, historians of medicine everywhere must also express their grateful thanks for the Trustees' ongoing commitment to the ideals of its founder.

## THOUGHTS ON THE WELLCOME TRUST 1963–82

*by*

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I became a Wellcome Trustee in 1963 and Chairman of the Trust two years later: I served as Chairman until I retired in 1982. By coincidence, I arrived on the scene at a time of major change. The Old Guard among the Trustees and the Secretariat were retiring and new faces were appearing. Above all, for the first time, the Trust's annual income from the Wellcome Foundation<sup>1</sup> had reached £1,000,000 or more, with every prospect of an income of this size being maintained or increased. All this indicated that the moment had come to look at how the activities of the Trust should be organized and what policies should be followed.

The years from 1936, when the Trust was set up after the death of Sir Henry Wellcome, had been full of difficulties. Before the war, payment of death duties on Sir Henry's estate had absorbed the attention of the Trustees and all the money that might

<sup>1</sup>In order to prevent confusion, readers should remember that the Wellcome Foundation is the international pharmaceutical company, until recently wholly owned by the Wellcome Trust, a registered charity. The Wellcome Trust will continue to retain the controlling interest in the Wellcome Foundation.

have come to the Trust. The years of the war were necessarily an interregnum, but even after it the Trustees continued to face problems with the Wellcome Foundation, for which, as the owners, they had responsibilities. Three times the Trustees had to replace the Chairman of the Foundation. It was not until 1953, when Michael Perrin became Chairman, that steady improvement began, but in his earlier years the capital needs of the Foundation were so great that the Trustees agreed to accept less income than they could have had so that the Foundation could finance its expansion. It was for these causes that only about the time I became a Trustee had the Trust a sizeable income to spend.

Throughout this period, Sir Henry Dale was the leading figure among the Trustees. He took the decisions, both scientific and administrative: indeed, with only mild exaggeration it could be said he was the Trust. His successors must be for ever indebted to him. It was he who insisted that the intentions of Sir Henry Wellcome on scientific medical research should be honoured, and who navigated the ship skilfully and safely through the troubled waters of the time. He served as Chairman till 1960, when he was eighty-five, and thereafter, with Lord Piercy as Chairman, sat on his right hand as Chief Scientific Adviser. Sir Henry Dale was active in the office when I arrived. It was only in 1965 when he had the misfortune to break a hip that he retired to Cambridge. Almost simultaneously, Sir John Boyd retired: as a Trustee, he had worked closely with Dale on the scientific activities of the Trust.

In the mid-sixties, therefore, with the chief navigators gone, the Trustees had to chart a new future. John McMichael and Robert Nesbitt were already in place. Robert Thompson joined with me in 1963. In 1965 came Lord Murray of Newhaven and in 1966 Henry Barcroft. We were a new team.

Early on, we appointed Peter Williams, who had recently come to us from the MRC, to be Secretary of the Trust. He was soon joined by Dr Edda Hanington and later by Dr Hopwood and Dr Bembridge. Peter Williams became Director and Secretary of the Trust in 1969 with the others as Assistant Directors. A new administration had been created, staffed by experienced and medically qualified people.

A new administrative staff and a new team of Trustees. I believe something has evolved from the inter-relationship and co-operation between these two groups which is novel, at least in my experience, among charitable trusts. They have been able to treat each other as equals in the origination of ideas and policies while observing their difference of function. The final responsibility on all applications for grants lies with the Trustees, but they have been happy to listen to and discuss possible projects and policies put forward by the administrative staff without feeling in any way that their position was challenged, something hard to imagine in earlier eras of the Trust's history. The medical trustees are busy men and women, eminent in their profession and possessed of a wide knowledge of pre-clinical and clinical research, but their main jobs lie outside the Trust. They give a great deal of time, hard work and enthusiasm to their work for the Trust, going into applications for grants with great care, evaluating them, and deciding whether help should be given and, if so, how much. But their task would be impossible unless underpinned and complemented by that of the administrative staff. Peter Williams himself has been a perpetual fountain of new ideas about policy, and so in her time was Edda Hanington, and so have been the other and succeeding

members of the administration. It is out of the interchanges between the two groups, open, vigorous, friendly argument based upon mutual trust, that the characteristic outlook of the Trust has been formed.

The first result of this new state of affairs was the institution of annual policy meetings of the Trust, the first in 1966, when the Trust meets outside London for two whole days to have time to think what it should be doing, debate priorities, and so decide upon policies and budgets to match, instead of simply responding to the stream of specific requests for grants. The value of these annual meetings, at the heart of the Trust's activity, is proved by the fact that they have gone on now for twenty years.

From the first of these policy meetings two important decisions emerged. It was decided that the Trust should no longer, as it had been doing, give up to half its total income in capital grants for buildings and equipment to support medical research. Its function was not to act as a substitute for the government in providing funds for normal university building. At one blow a considerable sum of money was released for use in other ways. The Trustees gained a new freedom of flexibility and choice. The second decision was equally important. The Trustees asked themselves whether it was adequate, as had been the practice, simply to respond to *ad hoc* requests, and decided that it was not. They were now prepared to take a positive line and suggest subjects for research: they would finance those qualified and willing to respond to their suggestions. This in its way was a revolution. There existed a built-in belief that it was for scientists themselves to think and propose projects, while the role of institutions such as the Wellcome Trust was to provide support for them. This tradition was abandoned, and in the first instance the Trustees identified four "neglected" or underdeveloped subjects, that is subjects where the interdisciplinary combination of pre-clinical and clinical research was inadequate: dermatology, neurology, mental health, and tropical medicine. They determined to seek out professors and university departments where research of high calibre could be successfully carried out: they would then finance the men and equipment needed. The Trustees did not abandon their traditional support for topics emanating from researchers in universities but they added their new dimensions of policy and action.

As a result the Trustees, according to their perception of changing circumstances and changing needs, have been able to modify the thrust of their programmes from time to time. There has been over the years a stream of new initiatives. I mention by way of illustration the setting up of Research Fellowships in Surgery in 1972 and similar action in Pathology in 1976, the offering of major competitive awards in the same year for research in selected subjects which combined interdisciplinary approaches to the problems, and in 1979 the institution of the Senior Lectureship Programme to strengthen the manpower and research capacity of medical departments in universities, to offset in part the squeeze on resources for research from which they were suffering. I suppose that, if the relationship of the administrative staff and medical trustees has formed the characteristic quality of the Wellcome Trust, then this positive approach to the identification and promotion of research topics has been its second hallmark.

Besides medical research, the Trustees all through my time had a second preoccupation, the History of Medicine. Sir Henry Wellcome in his will had made

provision for the support of research into the history of medicine and he had formed his great collections for this purpose, a Library containing a magnificent collection of books, manuscripts, and paintings, and a Museum collection which comprised far more objects, medical and non-medical, than could ever be exhibited in one place at one time. In 1960, uncertainties between the Trust and the Wellcome Foundation were resolved and the Museum and Library became the sole responsibility of the Trustees.

Through the 1960s and the 1970s, the Trustees progressively formulated their policies for the future of the History of Medicine. There was a constraint upon them: they should not divert too great a proportion of the funds available to them from scientific medical research to the history of medicine, and yet the latter must be properly developed. They took three decisions. The first was that the quality of the collection in the Library was so high and its direct relevance to the history of medicine so great that its needs must be given priority over those of the Museum. In the second place, the Library became the Wellcome Institute, a place for graduate studies in the history of medicine, staffed by scholars expert in the main fields of the collection. By a happy arrangement with University College and the University of London, suitable members of the academic staff of the Institute are recognized as teachers by the University of London and can therefore take on university responsibilities, including the supervision of students for higher degrees. The Institute has become a centre for professional historians of medicine and medical science. Third, these developments limited what could be done for the Museum and its vast unsorted collections of objects in the store at Enfield, Middlesex. In the end, the right course seemed to be to transfer the museum collections to the Science Museum, which created two great new galleries in which the wealth of the collections could be displayed. The Trustees continued to have ultimate responsibility for the collections but their indefinite loan to the Science Museum ensured that the richness and range of objects could now be displayed to the public. In reaching these successful solutions of their problems in the history of medicine, the Trustees devoted time, effort, energy, and skill to get things right and at the same time win public acceptance for the changes.

## WELLCOME INSTITUTE FOR THE HISTORY OF MEDICINE

The following exhibition has been mounted at the Wellcome Institute, 183 Euston Road, London, NW1 2BP, to celebrate the Fiftieth Anniversary of the Wellcome Trust:

1 September 1986 to 10 April 1987

*A Vision of History: the Wellcome Institute for the History of Medicine*

This major exhibition presents (i) the full range of the Institute's outstanding collections, and (ii) the Institute's activities in making them available to scholars, students, and the wider public.

An attractive illustrated catalogue is available from the publications department at the above address, price £3.00 (US \$5.00), inclusive of postage and packing.