

CHOOSING PEOPLE: AN ASPECT OF THE LIFE OF LORD MORAN (1882–1977)

by

RICHARD LOVELL *

To the world at large, Lord Moran was the doctor who looked after Winston Churchill, and who precipitated a storm of comment when he published an account of the illnesses of his recently dead patient in 1966.¹ But Charles Moran contributed to his times, and to posterity, in several other roles. A few surviving soldiers of the First World War, in their great age, remember him as a doctor who looked after them in a long posting at the front in France. To many people who paused to think of things like morale and leadership between the wars, he was the man who embodied the observations he made in France in lectures and later in a book called *The anatomy of courage*.² In the 1930s almost all senior British army officers must have heard him speak on these subjects. To those concerned with medical education, he was the man who, on his return from the First World War, rebuilt St Mary's Hospital Medical School in London and sought to people it according to his very personal vision. To those involved in the politics of health, he was President of the Royal College of Physicians of London from 1941 to 1950, a period critical for the start of the National Health Service. To some in the British Medical Association at this time, to the delight of those who thought him devious, and the equal delight of those who saw him as a consummate politician, he was Corkscrew Charlie.

When an octogenarian precipitates a controversy of the kind and size that Lord Moran did in 1966, all that went before may be dismissed if not forgotten. I set out, in writing his biography,³ to explore what went before, not least because much of it seemed still to have relevance for education, the design of health services and for notions of leadership. Lord Moran taught me, as a medical student, that you cannot really understand people until you have unravelled what we doctors call, in the context of our patients, "the past history".

* Richard Lovell, Professor Emeritus of Medicine, University of Melbourne. Address for correspondence: 50 Hawthorn Grove, Hawthorn, Victoria 3122, Australia.

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¹Lord Moran, *Winston Churchill. The struggle for survival*, London, Constable, 1966.

²Lord Moran, *The anatomy of courage*, London, Constable, 1945.

³Richard Lovell, *Churchill's doctor: a biography of Lord Moran*, London, Royal Society of Medicine Services Ltd., 1992, in press, published in Australasia by Melbourne University Press. For sources I am particularly indebted to John, the present Lord Moran, who, with his brother Geoffrey Wilson gave me access to a large collection of family papers. Most of these are now in the Wellcome Institute where the

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In taking as my title 'Choosing People', my aim is to throw light on the complex person, Charles McMoran Wilson, later Lord Moran of Manton, by considering some of those with whom he chose to be associated, or with whom he became associated, at various times in his life.

First, some background is needed. Charles was 94 when he died in 1977. His formative years were Victorian and Edwardian. Born in Skipton, Yorkshire, in 1882, he was already 18 when Queen Victoria died and 31 when the First World War broke out. To people who knew him only in his middle and later years, there was no particular reason to identify him as other than a Londoner, which indeed he was for all his adult life; but by inheritance he was an Ulsterman. His family on both sides were Scotch-Irish Protestants from the country towns and villages of northern Ireland.

His Irishness was well recognized when he was a medical student. As Secretary of the St Mary's Hospital Rugby Football Club in 1905, he was described as a typical Irish forward, untiring and one of the few tacklers.⁴ And five years later in 1910, when he was Medical Registrar, he was portrayed as a mixture of a very genuine individual fraught with possibilities, and a wild Irishman of tradition, thirsting for controversy, daring, frivolous, often witty and usually clever.⁵

Charles had not wanted to be a doctor. From the time he finished the two years he spent as a boarder at Pocklington Grammar School outside York, he really wanted to be a writer, but his father, then a general practitioner in Barrow-in-Furness, told him that there was no money in that, and he must go into medicine. He first fulfilled his literary bent by becoming editor of the *St Mary's Hospital Gazette* and from this source one can discover some of his general views about people. His reading as a boy had been much in the G. A. Henty school, where, for the most part, heroes reflected a time when Britain ruled the waves, the sun never set on the British Empire, and it was unthinkable that things would ever change. Like so many of his background in the Edwardian era, he saw the public school as the beau ideal. And so we find him writing of St Mary's⁶ "that the games spirit is essential to the place. That Rugger is the only game with a hold on men's imagination, and so the only means to that end. That we may rely on that spirit to wrap the place in the tradition and affection which are the precious fruits of the public school" and so on.

Charles's friends in his student days and in his time at St Mary's reflected this background. One, Archie Hamilton, also in the First XV, was a big bluff Yorkshireman, who settled in practice in Bradford. Charles, who had learned to play golf as a boy, used for many years to go away on his own once a year to Alnwick to play golf with Hamilton. Godfrey Maurice was another chosen companion of Charles's student years. He was one of the third generation of the Maurice family to provide doctors in Marlborough,⁷ and had a completely different background. For Maurice, country pursuits with shooting and fishing were a part of the natural order of things,

archivist, Miss Julia Sheppard, has given me invaluable help. The many family papers and personal communications on which much of this lecture was based are acknowledged and referenced in the biography.

⁴*St Mary's Hospital Gazette*, 1906, 11: 48.

⁵*Ibid.*, 1910, 16: 94.

⁶*Ibid.*, 1910, 16: 22.

⁷Dick Maurice, 'Six generations in Wiltshire', *Br. med. J.*, 1982, 284: 1756-8.

and he later made a marvellous bachelor uncle for Charles's eldest son John, introducing him as a boy to a whole range of country pursuits.

The Maurices owned property at Manton, a little village outside Marlborough, on which they later allowed Charles, or more precisely his wife Dorothy, to refurbish an old mill and make it a holiday cottage. It was from this Manton that Charles, with an ear for euphony, took his title when he was ennobled in 1943. Moran came from McMoran on Charles's mother's side of the family.

What of those who chose Charles as a young man? At St Mary's there were two in particular who batted for him. One, a senior physician, was Sidney Philip Phillips who remembered, as a boy, fishing for tiddlers in the Westbourne Brook, which ran through Paddington.⁸ Phillips was later Treasurer of the Royal College of Physicians from 1923 until 1938.⁹ He was nearly ninety when he resigned, and it was Charles who succeeded him. The other who promoted Charles's interests, right from the start, was Wilfred Harris the neurologist, then an outpatient physician, and already a powerful and controversial figure at St Mary's. Both men backed Charles for the staff appointment he eventually won at the hospital, despite his having become so disenchanted with the way in which medicine was practised that he resigned, in the middle of his second year as a medical registrar, in 1911. He disappeared to travel in Egypt and Italy for eighteen months and only redeemed the situation by returning in 1913 and winning the gold medal in the London MD and passing the MRCP at his first attempt.

According to Charles, his disenchantment with medicine stemmed from what he saw as the hospital consultants' dominant interests in their private practices. For him at that time Bernard Shaw's criticism of doctors and his arguments for the state control of medicine were heady stuff. As early as July 1910, when Medical Registrar, Charles was writing that state control of hospitals was inevitable, and he linked this notion with the vital importance of choosing, for hospital appointments, people with personalities to influence students and through them the whole profession.¹⁰

Charles's ideas about the personal qualities on which the selection of individuals should be based were crystallized by his experiences in the 1914–1918 war. As a medical officer in the Royal Army Medical Corps, he had two main postings. From December 1914 to February 1917 he was medical officer to the 1st Battalion The Royal Fusiliers, so that he spent over two years in the trenches on the western front. He achieved this front-line posting by concealing the fact that he had higher medical degrees. When he left the battalion he had won a Military Cross on the Somme, the Italian Silver Medal for Valour in a trench raid, and had been twice Mentioned in Despatches.

His second main posting, from 1917–1918 at Boulogne, involved him in studying a consecutive series of 1,500 mustard gas casualties and in conducting a classical therapeutic trial on rehabilitation on 559 of them.¹¹

Sharing the life of his battalion in the trenches, Charles developed a profound interest in what determined whether a man would keep going or, in the jargon of the times, "hand-in" and breakdown. In 1915, in the Ypres salient, he began to jot down

⁸V. Z. Cope, *The history of St Mary's Hospital Medical School*, London, Heinemann, 1954, p. 200.

⁹*Munk's Roll*, Royal College of Physicians of London, 1955, vol. 4, p. 351.

¹⁰*St Mary's Hospital Gazette*, 1910, 16: 87.

¹¹C. M. Wilson and J. M. Mackintosh, 'Mustard gas poisoning', *Quart. J. Med.*, 1920, 13: 201–40.

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his thoughts and observations, and the fruit of these labours appeared 20 years later in another war, in *The anatomy of courage*.¹² In his study of mustard gas casualties he was again concerned with what was going on in men's minds. As a result of these experiences, he came to believe that a man of character in peace was a man of courage in war; and the scholarly athlete was what he saw as the man of character.

Of his fellow officers in the Royal Fusiliers, one, M. V. B. Hill, who died in his mid-nineties in 1987, remained a life-long friend. Hill, much later in life, was the one visitor to Charles's household for whom whisky was always available before bedtime—a considerable concession, for Charles's own alcohol intake was limited to one glass of sherry before dinner strictly for digestive purposes. Hill was one who kept going; when in the line as CO, he would not turn in at night until he had visited the whole battalion. In 1981 Col. Hill gave me an account of Charles as he was as a battalion medical officer: popular with the officers; very strict—possibly too strict—about sending men down the line and out of danger on medical grounds; and a great talker with all sorts of original ideas, but inclined to argue about military tactics with his CO, to an extent which sometimes led to his being asked to keep quiet.

On the mustard gas project, Charles's co-worker and junior was James Mackintosh who was later Professor of Public Health at the London School of Hygiene and Tropical Medicine. They too kept in touch for the rest of their lives, each turning to the other for comment in his particular field of expertise.

The most important relationship Charles developed at Boulogne, albeit at first a stormy one, was with T. R. Elliott, who was Walter Morley Fletcher's man on the spot, Fletcher being the Secretary of the Medical Research Committee (the precursor of the Medical Research Council). After the armistice, Elliott caused Charles to go to Cambridge, to the unit of the great physiologist Joseph Barcroft, to continue research on mustard gas poisoning. There Charles met Dorothy Dufton, one of Barcroft's assistants and he was soon engaged to her. After Dorothy and Charles married in 1919, following Charles's appointment to the staff at St Mary's, they shared the Elliotts as friends. Elliott was one of two people with whom Charles chose to discuss his ambitions for St Mary's when, in 1919, he determined that he was going to revive his old medical school, which at that time was generally described as a dump.

Charles respected Elliott's vision of the sort of clinical units in teaching hospitals that had been advocated to the pre-war Haldane Commission¹³ by Abraham Flexner and Sir William Osler. Elliott too, came to have a high regard for Charles. In 1921 he wrote in glowing terms of Charles's *Lancet* article on clinical units,¹⁴ saying "you state the ideals for which we should all strive more finely and more clearly than any of us can ever hope to feel about them". And he gave Charles's 1932 *British Medical Journal* paper on the undergraduate medical course, called 'The Student in Irons',¹⁵ a place among the rare group of what he called "very good papers".

Another person with whom Charles had a special relationship after the First World

¹²Lord Moran, op. cit., note 2 above.

¹³*Royal Commission on University Education in London. Final report of the Commissioners*, London, HMSO, 1913.

¹⁴C.M. Wilson, 'Clinical units: their purpose and achievement', *Lancet*, 1921, 2: 33–7.

¹⁵C. M. Wilson, "'The student in irons': the curriculum", *Br. med. J.*, 1932, 1: 485–7.

War was Wilmot Herringham.¹⁶ Charles had first met him in 1917. One day in France, when setting out on leave, he obtained a lift in a passing car in which there were two muffled officers who asked him about his work. When the car reached Boulogne, Charles asked the driver who they were, and was told that one of them was Sir Wilmot Herringham, at that time consultant in medicine to the British Expeditionary Force. In 1920 Herringham was a senior physician at St Bartholomew's Hospital and, significantly for Charles, was a member of the new University Grants Committee.

The casual acquaintanceship of 1917 was resumed in February 1920, when Charles was appointed sub-dean at St Mary's where his first aim was to win two of the new university professorial clinical units for the medical school. Characteristically, Charles cut all corners and went straight to the top, formally to Sir George Newman who was Chief Medical Officer of the Board of Education, and informally to Herringham. Herringham responded to Charles's first letter with a handwritten reply of eleven pages of thoughtful encouragement. After the two clinical units were won for St Mary's in 1921 Charles, by then appointed Dean, kept in touch with Herringham and both he and Dorothy came to know him intimately. As a lonely old man, from 1927 until he died in 1936, Herringham dined at 129 Harley Street as often as once a fortnight.

To give unqualified praise did not come easily to Charles. *De mortuis nil nisi bonum* was a doctrine to which he did not generally subscribe. However, he never disguised his high regard for Herringham whom he admired, above all, as a scholar who, as he put it, "read his Greek with ease". "While Herringham lived", Charles wrote, "we were not allowed to forget that the heads of the learned professions should themselves be learned".¹⁷ Charles described Herringham as one of the old brigade at Bart's, where people thought it rather improper to practise—"I don't think Wilmot Herringham ever had a patient in his life, they got on to Bart's, they had private means, and that was the life they led".

Once Charles was Dean at St Mary's, he forged ahead to rebuild the medical school and to attract to it students with the leadership qualities that he admired. To accomplish his first aim, Charles needed to raise money, and to do so he sought out people who had got to the top in the world, and who could get things done. He found he could get on well with them, and they were the sort of people he preferred to have as patients. Among them, he became closely associated, above all others, with Lord Beaverbrook. Their acquaintanceship began in 1924 when Beaverbrook wanted the opinion of a consultant who he hoped would tell him that his boy Peter, diagnosed as having appendicitis, did not need an operation. It is probable that Beaverbrook picked Charles, who was a physician, not a surgeon, because he remembered his having written a penetrating letter to *The Times*¹⁸ pleading for the ideals of leadership and team spirit, learnt in the trenches, to be applied in civilian life. He seemed to be someone with a mind of his own. In the consultation Charles stood up to Beaverbrook by insisting on the need for surgery, and thereby earned Beaverbrook's

¹⁶*Munk's Roll*, op. cit., note 9 above, p. 344.

¹⁷Lord Moran, note in family papers.

¹⁸C. M. Wilson. 'Leaders and led', letter in *The Times*, London, 16 October 1920.

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lasting respect. Charles found little to admire in Beaverbrook, but in a lifelong association they remained useful to each other, Charles managing Beaverbrook skilfully as a patient, and Beaverbrook putting Charles on the road to fame by giving him £63,000 to add to the gift of £25,000 he had already obtained from Lord Revelstoke for St Mary's.¹⁹ Charles, going it alone, had won, in today's terms, over £1m for rebuilding his medical school.

Probably both Charles and Beaverbrook over-estimated each other's influence. If Beaverbrook had an exaggerated idea of Charles's ability to extend people's life-span, Charles later on seems equally to have had an exaggerated idea of Beaverbrook's ability to sway Churchill. When Beaverbrook died in 1964 Charles, in his obituary note in *The Times*,²⁰ summarized him as being at bottom a puritan, apt to brood over any lapse from grace, and, for much of his life, lonely. Beaverbrook and Charles had quite a lot in common.

In choosing students for his medical school, Charles had the vision of what he called an Honours School of Medicine, peopled by scholarship-assisted students, hand-picked by himself on the nomination of schoolmasters and heads of Oxford and Cambridge Colleges. St Mary's, like most London medical schools at that time, admitted only male students. In choosing boys aged 16 to 19 for entry, Charles gave great, but by no means exclusive, weight to participation in organized games, and very especially prowess in Rugby football. It is easy to see why. He associated his own arrival at manhood, and his change from a shy nonentity to being someone to be reckoned with, with his discovery as a medical student of his ability to play football well, and during the First World War he had come to see playing games as a hallmark of men who would keep going. This conviction led to his giving a remarkable dissertation to the War Office Committee enquiring into shell-shock in 1920. Infuriated by a press announcement of the formation of a committee which contained no members who had served in the trenches, Charles demanded to give evidence, and this produced some gems, including the assertion that "if you could have everybody playing Rugby football you would not have this thing to solve".²¹

Charles never fully achieved his ambition to raise enough money to provide scholarships for all St Mary's students. Nevertheless, he went far enough in attracting students with interesting abilities—not only on the rugger field—for two of the largest medical schools to move in a London University committee in 1931 that so-called nomination scholarships should be abolished. The motion was defeated and the accusation was then made that the St Mary's Rugby XV consisted of professionals and so was ineligible to compete in the Hospitals' Cup. The situation was not helped by William Sargent, one of Charles's early chosen scholars, and later a psychiatrist on the staff at St Thomas's, putting it about that he always found a £5 note in his boots when he turned out.²² At a meeting of the United Hospitals Rugby Football Club, Charles persuaded the meeting that the accusations must be confirmed by an

¹⁹V. Z. Cope, *op. cit.*, note 8 above, p. 66.

²⁰Lord Moran, 'Lord Beaverbrook', obituary note in *The Times*, London, 15 June 1964.

²¹C. M. Wilson, typed transcript of evidence, War Office Committee on Shell Shock, 1920 (in family papers).

²²W. Sargent, *The unquiet mind*, London, Heinemann, 1967, p. 22.

independent tribunal, and the tribunal's unanimous decision was that there was no evidence of prominent Rugby football players having been induced illegitimately to join St Mary's. Charles typically had done his homework before going into action, and knew that two-thirds of his scholars went on to get an FRCS or MRCP and three-quarters never played rugger.

In choosing people, Charles added to the attribute of "keeping going" another, which was equally to be sought, "aiming for the top". He was not only himself ambitious, he believed everyone should try to excel in whatever they did. He thought of life as a ladder to be climbed. People might kick the ladder away, as he did in 1911, or they might fall off it—a phrase which he used so unhappily as an old man, when giving evidence in 1958 to an enquiry into doctors' pay in the National Health Service,²³ that he offended almost every general practitioner in Britain. He expected his own two sons to climb to the top and pointed to his brother, their Uncle Lorton, as an Awful Warning, one who, as a young man, preferred golf to work (and incidentally became a scratch player). So, according to Charles, he spent his life as a general practitioner instead of becoming a distinguished consultant, which, to Charles, was the top in medicine. At one time when John, at Eton, became involved with the beagles, his father's reaction was to ask why he did not set out to become Master of Hounds. It had to be explained to him that the mastership involved bringing the pack home for the holidays.

Charles's choice of students with these qualities not only transformed the student body at St Mary's but in due course his students became members of the hospital's remarkably vigorous teaching staff. To them, in 1939, with Charles's strong support, was added George Pickering from Sir Thomas Lewis's unit at University College Hospital, who greatly enriched the academic life of St Mary's for seventeen years.

In 1938 Charles became an office bearer at the Royal College of Physicians, first as Treasurer, and he was then elected annually for nine years from 1941–50 as President. One of those with whom he had a special relationship, in connection with the College, was Lord Dawson of Penn of whom, when he died in 1945, Charles said, "it will be a long time before any member of the medical profession will again influence opinion in England as Dawson did between the two wars".²⁴ Charles later said he first met Bertrand Dawson in a consultation in 1910 or 1911, but there is no record of continuing contact until, when Abraham Flexner revisited England after the First World War, Dawson gave a dinner party for him, and invited Charles among a group of young hopefuls in medicine to whom he was looking for the future.

At Charles's home at 129 Harley Street various people were chosen from time to time as Public Enemy Number 1. Dawson sometimes qualified, but primarily as a figure to be tilted against: though Charles questioned his sincerity, he really quite liked him. Dawson certainly put all his weight into the organization of the royal occasion for the opening of the new medical school at St Mary's in 1933. By that time he was on friendly enough terms with Charles to joke with him about Sir Almroth

²³Lord Moran, *Evidence of Lord Moran taken before the Royal Commission on Doctors' and Dentists' remuneration*, fourth day, Friday 17 January 1958, London, HMSO, 1960, pp. 171–207.

²⁴Lord Moran, 'Lord Dawson of Penn', *Br. med. J.*, 1945, 1: 426.

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Wright, head of the Inoculation Department at St Mary's, who was making moves to ensure a place for himself at centre stage. Dawson wrote in a note to Charles: "One more suggestion, you might take Almroth Wright in the procession on a Sedia Gestatoria preceded by trumpets—but we must not be flippant—good luck to you—D".

Part of the tilting against Dawson was associated with one of Charles's hobby horses which he called "the ill-treatment of princes". He believed that prominent people were often unwise in their choice of doctor; indeed he felt so strongly on this matter that at one stage, going to the top as usual, he actually wrote to Buckingham Palace about it. He also took to reciting a little ditty which went:

Lord Dawson of Penn
killed so many men,
that's why we sing,
God Save the King

Dawson had by this time been physician to three monarchs and, since Charles was notoriously indiscreet in parading his opinions of people, it is perhaps not surprising that his knighthood was rather slow in coming.

As Dawson grew older and his influence waned—he had become what Charles called "the Queen Alexandra of British medicine"—Charles often received friendly little cards from him usually subscribed "no answer, yours D". While Dawson may not have actively promoted Charles's career, and while he was not one whose opinion Charles chose to seek, there was, nevertheless, a reluctant mutual admiration based on a shared dream of a revitalized and influential Royal College of Physicians.

Charles was a loner, but in so far as he had a close associate at the College it was Harold Boldero who succeeded Letheby Tidy as registrar a year after Charles was elected president. Boldero was seven years younger than Charles and had many of the qualities that he liked. He had a good record in the First World War, and a combination of administrative and academic abilities, although, regrettably he had played field hockey rather than Rugby football for England. With Miss Cook, the Secretary, Boldero looked after the day-to-day running of the College. He was as stern a critic as Charles but much more tactful, and impeccable manners and a strong sense of what was honourable and right were part of his nature. No one, however, who came within an arm's length of Charles, was spared critical dissection and Boldero was no exception. Charles criticized him for being full of prejudices of what he called "the public school variety". Perhaps he had discovered Boldero's habit, which was not exceptional in men of his generation and background, of registering his opinion of people by such private marginal signs as HO, which meant humble origin.

Through the long illness of Boldero's wife during the war, Dorothy Moran came to support him and, after the war, Boldero joined the Morans in buying a charming country house called Marshalls in Sussex. Here at weekends, Boldero performed many of the social functions of the host, while Charles was lost in what interested him most, which was conversation with the cross-section of men of affairs, many of whom he had met during the war, who were often guests.

During his college period and the negotiations over the National Health Service in the 1940s, Charles's writings give glimpses of some people with whom he most emphatically would not have chosen to be associated. One was Alfred Webb-Johnson, President of the Royal College of Surgeons, and another was Charles Hill, Secretary of the British Medical Association. In his manuscript book, on 1 January 1945—the last year of the Second World War—Charles wrote:

At the Committee of Management Webb-Johnson, not propitiated at all by his Baronetcy, was at his most mulish self. . . . It's very difficult to work with people like this and yet never more necessary with the negotiations with the Minister of Health about to open. I came home in the fog, moody and inclined to wonder why I should have to conduct a battle with the Minister with two such allies as Alfred and Charles Hill of the BMA.

As personalities, Webb-Johnson, who was outgoing, dogmatic and companionable, and Charles, were poles apart, and their lack of regard for each other was mutual.

The gap between Charles and Charles Hill was ideological. Hill was determined that, in negotiating the conditions of service in the planned National Health Service, the British Medical Association should negotiate on behalf of the whole profession, while Charles was equally determined that the Royal College of Physicians should speak and negotiate on matters affecting consultants. Even more than that, Charles actually saw himself during the war as “leader of the profession for the moment” or “leader of the profession for the time being”, words he used on more than one occasion. As early as 1943 he told Beaverbrook that he was the only doctor with enough administrative experience and in a position to carry out the reform of the health service. He had a deep conviction about this, and who can say it was not justified? Hill, for his part, was critical of Charles's enjoyment of personal diplomacy and, interestingly, claimed not to understand Charles's habit of looking far ahead.²⁵ This was certainly one of Charles's attributes and one which he appreciated in others.

Among the Public Enemies, pride of place probably went most consistently to Lord Horder, who competed for the presidency of the College year after year during Charles's presidency, and was defeated sometimes roundly and sometimes after cliff-hanging drama. There had been a crossing of swords, engendering bitter feelings between the two men, far back in the 1920s, probably related to tart comments by Charles on Horder's credulity over a piece of magic apparatus, Abrams' box.²⁶ Charles found nothing good to say of Horder until he read his son's biography of him.²⁷ Charles was then 87 and Horder long since dead.

As he grew older Charles recognized and regretted his propensity to criticize people, a habit for which he himself was roundly criticized in the Churchill entourage.²⁸ He acknowledged that his life would have been a lot easier if he had curbed his tongue, and of course he was right. Even when he admired someone, he

²⁵Lord Hill of Luton, *Both sides of the Hill*, London, Heinemann, 1964, p. 91.

²⁶Sir Thomas Horder, 'Medicine and old ethiks (with special reference to electronic reactions)', *Br. med. J.*, 1924, 1: 485–9.

²⁷Mervyn Horder, *The little genius*, London, Gerald Duckworth, 1966.

²⁸John Colville, *The Churchillians*, London, Weidfeld and Nicolson, 1949.

had a knack of saying something negative before giving praise and since his comments were often shrewd they were the more hurtful. One of Dorothy's main tasks in life was to go round after him smoothing ruffled feathers.

It was not any choosing on Charles's part that led to his association with Winston Churchill in 1940. He was nominated by Beaverbrook and Brendan Bracken, who had been Churchill's Parliamentary Private Secretary, both of whom were his patients. About Churchill himself Charles had mixed feelings. He admired his indomitable character, and saw him as the greatest Englishman since Chatham, but he disapproved of what he saw as his waywardness and selfishness. In the Churchill entourage, Charles was a Roundhead among Cavaliers, and it is not surprising that those he most admired were serious men of balanced judgement like the South African statesman, Field Marshal Jan Smuts, General Sir Alan Brooke, Chief of the Imperial General Staff, and Gil Winant, United States Ambassador to the United Kingdom.

Charles was a most discerning selector of specialists when help was needed in dealing with his patient's various medical problems. Among them were the surgeon Thomas Dunhill, the cardiologist John Parkinson, the chest specialist Geoffrey Marshall, the cardiologist Evan Bedford, the neurologist Russell Brain, the orthopaedic surgeon Herbert Seddon, and physicians Donald Brooks and John Richardson. Excellence in their fields was his only criterion. But Charles's relationships with his chosen medical helpers were not always easy. He was resentful if consultants whom he called in were inclined to take charge, believing with some justification that his intimate knowledge of his difficult patient gave him a unique qualification for overall management. As the years went by he was increasingly jealous of his position at centre stage, and in his last years was known to go so far as to identify to the press a distinguished colleague, who was fortunately also a friend, as his assistant—his senior registrar.

Even before the First World War, the young Charles saw a state-run hospital service as inevitable, and identified the key to its success as lying in the choice of people to staff it. He saw a service studded with, if not actually directed by, consultants who would be captains of good local teams. Identifying those among existing practising doctors who were qualified to be consultants, and choosing future ones, was therefore central to Charles's thinking when he turned his mind to the form a post-war health service should take.

From the moment he became President in 1941, Charles had the Royal College of Physicians behind him in his conviction that the recognition and choice of consultants was in the College's province. He laboured long and hard to maintain that position, often driven to extremes of exasperation during his enforced absences from London on Churchill's war-time travels, when the British Medical Association, the General Medical Council or the Ministry of Health would seem to move to frustrate his plans.

Then, as the time for the start of the NHS approached, Charles saw the important challenge to be not just to identify consultants, but to devise a mechanism for distinguishing one from another in order to encourage and reward excellence. No one who knew how Charles had derided the system of promotion, based on seniority rather than achievement, in the RAMC in the First World War, should have been surprised at his recognition of this challenge, or at the zeal with which he approached

it when he saw his opportunity in 1946. After all, he was using the word merit in the context of a medical service as early as 1919.

In February 1945 the government appointed a committee under the chairmanship of Sir Will Spens, Master of Corpus Christi College, Cambridge, to advise on the remuneration that general practitioners should receive in a national health service. Charles pressed for the payment of consultants to be handled in the same way and another committee under Sir Will Spens was formed with Charles as a member. This committee dealt with the manner in which one consultant should be distinguished from another for the purposes of remuneration.²⁹ The report was adamant that distinctions should be made, and that age and length of service should not be the sole determining factors. The committee's recommendation that one third of all specialists should receive a "reward in respect of outstanding professional ability" proved acceptable to the government, it was adopted, and in 1949 a Standing Advisory Committee on Distinction Awards was created.

Charles was recognized as the architect of the scheme. The only danger that he saw in it was that it might not be well administered, but he was very clear about the role the chairman of the awards committee would need to play and equally clear that he was the one person who could do the job. In September 1949 he wrote to the Minister of Health, Aneurin Bevan, telling him so, and in October Bevan invited him to take it on, informing him at the same time that Sir Horace Hamilton, a senior civil servant, had been offered the vice-chairmanship.

Through the 1950s, apart from his writing, chairing the distinction awards committee was Charles's major interest as well as his main source of income. From the start he put his own stamp on the job. Just as when he was appointed Dean at St Mary's in 1920, he knew what he wanted to achieve and, furthermore, the committee's work was not the primary interest of any other member apart from Hamilton. Many of the members of course knew Charles already, and Hamilton was an ideal number two, for his efficiency made up for Charles's intolerance of administrative detail. Meticulous, imperturbable and the soul of discretion, Hamilton came to be known and respected by many of the doctors whom he met year after year, and as Charles came to know him, he found him a congenial and wise companion.

Charles always emphasized the committee's conviction that, while it had the entire responsibility for deciding who should receive awards, consultation with local and regional bodies, as well as the central colleges and faculties, was vital. Once the lines of communication were opened, local visitations to choose people began. Outside London the visiting party often consisted of just Charles and Hamilton. They would set out in the autumn by car, with Dorothy driving (for Charles never drove a car), starting at Ipswich. One trip would take about three weeks, and altogether three months of each year were set aside for visiting. The style of the operation necessary to make contact with local opinion varied from centre to centre, and information was also sought from advisers spread through the various specialities. These advisers, to whom Charles turned for what he called "constituency opinion", came from a great

²⁹*Report of the inter-departmental committee on the remuneration of consultants and specialists*, London, HMSO, 1948.

variety of hospitals and universities, and what they seemed to have in common was that he liked and trusted them. Despite the shroud of secrecy that was meant to envelop the whole process, news that someone was an adviser sometimes got around. The wife of one of them found that, before a visit from Charles was due, certain doctors and their wives would entertain her and her husband vigorously. After the visit they were dropped again.

There was a strong impression that Charles always regarded a reputation for clinical acumen as the main criterion in choosing people for awards, and if this was associated with breadth of interest and ability to communicate, so much the better. Asked by non-medical people how they could choose a good doctor, Charles's advice was "engage him in general conversation".

None of the major enterprises on which Charles embarked during his life were free from controversy, and the distinction award scheme was no exception. Led by the distinguished neurologist F. M. R. Walshe in the columns of the *British Medical Journal*,³⁰ many writers at first inveighed against the scheme. Charles kept quiet and got on with the job. He was as confident that he could measure merit in consultants as he had been that he could measure character in a battalion at war and in aspiring medical students, and as the scheme started to operate, it became widely accepted. After three years, Dorothy wrote in a letter to Charles, away on one of his awards visits, that she had met a leading radiologist at a sherry party who told her that three years before he was the only member of a committee of specialists who supported the scheme; a year before, the vote was fifty-fifty; and at a recent meeting, when someone proposed that the awards should be abolished, there was a howl of derision.

All who came into close contact with Charles in the 1950s seem to have been impressed by how intensely he worked on the distinction awards. His thoroughness was particularly visible when he and Hamilton were on tour. His little black note-books became a familiar sight. Against long lists of consultants he jotted down concise comments bearing on reputation and esteem. The comments were completely candid, many of them laudatory, others damning, such as: "Experimental physiologist. Does not start to be a doctor". Perhaps it was because of Charles's manifest thoroughness, and of people's perception that he was being fair, that his colleagues on the committee allowed him to conduct things very much in his own style. Later examination of the judgements made in the early years of the committee showed that the distribution of awards across the country, and between specialities, was uneven,³¹ but whether or not this reflected the distribution of consultants with particular merit in the 1950s is a matter of speculation. The extraordinary feature of the operation was that, despite its sensitive nature, once it got going, Charles attracted little personal criticism and appeared to make no enemies.

Charles completed his spell of choosing people as chairman of the distinction awards committee in 1962. Although he was given eighteen months warning, he was reluctant to go. He complained that he was given no reason, and he supposed they had got his age wrong. He seemed to think that they should have waited because his eightieth birthday was still six months away!

³⁰F. M. R. Walshe, letter, *Br. med. J.*, 1949, 2: 383.

³¹Charles Webster, *The health services since the war*, London, HMSO, 1988, vol. 1, pp. 314–15.

His aim was now to see published, in his lifetime, the book he had written on Churchill. It was to be above all others the contemporary memoir that would still be read in fifty years. The book was published in 1966, in the year following Churchill's death. For several weeks before the publication date, extracts in the *Sunday Times* precipitated a storm of comment. By giving medical details about his recently dead patient, by quoting private conversations without consent from those involved, and by publishing in the face of Lady Churchill's objection, Charles affronted a large body of public opinion and raised questions about medical professional behaviour.

Although Charles was a loner, for many of the great things that he did, he had a knack of discerning when he needed advice and of choosing the best people to give it to him. Now, when above all else what he needed to do was to choose not a literary critic, not an historian, but a member of his own profession to advise him, he failed to perceive the need. The rigidity of thought and tricks of memory that come with great age had overtaken him, and he brought wrath upon his head. Unfolding the story of that short part of Charles's long life, I had the sense of events moving with the inevitability of a Greek tragedy. For the much longer part, when he was a doughty fighter, with visions for a better world, words written of him in 1919 by a fellow young physician, John Ryle, and echoed by Douglas Hubble fifty years later,³² stand well as his epitaph: a man with more than one kind of courage.

³²Douglas Hubble, 'Lord Moran and James Boswell: the two diarists compared and contrasted, *Med. Hist.*, 1969, 13: 1–9.