Johnson et al. 2010: Supplementary Material 3

Edited transcript of interview with Malcolm_Godfrey by Martin Johnson on 6th November 2009 at his home in London

[Edited and approved for release January 2010. Where changes, corrections or clarifications are inserted that substantially alter the original transcript, they are indicated in square brackets]

Speaker key

MHJ Martin Johnson
MG Malcolm Godfrey

MHJ [I have told you about the background to the project and we have discussed the consent form, which you have signed.] I'd particularly like to talk with you, if I may, about your time at the MRC and your involvement with aspects of reproduction and developmental biology. And maybe we could start… you joined the MRC as a medical officer in 1960, I think it was?

MG Yes, that's right.

MHJ And maybe we could start… if you could tell me a little bit about your training and career up to that point and what led you to the MRC?

MG Yes. I went to King's College Hospital Medical School, which was a very traditional medical school and largely dominated, perhaps, by the hospital, which [together were] sort of an all embracing institution for us. And I had a clinical training there, but very little exposure to academic activities because it wasn't very strong: it was a classically run medical school without a professor of medicine or surgery etc, and the only academics were the pathologists. And I qualified in 1950, did reasonably well, and did house jobs etc. And then I went away and did National Service in the RAF, and I came back first to the Brompton Hospital and the various post-graduate courses that were available, and became Senior Registrar at King's [College Hospital, Denmark Hill].

MHJ What did you specialise in?

MG I was training as a physician, really – cardiology, respiratory medicine and so on. And I knew then that I didn't want to go into any just part-time NHS consultant practice; I wanted to develop on the academic route, and that was a time when people who aspired to consultancy in the NHS had to be able to put BTA after their name. Ring bells with you? 'Been to America'.

MHJ Oh, right.

MG And I was fortunate enough to get a year at Johns Hopkins, which I did in respiratory research and enjoyed it tremendously, and was also very impressed by the way in which you had a tremendously strong academic influence within the hospital

and medical school – alongside part-time consultant staff and so on – and the go-ahead atmosphere. Just to tell you a brief anecdote that struck me so forcibly: King's was a traditional medical school. The chiefs were all powerful; one was very subservient to them. They were going to write a reference for you and push you forward for promotion and so on and so forth, and it was a very much yes sir, please sir, no sir. And the first staff round I went on at Johns Hopkins was taken by Professor McFee Harvey, who was one of the doyens of American medicine at that time. As we were going around, he said something, and one of the very junior doctors said to him, what's your evidence for that statement, Dr. Harvey. And instead of taking any offence, he gave a reasoned reply, and I thought, that could never have happened in Britain at that time. What a way of doing things!

And to cut a long story short, I enjoyed my time at Hopkins very much, and I was very much impressed by the way in which the hospital was run. The director of the hospital was a doctor – I can't remember his name now – who ran it extremely well, and one was conscious, even as a research fellow, that he was taking decisions about how the hospital should work and how the medical school should interrelate and so on and so forth, [from an informed background] and I became very interested in administrative aspects of medicine at that time.

I came back, had a senior registrar [post] at King's, and was just starting out to do some respiratory research of my own, when I saw an advertisement in the Lancet or the BMJ that the Medical Research Council were looking for people with medical qualifications who would be the interface between research workers and the central MRC. And I applied and was appointed, and that's really the background.

MHJ So you took the MRC route rather than continuing to try to get higher in the hospital administrative hierarchy that way to implement your ideas because…?

MG Because…. I don't know. It was a difficult time in medicine; the competition at that time was difficult and I suppose a bit daunting for the young, newly married, junior doctor. And the research at Hopkins and the way in which it was done had influenced me very much, but equally the way in which the place was run. And I thought this bringing together of academic and scientific and of administrative aspects of medicine was very interesting, and so…

MHJ So you didn't feel that staying on as a clinician, research clinician, you could influence it that much. You could exert more influence, maybe positively, through the MRC?

MG I think that's absolutely right. I think that's right. The other thing is that although, you know, I'd gone into medicine and found it a fascinating business both as a student and as a junior doctor, I guess as a very broad generalisation that there are two sorts of doctors: there are doctors who are interested in diseases, which patients happen to have, and there are doctors interested in patients and people who happen to have diseases, and I fell into the second category. And it seemed to me that I could pursue that approach equally in the sort of job the MRC was offering.

MHJ Right, okay. So you were in the MRC throughout the 60s, and we're particularly interested in the developments of the late 60s, the development of the research strategy in obstetrics and gynaecology and so on. So my understanding is that in the late 60s, the MRC produced in-house a strategic document for the Council

on research adequacy in – or inadequacy – in obstetrics and gynaecology. Were you involved in this?

MG Yes. I think I can claim to have played a part in that. At the MRC at that time, late 60s, early 70s, my responsibilities were very largely in clinical research activities of the Council, and John Gray was the Secretary at that time, and he was very good at encouraging his medical staff to develop things that interested them personally as well as to do the work that we were employed for.

And in the clinical research field, I became very conscious that there were at least three areas where progress seemed to have been relatively slow, MRC support wasn't great, and we had done nothing very much about it. First was surgery where, you know, there was activity but not on the same level as other branches of medicine. The second was dermatology, where things had been pretty slow – there was one, I think, professor of dermatology in the country, Sam Shuster at Newcastle – and [the third area was] obstetrics and gynaecology. And I decided that I would like to look into why obstetrics and gynaecology, in spite of a very sound, basic base, as it were, clinically, hadn't developed very much in the clinical research area.

So I set about visiting various departments and talking to people, and in the clinical field, quite a leader was the Cardiff School. They had done very well indeed, and it was Alec Turnbull who had quite set the pace with some of his colleagues who went on, as you know, to chairs all over the place. And I spent time talking to Alec about things and why things had gone so slowly. The other person I remember talking to was Peter Huntingford, who at that time was at St. Mary's before he moved on, and being very impressed by the points that they were making: the difficulties of the clinical responsibilities, often up all night or weekends, and not having time for research and [there seemed to be the] lack of a great deal of liaison between clinicians and [scientists in] the basic area. And altogether there seemed a very well founded clinical base, but [relatively limited clinical] research.

And I was told by them that things were better in the States. There were centres, which were very good, some in New York, Cleveland, Ohio, I remember. And NIH. And I went to the States and also went to see other leading people, talked to them, tried to discover how they were pushing their field in the USA, and came back and thought about that and wondered about the basic side more, and spent a day with Roger [Short], actually, at the Vet School in Cambridge. And to cut a long story short – maybe it's the paper you're referring to, I don't know – I wrote a paper for the Council trying to outline what I had found in the various interviews I'd had and visits that I had made, and suggesting that one of the things the Council could do would be to establish some sort of demonstration centre which showed how basic research and clinical research could be welded to the advantage of clinical research, provide a training place for people and so on. And suggested – because at that time, funds were easier than they were later – that a way forward would be to establish an MRC unit, which brought both the basic and the clinical side together, provided opportunities for young people to see how this could be done, and I don't know whether I can or not claim for it and whether it's right to claim it, but identified that Roger was a guy that might well lead this with not only his intrinsic qualities and background, but his sparky nature and his initiative and the rest of it. And that set up the Edinburgh unit.

MHJ Right, that led to that. So you identified obstetrics and gynaecology as a particularly deficient area and a generally deficient area of research, based from what?

Your starting point that the whole level of academic medicine was pretty thin, but obstetrics and gynaecology were particularly bad?

MG Yes.

MHJ So you were very instrumental in driving that at MRC …..

MG Well, you know, I played a part, yes.

MHJ How did Roger [Short] come to your attention? Was he already associated with the MRC at that stage?

MG Do you know, before you came, I've been thinking about that, and I just can't remember. I can distinctly remember going to the Vet School; I can remember sitting down with Roger, but how that came about I don't know. I don't… would Alec Turnbull have suggested it?

MHJ He might have done. I don't know whether Alec might have known Roger, but they probably moved on different paths. I don't know. I could ask Roger.

MG Did Huntingford? I don't know.

MHJ Yeah, yeah. Could be that it was Alec who suggested it.

MG Anyway, it was a very important move, as far as I was concerned, to talk to Roger and to hear him talk about the way in which things might develop.

MHJ Hmm, okay. I did have one other question about that. Was the Macafee report from the Royal College of Obstetrics and Gynaecology, or the series of reports they produced, at all influential in your analysis?

MG No, not as far as I was concerned.

MHJ They didn't impinge? Because they were… there had, since the early 60s, been… a committee set up looking and coming to almost the same conclusions?

MG Yes?

MHJ And I just wondered whether that had featured in the MRC's deliberations?

MG No. I have to admit that I didn't take time out to talk to people from the College of Obstetricians, and that was pure prejudice, really, I suppose, in the sense that I associated them with very clinically orientated …..

MHJ Traditional?

MG And traditional. That was an omission, really, in retrospect.

MHJ Yes, well, I think you came to a very essentially similar conclusion to what Macafee Committee did. Turnbull, presumably, was associated with the Royal College?

MG Yes, but he… I mean, he was a member of the MRC Clinical Research Board, I think, probably at that time – that's how I first got to know him – and he really seemed to embody a rather new spirit in obstetrics and gynaecology, just talking to him the way he wanted to see things go.

MHJ At that time – so there was John Gray – he was then the head of MRC, and I didn't know him, but he sounds as though he wasn't a very directorial type of director in that sense?

MG No, I mean … how he came over to the scientific staff I'm not sure, but certainly as far as the people working with him at headquarters, he was very encouraging. He was quite tough – he had a short fuse – but he allowed you to do your thing. If you had an idea, he would say, okay, go ahead and let's see what comes of it.

MHJ Okay, who else were the key players you were involved with around that time in preparing and presenting this plan to the MRC?

MG The principal medical officer at that time, head of the medical division, was Frank Herrold, who had been there for some time, and he was very encouraging indeed, and that was very helpful to have a boss who – or one down from the overall boss – who allowed you to get on and do something that was interesting and you wanted to do. I had colleagues who were good: you've interviewed Barbara Rashbass, I think. She was working alongside of me at that time. You're talking about MRC characters?

MHJ Yeah, yeah.

MG And there were people on the Council that I had got to know: Andrew Kay, who was a professor of surgery at Glasgow, was tremendously enlightened as it were in terms of developing clinical research, and I remember it was good talking to him. Hedley Atkins was the professor of surgery at Guys around then – very enlightened. A mathematician by hobby as well as being a surgeon and interesting to talk to. And there were people on the Council itself like that, who one chatted to over lunch and so on and so forth, and they were nearly all academic and interested, obviously, and involved in research, and they were the people I remember that were quite instrumental in directing the way in which you approach problems. And then I was… I worked with a lady called Joan Faulkner– I don't know if you've come across her name – she was the wife of Richard Doll.

MHJ Yes, I have.

MG And through her, one came into contact with people like that and people in the epidemiological field. And altogether, what I felt about the MRC at that time – it's not a direct answer to your question, but it's relevant, I suppose, in that if you're a physician, the pathway which I might have followed, you become highly expert and

knowledgeable about relatively narrow – but not narrow in its own sense, but narrow in relation to the whole field of medicine. If you were at the MRC headquarters and doing the sort of jobs that the medical staff was doing, you had a very superficial view of an enormous range of medicine, and that was interesting and exciting.

MHJ But the atmosphere there – can I sort of pick up on what I'm getting at – was fairly can do and radical? I mean, it wasn't a stuffy atmosphere?

MG Oh, just the reverse. I mean, the dictum, really – dicta or dictums? I'm not sure – two: one, Sir Harold Himsworth, who had been John Gray's predecessor, was there at a time when the maxim was, you found the man and you backed him and you let him do his thing, and [with a] very light regulatory touch from the centre. The second was a man who had just retired before I originally came, Sir Landsborough Thomson, who was a layman, very distinguished ornithologist, and was the Second Secretary at that time. And his doctrine was that you played the rules according to the game, and that was another feature of the MRC at that time, and I think those two things were really very influential, very important, in guiding what you did.

MHJ Okay. I just want to get a flavour of the atmosphere, so one of the results of your report, as I recall, was the Council set up a Subcommittee for Obstetrics and Gynaecology with Peart as the Chair.

MG Yes.

MHJ And do you know why he was selected to be the Chair?

MG No. I mean, he was a physician of great distinction, had done a good deal of basic medical research, and so combined the two areas [that we were] seeking to bring together in O and G. He was a quite a mercurial character, as you probably know. And maybe it was the old British maxim: you have a highly intelligent amateur in the field to explore what you want to do.

MHJ He had quite a strong personality, I think, didn't he?

MG Oh, yes, yes.

MHJ Yes, so if you put him in charge of a committee, he …?

MG Oh, yes, something would get done.

MHJ Yes, okay. Now, on that committee, I wonder did you have anything to do with that committee?

MG Yes, yes. I was involved with it, its work, but the detail, I'm afraid, I really don't remember.

MHJ No. I have associated MRC staff listed as Grieve, Owen, Duncan, Godfrey, and Howarth.

MG Yes, that sounds right.

MHJ Oh, you recognise them, yes. On that committee, who do you rate as being the most influential, do you think?

MG Oh, Stan Peart knew what he wanted to do and then he was going to get it done.

MHJ So Peart … did he have a very fixed idea from the outset about what he was going to do, or did he…?

MG Yes, as I remember. I mean, Stan was sympathetic to the problem that had been identified, wanted to find a solution, and wanted it to go in the way that he thought was most appropriate. He was a distinguished research worker in his own right; he came from St. Mary's – yes, I think he was at St. Mary's at that time – and which was a school with a high academic tradition. And he saw this was a way of pushing forward clinical research, and he was very sympathetic towards it and understanding of the problem.

MHJ I mean, when I look through the names of the people on this committee: Roger Short, Alec Turnbull there, and they clearly would have been quite influential, I think.

MG Yes, sure.

MHJ And then there's Baird, Brooks I don't know, Geoffrey Dawes, Hytten, Donald, McNaughton, Tizard. Any of those sort of stand out as being particularly influential?

MG Well, I didn't list him when we were talking earlier, but Geoffrey Dawes must have been one of the other people that I saw, and he was very influential, had strong views but usually very sound, invariably very sound. And he was somebody that I thought was a major player. Could you just repeat that list to me?

MHJ Yes, it was Short and Turnbull, Baird, Brooks, Dawes, Hytten…

MG Frank Hytten, yes.

MHJ Newcastle. Donald from Glasgow, McNaughton from I think he was Glasgow then, wasn't he?

MG Yes.

MHJ And Tizard.

MG Yes, Peter Tizard was another very strong character, distinguished paediatrician, must have worked closely with MacClure Brown at Hammersmith, and, yes, he was another influential character.

MHJ When one looks through the names, then, there's a very strong focus on pregnancy and pregnancy related issues, isn't there? And I just wondered whether that was deliberate.

MG Don't think so.

MHJ Only, looking at the report, there was likewise a strong focus on problems of pregnancy – toxaemias, prematurities, and so on – and I just wondered whether since that had been identified as a clinically difficult area, that influenced the setting up and selection of the members?

MG I'd like to be able to answer yes to that question, but I don't think we thought it through in quite the way that – analytical way – that you are doing.

MHJ So it was more who's a good guy, who's a sound…

MG And who's available, who's got good judgment, yes.

MHJ Okay, right, good. Now the report – and the Council adopted it, as far as we can see … because we're doing a mixture of archival work and interviews – as far as we can see, adopted most of what the report recommended and asked the Committee to implement it. So the Committee wasn't really looking so much at development of policy, but implementation of policy. And the report that Council endorsed had two major institutional recommendations, one of which we've alluded to, which is the reproductive physiology MRC unit issue, and the other was that the Clinical Research Centre at Harrow should have a major section on obstetrics and gynaecology research. And maybe we could just talk about the Clinical Research Centre at Harrow - at Northwick Park, which I think Graham Bull was the director of at the time. And do you think it worked out for reproduction, development, obstetrics and gynaecology at Northwick Park? Because there was a strong commitment and intention that that should be a plank of the MRC development of this research in obstetrics and gynaecology?

MG Yes, I had been involved at an early stage with the development of the CRC, on the project committee – project team – that planned the buildings and the rest of it, and I was very close to John Squire, who was the original director designate. I don't know if you ever came across him, but he was an absolute giant, I felt… He was a very thoughtful, broadly based immunologist, basically, I suppose. But he had such a world-wide view of medicine as it were, and I think if he had remained as the director – but unfortunately he died before the Centre opened – things might have developed differently. Graham Bull then came in, and he had the job of getting things going, and he had enormous responsibilities, really, across the whole of the sector. And I don't remember talking with him about development of O and G, but I don't know where it came in his list of priorities because he had so many things that he wanted to do. And I… as far as I remember, didn't Frank Hytten go to Northwick Park? I think so, from Newcastle. I may be wrong. I don't think it developed in quite the way that, for example, the Edinburgh unit did.

MHJ Yes, I think that's probably a fair assessment. I mean, how was Bull viewed at the MRC? I mean, he was viewed as handling a difficult job well, was he, in getting the CRC off the ground?

MG Yes, I think that was his major task, was to get it going, and that anyway he was a very nice, likeable man. And he'd been on the Council; he knew the background

of the way in which it operated and so on and so forth, which just makes it easier for a director, particularly one with heavy responsibilities, knowing what buttons to press … which he did.

MHJ Okay. The other plank of institutional recommendation was the units, and I think if I remember rightly, Peart sent out a letter to all the medical schools asking them to bid for a unit, and most of them did, and there was a short list. And ultimately, I think, well, it went to – after some protracted discussions – to Edinburgh and to Cardiff in a slightly different form. And of course Turnbull went shortly after…

MG Went to Oxford.

MHJ He was going to Oxford, so it went to Oxford with him. So I think, if I've got it right, what the Council agreed to do was to offer Turnbull long-term support through a grant and set up a unit in Edinburgh?

MG That's right, yes.

MHJ Okay. That was a… was that a clear-cut decision? Was it… I mean, you've spoken as though it was, that in a sense Short was the frontrunner from the outset.

MG I think so, yes, I think so, yeah.

MHJ Even though he was then in Cambridge?

MG Yeah. We didn't hold that against him!

MHJ No. I just wondered how that worked, because Short, Baird, and Turnbull were all on that committee, making the decision. They ended up getting the gravy, and I wondered how the others reacted to that, you know, Hytten and so on, because Hytten, I think, was in an MRC unit then, wasn't he?

MG Yes, I think he was in Newcastle, wasn't he? I think.

MHJ He was in Newcastle, yes. And Dawes and so on. I just wonder whether they were… to what extent that was a democratically arrived decision or was driven by Peart, or some other person.

MG I don't honestly remember. I really don't remember. You talked to Barbara Rashbass. Did she service that committee?

MHJ No, she didn't, no. I think Margaret Grieve must have been the primary…

MG She was an executive officer, non-medical, and she would have been the secretary.

MHJ And would Howarth have been the…

MG Sheila Howarth. She was the widow of Sir John – not the widow then – but the wife of Sir John McMichael, and she and I worked very closely together, and she was a very highly intelligent, tough, determined lady. And she and Stan Peart knew each other well, I seem to recall from something or other that occurred then. But, no, I don't know how that decision was finally carved up, as it were. More coffee and scones?

MHJ No, I'm fine, thank you. So in reaching that decision: it went through the Committee; the Committee made a recommendation back to the Council; the Council more or less, I think, went with that. I'm trying to get a sense of how the decisions were made in the MRC at the time, whether it was, you know, there were in-people and there were out-people, and there were… to what extent was the MRC trying to function through objective refereeing or to what extent through powerful personalities? It's going back to something we discussed a little earlier?

MG I think it was a mix. You know, you go back to CS Lewis's, you know, inner rings and outer rings and all the rest of it, and I think at that time, the Secretary of MRC, serviced by his staff and so on, were very influential indeed. There was a certain feeling amongst some Council members, I think, who came together once a month, nine times a year or whatever it was, that he has all the detail, he's been into it deeply, and unless there's anything that strikes us being really wrong, we really ought to back him. I think there was a certain element of that. And then there were people on the Council who were immensely persuasive in terms of their standing and the way in which they would put forward a case and so on and so forth.

MHJ So, … to get yourself into a position, if you were a good… if you were articulate, to get yourself into a position on a Committee was quite… could be quite useful?

MG I'm sure, yes.

MHJ Yes, I mean, that doesn't surprise me, having moved through the committee world. One of the issues that came up in the report that I think that you presented, and in the Macafee report, specific to obstetrics and gynaecology, which was considered, was the ethical issue about doing research in relation to pregnancy, and that this was considered to be particularly problematic in both the USA and in the UK, and it was argued that this was one of the deterrents for good work in obstetrics and gynaecology, good research, because of the ethical problems. And then to some extent, in some parts of the report it said: but this need not be a problem. And I just wondered whether that featured heavily in these discussions at an early stage, and how the MRC addressed those concerns about the ethics of doing research in obstetrics and gynaecology through, say, what was the ethical committee structure like at CRC, was there one, do you know. Or did the MRC insist on a local ethical committee vetting at that stage?

MG I don't think so at that time. I mean, there was an ethical background, as you've outlined. I don't remember that playing a very significant part in the Council deciding what it was going to do and what it wasn't going to do. I mean, when you compare it with recent years, it was an issue that wasn't dealt with in the way that now we are looking at ethical problems.

MHJ No, I know. It's quite interesting that I don't recall anywhere in the papers the issue of thalidomide and diethylstilboestrol coming up, and that wasn't dominant in the MRC thinking even though there was a lot of kerfuffle happening then all about it, so it didn't feature?

MG No.

MHJ I think that came up later with the folate trial?

MG Yes, I mean, I read something in the paper yesterday, you know, about some of the concerns now about giving folates to people in later pregnancy and so on. No, I mean, I was a little bit involved with the folate controversy later on.

MHJ That was when Gowans was Secretary?.

MG Yes, that's right, and Nick Wald from Barts [St Bartholemew's Hospital] was very much involved in that. But, no. The answer to your question is I don't think the ethical issue is really all that prominent at that time, as I remember.

MHJ Okay, that's really helpful. We're still working, doing work, on the Edinburgh unit, and so I don't have a particular question, I think, about that at the moment, other than it was always clear, as far as the MRC were concerned, that Short would be the dominant person there, was it?

MG When he was appointed director? Yes, oh, yes, indeed. I mean, the relationship between the MRC headquarters and the unit was via Short, and Short was the dominant character, yes.

MHJ Anne McLaren, her unit came later, when she was in…

MG Yes.

MHJ She was in Edinburgh at the time and was on one of the working groups in Edinburgh that had put the bid together, I think?

MG Yes, probably.

MHJ And there is some suggestion, in some of the early drafts, that she was looked at as a director. Do you know anything about that?

MG No, I don't remember. I mean, I think probably at that time she was married to Donald Michie, wasn't she, and she was in Edinburgh and so on. And certainly I don't think Anne, as far as the MRC centrally was concerned, played any big part at all.

MHJ Okay, all right, good. Now, maybe we could sort of do a slight change of tack because, about this time, Bob Edwards came to the MRC to ask about funding at exactly the moment that the SubCommittee for Obstetrics and Gynaecology was sending out invitations [to medical schools] and so on – with his proposal with Steptoe. And I just wondered, given that the strategy required basic and clinical

research to run in tandem, whether that sort of fitted the bill at all, whether that was ever seen as fitting the bill, as being a runner in terms of the general strategy?

MG Yes, I don't remember, to be quite honest. What… do you have a date, roughly, for that?

MHJ Yes, he… well, he contacted the head office in August of 1970, and he visited it shortly afterwards, I think.

MG Yes, I don't remember being involved in any way at all with that.

MHJ So you didn't meet him at all.

MG No, no.

MHJ Do you know who handled that?

MG No, I don't. It might have been Sheila Howarth, just possibly Barbara Rashbass.

MHJ Yeah, I think it was - I think Sheila Howarth was the main one, and Duncan Thomas. He was her deputy?

MG Yes, he was, yes. The group that I was involved with was Sheila Howarth, Barbara Rashbass, Duncan Thomas – though he didn't stay at the MRC for all that long.

MHJ No, he was there about a year, I think.

MG That's right, yes.

MHJ So you don't recall having any sense of Howarth's reaction to Edwards …

MG No, and there was a certain split in the head office that should have been bridged and I hope was bridged, in that some of us were concerned mainly with the units and the direct form of support. Then there was a grants part of the office, which dealt with indirect support through grants to the universities, medical schools, etc. And I don't know whether that was brought together in the case of Edwards and Steptoe. No, I really do not remember that at all. [*Written question*: how easy would it have been for Howarth to handle each side of this divide equally well, and which was she more concerned with – the direct or the indirect? *Written answer:* Howarth would have primarily been concerned with 'direct' MRC support – Units, external scientific staff – but would also have been consulted by the Head Office people responsible for indirect support ie grants].

MHJ Right, okay. I mean, inasmuch as we've been able to find any records, Howarth did seem to have communicated with you, and you did seem to think this might be… might fit the bill in this strategy at the time. And there's a discussion you had with her suggesting that he [Edwards] should talk to Graham Bull and see whether he would… that the two of them [Edwards plus Steptoe] could be

accommodated there [at CRC Northwick Park]? Also that Cambridge should be asked whether he [Edwards] could be the basis of their unit application? So those two strands that we've talked about coming out of the strategy were raised and looked at in fact.

MG Sounds like I had a good idea, but I don't remember it. Yes, terrible, this is one of the other – we were talking about the problems of old age before, and you've seen another one.

MHJ Yeah, why should you [remember]? Because it was one of many things going on there at the time! Edwards actually went to the CRC and looked around and spoke to Bull, and I think he probably went more than once – we don't know how many times he went – and Bull offered him quite a lot of obstetric beds including, I think, 10 or 20 research beds, and he offered posts both to Steptoe and to Edwards. And Edwards said that this was exactly what they wanted, in beds, facilities and operating theatres. Howarth seemed to be supporting of that. And Edwards said no.

MG Edwards said no.

MHJ Yeah.

MG Why?

MHJ Because he said … the stimulation he got from his colleagues and students in Cambridge was better than he felt he would get in Northwick Park. And that having worked at… he'd worked at Mill Hill for several years, and I think he found MRC research institutes and units less stimulating than he'd found Cambridge to be, and so he said, look, I'd rather try and get funding here. If that doesn't come through, can I come back to you? And Bull said no, because I want to fill the post. So … it's either now or never. So you don't remember any of that?

MG No. I ought to, but I don't. No, that's a blank spot. No, I don't remember.

MHJ Right, okay. I mean, it's very interesting because had he accepted that and gone there, it's interesting to know just whether or not having an MRC-supported programme towards the birth of Louise Brown in a National Health Service hospital might have changed the terms and everything since…

MG Yeah, indeed, yes.

MHJ In terms of state support and infertility treatments.

MG Yeah.

MHJ Okay, and the unit went down as well because Cambridge was too weak clinically, really – it didn't have a medical school in those days – so he went back to the grant approach and put in a grant application. Do you remember anything about that?

MG No, I don't, no.

MHJ Okay. When the MRC turned it down - the clinical research board turned it down – that was in April of 71 – you didn't… you don't remember whether you were at that meeting?

MG No, I probably wasn't. I mean, I can't remember whether it was a separate agenda or part of the Clinical Research Board agenda, but I certainly don't remember that being discussed, no.

MHJ I think it was a standard Clinical Research Board meeting, at which a number of grants and other things were being considered?

MG Right, yeah, no, I don't recall.

MHJ The standard procedure in those days for a grant – if I remember correctly from my involvement with the MRC – was that there would have been a… someone from MRC head office would have presented it, and one of the Committee would have presented it academically. Is that right?

MG Yes. I mean, as you know, the award of grants was very much based on a peer review system, and the office would have arranged to go… have gone out to external referees' opinions. But one – excuse me – one board member would have been nominated to take the lead in the discussion.

MHJ So that would almost certainly have been Alec Turnbull for ..

MG If he was on the CRB at that time, yeah.

MHJ Because he would understand it, yeah? And Howarth, presumably, if she was handling it, would have presented for the MRC?

MG Could well be, yes.

MHJ And then there was a sort of in-house MRC summary, and they… would the members have also had a copy of the grant and all the referees' reports?

MG They'd certainly have had a copy of the grant, unquestionably. Sometimes they would have seen the detailed, the referees' opinions. More often possibly – I'm not absolutely sure about that, but my memory suggests that the head office medical person responsible for that grant would have presented a summary of the referees' opinions, rather than…

MHJ Okay, so they wouldn't necessarily have seen…

MG Wouldn't… you wouldn't necessarily. The lead person on the CRB would have done, Alec Turnbull would, I think in this case, would have seen the whole thing, but .. yes.

MHJ I mean, the MRC turned it down emphatically, and they turned it down largely on the question of ethics.

MG Really?

MHJ And the essential line – if I abstract from… there's a core of the argument – was very interesting. And I've looked at the letter that they sent to Bob Edwards because his wife – still has them: was that they viewed the recovery of eggs – by laparoscopy for fertilisation in vitro – as fundamentally an experimental research project, which given the dangers of laparoscopy, was not ethically sound. And the second argument was that to transfer embryos, fertilised eggs, into to a uterus for purely experimental purposes was not ethically sound. And that was the argument that was given to Bob. Now, that placed what they were proposing in an entirely experimental research framework and not in an experimental treatment framework, which I think ethically is in a rather different place? And the only referee that raised the issue of it being an experimental treatment was a preliminary referee who was Turnbull, and he wasn't then selected as a final referee. And that was the only place in the reports that said: I can see that this may actually have a future. Everybody else dismissed it and said … there wasn't a treatment element, because there was no emphasis on infertility at that time. And I wondered, going back to your report, did infertility feature as something that was important in those days?

MG No.

MHJ No, so it was below the radar.

MG I'm afraid so, yeah.

MHJ And so that's why maybe, people couldn't see this as being an experimental treatment rather than pure research on humans as the core of the issue?

MG Yeah.

MHJ Okay. You… do you have any thoughts on this matter?

MG No, I'm just learning a lot.

MHJ Okay. I mean, in retrospect, it's easy to say the MRC got it wrong, really, isn't it?

MG Hmm, yeah.

MHJ But did… do you think they got it right at the time?

MG Yes, I do. I mean, you know, I think the MRC, whatever its critics say, by and large was entirely objective. They try to weigh a situation and decide on its merits without being influenced by external factors that might have pushed in one direction or the other. And I think that the development they came to at the time, in the light of what responsible opinion was, what the state of the art was, etc, and I think it was the best judgment they could make at the time, given all the circumstances.

MHJ I mean, the actual referees on the grant were Jeffcoate, who was then president of the Royal College, and Clayton - these were the two obstetricians and gynaecologists. Did you know either of them?

MG Yes, I knew them both. Jeffcoate, a very nice man, very clinically orientated. Stanley Clayton, similarly so, but very… perhaps a bit broader in outlook than Jeffcoate, as I remember. And I think it's interesting that those two clinicians were the referees who were obviously influential and, from what you say, Turnbull perhaps was the only who saw the longer term possibilities?

MHJ Hmm. I mean, he was the one with the greatest research credentials that you might have thought would have been retained as a referee.

MG Yes.

MHJ I mean, would he have been excluded from being a final referee because he was on the Clinical Research Board?

MG Probably, because he was going to make his views known at the board meeting, and he would have seen what the others had said in advance, and so he would have formed an informed… he would have made an informed judgment.

MHJ Hmm, um hmm, okay. So we can only guess at what he actually said?

MG Yes.

MHJ Okay, you went… you left [the MRC], I think, in 75.

MG 74.

MHJ 74, is that right? Yes. Were you there for the reorganisation, which abolished the Clinical Research Board and set up the Cell Board, or is that after your time?

MG No, it had just… was just happening.

MHJ Do you know what the motivation… what drove that? Was it conceived of that the Clinical Research Board wasn't working or that was it a change in the ordered priorities of MRC or was it just cosmetic? I mean, what was going on then?

MG I think it was a mixture of things. The Clinical Research Board originally set up bringing together views, as it were, from the Department of Health and the MRC into one committee that could span the whole range of activity of medical problems that were important for the health of the nation. And it had worked extremely well: it was influential, and it was largely – what's the word I want? – not passive, exactly, but it wasn't proactively that way. And then medicine had moved on apace since the CRB was established and by the 70s, we were beginning to see the beginnings of cellular and molecular biology, that basic research really had made a major mark in terms of laying a foundation for clinical advance later on. And I think the MRC headquarters, a person who was very influential in at least the mechanics and I think

probably partly in the conception of these changes was on the administrative side, Charles Kirkman. Has his name cropped up?

MHJ His name has cropped up, yeah.

MG Yeah, and he was an extremely bright, able man. And he, I remember, certainly conceived the mechanics of reshaping the advisory structure that the MRC had by having these expert boards in particular areas where a Clinical Research Board couldn't hope to encompass everything that was happening.

MHJ So it was sort of focusing more on a mechanism than a clinical problem?

MG It was a mechanism of… but taking account of what had been happening in the various fields, which the MRC and the CRB and the Biological Research Board as it was then, had covered.

MHJ And do you think that restructuring had an impact on the funding patterns and policy development and so on, or was it just reflecting what was already happening?

MG I think it was probably reflecting what was happening.

MHJ Yeah, okay. You weren't there - the Cell Board reviewed in 75 – they set up a small committee of Short, McLaren, Bodmer and Cooke to review the policy on IVF. You weren't there for that, were you?

MG No.

MHJ Okay. Now, you came back in 83, I think.

MG Yes, that's right.

MHJ Had the atmosphere at head office changed with the switch from Gray to Gowans?

MG Yes. John Gray was a distinguished neurophysiologist but probably not in the same class scientifically as Jim Gowans. Jim Gowans, really, his work on the lymphocyte was internationally recognised. He was a medical scientist of great, great distinction. He was more of a pragmatist than John Gray – John Gray was highly organised, approached problems in a more structured way. Jim was a – what are the words? – deductive. He was a… Jim had flair and I think they were completely different people. And Jim really brought an emphasis on the scientific basis of what the MRC was doing to much greater prominence than it had previously.

MHJ So that would be more in line with your philosophy, would it?

MG Well, at a very mundane, you know, working, toiling level rather than high intellectual flights.

MHJ No, but I mean your perception that the research seemed… that the research base under a lot of medicine was weak, and so having someone like Gowans was helpful?

MG Yes, I mean, you know, I'd been at Hammersmith for nine years before I went back there, and certainly one of the attractions was working with Jim Gowans, who I'd known at King's, you know, back in the 50s and so on and so forth. And he was, you know, intellectually so, so bright and stimulating.

MHJ When you went back the Warnock Committee were sitting. Were you at all involved in the MRC evidence to Warnock?

MG Not at all, no.

MHJ And then, after the report came out, there were a number of activities that went on, for example, the Voluntary Licensing Authority was set up. Were you involved at all in that?

MG I was involved only in discussions about the concept of the Voluntary Licensing Authority, but I played no important part in that.

MHJ Do you know where that concept came from? Did it come from the RCOG or from the MRC or from a hybrid or…?

MG I think it came from the MRC.

MHJ You think it came from the MRC, yeah. And then the RCOG were brought on board with it?

MG Yeah.

MHJ Yeah, okay. And were you involved at all in the MRC role when Powell, you know, Powell brought his bill forward to protect the unborn – the Unborn Child Protection Act?

MG Yes, not directly, only as part of discussions with Jim Gowans about the problem and so on. And I remember Jim telling me that he'd had an interview with Enoch Powell, and Enoch Powell said something like: I can't see why you need all this experiment; I don't see why you need to do research. Get people around a table, you talk it through, and you reach a conclusion and that's it.

MHJ Yeah. I mean, that was a parliamentary bill, a private member's bill, being put forward, and the MRC was quite active in opposing that, if not publicly, at least privately it did. Was that discussed at the MRC at all? Because it must have taken you into slightly dangerous territory?

MG Yeah, sure. There were discussions with the Department of Health about this approach. I remember Jim saying that Kenneth Clarke [Minister of Health for England within DHSS] had been very supportive of the MRC position and so on, but I wasn't involved and didn't know what went on in addition to that behind the scenes.

MHJ There's a general question there about the relationship between the DHSS and the MRC. What sort of… was it arm's length? Was it… was there a dominant relationship where if the DHSS said something, did the MRC jump? Or how did that relationship work over… not just then, but generally, over the time you were there?

MG We'd had [the] Rothschild [report] earlier, and that set down a very formal relationship, which, frankly, really didn't work very well. I think the Department found it difficult to formulate the questions that they wanted the MRC to help answer, and I think there was a certain – I'll have an opportunity to expunge this if necessary – I think there was a certain looking down their noses at what the Department was doing on the part of the MRC, yeah. And it was a… I mean, the relationships between people were good. I think the MRC had had an important role in deciding who the Department might appoint as their chief scientist and so on, and by and large Douglas Black, Francis O'Grady and so on, they were ex-MRC people. And relationships at the official level and relationships with the chief scientist and chief medical officer were good, but I don't think it was a close, highly effective [research] relationship, at least at that time.

MHJ Hmm. It wasn't clearly seen as one having dominance. I mean, it was a… they were more equals sparring if necessary, or collaborating or communicating.

MG Yes. Himsworth was once said to have said something about the MRC looks into God-given things, and the Department does man-made things – something like that. I mean, a terrible thing to have said, but…

MHJ Rather grand!

MG Yeah, indeed. But, no. I don't think anything more, really, I can enlighten you on.[1]

MHJ Cohen? Richard Cohen?

MG Dick Cohen, yeah.

MHJ He had gone from the MRC to the DHSS. Was he an important line of communication?

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[1] Note added by email on 19th January 2010: "With regard to your general question: relations between the MRC and Department were generally good, particularly at officer/official level. For example, towards the end of my first spell at Park Crescent I had responsibility for liason with the Department and George Godber kindly invited me to attend his monthly meetings with the heads of the various medical departments - which was very useful in making both sides aware of current issues. And between 1983-88, I was often in touch with Ken Stowe, Donald Acheson and the Chief Scientist about matters of mutual interest; and there were of course contacts between other members of the MRC headquarters staff and their Departmental counterparts. I don't think that there was a dominant relationship between the Department and MRC, although their was of course a certain amount of (?creative) tension until the dust of Rothschild settled."

MG Yes, Dick… Oh, very much so. Dick Cohen had been the Second Secretary of the MRC in Himsworth's time, and then I don't know what happened, but he left really quite suddenly and became a Department senior medical… he was Deputy Chief Medical [Officer] at the Department. I'd known him very well in my early incarnation and was a great admirer of him. He was a very, very bright man and a very nice man, very thoughtful. And I had a very close relationship with him when he… when I went back to the MRC – no, he'd gone from the Department then – but in earlier days I had a close relationship with him. And he was, in a way, the first chief scientist, I think, before Douglas Black, and I don't know whether he had the title, but that's very much how he functioned. And I'm not sure how good relations between him and Himsworth were at the time that they were both in post, but certainly later, he was somebody who knew how the MRC worked, knew what it could do and what it couldn't do, and was very effective in forging a sensible partnership between the Department and the MRC.

MHJ This was important, wasn't it, because in a number of contexts, the MRC's brief was limited to the research, but if the research was medical and involved beds, that immediately involved the Department. So you had to have an effective working relationship for any clinically-based project because there was a division between the expenditure that the MRC would agree is proper for it, and the requirement for the DHSS to have parallel input to provide the beds to allow the work to go ahead. And that was, I think, identified quite early on in the strategic, in the in-house, report as one of the problems, that getting the research side to marry up with the treatment side via the DHSS was really problematic. Did that problem get cracked at all in the time you were there? Or did it just rely on people, good will and between the two departments, like you talking to Cohen?

MG Yeah, I think there were two things: one, there was a Departmental paper I don't know if you've come across, HM(57)36, which laid down relationships between the Department and the MRC. It had arisen out of the original discussions setting up the Clinical Research Board and formalising the relationship between the Department and the MRC. And I think the Department, although obviously at base level funding the clinical aspects of research activities, were very distant from it, and when you went to Edinburgh or somewhere other, you had to work with the local NHS authorities and medical staff there in agreeing what clinical facilities would be given, allocated, and paid for by the NHS so that the MRC could pursue their research. But, as with all things, you know, the relationships at the top and somebody agreeing that something was desirable and having a quiet word with the regional health authority or whatever it was, was all-important. I mean, the informal side of it, I think, though perhaps not quite as visible, was very important and influential.

MHJ And that, presumably, could work both ways, so it could both facilitate research and block it?

MG Absolutely, yes.

MHJ Because if the DHSS didn't really want something to go ahead, they could stymie it by a little bit of pressure locally on the MRC.

MG Sure, sure, yes.

MHJ Okay, yes. You were an advisor to the WHO programme between 1979 and 1990, their … Human Reproduction Programme [HRP]. How come… how did that come about?

MG The WHO were exploring the possibility of setting up what became the HRP when I was first at the MRC, so it must have been prior to 1974. And they convened a meeting of scientific representatives of countries that might have an interest in this, and I went from the MRC to that meeting with Alex Kessler, who was going to be the director – who, incidentally, if you wanted to interview him, would be very willing to chat with you, and I can give you his telephone number if you want to have it.

MHJ Okay, that would be useful. I actually was also advising them for a while, but there is a student in Cambridge who is looking at that, doing some research on that, so it would be very useful.

MG Yes, I think Alex Kessler became – I'll come back to your question – but while we're on this, Alex Kessler was the director, first director, of HRP and his senior scientist was a lady called Tabitha Standley, senior scientist. Remember her?

MHJ Yes, I'd forgotten that.

MG And they [each] left their first spouses and married, and when Alex gave up WHO, came to live in London, and my wife and I see quite a lot of them and they live in Hampstead, and I mentioned to Alex that you'd been in contact, and he said he'd met you once, what a nice guy you were. And I said to him, you know, he might, Martin Johnson, might well want to chat with you. Would that be okay? And he said, yes, delighted, so… So to come back to your question. Remind me.

MHJ The question was how did you get involved and what role did you play. So you were… you went to this meeting because you were involved in the…?

MG So went to the meeting yes, I took part in the initial discussions about setting up [the programme] outside the regular budget programme and so on. Came back to London and went to see Sir George Godber, who was then the Chief Medical Officer in the Department of Health. Told him about the Geneva thing, and maybe I'd cleared my own lines by checking as well with the MRC people, such as Alec Turnbull, whether this was a good thing or not, certainly it did impress me. And I discussed it with George Godber, told him what was proposed, and if it came about, undoubtedly the UK would be asked to put its hand in its pocket in funding this programme. And George Godber was very sympathetic and understanding and gave it his backing, and that was very important from the UK point of view, obviously.

And then the HRP was set up, and they had a scientific and technical committee – they'd had some other name before that; I can't remember the detail – and I was appointed as one of the members of that. I don't know whether I was nominated by the MRC or the Department of Health, how I came to be there. My impression was that nearly everybody else on that committee were in the field some way or other, and I was the only one with absolutely no direct knowledge at all of what the HRP was going to be about. And it seemed to me they wanted somebody who was a completely non-expert who, when things got difficult, they could say, well, he had nothing to do

with the axe grinding and so on, no personal interest, and he supported it, so it must be all right. I mean, that's obviously not true, but that was… I sometimes wondered what I was doing there.

But I was a generalist involved in HRP, and I was there for a number of years and did a number of things with them and so on and was enormously impressed by Alex Kessler, his energy and drive, and the staff that he recruited around him. And I was greatly impressed by the programme. And we had, you know, very distinguished people that were… Bergstrom, for example, was very involved. Yes, and the guy who invented Prostaglandin use in obstetrics, a Frenchman, I can't remember his name. I thought it was a remarkably good programme, actually.

MHJ Yes, I was involved in the immunological taskforce for a while.

MG Yes, were you impressed by it?

MHJ Yes, I found it really interesting. But I thought they were on to a loser fairly rapidly, actually. My early work had been on immunity to sperm, and that had convinced me that that wasn't a contraceptive approach at all, and I thought they were barking up the wrong tree. I thought the most promising was the HCG vaccine, which progressed the furthest, but I wasn't… I think the immunological approach was doomed probably to failure from the outset is my assessment. But I think some other aspects of the programme…

MG And I think Alex's philosophy was spreading the net wide. You never knew what was going to come up.

MHJ Oh, absolutely, and it was a wonderful place to go and discuss what you were doing.

MG Exactly, you know, lunch and the corridors were much more important than committees.

MHJ Absolutely, yes. Good. I've got some questions about people, some people who have come up in our research we've got information on, others we don't. Margaret Grieve, we can find absolutely nothing about. We can't find when she worked for the MRC, what her qualifications were, what her position and tenure were? Do you know where I might be able to get a hold of that?

MG Yeah, well, I can tell you she was non-medical. She was an arts graduate, very intelligent lady, and she was an executive officer at MRC, perhaps a high executive officer in the jargon of that time. And she really worked within the medical division of the set up, and she was one of the people who serviced committees. She was very much involved in parliamentary liaison, I remember, in helping to draft answers to parliamentary questions, which fell within the MRC remit. And she was there for a number of years and then left, and she was very much involved, I think, also with the work of the Clinical Research Board at the officer level.

MHJ Yes, so that's why her name crops up, and we haven't really been able to find .. …

MG Yes, I mean, the records, MRC archives, I'm told on the grapevine, have been decimated.

MHJ Yes, they have. They're very patchy. Okay, that's helpful. Griff Owen: he was MRC's second secretary, 1968 to…

MG 1982

MHJ 1982. Excuse me. Is he still alive, do you know?

MG Yes. He was a cardiologist, a Reader in medicine at Newcastle and then came as Second Secretary to the MRC whenever he was. He became ill in the 70s – 73ish probably – and retired on health grounds, and I actually succeeded him. And he did no more – I mean, he got better; he was very ill at one time – and as far as I know, did no more full time work. He did a number of things. I know he helped John Walton in [compiling] a medical dictionary of some sort, and he was a radio doctor on Woman's Hour at one time and so on and so forth. Became a great computer buff and has been retired since, so for 30 odd years, and has not been terribly well recently, but is still around. And he'll be in Who's Who if you wanted to contact him.

MHJ He wrote the obituary for Sheila Howarth.

MG Ah, yes. They were very close.

MHJ I don't know whether you've seen that?

MG No, I haven't.

MHJ Because she comes across – I meant to bring a copy with me and I rather forgot to put it in. I was rushing yesterday. Because in… she comes across as a very strong personality.

MG Very much so, yes.

MHJ And someone who, maybe, wouldn't suffer fools sort of gladly, who had a sense of position of… she was sort of a bit formal. Would that be fair?

MG Don't think the latter. My memories of her: she'd worked in Germany for a time at… after the war. I think possibly when a medical student or newly qualified as somebody helping with the German nutritional programmes and so on, and she knew McCance well, and I think had worked with him. She married Sharpey-Shafer, who was at [St] Thomas' [Hospital]; you may have come across him – but long before your time.

MHJ Well, I knew their names as a student. He was very influential in our teaching.

MG Oh, yes, of course, yes. Right. And he died quite young, and she married John McMichael and was very much involved with Hammersmith scene because of that. She was a very bright, able lady. I think she'd done some original work in physiology but then had children and so on and so forth. She was a toughie, you know; she knew

what she wanted to do, and she went ahead and did it. She could be less than easy to deal with, but I had enormous respect and admiration for her.

MHJ That comes through, I think, in all the papers. A very strong personality.

MG Very strong personality.

MHJ I mean, could she take reactions against people, do you think? Or was she not… didn't function at that level?

MG Well, I mean, we all could; we all had likes and dislikes. But, I mean, the whole emphasis of the MRC was impartiality and objectivity, and I don't think that would have ever really intruded in her work and relationships with people.

MHJ Yes. Okay. You don't have any diaries or photos from the period, or anything like that?

MG No, not at all. No, I don't think that I have anything, and I must have destroyed all the papers, you know. After you wrote and when I knew we were going to chat, I tried to look out stuff, and I haven't got it. No, I haven't got it at all.

MHJ Is there anything in particular you want to ask me about the project in light of the discussion?

MG Well, I read your summary, and I thought it was, if I may say so, an enormous thing to take on, very… I mean, in the light of developments, very good to have that on the record, you know, how things really got to the stages that we're at now. No, I have great admiration for what you're doing; it's quite a task. Did you realise when you took it on?

MHJ Well, not the scale of it, actually. It's becoming increasingly clear that I'm glad we got the five years' funding, and I just hope I can function fully and effectively for the five years. It takes me beyond retirement.

MG What do Wellcome intend eventually? Will they publish it for a wider…?

MHJ Well, we're committed… well, all we're committed to on the programme is we've said we may have a book come out. I'm not sure we've guaranteed a book. We're working on a number of papers that could be chapters, particularly around the MRC's involvement, and that's still… some of it's much further advanced than others: around Warnock, around Powell, and the lead-up to the Act, which the MRC was very much involved in, so they're a major player there. But then we're also doing a lot of work on the basic science side of things, not so much the administration and the funding side, on trying to formulate explanations and ideas as to why the mammal got chosen as a model. Anyway, that's very useful. The interviews are excellent for giving us colour.