

Johnson et al. 2010: Supplementary Material 6

Edited transcript of interview with W Graham Cannon by Martin Johnson on 9th September 2009 in the Anatomy School, Cambridge

[Edited and approved for release February 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

GC Graham Cannon

MHJ I'm recording an interview on the 9th September 2009, with Mr... may I call you Graham?

GC Of course

MHJ Graham Cannon. We have discussed the project and Graham has read about it, and signed the consent form for the interview. I anticipate that it will take us about six or eight weeks to get everything transcribed and corrected. I wonder if we could just start - if you could help me with a little bit of background information about your birth date.

GC Which is 3rd June 1925.

MHJ 1925, right. And, your career... Your education path..?

GC I was at two grammar schools, Wallasey in the Wirral in Cheshire and then in 1941 I moved to the second one, because we were bombed out. I moved to Stockport Grammar School, where I went to live in the house of my uncle, who was Professor Graham Cannon and he had the Chair of Zoology at Manchester. I then went into the Air Force for four years, came out and took up my Exhibition in History here at Cambridge; I'm a member of Emmanuel.

MHJ Emmanuel, right.

GC At the end of that period, I went down in 1950, I was looking around for a career and a parent of a great friend of mine was senior surgeon at Bart's [St Bartholemews's Hospital, London]. And, it was in 1950 [that] the National Health Service was just in its early days, and there was a training school for administrators run by a forward looking group secretary, as he then was called, in Paddington.

MHJ So, this was run by the Department of Health or whatever it was called.

GC Well, it had its independent source of fund. But, basically it was within the whole National Health Service and it had its cadre of administrators, who were responsible to... I'm hesitating because it's so long ago... to The Regional Hospital Board, which in turn was responsible to the Ministry of Health, as it then was. So, I was there on a training course, which wasn't really a course in the sense one understands it now. But, simply that the administration moved one around: six months here, six months there.

MHJ So, they were apprentice type..?

GC That's right it was an apprentice thing. I was very... I started right at the bottom row, as far as salaries were concerned, less than £200 a year, just under £190.

MHJ Mind you, you have to get a sense of proportion; my parents bought a house around that time for £600.

GC That's right, yes.

MHJ £200 a year sounds rather generous, doesn't it?

GC Yes. Well, I had the good fortune to start off in the medical superintendent's office as a clerk in Paddington General Hospital. Now, the medical superintendent was a near-retirement orthopaedic surgeon, who as far as I know, did not in my time [there], [go] in the operating theatres to cut. But, he was a delightful gentleman. But, the combination of that job and living in digs in the house of the senior surgeon of Barts, which I was doing, was jolly helpful. And, I got to know and was fascinated by medical administration. There were five of us, that's right, and others went into personnel and group treasurer's department. I was just lucky - I went into the MS's [Medical Superintendent's] office.

MHJ So most of the medical administration was [made up of] part-time clinicians?

GC No. There weren't such things - there weren't very many medical administrators, medically qualified people doing administration. Now, Mr Gray the orthopaedic surgeon was simply serving his time, I think. And, wisely, probably, he may have had some condition like Parkinson's, I really don't know, but he didn't operate. But, we had to do things like get consents for PMs [post mortems]. And, I got interested in... I went to several PMs just to see what it was like, and I had some good bosses who were quite happy and I moved on. Then I got a job in the same group in St. Charles' Hospital as a medical records officer; that was a bit of a promotion, actually. I think I was into about £300 a year then. And, then I got another one as a deputy, back in Paddington. And, then I did two years in The North West Metropolitan Regional Hospital Board in the planning [department].

MHJ So, that was North West Metropolitan, London?

GC Oh, yes, there were four; London was split into four. London extended as far as Bedford in the north and way down into Surrey and a bit of Kent I think, I can't quite remember. It was just... there were four; North West, North East, South West and South East. I went into the North West, which was handy and I was two years there in a much better paid job, it actually got up to its four figure level. But, it was an office job, it was planning but from a central office job. And, we gave permission, subject to The Ministry of Health giving us the permission or finding the funds for particular jobs, and so forth. So, that was pure administration. I got a bit tired of that and there was a job, more or less, at the same level in The Maudsley Hospital, Denmark Hill, which had a house attached to it as part of the job. And, I went there having no knowledge of psychiatry at all, but it was a fascinating job, absolutely fascinating. And, I stayed there for the best part of five years. And, well, just in a personal sideline there - I was brought into it in a way - I'm a musician; I play the cello and chamber music, and I was playing with the daughter of the house governor of The Bethlem [Royal] and Maudsley Hospitals; the two hospitals were a single post-graduate group. So, I did that for five years and as I say, I thoroughly enjoyed it. But, then I decided, you know, well, this was my career. By then it was 1960.

MHJ You were well into your thirties?

GC I was there from 56 to 60; that's right, because I came to Addenbrooke's in 1960. And, I came to Addenbrooke's in 1960 as the third in line. There was the secretary to the board of governors, his deputy and this new post; assistant secretary to the board of governors.

MHJ So, is the secretary to the board of the governors the same as the house governor?

GC No.

MHJ No, okay, that's different?

GC There wasn't a house governor, actually, there. I was house governor at The Maudsley, but that was three down from the secretary to the board of governors at The Bethlem and Maudsley. My responsibility there was just at The Maudsley, I had an opposite number who was at Bethlem, eleven miles down the road. And, so we moved here. And, I... but, we did...

MHJ And, that was in 1960?

GC In 1960, yes. Now, it wasn't I hope, well, I know, I shouldn't joke about it but my arrival there, within the first year the secretary to the board, a man called Phillip Bourne had a nervous breakdown. He'd been ill for some time, and in and out of Fulbourn. His deputy was a great friend of mine, a Downing College graduate [Leslie Paine], who was a little older than me, a couple of years older than me, and we were good friends. And, we each moved up a slot when Phillip went in to Fulbourn for several... And, so I got more senior experience in that way, still doing my planning job, and then Phillip had to retire. And, Leslie Paine, the deputy acting secretary, decided he didn't want the [top] job. It's

like one of those curious - a total coincidence [but] my previous boss at The Bethlem Royal, who was the secretary of the board, his job came up with a very nice house and I think that's what attracted Paine. And, Paine had done a good stint here at Addenbrooke's. So, he went to... down to Bethlem and I moved up, more or less, in one jump. I think was deputy for a short time, and...

MHJ So, then you were secretary to the board?

GC To the board of governors...

MHJ And, when was that, 19..?

GC That was in 1962 or 63. The chairman of the board was Lady Hester Adrian, the wife of the Master of Trinity, Lord Adrian. And, she was great; she left me to get on with it. So, I appointed an assistant secretary of planning and by that time we were into the business of commissioning stage one...

MHJ Is that the new [Addenrooke's Hospital at Hill's Road] site?

GC Of the new site... But, originally my office was in Trumpington Street [location of Old Addenbrooke's Hospital]. And, the Queen opened it and it... what we really had hoped for, but here we were dependent on The Department of Health. We had hoped for having completed stage one, to go on without a break to the much bigger... we'd drawn up the master plan for 1200 beds at Hills Road and we'd realised it had to be staged to a degree. But, stage two was the big one. It comprised another 500 beds and all the services; catering, building, laundry to provide for a 1200 bedded site, which we'd got the master plan for. But, the money wasn't forthcoming straight away in 1962, when stage one opened. And, we didn't get the funds until 1968; I think it was then that we started that. So, it then began to roll. But, then of course, there were... the spectre of [NHS] re-organisation loomed on the horizon, and the board of governors was dissolved in 1973.

MHJ About 73, I think, 73 or 74, yes.

GC 73, yes that's right, 73. And, I became area administrator for Cambridgeshire.

MHJ Right.

GC And, that re-organisation was a total disaster in any terms you care to mention. It was an absolute outrage, because there was no boss. There was an area medical officer who was on one salary scale, there was an area nursing officer who was on another, there was an area treasurer who might or might not be an accountant and there was the area administrator who was just, well, he, just, sort of... but, we were all equal. There was no chair of the area officers ... it was an absolute disaster. Now, I got on very well with Don Robertson, who was the medical officer, he and I were good friends. And, Tom Ship the treasurer, we were delighted to have him there; he was actually a qualified accountant.

MHJ So, that was about 1974 then?

GC 1975, yes.

MHJ So, prior to then it would have been The United Cambridge Hospital – [made up of four hospitals] that were Addenbrooke's, Mill Road, Papworth?

GC No, not Papworth, no. Brookfield, Douglas House, Roy... well, it wasn't Roy Calne's during my ten years, because previously it was just a surgical annexe. So, that changed it into a Professorial Unit [of Addenbrookes']. Oh, there was a convalescent home up in Hunstanton

MHJ Right, okay. So, I've locked onto it. I want to particularly focus on the period from the late 60s to the early 70s, when it was The United Cambridge Hospitals.

GC Right, then.

MHJ So, I'm going to stop you there. I just have to ask you, when you actually retired.

GC Right, yes. I retired in 1986 from the King's Fund - I was director of the King's Fund Centre.

MHJ But, you retired from Addenbrooke's... as the area administrator - when?

GC Well, yes I resigned from that post and I applied for and got the job at the King's Centre.

MHJ And, when was that?

GC I got that in 1975.

MHJ So, you were here until 75.

GC Yes, oh, yes.

MHJ Right, okay. So, you weren't here in the late seventies?

GC No. Although I have to say - it's not entirely relevant - within a couple of months of my leaving to go to King's Fund from The United Cambridge Hospitals, my wife went on the board of governors for the area - Cambridgeshire area. And, she stayed on that board, all it's successors, of which there are several I think, for 25 years. So, between us I didn't entirely lose touch. I did become a trustee of the Frank Lee centre - the recreation centre - in my own name, I was not working there. And, I did that for 25 years or so.

MHJ We might come back to those. But, I want to focus on the 69 to early 70s period. And in particular what we're interested in is obviously, reproduction. And, I wondered how you'd characterise the obstetrics and gynaecology department set up at Addenbrooke's in that period.

GC Yes. Well, it was entirely obstetrics and gynaecology. I won't say that, if in that period that I was there, after say, 65, I didn't know the meaning of the word embryology or anything, you know, this idea. But, then it wasn't that, it was obstetrics and gynaecology. The leading obstetrician our tradition was Ozzy Lloyd, did you know him?

MHJ I met him and I knew his son very well, Chris.

GC Oh, yes, and Janet Bottomley..?

MHJ I've met Janet Bottomley, I've don't have a strong memory of her.

GC Oh, she was a delightful lady. Ozzy was a character and when you mention his name everyone smiles.

MHJ He had a reputation

GC Yeah. He did. We got on very well together. But, he used to come and ask me for... if he could carry forward 30 days annual leave, which he hadn't taken in the past five years or something, you know, that, sort of, conundrums ... And, then Ralph [Robinson] came, he was the third.

MHJ Ralph, yes in 69.

GC And, they were... the trio were really focussing on the provision of good obstetric and gynaecological service. They [the services] were... they'd been very, sort of, bad do you see at Trumpington Street. And, so it wasn't until stage two was completed in the 71, 73, sort of, period that this would be stage two - the big ward block. Now, what was it..? C & D blocks, that's right, yeah... that provided obstetric beds on far bigger scale than whatever...

MHJ So, up until that point all the obstetric beds being in Mill Road, and then the gynaecological beds were in..?

GC Waited until stage two [to move to New Addenbrooke's], because stage one - the first hundred bed ward, block A on the present site - was 50% neurology and neurosurgery, for which there were no beds at all prior to that, and orthopaedics.

MHJ So, the gynaecological beds were at old Addenbrooke's then...

GC Yes.

MHJ Everything then moved to the new site. So, when did Mill Road close? Was that..?

GC No. Well, no, it didn't. It became geriatric, yes. Those beds...

MHJ But, it ceased to obstetrics around what, 1975?

GC About 75 I think, yeah.

MHJ That's when it became geriatrics, yes?

GC I must look at my own history.

MHJ I may have that information somewhere; I remember doing ward rounds in the early 70s. So, up until that point all the obstetric work had been done in Mill Road, the gynaecological work in Old Addenbrooke's, and then the whole lot moved, which was around 75, yes?

GC Yes. But, of course, by moving up orthopaedics into stage one, it did free some beds there [at Old Addenbrookes'], and there was a great shuffle round. Yes, I can remember the gynae[cological] wards, you know, leaking roofs ... because we didn't really want to spend a lot of money maintaining the old building, we couldn't do too much because the frontage was a preserved...

MHJ Listed?

GC A listed frontage, it wasn't a listed building.

MHJ So, around the turn of the 60s to 70s you'd characterise the situation of obstetrics and gynaecology as not wonderful.

GC Not wonderful, but expanding in terms of the dropping of the waiting list, and things like that; there were more facilities, they weren't very good but they were there. And, there was a lot of make do and mend. And, Ralph was marvellous, yes.

MHJ And, until Ralph came there were just two consultants or..?

GC That's right.

MHJ And then he made it three.

GC He made it three.

MHJ And, that increase in manpower was very necessary?

GC Yes, it was.

MHJ And, was that adequate then or was it still inadequate?

GC I really would have to look at the statistics. What certainly happened was, the waiting time for surgery, gynaecological surgery lessened, certainly because we'd got some of the freed orthopaedic beds. But, of course everyone else was clammering [for beds]. The exodus [of orthopaedics] albeit a fairly small one, because as I said there were hardly any neurological or neurosurgical beds in old Addenbrooke's. And, it was Walpole Lewin the neurosurgeon, did you know of..?

MHJ I've met him. He was a very strong character I seem to remember.

GC Yes. He really was. He was already a consultant at the Radcliffe [Infirmery, Oxford] and he came over here on assessment basis before stage one, and he was appointed before stage one was completed. But, he did out-patient work and Mike Yealland's neurology they sorted out the... But, as you said Walpole was a strong...

MHJ So, it's fair to say then that in around 69 the number of gynaecological beds increased?

GC Yes.

MHJ But, not under ideal circumstances...

GC No. I mean, the figures are available, at least I can find them quite easily.

MHJ Yes, okay. I mean, it might be quite nice if you could find them for me, about the number of beds and so on, over the period say, 68 to 72, that sort of thing, you know. When I was talking to Ralph, he said that when he arrived roughly I think, half his time was meant to be spent in the clinical department of obstetrics and gynaecology, and the other half of his time was notionally allocated to helping set up the academic department of clinical of gynae[cology], which of course was under discussion at that time. I just wanted to ask you a little bit about the academic department, because that was when the University was dithering and gradually edging towards agreeing to clinical school, wasn't it?

GC Well, yes. Now, the important... I can't think whether Ralph was... or wasn't actually on it, but he certainly appeared before it. It was a committee that administered this; it was the University clinical school planning committee.

MHJ That's the one chaired by Young.

GC Oh, Frank Young, yes. Now, I was a member of that ex-officio, as was...

MHJ I think I've seen your name on the minutes. I know which ones you didn't turn up to! It was small committee to start with and it seemed to grow like topsy!

GC Well, yes, because I think your medical colleagues realised that it was quite an influential one, and there was a lot of planning going on and they all wanted to be in on the act, and of course Walpole [Lewin] was. And, it was a good committee, not least because it wound itself up. We had a last meeting in again - in parenthesis of no relevance at all - we used to meet in Darwin College in the Old Granary buildings. In my final year at Cambridge as a, by then, a graduate, I lived in the Old Granary. I had a year there because my landlady was Gwen Reverat, who was the [grand daughter of Charles Darwin]...

MHJ Amazing.

GC That is purely personal information. So, there we are. So, I'll try and get some statistics out.

MHJ Yes, on the beds.

GC On the beds, yes.

MHJ So, I just want to talk a little bit about the academic department and how... what the relationship was between the hospital administrative structure and the University structure, in setting up the clinic. Was it an amiable, an amicable, one or was there a rather lot of tension there.

GC No, it would be an exaggeration to say there was a lot of tension. There was tension between physicians and surgeons, but more or less, you know, I would expect if it's... Physicians for instance, Laurence Martin the senior physician, he didn't acknowledge administrators, and if he had to acknowledge surgeons it was only on his terms. But, that was the order of pecking. He once rang me up when I was in the thick of the planning processes over the opening and all of that stuff, to say there were no paper clips on his ward. And, would I kindly send one of my many minions up immediately with paper clips. He was that, sort of, chap. He was a nice enough chap, Peter Dick, the other... next senior physician he was easier to deal with, but I don't think...

MHJ So, was it mainly big egos and clashes between surgeons and people being territorial?

GC Yes. You see there were those who'd been brought up in that. And, then there were people coming in you see, like Ivor Mills. Now, Ivor Mills is in a totally different category as it were, as an individual from Laurence Martin. And, of course, Roy Calne was the next, and that's where the tension... I suppose I would say that, yes, there was tension but it was almost entirely fighting over beds. That was the issue.

MHJ So, it was more to do with territoriality amongst the committee, rather than tension with the University.

GC That's right. And, against the background, the historical background if you like, that everyone had been too short of beds - the handful of beds that we'd got in Cambridge for the catchment area we were serving and of course, when people like Ivor Mills and particularly Roy Calne appeared on the scene, they were known. And, GPs were anxious to send their patients. So, it was always territory.

MHJ And, that was key because if you didn't have the beds you couldn't do the teaching, so that's how it all translate through, okay, right. Theo Chalmers you presumably knew reasonably well.

GC Oh, yes. He was a key figure on the clinical planning committee.

MHJ Yeah, well, he was effectively acting... he was seconded I think, part-time for a while and then became acting dean.

GC That's right, yes, that's it, yes.

MHJ And, what was he like as a..?

GC Oh, quiet. He was a very nice chap. I found him extremely easy, you know, I could always go and have a chat with him about a problem of some sort. We were both graduates, and I had a general background in hospital not in University administration. Not practical, but I, you know, I remembered this at University and it was useful. But, no, I liked him. And, I don't think he did much clinical research, because he became very embroiled in his duties as dean and managing... the growing. And, the onset of medical students was quite something.

MHJ Oh, there's a lot of work involved, there's a massive amount.

GC And, once the pattern of information and progress through the medical educational... clinical education was set by Theo Chalmers, it was the first one, it was easier, as it were and away from the deans office.

MHJ I think it's fair to say, because this is coming to a period where I vaguely have memories myself, but the University was very ambivalent about a clinical school. I think it only... the final graces only went through around 72, didn't they?

GC That's right. Yes, oh, it was, it was touch and go, I voted. I [had] hardly ever voted [before]. And, of course John Butterfield [later Regius Professor of Physic] was a charismatic figure and he... I'm trying to think. He burst in on something. I think I was playing in a concert or something in The GuildHall. And, John Butterfield came rushing up to me before it started, he said, we've got it, we've got it! It was that sort...

MHJ It was uncertain, wasn't it?

GC Yes.

MHJ There were quite a lot of votes against...

GC Oh, there were.

MHJ There were over a hundred, but it was touch and go, yeah. Okay. And, if I remember correctly, it was quite difficult recruiting students to start with, particularly Cambridge students because their Directors of Studies were sending them more up to London?

GC Of course, yes. And, you see the pre-clinical school they'd been running well for years and years and years. And, so, they all knew what the score was. And, they [the students] knew perfectly well that they would be the first and, you know, they at that stage in their careers.

MHJ If I can just again focus on obstetrics and gynaecology, and the formation of the academic department of obstetrics and gynaecology. Were you involved at all?

GC No. Professor Douglas - he was the first one - he was after I was in post.

MHJ And, before that you didn't have any discussion with Theo Chalmers about possible heads and so on? Because I know they were looking around in the 71, 72. So, you don't..?

GC No, I wasn't involved in that.

MHJ You weren't involved in that. Okay. The other thing that was happening in early 71, and again I don't know whether you'd have been involved with it at all, was the MRC decided to invest money in reproductive physiology. And, asked all the deans of the medical schools in the country, if they wished to submit a bid for a unit to be housed in, or in association with, the department of obstetrics and gynaecology, with reproductive physiology scientists and doctors. Were you involved at all in that?

GC No. I was marginally involved with the MRC, because when Joe Mitchell was Regius Professor, he had secured the MRC unit for molecular biology. And, all the emphasis, I mean, with the... how many... three or four Nobel Prize winners in that building, that was the only bit. So, I wasn't aware of this.

MHJ So, Theo Chalmers dealt with that himself.

GC Yes, he must have done, yes.

MHJ Right, yes. Now, I just want to slightly switch a little bit here and talk about Newmarket and The East Anglian Regional Hospital Board.

GC Right, yes.

MHJ I think you were a member of that for a while.

GC I wasn't a member of the regional board, because the regional board and the board of governors were in the original NHS Authorities, both of them were on an equal level and both responsible to The Department of Health.

MHJ Joint. So, you weren't on the East Anglia board of governors.

GC No, but we did have fairly regular meetings.

MHJ Joint meetings, yes?

GC And, the... yes, it's... You must forgive me my memory... I brought two books, I didn't bring The Addenbrooke's history. You may find some references there but what I'm trying to think... there was a marvellous MOH [Medical Officer of Health], oh what was his name, he lives in Bottisham, very wealthy chap. Now, he didn't apply for the principle medical officer of the region when it became [available]... oh, Tyser, that's right, Patrick Tyser. Now, he was a public health man, local authority all his life. But, he was a big man in intellectual terms. And, he didn't like the idea of the regional health authorities at all. And, George Duncan, who has now died I think.

MHJ Yes, he has. His daughter, actually, is the senior administrator here [in the Physiology, Development and Neuroscience Department, University of Cambridge], Fiona. I don't know if you know her? [No. I don't think I ever met her.]

GC Oh, right. Oh, that's right, yes. Well, now, George Duncan was a nice chap, we used to have regular meetings. But, he...

MHJ And, he was your equivalent on the East Anglia Regional Hospital Board?

GC He was my equivalent.

MHJ Right, okay.

GC The secretary of the regional health authority was a nonentity, I have to say. We didn't really... Well, we used to meet much more on social occasions than anything. But, George Duncan was the...

MHJ Yes, ok. And, so it was a partnership of equals the UCH Board and The East Anglia Regional Hospital Board. And, you used to share, presumably that enabled you to share, sort of, planning concerns and stuff. So, was there interchange of consultants between the two?

GC Oh, yes, because they were part-time and a lot of the consultants would be working in Newmarket, Bury and wherever.

MHJ I wanted to ask about that, because Newmarket in particular had an obstetrician, did they, of their own? Or was it all done with Ozzie Lloyd and so on doing sessions?

GC No, I think you're right. I can't remember exactly, I can't picture anyone. Yes. But, you see, plastic surgery, for instance there were only consultants at Addenbrooke's, who has sessions up in [the] Norfolk and Norwich [Hospital], because that was even more rarefied. And, so there were different, sort of, centres of excellence. But, I don't... I have no recollection

MHJ But, I was wondering given the pressure, for example, where traditionally there had been few obstetrics and gynaecology beds in Cambridge, Newmarket was a significant player in that [speciality]?

GC They weren't significant, but I would have thought Ralph went there.

MHJ Yeah, Ralph did go there a bit, not very much, you know, except Lloyd was supposed to but didn't go there very much.

GC No, he had that...

MHJ There was one question I wanted to ask you about, and I realise I missed it when we were talking about the clinical department. So, Douglas came just about the time you were leaving, because he was initially housed in a portacabin at Old Addenbrooke's.

GC Oh, yes, at the back.

MHJ At the back. Now, that must have been in 74, so how long..?

GC Yes, in the old CSSD [Central Standardising Service Department], yeah.

MHJ Do you know..? Was he there long before they moved up?

GC No. You see, I knew Ivor Mills very well, you can't... I couldn't help but know Roy Calne very well. But, Douglas I don't remember.

MHJ No, OK. He was a very quiet man ...

GC Yes. Certainly he was psychologically the dead opposite of Roy Calne.

MHJ Absolutely, yes, he was very extrovert. So, the Rosie... the maternity hospital Rosie was much later, wasn't it?

GC Yes. Now, that of course I knew all about, because the... what was the name of the benefactor?

MHJ Robinson.

GC That's right, Robinson. Now, he offered this vast sum of money to be called after his wife, Rosie and they... the region and the Cambridge people - immediately said, yes, fine. And, said, well, it'll take us seven, eight years to build. And, he said, right, well, my only condition for this grant is that the hospital is completed within two years. And, in fact yes, this is coming back to me, because in the master plan that I was involved in, we did have a sequential plan - which came first and which came last sort of thing - in the way of building. And, obstetrics and gynaecology was near the end of the queue. We had [planned] to provide all the services in what was really stage two. And, then there were other things - catering went out, sort of, into stage three... There is a chap who is one of the assistant secretaries; a man call Bullwinkle, he's still around. He might know more than me, but...

MHJ So, in a sense Robinson pushed the obstetrics and gynaecology [hospital] up [the list], as it were?

GC Oh, yes, yes, because he was influential with everyone, with the Chairs...

MHJ But, the Rosie couldn't have opened and... I must have these dates somewhere, couldn't have opened until the early 80s, or was it before that?

GC It was late 70s I was at the King's Fund, I mean, my wife and I were at the opening. Yes, I think it was the early 80s, because Robinson got his way, and...

MHJ And, so was the department, the academic department of obstetrics and gynaecology, did that stay down in old Addenbrooke's until then?

GC I think it probably did.

MHJ So, that portacabin was quite a long [temporary home] before moving into the Rosie. Okay. I just wanted to... I can check those dates, but I just wanted to go back. So, we were talking a little bit about Newmarket and the relationship with Newmarket... and I was trying to get a picture of how things worked and what you're saying - different regional centres tended to have different specialities.

GC That's right, yes.

MHJ Now, if we come back to obstetrics and gynaecology, Cambridge was the centre of obstetrics and gynaecology even though it was under pressure for beds?

GC Yes, indeed. It had to be because the major clinical specialties - medicine, surgery, obs and gynae - I mean, all medical students had to be educated in those academic elements: the disciplines.

MHJ Okay, good. Now, so that's very clear, that's really helpful. Now, the reason I'm quite interested in Newmarket is because of Patrick Steptoe.

GC Ah, yes, yes.

MHJ Apparently Steptoe, who of course worked in Oldham, which is from the same neck of the woods as you originally came?

GC That's right, yes.

MHJ But, he wasn't from Oldham himself, but he worked there a long time I think.

GC Yes.

MHJ Did you ever meet him?

GC Yes. I didn't... Who else..? Who was at the..?

MHJ Edwards.

GC Edwards.

MHJ Yes.

GC Edwards and Steptoe, that's right, yes. One was medically qualified.

MHJ Steptoe was the clinician

GC Steptoe was the clinician.

MHJ And, Edwards was the scientist.

GC And, that's right, oh, yes, that's it. Well, you can see from my hesitation, I can't quite remember enough. I didn't bring a copy of the history of Addenbrooke's, which I brought up to date to 1972 I think [with Arthur Rook].

GC Ah, yes. Can I just, sort of, just digress on that for a moment? Arthur got pigeon holed as a dermatologist and he was appointed to the board... to Addenbrooke's rather, something like 1947 - 46 or 47. And, he was a medical historian and had been for many years. He'd written a lot of papers. And, he was an enthusiastic person, but dermatologists, if you'll forgive me don't move fast in any field of activity. And, this certainly applied to Arthur. He was a delightful chap, but was dead slow. But, he promised the board of governors in 1950, 51, something like that, that he would write the history of Addenbrooke's. And he got a small grant to pay for his secretary, who was Margaret Carlton. Now, she too was a slight medical 'oddity'. She was medically qualified but not medically registered, because she had, I think, a psychiatric disability.

And, she had enough insight to realise that this was the case. So, she took her clinical [course] and went through the clinical thing, but she didn't do a pre-reg[istration]... a pre-reg job. So, she'd never registered. But, of course she had medical knowledge. Now, I think Arthur, well, Arthur knew all that, obviously and probably rather more clinically. But, Arthur having made this draft script, Margaret, sort of, typed it out, but she didn't add or subtract his writing; Arthur's writing got miniscule. And, she was amazing; she could read it, I couldn't read it. But, I knew of its existence and Arthur was always chatting to me. I used to go in and see him. After he... yes, he retired and then he... a couple of weeks later he came back and in the end he decided he wouldn't retire after all. I think he did that at least twice, possibly three times.

MHJ This was not a decisive man!

GC No. But, he was a delightful man. And, I used to see... I saw him I think less than ten days before he died, and we managed, Margaret and I, to cobble together... And, I think I got some money out of the board to... Oh, yes, that's right. The other thing is, Arthur had agreed with a ham [slang!] publisher - to let him have it. And, one of the conditions of this was that the publisher would publish the book, bring it out, the first roll was 2,000 copies, but the distribution was entirely Arthur Rook's responsibility. And, it was Arthur's son, who was a barrister, who realised the enormity of this: 2,000 copies arriving on the doorstep. And, I can't recall Arthur Rook's son's name, a lovely chap. And, he and I and a colleague of his, who was a solicitor not a barrister, had to get rid of these conditions of the thing. He [the publisher] was a, sort of, do it yourself lawyer. He'd got quite a bit of ... legal knowledge, but he couldn't match the [other solicitors]. And, there was a payment to pay him off. And, then we had to get another publisher and so we got CUP {Cambridge University Press}. I got them in.

MHJ So, going back to Steptoe.

GC Yes, oh, sorry.

MHJ I just want to press you on this a little bit, because I don't think he appears in your book; his name doesn't appear.

GC No, it doesn't, does it?

MHJ He applied I think for a consultant's post in Cambridge in the late 60s, possibly the one that Ralph Robinson got, I don't know.

GC Yes, that's right.

MHJ It must have been the one Ralph got, because there wasn't another one advertised. And I think he withdrew his name

GC I think he did, yes. I think...

MHJ Did you happen to meet him or know him?

GC I must have done. I was on all consultant [appointment committees], yes.

MHJ But, if he withdrew his application, he presumably did it on the basis of having come down here.

GC Yes. I've no recollection of him to be honest. But, in the archives there will be those, almost certainly I could find them.

MHJ Well, I have been... I went up and looked in the Addenbrooke's archives and I...

GC Did you meet Hilary Richard?

MHJ Yes, she was incredibly helpful. And, I spent time looking through, and I couldn't find any useful reference to him having been there.

GC Right, well it must have been on...

MHJ If it was an informal visit, and he came... the initial appointment.

GC Yes. He must have been on the old boy network, as it were. He must have sat it out.

MHJ Yes, okay. I mean, did you pick up any vibes about him from Ozzie Lloyd or Janet Bottomley?

GC No, I didn't. It was... The work they were doing was, sort of, common knowledge round here, but it was looked on slightly, not ascance, but a bit of a curiosity

MHJ I mean, Patrick was very well known for his development of laparoscopic techniques.

GC Ah, was he really?

MHJ Yes. He pioneered laparoscopy, particularly in gynaecology, but generally, in this country. That was, I think, not particularly well received by his colleagues. It wasn't really picked up until... very much later. I mean, Ralph [Robinson] said, you know, he'd done thousands in his time. But, he didn't really start doing it until 72, 73, 74. So, he [Patrick] was well ahead and he published a book on it in 67. So, he was well ahead.

GC Sorry, no I don't think I can help on...

MHJ Again in the early 1970s, Steptoe applied to Newmarket for a part-time consultancy.

GC Right.

MHJ Do you know anything at all about that?

GC No because that would have been administered by The Regional Health Authority.

MHJ So, that would have been Duncan.

GC And, if there had have been a... That would have been Duncan, you see. And, Duncan would have had a clinical representative from Addenbrooke's.

MHJ Ah, would he?

GC On their appointing committee...

MHJ Yeah. Because I've looked the records for The East Anglian Regional Hospital Board, and Steptoe is mentioned there. And, Robertson, who I think was Duncan's deputy.

GC That's right, well, he was my... he was the area medical officer with me, until I got fed up with the area.

MHJ But, he dealt with a lot of it I think. But, there was no mention of any particular obstetrician being involved in the discussions that we can find. Okay.

GC No, right, well.

MHJ But that's out of your...

GC Donald Robertson, who was on... he was...

MHJ It's not in your patch really.

GC No.

MHJ There were a number of negotiations around that time with the MRC, in which you wrote a number of letters, much toing and froing, concerning providing accommodation for Edwards and Steptoe, because they were interested in getting an MRC grant.

GC Oh, right, yes.

MHJ And the general impression that one had was that The United Cambridge Hospital Board was reasonably positive about trying to facilitate that. Is that a fair summary?

GC That, I think, yes. So, I would just add that this was at a time when the future looked unclear for clinical schools. And, I think everyone was looking for possible, really good breakthroughs. And, so more or less, anyone would be supported provided that no one wanted much money, just in case, you know, we'd try...

MHJ Your general policy was to say, yes, but no money.

GC Yes, no money. Because of course, the background to this one, we'd said if the Regius, Joe Mitchell had said yes to molecular biology, when everyone said, what the hell's molecular biology, when of course, suddenly we got half a dozen Nobel Prize winners on your side.

MHJ Okay. So, that was the model you were following.

GC It was a, sort of, model. If you win, you win big.

MHJ Yes. And, was the same, sort of... because Roy Calne and his MRC [Transplantation] unit, that was a similar model.

GC Yes, that's right. You see, they did the first kidney transplant.

MHJ So, in a sense, what you're saying is the UCH board was being opportunistic and not foreclosing possibilities.

GC That's right, yeah.

MHJ So, it wasn't necessarily embracing it, but it was...

GC No, it was... you're exactly right.

MHJ Okay, that's really helpful to clarify that. Do you remember the issue of Bateman Street and the home for unmarried mothers coming up at all in your discussions, as a base [for Edwards and Steptoe]?

GC Was there a home for unmarried... on Bateman Street? You know, I thought it was a place that The Freemasons have at the bottom of Bateman.

MHJ Well, I think now it's The East Anglian Arts Association. But, then it had been... It was a...formerly had been The East Anglian Regional Diocese home for unmarried mothers.

GC No, I don't know about that. No.

MHJ No, okay. But, you do remember it coming up ..?

GC Something was at the end of Bateman Street, a school at the bottom and then... the girls' school and then on the other side...

MHJ Yes, on the left hand side as you're going from Hills Road.

GC That's right.

MHJ Yes, that's right, yes. The building is still there, the façade at least is still there.

GC That's right, yes. No, I don't think I can help there.

MHJ Okay, because you did write a letter to the MRC about it.

GC I wonder, yes. You wouldn't know the reference, you see. I signed a lot of letters to send to people.

MHJ No, I understand that, obviously. So, in the discussions at the UCH board and the joint board with The East Anglian Regional [Hospitals Board], Ivor Mills was an influential character, was he - there? So, if he said something, people tended to follow him?

GC They certainly listened. He was slightly bizarre. Bizarre to Cambridge medical... clinical medicine, his hours [clarified as the division of time between his medical and gynaecological patients] were odd. I mean, he was totally different from Lawrence Martin. But he was easy to get on with. In the clinical school planning committee, he was listened to. But, his own speciality with medicine was... I've forgotten.

MHJ Well, he used to do a lot in reproductive endocrinology and also eating disorders.

GC Yes, oh, that's right, eating...

MHJ Quite controversial reputation? Too esoteric, bringing in patients who didn't 'fit'?

GC That's it.

MHJ Because he was very supportive - he argued in favour of bringing Steptoe here and trying to find beds for him at Newmarket and so on. And, I just wondered if you remember whether he drove this or whether..?

GC I don't remember.

MHJ You don't remember, OK.

GC I really don't remember.

MHJ OK. What were the relations between the Cambridge Hospital and The East Anglian Regional Hospital Boards and the DHSS, was there a direct line?

GC No.

MHJ So, how did it work?

GC The DHSS used to send a middle grade medically qualified officer to the meetings of the regional board. And, the same chap used to come to the board of governors. So, in that sense there was administrative contact. But, both from the [United Cambridge] board's point of view and the regional board's point of view and the board of governors, they were not regarded as important people. You see, both the two boards were... members of the two boards were quite a lot of very influential people. For instance, the board of governors, I of course know best. The vice-chairman was a man called Sir Frank Lee. Frank Lee had been permanent secretary of the treasury and of course he would get to know the clinicians. And, I don't know who was on the regional board that were particularly tied into academia or anywhere else of significance, but there were people inside. And, if for instance, Roy Calne wanted to push a bit harder, he would come to me and say, look, I'd love to meet Frank Lee. And, Frank, who was a marvellous chap, as well as the Master of Corpus [Christi College]. And, I can remember him in my office, I put a problem to him, and he said, I'll have a word with whatever his name is - the permanent secretary [at the DHSS] and I said, don't do that you can't go straight to the top yet, we've got to consult x, y and z. And, so we had that sort of access.

MHJ So, I'm quite interested in... what the degree of autonomy from the [DHSS] Department was? I mean, clearly they provided you with funds. So, that was a constraining thing. But, within the constraints of that, did you have reasonable freedom, or if they said jump, did you have to jump, or if they said don't jump, were you prevented..?

GC That was more likely. But, we had one ace card, which of course was common to all teaching hospitals, we had our endowment funds. Now, endowment funds were themselves constricting, because of the terms, whatever they were, of a particular endowment. And, when asked to advise someone who wanted to leave money, I would always say, leave it in general terms to clinical use in Cambridge or for - particularly if they wanted medicine or surgery or whatever. But, don't put it... because people will want to give their money to ward sister on ward x or something, or indeed to Dr Jones, who is a houseman. And, really you had to try..... But, it did mean that the Department of Health had no hold on that, except that if we wanted to appoint another registrar or consultant, we were always reluctant to do that with our endowment funds, because it would be ongoing. And, Cambridge had fairly small endowment funds.

MHJ So, I mean, for example, when you appointed Ralph Robinson as an additional consultant in obstetrics and gynaecology, that you got permission from the DHSS?

GC Oh, yes. They control the establishment of the NHS.

MHJ And, then similarly, I think Mike Bright was appointed to obstetrics and gynaecology, possibly while you were still there, as a joint position with Newmarket. So, he spent... I think this happened in 72, 73, part of his time in Newmarket, part in Cambridge. So, that would have been a DHSS approved and funded...

GC It would have been approved and funded, yes. And, you've reminded me, I think that was probably a regional board appointment and we funded one or two sessions, of which the majority were funded by the region that got their approvals from the department direct.

MHJ And when you made the application [to the DHSS to create a post] you didn't put a name on it, you just made the needs case, to get the funding from them.

GC Yes.

MHJ And, then you would make the appointment.

GC And, then we would make the appointment.

MHJ Okay, fine. So, that was how it would work. So, if The Department of Health wanted to put pressure on you not to do something, how would they do it? I mean, if you've got money and so on to do things, but then they didn't like what you were proposing, how would they do it?

GC If they wouldn't like something that we had proposed in the first place - and, they would try to... Well, they'd have the final say, if it was a financial thing.

MHJ But, let's say they'd approved something in principle, like financing a new obstetrician/gynaecologist consultant post in Newmarket, an additional one. And, then Newmarket said to them, well, we want to appoint Patrick Steptoe, and they weren't very keen on this for... because they didn't like - they didn't like the things he was doing. Could they then block it at that stage, or would they just say we wouldn't advise this and it's not in your interests?

GC I think they would say we wouldn't advise you to do that. I don't think they would've - in my recollection - they wouldn't have stopped an intention to appoint, a particular individual if they had approved it in principle. But, they usually approve things in principle for an appointment long before and they would set the date. So, it came back to the financial control ... Now, this isn't to say there weren't a lot of informal discussions. And, the officers at the regional board would have their contact down at Newmarket, who'd be pressing for this, and they would know the chap at Addenbrooke's. And, they would go up [to DHSS], they would have informal chats.

MHJ The reason I'm asking you about this, is that Edwards and Steptoe put in their bid to the MRC and there were a lot of discussions to and fro going on between them and the MRC, also from very early on between the MRC and the DHSS.

GC Yes

MHJ And, then the DHSS representatives were present at the meeting, at which the MRC Clinical Research Board declined to fund the bid, and gave reasons, which were primarily ethical reasons. And, there is then evidence subsequently that the... both the MRC and the DHSS at least informed, let's say, in the very least Newmarket and/or Cambridge that they had turned this down on ethical grounds. So, you can read between lines, saying there was some pressure as to not want to pursue it. The evidence suggests that certainly The East Anglian and Regional Hospital Board were rather resistant to dropping it Steptoe's appointment and wanted to continue. And, it was only with some reluctance later in that year that they, sort of, acquiesced. So, I think what I'm sensing is that this would have been... they'd have been, sort of, looking over their shoulder. Well, if we upset the DHSS too much on this we might get da, da. Rather than them saying, you know, we can't. So, they rather reluctantly backed off.

GC I think that would be how it would happen.

MHJ That's really useful.

GC Almost certainly.

MHJ Now, because the interesting thing is that the Oldham Hospital, Oldham area General Hospital, I think it is called, carried on supporting this work – albeit minimally. And, it was a National Health Service hospital. They put it into a smaller subsidiary hospital, but they carried on giving limited support through to the birth of Louise Brown. Now, they must have been under the same pressure from the DHSS, but they chose to resist it, presumably because Steptoe was the senior consultant and therefore had more input into everything?

GC That's right, yes.

MHJ And, so, there may have been some risk to them in doing that, but you could understand that they could do it. The DHSS couldn't say, don't do this.

GC That's right. That was my understanding that they couldn't... in the final analysis they could have done it. But, there would have to be approval first of the post.

MHJ Yes. But, you see Steptoe was already in post there, so the approval would've had to have been money for beds and support staff and so on and so forth.

GC Yeah. I'm just trying to think, yes.

MHJ Which, presumably, you didn't require DHSS approval for...

GC No, we had to put in our financial statement of planning our money, broken down into enormous detail.

MHJ Presumably, if Steptoe just said, these are my beds and I'm putting some in Dr Shaw's Cottage Hospital.

GC Yeah, that's right. I don't think he would be stopped.

MHJ No, okay. So, the advantages that Oldham had over Newmarket, was that Steptoe was there, he was influential and he could drive the board ... unfortunately all of the local [Oldham] board minutes there seem to have gone missing, and nobody can find anything.

GC Well, that was probably partly because Oldham Hospital wasn't directly in touch with the Department of Health; they had to go to the Manchester Regional.

MHJ Well, it's not terribly clear, because the records seem to have... there was a lot of reorganisation going on around that time...

GC It would be quite easy to establish this. But, you see, I think that Oldham was different in that it was not a designated teaching hospital, which Addenbrooke's was. Now, because it was, we got our funds direct from The Department of Health. Oldham got theirs from the local regional board.

MHJ Which would have been based in Manchester, wouldn't it?

GC I think in Manchester. And, Manchester Regional Hospital Board got theirs from The Department of Health. So, that meant that there was no official direct contact between Oldham and the DHSS.

MHJ But, again, that may have made it easier for Oldham to jiggle things around?

GC Yes.

MHJ Okay, that's really useful, because that's one of the areas that I'm drawing a blank on at the moment, sort of, to have the insiders understanding on that, yes.

GC That's it. Well, you see, it was an enormously confusing set up, where politics - party politics if you like and financial necessities all got mixed up. And, this is where I found, personally, the job of area administrator pretty intolerable, because they created the area... they said, get away with these snobby old board of governors, we'll have an area health authority - they would look after Cambridgeshire, you see. But, there was enormous uneasiness in clinical rapport and seniority within the professions, from people in Cambridge as compared with [those from] Peterborough. But, even actually, at Peterborough, with Peterborough they were an active hospital, a new hospital and all of

that, but, they were dependent for any really good professional advice on people who would have at least a link in to Addenbrooke's. So, they created this area health authority and no one knew quite what the hell they were doing and...

MHJ Is there a place that you could identify for me, where I can find the structure of what was going on in Oldham over that period? So, in the administrative structure, is there a standard place that's easy to find that information or..?

GC Not a standard place.

MHJ Because I've got some information by looking through what areas, but I just...

GC I only brought local books. Do you know that? Cambridge and Its Contribution to Medicine Proc. 7th British Congress on the history of Medicine, University of Cambridge, 10-13 September 1969 Edited by Arthur Rook London, Wellcome History of Medicine 1971.

MHJ I have got some preliminary information; I just need to pursue it a little bit further. But, your guess would be that it was via Manchester.

GC Yes. But, if you wanted the structure, I'm sure that there are several histories of the NHS, which would cover the period. And, secondly, there is I'm sure still the Hospital Law by Speller. Now, Speller's long since died, but it is just possible that there was some legal thing, and The History of Medical Law; Speller is the authoritative text.

MHJ Okay. Good. I think that's really, that's been really useful because it's coloured in some of the background into the dry documents.

GC Well, I'm glad it is of some use.