The Rise and Decline of the Medical Member: Doctors and Parliament in Edwardian and Interwar Britain

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SUMMARY: This paper challenges the view that British medical parliamentarians were a rare breed whose limited presence was felt most during the late-Victorian period. Focused on the interwar "movement" for a medical lobby in Parliament, it identifies 159 medical candidates (of whom 72 were elected). It traces the motivations of the British Medical Association in promoting this movement, and shows how the BMA's goals were subverted in part by the identity interests and agendas of the medical men and women who sought election. The paper also highlights some of the alternative political strategies that the profession attempted to use to promote its interests. In addition to providing a window on the culture and politics of British medicine in the interwar period, it explains why the place of doctors in the House of Commons cannot be seen as contributing to the emergence of professional society as defined by Harold Perkin.

KEYWORDS: British Medical Association, Medical Parliamentary Committee, medicine and politics, members of Parliament, Parliamentary Election Committee Fund, twentieth-century medical parliamentarians

Historians of medicine have paid little attention to the place of doctors in British parliamentary politics because there has seemed nothing to discuss. In contrast to France, in Britain medical politicians are held to

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have been a rare breed.[1] Medical historian Anne Hardy, casting her net to include scientists as well as doctors in the House of Commons between ca. 1868 and 1910, identifies only ten such members of Parliament (MPs) and concludes that the late-Victorian period may have been exceptional in involving British doctors in parliamentary politics to any significant extent.[2] Such findings fit with the predominantly antistatist impression of British medicine before the National Health Service (NHS). It accords, too, with most histories of medical politics in Britain, which are mainly preoccupied with one of two interrelated issues: the professional and political divisions *within* medicine,[3] and the effects of legislation *upon* medical practice—above all, the impact of the National Health Insurance Bill of 1911, and the NHS Bill of 1946.[4] In common with these

1. At their peak, between 1881 and 1885, sixty-five French physicians accounted for 12 percent of delegates in the legislative assemblies: Jack D. Ellis, *The Physician-Legislators of France: Medicine and Politics in the Early French Republic* (Cambridge: Cambridge University Press, 1990), p. 4. Unfortunately, there are few comparable historical studies for other countries to enable comparisons. For data on doctors in politics in different countries (which also testifies to the contemporary interest in this professional strategy), see "The Medical Profession Abroad: Institutions, Education, Social and Economic Aspects," *Brit. Med. J.* (hereafter *BMJ*), 3 June–9 December 1905. For sociological insights on attitudes of American doctors toward involvement in politics, see William A. Glaser, "Doctors and Politics," *Amer. J. Sociol.*, 1960–61, *66:* 230–45. And for an anecdotal selection of some of the "359 physicians who [have been] . . . members of the U.S. House of Representatives and Senate," see "Doctors in Government," *JAMA,* 1957, *163:* 361–64. See also Aristides A. Moll, *Aesculapius in Latin America* (Philadelphia: W. B. Saunders, 1944), pp. 383–98; and, for prerevolutionary Russia, Nancy M. Frieden, *Russian Physicians in an Era of Reform and Revolution, 1856–1905* (Princeton: Princeton University Press, 1981), pp. 77–104, 179–99.

2. Anne Hardy, "Lyon Playfair and the Idea of Progress: Science and Medicine in Victorian Parliamentary Politics," in *Doctors, Politics, and Society,* ed. Roy Porter and Dorothy Porter (Amsterdam: Rodopi, 1993), pp. 81–106, at p. 101. There were in fact more than ten medical MPs over this period; in 1887, alone, there were eleven. Cf. J. A. Thomas, *The House of Commons, 1906–1911: An Analysis of Its Economic and Social Character* (Cardiff: University of Wales Press, 1958), p. 22, who identifies eight in 1906 and January 1910 and only seven in December 1910.

3. Frank Honigsbaum, *The Division in British Medicine* (London: Kegan Paul, 1979); John Stewart, *"The Battle for Health": A Political History of the Socialist Medical Association, 1930–51* (Aldershot: Ashgate, 1999).

4. F. N. L. Poynter, "The Influence of Government Legislation on Medical Practice in Britain," in *The Evolution of Medical Practice in Britain,* ed. idem (London: Pitman Medical Publishing, 1961), pp. 5–15; Jeanne Brand, *Doctors and the State: The British Medical Profession and Government Action in Public Health, 1870–1912* (Baltimore: Johns Hopkins Press, 1965); Julian Tudor Hart, "The *British Medical Journal,* General Practitioners and the State 1840–1990," in *Medical Journals and Medical Knowledge: Historical Essays,* ed. W. F. Bynum et al. (London: Routledge, 1992), pp. 228–47; Daniel Fox, *Health Policies, Health Politics: The British and American Experience, 1911–1965* (Princeton: Princeton University Press, 1986);

studies, the only systematic account of pressure-group politics in British medicine gives short shrift to the role of parliamentary representation.[5]

Yet at elections between 1918 and 1945 some 159 medical practitioners sought to enter Parliament, of whom seventy-two were successful (Appendices 1 and 2).[6] As Figure 1 shows, at the eight general elections

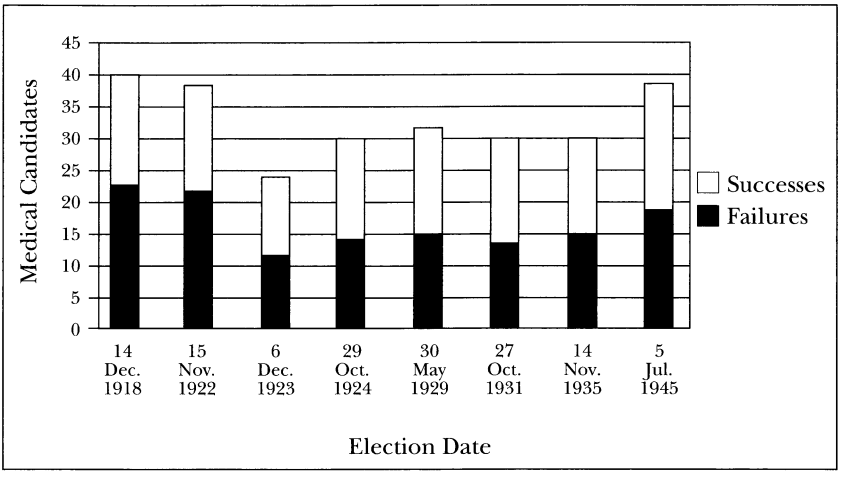

Fig. 1. Medical candidates at general elections, 1918–45. *Sources: British Medical Journal; The Lancet*; Parliamentary Representatives' British Association archives, Centre for Contemporary Medical Archives, Wellcome Library for the History and Understanding of Medicine; *Who's Who; Who's Who of British Members of Parliament,* vols. 3 (*1919–1945*) and 4 (*1945–1979*), ed. M. Stenton and S. Lees (Brighton: Harvester Press, 1978, 1981); *Medical Directory*; and F. W. S. Craig, ed., *British Parliamentary Election Results, 1918–1949,* 3rd ed. (London: Parliamentary Research Services, 1983).

Rudolf Klein, *The Politics of the National Health Service,* 2nd ed. (London: Longman, 1989); Charles Webster, *The National Health Service: A Political History* (Oxford: Oxford University Press, 1998); John Carrier and Ian Kendall, *Health and the National Health Service* (London: Athlone, 1998); Lawrence R. Jacobs, *The Health of Nations: Public Opinion and the Making of American and British Health Policy* (Ithaca: Cornell University Press, 1993); Stephen Ingles and P. Tether, *Parliament and Health Policy: The Role of MPs, 1970–75* (Westmead, Hampshire: Gower, 1981).

5. Harry Eckstein, *Pressure Group Politics: The Case of the British Medical Association* (London: Allen & Unwin, 1960), pp. 76–78.

6. Included among the seventy-two successful candidates are three who were not medically qualified but who acted prominently on behalf of medical (especially BMA) interests: the educationalist Sir Henry Craik, the zoologist Sir John G. Kerr, and the pharmacist Hugh Linstead.

over the period there were never fewer than twenty-four medical candidates. On average, slightly less than 50 percent succeeded in making it to Westminster. The aggregate numbers are of course tiny compared to lawyers and businessmen in the Commons; nevertheless, they are sufficient to challenge assumptions about the lack of a medical presence, or would-be presence, in national politics. They also challenge Hardy's conclusion as to the period of greatest parliamentary significance for doctors.

I will explore here both the motives behind these parliamentary aspirants, and the professional and other tensions they raised. Focusing on the politics of medicine during the interwar period, I will ask why *then,* as neither before or after, did so many practitioners seek to enter Parliament?[7] This question is all the more pressing in view of the fact that, then as now, other kinds of *non*parliamentary strategies were open to the profession for the prosecution of their interests (such as hiring public relations firms to manipulate and leak information to the press and have questions raised in Parliament). But were the motives of these doctors in fact corporate and strategic, or merely personal? If the latter, their numbers may not matter. If the former, why, in particular, was the legislative assembly pursued? In Britain, prior to the NHS, local councils were responsible for most of the initiatives in health policy, and during the interwar period, these local councils were strong while the central Ministry of Health was weak. If a politically minded doctor was interested in medical reform, therefore, the House of Commons was not necessarily the best place for action. So what kind of aspirations were doctors hoping to fulfill in this forum, and what kind of authority could they hope to command? How, moreover, did professional interests intersect with the demands of constituencies, the prejudices of local affiliations, and the pressures of party politics? Within the Commons, did nonmedical MPs regard medical knowledge (as opposed to medico-professional politics) as above politics? Were nonmedical MPs able to distinguish the one from the other? (For that matter, were medical MPs able to make this distinction, and could the public?) If, as Harold Perkin contends, lay deference to medical authority within government was all but total by the time the NHS was introduced because by then "professional society" had been made,[8] what signs are there of this in the interwar period?—a period, it might be noted, before British MPs (uniquely) began to hold "*surgeries*"

7. Between 1945 and 1979, a total of only twenty-eight doctors were elected to the Commons.

8. Harold Perkin, *The Rise of Professional Society: England Since 1880* (London: Routledge, 1989), p. 347.

for their constituents, and long before "spin *doctors*" as such came into political prominence.

Not all these questions can be answered here (nor can we address the rise of such metaphors). And there are problems with asking some of them, insofar as they harbor assumptions about the autonomy of medical representatives. Yet, even if we cannot be certain of the motives of all 159 candidates, it is clear that their decision to stand for election was not arbitrarily made: it was bound to wider professional considerations, and to a broader political culture in which professionals were increasingly conspicuous.[9] It is also evident during the Edwardian period, and subsequently, that many doctors sought to enter the Commons out of a declared need for a medical lobby in Parliament. Indeed, this objective was sufficiently well understood and coordinated after World War I to be referred to as a "movement."[10] Historically, it could even be regarded as a part of a transnational movement, for German doctors after the war similarly sought representation in the Reichstag and, in fact, looked to British doctors as among the exemplars of this "tradition."[11] As such, the parliamentary efforts of British doctors constitute a part of a larger professional narrative, the particulars and consequences of which have largely escaped the notice of historians. Furthermore, whether or not these professionals sought to enter the Commons for the purpose of pursuing corporate interests, they were routinely assessed in that light by medico-politicians inside and outside the House—often negatively, as acting in the manner of a trades union. To that extent, all medical MPs and would-be medical MPs were enrolled in corporate politics.

This article concentrates on three issues: how and why medical practitioners became interested in parliamentary politics; the strategies they devised to assist their entry into Parliament; and the extent to which their efforts can be regarded as successful from a corporatist point of view. (Reserved for future analysis is the authority of medical practitioners

9. Forty-eight percent of Conservative MPs and 18.6 percent of Labour MPs elected between 1922 and 1935 were from the professional classes: see Michael Rush, "The Members of Parliament," in *The House of Commons in the Twentieth Century*, ed. S. A. Walkland (Oxford: Clarendon, 1979), pp. 87, 114. Among Conservative MPs, professionals rose from fifty-two (for the 1918–35 period) to sixty-one in 1945; among Labour, the rise over the same period was from twenty-five to forty-nine.

10. Henry Morris, *Medical Men in Parliament: An Address with Additional Remarks on the Need of Medical Representation in Parliament* (London: Harrison, 1918), p. 2.

11. Robert Gaupp, "Der Arzt als Erzieher seines Volkes," *Blätter für Volksgesundheitspflege*, 1919, *19:* 77–80, cited in Paul Lerner, *Hysterical Men: War, Psychiatry, and the Politics of Trauma in Germany, 1890–1930* (Ithaca: Cornell University Press, 2003), chap. 7: "Dictatorship of the Psychopaths."

once within the Commons.) The first section elaborates the Edwardian background to the idea of electing doctors to Parliament, while the second focuses on the mechanism that the British Medical Association (BMA) adopted for funding prospective medical candidates. The third and final part pursues a biographical analysis of the 159 parliamentary aspirants in order to determine the extent to which conclusions can be drawn.

The Idea of the Medical Member in Edwardian Britain

That relatively few medical practitioners sought to enter Parliament before 1910 is explicable in terms of an absence of financial and professional incentives. Even after 1911, when MPs received some remuneration, private income was still a prerequisite to a career in Parliament.[12] Medicine, unlike law or business, was difficult to practice alongside parliamentary duties, especially if one's patient-base was outside London. Doctors, moreover, had far less reason than lawyers and others to carve such careers. Parliamentary credentials hardly featured among the many symbols of status they cultivated in order to enhance their reputations and livings in the fiercely competitive medical marketplace of the early twentieth century. An association with politics could often do more harm than good, as the general practitioner Henry Morris-Jones discovered when he gained his seat for Denbigh in 1929: not only did his income drop "from thousands of pounds to hundreds," but "two patients who had been solicitous enough to leave me a legacy changed their minds and cut me out of their wills."[13] Recollecting his involvement in politics in Gateshead around the turn of the century, Alfred Cox, the medical secretary of the BMA for much of the interwar period, warned that "active participation in political affairs, municipal or national, is not helpful to a doctor's practice," for it was "bound to make him some enemies and his attendance at meetings makes him liable to be out of the way when he is wanted professionally."[14]

12. Not until after 1964 was it feasible to enter Parliament without personal wealth, financial backing, or other employment. See Rush, "Members of Parliament" (n. 9), p. 85; "Juventus," "Representation of the Profession in Parliament," *Med. Press,* 16 October 1918, p. 290. In 1918, MPs were paid £400; this rose to £600 in 1937 and to £1,000 in 1947.

13. Henry Morris-Jones, *Doctor in the Whip's Room* (London: Hale, 1955), p. 163. Stephen Taylor, a medical MP from 1945 to 1950, recollected that "I should have enjoyed parliament much more if I had not been continuously worried about money. I have never been so poorly paid before or since" (Stephen Taylor, *A Natural History of Everyday Life: A Biographical Guide for Would-Be Doctors of Society* [London: *BMJ,* 1988], p. 47).

14. Alfred Cox, *Among the Doctors* (London: C. Johnson, 1950), p. 62.

Usually, if a practitioner could not purport political agnosticism, it was expedient to trim political sails to suit those of individual patients/patrons. Within a profession that, in Eliot Friedson's terms, was far more "client-dependent" than "colleague dependent,"[15] this tactic was sufficiently well known for *Punch* to be able to lampoon it in the early 1900s.[16] Thus practitioners who entered the Commons before World War I almost invariably had independent means, achieved either through years of elite lucrative practice, through marriage (or both, as in the case of the physician-accoucheur Sir William Overend Priestley), or through inheritance. Robert Farquharson, FRCP, was typical in entering the Commons (in 1880) shortly after succeeding to the family estate in Aberdeenshire. He was further characteristic in abandoning his medical practice once he came into his inheritance, while maintaining his medical identity in the House (where he acted as one of the main spokesmen for the profession).[17]

Incentives to become formally involved in politics were attenuated for many doctors by membership in their own "Commons," the BMA. By the Edwardian period the Association represented approximately 40 percent of the thirty-five to forty thousand practitioners on the *Medical Register*,[18] and its leaders actively lobbied Parliament on the profession's behalf. Usually, the BMA's focus was on single issues, with direct appeals made to government ministers and sympathetic MPs.[19] This was the raison d'être of the largest of the BMA's subcommittees, the Parliamentary Bills Committee, established in 1872 and modeled on the Teachers' Union.[20] Under the chairmanship of the young and controversial editor of the *British Medical Journal* (*BMJ*), Ernest Hart, and subsequently the medical

15. Cited in Geoffrey Searle, *Morality and the Market in Victorian Britain* (Oxford: Oxford University Press, 1998), p. 117.

16. *Punch*'s mockery was noted in *BMJ*, 21 August 1909, p. 500.

17. *Lives of the Fellows of the Royal College of Physicians of London*, vol. 4, *1826–1925* (London: RCPL, 1955), p. 246; Robert Farquharson, *The House of Commons from Within* (London: Williams and Norgate, 1912).

18. Anne Digby, *The Evolution of British General Practice, 1850–1948* (Oxford: Oxford University Press, 1999), p. 326.

19. See, for example, *Lancet*, 23 August 1879, p. 283.

20. Paul Vaughan, *Doctor's Commons: A Short History of the British Medical Association* (London: Heinemann, 1959), pp. 53–54; Peter Bartrip, *Mirror of Medicine: A History of the British Medical Journal, 1840–1990* (Oxford: *BMJ* and Clarendon Press, 1990), chap. 4; idem, *Themselves Writ Large: The British Medical Association, 1832–1966* (London: *BMJ*, 1996), pp. 124–29; Farquharson, *House of Commons from Within* (n. 17). On the politics of the Teachers' Union, see Clive Griggs, *The Trades Union Congress and the Struggle for Education, 1868–1925* (Lewes: Falmer Press, 1983); Hilda Kean, *Challenging the State? The Socialist and Feminist Educational Experience, 1900–1930* (Brighton: Falmer Press, 1990).

MP Farquharson, the Parliamentary Bills Committee vigorously lobbied on issues such as lunacy law, nurses' registration, cremation, the "relative rank" of medical military officers, public health improvement, vaccination, and notification. Additionally, regional BMA representatives were routinely assigned sets of questions with which to quiz prospective MPs. In 1910, for example, they were instructed to ask candidates if they would support a bill guaranteeing fees to practitioners who were called out to assist midwives in emergencies; whether they would support the consolidation of the Medical and Dental Acts; and whether they would endorse a "one-portal" system of entrance into medicine through state examination.[21] Such tactics were akin to those used effectively *against* the Victorian medical profession by the opponents of compulsory vaccination and the Contagious Diseases Acts.

Nevertheless, by the Edwardian period it was apparent to many in the profession—not least the BMA executive—that this extraparliamentary strategy was insufficient. For one thing, as a result of the Royal Commission on the Poor Laws and the ensuing debate over national health insurance, professional interests emerged as far more central to parliamentary politics than hitherto. Uncertainty in the profession further encouraged more direct involvement in the political process. Secondly, it was increasingly clear that extraparliamentary tactics were too often unsuccessful, as in the humiliating defeat in the House in 1886 over compulsory vaccination for smallpox.[22] In a famous dispute of 1902–3 in which the profession launched a massive campaign for governmental backing in order to restore its privileges with regard to payment for duties in coroners' courts, neither a personal delegation to the lord chancellor nor the backing of the *Times* achieved the objective. A long editorial in the *BMJ* vented frustration at the government's lack of support for the profession, leading to the suggestion that doctors should vote in unison to unseat the government at the forthcoming election.[23]

21. See "Matters Referred to Divisions: Medico-Political Committee," *BMJ Suppl.*, 1 January 1910, pp. 1–2.

22. See "Vaccination in the Commons," *Med. Press & Circular,* 15 September 1886, pp. 216–17. The defeat was all the more humiliating because Ernest Hart headed the BMA's Parliamentary Bills Committee on Vaccination; see *BMJ,* 3 July 1880, pp. 1–6. In general, the scope for the medical profession to pursue state medicine on their own terms was increasingly circumscribed in late nineteenth-century Britain. See Frank Mort, *Dangerous Sexualities: Medico-moral Politics in England since 1830,* 2nd ed. (London: Routledge, 2000), pp. 84–85; Christopher Hamlin, "State Medicine in Great Britain," in *The History of Public Health and the Modern State,* ed. Dorothy Porter (Amsterdam: Rodopi, 1994), p. 151.

23. "The Government and the Profession," *BMJ,* 5 August 1905, pp. 291–92.

Frustrations were compounded by the profession's loss of some of its staunchest defenders in the House. The eloquent but not always politically persuasive spokesman for the medical profession since 1868, the chemist and Liberal Lyon Playfair, was appointed to the Lords in 1892. The medically qualified Liberals John Brady and John Alfred Lush both retired in 1880; the surgeons Sir Guyer Hunter and Sir J. J. Trevor Lawrence (son of the early nineteenth-century radical surgeon Sir William Lawrence) followed suit in 1892; Sir John Batty Tuke, a member also of the Royal College of Physicians of Edinburgh and the General Medical Council, retired in January 1910, as did Sir Balthazar Walter Foster, formerly the chairman of the BMA Council. The physiologist Sir Michael Foster, who represented London University, was defeated in 1906—a fate that in the 1880s also befell the former stalwarts of the medical profession in the House, the ex-surgeon Mitchell Henry and the ex-physician Philip Vanderbyl. Among other late-Victorian medical MPs, few survived the turn of the century: the blind Sir William Robertson, FRCS, committed suicide in 1889; the surgeon and coroner Roderick MacDonald retired three years later; and in 1900 Sir William Overend Priestley died, while the onetime Southport general practitioner Sir George Pilkington was defeated at the polls. The distinguished public health advocate Sir Charles Cameron, who had worked closely with Playfair and Farquharson in promoting bills such as that for the "Disposal of the Dead" (1884), retired from the House in 1900. Farquharson himself retired in 1906, aged sixty-nine. By the end of World War I there remained only five of the thirty-five medically qualified MPs who had been in the House between 1885 and 1918.

Ironically, the profession's feeling of political marginality in the early twentieth century was heightened by its increasing sense of social importance. The findings of the 1904 Interdepartmental Committee on Physical Deterioration shocked many people into believing that the future of the nation and its empire depended upon the physical health of the citizenry, and hence upon socio-medical interventions. Contributing to this impression were such legislative measures as the provision of ambulance services in large towns, the administration and enforcement of food and drug acts, the medical inspection and feeding of schoolchildren, the housing of the poor, health visiting, notification of births, factory acts, workmen's compensation legislation, child labor laws, and infant life protection, as well as the extensive debate around temperance and eugenics. More politically central issues, too, such as unemployment, were easily medicalized in relation to conditions of living, nutrition, sickness, age, maternal mortality, and so on. Thus, in 1909 the surgeon Sir William Job Collins, Liberal MP for St. Pancras, could insist

that "the '*health of nations*' no less than the '*wealth of nations*' now occupies the political stage."[24] To some doctors it seemed that it "only requires time and publicity for any theory upon which medical men are agreed to become an axiom of the man in the street, and consequently the precursor of legislative enactments."[25]

Professional interests, in other words, were easily dressed up as public concerns. As the *BMJ* recognized, "the profession at large has much to gain by the counsels of Parliament being leavened by adequate medical knowledge."[26] Yet, as it seemed to others in the profession, without a ministry of health to take charge of such matters, they could only look enviously at the exalted place of their brethren in legislatures elsewhere, especially in France.[27] BMA activist and parliamentary candidate Victor Horsley was not alone in lamenting that in Britain, in contrast to other countries, there were "no State appointments of great importance . . . open to them."[28] The situation was all the more regrettable, according to one doctor in 1909, because the profession had a uniquely privileged reason for medical representation in the councils of state—its intimate knowledge of the populace:

> Is there a single member of Parliament (non-medical) who knows the lives of his constituents as well as any practitioner in the district? . . . The needs of the community at large, both rich and poor, physical, moral, and social, are known better to the doctors than to any other class of men. [It is, therefore,] the duty of the medical men of the present day to take an active part in [Parliament], even if it means a slight pecuniary loss.[29]

24. Sir William Job Collins, "Address to Reading Pathological Society, Royal Berkshire Hospital, 28 October 1909," University of London, MS 812/155.

25. "The Power of Unanimity," *Hospital,* 6 December 1902, p. 154, quoting Dr. Gordon Dill of Brighton. Dill was to be the Royal Society of Medicine's representative to the Medical Parliamentary Committee in May 1919: Royal Society of Medicine, Minutes of Council, 15 April 1919, p. 44, RSM Archives (hereafter RSMA), The Library of the Royal Society of Medicine, London.

26. *BMJ,* 15 January 1910, cited in Francis Fremantle, *The Doctor's Mandate in Parliament* [Chadwick Public Lecture, 24 November 1936] (printed, Keighley: Rydal Press [1936]), p. 5.

27. "The Medical Profession Abroad," *BMJ,* 3 June 1905, pp. 1189–92, see especially p. 1192.

28. Victor Horsley quoted in *Hospital,* 2 November 1901, p. 77. Horsley stood unsuccessfully as Liberal candidate for the University of London parliamentary seat in December 1910. J. B. Lyons, *The Citizen Surgeon: A Biography of Sir Victor Horsley, 1857–1916* (London: Peter Dawnay, 1966), pp. 212–17; and Stephen Paget, *Sir Victor Horsley: A Study of His Life and Work* (London: Constable, 1919), pp. 195–99.

29. Arthur Todd-White, "The Profession and Politics," *BMJ,* 21 August 1909, pp. 499–500, quotation on pp. 499–500.

This spokesman (for "the most powerful body of men in the world, if they only would realize it") not only shared the demand for a ministry of health, but also decried the lack of professional representation by any of the heads of state or political parties: "We have a Labour Party in Parliament," he expostulated; "Why not a Medical Party?"[30] Why not, indeed, echoed another doctor: "The history of the treatment in Parliament, by either of the great political parties, of medical bills and Acts, furnishes ample proof of the pressing need of our profession for medical members of the House of Commons."[31]

What was new in the Edwardian period was not the medical profession's complaint that it was "without voice and powerless in the councils of the nation,"[32] nor its call for "our own representatives in Parliament."[33] The BMA had made similar calls since the 1860s[34]—calls that in effect asked for entry into the democratic assembly in order undemocratically (and against parliamentary rules) to be judge of their own cause.[35] What was new, beyond the sense of urgency, was the glimmer of hope that parliamentary representation might just be practicable if a fund were created for the support of such medical candidates. This suggestion appeared in the columns of the *BMJ* on the eve of the election of January 1910, precisely when a history of doctors in Parliament since the sixteenth century was being composed in the same journal (in effect, legitimating a tradition that was in the process of being invented).[36]

30. Ibid., p. 500.

31. Ewen J. Maclean, "The Medical Profession and Parliamentary Representation," *BMJ*, 15 January 1910, p. 173. The notion that the laity in the Commons could not fathom medical issues was a standard trope in the rhetoric for more medical representation in Parliament. The surgeon Edward Beadon Turner, who put himself forward for election in 1918, typically had "a very distinct recollection of my attempts to coach a gentleman, distinctly in intellect above the average of the ordinary M.P., on a question of great medical importance, and the horror with which I heard the failure of those attempts" ("Medical Representation in Parliament," *BMJ*, 30 November 1918, p. 615).

32. "The Power of Unanimity," *Hospital*, 6 December 1902, p. 154.

33. J. H. Keay, "Compulsory Insurance against Sickness," *BMJ*, 18 September 1909, p. 820.

34. See Bartrip, *Themselves Writ Large* (n. 20), p. 126.

35. See Simon Haxey, *Tory M.P.* (London: Left Book Club, 1939), p. 33.

36. S. D. Clippingdale (FRCS), "Medical Parliamentary Roll," *BMJ*, 8 January 1910, pp. 100–102 (with additional information in the issues of 22 January and 5 February, at pp. 233 and 294); F. E. Fremantle, "The Medical Profession and Parliamentary Representation," *BMJ*, 8 January 1910, p. 118. See also Alfred Cox to Representatives on feasibility of a Parliamentary Election Fund, 23 May 1918, British Medical Association Archives, Centre for Contemporary Archives, Wellcome Library, London (hereafter BMAA), SA/BMA/H.7, Circulars, 1909–23.

The idea for the fund was put forward by Francis Fremantle, himself one of the contributors to the *BMJ*'s history of doctors in Parliament.[37] Medical veteran of the Boer War[38] and author of *Health and Empire* (1911), Fremantle was to enter the Commons as Conservative member for St. Albans in 1919, a seat he would retain until his death in 1943. In 1910, however, he was medical officer of health and chief school medical officer for Hertfordshire. Although a recent inheritance had left him sufficiently well off to devote himself wholly to national politics,[39] he realized the impossibility of such a move for the average general practitioner or medical officer of health unless financially assisted. "It is," he maintained, "almost as easy for a camel to pass through the needle's eye as for a medical man in active consultative work to become a member of Parliament."[40] Fremantle reckoned that it had cost him £300 a year to nurture his abortive candidature for the Rotherhithe constituency in 1906, and his expenses for the election of 1910 would have cost him another £800.[41] Thus he estimated that

> a sum of £700 a year would probably be necessary for each candidate to pay his current political and his occasional electioneering expenses, and to supplement any private income he may have; £1,400 a year and £100 for the organization required might thus secure two candidates, one in each party.[42]

An annual subscription of under 1s. per annum for every practitioner on the *Medical Register,* Fremantle calculated, would cover the expenses

37. Clippingdale acknowledged Fremantle in his further contribution in the *BMJ* on 22 January 1910, p. 233.

38. Francis Fremantle, *Impressions of a Doctor in Khaki* (London: John Murray, 1901).

39. As early as 1904, Fremantle was "qualifying himself to be hereafter an M.P. with sanitary knowledge": Fremantle applied for, but then declined, the Eugenic Fellowship, for which Francis Galton thought him the most suitable of the candidates (Galton to Mr. Hartog [University Academic Registrar], 11 December 1904, University College, London, MS CF/1/5/1659). (My thanks to Joan Leopold for this reference.) His father was the Dean of Ripon and he was heir to an estate in Hertfordshire. His grandfather was first Baron Cottesloe (created 1874). At least two other medical MPs were also a part of the "aristocratic cousinhood" of the House of Commons: Walter Elliot, who was married to the half-sister of Baron Glenconner, and Alfred B. Howitt, who was son-in-law of Baron Marchamley (created 1908). John Moir was married to a cousin of Lord Moynihan.

40. Fremantle, "Medical Profession" (n. 36), p. 118.

41. This estimate of election expenses was close to the average around this time: see F. W. S. Craig, ed., *British Electoral Facts, 1885–1975* (London: Macmillan, 1976), p. 73. Fremantle was forced to withdraw from the 1910 election because of a clause in the Local Government Act of 1888 that ruled that employees of county councils were ineligible to serve in Parliament.

42. Fremantle, "Medical Profession" (n. 36), p. 118.

necessary for "representatives, chosen between the ages of 30 and 40 as men of professional merit, sound judgment, and strong political convictions, to devote their lives to this work as to any other speciality in the profession."[43]

Among those who may have been persuaded by Fremantle's suggestion (though clearly not by his ageism) was Sir William Whitla, the fifty-nine-year-old recent president of the BMA, who was to become the MP for Queen's University, Belfast, in December 1918. But Fremantle's hope that someone would come forward to inaugurate his scheme was lost in the relative satisfaction deriving from the election results of January 1910: twenty-four doctors put themselves forward as candidates, of whom fourteen were successful—an increase of five over the previous Parliament.[44] Among the newly elected was Christopher Addison, formerly professor of anatomy in Sheffield, and subsequently the first minister of health.

The profession also derived satisfaction from the fact that the two Scottish University seats stayed in their pocket. One of the occupants of these, from 1906 until his death in March 1927, was Sir Henry Craik. Craik was an educationalist, not a doctor, but for the whole of his political career he acted as one of the BMA's representatives in Parliament and, uniquely, was made an honorary member of the BMA and admitted to its counsels.[45] Craik was probably involved with the entry into Parliament in August 1917 of fellow-Conservative William Watson Cheyne, the former president of the Royal College of Surgeons, who was to sit as the representative of Edinburgh and St. Andrews universities (the seat created in 1867 and first represented by Lyon Playfair). Candidates for the university seats were usually elected without contest, and Cheyne was typical in being nominated by the medical deans of both universities.[46] The physician and psychologist Sir James Crichton-Browne was offered the same seat in 1910 but, for lack of salary, stood aside and supported the Conservative candidate, Robert Finlay (M.D. Edinburgh 1863), who held

43. Ibid., p. 118.

44. In addition to the thirteen named in "General Election," *BMJ,* 29 January 1910, p. 283, was Robert Finlay. Also elected in 1910 was William Glyn-Jones (1869–1927), the Parliamentary Secretary for the Pharmaceutical Society who was qualified in law, not medicine.

45. *BMJ,* 4 November 1922, p. 889; 11 November 1922, p. 945; 8 November 1924, p. 872; 26 March 1927, pp. 589–99.

46. *BMJ,* 18 August 1917, pp. 235–36. Cheyne took up his seat in December 1918 but, due to the redistribution of the Scottish universities' seats later that year, was required to be reelected.

the seat until his appointment as lord chancellor in December 1916 (whereupon he became the first medical practitioner to enter a British cabinet, although by then he had long abandoned medicine for law).[47]

The university seats were a crucial means to medical representation in Parliament, and they were valued all the more by the BMA and other medico-political organizations for the party-political independence that the House customarily granted their occupants. Over the interwar period they brought not only nine medical MPs to Westminster, but at least ten professional allies (Table 1). However, they were not a path to Parliament for the rank-and-file doctors who Fremantle had in mind. Nor were they entirely free from controversy, despite the allegedly nonpartisan views of the nominated medical candidates. When Emeritus Professor of Midwifery and Gynecology Sir Alexander Simpson (1835–1916) stood as Liberal candidate against Finlay in 1910, the inability of a medical candidate to stand above party and politics was only too plain. Given how little "we have gained from purely medical representatives in the House of Commons," remarked one of Simpson's detractors, what was the point of doctors wasting their votes on them?[48] As would be widely apparent after World War I, medical representation in Parliament often served to divide the profession along party-political lines—a "Medical Party" in Parliament was not, alas, comparable to a "Labour Party," though it might be equally heterogeneous.

Promoting Dr. Dash, the Doctors' Delegate

The general election of December 1910 was the last before Lloyd George's famous coalition-perpetuating "Coupon Election" of December 1918, which increased the electorate by some ten million, including six million women. The intervening years were arguably the most important in the politics of British medicine before the NHS. National Health Insurance (NHI) came into effect in 1913; Poor Law medical services underwent reform; unqualified practice, veterinary medicine, dentistry, and patent

47. See James Crichton-Browne, introductory remarks to Fremantle, *Doctor's Mandate* (n. 26), p. 19.

48. Douglas Stanley, "The Medical Profession and Parliamentary Representation," *BMJ,* 22 January 1910, pp. 235–36. See also "The Parliamentary Representation of the Edinburgh and St. Andrews Universities," *Lancet,* 22 January 1910, p. 269. In the view of Ramsey MacDonald in 1931 (five years before he himself stood successfully for one of the Combined Scottish Universities' seats), the university seats were "materialism at its very worst masquerading under the most sacred guise" (quoted in T. Lloyd Humberstone, *University Representation* [London: Hutchinson, 1951], p. 117).

Table 1. University Seats: Interwar Medical Candidates and Allies

London University (2 seats)
- ❖ Sir Philip Magnus (Unionist), 1906–22
- ✖ Sir Wilmot Herringham (Ind.), 1918
- ✖ W. H. R. Rivers (Lab.), 1922
- ✔ Sir Sydney Russell-Wells (Con.), 1922–24
- ✔ Sir Ernest G. Graham-Little (Ind.), 1924–50
- ✖ F. G. Bushnell (Lab.), 1924
- ✖ Sir J. R. Bradford (Con.), 1924

Combined English Universities (2 seats created in 1918)
- ❖ Sir W. Martin Conway (Con.), 1918–31
- ✖ Sidney C. Lawrence (Con.), 1922
- ❖ Sir Alfred Hopkinson (Lib./Unionist), 1926–29
- ❖ Eleanor Rathbone (Ind.), 1929–46
- ✖ Sir Henry Brackenbury (Ind.), Mar. 1937 by-election

Oxford (2 seats)
- ✖ Sir E. Farquhar Buzzard (Con.), 1935
- ✖ Sir E. Farquhar Buzzard (Con.), 1937

Cambridge (2 seats)
- ❖ J. F. P. Rawlinson (Con.), 1906–26
- ❖ Sir John J. Withers (Con.), 1926–39
- ❖ Sir G. G. G. Butler (Con.), 1923–29
- ❖ Sir Kenneth W. M. Pickthorn (Con.), 1935–50
- ✖ John A. Ryle (Ind. Progressive), 1940
- ✔ A. V. Hill (Ind. Con.), 1940–45
- ✖ Charles Hill (Ind.), 1945

Combined Scottish Universities (3 seats)
- ❖ Sir Henry Craik (Con.), 1906–27
- ✔ Sir Wm. Watson Cheyne (Con.), 1917–22
- ✖ Sir William R. Smith (Ind.), 1918
- ✖ Peter Macdonald (Lab.), 1918
- ✔ Sir George Andreas Berry (Con.), 1922–31
- ❖ John Buchan (Con.), 1927–35
- ✖ James Kerr (Lab.), 1929
- ✖ William Chas. Ross (Lib.), 1934
- ❖ Sir John Graham Kerr (Con.), 1935–50
- ✖ J. H. Harley Williams (Ind.), 1937, 1938 by-elections
- ✖ H. G. Sutherland (Lab.), 1945
- ✔ Sir John Boyd Orr (Ind.), 1945–46

Queen's University Belfast (1 seat)
- ✔ Sir William Whitla (Coalition Unionist), 1918–23
- ✔ Thomas Sinclair (Con.), 1923–40

National University of Ireland, Dublin (1 seat)
- ✖ James Chas. McWalter (Ind.), 1918

Dublin (1 seat)
- ✔ Sir Robert H. Woods (Ind. Unionist), 1918–22

Wales (1 seat)
- [no medical candidates stood, nor were allies elected]

✔ = medical MP successfully returned
❖ = nonmedical MPs on House of Commons Medical Parliamentary Committee
✖ = unsuccessful medical candidate

medicines all came under government review; a Ministry of Health was in the offing; momentous change was under way with regard to maternity, child health, and tuberculosis services, along with various other Local Government Board provisions; and the Haldane Report of 1913 endorsed the wholesale reform of medical education. Many of these issues—above all, NHI and the struggle for the Ministry of Health—politicized the medical profession, at the same time as further dividing it. Indeed, it was never so politicized or divided vertically *and* horizontally as it was by the end of World War I. To many rank-and-file doctors, the bureaucratic red tape of medical practice under the military foreshadowed "socialized medicine," with doctors allegedly reduced to civil servants, or worse, lumped into "something like a Royal Army Medical Corps," or "one vast bureaucracy" (as Alfred Cox put it to a prospective Labour Party candidate).[49] Others, in the spirit of Sidney and Beatrice Webb's call to arms in *The State and the Doctor* (1910), perceived salvation in a nationalized or municipalized medical system with efficient, rationalized functions and a salaried profession. Still others, such as Bertrand Dawson, imagined the future in terms of health centers within which general practitioners (GPs) and outreach services would come under the military-style command of elite consultant specialists like themselves.[50]

The divisions within British medicine placed the BMA increasingly under threat. Spurned by many doctors after the passage of the NHI Act as a "futile fighting machine,"[51] the Association was challenged by several alternative medical organizations. Shortly after NHI came into force, the Medical Practitioners' Union (MPU) was established (initially as the Panel Medico-Political Union), committed to promoting legislation that would extend the medical care offered by the state, while at the same time protecting the autonomy of GPs. For Christopher Addison, seeking the backing of the medical profession for his Ministry of Health Bill (a ministry now called for in the interests of the public and the unification of services, rather than, as formerly, by the profession, for the guarding of privileges), the MPU was held to speak for more doctors than the

49. Alfred Cox to James Kerr, 15 February 1929, BMAA, SA/BMA/H.5. See also Edmund Cautley, "The State Octopus and the Medical Profession," *Lancet,* 13 January 1917, pp. 50–54; and cf. William A. Brend, *Health and the State* (London: Constable, 1917).

50. See Steve Sturdy and Roger Cooter, "Science, Scientific Management, and the Transformation of Medicine in Britain *c.* 1870–1950," *Hist. Sci.,* 1998, *36:* 421–66, on p. 432. Dawson's plans for medical organization, and "Health Centres" in particular, were partly in response to the proposals of socialist doctors. See Stewart, *"Battle for Health"* (n. 3), p. 20.

51. In a letter from a Midlands doctor, February 1913, cited in Digby, *Evolution* (n. 18), p. 311.

"hopeless crowd" in the BMA.[52] Certainly, many practitioners at this time felt that the BMA was "governed by a hierarchy of consultants" who sought to usurp the powers of the General Medical Council: the BMA was "a cruel and relentless trades-union," it was declared, whereas the Medico-Political Union "proclaims medicine a "trade" and, naked and unashamed, glories in trades-unionism."[53] The editors of the MPU's journal, the *Medical World,* were adamant that the BMA had never existed as a political force, but they were nevertheless bothered that the public still thought it "an influential body whose advice carries weight with legislators."[54] In 1912, the State Medical Service Association was formed, followed by the National Medical Union and an Association of Panel Committees. In 1919, the British Federation of Medical and Allied Societies brought together some forty-seven different societies interested in national health, *excluding* the BMA.[55] All this was evidence, as one doctor put it, of

> the profound distrust, suspicion, disappointment, or disgust which at present exists in the minds of many with regard to the British Medical Association as an efficient, reliable, virile, up-to-date organization capable of dealing with medico-political and sociological problems with vision, imagination, grit, and some of the enthusiasm of youth; and to be relied on to lead the profession and the public on questions affecting health safety through the many difficulties and dangers of the transitional and reconstruction periods of the new age now upon us.[56]

In view of these postwar divisions and the deep distrust of the BMA, as well as the public's disbelief in "the purity of medical objects,"[57] the idea of doctors electing their own MPs was naïve at best. Which medical interests would a medical MP represent? While, in the wake of the bitter lessons of NHI, most practitioners felt that it was crucial not to let government ride roughshod over their interests, the absence of a united

52. See Kenneth and Jane Morgan, *Portrait of a Progressive: The Political Career of Christopher, Viscount Addison* (Oxford: Clarendon Press, 1980), p. 16. See also Honigsbaum, *Division* (n. 3), p. 60.

53. Arthur J. Gedge, "Ourselves Only," *Lancet,* 17 May 1919, pp. 858–59. The credibility of the BMA was further lowered at this time as a result of their trade-union boycott of the Coventry Dispensary, which resulted in a successful prosecution against the BMA for conspiracy. See "Pratt and Others v. The British Medical Association," *Lancet,* 19 October 1918, pp. 527–28; *Med. Press,* 23 October 1918, pp. 295–96.

54. *Med. World,* 16 August 1918, p. 101.

55. Honisgbaum, *Division* (n. 3), p. 60.

56. E. Rowland Fothergill, "The Cult of Individualism," *BMJ,* 13 September 1919, pp. 358–59.

57. "The Ministry of Health Bill" (editorial), *Lancet,* 4 December 1920, pp. 1151–52, quotation on p. 1151.

profession, on the one hand, and the problem of working though the party-political system, on the other, were formidable checks to the idea's fulfillment. But the alternatives seemed worse. The BMA's practice of medical lobbying from outside the Commons was limited, not least because other medical lobby groups came to adopt the same strategy.[58] The option of operating as a medical trade union affiliated to or incorporated within the Labour Party was even less appealing to the majority of the profession, given the Labour Party's apparent commitment to a state medical service, the municipalization of hospitals, and a salaried medical service.[59]

It was, in fact, these Labour Party pledges that finally pushed the BMA into setting up a fund to promote medical MPs. Bournemouth practitioner George Mahomed, responding to the Labour Party's Manifesto published in the *Times* of 3 January 1918, was driven to write to Cox proposing that a fund be established for medical candidates at the next election "not for medico-political objectives but for general purposes."[60] The options, Mahomed perceived, were either that doctors demanded admission to the Labour Party ("as they now admit train workers") and arranged with the Party for putting up suitable medical candidates at the next election, or that they collaborated in the same way with the Nationalist Party (the right-wing Tory breakaway party organized in 1917 by

58. For example, the Royal Medico-Psychological Association (the chairman of whose Parliamentary Committee was medical MP Nathan Raw), the Society of Medical Officers of Health, and the MPU. For the latter's list of questions to prospective MPs, see "Medical Questions and Parliamentary Candidates," *Med. Press,* 4 December 1918, p. 427. A later example is the Health Practitioners' Association, which was formed in 1935 specifically to protect unregistered practitioners by lobbying Parliament.

59. "Apparent" only, however; the BMA took some comfort in an important publication by the former MPU activist and Labour Party candidate in 1918, Dr. Peter MacDonald, in which it was claimed that the Labour Party had not as yet laid down an authoritative definition of a "State Medical Service": Peter MacDonald, "The Future of the Medical Profession," *BMJ,* 19 October 1918, pp. 435–36. See also Alfred Cox to Arthur Henderson, Secretary of the Labour Party, 6 March 1929, BMAA, SA/BMA/H.6.

60. George Mahomed to Cox, 6 January 1918, BMAA, SA/BMA/H.6. Little is known of (Arthur) George Sulieman Mahomed. A self-confessed Tory, he emerges from the correspondence with Cox as astute and canny. According to his entry in the *Medical Directory* he was the author of a paper on "The State and the Doctor," which I have not been able to trace. There is a reference in the *Lancet* (1 January 1910, p. 27) to a paper by him on "Atmospheric Electricity" delivered to the Edinburgh Medico-Chirurgical Society. He last appears in the *Medical Directory* in 1944; no obituary has been found. It is likely that he was one of the "several children" of the restless medical enthusiast Frederick H. H. Akber Mahomed, FRCP (1849–84): see *Lives of the Fellows of the Royal College of Physicians of London,* vol. 4, *1826–1925* (London: RCPL, 1955), p. 276.

Bournemouth MP Sir Henry Page Croft). Cox thanked Mahomed for his "interesting suggestions," but reminded him that in politics most doctors were citizens first and doctors second—they were not disposed to vote along medical lines even if the opportunity presented itself; when the idea of supporting parliamentary candidates had been raised "several years ago," he added, "the political aspect at once flared up and many men objected strongly to any of their money being spent on . . . [party] candidates."[61] As for the BMA casting its lot with the Labour Party, "there would," he believed, "be very strong objection—sufficient to split the Association from top to bottom."[62]

Yet Cox was not wholly dismissive: "all difficulties are made to be overcome," he submitted in subsequent correspondence with Mahomed, appreciating that medical allies in the House "would be a great help to this office in dealing with Parliamentary matters"[63] (not least in opposing Addison's Bill for the Ministry of Health if it did not endorse a medical advisory council).[64] The way forward might be to "approach candidates who had already been adopted by one or other of the political parties, see how far they are prepared to back our idea and then attempt to get our members to support them (a) by votes and influence [and] (b) by money [which is] what the Teachers Union did."[65] In the meantime, Mahomed might inquire into the possibility of forwarding medical candidates from different parties, and recommending to BMA members the funding of such a scheme. Mahomed acted accordingly; seemingly unaware of Fremantle's earlier effort, he floated his idea for a fund to support BMA-approved candidates before the Bournemouth Division in February 1918, fully exploiting the bogey of Addison's proposed Ministry of Health as a manifestation of "the State control of the profession."[66] In

61. Cox to Mahomet [*sic*], 7 January 1918, BMAA, SA/BMA/H.6.

62. Ibid.

63. Cox to Mahomed, 10 January 1918, ibid.

64. *BMJ*, 5 October 1918, p. 382.

65. Cox to Mahomet, 7 January 1918 (n. 61).

66. George Mahomed, "Medical Representation in the New Parliament, Address to the Bournemouth Division of the BMA, 27 February 1918," printed, copy in BMAA, SA/BMA/H.6. Mahomed calculated that 14,000 BMA members subscribing five shillings a year would generate £3,500 for the Fund. Within the Bournemouth Division was Dr. Johnson Smyth, who was also on the BMA Council and who, at the Council meeting of 7 July 1918, resolved that the idea of the Fund be considered. Addison's Bill for the Ministry of Health was introduced, but withdrawn, in November 1918; it was not reintroduced until after the election in December 1918, and not passed until June 1919. See Frank Honigsbaum, *The Struggle for the Ministry of Health* (London: Social Administration Research Trust, 1970).

turn, the BMA Council in May 1918 instructed its Parliamentary Subcommittee to report on "the steps to be taken to raise a Voluntary Fund under the auspices of the Association."[67] Cox was instructed to circularize the BMA Branches and Divisions to muster both moral and financial support.[68] By July 1918 an ad hoc Parliamentary Election Committee ("with a wider and more numerous representation than the Parliamentary Subcommittee") was in place to administer the Fund.[69]

Establishing a fund to support medical candidates to Parliament was one thing, fulfilling its aims quite another. Apart from the not inconsiderable problem of raising subscriptions from the BMA membership,[70] formidable difficulties surrounded the locating of constituency seats worthy of contesting and in which constituents would be willing to be represented by a doctor whose interests might well be sectional (ideally, *would* be sectional, as far as the BMA was concerned). To stand for a particular party, however, meant meeting the selection criteria of party whips and secretaries. There was also the problem of recruiting doctors who would be willing to sacrifice relatively secure medical careers for risky political ones. A further obstacle was that of deterring from the Fund those medical candidates who were not likely to be wholly supportive of the BMA; thus interviews were necessary to determine applicants' opinions on BMA-sensitive issues.[71] As Cox and others had foreseen, such

67. Alfred Cox, "Medical Profession and Parliamentary Candidates," circular to honorary secretaries of divisions and branches, 23 May 1918, BMAA, SA/BMA/H.7.

68. Ibid. Some impression of the responses from BMA regional branches can be gained from the *BMJ Supplements:* see, e.g., 25 May 1918, p. 55.

69. See printed letter from Cox, 7 September 1918, and N. Bishop Harman, "Parliamentary Representation [an address delivered to the Central Division of the British Medical Association, Birmingham, October 3rd 1918]," *BMJ,* 12 October 1918, pp. 408–9, in BMAA, SA/BMA/H.8, Correspondence of Parliamentary Election Committee (PEC), 1918–29. Recruited to the Committee within the next few months were some of the most seasoned medical politicians within the BMA, as well as the provincial GPs and Liberal candidates A. C. Faquharson and Sir Thomas Flitcroft (the former securing election in December 1918, the latter failing to do so), and the consultant and MP (since July 1917) Sir A. Garrod Thomas, who was asked to chair the new Parliamentary Election Committee.

70. By 9 December 1918, the Fund contained between £300 and £400; the first Report of the "Medical Representation in Parliament Fund," of June 1919, reported £452 from donations and another £184 from annual subscriptions. By November 1932 the Fund had £1,044. It seems rarely to have exceeded the hundreds of pounds.

71. The Parliamentary Subcommittee ruled that a medical candidate "should, by his past work and experience, have proved his knowledge of, and loyalty to, the interests of the profession as expressed through the British Medical Association" (Harman, "Parliamentary Representation" [n. 69], p. 409). Applicants for funding were asked four questions during interviews, the wrong reply to any of which would disqualify them: "1. Do you favour socialisation or municipalisation of the voluntary hospitals? 2. Are you in favour of any form

a fund was bound to be trouble—and it was. Although in 1918 six carefully vetted "safe" candidates were found, and only £150 actually disbursed from the Fund (see Table 2), two Labour Party medical candidates (John Kynaston and Peter Macdonald) applied to the Fund and had to be politely rejected.[72] Among the Party Whips, only the Liberals were able to offer a seat—an offer that went to BMA Councilor Henry Brackenbury, who appears not to have accepted it, though he was to stand again in 1922 as a Liberal for Walthamstow (with exceptionally lavish BMA funding) and again in 1937 for one of the university seats. Like the six "safe" candidates in 1918, Brackenbury, the dominant policymaker and officeholder in the BMA in the interwar period, never made it to the Commons.

Not least of the problems faced by the BMA in setting up its Parliamentary Election Fund were opposition and competition. Among some there was "genuine alarm" at the idea of "this discredited anachronism" seeking to "represent" their interests in Parliament.[73] (In 1918 the BMA still represented only some 15,000 of the 43,000 doctors on the *Medical Register,* a relative fall in membership.)[74] Others doubted the wisdom of the BMA's acting on "its lonesome" in this regard, rather than seeking collaboratively to create a unified medical lobby within Parliament.[75]

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of legislation which will go in the direction of making the medical profession into a whole-time state salaried medical service? 3. If you are not in favour of this will you do your best inside the councils of the Labour Party to persuade them not to introduce such legislation? 4. If such legislation is introduced by the Labour Party could you promise (a) to vote against it or (b) refrain from voting?" See, for example, Alfred Cox to James Kerr, 26 March 1921, BMAA, SA/BMA/H.6.

72. Macdonald, who stood unsuccessfully for one of the three Scottish University seats, was rejected by the PEC committee because he was closely associated with the MPU, which was regarded as "positively hostile to the [BM] Association" (Minutes of PEC, 5 March 1919, BMAA, SA/BMA/H.8). Another candidate for funding from the PEC was Capt. Donald Campbell (RAMC), who was adopted by the Paddington branch of the National Federation of Discharged and Demobilised Soldiers and Sailors to contest North Paddington. The views of Macdonald and Kynaston are expressed in the *BMJ:* 16 November 1918, p. 558, and 23 November 1918, p. 589, respectively.

73. "Medical Representation in Parliament and the B.M.A.," *Med. Press,* 30 October 1918, p. 326.

74. BMA activist N. Bishop Harman was derided at a meeting in 1918 when he claimed that the BMA represented some 23,000 medical men (*BMJ,* 5 October 1918, p. 381). In March 1918, Cox confessed that "the number of members [of the BMA] in Great Britain and Ireland is nearly 15,000" (Cox to Mahomed, 5 March 1918, BMAA, SA/BMA/H.6). Cf. *BMJ,* 21 December 1918, p. 691, which claimed that the membership was "about half" the medical practitioners of the UK; and Bartrip, *Themselves Writ Large* (n. 20), p. 193.

75. E. B. Turner, letter to the *BMJ,* 30 November 1918, p. 615.

Table 2. Applicants to BMA's Election Fund

Candidate	£	Date
§ Thomas Flitcroft (Con.)	150 (returned)	Dec. 1918
*§ Peter Macdonald (Lab.)	0	Dec. 1918
*§ J. W. Kynaston (Lab.)	0	Dec. 1918
* H. B. Brackenbury (Lib.)	0	Mar. 1919[a]
* Donald Campbell (Veterans Assn)	0	Mar. 1919
*§ H. B. Brackenbury (Lib.)	1,379	Nov. 1922
§ T. Watts (Con.)	100	Nov. 1922
S. Hastings (Lab.)	0	1922–24
F. Freemantle (Lib.)	0	Dec. 1923[b]
* G. B. Hillman (Con.)	200 (returned £82)	Dec. 1923
*§ G. A. Newell (Lib.)	100 (returned £40)	Dec. 1923
Sydney Russell-Wells (Con.)	125	Dec. 1923
T. Watts (Con.)	200	Dec. 1923
G. E. Spero (Lib./Lab.)	100	Oct. 1924
* L. Haden-Guest (Lab.)	200	Mar. 1927
*§ James Kerr (Lab.)	0	Feb. 1929
§ A. Vernon Davies (Con.)	200	May 1929
* L. Haden-Guest (Lab.)	350	May 1929
J. H. Morris-Jones (Lib.)	200	May 1929
* Wm. Ross (Lib.)	0	Jan. 1934
L. Haden-Guest (Lab.)	250	Nov. 1935
*§ H. D. Levick (Lib.)	0	Nov. 1935
* Wm. O'Donovan (Con.)	0	Nov. 1935
* J. Vincent Shaw (Lib.)	50	Nov. 1935
*§ G. Swietochowski (Lib.)	0	Nov. 1935
*§ John Harley Williams (Ind)	0	Dec. 1937 by-elections
* H. C. Boyde (Lab.)	0	Mar. 1938
* John Moir (Con.)	0	May 1939

Source: BMAA, SA/BMA/H.6.

* = not elected at date of application
§ = not elected after obtaining (or seeking) funding

[a] The PEC informed Brackenbury that they would be happy to offer him "not less than one-quarter of his election expenses" for whichever constituency he thought suitable: BMAA, SA/BMA/H.5.

[b] Freemantle was not seeking funding directly for his campaign, but rather for leafleting all the doctors in his area.

Pressure for unity was intense in 1918, and its attempted realization in the form of the Medical Parliamentary Committee (MPC) was indirectly a result of the BMA's action. Mooted as early as August 1918, the MPC took shape at a meeting of more than four hundred practitioners at Steinway Hall, London, on 1 October 1918. Leading medico-political figures in the Royal Colleges took charge—among them, the rumored MP-aspirant Sir Henry Morris, who chaired the meeting, and BMA renegade Watson Cheyne MP, who succeeded to the chair in early 1919.[76] Both Morris and Cheyne endorsed Addison's interest in such a body as a means of diluting BMA opinion in order to ease the passage of the Ministry Bill.[77] It was Addison, indeed, who proposed the first resolution to the meeting at Steinway Hall: "That in the interest of the national health it is essential that the considered views of the medical profession should be voiced by representative medical men in the House of Commons."[78]

The Medical Practitioners' Union rightly identified the MPC as the "machinations of a few London consultants" who represented no one but themselves, and "who appear to be groping for some backdoor entrance to the House of Commons."[79] Nevertheless, there was a broad body of

76. According to *Med. World,* 16 August 1918, p. 101, Morris had been asked to stand for the University of London seat; Cheyne admitted that he had resigned from the BMA "some years ago on account of its tendency to trade unionism" (*BMJ,* 8 February 1919, p. 160).

77. At meetings on the future of the medical profession under "a national health ministry" in June 1918, Cheyne suggested that "for the present the profession should confine itself to advocating a Ministry of Health" ("The Future of the Medical Profession under a National Health Ministry, Discussion at the Royal Society of Medicine," *BMJ,* 15 June 1918, p. 673). See also "Minute of the Conference held at the Royal College of Physicians on Friday, the 1st November, 1918, on the proposed legislation to establish a Ministry of Health," RSMA. As appreciated by the medical correspondent to the *Times,* "The truth is that Dr. Addison is in a very strong position. The medical profession is not" (26 May 1919, p. 17). GPs were generally more concerned about the proposed Ministry than consultants, fearful that under it they would lose the capital they had invested in their practices; they also distrusted medical members of the House of Commons, who they believed came largely from the consultant class and had never been in touch with the needs of the GP: see Sidney Matthews, "The Future of the Medical Profession," *BMJ,* 20 July 1918, p. 72.

78. "The Need for Medical Advice in Parliament," *BMJ,* 5 October 1918, p. 381. On the Steinway Hall meeting, see also "Medicine and the State," *BMJ,* 5 October 1918, p. 382; Honisgbaum, *Division* (n. 3), p. 60.

79. *Med. Press,* 16 October 1918, p. 278; see also *Med. Press,* 18 December 1918, p. 455; and "The Progress of the Medical Parliamentary Committee," *Lancet,* 10 May 1919, pp. 801–2. The origins of the MPC were clearly suspect, as Cheyne admitted at a public meeting of the MPC in May 1919, stating that "the objections which he had heard to the Medical Parliamentary Committee were mostly directed against its origins" (*BMJ,* 10 May 1919, p. 579). The Royal Society of Medicine, when invited by Morris to send a delegate to the Steinway Hall meeting, resolved that "it is not desirable that the Society should take any part in such a movement" (RSM, Minutes of Council, 15 October 1918, p. 6, RSMA).

medical opinion behind the idea of a cross-party, cross-sectional committee. Few disputed that more medical men were required in the Commons, and that the urgency for this had "primarily arisen in consequence of the Ministry of Health Bill."[80] Nor was there any dissent from Morris's opening remarks at Steinway Hall that "the time has arrived when the medical profession should take steps to show its corporate value to the public and the State."[81] In general, there was agreement with the wishful view of the *Lancet* that "the democracy of the future is sure to make increasing use of special knowledge directed to generally benevolent ends, while setting a decreasing value upon political machinations. The doctor in Parliament . . . fits such a picture exactly."[82] Encouraged, the temporarily constituted MPC worked assiduously during the lead-up to the December 1918 election to recruit and financially assist doctors' entry into Parliament, competing with the efforts of the BMA. And like the BMA, it was heartened by the results of the election, which increased the number of medical MPs from 13 to 17 (though 5 were Sinn Feiners who did not take their seats).

After the election the MPC was turned into a permanent body, less concerned to recruit and help fund medical parliamentary candidates than to unify the doctors elected to the House. An executive of twenty was assembled, representing most of the major interest groups in medicine, and it met twice yearly.[83] At Addison's insistence (at the Report stage of the Ministry of Health Bill in early May 1919), the Committee was reconstituted as the British Federation of Medical and Allied Societies, with Sir Malcolm Morris (no relation to Sir Henry) in the chair, and the "Prince of Surgeons," Sir Berkeley Moynihan, as president.[84] Upon

80. *Med. Press,* 25 September 1919, p. 239. Different ways in which the MPC might operate were laid out in "The Medical Parliamentary Committee," signed "One Voice," December 1918, printed, in RSMA.

81. "The Medical Parliamentary Committee," *Lancet,* 23 November 1918, p. 712. See also "Medical Parliamentary Committee," *Lancet,* 7 December 1918, p. 786.

82. "The Medical Parliamentary Committee," *Lancet,* 23 November 1918, p. 712. The secretary of the Sheffield Branch of the BMA went further, declaring that along with the teaching profession, the medical profession transcended both capitalist and nationalist interests: *Pub. Health,* April 1918, p. 84.

83. "Medical Parliamentary Committee," MS 993, Archives of the Royal College of Surgeons of England, London. The College resolved not to send a representative to the meetings of 2 May and 11 July 1919. See also "Medical Parliamentary Committee: An Important Conference," *Lancet,* 10 May 1919, pp. 808–11.

84. See "The British Federation of Medical and Allied Societies (To be Incorporated) Late Medical Parliamentary Committee," printed, in RSMA; RSM, Minutes of Council, 17 February 1920, p. 43, RSMA; *Lancet,* 10 May 1919, pp. 808–11; 19 July 1919, pp. 113, 121–23; *BMJ,* 10 May 1919, pp. 801–2; 17 May 1919, p. 858. When Moynihan, in May 1918, had

the passage of the Ministry Bill, as Frank Honigsbaum has noted, the Federation was allowed to drift into division and oblivion, and it was all but defunct by 1923.[85] Confusingly, however, the old MPC was not lost in the formation and dissolution of the Federation: it was reassembled on a cross-party basis and met monthly throughout the interwar years, acting as a coordinating and advisory body on medical issues within Westminster. Although it was never very politically effective,[86] by the 1930s it had shorn most of the party political divisions that had racked it in the 1920s and was increasingly operating in the interests of the BMA. Once the Socialists Alfred Salter, Leslie Haden-Guest, and Somerville Hastings were out of the way, right-wing BMA politicos largely took it over: the Tory Fremantle was chairman until his death in 1943, the Independent and rabid antisocialist Ernest Graham-Little was secretary, and the Liberal Whip and unofficial doctor of the Commons, Morris-Jones, was treasurer.[87]

The fate of the BMA's Parliamentary Election Committee Fund was more controversial. Although on the eve of the election of December 1923 the BMA was lamenting that "the way in which the Fund has been supported leads the Trustees to the opinion either that the profession is not so anxious as it was represented to be to get medical members into Parliament or that the Fund is not as well known as it ought to be,"[88] by the 1930s they might have choked on their words. Navigating the politics of the Fund in the 1930s got worse before the Fund was finally declared "exhausted" in 1939.[89] The main problem lay in turning away applicants

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been approached by the BMA as "a suitable candidate for Parliament," he declined the offer: Parliamentary Election Committee Minutes, 1918–19, BMAA, SA/BMA/H.8.

85. Honigsbaum, *Division* (n. 3), p. 60. In 1922 the Royal Society of Medicine refused any longer to contribute to the funds of the Federation, and in January 1923 formally withdrew from it: RSM, Minutes of Council, 20 December 1921; 19 December 1922; 16 January 1923, RSMA.

86. *BMJ Suppl.*, 5 January 1929, p. 5.

87. Fremantle, *Doctor's Mandate* (n. 26), pp. 11–13; Fenner Brockway, *Bermondsey Story: The Life of Alfred Salter* (London: Allen & Unwin, 1949), p. 150; Morris-Jones, *Doctor in the Whip's Room* (n. 13), p. 160. On the rapport with the BMA, see the correspondence between Cox and Fremantle in BMAA, SA/BMA/H.5. The MPC was reconstituted in 1960; see MPU Minutes, 10 February 1960, letter from Dr. Dixon Mabon, MP, MPU Archives, Modern Records Centre, Warwick University (hereafter MPUA).

88. BMA, "Medical Representation in Parliament Fund," November 1923, printed circular, BMAA, SA/BMA/C.79. See also Alfred Cox to Henry Brackenbury, 8 March 1927, on reasons for winding up the Fund: BMAA, SA/BMA/H.5.

89. G. C. Anderson to John Moir, 19 May 1939, BMAA, SA/BMA/H.6. Conservative candidate J. L. Moir in 1939 appears to have been the last person to apply for support from the Fund. After 1945 another Parliamentary Representation Fund was set up by the BMA (*BMJ Suppl.*, 23 June 1945, p. 121), but it received equally poor support from members and

who were not wholly BMA-supportive, an action that too often looked like the operation of party politics, especially to rejected Labour Party candidates.[90] Although BMA bosses had endeavored from the start to reassure their members that "we shall never see on the hustings—'Vote for Dr. Dash the Doctors' Delegate,'"[91] in practice (inevitably, perhaps) they appeared as engineering just that. Among other factors working against the Fund in the 1930s were the ethical implications of supporting medical candidates who, in canvassing votes, could be seen to be breaching the rules against doctors' self-advertisement. Some voters might even be a doctor's own patients.[92] Here was a hornet's nest that the BMA could well live without, and it was all the more inclined to do so in view of the impression that the "real work" in Parliament relating to medicine was done not by medical MPs, but by the Ministry of Health and other departments.[93] Yet, if only because the Medical Practitioners' Union also had a "Political Objects Fund" to serve the same ends,[94] it was difficult for the BMA wholly to extricate itself from this initiative—at least not before July 1938, when the MPU resolved to divert its Fund to hiring a parliamentary agent dedicated to representing their interests in Parliament.[95] Whereas the BMA in 1937 had also resolved to appoint a parliamentary agent, the appointee was not intended to be a lobbyist within the House, but a legal firm specializing in reporting and advising on legislative business[96]—a not uncommon appointment at this time for associations

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its funds were rarely used. See J. D. Stewart, *British Pressure Groups: Their Role in Relation to the House of Commons* (Oxford: Clarendon Press, 1958), pp. 171–72.

90. See letters of Sommerville Hastings and H. B. Morgan to PEC: BMAA, SMA/BMA/H.5 and H.6.

91. Harman, "Parliamentary Representation" (n. 69), p. 409.

92. See correspondence between H. B. W. Morgan and BMA, 7 December 1938 and 20 January 1939, BMAA, SA/BMA/C.79; "Canvassing of patients by medical practitioners on behalf of candidates at elections," extract from BMA Ethical Committee Meetings, 9 May 1939, ibid.

93. Dr. Fothergill, *BMJ Suppl.*, 22 December 1928, p. 268. His view was challenged by those keen to solicit medical MPs.

94. The MPU's "Political Objects Fund" granted £300 to support Edward Gregg's candidacy in 1925: MPU Minutes, 12 November 1925, MPUA.

95. MPU Minutes, 6 July 1938. Although on 8 March 1939 the MPU Executive resolved to give £200 to the election campaign for their then-President, Leslie Heffernan, the money was to be raised by each Council member contributing £20, repayable at 5 percent interest.

96. The resolution for a parliamentary agent was made by the BMA's Medico-Parliamentary Committee on 2 January 1937, estimating the cost of the agent at between £70 and £100 per annum. The BMA executive agreed to this on 22 May 1937. Fremantle wrote to BMA Secretary G. C. Anderson on 25 August 1937 commending the idea and hoping that the agent would "co-operate with the Parliamentary Medical Committee by constant

concerned with legislation that might affect their interests. The BMA had previously debated and rejected what the MPU came in effect to implement, the idea of parliamentary "delegation rather than representation."[97] The MPU's "agent," Thomas Edward Groves, a fruit farmer and barrister who was Labour MP for West Ham from 1922 to 1945, was paid £100 per annum to have specific questions raised in Parliament. From the time of his appointment in January 1940 until June 1942, he succeeded in having between 900 and 1,000 questions asked in the House "by various members of Parliament."[98] "Cash for questions," it seems, was not an ethical issue, although at the time it was seen by some doctors in the House as compromising their independence.[99]

Biographical Profiles

For all their efforts to secure reliable allies in the Commons, neither the BMA nor the MPU (nor the Medical Parliamentary Committee when it was first established) was ever able to muster more than a handful of trustworthy medical MPs. In part, this was due to the double difficulty of locating willing and able medical candidates and viable constituencies. It also hinged on the fact that medical MPs, however supportive they might be of professional interests, were unwilling to stake their political careers on them. Richard H. Luce, Conservative MP for Derby and an active member of the Medical Parliamentary Committee, was adamant, despite

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personal contacts with the Chairman and Secretary" (BMAA, SA/BMA/C.90). The agent—Messrs Sharpe, Pritchard and Co.—was active for the next ten years, charged with examining all bills introduced into both houses of Parliament with an eye to those affecting medicine, and engaging in promoting or opposing private bills: see BMAA, SA/BMA/C.90, Minutes of Committee, 1937–46, "Parliamentary Agents"; and SA/BMA/F.125, "Private Bills in Parliament, 1937–46." Except for the "increasing medical representation in Parliament," the job description for the Parliamentary Agent was essentially that of the Parliamentary Medical Committee as initially proposed by Cheyne in 1918: see "Parliamentary Representation of the Medical Profession," *BMJ*, 10 May 1919, p. 579.

97. "Representation of Medical Opinion in Parliament," *BMJ Suppl.*, 22 December 1928, pp. 268–69. The Parliamentary Elections Committee reviewed the situation and "explored the possibility of the appointment of a suitable medical practitioner elected to Parliament to a salaried post on the staff of the Association" (ibid.).

98. MPU Executive Minutes, 10 June 1942 (on the MPU's hiring of its "agent," see 6 July 1938, 26 July 1940), MPUA. Groves, whose closest connection with the medical profession was his presidency of West Ham Society for the Welfare of the Blind, was succeeded in 1945 by Dr. Richard Clitherow, Labour MP for Edge Hill, Liverpool, from 1945 until his death in 1947. Clitherow, a pharmacist, began medical studies in 1941 before undertaking law in 1945.

99. Morris-Jones claims to have refused a top-up to his salary "from a medical organization because I wanted complete independence" (*Doctor in the Whip's Room* [n. 13], p. 163).

being on the Council of the BMA, that his first duty as an MP must be to his conscience, second to his party, third to his constituency, and only after that to his profession.[100] The Oxford professor of medicine Farquhar Buzzard, while standing a second time in 1937 at a by-election for one of the Oxford University seats, told the then BMA secretary (and future MP) Charles Hill, "it would not do for me to stand as a medical man pure and simple, although I have not disguised the fact that my professional knowledge may be of service in the House of Commons."[101] Most in the profession were only too aware of the view on the Left that what was wanted was "not representative medical men but medical men as representatives of the people in Parliament."[102] Hence, it was often expedient to mumble the view entertained by the *Lancet* in 1917, that doctors in Parliament were to act "not as advocates of their class but as exponents of the views of that class where questions of public importance are at issue."[103]

While principle and expediency may have been the reason that some medical MPs avoided touting corporate interests in the House, for others it was more a matter of prioritizing political careers over medico-political ones. Prudence only, perhaps, led Watson Cheyne to announce after his election in 1917 that he was "to give up private practice in the near future and devote his energies to learning a new science—the business of politics."[104] Like other elder medical statesmen, he could well afford to make good his promise. But many others had no need, for they had long retired from practice and had ceased to have much interest in medical matters. (Approximately 40 percent of the 159 for whom we have reliable data were over fifty years of age when they first stood for election.)

Some doctors sought entry into the Commons as a means to fulfil life-long political ambitions, which they sustained along with their medical practice. Others (such as W. H. R. Rivers) did so because they became politicized at certain points in their lives, while still others only gradually became preoccupied with politics, sometimes to the exclusion of any

100. *BMJ Suppl.*, 29 December 1928, p. 268; ibid., 5 January 1929, p. 5.

101. Farquhar Buzzard to Charles Hill, 4 February 1937, BMAA, SA/BMA/H.5. Buzzard had been invited by the BMA to apply for support for his candidature.

102. MUP member and Labour candidate John Kynaston, at the Steinway Hall meeting: "Need for Medical Advice in Parliament," *BMJ*, 5 October 1918, pp. 379–81, quotation on p. 381.

103. "The Medical Man in Parliament," *Lancet*, 18 August 1917, p. 247.

104. *BMJ*, 18 August 1917, pp. 235–36.

parallel commitment to medicine.[105] Others, however, were medical truants, in some cases long before they had entered or proposed to enter the Commons. Sir John Worthington, for example, had long abandoned medicine for business when, aged fifty-nine, he gained his seat for Labour in 1931. Sir Henry Lunn of Lincolnshire, who sought to become Liberal MP for Boston in 1910 (aged fifty-one) and for Brighton in 1923, had little medicine to leave behind: qualified in 1887, for that year only he worked as a medical missionary in India; subsequently, most of his energies went into his travel agency, militant Methodism, and the peace movement.[106] The surgeon Henry Jackson, Conservative member for Wandsworth between 1924 and 1937, did not join the medical profession until he was nearly forty; before then, he had been a fellow of Downing College, Cambridge, and a lecturer in the natural sciences. A "Lancashire lad," he made his name on the Public Health Committee of the Wandsworth Council, and had an abiding interest in the London Voluntary Hospitals Committee—but he took little part in medical politics at a higher level. In the Commons he seldom entered debate, and he was respected mostly for his knowledge and committee work on transport, the subject on which he delivered his maiden speech in March 1925.[107]

Another truant was William A. Chapple, the author of, among other works, *The Evils of Alcohol* (1903) and *The Fertility of the Unfit* (1904), the latter advocating compulsory sterilization and "extermination."[108] He was

105. For Dr. Gavin Clark, for instance, medicine had become remote; by the time he unsuccessfully contested a seat for Labour in Glasgow in 1918 (aged seventy-two) he had behind him a well-earned reputation as a socialist, pacifist, and campaigner for female suffrage: *Lancet,* 19 July 1930, p. 168; *BMJ,* 19 July 1930, pp. 126–27. Joseph Hunter surprised his friends when, in 1926, aged fifty-one, he gave up his lucrative general practice in Dumfries for a post with the Land and Nation League, and then, three years later, stood successfully as Liberal MP for Dumfries; he eventually succeeded to the Scottish Liberal Whip: obituary, *BMJ,* 3 August 1935, p. 235. Percy McDougall, who qualified in 1894, similarly had a passion for the land-reform ideas of Henry George, but he was compelled to remain in general practice in Fallowfield, Manchester, after failing to win over the electorate in 1933 (at a by-election) and at the general election of 1935, when he stood as an Independent on the ticket "land monopoly the great disease in the body politic" (*Lancet,* 9 November 1935, p. 1092). For Rivers's involvment, see Richard Slobodin, *W. H. R. Rivers, Pioneer Anthropologist, Psychiatrist of "The Ghost Road"* (rev. ed., Thrupp, Stroud, U.K.: Sutton, 1997), pp. 79–81.

106. Obituary, *BMJ,* 1 April 1939, p. 699.

107. *BMJ,* 6 March 1937, p. 533; *Hansard,* vol. 181, 12 March 1925, cols. 1709–10.

108. Geoffrey Searle, *Eugenics and Politics in Britain, 1900–1914* (Leyden: Noordhoff, 1976), p. 92.

forty-six when he first gained his seat as a Liberal for Stirlingshire in 1910, a seat that he was to hold off and on for the next decade. He had qualified in 1890 in New Zealand, where he was born, and there practiced medicine (as well as becoming an MP) before emigrating to England, where he obtained his MRCS in 1897. But he appears never to have practiced in England, devoting himself entirely to social issues and politics.[109]

It cannot be told if there were others like Alfred Salter who came to wonder if they were right to have given up medicine for politics;[110] but, for certain, many sought politics because they were only too keen to escape medicine, whether for financial or other reasons. Unsurprisingly, this was often the case among the approximately 33 percent of the 159 who were under forty when they first sought election and who had as yet little investment in the profession. One such was the reluctant GP Donald McIntosh Johnson, who first stood as a Conservative candidate for Bury in 1935 when he was aged thirty-two. Four years after qualifying in medicine in 1926, Johnson qualified in law—joining at least seventeen others in our sample who also held legal qualifications.[111] Another was Isaac McIver of Fort William, who had barely qualified and begun to practice as a medical officer of health when he stood as a Labour candidate for Argyllshire in 1924, aged thirty-one.

There were others, however, even when they entered politics relatively soon after qualifying, who sought to keep a hand in the profession in one way or another—although sometimes not noticeably so while in the Commons.[112] Illustrative is Samuel Segal (later Baron Segal), who had been qualified for only eight years and was practicing as a GP in London

109. Obituary, *BMJ*, 31 October 1936, p. 901.

110. Brockway, *Bermondsey Story* (n. 87), p. 150. Stephen Taylor simply found the Commons "boring" and much preferred the Lords, where "bombast is not appreciated . . . [and] the adversarial element is much reduced" (Taylor, *Natural History of Everyday Life* [n. 13], pp. 47, 54).

111. See Donald McIntosh Johnson, *A Doctor in Parliament* (London: C. Johnson, 1958); idem, *A Doctor Returns* (London: C. Johnson, 1956); idem, *A Doctor Regrets* (London: C. Johnson, 1949).

112. Thomas Watts of Manchester continued to do consulting after becoming an MP in 1922, but this was made possible by his brother and partner continuing to run the successful family practice. Until driven to exhaustion in 1929, Alfred Salter carried on his extensive and diverse general practice in Bermondsey (Brockway, *Bermondsey Story* [n. 87], pp. 113, 127, 143, 148), and H. B. W. Morgan continued as one of the physicians to "Labour's Own" Manor House Hospital in London. Dr. H. C. Boyde of Stratford promised his BMA interviewers in 1938 that he would continue as a GP if elected and "would make this clear to the Labour Party" (BMAA, SA/BMA/H.5).

when he unsuccessfully contested Tynemouth for Labour in 1935, aged thirty-three. After a career in the medical corps of the RAF during World War II, he became Labour MP for Preston in 1945. Upon losing his seat in 1950 he fell back upon his medical qualifications to become northern regional medical officer for the Ministry of Health. He also became deeply involved in medical charities. More unusual among the non-escapees—indeed unique—was Dr. T. Drummond Shiels, Labour MP for Edinburgh in 1924–31. He moved from photography to medicine in the same year in which he became an MP, aged forty-three. Becoming under-secretary for India and the Colonies in 1929 when Labour was in power, he maintained an abiding interest in colonial affairs. Nevertheless, when he was unseated at the general election of 1931, he accepted a salaried post with the British Social Hygiene Council and served on the Executive Committee of the Society for the Prevention of Venereal Disease.[113] In his case, as in some others, simply holding a medical degree and combining it with parliamentary credentials lent a social cachet.

Different again was the would-be MP Robert McNair Wilson, who was assistant house surgeon at the Norwich and Norfolk Hospital in 1904–5 before he entered general practice in Northumberland and then Argyll. Within a decade he was working for the Medical Research Council under the pioneering cardiologist Sir James MacKenzie (whose biography he subsequently wrote). For nine years Wilson edited the Oxford Medical Publications, but was best known as the medical correspondent for the *Times*, a post he held from 1914 to 1942. He also wrote detective novels under the pseudonym of Anthony Wynne. On three occasions—1922, 1923, and 1931—Wilson stood unsuccessfully as Liberal candidate for Saffron Waldon.[114] Like his medical colleagues further to the left, he was much concerned with the preservation of a free democracy, but like most medical aspirants to Parliament he did not assert any special relationship between medical knowledge (or practice) and democratic politics.

Another medical author (as well as barrister) and would-be MP was John Hargreaves Harley Williams, best remembered for his book *Doctors Differ* (1946). Soon after medically qualifying in 1923, Williams became involved in the National Association for the Prevention of Tuberculosis, which led him to believe that he was "probably the first doctor to be

113. See obituary in *BMJ*, 10 January 1953, p. 106; Hugh Wansey Bayly, *Triple Challenge. . . . A Doctor's Memoirs of the Years 1914 to 1929* (London: Hutchinson, 1934), p. 244.

114. Robert McNair Wilson, *Doctor's Progress: Some Reminiscences* (London: Eyre and Spottiswood, 1938), chap. 12: "The Hustings."

whole time in health education."[115] That involvement doubtless encouraged him to stand (unsuccessfully) as an Independent for the Scottish Universities at by-elections in 1937 and 1938.

Wilson's and Williams's biographies are not unlike other interwar would-be medical MPs whose apprenticeship for, or whose actual practicing of, medicine was minimal. Some of course were not practitioners at all, but medical educators, researchers, journalists, apothecaries, or pharmacists.[116] Others, such as Auckland Geddes and Christopher Addison, were anatomists (and sometimes spurned for it by politically opposed clinicians and GPs), or were psychologists and psychiatrists, such as W. H. R. Rivers, Reginald Bennett, Leonard F. Browne, and the colorful A. A. Lynch, who was to be imprisoned for high treason.[117]

Finally, there were those aspirants who best fit the category "sad crank." Such was Fremantle's description of the MP T. S. Beauchamp Williams, although he admitted that Williams was also "very intelligent and genuine."[118] Beauchamp Williams had qualified in 1901 and immediately joined the Indian Medical Service. Pensioned out after World War I he turned to politics, standing successfully for Labour in Eastbourne in 1922. In 1924 he became parliamentary private secretary to Sidney Webb when Webb was president of the Board of Trade. He seems to have played some part in the BMA, although Cox was "not at all certain of his soundness on medical matters."[119] Nor, it seems, was Williams too sound mentally; he committed suicide in 1927.

Such examples make clear that, as J. H. H. Williams would have it, "Doctors Differ," and it may be that the doctors who sought careers in Parliament differed more than most. Some were clearly in a class all their own, as Addison recollected of William Job Collins.[120] Beyond their aspirations to enter Parliament, they exhibited few other commonalities. Medical qualification itself was no bond, for it was overridden by social background, education, training, and career trajectories—the experience of a Scottish medical officer of health like McIver bearing little resemblance to that of a consulting specialist in London like Cheyne, or a university professor of medicine like Buzzard. The majority of the

115. Obituary, *BMJ,* 27 April 1974, p. 230.

116. Examples include the food scientist John Boyd-Orr, the apothecary J. Dillon, and the pharmacist Hugh Linstead.

117. Arthur A. Lynch, *My Life Story* (London: John Long, 1924); *BMJ,* 7 April 1934, p. 647.

118. Fremantle to Cox, 10 December 1923, BMAA, SA/BMA/H.5.

119. Cox to Fremantle, 8 December 1923, ibid.

120. *Lancet,* 28 December 1946, p. 963.

medical aspirants to Parliament did in fact come from the lower ranks of the profession (48 GPs and 34 medical officers of health or public health workers, compared to 23 fellows of the Royal Colleges, including some of the 14 hospital consultants), but there were wide stretches of political imagination between a Conservative medical officer of health, such as Fremantle, and a Socialist GP such as Salter. To claim, as the medical officer for the Trades Union Congress, H. B. W. Morgan, did in his maiden speech to the Commons in July 1929, that "we have, as we have in politics, two opposite views in the medical profession, the one reactionary and the other progressive,"[121] was both to state the truth (depending upon where you stood) and to radically oversimplify it. Of our 159, 38 stood as Conservatives (29 successfully); 50 stood for Labour (20 successfully); 45 for the Liberal Party (13 successfully); 15 as Independents (2 successfully); and 24 for other parties (11 successfully)—several standing at different times for different parties. Sprinkled among them were Scottish Nationalists (R. McIntyre), Communists (R. Dunstan), Fascists (R. Forgan), and Commonwealthists (Dorothy Sharpe), not to mention theosophists (E. H. Stancomb), Catholics (H. B. W. Morgan), anti-birth-controllers (H. Sutherland), and antivaccinationists (W. Collins). And they emerged from different political milieus: at least 49 of the 159 gained their appetite for national politics through local or municipal politics, while another 40 gained theirs through regional and national medical politics (36 through the BMA). Eighteen were involved with the Socialist Medical Association; 12 with the Medical Practitioners' Union; and 9 had backgrounds in Irish politics. Regionalism could further divide them: 51 were from London, 49 from the north of England, 17 from the south, 17 from Scotland, 5 from Wales, 12 from Ireland, with 8 unknown. Gender played a lesser role in differentiating them, since only 5 were women.

Given this diversity, those who sought to harness medical opinion in the House could do little more than try and make the best of what came their way, currying allies where they could. Two days after the election on 6 December 1923, for example, Cox wrote to Fremantle:

> So far as I can see at present there are four Labour medical M.P.s of whom you know one—[John Henry] Williams of Burry Port. He seems to be of no particular account. But the other three are pretty good stuff if only they were not taken with the whole-time Medical Service heresy. Somerville Hastings and Haden Guest are very good, sound and decent fellows, whom I think you

121. H. B. W. Morgan, *Hansard's Parliamentary Debates*, vol. 230, 15 July 1929, cols. 105–6.

> will find useful. . . . [George E.] Spero, the new Liberal medical M.P. is, I am told, an active and able youngish man. He is in practice at Leicester.[122]

Spero, who had qualified only four years before this and who simultaneously sought his fortune in radio manufacturing, was in fact compelled to forfeit his seat in April 1930 upon being declared bankrupt.[123] Clearly, even those with corporate designs could be both thrown by events and beguiled by personalities uncertain or unknown.

Conclusions

By any standards, the "movement" to place doctors in Parliament in interwar Britain cannot be reckoned a success. In numerical terms, if in no others, it hardly begins to compare with the rise of the physician-legislators of late nineteenth-century France—by some accounts, "one of the most striking features of modern political history."[124] From the perspective of the British medical profession today, the movement might be seen as flawed from the outset, inasmuch as it was not calculated to enroll the public or instill a popular faith in the profession. In this respect, British medical MPs were unlike their French counterparts, who secured their place partly on the basis of a popular mandate to heal the body politic in the wake of the Franco-Prussian War.[125] German doctors, too, after World War I—desperate for precisely such a mandate—sought Reichstag representation partly as a means to "educate the people" as to the value of the profession.[126] The movement in Britain, however, was

122. Cox to Fremantle, 8 December 1923, BMAA, SA/BMA/H.5. See also Cox to Sir Thomas Watts, MP, 24 January, 19 November, 8 December 1923, SA/BMA/H.6. J. H. Williams (LSA 1902) was indeed of "no particular account," politically speaking: a partner with his son in general practice in Burry Port, Carmarthen, he was also a member of the Middle Temple and a Justice of the Peace. During his parliamentary career, which lasted from November 1922 until his death in February 1936, he frequently spoke in the House on medical issues, but was not watchful of the interests of the medical profession.

123. Spero first stood unsuccessfully as a Liberal for West Leicester in November 1922, aged twenty-eight, campaigning on "consumption caused by shortage of houses and the high price of good food" (*Lancet*, 11 November 1922, p. 1043). Elected for Stoke Newington the following December, but defeated in October 1924 (having been the only person that year to receive anything from the BMA's Parliamentary Election Fund), in 1925 he joined the Labour Party, and was elected for Fulham West in May 1929.

124. Theodore Zeldon, *France, 1848–1945,* vol. 1: *Ambition, Love and Politics* (Oxford: Oxford University Press, 1973), p. 23, quoted in Ellis, *Physician-Legislators* (n. 1), pp. 9–10.

125. Bertrand Taithe, *Defeated Flesh: Welfare, Warfare and the Making of Modern France* (Manchester: Manchester University Press, 1999).

126. Lerner, *Hysterical Men* (n. 11), chap. 7.

intended primarily as a means to protect the profession against legislation that might circumscribe its economic freedom and monopoly. Rarely was the public appealed to, and more rarely still did the public spontaneously endorse medical representation.[127] The elitist, undemocratic wont of the profession's leaders was too well known.[128] Add to this the fragmented nature of the profession over the interwar period, and it is hardly surprising that medical MPs were vulnerable to each and every practical obstacle that Cox and others had anticipated. Consistently, party-political, constituency, and personal interests and ambitions overrode or cut across those of profession.[129] Not only were relatively few doctors successful in their bid to enter the House, but few of those who succeeded held corporate interests uppermost. Fremantle is one of the exceptions, although even he had other interests and was careful to be seen acting not simply as a toady for the BMA. By the mid-1930s it was clear to both the BMA and the Medical Practitioners' Union that the use of paid parliamentary delegates was a far more efficient and reliable means to safeguard medical interests in the Commons than attempting to locate and fund prospective medical representatives. The BMA, unable to pursue "delegation" as much as it would have liked, more or less reverted to its nineteenth-century extraparliamentary strategy of lobbying MPs—albeit with diminishing emphasis vis-à-vis other professionalizing strategies.[130]

Within the Commons, medical MPs evinced little professional cohesion, even though the profession as a whole was often vilified for acting like a trades union.[131] Ironically, in the 1930s, in a context of sharpened party politics and ideological divide, there were signs of greater professional bonding. In 1935, the editor of the *BMJ* felt that "never before has the medical profession been represented in Parliament with so much unity and efficiency. And never, according to competent observers, has Parliament shown less of the old suspicion of 'the doctors.'"[132] Significantly, the *BMJ* neglected even to list the twenty-four medical candidates

127. An exception is Sir G. Lenthal Cheatle's "Ministers of Health—Defend Us?" *Nineteenth Cent.*, 1923, *149:* 30–38, which argued that a Ministry of Health without a medical man in charge was like *Hamlet* without the Prince. However, Cheatle was the elder brother of the distinguished FRCS, Arthur Henry Cheatle (1866–1929).

128. On these features of the Royal College of Surgeons and the General Medical Council, see Bayly, *Triple Challenge* (n. 113), pp. 297–99, 308–10.

129. For the limits this placed on the ability of the BMA to speak for the profession as a whole, see Webster, *National Health Service* (n. 4).

130. See Eckstein, *Pressure Group Politics* (n. 5); Stewart, *British Pressure Groups* (n. 89).

131. See, e.g., *BMJ Suppl.*, 22 December 1928, p. 268; and, on this "false impression," 5 January 1929, p. 5.

132. "The Parliamentary Session," *BMJ*, 2 November 1935, pp. 845–46, at p. 846.

competing in the 1935 election. Revealing, too, is the delivery of Fremantle's Chadwick Lecture in November 1936, "The *Doctor's Mandate* in Parliament" (italics mine), which emphasized the political independence of doctors in the House—"regardless of dogmas or precedent."[133] Such omissions and commissions were intended, in effect, to stabilize the boundaries between medicine and politics within the profession. In the parliamentary sphere, as in the medical trade generally, this was a professionalizing and social-status-seeking move—a means to appear consensus-orientated, as opposed to conflict-directed in the manner of trades unions.

Such aspirations were apparent from the start of the "movement" to place doctors in Parliament, as reflected most startlingly perhaps in the fact that nearly 30 percent of the interwar parliamentary aspirants stood for the Liberal Party. By the early 1920s it was widely apparent that the Liberals would never get back into power, yet "Liberal" continued to signify the assertion of meritocratic values and social welfare interests over those of "party" (where "party" equaled the protection of landed or inherited wealth and status or, increasingly, the interests of organized labor). Even in the 1940s there were would-be medical MPs who preferred to campaign under a "Liberal" rather than an "Independent" ticket.[134] For the BMA, this above-party professional image was expedient in a context in which it was coming to represent some 70 percent of doctors on the *Medical Register,* many of whom were not "professionals" in the Victorian sense, but rather (like teachers) salaried employees of the state or local government.[135] Yet, in part because of these growing professional differences and the sharpening political divisions of the times, an above-party professional image was difficult to sustain. As the BMA knew well from the pile of hostile letters it received from its members after funding the Labour candidate Leslie Haden-Guest in 1935, an "above-party" political consensus within the medical profession was far from being established.[136]

133. Fremantle, *Doctor's Mandate* (n. 26), p. 4.

134. BMA secretary Charles Hill, for example, stood unsuccessfully as an Independent for Cambridge University in 1945, but thereafter successfully campaigned as a "Liberal-Conservative."

135. In July 1945 the BMA reached a membership of 50,000 for the first time (*BMJ,* 28 July 1945, p. 125), by which date there were 69,003 registered practitioners (*Medical Directory,* 1946, p. viii).

136. See Charles Webster, "Conflict and Consensus: Explaining the British Health Service," *Twentieth-Cent. Brit. Hist.,* 1990, *1:* 115–51. For the BMA correspondence on Haden-Guest, see BMAA, SA/BMA/H.5.

The more profound change in the medical profession's persona in Parliament during the interwar period took place not in the Commons, but in that "other place." Whereas before World War I there was only one medical Lord—Lord Lister[137]—by the mid-1930s there were three, all of whom were eminent as both consultants and medico-political activists: Tommy Horder, Bertrand Dawson, and Berkeley Moynihan. In the company of medical philanthropists such as Beaverbrook, John Baring (Lord Revelstoke), and Viscount Nuffield, these men exercised and reaped far more authority than they could have had in the Commons. And in the much less politically adversarial surroundings of the Lords, doctors could chose their duties to fit their gentlemanly lifestyles. As Sir James Crichton-Browne remarked in 1936, the "exigencies of medical practice [that] were incompatible with the [political] performance of Parliamentary duties . . . did not apply in an equal degree to the House of Lords."[138] In effect, even before the university seats were abolished in 1948 by the Representation of the People Act, the House of Lords had begun to replace them as the medical profession's parliamentary power base. The upper house was no place for the machinations of the BMA, however; ruling here were the quiet, informal networks of power of the consultant elite of the Royal Colleges. Significantly, perhaps, by 1955 the Medical Practitioners' Union (having lost out to the BMA in terms of members and influence, and anxious now to advertise itself as "nonpolitical") was holding its annual dinners in the House of Lords.[139]

While the number of prospective medical candidates for Parliament may inform us on the state of the medical profession between the wars, the number of doctors elected to Parliament cannot be taken to index the power of the profession, nor even medical opinion in the Commons. After all, many MPs without medical training often spoke authoritatively on medical matters. An indeterminate number of them had vested medical interests, ranging from involvement in pharmaceutical companies to the governing of voluntary hospitals and other medical charities—to say nothing of significant personal relations with powerful members of the medical elite.[140] Some also had keen interests in medico-politics,

137. *BMJ*, 8 January 1910, p. 100.

138. Crichton-Browne, in Fremantle, *Doctor's Mandate* (n. 26), pp. 19–20. See also Taylor, *Natural History of Everyday Life* (n. 13), pp. 47, 53–54.

139. MPU Minutes, 11 May 1955, MPUA.

140. See Haxey, *Tory M.P.* (n. 35), p. 84. Eckstein, *Pressure Group Politics* (n. 5), p. 77 n. 1, cites the example of Sir Frederick Messer, a Labour MP who was chairman of the Central Health Services Council, a member of the Ministry of Education Advisory Committee on Handicapped Children, VP of the Medical Superintendents Society, and chairman of the

sufficient to make them sought-after allies on the Medical Parliamentary Committee.[141] While other nonmedical MPs were not averse to reminding their colleagues that "doctors were as prone to be cranks as other people,"[142] some held views decidedly antagonistic to the profession and were able effectively to assert them in Parliament.[143] Often these were MPs (and sometimes cabinet ministers) who had had positive experiences with alternative healers and faddists of one sort or another; in the tradition of nineteenth-century ideologues of free trade, they were only too happy to challenge the profession's would-be monopoly on healing.[144]

On the other hand, as indicated above, there were medically trained MPs who rarely if ever invoked the authority of "speaking as a medical man" or as the "sons of Hippocrates."[145] A survey of the maiden speeches of fifty-two of the interwar medical MPs reveals that nearly 50 percent chose to speak on nonmedical subjects. The few doctors who made it to the front benches—most prominently, Addison, Geddes and Walter Elliot—never allowed themselves, or desired, to be identified with the profession's corporate interests: their professionalism lay with politics, not medicine. As for those medical MPs who did talk medicine in the

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Industrial Orthopaedic Society, among many similar positions. Among other MPs with strong medical interests were C. W. Bowerman (who, along with J. R. Clynes, was prominent in the People's League of Health), John Buchan, Sir William Martin Conway, David Ennals, Sir Ian Fraser, Sir John Gorst, F. W. Jowett, Sir Philip Magnus, Eleanor Rathbone, J. F. Rawlinson, and Henry Willink. William Woolcock, prior to becoming Liberal MP for Hackney (1918–22), was secretary of the Pharmaceutical Society; he became chairman of the Committee on Medical Supplies in the House of Commons. William Woolley (Liberal MP for the Spen Valley, 1940–45), parliamentary private secretary to Ernest Brown when Brown was Minister of Health, was also a member of the Pharmaceutical Society.

141. For example, in 1929 the BMA clearly hoped that the barrister and lay member of the General Medical Council (and future Minister of Health) Sir Hilton Young would join the MPC: see *BMJ* editorial, 15 June 1929, p. 1088.

142. Hubert M. Medland, Labour MP, quoted in "Compulsory Treatment of the Injured Worker?" *Lancet,* 8 December 1945, p. 756.

143. Noel E. Buxton, for example, effectively challenged Cheyne's opposition to bonesetters (*Hansard,* vol. 97, 14 August 1917, cols. 1080–83); in the tradition of the antivivisectionist stockbroker MP Frederich Banbury, George Lansbury, the future leader of the Labour Party, opposed vaccination (*Hansard,* vol. 165, 28 June 1923, col. 2623).

144. "Why should the doctors not give up some of the Act of Parliament Trade Union privileges just as the workers have done?" demanded John Hodge, the Minister of Labour, in correspondence with Lloyd George in March 1917 (House of Lords Record Office, Lloyd George correspondence F/27/5/11, 14 March 1917, cited in Helen Bettinson, "'Lost Souls in the House of Restoration'? British Ex-Servicemen and War Disability Pensions, 1914–1930" [Ph.D. diss., University of East Anglia, 2002], p. 207).

145. The latter appears in the maiden speech of Dr. William J. O'Donovan: *Hansard,* vol. 260, 2 December 1931, col. 1175.

House, many soon found (as Fremantle did) that medical opinion was not wanted for its own sake, so much as for glossing policy decisions already made by government ministers.[146] Cheyne may well have spoken "with authority and without dogmatism on what he knew" (as an obituarist lauded),[147] but most medical MPs, if they cared at all, would have recognized the large gulf that existed between their profession's rhetoric for entering Parliament—the effectiveness of firsthand advocacy of medical opinion[148]—and the realities facing them once within the Commons. Over specific issues, moreover, whether therapeutic or medico-political, medical MPs frequently expressed contrary views. As a result, they were easily kept divided.

I have not sought in this paper to address the question of medical authority in Parliament—whether witnessed by insiders or outsiders, and whether on the floor of the House, in the Lords, or in committees. Along with an analysis of medical discourse in Parliament and its possible material power, this topic remains one for future research—research perhaps best conducted through attention to specific debates.[149] Also left untouched is the question of the relative importance of local as opposed to national assemblies for medico-politics, and the interactions between local constituency issues and medical professional ones. Nor, finally, have I pursued the possibly deeper cognitive relations existing between "doing medicine" and "doing politics."

More modestly, I have sought to identify and illuminate the neglected historical narrative of doctors' efforts to enter Parliament in interwar Britain. For the most part, the story is one of a less-than-successful experiment in pressure-group politics, and of the shifting and competitive strategies involved in the effort to gain a protectionist voice within the national legislature. While providing a further window on the troubled politics of medicine during the interwar years, the story also reflects the wider culture of politics, health care, and would-be expertise within which, and through which, those troubles—the divisions in the profession—were expressed. For the profession to have successfully exercised corporate interests in Parliament it would have had to have precisely that cohesiveness which the history of the efforts to promote medical MPs in

146. *Hansard,* vol. 144, 8 July 1921, cols. 841–45.

147. *Lancet,* 30 April 1932, pp. 963–65, quotation on p. 964.

148. See Harman, "Parliamentary Representation" (n. 69), pp. 408–9.

149. For contemporary examples, see Michael Mulkay, *The Embryo Research Debate: Science and the Politics of Reproduction* (Cambridge: Cambridge University Press, 1997); Marta Kirejczyk, "Parliamentary Cultures and Human Embryos: The Dutch and British Debates Compared," *Soc. Stud. Sci.,* 1999, *29:* 889–912.

interwar Britain reveals as wanting. Hence, from this case study, it is by no means evident simply from the fact that professionals sought to enter Parliament that the making of "professional society" was also entered upon, or that the number alone of such professional parliamentary aspirants bears its signature. If professional society is that in which specialized expert interests and social ideals govern, or at least inform governance, there is little in the material presented here to suggest that the medical profession as a profession added anything to it—nor at all that doctors enhanced their own self-rule through their Parliamentary initiatives.

Appendices

Appendix 1. Medical MPs, 1918–1945 (inclusive)

Name	Qualified	In House of Commons	Party
Addison, C. (1869–1951)	1891	1910–22, 1929–31, 1934–35	Lib., Lab. ('29+)
Baird, John (1906–65)	1929	1945–64	Lab.
Bentham, Ethel (1861–1931)	1895	1929–31	Lab.
Berry, George A. (1853–1940)	1876	1922–31	Con.
Boyd-Orr, John (1880–1971)	1912	1945–46	Ind.
Chapple, Wm. Allan (1864–1936)	1897	1910–18, 1922–24	Lib.
Cheyne, Wm. Watson (1852–1932)	1875	1917–22	Con.
Clitherow, Richard (1902–47)	1945	1945–47	Lab.
Collie, R. John (1860–1935)	1885	1922–23	Lib. (Nat.)
Collins, Wm. J. (1859–1946)	1882	1906–10, 1916–18	Lib.
Comyns, Louis (1904–62)	1932	1945–50	Lab.
Cooke, James D. (1879–1949)	1903	1931–45	Con.
Craik, Sir Henry (1846–1927)	n/a	1906–27	Con.
Crowley, John F. (?–1934)	1897	1918–27	S.F.

Name	Qualified	In House of Commons	Party
Cusack, Bryan (?–?)	?	1918–23	S.F.
Davies, A. V. (1872–1942)	1895	1924–31	Con.
Dillon, J. (1851–1927)	ca. 1875	1885–1918	Ire. Nat.
Dixon, C. Harvey (1862–1923)	1887	1922–23	Con.
Elliot, Walter (1888–1958)	1913	1918–22, 1924–45	Con.
Farquharson, Alex. Chas. (1864–1951)	1891	1918–22	Lib.
Forgan, Robert (1891–1976)	1915	1929–31	Lab./Fasc.
Fremantle, F. E. (1872–1943)	1897	1919–43	Con.
Geddes, A. C. (1879–1954)	1908	1917–20	Con.
Graham-Little, E. G. G. (1867–1950)	1892	1924–50	Ind.
Haden-Guest, L. (1877–1960)	1900	1923–27, 1937–50	Lab.
Haslam, Henry C. (1870–1948)	1896	1924–45	Con.
Hastings, S. (1878–1967)	1902	1923–24, 1945–59	Lab.
Hayes, R. F. (1882–1958)	1905	1918–24	S.F.
Hill, A. V. (1886–1977)	1918	1940–45	Ind. Con.
Hillman, G. B. (1867–1932)	1892	1931–32	Con.
Howitt, A. B. (1879–1954)	1905	1931–45	Con.
Hunter, Joseph (1875–1935)	1898	1929–35	Lib.
Jackson, Henry (1875–1937)	1914	1924–29, 1931–37	Con.
Jeger, Santo W. (1898–1953)	1923	1945–53	Lab.
Kerr, John Graham (1869–1957)	n/a	1935–50	Con.
Leech, Jos. Wm. (1865–1940)	1896	1931–40	Con.

Name	Qualified	In House of Commons	Party
Linstead, Hugh (1901–87)	n/a	1942–64	Con.
Luce, R. H. (1867–1952)	1893	1924–29	Con.
Lynch, A. A. (1861–1934)	1908	1909–18	Ire. Nat.
McCartan, Patrick (1883–1963)	1910	1918–23	S.F.
McDonald, B. F. P. (1861–1931)	1886	1918–22	Con.
McIntyre, Robert (1913–98)	1938	1945 (April–July)	Scot. Nat.
Molloy, L. G. S. (1861–1937)	1889	1922–23	Con.
Molson, John E. (1863–1925)	1890	1918–23	Con.
Morgan, H. B. W. (1885–1956)	1909	1929–31, 1940–55	Lab.
Morris-Jones, J. H. (1884–1972)	1906	1929–50	Lib. (Nat.)
Murray, Donald (1862–1923)	1890	1918–22	Lib.
Neven-Spence, Basil (1888–1974)	1911	1935–50	Con.
O'Donovan, Wm. J. (1886–1955)	1909	1931–35	Con.
O'Neill, Charles (1849–1918)	1886	1909–18	Ire. Nat.
Pollard, George (1864–1918)	1890	1906–18	Lib.
Price, R. J. (1854–1926)	1876	1892–1918	Lib.
Raw, Nathan (1866–1940)	1888	1918–22	Con.
Russell-Wells, Sydney (1869–1924)	1893	1922–24	Con.
Ryan, James (1892–1970)	1917	1918	S.F.
Salter, Alfred (1873–1945)	1895	1922–23, 1924–45	Lab.
Segal, Samuel (1902–85)	1927	1945–50	Lab.
Shiels, Th. D. (1881–1953)	1924	1924–31	Lab.

Name	Qualified	In House of Commons	Party
Sinclair, Prof. T. (1857–1940)	1881	1923–40	Con.
Spero, G. E. (1894–?)	1919	1923–24, 1929–30	Lib.-Lab.
Stoddart-Scott, Malcolm (1901–73)	1926	1945–73	Con.
Stross, Barnett (1899–1967)	1925	1945–66	Lab.
Summerskill, Edith C. (1901–80)	1924	1938–61	Lab.
Taylor, Stephen J. L. (1910–88)	1934	1945–50	Lab.
Thomas, Ab. G. (1853–1931)	1876	1917–18	Lib.
Thomas, Wm. S. R. (1896–1957)	1919	1940–45	Lib. (Nat.)
Watts, Thomas (1868–1951)	1889	1922–23, 1924–29	Con.
Whitla, Wm. (1851–1933)	1873	1918–23	Coalition Unionist
Williams, J. H. (1870–1936)	1902	1922–36	Lab.
Williams, Th. S. B. (1877–1927)	1901	1923–24	Lab.
Woods, Robert H. (1865–1938)	1889	1918–22	Ind. Unionist
Worthington, John V. (1872–1951)	1895	1931–35	Lab. (Nat.)

Source: Who's Who of British Members of Parliament, vol. 3: *1919–1945*, ed. M. Stenton and S. Lees (Brighton: Harvester Press, 1979).

Appendix 2. Unsuccessful Medical Candidates, 1918–1945 (inclusive)

Name	Qualified	Candidature	Party
Aikman, K. A. (1887–1940)	1913	[1935][a] (Redhill, Surrey)	Con.
Allison, T. M. (?–1928)	1893	1918 (Morpeth)	Nat. Dem. & Lab.
Ambrose, R. (1855–1940)	1883	1918 (Whitechapel)	Lab.
		1922 (Whitechapel)	Lab.
Barlow, Richard A. (?–ca. 1936)	1913	1935 (Edinburgh)	Lib.

Name	Qualified	Candidature	Party
Bates, H. B. (1869–ca. 1940)	1891	1922 (Newton, Lancashire)	Unionist
		1923 (Newton, Lancashire)	Unionist
Bayly, H. Wansey (1874–1946)	1900	1922 (Sutton, Plymouth)	Ind. Unionist
**Bennett, Reginald (1911–2001)	1937	1945 (Woolwich)	Con.
*Bentham, Ethel (1861–1931)	1895	1922 (Islington E.)	Lab.
		1924 (Islington E.)	Lab.
Boyde, Harry C. (1903–52)	1925	[1938][b] (Islington E.)	Lab.
Brackenbury, H. B. (1866–1942)	1887	1922 (Walthamstow E.)	Lib.
		1937 (Eng. Univs.)	Ind.
Bradford, J. Rose (1863–1935)	1886	1924 (Univ. London)	Con.
Brook, C. W. (1901–83)	1925	1929 (Balham & Tooting)	Lab.
		1935 (Smetherwick)	Lab.
Brookes, Clifford (?–ca. 1939)	1903	1918 (Derby)	Lib.
Brown, L. Graham (1888–1950)	1920	1945 (Luton)	Lib. Nat.
Browne, Leonard F. (1887–1960)	1909	1945 (Penrith & Cockerm.)	Lab.
Bushnell, F. G. (1868–1941)	1890	1924 (Univ. London)	Lab.
		1929 (Birm.)	Lab.
		1931 (Taunton)	Lab.
Buzzard, Farquhar (1871–1945)	1898	1935 (Oxford Univ.)	Con.
		1937 (Oxford by-election)	Con.
Campbell, Donald (1883–1949)	1915	1918 (Paddington N.)	Ind.[c]
Cavanagh, Denis J. (?–?)	1928	1945 (Londonderry)	Ire. Nat.
Churchill, Stella (1883–1954)	1917	1924 (Hackney)	Lab.
		1929 (Brentford)	Lab.
Clark, Gavin B. (1846–1930)	1873	1918 (Glasgow)	Lab.
*Cooke, James D. (1879–1949)	1903	1945 (Hammersmith)	Con.
**Cooke-Taylor, C. R. (1884–1939)	1927	1918 (Dulwich)	Lib.
		1923 (Dulwich)	Lib.

Name	Qualified	Candidature	Party
**Cooke-Taylor, C. R. *(continued)*		1924 (Dulwich)	Lib.
		1929 (Dulwich)	Lib.
		1931 (Dulwich)	Lib.
		1932 (Dulwich)	Lib.
		1935 (Dulwich)	Lib.
Crone, J. S. (1858–1945)	1882	1918 (Willesden)	Lib.
Crossley-Holland, F. W. (1878–1956)	1924	1922 (Hemsworth, Yorks.)	Nat. Lib.
Davies, Richard (?–ca. 1946)	1897	1918 (Cheltenham)	Ind.
*Dillon, John (1851–1927)	ca. 1875	1918 (Mayo E.)	Nat.
Dunstan, R. (1877–ca. 1961)	1900	1918 (Moseley, Birm.)	Lab.
		1922 (Ladywood, Birm.)	Lab.
		1923 (Ladywood, Birm.)	Lab.
		1924 (Birmingham W.)	Comm.
		1927 (Birmingham W.)	Lab.
		1929 (Bethnal Green)	Comm.
		1931 (Birmingham)	Lab.
Finucane, M. I. (1865–1934)	1887	1931 (Westminster)	Lib.
Flitcroft, Thomas (1861–1938)	1883	1918 (Farnworth, Lancashire)	Lib.
Gleeson, O. (?–ca. 1947)	1915	1923 (Portsmouth N.)	Lab.
		1924 (Portsmouth N.)	Lab.
		1931 (Portsmouth N.)	Lab.
Gordon, G. A. D. (?–?)	1908	1945 (Richmond)	Lib.
Gregg, E. A. (1881–1969)	1909	1925 (St. Pancras)	?Lab.
Guyster, Bernard (?–ca. 1991)	1926	1945 (Leyton W.)	Lib.
*Haden-Guest, Leslie (1877–1960)	1900	1918 (Southwark)	Lab.
		1922 (Southwark)	Lab.
		1927 (Southwark)	Ind.
		1929 (Salford N.)	Con.
		1931 (Wycombe)	Lab.
		1935 (Brecon)	Lab.
*Hastings, Somerville (1878–1967)	1902	1922 (Epsom)	Lab.
		1924 (Reading)	Lab.
		1931 (Reading)	Lab.
		1935 (Reading)	Lab.

Name	Qualified	Candidature	Party
Hayward, C. W. (1864–ca. 1954)	1918	1922 (Kensington N.)	Lib.
Hayward, Joseph J. (?–ca. 1989)	1942	1945 (Abertillery)	Nat.
Hefferman, L. W. (1895–1957)	1920	[1939][d] (Swansea E.)	Nat. Lib.
Herringham, Wilmot (1855–1936)	1888	1918 (Univ. London)	Ind.
**Hill, Charles (1904–89)	1927	1945 (Cambridge Univ.)	Ind.
Hill, T. Rowland (1903–67)	1926	1945 (Camborne)	Lib.
Jacobs, Elizabeth (?–ca. 1986)	1925	1935 (Marylebone)	Lab.
		1945 (Marylebone)	Lab.
*Jeger, Santo W. (1898–1953)	1923	1935 (St. Pancras)	Lab.
**Johnson, D. McI. (1903–78)	1926	1935 (Bury)	Lib.
		1937 (Bewdley)	Lib.
Kerr, James (1861–1941)	1891	1929 (Scot. Univs.)	Lab.
Kynaston, John (?–?)	1885	1918 (Bilston, Staffs.)	Lab.
Lawrence, Sidney C. (?–ca. 1928)	1883	1922 (Eng. Univs.)	Con.
Levick, H. D. (1866–1958)	1891	1922 (Middlesbrough)	Lib.
		[1935][e] (Middlesbrough)	Lib.
Lunn, Henry (1859–1939)	1887	1923 (Brighton)	Lib.
Lyburn, Eric F. (?–ca. 1977)	1930	1945 (Tonbridge)	Ind.
*Lynch, Arthur Alfred (1861–1934)	1908	1918 (Battersea)	Lab.
		1922 (Hackney)	Lab.
Lynch, J. J. (?–ca. 1927)	1888	1924 (Walsall)	Ind.
Lyons, R. (1864–ca. 1935)	1890	1929 (Hendon)	Lab.
Lyster, R. A. (1873–1955)	1900	1929 (Winchester)	Lab.
		1931 (Winchester)	Lab.
		1935 (Preston)	Lab.
Macdonald, Peter (1870–1960)	1894	1918 (Scot. Univs.)	Lab.
MacIver, I. H. (1893–ca. 1957)	1923	1924 (Argyllshire)	Lab.

Name	Qualified	Candidature	Party
McDougall, Percy (?–ca. 1942)	1894	1935 (Manchester)	Ind.
McKee, John Th. (?–?)	1910	1923 (Armagh)	S.F.
McWalter, James C. (1868–1921)	1897	1918 (Dublin Univ.)	Ire. Nat.
Milligan, Wm. (1864–1929)	1886	1922 (Salford W.)	Lib.
Milner, Guy C. (?–ca. 1984)	1926	1945 (Orpington)	Ind.
Moir, John L. (1882–1945)	1908	[1939][f] (Ardwick)	Con.
Moon, R. O. (1865–1953)	1896	1922 (Wimbledon)	Lib.
		1924 (Oxford)	Lib.
		1929 (Oxford)	Lib.
*Morgan, H. B. W. (1885–1956)	1909	1922 (Camberwell)	Lab.
		1923 (Camberwell)	Lab.
		1924 (Camberwell)	Lab.
Murray, David S. (1900–1977)	1925	1945 (Richmond)	Lab.
*Neven-Spence, Basil H. (1888–1974)	1911	1929 (Ork. & Shet.)	Con.
Newell, A. G. (1872–ca. 1953)	1894	1923 (Tottenham S.)	Lib.
		1931 (Tottenham S.)	Lib.
Newton, Gerald D. (?–ca. 1934)	1915	1918 (Morpeth)	Ind.
Orr, J. Fraser (?–ca. 1945)	1901	1929 (Linlithgow)	Lib.
Osburn, A. C. (1876–1952)	1902	1923 (Walsall)	Lab.
Pemberton, W. B. J. (?–ca. 1974)	1920	1945 (Bermondsey)	Lib. Nat.
Rickards, Esther (1893–1977)	1920	1931 (Paddington)	Lab.
Ridge, R. L. (1880–1958)	1905	1931 (Enfield)	Lib.
Rivers, W. H. R. (1864–1922)	1888	1922[g] (Univ. London)	Lab.
Robinson, Jos. (1879–1964)	1913	1924 (Stretford)	Lab.
		1929 (Manchester Withington)	Lab.
Ross, Wm. C. (1878–ca. 1942)	1900	1934 (Edinburgh Univ.)	Lib.

Name	Qualified	Candidature	Party
**Rutherford, V. H. (1860–1934)	1887	1918 (Bishop Auckland)	Lib.
		1920 (Sunderland)	Lab.
		1922 (Sunderland)	Lab.
Ryle, J. A. (1889–1950)	1913	1940 (Cambridge Univ.)	Ind.
*Segal, Samuel (1902–85)	1927	1935 (Tynemouth)	Lab.
		1939 (Aston)	Lab.
Sharpe, Dorothy (1903–78)	1930	1945 (Chelsea)	Common Wealth
Shaw, J. V. (?–ca. 1946)	1895	1929 (Ilkeston, Derb.)	Lib.
Simpson, R. W. (1879–ca. 1934)	1904	1922 (Newcastle upon Tyne)	Lib.
		1923 (Newcastle upon Tyne)	Lib.
		1931 (Newcastle upon Tyne)	Lib.
Sixsmith, C. F. G. (?–ca. 1936)	1892	1918 (Glamorgan)	Ind.
Smith, A. W. L. (?–?)	1923	1941 (Birm. King's Norton)	Ind.
Smith, W. R. (1850–1932)	1879	1918 (Scot. Univs.)	Ind.
Stancomb, E. H. (?–1942)	1882	1922 (Southampton)	Ind.
Stevenson, R. Scott (1889–1967)	1912	1945 (Fife)	Lib. Nat.
Stewart-Sandeman, Laura (1862–ca. 1928)	1903	1924 (Aberdeen)	Con.
*Stross, B. (1899–1967)	1925	1939 (Stoke-on-Trent)	Lab.
Summerskill, W. H. (1901–80)	1924	1929 (Wandsworth)	Lib.
Sutherland, Halliday (1882–1960)	1908	1945 (Scot. Univs.)	Lab.
Swietochowski, G. (?–ca. 1951)	1912	1935 (Paddington N.)	Lib.
Tarachand, N. M. (?–ca. 1926)	1893	1918 (Mansfield)	Ind.
*Thomas, Wm. S. R. (1896–1957)	1919	1931 (Illford)	Lib.
		1935 (Aberdeen)	Lib.
Todd, D. F. (?–1945)	1890	1922 (Chester le Street)	Unionist

Name	Qualified	Candidature	Party
Townsend, Eric (1908–71)	1931	1945 (Skipton)	Lib.
Williams, J. Harley (1901–74)	1923	1937 (Scot. Univs.)	Ind.
		1938 (Scot. Univs.)	Ind.
Wilson, R. McN. (1882–1963)	1904	1922 (Saffron Waldon)	Lib.
		1923 (Saffron Waldon)	Lib.
		1931 (Saffron Waldon)	Lib.

Sources: British Medical Journal; Lancet; "Parliamentary Representatives," British Medical Association archives, Centre for Contemporary Medical Archives, Wellcome Library for the History and Understanding of Medicine, London; *Who's Who; Who's Who of British Members of Parliament*, vols. 2–4, ed. M. Stenton and S. Lees (Brighton: Harvester Press, 1978, 1981); *Medical Directory*; F. W. S. Craig, ed., *British Parliamentary Election Results, 1918–1949*, 3rd ed. (London: Parliamentary Research Services, 1983).

* Also among successful candidates 1918–45.
** Secured election either before 1918 or after 1945.

[a] Aikman wrote to the Medical Secretary of the BMA on 3 April 1935 expressing his interest in standing as a Conservative. There is no evidence of his standing at the General Election of 14 November 1935: BMAA, SA/BMA/H.5.
[b] Boyde was adopted by the Islington East Labour Party in 1938; in the absence of a national election, he never stood in any contest. He was granted £204 by the BMA's Parliamentary Election Committee, 13 April 1938: BMAA, SA/BMA/H.5.
[c] In March 1919 Campbell was adopted by the Paddington Branch of the National Federation of Discharged and Demobilised Soldiers and Sailors to contest the North Paddington constituency: BMA Parliamentary Election Committee, April 1919, "Applications for support from prospective candidates," BMAA, SA/BMA/H.5. The BMA refused to support him.
[d] Hefferman obtained funding from the Medical Practitioners' Union in March and April 1939 for his political campaign for Swansea East (MPU Archives, 8 August 1939). There was, however, no election.
[e] Levick asked for BMA support (BMAA, SA/BMA/H.6); there is no evidence that he stood.
[f] Adopted as the prospective Conservative candidate for Ardwick, Manchester, Moir applied to the BMA for funding on 12 May 1939 (BMAA, SA/BMA/H.6). There was no election.
[g] In April 1922 Rivers accepted an invitation from the Labour Party to stand for the University of London candidacy. However, he died on 4 June 1922, some five months before the election, and was replaced by H. G. Wells (Richard Slobodin, *W. H. R. Rivers: Pioneer Anthropologist, Psychiatrist of "The Ghost Road"* (rev. ed., Thrupp, Stroud, U.K.: Sutton, 1997), pp. 79–81.