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

ROGER COOTER

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

My thanks to Geoffrey Searle and John Stewart for their advice and encouragement. For permission to consult papers in their possession, I am grateful to the University of London; the Royal College of Surgeons; the Royal Society of Medicine; the John Rylands Library, University of Manchester; the Brynmor Jones Library, University of Hull; the Modern Records Centre, University of Warwick; and the Centre for Contemporary Medical Archives, Wellcome Library for the History and Understanding of Medicine. As ever, I am indebted to the Wellcome Trust for its generous support.

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

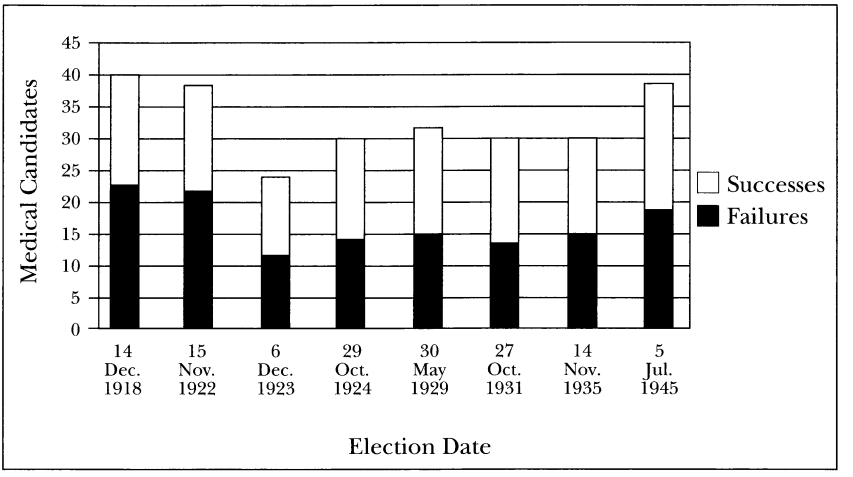

Fig. 1. Medical candidates at general elections, 1918–45. *Sources: British Medical Journal; The Lancet*; Parliamentary Representatives' British Association archives, Centre for Contemporary Medical Archives, Wellcome Library for the History and Understanding of Medicine; *Who's Who; Who's Who of British 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.