Epidemiology, Social Medicine and Public Health

edited by:
Virginia Berridge and Suzanne Taylor

Centre for History in Public Health
London School of Hygiene & Tropical Medicine

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Epidemiology, Social Medicine and Public Health

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Seminar chaired by Professor James McEwan
Edited by Virginia Berridge and Suzanne Taylor

Centre for History in Public Health
London School of Hygiene & Tropical Medicine

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DR NORMAN NOAH Visiting Professor, the University of Rome (La Sapienza) and Secretary of the International Epidemiological Association 1993-1996. Joined LSHTM in 1998, sharing his time with CDSC at Colindale. Specialises in the epidemiology of infectious disease, especially surveillance, and has also published widely on disease outbreaks and vaccines.

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Additional contributors:

The text published here draws on relevant comments by Professor Sir Michael Marmot in the introduction to his paper, and those by Sir Roger Bannister who chaired one of the other conference sessions.

SIR MICHAEL MARMOT Professor of Epidemiology and Public Health, University College London, (1985–); joint Chair at UCL and LSHTM (1990–). Director of the International Centre for Health and Society (1994–); member of the Royal Commission on Environmental Pollution (1995–2002). Fellow of the Royal College of Physicians (elected 1996). Served on the Scientific Advisory Group of the Independent Inquiry into Inequalities in Health (1997–8). Publications include work on coronary heart disease epidemiology, and the social determinants of health.

SIR ROGER BANNISTER Consultant Physician, National Hospital for Neurology and Neurosurgery. Chairman of the Editorial Board of the journal *Clinical Autonomic Research* and editor of *Autonomic Failure*. Dr Bannister is perhaps best known for being the first man to run the mile in under 4 minutes. He has maintained his interest in athletics serving as Chairman of the Sports Council of Great Britain 1971-1974, and as President of the International Council for Sport and Physical Recreation, 1976-1983. Publications include, *1st 4 minutes* (1955) and *Autonomic Failure* (1983), as well as papers on the physiology of exercise, heart illness and neurological subjects.

Citation Guidance

References to this and other witness seminars should take the following form:

> Witness name, in 'Witness Seminar Title', held [date of seminar], ([Organising institution], [date of publication], [full internet address of seminar]), page number of reference [use the number given in the header at the top of the page referenced].

For example, Sir Roger Bannister's comments on the Sports Council should be footnoted as follows:

> Sir Roger Bannister, in 'Epidemiology, Social Medicine and Public Health', seminar held 21 July 2000, (Centre for History in Public Health, 2005, http://www.icbh.ac.uk/witness/hygiene/morris), p.21.

For Harvard reference style, use ([Organisation] Witness Seminar, date of publication) in the text, and the following style in the bibliography:

> 'Witness Seminar Title', held [date of seminar], [organising institution], [date of publication], [full internet address of seminar].

For fuller guidance on the citation of all types of electronic sources, please refer to the H-Net Guide at:

> http://www2.h-net.msu.edu/about/citation/general.html

Further Reading

Jerry Morris, 'Recalling the miracle that was penicillin: two memorable patients,' *Journal of the Royal Society of Medicine'*, 97, (2004) pp.18-19.

Kelly Loughlin, 'Epidemiology, Social Medicine and Public Health. A celebration of the 90th birthday of Professor J.N. Morris', *International Journal of Epidemiology,* 30, (2001) pp.1198-99.

V. Berridge, S. Blume, *Poor Health: Social inequality before and after the Black Report*, (London: Frank Cass 2003).

V. Berridge, 'Jerry Morris', *International Journal of Epidemiology*, 30, (2001) pp.1141-1145.

Epidemiology, Social Medicine and Public Health

Edited by Virginia Berridge and Suzanne Taylor

This witness seminar was held on 21 July 2000 as part of the *Epidemiology, Social Medicine and Public Health Conference***, held at the London School of Hygiene & Tropical Medicine (LSHTM) to celebrate the 90th birthday of Professor Jerry Morris. It was organised by the History Group (now the Centre for History in Public Health) and the Health Promotion Research Unit, at the LSHTM (now the Public & Environmental Health Research Unit (PEHRU). It was co-funded by the Wellcome Trust, LSHTM, the** *British Medical Journal* **and Mars UK. The first section comprises relevant extracts from presentations made by Sir Michael Marmot and Sir Roger Bannister during other parts of the conference. The second section is the transcript of the witness seminar. The witness seminar was chaired by Professor James McEwen. The witnesses included: Professor Eva Alberman; Professor Peter Alberman; Dr Keith Ball; Dame Beulah Bewley; Dr June Crown; Dr Wilfred Harding; Dr Zarrina Kurtz; Professor Tom Meade; Dr Norman Noah; Dr Noel Olsen; Professor Hugh Tunstall-Pedoe and Professor David Simpson. Papers given at the conference by Sir Liam Donaldson, Sir Michael Marmot, Sir Ian Chalmers and others and a survey of Jerry Morris' contribution to public health by Virginia Berridge have been published in a special section of the** *International Journal of Epidemiology* **30, (2001) pp. 1141-5.**

SECTION 1: Extracts from the Conference:

VIRGINIA BERRIDGE We'll turn now to Michael Marmot who is our last speaker this morning. He is Professor of Epidemiology and Public Health at University College, and also Director of the International Centre for Health and Society. Michael tells me that when he came to the School in 1976 he was adopted by Jerry [Morris]. He was in epidemiology, but became a kind of informal member of the group who worked with Jerry, and has continued to be influenced since.

MICHAEL MARMOT

LSHTM

Jerry had a knack of finding people, and I was one of the people he found in the corridor and invited into his room. And then later, after he had so-called retired, he used to come into my room in the School of Hygiene,* and he would sniff the air, and he could always sniff out if you had something new in your office. And he'd sort of look around, 'Hm, yes, I'll have that.' And there was a branch of my lending library in the Morris household in Hampstead. But after a while, he and I both realised that the information flow was actually in the other direction; I got enormously more from him than he got from me, and we used to go off to the A.A., the Architects' Association building in Bedford Square for long lunches, and it was, and continues to be a postgraduate tutorial, not just in epidemiology and public health but in social trends, and it's a relationship that's continued to the present. And as people will know, that library source, as Peter Townsend* just described, that library source of information, and this absolute need to be up to the present with new information. He's the only person who has ever chided me for not watching enough television. Interesting role-reversal for this paternal figure. And of course, when I did get to know him, which was 1976, he was just starting on the Black Report,* and I was just starting work on the Whitehall study looking at inequalities in mortality,* and I was very much influenced, and in ways that, sort of subliminally, and you would go back and then start to read some of what Jerry wrote then and subsequently, and I realise things that I thought were, quote, original, ha ha, unquote, that Jerry had published the thing years and years and years before I had thought of it, and in fact it clearly had come out of these sorts of conversations. What I would like to do this morning is run through briefly from Black* to Acheson,* two decades of research. To run through briefly some of the themes that I think were there in the Black Report, and that many of us have picked up on since. At the time when Black was published in 1980, people said it was suppressed and it sank and had no influence. Well, in fact of course, it had enormous influence. It may not have been published in the usual way that government reports are expected to be published, but it had enormous influence. And right through the 1980s and 1990s it brought together, I mean I'm no historian, and so I don't know how you actually decide what's important and what causes what, but yes, of course we knew about the inequalities in mortality than

Peter Townsend, Centennial Professor of International Social Policy at the London School of Economics and Political Science (LSE) and Emeritus Professor of Social Policy at the University of Bristol.

In 1977, the Labour Government set up the Research Working Group on Inequalities in Health, chaired by Sir Douglas Black. The report was presented to the incoming Conservative Government in 1980 and published in a low-key form. A witness seminar on the Black Report was held at LSHTM in 2000 and is published in V. Berridge and S. Blume (eds.) *Poor Health. Social Inequality before and after the Black Report* (London: Frank Cass, 2003).

Inequalities in Mortality: Marmot's study of over 10,000 civil servants demonstrated a steep gradient of mortality between the principal grades or job classifications in the British Civil Service. M. G. Marmot, 'Social inequalities in mortality: the social environment,' in R.G. Wilkinson (ed.) *Class and Health: Research and Longitudinal Data,* (London: Tavistock Publications 1986) pp.21-34.

Sir Douglas Black, Emeritus Professor of Medicine, Manchester University. See note above on the Black Report.

Sir Donald Acheson, Chief Medical Officer. As former CMO chaired committee set up in 1997 to lead an independent inquiry into inequalities of health in England. A key objective was to contribute to the development of the Government's strategy for health and to recommend an agenda for action in the long term on inequalities. The results of the study were published in: Department of Health, *Report of the Independent Inquiry into Inequalities in Health* (London: HMSO 1998).

were in the Registrar-General's* reports, but Black focused attention on it, and brought, brought together a body of information, and some potential explanations for it, and it stimulated a huge amount of research. So while the Government was busily taking no action on their recommendations, in fact the report itself stimulated a lot of people nationally and internationally to do research in the area. So in fact when the Acheson Committee was convened shortly after the election in May 1997, we had a very different task. I was a member of the Acheson group Independent Inquiry into Inequalities in Health, we had a very different task, because Black had come before, and had done so much of the work in galvanising the thinking that we were in a sense updating, and as Peter Townsend said, our recommendations in many respects were not greatly different from those of Black. We followed in those footsteps. And a bit like Tolstoy in talking about cause and effect in relation to *War and Peace*, you know, Napoleon would always come into a city that he had so-called conquered and knock up some orders on a wall, and sometimes the orders were followed, and then when he conquered Moscow he put the orders up on the wall and the orders weren't followed. And Tolstoy says, the idea that there's a cause and effect between putting the orders up on the wall and what happened next is really a bit fanciful. So that, just as the Government didn't do what Black told them to do, but it had an enormous effect, whether or not the Government does what Acheson recommended they do, there's not simple cause and effect here, it's a step in a process. So the Black Report, and you all know what happened to that; there was *The Health Divide** in 1987 which Margaret Whitehead* did, and a great history, but Peter Townsend will remember it well. When it was dutifully published there was a press conference convened at what was then still the Health Education Council,* and Peter was on the panel, I was on the panel, Sir Douglas* chaired it, John Fox* was there, and perhaps one other, and we turned up and there were a gaggle of journalists, and people were milling about, and then the news came out that the chairman of the Health Education Council had forbidden the press launch to be held on the premises of the Health Education Council of *The Health Divide*, and so Peter led a march through the West End to the rather shabby offices of the Disability Alliance,* and Sir Douglas was chortling away, just having a whale of a time. And he said, 'This

Registrar-General's Office (now known as the Office of Population Censuses and Surveys).

The Health Divide: The Health Education Council, led by David Player, commissioned a follow-up report to the Black Report, written and researched by Margaret Whitehead. This was published in 1987, again with a media furore attendant. Events surrounding publication are recounted in the witness seminar transcript in Berridge and Blume, *Poor Health Social Inequality Before and After the Black Report* (London: Frank Cass, 2003). See also M. Whitehead, 'The Health Divide' in P. Towsend, M. Whitehead and N. Davidson eds. *Inequalities in Health; the Black Report and the Health Divide,* 2nd ed, (London: Penguin, 1992).

Professor Margaret Whitehead, author of *The Health Divide (*see note above). Professor of Public Health, University of Liverpool.

Health Education Council: Predecessor to the Health Education Authority (HEA), now the Health Development Agency. It is a special health authority within the NHS which has statutory responsibility to advise the Government on health education issues.

John Fox, statistician, Director of Statistics at the Department of Health. Previously, OPCS 1975-79; Professor of Social Statistics, City University, 1980-88.

The Disability Alliance was set up in 1974. Its principal aim is to improve the living standards of disabled people by breaking the link between poverty and disability.

has got it on page 1.' And so, they'd learnt nothing by the effort to suppress the Black Report. Indeed it was on page 1. Tackling inequalities in health was the King's Fund Report, *Variations in Health*,* that did sink without trace. Because, what was going on then, there had been this fifteen years of work, research, pent-up demand for something to happen. My personal little insight into it was when I wrote the briefing paper on coronary heart disease for *The Health of the Nation*, which was the Government's White Paper on health strategy in 1991,* and metaphorically sucked my pencil, can't quite suck your word processor, my word processor sucks but never mind. I metaphorically sucked my pencil, to ask myself the question, should I say something about inequalities, or should I not? I thought, on the one hand if I say something about inequalities, they may ditch the whole paper and not take seriously what I say about smoking and cholesterol and over-weight and exercise. On the other hand, if I say nothing about inequalities, in some Orwellian* sense the party's won. You know, self-censorship, that I write a paper on public health strategy and I don't say anything about what's staring you in the face is the major issue to do with cardiovascular disease, which is the social distribution. So, backwards and forwards. Anyway, I did, and I went for it and said, this is a moral issue. We need to take action, because it's the right sort of society we want to have. It's a practical issue, because if heart disease comes down in only half the population, you've got to get twice the reduction to meet your target; and it's a practical issue, because you might take different actions if you took the inequalities into account than if you didn't. For example, a health education strategy might increase inequalities, whereas some other sort of strategy might reduce that. And the effect of all that was, they more or less went snip, snip, snip, to the guff at the beginning about inequalities, but it surfaced in the form of variations. The thought police were in the Department of Health, and the word 'inequality' was stricken from the lexicon. The green pencil of what was then Kenneth Clarke,* who laughingly is seen as being to the left of the Conservative Party, when he tried to get the Registrar-General to, quote, 'do away with this Edwardian notion of social class, and stop reporting the figures by the Registrar-General of social class,' and social class was abolished. So the Tory Government was actually very successful in abolishing inequalities in health. And replacing it

The King's Fund is an independent charitable foundation aimed at improving health. This is a reference to the report A. Smith and B. Jacobson, (eds.) *The Nation's Health,* (London: King's Fund, 1998).

The Health of the Nation was the Government's strategy document for health published in 1991. It was widely criticised by health researchers for ignoring structural issues in relation to health and inequality. Department of Health, *The Health of the Nation: a Consultative Document for Health in England* (London: HMSO 1991).

Orwellian: refers to the work of George Orwell, pseudonym of Eric Arthur Blair (1903-1950), author.

Kenneth Clarke, Conservative politician. Minister of Health, 1982-8, Secretary of State for Health 1988-92, MP for Rushcliffe 1970–.

by variations. But they were seen to be very complex, and so, nothing much happened with this report. And then of course there was Acheson in 1998.

ROGER BANNISTER

I feel rather an outsider at this gathering of epidemiologists, and as I expected you all look very healthy, but none looks healthier than Jerry, and in more robust health, and I'm sure you will all hope to continue your working lives as he has done with the same industry, curiosity, enthusiasm and support from all of us who come anywhere within his aura. Rather oddly, the first time I came to this School I never met him, because I was consigned to the dungeons where there was the only climactic chamber in London, and I was a young National Serviceman, physiologist doctor, in the RAMC,* which you Jerry [Morris] adorned for many years. My task, which was rather self-set, because I didn't particularly want to be sent to the Far East, was to go to Aden* and find out why unacclimatised troops were dying of heat illness. On my return from Aden I was allowed to continue the work in the basement injecting pyrogens* into volunteer soldiers. We lived on sandwiches and tea from a primitive store of food which we assembled in the basement for six weeks. Of course I was not allowed to emerge higher in the building and meet the distinguished figures who were then leading the epidemiological research upstairs.

RAMC: Royal Army Medical Corps.

Aden: capital city and seaport of Aden, later the People's Democratic Republic of Yemen. British Protectorate, 1937-67.

Pyrogens: A fever-producing substance.

But Jerry and I did meet in connection with the Sports Council,* and I was reminded of this when I heard about the Government's reaction to the Black Report. The Sports Council had a ministerial chairman, and we had done research for several years on the number of swimming pools, and the number of sports centres, multi-purpose indoor sports centres we thought the country needed. The combined bill of this, to be paid for and constructed over a number of years, was approaching a billion. Today the Government thinks of 160 billion as a matter of routine, but then it was a big sum, and the Minister said, 'We can't possibly allow you to publish this research, because it will make us look as a Government inadequate, and there's no chance of achieving it.' I rebelled, and when the Government changed, I was put in charge independently, and the results were published and as some of us know about fif-

The Sports Council was set up in 1971, chaired at first by Sir Roger Bannister under whose leadership the Sports for All Programme was developed to encourage everyone to become involved in sport.

teen hundred of these very expensive multi-purpose sports centres were gradually put up. I know that you, Jerry, swim in one such pool several times a week. But it was an interesting experience to me of the way in which governments are very careful about how they react to the publication of figures, even though they may be based on research which has been partly government-financed. Jerry's research was the engine that drove our Sport for All Programme, and his notion of vigorous physical activity is something which had not previously been accurately defined and was based on sound research over the years. I leant very heavily on Jerry personally, and on his works to get Government and local authorities to change their minds, and they diverted funds for example from roads to other uses more beneficial to people. But throughout this notion of Sport for All, there was an obvious dichotomy between high level sport and recreational sport, which more than ninety per cent of the country wishes to engage in. Very few, of course, go on to the heights of Olympic sport, which we all like to watch. Jerry always used to come to a meeting with something he'd seen on television the night before, or read in the newspaper, so in the train this morning I read some words by Simon Jenkins* but I think that possibly Jerry may not read *The Times*. I rather suspect that you don't. So in case you missed this particular paragraph, with your forbearance I will try to read it to you. 'I regard professional sport as a contradiction in terms. It is an industry that happens to make money out of sport. Its capital assets are young bodies, to be squeezed of all their value before being chucked. They are the businesses that governments are now nationalising, capturing them to serve the glory of the State. Politicians who boast the achievements of, quote, 'our sportsmen' are not just martinets; they are fools. Those who see credit for the triumphs of others will be blamed for their defeats.' A few more sentences. 'Professional sport is not sport, but business. Sport is what I and others do with racquet and ball for pleasure of a weekend. Sport is a congeries of physical activities, almost all of them invented or first regulated in Britain. Britons have always been good at sport. I am proud that we are bad at the other thing.'

Simon Jenkins, journalist. Previously editor of the *Evening Standard* and *The Times*, and political editor of *The Economist*.

SECTION 2: Transcript of the witness seminar

JAMES McEWEN

It's my pleasure to welcome everybody back for this final session. We've had an excellent day of scientific presentations, and it was felt that it would be useful to finish the day off in a slightly more informal way, not forgetting the key aspects of research, that will be brought up, but also bringing in some of the other contributions, working with community physicians, the links with the Health Service, the students and the staff who have been here. In many ways I feel underprivileged because I think I must be one of the few people here who has neither been a student nor a member of staff. So quite why I was chosen to chair this seminar I'm not sure. But it's a great pleasure to be here, and we'll go straight on. It will also provide an opportunity for people to contribute from the audience. What we would like to do is to go through the presenters here, and after each one, and they've been briefed to keep it short, there will be an opportunity if anybody in the audience wants to say just a few words relevant to what's been said. And then at the end there will be some time, I hope, for any general free contributions. So this is a chance to perhaps to fill in some of the gaps that have not been covered. We couldn't possibly cover everything, even in one day, all that Jerry has contributed, but perhaps we can fill in one or two little bits. We thought it appropriate to start off with Keith Ball, because he first came to know Jerry when the unit first moved to the Central Middlesex in the late 1940s.

MRC: Medical Research Council

The MRC Social Medicine Unit was established in 1948 at the Central Middlesex Hospital, Willesden, north-west London, and directed by Jerry Morris for 27 years. It moved in 1956 to the London Hospital in the East End of London and then from 1967-75 was based at the LSHTM. Initially, the Unit published pioneering papers on infant mortality and the influence of physical exercise on coronary heart disease, while later work focused on cardiovascular disease.

Horace Joules, Medical Director, and Physician Central Middlesex Hospital, London. Key figure in waging action on smoking. Articles include: 'Preventive approach to common disease of the lung', *Postgraduate Medical Journal*, 1954 and 'Health for the health service', *Lancet,* 1956.

KEITH BALL

Jerry arrived at Central Middlesex Hospital in 1948 leading the MRC's* Social Medicine Unit.* He came at the invitation of Horace Joules,* physician and medical director, himself a major

campaigner for preventive medicine. The unit included Richard Titmuss* Bob Logan, Maurice Backett* and Austin Heady,* and it had a major impact on the Central.

Richard Titmuss, Professor of Social Administration at the LSE from 1950 until his death in 1973. Played an important role in establishing social policy and administration as scientific disciplines, both in this country and internationally, and in helping to shape the British welfare state.

Maurice Backett, Professor Emeritus of Community Health, University of Nottingham.

Austin Heady, statistician at the MRC Social Medicine Unit in the 1950s, later Deputy Director.

At the time Richard Doll* was working on cigarette smoking and lung cancer, Avery Jones* was developing a major unit on diseases of the gut, and Hugh Toussaint* was pioneering the domiciliary treatment of pulmonary tuberculosis and research was being carried out on the prevention of tuberculosis in nurses.

Sir Richard Doll, Hon. Consultant, Cancer Research UK, Cancer Studies Unit, Radcliffe Infirmary, Oxford. Doll and Hill were the first to show the connection between cigarette smoking and many serious diseases, particularly lung cancer and heart disease. Publications include: *Prevention of Cancers: Pointers from Epidemiology*, (1967), and *Causes of Cancer* (1982).

Sir Francis Avery Jones, 1910-1998, gastroenterologist. Appointments included Council of the University of Surrey; governorship of St Bartholomew's Hospital Medical College.

Charles Hugh Christie Toussaint, World Health Organisation (WHO) Fellow, Consultant chest physician, Central Middlesex Hospital.

Jerry initiated two large diet trials on coronary prevention involving four large district hospitals. Some of us will remember writing papers which he had to return to us repeatedly for corrections. He was a stickler for accuracy!

The area around the hospital suffered greatly from air pollution. The smog of December 1952* caused over 4,000 excess deaths in London. Jerry's experience contributed greatly to his membership of the RCP's* Committees both on Smoking and Air Pollution.* He also spent much time visiting the London Hospital in analysing some 6,000 coronary disease post mortem records which laid the basis of his pioneering work in this area. His concern for exercise was also very personal in that he never drove a car (but rarely refused a lift back to his home in Hampstead where his wife Galia, who gave him so much support, awaited him!). We missed him greatly when the unit moved to The London Hospital.

The 'Great Smog' took place 5-9 December 1952. Over 4,000 people were estimated to have died as a result of respiratory problems caused by the mixture of fog and smoke. See the LSHTM witness seminar held in 2002, at www.icbh.ac.uk/witness/smog.

RCP: Royal College of Physicians. RCP committee on smoking and air pollution, 1959–63.

McEWEN

The next contributor is Eva Alberman, who joined the school as lecturer and became one of the influential team, and again I'm sure has influenced many people here.

EVA ALBERMAN

Thank you. Well, anyone who's been here today will think that we must just about have exhausted Jerry's accomplishments and contributions, but far from it, because we could start where I'm starting now, and that is his contribution to teaching and training. I was very fortunate in joining the MSc Social Medicine team.* It was just

MSc in Social Medicine: successor to the Diploma in Public Health.

half-way through its first intake when I came. I was particularly wanting to come, because I had come from the 1958 birth control Birthday Trust Perinatal Mortality Study* and its follow-up. In the early 1950s Jerry and Austin had preceded the, well technology, of putting together births and infant deaths to study their causes. The MSc Social Medicine course was one of the most exciting and fruitful courses that I think there has ever been. I think it was Jerry, Bob Logan and Michael Warren* that put it together, which included the important LSE* component mentioned this morning, and health services and operational research, all entirely new to me. It attracted students of a quite amazing variety. To my mind the students fell into fairly consistent groups. There were the angry young persons, and I hope Iain* won't mind if I say he was an angry young person. And then there were some very experienced doctors who had been working in developing countries, or indeed in this country, and felt they didn't know enough to do what they really wanted to do. Peter Pharoah* fell into that group. But there were many more. Many of the students that went through that course ended up with Chairs in this and many other countries. Alumni include the ex-president of the Faculty of Community Medicine, here with us today. We have I gather the ex-head of the Public Health Laboratory Service, and Beulah Bewley, who has contributed so much to the GMC.* The list of very distinguished graduates is very large. While recognising the immense value of Jerry's research work, it is an interesting question whether in the long run the influence through his teaching may not have been at least as important. The other teachers on the course were also enormously stimulating, and included not least Bob Logan, John Ashley,* Rudolf Klein,* the late Sidney Chave* of course, Paddy Donaldson,* Liam's* father, who unfortunately isn't here today. It was a wonderful time, and enriched my life enormously.

McEWEN We do have a number of the students sitting up here who will be contributing later, and they can decide which category they fell into. Well, that leads me on to Beulah. Now, I'm not sure which category, Beulah, you would like to put yourself in, but I think you said to me that you were one of the first women students on the course, so that perhaps puts you in a special category. We were discussing these courses, and of course it was a time of great luxury, because

The Perinatal Mortality Survey of 1958 aimed to examine the social and obstetric factors associated with early death or abnormality among the 17,000 children born in England, Scotland and Wales in one week in March 1958. Butler, N., and Bonham, D., *Perinatal mortality; the first report of the 1958 British Perinatal Mortality Survey, under the auspices of the National Birthday Trust Fund,* (Edinburgh: Livingstone, 1963).

Michael Warren, formerly Professor and Director of Health Services, Research Unit, University of Kent.

London School of Economics

Professor Sir Iain Chalmers. Now retired and heads the James Lind website. Formerly specialist in public health medicine and Director NHS Research and Development Programme, The UK Cochrane Centre. Took MSc in Social Medicine, 1974.

Peter Pharoah, Emeritus Professor, Department of Public Health, University of Liverpool.

GMC: General Medical Council.

John Selwyn Alford Ashley, Senior Research Fellow and Honorary Senior Lecturer, LSHTM.

Rudolf Klein, Emeritus Professor of Social Policy, Bath.

Sidney Chave (1914-85), Lecturer in Public Health, LSHTM. Interested in community health and its promotion in history of public health. Chair, Society for the Social History of Medicine.

Patrick Donaldson, formerly Medical Officer of Health, Rotherham. Father of Liam Donaldson.

Professor Sir Liam Donaldson, Chief Medical Officer of the Department of Health from 1999.

they were the two-year masters courses, when people really had the time and the opportunity to come out of something and spend time studying and doing research. And it's very sad that the two year master's lasted such a short time, because they were so valuable. Beulah, can I pass over to you?

BEULAH BEWLEY

Tommy Manville: American asbestos millionaire who married 11 times.

Jerry Morris and colleagues first showed that physical activity can protect against heart attack through studies of men engaged in a variety of occupations. They reported that conductors working on London's double-decker buses experienced less than half the incidence of heart attacks of the sedentary drivers. J. N. Morris, J.A. Heady, P.A.B. Raffle, 'Physique of London busmen: Epidemiology of uniforms' *Lancet,* 2, (1956) 569-70.

Thomas Bewley, Emeritus consultant St Thomas' Hospital, previously consultant psychiatrist, Tooting Bec and St Thomas' Hospital London, President of the Royal College of Psychiatrists.

St George's Hospital, Tooting, London.

Double laminectomy: surgical removal of the posterior arch of a vertebra.

Malcolm Forsythe, Professorial Fellow in Public Health, Centre for Health Services Studies, University of Kent.

Baroness Wootton, (1897-1988), politician, first female life peer (cr. 1958). Governor of the BBC 1950-6; Deputy Speaker of the House of Lords 1967-88. Publications include: *Testament for Social Sciences* (1950); *Crime and Penal Policy* (1978) and Wootton Report on Cannabis by the Advisory Council on Drug Misuse, (1971).

Professor Brian Abel Smith, (1926-96). Professor of Social Administration, LSE until 1991. Member of the Fabian Society and advised Labour Governments on social policy. WHO consultant who advised governments on how to set up and consolidate social security systems.

Thank you. I feel a bit like Tommy Manville's fourth wife* on her wedding night: I know what I've got to do but how do I make it interesting? I will divide my talk into before, during and after meeting Jerry. In the 1950s when I was a house surgeon in Ipswich, a paper came out, Jerry's busmen's study came out. That weekend nobody talked about motorcars or sex, they talked about Jerry's study.* And this was absolutely brilliant. Jerry's study couldn't be repeated now because there are too many single-decker and one-man operated buses. During the 1950s I had a zigzag career, and had done about fifteen years of paediatrics and preventative medicine and one thing and another, when I saw the advert for the MSc in Social Medicine. In fact Thomas,* my husband, filled in the application because I was an in-patient at St. George's* having a double laminectomy* at the time. I went for interview, and Michael Warren interviewed me, and I'm sorry he isn't here today. I won't repeat what Eva has said because time is short. However, I enjoyed the course. We were the first year of the new MSc. Malcolm Forsythe* and I, I think we are the only two here today, as we have been high in the morbidity stakes. We all worked hard, and I had to work very hard because I was catching up on eleven younger men, and, I enjoyed it. Wednesdays were our highlight, because Jerry had important topics to discuss. We all had to do our homework first, present the stuff, and then, he had all these important people. He knew everybody and everybody knew Jerry, and they were all Jerry's friends. We had Baroness Wootton* and Peter Townsend, and Brian Abel Smith*: you name them, they were all there. My job was to take the eminent ladies to the loo. Jerry was very important to us, he was an important role model in many ways, and among several of the things he said I remember, one in particular, 'Always read the leading article of a quality newspaper.' So I read *The Times* every day, as a result of what he said. Also, I always read the letters beside the leader, because it's essential to keep up to date if you are going

Walter Holland, Professor of Clinical Epidemiology and Social Medicine, St Thomas' Hospital Medical School until 1994. Previous posts included MRC Clinical Research Fellow Department of Epidemiology and Medical Statistics LSHTM. Author of various papers on chronic cardio-respiratory disease. Has been President of the International Epidemiological Association and the Faculty of Public Health Medicine, 1989-92.

St Thomas' Hospital, in Lambeth, is one of the oldest teaching hospitals in London.

3TA diploma: Teaching Assistant Diploma. Level 3.

Retreading, (informal), to be retrained for work.

to be any good as a community physician or are in public health medicine. We had the advantage of a second year, and I then went to Walter Holland* at St Thomas',* and at that stage did my study on primary school children smoking. Walter couldn't put me up for a senior position at St Thomas' because I only had an MSc. I had been to America (3TA was the only diploma I had).* He said, 'You should do an M.D.' I did replicative study of my MSc. This also included a parent questionnaire on the children's reported respiratory symptoms. Also we had no objective measures in those days. Following that we got an MRC grant to do the longitudinal smoking study. I have always felt indebted to Jerry because one of his passions was concern about smoking, which fitted in with what I felt as I was very keen on preventative medicine. I always told students, you don't have to fix on one career, because I've had two if not three careers myself; things change. I thought I would be a consultant in acute paediatric infectious disease; thank goodness they've all gone. So thank you Jerry for your wisdom and for the retreading* and for my career.

McEWEN

Well perhaps we'll move on from one student to another. June, would you like to contribute from your perspective?

JUNE CROWN

Well, thank you very much. I'd like to give a slightly more personal view of Jerry. Having been in the class of 1972 I actually was one of the people who had heard a lot about Jerry, long before I met him, and the reason for that is that my husband, Sidney, was appointed as consultant psychiatrist at the London Hospital in the mid-1960s. That was a time when psychiatrists were not meant to be in the great London teaching hospitals anyway, they were meant to be out in the country in the asylums. And it was also a time I have to say when the consultants at great London teaching hospitals were meant to turn up to work in white shirts with detachable white starched collars. And as the loving wife doing the laundry at home, I wasn't terribly keen on that whole idea. I thought it was a tradition that needed to be broken. So my husband occasionally went in, not just with a white shirt with an attached collar, but even with pale pink shirts, which was seen as incredibly exotic in those days.

It's wonderful to see how times have changed. And after about a month, he had been very brazen all this time, because the other thing that new consultants were not meant to do was to have lunch in the consultants' dining-room, he came back and said, you know, 'A month at the London, and it's been very interesting, and it's fun doing psychotherapy with the working classes, but only one person has spoken to me during the time I've been having lunch there.' And that was Jerry. Which I think shows how much Jerry's commitment to the under-privileged has been. Not just in his professional career but in his personal life, he has been an example to us all. And Sidney sends his very warmest greetings to you Jerry today. After that, it was a few years before Jerry really sort of became a large part of my life. I had had three children fairly close together, and had got down to the sort of ultimate in part-time in what I was doing previously, which was one day a fortnight, which was... And then decided that I would have the joy of a career change, and saw this wonderful advert for this MSc at the School of Hygiene. And that sounded very exciting, sounded just the sort of things I was interested in. So sent you my application. I think I did actually write my own, Beulah. Largely because my husband had unreadable handwriting you see. And I was called to interview, and this was the first time that I met Jerry, at my interview. And I still had this terrible feeling that they must have been trying to keep the numbers up, otherwise I wouldn't be here at all, because my memory of that overwhelmingly was a very serious concern about the ability of anyone with three small children to cope with the rigours of an academic course that consisted of three university terms and a programme that started at ten in the morning and finished at four in the afternoon. So I hope that in some tiny way I might have influenced Jerry a little bit by giving him a slightly different perspective on the energy and the commitment of working women. But, I had a great deal of resonance with what Iain Chalmers was saying earlier on this morning, because certainly coming from what I was then doing, research and immunology, into the life of public health, it was a huge change. Jerry, you opened doors for me that I didn't even know were there.

McEWEN

Perhaps before we move on to any other students, we can take just a momentary break and go to a different aspect of Jerry's contribution. We're very pleased to have Wilfred Harding with us here, and I think that symbolises two things. First, the links with the Health Service, which were very important, but I'm quite sure, and reference has already been made this morning. Second, to the Faculty of Community Medicine as it then was, and I have a suspicion that you two were the core conspirators in establishing the Faculty. So Wilfred, could I call upon you just to say a few words.

WILFRED HARDING

MOHs, Medical Officers of Health.

London Borough of Camden.

The Local Authority Personal Social Services Committee of 1968. Chaired by Lord Frederic Seebohm, it reviewed the organisation and responsibilities of local authority personal social services in England and Wales, and considered ways to make it a more effective service. It promoted the creation of local authority social work departments separate from the MOH. This post-war was redefined as the community physician located in health services.

The three Royal Colleges of Physicians of the United Kingdom (London, Edinburgh and Glasgow). In 1972, the Faculty of Community Medicine (now the Faculty of Public Health) was formed by the Royal Colleges of Physicians of Edinburgh, London, and the Royal Colleges of Physicians and Surgeons of Glasgow, at 4 St Andrews Place, London. For further details see Michael Warren, *A chronology of state medicine, public health, welfare and related services, 1066-1999* (London: Faculty of Public Health Medicine of the Royal Colleges of Physicians of the United Kingdom, 2000).

Thank you. May I start with a little story which is nothing to do with community medicine? I was the Medical Officer of Health of Camden. Jerry, every now and then he held an informal meeting with such local MOHs.* And at one of them he turned to me and insisted that I should arrange that all buses going through Camden* should have no smoking badges outside. And he just wouldn't have it that there were certain practical difficulties. In fact, I'm not quite sure, but I think I had one of those famous single-sentence postcards of which Jerry is so famous. The faculty. Jerry was a member of the Seebohm Committee,* Jerry saw quite clearly that if community medicine was to survive, it needed a corporate body. And what this man did in terms of travelling, talking to people in various professional bodies at the Royal Colleges,* and so on, it really was fantastic, and I admired him. A working party was set up under Jerry, bringing together the various directly interested bodies. It met on nine occasions, and all the time there were informal consultations with presidents of Royal Colleges and so on. And, it really was and is tragic that the man who has created community medicine, in the end was not its first president today. Well, as a minor consolation prize, a fortnight ago the Faculty of Public Health Medicine* had its annual dinner, I think there were 500 people there, I was invited to propose the toast of the Faculty, and they did not just toast the Faculty, they toasted Jerry.

BOB LOGAN

Max Rosenheim, First Assistant to the Medical Unit at University College Hospital (UCH). Joined RAMC in 1941, rising to Brigadier. On demobilisation became deputy director of the Medical Unit and honorary consultant physician to UCH, later Professor. President, Royal College of Physicians, 1966-72. Very concerned with training, initiating College Teach-Ins for the continuing education of junior hospital staff. Other achievements included the unified membership examination and the establishment of the Faculty of Community Medicine by the three Royal Colleges of Physicians.

Warren,*Chronology,* see note p.29 above.

Fight to maintain: Reference to then current battles over non-medical public health.

Wilfred [Harding], Max Rosenheim* and Jerry, you were the inner triad, and the difficulties that you had in trying to get the austere colleges together, and the public health medical officers, and the regional governmentors round the country. Michael Warren has really documented this twice, including his revamp (which arrived yesterday with me), and Michael has done that so well.* It was you and Max and Jerry that were the triad behind the scenes who brought this disparate group of egos and super-egos together. You really established our Faculty. And the crucial things that stemmed from that particular medical status and parity. It was you and Jerry and Max that established that. This is what the Faculty now will really have to fight to maintain.*

McEWEN

Obviously those of us who are involved in the Faculty today are very grateful for all that's been done in the past, and we will certainly do our utmost to ensure that it continues to move ahead. Well, back to the students. Zarrina, if we can move on to you. When I was speaking to you yesterday, you reminded me you were in the class of 1974/76, and you said that you had been encouraged by Jerry to consider all things in an academic fashion, and to make Cinderella areas respectable.

ZARRINA KURTZ

I heard about the course in Social Medicine from June Crown, and I realised some little time later that although the numbers in each year of the five years of this course were small, everyone who took part in it talked to everyone else about it for a long while afterwards. The enthusiasm it generated reached far and wide.

In 1974, I was in a similar situation to June, in that I was the mother of three very young children with a medical husband struggling to rise in the professional ladder. But due to my own particular circumstances, I had done very little medical work since qualifying and I was even more isolated than most young women doctors of my generation. I had started training in paediatrics, and had done some general practice in inner and outer London, and in the city of Cambridge and out in the Fens. I had developed pro-

found feelings not only of being out of touch, but of being incompetent and quite worthless. I had had what was considered an excellent training in medicine and it was the only job I knew. Yet in general practice in particular, I was not equipped to deal with the majority of problems that came through the door, and I did not know how else to help the people I was faced with. The sense of powerlessness was overwhelming.

When I learnt what topics and issues would be covered by the Social Medicine course, it seemed like the answer to a question that I had hardly dared ask. I had made one attempt to answer it by registering to study Arabic at the London School of Oriental and African Studies.* Although I held out no hope of being considered for what seemed at the time to be quite out of reach – a Master's degree – I was asked to come for an interview at the nearby London School of Hygiene & Tropical Medicine. Jerry interviewed me, and almost the first thing he said was, 'Did you read this article in the *New York Review of Books*?...' In this way he demonstrated, as he did probably a hundred times every day, how to get the best out of people. For me, who had been frozen with fear and defended to the hilt because I felt I knew nothing and had nothing to offer, his question gave me an indication that it was possible that I might be able to relate on my terms to a world that I longed even more after that remark to belong to.

School of Oriental and African Studies, University of London.

I had never met a mind like Jerry's before in medicine, although John Nabarro* was similarly perceptive and Horace Joules also had broad interests. Particularly, the minds of those who were most successful, were manifest in the depth and specificity of their knowledge and its application. When with other people, they paid too much attention to demonstrating their brilliance and excluding anyone who might threaten their superiority. Whereas Jerry used his breadth of knowledge to enable understanding as well as increase knowledge in others – although he certainly had depth and never lacked focus. He also tried always to draw others in and to enlarge the fold of those engaged upon a common enterprise. This is immensely modest but also immensely powerful. And he was fearless. I say 'was', but he certainly still is all these things, among many others.

Sir John Nabarro (1915-88), doctor. Consultant, Middlesex Hospital 1954-81.

For me and, I imagine, others on the Social Medicine course – all of whom were qualified doctors – we were still considered part of the

legitimate medical world but we had also been given entry to and made citizens of an entirely different world; our horizons had truly expanded. I struggled with the tension between these worlds first-hand in educating, ever so slowly, my husband – a successful traditional medical specialist – in the population perspective on need as opposed to demand, on completing the clinical picture, and on the multifactorial nature of disease causation.

The fearlessness that Jerry seemed to embody related to his disregard for many aspects of received medical wisdom. And he was fortified by his ground-breaking but rigorous scientific studies. In everything we did on the Social Medicine course, we were more than encouraged to ask questions; our training in epidemiological method and in academic rigour was second to none. A consequence was that Jerry gave legitimacy to whole areas of endeavour which were regarded at that time as 'soft' and rated as 'second class'. These areas included health promotion, disability, and the care of people with chronic conditions. Of course we were also given some of the tools to begin to answer the questions we wanted to ask.

In my subsequent career, I have had a number of crises of confidence in the importance of these kinds of subject area, to which I have always been drawn. But I have never lost touch with Jerry's strength and the sureness of vision that permeated the Social Medicine course, and that has ensured that I continue to be interested in asking difficult questions and committed to finding at least some answers.

McEWEN

Let us move on to one of the other students. I think reference has already been made to Peter, and despite being an experienced researcher oversees, in your own words, you said you came back here, and applied to the school to be re-treaded.

PETER PHAROAH

George Davey Smith, Professor of Clinical Epidemiology, University of Bristol, and Honorary Professor of Public Health, University of Glasgow. He completed the MSc Epidemiology 1987, and was a member of LSHTM staff 1989-92.

As Jim has said, after having worked abroad for ten years I was returning to this country. I really did not know what job I was fitted to do. Unlike Michael [Marmot] and George [Davey Smith],* who were adopted by Jerry, I was rescued! (laughter) I wrote to the school and said that I needed re-treading, what had they to offer? To this Jerry replied, 'It seems that you ought to do the MSc in social health' or social medicine as it was then known. On my

return I took up this offer and began the MSc. For someone with my narrow-minded, clinically dominated tunnel-vision, the course was an eye-opener. Now I was having to absorb topics such as sociology and health economics. I had not heard of sociology previously, never mind any knowledge of what it covered. We were set regular assignments as part of the course work, and one of my assignments set by Jerry was on postneonatal mortality. This was at a time when my family had been uprooted after many years abroad and were coming to terms with settling to a new life. My sons did not support a football team; not only did they not support a team but they were unaware of the existence of such teams as Arsenal and Manchester United. Can you imagine the stigma this generated? I, relatively late in life, was having to adjust to the intellectual demands of the course. Anyway, after some considerable effort, I produced an essay on postneonatal mortality for Jerry. A fortnight later Jerry issued an invitation that I could not refuse. 'Come and have lunch so we can talk about this.' It was with some trepidation that I kept this luncheon date. We discussed the essay I had written and Jerry ended the discussion by saying, 'You have got to re-write it.' I was none too pleased at this response as there was other course work to be done and deadlines to keep. Nevertheless, I re-wrote the essay and handed it in. A fortnight later, another invitation to lunch with Jerry who said, 'You have got to re-write it again!' (laughter) It then dawned on me that this was Jerry's style. I vividly remember talking to Jerry's secretary one day when she was at her wit's end. She was re-typing a paper of Jerry's that she had already typed 32 times! (laughter) Towards the end of the course I saw my chance to reverse the tables on Jerry. He had just completed one of the chapters of his *Uses of Epidemiology** and he handed out copies of the chapter to us students asking for our comments. With tongue in cheek, I said to Jerry, 'I think it needs re-writing!' to which he replied, 'You re-write it!' (laughter) The biter bit. Having said all that, writing and re-writing the essay on postneonatal mortality initiated my interest in infant mortality.

Michael and George have paid respect to Jerry's *Uses of Epidemiology* his application of epidemiological methods with problems that are with us even today. However, I feel insufficient credit has been accorded to some of Jerry's other contributions. If infant mortality is examined, in my view, in the past two centuries there have been

J. Morris, *Uses of Epidemiology*, (London: E. & S. Livingstone, 1957). This seminal text book was important for the reorientation of public health towards epidemiological investigation of chronic disease and health services in the 1960s and 70s. See also G. Davey Smith, 'Uses of Epidemiology' *International Journal of Epidemiology*; 30, 2001, pp. 1146-55, http://ije.oupjournals.org/cgi/content/full/30/5/1146

two highly important contributions that have been made to its analysis. First, was William Farr's* recommendation that infant mortality should be subdivided into neonatal and postneonatal components because the causes of deaths are different. Whenever I read William Farr's writings I find that observations we think are original today were made by Farr over a century ago. The other major contribution to the analysis of infant mortality was Jerry's study linking infant death certificates to the birth certificates. The linkage was done manually in 1950, before computers were available. It was the first major medical record linkage study. It drew attention to the independent effects of maternal age, parity and social class on infant mortality, and was published in a seminal series of papers in *The Lancet* in 1955.* It is curious, that, that volume of *The Lancet* is not to be found in the showcase outside this lecture theatre that contains copies of Jerry's numerous other publications. I fail to understand why there is this omission. In my view, Jerry's record linkage study is one of his major achievements. It may be a personal bias because of my interest in children, but it ranks on a par with his achievements in coronary artery disease epidemiology, and rheumatic fever et cetera. It was a major advance and has had a huge influence on what I, and many others, have done. Medical record linkage is now an everyday phenomenon but Jerry started it!

William Farr (1807-1883), statistician. Became the 1st Compiler of Abstracts at the Registrar-General's Office. He began his job as gatherer of statistics in 1838 and continued until 1880, during which time he produced evidence showing that the large number of deaths from disease were related to the living conditions of the poor. He is considered to have shaped the system of national statistics and clarified the nomenclature of disease on death certificates.

J. N. Morris and J. A. Heady, 'Social and biological factors in infant mortality,' *Lancet*, 1955, 1, 343-9.

STEWART MORRISON

I was lucky enough to be recruited by Jerry in 1956, when he was Director of the Social Medicine Research Unit at Ashfield Street. I remember it very well. I was asked to go up one Saturday morning, and here was this man with a crew-cut, sitting with his feet up on the desk. Such informality was unheard of in those days. As the conversation went on, and I thought, this is marvellous, I must work here. And fortunately I did. I suppose, I'm a kind of pre-student, because as a member of his Unit I was exposed over a period of six years to the kind of things Jerry taught in the MSc. Jerry educated all of us in his Unit, among others, Austin Heady, Tilda Goldberg,* Jean Marr,* Michael Power* and the late Margaret Crawford.* It was a happy little group, but Jerry was the keystone. He once went to the United States for three months, and the Unit lost its sparkle without finding on one's desk a paper with 'Please speak' written on it: a summons to discuss something with Jerry.

Tilda Golberg, (Retired) ex-Director of Research, NISWT.

Jean Marr: not known.

Michael Power, Department of Elderly Medicine, Ulster Hospital, Belfast.

Margaret Crawford, Consultant Paediatrician, Pilgrim Hospital, Boston, USA.

The other way of speaking to him was to, 'Walk me to the station,' and we walked from Ashfield Street to Whitechapel tube station, Jerry's elbow digging into me most of the way, but it was worth it for his talk. I'm reminded by Peter Pharoah that Jerry was the first in a number of fields, including the first use of record linkage in his infant mortality study. My first job in the Unit was to play a small part in that study. The six years that I spent there were the happiest of my professional life, and I am most grateful to Jerry for the opportunity he gave me.

McEWEN

The final contributor from this side of the table, but I hope not the end of the process, is Jenny Roberts.

JENNY ROBERTS

I feel a bit of a charlatan Jerry, because I have had much less direct involvement with your work than many of the other people here today. I think that there are however certain threads that have run through the presentations that I can pick up. I joined to train community physicians when the Health Service was reorganised in 1973.* That was a very interesting period and you had been involved with the plans for the reorganisation for some time. But this wasn't the first time that I had heard of Jerry Morris. I had heard of him for the first time in the early sixties when I came to the LSE as a student. In the Sixties we sought to put the world right and really believed we could. A friend of mine, a student at the London Hospital, was often fed up for whilst we were putting the world to rights, she had yet another test to do or was about to carve somebody up and had little time to set the world aright. She used to find this very frustrating. And then, she was transformed, because she said, 'Ah, I've had some lectures from Professor Morris. He's wonderful.' Subsequently, she was a leading figure in our debates about how to put the world right. So like June I had an introduction to Jerry before meeting him. I stayed at LSE and worked there for some time. In '73 a Social Science Research Council grant was coming to the end. I was offered the opportunity of working with Alan Walters*; maybe some of you wouldn't realise the significance of this. Alan was a monetarist who subsequently became a guru to Mrs Thatcher.* Monetary economics was not my scene so I looked for something else. There was an advert about this time asking for someone to teach community physicians about economics. I went

In 1973 public health moved location as the Medical Officer of Health based in local government became the community physician based in the NHS.

Alan Walters, economist. Cassel Professor at LSE, 1968-76, and Margaret Thatcher's personal economic adviser 1981-4, 1989.

Margaret Thatcher, Conservative politician. Prime Minister 1979-90.

Nick Bosanquet, Professor of Health Policy, Imperial College of Science, Technology and Medicine.

Bedford Square, London, near to LSHTM.

Ronnie Pollack, MPA Health, Safety and Planning. Specialist in public health medicine.

Pauline Begley, Consultant in Public Health Medicine, Avon, Bristol.

Mike Bush, (retired) Medical Director, Abington NHS Trust.

Colin Sanderson, Reader in Health Services Research, LSHTM. Member of LSHTM staff 1973-7, 1981–.

to speak to Brian Abel Smith and Nick Bosanquet.* I thought, this is it, I can do this – I can have a change of career. Social medicine, I thought, that's where it's all at. So I applied for and got the job. We weren't in the Community Health Department with all its rich collection of people including Jerry [Morris], Bob [Logan], Eva [Alberman] and Peter [Alberman] and their research teams – we were tucked away in Bedford Square.* Here at the Centre for Extension Training in Community Medicine (CETCM) Roy Acheson set up the training programme for the new community physicians.* We were joined there by various state fellows, Ronnie Pollack,* Pauline Begley* and Mike Bush,* and later Paddy Donaldson and Colin Sanderson.* We were to teach this new breed of doctors to fulfil their new roles in planning and management. Jerry had devoted a lot of his time trying to design what they should do. It was a very important role that they were to play. We provided a good training but I don't think we ever lived up to Jerry's expectation of what we should teach, how we should teach it or how we should inspire this group of doctors to go about the fundamental business of social medicine. The societal diagnosis with its attendant policy options was replaced by a perspective that was procedurally based and organisationally dominated. We taught them skills that might be useful in the organisation and planning of services. These were necessary skills but maybe we lost the spirit of social medicine in the process. I feel that was the case.

I didn't see very much of Jerry for many months. My task, in addition to teaching very basic economics, was often to sit next to a very troubled potential community physician, who was possibly going to lose his job to his younger subordinate, and ensure he did not get too argumentative with the others. These reluctant trainees could become a bit truculent. We used tables which, if you could configure the geometry, could be used for group work – a very trendy new teaching mode. Occasionally, we would have more formal occasions attended by senior members of the profession, civil servants from the Department of Health, including Liz Shore* who was CECTM's sponsor there, and Ministers. These events merited a green baize tablecloth and place names. We sat there debating big issues. Jerry's place name was always there, but I don't think the seminars interested him much for often he didn't come. But when he did come, the rather turgid agenda could be com-

Elizabeth Catherine (Liz) Shore, Department of the Chief Medical Officer, DHSS. Formerly Deputy Chief Medical Officer, 1977–85.

pletely transformed by some very apposite comment that he would make in the first quarter of an hour or so of being there, leaving us for the rest of the day to sort out our thoughts.

So Jerry was for me a figure at the end of the corridor in the School [LSHTM]. When I later joined the main department working with Bob, I got to know Jerry a little better, and he covered some of my early papers with comments that I was very grateful for.

However, I feel that we let him down in not meeting his vision for social medicine and public health. Maybe the two-year MSc was able to convey some of the sparkle and imagination that Jerry sought to deliver. The one-year training programmes that followed have a lot of advantages but maybe don't quite capture that epidemiological imagination, which I think is Jerry's greatest contribution to public health. In my later academic career I have benefited from my many chats with him and I always feel challenged by his perceptive insights and fiery zeal to make things better.

McEWEN

This is the opportunity for some further contributions to the discussion. Hugh Turnstall-Pedoe I know has offered a contribution, but maybe there are some others who would like to speak. Hugh has gone to get his slides set up, So David Simpson.

DAVID SIMPSON

ASH: (Action on Smoking and Health) was founded in 1971 by the Royal College of Physicians, London, following the publication of two major reports: *Smoking & Health* (1962) and *Smoking* & Health Now (1971). ASH now campaigns for a comprehensive social response to tobacco use and aims to achieve a sharp reduction and eventual elimination of tobacco-caused health problems.

Charles Montague Fletcher, (1911-1996), Professor of Clinical Epidemiology, London. A pioneer of good medical communication, and author of various articles on respiratory disease. He was chairman of the Health Education Council, and one of the founding members of ASH.

I would just like to offer you three snapshots. The first is about an aspect of Jerry's career that you might not know about, and I actually suspect he doesn't know about himself really, because, it took place, or it was revealed after quite a lot of port. I had just been made Director of ASH* in 1979 when its then president, the late great Charles Fletcher,* invited me to dinner, and the Morrises were there. And we were the sort of dinner party that Charles' were: Charles had imported his very beautiful daughter to make up the numbers, so it was rather sad when there came a stage in the dinner when the ladies retired, and we were left not with cigars but with lots of port. And knowing that Charles had given the first ever injection of penicillin to anybody, I got the conversation round to this, and if I'm not mistaken Jerry claimed that as an army doctor in India he had actually brewed up some penicillin or some colleagues had. Charles certainly didn't seem to believe him, and I don't think we heard about any trials of the drug. Snapshot number two. In the

early eighties I used to walk to work, to ASH's office in Mortimer Street, from east to west along Torrington Place, across Tottenham Court Road, and at that stage Jerry would often be walking down Tottenham Court Road from north to south on his way to the School. Sometimes I wouldn't know I'd intercepted so to speak, until I felt this fantastically strong pincer grip of his left arm, hand rather, on my right biceps, and turning me in a moment through 90 degrees to walk south with him, he'd say, 'David, this bloody Thatcher woman and the tobacco industry, for God's sake man, what are you going to do about her?' And sometimes I would get right down to Store Street, I think even made it to the steps of the School once before getting back on course. But not before we'd sorted out what we were going to do with the Thatcher woman or would like to. The third snapshot is perhaps how I like to think of Jerry most. I took the ASH, some of the ASH staff down to the John Snow pub* in Broadwick Street, originally of course Broad Street, most of you will know it, it's right outside, it is the site of the pump, John Snow's famous pump where he asked the for the handle to be taken off and so on. And while we were reading the stuff about Snow on the walls, we noticed a party of Japanese visitors coming, and we got talking with them afterwards, and they were epidemiologists on their way to a conference in Edinburgh, but they all knew the School or had connections, so, in search of a common ground I mentioned how privileged I'd been recently to work with the late Takeshi Hirayama,* so there was quite a sort of nodding and bowing and slight sucking of teeth in, you know, admiration. And I then said, 'Well of course, we've also got on our board Professor Geoffrey Rose,*' and there was more nodding, and tremendous respectful bowing. And then, with the gay abandon of an absolute hopeless gambler, I played my trump card and I said, 'Of course, we've also got Professor Jerry Morris.' And there was *tremendous* nodding and they bowed much more. Burst into Japanese, and hurried consultations, and the self-elected spokesman turned to me and said, 'My colleagues, they say, Professor Jerry Morris is *above the clouds*.'

John Snow pub, Broadwick Street, London. Built in the 1870s it takes its name from Dr John Snow (1813-1858) who used techniques which would later be known as medical geography to confirm that the transmission of cholera occurred by swallowing contaminated water. After an outbreak of disease in 1854 he identified the cause of the outbreak as the public water pump on Broad Street, and disabled it, thus ending the outbreak. A memorial pump has been set up in Broadwick Street.

Takeshi Hirayama, Japanese epidemiologist who showed that non-smoking women married to smoking men had higher lung cancer rates than non-smoking women married to non-smoking men. Hirayama, T., 'Non-Smoking Wives of Heavy Smokers have a Higher Risk of Lung Cancer; A Study from Japan', *British Medical Journal*, (1981) 282, 6259, 183-185.

Professor Geoffrey Rose, Department of Epidemiology, and Population Sciences, LSHTM.

JERRY MORRIS

May I put the record straight? It is interesting by age distribution that nobody seems to have mentioned that typically of my generation I spent over five years in the Army. While I was a medical

specialist with the 38th British General Hospital in Bangalore, South India, we were instructed to fraternise, a delicate charge as the leaders of India were all in jail. We were keen enough and a couple of us applied to visit the Indian Institute of Science in Bangalore (the Indian Imperial College). We were welcomed warmly: they realised that our generation of Brits supported Indian independence. There we met two young biochemists who greeted us. 'Oh we've grown penicillin.' Of course we had read a lot about penicillin. I had got *The Lancet* every week, and *JAMA* too by the wonderful Army postal service. 'What do you mean?' He said, 'Well we've made it, look!'* And there were two dishes, one thickly coated with strep, so they assure us, and the other quite clear. 'How did you achieve this?' So they showed us a flask full of what looked like porridge. The descriptions were followed and this is it. We were very impressed. A couple of weeks later we admitted a young soldier with extreme sinus thrombosis and bloodstream infection, and obviously dying. In desperation I suggested some of that penicillin. We cycled down to the Science Institute again. 'Will you help us? This young man is not going to make it. He's full of sulphonamide and we've done everything else. Can we give him some of your penicillin? The worst it can do is give him a painful bottom if he survives long enough.' They agreed at once and so we returned to the hospital with the porridge. We'd no idea on dosage. We agreed the largest syringe in the hospital. At the last moment the sister wouldn't give the injection, and I had to do it, into his backside. And the next day he was asking for tea, you see. (laughter) Maybe this was the first British soldier saved by penicillin. We wrote it up in great detail in the hope of being court-martialled and sent home. (laughter) Anything to get home. But the record is still probably being processed in Millbank.* (laughter) We haven't quite reached it yet. Although unintended, I've intervened. Let me make one serious comment. Somehow, in today's extraordinary proceedings that have quite overwhelmed me, was one person who has scarcely been mentioned, who is tremendously important in my life, and possibly also in his life, and that was Richard Titmuss. In the 1930s during clinical work, I had started dabbling in the epidemiology of juvenile rheumatism. I had become obsessed as a medical student: a great social disease about which so little was understood. Then Richard's book, *Poverty and Population*, was published.* This was full of the

This was late 1943; the Army were not supplied with penicillin until September 1944.

J. Morris, 'Recalling the miracle that was penicillin: two memorable patients,' *Journal of the Royal Society of Medicine*, 97, (2004), pp.189-90.

Richard Titmuss, *Poverty and Population: a factual study of contemporary social waste*, (London: Macmillan and Co. Limited, 1938).

kind of information I wanted. I wrote to Richard, and to my amazement got back a letter from the county fire office. It turns out that Richard was an insurance agent. We met at the entry to his office in Piccadilly Circus. He with his gentle voice which was so deceptive. Inside he was all steel. And we immediately clicked. To exaggerate only a little, he didn't know any medicine and was eager to learn, and I didn't know any social statistics and was determined to learn. We soon became close family friends. I soon infected him with my fixation on rheumatic fever and rheumatic heart disease, and published the first paper in *The Lancet* in 1942,* by which time I'd already gone to India. I've been very fortunate, being able to meet and work with such marvellous people, and Richard was one of them, perhaps the most original of all of them. I wouldn't like this day to pass without a tribute to Richard, a most remarkable person.

J. Morris and R. Titmuss, 'Epidemiology of juvenile rheumatism,' *Lancet* ii (1942) pp.59-63.

UNKNOWN I don't know how to follow that, but, I'm one of the few here who isn't a student of Jerry's, but nevertheless a very long-time admirer. His opposite number in Manchester, Bob Logan, introduced me to you, he used to do epidemiology when I first started doing the CPH *course in Manchester, 1956, and as people[??] said, meeting Jerry, but[??] the book changed my life, never mind meeting him. Because I did meet him later in social medicine conferences, and so on, and, I mean who could miss him, jogging out down the steps of the hall of residence where residents...and slowly sloping down to breakfast, off he went on his run. And at a later meeting when George Knox,* tongue-in-cheek, had been doing some calculations which he presented about the beneficial effects of exercise on longevity, I was sure he had Jerry in mind, because he said, 'Running for 20 minutes three times a week will extend your life by one hour each week.' He said, 'But think about it, you do that when you're young and fit and could be enjoying life, and the hour you get back is when you're 80.' If you think of Jerry, he was absolutely right. 80 and 90 and so obviously of the greatest use to himself and to humankind.

CPH: Centre For Public Health.

Ernest George Knox, (retired) Professor of Public Health and Epidemiology, University of Birmingham.

HUGH TUNSTALL-PEDOE I was a registrar in medicine and cardiology at the London Hospital in 1969 when I first met Jerry. As a preclinical student at Cambridge I had seen a first edition of Jerry's *Uses of Epidemiology* and I was fascinated reading *Natural History of Disease* by John Ryle.*

John A Ryle, first Professor of Social Medicine at Oxford. Author of *Natural history of disease*, (Oxford: Oxford University Press, 1936).

Although I really enjoyed clinical medicine as a registrar at the London Hospital, I had tried for a senior registrar post, perhaps a bit early, and was advised after the interview, at which I was unsuccessful, to do some research; I had also recently developed acute pulmonary sarcoidosis and a research post had attractions in offering a regular daily work routine, with regular meals and sleep, while I was fighting it off. I heard that Jerry (previously based at the London Hospital, but now at the London School of Hygiene & Tropical Medicine) was trying to recruit someone to do a community study of coronary heart attacks in Tower Hamlets,* the borough in which the London (now the Royal London) Hospital was situated. Colleagues in the cardiac department were surprised that I was interested and implied that it wasn't real research (as everyone knew that went on only in laboratories). I thought it was an interesting and necessary piece of work. I would get some research done, and it was advertised as a senior registrar post so I could spend two years in it (although both of these were a problem as I learnt later). Wallace Brigden,* the senior cardiologist at the hospital, took me to meet Jerry Morris at the London School of Hygiene & Tropical Medicine, and while not trying actively to dissuade me in the car, warned me that many senior cardiologists didn't think that epidemiology was really proper medical science. This was then particularly true at the prestigious Hammersmith Hospital. I might find that the project was not considered respectable enough to qualify for an MD thesis. (Later I found that many people in what was then called community medicine had the opposite bias, in considering that anyone who did not sign the pledge, and refuse to abandon clinical medicine completely, as I refused, was not really one of their special brethren).

London Borough of Tower Hamlets.

Wallace William Brigden, cardiologist. Then the senior cardiologist at the London Hospital.

I realized subsequently that the idea of a community heart attack register was a long-term ambition of Jerry's; in fact he mentions it in *Uses of Epidemiology* 1957 and used an insurance study as a substitute, for lack of anything else. I was appointed to set up what I called the Tower Hamlets Coronary Project, and became a clinical member of the Medical Research Council Social Medicine Unit. I was only in the Unit at the London School one day a week, but I had privileged access to Jerry with fixed regular appointments because of that. He was a busy man, running the Unit and the Public Health Department at the London School and, with all his

other commitments other people in the Unit had great difficulty in seeing him – they were jealous of this outsider coming in and seeing Jerry. That didn't last forever, and one of my memories of Jerry, is passing him on the staircase several time when he was busily coming or going. He would say brightly, 'Hello, hello, hello!' but that really was to be interpreted as 'Goodbye, goodbye, goodbye – I have no time for you just now!'

Anyway, I set the heart attack register up. It was a success in Tower Hamlets and got me my MD.* It showed that coronary deaths were mainly occurring outside hospital, which limited the contribution made by coronary care units which were then being publicised as 'the answer' to coronary heart disease, although Geoffrey Rose subsequently showed their biggest contribution was in sucking non-fatal heart attacks into hospital without demonstrably affecting numbers of deaths in or out of hospital.* Tower Hamlets was the very first study in Britain to show that the Bengali population, or south Asians, had a higher coronary rate than the natives, as I called them (that is the cockneys); people of Caribbean origin had a much lower rate. We were able to do this because the study, fortunately was centred on the '71 decennial census, which recorded place of birth, and these were still first generation immigrants.*

H. D. Tunstall-Pedoe, 'A coronary heart attack register in East London', MD thesis, Cambridge University, 1977.

G. Rose, 'The contribution of intensive coronary care', *British Journal of Preventative Social Medicine,* 8 (1975) pp.511-8.

H. Tunstall-Pedoe, D. Clayton, J.N. Morris, W. Brigden, L. McDonald, 'Coronary heart attacks in East London' *Lancet* ii (1975), pp.833-838.

It was in Jerry's office at the School of Hygiene that I first met Zbynek Pisa from WHO European Office in Copenhagen (subsequently WHO HQ in Geneva) who was organizing the European Collaborative study of which this was a part. Jerry chaired the international meetings and I, because of my native English, was made Rapporteur, continuing in that role in different studies for 33 years. I decided we needed some quality control and suggested I circulate some test case histories for coding, which was agreed, but they were delayed by a prolonged British postal strike in '71, and were distributed late. The results of testing comparability of coding were absolutely terrible. At the next annual international European meeting Jerry, as chair announced that we should throw all the first year results away and start again, doing the study for another year, using the definitions that I had reworked and extended to avoid ambiguity and confusion. In the event what happened was that all the results did appear altogether in the collaborative monograph.* Jerry had had the courage to say that first year results should be thrown away, but this decision must have been reversed in WHO. I was

World Health Organization Regional Office for Europe, *Myocardial infarction community registers*, Copenhagen, 1976 (Public Health in Europe 5).

asked later to write a chapter on the methods and did so as a description and a critique. It was said to be very good when first received by WHO; subsequently it did not appear in the report because I was told (afterwards) it was 'not considered quite what was wanted' — probably because it reviewed what worked well and what did not, and the project had to be reported as an unqualified success for political reasons. I published the critique anyway, borrowing Jerry's "Uses of…" title.* This paper was subsequently used as a working document some years later by Zbynek Pisa in Geneva in setting up the WHO MONICA* Project, inviting me to draft the protocol and become Rapporteur. So Jerry contributed indirectly to setting up what was the largest cardiovascular study in the world, which involved long-term heart attack registration, which he had always been enthusiastic about, as well as the monitoring of risk factors,* but this time with obsessional quality control from before day one.

I will go quickly through some slides showing results from this study involving heart attack registration.* The first shows a map of the 38 WHO MONICA Project centres and the second shows their contrasting coronary-event rates based on heart attack registers in each one. We were interested in what was driving the trends in coronary heart disease mortality in different countries. We found that trends in coronary-heart disease mortality were two-thirds attributable to trends in coronary-event rates, and one third to trends in case-fatality at 28 days.* Publication of this paper in 1999 led many to think that coronary-event rates were determined overwhelmingly by trends in coronary risk factors. What we showed* was that the trend in coronary-even rates was not as strongly related to trends in the classic risk factors as many had expected, but almost paradoxically, there was a very, very strong relationship between declining trends in coronary-heart disease mortality and the rapid introduction of new treatments for coronary-heart disease across different populations. So what has happened since we started heart attack registration in 1970s, when it could be argued that the natural history of disease (classic John Ryle) was almost completely unaffected by medical treatment, and what doctors did, is that now the natural history of the disease may be being profoundly affected. So it's a brave new world now, where the old idyll of the noble savage, who thrives best in the right environment without any interference from

H. Tunstall-Pedoe, 'Uses of coronary heart attack registers' *British Heart Journal*, 1978, 40:510–515.

MONICA centres investigate trends and risk factors worldwide in cardiovascular disease, including heart disease and stroke. The name is coined from the terms, 'monitoring' and 'cardiovascular'

H. Tunstall-Pedoe (ed.) *et al,* for the WHO MONICA Project, (2003), *MONICA monograph and multimedia sourcebook: world's largest study of heart disease, stroke, risk factors, and population trends 1979-2002.* (Geneva: World Health Organization 2003).

H. Tunstall-Pedoe, J. Kuulasmaa, M. Mähönen, H. Tolonen, E. Ruokokoski, P. Amouyel, for the WHO MONICA Project. 'Contribution of trends in survival and coronary-event rates to changes in coronary heart disease mortality: 10-year results from 37 WHO MONICA Project populations' *Lancet*, 353 (1999), pp.1547–57.

K. Kuulasmaa, H. Tunstall-Pedoe, A. Dobson, S. Fortmann, S. Sans, H. Tolonen, A. Evans, M. Ferrario, J. Tuomilehto, for the WHO MONICA Project. 'Estimation of contribution of changes in classic risk factors to trends in coronary-event rates across the WHO MONICA Project populations' *Lancet*, 355 (2000), pp.675–87.

H. Tunstall-Pedoe, D. Vanuzzo, M. Hobbs, M. Mähönen, Z. Cepaitis, K. Kuulasmaa, U. Keil, for the WHO MONICA Project. 'Estimation of contribution of changes in coronary care to improving survival, event rates, and coronary heart disease mortality across the WHO MONICA Project populations', *Lancet* 355 (2000) pp.688-700.

medical care, though much beloved by some older public health people, is no longer applicable.

One of the chapters in *Uses of Epidemiology* was entitled 'Completing the clinical picture'. This (slide) is the pattern of 28-day deaths and survivors in hospitalised cases of myocardial infarction. This is men, and this is women. Women have got a lot of mileage out of the fact that their death rates are higher after admission to hospital with myocardial infarction than they are in men. There are numerous post-hoc explanations. But this does not include sudden death outside hospital, something I knew little about when I came to work with Jerry in 1969, because it was not talked about in hospital. I was never taught about sudden death as a manifestation of coronary disease when I was a medical student, or working for my MRCP. When you complete the clinical picture, and add the deaths occurring outside hospital (as you can only do with a heart attack register, and which we did with our Glasgow MONICA centre), what you find (slide) is that the excess percentage of deaths in men occurring before arrival in hospital is equal and opposite to the excess of deaths occurring in women after arrival.* So the difference between men and women is not that the women are dying more frequently, but that the men are dying more frequently outside and women are dying later, inside hospital.

H. Tunstall-Pedoe, C. Morrison, M. Woodward, B. Fitzpatrick, G. Watt, 'Sex differences in myocardial infarction and coronary deaths in the Scottish MONICA population of Glasgow 1985-91' *Circulation* 93 (1996), pp.1981-92.

I won't show you the other slides. Certain cardiovascular drugs used long-term and therefore in use before new or recurrent heart attacks also have an effect, reducing 28-day case fatality altogether, taken from the time of onset of the attack, but also in shifting some of the deaths from out of hospital sudden deaths to delayed deaths in hospital. So the clinical picture in hospital might suggest that the drugs are harmful, when what is actually happening overall, in terms of the natural history and case fatality of the disease, is beneficial.

So now, although the natural history of chronic disease can be strongly influenced by treatment, you still need a complete picture from a community perspective of what is happening, because you can't get it from the hospital cases alone. And all that goes back to 'completing the clinical picture' and Jerry Morris's *Uses of Epidemiology* in 1957.

NORMAN NOAH

Thanks very much. I went to school in the Far East, and when I came to England I went to grammar school and then was accepted at St Thomas', and I know a couple of speakers qualified from there, so I have to be careful what I say, but they will understand that I was puzzled as to why I got in. I am convinced it was because of an imaginary conversation between the vice-chancellor of the university and the Dean of Thomas' in which the Vice-Chancellor accused the Dean that all his medical students were blue-blooded. The dean would reply, 'No of course not, all our students come from a wide cross-section.' The Chancellor then say, 'Is there anybody at St Thomas' who's not from a public school?' 'Oh yes, there's this chap.' 'What's his name?' 'Oh, Noah.' 'Anybody who's sort of foreign?' 'Oh yes we have.' 'Who's that?' 'Noah.' [laughter] 'You haven't anybody who's Jewish there have you?' 'Oh yes we have, Noah.' [laughter] 'And they all play rugby?' 'No no no no no, Noah doesn't.' If I'd have been female I would have been perfect. I went into clinical medicine, and I got used to the sort of aloof consultant physician or professor of a particular type, which I think Zarrina has described perfectly, with a stiff collar and so on. So when I decided after several years of clinical medicine to do epidemiology, I came to see Jerry, and here I saw somebody in his shirt sleeves, exactly as somebody mentioned, with his feet on the desk. And what's more he treated me as an equal. And so I decided, this was it, I was going to be an epidemiologist. At that time the School in fact didn't have any jobs available, so I went up to this funny place called Colindale. Of course there was no CDSC* there at that time, there was only the epidemiological research laboratory; in fact several very well-known epidemiologists had spent time up there. I used to write a weekly column in the *BMJ*,* and then when I came to the School I decided not to do the MSc in public health, but to do the MSc as they didn't have an MSc in epidemiology, I did a combined course as it then was. I came along and found that an academic professor at the London School of Hygiene (Jerry) actually read this weekly epidemiology column. Indeed when I wrote signed articles in the *BMJ*, and [.....] on certainly more than the one occasion, a postcard used to arrive with some compliment about it, with an unreadable signature. So I'm very grateful, and since then, to Jerry who has given me the confidence to continue to specialise in infectious disease – the confidence which I very badly needed.

CDSC: Communicable Disease Surveillance Centre established at Colindale in North West London in 1977 as part of the Public Health Laboratory Service (PHLS) after an outbreak of smallpox at the LSHTM in 1973.

British Medical Journal.

Donald Darnley Reid, Professor of Epidemiology and Director of Medical Statistics and Epidemiology, LSHTM. Articles included 'Environmental factors in respiratory disease', *Lancet,* 1958.

Andrew Gerald Shaper, Emeritus Professor of Clinical Epidemiology, Royal Free and University College Hospital Medical School. Staff at the MRC Social Medicine Research Unit, 1970-75.

While I have the floor, I would also like to pay tribute to Donald Reid* who was very good to me, and to somebody else in this audience who, although he doesn't know it, also gave me quite a lot of confidence. At that time, these were the days before AIDS, was really like I was something of another world. He said to me, 'That's a very beautiful expertise that you have got, and it's ideal, there are very few of you around, stick to it.' That man was Gerry Shaper.*

NOEL OLSEN

Noel Olsen. Like so many of Jerry's former students, I also have fond memories, but if I could follow up David Simpson's points about ASH. I had just taken over from Keith Ball as honorary secretary of ASH in the mid-1970s. Charles Fletcher first suggested I should go and talk to Jerry Morris about being properly trained in Community Medicine; I was working as a chest physician in London at the time. Then about two weeks later Keith Ball suggested it. Three weeks after that, Beulah Bewley, who was also on that ASH executive, told me to go and get properly trained, and told me of her experience. One of the lessons I have learnt in Public Health since was, on any subject, one view was the view of a crank, two views were the views of a pressure group, but three is the voice of public opinion. And so I came along to see Jerry, and... Anyway, eventually rather to my surprise I ended up as one of his students, but, I want to talk about two memories I have of him. One was after *Prevention and Cure, Everybody's Business* came out in 1976.* We were bemoaning that nothing was going to happen, and Jerry said, 'Well, what are you going to do about tobacco? He suggested 'me too legislation.' 'If you haven't got legislation and it is difficult, try and achieve it in lots of other areas so the principle's set.' And from that time on Mike Daube,* who was then at ASH and various others on my course got involved in the seatbelts campaign and fluoridation and with other scientists in many other areas. Action on Alcohol Abuse which merged with Alcohol Concern.* Altogether worked with about eight pressure groups on single-issue public health issues emerged from that conversation.

Just one other point. Years later I found myself as the district medical officer in Hampstead with responsibility for Jerry's local public health. I remember one day we were having dreadful troubles, because we had had an exodus of all our geriatricians. I've had very

Prevention and health: Everybody's business (London: HMSO, 1976). Government's White Paper on public health/ health promotion. Its publication was overshadowed by the resignation of Harold Wilson as Prime Minister. The document was also criticised for over-emphasising individual responsibility for health.

Mike Daube, appointed in 1973, was the second Director of ASH. He came to the organisation from the housing pressure group Shelter and brought new publicity conscious strategies into health campaigning.

Action on Alcohol Abuse was launched without government funding in 1983 by the Royal Medical Colleges to campaign against alcohol misuse. Alcohol Concern was established with government funding in 1983 and incorporated the National Council on Alcoholism (NCA) and the Federation of Alcohol Residential Establishments (FARE). Alcohol Concern became the overall umbrella body for local agencies.

few phone calls from Jerry, but when I've had them, my goodness! I knew I had to take them seriously. Jerry phoned me up and said I had to talk to this guy who he was working with in Oxford who was an MRC scientist on ageing and exercise. Anyway, I did, and I spoke to Archie Young* and he said he wasn't really a clinician. But anyway, to cut a long story short, I think Jerry had something to do with it. The DMO* in Oxford, an old friend of Jerry's, arranged that this man would become a locum consultant, he was geriatric trained. Six months later Archie Young became the geriatrician at the Royal Free, and very quickly recruited Shah Ebrahim* as the next geriatrician. Both have moved on to other major appointments and chairs. That was all because Jerry was dreadfully concerned there should be a decent geriatric service in Hampstead because he might need it one day. Jerry, all I can say is, I'm delighted you haven't needed it yet.

Archie Young, Chair of Geriatric Medicine, University of Edinburgh, 1998-.

DMO: District Medical Officer.

Shah Ebrahim, Professor in Epidemiology of Ageing, Bristol University.

LOGAN

If I might finish up, probably as his oldest and longest student, and still a student. It's not often that Jerry can reminisce about his time in India. He did not mention that he and Richard Titmuss communicated and wrote by aerogrammes, on these one[??] sheets of phonograph paper, and when they came back we went into the grounds of Central Middlesex, and Richard had got his chair without ever having a university graduate course at all. And Richard was really such an influence amongst myself as a student and other younger students. And when Jerry says that it is the one person he misses, I think so does all of social medicine. That was followed by Abel Smith, and when I first was interviewed by Jerry he said, 'Well you're not educated at all. You've been to a medical trade school, trade school; you've got to be educated. You go to LSE for a year.' And so, one went to Tawney, to Maggie Mead*on her fourth husband, to Brian and I who were colleagues, and when we started from the School, and this School at that time, the DPH* was historically obsolete, and we had difficulties in this school clearing up the old furniture. And our first job in fact was trying to get staff, and we said, we need the social sciences here, but instead of having one or a series[??] one part-time, or coming full-time and being obsolete here after five years, we will relate to LSE, with a senior lecturer salary. And so [INAUDIBLE] here, and I[??] used to have to teach each other[??] in our joint seminars, and to give joint

Margaret Mead, (1901-78), author of *Coming of Age in Samoa A Psychological Study of Primitive Youth for Western Civilization,* (London: Jonathan Cape, 1929) and *Growing Up in New Guinea. A study of adolescence and sex in primitive societies*, (London: Penguin Books, 1972).

The Diploma in Public Health was the standard public health training from 1871 until 1974, when the demise of the Medical Officer of Health along with health service and local government changes brought about its end. Training became the responsibility of the new Faculty of Community Medicine and academic education developed through MSc training.

examination papers, and I had to learn from him how in fact we marked these, and examined it. And so this was the relationship we had. At one period we took our whole class for a whole term down to LSE, and their whole class came up there. And apropos all this, in fact our first real proper economist in the School was on your right-hand side.* Now that is just one aspect. Some other aspects of Jerry, because there are so many in this renaissance man, it was he who always had a welcome for overseas refugees, and so it was the South Africans, Mervyn Susser* I got a call in Manchester from Jerry, 'Can you find a slot for a good South African physician?' Mervyn Susser came up; Howard Bagg [??], the psychiatrist. Howard Bagg [??], Eve Adelstein [??]. When it came to Rumor/ Rover[??], Manchester said, yes, of course we would take Rumor[??], and Rumor[??] was all set to come, when the vice-chancellor of Manchester saw me and said, 'Sorry, you've done very well in recruitment, but the State Department in America will not have Rumor[??], because of his record.' That was Manchester's loss, and that was our English loss. And just to finish off if I may, another facet, and that is, swimming up and down the pool at lunchtime, up in the students' union, and if you want to see the breast-stroke which is not an Olympic style, it was Jerry swimming there, and I struggling along after.

Jenny Roberts

Mervyn Susser, Sergievsky Professor of Epidemiology Emeritus Columbia, and editor of the *American Journal of Public Health*.

McEWEN

I'm sure we could go on all evening, but there are some, I gather, refreshments downstairs and perhaps we can continue there. Can I just follow on immediately from what has just been said, because we actually have had a message from Mervin Sussor whose name has just been mentioned. I won't read it all out, but just one or two points. 'I feel myself thoroughly indebted to Jerry, partly just for being there when we all needed him. He was an unwitting mentor for me.' And then he goes on to pick up the point that you raise. 'I owe him as well as other debts he may not remember, or even be aware of, on some very personal accounts, when we arrived in London with a young family early in 1956, damaged goods after political contretemps in South Africa, with no special qualifications, no job or apparent prospects, little money, and a commitment to social medicine, he did not stint with encouragement and advice.' And I'm sure that sums up many of the points. I'm not going to attempt to say anything to pool together what's been said this after-

noon, but could I thank our contributors. I think it's been very fascinating. Could I just on behalf of all of us who have been here thank those who have arranged the seminar, we're very grateful to you. It's been a wonderful day, and could I pass over to Jerry for the last word.

MORRIS

Melvin Hillsdon, formerly lecturer at LSHTM, now at Bristol.

Ingrid James, secretary for the History Centre (now Centre for History in Public Health) at the LSHTM.

I'm quite overcome, I feel quite overwhelmed and speechless. Thank you. I'd like to say thank you in particular to Virginia [Berridge] and Melvin [Hillsdon]* and Ingrid [James]* who organised the day, they put in a tremendous amount of work. To the chairpersons and the speakers. And perhaps above all to the London School, which has been such a support to me and my colleagues. When this idea was first put to me, I was very diffident about it, because epidemiology, social medicine, and public health are such a co-operative enterprise, and everything I've done has been jointly with colleagues who have so often become personal friends and family friends. Perhaps not enough attention has been paid to this today: perhaps this will rectify that. I've been very very fortunate. Thank you all very very much.