

Medicine in Whitehall in the Twentieth Century

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Between the formation of the Ministry of Health in 1919 and 1997, there were 33 Ministers or Secretaries of State for Health, but only eight Chief Medical Officers. They have provided an increasingly significant link between the government and the medical profession, particularly after the creation of the National Health Service (NHS) in 1948, offering a degree of valuable continuity in an increasingly transient health policy arena. This talk focused on their selection: how has the ‘person specification’ changed, who makes the selection, to what extent have the medical profession been involved in short-listing (or vetoing) candidates? Personal image and medical heritage have emerged as key issues from a new analysis, and help to explain the relative status of public health within a broader medical context.

Once in post, Chief Medical Officers experienced the sensitivity of their position, and have had to negotiate some intractable issues, such as the continued role of private medicine within NHS hospitals. Their personal and professional integrity have been critical to the function of the position. A successful Chief Medical Officer had to have the confidence of both the medical profession and the government if they were to avoid such comments as that made in 1974 by the Minister of Health Barbara Castle of her Chief Medical Officer Henry Yellowlees that “he is not one of us”.

This talk drew on the recent publication: S. Sheard and L. Donaldson, *The nation’s doctor: the role of the Chief Medical Officer, 1855-1998* (Oxford, Radcliffe Medical Press, 2005) to explore the changing attitudes towards the senior medical profession as experienced by Chief Medical Officers to the British Government. It illustrated the complexity of medical authority in twentieth century British government, and how the image of medicine, and its senior practitioners, helped to shape the relationship between the government and the profession.

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