MB examination. My parents never recovered from the shock of his death, and my father felt responsible because he had persuaded my brother to continue in medicine despite his difficulty with the examinations and a lack of motivation. Shaw sent my father a deeply sympathetic card headed "Absolom O Absolom my son."

In 1938 Shaw developed pernicious anaemia, and I remember my father discussing this with Billy Cooper, who was Shaw and Charlotte's osteopath in London. Shaw was persuaded to see Dr Horace Evans, who made the diagnosis and prescribed injections of liver extract, which Shaw accepted despite his vegetarian principles. In 1940 when my father treated the Queen, now the Queen Mother, Shaw showed his sense of fun: he wrote a card addressed to "Sir Elmer," saying, "I forgot to congratulate you on your debut as surgeon to the Queen. All your friends chuckled no end."

Wedding present

When I married in 1941 Shaw sent a leather bound copy of *St Joan* inscribed, "To Murray's bride all good betide." This was sent to my father with a covering letter. He could not resist the opportunity to take a tilt at the medical profession, "Please hand the enclosed to your daughter-in-law. Why did you let Murray take all those tip top degrees? He won't be allowed to speak to you professionally, and he will not earn enough to marry until he is 45, so I conclude that Unity Louise has lashings of money. If not, she will have to work for his living." Unity Louise did not have lashings of money, and house surgeons at St Thomas's

On 2 August 1950 Shaw wrote in his final letter to Pheils:

I am all right except my legs, which are so groggy that I can only walk round the garden with a stick, and an attack of lumbago which you could perhaps have cured, but failing you I had to try radiant heat. Finally I left it to Nature, which did the trick slowly.

were unpaid at that time; then we were both swept up in the tides of war, and we survived. I think Shaw would be pleased to know that we celebrated our golden wedding anniversary in 1991.

In 1950 my father developed congestive cardiac failure. The last card he received from Shaw was dated 2 August 1950. The card shows a shaky but clear handwriting. "For heart trouble walk up to the Beacon three times a day [the beacon is the summit of the Malvern Hills]. No immobilization: no whisky. Cut out protein and live on raw vegetables as I do. Too much nitrogen is killing the human race." Shaw died on 2 November 1950, and my father lived on until 1952, continuing to work almost to the end.

The correspondence between Shaw and my father, the inscribed copy of *St Joan*, and a signed photograph of Shaw are all now held by the Fisher Library, Sydney University, Sydney, NSW 2006, Australia.

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Medicine and the Gulag

Igor Kosserev, Ralph Crawshaw

The nature of the medical treatment of prisoners in the Gulag has emerged from accounts published by survivors. Over a period of 70 years some doctors entrusted with the medical care of prisoners failed to discharge their ethical duties, contributing to the prisoners' neglect and suffering. The medical profession must carefully examine what occurred and properly assign responsibility for ethical as well as unethical medical acts. Understanding the history of these ominous events will alert doctors worldwide to the importance of medical autonomy in the support of imprisoned patients.

After the 1917 October Revolution millions of Russians were unlawfully imprisoned in their country, tortured and often incarcerated in the Gulag for long periods.¹ Their medical care devolved on prison doctors, some of whom under political tyranny failed to discharge their traditional role as protectors and advocates of patients.² This paper examines the ethical and unethical behaviour of prison physicians largely on the basis of surviving personal accounts, and it calls for a fully documented study to alert medical practitioners everywhere who may be under political or institutional duress to remain vigilant to their power to harm.

The Gulag

The Gulag did not spring unbidden from virgin soil. Russia has a long history of an oppressive penal system; it goes back to 1724 with the reforms of Peter the Great, who fostered a policy that "the police are the soul of the people."³ Subsequent tsars elaborated on the concept

of a police state by using the vast area of Siberia as a prison without bars. Ostensibly, medical services in the Russian prisons and labour camps of the times were on a par with what the general population could expect, without any systematic use of doctors as agents of government discipline.⁴ If V I Lenin's experience of three years' detention in Siberia is an example it was nothing like the labour camps of the Gulag. He had complete freedom of the province for he lived in a small home where he could entertain guests, correspond, study, write, and even marry.⁵ This liberal treatment of prisoners changed for the worse once the Communist revolutionaries took over the penal system.

Founded in 1922 as a political expedient of the Soviet government, the Gulag, a Russian acronym for the chief administration of corrective labour camps, consisted of a system of prison camps strung out across the Soviet Union.⁶ No one can be certain how many prisoners were held without recourse or what nations they came from because important documents were lost or destroyed; some investigators estimate as many as 20 million people have been held as political prisoners.⁷

For more than a half century the vast "archipelago" of prisons was unaccountable to any but the supreme dictator, Stalin, and his successors. Among its functionaries were doctors employed to care for the system's staff and, almost as an afterthought, for the medical and surgical needs of the prisoners. Some doctors were assigned for the military or had volunteered, others were themselves prisoners. Though many thousands of doctors were involved, the precise

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BMJ 1994;309:1726-30

The Gulag—an archipelago of labour camps scattered across the Soviet Union

number will never be known, largely for the lack of surviving documents.

During the period of the Cult of Personality (1924–53), when Stalin’s personal wishes alone determined Soviet policy, and in the Period of Stagnation (1964–82), beginning with Leonid Brezhnev, a frozen bureaucracy held all in thrall. Academic literature relating to criminology either omitted reports of illegal activity by physicians in the camps or referred to it only in passing. Little was said or written about the Gulag because of fear of reprisal. Difficult questions concerning the Gulag were left unexamined through a form of self censorship within bureaucratic and legal institutions.

Other barriers remain in recording pertinent information: the continuing fear of economic reprisal or criminal prosecution for previous connections with the MBRF (ministry of security of Russia), successor to the KGB, haunts some Gulag participants. Finally, some persist in wishing to obscure past crimes against humanity, not necessarily their own, fearing that investigation may stir retribution. Thus, bringing conditions in the Gulag into the open has not been nor ever will be easy.²

These barriers are real, yet the need for clarification is too great to be ignored. Russian medical practitioners are challenged to set the record straight by acknowledging responsibility for what was and was not done in the care or neglect of Gulag prisoners. Only in the years since Stalin’s death has the possibility of a public accounting of the medical profession emerged, as material concerning the Gulag has surfaced in scientific periodicals, works of literature, journalism, cinema, and the memoirs of survivors.⁹

Even today the condition of former prisoners remains problematic. They have not been compensated for the time they were unlawfully imprisoned, though they have a small pension, regularly diminished by the high rate of inflation. Some are helped by voluntary efforts such as the charitable organisation Pamyatnik “memorial”, but resources are meagre. One bright spot for former prisoners are the gifts, food, and clothing contributed from other countries.

Medical care in the Gulag

In 1962 Alexander Solzhenitsyn opened the window on the care of prisoners in the Gulag with his novel, *A Day in the Life of Ivan Denisovich*.¹⁰

And which of our rights did we know about? A request to have our shoes repaired. An appointment with the doctor. Although if they actually took you to the doctor, you would not be happy about the consequences. There the machine-like Lubyanka manner would be particularly striking. He didn’t ask: “What’s your trouble?” That would take too many words, and one couldn’t pronounce the phrase without any

inflection. He would ask curtly: “Troubles?” And if you began to talk at too great a length about your ailment, he would cut you off. It was clear anyway. A toothache? Extract it. You could have arsenic. A filling? We don’t fill teeth here. (That would have required additional appointments and created a somewhat humane atmosphere.)

The prison doctor was the interrogator’s and executioner’s right-hand man. The beaten prisoner would come to on the floor only to hear the doctor’s voice: “You can continue, the pulse is normal.” After a prisoner’s five days and nights in a punishment cell the doctor inspects the frozen, naked body and says: “You can continue.” If a prisoner is beaten to death, he signs the death certificate: “Cirrhosis of the liver” or “Coronary occlusion.” He gets an urgent call to a dying prisoner in a cell and he takes his time. And whoever behaves differently is not kept on in the prison.¹¹

According to accepted international medical standards the doctor acted unethically, depriving the prisoner of the very right to call himself a person and consequently, of elementary civil rights. For the totalitarian state the person identified as a criminal, even if he has committed no crime, is a nonentity, a serial number devoid of rights.

Despite the long Russian history of an active intelligentsia which produced an outstanding national literature, the chronicles of the Gulag are in the main the work of untutored dissidents using natural talent to record unnatural events. O Volkov, a secretary in a Soviet embassy, was illegally arrested and imprisoned. Once freed he put a human face on the terror of prison life with his book *Descent into Darkness*.¹² He was ill and protested that his meagre ration as a patient had been pilfered by the staff. The chief doctor learned of the complaint and defended his staff.

“Who, who is dissatisfied here? Ah, it’s him, the self-styled professor! He went to a university, but doesn’t know what two times two is . . . So what’s he doing, stirring up my patients? Refusing his dinner? Write it up immediately! Transfer him to the work barracks, that will teach him! I’ll show him rebellion: There’s a war on, and he wants roast chicken . . . I know this kind . . . these degenerate intellectuals!”

Volkov was immediately stripped of his hospital gown and taken off to the work barracks.

Medical care of slave labourers

On another occasion, while working as an orderly, Volkov documents how the authorities were focused on supplying unlimited quantities of raw labour for the exploitation of the far northern, Siberian, and far eastern regions. Sick political prisoners, in contrast with common criminals, were written off as weak and worthless for labour. They would be dropped from the camp list and forcefully discharged to starve to death. Unable to survive in the wilderness, they would crawl back to die beside the barbed wire fence.

V Shalamov, despite his lack of formal education, wrote a number of moving accounts of his experiences in the Gulag of far eastern Siberia, the Kolyma area that the famous Russian writer and physician, Anton Chekhov (1860-1904), had previously visited to describe the prison camps of the tsar. In an article in *Kolyma Tales* Shalamov cites examples of physicians' professional attitudes towards patients. Many of the camp inmates died of hunger, exhausting labour, and inhuman living conditions or went mad surrendering to despair.

Starvation is a terrible thing. It was only after relief of the Nazi blockade of Leningrad that this condition was called by its real name. It was just diagnosed as multiple vitamin deficiency, pellagra, emaciation due to dysentery, and so on. Just a way of keeping the secret. The secret of prison death. The doctors were forbidden to talk or write about starvation in official documents, in case histories, at conferences or at qualification enhancement courses.¹³

Shalamov notes that the doctor who treated him "considered it his calling, duty, moral imperative to persecute all 'enemies of the people.'"

The best known dissident publication is *My Testimony*, the memoir of A Marchenko, an unlettered worker. He wrote his book after discharge from the camps but shortly thereafter was picked up and sent back to the Gulag, where he died. His is the fullest account of the activities of medical personnel in the Gulag system. Marchenko relates his experience during a hunger strike protesting his illegal conviction:

For several days I took nothing into my mouth but cold water. Nobody paid any attention. The warders, after listening to my refusal, would calmly remove my portion of food and soup bowl and bring them back again in the evening. Again I would refuse. Three days later the warders entered my cell with a doctor and commenced the operation known as "forced artificial feeding." My hands were twisted behind my back and handcuffed, then they stuck a spreader into my mouth, stuck a hose down my gullet and began pouring the feeding mixture—something greasy and sweet.¹⁴

According to Marchenko, doctors and auxiliary medical personnel constantly displayed rudeness, familiarity, and mockery in their dealings with patients. If a person suffered from haemorrhoids, he was accused of having homosexual relationships. The absence of stool was explained as a pretence. Should patients complain of the freezing temperature within the hospital, they were told that they should be outside in the cold anyway since they were bandits and enemies.

WOMEN

Marchenko paints a terrifying picture of treatment of Russian men in the camps, but he and other authors say little about women and children in the prison

camps. Women gave birth in the Gulag, but reference to children has yet to appear in the Gulag literature. Children remain an undisclosed page in the history of Gulag cruelty; recognition of their fate awaits its own investigators.

To have access to medical treatment, receive advice from the doctor, and convalesce from severe otitis, Marchenko managed to secure an orderly job in the hospital. He describes the lack of privacy on the surgical unit, which alternately operated on men and women. Women patients undressed publicly and were carried through a gawking crowd of men. After the operation, while the patient was still under the influence of the anaesthetic, she was carried to the guard house and left on the ground. When the orderlies protested for the patient's sake the officer replied, "We're not doctors, our job is to guard you. Anaesthetics and patients are none of our business." A passing doctor retorted, "We're doctors, our job is to heal and perform operations. Escorts have nothing to do with us. What do you want me to do?"

Medical care as punishment

A macabre punishment at the direction of a Soviet doctor is reported by Dr Jakub Geller, a prisoner-physician in the Gulag. After being upbraided for being too lenient with sick prisoners he was ordered to perform a necropsy on a recently dead patient in his small bedroom, not in the morgue: "I could hardly manage to sleep in my room for the next 10 nights."¹⁵

At times doctors wilfully neglected to diagnose and treat conditions prisoners suffered from. The writer Y Daniel was arrested in 1965 because of his outspoken protest at the abuse of human rights in the Soviet Union as well as his satirical anti-Stalinist works. He was held in a psychiatric hospital of the Gulag and was refused medical treatment in order to break his will.⁶ Much of his writing was circulated as samizdat articles.

Aleksandr Podrabinek was denied entrance to medical school for political reasons and in 1971 at the age of 20 became interested in the political abuse of psychiatry. For three and a half years as a medical assistant in the Moscow ambulance service he researched the problem. In 1977 Podrabinek participated in forming a citizens group, Working Commission to Investigate the Use of Psychiatry for Political Purposes, intended to defend prisoners of conscience. In 1978 he was arrested by the KGB and his carefully documented book on the use of psychotropic drugs such as haloperidol to break prisoners' will, *Punitive medicine*, was confiscated. He was sent to exile in Siberia for five years. Subsequently, largely from memory, he rewrote his book, which was smuggled out of the Soviet Union for publication in the West.¹⁶

Of course, not all the doctors in the Gulag were obedient tools of the KGB. As Marchenko wrote, the surgeons in one camp talked to their patients. A woman doctor ordered Marchenko not to light her stove so there would be more firewood for stoves in the wards, to keep patients warm.¹⁴

Many of the doctors in Marchenko's camp had just completed their medical training and were assigned to work in the Gulag against their wishes. They only wished to serve their obligatory time and move on. Yet they were tormented by their inability to help their oppressed and hungry patients. In effect they were being trained in heartlessness and indifference, attitudes irreconcilable with the ethics of the medical profession.

Nor did death relieve a doctor of responsibility. If a corpse had gold in its teeth or crowns the doctor was expected to recover the gold for the government treasury. Some doctors refused to carry out such work, reminding the camp administration that these

"Redemption" (1987) was the first attempt of Soviet cinema to show the evil of the prison camp

Prisoners in the Gulag built many kilometres of railroad in Siberia and elsewhere

activities fell under the statutes of the Nuremberg Trials (1946).¹⁷

Ethical background

Until the second decade of the 20th century, Russian medical ethics closely paralleled the Judaeo-Christian medical culture of western Europe, as evidenced by the use of the Hippocratic oath. Nickoli Ivanovich Pirogov (1810-1), pioneer surgeon and humanist¹⁸; Sergei P Botkin (1832-89) clinician, teacher, author, a leader of Russian medicine; and N N Petrov (1871-1964), the surgeon who founded Russian oncology, were devoted to the study of Russian medical culture and its moral foundations.

Certainly no Russian physician was more effective in affirming doctors' ethical responsibilities in treating prisoners than Anton Chekhov. Repeatedly he alerted his medical colleagues to their ethical responsibilities in the treatment of prisoners. In his thesis for the degree of doctor of medical science at Moscow University he chides:

All Europe is interested in it [Sakhalin prison island]. From the books I have read it is clear that we have let millions of people rot in prison, destroying them carelessly, thoughtlessly, barbarously; we drove people in chains through the cold across thousands of miles, deprived them, and placed the blame for all this on red-nosed prison warders. All civilised Europe knows that it is not the warders who are to blame, but all of us, yet this is no concern of ours, we are not interested.¹⁹

Given the illustrious history of their medical profession, Russian medical practitioners cannot account for any shortcomings in their ethical care of prison patients on the basis of ignorance. However, a significant ethical confusion began for Russian doctors with the October Revolution of 1917, when they fell under strict governmental control. By 1920 the use of the Hippocratic oath by medical school faculties was forbidden as being too bourgeois. During the following years bureaucratic directives and arbitrary rules were instituted and followed, rather than the constitutional law which proclaimed human rights.

The Soviet directive that medical behaviour should be based on Marxist-Leninist concepts contravened the profession's ethical tradition. The directive replaced the pre-eminent role of the medical practitioner as apolitical advocate for the patient with advocacy for a political ideology. The Marxist-Leninist approach proved totally inadequate in assuring ethical standards for medical care.

By 1971 the need for Soviet medical graduates to personally witness to explicit moral standards could no longer be denied by Soviet authorities, particularly as new ethical questions arose as a result of advanced medical technology. In 1973 a Soviet medical oath was promulgated. It contained no reference to the Hippocratic tradition, and added a proviso that all physicians swear allegiance to the Soviet state. In 1992, in concert with other reforms, a new medical oath reflecting the Hippocratic tradition was placed in use in Russian medical schools.^{20 21}

As an example of the moral complicity with human

rights, the United Nations' "Principles of Medical Ethics," a codicil of the 1948 Charter on Human Rights, which condemned the participation of physicians in torture, had to wait until after glasnost to be ratified in 1991 by the Supreme Soviet. A 1987 study by Freedom House of New York judged the Soviet Union as 84th among 89 nations in observing human rights.²

Physician responsibility

Responsibility for the treatment of prison patients in the Gulag is as difficult to determine because of inadequate documentation; it is complex because of the shifting explicit determinants of moral behaviour under the Soviet totalitarian regime. Stereotypes should be avoided and never used simply to condemn all doctors for their actions in the Gulag. Clearly, the behaviour of doctors, nurses, orderlies, soldiers, and civilian employees must be judged individually. Individuals differ in their education and world outlook; they differ too in their sense of humanity.

Predictably, under the extreme conditions of concentration camp life, even the conduct of prisoner-doctors varied.²² Some were subservient and destructive. Others refused to abide by camp administration rules, thereby preserving their dignity and decency and earning the respect of their cell mates and self respect in the court of their own consciences.

However, each person always has a choice, a choice reflecting that person's degree of humanity. The postulate of choice is central to all professions, to medical ethics, for all times, and under all conditions. It is the charge of history to account for how the choices were made by Russian doctors while participating, willingly or unwillingly, in the Gulag experience.

Towards an accounting

In any case, the appearance of the literature of the camps has opened the unresolved issue of the Gulag to public discussion. However, more than a few "blank spots," atrocities remembered but unrecorded, remain to be filled in. No small part should be played by medical scholars in filling in these blank spots by documenting and transmitting actual circumstances. Simultaneously, consideration of the Gulag in Russian medical education and practice needs to move beyond a descriptive approach. Careful appraisal and judgment of the values medical doctors used in those experiences of enforced human suffering are essential in clarifying both the past and future of Russian medicine.

Naturally, this effort will require not only courage but the combined intellectual and moral force of philosophers, historians, sociologists, writers, artists, nurses, physicians, and, of course, survivors of the Gulag. Physicians experienced in prison health care in other countries may be called on for collaboration. The task of finding functional humanistic values in treating prisoners goes beyond a single culture; it challenges all humankind.

Surprisingly, doctors of conscience who currently attempt to conduct independent work in clarifying the profession's values and ethical position with regard to the Gulag may be accused of building careers at the expense of others. Predictably, such accusations come from those who would manage to stay afloat under any regime as their scientific and professional credentials rest on compromise with injustice and falsehood. Their implicit beliefs are difficult to reconcile with the Hippocratic precept of serving the celebration of life and truth.

Clearly, now is the time for a systematic study of the role of physicians in the Gulag. Russian physicians

help themselves and doctors of medical culture by openly evaluating past ethical transgressions. The openness begins by writing about and discussing documented experiences. That is but a beginning, though. The second step calls for the Russian medical profession to sponsor professional conferences, readers' study groups, meetings with prisoners of the Gulag, and scholarly research in the search for consensus on doctors' ethical responsibility for prisoners of the Gulag. Finally, the findings should be shared with the public for validation of the values that humane medical care must embrace.

Conclusion

Historically, the Gulag was one of the gravest crimes against humanity by a command administration. The memory festers in the Russian culture, calling for drainage of the wound in order to permit healing by secondary intention. Russia's emerging democracy, led by its physicians, has the critical task of fully acknowledging and reconciling itself to its recent history while simultaneously helping medical practitioners in other countries to better understand their full ethical responsibilities.

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Medicine at the centre of the nation's affairs

Maurice Shock

The medical profession was shaped a century or so ago by the interaction of three forces. These were a class structure in which doctors were largely held to be gentlemen to whom deference was due, a society dominated by the activity of production (hence the label of the working class for the majority), and the doctrines of liberalism as the guiding star in politics.

Prime Minister Gladstone defined his task as "opening doors and windows." The outcome was a minimum of government interference and control with the belief that professional self regulation was the way to ensure that practice matched principle. The state (the word was hardly ever used) was self effacing almost to the point of non-existence.

These are ghosts of the past, but it is a comparatively recent past. Within memory, the major domestic preoccupation of politicians of all parties was how, and to what ends, the working class could be absorbed into the political system. Health had a crucial part to play in this task, as Lloyd George and others saw early on. The "panel" was very much a forerunner of the NHS. Indeed, Bevan based part of his case in 1946 on the claim that 21 million people were already on the "panel," clear evidence of the degree to which society was still dominated by production.

While speaking of Nye Bevan, we might examine his claim that the NHS was "pure socialism." In fact, it was rather closer to being "impure liberalism" in the consideration with which general practitioners and consultants were treated, the considerable freedom enjoyed by local administrations, and the low profile of government itself. That is why many remember the period as something of a golden age. It suited almost everyone very well.

Health becomes political

Looking back, it is astonishing that in the early years of the NHS health was hardly a political issue at all. For

more than a decade its minister was excluded from the Cabinet. Nor can a single reference to health issues be found in the definitive study of the 1959 election—despite expenditure having been kept down; indeed, there had been much less change than we are now inclined to think.

The shake up came after the Conservative victory in 1959 with the arrival of Enoch Powell, determined to breath life into the Guillebaud report on the cost of the NHS and do much else. In getting the NHS moving, perhaps he even deserves a niche in the pantheon with Nye? Since then, there has hardly been a moment of rest: medical advances on a scale without precedence, the rise and rise of the aged population and the triumph of the consumer society over the producer society.

We have scarcely begun to come to terms with any of these individually, let alone in combination. Only think of the score of questions that now buzz so insistently about each of them. But, in combination, their force has obliterated much of an ancient landscape. Sum it up for your own condition: "The patient is different, the doctor is different, medicine is different."

But the consumer society? We certainly know who is in it and who is not, since Douglas Black's concern has essentially been with the outcasts from it. The first blast on the trumpet was Macmillan's "You never had it so good" on his way to winning in 1959. In no time at all, almost all politicians were singing to no other tune. They had found a new cause to take the place of the two that had held the stage for so long: coping with the working class and dealing with the Germans.

The consumer—or if you prefer, the voter—was endowed with rights. Instead of the Rights of Man we had the Rights of the Consumer: the Social Contract gave way to the Sales Contract. Above all, the electorate was fed with promises, sometimes elevated to pledges, about what could be enjoyed as a standard of living or delivered as a level of public services.

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BMJ 1994;309:1730-3