Epidemiology, social medicine and public health. A celebration of the 90th birthday of Professor JN Morris

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Summary of a witness seminar held on the afternoon of 21 July 2000. London School of Hygiene & Tropical Medicine.

Chair: Prof. James McEwen

Round table participants: Prof. Eva Alberman, Dr Keith Ball, Dame Beulah Bewley, Dr June Crown, Dr Wifred Harding, Dr Zarrina Kurtz, Prof. Peter Pharoah, Dr Jenny Roberts.

Contributions from the floor: Prof. Bob Logan, Stuart Morrison, Prof. Norman Noah, Dr Noel Olsen, David Simpson.

‘... citizens of an entirely different world …’ Zarrina Kurtz

The closing session of the conference took the form of a ‘witness seminar’, a method used when researching contemporary history: part focus group, part collective oral history. The session, chaired by Prof. James McEwen, was structured around contributions from a round table of Jerry’s former colleagues and students, although the discussion was also open to comments from the audience and from Jerry himself. Not burdened by the constraints of formal presentation, this session brought into focus yet more aspects of Jerry’s life in public health. A particularly strong theme that emerged in the discussion was Jerry’s contribution to teaching and training. Prof. Eva Alberman introduced this theme, ‘While recognizing 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’. And the key event here was the School of Hygiene’s MSc in Social Medicine (1968–1979), as many of the contributors first encountered Jerry through their involvement with this pioneering course.

The new MSc was emblematic of the redefining of public health in the late 1960s–early 1970s, from local medical officer to community physician; an occupational restructuring in which Jerry had played a decisive role. What came to the fore in discussion of the MSc, from those who came to study and those who came to teach, was the sense of excitement, of being at the centre of something new and important:

‘I couldn’t see much anything beyond ordinary clinical medicine, which I’d been taught. And here I was, having to deal with sociology, health economics. I’d never heard the word sociology before, never mind known what it meant. My mind was being opened.’ (Prof. Peter Pharoah)

‘... we were still considered part of the legitimate medical world (we were qualified doctors) but we had also been given entry to and made citizens of an entirely different world ... 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, the care of people with chronic conditions. Of course we were also given some of the tools to begin to answer some of the questions we wanted to ask.’ (Dr Zarrina Kurtz)

The sense of entering ‘an entirely different world’ is still a defining part of the experience of many of today’s MSc students at the School. Other familiar echoes were also evident, especially in the range of students that were attracted by the Social Medicine course. In the words of Prof. Eva Alberman: ‘To my mind the students fell into two fairly consistent groups ... There were the angry young persons ... 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.’ Jerry, it seems, provided an anchor for the aspirations, and in some cases the desperation, of people looking for something to marshal their energies and commitment. Earlier in the day we heard during formal presentations from Sir Michael Marmot and Prof. George Davey Smith about how Jerry had adopted them, so to speak. This not uncommon institutional pattern of academic fathers and sons was elaborated during the witness seminar. Prof. Peter Pharoah spoke of Jerry and the MSc rescuing him, when at the age of forty he returned from ten years working abroad and ‘didn’t know what to do’. Similarly, Prof. Norman Noah described himself as something of an outsider when he trained in clinical medicine—Jewish, born in the Far East and a grammar school boy. Wanting something different and interested in epidemiology he went to see Jerry, ‘here I saw somebody in his shirt sleeves ... with his feet on the desk. And what’s more he treated me as an equal’.

However, Jerry and the MSc also provided fresh opportunities for women doctors. Dame Beulah Bewley had spent fifteen years in paediatrics and preventive medicine before joining the MSc, the only woman in that year’s intake, ‘I had to work very hard because I was catching up on eleven younger men’. Dr June Crown and Dr Zarrina Kurtz were early recruits to the Community Medicine course, both returning to their careers as mothers, each with three young children:

‘Although I held out no hope of being considered for what seemed at the time to be quite out of reach ... I was asked to come for an interview ... 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 a day, how to

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get the best out of people ... 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.' (Prof. Zarrina Kurtz)

'I was called to interview, and this was the first time that I met Jerry. 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 ... 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 commitment of working women.' (Dr June Crown)

One thing that seems to distinguish the experience of present-day students from those who joined the Social Medicine MSc, or the Extension Course in Community Medicine, was the sense of an overarching vision, which runs throughout their recollection of the course and the time:

‘And I thought, this is it, I can do this, have a change of career under this wonderful staff, because I think that’s where it’s all at, this social medicine ... we were to teach this new breed, and this was a breed of doctor that Jerry had devoted such a lot of his life to, trying to design what they should do, and it was very important.’ (Dr Jenny Roberts)

For those in the auditorium who, like myself, are new to this field, what was striking was the very real sense that the people engaged in the Social Medicine MSc felt themselves to be part of the realization of a vision. The course started in 1968, after Jerry and the MRC’s Social Medicine Research Unit moved from the London Hospital to the School in 1967. Planning for the new two-year MSc was intense, as the School’s Annual Report records, ‘... it is essential for practitioners of social medicine to be equipped with the tools for the job, “the analytic and investigative” skills of the Todd Report.’ (Annual Report 1967–68: 79). The Todd Commission on the Future of Medical Education, and the Seebohm Committee (on the future of the personal social services) pushed forward a vision of the community physician as a specialist and health strategist operating within a reorganized NHS. Jerry was a member of the Seebohm Committee, and his friend and colleague, Richard Titmuss, influenced the Todd Commission. Moreover, Jerry played a lead role in the fight to ensure status and parity for this ‘new breed’ of doctors through the creation of a corporate body—what is now the Faculty of Public Health Medicine—established in 1972 as the Faculty of Community Medicine. The fruits of Jerry’s efforts are recorded in the School’s Annual Reports covering the period of the Social Medicine MSc:

‘Of the 42 students who graduated in 1971–4, 32 were from Britain and of these 20 are in Community Medicine posts in the NHS, all of them as specialists; 6 are in full-time academic posts, including 1 in a mixed service and academic post and 2 in Community Psychiatry.’ (Annual Report 1973–4: 42)

For Jerry, and others present at the conference, this concerted effort to revise the practice of public health was the culmination of many years of work. Jerry’s commitment to understanding the social context of health and disease had developed before the war, and in relation to his ‘fixation’ on the epidemiology of juvenile rheumatism. It was this subject that prompted Jerry to contact the author of Poverty and Population (1938)—Richard Titmuss: ‘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 equally determined to learn.’ This exchange led Jerry into a productive and enduring friendship with a man who was to dominate the post-war academic study of social policy—at the time of their first meeting however, Titmuss was working as an insurance agent. Titmuss went on to become Professor of Social Administration at the LSE in the 1950s, a period that witnessed a renaissance of LSE sociology. An enduring link between The School of Hygiene and the LSE began in the early 1950s, when our students attended lectures in sociology by TH Marshall at the LSE. This cross-fertilization gained new impetus with the Social Medicine MSc. Dame Beulah Bewley recalled the sense of excitement that surrounded the regular Wednesday afternoon ‘grand rounds’:

‘Wednesday was 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 ... we had Baroness Wootton and Peter Townsend, and Brian Abel-Smith: you name them, they were all there.’

Through his research, teaching, and tireless ‘behind the scenes’ activity, Jerry did much to raise the profile and the possibilities of public health as social medicine. What came through in the witness seminar was his capacity to get things done and his commitment to championing, encouraging and enabling those he came into contact with:

‘Jerry used his breadth of knowledge to enable understanding as well as increase knowledge in others ... he tried always to draw others in and to enlarge the fold of those engaged upon a common enterprise.’ (Dr Zarrina Kurtz)

Interestingly, and some would say typically, Prof. Peter Pharoah was encouraged to read William Farr when writing a paper on postneonatal mortality for Jerry during the social medicine course: ‘I find that observations we think are original today were made by Farr over a century ago’. At the start of the twenty-first century, those engaged in the study and practice of public health would do well to revisit the events and ideas discussed in this tribute to the life and work of Jerry Morris.