The 'body politic' in pathology¹

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The true meaning of politics embraces the science and art of government, the science that deals with the form, organization, and administration of a state or part of a state and with the regulation of its relations with other states. It pertains to the exercise of the rights and privileges of, or the influence by which the individuals of a state seek to determine or control its public policy. It has to do with the organization or action of individuals, parties, or interests that seek to control the appointment or action of those who manage the affairs of state and this includes imperial, national, domestic, municipal, or communal activities. The word 'politic' of course implied in ancient Greece coming from the people and was part of the new concept of the polis which has permeated western civilization. The body politic is the people too—'a body Politick' wrote Shakespeare, 'compact of all sorts and degrees of people'. It implies a number of people taken collectively, usually as united and organized in a common cause or for a common action as for government deliberation and business; a society, an association, a league, or a fraternity.

Machiavelli is said to have founded the science of politics in the modern world, and yet the word Machiavellian may convey a sinister impression. Indeed, one view of a politician, which is not uncommonly held, is that of a shrewd schemer, a crafty plotter or an intriguer, scheming, artful, and cunning. On the other hand, there are those who regard politicians as sagacious, prudent and shrewd, fit, proper and wise. Such wide difference must surely have a simple answer, but the purpose of this paper is not to seek it but to present to you an account of the body politic in pathology and ask you to judge whether it and its government is knave or honest John. Do we, or do we not, follow the practice which will obtain the ends of a civilized society as perfectly as possible?

Let us first see then what composes our body politic and how it has developed. First, of course, there is this Association now almost 1 700 members strong. Founded by my predecessor in Wolverhampton in 1927 under the name of 'The British Pathologists Association' its aims were defined, and I quote, 'To develop the application of pathology in relation to medicine and to protect the interests of those engaged in its study and practice'. This

included the then rather scandalous doctrine of parity between pathologists and clinicians, not only in status but also in financial reward. This was indeed a hard nut to crack and no doubt our younger members will be astonished to hear that at the beginning of the National Health Service there was a strong move to grade pathologists (and incidentally anaesthetists as well) as senior hospital medical officers and not as consultants. The next record I can find about the object of this Association is an undated slip of paper which appears to have been sent to prospective members. The point I wish to make is at the end of the second paragraph, 'to concern itself with the welfare and interests of those engaged in the study and practice of pathology'.

This differs little from the Constitution laid down in the Articles of Association adopted when the ACP became incorporated in 1956 and still extant, but then was added 'to conduct examinations and award diplomas, to establish and maintain offices and museums' and so forth—which I think pretty well gives us carte blanche for any activity we care to undertake and was probably intended to do so.

But one of the two original objects of the Association, to protect the interests of those engaged in the study and practice of pathology, has been changed to 'concern itself with their welfare and interest'.

This incorporation was most carefully debated beforehand and a working party of Gordon Signy, Michael Darmady, and the late J. G. Greenfield, reported on it and the various alternatives in a general notice to members as early as December 1950. The advantages of incorporation were then stated to be: (1) It would add distinction to the Association. (2) It would ensure that the Officers of the Association are legally covered. (3) That the Association would be able to grant qualifications. Strangely, they do not mention whether incorporation would give the right to be consulted and offer advice, but they do refer to this obliquely in saying that this is not really necessary since the Association already had a sound standing amongst consultants and that the Ministry of Health and The Royal College of Physicians already refer to the Association for assistance in matters affecting pathologists or pathology. To my mind, however, this is one of the most important issues flowing from incorporation but it has in some respects become limited by recognition of the Association as a Charity. I am not sure of the actual date of this event, the first reference

¹The Presidential address, slightly abbreviated, given at the autumn meeting of the Association of Clinical Pathologists in September 1971.

to it in Council Minutes is 1960. As a result, I understand that we may not enter into any discussion on our own emoluments, so some 30 odd years after foundation one of the original objects of the Association can no longer be pursued. In this position we stand today, incorporated, and, I believe, respected, having in our Constitution wide channels for adaptation to present-day trends and problems and with a large but steadily growing membership and a voluntary membership at that. The functions of government and legislation are vested in the Council, elected by the ordinary members, and the ACP has always set its face against an executive committee. The strength of the Association lies I know not where, some say in the branches, some say in the specialist committees, and yet others would point to the Journal. Perhaps it is the enthusiasm of its members which flows into the Council from the branches.

Professor Wiseman points out that in any Society there must be a political system, no matter how rudimentary, because any Society—in this case of course the ACP—must perform certain functions or tasks. The stimulus for such activity he calls input and the action arising from it after processing he calls the output. The input, he says comes from pressure groups, the political parties, or from the needs and aspirations of individuals. The output of course is the action taken by Council and the processing is the means by which Council performs its functions, through its specialist committees, other members of the body politic, and so forth. For an organization to be healthy, the processing and output must be acceptable to the members, but most important of all is a permanent supply of input and I think this is what I mean by the enthusiasm of the ACP.

In the 10 years or so, up to 1963, a remarkable series of resolutions came to Council from the Ethics and Professional Affairs Committee. As I see it now, I think S. C. Dyke, who was Chairman of that Committee, was taking what opportunities he could to lay down certain ethical principles on which clinical pathology in the NHS was to be based. It would be too time consuming to enumerate them all, but they were mostly published in the circulars to members, reports of council, or as a separate circular, for example, under the authorship of the Joint ACP/ACB Committee. Let me quote some of them.

'The head of a clinical laboratory devoted to the diagnosis and treatment of human disease must be medically qualified.'

'Reports should not be issued to patients except on the direct request of the patient's attending practitioner.'

'The question of the performance of coroners autopsies by whole-time pathologists is not one of numbers and cannot be dealt with on a numerical basis.'

'The Council of the Association is the repository and guardian of the policy of the Association as determined by the general body of ordinary members'—he means the body politic.

'Committees of the Association are called into being by the Council; they have no separate existence apart from Council.'

'Pronouncements by committees addressed to the Association and to the medical and lay press alike might be looked upon as statements of policy; this could readily lead to misunderstanding and embarrassment. Therefore committees could properly address such pronouncements only with the authority of Council but this authority might be accorded by the Chairman of Council as its embodiment.'

This all took place before 1957 and during that time there had been much discussion in the Committee on the ethics of experiments on human beings, in particular about the use of students and nurses for such purpose. This complex problem was discussed with the Medical Research Council and the views of the Ethics and Professional Affairs Committee were published as such. Finally, after some years the MRC made their own statement on the matter. This is one of the occasions when the ACP initiated a reform but was happy to leave its pronouncement to another body and there have been others. I think, however, that it is worth recording one sentence from this opinion from the Ethics Committee: 'The paramount factor in experimentation on human beings is the responsibility of the research worker and not the willingness of the person submitting to the experiment.'

All this occupied relatively little of the energies of the Council itself. One of its major concerns at that time was the decision whether to form an independent college or faculty or whether to do nothing. The input was expressed originally at a debate at the Exeter meeting in 1953 and thereafter there was almost constant pressure for action.

The final stages in the structure of the branches was being completed in this formative period. The Caledonian branch was inaugurated in 1954 by Dan Cappell and Archie Dick, hotly followed by the Irish branch by Gerry Nelson. The Cambrian branch was born in 1955, and, apart from small boundary disputes, the whole United Kingdom was now ACP territory.

Broadsheets on technical matters had been one of the features of the Association before the war and they were started again in 1954. Judging by their

world-wide popularity, they amply repay the immense effort necessary to produce them.

The first number of the Journal was entitled *The Proceedings of the Association of Clinical Pathologists* and was published in November 1947. This finished the Association's finances, and an arrangement with the British Medical Association was negotiated, thanks to Gordon Signy, an arrangement which has done so much and still does so much for the Association.

Postgraduate education was coming in and the ACP was well in the forefront with refresher courses arranged by the Haematology and Chemical Pathology Committees in 1954. Much of the initiative came from Cuthbert Dukes who was the first adviser in postgraduate studies from 1957.

So many other activities are recorded. The Association gave advice to the Ministry on many subjects including the grading and recruitment of technicians, on postgraduate education, and on the building notes.

When the ACP was founded, the BMA was immediately interested and offered facilities for organization of this new body which they recognized would become important in the practice of British medicine. It was, however, rightly decided to keep the ACP independent so in 1927, on the recommendation of the Representative Body, the Council of the BMA formed the first two specialist groups of which one was the Group of Consulting Pathologists. It came into being in 1928 and in 1952 its criteria of membership were amended to include members of the BMA who hold permanent appointments as pathologists in the National Health Service, have devoted five years to the postgraduate study and practice of pathology and continue to be predominantly engaged therein. The Group elects a committee, at present eight in number, who undertake the routine business and report to a meeting of the Group every year or so. The membership of the Group has remained remarkably constant; it is now only about 300 and it was about 260 in 1952. As far as I know, there are no terms of reference. The Committee has access to the wide and powerful organization of the BMA which is not a charity and therefore it is the only organization in pathology which has the right, indeed the duty, to engage in negotiations on the terms and conditions of service of pathologists. Negotiations, apart from pay, are carried out by the Joint Consultants Committee and it is their practice to seek the advice of the Group Committee on matters affecting clinical pathology. I am not alone in my ignorance on the effect the Industrial Relations Act will have on this arrangement but the 12 special groups of the BMA regard themselves as highly valuable for the well being of

their members and a recent attempt to disband them was quite unsuccessful.

One of the penalties of being a small part of a big organization such as the BMA is that our voice is relatively faint but might well become louder if our membership were significantly increased. Furthermore it takes time; naturally a network of inter-relationships has evolved so that reference of problems from one committee to another may be time-consuming and energy-consuming—but at least they provide more than one way of killing a cat. During the years to 1962, the Group Committee's activities ranged widely. In their report for 1954-56 they recommended research into accidental coal gas poisoning and the formation of a group of forensic pathologists but had to make do with a Forensic Medicine Subcommittee of the Private Practice Committee. They discussed and laid down their views on responsibility for reports, which they said should bear the sign manual of a pathologist on the staff of the department, and they noted the resolution of the International Society of Clinical Pathologists that the head of all laboratories devoted to the diagnosis, treatment, or prophylaxis of human disease should be medically qualified. They achieved a special entry in Prescribers Notes about the dangers of prescribing vitamin B₁₂ and folic acid without haematological investigation, and they gave advice to the Ministry on the booklet 'Notes on transfusion'. They advised on the provision of postmortem facilities for general practitioners and gave their view that all postmortem rooms should be linked with hospitals even if mortuary accommodation was elsewhere. They commented on emergency services, statutory registration of medical auxiliaries, and laboratory aids, ending with a plea to university professors to insist on their mortuary technicians receiving the proper NHS rates of pay. In their report for 1959 the Group Committee explained their activities concerning distinction awards for pathologists and they were still concerned about the Board for Registration of Medical Auxiliaries. They were pressing their recommendations about the new plastic transfusion sets which, the Group Committee maintained, had not been fully tested in the clinical area before issue. In 1962 they reported their activities in regard to the medico-legal investigation of deaths in the community and expressed their criticism of the building note on hospital laboratories. They were concerned with secretarial salaries, the rights of technicians rejoining the Service after another job outside it, and they effectively rebutted an organization which published a statement that cytology was not available to the general practitioner.

It is perhaps difficult for some of us to believe

that at the outbreak of war in 1939 there was no universal service in clinical pathology throughout the country and an incomplete public health service mostly confined to epidemiology. The threat of widespread disruption of water and sewage supplies by bombing caused the Government to appoint Professor Topley to organize a nation-wide service and he successfully launched the Emergency Public Health Service based on a regional scheme. Philip Pantou, who shortly followed him as Adviser to the Ministry, concentrated on organising an efficient service in hospital pathology and developed a Central Pathology Committee at the Ministry of Health made up of representatives of various regions. It is not an official committee of the NHS but a private committee of the Ministry without terms of reference, formed to facilitate exchange of views between officers of the Ministry (now the Department) and pathologists. At present the Central Pathology Committee is made up of the chairman of each of the 15 regional advisory committees in pathology together with representatives of the teaching hospitals, Public Health Laboratory Service, the National Blood Transfusion Service, Scottish and Welsh representatives, and six members from the Department of Health. This adds up to some 30 members, including the Chairman who is the adviser in pathology, and this should give a pretty wide variation in views. The Minutes are available to the Regional Advisory Committees.

On 21 June 1962 the College of Pathologists was founded by the joint action of the Association of Clinical Pathologists and the Pathological Society of Great Britain and Ireland. This great event followed many years of discussion, exhortation, voting, and analysis of results. It all started at the spring meeting of the ACP in 1953 in Exeter with a debate on the motion 'that this Meeting would welcome the institution of a College or Faculty of Pathologists'. It was proposed by Michael Darmady who argued the need for a higher degree or diploma in pathology of at least the standing of the MRCP.

As it should do, an academic college has concentrated successfully on the educational and academic field, founding its own Membership examination and founding lectures and holding symposia. In 1970, the second President, Sir James Howie, took the opportunity to review the progress of the College and stated the five principal reasons why the College was founded. The Royal College of Pathologists takes a major part in all the activities of the body politic and it does so with an academic flavour which adds much to the effectiveness of our political actions. Education, and particularly postgraduate education, is the 'in thing' at present, and although the Royal College has never undertaken training for

its own examinations it is now very deeply involved in the regional postgraduate training programmes. The Council consists of seven honorary officers and 19 members, most of whom are elected by simple vote of the Members and Fellows while the remainder are appointed by invitation, chosen to restore any lack of balance between the academic and non-academic sides. There is an Executive Committee which deals with day-to-day business, and the usual committees, including of course a strong Committee on Examinations. The Royal College is also a charity and as such it is debarred from negotiations on terms and conditions of service. The President, however, is a member of the Joint Consultants Committee and this is the other official link between the body politic and the hard world of government and finance.

The Pathological Society of Great Britain and Ireland was founded in 1906. It seems to concentrate purely on academic pathology but to my surprise, in the years before the foundation of the Royal College of Pathologists, the Society proved themselves to be doughty champions in the administrative and political fields. Their concentration and flair for the research side of pathology so well fills a vital field and it is of immense value—may I dare to say rather like the soul of the body politic.

The *Journal of Pathology* and the *Journal of Medical Microbiology* are the cornerstones of academic and investigative pathology in this country.

Besides these four giant limbs of the body politic, there are a number of integral parts, mostly connected with the scientific side of the subject—haematology, forensic pathology, microbiology, and so on, as well as the number of international bodies, some of which receive support from the ACP and the Royal College of Pathologists.

Why do pathologists have so many associations and organizations; do they have more than their share as compared with physicians, surgeons, and other specialists?—but remember that we are now about the third or fourth largest specialty. I think that we are more deeply involved in the rapid changes in medicine as a whole, since we practise a relatively new and incredibly expanding discipline. The explosion of science and particularly of biological science is in this country intimately involved in the socio-political revolution, and I think we bear much of the brunt of the inevitable clash with the establishment in medicine.

I think it is right at this stage to devote a little more time to the foundation of the Royal College of Pathologists, perhaps the most spectacular exercise undertaken by the body politic. I have already referred to the famous debate at Exeter though I forgot to say that the motion was reluctantly opposed

by S. C. Dyke who, he claimed, was the only person they could persuade to do so. However, they persuaded Douglas Collins to help him and very effectively too. Thirteen members spoke from the audience and the motion in favour of a faculty or college was carried by 47 votes to 19. With this input, Council had to act and they set up a Committee under Geoffrey Hadfield with three members nominated by the Pathological Society and six chosen by ballot from the ACP. A letter was published in the medical press inviting views, and the Committee took evidence from interested parties. Within a year, this Committee, by then entitled the Standing Committee on Academic Affairs, had reported to Council and was instructed to continue with its work. In 1956 this Committee suggested a special or associate membership of the Association and this was put to the annual general meeting in 1957 when such sharply divided opinion was expressed that Council postponed a decision. It seemed that the urge to form a separate college or faculty was dying out but by 1958 resolutions from four of the branches demanded a re-examination of the situation. The idea of a faculty was dropped, and a working party under the chairmanship of George Cunningham was set up 'To consider the formation and functions of a College of Pathology'. The report was available in only four months and it was circulated to all ACP members with a voting paper. Almost 70 % voted in favour of further action towards the foundation of a College, so a similar ballot was taken from members of the Pathological Society with confirmation of support for a college. However, at this point it became clear that the Royal College of Physicians would offer us a Faculty with rights equal to those of its own members, which gave rise to very considerable discussion at the Annual General Meeting in 1959. George Cunningham's working party was rejuvenated and the debate continued. A special meeting of Council was held in 1960 and the Association was informed that in the view of the Council the offer of the Royal College of Physicians could well be accepted. Then another ballot was held and the Council decided that the result justified the setting up of a Committee charged with the promotion of an independent college of pathology, and this Committee consisted of five members of the ACP with five members of the Pathology Society and with Gordon Signy as convener. Eric Allott, Chairman of Council, felt that the results did not justify this action and resigned his office, together with Bill Stamm who was a member of Council at this time. Dan Cappell was President just then and properly took over the Council Chair. The Committee could not meet until the Pathological Society had held their own new ballot and elected their five represen-

tatives, but by September 1961 this was completed, and the Committee elected James Howie as Chairman with the rather strange terms of reference from the Pathological Society, 'To examine the position as expeditiously as possible in the light of the voting and to make recommendations on the course to be adopted. Those recommendations are to be made to the Society and to the Association; they are to be specific and practicable proposals, not couched in vague general terms.'

This Committee produced its report, which was accepted, and the governing bodies of the Association and Society formed a steering committee from its members. By June 1962 the College was born. Much if not most of the work of promoting the ballots, analysing the results, publishing them in an intelligible manner, and recording all the Committee work was done by Frank Hampson.

Events have proved the wisdom of this decision reached through so much turmoil, and in retrospect it is interesting to see how the ACP fell over backwards to demonstrate how democratic one can be. Then of course there was some sort of psychological reaction to the strain of those nine years and the subject became almost taboo in public. Perhaps there was some anxiety about the future of the ACP. In 1964 the ACP Council grasped this nettle and appointed a Committee, 'To conduct an enquiry into the organization of pathology services in the NHS', which everyone took as a thinly veiled enquiry as to what would become of the ACP. Michael Darmady was the convener and I was a member so I can tell you first hand that it never met. This is what happened to the ACP. So the body politic had gone through a convulsion and yeast-like had budded a new member of the colony.

Almost immediately, though I am sure it was not related except in time, a new phase began and the body politic was faced with what I may call the rainbow phase or era of Reports. Their names are also interesting. Who would think that an easy title like the Todd Report would change the whole face of medicine in this country so drastically. 'A Hospital Plan' published as a first edition in 1962 might mean almost anything, and indeed there is enough reading in it for anybody. 'The Hospital Building Programme' is even more tedious but in 1969 the sequel entitled 'The Functions of the District General Hospital' told us how to use our new hospitals as we get them. In 1961 a change of emphasis was early forecast by 'Medical staffing structure in the hospital service' followed by 'Management functions of hospital doctors' in 1966. In 1967 that fascinating document which looks from the outside like a watchmakers manual, turned out to be concerned with the 'Organization of medical

work in hospitals'—or cogwheel to you and me. The tomato book in 1969 turned out to be a bit more personal telling the consultant grade what its responsibilities are. Pathology of course is concerned with all these matters, Pathology is concerned with the whole of medicine—and it seems that we have some peculiar interest to our Governors for as early as 1967 the O and M Department was telling us how they thought we should undertake organization, management, and methods bound in a lovely cool lime green. Then of course came the maroon achievement entitled 'Hospital scientific and technical services' or the Zuckerman Report. At present the departmental scribes, whoever they may be, are occupied in wider matters of the administrative structure of the medical and related services in England and Wales, in 1968 the 'Future structure of the National Health Service' in 1970, and its equal (but so soon) 'The National Health Service reorganization' in 1971.

But is the body politic in pathology really involved in these matters or is it only because we are doctors as well as pathologists that they affect us? I believe we might reasonably expect to be consulted at least from a practical point of view when the accepted findings of a committee are being translated into an executive document on a subject which is within our expertise; we know from experience what so often happens when we are excluded from that stage. Failing this, I believe there is some value in constantly putting forward to our masters and the public the convictions which we all hold on the proper conduct of pathology in the medical services of this country. A hospital, they say rightly, is as good as its laboratory, and I dare say a national health service is as good as its pathology service. It certainly cannot prosper without it and this was clearly recognized by Sir Philip Panton so long ago.

Should and can we do more than keep our own house in order, constantly press for adequate tools and accommodation to do our job well, and urge

the need for expansion of the scientific content of medical practice. Yes, all this, and yet have we forgotten one of the reasons why this great Association was founded—to protect the interests of those engaged in the study and practice of pathology? In the days of our financial stringency we kept the Association solvent by registering as a charity, and quite rightly, for our activities are clearly within that meaning. But now that times have changed, I wonder whether we should not consider carefully whether truly representing the interests of pathologists would not be worth the not inconsiderable sum it would cost us. I think it depends largely on whether we could claim to be consulted by right, not necessarily on decisions of policy (though it is a proper function of a body politic to influence government) but on the practicalities in the application of that policy. I am not to be taken as criticizing any individual members of the Department who are so far from malevolent in any way and who are just as anxious as ourselves to produce the best service; perhaps some of them are not so fully conversant with the intricacies of clinical pathology as we are. At present the little BMA Group, which is perhaps the weakest of the four limbs of the body politic, has to shoulder the responsibility for dealing with such matters as those I mentioned (and they usually come to it far too late) and it has the difficulty of dealing first with the Goliath of the BMA organization, sympathetic though it is, before tackling the mammoth of the Department of Health.

I am sure that it is time the body politic took a critical look at itself to see how it faces its responsibilities to its individual members. When I began to write this paper I had no doubt that I should be able to end in a self-satisfied and smug mood and show you that the body politic prospers. I am not so sure now, and if I have made you wonder as well I hope it will result in a wave of new input and enthusiasm, for the body politic is us, each and every one of us.