

REVIEW: NATIONAL HEALTH SERVICE IN SCOTLAND

Ian Levitt

Morrice McCrae, **The National Health Service in Scotland: Origins and Ideals, 1900-1950**, Phantassie, East Linton: Tuckwell Press, 2003, 260 pp, hb, £25, ISBN 1862322163.

The publication of this book on the origins of the Scottish National Health Service is timely, given the current concern over its future as a universally available and generally free service. Without doubt in the next decade it faces major challenges, from the extent of State funding to the availability of doctors and nurses and the provision of technologically advanced hospitals. McCrae's book charts out the debates that took place, principally from the early 1930s amidst the increasing awareness, first amongst the Scottish health community and then wider, that the 'fitness of the nation' was in grave danger compared to other parts of the UK and northern Europe. However, at the beginning of the twentieth century the Scottish medical profession held a number of significant advantages over European rivals. Its medical schools remained amongst the most prestigious in the western world and produced such a volume of qualified medical students that there was little difficulty that the nation would suffer a shortage. Indeed the domestic market was so over-subscribed that the expectation of students was that many would have to seek employment either south of the border or in the Empire. Equally, the voluntary hospitals attached to the four medical schools were well subscribed, as were a variety of local district hospitals. From 1889, with the reform of county government, each local authority was obliged to employ a medical officer of health and undertake a programme to build and maintain infectious diseases hospitals. The provision was enlarged after the National Insurance Act, 1911 to include a TB sanatorium, and the Highlands and Islands

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received special attention with the creation of the Highlands and Islands Medical Service, enabling even the poorest parish to retain a GP. (Interestingly McCrae makes no mention of Lloyd George's sustained objection as Chancellor of the Exchequer in 1913 to the Highlands Medical Service being allocated to the Scottish Local Government Board, then seen very much as a Poor Law board.)

McCrae does well to account the developments of the Highland and Islands Medical Service and sets out the problems faced by medical administrators when deficiencies of voluntary subscription combined with a greater awareness of slum conditions created a belief that Scotland was falling behind in health care. The infant mortality rate amongst the poorer inner-city wards, such as the Gorbals, remains a shocking indictment of the gap between the middle class and the unemployed slum dweller. However, McCrae's account is essentially dominated by an organic view of social development, more akin to the accounts published by Thomas Ferguson in his seminal work on Scottish social welfare before 1914. There is little hint of a radical appreciation of the dynamics of Scottish political economy and any view of 'party' interests seems to be underplayed. This gives the book a more limited perspective of development. For instance, Tom Johnston blocked a Coalition Government attempt in 1944 to create a health service based on national insurance and an enlarged local authority sector, believing that it would be inadequate to meet the needs of the poorest and would fail to address the income requirements of the voluntary hospital. Additionally, the National Health Service (Scotland) Bill, 1947 received very little of the angst from the Scottish consultants that the comparable English measure received. Indeed, Attlee personally thanked Joe Westwood, the Scottish Secretary, for its easy passage. Similarly, the book gives little account of the financially perilous state of the Scottish medical schools in the period immediately before 1940 and the acceptance (even if reluctant) by the medical profession of the cash injection brought about by the creation of the State controlled Emergency Medical Service, initially designed to take war casualties, but with a Scottish Office eye to the future. (In England the local authority controlled the service.)

The Scottish middle-class was neither as numerous nor as prosperous as its English counter-part to meet the deficiency that had emerged through mass unemployment. One of the first tasks that emerged as a result of the EMS was the creation of a Government bacteriological laboratory service, which greatly assisted science teaching at Scottish universities. The Service had

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been foreshadowed in 1930 when the Scottish Office agreed to fund a small laboratory at Edinburgh, but Scottish officials had spent much of the 1930s looking for an excuse to embed it still further within the medical schools. An interesting by-product of the EMS was to greatly increase the level of State-funding to the Scottish NHS (and medical education) at its foundation, a fact that the Treasury found itself unable to correct until the introduction of the Barnett formula of the late 1970s. Westwood received little criticism from the Scottish consultants because the income derived from the NHS overcame the comparative shortage of the middle-class fee-payer and boosted the quality of medical education – not a bad deal when faced with Oxbridge and London University.

The book's other deficiency lies in the comparative lack of attention to the concern of the public health administrator and the frustrations caused by the failure to create local authority general hospitals after 1929 (outside Edinburgh and Aberdeen). Without doubt much of this was due to successive right-wing Governments heading warnings on the independence of the voluntary hospital. During discussion on the Local Government Bill, 1929, Walter Elliot caved in almost immediately, once the almoners raised such a concern. Even the Scottish Office was caught out, releasing a number of medical officer posts within its establishment, once it became clear that sector 'co-ordination' would not materialise. The frustrations of the period probably caused the early and untimely death of its chief medical officer, Parlane Kinloch, in 1932 and probably also contributed to the fairly rapid turnover of his successors until the NHS was established after the war. Yet the prestige built up by successive local medical officers undoubtedly raised the status of public medical awareness and underpinned many a campaign to improve provision. (Each local authority was compelled to publish an annual report on medical conditions, which many medical officers took as an opportunity to impress their opinions; once appointed they could be sacked only with the consent of the Scottish Secretary.)

In the inter-war period, Parliamentary debates on housing and public health dwarfed others, including education, and were often emotional. When Labour swept to power in Greenock and Glasgow in 1933, political columnists were unsure whether it was on a wave of working-class discontent with the means test or housing, but the net effect was the same. After 1935, MPs of all persuasions were not slow to applaud the additional resources given to Scotland, from maternity care (1937) to the emergency hospitals (1939) and the war-time campaign to eradicate TB (1942). It is somewhat ironic that the

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free and 'universal' NHS in Scotland owed its origins to such an odd coalition of interests – the consultant, the medical officer of health and the Clydeside electorate. From current debates, the influence appears not to have waned.

November 2004