

# THE LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE: A CHILD OF MANY PARENTS

by

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The idea that health could be promoted, and indeed that medicine could be practised by the management and treatment of populations, gradually gathered force during the nineteenth century. Internal migration and the uncontrolled growth of cities created health problems which it was thought could best be managed by teams of workers led by medical practitioners who had received special postgraduate training. By 1870 both the British Medical Association and the General Medical Council had recognized that it was in the national interest to initiate appropriate instruction for such doctors in what was then generally known as "State Medicine". The consequence was the development of a uniquely British approach to higher medical education, the Diploma in Public Health.<sup>1</sup>

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*Abbreviations:* *min.(s)*, minutes(s); *RD*, Rose Diaries, RFA, RG 12.1, series 'Diaries W. Rose (1916-22)', box 53; *RFA*, Rockefeller Foundation Archives; *ULSM*, University of London Senate Minutes; *VD*, Vincent Diaries, RFA, RG 12.1, series 'Diaries of George Vincent', box 53.

<sup>1</sup> No satisfactory name has ever been found for this field. The terms "State Medicine" and "Certificate in State Medicine" were introduced to England by Rumsey, who published his *Essays in State Medicine* in 1856. They were used without criticism by the Royal Sanitary Commission that reported in 1872, but slowly lost their popularity thereafter, (see Roy M. Acheson, 'Three Regius Professors, sanitary science and state medicine: the birth of an academic discipline', *Br. med. J.*, 1986, 293: 1602-6). "State Medicine" was resuscitated in 1921 by the Athlone Committee, which considered it to be appropriate for the title of what was to become the London School of Hygiene and Tropical Medicine. Even in its heyday it was not acceptable to all, however. Sir Henry Acland, Regius Professor of Medicine at Oxford, and Chairman of State Medicine Committees in both the British Medical Association and the General Medical Council preferred "Preventive Medicine and Public Health" and Sir Douglas Maclagan, Professor of Medical Jurisprudence and Public Health in the University of Edinburgh, opted for plain "Public Health". Originally the qualifications could be certificates or diplomas in State Medicine, Sanitary Science, Hygiene or Public Health. In 1895 the General Medical Council stated its preference for the Diploma in Public Health and most examining boards accepted this.

In Europe, attempts to solve health problems tended to be centred on the establishment of institutes, for instance Pettenkofer's Institute in Hamburg and the Institut Pasteur in Paris. Schools of public health in the United States were established in Michigan, Philadelphia, and Boston after the turn of the century, in response to similar pressures. It was fifty years after the acceptance of responsibility by the General Medical Council that the idea of such a specialized institution was seriously entertained in Britain.

## THE ORIGINS OF A SCHOOL OF HYGIENE IN LONDON

### *Wickliffe Rose and the Rockefeller Foundation*

The Rockefeller Foundation, whose motto is to work towards "the well-being of mankind throughout the world", was a leader among great philanthropic organizations in the promotion of health. This was a consequence of its concern for education in the southern United States and the debilitating effects of anchylostomiasis on children and their learning abilities.

In August 1913, the Secretaries of State for India and for the Colonies were invited by the United States Ambassador in London, to dine with Wickliffe Rose.<sup>2</sup> Rose was Executive Secretary of the International Health Commission and was widely recognized for the success of his campaign against hookworm in the American South.<sup>3</sup> Rose was an educationist and a visionary who strove to bring excellence to the acquisition, dissemination, and application of knowledge everywhere. By the time he arrived in London, he had already won a long-drawn-out battle to create the George Peabody College for Teachers in Nashville, Tennessee and establish it as the unchallenged leader in its field in the southern United States.<sup>4</sup> It was in 1910, while he was General Agent to the Peabody Education Fund, that he was persuaded to take charge of the Rockefellers' anti-hookworm campaign.<sup>5</sup>

Although Rose's ideas about public health education and training differed profoundly from those of William H. Welch, he was sole co-signatory with Welch in a proposal to create a School of Hygiene and Public Health at Johns Hopkins University.<sup>6</sup>

<sup>2</sup> Wickliffe Rose, 'Memorandum on Conference in London with a view to starting a campaign for the eradication of Ankylostomiasis in the British Colonies' where he proudly noted that, with the King as its Patron, the Malborough Club was one of the most prestigious in the country. RFA, RG 400, series 2 (Great Britain), box 13, folder London 1913, p.4.

<sup>3</sup> John Etting, *The germ of laziness: Rockefeller philanthropy and public health in the new South*, Cambridge, Mass., Harvard University Press, 1981.

<sup>4</sup> George A. Dillingham, *The foundation of the Peabody tradition*, Lanham, Md., University Press of America, 1989; Archives of the Peabody Education Fund, Jean and Alexander Heard Library, Vanderbilt University, Nashville, Tennessee.

<sup>5</sup> The Rockefeller Foundation: International Health Commission (Publication No. 2), *First Annual Report*, New York, 1915, pp. 7-9.

<sup>6</sup> Greer Williams, 'Schools of public health: their doing and undoing', *Milbank Memorial Fund Q.*, 1976, 54: 489-527; Elizabeth Fee, 'Competition for the first school of hygiene and public health', *Bull. Hist. Med.*, 1983, 57: 339-63; *idem*, *Disease and discovery: a history of The Johns Hopkins School of Hygiene and Public Health 1916-1939*, Baltimore, Johns Hopkins University Press, 1978; Roy M. Acheson, 'The medicalization of public health; the United Kingdom and the United States contrasted', *J. publ. Hlth. Med.*, 1990, 12: 31-8.

*The London School of Hygiene and Tropical Medicine*

He had already been looking further afield, however. In the spring of 1913 he persuaded John D. Rockefeller Jr. and the influential Frederick Gates that the Foundation should:

extend to other countries and peoples the work of eradicating hookworm . . . and follow up with the establishment of agencies for the promotion of scientific medicine.<sup>7</sup>

The Commission, shortly to become the International Health Board, met for the first time on 27 June of that year and sanctioned Rose, its Director, to:

proceed with the organization and work of the English-Colonies [hookworm] Service; and that he be authorized to make such journeys as the interests of the Service may require.<sup>8</sup>

By 1919, when this story really begins, Wickliffe Rose had it clearly in mind that an “agency” which would lead the world in the promotion of public health and tropical medicine should be created. As centre of the world’s financial affairs and the capital of a huge empire, London was, for him, the place to create it. So there he went, accompanied by R. M. Pearce, a new recruit to the staff of the Foundation. In his pocket he carried a “to whom it may concern” letter from his President, G. H. Vincent, and introductions from Abraham Flexner and Victor Heiser.<sup>9</sup> No doubt Rose was aware of the innovations Lloyd George’s government was making in medicine and health, but he may not have foreseen the tensions and discord which he would have to face within government administration and in academic and medical circles.

Although he was neither a helminthologist, nor medically qualified, the purpose of Rose’s first visit was to “co-operate” with the British government in their attempts to control anchylostomiasis in the Empire. He had solicited the help of his old friend W. H. Page, newly appointed by Woodrow Wilson as American Ambassador in London. Page had been associated with Rose in campaigns both to promote education and control hookworm disease in the United States. Rose’s chief concerns were a lecture he was to give at the Marlborough Club to a distinguished and influential audience, and visits he was to pay the Secretaries of State for India and for the Colonies—both of whom attended the lecture. Also present were Sir John Rose Bradford, Herbert

<sup>7</sup> Op. cit., note 5: our emphasis. An early proponent of the idea that Rose should have the Foundation’s support to export his successes with the control of hookworm disease was Charles W. Eliot, President of Harvard University and member of both the General Education Board and the International Health Commission.

<sup>8</sup> RFA, International Health Commission, min. 27 June 1913. By then the Sanitary Commission had been renamed the International Health Commission to enable Rose to work overseas, in the first place alongside the British Government with the English Colonies Hookworm Service. Shortly afterwards the Commission became the International Health Board, with Rose as Director General, the first of several independent boards. The International Education Board, of which Rose also became the first President in 1923, when he left the International Health Board, was another. Once the plans for the School of Hygiene and Public Health at Johns Hopkins University had been executed, Rose turned his attention toward the promotion of health abroad; see Fee, op. cit., note 6, pp. 57–95.

<sup>9</sup> RD, 22 December 1919; “Found Curzon Hotel unsatisfactory. Changed to Grosvenor Hotel. Double bedroom, sitting room and bath for two of us £2.15.0 per day”; also, Heiser to Leiper, 22 September 1919, RFA, RG 5, series 401, box 81, folder 1145; *idem*, 17 November 1919, RG 5, series 1.1, box 39, folder 613.

Read, and A. S. Shipley, who were to be at another Conference in the Colonial Office eight years later.<sup>10</sup> This event had a bearing on the nascent London School of Hygiene and Tropical Medicine, but there is no indication that Rose had concrete thoughts along those lines in 1913. Another guest was Andrew Balfour, Director of the Wellcome Laboratories, who as first Dean was directly responsible for building up the London School of Hygiene and Tropical Medicine. On that hot August evening as they listened to Rose's talk on the control of anchylostomiasis, with its "seventy lantern slides arranged in sequence to tell a connected story",<sup>11</sup> Bradford and Read underrated Rose's breadth of vision. In view of the effort and single-mindedness Rose put into controlling hookworm then, and subsequently in the British Empire, it is hardly surprising that the Colonial Office Conference of 1921 was to start off on the wrong foot.<sup>12</sup> For his part, Rose, whose social and professional contacts were made through the American Ambassador and the British Secretaries of State, had little chance of getting a balanced view of public health or medical education in Britain, or of the tasks that lay ahead of him.

*The struggle to maintain standards in the Diploma of Public Health*

The Diploma in Public Health, a uniquely British approach to higher medical education, was first awarded by the University of Dublin (Trinity College) in 1871.<sup>13</sup> The General Medical Council, which under the watchful eye of the Privy Council controls the medical profession, accepted responsibility for ensuring appropriate standards for this qualification. When examinations for the Diploma fell short of what the General Medical Council believed to be appropriate, action should have been taken. Unfortunately the original Medical Act of 1858 provided only for setting and maintaining standards in basic medical training. Twenty-five years passed before, in 1895, proper control could be exercised over the Diploma.<sup>14</sup> It had been required by law that all of those appointed to the post of Medical Officer of Health should appear on the Medical Register, but for appointments to authorities with a population exceeding 250,000 the Diploma in Public Health was also required. For this a guarantee of appropriate expertise was expected.

During the first decade of the twentieth century all went well, but by 1914 the halcyon days were over and by 1920 standards, content, and methods of teaching had been seriously challenged.<sup>15</sup>

Rose disparagingly referred to methods for preparation of candidates for this qualification, still widely used in professional training in Britain, (though not now by

<sup>10</sup> Sir John Rose Bradford was a distinguished London physician, who for many years served as senior consultant to the Colonial Office; Read, soon to become Sir Herbert, a career civil servant, was later appointed Deputy Permanent Under-Secretary to the Colonial Office; and Shipley, who was also knighted, was a biologist and Master of Christ's College, Cambridge.

<sup>11</sup> Wickliffe Rose, 'Notes on Journey to England and the West Indies', RFA, RG 5, series 1.2, pp. 3-5.

<sup>12</sup> RD, 13 March 1914, pp. 7, 8.

<sup>13</sup> Roy Acheson, 'The British Diploma in Public Health: birth and adolescence', chapter 2 in *A history of education in public health: health to mock the doctors' rules*, ed. Elizabeth Fee and Roy Acheson, Oxford University Press, 1991.

<sup>14</sup> *Ibid.*

<sup>15</sup> *Ibid.*, and Roy Acheson, 'The British Diploma in Public Health: heyday and decline', chapter 8 in *op. cit.*, note 13.

universities) as “Education by Examination”.<sup>16</sup> Each examining board published a curriculum and other requirements, and it was up to the candidates to prepare themselves. In the nineteenth century few universities provided candidates with any kind of theoretical coursework leading to their own Diploma examinations, although instruction could always be bought and sold on a private basis. Despite constant pressure from the General Medical Council, these practices continued until after the turn of the century.

Running professional examinations was, nevertheless, a profitable business, and in 1887 the Royal College of Physicians of London broke the monopoly of the universities by offering an examination for which, practical experience aside, it expected no evidence of instruction at all. Soon it joined hands with the Royal College of Surgeons and formed the London Conjoint Board, which inherited the practices of the College of Physicians and so further impeded effective teaching. Shortly afterwards similar boards were established by the Royal Colleges of Physicians and Surgeons in Edinburgh and Dublin and also by Societies of Apothecaries in the three British capitals.<sup>17</sup> With the exception of the Royal College of Surgeons in Dublin,<sup>18</sup> which was, and still is, a medical school, they provided no instruction in public health or in preparation for medical registration. Between 1905 and 1914, of a total of 1,991 diplomas, 896 (45 per cent) were awarded by these three conjoint boards, and about twenty other boards shared the remaining 55 per cent between them— and of these the University of Cambridge had the lion’s share. The success of the Royal Colleges was largely due to their *laissez-faire* attitude to course attendance; practical experience was mandatory but candidates could study where and how they chose.<sup>19</sup>

The General Medical Council formally inspected all examinations in 1920 and the inspector reported that standards were in general mediocre, in particular those of the two bodies which passed the greatest number of candidates, namely the University of Cambridge and the London Conjoint Board.<sup>20</sup>

In a word, fifty years of struggle to bring together those with differences of opinion and practice, not just about standards or contents and methods of teaching, but also whether a candidate should be taught at all, had brought little reward to the General Medical Council.<sup>21</sup> This was the way things stood when Wickliffe Rose made his first post-war visit to London, and this in itself made a strong case for establishing a

<sup>16</sup> RD, 12 December 1919: “[I] read Hallett’s paper on *Medical Examination as Conducted by the Conjoint Board*—a good illustration of the English tradition of education by examination”, p.2.

<sup>17</sup> The *raison d’être* of these Boards was not to provide a postgraduate examination in Public Health, but to make it possible, at a single sitting, for candidates to obtain their registrable certificates in medicine and surgery without having a university degree; see also Acheson, *op. cit.*, note 13.

<sup>18</sup> J. D. H. Widdess, *An account of the Schools of Surgery, Royal College of Surgeons, Dublin, 1789–1948*, Edinburgh, E. & S. Livingstone, 1949.

<sup>19</sup> Roy Acheson and Penelope Poole, unpublished data. Information about the award of the registrable qualifications in public health was gleaned from many sources, including: minutes and archives of the General Medical Council; *Oxford University Gazette*, *Cambridge University Reporter*; minutes of the Board of the Royal College of Surgeons of London, and of the Senate of the University of London; and calendars of the other relevant universities.

<sup>20</sup> General Medical Council, mins 26 May 1917, pp. 279–88; *ibid.*, *Report of Public Health Committee*, 1922, pp. 500–4; Acheson and Poole, *op. cit.*, note 19.

<sup>21</sup> The Council was largely constituted of representatives of the bodies which ran the examination, so it is hardly surprising that, as a court, it had difficulties in controlling its barons.

national postgraduate school which, by offering full-time courses taught by experts, could set standards.

*The abolition of statutory restrictions on teaching in the University of London*

The first move to create “one well-equipped Centre of Hygiene for London, [or indeed anywhere else in the country] to co-ordinate, develop, and raise the standard of Public Health teaching and training” was made at the University of London.<sup>22</sup> The University had been founded in 1839 with the extraordinary and limited role of examining students from University College and King’s College with a view to conferring degrees, because neither college was authorized to do so.<sup>23</sup> Although the University set standards it was by law explicitly denied the right to teach. Furthermore, not until 1873, when an amendment to the Medical Act<sup>24</sup> was passed, could it even examine in medicine.<sup>25</sup>

This absurd state of affairs was only slowly put right. First, in 1894, an administrative system of a Senate, Council and Faculty Boards was proposed.<sup>26</sup> Then, in 1909, 60 Boards of Studies were convened, each answerable to one of the Faculty Boards, with the task of considering how a properly co-ordinated programme in its field of responsibility could be created. It was the Board of Studies in Hygiene and Public Health which unsuccessfully proposed the “well-equipped centre” referred to above.

The Act of 1873 allowed the University to offer, three years later, “A Certificate in Subjects Relating to Public Health”, replaced in 1890 by an MD in State Medicine. This was the only doctoral degree the General Medical Council recognized, in lieu of the Diploma in Public Health, as an acceptable qualification for Medical Officers of Health. The University of London therefore had already managed to make innovations in the field and by 1919 it was ready to make more.

*The London School of Tropical Medicine moves from the Albert Dock to Bloomsbury*

In 1890, the Seamen’s Hospital Society built a hospital at the Albert Dock. In 1899 Sir Patrick Manson persuaded the Board to attach to the hospital a small sister body, the London School of Tropical Medicine.<sup>27</sup> The Secretary of the Board responsible for hospital and school was James Michelli. The School was concerned with the training of doctors who were going to work overseas in the colonial service and it was independent of the University until its admission to the Faculty of Medicine in 1905. The Colonial Office contributed towards costs, not for philanthropic reasons, but

<sup>22</sup> ULSM, 16 June 1915, min. 3361, pp. 58–61; report of a meeting of Board of Studies in Hygiene and Public Health held in 1910.

<sup>23</sup> The first degree ceremonies for the University of London were held in the Senate House of the University of Cambridge! Harte, op. cit., note 26 below.

<sup>24</sup> Medical Act Amendment, (University of London) (1873), 36 & 37 Vict., Ch.55.

<sup>25</sup> The University took advantage of its unusual role by offering, at a high standard and in a wide range of subjects, external degrees at the bachelor’s, master’s, and doctoral levels.

<sup>26</sup> Negley Harte, *The University of London 1836–1986*, London, Athlone Press, 1986.

<sup>27</sup> See also Sir Philip Manson-Bahr, *The history of the London School of Tropical Medicine (1899–1949)*, London School of Hygiene and Tropical Medicine Memoir 11, London, H. K. Lewis, 1956, part of a commemorative series. It is chiefly concerned with the research achievements of the School, but touches superficially on the union with the School of Hygiene, pp. 61–7. Manson-Bahr was Patrick Manson’s son-in-law; he added the latter’s name to his own, “Bahr”.

### *The London School of Hygiene and Tropical Medicine*

because it was aware that better health in the territories for which it was responsible improved economic efficiency. With Sir Patrick himself as one of a distinguished group of lecturers, this small school was greatly respected. In 1919 the Red Cross bought a building close to University College which was partly hospital and partly hotel, and presented it to the Seamen's Hospital Society, to serve as a tropical diseases hospital and provide accommodation for the London School of Tropical Medicine. Thus the School was brought from the docks, accessible to the sick sailor, to the heart of the Bloomsbury campus of the University, eight miles away.

#### *The Lister Institute of Preventive Medicine*

Late in 1905 the Lister Institute of Preventive Medicine joined the School of Tropical Medicine as a new member of the University's Faculty of Medicine.<sup>28</sup> The Lister was supported by voluntary funds. Lord Iveagh, the most beneficent of the Guinness family, was especially generous. His contribution had been the construction of a magnificent new building on the Chelsea Embankment. The Institute had come into being as a consequence of a merger between the British Institute of Preventive Medicine and the College of State Medicine, with the intention that it should be similar in character and purpose to the Institut Pasteur in Paris, with bacteriology, pathological chemistry, and experimental pathology as its fields of endeavour. The University, on accepting it as a member, formally categorized its work as being in hygiene and pathology.<sup>29</sup>

The following year, largely through the efforts of Colonel Ronald Ross<sup>30</sup> and his mentor Sir Patrick Manson, the University agreed to the creation of a Chair in Protozoology, to which E. A. Minchin, Professor of Zoology at University College, was appointed. Funds were to be provided by the Rhodes Trustees through the Colonial Office and by the Royal Society.<sup>31</sup> The Colonial Office had assumed that the Chair would be located in the School of Tropical Medicine, but the Lister Institute, which argued that protozoology was within its terms of reference, wanted the new professor to work in Chelsea. The Colonial Office unenthusiastically conceded that this was an acceptable alternative.<sup>32</sup> The School of Tropical Medicine could not compete with the Lister's offer of three laboratories, a research assistant, six research students, technical staff, and a lot more besides,<sup>33</sup> which the Senate described as "very liberal arrangements".<sup>34</sup> Furthermore, Chelsea too was more accessible than the Albert Dock! Minchin chose to go to the Lister.

<sup>28</sup> Harriette Chick, Margaret Hume, and Marjorie Macfarlane, *War on disease: a history of the Lister Institute*, London, André Deutsch, 1971. These authors, like Manson-Bahr, are chiefly concerned with the Institute's scientific achievements; ULSM, op. cit., note 29.

<sup>29</sup> ULSM, 7 June 1905, mins 1913 and 1914, pp. 50–1; Chick et al., op. cit., note 28, pp. 51–3.

<sup>30</sup> Ronald Ross, who was a junior colleague of Manson's, won a Nobel Prize and a knighthood for demonstrating that malaria was transmitted by the anopheline mosquito.

<sup>31</sup> ULSM, 1906, min. 1441, pp. 53–4.

<sup>32</sup> *Ibid.*, 26 July 1905, mins 2586–96, pp. 99–102; *ibid.*, 28 March 1905, mins 1439–41, pp. 53, 54, and comments in note 34.

<sup>33</sup> *Ibid.*, 23 May 1906, mins 1849–51, pp. 80–2.

<sup>34</sup> *Ibid.*, 23 May 1906, min. 1852, p. 82. When Ross and Manson proposed the Chair in Protozoology in London, assuming it would be in the School of Tropical Medicine, Ross was Professor of Tropical Medicine at the Liverpool School of Tropical Medicine. Just why, one cannot say, but on 2 January 1906, when the wording of the advertisement for the Chair was drafted by the Board of Advisors, without

The bad blood that was spilled over this issue was to have repercussions in years to come. After Minchin's unexpected death in the summer of 1915, the Colonial Office tried to patch things up by offering to fund his successor in a jointly-based chair. Although, not surprisingly, the School of Tropical Medicine was compliant, there was an impasse because the Lister Institute would have none of it.<sup>35</sup> This was unfortunate because Manson and the rest of the School's staff provided the chief link between the University and medicine in the tropical world.

*Lloyd George, the new Ministry of Health, and a Medical Research Council*

In 1919 Lloyd George's government created a Ministry of Health. For over eighty years the government had distanced health from Parliament, and left it in the hands of Boards of Health, answerable first to the Privy Council and latterly the Local Government Board. Dr Christopher Addison was appointed first Minister of Health and Sir George Newman first Chief Medical Officer.

Newman was an eclectic son of an era when bacteriology was new. He had written extensively on the teaching and practice of preventive medicine.<sup>36</sup> He was energetic and widely influential and, for instance, gave evidence to a special syndicate in Cambridge in 1920, which was set up to consider the problem of the standards of the Diploma in Public Health there. He was also heavily involved from the outset in the establishment of the London School of Hygiene and Tropical Medicine.

At the same time the government established a Medical Research Committee (forerunner of the Medical Research Council), with powers to allocate government funds for commissioning and supporting research. Its first Secretary and executive officer, who did much to shape its success for decades to come, was Sir Walter Fletcher, a physiologist, who had been Senior Tutor at Trinity College Cambridge. Like Newman, Fletcher was influential in medico-academic circles.

From the outset and throughout months of haggling and in-fighting, he gently but firmly influenced the way that things were to go. Much of Fletcher's effectiveness in the complex exchanges which were to follow derived from the fact that he was not directly associated with any of the political or academic groups which were to experience such difficulties in coming to an agreement.

*1919: Rose returns to London*

In the spring of 1919 Rose, in his capacity as Chairman of the Rockefeller Foundation's War Relief Commission, attended a meeting of the International Red

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indicating where it would be located, Ross resigned his seat on the Board "immediately after the meeting". ULSM, 28 March 1906, mins 1439-1440, pp. 53, 54. Neither of Ross's biographers who, understandably, were wholly taken up by his achievements in clinical medicine, biology, pathology, music, poetry, sententious prose and the other masteries of a polymath considered that what appeared to have been a minor political set-back merited space. R. M. Mégroz, *Ronald Ross; discoverer and creator*, London, Allen & Unwin, 1931; J. O. Dobson, *Ronald Ross*, London, Student Christian Movement Press, 1934.

<sup>35</sup> ULSM, 23 May 1917, mins 1957-9, pp. 34, 35.

<sup>36</sup> George Newman's interests are reflected in his writings which include *Bacteriology and the public health* (3rd ed., London, John Murray, 1904). He also wrote texts on preventive medicine, for instance: *Some notes on medical education in England*, London, HMSO, 1918; *An outline of the practice of preventive medicine*, (acknowledged by the Librarian, Rockefeller Foundation), 30 October 1919, RFA, RG 5, series 51.2, box 81, folder 1145; and *The rise of preventive medicine*, London, Oxford University Press, 1932. Half the 20 pages of the *Second Report of the General Medical Council Education Committee on Teaching*



### *The London School of Hygiene and Tropical Medicine*

Cross in Geneva. On his way home to Washington he sought out, with Castellani's help, Dr William Simpson, Professor of Hygiene and Public Health in King's College, London. They met on 20 April and Rose recorded in his diary that they found they had a common interest in "establishing a great school of hygiene in London" which Great Britain might, with the co-operation of the Foundation, "make a monument of victory". Time would soon show that these glittering prospects were more alluring to the American than to the Briton!<sup>37</sup> The International Health Board appointed Victor Heiser, a helminthologist, to direct its work in the British colonies and elsewhere. Among his contacts was a fellow helminthologist, R. J. Leiper, who had joined the staff of the School of Tropical Medicine in 1905.<sup>38</sup> Through their shared professional interests, Leiper and Rose soon met and became firm friends, and Leiper acted as general adviser on the London scene to Rose for several years. Heiser sent American research workers, of whom Dr Milford Barnes was one, to Leiper's laboratory for experience. Thus the Rockefeller Foundation developed a link with the London School of Tropical Medicine.

On 3 August 1919 Leiper wrote to Heiser that,

Dr Barnes came to see us the other day and I had a most interesting account from him, of the fieldwork in the hookworm campaigns . . . Perhaps you have heard that we have secured large and excellent premises in the heart of London for a new 'Hospital for Tropical Diseases'. It has been given as a war memorial for the Sailor. The Seamen's Hospital Society have decided to accomodate [*sic*] the London School of Tropical Medicine in the lower part of the building which is one of ten floors. This gives us an unrivalled position—in Euston Square—and greatly improved accomodation . . . the new move will strengthen our position as a School of the University and the Senate have just appointed me Professor of Helminthology in the University of London. In addition we have, at the request of the Colonial Office found accomodation for the Tropical Diseases Bureau in the new premises. The project is one which I have had at heart for several years and I am naturally highly elated at its realisation.<sup>39</sup>

When Rose set off for London, he had the power to spend huge sums of money, the timing was propitious and he knew exactly what he wanted.

#### *An Institute of Hygiene and Tropical Medicine in University College London?*

From the moment he arrived on 22 December 1919, Rose was busy. He reacquainted himself with Sir Herbert Read of the Colonial Office, met Sir Frank Heath of the Department of Industrial and Scientific Research, and noted that the London School of Tropical Medicine and the Wellcome Laboratories had, to the

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*Preventive Medicine* are devoted to his views on this matter, especially with the teaching of it to medical students, General Medical Council, mins, 1920, pp. 279–98.

<sup>37</sup> RD, 20 April 1919. Rose presumably sought out William Simpson (to be knighted in 1923) because of his extensive experience in tropical medicine combined with his then-position as Professor of Hygiene and Public Health at King's College, London, two components Rose wanted to bring together in the Institute he was helping to establish in London. Simpson was to be appointed Director of the Ross Institute and so plays no further part in this story.

<sup>38</sup> R. J. Leiper shares with G. H. F. Nuttall of Cambridge much of the credit for establishing the science of medical parasitology in Britain.

<sup>39</sup> Leiper to Heiser, 3 August 1919, RFA, RG 5, series 401, Box 81, folder 1145.

annoyance of the former, moved to contiguous sites on the Bloomsbury campus of the University. He spent most of Christmas Eve with Leiper, among other things inspecting the two institutions. In an “extended” discussion two days later, Leiper gave Rose a list of eight British centres that he regarded as doing important work in tropical medicine.<sup>40</sup> Two days later he wrote to Heiser that Leiper “simply oozed information. He is distinctly the richest vein we have struck so far”.<sup>41</sup> In Leiper’s list, only the London School of Tropical Medicine, the Lister Institute of Preventive Medicine, and, less importantly, the Wellcome Bureau of Tropical Research,<sup>42</sup> whose fields of work he described as protozoology and hygiene, feature in our story.

Rose was not able to arrange an appointment with Newman until 8 January; the meeting led to the following observation in his diary: “touched briefly on preventive medicine. Apparently no conception of an adequate school of hygiene and public health.”<sup>43</sup> Time would show that this cryptic comment was also prophetic. Although Newman was all for a central facility for training British doctors to practise the trade of the Medical Officer of Health, he had little time for research, and none for the teaching of tropical medicine or hygiene.

The next day Rose and Pearce had Henry Kenwood, the Professor of Hygiene at University College, to dine with them. They were shown official documents, prepared under Kenwood’s chairmanship, relating to the proposed Centre of Public Health, which Kenwood believed could be developed at University College. The suggestion seemed sensible to Rose, who had the previous week written: “In the London School of Tropical Medicine and the present Department of Hygiene in University College is the nucleus for a future school of hygiene and public health”.<sup>44</sup> He repeated this at dinner to Fletcher, who “was taken off his feet”.<sup>45</sup> The suggestion was based on the plan drawn up by the Board of Studies in Hygiene and Public Health in 1913, accepted by the Faculty of Medicine, but which had been rejected in 1915 by the Senate because of lack of support from University College and King’s College.<sup>46</sup>

<sup>40</sup> RD, 27 December 1919, para. 3 (d), pp. 13–16. The other centres Leiper listed were the Natural History Museum, Naval Medical School, Royal Army Medical College, Nuttall’s group in Cambridge, and Ashworth’s in Edinburgh. In London there were two centres, Kenwood’s at University College and Hewlett’s and Simpson’s at King’s College, which also trained candidates for the Diploma in Public Health.

<sup>41</sup> Rose to Heiser, 26 December 1919, RFA, RG 5, Box 39, Folder 613.

<sup>42</sup> RD, 2 January 1920. That day Rose spent considerable time at the Wellcome Bureau of Scientific Research with its Director, Dr Andrew Balfour. Rose noted that, in a spirit of friendly co-operation, the laboratory and museum were to be open to neighbouring institutions, but that the Bureau “was to do no teaching”. He continued, “gave to Balfour suggestion of importance of having in London a worthy school of hygiene and the advantages offered in the group of institutions about University College for development of such institution.” He evidently already looked upon the Bureau as a potential component of the new institution, a view which he was to reiterate early in 1922 and frequently thereafter.

<sup>43</sup> *Ibid.*, 24 December 1919, pp. 11–13; *ibid.*, 18 March 1922, para. 1(d), p.46. Sir Frank Heath was later to describe Newman to Rose: “a man of fine ability, brilliant in writing and in speaking, but not a good administrator, does not think things through, acts on impulse, does not always show good judgement . . .”. Newman’s relationship with Sir Arthur Robinson is said to have been poor.

<sup>44</sup> Paper drafted by Rose, 27 December 1919, on London School of Tropical Medicine, RFA, RG 1.1, Series 401, Box 2, Folder 9.

<sup>45</sup> RD, 9 January 1920, para. 3 (a), p. 32.

<sup>46</sup> ULSM, 16 June 1915, mins 3300–62, pp. 58–61; *ibid.*, 18 October 1922, mins 119–24, pp. 16–18. The new foundation had been described as, *inter alia*, an Institute of State Medicine, a School of Hygiene, and a Centre of Public Health. Other names were proposed, each of them having a subtle, but to the author

## *The London School of Hygiene and Tropical Medicine*

The following week Sir Patrick Manson entertained Rose to lunch and they discussed the School of Tropical Medicine. Rose left for Brussels shortly afterwards. He had covered a lot of ground in the three weeks over Christmas and, with the exception of the politicians, and the staff of the Lister Institute of Preventive Medicine, he had seen almost everyone who would contribute to the outcome of his endeavour.

The idea of a simple liaison between the London School of Tropical Medicine and University College must have seemed perfectly rational but with the exception of Sir Walter Fletcher, who had authority, and Leiper, who had none, Rose's intentions either had not been comprehended or had met with polite antipathy. On the morning of his departure he took time to bid farewell to Fletcher and Leiper,<sup>47</sup> both of whom he had conferred with more than once.

### *R. J. Leiper, the go-between*

On 13 April 1920, just before Rose left for home via Europe, Leiper addressed a letter to him in New York. It was in response to what seems to have been a verbal request; Rose had asked him to describe how outside assistance might help the work of the London School of Tropical Medicine.<sup>48</sup> Leiper's letter begins "I have no authority to speak for my colleagues, and the views that I now give you are those held by me personally". It was a proposal for the development of the School of Tropical Medicine, which included budgetary estimates, but whose implementation would depend on outside financial assistance.<sup>49</sup> Rose was not yet back in his office when it arrived and it was read by Victor Heiser. Pencilled at the bottom is:

to be taken up with W. R. on his return from Rome: President stated this should wait until W. R. can see how London Medical Project works out. sgd V.G.H.<sup>50</sup>

Evidently it was decided to put the matter on ice. Seemingly the Rockefeller Foundation had decided not to support isolated departments and so did not encourage Leiper further. Eventually Heiser, not Rose, wrote back seven months after Leiper's letter was posted, regretting that correspondence with him had been very much neglected and offering due apologies. He made no comment about Leiper's proposals for the development of the School of Tropical Medicine; instead, Heiser described a journey he was to take through the Pacific, and added "if there is anything that I can do for you *while on this journey* [our emphasis], please do not hesitate to let me know".<sup>51</sup> Vincent and Rose were nevertheless more than content to continue to pick Leiper's brains at every opportunity, and the Foundation's support for the visit Leiper was to pay to the West Indies must, to some extent, have compensated for his

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important, political significance. Such schismatics did not make for simple negotiations. Seven lecturers, supported by demonstrators, and five research scholars in State Medicine were proposed. All the titles appear in Report B of 4 June 1913, which sketches out their plan in some detail.

<sup>47</sup> RD, 14 April 1920, paras 3 and 5, p. 116.

<sup>48</sup> This could well have been on 5 April, when Leiper spent the evening with Rose. RD, 5 April 1920, para. 6, p. 110.

<sup>49</sup> Leiper to Rose, 13 April 1920, RFA, RG 1.1, series 401, box 2, folder 9.

<sup>50</sup> Ibid.

<sup>51</sup> Heiser to Leiper, 19 November 1920, RFA, RG 1.1, series 401, box 2, folder 9.

disappointment. Donald Fisher has suggested that they met his expenses so that they could hold discussions with him when he passed through New York on his way home;<sup>52</sup> there was perhaps more to it than that.

#### *The Athlone Committee*

In response to pressure, both from Sir William Osler and senior clinical colleagues, and from the University Grants Committee, Addison<sup>53</sup> convened a working party on postgraduate medical education.<sup>54</sup> Lord Athlone was Chairman. It was to be important in the genesis of the London School of Hygiene and Tropical Medicine. The remit of the Athlone Committee, which first sat in January 1921, was to advise broadly on postgraduate medical education in London “and to submit practical proposals for meeting [needs]”. This included consideration of the desirability of creating an Institute of State Medicine,<sup>55</sup> although the principal concern was a postgraduate clinical centre.<sup>56</sup>

On 9 April of the previous year Rose had, at his own request, met the Earl of Athlone at the Middlesex Hospital. In his diary he wrote that he was shown around and was impressed, but recorded nothing of their conversation.<sup>57</sup> The Committee’s Report, published in mid-June 1921, recommended that negotiations with the Rockefeller Foundation should be set firmly at the level of institutions rather than that of academic departments. Rose had, in 1919, indicated the Rockefeller Foundation’s interest in establishing an international school of hygiene in London, and he may well have spoken to Athlone in similar terms in 1921. This could be the reason why Leiper’s letter, which Rose had solicited, was not only set to one side, but ignored. Unabashed, however, Leiper wrote back to Vincent in greater detail. “I venture to send you some further information regarding the Tropical School. I will

<sup>52</sup> Donald Fisher, ‘Rockefeller philanthropy and the British Empire: the creation of the London School of Hygiene and Tropical Medicine’, *Hist. Educ.*, 1978, 7: 129–43. This paper is derived from a Ph.D. thesis, ‘The impact of American foundations on the development of British university education, 1900–1939’ presented to the University of California, Berkeley, in 1977. Fisher’s concern is similar to ours but his interpretations are different, especially about the roles of Fletcher, Leiper, and Newman, because he had access to neither the Vincent and Rose Diaries, nor the minutes of the Senate of the University of London.

<sup>53</sup> Dr Christopher Addison left the Ministry of Health in 1921 to become Minister without Portfolio. He had been Professor of Anatomy in the University of Sheffield, and was the only medically-qualified person ever to hold the post of Minister of Health. His successor was Sir Alfred Mond. Addison was a distinguished professional politician who received honorary doctorates from Oxford and Cambridge as well as his own university. He was created Viscount in 1945.

<sup>54</sup> There were eight members on the committee, of whom only Newman, Herringham, and Perry were otherwise directly concerned with the creation of the London School of Hygiene and Tropical Medicine. Sir George Newman had been Chief Medical Officer to the Board of Education before his appointment as the first Chief Medical Officer in the new Ministry of Health. Sir Cooper Perry was also a medical man, who had been a powerful Dean of Guy’s Hospital Medical School. He was therefore in a position to speak for the University in general, for its medical faculty, and for the Royal College of Physicians—the heart of the medical establishment—of which he was a Fellow. Similarly, Sir Wilmot Herringham was a Fellow of the Royal College, Consultant Physician at St Bartholomew’s Hospital, and had been Vice-Chancellor of the University of London. For further information about Newman see notes 36 and 45.

<sup>55</sup> ULSM, 16 June 1915, mins 3360, 3361, pp. 58–61.

<sup>56</sup> RD, 11–21 March 1921, pp. 112, 115, 123. Leiper told Rose “in wide-ranging talks” about this development—of which Rose may already have been aware—in New York on 14 March 1921. He said that the “whole question of public health training is now in solution so to speak” and that “two committees had recently been appointed to consider the whole problem of public health education”.

<sup>57</sup> *Ibid.*, 9 April 1920, p. 113, para. 1.

## *The London School of Hygiene and Tropical Medicine*

also attempt to outline my own views as to the means by which integration of Public Health Studies might be brought about.”<sup>58</sup> His proposal was similar to Kenwood’s, namely that the London School of Tropical Medicine, together with the Chadwick Chair of Public Health, whose incumbent was Henry Kenwood, should form the basis of an Institute of Hygiene in University College. Again, in more than 20 pages he gave full budgetary estimates, together with proposals for ground plans, staff, and curricula.<sup>59</sup>

### *“A Conference Between The Colonial Office and Representatives of the Rockefeller Foundation”*

Vincent, Rose, and Heiser had returned from New York once more in mid-June, at the invitation of the Secretary of State, to participate in a special conference at the Colonial Office. The Office had drafted two preparatory memoranda. One,<sup>60</sup> unsigned, heterogeneously referred to the chair of protozoology at the University of London, vacated in June 1915 by the death of E. A. Minchin, FRS, and other new chairs,<sup>61</sup> the research role played by the London School of Tropical Medicine; and the importance of research studentships; it also included a paper by Sir William Leishman, Surgeon-General to the Army. The second memorandum discussed tropical diseases that urgently required investigation. Proofs of these reached New York just before Vincent, Rose, and Heiser set sail, so that they arrived prepared for what they were to hear.

The conference was a high-level affair.<sup>62</sup> On this occasion it was Winston Churchill, still a Liberal, who was Secretary for the Colonies, and entertained the guests to dinner. With the exception of Sir Walter Fletcher, none of the British *dramatis personae* were concerned with the development of a School of Hygiene. In addition to Leishman there were Bradford and Read, representing the Colonial Office, and Shipley. The Chairman was E. F. L. Wood, MP and Under-Secretary of State for the Colonies whose interest, naturally, was in affairs overseas, and not domestic public health. In view of the extensive support that the International Health Board, through Rose’s good offices, had already given to the “English Colonies Hookworm Service”, it is not surprising that Wood’s team sought help of a similar nature.

At the first and second meetings, on 15 and 17 June 1921, Bradford and Read elaborated on how the Colonial Office felt that investment by the Rockefeller Foundation in tropical medicine would strengthen the University of London. This could be done, *inter alia*, by endowing the vacant Chair of Protozoology. Leishman

<sup>58</sup> Leiper to Vincent, 9 January 1921, RFA, RG 1.1, series 401, box 2. This letter was erroneously dated 1920, an easy mistake to make in January; Vincent must have been in London at the time because it was only two days later that he noted his acknowledgement at the top. His reply, which was probably in manuscript, has not been preserved.

<sup>59</sup> *Ibid.*

<sup>60</sup> *Summary of Proceedings at a Conference between the Colonial Office and representatives of the Rockefeller Foundation*, Misc. No. 354, Colonial Office, London, HMSO, 17 July 1921, Public Records Office PRO. CO. 885–27. The proofs were dated May 1921 and 1 June 1921, RFA, RG5 (IHB/D), series 2, (special reports), box 38, folder 22.

<sup>61</sup> The date of Minchin’s death is recorded incorrectly in the official report of this conference as 1916.

<sup>62</sup> There was no place at a conference of national policy makers for Professor Leiper because Vincent and Rose had expressed their wish not to divide their gift.

argued for the development of health services in the tropical parts of the Empire by establishing mobile medical units based on the principal hospital in each colony. He added, tactlessly and provocatively, that he did not favour “complete centralization in one large institute, say, in London”. In Rose’s view these requests amounted to little more than an appeal for funds to further British imperial policy.

The speakers faced searching questions from Vincent and Rose, and Fletcher’s acerbic comment on the proceedings was that although the Conference had so far discussed “isolated *desiderata* of obvious value” these fitted into no obvious structural scheme. He and the Americans were awaiting the report of the Athlone Committee, which Newman told Vincent on 9 June would “soon be published”. Vincent’s diary continues: “Will the Committee establish [an] Institute of Hygiene and public health in the University of London in close association with the London School of Tropical Medicine . . . ?”<sup>63</sup> and notes that Fletcher had “urge[d] absolute necessity of having fundamental plans, large enough to include all the interests i.e. Colonial Office, State Department [*sic*], War Office, Research Committee [*sic*] etc.”,<sup>64</sup> which was a basis for optimism.

The British showed no intention of co-ordinating their own proposals, let alone of considering the needs of the Ministry of Health, even though Rose reminded them that the International Health Board was concerned with “the promotion of health irrespective of national boundaries [which] could not be effected without permanent agencies”.<sup>65</sup> He urged that research and the training of investigators and administrators be encouraged through the development of institutions which cultivated the sciences underlying public health. He continued that,

the facts of the case made it inevitable that the whole of the experience of the British Empire in regard to public health should be centred in London, and that in the promotion of health on an international scale London was perhaps the strategic point of greatest importance . . . a great dynamo that would inspire and vitalize public health, not only in this country, but throughout the world.<sup>66</sup>

He and Vincent made it very clear that, although the Foundation was greatly interested in the whole situation, it would not deal with any part or department separately.<sup>67</sup> Oddly, he does not seem to have told Sir Herbert Read and others about his vision when he visited the Colonial Office twice over Christmas 1919.<sup>68</sup> Whether or not he did, at the outset his wish had been ignored.

It was becoming clear that if the men of the Colonial Office were not totally to lose the day they must modify their case. The shape the discussions had taken illustrated the shrewdness of Vincent’s observation, made before the Conference started, that the Colonial Office (and other British government departments) “tend to routine and

<sup>63</sup> Diaries of George Vincent 1921, RFA, RG 12.1, 8 June 1921, pp. 59–66. Unfortunately the copy-typist, who had the disarming habit of starting a new page with a new sentence, left this sentence unfinished.

<sup>64</sup> *Ibid.*, 13 June 1921, p. 62.

<sup>65</sup> *Ibid.*

<sup>66</sup> *Ibid.*

<sup>67</sup> *Ibid.*, 15 and 16 June 1921, p. 64.

<sup>68</sup> RD, 22 December 1919, para 4 (a), p. 8, and 31 December 1919, para 3 (a) and (b), p. 19.

*The London School of Hygiene and Tropical Medicine*

conservatism . . . [and] tend to work in isolation from each other and without any team play".<sup>69</sup>

If the medical civil servants in the Colonial office ignored Newman and his colleagues, the reverse was certainly not the case! On the evening of 17 June Newman telephoned Vincent, advising against any agreement with the Colonial Office on a departmental basis. There were, he said, much bigger questions involved; "the Foundation would do better by representing all interests." Vincent must have chuckled! Fletcher alone on the British side had sufficient sense to stand back and consider the merits of team play.<sup>70</sup>

The Conference reconvened for a third meeting to hear Sir John Rose Bradford propose a compromise: "a Central Institute of Hygiene would be an excellent thing, but . . . in so far as tropical medicine was concerned, a special branch of tropical hygiene and sanitation would have to be linked up with it . . .". Vincent sharpened this, and indeed set the stage for everything that was to follow, by referring to the still-unpublished report of the Athlone Committee, which he had been led to believe might "recommend the creation of a Central Institute of Public Health or Hygiene . . . [and] the London School of Tropical Medicine would be closely affiliated with, if not part of such an institution". That evening he wrote in his diary that he hoped the Institute would be in the University, in close association with the School of Tropical Medicine, and "without any civil servants".<sup>71</sup>

Just what the Rockefeller Foundation was willing to underwrite was now clear. At the last of the four meetings, the British submitted a written proposal which welcomed an independent Institute of Hygiene and Public Health, and accepted that it would indeed be sensible if the London School of Tropical Medicine were to be closely associated with, but separate from, it—perhaps in a reflection of Leishman's insistence that preventive medicine in the tropics was different from that at home. Vincent summed up by accepting the proposal for support for an institute, and perhaps for studentships and fellowships in tropical medicine. He felt, however, that the funding of new chairs was a matter for the British government—so once again the contentious issue of filling Minchin's chair in protozoology remained unresolved. Vincent suggested that it might be helpful if Nuttall came down regularly from Cambridge to give courses of instruction,<sup>72</sup> a suggestion which could variously be interpreted as innocent meddling, kindly advice, or heavy hint.<sup>73</sup>

The Chairman concluded by saying that "he was impressed by the way in which the various interests seemed to be converging to one point . . .". The cynical may suggest that the "point" was the end of a gun-barrel. Shotgun marriage or not, by then Vincent and Rose were reiterating in their private discussions that there was "no hope of [the] Foundation supporting anything but a central enterprise in which all the

<sup>69</sup> VD, 8 June 1921, p. 59.

<sup>70</sup> *Ibid.*, 13 June 1921. Vincent's notes endorse the view, which the reader of the proceedings obtains, that it was Fletcher's intervention that brought perspective to the discussions and changed their direction.

<sup>71</sup> *Op. cit.*, note 60, fourth meeting, 17 June 1921, 'Comment on paragraph 1', p. 6.

<sup>72</sup> *Ibid.*, third meeting, 15 June 1921, p. 5; VD, 14 June 1921, p. 62.

<sup>73</sup> Whichever it was, he had just been to Cambridge with Fletcher to see Nuttall, whose laboratory was suffering severe financial difficulties, and who said that he would be glad to lecture in the proposed new school and give training to advanced students.

interests are merged.”<sup>74</sup> In a few weeks’ time the University of London, with the backing of the Ministry of Health and the Colonial Office, assumed the role of that “central enterprise”.

*The University of London establishes an Institute of State Medicine*

The conclusions of the Athlone Committee reflected Newman’s interests by recommending that,

An Institute of State Medicine should be established in the University of London in which instruction should be given in Public Health, Forensic Medicine, and Industrial Medicine, and in medical ethics and economics . . . it should be directly connected with the University of London and under its direct administration . . . the income can, in our opinion, be derived from two sources only, State aid and private endowment.

This uncompromising but forward-looking statement left no place for the new centre to be part of an existing school or college, although it said nothing about tropical medicine.

The “Medical Members of the Senate” of the University of London<sup>75</sup> met on 4 July 1921 and recommended that the Senate, which also met that day, should welcome the formation of an Institute of State Medicine. The recommendation was duly resolved.<sup>76</sup>

*The Mond Committee*

The way was now open for the Ministry of Health to take the initiative. As his predecessor had done, the new Minister, Sir Alfred Mond, formed a “small committee” of seven; he was Chairman and Newman Vice-Chairman. Its membership was well balanced. Mond later explained to Vincent,

I thought it would be advisable to include Colonial Office representatives in my Committee, with a view to seeing whether in our scheme for an Institute of State Medicine we could not make provision, coordinated with the arrangements at the London School of Tropical Medicine, for dealing with the fundamental needs of the medical service in the tropics as well as in this country in the way, e.g. of properly trained personnel.<sup>77</sup>

The other members were Bradford, Read, Perry, and Fletcher, with Sir Wilmot Herringham of the University Grants Committee. Sir Cooper Perry was the Principal Officer of the University of London and sat at the hub of the seething political turmoil there, turmoil which created difficulties over and above the intra-governmental problems we have just discussed. The very rapid adoption of the Athlone Committee’s recommendations by the University Senate in July, when it was

<sup>74</sup> VD, 17 June 1921, p. 65.

<sup>75</sup> The Senate could only consider papers which had been submitted to them; the reference to “medical members” presumably means, therefore, that there had been insufficient time to assemble a quorum of the Board of the Faculty of Medicine in the two weeks available before the last Senate meeting in the academic year.

<sup>76</sup> ULSM, 4 July 1921, mins 4662–4.

<sup>77</sup> RFA, RG 5 (IHB/DO) series 1.2, box 119, folder 1584, Minutes of the International Health Board. It was this sentence that triggered the appropriation of the first \$1,250,000; the balance of the total donation of \$2,000,000 was paid the following year.



### *The London School of Hygiene and Tropical Medicine*

dispersing for the summer vacation, showed that Perry would not let grass grow under his feet. This spirit of immediacy was to prevail throughout the negotiations. The fledgling Ministry of Health now held positions of maximum influence in what was to be called the Mond Committee.

By mid-August 1921, a few weeks after the Committee was formed, Mond had written to Vincent to report on its early work and enclosed an Appendix sketching plans for the new Institute or School.<sup>78</sup> He described the events leading up to the creation of the Committee,<sup>79</sup> including the Athlone Committee's recommendation<sup>80</sup> that an institute for "State Medicine" be formed and controlled by the University of London.<sup>81</sup> He continued that "at the stage which we have reached I am brought straight up against the difficult question of finance . . . in the circumstances it had occurred to me I should be failing in my duty if I did not bring this particular proposal at the present stage before the Rockefeller Trustees". The function would "be primarily instructional though secondarily giving facilities for research work." Thus Rose's desire to serve the world was recognized without evident enthusiasm, for Mond emphasized the provision of training. It seems strange to us now that towards the end of the first quarter of this century a group of enlightened men—knights of the realm each and every one—could believe that an academic institution for advanced studies would be viable without a strong research programme. Mond concluded by writing, "The site should if practicable be contiguous with that of the London School of Tropical Medicine."<sup>82</sup>

Mond made no mention of the Lister Institute. The feud persisted between the Institute and the London School of Tropical Medicine, about a proper place for the chair of protozoology. Moreover, financial difficulties would arise if the fine new accommodation on the river were to be abandoned for the main University campus. Sir Henry Wellcome evidently had other plans for the Wellcome Laboratories.<sup>83</sup> Neither institution would be included in the new school.

#### *The Rockefeller Foundation's gift of \$2,000,000 towards creating the London School of Hygiene and Tropical Medicine is accepted*

On 3 February 1922, seven months after the formation of the Mond Committee, Vincent and Rose were back again with instructions from their trustees to negotiate

<sup>78</sup> Mond to Vincent, 11 August 1921, RFA, RG 1.1, series 401, box 2, Folder 10, Appendix A; letter and draft memorandum.

<sup>79</sup> ULSM, 16 June 1915, op. cit., note 22.

<sup>80</sup> *Report of the Postgraduate Medical Committee*, (Athlone Committee), London, HMSO, May 1921, (incorrectly dated on the cover; the report was not made public until 17 June 1921, when Fletcher read its recommendations at the fourth meeting in the Colonial Office, op. cit., note 71).

<sup>81</sup> Again and again the men involved in these discussions emphasized their distaste for any suggestion that the organization should be controlled directly by the government.

<sup>82</sup> See Catherine M. Clark and James M. Mackintosh, *The school and the site*, London School of Hygiene and Tropical Medicine Memoir, 9, London, H. K. Lewis, 1954; and Fisher, op. cit., note 53. The acquisition of an appropriate building site is not considered here. Rose doggedly ensured that one was obtained, and took care that an uninflated price was paid (£60,000 over and above the \$2 million already promised); "facts about land to be quietly ascertained . . ." he wrote! RD, 10 February 1922, paras 2 (d) and 3, p. 5.

<sup>83</sup> *Wellcome Research Institute and Affiliated Laboratories, organizations supported by H. S. Wellcome*, London, Oxford University Press, 1932.

with the British government on the basis of Mond's letter. Forty remarkable days were to follow.

Sir Walter Fletcher's greeting was that nothing had been done about the matter of the "School of Health" since Mond's letter was sent because of the gravity of the financial situation in Britain. There had been no inertia during the Americans' previous visit, nor would it now take long for it again to be dispelled.<sup>84</sup> Two important issues were discussed.

The first was the acquisition of a building site,<sup>85</sup> the second was how the new school could best be designed to meet—as Rose desired, and one might add, required—the "needs of whole world". He repeated his plea that a sound research base should be created. In addition to the London School of Tropical Medicine, the Wellcome Laboratories and the Lister Institute should be included in the new institution because he believed that effective teaching could not be divorced from sound research. Fletcher saw the pot-holes to be negotiated on the road ahead and politely urged that no such ideas should be entertained until "the main issue can be favourably settled".<sup>86</sup> He concurred, however, that "the School of Tropical Medicine should be intimately related to the new school". Whether this was to be as a collaborating institution, or as an identifiable part of the main corpus, had yet to be discussed.<sup>87</sup>

Vincent and Rose had met with Newman a day or so previously and let him know that in response to Mond's letter it was the wish of the Rockefeller Foundation to furnish \$2,000,000 for the establishment of a new school of public health. Fletcher now advised them to seek another meeting with Newman, and in the event they found themselves in the Minister's office, not only with the Minister himself and Newman, but also with Sir Arthur Robinson, Permanent Under-Secretary to the Ministry. It was in the hands of these three and of Fletcher that the principal responsibility for negotiation on the British side would lie until the Cabinet's approval was obtained.<sup>88</sup>

This meeting with the Minister was of historical importance both for the American donors and the Imperial recipients, yet neither Vincent nor Rose, whose employers expected them to keep notes, nor any of the other three, seem to have recorded details of it. We do know that Rose again pleaded for breadth of vision in making plans for the institution.<sup>89</sup> His persistence is understandable in view of the pusillanimity of the paper which Mond had to lay before them on behalf of his Committee. It was a substantial modification of the agreement hammered out at the conference in the Colonial Office the previous year.<sup>90</sup> The new proposals were presented in the following order of priority:

1. Main object is postgraduate instruction of medical men and women in public health work

<sup>84</sup> VD, 6 February 1922, p. 90.

<sup>85</sup> The Foundation bought, through the University, a site close to University College and its teaching hospital. In 1933, on the other side of the street, George V laid the foundation stone for the new University Senate House.

<sup>86</sup> VD, 8 February 1922, pp. 98, 99.

<sup>87</sup> *Ibid.*, 6 February 1922, p. 90, para. 5.

<sup>88</sup> *Ibid.*, 7 February 1922, p. 94.

<sup>89</sup> *Ibid.*, para. 3.

<sup>90</sup> *Op. cit.*, note 60, p. 6.

## *The London School of Hygiene and Tropical Medicine*

2. Staff and students should be afforded facilities for such research as can be properly undertaken in an institution mainly concerned with educational work.
3. Special provision should be made for educational [*sic*] needs of men practising tropical medicine
4. The School should be open to qualified medical men from all parts of the world.<sup>91</sup>

The Ministry's senior civil servants, including the Chief Medical Officer, clearly considered research and tropical medicine to be secondary. Their report was a sad reflection of the in-fighting that continued in high government circles when a munificent gift was in the offing. Again the diaries of Vincent and Rose tell us nothing.

Mond had his Chief Medical Officer and his Permanent Under-Secretary yapping at his heels. They were at pains to ensure that the maximum funds were appropriated for what in their view was the maximum domestic good. Mond then took the extraordinary step of asking Rose and Vincent to write him a letter which he could use to bring the matter of the proposed donation and of its purpose to the Cabinet's attention. He was inviting the donor to play the role of applicant.<sup>92</sup> Rose and Vincent nevertheless agreed, "provided it is made clear that the Foundation is not taking the initiative or trying to force anything on the British Government."<sup>93</sup> That, too, was a studied act of obfuscation! Nevertheless, Mond's acceptance of the Chairman's responsibilities was intelligent and constructive. He allowed the men who were to pay the piper to call the tune.

The letter Vincent and Rose drafted on 8 February for Mond to present to the Cabinet differed only in emphasis from the Mond Committee's report. It stated that the Rockefeller Foundation had the previous month appropriated a full \$2,000,000 for the development of the plan which they described and which had been agreed, and that

the Trustees have no doubt that such a school . . . would also become a centre of world-wide influence in the encouragement of research and the training of public health personnel . . .<sup>94</sup> The functions of the school would be primarily educational but . . . its scope would be the maintenance of health and the prevention of disease in their widest application, not only in temperate but tropical climates.<sup>95</sup>

London, Vincent and Rose suggested, should provide for the examination of public health everywhere as well as "promote the welfare of millions of people all over the world . . . [and] become a world-wide influence in the encouragement of research".<sup>96</sup> No prescriptive list of priorities was attempted.

The distinction between foreign and domestic objectives had been obscured, and

<sup>91</sup> *Report of the site and planning committee appointed by the Minister of Health*, (i.e. the "Mond committee"), undated, early 1922 (probably January), RFA, RG 1.1, Series 401, Box 2, Folder 11.

<sup>92</sup> VD, 7 February 1922, para. 4, p. 94.

<sup>93</sup> *Ibid.*

<sup>94</sup> *Ibid.* The archive folder contains two relevant documents. One is a carbon copy of the letter that was actually sent to Mond, and the other the top copy, typed and double-spaced, of the first draft, which has been extensively modified in Vincent's clear handwriting.

<sup>95</sup> *Ibid.*

<sup>96</sup> These emphases are different from "making special provision for tropical medicine", which appears in the report of the Mond committee.

although the recommendations of the Mond Committee were broadly repeated, research and education, whether for domestic or tropical purposes, now received equal emphasis. Neither Newman nor Robinson could, under the circumstances, change the draft, so it was left to the Cabinet gratefully to accept, on behalf of His Majesty's government, what they had been given on the stated terms.<sup>97</sup> By giving Rose and Vincent a free hand to set down how they would like to see the money used, Mond let a phoenix rise out of the embers left by the Colonial Office. He must surely have been pleased with the outcome. Once the new school got going, men whose vision had been restricted to the formulation of the policies of a single government department had little influence over it.<sup>98</sup>

*... and £60,000 more for a plot of land*

Thus, as Vincent and Rose set off on their travels again, less than two weeks after their arrival, they wrote a note to Newman saying that if a suitable site for the building could be found "we think our trustees would stand ready to buy the property".<sup>99</sup> Their continuing generosity, energy, and enthusiasm, and not least their presence in London kept up the momentum; on 6 March Rose cabled New York recommending that the Shakespeare Society's site in Keppel Street be purchased.<sup>100</sup> He wrote to Vincent a fortnight later that, "all agree that the [Keppel Street] site was much more suitable than Endsleigh Gardens, even had the latter been available." It "is also much more quiet—no freight traffic, no buses"! The purchase was made forthwith, through the University of London, of the site on which the London School of Hygiene and Tropical Medicine now stands.<sup>101</sup>

This action was taken in the knowledge of Sir James Michelli's belief that the School of Tropical Medicine would want to become an integral part of the new school, although Newman was still strongly opposed to such a scheme.<sup>102</sup> Rose was again the driving force. He had returned alone from Paris on the evening of 14 March and by the 18th had seen Robinson, Newman (daily, on one occasion with Michelli), Leiper, Fletcher, Sir Gregory Foster (Principal of University College), and Sir Frank Heath. The only opposition he recorded was from Foster, who was obsessed by the fear of government management, and Newman, who thought that such a move "would be fatal". Thus in forty days the phoenix, if not actually flying, was fledged.

#### *The marriage of Tropical Medicine to Hygiene*

Another special committee was formed to take matters further. The Ministry of Health and the Colonial Office now each provided one member.<sup>103</sup>

<sup>97</sup> Mond to Vincent, 10 February 1922, RFA, RG 1.1, series 401, box 2, folder 11.

<sup>98</sup> Research has always been given equal priority to teaching at the School, whose importance for health within the tropics and elsewhere has been enormous. The numbers of overseas students have greatly exceeded those from the United Kingdom.

<sup>99</sup> Vincent and Rose to Newman, 15 February 1922, RFA, RG 1.1, series 401, box 2, folder 11.

<sup>100</sup> The Shakespeare Society had bought the plot with a view to building a theatre, but abandoned the plan because they could not raise the necessary funds.

<sup>101</sup> Rose to Vincent, 17 March 1922, RFA, RG 1.1, series 401, box 2, folder 12.

<sup>102</sup> RD, 15–18 March 1922, *op. cit.*, note 9, pp. 38–49.

<sup>103</sup> The members of the new Committee were Bradford, Herringham, Fletcher, Newman, and Perry. All of them were medical men; see notes 10, 36, 43, and 54.

*The London School of Hygiene and Tropical Medicine*

Rose continued to worry about how tropical medicine was to be represented and turned once more to the omnipresent and indefatigable Leiper to find out how people in the London School of Tropical Medicine might react to a merger with the new school. Leiper thought that opinion would be divided: the visiting clinical staff opposed a merger with the School of Hygiene, but the Board and the scientific staff would welcome it. Newman, who looked upon tropical medicine as a diversion from the important things in life, argued that the Tropical School would not be prepared to move until such time as it was taken over, which could take five or ten years. Fletcher supported Leiper's evaluation of the situation, as did Sir James Michelli, who added that the Board would welcome a merger, making over the endowment of £150,000 as a measure of its goodwill to the new School of Hygiene and Tropical Medicine. Fletcher had thus abandoned his notion that Tropical Medicine and Public Health should be merged at University College. Rose's clear vision and steady hand were responsible for winning support for the view that the new institution, combining the two schools, should neither be under the government nor the University, but instead an independent organization recognized by the University.<sup>104</sup> This consensus among so many influential people meant that, in principle, the decision for merging was taken in the early spring of 1922. By May 1924 the School of Tropical Medicine was incorporated and the new body assumed the name London School of Hygiene and Tropical Medicine.<sup>105</sup>

Sir Patrick Manson, whose heart was failing, but whose mind was clear and strong, had fought to keep his school independent. He was, however, no longer well enough to continue to argue his case with the lay Board of the Seamen's Society. Manson probably never knew how events turned out; Rose suspected that no one had the heart to tell him.<sup>106</sup> Late in March 1922, as he entertained Rose to lunch, he said that he "would like to see the two institutions to work in intimate cooperation . . . [but] the identity and independence of the Tropical School should be preserved".<sup>107</sup> On 1 April, when he had mulled over that conversation, he wrote to Rose: "if the Rockefeller Scheme were to prove an opposition teaching institution . . . we would have to close our doors or become bankrupt."<sup>108</sup> In the event, of course, none of this happened. When Rose replied two weeks later he told no lies, but neither did he tell the whole truth: "All persons . . . agreed that the proposed school of hygiene [*sic*] should not in any way duplicate what is being done by the London School of Tropical Medicine, it should not in any way interfere with its negotiations but on the other hand reinforce them".<sup>109</sup> Manson had planned to spend Easter in his holiday home in Kerry, and invited Rose to join him, but he was too ill to travel. He died in London on 9 April. His school may not have survived as a separate institution, but its spirit and staff did in the new organization.

<sup>104</sup> RD, 15–18 March 1922, pp. 38–47.

<sup>105</sup> ULMS, 21 May 1924, mins 2862–4, pp. 27–9.

<sup>106</sup> RD, 18 March 1922, para. 1 (d), p. 46.

<sup>107</sup> *Ibid.*, 21 March 1922, para. 2 (b), p. 51.

<sup>108</sup> Manson to Rose, 1 April 1922, RFA, RG 1.1, series 401, box 2, folder 12.

<sup>109</sup> Rose to Manson, 15 April 1922, *loc. cit.*, note 108.

*The new School takes shape*

On 18 October 1922 the Senate of the University of London ratified a three-way agreement. The government would ask Parliament to grant £25,000 per annum towards the expenses of the School; the School would become semi-autonomous with its own Board of Management and Court of Governors,<sup>110</sup> but would be recognized as part of the Faculties of Science and of Medicine of the University; and thirdly it would “negotiate with the Seamen’s Society with a view to the union of the London School of Tropical Medicine, and to make arrangements at their discretion for action in cooperation with other cognate institutions.” This included the Departments of Hygiene and Vital Statistics in the Colleges and Schools of the University.<sup>111</sup> The Senate was taking a stage further the idea of an Institute of State Medicine, recommended by the Athlone Committee, and declared that its name would be the “School of Hygiene”.<sup>112</sup>

Twelve months later, Andrew Balfour was appointed Director, a title later changed to Dean. Throughout the negotiations he had been Director of the Wellcome Laboratories, and must have been familiar with the intrigues and in-fighting.<sup>113</sup> Teaching for the Diploma in Public Health and other postgraduate activities in Professor Kenwood’s department in University College were transferred to Keppel Street, an ironic consequence of Kenwood’s initiative while Chairman of the Board of Studies in Hygiene and Public Health. He and his colleagues had, however, paved the way by proposing in 1910 that there should be “one well-equipped Centre of Hygiene for London”.<sup>114</sup>

Two chairs were proposed, but the subjects were not stipulated at that time. In 1925 medically-qualified scientists were appointed to each of them. The first was Major Greenwood, of the Lister Institute, who became Professor of Epidemiology and Vital Statistics. W. W. C. Topley became Professor of Bacteriology and Immunology. The two foundation departments in the School were devoted to sciences contributing to public health in the broadest terms and it was therefore true to the “hygiene” in its name. Five years later a third chair, in public health, was established, and Wilson Jameson, who had been both an academic and a Medical Officer of Health, was appointed to it.<sup>115</sup> In contrast, in Tropical Medicine, the established staff from the older school brought their appointments with them. Leiper, for instance, continued until 1946 as Professor of Helminthology and Director of the Department of Parasitology. In 1930 J. G. Thomson, who had been a junior research fellow in the

<sup>110</sup> The Ministry of Health and the University of London each nominated three members. There were two from the Seamen’s Society and one from each of 28 other organizations, including the Lister Institute.

<sup>111</sup> ULSM, 18 October 1922, min. 119, pp. 16, 17.

<sup>112</sup> *Ibid.*, min. 120, p. 18; mins 121–4, p. 18 are also relevant.

<sup>113</sup> During his directorship Andrew Balfour was knighted. Leishman had previously been invited to become the first Director of the London School of Hygiene and Tropical Medicine, but declined on the grounds that he had only just been promoted to Surgeon-General, and that since he was the first scientist to hold this post, he should complete his term of office.

<sup>114</sup> ULSM, 16 June 1915, *op. cit.*, note 55.

<sup>115</sup> During the Second World War Jameson was Chief Medical Officer to the Ministries of Health and of Education and sat on the General Medical Council and the Medical Research Council!

Albert Dock days, was appointed to end the fifteen-year gap in the tenure of the Professorship of Protozoology.<sup>116</sup>

### SYNTHESIS AND CONCLUSION

It seems unlikely that there would ever have been a London school of Hygiene and Tropical Medicine had it not been for Wickliffe Rose's desire to promote health on a global basis. Indeed, without his interest it is questionable whether a postgraduate centre of public health could have developed in London in the years following the First World War.

Behind Rose's dreams lay a new mood in the United States. Its adventure into Europe as the last power to join the Allies in the First World War had given a young nation the opportunity to leave its oceanic fastness and spread its wings. This benign and charitable enthusiasm carried with it an evangelical zeal. That these should be misunderstood, and create tensions in Britain and elsewhere among colonialists at the centre of an ageing power, is not surprising. People who had for many years accepted a paternalistic responsibility for the inhabitants of their Empire and knew that healthy workers were more productive than sick ones, could find themselves ill at ease with the new form of altruism.

One of Rose's strengths was his extraordinary aptitude for making contacts and being accepted in high places. He was a popular guest wherever he went. He had written to Shipley: "I am such in tune with England and English men . . . my stay has been like a home coming . . ." <sup>117</sup> His ideas were novel but he was never abrasive.

Enthusiasm, dedication, and tact were necessary if his expedition was to be successful. The standards of the Diploma in Public Health had fallen and ridiculous legal strictures had been lifted from the University of London, whose only functions for sixty-five years had been to examine and award degrees. Now great efforts were being made to teach the full range of arts, sciences, and professional subjects. But the proposal to link public health and tropical medicine meant bringing together distant bands in the spectrum of the British medical establishment. During the early part of this story the Rockefeller Foundation reasonably claimed that it was simply facilitating the implementation of plans which were already afoot. They beat time to the music, and repeatedly encouraged groups with differing voices to add their own themes to it. It was they who persuaded a reluctant couple, together, to dance to the tune. Because they were times of change the marriage took place and the London School of Hygiene and Tropical Medicine was created. Proper teaching revitalized the Diploma in Public Health, and national standards of practice almost certainly improved. The courses of instruction, which were offered throughout the curriculum, were all in the hands of full-time specialists.<sup>118</sup> The first class of ten graduated in 1931, the year that the University of Cambridge discontinued its examination, and from then on the annual number of University of London diplomates was on a par with

<sup>116</sup> ULSM, 16 July 1930, mins 4619, 4620, pp. 43, 44. G. H. F. Nuttall was an external assessor and sat on the Board of Assessment.

<sup>117</sup> Rose to Shipley, 20 August 1913, RFA, WR Collection, Box 1, Series 1-3, Folder 7.

<sup>118</sup> Clark and Mackintosh, *op. cit.*, note 85, pp. 61-5.

those from the London Conjoint Board. Between 1931 and the outbreak of the Second World War, the two bodies awarded about three-quarters of all diplomas. The same examiners frequently served on both, as well as elsewhere, so the capital came to dominate the national scene.<sup>119</sup> Times changed, however, and because of the restructuring of the National Health Service the Diploma in Public Health became irrelevant and was replaced by a master's degree now called the Master of Public Health Medicine. Diplomas in Tropical Medicine and in Tropical Hygiene have also been upgraded to master's status and continue to attract candidates from some one hundred countries.

Thus Wickliffe Rose and G. H. Vincent persuaded the British government to create an institution which has indeed contributed to the well-being of people everywhere. Their task would have been impossible had London not been ready. The London School of Hygiene and Tropical Medicine was indeed a child of many parents, but Wickliffe Rose carried the dominant genes. As Robert A. Milliken put it: "His most remarkable quality was the boldness with which he grasped a great opportunity and the energy with which he threw himself into the task of getting things done which he saw ought to be done".<sup>120</sup>

<sup>119</sup> Roy Acheson and Penelope Poole, unpublished data. The annual awards of diplomas by the School each year between 1932 and 1939 varied from 30 to 50 out of a national total of between 54 and 103; also Acheson, *op. cit.*, note 15.

<sup>120</sup> Robert A. Milliken, then President of the California Institute of Technology, was referring to the construction, by the Rockefeller Foundation under Rose's direction, of the 200-inch telescope on Mt Palomar, California. The citation is from a letter Milliken wrote to Charles Dabney and appears in Dabney's *Universal education in the South* (Chapel Hill, University of North Carolina Press, 1936), vol. 2, ch. 18, 'Wickliffe Rose and his work', p. 274.