to tighten all these aspects up. Researchers themselves, their units, hospital ethics committees, and editors of medical journals all have a vital role—otherwise legal sanctions will inevitably raise their heads again.

- 1 Beecher HK. Ethics and clinical research. *N Engl J Med* 1966;274:1354-60.
- 2 Anonymous. Experimental medicine [Editorial]. *BMJ* 1962;iii:1108.
- 3 Bearn AG, Billing BH, Sherlock S. Hepatic glucose output and hepatic insulin sensitivity in diabetes mellitus. *Lancet* 1951;ii:698.
- 4 Beecher HK. *Experimentation on man*. Springfield, Illinois: Thomas, 1959.
- 5 Southam CM. Hormotransplantation of human cell lines. *Bull NY Acad Med* 1958;34:416-23.
- 6 Southam CM, Moore AE. Induced immunity to cancer cell homografts in man. *Ann N Y Acad Sci* 1958;74:635-53.
- 7 Royal College of Physicians. *Guidelines on principles of ethical committees*. 2nd ed. London: RCP, 1990.
- 8 Pappworth MH. *Human guinea pigs: experimentation on man*. London:

- Routledge, 1967. (Also published in paperback edition (Penguin, 1968); American edition (Boston: Beacon Press, 1967); German (Vienna: Muller, 1968); Italian edition (Milan: Feltrinelli, 1971).)
- 9 Pappworth MH. Modern Hippocratic oath. *BMJ* 1971;i:668.
- 10 Mitscherlick A, Mielik F. *Doctors of infamy*. New York: Schuman, 1949.
- 11 Bean WB. Treatment of duty: some strictures on moral responsibilities in clinical research. *J Lab Clin Med* 1952;39:3-9.
- 12 Anonymous. Human experimentation: code of ethics of the World Medical Association. *BMJ* 1964;ii:77.
- 13 Ormrod R. Medical ethics. *BMJ* 1968;iii:7-10.
- 14 Pappworth MH. GMC's attitude to human guinea pigs. *World Medicine* 1972;18 October:15.
- 15 Pappworth MH. *Human guinea pigs*. Harmondsworth: Penguin, 1968:278.
- 16 House of Lords Official Report (Hansard) 1973 January 25:338: Cols 262-7, 279-83. (No 29.)
- 17 Lock S. Monitoring research ethical committees. *BMJ* 1990;300:61-2.
- 18 Brahmans D. Ethics in clinical development. *J R Soc Med* 1990;83:469-70.
- 19 Nicholson R. Ethics in clinical development. *J R Soc Med* 1990;83:469.
- 20 Anonymous. Ethics in human experimentation. *Clin Sci* 1972;43:309.
- 21 Beecher HK. *Research and the individual: human studies*. Boston: Little, Brown, 1970.

Turning the BMA into print

Gordon Macpherson

BMA members attending their first annual representative meeting must wonder how decisions can ever emerge from such apparent confusion. One man skilled at turning the turbulence of the BMA's democratic process into the order of the printed page has just completed over 40 years of continuous attendances at ARMs. Lawrie Wootton, until recently senior partner at T A Reed, a distinguished firm of parliamentary and court reporters, signed off his final set of transcripts for the BMA at Bournemouth this summer. Gordon Macpherson, who retired as deputy editor of the *BMJ* in October, talked to him about his experiences.

Few men can boast that they were present at the Lüneberg trial of the guards of the Belsen concentration camp, the birth of the state of Israel, the foundation of the Council of Europe at the Hague, the interrogation of spies in wartime Britain, the trial of the notorious Heath, hanged for murder, and the parliamentary debates on the founding of the NHS. Lawrie Wootton recorded all these events in his 200 words a minute shorthand. Ironically, his path to reporting the more mundane occasions of BMA meetings started during the war at a courtmartial of an army medical officer. The transcript of that trial was admired by the then senior partner of T A Reed, who when the war was over invited Mr Wootton to join his team of parliamentary and law court reporters.

Acceptance of that invitation led to a worldwide career producing verbatim reports of conferences, parliament, the law courts, Guildhall dinners, the General Medical Council—where he recorded the disciplinary hearing of the court martialled medical officer—meetings of the BMA, and conferences of other professional associations. He could have covered the trials of the top Nazis at Nuremberg but, admitting to a youthful “lack of a sense of history,” he was more anxious to get demobilised than record the courtroom drama that marked the end of Hitler's Germany.

After two years' wartime service in the Royal Artillery Lawrie Wootton was called to the War Office and transferred to the judge advocate's department to apply his verbatim reporting skills acquired working for a local newspaper. Apart from courtmartials, he recorded the interrogation of several spies, doing so behind a screen so that “the interrogators and defendants weren't distracted by my pen scratching.” Transcribing question and answer after question

and answer, “you become a bit like a machine,” he said. The information “went in your ear, through your brain, and down your arm, and someone once described such verbatim reporting as one of the finest examples of coordination of hearing, brain, and hand.”

T A Reed was, he said, always reckoned to be the Rolls-Royce reporting service—only about 100 reporters could do what he did—and the firm covered all the technical conferences, “where the words with more than four letters were used.” Though he transcribed his notes as soon as practicable, Mr Wootton often had up to six meetings “in my shorthand books” at one time and this may have included the BMA, the British Dental Association, the architects, the church, and an international commodity conference. “I've sometimes had to read my notes seven years after a case and as soon as I started to read them I could see the court and the people involved.”

250 000 Words

He has always been meticulous about names, and as a double check of his transcripts he may borrow the notes of those speakers who use them. Such skills were essential for the BMA's annual meeting, when around 400 pages of transcript—approximately 250 000 words—were produced. He could not do such a concentrated task on his own and was helped by three or four colleagues, each doing 15 minute reporting stints before breaking to type out the shorthand record. Thus, as with parliament, the complete record was to hand within an hour of each day's session ending, an invaluable service to those of us who had to prepare a subedited report for the next week's *BMJ*. Thirty years ago his reports on an annual meeting would fill 66 pages of the journal—over 60 000 words—but the style of presentation has changed as readership tastes have changed and the pressure on space has greatly increased. In his final ARM Lawrie Wootton's 250 000 words were condensed by Scrutator to around 20 000.

His reliability was evident early on from a request by *The Times* to accompany Aneurin Bevan during his speech making tours during the launching of the NHS. The Minister of Health had complained of being regularly misreported. “A superb speaker, he never made notes, and *The Times* wanted an accurate record of what he said,” commented Mr Wootton. They would have had that, without doubt. Throughout his professional life his reports were never successfully challenged. Nor was he ever asked to doctor a report,

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unlike a French colleague, who was covering with him and others the international legal hearing over the postwar sinking of British destroyers by Albania. Strong pressure was put on her to adjust the court record. She resisted. Certainly in my years attending BMA meetings I can recall only one occasion when a speaker challenged the record, and that was unsuccessful. Laurie Wootton is clearly proud of this record. The integrity of his reporting was as important to him as is the code of confidentiality to a doctor.

Mr Wootton at work at the ARM

Drunkards and adulterers

What were his recollections of the General Medical Council?

I remember some marvellous arguments between Lord Cohen, the president of the GMC, and Solly Wand, chairman of the BMA council. In the old days there was no disciplinary committee and the whole council heard the cases. My senior partner, Mr Perritt, had a distinguished American visitor who couldn't understand why the GMC was so lenient with drunkards and yet adulterers were struck off the Register. Perritt said, "If you look round you'll realise that most of the GMC are familiar with the former but know very little about the latter." The most critical members were the non-medical ones appointed by the Privy Council. The doctors could probably see both sides of the defendant's case.

Should there be more lay people on the council?

I've been quite content with the lay representation, though it wouldn't do any harm to have more. There has always been concern that the profession didn't spend enough time putting its own house in order, but the GMC was limited in its punishments. It would have been better if the council could dock doctors' pay or administer some other reprimand.

What did he think about the BMA's annual meeting?

I took over reporting the council and the ARM from Harry Cooper, who had done the work for 50 years, so between us we covered 90 years. The annual meeting wasn't as undisciplined as the House of Commons. Indeed, I've always said that the Commons could learn a lot from the ARM—particularly in recent years. Practically all the proceedings were published when I first started. I found the then editor, Hugh Clegg, charming, and he told me, "I want you to put in as much of the

meeting as you can because if the speakers are going to be bloody fools I want the profession to see."

Rowland Hill, a consultant physician, was one of the first people I can remember as a character. He had a slow, deliberate delivery and was eloquent in his choice of language—a Shakespearean actor turned politician, perhaps. He was "a perfect take," from a reporter's point of view. Later characters I recall were Lawrence Abel and Dickson Wright, both well known London surgeons. I can remember when Abel came in wearing a motorcyclist's helmet, which he crashed down on the speaker's stand, breaking the helmet and nearly killing the secretary on the platform. He wanted safe helmets made compulsory for motorcyclists. Another time he set fire to a nightdress on the platform in his campaign for non-flammable clothing. Such demonstrations were worth a hundred speeches and the national press loved it.

Everyone smoked at the ARM and at the council meetings. Old committee room A in BMA House, where the General Medical Services Committee met, was a real smoke filled room. Lawrence Abel wanted to ban smoking at BMA meetings. I remember when he put a no smoking motion to the council. There was a hell of a row. Dr Vaughan Jones—a chain smoker from Leeds—got up and said, "Lawrence Abel [a rectal surgeon] has sealed up one end of me and I'm damned if he's going to seal up the other."

Nowadays BMA House is almost a non-smoking establishment, a consequence of the association's public campaign against smoking. The BMA has successfully run other social and public health campaigns in recent years, but what subjects did Lawrie Wootton remember from his early ARMs?

It was mostly money at the early meetings, and the agendas were not well organised. Sometimes representatives went through without a lunch break and that was a strain on the reporters who had to keep the copy coming through: I once nearly had a riot among my colleagues on my hands. So it was an improvement when the ARM agreed to bring in the guillotine for debates. The changes in the standing orders introduced after the Chambers report of the mid-1970s—the controversial proposals to reform the BMA's constitution—improved the debates, which became more businesslike. It had been more like a club before. ARMs may have lost a bit of the bonhomie and passion but they have become more efficient.

My reporters used to ask why the doctors didn't pick topics that the country wanted to know about. That happens now, and the BMA's press and public relations have improved. The press were always allowed into the annual meetings, which got quite a good coverage even in the early days. But debates were too often about pay. There is more coverage now with all the medical publications that appear and subjects other than pay make the headlines. One thing I must say, though, is that BMA meetings compare very favourably with those of other professional organisations. They looked to the BMA to set standards.

Superb junior doctors

A recurring criticism of the BMA has been that the ARM and the council were dominated by general practitioners. Was that his impression?

There always seemed to be more GPs at the meetings but I don't think that they dominated the debates. The hospital doctors held their own end up, and I've been impressed in latter years by the junior doctors. They are superb—articulate and politically aware, with some coming to the microphone and speaking without a note. I haven't known that standard of delivery reached in any other professional organisation.

My advice to speakers is to draft out their comments if they feel they have to but then to edit them, cutting out all the superfluities. Come to the point, and don't try to make too many of them. I've mentioned some good speakers. Among others was Dr Solly Wand, who served as treasurer, chairman of the representative body, and chairman of council. His timing was impeccable and everyone was quiet when he spoke. Another was Ivor Jones, who with Sir James Cameron, chairman of the GMSC, came to the fore during the many debates on the GPs' charter in the 1960s. Dr Jones was a great character, a Welshman who sounded so logical—though he sometimes went over the top. Jim Cameron was always listened to with respect, even when debates were rowdy, and

those on the charter could be guaranteed to produce some noisy arguments—rather more than you hear today. Someone once calculated that I wrote the equivalent of 10 novels reporting those debates. That's probably not far out.

Annual meetings will not be the same without the neat figure of Lawrie Wootton bustling around,

checking speakers' names, borrowing their notes, or confirming a phrase. Certainly the *BMJ* will miss his substantial and accurate contributions, which more than fulfilled Hugh Clegg's demand that "if speakers are going to be bloody fools I want the profession to see."

The royal colleges golf club, 1890-1990

J A Savin

The friendly rivalry between its royal colleges has added spice to Edinburgh medicine for hundreds of years. Both are old, but the physicians know that their royal college was founded first, in 1681, despite the surgeons doing all they could to block the granting of a royal charter. The Royal College of Surgeons came into being a quarter of a century later, but its fellows see it as the senior organisation—the continuation of a city guild of barber surgeons set up in 1505. This difference of view matters only when both presidents attend the same royal function; the problem of precedence baffled the heralds and the courts for a long time before they decided in favour of the physicians.

In 1890 the Royal Colleges Golf Club was formed. Its first captain was Douglas Argyll Robertson, an ophthalmic surgeon whose work on the eye changes in syphilis is still known to every doctor in the world (fig 1). He was a fine golfer, and his obituary tells us that his wife's most cherished necklace was formed of the numerous gold medals he had won at the sport. Ninety fellows paid a guinea each for a trophy to be kept by the winning college for one year. The club was a success and the match has been played in East Lothian each May since then, with short pauses for world wars only. An official recorder watches the day's events and reports on them at the dinner a year later.

An outsider would see only groups of drab Edinburgh bourgeoisie trudging round a golf course: recorders have to see much more and to bathe events in a warm surrealistic glow. Fifty such reports are held by the club and the following extracts may help to pass on the flavour of these meetings. Readers are warned that recorders are not tied down by the exact truth and have been known to lean a little towards their own side.

Battle of status symbols

When the great day dawns members of the club leave for Luffness confident that juniors will "cover their absence with a skill derived from frequent practice." The battle of the status symbols begins on the roads. Once the surgeons had the bulgier cars. Then the tide turned and in 1957 "the chauffeur-driven limousines of the physicians were followed at a discrete distance by the second-hand tumbrils of the surgeons, who were obviously elated to park in such distinguished company." Sheltered parking spaces have been in demand since 1951 when a drive from the first tee "bagged a gynaecological Bentley and an orthopaedic Super-Snipe before coming to rest under a medical A40." Nowadays, of course, members of both colleges drive small family saloons.

Traditionally the weather is fine. "The sun shone, the birds sang, and a gentle east wind made ideal conditions," chirruped one recorder. An occasional squall is allowed, often blowing up "without even a call of 'fore' from the Almighty." Less often "the flamboyant sweaters, the esoteric shirts and poly-

FIG 1—The golf club's first captain, Mr Douglas Argyll Robertson

chromatic pants, dear to the hearts of the highly handicapped, are hidden under windjammers and rubber breeks." Then "the drabness is only relieved by nasal azure and auricular rouge."

Recorders often comment on members' clothing which can range from "immaculate consulting attire" to "a blue jersey borrowed from some obese fisherman." Surgeons have a penchant for "pus-coloured caps": physicians for those with "just a suspicion of a button at their central points." One gamesman was said to have a tame moth which he had trained to fly out of his socks as proof of his lack of practice. Perhaps the most mysterious garment was a set of plus fours of Swiss manufacture: "The main talking point was the three zip fasteners which ensured that all things were possible, and in any direction."

Tastes also diverge over equipment, but all have a healthy respect for their golf balls, having found out over the years why "a small round object is part of the armamentarium of the hypnotist." Physicians go for "collections of cleeks, jiggers and similar apparatus with curved hickory shafts protruding at all angles from narrow tubes of rotted canvas." One used a cleek so ancient that "its face had launched a thousand chips." A scientifically minded physician "employed Dettol to inhibit the growth of fungus on his golf club grips before his annual game." Surgeons naturally

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