



PORTRAIT BY LEONARD BODEN

SIR JAMES CAMERON CBE, TD, FRCGP

The recently imposed general practitioner contract led to dissension in the profession and distrust of the negotiators. This was but a storm in a teacup when compared with the situation 30 years earlier. At the turn of the '60s scores of family doctors voted with their feet and set off for the dominions and the United States, so disillusioned had they become. The crunch came with the review body's report of 1963, which general practitioners found (because of their pooled remuneration) to be so much Dead Sea fruit. In March 1964 a special conference of local medical committees (at Church House) was highly charged—but not with Christian charity. Four days later the chairman of the General Medical Services Committee resigned both his chair and his seat on the committee.

The GMSC met. There were two front runners for the succession to the hot seat. Both were able and experienced, otherwise as disparate as chalk and cheese. The committee took neither. Instead it elected a genuine backbencher to lead it out of the wilderness. James Clark Cameron had been put to the front of the BMA stage, where he remained active for 15 years. During that time he came to occupy a unique place in the history, and the heart, of British general practice, which endured until his death.

In electing Jim Cameron the GMSC—consciously or otherwise—took Bacon's view: "If a man will begin with certainties, he shall end in doubts; but if he will be content to begin with doubts, he shall end in certainties." Certainly Jim was of this mind himself.

He gave every member his ear, sometimes to the despair of those with trains to catch or surgeries to attend. When, at last, the committee had talked itself out Jim would sum up (one suspected on lines that he had long predetermined). Then he would be prepared to socialise—and listen even more—into the wee small hours with those who, like his fellow countrymen, went home on the night sleeper.

In the Hitler years Jim had joined the Territorial Army while in practice in Surrey. He was on active service in 1939 and in less than a year became a prisoner of war. There followed five years of increasing privation and boredom as with little material he tried to ease the lot of fellow prisoners of many nationalities in camps in Germany and Poland. As with all his deeper experiences and feelings, Jim did not talk readily of these years and their horrors. He remained always a man whose personality was manifest at two levels: the convivial bon viveur who liked, seemingly, nothing more than the company of the like minded; and the very private person, well read (when he had time or a rare holiday) and a loving, proud—but reserved—husband, father, and grandfather.

Though a lover of books, Jim Cameron preferred to sort out his numerous problems in the GMSC by dialogue rather than writing. During his 10 years in the chair he spent a day or two a week closeted with the secretary of the committee, bouncing thoughts to and fro. It took time but, so far as I was concerned, was an education in medicopolitics of priceless value. Jim also subscribed to the doctrine of "public treaties privately arrived at"—a sound diplomacy in fact. And, after the achievement of the charter for general practice, his status was such that both ministers and their senior civil servants were glad to talk with him privately. His negotiating manner was always courteous and good humoured—so that when, rarely and deliberately, he was terse the result was dramatically effective.

Jim Cameron would be the first to agree that credit for obtaining the charter must go to two other quarters. Firstly, he led a fine team, notably including his two unsuccessful rivals for the chair. Secondly, 1964 saw the appointment of the best—as we see it—minister of health in our lifetime: Mr Kenneth Robinson. Both the minister and the GMSC wished to succeed; the bargaining was hard, but the wind always stood fair.

After the charter was established Jim said that he wished to resign; the GMSC voted nem con to ask him not to. During his decade in the chair the residue of the Group Practice Loan Fund was extracted from the government (and, by conference decision, used to found the Cameron Fund); Jim's memory of a ministerial chance remark made seven years before secured the paying out of the practice compensation moneys that had been "owing"—and wasting—for more than 20 years. Other achievements were that the sometimes troubled relations between the GMSC and the Royal College of General Practitioners were much improved, and foundations were laid for vocational training.

Illness necessitated Jim Cameron's leaving the GMSC's chair in 1974. The BMA's council conferred on him the association's gold medal; the committee made him its only life member. He went on to be elected to the chair of the council in 1976, having failed to be elected to that office by one vote in 1971. Jim had felt this defeat deeply at the time, though he never showed how much or let it sour his relationships.

Nevertheless, as the council's chairman he was never as comfortable as he was with his family doctor colleagues of the GMSC; his term of office—in a time of a failing Labour administration—was good but not outstanding.

He had married his wife, Irene, in 1933, and her death in 1986 was a blow to him; but with the support of his family of one son and two daughters, and of his innumerable friends, he continued to make the elder statesman's wise contribution to committee and association affairs. He was a fine man to work with; his leadership drew out the very best from all who did so, for his commitment was never in doubt.—DAVID GULLICK

TREVOR SILVER writes: A typical general practitioner with a definite Scots accent, Jim Cameron worked in Wallington, Surrey. He was wise in counselling colleagues—"Always count the chimney pots before setting up your plate in a locality," he would often say to a young doctor about to start a practice. He served for some time as chairman of the medical staff committee of Carshalton War Memorial Hospital and often held court at regular Sunday morning meetings of all the general practitioner medical staff.

He soon became active in south west London and Surrey Local Medical Committee and, as chairman, embarked on a long and successful medicopolitical career. After the reorganisation of the NHS in 1974 he became the first chairman of Merton, Sutton, and Wandsworth Local Medical Committee and gave the difficult casting vote in favour of this committee joining the London consortium of local medical committees.

He was wise in committee, though his many national commitments often led to absences from the local scene. Many memorable meetings of officers of the committee were held at his home—often into the early hours—where essentially he would be updated and kept closely in touch with the happenings of general practice. His wife, Irene, was always an excellent hostess in their hospitable home.

His local reputation as a sound chairman, politician, and speaker spread to the established members of the General Medical Services Committee and, as a relatively unknown backbencher, he was elected to become chairman of the GMSC. This event was a foregone conclusion to all of us in Surrey.

GORDON MACPHERSON writes: "I have been in practice since 1931. I realised how terribly isolated the general practitioner was on leaving hospital. I came back from five years in a prisoner of war camp to find general practice in a mess, and my gut feeling was that it was a branch of medicine with no future." That was Jim Cameron's retrospective judgment in an interview that he and Kenneth Robinson gave in 1982.

Twenty years on from the end of the war he became almost by accident the man for the moment. His contribution to the renaissance of the general practice he feared was doomed was unrivalled, and as a man who epitomised the values of the personal doctor he proved an ideal leader for general practitioners. He talked well but he listened, too, and his empathetic style was as effective in national medicopolitics as it was in personal relations. Even so, his avuncular exterior disguised a determination that emerged when principles he valued were at stake—a characteristic evident both in prisoner of war camps and when he was persuading an angry meeting of doctors to face realities. He disliked posturing and hypocrisy, but his sympathy and loyalty to anyone with genuine difficulties were proved time and again to members of the BMA's staff during his years at the top of the association. I would have been as happy to have him as my family doctor as I was to follow his medicopolitical leadership.

James Clark Cameron, chairman of the General Medical Services Committee of the BMA 1964-74, chairman of the BMA's council 1976-9, and a general practitioner in Wallington, Surrey, from early 1930s to 1976, died 22 October aged 86. Born Bridge of Earn, Perthshire, 8 April 1905; educated Perth Academy, St Andrews University (MB, ChB 1929). Served 1939-45 as captain in Royal Army Medical Corps attached to 1st Battalion, the Rifle Brigade: was prisoner of war for five years (mentioned in dispatches during this time). Chairman of advisory committee for general practice, Council for Postgraduate Medical Education (England and Wales), 1971-9. Member of Advisory Committee on Medical Training, Commission of the European Communities, 1976-82. Member of GMSC from 1956 (made life member); member of BMA's council 1961-86.

Awarded CBE 1969; knighted 1979. Awarded fellowship and gold medal of BMA 1975.

Dr Jean Sutherland McGill (née Matheson), MRCGP, formerly a general practitioner in a practice in Newport and Tayport, Fife, died on 7 March aged 47. Born in Wigan, she was educated at Farnworth Grammar School and St Andrews University, graduating MB, ChB in 1966. She was a lecturer in bacteriology at Dundee University until 1970 and then spent five years raising her family. After working part time in a chemotherapy clinic under the married women's retainer scheme she went into general practice, becoming a principal in 1978. From 1987 she was increasingly affected by ill health, and she had to retire in 1990. Jean was a vivacious person who combined common sense with a sense of humour. She is survived by her husband, Neil, and three daughters, Helen, Shona, and Ruth.—M C STERN

Dr Wilfrid Warren, MD, FRCP, FRCPSYCH, a pioneer in adolescent psychiatry, died earlier this year. Born in 1910 in Winchester, he was educated at Sherborne School, Cambridge University, and St Bartholomew's Hospital Medical School, where he graduated MB, BChir in 1936. He became a physician at the City Hospital, Plymouth, and in 1938 joined the Royal Naval Volunteer Reserve. He took part in the allied landings in Sicily and Salerno. After the war he began his career in psychiatry at the Bethlem Royal and Maudsley Hospitals, where he was appointed physician in 1948 and in 1949 opened the adolescent unit with Dr Kenneth Cameron. He was the first treasurer of the Royal College of Psychiatrists in 1971. Dr Warren served as an officer of numerous professional, voluntary, and government organisations and committees concerned with the mental health of young people. His wife, Elizabeth, died this year and he is survived by his two children.—JOHN A CORBETT

Dr Angus Harold Weston, FRCGP, latterly a general practitioner in west London, died on 20 July. After graduating MB, ChB at Edinburgh in 1928 he took a short service commission in the Royal Army Medical Corps and then went into general practice in Greenford, Essex. Recalled to the army in 1939, he became a prisoner of war and did much valuable work looking after allied prisoners. He made several attempts to escape, each time thwarted by his outstanding size. Released in 1945, he returned to his practice in Greenford until he retired aged 65, but his interest in medicine soon took him to a practice in Ealing for another dozen years. He was particularly interested in the rheumatic disorders. A fellow and former member of the council of the BMA and a member of Middlesex Local Medical Committee, he was a founder member of the Royal College of General Practitioners; his forthright opinions were much respected. He is survived by his wife and two sons, one of whom is a medical practitioner in Canada.—C J COBBE