

# CREATING THE NATIONAL HEALTH SERVICE

*Aneurin Bevan  
and the Medical Lords*

THE NEW  
NATIONAL  
HEALTH  
SERVICE

**Marvin Rintala**  
Foreword by Lord Owen

Your new National Health Service begins on  
5th July. What is it? How do you get it?  
It will provide you with all medical, dental, and  
nursing services—rich or poor, man, woman  
or child. There are no charges.

**Also available as a printed book  
see title verso for ISBN details**

# CREATING THE NATIONAL HEALTH SERVICE

# CASS SERIES: BRITISH POLITICS AND SOCIETY

SERIES EDITOR: PETER CATTERALL

ISSN: 1467-1441

Social change impacts not just upon voting behaviour and party identity but also the formulation of policy. But how do social changes and political developments interact? Which shapes which? Reflecting a belief that social and political structures cannot be understood either in isolation from each other or from the historical processes which form them, this series will examine the forces that have shaped British society. Cross-disciplinary approaches will be encouraged. In the process, the series will aim to make a contribution to existing fields, such as politics, sociology and media studies, as well as opening out new and hitherto-neglected fields.

Peter Catterall (ed.), *The Making of Channel 4*

Brock Millman, *Managing Domestic Dissent in First World War Britain*

Peter Catterall, Wolfram Kaiser and Ulrike Walton-Jordan (eds), *Reforming the Constitution: Debates in Twenty-first Century Britain*

Brock Millman, *Pessimism and British War Policy, 1916-1918*

Adrian Smith and Dilwyn Porter (eds), *Amateurs and Professionals in Post-war British Sport*

Archie Hunter, *A Life of Sir John Eldon Gorst: Disraeli's Awkward Disciple*

Harry Defries, *Conservative Party Attitudes to Jews, 1900-1950*

Virginia Berridge and Stuart Blume (eds), *Poor Health: Social Inequality before and after the Black Report*

Stuart Ball and Ian Holliday (eds), *Mass Conservatism: The Conservatives and the Public since the 1880s*

Rieko Karatani, *Defining British Citizenship: Empire, Commonwealth and Modern Britain*

Des Freedman, *Television Policies of the Labour Party, 1951-2001*

Marvin Rintala, *Creating the National Health Service: Aneurin Bevan and the Medical Lords*

# CREATING THE NATIONAL HEALTH SERVICE

Aneurin Bevan and the Medical  
Lords

MARVIN RINTALA  
*Boston College*

Foreword by  
THE RT HON. LORD OWEN



FRANK CASS LONDON • PORTLAND, OR

*First published in 2003 in Great Britain by*  
FRANK CASS PUBLISHERS  
Crown House, 47 Chase Side  
London N14 5BP

This edition published in the Taylor & Francis e-Library, 2005.

"To purchase your own copy of this or any of Taylor & Francis or  
Routledge's collection of thousands of eBooks please go to

[www.eBookstore.tandf.co.uk](http://www.eBookstore.tandf.co.uk)."

*and in the United States of America by*  
FRANK CASS PUBLISHERS  
c/o ISBS, 920 NE 58th Avenue, Suite 300  
Portland, Oregon, 97213-3786  
Website: [www.frankcass.com](http://www.frankcass.com)  
Copyright © 2003 M.Rintala

British Library Cataloguing in Publication Data  
Rintala, Marvin

Creating the National Health Service: Aneurin Bevan and  
the medical lords.—(Cass series. British politics and society)

1. Bevan, Aneurin, 1897–1960 2. Moran, Charles McMoran  
Wilson, Baron 3. Horder, Thomas Jeeves Horder, Baron,  
1871–1955 4. National Health Service (Great Britain)—  
History 5. Medical policy—Great Britain—History—20th century  
I. Title  
362.1'0941'09044

ISBN 0-203-00923-1 Master e-book ISBN

ISBN 0-7146-5506-6 (cloth)  
ISBN 0-7146-8404-X (paper)  
ISSN 1467-1441

Library of Congress Cataloging-in-Publication Data  
Rintala, Marvin.

Creating the National Health Service: Aneurin Bevan and the  
medical lords/Marvin Rintala.

p. cm.—(Cass series—British politics and society, ISSN 1467-1441)

Includes bibliographical references and index.

ISBN 0-7146-5506-6 (Print Edition) (cloth)—ISBN 0-7146-8404-X (paper)

1. National health services—Great Britain—History. 2. Bevan, Aneurin,  
1897–1960. 3. Great Britain—Politics and government—20th century

I. Title. II. Series

RA412.5.G7R566 2003

362.1'0941—dc21 2003046149

*All rights reserved. No part of this publication may be reproduced, stored in  
or introduced into a retrieval system or transmitted in any form or by any  
means, electronic, mechanical, photocopying, recording or otherwise,  
without*

*the prior written permission of the publisher of this book.*

## *Remembering Liisa*

# Contents

Foreword by Lord Owen	vii
Series Editor's Preface	x
PART I: POLITICIANS PRESCRIBE	1
1. Introduction	2
2. Conservatives	8
3. Liberals: Past and Present	14
4. Cabinet Colleagues	38
5. The Minister	61
PART II: DOCTORS DIFFER	70
6. Introduction	2
7. A Royal Physician	77
8. A Royal College	88
9. A Royal Speech	96
10. At the Café Royal	103
11. Away from the Café Royal	117
12. A Battle Royal	124
PART III: DISCIPLES DECIDE	134
13. Disciples Decide	134
Bibliography	147
Index	160

# Foreword

*Creating the National Health Service* covers Britain's greatest piece of twentieth-century social legislation, and is a fascinating account. Every judgement is carefully referenced, which gives academic weight to the book, but it nevertheless reads more like a novel. In seeking to highlight the clash in personality and policy between the two medical prima donnas, Lords Moran and Horder, the book captures the real battle over the nationalization of the hospitals, which was not in Parliament but within the medical profession.

The way Aneurin Bevan outmanoeuvred those who wanted local government control of some hospitals to continue, like Herbert Morrison, is well covered here. Morrison, who made his reputation as Chairman of the LCC (London County Council), personally felt the loss of 32,000 employees in 98 institutions as a result of the nationalization of municipal hospitals. In Cabinet, Morrison lost mainly because Bevan was supported by Christopher Addison, a distinguished physician and former professor of anatomy who in 1919 was appointed by Lloyd George as the first Minister of Health. Addison, now in the Labour Party, was widely respected and was Attlee's closest friend and confidant. Hugh Dalton, the Chancellor, also supported Bevan.

How Bevan played off the differences in the medical profession over the nationalization of the hospitals provides the real stuff of history. Bevan's relationship with Moran, respectively the 'Bollinger Bolshevik' and 'Corkscrew Charlie', gives the flavour of the compromise set in the then fashionable restaurant, Pruniers. This book, taken with the wisdom of the official history of the NHS by Charles Webster, particularly his most recent volume<sup>1</sup> covering resource allocation, and Professor Enthoven's writings on the internal market,<sup>2</sup> could give the Prime Minister and Secretary of State for Health as well as health commentators much food for thought in the present controversy over foundation hospitals.



Looking back today, some find it all too easy to attribute the idea of nationalizing the hospitals to dogmatic left-wing socialism, whereas in fact it was not only strongly advocated by Lord Moran, Churchill's personal physician, but was fully supported by Sir John Hawton, Bevan's key adviser in the Civil Service. The reason Bevan chose this course owed far more to pragmatism and rationality than ideology. The hospital proposals in his predecessor's wartime coalition plan simply would not have worked. The variation in standards of care across the nation's hospitals by 1946 were immense. The good consultants were all crowded together in the large cities and teaching hospitals. It was essential that consultants were attracted to practise in unfashionable and below-standard hospitals and they would only have contemplated doing this if they were confident that standards would be improved by substantial investment from central government. They also needed to be sure that their salaries would not be dependent on a large private practice and that merit would be rewarded, not just in teaching hospitals. To his great credit, Bevan understood that human nature needed such a non-doctrinaire package, and it has withstood the passage of time surprisingly well.

Sadly, the national allocation of resources in the NHS has not achieved the fairer distribution of capital and revenue allocation that it theoretically should have done. The disparities in provision by 1958 had only diminished to a very limited extent. According to any objective criteria, the four London regional health authorities emerged most favourably and the regions in the North and Midlands came off worst. The Resource Allocation Working Party, which I championed as Minister of Health from 1974, produced a formula which could have redressed this imbalance, but successive Ministers in different administrations, facing political flak, particularly from London, relaxed the criteria and took refuge in endless reorganization, whereas steadily applying improved management techniques to fulfil the founding purpose of fairly distributing health resources across the nation could have achieved far more. Scotland and Wales have gained from a higher percentage financial allocation per head of population than in England from the inception to the present day.

The NHS at the start of the twenty-first century is now receiving the boost to its overall spending that it has needed since 1948. But there is abundant evidence that we were able over that period to develop our NHS, despite lower spending than in other countries, because of the in-built efficiencies of having a national service. We need to be very careful today in focusing on

decentralization, which is certainly needed, and the new Labour government's welcome second-term conversion to the virtues of the internal market, that the creation of foundation hospitals does not lead us back into the inequality of provision that was the hallmark of a fragmented hospital service prior to the creation of the NHS.

*The Rt Hon. Lord Owen*  
*May 2003*

## NOTES

1. C.Webster, *The Health Service since the War*, Vol. II: *Government and Health Care, the British National Health Service 1958-79*, Stationery Office, 1986.
2. A.Enthoven, *Reflections on the Management of the NHS*, Nuffield Provincial Hospitals Trust, 1984.

## Series Editor's Preface

It is axiomatic that the creation of the National Health Service (NHS) was a towering achievement of Clement Attlee's postwar government, even though Attlee himself seems to have been much more impressed by the giving of independence to India. In the public mind, however, the advent of the NHS in 1948 remains one of those events which is, in the language of 1066 and all that, unquestionably 'a good thing'. Indeed, Nigel Lawson was later to describe it as 'the nearest thing the English have to a religion'.

Of course, all this might merely reflect the remarkable success not of the creation of the NHS, but of the propaganda campaign that accompanied it. Ironically, much of that campaign was aimed at the middle classes, those who had hitherto subscribed to various private insurance and, now spared such additional expenses, were to prove amongst the prime beneficiaries of the NHS. Continuing social inequalities in health care were not, however, to receive much attention until the Black Report in the 1970s, and even that, as a recent book in this series has pointed out,<sup>1</sup> achieved little. Such reorganizations as did occur were aimed instead at the management structures of the NHS. An organization that has only one client—the government, which buys health care wholesale for the great British public out of its tax revenues—can only seek to become more efficient through changing its managerial systems, at first periodically and then increasingly frenetically since the mid-1990s. Such changes, however, have had, as yet but little effect on some of the central managerial decisions on which the NHS itself was founded.

For instance, the decision to take health care out of the remit of local government, in the face of considerable opposition within the Labour Cabinet, not only reduced democratic accountability but also, more importantly in terms of health outcomes, the role of public health within the new system. The privileged position of the teaching hospitals preserved regional inequalities in health care. The fiscal arrangements marked a shift away from the principle of

social insurance—a path which continued to be pursued on the Continent—to what has become, instead, a unique reliance on general taxation. And the contractual arrangements with senior doctors meant that in some ways the NHS was not so much a national system as a series of cottage industries under a range of powerful consultants, one by-product of which is the increasingly remarked ‘NHS by postcode’ phenomenon. This has served to vitiate the efficiencies Bevan thought he was achieving through his determination on a national system.

There have been numerous books which have sought to explain how the NHS was created, usually by way of careful analysis of what changes were wrought from the pre-1948 system. However, this book is not a technical history of how the various decisions which produced the NHS were made and implemented, but rather a cultural history of why. In seeking to answer this central question Marvin Rintala skirts long-familiar battlegrounds, such as the stand-off between the British Medical Association (BMA) and Nye Bevan. Instead, he introduces us to the much less well-known conflict between two medical peers, Lords Horder and Moran. By the time the BMA was squaring up to Bevan the battle-lines had already been drawn and the crucial decisions on the shape of the future NHS had already been taken. These decisions, Rintala argues, though taken by Bevan, were structured and informed by Moran’s victory over his rival physician. And without Moran’s advice, the NHS that came into being might have differed in a number of important respects.

Instead, the NHS that emerged in 1948 was the outcome from a number of conflicts. Bevan’s chapel-flavoured rhetoric may have given his creation a religious glow which has remained ever since. But, as Marvin Rintala skilfully shows, behind that front much of the shape of the new NHS was determined rather by medical politics and power, and particularly by Moran. Whilst the rhetoric proved extremely successful in selling the idea of an NHS, Moran’s machinations have proved equally enduring in shaping the rather more obscure realities of how the NHS actually works in practice.

Peter Catterall  
London

## NOTE

1. Virginia Berridge and Stuart Blume, *Poor Health: Social Inequality before and after the Black Report* (London, Frank Cass, 2003).

# Part I:

## Politicians Prescribe

'I can always see a vision on the horizon which sustains me. I can see now the humble homes of the people with the dark clouds of anxiety, disease, distress, privation hanging heavily over them. And I can see, again, another vision. I can see the Old Age Pension Act, the National Insurance Act and many another Act in their trail descending, like breezes from the hills of my native land, sweeping into the mist-laden valleys, and clearing the gloom away until the rays of God's sun have pierced the narrowest window'

David Lloyd George,  
speaking at Kennington Theatre,  
13 July 1912

# —1—

## Introduction

By one interpretation the National Health Service (NHS) was created by a national consensus within Britain. In a political system dominated by parties this view assumes that at least both of the two major British parties, Labour and Conservative, and possibly also the now minor Liberal Party, were in agreement on the essential elements of the NHS.<sup>1</sup> Since only the Labour Party was in governmental office during that creation, it is assumed to have been internally united behind the NHS bill introduced in 1946 by the minister of health. The opposition Conservative Party is, further, assumed to have shared in some significant way(s) in that creation. The latter argument was repeatedly and explicitly made in 1948, as the NHS was coming into operation, by the leader of the Conservative Party. Winston Churchill's speeches then argued that the 'main principles' of the NHS had been 'hammered out' by his wartime Coalition Government before its dissolution in the spring of 1945.<sup>2</sup> Sometimes Churchill went even further, asserting that the 'actual measure' creating the NHS, the National Health Service Act of 1946, 'is of course the product of the National Coalition Government of which I was the head'.<sup>3</sup> This claim was reiterated by Churchill over the next several years.<sup>4</sup> A less sweeping variation of this theme was articulated later by the Earl of Woolton, chosen by Churchill in 1946 to become chairman of the Conservative Party organization.<sup>5</sup> Woolton conceded that a White Paper on health policy published in February 1944 by the Coalition Government 'was a halfway house to the system of a nationalized service, but it was, indeed, a comprehensive one'.<sup>6</sup> This more modest assertion is helpful because it links Churchill's sweeping claim to specific events before 1945. Neither Churchill nor Woolton stressed involvement by the Conservative Party, or its leader, in the legislative process which produced the National Health Service Act of 1946.

Much more important as possible evidence for the consensual interpretation than the 1944 White Paper is the publication in late

1942 of what came to be known as the Beveridge Report on the operation of the British welfare state. That the creation of the NHS implemented part of the Beveridge Report was, and is, widely believed to be true. Since the Beveridge Report and its most important legislative predecessor, the National Insurance Act of 1911, were both Liberal documents, the now-faded Liberal Party could also share in a national consensus, in this case through time. The most important Conservative advocate of the British welfare state later sympathetically described the task of the Labour minister of health beginning in 1945 as 'the initiation of the Health Service', based upon the Beveridge Report.<sup>7</sup> Harold Macmillan's biographer, following his subject, repeated this argument.<sup>8</sup> The assumption that in creating the NHS the Labour Cabinet and Parliament merely implemented the Beveridge Report is not confined to Conservatives. It was accepted in some of the most intellectually sophisticated circles of the Labour Party.<sup>9</sup> Nor is this assumption confined to politicians. It is articulated in recent serious scholarly literature. The Act of 1946 is described as based on the 'Beveridge model',<sup>10</sup> which the Labour Party 'set about implementing',<sup>11</sup> and as incorporating 'the principles of the Beveridge Report',<sup>12</sup> which was 'put into effect'<sup>13</sup> by the NHS Act. The Labour Cabinet 'enacted'<sup>14</sup> the Beveridge Report.

Perhaps revealingly, a possible alternative interpretation, that creation of the NHS flowed naturally from a long-standing explicit policy commitment of the Labour Party, appears seldom in the relevant scholarly literature. There are occasional suggestions that one or another specific aspect of the NHS had been a 'principle of official Socialist policy' or 'the Labour Party's declared policy'.<sup>15</sup> That Labour or Conservative party members, or voters, expected, eagerly or otherwise, the Labour minister of health to introduce his radically innovative NHS bill in 1946 is, at the least, not widely argued. If that minister had merely been expressing either a national or a Labour Party consensus (or conceivably both), his bill might have been effectively representative, but hardly creative, introducing 'little that was new'.<sup>16</sup>

As it is, the second major alternative interpretation of creation of the NHS sees the Labour minister of health, Aneurin Bevan, as the creator, working essentially alone as well as *de novo*, following neither a national consensus nor an established party line. Bevan himself referred to 'my' Health Service,<sup>17</sup> and many others have agreed. Whether the child is seen as healthy or deformed, Bevan is in this second interpretation seen as the sole parent, responsible for 'the inauguration of a free national health service'.<sup>18</sup> 'It was he who made the fundamental decisions';<sup>19</sup> he was 'the founder'<sup>20</sup> of

the NHS, which was his 'creation'.<sup>21</sup> He was the 'architect',<sup>22</sup> who did 'construct one of the great British institutions of the twentieth century—the NHS'.<sup>23</sup> That institution is seen as the Emersonian lengthened shadow of one man. As long as that institution exists, it will, according to this interpretation, be associated with Bevan's name,<sup>24</sup> and his name will be associated with his creation, which is seen variously as his memorial, his monument, or his legacy.<sup>25</sup> That creation 'is synonymous with Bevan'.<sup>26</sup> Because of the importance of that creation, the result of Bevan's 'personal intervention',<sup>27</sup> Bevan was 'the chief architect of Britain's welfare state',<sup>28</sup> which assumes there was no British welfare state before 1945. That last assumption is certainly common enough.<sup>29</sup> One future Labour prime minister saw Bevan, personally, as 'the great innovator in health' who also 'triumphantly carried through Cabinet and Parliament a bold and imaginative' bill.<sup>30</sup> The Labour Party might here be seen as an obstacle, not as an originator. To another future Labour prime minister the creation of the NHS was 'brokered by' Bevan's 'imagination' and 'skill'.<sup>31</sup>

Not all perceptions of Bevan were so favourable. In the same speeches in which he claimed credit as the true parent of the NHS, Winston Churchill blamed 'the party and personal malignancy of Mr Bevan' for having 'plunged health policy into its present confusion'.<sup>32</sup> Since the National Health Service Act was then being implemented, Churchill's intent, if not his logic, was clear: he wished to blame Bevan while taking credit for any popular acceptance of Bevan's act. A few days after the NHS came into operation, and also a few days after the minister of health had referred to the Conservative Party which had earlier implemented the means test for welfare benefits as 'lower than vermin',<sup>33</sup> Churchill tried to do more than blame Bevan. This time his intent was to kill:<sup>34</sup>

We speak of the minister of health, but ought we not rather to say the Minister of Disease, for is not morbid hatred a form of mental disease, moral disease, and indeed a highly infectious form? Indeed, I can think of no better step to signalize the inauguration of the National Health Service than that a person who so obviously needs psychiatric attention should be among the first of its patients.<sup>35</sup>

Even though Churchill may himself here have been demonstrating 'morbid hatred',<sup>36</sup> Bevan, like all those who exercise power, needs to be understood, so that his act can be understood. This need exists even if a much-used textbook<sup>37</sup> is correct in arguing that



the NHS 'did not spring, like Athene fully armed, from the head of Aneurin Bevan but was a point of rapid change in continuing growth'. A significant such point the NHS at the very least surely was. Even a hostile critic of Bevan's significance, who saw him as merely 'the end...of a series of earlier plans', conceded that he was 'the important and conclusive end'.<sup>38</sup>

Evaluating the evidence for each of the two major interpretations of the creation of the NHS should illuminate that creation. Some aspects of each of these interpretations may have more validity than other aspects. Seeing even the less persuasive aspects may be useful, since the intellectual validity of a political belief is no measure of the tenacity with which it may be held. Myths about the past are often important motivations for political behaviour. Evaluating the evidence for both major interpretations may also clarify whether the third possible interpretation, that creation of the NHS was a long-standing explicit policy commitment of the Labour Party, deserves more credence than it has yet received. It was, after all, a Labour Cabinet and Parliament which approved the National Health Service bill.

## NOTES

1. D.Kavanagh, 'The Postwar Consensus', *Twentieth Century British History*, 3, 2 (1992), p. 179.
2. R.James (ed.), *Winston S.Churchill: His Complete Speeches*, vol. 7 (New York: Chelsea House, 1974), pp. 7,629 and 7,674.
3. *Ibid.*, p. 7,679.
4. *Ibid.*, p. 7,822; R.James (ed.), *Winston S.Churchill: His Complete Speeches*, vol. 8 (New York: Chelsea House, 1974), pp. 7,993 and 8, 106.
5. J.Hoffman, *The Conservative Party in Opposition 1945-51* (London: Macgibbon & Kee, 1964), p. 81.
6. Earl of Woolton, *The Memoirs of the Rt Hon. The Earl of Woolton* (London: Cassell, 1959), p. 281.
7. H.Macmillan, *Tides of Fortune 1945-1955* (London: Macmillan, 1969), p. 66.
8. A.Horne, *Macmillan: 1894-1956* (London: Macmillan, 1990), p. 297.
9. K.Martin, *Harold Laski (1893-1950): A Biographical Memoir* (New York: Viking, 1953), p. 150n; W.Rodgers and B.Donoughue, *The People into Parliament: A Concise History of the Labour Movement in Britain* (New York: Viking, 1966), p. 145.
10. M.Harrop (ed.), *Power and Policies in Liberal Democracies* (Cambridge: Cambridge University Press, 1992), p. 151.
11. R.Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity* (New York: W. W.Norton, 1998), p. 652.

12. P.Hatcher, 'The Health System of the United Kingdom', in M.Raffel (ed.), *Health Care and Reform in Industrialized Countries* (University Park, PA: Pennsylvania State University Press, 1997), p. 229.
13. L.Freedman, *Politics and Policy in Britain* (White Plains, NY: Longman, 1996), p. 250.
14. S.Steinmo, K.Thelen and F.Longstreth (eds), *Structuring Politics: Historical Institutionalism in Comparative Analysis* (Cambridge: Cambridge University Press, 1997), p. 217.
15. R.Lovell, *Churchill's Doctor: A Biography of Lord Moran* (London: Royal Society of Medical Services, 1992), p. 294.
16. A.Willcocks, *The Creation of the National Health Service: A Study of Pressure Groups and a Major Social Policy Decision* (London: Routledge & Kegan Paul, 1967), p. 28.
17. P.Hollis, *Jennie Lee: A Life* (Oxford: Oxford University Press, 1997), p. 168.
18. G.Foote, *The Labour Party's Political Thought: A History*, 2nd edn (London: Croom Helm, 1986), p. 191.
19. A.Sked and C.Cook, *Post-war Britain: A Political History*, 2nd edn (Harmondsworth: Penguin, 1984), p. 42.
20. J.Campbell, *Lloyd George: The Goat in the Wilderness* (London: Jonathan Cape, 1977), p. 165.
21. P.Clarke, *Hope and Glory: Britain 1900–1990* (London: Penguin, 1997), p. 239; K. Morgan, *Rebirth of a Nation: Wales 1880–1980* (Oxford: Oxford University Press, 1987), p. 345.
22. D.Widgery, *Health in Danger: The Crisis in the National Health Service* (Hamden, CT: Archon, 1979), p. 25.
23. G.Goodman (ed.), *The State of the Nation: The Political Legacy of Aneurin Bevan* (London: Victor Gollancz, 1997), p. 226.
24. Ibid., p. 106.
25. Ibid., pp. 11, 64, 182, 231; K.Morgan, *Labour in Power 1945–1951* (Oxford: Oxford University Press, 1985), p. 163.
26. P.Hennessy, *Never Again: Britain 1945–1951* (London: Vintage, 1993), p. 133.
27. Goodman, *State of the Nation*, p. 124.
28. Sked and Cook, *Post-war Britain*, p. 48.
29. Clarke, *Hope and Glory*, p. 302; A.King (ed.), *Britain at the Polls, 2001* (New York: Chatham House, 2002), p. 20; A.Rowse, *Glimpses of the Great* (Lanham, MD: University Press of America, 1985), p. 70; J.Stevenson, *British Society 1914–45* (Harmondsworth: Penguin, 1984), p. 296; H.Wilson, *A Prime Minister on Prime Ministers* (New York: Summit Books, 1977), p. 278.
30. J.Callaghan, *Time and Change* (London: Fontana, 1988), pp. 68, 94.
31. Goodman, *State of the Nation*, p. 12.
32. James, *Winston S.Churchill*, vol. 7, pp. 7,629 and 7,674.
33. M.Foot, *Aneurin Bevan: A Biography*, vol. 2 (New York: Atheneum, 1974), p. 238.