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“VERY NEARLY AN ARMFUL!”

BRITISH POST-WAR COMEDY AND THE NHS

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Abstract: While much has been written on post war British film and television comedy, there has been no critical focus on one of its key sub-genres – the medical comedy. This article aims to fill (at least some) of the gap in this scholarship. It chooses to focus on how several key medical comedies engaged the politics and ideological tensions of the fledgling National Health Service from the late 1950s to the 1980s. It will focus on the microcosmic representation of medical architectures and environments and consider how they provide spaces for political and ideological debate.

Keywords: National Health Service, comedy, film, television, Britain, medical, environment, design, architecture

1 Introduction

After the formation of the Welfare State in 1948 and the birth of the National Health Service (henceforth NHS), post war film and broadcast comedy in the UK discovered a whole new set of comic spaces: a set of environments and architectures in which the political and ideological tensions of the era could be interrogated and debates over post-war consensus; socialism and public service versus conservatism and private enterprise, race and immigration, national health and identity could take place. Blood donor clinics, doctor's surgeries and waiting rooms; operating theatres and hospital wards, even the medicalised domestic space all served as backdrops for satirising and lampooning the conservative (medical) old guard, class aspiration and tension, the myth of consensus and the supposedly reassuring presence of a new utopian, modern, progressive and socialist healthcare system.

Despite the wealth of literature dealing with British post war comedy and light entertainment,¹ there has been surprisingly little critical attention paid to what I shall term 'NHS Comedy' as a sub-genre of British comic culture, particularly given the ubiquity some of its more celebrated examples, including the much revered episode of *Hancock*, 'The Blood Donor';² the *Doctor* film series³ (made for the Rank organisation between 1954 and 1970) or the four medical *Carry On* series of films:⁴ *Carry On Nurse*,⁵ *Carry On Doctor*,⁶ *Carry On Again Doctor*⁷ and *Carry on Matron*.⁸ There has, of course, been critical discussion of these texts within broader critical and historical studies of British film and TV comedy but none which deal explicitly with the medicalisation of British comedy and the depicted NHS environments, spaces and architectures therein, as this study hopes to do.⁹ This is an existing gap in the scholarship around both UK film and TV entertainment and British health care history. While I do not claim to offer a

comprehensive discussion and overview of all post war medical comedies, or to provide yet another overview of the comedy zeitgeist of the post war years, I do wish to single out a selection of key (even ubiquitous) texts, and to re-consider them in terms of their presentation of these environments and to illustrate the sometimes conflicting ways that the NHS has been represented through them.

2 Tensions in the NHS

From the outset, the NHS, and more broadly the welfare state, was mired in ideological tension and its utopian status retroactively romanticised. In his article, "Socialism and the British National Health Service", historian Martin Powell observes that while the NHS was ostensibly a socialist project and the central example of the post-war consensus at work – as part of the 1945 Labour government's utopian project for building a new classless society for post-World War II Britain – it did not exist within a "self-proclaimed socialist society".¹⁰ It was, as Powell claims, a "socialist island in a capitalist sea".¹¹ Even when Clement Atlee's government had won a landmark victory in 1945, it was nevertheless surrounded by a residual sense of conservatism, cynicism and scepticism. In his article, "Tony Hancock and the Cultural Landscapes of Post War Britain", David Wall reminds us, however, that from the early 1950s a growing popular belief had taken root in a social consensus, epitomised by the NHS and more broadly the welfare state; a belief in a social contract and a reciprocally beneficial system that one paid (nominally and painlessly) into and which would be to the greater benefit of all, free at the point of use. Wall also suggests that despite the utopian socialist romance that Britain in the 1950s "was a place of consolidation and consensus"¹² and the very idea of consensus was, in fact a myth, as post war British society was riven with class, racial and economic division from the start. Historians Ben Pimlott, Dennis Kavanagh and Peter Morris support this argument suggesting the myth of consensus was a "mirage, an illusion which rapidly fades the closer one gets to it".¹³

Nevertheless, the NHS came to embody a new modern and progressive outlook, a leap from the past into the present signified by the transformation of old Victorian hospitals into gleaming, modern NHS hospitals - a visual trope which recurs across (and is frequently satirised by) the medical comedy from the early 1950s and in which the past and the present are thrown into ideological and historical tension. *Doctor in the House*,¹⁴ for example, begins with the arrival of a set of new medical students at the London teaching hospital, St Swithin's (the exterior shots are of University College London, built in 1826) [Figure 1]. An early exchange foregrounds the shift: the film opens with its protagonist, trainee doctor and medical student Simon Sparrow (Dirk Bogarde) asking directions of an elderly doctor who is seen *leaving* the hospital, "I'm a new medical student" he proclaims, "I was just wondering where I should go?", "and I'm a very old doctor" comes the response, "Take my advice – straight into another profession". Later, in addressing (and dressing down) the new students, the Dean (Geoffrey Keen), refers to Charles Dickens' description of medical students as a "parcel of lazy, idle fellows who are always also smoking, drinking and lounging".¹⁵ These are senior representatives of a medical profession, rooted in the Victorian past and in pre-war Victorian values; personifications of both their era and the Victorian hospital environments and architectures, which they inhabit and are being displaced from by a new, vibrant and seemingly unorthodox set of (younger) doctors and professionals. This new blood (despite their sometimes callow and caddish ways) offers a reassuring personification of a modern and egalitarian NHS in the hands of a new breed of daring young medics. During one key sequence, for instance, Sparrow is called out to deliver a baby to a working class, single mother on Christmas Eve – he is the living embodiment of the welfare state in action and a modern egalitarian medical profession that is there to cater to everyone, "from cradle to grave".¹⁶ We might note here also that St Swithin, an English saint (and patron saint of Winchester Cathedral) is one known for posthumous miracles and to whom one might pray in the event of a drought. That the hospital itself in *Doctor in The House* is named after St Swithin may be seen to connote the death of a medical system rooted in the Victorian era with Victorian values and the birth of a new "miraculous" era of health care emerging out of the drought of austerity. This contrast is further illustrated by a set of further (cognitively dissonant) interior shots denoting a bright clean, bustling modern hospital interior [Figure 2] full of young medics (both male and female).



Figures 1 and 2. *Doctor In The House* (UK, 1964), Screengrab St Swithin's exterior [00:01:56] and interior [00:02:23] (Copyright: Carlton Visual Entertainment).

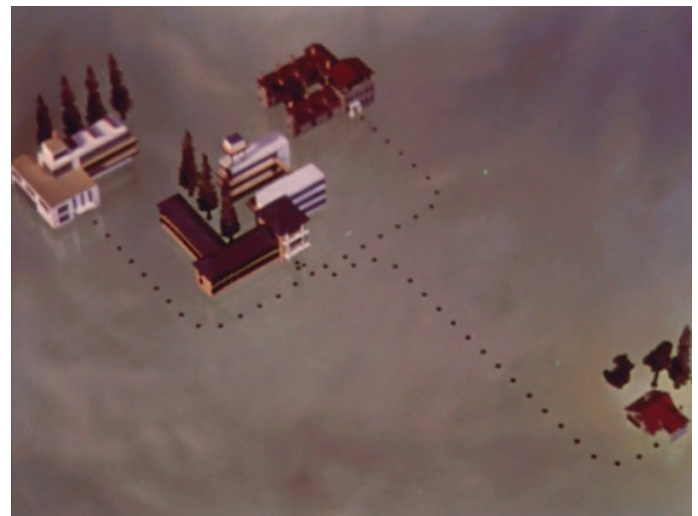
David Kynaston illustrates how the organisational structure or architecture of the new NHS was comprised of several key building blocks (or construction materials): a) it was "Free [at the point of use] and [provided] universal"¹⁷ healthcare for all; b) it was paid for through taxation; c) hospitals were nationalised; d) that most hospitals would be run by a three pronged structure of regional boards, executive councils (overseeing GPs, dentists and opticians) and local authorities;¹⁸ and e) while consultants were still able to practice privately and work for the NHS, the same was not true for GPs who "would no longer be allowed to buy and sell practices but would not be put on a full time salary basis (allowing patients to move between doctors)."¹⁹

Although viewed by many as decisive and progressive sea-change in British society and the national health, the NHS was not, however, universally welcomed. This "most socialist of the 1945 Labour *governments* welfare reforms"²⁰ was regarded with scepticism and cynicism by many – particularly portions of the middle classes who took a dim view of working class patients seemingly getting something for nothing. General practitioners were also apprehensive of the system's new administration and the role played in it by local authorities - particularly now their income (especially medical doctors in more affluent areas) was reduced (even if it meant those previously unable to afford health care and the attention of a doctor could now be more easily treated).

From its inception the NHS had a strong presence in visual screen culture with early recruitment films such as *Life in Her Hands*, a 55 minute film funded by the Crown Film Unit and starring Kathleen Byron.²¹ It was intended to draw young women to the work within the fledgling NHS within the nursing profession. Animated shorts were also designed to make clear to the great British public exactly how the NHS was structured and how it would work for them. *Your Very Good Health* starring a bike riding animated squiggle called Charley depicted how the NHS operated as a public service, foregrounding its architectural infrastructure via easy to understand images.²² It illustrated how doctor's surgeries were connected to newly built utopian health centres which in turn were connected to newly built and refurbished hospitals. Where once (as the film is keen to suggest) health care had been built around privately run disconnected distant and dispersed sites, the NHS now offered a modern, local and convenient health service made up of interconnected sites that would take you from home to hospital in several easy steps [Figures 3 and 4].



Figure 3. Charley, *Your Very Good Health* (UK, 1948), Screengrab [00:01:12]
(Source: BFI Player. Copyright: UK Crown).



Figures 4 and 5. A new local health service, *Your Very Good Health* (UK, 1948), Screengrab [00:05:19]
(Source: BFI Player. Copyright: UK Crown).

Not all of these films were keen to paint the NHS in such glowing terms (particularly those which were made by less partisan producers) however. In a documentary made for Jonathan Dimbleby's investigative series *This Week* (ITV, 1954–1992) entitled 'The Ailing Health Service' GPs in Halifax voiced concerns that the NHS was overstretched to the point of collapse and that due to pressure from an increase in the number of users to whom healthcare was now readily available.²³ There were now fewer hospital beds and increased waiting times; there were fewer doctors (with less economic incentive to take up a practice); GPs now faced a more administrative role. One doctor states in the film that: "8 years ago I came to Halifax fresh from medical school... Now I find my time wasted with paperwork. I was trained to practice medicine" and that (problematically) English speaking doctors were being replaced with doctors from the Commonwealth and other areas of the globe. The documentary is by no means a definitive appraisal on the subject and offers a fairly localised perspective on the situation. It does point, however, to a broader tension between the idealistic utopian socialist values of the new Labour government, the perceived threat to private

enterprise and the real life experience of GPs themselves. As a counterpoint to this rather pessimistic outlook, the documentary also interviews Labour health minister Sir Kenneth Robison²⁴ who presents an opposing viewpoint: that Halifax is an exception to the rule and that across the country the NHS has had a transformative affect upon people's lives. Robinson challenges the pessimism (and racism) of the GPs interviewed and is critical of the documentary's "leading questions" intended to target the Health Service.

3 Post War Comedy and the NHS on TV: Doctor's Surgeries and Blood Donor Clinics

Such conflicts challenge the popular myth of consensus. Pimlott, Kavanagh and Morris explain how the notion of such an "agreement" was received in a number of contradictory ways, and that the definition of consensus could be viewed from a range of conflicting perspectives: "for some, on the political right, it was disastrously misconceived: an ostrich-like refusal to accept hard economic facts" feeding directly into the economic crises of the 1970s. For those on the left and centre-left it was the bedrock "of much that was good, a fertile source of progressive social and economic policy and the basis of for a harmonious and equal society".²⁵

That comedy found a new home in the wards, waiting rooms and surgeries of the NHS should maybe come as no surprise given that the NHS was maybe (along with broadcasting and the Post Office) the most public facing and prominent of the post-war advances made possible by the Welfare State. Its spaces and architectures were turned into microcosmic environments by many screen and sitcom writers who had (and would obtain) first-hand experience of the NHS during its infancy and adolescence (that is, from 1948 to about 1975), spending periods of time in sanatoria, psychiatric institutions, wards and surgeries themselves. The pioneering fathers of the post war radio and television sitcom, Ray Galton and Alan Simpson, who would go on to create both *Hancock's Half Hour* (1954–1961) and *Steptoe and Son* (1962–1974) (the two most popular British broadcast comedies of the post-war era) for instance, met at Milford Sanatorium in 1948 while recovering from tuberculosis.²⁶ Galton recounted his experience of Milford to Caroline Scott in the *Sunday Times Magazine* recalling authoritarian doctors, a year-long bed rest, agonizing surgery, military style wards and absolute boredom.²⁷ In a 1997 *Radio Times* interview with the pair entitled 'Hospital Beds...and Bored' journalist Tina Ogle contends that "It's strange to think that without mycobacterium tuberculosis the world would never have made the acquaintance of Harold Steptoe or laughed till it hurt at *Hancock's Half Hour*".²⁸ The interview, in advance of the sitcom *Get Well Soon* (1997),²⁹ articulates the experience of being on a ward at the moment of Milford's transition from private to public NHS hospital. He details the almost military, barrack-like environment of the ward ("There were four beds per cubicle. He was front left (Simpson) and I was back right");³⁰ sexual monasticism (which, they admit, gave rise to comic sexual fantasies about the young nurses) of the ward and the segregation of male and female patients: "Women patients were in separate wards and meetings were strictly monitored"³¹ by matron and the nursing staff (these issues are, of course, comically rendered in the *Carry On* films – see below) and where occupational therapy came in the form of handbag making, embroidery and other craft-based activities (recalling prison occupations, making essentials for the outside world). The pair also recall in the interview both the depression and paranoia that set in too: "I was convinced it was a conspiracy to keep me there by the doctors"³² Galton recalls.

Bleak and austere medical environments in which haughty nurses and supercilious doctors look down their noses at Tony Hancock, Harold and Albert Steptoe recur across Galton and Simpson's writing. They were among the first to satirise the NHS and its ideological conflicts on television, drawing attention to the tensions between the elite, privileged, educated middle class/bourgeoisie who populated and administrated it and its working class patients - a conflict comically played out in both 'The Blood Donor' and in the episode of *Steptoe and Son*, 'The Holiday'.³³ These two (fairly ubiquitous) texts offer the viewer a set of comic two-way perspective *mise-en-scène*: the working class from the point of view of the middle classes and vice versa, framed by the *mise-en-scène* of the surrounding medical and domestic environments.

'The Holiday' episode therefore medicalises the domestic space as well as articulating class tensions within the new(ish) NHS. Prior to the NHS, doctors rarely were affordable to working class patients, as mentioned above, this situation would change with a system that aimed to provide free at-the-point of use healthcare for all.³⁴ A doctor (Colin Gordon) is called out to visit irascible old man Albert Steptoe (Wilfred Bramble), the devious, conniving and miserly Steptoe patriarch (and archetypal television "dirty old man"). Albert may or may not be faking a sudden illness (the episode is deliberately ambiguous here) in order to prevent his put-upon, pretentious and aspirational son Harold from going on holiday to St Tropez without him. The text invites the viewer to read it in number of ways: the writers invite us to identify (and even side) with Albert when he pulls the wool over the eyes of the patronising middle class doctor (who covertly and snobbishly turns his nose up at the blended whisky offered him by Harold, and dropping a coin, in Harold's holiday savings as he leaves as if he's contributing to charity) [Figure 6]. If this is the case, then we are *also* (deliberately) asked to align our view of Albert with a negative a bourgeois view of the working classes as venial, dirty, sly and scheming. The comedy/drama confronts the viewer with a class based dilemma, reminding them that despite the inclusive and unifying one nation rhetoric of public services such as broadcasting (i.e., BBC) and the NHS, both institutions also practice and maintain a form of cultural apartheid where middle and working classes are brought into (comic) conflict.



Figure 6. Harold and the Doctor, 'The Holiday' *Steptoe and Son* (BBC, 12 July 1962), Screengrab [00:26:46], BBC DVD/ Dailymotion.com (Copyright: BBC).

Kieran Curran identifies the prevailing cultural attitude of the post-war years as being one of cynicism: "Cynicism has not, up to this point, been considered seriously as a driving force of cultural production in Britain, perhaps because of its apparent omnipresence".³⁵ While his book maps a route through cynical British culture taking in various curmudgeons from Philip Larkin to Morrissey and Mark E. Smith, it evades discussion of prominent figures such as Tony Hancock, Ray Galton and Alan Simpson or indeed Chief "Goon",³⁶ Spike Milligan.³⁷ Milligan's satirical sketch comedy *Q* comically represents the pressures put upon NHS doctors in the sketch, 'Beat the Doc' (09.50).³⁸ Here patients are invited to give enough medical information to a doctor for him to diagnose them in under 60 seconds (when the patient is unsuccessful the doctor asks, "can you afford to come back next week?").³⁹ Milligan's comic cynicism towards a British health care system torn between public service and private enterprise, socialist and conservative values is perhaps best illustrated in 'Health Service Battle', taking place in an operating theatre. Here Harry Pricker, Socialist, TUC (Milligan in cloth cap and dungarees and with comedy East End accent), a "national health service surgeon from the poorer classes of Dagenham" competes with a private surgeon, Sir Ralph Fees, in an "epic battle of technique and money, between a socialist and conservative surgeon, over the body of a middle income patient". In the sketch Pricker's socialist, unionised, NHS surgeon (played as a working class industrial labourer) may lack the funds, knowledge and necessary equipment to operate but makes up for it in level of care ("I'll sit by you all night in me little hut") while Fees has the equipment and technique but at a price. In the end death is "cheaper" and more affordable and the conflict is resolved through coalition (and consensus) as the two go off together, dancing.

Certainly, cynicism was an aspect of post-war comic attitudes towards the NHS and the crisis of consensus is perhaps most embodied in the conflicted figure of the comedian and actor Tony Hancock. Hancock was the most popular comedian of the 1950s. The sitcom *Hancock's Half Hour* began broadcasting on radio via the BBC Light Programme in 1954 and from 1956 ran concurrently on both radio and television until 1960. The Hancock comic persona combined both the defiance and defensiveness of the working class everyman and the aspiration and self-aggrandising superiority of the lower middle classes. Hancock is truculent, pompous, posturing and assured of his own self-importance. Neale and Krutnik describe the Hancock character and persona as a parody of lower middle class temperament and aspiration: "Hancock was an 'outsider' - a 'belligerent, pompous, frequently childish and petulant' middle aged bachelor who was not only forever seeking to better himself but believed at the same time he was already superior".⁴⁰ *Hancock's Half Hour* paired him with comedian, actor and light entertainer Sid James. While Hancock has pretensions to cultural betterment, Sid defiantly retains a working class persona (or is perceived to be as such when seen from a bourgeois point of view). He, like Albert Steptoe, is a satirical representation of bourgeois/lower middle-class perceptions of the working classes: criminal, shady, scheming and out for himself and always one step ahead of Hancock.

During *Hancock's Half Hour*, and its follow up television series *Hancock*,⁴¹ "The lad himself" (as he was referred to by BBC continuity announcers) made several trips to the hospital and to doctor's surgeries: most famously in the radio episode 'Hancock in Hospital'⁴² and in the TV episodes, 'The Economy Drive'⁴³ and 'The Blood Donor',⁴⁴ They position Hancock as being in conflict with the supposed national unity (something he is not comfortably integrated into) and consensus. The episodes satirise the notion of consensus. His trips to hospital all revolve around personal gain, to a greater or lesser degree. Galton and Simpson interrogate contemporary anxieties over a system of health care which was perceived to be (from a middle-class, conservative, standpoint at least) open to misuse by the lower orders who were out to get what they could from it.

In the radio episode of *Hancock's Half Hour* 'Hancock in Hospital' our hero is laid up on the ward with a broken leg, feeling sorry for himself while all around other patients are receiving visitors. He's been waiting three weeks for his friends Sid and Bill Kerr (Hancock's other associate in the radio series) to visit him. With the comment "500 yards away you are and no head poke round the door", the location of the hospital in relation to the home is underlined. The first half of the episode, dramatizes the boredom and seclusion of the hospital experience (as experienced by Galton and Simpson themselves): the ward is a sterile, antiseptic space of isolation and tedium and Hancock fills the time moaning about being abandoned. His own belligerence and pomposity lead him to refuse a charitable visit (and a biscuit) from a woman visiting her husband in a neighbouring bed (why should *he* have to rely on charity visits from *other* patient's relations?). Turning to the radio he finds he's stuck with only *Woman's Hour* to listen to ("Miss Griselda Plunkett is going to tell us how to fillet haddock!");⁴⁵ here Galton and Simpson ironically poke fun at the supposed drabness of post-war broadcasting. When Sid and Bill do turn up, they come straight from the pub bringing him a packet of crisps and a bag of winkles⁴⁶ (much to Hancock's distaste) having eaten the shrimps (the only thing he likes) en route. After all his complaining about loneliness, Hancock, it turns out, has very little to say to them (or they to him), so they go off and visit someone else on the ward who *is* better company (they are dissatisfied with what *they* can get out of the visit so look elsewhere). If the episode starts with Hancock's deferential attitude to the doctors, Sid's unreconstructed working class-ness evidences a deeper distrust of the bourgeois educated medics: throughout the episode and despite Hancock having a broken leg, Sid repeats that he looks "Ashen!" and persistently questions the doctor's diagnosis (responding "They always tell you that, they never tell you the truth" when Hancock tells him of the doctor's positive prognosis and asking, "Have they checked your heart? Have they checked your liver?").

David Wall reminds us that if Hancock's usual first reaction is to defer to those of a social standing to which he aspires, then Sid is "identified wholly with the rough and feckless working classes"⁴⁷ and that "Sid's carnivalesque presence further marks "the suspension of all hierarchical ranks, privileges, norms, and prohibitions".⁴⁸ Sid and Bill, behaving in a confrontational manner with the other visitors, knocking down Hancock's bad leg from its suspension onto his good one and then breaking his radio, shatter the order and conformity of the ward. Having nothing to talk about with Hancock, they abandon him for someone else they recognise, leaving Hancock back

where he started – with the biscuit lady. This circularity is a persistent theme across the medical episodes. As with the television episode, 'The Economy Drive', 'Hancock in Hospital' dramatizes anxieties over the re-distributive social contract of the welfare state: that (working class) people might take more than their fair share (counter to the founding Socialist principles of the welfare state). 'In Hancock in Hospital', Sid and Bill put in the minimum (the pint of winkles and crisps) and at the end of the episode attempt to take more than they contribute, the three fight over Hancock's delicious hospital dinner and his angel cake leaving Hancock with nothing but a mess on the floor and cake down his plaster cast. The episode ends with the Hancock's cast being removed but his joy at being able to scratch his leg at last is short-lived as he slips on Sid's leftover winkle shells (which *he* has not partaken of) and breaks his other leg. "Get me a private room!" (such abuse of the system would surely not happen in the bourgeois private healthcare to which Hancock aspires but presumably can't afford!) he demands, "Why don't people just leave you alone?!".

In 'The Economy Drive', as a result of Sid's thriftless attitude towards life, the pair return from holiday to find Sid has left all the lights on, as well as the TV, toaster, radio and electric fire. He has also left the car running and forgotten to cancel the coal, bread and milk delivery. Hancock decides to tighten his belt by living on a self-imposed budget or in other words, by trying to live on the cheap: scrimping by buying a suit from the railway station lost property and dining in the railway café.⁴⁹ In the final scene the pair end up in the hospital as a result of Hancock's scrimping on the electric light and a tumble down the stairs. Much to Hancock's delight he can be fed, looked after and generally live a life of comparative luxury on the NHS, treating it as if it were a hotel [Figure 7]. The punch line of the episode, is that Hancock, believing it a waste of money has not been bothering to get their health cards stamped and paying his contributions to the state like everybody else and is served up for a bill for 100 guineas ("Oh no, We're National Health! We're not on the private caper!" he responds when handed the bill). Sid resolves that he doesn't have any money, but he doesn't owe any either after paying the nurse, and they go home to find that, as the episode begins, Sid has left the lights, TV, toaster, radio, fire, and car engine running. Here again, the unconscious (and cynical) politics of the episode and its payoff are borne out in an NHS hospital environment where there is a tension between the system's egalitarian and core socialist values and its openness to individual self-interest and gain. Hancock demonstrates a lower middle-class concern with economy and culture but performs in the way of the perceived middle-class view of the working-class: by trying to get something for nothing.



Figure 7. Hancock (back) in hospital, 'The Economy Drive' *Hancock's Half Hour* (BBC, 23 September 1959): screengrab [00:25:25] (Source: BBC DVD/Dailymotion.com. Copyright: BBC).

In the 'The Blood Donor' Hancock's position again combines both lower middle-class aspiration and the unease of the common man or everyman. The clinic (and by extension the NHS itself) is shown to be dominated by members

of the bourgeoisie: the nurse, the doctor, the other patients. The episode begins with two establishing shots of signs reading "South London General" and "Blood Donor Clinic", establishing from the start that this is a drama of the NHS. The tension between the socialist principles upon which the NHS was founded and its administration by bourgeois conservatives is satirised in Hancock's conversation with the nurse in the reception (June Whitfield) [Figure 8]. He tells the nurse, "I've come about your advert! The one on the wall next to the Eagle Laundry in Pelham Rd, next to Hands of Cuba! Just above the cricket stumps!" Here the clinic/NHS is clearly aligned with a leftist ideology (the episode aired in the same year as the Bay of Pigs invasion). Hancock continues unabated with a sense of his own self importance.



Figure 8. Hancock and the nurse, 'The Blood Donor' *Hancock* (BBC, 23 June 1961): Screengrab [00:00:22] (Source: BBC DVD/Dailymotion.com. Copyright: BBC).

Something for the benefit of the country as a whole, but what should it be I thought? Become a blood donor or join the young conservatives? Anyway, as I'm not looking for a wife and I can't play table tennis, here I am!

Believing his blood to be a cut above the rest, ("British! Undiluted for 12 generations! 100% Anglo Saxon with maybe a dash of Viking. Nothing else has crept in, no, anyone who gets any of this will have nothing to complain about!") the nurse reminds him blood is classified by group and not accidents of birth, to which Hancock responds, "I did not come here for a lecture on communism, Madam". The nurse, however conservative, is part of the professional infrastructure and architecture of the NHS and, unlike Hancock, is willing to take part in and play her role in a new consensus driven society. She refuses to behave (at least outwardly) like a Conservative (or at least how Hancock *thinks* a Conservative should behave) privileging professionalism over politics.

If Hancock enters the episode with lower middle-class pretensions and aspirations above his standing, then his position shifts slightly when confronted by the reserved (actual) middle-class patients in the waiting room [Figure 9]. He tries to ingratiate himself with them with his social climbing. For Hancock reward and recognition are more important than being part of any collective project:

Well It's a grand job we're all doing! Yes, we can all be very proud of ourselves. Some people, all they do is take, take, take out of life, never put anything back, that is not my way of living, never has been, you're only entitled to take out of life what you put into it.... Do you get a badge for doing this?...A little enamel thing, something like, "He gaveth for others so that others may live!"



Figure 9. The other patient, 'The Blood Donor' *Hancock* (BBC, 23 June 1961): Screenshot [00:07:03]
(Source: BBC DVD/Dailymotion.com. Copyright: BBC).

Later with the doctor (Patrick Cargill) Hancock's position shifts again. The fact that Doctor McTaggart is Scottish (albeit with a received pronunciation British accent) bucks Hancock up and appeals to the working-class everyman in him, only to be told by the dour and supercilious medic, "We're not all Rob Roys, you know". The doctor distances himself from working class Scottish traditions, histories and myths, epitomising and legitimising the working-class concerns and suspicions over the educated bourgeoisie articulated by Sid in 'Hancock in Hospital'. The austere attitude of the doctor, nurse (and fellow patient) are attuned to the austere setting and *mise-en-scène* of the surgery and waiting room – a blank and unwelcoming place with a few measly posters on the wall ("Coughs and sneezes spread diseases") – as Hancock sings to the tune of the German national anthem. This is a microcosm of a post-war no-frills Health Service which serves two conflicting purposes – both a medical environment and a forum for class conflict and debates over consensus.

In 'The Blood Donor' Hancock plays the bourgeois individualist horrified at the blood sucking social contract of the NHS/welfare state. When learning that a pint of his blood will be taken, he exclaims

A pint? Have you gone raving mad? I mean, I came here in all good faith, to help my country. I don't mind giving a reasonable amount, but a pint? Why, that's very nearly an armful!



Figure 10. "A pint? that's very nearly an armful!", 'The Blood Donor' *Hancock* (BBC, 23 June 1961): Screenshot [00:14:17]
(Source: BBC DVD/Dailymotion.com. Copyright: BBC).

This is the crux of the episode (and its most famous line). Hancock wants to be *seen* to be contributing, but only wants to do so on his terms. He doesn't want to give more than has to, veering between middle class superiority and working class truculence and rhetoric: he tells the doctor that only an initial smear of blood that has been taken "may only be a smear to you, mate! But its life and death to some poor soul". The punchline of the episode is that he later he cuts his hand on a bread knife and is ambulated back to hospital for a transfusion where the only blood available to him is, of course, that which he donated himself earlier. According to the rules, he gets back what he puts in. Later, sitting in his hospital bed, he offers (donates) another patient his wine gums, who (politely) then makes off with them – "He's stolen my wine gums!"

4 Post-War NHS Film Comedy

British film comedy's frequent visits to the hospital depict the medical environments of the NHS itself in a variety of ways. In the medical *Carry On* films, the austerity and tedium of the hospital experience is undermined through the series' characteristic bawdy carnival aesthetic and where deference to middle-class authority is given a rude two fingers. As Dominic Sandbrook observes of the earlier *Carry On* films⁵⁰ that while less ribald in tone they were "nevertheless set in public institutions and emboldened by a cheerful resistance to authority. The cheeky working class crew find their pleasure inhibited by middle class bureaucrats".⁵¹ The *Carry On* hospital spaces from the late 1960s through into the 1970s are bright Rabelaisian⁵² spaces of innuendo, double entendre farce, carnival disruption and outrageous libido, which (as Medhurst put it) are full of "bedpans, boils and curvy nurses".⁵³ In *Carry On Matron* (whose plot involves the heist of a cache of contraceptive pills from a London maternity hospital), the twin wards are signed "Bun Ward" and "Oven Ward".⁵⁴ In the medical *Carry On* films, male patients evade the watchful eye of the formidable Matron (Hattie Jacques) to gain forbidden access to the women in the female ward, which Ken Biddle (Bernard Bresslaw) attempts in *Carry On Doctor*. Further, the exterior stiffness (!) and superiority of the senior consultants and head doctors (played by Kenneth Williams and occasionally Charles Hawtrey) becomes a synonym for sexual repression and where patients revolt against the authority of the senior staff. These are spaces where order is overturned and where the authoritarian conservative old guard gets its comeuppance. In *Carry On Doctor* for instance Matron is subjected to a bed bath by the women of the female ward, and Dr Tinkle (Kenneth Williams) is almost forcibly given an enema by the men. These wards are festive spaces where conservative power is displaced. They are imagined spaces, detached from reality, where ribald sexual fantasy is an antidote to the tedium of sickness. The seriousness of pre-NHS, pre-war disease was still within living memory of many, a time when, as Geoffrey Rivett reminds us, "Pain and discomfort were an accepted part of life, to be endured with stoicism".⁵⁵ The medical *Carry On* films mollify and countermand the serious of disease and threats to the national health via playful, ludic irreverence (in *Carry On Nurse*, for instance a daffodil, instead of a rectal thermometer, is inserted!). The films refuse to "accept" pain and discomfort with stoicism, rather challenge such attitudes with irreverence and levity [Figure 11].



Figure 11. *Carry On Doctor* (UK, 1968): Screenshot [00:10:40]
(Source: DVD. Copyright: Peter Rogers Productions / STUDIOCANAL).

Furthermore, unlike *Doctor In The House* (see earlier) both *Carry on Doctor* and *Carry on Again Doctor* do not make use, in exterior shots, of 'real life' hospitals: instead the modern bureaucratic space of Maidenhead Town Hall [Figure 12] was used in both, distancing the films from medical reality even further. The only film to use a medical exterior was *Carry On Matron* which made use of Heatherwood Hospital, Ascot, Berks. The distance from medical reality from reality is maintained in the films' bright but minimal design which deliberately replicates the style of Donald McGill's saucy postcards, as Steven Gerrard has noted.⁵⁶ The *Carry On* films were, if nothing else, paragons of efficiency in terms of their labour and money saving art and production design (often making use of recycled props, sets etc.) and, as Laurie Ede points out, art directors Lionel Couch and Peter Vetchinsky set the standard for a mode of production design whose purpose was to frame but not overwhelm narrative, dialogue, script and action.⁵⁷



Figure 12. Maidenhead Town Hall, *Carry On Doctor* (UK, 1968): Screenshot [00:30:22]
(Source: DVD. Copyright: Peter Rogers Productions / STUDIOCANAL).

However, despite the medical instalments' "burlesque"⁵⁸ attitude, they nevertheless still contained elements of social critique. *Carry On Again Doctor* gives the viewer hitherto unseen access to the paradise of the ornate private wards. It a) offers the series most trenchant critique of private healthcare and consensus (seen through the film's presentation architecture) and b) offers a new type of medical environment. Dr Nookey (Jim Dale), a young sex obsessed NHS doctor, is sent, after a series of mishaps, to the South Seas at the behest of a wealthy private patient, Mrs Moore (Joan Simms) and head doctor, Dr Carver (Kenneth Williams). Here the film introduces a new type of medical space into the formula: a tropical mission, a hut in the jungle run by quack medicine man Winston Screwer (Sid James), who has been busy doing what his name suggests with the locals. The film therefore brings into tension a modern health service with the nineteenth century imperial and colonial ideas of missionary duty (ironized and subverted by the presence of the guffawing Sid James), as well as the NHS's public service mandate into tension with private enterprise (Nookey is seduced by Moore into opening a private weight loss clinic, another new medical environment, with Screwer's secret formula).

The Eastman Kodak saturated colour of the wards in the *Carry On* films stand in marked contrast to other, contemporary British hospital film comedies. Both *The National Health*⁵⁹ and *Britannia Hospital*⁶⁰ anticipate Dennis Potter's TV drama *The Singing Detective*⁶¹ in their depiction of the ward as a bleak microcosm of a Britain in crisis. Jack Gold's *The National Health* (developed by Peter Nichols from his own stage play) is set in and around a bleak men's terminal ward in an underfunded, struggling NHS hospital, the entrance to which is presided by an imposing statue of Queen Victoria herself (the film opens with a staff announcement they cannot afford the hot water and an order to use what there is economically). The film's establishing exterior shot presents this grim Victorian vision as seemingly out of place in the modern world (something that is explicitly suggested in the opening of Nichols' first draft screen play) [Figure 13].⁶² The film is steeped in irony: at the start a decrepit old lady, a missionary, who looks like a ghost from the previous century, visits the terminal ward to proclaim "the good news" that there is "no death" [Figure 14].



Figure 13. Opening shot, *The National Health* (UK, 1973): Screengrab [00:00:24]
(Source: Amazon Prime Video. Copyright: Virgin/Colombia).



Figure 14. "The Good News", *The National Health* (UK, 1973): Screengrab [00:02:30]
(Source: Amazon Prime Video. Copyright: Virgin/Colombia).

The terminal ward [Figure 15] stands in for a microcosm of a nation in decline at the start of the 1970s, a decade of economic unrest, unemployment, industrial action and fractures in the national family.⁶³ The film's narrative is interspersed with a romantic and exciting American medical soap opera (in which the main cast – Jim Dale, Eleanor Bron, Lynn Redgrave – play characters in the film within a film), navigating the tension between how media and television present the health service and its realities.



Figure 15. The terminal ward, *The National Health* (UK, 1973): Screengrab [01:28:59]
(Source: Amazon Prime Video. Copyright: Virgin/Colombia).

Members of the cast, including Jim Dale, who plays the callous orderly, Barnett, are intertextually recognisable from other medical comedies (Dale, of course plays the endearingly inept Drs Nookey and Kilmore, in *Carry On Doctor* and *Carry On Again Doctor*) and actor Donald Sinden (recognisable as the caddish lothario medical student Benskin, in *Doctor In The House*) has a cameo as the head consultant. Death and illness pervade the film and are reflected in the washed out, drabness of the ward itself. At one point, Matron appears, joyfully proclaiming plans for improvements,

"The walls will be in washable avocado pear! The curtains and counterpanes in Cotswold stone! Huge louvres on the windows and King's Fund beds with slimline mattresses!", to which the elderly, dying patient, the confused Mr Mackie responds with a rich, resounding fart – he is clearly not too confused to understand the grim realities of the situation. Like the elderly missionary promising no death to the inhabitants of a terminal ward, the matron's ambitious plans must also be taken with a pinch of salt (they cannot even afford the hot water).

The 1980s were a particularly precarious time in the life of the NHS with 1982 witnessing a period of industrial action backed by health care unions over low pay; strikes which were also supported by the (similarly striking) miners unions. The publication *New Society* (24 June 1982) reported in an article entitled "Britannia Hospital" that:

The Government's handling of the health service dispute has united the health service unions like never before, it has alienated nurses who, for the first time ever, have rejected a pay offer. It has provoked unprecedented public support for the health workers from their own management.⁶⁴

Lindsay Anderson's surrealist satire *Britannia Hospital*, released, shortly before the *New Society* article on 27 May 1982, offers a trenchant critique of Margaret Thatcher's handling of the NHS by presenting us with a hospital in turmoil. Bedecked in Union Jack bunting in anticipation of a visit by the Queen Mother, patients are left to die unattended in empty desolate hospital waiting rooms, while private patients (including an ex-prime minister and an African dictator) are given luxury treatment in the private wing; in a shiny new research wing Dr Millar (Graham Crowden) is conducting Frankenstein-like experiments; hospital staff are striking and there is a public uprising just outside the gates, while all the time the beleaguered manager (Leonard Rossiter) attempts to maintain a sense of control. The hospital itself is a microcosm of Britain where consensus has broken down entirely [Figure 16].



Figure 16. The breakdown of consensus – the view from the private ward, *Britannia Hospital* (UK, 1982): Screengrab [01:23:50] (Source: DVD. Copyright: EMI).

Norman Hudis was invited to return to the *Carry On* series in 1988 (the same year as Margaret Thatcher's review of the Health Service and her proposal for its marketization) to write the script for the proposed (but ultimately unmade) *Carry On Again Nurse*. Like *Britannia Hospital* the film would have dealt with contemporary political and economic pressures on the health service, by the Tory government, with a plot centred on the closure of an aging London hospital. One might speculate that it would have bookended the medical instalments of the series which began with the optimism of a post-war, consensus driven Health Service in *Carry On Nurse* and ended at a time when the government was *rejecting* post-war consensus and the welfare state with *Carry On Again Nurse*. Finally,

Hudis describes the film as being about "a beloved old London hospital, threatened with closure by NHS cuts, is saved, mostly by the unconquerable combined British forces of sentiment and slapstick"⁶⁵: the "unconquerable" British traditions of 'low comedy' are aligned here with the ultimately 'unconquerable' values and traditions of the welfare state.

5 Conclusion

This article has, across a selection of film and television texts, attempted to map the ways and means in which the NHS was represented in popular post-war British film and TV comedy. It has tried to illustrate how different types of medical architecture and environments were adopted and presented as spaces to satirise the ideological, political, and social conflicts over private and public health care, class difference (and deference) and the 'myth' of consensus – hospitals become microcosms of a British society in crisis – and spaces to heal. As earlier mentioned the NHS had a visible presence in other genres, these medical spaces offer not only a space for the unruly body but also to navigate the unruly politics and conflicts of the national body in the post-war years – and what better place for healing than in a bawdy comedy 1970s hospital.

Acknowledgement

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This article is dedicated to the memory of Ron Delves (a fantastic Hancock) and to Dr Steve Knapper.

Notes

- 1 For example, Andy Medhurst, *A National Joke: Popular Comedy and English Cultural Identities* (London: Routledge, 2007) or the seminal Frank Krutnik and Steve Neale, *Popular Film and Television Comedy* (Hoboken: Taylor and Francis, 2006).
- 2 'The Blood Donor' *Hancock* (Duncan Wood, BBC, 23 June 1961).
- 3 A series of post-war hospital comedies adapted from a series of comic novels by Richard Gordon. They ran between 1954 and 1970.
- 4 This is a series of 31 bawdy post-war film comedies which satirised not only contemporary film genres but also aspects of post-war British life and institutions. They are defined by the ludic and risqué humour.
- 5 *Carry On Nurse* (Gerald Thomas, UK, 1959)
- 6 *Carry On Doctor* (Gerald Thomas, UK, 1968).
- 7 *Carry On Again Doctor* (Gerald Thomas, UK, 1969)
- 8 *Carry On Matron* (Gerald Thomas, UK, 1970).
- 9 Medhurst, *A National Joke*; Steven Gerrard, *The Carry On Films* (London: Palgrave MacMillan, 2016).
- 10 Martin Powell, "Socialism and the British National Health Service," *Health Care Analysis* 5, no. 3 (1997): 187–8.
- 11 Ibid.
- 12 David Wall, "Tony Hancock and the Cultural Landscapes of Post-War Britain," *Journal of British Cinema and Television* 4, no. 2 (2007): 235.
- 13 Ben Pimlott, Dennis Kavanagh and Peter Morris, "Is the 'Postwar Consensus' a Myth?," *Contemporary British History* 2, no. 6 (1989): 12.
- 14 *Doctor In The House* (Ralph Thomas, UK, 1964).
- 15 Charles Dickens, *The Pickwick Papers Vol. II* (Newcastle Upon Tyne: Cambridge Scholars Publishing, 2008[1836]), 3, <http://www.cambridgescholars.com/download/sample/61062>

- 16 A phrase often misattributed to Sir William Beveridge in his foundational 1942 report *Social Insurance and Allied Services*, the bedrock of the welfare state and of post-war public service, but first used by Winston Churchill in his 1943 broadcast, laying the foundations for Beveridge's plan for the welfare state and the establishment of the NHS (and further consolidating the political tensions at its heart). A Martin Gilbert indicates in his book "In his broadcast Churchill spoke of the need to establish a National Health Service on 'broad and solid foundations', to provide national compulsory insurance 'from cradle to grave', and to ensure far wider educational opportunities and 'fair competition' so extended that Britain would draw its leaders from every type of school and wearing every kind of tie." Martin Gilbert, *Churchill: A Life* (London: Pimlico, 2000), 742; Beveridge identified and promised that the Welfare state would challenge the 'five giants on the road to post-war reconstruction': want, disease, ignorance, idleness.
- 17 David Kynaston, *Austerity Britain 1945–1951 (Tales of a New Jerusalem)* (London: Bloomsbury Press, 2008), 146.
- 18 Ibid.
- 19 Ibid.
- 20 Ibid.
- 21 *Life in Her Hands* (Philip Leacock, UK, 1951).
- 22 *Your Very Good Health* (John Halas and Joy Bachelor, UK, 1948).
- 23 'The Ailing Health Service' *This Week* (Peter Robinson, ITV, October 1966).
- 24 Considered by most to be one of the more progressive and respected health ministers of the 20th century.
- 25 Pimlott et al., "Is the 'Postwar Consensus' a Myth?," 13.
- 26 Galton and Simpson were part of a key set of writers and performers to emerge out the TV comedy writer's collective, Associated London Scripts (ASL) founded by Spike Milligan and Eric Sykes.
- 27 Caroline Scott, "Ray Galton: The Best of Times, The Worst of Times," *Sunday Times Magazine*, March 10, 2006.
- 28 Tina Ogle, "Hospital Beds...And Bored," *Radio Times* 295, no. 2349 (8 November 1997): 37 (BFI Reuben Library Microfiche).
- 29 *Get Well Soon* (Christine Gernon, BBC, 1997). Written by Ray Galton and John Antrobus, this series centred around the daily life of an NHS hospital and was inspired by the meeting of Galton and Simpson at Milford.
- 30 Ogle, "Hospital Beds...And Bored," 37.
- 31 Ibid.
- 32 Ibid., 38.
- 33 'The Holiday' *Steptoe and Son* (Duncan Wood, BBC, 12 July 1962).
- 34 Also demonstrated in the documentary *This Week* episode 'The Ailing Health Service' (Peter Robinson, ITV, October 1966), where many of the same class-based anxieties are voiced (in a non-comedic, documentary context) by several of the doctors interviewed.
- 35 Kieran Curran, *Cynicism in Post War British Culture* (London: Palgrave MacMillan, 2014), 1.
- 36 *The Goon Show* was an influential surrealist comedy sketch show broadcast between 1951 and 1960 on the BBC Home Service (radio). It starred Spike Milligan, Peter Sellers, Michael Bentine and Harry Secombe.
- 37 In 1952, at the height of his fame with *The Goon Show* (BBC radio 'Light Programme' 1951–1960) Milligan was arrested and hospitalised after a mental breakdown. According to his biographer Humphrey Carpenter, Milligan (while hallucinating) set out to kill fellow Goon, the comedian and actor Peter Sellers with a potato knife, in the process walking through Sellers' plate glass door. He was arrested, institutionalised and set upon a lengthy recuperation. It presaged a life-long battle with manic depression which would frame his comic persona for the rest of his life. See Humphrey Carpenter, *Spike Milligan, The Biography* (London: Coronet Books, 2004), 136.
- 38 Exact date of broadcast unknown.
- 39 Ramsay Ess, "How Spike Milligan's Q Paved the Way for Monty Python", *Vulture*, June 11, 2019, <https://www.vulture.com/2019/06/spike-milligan-q-comedy-show-monty-python.html>
- 40 Steve Neale and Frank Krutnik, *Popular Film and Television Comedy* (London: Routledge, 1990), 248.
- 41 *Hancock* (directed by Duncan Wood, BBC, 1961).
- 42 'Hancock in Hospital' *Hancock's Half Hour* (BBC Radio, 15 December 1959).
- 43 'The Economy Drive' *Hancock's Half Hour* (Duncan Wood, BBC, 23 September 1959).
- 44 'The Blood Donor' *Hancock* (Duncan Wood, BBC, 23 June 1961).
- 45 The experience of waiting, of filling the time, recalls Irish dramatist Samuel Beckett's play *Waiting for Godot* (1954). Galton and Simpson's writing for both *Hancock* and *Steptoe and Son*, deliberately presents drama which draws not only on Beckett but the then emerging British playwright Harold Pinter.
- 46 The winkle, edible whelk or periwinkle is a small mollusc, a sea snail which is also a traditional British seaside snack (which could also be purchased in fish and chip shops).
- 47 Wall, "Tony Hancock and the Cultural Landscapes of Post-War Britain," 238.
- 48 Ibid.
- 49 He doesn't have enough for the plaice and chips so has to make do with a bread roll and tomato sauce after being unable to literally and metaphorically work the system
- 50 *Carry On Nurse* was the first of several hospital based films in the series.

- 51 Dominic Sandbrook, *Never Had it So Good: A History of Britain from Suez to the Beatles* (Altrincam: Abacus, 2006), 385.
- 52 After François Rabelais (1483–1553) bawdy Renaissance writer and satirist. The Russian formalist theorist, scholar and writer Mikhail Bakhtin (1895–1975) based his influential theoretical and historical writings around Carnival on Rabelais (see Mikhail Bakhtin, *Rabelais and his World* (Cambridge, Mass.: MIT Press, 1968).
- 53 Medhurst, *A National Joke*, 131.
- 54 A riff on the old working-class colloquialism for being pregnant: "Having a bun in the oven."
- 55 Geoffrey Rivett, *From Cradle to Grave: Fifty Years of the NHS*. (London: King's Fund, 1998)
- 56 Steven Gerrard, *The Carry On Films* (London: Palgrave MacMillan, 2016).
- 57 Laurie Ede, *British Film Design a History* (London: I. B. Tauris, Cinema and Society, 2000), 75.
- 58 Pierre Sorlin, "1957: A Divided Europe. European Cinema at the Time of the Rome Treaty", *Contemporary European History*, 8, no. 3 (November 1999), 415.
- 59 *The National Health* (Jack Gold, UK, 1973).
- 60 *Britannia Hospital* (Lindsay Anderson, UK, 1982).
- 61 *The Singing Detective* (Jon Amiel, BBC, 1988).
- 62 *The National Health*, 16 Sept. 1970–22, MS 79061–79063, Nichols Papers, Vols. CXVIII–CXX, Manuscript collection, British Library, London, UK.
- 63 This relates to the post-war ideology of the nation as family.
- 64 "Britannia hospital," *New Society*, 60, no. 1023 (1982), 499.
- 65 Morris Bright and Robert Ross, *The Lost Carry Ons: Scenes That Never Made it to the Screen* (London: Virgin Publishing, 2000), 94.

Biography

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