As has been noted, the first full time consultant in casualty was Maurice Ellis at Leeds General Infirmary. He was placed in charge of the casualty department in 1949 while he was a general surgical senior registrar and was appointed consultant in casualty in 1952. David Wilson, later a president of the Casualty Surgeons Association (CSA), was a medical student in casualty in Leeds when Mr Ellis was first appointed and says that the department was transformed by his arrival. On his first day Mr Ellis insisted on cleanliness with old dressings being removed from the floor and he created organisation where there had been chaos. A description of the organisation of his dressing clinics is given in a paper he wrote on hand injuries. He also introduced audit and research on hand injuries, antibiotic use and tenosynovitis. He retired in 1969 and following the Platt recommendations, was replaced by an orthopaedic surgeon with the department being managed by the orthopaedic service rather than by an individual consultant. He, himself, in a letter to the BMJ describes how standards fell and the hospital realised their error and appointed David Wilson, by then a locum senior registrar in orthopaedics, to the consultant post the following year following which standards started to improve. Shortly before this, in 1969, Howard Baderman had been appointed as an A&E consultant at University College Hospital, London (UCH) when a new department was opened. He had previously spent eight years as RMO in the hospital where one of his responsibilities had been to be in charge of A&E and he had advised on the design of the new department.

Prior to this it is difficult to define an A&E consultant as there were a few surgeons who devoted a substantial part of their time to casualty (e.g. Patrick Clarkson and T.G. Lowden – discussed previously). Various documents report that prior to 1970 there were three or four consultants.

in casualty. In addition to Maurice Ellis, I believe that these refer to Alec Murray at Glasgow Royal Infirmary and David Proctor in Aberdeen. Alec Murray was appointed as a surgeon with responsibility for casualty in 1960 and appears to have come to spend all his time in the casualty department and thus became a full time casualty consultant even though that was not the post to which he was appointed. Mr Proctor’s obituary says that he was a senior casualty officer and later consultant in A&E care 1952–81. The SCO grade was not started until 1953 and he must have been an SHMO who was upgraded to a consultant (probably without an interview) in a way that could not happen for SCOs. The date of this upgrading is uncertain but his successor thinks that this was probably before 1965.

The main breakthrough came in 1971/72 when 32 consultants were appointed as a pilot study with plans that departments with consultants should be monitored over 3–5 years and compared to those without consultants. They did not just have to convince the Department of Health but they also needed to convince their colleagues in other specialties and, especially, orthopaedic surgeons who had predicted disaster.

The opposition of the British Orthopaedic Association to the idea of A&E consultants has been noted and they also advised: ‘The appointment of selected “casualty officers” as consultants in the accident and emergency departments should be undertaken with caution’ as they considered that there were insufficient suitably qualified people to fill the posts. Another surgeon predicted in an article that ‘advertisements, if they appeared now in the medical press would bring applications from totally unsuitable individuals’.

Michael Merlin, probably the first of the new consultants was appointed in Walsall in 1971 and most of the rest during 1972. There were 22–68 applicants for each post, though numbers of applicants fell with time. The Lewin Report (described below) gives details of the appointees. Of 32 posts advertised, two appointments were not made initially. Sixteen posts were filled by Medical Assistants at the hospital where they were already in post (e.g. John Collins in Derby, Malcolm Hall in Preston). Eight more were filled by MAs who moved (e.g. David Caro, St Bartholomew’s and Edward Abson, Canterbury). For hospitals seeking to improve their staffing, there was an incentive not to appoint an MA who was already in post at the hospital as the letter advising that appointments could be made stated that if ‘the Medical Assistant obtains the post, his own post should not normally be refilled on a permanent basis without consulting the Department about other possibilities; the post might not need to be filled, or a Senior Registrar