

## The man and the vision

Sir Dugald Baird: three decades of transforming work in reproductive health

Dugald Baird was born in Beath, in Ayrshire, in 1899. He studied medicine at the University of Glasgow, where he became interested in epidemiology and social inequality. Baird's experience 'as a medical student attending home confinements of women in the Glasgow slums in the 1920s was fundamental in shaping his career',<sup>1</sup> and he became interested in social class differences as he observed 'the contrast between childbearing in the upper social classes and in the slum dwellers ...'.<sup>2</sup>

In 1936, Baird was in stiff competition for the post of Regius Chair of Midwifery at the University of Aberdeen with Chassar Moir, an Edinburgh graduate, who went on to discover ergometrine and become Nuffield Professor of Obstetrics in Oxford,<sup>3</sup> but Baird came to work at the University of Aberdeen in 1937 and continued to work at the University until well after his retirement in 1965. He promoted the study of the non-medical influences on stillbirth and maternal health, such as housing, nutrition and psychological and social factors. Baird was awarded a Knighthood for this work in 1959.

Dugald's wife, May (Matilda; née Tennant), also read Medicine at Glasgow. Prominent in her own right, in 1937 she became town councillor in Aberdeen for the Labour Party and in 1947 she was appointed as the first Chair of the North Eastern Regional Hospital Board, with which she served until 1960. She was also a National Governor of the BBC in Scotland for 4 years. In 1966, May and Dugald were awarded, as a couple, the Freedom of the City of Aberdeen, and an Aberdeen street was named in May Baird's honour. Lady May Baird died in 1983 and Sir Dugald in 1986.

## Achievements in obstetrics and gynaecology

In his practice of obstetrics and gynaecology, Sir Dugald established the classification of stillbirths and perinatal mortality in Scotland, promoted population-based cervical screening, helped establish family planning services, and offered abortion on social grounds long before the Abortion Act of 1967.

Baird and his colleagues in Aberdeen introduced one of the first proper classifications of stillbirth and perinatal mortality in Scotland.<sup>4</sup> The published classification was based on the meticulous checking of 14-years worth of records from Aberdeen Maternity Hospital for the period 1938–1952.<sup>5</sup> Baird also started the first population-based cervical screening programme in 1960.<sup>6</sup> It was directed at married women between 25 and 60 years of age.<sup>7</sup> In Aberdeen, Baird initiated a full screening programme, with proper call and recall under 'the enthusiastic supervision of Dr J. E. Macgregor'.<sup>8</sup> The subsequent fall in the incidence of cervical cancer in the region illustrated the success of the programme. Another of Sir Dugald's notable achievements was his help in establishing the first free family planning clinic in Aberdeen, with support from his wife at the Regional Health Board – representing a very early example of multi-agency working. Of all the changes introduced in obstetrics and gynaecology, Sir Dugald is best known for his support for the termination of pregnancies for socio-economic reasons. In the period 1938–1947, 233 women in northeast Scotland had their pregnancies terminated in Aberdeen and were sterilised,<sup>9</sup> and Baird started offering abortions on the NHS in the 1950s. In his famous 'A fifth freedom: freedom from the tyranny of excessive fertility', Baird emphasised the need to liberate women from the burden of frequent childbearing.<sup>10</sup> He would offer to terminate the unwanted pregnancies of women of high parity and then offer subsequent sterilisation. As Sir Dugald was such a strong supporter of abortion law reform, it created the impression that abortion was rife in Aberdeen. MacGillivray and Horobin highlight the fact that although many '...thought the situation was one of "abortion on demand". This was and is far from the truth.'<sup>11</sup>

## Reproductive health research

Baird's enthusiasm for social reproductive health research showed in his involvement in the establishment of a number of research units in Aberdeen (Figure 1). Baird saw Aberdeen as a unique opportunity in which to conduct research to establish the factors that contribute to efficient childbearing and the influence of social conditions. The 'population was of an appropriate size and a settled nature, which would permit follow up of women and their families, and there was a centralised medical service'.<sup>12</sup> The relative isolation of the northeast of Scotland, with the City of Aberdeen as the major administrative centre for a large rural

hinterland, facilitated the epidemiological study of a total population<sup>13</sup> – true before the oil boom of the early 1970s.<sup>a</sup> World War II delayed his plans, but Baird's recognition of '*...the value of complete accurate factual knowledge about his patients led to the establishment of the unique case records system at the Maternity Hospital.*'<sup>14</sup> This case records system developed into what is now known as the Aberdeen Maternity and Neonatal Data Bank. The Databank includes social data, is now computerised, and is still an important resource for researchers from all over the UK.<sup>15</sup>

In the late 1940s, Baird was able to take,

...the unprecedented and controversial step of introducing an epidemiologist, a physiologist, psychologist and statistician, as well as dieticians and sociologists, to his department. Such actions aroused some hostility in the more reactionary sections of the medical profession, but he was able to persuade the Medical Research Council (MRC) to support such interdisciplinary research within the London based Social Medicine Research Unit (SMRU) under the directorship of Professor Jerry Morris.<sup>1</sup>

A letter from the MRC to Baird, dated 24 July 1948, stressed that it was '*anxious to promote this inquiry, for which...there are unrivalled opportunities in Aberdeen ...*'.<sup>16</sup> The University of Aberdeen was also sympathetic to the idea; the minutes of its Court recorded the following on the establishment of a subsidiary unit in Aberdeen:

A letter of date 30th July, 1948, was submitted from Professor Baird forwarding a proposal by the Medical Research Council that a scheme of research should be carried out in collaboration between the Department of Midwifery of the University and the Social Medicine Research Unit of the Medical Research Council and the Court warmly approved the proposal.<sup>17</sup>

Jerry Morris and Richard Titmuss<sup>b</sup> were involved in the initial planning and the research started later in 1948.

Raymond Illsley, the first director of the Aberdeen MRC Medical Sociology Unit, came to Aberdeen in 1951. Illsley worked initially with Angus Thomson,<sup>c</sup> a nutritionist recruited by Baird and trained by Boyd Orr<sup>18</sup> and Barbara Thompson, who was what was then called a 'Lady Almoner'. The number of social scientists in the Department of Obstetrics and Gynaecology slowly grew.<sup>19</sup> It became recognised that '*many aspects in the lives of young and growing families...were being studied by the University Midwifery Department.*'<sup>20</sup> After visiting Aberdeen in 1952, Sir Herald Himsworth, secretary of the MRC, commented in a memorandum that he had,

...returned from this visit with a favourable opinion of the work in progress, that this is the most impressive work in obstetrics I have met in this country, and that I have seen what appears to be a model of how the approach of social medicine can be effectively used in the strategy of research into a clinical problem.<sup>21</sup>

In 1955, the Aberdeen offshoot of the SMRU developed into an autonomous unit: '*...the Medical Research Council created for Dugald Baird the Obstetric Medicine Research Unit. Together with the University and the Health Board, they built a new research floor on the top of the Maternity Hospital.*'<sup>22</sup> The nutritional and physiological parts of the Obstetric Medicine Research Unit was relocated to Newcastle<sup>d</sup> when Sir Dugald retired (1965), but the Aberdeen-based sociological team formed the nucleus of a new MRC Medical Sociology Unit under Professor Raymond Illsley<sup>23</sup> (see Figure 1). In the early days, research links were mainly with obstetrics, through Baird. Thus many of the research papers highlighted in the MRC Unit's first 5-year progress report (1970) were related to social aspects of obstetrics and child health.<sup>e</sup> When Illsley retired in 1984, the MRC Medical Sociology Unit moved to Glasgow, with Sally Macintyre as its new Director.

In this very positive atmosphere of encouraging good research into the social aspects of

reproductive health, it is easy to see the DBC today as the continuation of a long-standing trend – one that is of high-quality reproductive health research that is relevant to practitioners as well as to policy makers and one that focuses on issues that matter in society. The ethos of the DBC links back directly to Sir Dugald Baird’s vision of and achievements in nurturing quality interdisciplinary research.

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**Notes**

- <sup>a</sup> The indigenous population of the region is still relatively stable compared to many other parts of the UK.
- <sup>b</sup> Titmuss (later Professor) studied social policy. He pointed out that times were changing for women. In *Essays on the Welfare State* (London, 1958, p. 91), he wrote that in the 1890s the typical working-class mother experienced 'ten pregnancies, spent about fifteen years in a state of pregnancy and in nursing a child for the first year of its life. She was tied for this period of time, to the wheel of child-bearing'. He contrasted this with the typical mother of the late 1950s: 'the time so spent would be about four years...'
- <sup>c</sup> Dr Angus M. Thomson had worked on reproduction in sheep at the Rowett Institute, Aberdeen.
- <sup>d</sup> This became the Human Reproduction and Growth Unit under directorship of Angus Thomson.
- <sup>e</sup> See, for example: Kincaid JC. Social pathology of foetal and infant loss. *British Medical Journal* 1965; I: 1057–1059. Gill DG, Illsley R, Koplik LH. Pregnancy in teenage girls. *Social Science and Medicine* 1970; 3: 549–574. Thompson B, Baird D. Some impressions of childbearing in tropical areas. *Journal of Obstetrics and Gynaecology of the British Commonwealth* 1974; 3: 329–338.

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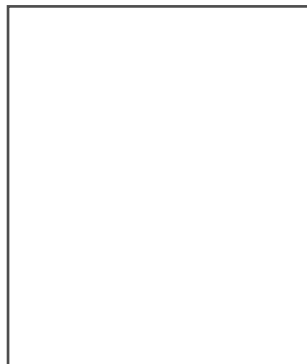
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*About the author*

**Edwin van Teijlingen** is a medical sociologist and co-ordinator of the MSc in Public Health & Health Service Research. He is seconded (part-time) to the DBC where he has been involved in reproductive health research projects in the UK and abroad. He has produced many papers and several books on different aspects of maternity care. He has also written a series on papers on social science research methods.

**Figure 1** Research units established under Dugald Baird.

1948		1955		1965–1984	
Part of MRC		Obstetric Medicine Research		MRC Medical Sociology	
Social Medicine	(	Unit, Aberdeen.	(	Unit, Aberdeen.	
Research Unit,		Honorary Director: Dugald		Director: Raymond	
London.		Baird		Illsley	



**Pic** Dugald Baird MD DSc LLD DPH FRCOG, 1899–1986; Regius Professor of Midwifery, University of Aberdeen, 1937–1965. (Photograph courtesy of Dr Barbara Thompson.)