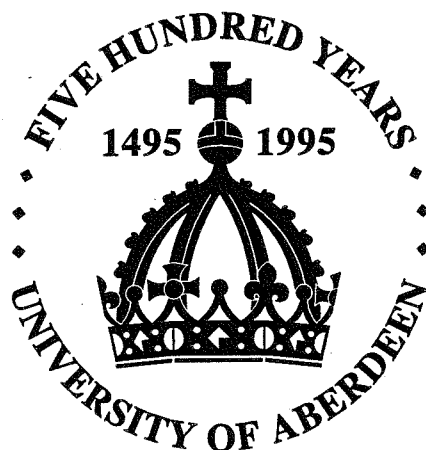


# 'To the Greit Support and Advancement of Helth'

Papers on the History of Medicine in Aberdeen, arising from a  
Conference held during the Quincentenary Year of Aberdeen  
University



Editors

Alexander Adam, Aberdeen Medico-Chirurgical Society  
David Smith, Department of History and Economic History, Aberdeen University  
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**ABERDEEN HISTORY OF MEDICINE PUBLICATIONS**

## Chapter Seven

### THE MRC MEDICAL SOCIOLOGY UNIT IN ABERDEEN: ITS DEVELOPMENT AND LEGACY

Edwin R. van Teijlingen and Rosaline S. Barbour

#### Introduction

The Medical Research Council (MRC) Medical Sociology Unit (hereafter 'the Unit') was based in Aberdeen from 1965 until 1985. In this chapter we focus on the impact that the Unit has had upon the people who were involved in it during that period. We deliberately do not use the term 'employed' to describe the relationship between these people and the Unit, since a significant number were connected with the Unit as postgraduate students or as visiting researchers. We will outline the historical origins of the Unit, summarise the academic environment in which it operated, and will then look at the current positions held by people previously connected with the Unit. Due to limitations of space this chapter only touches briefly upon the theoretical developments involved in the establishment and growth of the Unit, and can therefore only allude to the contributions of the Unit in advancing sociological knowledge.

The background to this research is two-fold: firstly both authors are medical sociologists with an Aberdeen connection: Rosaline Barbour has a postgraduate degree in sociology from the University of Aberdeen, and was a research fellow in the Unit during the period 1983–5; Edwin van Teijlingen was also a Aberdeen sociology postgraduate, and is currently a lecturer in the University's department of public health, teaching on courses which were initially shaped by members of the Unit. Secondly, acting as joint editors of the seventh edition of *Medical Sociology in Britain: a Register of Research and Teaching* (1994) reminded us of the Aberdeen connection of many of the personal entries.<sup>1</sup>

#### Methods of Research

We were able to trace 43 of the researchers who had been involved in the Unit in Aberdeen, and we sent them a two-page questionnaire, containing predominantly open-ended questions. The questionnaire asked about the researchers' experiences of being attached to the Unit, and the influence that the Unit had upon their subsequent academic development. Respondents were also asked for names and addresses of others they had worked with at the Unit, and these were subsequently contacted. We conducted face-to-face interviews with three key people, using open-ended questions. Finally, we drew upon published and unpublished sources. Our account is therefore an overview based mainly on qualitative methods, and reflects the views of our respondents.

#### Historical background to the Unit

The single most important influence on the establishment of the Unit in Aberdeen was Dugald Baird, regius professor of midwifery (later obstetrics and gynaecology) in the University of Aberdeen 1937–65. Baird promoted the study of non-medical influences such as housing, nutrition, and psychological and social factors on stillbirth and maternal health. He was knighted for this work in 1959. According to Barbara Thompson, who worked under Baird as a social worker and researcher from 1948 onwards, 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>2</sup> He became interested in

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<sup>1</sup> R. Barbour and E. van Teijlingen (eds), *Medical Sociology in Britain: A Register of Research and Teaching*, Glasgow, 1994.

<sup>2</sup> B. Thompson, 'Foreword', in B. Thompson, C. Fraser, A. Hewitt and D. Skipper, *Having a first baby: Experiences in 1951 and 1985 compared*, Aberdeen, 1989, p. v.

social class differences in the field of reproduction when he observed 'the contrast between childbearing in the upper social classes and in the slum dwellers'.<sup>3</sup>

Baird was influenced by John Boyd Orr, Director of the Rowett Research Institute, who published the famous and controversial report *Food, Health and Income* in 1936, which argued that the diet of a large proportion of the poorer sections of the population was sub-optimal in a range of nutrients.<sup>4</sup> Orr also chaired the Department of Health for Scotland's Scientific Advisory Committee which published a report on *Infant Mortality in Scotland* in 1943 and argued in favour of an approach which took greater account of social factors.<sup>5</sup>

In moving to Aberdeen in 1937, Baird saw unrivalled opportunities for research into the factors, including social conditions, which influence the efficiency of childbearing. Thompson remarks that the 'population was of an appropriate size and settled, which would permit follow-up of women and their families, and there was a centralised medical service'.<sup>6</sup> The relative isolation of the North-East of Scotland, with the city of Aberdeen as the major administrative centre for a large rural



Dugald Baird (1899–1986) (Courtesy of B. Thompson and Department of Medical Illustration, Aberdeen University)

hinterland, was ideal for epidemiological research as it facilitated the study of a total population.<sup>7</sup> Even today, despite the oil boom which began in the early 1970s, the indigenous population of the region is still relatively stable. The Second World War delayed Baird's plans, but his 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>8</sup> This developed into the 'Aberdeen Maternity and Neonatal Data Bank' which includes social data and is now computerised. It remains an important resource for researchers from all over the country.<sup>9</sup>

During the late 1940s Baird was able to begin to implement his wider plans, taking the 'unprecedented and controversial step' of introducing not only a statistician and dietitians into his department, but also an epidemiologist, physiologist, psychologist, and sociologists. According to Thompson 'such actions aroused some hostility in the more reactionary sections of the medical profession'.<sup>10</sup>

<sup>3</sup> D. Baird, 'Social Research and Obstetric Practice', *Question*, 1969, January, pp. 3-4.

<sup>4</sup> J. B. Orr, *Food, Health and Income*, London, 1936.

<sup>5</sup> Scientific Advisory Committee, Department of Health for Scotland, *Infant Mortality in Scotland*, Edinburgh, 1943.

<sup>6</sup> B. Thompson, 'Obituary Sir Dugald Baird', *British Medical Journal*, 1986, vol. 293, p. 1446.

<sup>7</sup> Personal communication to the authors from Dr Barbara Thompson, March 1996.

<sup>8</sup> R. D. Ireland, 'University News', *Aberdeen University Review*, 1965, vol. xli, p. 313.

<sup>9</sup> Thompson *et al.*, *op. cit.*, pp. 2-3.

<sup>10</sup> *ibid.*, p. v.

Baird was able to pursue his ambitions, through the support of the newly-formed London-based Social Medicine Research Unit which was directed by Jerry Morris. In July 1948, a letter from the Assistant Secretary of the MRC to Baird stressed that the MRC was anxious to promote his proposed inquiries, and believed that 'there are unrivalled opportunities in Aberdeen'.<sup>11</sup> The University Court was naturally sympathetic to the prospects of receiving MRC funding for the establishment, in Aberdeen, of a subsidiary unit to the London MRC Social Medicine Research Unit.<sup>12</sup> Morris and Richard Titmuss of the London Unit were involved in the initial planning of the research in Aberdeen, which started later in 1948.

Among Baird's earliest appointments were Barbara Thompson, who was initially entitled 'Lady Almoner', and nutritionist Angus Thomson. During the late 1930s Thomson had worked at the Rowett Research Institute under J. B. Orr, as a clinician on the Carnegie dietary and nutritional survey. After the war (before joining Baird's department), he worked at the Rowett under Orr's successor, D. P. Cuthbertson, on reproduction in sheep. Raymond Illsley came to Aberdeen in 1951 to work as a sociologist in collaboration with Thomson and Thompson. During the 1950s the number of social scientists in Baird's department grew gradually.

The Aberdeen subsidiary unit successfully maintained good relationships with the MRC. After visiting Aberdeen in 1952, Sir Harold Himsworth, secretary of the MRC, commented in a memorandum that he had returned with the opinion that:

... this is the most impressive work in obstetrics I have met in this country ... 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>13</sup>

In 1955 the Aberdeen offshoot of the Social Medicine Research Unit became an autonomous unit, the Obstetric Medicine Research Unit, directed by Baird. Together with the University and the North-Eastern Regional Hospital Board the MRC funded the building of a new research floor on the top of the Maternity Hospital at Foresterhill.<sup>14</sup> When Sir Dugald retired in 1965 the nutritional and physiological section of the Obstetric Medicine Research Unit was relocated to Newcastle-upon-Tyne, becoming the Human Reproduction and Growth Unit, under the directorship of Angus Thomson. The sociological team, however, formed the nucleus of a new MRC Medical Sociology Unit in Aberdeen under Raymond Illsley (see Fig. 1).<sup>15</sup>

In 1970 the first five-year progress report of the Medical Sociology Unit acknowledged the pioneering role of Dugald Baird. The stimulation for the formation of the Unit derived from 'the clearly expressed need of Sir Dugald Baird and his staff for a sociological component in their clinically oriented research programme'. Baird's programme had:

... enabled sociologists to cross the disciplinary line into medicine and to test their theories and methods in an applied field of medicine and of health. At the same time it provided access to data and to patients and gave a protective umbrella under which sociologists might overcome the scepticism or hostility of medical specialists in other fields.<sup>16</sup>

Besides becoming director of the Medical Sociology Unit, Raymond Illsley was also involved in the establishment of the department of sociology at the University of Aberdeen, where he was head of department (1964-71), professor of sociology (1964-75) and later professor of medical sociology (1975-84). The sociology department grew with extraordinary speed in the early days. One respondent

<sup>11</sup> A. Lansborough Thomson to D. Baird, 24 July 1948, Public Record Office, Kew, (hereafter PRO) FDI/290.

<sup>12</sup> Minutes of the Aberdeen University Court (24 August 1948), 1950, vol. xvi, p. 143.

<sup>13</sup> H. P. Himsworth, 'Social medicine research in the Department of Obstetrics, University of Aberdeen', Memorandum, 6 June 1952, PRO FDI/290.

<sup>14</sup> A. K., 'Obituary Honorary Graduates: Baird, Sir Dugald MD FRCG D.Sc (LL D 1966)', *Aberdeen University Review*, 1988, vol. liii, p. 82.

<sup>15</sup> Baird, *op. cit.* 1969, p. 4.

<sup>16</sup> Medical Sociology Unit, *Progress Report 1965-70*, Aberdeen, 1970, p. 1.

commented that there was a 'jokey proposal for the department to take over Marischal College'. Marischal College, the second largest granite building in the world, was used by the University of Aberdeen at that time for the teaching of undergraduate medical students in large lecture theatres. The number of postgraduate students also grew rapidly. By the end of the 1960s there were at least ten Ph.D students in the department of sociology, eight of whom were supervised by Illsley.<sup>17</sup>

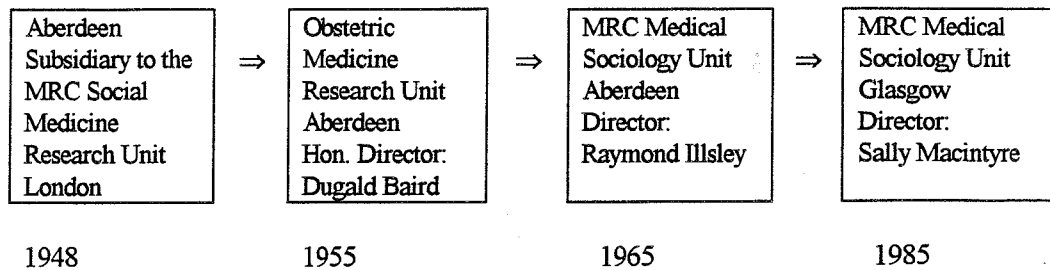


Fig. 1: Development of the MRC Medical Sociology Unit: 1940s-present

Another feature of the early years of the Medical Sociology Unit and the department of sociology was the considerable degree of movement of individuals between the Unit and the department, influenced by Illsley's pivotal role in both. This included physical movement of personnel between two sites, Foresterhill and King's College, Old Aberdeen, where the department of sociology was based. David Oldman, for example, came to Aberdeen to work in the Unit and subsequently moved to the department, while Phil Strong and Alan Davis moved from departmental lectureships to research posts in the Unit in 1971.

The relationship between the department and the Unit is reported to have soured in the mid 1970s. After Professor Mick Carter succeeded Illsley as head of the department of sociology in 1971, the Unit and the department grew apart – so much so that several respondents spoke of an 'Illsley-Carter estrangement'. Contacts between staff at the Unit and the department of sociology thereafter were minimal. Mike Hepworth, another 'Illsley appointment' as he described himself, was often mentioned by respondents as one of the few members of the department who maintained contact with the Unit during the period 1975–85, before the Unit moved from Aberdeen to Glasgow. During this period Unit staff stopped teaching in the sociology department.

The Unit's relationship with the medical school was less problematic, and Unit staff continued to contribute to the teaching of medical students. It seems that within the medical school, the medical sociologists were able to teach what they considered to be appropriate. Illsley commented in a discussion about sociology for medical students: 'I have always worked within a medical institution, but fortunately in circumstances where I was relatively independent and where I was not "brought under control"'.<sup>18</sup>

Meanwhile, Illsley became influential through his membership of a range of committees at local, national and international levels. Through involvement in the World Health Organisation he developed important links with researchers and policy makers in both Geneva and Copenhagen. His links with American researchers whom he met at a conference in the early years brought the Unit grants which supplemented the core MRC funding.

<sup>17</sup> The Ph.D students included William Bytheway, Ian Carter, David May, David Smith, Norman Stockman, Katherine Williams, Anthony Wootton, Michael Lyon, Margaret Voysey and Philip Strong. Minutes of Senatus Academics of the University of Aberdeen, (29 October 1969 and 28 January 1970), Aberdeen, 1970, vol. xxxii, pp. 37-8, 89.

<sup>18</sup> R. Illsley, 'Sociology in the teaching of community medicine – a summary', in R. M. Acheson and L. Aird (eds), *Seminars in Community Medicine Volume 1: Sociology*, Oxford, 1976, p. 133.

The Unit received a major boost from the USA through the Association for the Aid of Crippled Children (AACC), which is based in New York. The AACC was very keen to conduct research in Aberdeen where their researchers had access to detailed medical and social records from birth through to school age. One of the staff involved at the time commented:

The AACC really came to Aberdeen for the facilities there were record wise, from birth all the way through. There was good co-operation between the Medical Officer of Health, the Registrar of Births and the Education Department.

Contact was made between the AACC and the Unit mainly through Stephen Richardson of the Albert Einstein College of Medicine, New York, and the main researchers were Herbert Birch and his team. Richardson used the study of 'the total population of mentally subnormal children aged 8-10 resident in Aberdeen, Scotland' as an illustration of bio-social co-operative research.<sup>19</sup> Baird also received a research fellowship from the AACC after he had retired as professor.

The money for the Unit's first purpose-built premises, nicknamed 'the Hut', also came from the AACC. However, during the first five years of the Unit, attached workers were funded by a wide range of organisations besides the AACC, for example the Nuffield Provincial Trust, the Scottish Home and Health Department, and Action for the Crippled Child. Research was also undertaken in collaboration with the department of obstetrics and gynaecology of the University of Ibadan in Nigeria, the department of sociology of the University of Boston, and the department of demography of Brown University, Rhode Island. Staff from these universities, and several others in the United States and Canada, came to the Unit for periods of up to three years. Illsley obtained the first Social Science Research Council (SSRC) programme grant in the early 1970s and according to one respondent 'most of the people in the Hut were initially employed on it (Phil Strong, Sally Macintyre, Alan Davis, Tony Walter)'. For example, Phil Strong's research 'Objectives and Needs in Systems of Social and Medical Care' was funded by the SSRC.<sup>20</sup> In the early days of the Unit there were few permanent appointments. However, the additional grant income enabled the Unit to employ a fairly large staff. Fortunately the Unit often managed to renew the short-term contracts.

The link with the Polish Academy of Science was also often mentioned by ex-Aberdeen staff. The MRC had signed a formal treaty with the Polish Academy of Science on behalf of the Unit, allowing the exchange of data and personnel. One respondent specifically mentioned an Aberdeen-Polish social event: 'It was great fun and quite unusual for so many Poles to be allowed out of Poland at one time. Their research amply demonstrated the different kinds of constraints they had to contend with'. Another respondent commented that the Unit's 'outing to Warsaw must have been a highlight of its history'. The fact that Unit visitors to Poland always managed to 'forget to take back' their tape recorders and other equipment that was hard to obtain in Eastern Europe was also remarked upon.

### A Backward Glance

In reconstructing the past there is always a danger of concentrating on the vision (in this case of people such as Dugald Baird and Raymond Illsley), at the expense of serendipity, which is also part of the story. Illsley graduated in 'Politics, Philosophy and Economics' which was the kind of degree held by many people entering careers in sociology and medical sociology in the early days. Writing in 1980 and reflecting on his involvement in the early 1950s, Illsley commented:

I did not think of myself as a medical sociologist, or even as a sociologist, but as an economist and town planner, interested in class and poverty, temporarily located in a medical milieu.<sup>21</sup>

Several individuals became involved in the Unit by chance:

<sup>19</sup> S. A. Richardson, 'Patterns of medical and social research in pediatrics', *Acta Paediatrica Scandinavica*, 1970, vol. 59, p. 269.

<sup>20</sup> P. Strong, *The ceremonial order of the clinic: parents, doctors and medical bureaucracies*, London, 1979, p. xii.

<sup>21</sup> R. Illsley, *Professional or Public Health?: Sociology in Health and Medicine*, London, 1980, p. 160.

I should say that I never started off intending to be a medical sociologist and found my way to Aberdeen by accident. I wanted to do a study on the [sociology of education]. However, I was advised that sociology of education was not an attractive area for SSRC awards and my undergraduate supervisor suggested that I think about doing [another study]. I got rejections from a few places .... I was pretty resigned to becoming a management trainee at British Rail when I was asked to Aberdeen.

This element of chance is to be expected in view of the newness of sociology and medical sociology in Britain in the 1950s and 1960s. Another example is provided by the experience of one of the authors. Having registered as a postgraduate student in another department, with a topic somewhat removed from the central concerns of medical sociology, Rosaline Barbour became involved with the Unit as a result of a search for a co-supervisor who might be sympathetic towards a symbolic interactionist approach. She recalls that most of her fellow undergraduate sociology students in the early 1970s had, like herself, originally come to Aberdeen to read other subjects.

Medical Sociology Unit staff were drawn from a range of disciplinary backgrounds. These included related fields such as social work, but also fields as far removed from medical sociology as chemistry, which David Oldman had studied as an undergraduate at Cambridge. The multi-disciplinary nature of discussions was a feature mentioned by many of the people we spoke to as one of the tremendous advantages of the Unit.

The accounts which we collected echo with the excitement of being 'in at the beginning'. As one respondent put it, 'Aberdeen was a centre for micro-sociology at a time when it was very new in the UK and there was little experience of how it should be done'. Several individuals who replied to our questionnaire said that the Unit had converted them from 'number-crunchers' to interpretive sociologists – or that it had at least challenged their empiricist stance. One person told us: 'Sharing a room with two medical sociologists made me realise that epidemiological methods needed to justify themselves at least as much as sociological methods'. Such a rapprochement between medicine and medical sociology, which is far from commonplace even today, was certainly in evidence in the collaboration and debate surrounding the Aberdeen Unit in the 1970s and the early 1980s.<sup>22</sup>

In the early days of the Unit the research programme was strongly conditioned by the established links with obstetrics and related specialties. Thus many papers listed in the Unit's first five-year progress report of 1970 were on topics concerned with obstetrics and child health.<sup>23</sup> Some later work, while extending the frontiers of medical sociology, also relied upon connections made in the early days. For example, Gordon Horobin, the assistant director of the Unit, collaborated with obstetricians and psychiatrists, leading to the publication of *Experience with Abortion: A Case Study of North-East Scotland* in 1972.<sup>24</sup> Similarly, Phil Strong's research, published as *The ceremonial order of the clinic* in 1979, would have been impossible if paediatricians had not allowed him access to their consultations.<sup>25</sup> Several respondents alluded to the problems that they experienced when they attempted to conduct fieldwork in areas of medicine where doctors were unfamiliar with the activities of the Unit. These researchers quickly discovered that a great deal of work was still needed in order to convince such medical colleagues of the value of sociological perspectives and methods.

The research process in the 1960s and 1970s took place in a very different working environment in comparison with today. At that time, the research instruments, and technological aids for handling data, were much less well-developed. One respondent commented that in the early days 'everything was done by hand', instead of by computers. Moreover, many research methods, tech-

<sup>22</sup> Medical Sociology Unit, 1970, op. cit.

<sup>23</sup> See, for example, J. C. Kincaid, 'Social pathology of foetal and infant loss', *British Medical Journal*, 1965, vol. 1, pp. 1057–9; D. G. Gill, R. Illsley and L. H. Koplik, 'Pregnancy in teenage girls', *Social Science and Medicine*, 1970, vol. 3, pp. 549–74; B. Thompson and D. Baird, 'Some impressions of childbearing in tropical areas', *Journal of Obstetrics and Gynaecology of the British Commonwealth*, 1974, vol. 3, pp. 329–38.

<sup>24</sup> G. Horobin, *Experience with abortion: A case study of North East Scotland*, London, 1973.

<sup>25</sup> Strong, 1979, op. cit.

niques and systems of classification had to be developed and tested. For example, a social classification system was set up by people in the Unit.<sup>26</sup>

Many people also spoke with affection of the stimulating intellectual debate which was a feature of Unit coffee breaks – particularly in the days of ‘The Hut’. Theoretical debate was bandied around, along with talk of football. One member of staff from this period reflected: ‘Raymond was really rather clever about it when I look back. He never seemed to be part of these discussions but he somehow allowed and encouraged them’. Time for discussions such as these was a product of the somewhat more leisurely pace at which research was then conducted: as one respondent put it, ‘the unfettered and unaccountable nature of the research enterprise in those pre-Research Assessment Exercise days’. One ex-member of staff affectionately remembered ‘the open doors along both corridors’ and another commented of her experience in the Unit: ‘[It] rather spoilt me for anywhere else. There was none of the jealous isolation typical elsewhere’.

It is, of course, always tempting to look back through rose-tinted spectacles. Nevertheless, such comments do highlight the convergence of a number of circumstances uniquely favourable to the development of a new approach. The following remarks underline the nostalgia for the special circumstances enjoyed by staff at the Aberdeen Unit, the ‘idyllic autonomy’, involving academic licence, camaraderie and a favourable funding climate:

In many ways my post at Aberdeen was unparalleled in terms of resources, peers, and the nature of the work I was able to do. I sometimes think it would have been an experience better suited to come at the end of my career – as a reward – rather than at the beginning, where it was a ‘hard act to follow’.

Ex-researchers are unanimous in viewing their time spent in the Aberdeen Unit as particularly influential in their professional development. In the next section we will look at the positions now occupied by people from the Unit.

#### Where are they now?

One of our main interests was to determine the career paths of medical sociologists involved in the Unit. Table 1 lists the posts currently held by ex-Aberdeen researchers. Over two-thirds are still actively engaged in medical sociology and even many of those no longer designated as medical sociologists continue to have some involvement.

As can be seen from the table, there is a preponderance of people in senior positions and a high proportion of chairs. These include professors of education, social work, social policy, epidemiology and community health as well as medical sociology – amongst them Professor Sally Macintyre, director of the present MRC Medical Sociology Unit in Glasgow, whose whole academic career has been bound up with Unit. Medical sociology did experience some fairly lean years in the 1980s, and several respondents referred to the increasing difficulties in securing funding to keep individuals employed. However, the healthy picture reflected here suggests that the discipline is now alive and flourishing, and that ex-Aberdeen people continue to play a key role. Gerhardt, in her intellectual and political history of medical sociology, lists the work of no fewer than seventeen medical sociologists with an Aberdeen connection.<sup>27</sup>

Even as qualitative sociologists we can spot age as a significant variable. It is more than ten years since the Unit left Aberdeen and most of its former members are now in their 40s and 50s. Lest we paint too rosy a picture it is important to remember those who have dropped out of medical sociology, for example a postgraduate student who never completed her Ph.D, or a respondent whose current post is ‘self-employed farmer and parent’ and who commented: ‘Knowledge of obstetrics gained at Unit quite useful for lambing’. Sadly there have also been some deaths, including that of

<sup>26</sup> See, for example, D. Oldman and R. Illsley, ‘Measuring the status of occupations’, *Sociological Review*, 1966, vol. 14, pp. 53–72.

<sup>27</sup> U. Gerhardt, *Ideas about Illness: An Intellectual and Political History of Medical Sociology*, New York, 1989.



Gordon Horobin. More recently – since an earlier version of this chapter was presented at the Aberdeen conference – the medical sociology community has also lost Phil Strong, another key figure in the Aberdeen Unit, and Steve Brown, who worked on a study on social responsibility.

Current post:	Number
Chairs	10
Chairs and directors of research units	3
Directors of research units	4
Assistant directors	1
Senior lecturers	5
Senior research scientists	3
Lecturers	4
Research fellows	1
Freelance researchers	2
Psychotherapist	1
Assistant to a Member of Parliament	1
Retired	2
Deceased	4
No reply or whereabouts unknown	5
Total, including deceased and no reply	46

Table 1: *Career update of Aberdeen MRC Medical Sociology researchers (both employees/students), November 1995*

As Gordon Horobin was Rosaline Barbour's Ph.D supervisor she has always felt that she owes him a tremendous personal and intellectual debt. However, it was not until carrying out research for this chapter that she realised quite how many people benefited from his unstinting support and constructive comments. One respondent said of Horobin: 'He was extremely good at putting himself in your place and expressing your ideas much better than you could yourself'. Both Horobin and Strong feature prominently in people's recollections of the Unit, and the warmth of their personalities, their ready wit and the sharpness of their sociological observations shine through many an anecdote of 'Unit life'. Strong's inimitable way of presenting academic papers and his 'celebrated double act' with Alan Davis, now associate professor in sociology, at the University of Sydney, Australia were also mentioned.

### Continuity and Change

The ageing of ex-Unit members has been paralleled by an intriguing shift in research interests. Moving on from the Unit's early and virtually exclusive interest in reproduction, fertility and maternity services, children,<sup>28</sup> and health and inequality,<sup>29</sup> several ex-Aberdeen staff have developed interests in

<sup>28</sup> In addition to the publications listed under footnote 23, later work included, for example: M. Porter and S. Macintyre, 'What is, must be best: A research note on conservative or deferential responses to antenatal care provision', *Social Science and Medicine*, 1984, vol.19, pp. 1197–1200; J. Askham and R. Barbour, 'The negotiated role of the midwife in Scotland', in S. Robinson and A. M. Thomson (eds), *Midwives, Research and Childbirth* (Volume 4), London, 1996, pp. 33–59.

<sup>29</sup> See, for example, R. Illsley and K. Mullen, 'The Health needs of disadvantaged client groups', in W. W. Holland (ed.), *The Oxford Textbook of Public Health IV*, 1985, Oxford; M. Blaxter, 'Health Systems and the

gerontology and death and dying.<sup>30</sup> It appears that as the discipline of medical sociology has matured, the objects of sociological inquiry have shifted to the events of later life. In a book chapter entitled 'Sociologists never die: British sociology and death' Tony Walter – himself an ex-Aberdeen medical sociologist – observes:

In addition to formal research teams, notably at the Institute for Social Studies in Medical Care, an extraordinary proportion of the limited amount of research on death and dying has been conducted by individuals who, during the period from the late 1960s to the early 1980s, belonged to the MRC Medical Sociology Unit and the closely allied Sociology Department at Aberdeen .... This dominance of the sociology of death and dying by 'the Aberdeen school' is curious, and certainly unintended, when one considers that the MRC Unit never had death and dying as a research priority (though it did have ageing as a priority in the late 1970s)...<sup>31</sup>

Although the term 'school' is perhaps misleading, the number of 'ex-Aberdonians' in this area of research is certainly worthy of comment.

Another area in which 'ex-Aberdonians' have played an important role is in the development of a sociological response to the emergence of HIV/AIDS. This has involved, most notably, Mick Bloor, Neil McKeganey, John McKinlay, Phil Strong, Mildred Blaxter, Sally Macintyre, Patrick West and Rosaline Barbour.<sup>32</sup>

Many ex-Aberdonians have also been drawn to Health Service Research.<sup>33</sup> On the one hand this may be seen as an outcome of Illsley's involvement in the Scottish Home and Health Department's Health Service Research and Chief Scientist's Committees. Illsley has expressed the view that medical sociology must be 'relevant to the interests of administrators and professionals in the health and social services'.<sup>34</sup> On the other hand, perhaps inevitably, given the exigencies of research funding, many people have also been attracted into this area where funding was available.

The Medical Sociology Unit provided both a stimulating and protective environment within which the young discipline of medical sociology was nurtured, as the following quote from one of our respondents illustrates: 'In the sixties and seventies [the Aberdeen Unit] probably had more impact on the development of the discipline than any other institution in the western world'. Whilst this statement might easily be put aside as an anecdotal exaggeration or wishful thinking, it does, at the same time, show great enthusiasm for the work conducted in the Unit and a strong sense of its influence on later generations of medical sociologists. Ex-Aberdeen medical sociologists are in evidence throughout

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Defences against the Consequences of Poverty', *Social Science and Medicine*, 1983, vol. 17, pp. 1139–48; R. Illsley, 'Occupational class, selection and the production of inequalities in health', *Quarterly Journal of Social Affairs*, 1986, vol. 1, pp. 151–65.

<sup>30</sup> See, for example: R. Williams, *A Protestant Legacy: Attitudes to Death and Illness among Older Aberdonians*, Oxford, 1990; D. Clark (ed.) *The Sociology of Death*, London, 1993.

<sup>31</sup> T. Walter, 'Sociologists Never Die: British Sociology and Death', in D. Clark, op. cit., p. 290.

<sup>32</sup> See, for example, M. Bloor, M. Barnard, A. Finlay and N. McKeganey, 'HIV-related risk practices among Glasgow male prostitutes: Reframing concepts of risk behaviour', *Medical Anthropology Quarterly*, 1993, vol. 7, pp. 152–69; N. P. McKeganey and M. A. Barnard, *AIDS, Drugs and Sexual Risk: Lives in the Balance*, Buckingham, 1992; K. Smith, S. McGraw, S. Crawford, L. Costa and J. McKinlay, 'HIV risk among Latino adolescents in two New England cities', *American Journal of Public Health*, 1993, vol. 83, pp. 1395–9; V. Berridge and P. Strong, *AIDS and Contemporary History*, Cambridge, 1993; M. Blaxter, *The Health and Social Care of People with HIV Infection and AIDS*, London, 1993; R. S. Barbour, S. Macintyre, G. McIlwaine and E. Wilson, 'AIDS-related attitudes and knowledge among attenders at a Scottish family planning clinic', *Scottish Medical Journal*, 1991, vol. 36, pp. 46–8; S. Macintyre and P. West, 'What does the phrase safer sex mean to you? Understandings among Glaswegian 18 year olds in 1990', *AIDS*, 1993, vol. 7, pp. 121–5.

<sup>33</sup> See, for example, J. B. McKinlay (ed.), *Health Services Research, Planning and Change*, Cambridge, Massachusetts, 1982; B. Bytheway, 'The blocked bed: definition of a problem', *Social Science and Medicine*, 1982, vol. 16, pp. 1985–91; D. G. Gill, 'The British National Health Service: Professional Determinants of Administrative Structure', *International Journal of Health Services*, 1971, vol. 1, p. 342.

<sup>34</sup> R. Illsley, 1980, op. cit., p. 172.

Britain and there are several in the USA and Australia. One respondent commented: 'When my generation dispersed in the late 1970s we went all over the world'. 'Nowadays', one told us, 'we all examine each other's Ph.D students'.

### **The move from Aberdeen**

Respondents gave a number of explanations for the move of the MRC Medical Sociology Unit from Aberdeen to Glasgow. First, MRC units do not always out-live their directors. When a director retires, the MRC will often opt for funding a new unit based on a new idea, rather than continue an existing unit with a new director. One respondent noted that the Medical Sociology Unit was the first unit to survive the retirement of its original director. In the early 1980s, when the future of the Unit was being discussed, medical sociology had already proved its value to the MRC and could make a claim for the continuation of its funding. According to several respondents, the move seems to have been more of a move *from* Aberdeen than a move *to* Glasgow. The initial advantages of Aberdeen listed above had largely ceased to exist and, at the same time, the scope of medical sociology appeared to have outgrown Aberdeen and its hinterland. Illsley had already observed in his inaugural lecture that Aberdeen's 'self-sufficiency, its remoteness from large population-centres, make it an unsuitable milieu for studying some of the industrial and organizational problems of urban life'.<sup>35</sup> Glasgow, in the Central Belt of Scotland, would give researchers access to larger populations, with areas of relatively high social deprivation as well as affluence, affording scope for comparative research. Finally, it was suggested that the move gave the new director, Sally Macintyre, greater freedom to make a fresh start, whilst continuing to study the social causes and consequences of health and illness. The Glasgow MRC Unit investigates the processes producing variations in health between people of different social class, gender, age, ethnicity, area of residence and marital status.<sup>36</sup> Thus the work of the current Unit continues to build on the concerns and interests of Baird and Illsley, whilst taking into consideration the changing social environment and structures of the 1990s and their impact on health.

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<sup>35</sup> R. Illsley, 'The Sociology Explosion' (Inaugural Lecture), *Aberdeen University Review*, 1968, vol. xlii, p. 202.

<sup>36</sup> R. Barbour and E. van Teijlingen, 1994, *op. cit.*, p. 202.