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The Douglas Babies

The Birth of a Methodology

On 5 March 1946, at a time of day that no one can recall, a baby girl forced her way out of the body and on to the bed of Gertrude Mary Palmer. The baby, to be called Patricia, was a sturdy 9 lbs 2 oz, and that Palmer had borne four children before this one didn't lessen the pain of the birth. It hurt that bad, I nearly died, Palmer would tell her daughter years later.

She told this to the health visitor too, the woman who arrived at her door a few weeks later to talk to her about Patricia's birth. The health visitor might have made the mistake of going to the grand front door of 3 Wolseley Terrace, in Cheltenham, before realizing that there was no bell for the basement flat where Gertrude Palmer lived, and that she had to walk around the house to a low, heavy door that opened off a scrappy lane at the back. Once she was inside and sitting at the large kitchen table, the health visitor opened her bag and pulled out a soft pencil and several sheets of foolscap paper, filled with type-written questions and marked STRICTLY CONFIDENTIAL. She told Palmer that thousands of mothers all over the country were being asked these questions, and that by answering as accurately as she could, her experience would greatly help the authorities to plan better maternity services for future mothers. Then she checked her watch and started to read out the questions. Palmer dutifully answered them all.

Yes, Palmer said, the baby was legitimate. No, she wasn't

working when she started this baby. She just looked after the children and the house, and helped her husband to stoke the boilers that warmed the telephone-exchange offices above the flat, which they did in return for subsidized rent. The baby was born at home, she said, and a midwife had come to help with the confinement. About two days after the baby arrived, Palmer explained in answer to the next query, she was fit enough to do a full day's work again around the house. She knew that women who gave birth in hospital were expected to stay in bed for two weeks, but she saw no point at all in that. No, she certainly didn't have any domestics helping her: she could do the work much better herself. Palmer had grown up in service, and although the deliveries of coal and wood for the boilers meant that dirt bled into the flat, she insisted that she kept everything just so. Who looked after your husband while you were in bed, the health visitor asked her. He jolly well had to look after himself, Palmer replied.

Next, the health visitor wanted to know about any other children, and Palmer told her that she had two alive and two dead. There was Ken, who was already sixteen, and Derek, who had been robbed of his twelve-year-old life by rheumatic fever at Easter time and whose memory still made her teary at that time of year. The third child was seven-year-old Edith, the fourth child had been stillborn, and then baby Patricia made it five. She hoped there would be no more after that. How many rooms were there in the flat, excluding the kitchen and scullery, the health visitor wanted to know. Three – two bedrooms and a large living room. The bath was in the kitchen and the lavatory was outside. And had she received her full extra ration of a pint of milk during pregnancy? Yes, she had, and she'd made very sure to get her allocation of orange juice and cod liver oil too.

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Now nearing the end of the form, the health visitor asked about how much the pregnancy and birth had actually cost. How many vests, napkins, petticoats, bootees, bonnets, shawls, knickers and rubber sheets had she bought for the baby, and how much had she spent on each? Palmer had spent very little, she replied; the baby was perfectly clean and comfortable in her sister's layette. And she had spent next to nothing on smocks, corsets, nightdresses, knickers and brassieres for herself, she said, as the health visitor carefully noted it all down. As she came to the end of the list of questions, the health visitor asked what her husband did in the way of work. Patricia told her that he was a labourer for a building company. What she didn't say was that sometimes she had no money, because he would spend his wages at the pub and the betting office before he came home.

By this time, the two women had been talking for around half an hour. The health visitor closed the questionnaire, tucked the papers into her bag, and they exchanged a few more niceties. Then Palmer showed her to the door. Once the health visitor was gone, Palmer got back to her routine. She needed to offer the waking baby her breast, settle her, check the boiler, scrub the floors and make supper for her husband, as she always did – perhaps cold meat, chipped potatoes and, because puddings were her speciality, a lovely spotted dick.

Gertrude Palmer was not the only new mother being interviewed by a health visitor as spring breezed into Great Britain in 1946. Just a few months earlier, a group of scientists in London had decided to try to interview the mother of *every* baby born in England, Scotland and Wales in the same week. The scientists wanted to understand what it was like for British women to go through pregnancy and bring a child into the

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world at that time, ten months after the end of the Second World War.

The scientists knew that surveying a week's worth of births would involve quite a lot of babies – around 17,000, in fact. No one, in the history of science, had ever attempted to collect such detailed information on such a large group of mothers and babies; indeed, few scientists had attempted to interview such a large group of people at all. The study would be completely unprecedented in its scale and ambition – if, that is, they could get it off the ground. That job had fallen to a man called James Douglas, a 31-year-old doctor who was working out of a small office at the London School of Economics. Douglas didn't have much in the way of staff, apart from his loyal assistant, Griselda Rowntree. He didn't have much money for the study either, and the cash he did have would run out in two years. He also didn't have anything so luxurious as electronic calculators, computers or e-mails to help him out, because none of those had yet been invented. But he had plenty of energy and a firm belief that he could succeed in pulling off a colossal survey of births.

Before doing anything, there were some practical decisions to be made. Most pressingly, Douglas needed a group of people the size of a small army to go out to interview the mothers. Ideally, they would have good access to the women and their health records, and have an intimate knowledge of the 'mothers' problems', as he put it, which was a euphemism for the uncomfortable and gory business that accompanies a pregnancy and birth, most of which was considered a private, vulgar topic at the time. Luckily, health visitors perfectly met all the requirements. These women, who were generally trained nurses or midwives, were already sent out to check on the health of all mothers in Britain shortly after a child was born. This meant

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that, conveniently for Douglas, they could do the work in the course of their duties.

Next, Douglas needed to set the date of the survey. He and his colleagues had decided to survey all the births in a single week because it would be a quick way to obtain a random sample of all births across the country. But which week of the year should he choose? He wanted to employ students to help analyse the completed questionnaires on the cheap, so he realized that it had to be early in the year, before the students left on their summer holidays. He chose the week of 3–9 March 1946. He also decided that the health visitors should wait about eight weeks after the births of the babies before they interviewed the mothers. This interval, Douglas wrote later, ‘was considered to be long enough for the mother to have returned home, purchased layette, pram, &c., received bills for the confinement, and made arrangements to take her baby to the infant welfare centre.* On the other hand, details of her expenditure and experiences during pregnancy and the lying-in period would still be fresh in her mind.’ Douglas put together a trial version of his questionnaire, and asked health visitors in Bristol, in Kensington and in rural Inverness to test them out on mothers, who seemed delighted that anyone was taking an interest in their ‘problems’. Now if he could just scale everything up, it looked like the survey might very well work.

By this point, it was February 1946 and the birth week was dangerously close, but Douglas didn’t let the pressure show. He sent out typed letters to 458 local authorities across Great Britain, addressed to the medical officers of health, who kept a

* These were generally cold, dusty halls where women took their babies to be checked by health visitors and where they could collect rations of milk, orange juice and cod liver oil.

register of new births and oversaw the health visitors. ‘I should be most grateful if you would inform me at your earliest convenience whether you will be able to cooperate in this study,’ he wrote in the clipped tone of his time, enclosing a stamped-addressed postcard to ensure a speedy reply. Almost all of the officers sent them back saying that they were happy to help. Douglas then dispatched packets of questionnaires and a detailed ‘Memorandum on the Procedure’, which explained exactly how health visitors should complete the survey and told them to take particular care to reach *all* mothers, including those who would not normally see a health visitor for the simple, terrible reason that their baby had died.

With everything now in place, all Douglas needed were a few thousand babies to turn up, and they did. When the designated week arrived, bitter winds were bearing down on the country, and the south of England was blanketed with snow. But the babies, of course, didn’t care about the state of the world on their birth days. Nor did they care that everything about their births was about to be recorded on one of Douglas’s forms, or that the form would mark the start of a life that would be more scrutinized by scientists than almost any that had gone before. And so, eight weeks later, a throng of health visitors started to fan out across Britain, knocking on the doors of the mothers – of whom Gertrude Palmer was one.

Some mothers slipped through the net. There were quite a few war brides who emigrated to America with their soldier husbands before the health visitors showed up. In some other cases, the health visitors were turned away, particularly by unmarried mothers whose babies had been adopted or who were anxious to conceal the birth. One woman said she had no time to spare because of the bomb damage to her house and

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the seven other children under her feet. But most of the mothers didn't dream of saying no. They were all used to doing what they were told during the war, and they felt it was their duty to carry on doing their bit.

In the end, the health visitors interviewed a remarkable 13,687 mothers – wrapping in 91% of the babies born that week. The completed forms were handed back to the medical officers of health, who posted them back to Douglas. By the end of June, the accumulating questionnaires were starting to form papery towers on his desk and floor. 'We have found the completion of these records most interesting,' read a letter from the health officer in Hull that accompanied the forms. 'The health visitors have undertaken the work most willingly, feeling that they are making a contribution to a piece of work that can be of great value.'

He had no idea how right he was. This colossal, overambitious maternity survey initiated a train of events that would touch the lives of everyone in Britain, and that would be venerated by scientists internationally over the course of time.

Douglas's maternity survey did not emerge from a vacuum. Its origins can be traced back to a group of thinkers who met for the first time in London on 15 June 1936. It was called the Population Investigation Committee, and it had come together to discuss one of the most hotly debated scientific and political issues of the day: the lack of British babies.

Up to the mid 1800s, the average woman in Britain had some four or five children, but then the birth rate had started to fall, to the point that by the 1930s she would bear just two or three. If you plotted this on a graph, the problem became obvious when you extrapolated out the line. If the trend continued, Britain wouldn't have enough people to sustain and rule the

British Empire, which at that time encompassed about a quarter of the world's population. This anxiety was a big topic of discussion by demographers of the 1930s, who studied human populations, and was captured in publications such as *The Twilight of Parenthood* (1934) and *The Struggle for Population* (1936). 'Unless people decide to have larger families,' warned one particularly hysterical commentary, 'it will go on diminishing until there is no one left.'

While extinction of the British was one possible and rather unlikely outcome of falling fertility, another was that it would drive the country into intellectual decline. That's because those having the most children tended to be working-class people who, according to one idea, tended to be less intelligent. The fear was that the clever middle and upper classes would gradually dwindle away, swamped by a rampant proliferation of working-class fools. This was a major concern of the eugenics movement, whose aim was to discourage those considered to be physically or mentally undesirable from having children. (These were not extreme views for the time: the British Eugenics Society was a thriving group in the 1930s, and it included many politicians and academic heavyweights.) The lack of babies had also become of interest to doctors and medical researchers, although for different reasons. Compounding the fertility problem was the alarmingly high death rate for babies born in Britain. This was heart-rending for families who lost a child, and a national embarrassment for the obstetricians and gynaecologists, whose job it was to deliver them safely.

It was as a result of these fears that the Population Investigation Committee came into being. It aimed to 'examine the trends of population in Great Britain and the Colonies and to investigate the causes of these trends, with special reference to the fall of the birth rate'. Thanks to its close links to eugenics, the group

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met regularly in the genteel white-stuccoed premises of the Eugenics Society, at 69 Eccleston Square. That this committee included demographers and sociologists on one side and doctors and medical scientists on the other made it all the more interesting, because it bridged two broad categories of academic research: the social sciences (the study of human behaviour and society) and the life sciences (the study of living organisms, including us). Today, scientists would say that the Committee was interdisciplinary.

At the Committee, social and medical scientists found common ground in their concern about births. But, for all their broad expertise, it must have been tricky for this gathering to talk about fertility at a time when any discussion of sex, contraception and abortion was desperately awkward. (Nothing on these matters was included in the final maternity survey – which today seems an almost absurd omission from a survey about reproduction.) So the Committee talked about other options instead. Were women put off by ‘the unsatisfactory conditions of confinement’, they mused, such as a lack of hospital beds or the pain of labour? Or was it that the expense of having children had spiralled out of reach? ‘There are reasons for thinking that the medical and other costs associated with the birth of a baby may today be a serious deterrent to parenthood,’ the Committee wrote.

But how much of a deterrent was it? Hardly any studies had tried to add up the total cost of having a child. Before and during the war, the costs of medical care were covered through a patchwork of private, public and charity funds – which meant that, basically, people got whatever medical care they could afford, and if they couldn’t afford it they often went without. Although many pregnant women were entitled to government maternity grants of approximately £2 and a few

other financial hand-outs, these were thought to be pretty paltry sums. The Committee continued to debate the fertility issue all through the war years, until, at some point, its members reached something of an epiphany. They realized that they just didn't have the information to know what was putting parents off. They needed to go out and actually talk to mothers, both poor and rich, from across the country. They needed a national maternity survey – a major investigation of British births.

By the end of the war, the idea of such a survey had gained traction, and the Committee members had drummed up a few thousand pounds to get the study off the ground. The group had already employed a young demographer called David Glass to coordinate research for the Committee, and he soon became a major champion for the study on the social sciences side. But they still needed a good hands-on man to run the survey. A medical man would be good, because he would understand all the issues around pregnancy and birth. Ideally, he would also have experience of conducting massive scientific surveys of people. Glass knew someone – a promising doctor he had met in Oxford through mutual friends. Douglas – doctor, scientist, charmer and idealist – fit the bill perfectly.

As the son of a clergyman, Douglas had grown up attending several church services a day, and the expectation was that he would be a priest or a missionary. But he didn't want to be either. Douglas was attracted far more by the cool, hard facts offered by science and medicine than by the untestable ideas of religion. In 1932 he joined Magdalen College in Oxford to study physiology and medicine – and there he was drawn into the invigorating company that cemented his faith in science and nurtured his social ideals. He was taught by J. Z. Young, just as