

AUDIO INTERVIEW TRANSCRIPT

Hughes, Janie: transcript of an audio interview (28-Mar-2000)

Interviewer: Andy Ness

Transcriber: Jaqui Carter

Editors: Tilli Tansey, Hugh Thomas

Date of publication: 03-Feb-2017

Date of interview: 28-Mar-2000

Publisher: Queen Mary University of London

Collection: History of Modern Biomedicine Interviews (Digital Collection)

Reference: e2017047

Number of pages: 17

DOI: 10.17636/01019165

Acknowledgments: The History of Modern Biomedicine Research Group is funded by the Wellcome Trust, which is a registered charity (no. 210183). The interview was funded by a Wellcome Trust grant (059533; 1999-2001; awarded to Professor George Davey-Smith, Dr A R Ness and Dr E M Tansey), and its publication by a Wellcome Trust Strategic Award entitled “Makers of modern biomedicine: testimonies and legacy” (2012-2017; awarded to Professor Tilli Tansey).

Citation: Ness, A R (intvr); Tansey E M, Thomas H (eds) (2017) *Hughes, Janie: transcript of an audio interview (28-Mar-2000)*. History of Modern Biomedicine Interviews (Digital Collection), item e2017047. London: Queen Mary University of London.

Note: Audio interviews are conducted following standard oral history methodology, and received ethical approval from UCL (2000) and QMUL (reference QMREC 0642). Related material has been deposited in the Wellcome Library.

© The Trustee of the Wellcome Trust, London, 2017

Hughes, Janie: transcript of an audio interview (28-Mar-2000)*

Biography: Mrs Janie Hughes (b. 1944) joined the MRC Epidemiological Research Unit in April 1964 and worked under the directorship of both Archie Cochrane and Peter Elwood. She has been involved in most of the major studies of the Unit and continued to assist Professor Peter Elwood as he continued to work in retirement.

AN: Andy Ness

JH: Janie Hughes

AN: Janie I am going to ask you about the MRC Unit. Can you tell me a little bit about where and when you were born, and something of your early family life to start with?

JH: In spite of the accent, I was born in Birmingham in 1944 and when I was about five we moved to South Wales, because my mother's parents still lived here and both weren't well so we came to look after them. What sort of thing do you want me to tell you?

AN: Tell me what your parents did and whether you had any brothers or sisters.

JH: My father was a Londoner and not long after he came to live in South Wales with my mother's parents, he was killed in an accident and about two years after that my mother's parents both died, so quite sad, three deaths within a couple of years. Then my mother remarried and there was just my sister and I from the first marriage and then I had two half-brothers, quite a bit younger than us, so there was quite a gap in between, and then my sister moved back to the Midlands to live and when I left grammar school, my first job was with English Electric in the Midlands when I went to live with my sister. But about six months after going to live there, my stepfather was dying of polycystic kidney disease, so I came back to this area. Now at the time there were quite a lot of jobs, it was not like nowadays, and my mother sent me the local paper, and I chose to apply to the MRC Unit in Cardiff for a job and I was very lucky, I got the job and about six months after moving to the Midlands, I was back living in South Wales.

AN: Do you remember what attracted you to the job?

JH: Well actually, if I was honest, nothing really, it was just I thought I would try this one.

AN: And when was that?

JH: That was in April 1964, 36 years ago almost. I was interviewed by a panel of fierce-looking men behind a desk and I thought am I going to like this? I don't know. Anyway I got the job and I worked entirely for Dr Peter Elwood, I was responsible to him and only him and I came to work as a statistical assistant and things evolved after that. I didn't stay as a statistical assistant for very long.

AN: So what were the things that you were doing when you first started work?

* Interview conducted by Dr Andy Ness, for the History of Twentieth Century Medicine Research Group, UCL, 28 March 2000. Transcribed by Mrs Jaqui Carter, and edited by Professor Tilli Tansey and Dr Hugh Thomas.

JH: When I first started it was mostly office-based, well for about a year it was office-based, and I got to know what sort of research the Unit was involved in and then I started to do some fieldwork. And my first field job was in Treherbert at the top of the Rhondda valley, where Dr Elwood had started some work on anaemia and I started to work in the clinics there and also doing a bit of door-knocking, but not very much to begin with.

AN: What did you do in the clinics? What would a day in the clinics involve?

JH: Administering questionnaires and doing some anthropometric measurements on just women then at the time, looking at haemoglobin levels in women and if we found them to have a low haemoglobin level, we would give them, well I say we, the nurse would go out and visit them and give them a course of iron. Then we would follow them up for several months taking more haemoglobin levels and in fact I did a bit of laboratory work then, as a laboratory technician. Dr Elwood had rigged up a haemoglobinometer where we did instant haemoglobin levels.

AN: And what was your working day like? Was it 9 to 5?

JH: Oh gosh no. No in those days you didn't do clinics one day a week. Say we had 2,000 women to see, we just worked every day from say 9 o'clock in the morning to 9 o'clock at night, until we saw the 2,000. You didn't have any home life as such then.

AN: Weekends?

JH: No we didn't work weekends, we were allowed to take weekends off. I did manage to get a week off to get married in 1966, but on the second week of my honeymoon I had to go back to work in the Rhondda because the number of women to be visited had built up.

AN: And did you have to stay away from home when you were working?

JH: Yes, yes we did. Occasionally. Dr Elwood stayed away an awful lot, even in the Rhondda he booked into a hotel, but we didn't stay in the Rhondda, because it was quite near to where we all lived, but we did stay away from home. I have stayed in Oxford, Manchester, Birmingham, Coventry, North Wales, West Wales, in lots of places, wherever there was a study being done more or less.

AN: And you were quite happy? It sounds like very hard work.

JH: Yes. Yes. I wouldn't say quite happy, it was your job, you had to do it, you didn't have much choice really, but yes I must have liked it yes.

AN: And after the anaemia studies, what do you remember moving on to next?

JH: What did we do after that? Oh I have worked on lead in pollution studies. We took dust and took blood from people who lived near motorways. We took blood and swept pavements from people who lived in cul-de-sacs away from motorways. We have taken, I say we, I never did any blood taking, Dr Elwood did, but he always had to have a chaperone and somebody to do the admin, so we've worked in North Wales, taking blood from very young children, extremely young children and looking at blood leads. We have worked on studies of hard and soft water. A hard water area in Gloucester and perhaps a soft water area in South Wales, we've collected teeth from children, looking at lead, cut their hair, taken finger nail clippings. Oh I did a study in the 1970s of child growth and nutrition in Barry and Caerphilly and I also did a study in the 1970s of a milk study in schools where every term we weighed and measured 800 schoolchildren, looking for differences in growth in the two groups. I also was very privileged to work on the first aspirin study that this unit did in the very early seventies, where we had a nurse in Manchester, one in Oxford, one in Birmingham, and one in Swansea, who recruited all men who had had a heart attack, until we had 2,000 men and we put half on aspirin and half on a placebo and I did most of the supervising and admin for that.

AN: And how has your job changed through the course of those studies?

JH: It probably hasn't changed very much actually, I am still, well not still at this moment, but up until very recently, still supervising studies and doing lots of fieldwork as well.

AN: Do you ever remember being involved in the design or choice of studies? How was that decided?

JH: No I don't think I was actually involved in the actual design, it was more or less mostly Dr Elwood who designed the studies. He might have asked my advice about the sort of practicalities of carrying out the studies, but no, the designing, was I think, always his choice.

AN: Was there a discussion on how he chose what you were going to do?

JH: Yes, yes, I think I have always, well for an awful long time, been his sounding board, but probably because I am the practical side of the partnership, and he would always want to start tomorrow, let's get in and do it, let's not talk about it, let's do it, and I probably would always be the one who would say just a minute, let's think about this.

AN: And how do you think doing fieldwork has changed over the years?

JH: Doing fieldwork has changed enormously because, well for lots of reasons, but principally because people distrust you nowadays; whereas say well perhaps even 20 years ago, working in the Rhondda in particular, was easy because everybody left their keys in their door and you just turned the key and shouted 'can I come in?' and they would say 'yes' without even knowing who you were. Because in the early days, I think I am right in saying we didn't even write to the people and say we were coming, we just cold-called, which we are not in favour of doing at present. We always announce our arrival by sending a letter, so that's one thing. Another is years ago people knew their neighbours, they knew lots about them, they knew the people across the road, they knew the people down the road. Nowadays no one wants to tell you anything about anybody, because they are always afraid of being accused of revealing things to agencies like the DSS (Department of Social Security) and so it's a closed shop. You can rarely get any information from neighbours these days. You couldn't call at the corner shop, or the post office, which is what I used to do a lot, to learn about people's movements, that's out. So now you have to rely on health authorities or ONS (Office of National Statistics), if you have flagged people and follow a map, rather than by word of mouth with neighbours.

AN: Do people move more?

JH: In this part of the world, no, not in general. Valleys people stay valleys people, but in the big towns like Cardiff and even Caerphilly, yes they do.

AN: Tell me a little bit about the people you studied in the valleys. You talked about valleys people, tell me more.

JH: I am a valleys person, so I suppose I am a bit biased, but perhaps not to the same extent these days, but valleys people are communities and they care about what goes on around them and they are very friendly, they are very warm, on the whole. I mean you get exceptions. Whereas town people are cold, distant. Cardiff particularly is very cosmopolitan and lots of flat dwellers and you are not even knocking on a door, you are buzzing on an intercom at the bottom of the block of flats, so you don't get tremendous satisfaction from home visiting as we did years ago. And sometimes you can travel quite a distance and it's an absolute waste of time.

AN: And have the valleys changed, the communities changed?

JH: Yes they have changed because they are very, well I am sure they were depressed in the 1920s, but they are still depressed now because the coal-mining industry has disappeared and I think there certainly was a sort of camaraderie among coal-mining communities that seems to be disappearing, perhaps not altogether but I think it's leaving, it's changing, because the only industries nowadays, large industries, are Japanese factories. But people who were made redundant from the collieries in their 40s and 50s, well they have never worked since, they were really unemployable, they didn't have any skills apart from coal-mines and employers don't want to employ them, they are too old. So people are depressed and a lot of people are on the dole or on invalidity or whatever.

AN: A lot of the work of the Unit in the first years of its existence was based within the valleys, because the valleys provided a captive population to be studied. Were the valleys people aware that they were being studied and singled out in this way and how did they feel about it?

JH: I think in the beginning they probably weren't aware, I think they were just, because they were such a friendly lot, they were keen to cooperate. I think towards the latter years I think we probably did use them too much in the Rhondda in particular. I think in the Rhondda those valleys are unique. The other valleys that we worked in, are more spread out, they are not so much communities. For instance, this massive study we have in the Caerphilly cohort, starts in Senghenydd, then Abertridwr and it goes right down to Machen, which is I suppose a sort of sprawling valley, as opposed to a steep valley like the Rhondda. And there's not the same community spirit, so I think people wouldn't have sort of discussed us and got together and thought that they seem to be involved in lots of studies. I think that probably was unique to the Rhondda valleys, where people were more a community and were in touch with each other more often.

AN: Do you think any more could have been done to work more closely with those communities? Some people have suggested that perhaps there was a failure to explain to the people in the Rhondda what was going on and perhaps to have put something back into their lives as well as just to study them. Do you think that is fair?

JH: I think that probably is fair, yes. In the early days, as I said, we didn't announce our arrival terribly well I don't think. We didn't advertise what we were doing, as we do nowadays. I mean nowadays in our studies we keep in touch with the population by sending them newsletters and keeping them up to date on what's going on. I don't think we did anything like that in the early days of studies in the Rhondda. I think in the X-ray study of the miners, for instance, notices were put up in workmen's halls and things like that, but perhaps it might have helped had we thought of putting a advert in the local press, or putting notices in doctors' surgeries, I don't think we did that. Yes and as to the fact that we mightn't even have thanked them you know as a community for what contribution they had made to our studies, no I don't think we probably didn't do that as well as we would do nowadays. So they probably might have ended up rather disgruntled and not wanting to cooperate in more studies. I don't know, that's just my opinion.

AN: Also it's interesting how many units were based within Wales and I wanted to get some sense of how much you felt it responded particularly to Welsh problems or perceived problems among the people that it was studying in a more general sense, rather than just actually thanking people and saying thank you for helping, but actually responding to their health problems that faced them.

JH: Well in the Rhondda in particular the majority of the population were coal miners and I think the X-ray studies for the pneumoconiosis aspects of these studies, were probably very relevant to South Wales' health or disease and then I think they studied bronchitis. But when it came to anaemia and iron in bread, well, no that wasn't typically a Welsh thing. I mean people are anaemic all over the country, but I think we chose the population because it was captive, for want of a better word, and their history was that they were very responsive, so it seemed the ideal place to do these studies, but I don't think Welsh women were perceived to be more anaemic than English women.

AN: Sure. And you have mentioned to me when we were talking on another occasion that you thought that perhaps the Unit had re-established a link with the community it served with the Caerphilly study. Could you just say something about that?

JH: Well in the early 1970s we worked in Caerphilly on the child growth and nutrition study and that was a very popular study, because we were giving out free milk to half the women on the study and we monitored their children until they were five years of age, so we were known. We weren't known terribly well, but we were known and when we started the Caerphilly cohort studies in the late 1970s – 1978, 1979 – I think our reputation went ahead of us and people seemed to be very keen to join in the study, and were cooperative and we just worked from there. And I mean these men, now 20 years later, look on us as friends, and they have even been known to ring up just to chat. And we are still seeing them, we are still monitoring their progress, we are still doing tests on them, so I think we have established a really good rapport with these men. They do look on us as their friends. I say Caerphilly, well the Caerphilly area, it isn't just the town of Caerphilly.

AN: Is that in contrast to the relationship you'd say you had built up in the valleys, which sounded at the end as if it had disintegrated?

JH: I think so yes, because I am following up some men from another study that was done in South Wales, some of it was Bristol and Gloucester, but mostly South Wales, and my response has only been about 50 per cent, whereas I could guarantee if I sent out a similar questionnaire to the Caerphilly cohort men, my response would be about 85 per cent.

AN: Going back to the study you mentioned earlier, the iron and bread study, could you tell me a little bit more about that study and what it involved?

JH: This started off as one of the anaemia studies where we measured haemoglobin levels in women in the Rhondda Fach and the Rhondda Fawr and if they were extremely low we put them on a quick course of iron, but if they were sort of medium-low haemoglobin level we put them on some bread fortified with iron. This was after the studies that Dr Elwood had done among some of his friends and volunteers and relatives, so he knew that he could incorporate radioactive, this was radioactive iron in bread, and then all the people in the study were monitored. So he set up this study in the Rhondda and decided to design a study where he gave women iron in bread and then we monitored the haemoglobin level for, I think it was two years afterwards just to see if there was a rise in haemoglobin. And we had the bread made in a little bakery, and we hired a van and we hired a man to give out this bread everyday and implored these women to eat just this bread, rather than something from the Co-op or Tesco or whatever. As an added incentive we paid them for doing it in such a way that at the end of the year we gave them the cost of the bread and I had the unenviable task of giving out the postal orders in those days to these women as a reward for taking our bread. I can't remember when it was, I think it was the late sixties, 1968, 1969, 1970, something like that. A long time ago.

AN: Can I ask you firstly – although it's quite interesting to have the money as postal orders and so on, it would be quite hard today writing a grant proposal to put those sort of things in. How was the money approved?

JH: Well in those days we didn't need to apply for monies from grant-giving bodies. MRC was our sole provider of money and they must have thought Dr Elwood had some hare-brained studies to begin with, but they always funded them and I seem to remember I was in charge of the whole of the monies and I just wrote to MRC and said we needed 'x' amount of money, they sent me a cheque and I converted it in a post office into denominations of postal orders for these women on the study.

AN: Were you ever aware of problems with money or difficulties getting MRC to fund these?

JH: No never. MRC never failed to respond to any request in those days.

AN: And later was it the same?

JH: No. Later on it was far more difficult. You had to really justify, submit proposals etc. I am sure that there were proposals submitted in the sixties, but I wasn't aware that were the problems that came later, having to justify.

AN: Was that gradual?

JH: I think it was gradual. I think in the early days of the, well it was called the MRC Epidemiology Unit. There was the Pneumoconiosis Research Unit and the Epidemiological Research Unit. It only became the Epidemiology Unit in the seventies. They dropped the epidemiological and it became epidemiology and I think people like Professor Cochrane and Dr Elwood were given, it seems to me, carte blanche. But Dr Elwood took over as director in 1974, I think it was probably then that things began to change and you really had to justify why you wanted to do particular areas of research and your proposal was sent out to referees, as is the norm nowadays. Except that MRC was still the grant-giving body as such, the money still came entirely from MRC. Actually I have just thought of something. In 1973 I had had a child and my future was decided to be not quite so certain, and I was put on a grant, I had forgotten that. The DHSS as it was then funded me for nine years, I think under the umbrella of the child growth and nutrition study, which wasn't my sole responsibility, I had other responsibilities, but I think that was my main job for about seven or eight years.

AN: The other thing you talked of was that if today we were doing studies with radioactive iron you would have to go through ethics committees and there would be all sorts of discussions.

JH: There weren't any ethics committees in the sixties and early seventies. I think you probably had to submit to a local committee, but it wasn't called ethics committee then. Things were far, far easier to do.

AN: And having worked in the Unit all this time, we talked about the money and the relationship of money and the MRC, but more generally how did you feel? Did you feel part of the Medical Research Council in some broader sense? Did they come and visit?

JH: No, absolutely not. I never ever felt any allegiance to the Medical Research Council as a whole, it was only to the MRC Epidemiology Unit, or even to Dr Elwood. I never ever did or have felt part of the Medical Research Council.

AN: And did they keep in touch with other people? Were you aware that there were visits?

JH: Oh yes, yes they did. In the early days of the Epidemiology Unit, as much as I hate to say it, there was a little bit of them and us. There were the clinical people and the admin people. That changed a few years after Dr Elwood took over, but when Professor Cochrane was the director there was very much a 'them and us' situation, as much as perhaps he didn't contrive to make it like that, but it just happened, probably because it was quite a big unit. I mean there were 30-odd of us and there were about 10 or 12 medics and the rest were support staff as we were called. I didn't begin to feel really part of the administration of the Unit until the mid-1970s.

AN: Which was about the time that Professor Cochrane retired?

JH: Well yes, or quite a bit after that. I didn't really have any direct contact with Professor Cochrane at all, he was sort of the head of the Unit, but personally I didn't feel he was in touch with people like myself.

AN: Could you say perhaps a little bit more about Professor Cochrane and how his style contrasted with that of Professor Elwood when he took over as director. What changed when Professor Elwood took over, how were things different?

JH: They certainly were very different. For instance, Dr Elwood was very much a hands-on person. He always took part in field studies, he rarely delegated and was the overseer, he always was there. He designed the studies, he set up the studies, he was always in clinics, he always did his absolute fair share of door knocking. Whereas Professor Cochrane did turn up at field studies, but sort of only as, well to me in my youth, as the big boss in his big Daimler car and he was very distant to me personally. Other people might not have found that, but I did.

AN: On reading some of the papers, I get the sense that Professor Cochrane travelled quite a bit.

JH: Oh he did yes.

AN: Was that the same with Professor Elwood?

JH: No. Professor Elwood only started travelling within the last ten years. In fact I compare him with Professor Cochrane now, he always seems to be abroad, but Professor Cochrane was yes, he was always in great demand, he was a marvellous raconteur and he had some wonderful tales to tell about the Spanish Civil War, for instance, and he was in great demand as a speaker. Dr Elwood was in demand, but refused a lot of things, because it interfered with fieldwork and writing of papers. Now he seems to be combining the two terribly well. I don't know, but no he was never missing. Professor Cochrane to me was the absent boss, we saw more of him in the Unit after he retired than we ever did before he retired.

AN: You mentioned to me that you were only entertained at Professor Cochrane's house once. You said it was a very memorable evening, I wonder if you could just say a bit about that.

JH: Oh no that was wrong for me to say that. I went about three or four times, and they were always either sort of his birthday, or end-of-study parties. Oh a most lavish entertainer. He had a valet, which was something to me, being a little valleys girl and whenever you had an empty glass it was always refilled you know. Oh he had a wonderful home with a swimming pool. We had a few midnight swims. No he was a wonderful host.

AN: So he seems to have marked events, important events to the Unit, by entertaining, when a study finished or so on.

JH: It wasn't every study. Let me see, in the ten years that he was director after I joined the Unit, I think I went to two or three. He used to invite the scientific staff to dinner parties, but as for parties I think I probably went to them all, so there weren't that many, but he was a really lavish host, and had a really luxurious home with lots of original art work and statues like Barbara Hepworth in the garden.

AN: Do you think that jarred with the people who worked around him?

JH: It was a bit of a joke really. He obviously was terribly well off, but he came to work with mud on his shoes and gravy down his sweater. It was all a bit of a laugh. He didn't exude opulence then, but we just knew that he was very wealthy.

AN: Going back to this tension between, if you like, the clinical staff and the administrative staff . . .

JH: No I must correct that, I wouldn't say it was tension, there was just a bit of a divide. It wasn't tension.

AN: I am trying to think if you could comment on why you felt there was a divide.

JH: Well I didn't think about a divide at the time, I thought it was normal in a unit like that, that there were scientific staff and others, but I think looking back it was probably down to Professor Cochrane's leadership. He was a bit of a snob and we were sort of the workers and there was the scientists and the two didn't mix

really. But that was my impression, but I think I probably was proved wrong later on, because when he came back to work with us after he retired, some of the younger people, like Andy Beswick and Kim Neale, shared a room with him and he was an entirely different person. He seemed to love their company and they did the *Times* crossword together and I wondered had I been wrong about him. But I think it was probably because he wasn't director anymore and the Unit wasn't his concern and so I think probably I was right, it was because of the type of leadership he had that there was them and us, that's our way of putting it. I mean it wasn't just my own personal view, a lot of us thought this, that it was them and us. Every Friday there was a scientific staff meeting and we weren't invited, so we never really were au fait with what was going on, we didn't know what studies other people were doing that we weren't involved in, which in hindsight I think was a bad thing. And it wasn't until Dr Elwood took over that we began to be invited. Or perhaps not straightaway, but when he realized how we felt that we began to be invited to the, they weren't called scientific staff meetings then, they were just called staff meetings. And these continued right up until the time he retired, when we all used to meet in the conference room every Friday morning, whether there was anything to discuss or not, it was just to meet and to get together and know what other people were about, what they were doing.

AN: Sometimes those meetings turn out not to work so well because people know what everybody's doing, the information's been communicated, you have done another week's fieldwork, there's not a lot needed to be said. Did you find that they began to drag?

JH: Occasionally you thought we know all this, I have heard all this before, but on the other hand, sometimes they were used as sort of rehearsals for papers that people were going to give at conferences and I think it helped both the speaker and us, the audience, as to what was being presented at conferences, because more often than not we had been part of the stuff that was being presented and we had worked on these studies, so it was nice to see it put together and talked about or given as a paper in seminars, conferences, whatever. And when there were thirty-odd of us we weren't always aware of what other scientific staff were proposing, so it was nice to keep up to date.

AN: And going back again to this distance between scientific and administrative staff and this sort of stuff, I am struck at looking where people came from: Professor Cochrane was a Scot, Professor Elwood was an Ulster man and a number of the other staff came from outside. Was any of this distance do you think related to the fact that the people, the administrative staff, were probably drawn from the local community and were Welsh and the scientific staff were not and didn't share the same...

JH: I don't know, that has never occurred to me. I don't know. My immediate answer would be to say no, I don't think so, but it has put a little seed of doubt in my mind, possibly yes. I don't know. It honestly never occurred to me at the time. I just thought it was something to do with academia rather than where they came from.

AN: I can't know, obviously, as I wasn't there, but it just is interesting that the studies were carried out in Welsh communities, administered perhaps by Welsh people, but the science was actually lent in a large part by people who came from outside.

JH: Yes, yes, possibly.

AN: And you just wonder then, as you have described a feeling of distance, whether it was cultural in the sense of science/administration?

JH: I think it was more in the sense of administration rather than environmental culture, yes.

AN: Another thing that is striking, contrasting the two directors, is that Professor Cochrane was an avowed atheist and if anything had political drives and motivations, whereas Professor Elwood is clearly a Christian and one senses that's an important part of what drives him. I wondered whether

you have a faith and whether you feel that's important in the work that you have done over the years.

JH: Yes, I think we had an affinity, Dr Elwood and I, that I didn't have with Professor Cochrane, but again I always thought he was a bit of a red, but that didn't colour my views I don't think. It was just different personalities. I never personally found him an approachable person. If I had had a problem, I would never have gone to Professor Cochrane, never.

AN: But do you think that your faith helps you to keep going, because it sounds like times at work were pretty hard.

JH: Yes. It helped, it helped.

AN: It also struck me that quite a few of the staff in the later years were all from church communities and that may be the nature of the people who live in and around the Unit, but also I was wondering if there was a culture, which is some ways borrowed things from the church and made it more comfortable for people from the church consciously and unconsciously.

JH: I don't know, I think it was probably unconscious.

AN: It was never a sense of 'oh I know someone from church' or so on and 'they would make a good person'.

JH: No. No I don't think anybody was recruited like that. I certainly wasn't. I mean it might have influenced Dr Elwood in his choice, because that would be part of his CV, in activities. Michael Burr, I don't think would have been. I am thinking of people now who have strong convictions. John Gallacher, maybe, because Dr Elwood knew him in a church connection and certainly Hugh Thomas, yes. But as for, well I don't know if there was anybody else who had any strong convictions, but myself no absolutely not. It might have influenced him when he saw my CV but he never knew of me prior to that, and he was only one out of a panel of people who interviewed me. It might have influenced him. But the others, Michael Burr, I don't think it would have had an influence, but John Gallacher and Hugh Thomas, yes, possibly, well more than possibly, quite likely.

AN: Well that's interesting. I am just trying to work out what makes epidemiologists, or people who do their work, tick and I just wondered if it was a rainy day and you are trying to knock on doors or do whatever and whether you would suddenly think what makes this worth while and whether belief helps you to do the job or whether it was just . . .

JH: No I don't think so. Unless it affects your whole attitude to life I don't know, but not as regards to if it's a rainy day and knocking on doors. I will tell you something that has struck me now, when you talk about knocking on doors. When you start doing fieldwork and you start knocking on doors, if your first couple of knocks are not very nice people, or refusal, well that really puts you in the depths of depression, that really makes you think oh what am I doing this for? But if you get a lovely person who asks you in and offers you a cup of tea, it makes all the difference. My husband has got a saying, he says he likes me to finish off my day's visiting in a slum, so that I come home to my palace. If I finish in a palace, I come home to my slum.

AN: And when you look back on all your years, what would be your particular highlights? Things that stick in your mind.

JH: Do you mean to do with work? Or people? Or events?

AN: Whatever, things related to the Unit.

JH: The one thing that sticks in my mind was Dr Elwood's retirement bash in Caerphilly Castle. I thought that was superb as an honour to him, because everybody was so complimentary and wanted to be there. We never had to twist anybody's arm, they all wanted to be invited. In fact we had to limit the invitations and the whole ethos of the day was lovely. There was a scientific meeting in the afternoon and a dinner in the night and then a Welsh choir and it was a really lovely, lovely occasion to end an era really, because there were a lot of people there who had a lot to be grateful to him in their careers and it was lovely to see it. I don't know if that's what you meant, but that is one incident.

AN: And low points?

JH: Oh low points. I started as a teenager, late teens, and I was very shy and unsure of myself and a typical valleys mouse and Dr Elwood made me go out and administer questionnaires to people and I hated him, but it really was the making of me, and I had a lot to thank him for later on. That was one thing. And another thing was the day after I passed my driving test, he made me drive to this obscure little place down on the coast, along a very busy main road, and I hated him again, but it did me the world of good. Oh it was a horrible time for me, I just didn't like administering questionnaires to people, I wanted to be doing the more interesting things you know.

AN: Such as?

JH: I loved visiting people in their homes or even interviewing them on the telephone.

AN: You worked at the MRC unit for a long, long time. Did you ever get itchy feet?

JH: Yes. Yes I did occasionally, even though I am really a creature of habit and it would have been out of character for me to move on, but occasionally I thought oh is this what life's all about, I am stuck here, but it didn't last long. I don't think I ever actually physically wrote on a piece of paper, applying for another job, but I thought about it occasionally, but not very often. Even in 36 years I could say perhaps it's happened twice or three times.

AN: Is that just you or are there some things do you think about the Unit, which made it a place that a lot of people stayed at for a long time?

JH: Well I suppose it could be just me, but if you do look at the history of the Unit, people who stayed, stayed for an awful long time, because we were basically a really, really happy family, really. I hate change for the sake of change and I was very loath to pack up my bags and move from the middle of town to Llandough hospital for several reasons, but one of them was it was further for me to travel and I already travelled 20-odd miles and this was going to be 30-odd miles and another was it was going to be different, because in Richmond Road we had been in a three-storey house and we were like little separate departments and in Llandough Hospital, we were going to be all in one corridor and I don't know, but I just couldn't envisage that working. As it happened, I was proved entirely wrong and it became even more nice to work in. It was just absolutely pleasant, it was wonderful. There were little factions every now and then, that disturbed the happiness, but on the whole I am sure we were quite unique in the workplace for everybody to get on so well.

AN: Can I ask you a little bit about the move itself. What was the reason for moving from Richmond Road?

JH: Well we moved to Richmond Road, or I say we, I wasn't even around then, but I think it was about 1959 or 1960, and the building was owned by the Welsh National School of Medicine and I think they gave it to us for a pittance, which the MRC readily agreed to pay, but then the Welsh National School of Medicine became the College of Medicine and I think they became a bit desperate for accommodation and money and they decided to sell the building. They gave us about two years' notice and they decided to sell the building, so we had to look for somewhere else, and Dr Elwood hit on the idea of coming back to where

the Unit had originated in the pneumoconiosis block of Llandough hospital, so that's how we came to be in this particular suite of rooms. A lot of conversion had to be done, because most of these rooms weren't used as offices, they were used as laboratories, hence the hundreds of power points. There were laboratory worktops all around the place that had to be ripped out, so extensive alterations had to be done, and MRC agreed to pay. And the rent for this place was quite hefty as well, so we were very fortunate, but I didn't want to come and in fact I didn't pack my bags until the afternoon before we were due to move, I was going to stick it out as a sitting tenant. No I just didn't like the idea, but it turned out I was very, very wrong and it was lovely and we settled in straight away, it was a very nice place to work.

AN: And this move was in?

JH: 1990.

AN: And it wasn't actually very long afterwards that MRC began to scale down its funding.

JH: Well we really knew that this was going to happen, because we got yearly visits from a sub-committee who sort of sat in judgement of us, and they had decided even then, I think I am right in saying, they had decided then in 1990 that this was just a temporary move for the next five years and we were to wind down. They in fact were quite brutal in that they stopped what we considered quite a few extremely good studies and that was a disaster. DART, that was one of them. And especially the stress arm and that was a really, really well thought out study and everybody was terribly upset by this but as I say they were quite brutal and they sort of said 'stop that within three months', something like that. But we knew that at Caerphilly there were about four or five of us who were due to retire or be made redundant in March 1997 and then three more were to stay on until March 1999, so we knew exactly what the issue was, but it didn't make it any easier, but I can honestly say that morale didn't get low. We had heard lots of tales about morale in the Pneumoconiosis Unit where there were 90-odd people working and they marched on Downing Street to no avail, and morale got really, really low and people got terribly bitter, but it wasn't like that. Possibly because some of us who were due to 'retire' were coming to the end of our working lives anyway and it didn't matter too much. Of course to people like Dr Elwood the word 'retire' you mustn't speak of it, it's a dirty word.

AN: Put 10p in the box.

JH: Yes. Every time you say it, it is a swear word.

AN: Also reading about the Unit and talking to people I get a feeling that the Unit was quite cut off from other scientific endeavours. I wondered how much contact you had had with visitors. How many visitors came to the Unit and whether you had an opportunity to compare notes with other fieldworkers working in other areas?

JH: No, not really, I never had the opportunity to compare notes with fieldworkers. We were always treated with the greatest respect and everybody was introduced to visitors, always, whether they were MRC or any other, and we often had visitors from other units, because Dr Elwood was very keen for the Caerphilly study to be one of collaboration with other unit. And so the people who were in charge of the other units often came down and visited us and we were all introduced to them and sometimes we would even have a buffet lunch, which I would prepare in the conference room and have an opportunity to chat with these people. But no, I can honestly say we never had much opportunity to chat with other fieldworkers, unless looking at it in a different light when people from other units came to us and perhaps wanted advice on how to set up studies and then we did get lots of opportunities.

AN: But you were never sent off to other units, to see how things were done?

JH: No, no, I wasn't.

AN: And just slightly related to that I was wondering through the time you were with the MRC, you joked to me before about training. Was all the training on the job or was there any specific training at any point?

JH: Most of the training was on the job, but I did have some specific training. I went to St Thomas' to learn how to do anthropometric measuring properly and also I was very privileged to work for other units, in that I was recruited to work for the UKCCCR (United Kingdom Co-ordinating Committee on Cancer Research) on three studies – a breast cancer study, a testicular tumour study – and most recently a child leukaemia study. So I went to lots of training days for that. How to interview parents of children who were terminally ill, how to interview them in clinic situations, how to interview in their home situation, and how to treat sensitive data properly, and things like that, and I went on lots of courses, and I was often on away days to Leeds or Oxford.

AN: These, if I am right, were slightly later in your career?

JH: Well, the breast and testicular tumour studies were 20 years ago now, in the 1980s. But the childhood cancer was 1992 onwards.

AN: So in the first few years you really learnt as an apprentice, would that be correct?

JH: Yes.

AN: Did you have, we talked about staying in the Unit, did you have ambitions within the Unit? Did you have a sense of where you wanted to end up at the end of your working career, where you wanted to be?

JH: Not really, I am not really ambitious. No. I suppose I was happy with my lot, in fact I was happy into oblivion, it wasn't until about 1984, we had a visit from an MRC sub-committee who interviewed everybody, well I think the precursor now of annual appraisals. I had a job review and that was unheard of, and they promoted me to something extraordinary. They considered the work I had been doing, because I had been visiting consultants to get their support for a cancer study, so I got a promotion to executive officer, which rarely happened in any unit except Head Office. And also about three or four years' back pay, because they said I had been doing this job for so long, and hadn't been recognized. I really felt important.

AN: And having the experience now where people do this sort of thing, review your progress?

JH: Appraisal was the word I was trying to think of. What I was most pleased about in that experience was somebody outside the Unit had decided this and not Dr Elwood, so he couldn't be seen to be favouring me, and he wasn't empire-building, it was somebody externally who had done an independent review and decided I should have a promotion. So I was more thrilled about that. And it did help and I did get more job satisfaction after that, but I can honestly say that it never occurred to me 'I am not being paid properly for this', I thought we were all doing very well anyway.

AN: And you didn't have a sense of 'I would like to be here in ten years' time or fifteen years' time'. Not that one should, but there wasn't?

JH: No, no.

AN: Looking back now, having done nearly 40 years of fieldwork, do you look back and still see it in the same way as something positive for good or there were things that you think were a waste of time?

JH: I can't honestly say I ever thought that was a waste of time. As far as I was concerned, this was medical research and I wouldn't have been asked to take part in this or flog myself to do this, if it wasn't for some

positive end. I think the most rewarding thing of all that we have ever done is the aspirin studies. I know it took 20 years to convince consultants that this cheap little tablet could be beneficial, but it really was worth it. And the first aspirin studies were hard, hard work, trying to recruit people out of the blue sort of thing.

AN: Why were they particularly hard?

JH: I think because we didn't have a reputation. We were visiting hospital wards and taking names of men who had been discharged, after an MI (myocardial infarction). In those days, if you had had a heart attack you were considered a real invalid by your family and it was hard to convince people that a simple little aspirin tablet could be of benefit to them. Whereas now I think people have been brainwashed and they know of the benefits. Lots of papers have been written, but those were real pioneering days then in the early seventies. You know we are talking about 30 years ago. Not that I was the principal person who persuaded them, but I usually chaperoned somebody or other who was doing it.

AN: And you say it was hard to persuade people, but one also today feels that people are more reluctant to perhaps take part in studies, to join things. It's surprising you say the seventies were like that.

JH: Well I don't know, perhaps we've been sheltered a little here in that as you say our population are captive. I have done an awful lot of work with the Caerphilly men and I suppose compared with other areas it's really easy and it's so pleasurable, it really is.

AN: Let me ask you about other work that did you outside the local environment. You went you said to Birmingham at one stage, what study was that?

JH: That was the aspirin study.

AN: And Manchester was the same, was it?

JH: Yes, the only difference was Coventry, where that was hard not for me particularly but for Dr Elwood, in that we were visiting Asian people who were very suspicious and didn't speak any English. You either had to have an interpreter, or you had to rely on a grandchild more often than not who was bilingual to explain what was going on. Now this was all with the GP's cooperation, but you were left to do the fieldwork obviously. And that was a bit strange yes. That was a long time ago.

AN: Why was it particularly hard on Dr Elwood?

JH: Because he was trying to put over what he was trying to say. The ethics behind it, you have to sort of get consent, especially to take a blood sample and you were sort of wondering do they really understand what I am about.

AN: And how big a study was that?

JH: It wasn't a very big study because it was in the time of radioactive iron in bread and we wanted them to take chapattis with iron introduced in it, and then take them on a visit to Harwell. Can you imagine trying to explain all that to somebody who only speaks Urdu.

AN: Where's Harwell?

JH: Harwell's, you know, the atomic energy research establishment [United Kingdom Atomic Energy Authority] in Didcot [Oxfordshire].

AN: And then you mentioned something about working in North Wales.

JH: Yes, that was lovely, because you just explained to the parents that there was a little worry about lead in the air and they were more than anxious to cooperate, even though it was to take a venous blood sample from a tiny infant. But I took a little dancing doll of my daughter's and the music was from the 1965 film *Dr Zhivago*, and it went round and round and round, and the kids were mesmerized by this doll and I would sort of try and distract them while the parents usually held the arm and Dr Elwood took the blood. So the parent was fully aware of what was going on.

AN: And you also did some work with the slate workers I think.

JH: No I didn't personally because I was pregnant at the time. I did some of the follow-ups later on, just administering some questionnaires, but I didn't take part in the original blood-taking study.

AN: And were there any other studies where you travelled a lot or worked away for long stretches?

JH: Yes, we worked in West Wales on hard and soft water in Llanybydder, a big horse-breeding area. I think we only stayed once overnight, because the round trip is about 230 miles, so we used to go early in the morning, come home late at night. That's a lovely part of the world to work in.

AN: I can imagine. You also mentioned your family, your daughter. I just wondered given what you have told me about the hours and the work and the commitment whether it interfered at all and in which way.

JH: Well I think you could ask her. She jokingly says it did, but I don't think so. No, I don't think so. She once described me in her school news as a fieldworker and she really meant working in a field. She used to ask me what I did and I said 'I am a fieldworker', so I think the teacher wondered what I was doing, perhaps a farm hand or something. But no I suppose I was unusual, I only had five weeks off when she was born and I came back to work.

AN: That would be unusual in those days, would it? Particularly in this field of work?

JH: Yes. I must have loved my job, but I had a friend who was a childminder who only lived a few doors away and it worked. I did curtail my staying away. I didn't stay away for the first couple of years of her life. I think actually the first time I stayed away in North Wales was when she was about six. So I did have some time off. I used to lay the law down a little and say I can't do this. And I tended not to work late nights when she was very small, but I went back to it afterwards. She got quite friendly with the people in the Unit. I used to bring her in at half-term and she loved it. Professor Cochrane even tried to get her to do *The Times* crossword with him once and called her a stupid girl because she didn't know the answer to an anagram. Big joke.

AN: Did you take your full holidays? Were you aware that you took your holidays?

JH: No, I didn't. Even now I hate going away for a fortnight. I only ever go away for a week. A conscious decision, yes. I am unusual I expect, but I really did enjoy my job and I do now. Even the boring bits.

AN: Is there anything else that we haven't talked about that you think would be important, that you remember or that has changed or is unique about working for MRC?

JH: Well, yes, the type of work I have been doing of recent years, say over the last five years, in the Caerphilly cohort study, is the grand hospital records and GP records and that has become a nightmare. I suppose they are justified really, but the red tape that you have to go through to look at somebody's notes, no matter how much assurance you give the people that you have been doing this all your working life and you know all about the confidentiality and you have consent from the patient, it doesn't make any difference, and I find that so terribly, terribly frustrating, that I have to take perhaps a week or a month, or six months, just to get access to records. You know, just to know if a man had had a heart attack and was it classical symptoms or did he have an ECG, that sort of thing, I find that terribly frustrating. I think that's one of the things that

has become very, very noticeable over the years and is the difficulty we now have. Well it's data protection, it's since the Data Protection Act, some people take that absolutely verbatim and no amount of reassurance works.

AN: Well other people seem to interpret it far too much.

JH: There are people who take it to the letter, they do interpret it as absolutely unethical if you try and cut corners.

AN: Do you think the ethics, the ethical approvals, that that has improved the situation or not, having to seek ethical approval, having to go through ethics committees?

JH: I am sure, yes. I think basically I do agree that it is a much better thing than not having any ethics approval at all, because hiccups do happen and it's nice to be able to go back and produce a bit of paper. Yes. It was much easier when there weren't such things, but I think that probably in hindsight that was not quite right and people should have some sort of backup. In spite of the fact that it makes life difficult. But it's the bureaucracy that I can't come to terms with, you know the red tape.

AN: Thank you very much.

[END OF TRANSCRIPT]

Further related resources:

1. Ness A R, Reynolds L A, Tansey E M (eds) (2002) *Population-Based Research in South Wales: The MRC Pneumoconiosis Research Unit and the MRC Epidemiology Unit*. Wellcome Witnesses to Twentieth Century Medicine, vol. 13. London: The Wellcome Trust Centre for the History of Medicine at UCL.
2. Ness A R (intvr); Tansey E M, Thomas H (eds) (2017) *Bainton, David: transcript of an audio interview (11-Jul-2000)*. History of Modern Biomedicine Interviews (Digital Collection), item e2017044. London: Queen Mary University of London.
3. Ness A R (intvr); Tansey E M, Thomas H (eds) (2017) *Elwood, Peter: transcript of an audio interview (14-Apr-2000; 28-Feb-2001)*. History of Modern Biomedicine Interviews (Digital Collection), item e2017045. London: Queen Mary University of London.
4. Ness A R (intvr); Tansey E M, Thomas H (eds) (2017) *Hugh-Jones, Philip: transcript of an audio interview (05-Jul-2000)*. History of Modern Biomedicine Interviews (Digital Collection), item e2017046. London: Queen Mary University of London.
5. Ness A R (intvr); Tansey E M, Thomas H (eds) (2017) *Jones, Marion: transcript of an audio interview (10-May-2000)*. History of Modern Biomedicine Interviews (Digital Collection), item e2017048. London: Queen Mary University of London.
6. Ness A R (intvr); Tansey E M, Thomas H (eds) (2017) *Kilpatrick, Stewart: transcript of an audio interview (23-May-2000)*. History of Modern Biomedicine Interviews (Digital Collection), item e2017049. London: Queen Mary University of London.
7. Ness A R (intvr); Tansey E M, Thomas H (eds) (2017) *Miall, William: transcript of an audio interview (13-Aug-2001)*. History of Modern Biomedicine Interviews (Digital Collection), item e2017050. London: Queen Mary University of London.
8. Ness A R (intvr); Tansey E M, Thomas H (eds) (2017) *St Leger, Selwyn: transcript of an audio interview (27-Jul-2000)*. History of Modern Biomedicine Interviews (Digital Collection), item e2017051. London: Queen Mary University of London.
9. Ness A R (intvr); Tansey E M, Thomas H (eds) (2017) *Sweetnam, Peter: transcript of an audio interview (31-May-2000)*. History of Modern Biomedicine Interviews (Digital Collection), item e2017052. London: Queen Mary University of London.
10. Ness A R (intvr); Tansey E M, Thomas H (eds) (2017) *Tudor Hart, Julian & Thomas, Mary: transcript of an audio interview (14-Jun-2000)*. History of Modern Biomedicine Interviews (Digital Collection), item e2017053. London: Queen Mary University of London.

11. Ness A R (intvr); Tansey E M, Thomas H (eds) (2017) *Waters, Estlin: transcript of an audio interview (14-Jul-2000)*. History of Modern Biomedicine Interviews (Digital Collection), item e2017054. London: Queen Mary University of London.
12. Ness A R (intvr); Tansey E M, Thomas H (eds) (2017) *Yarnell, John: transcript of an audio interview (18-Apr-2000)*. History of Modern Biomedicine Interviews (Digital Collection), item e2017055. London: Queen Mary University of London.