

CHAPTER XII

CHANGES IN THE SYSTEM OF ADMINISTRATION

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TRIBUTORS AND BOARD OF MANAGEMENT.

THROUGHOUT the greater part of the period covered by the events narrated in the two previous chapters, embracing more than the first half of the nineteenth century, questions relative to the internal management of the Infirmary and to its general administration came from time to time under consideration. There were several reasons why these matters had assumed greater prominence. The recurring epidemics of fever commencing in 1817, with the provision of temporary arrangements necessary to cope with the large increase in the number of patients, had dislocated the normal life of the hospital, and the continued acquisition of more property, with the expansion of the work of the Infirmary in more than one direction, had undoubtedly added to the labours and the responsibilities of its permanent officials. Since its opening, nearly a century earlier, no additional assistance had been given either to the Treasurer or to the Clerk to the Corporation, neither of whom gave whole-time service to the Institution. It was also becoming increasingly evident that someone having authority should reside in the house so as to exercise a general superintendence and be responsible to the managers for its good order.

The desirability of appointing a resident official was brought somewhat prominently to the notice of the managers in consequence of a series of complaints as to alleged abuses and irregularities—for example, the lack of cleanliness of the

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beds and bedding, the poor quality of some of the food supplied to the patients, defective ventilation in the wards and the need of nurses with a higher standard of qualification. A committee of the Board elicited the fact that there was a substratum of truth in some of these allegations, especially in regard to the bedding, and orders were at once given for the erection of a washing and drying house to which all linen and blankets should be frequently sent. Other defects were also rectified and the question of the appointment of a House Governor was considered, the committee of enquiry being of the opinion that a medical man, preferably one who had had experience in a military or naval hospital, should be chosen for such a post.¹ Unfortunately, in one sense, considerable publicity had been given in the Press to these complaints² and, at the annual meeting of the Court of Contributors held in January 1818, one of the members of the Court stated at great length the alleged abuses existing in the management of the Infirmary and moved the appointment of a committee of enquiry. Although the managers considered that the motion exceeded the powers vested in the Court, they willingly accepted the proposal: a strong committee was formed and an exhaustive enquiry was instituted. At the adjourned meeting of the Court in March it was reported that, as the result of careful scrutiny, no abuse in the management had been discovered and "that such instances of inattention as had accidentally crept in had been discovered by the managers themselves before the committee of the Court had been appointed or the enquiry thought of: that the managers be thanked for their uniform and zealous attention to the interests of the charity and that the fullest confidence be placed in their desire to rectify any occasional defects that might from time to time arise." A motion on these lines was proposed and seconded but, as some objection was raised, a vote was demanded and the roll called. The resolution was then carried by a majority of 143 votes, 175 voting in its favour and 32 against the motion.

¹ Minute, Royal Infirmary, 4th August 1817.

² *The Scotsman*, 20th September 1817.

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Following upon these incidents, improvements were introduced designed not only to facilitate the discharge of the routine administration of the hospital but also to strengthen the supervision of its internal management. One of the earliest was the establishment of Standing Committees of the Board. Hitherto, when any particular line of enquiry was deemed necessary, a committee was temporarily constituted to make the desired investigation and in due course to report to the Board of Management. But the managers decided that it would be a distinct advantage if regular standing committees were elected to which any questions relative to particular aspects of the affairs of the hospital might be referred, each committee submitting the result of its enquiry to the General Meeting of Managers.¹ As the result of this decision the following five committees were elected, their special duties being sufficiently indicated by their titles:—The Medical Managers' Committee, the Finance, the Building, the House, and Law Committees. The Nursing Committee, which today is an important standing committee, was appointed at a later date when the Nursing Department was established. The Building Committee, which for obvious reasons at that period was one of the original standing committees, was in after years reconstituted from time to time as the occasion demanded.

In the light of the comparatively recent election of a permanent chairman of the Board of Management, it is not without interest to note that the expediency of making such an appointment had first engaged the attention of the managers as far back as 1843. The Lord Provost was *ex officio* chairman of the Board, but in his unavoidable absence it was customary to call to the chair the senior manager on the monthly list of those visiting the hospital. Although no action was taken the opinion was expressed that, if one member was made chairman for the year, he would be of considerable assistance to the Clerk to the Corporation in adjusting the minutes and in preparing the important business which came before the Board.

At the meeting of the Board of Management on 6th October 1930, the question of the appointment of an official who would

¹ Minute, Royal Infirmary, 3rd March 1823.

PERMANENT CHAIRMAN APPOINTED

be in close touch with the work of all the committees and in a position to coordinate the many activities of the hospital was again raised. As there was nothing in the Royal Charter or in any subsequent Act of Parliament to prevent such an appointment being made Sir Thomas B. Whitson, then the Lord Provost, moved, "That the managers appoint one of their number to be Chairman of the Board of Managers at the first meeting of the Board following the Annual Meeting of the Court of Contributors each year; such Chairman to be an *ex-officio* member of all Committees, but not to be eligible for re-election as Chairman for more than three years in succession." The resolution having been carried without dissent the Lord Provost then moved the election of Harriet, Lady Findlay, D.B.E., to the office of Chairman of the Board, and the motion, duly seconded, was unanimously adopted and Lady Findlay became the first permanent chairman. When, at the end of 1932 she left the Board, Sir Thomas Whitson was elected chairman, and the rule limiting the appointment to the period of three years being repealed in January 1936, he was again elected for a fourth and a fifth year.

Although as early as 1817 opinion was strongly in favour of introducing a resident-superintendent with a general control over the internal economy of the house, it is difficult to understand why this appointment was not made till twenty years later. The managers, "deeply sensible that the prosperity of the Institution depends upon the regularity of the internal management, cleanliness and comfort of the patients, are of the opinion that that can only be effected by the appointment of a respectable and intelligent medical man to reside in the house, to be in charge of the apothecary's department and to have a general superintendence of the house."¹ Nevertheless, no active step was taken till 1837 when the office of House Governor and Chief Apothecary was advertised: "he must reside in the hospital, be unmarried, and not under 40 years of age. A medical gentleman who has served in the Navy or Army would be preferred." The final decision fell upon John Brown, M.D., with previous service in the Navy, and his

¹ Minute, Royal Infirmary, 4th August 1817.

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salary was fixed at £120 per annum. His duties included the maintenance of discipline over the resident clerks attached to the physicians and surgeons and over the domestic staff, but he had no concern with the professional treatment of the patients. Before the expiry of twelve months John Brown fell a victim to typhus fever; the dual office was then discontinued and replaced by a new combination, that of Superintendent and Pathologist.¹ With the resignation of the second holder of this conjoint office, after five years' trial, it was discontinued. A really satisfactory solution of the problem of superintendent had not yet been reached and, in 1843, a non-resident House Clerk or Steward was appointed temporarily and made responsible for the stores and their distribution throughout the Infirmary. The post was a forecast of the present day Steward and is of further interest from the fact that Mr Peter Bell was selected to fill it, in which office he commenced his long and faithful service to the Infirmary throughout a period of forty years.²

The simultaneous resignation of the Treasurer and of the Clerk to the Incorporation, tendered in a conjoint-letter to the managers in October 1843, prepared the way for a further rearrangement of posts, both these officials being desirous of giving the Board this opportunity. They had found that the increasing expansion of the business of the Infirmary interfered with their own professional engagements, making it impossible for them to give the necessary time and application to their several duties. The resignations were accepted and both men were elected members of the Board of Management, Maxwell Inglis, the ex-Treasurer, being chosen by the Board from amongst the Contributors and James Hope, Writer to the Signet, the former Clerk, from the Society of Writers to the Signet.

Mr James Hope, D.K.S., born on 28th May 1803, the third son of the Right Hon. Charles Hope of Granton, Lord President of the Court of Session, was connected with the Royal Infirmary in more than one capacity—as Clerk to the Corporation from 1836 to 1843, as a manager for a number

¹ Chapter x, p. 170.

² Minute, Royal Infirmary, 23rd January 1843.

TREASURER-SUPERINTENDENT APPOINTED

of years and, finally, as Law Agent from 1873 to his death in February 1882. He took the deepest interest in its affairs and his sound common sense and wide professional experience, combined with his unvarying courtesy and zeal in the cause of charity, made him a valuable coadjutor in the management of the hospital. The present firm of Hope, Todd and Kirk, Writers to the Signet, of which he was the founder, has been associated with the legal business of the Infirmary for one hundred years. Following upon the death of James Hope the office of Law Agent remained in the hands of the Firm, passing later to the care of James Hope's grandson, James Arthur Hope, w.s., who held it from 1915 till his death in March 1925, when the present holder of the office, Mr Arthur H. C. Hope, w.s., the great grandson of Charles Hope of Granton, succeeded to his father. James Hope had the unique experience of being elected Joint Deputy Keeper of the Signet in 1828, at the early age of twenty-five, and became sole Deputy Keeper in 1850. The Right Hon. Charles Hope was a manager of the Infirmary for nearly half a century, resigning in 1842, the year prior to the election of his son James as a manager.

The two new appointments made in January 1844 implied whole-time service as essential if the work was to be satisfactorily conducted. Mr James Farnie was elected Treasurer, under the new title Treasurer-Superintendent, with a salary of £220 and was required to live in the hospital; and, in addition to the duties previously delegated to the office of Treasurer, he exercised a general control over all the inmates and was responsible for the supplies and economy of the house. Mr Peter Bell was promoted from Steward to the position of Clerk to the Corporation, commencing with a salary of £100. His duties were also whole-time but he did not require to live in the hospital. On the death of James Farnie in 1846, Mr Alexander McDougall who had been apothecary for seven years filled the vacancy.

The double office of Treasurer-Superintendent was maintained for twenty-eight years, when once again the old idea of placing a medical man in the position of Superintendent was revived by a committee of the Board appointed in the spring

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of 1871 to enquire into the expenditure of the Infirmary. The work of the dual office was proving too great a strain upon one man. Moreover, the Treasurer, if freed from the burden of superintending, would be able to devote his time more thoroughly to the finances of the hospital and stimulate the work of collecting in town and country, while the internal economy and discipline would be better maintained by the type of man who combined a wise blend of firmness and tact with the power of control. The whole-time appointment of Superintendent was advertised in the autumn of 1871. The salary offered was £420 with an additional £80 till the house of residence in the grounds of the new Infirmary, then under construction, should be ready. One hundred and forty-six applications were received: a short list of seven names was selected, three of them being proposed and seconded at the meeting of the managers. The final vote resulted in the election of Deputy Surgeon-General Charles Hamilton Fasson, Indian Medical Service, then attached to the Herbert Hospital, Woolwich.¹ In February 1872 he commenced his duties. As the chief authority within the Infirmary and the Convalescent House all questions concerning their internal arrangements were, in the first instance, to be referred to him. He was the intermediary between the medical and surgical staff and the Board and its several committees; and he was responsible to the Board and more immediately to the House Committee for the good order and government of the household. He was to exercise a general superintendence over the whole establishment and see that the duties of all who were resident in the hospital were properly discharged.

One of the most serious defects in the conduct of the hospital was the inefficiency of the nursing system, and the Superintendent on his appointment was asked to prepare and present a report stating his views as to how this might be remedied. In the period following the suppression of the monasteries the art of nursing became neglected and, in so far as it had been organised on monastic and conventual

¹ Minute, Royal Infirmary, 18th December 1871.

THE OLD SYSTEM OF NURSING

lines, disappeared. For many years afterwards there was no one, in Britain at any rate, to take the place of the Mother Superior and the Nuns who had largely constituted the profession in medieval times. Consequently skilled nursing was totally lacking when the voluntary hospitals were founded at the beginning of the eighteenth century. But its tradition had never entirely died out and the titles of Matron and Sister were preserved as survivals of monastic days, when the city fathers assumed the control of St Bartholomew's and St Thomas's Hospitals in the reign of Henry VIII. The status of the nurse, however, sank to a very low level during the eighteenth and first half of the nineteenth centuries and there were comparatively few individuals really fitted or qualified for the posts they filled.

For years little attempt had been made by the governors and medical staffs of hospitals to improve the conditions in which these women worked: often untrained and ignorant of their calling they were poorly housed, ill-fed, underpaid and over-worked, and many of them were regarded as attendants and servants rather than as nurses. Yet it is important to emphasise that the evil reputation which the vocation acquired at this time was largely due to the character of the women who were called in to give occasional help in time of emergency, "the watchers," as they were sometimes named. There were many sisters and nurses who, although lacking in expert knowledge and training, were nevertheless valuable and indispensable members of the nursing staff of the hospitals.

Few references to the nursing establishment are made in the early minutes of the Infirmary in Edinburgh. In December 1792 an agreement was reached to raise the "wages" of the nurses, the day nurse to receive £5 instead of £3, 10s. per annum, while the payment of the night nurses, who slept outside the hospital and paid a rent for their rooms, was to be increased from fourpence to sixpence per night; and "no nurse on any pretext whatsoever to receive gratuity in money or otherwise from any patient on pain of dismissal." When in 1811 an enquiry was instituted, a plea was advanced by the medical staff in favour of procuring nurses of a superior

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character along with higher wages for those engaged in the fever wards, and on the attendance of those patients who had undergone serious surgical operations. The question of pensions for those who had grown old and infirm in the service of the hospital was also discussed but without any decision being reached.

An instructive, though somewhat depressing, description of the nursing conditions prevailing in the Royal Infirmary in 1859-60 has been left for posterity to reflect upon by one who was then house surgeon with James Syme.¹ The conditions and personnel, while no worse than in other hospitals, were wholly inefficient. A staff of nine women were placed in charge of Syme's seventy-two patients distributed in six wards and six little rooms, an arrangement which greatly aggravated the difficulties of nursing. Two were staff nurses, each being responsible for thirty-six beds: the remaining seven were night nurses, a considerable part of whose duties was the cleaning and scrubbing of the wards and corridors. The staff nurses were Mrs Lambert and Mrs Porter, "wonderful women, of great natural ability and strong Scottish sense and capacity, of immense experience and great kindness." The seven night nurses were of a different class, old and useless drudges, half charwomen, rarely retaining their places for any length of time, ignorant and not always sober. Their hours of work were long, their hours of rest and sleep all too short. Coming on duty each night at 11 o'clock, they did not retire till 5 o'clock on the following afternoon because, after the completion of their night duties, they prepared the breakfast, cleaned the dishes and the wards and assisted in giving the patients dinner and tea. It was little wonder that during the night watches serious operation cases were exposed to grave risks from unobserved hæmorrhages and other complications. Nor was it an uncommon thing in these circumstances for groups of student-dressers to volunteer for four-hourly shifts during the night. The conditions certainly called for a radical change.

¹ "The Surgical Side of the Royal Infirmary, 1854-1892," by Joseph Bell, M.D. *Edinburgh Hospital Reports*, vol. i. Edinburgh, 1893.



JANET PORTER

Died 10th February 1890, aged 80 years. For 47 years she gave her services as Nurse in the Royal Infirmary of Edinburgh

(From a portrait subscribed for by members of the Nursing Staff associated with her during her years of work)

GENESIS OF NEW NURSING SYSTEM

Mrs Janet Porter remained in the service of the Infirmary for forty-seven years. After the death of Syme she was Lister's staff nurse during his professorship of clinical surgery—1869 to 1877—and, after the new Royal Infirmary was opened in 1879, she continued to work in the wards of Thomas Annandale in the position of a "retainer" rather than as an active nurse till her death in 1890, aged eighty years.¹ W. E. Henley, while a patient with Lister in the old Infirmary, has with masterly touch drawn a vivid picture of this shrewd old Scotswoman :—

The sweet old roses of her sunken face ;
The depth and malice of her sly gray eyes ;
The broad Scots tongue that flatters, scolds, defies ;
The thick Scots wit that fells you like a mace.
These thirty years she has been nursing here,
Some of them under Syme, her hero still.
Much is she worth, and even more is made of her,
Patients and students hold her very dear.
The doctors love her, tease her, use her skill.
They say "The Chief" himself is half afraid of her.

A bed in Ward 9 was named the Janet Porter Bed and her portrait, subscribed for by the nurses who had been associated with her and presented to the managers in 1890, was hung in the main corridor of the surgical hospital in the vicinity of the ward.

In the meantime a new force had sprung to life, destined not only to revolutionise nursing in all its branches but to improve the hygienic and sanitary state of the hospitals. In July 1856 Miss Florence Nightingale returned to England at the end of the war in the Crimea. Trained by the Deaconesses at Kaiserswerth in the Rhineland and as a "Sœur de Charité" in Paris, she had offered her services to the War Office and proceeded with her group of nurses, in November 1854, to Scutari on the Bosphorus, where the medical arrangements of the British Army had completely broken down. Struggling against overwhelming difficulties "she brought order out of chaos in the Scutari hospitals."² The same indomitable

¹ Mrs Porter died when the writer was house surgeon with Mr Annandale.

² *Eminent Victorians*, by Lytton Strachey. London, 1918.

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spirit, the same perseverance and tenacity of purpose that had reformed these hospitals and which, on her return, compelled the authorities to re-organise the army medical department and to dispatch to India a sanitary commission to investigate the condition of the troops, were now to be applied to the creation of the modern system of nursing. When a grateful nation paid its tribute to her services to the soldiers in the war and presented her with a monetary gift of £50,000 she applied the fund to inaugurate, in 1860, the Nightingale Training School for Nurses at St Thomas's Hospital. A new era had dawned.

The establishment of the training centre in London initiated a general movement which stimulated to action the members of the boards of management of hospitals, and aroused the lively interest of the public in the supply of competent nurses to attend the sick and injured in their own homes. A committee of enquiry appointed by the managers of the Infirmary were unanimously in favour of higher salaries to attract a better class of women to the profession, of a probationary period of training, the creation of a special training fund and the appointment of a superintendent of nurses.¹ In Edinburgh, public interest in the subject found practical expression in the formation of a School or Association for the Training of Nurses with the appointment of a Mrs Taylor to act as instructress, and the Association petitioned the managers of the Infirmary to set aside three wards under her charge for the training of a group of probationer nurses on the lines carried out in the London hospitals.² With the concurrence of the medical staff the proposal was accepted, the managers providing the nurses with their rations and accommodation, the Association being responsible for their salaries. Evidence that the experiment was attended with some measure of success is shown in the request of the physicians that the Fever Ward should also be entrusted to Mrs Taylor for the instruction of a small group of apprentice-nurses.

It was customary to give ale at mealtime to the Nightingale Nurses as probationers, with the view of lessening the risk of

¹ Minute, Royal Infirmary, 25th March 1861. ² *Ibid.*, 29th December 1862.

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private recourse to stimulants : as a higher salary had not been offered by the Edinburgh Association as an inducement to attract women from England, it was felt that at any rate the diet in hospital should be equally generous. Accordingly the Association proposed to provide each nurse with two quart bottles of ale daily, if the managers were not prepared to do so. A conference took place in the Board Room at which a committee of ladies and other representatives of the Association discussed the question of the supply and quality of the beer.¹ Placed on the table were samples of the ale provided for the English nurses and two kinds of beer used in the hospital, one in daily use for the Infirmary nurses, the other, Prestonpans beer, drunk by the resident medical officers. The gentlemen present at the conference having tasted the several samples pronounced in favour of the Prestonpans as most suitable for the nurses ; the ladies concurred. It was accordingly determined "that in future every nurse should have an imperial pint of good table beer daily to be drawn off from the cask at the time of its being consumed, a slightly milder Prestonpans beer being ordered."

Notwithstanding the satisfactory solution of the somewhat knotty question as to the relative quality of the ale and beer, this scheme for the training of nurses proved to be short-lived, as it could hardly fail to be when placed under two controlling bodies in the same Institution.² While the managers were preparing to advise the discontinuance of the system, the Association asked permission to withdraw Mrs Taylor from the management of the three wards that had been placed at her disposal. Thus the matter terminated to the mutual satisfaction of both parties after a trial extending over a period of thirteen months.

The annual expenditure incurred by the Infirmary on the consumption of alcohol, both at that period and for many years subsequently, formed a very large item in the yearly accounts. Beer was regularly supplied to the members of "the family" and was included in the returns made under the heading of articles of maintenance : in 1862-63 the sum of £161 was spent

¹ Minute, Royal Infirmary, 16th March 1863. ² *Ibid.*, 8th February 1864.

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on beer under this head. On the other hand, £842 were expended on such items as port wine, sherry, spirits, porter and ale, prescribed for the patients and entered by the apothecary in the accounts of the dispensary; the number of patients treated in the hospital during the same year, 1862-63, was 4681! A great change has taken place in the attitude of the medical profession towards the use of stimulants in the treatment of illness. In striking contrast to the above figures are those provided in the accounts of 1934-35, in which the expenditure on wines and spirits supplied by the dispensary was £165, the patients treated in hospital during the same year numbering 20,695.¹ Beer is no longer supplied to the members of "the family" as a routine article of diet.

The temporary arrangement made with the Association for the Training of Nurses having failed in its object, the managers proceeded in 1866 to appoint a Superintendent of Nurses. Miss Anne L. Sidey, lately matron of the Shelter in the Grassmarket, Edinburgh, was selected at a salary of £50 and was sent to London to study the methods adopted in the hospitals of the metropolis.² But owing to a breakdown in health Miss Sidey was compelled to tender her resignation, which was finally accepted in February 1871. At this stage the Superintendent, Deputy Surgeon-General Fasson, presented his report. He advocated the appointment of a Lady Superintendent of Nurses and a probationary system; and, on the recommendation of the House Committee, Miss Elizabeth Anne Barclay was elected the first holder of the office at a salary of £100.³ Trained at St Thomas's Hospital in the school established under the Nightingale Fund and with further experience gained in German war hospitals during the Franco-Prussian campaign of 1870-71, her education and social position eminently qualified her to fill the post. She brought with her from London a small band of trained nurses long known as "the Nightingales."

Miss Barclay at once proceeded to draw up a scheme embodying the new system of training. Briefly, the staff

¹ Report for the year, 1934-35.

² Minute, Royal Infirmary, 16th July 1866.

³ *Ibid.*, 7th October 1872.

SCHEME OF NURSING STAFF ADOPTED

was to consist of the Lady Superintendent, responsible to the Nursing Committee, now established as one of the Standing Committees; four Assistant Superintendents, two for day and two for night duty, qualified as such by their previous training as nurses; day and night nurses of equal status as Staff Nurses; Assistant Nurses, partly trained, to assist the Staff Nurses, and eligible for promotion when regarded as qualified; and Probationers, women between the ages of twenty and forty years, to be thoroughly trained for day, night or special duty in preparation for hospital posts or as skilled nurses in private families in time of illness. A class of Ward Assistants was introduced to carry out the rougher work of cleaning and scrubbing in the wards. The hours on duty were long, those of the day nurses from 7 A.M. to 8.30 P.M., and of the night nurses from 8.30 P.M. to 9 in the morning. Every day nurse had one hour off duty each day, and an additional two and a half hours were set aside for three meals, the time being doubtless frequently curtailed by the exigencies of the situation. Each nurse was entitled to one half-day off duty every fortnight and to two weeks' holiday in the year. The salaries of the staff nurses commenced at £18 increasing by increments of £1 annually to £23, with a yearly premium of £2 as a reward of zeal and efficiency. The salary of the assistant nurses was £14, with the same premium on similar conditions. The ward assistants received £12 and were required to find their own lodgings.

At one period, prior to the appointment of the Lady Superintendent of Nurses, members of the visiting staff, sometimes a physician, sometimes a surgeon, made application to the managers for a rise in the salary of their ward nurses and as a rule these requests were granted. The response usually took the form of an additional £1 to the previous salary. There was clearly no Salaries and Wages Committee in those days! But in a Minute of 29th March 1869 it is evident that the managers became more cautious and changed their policy as they resolved that in future, before responding to the recommendations of the staff, a report should be received from Miss Sidey, the Superintendent of Nurses.

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The following entries are inscribed on the pages of a Night Superintendent's notebook compiled in 1873: "20th July, none of the night nurses on duty are found sleeping": on the other hand, on more than one occasion it is reported that a nurse is asleep in the small hours of the morning either upon a vacant bed or wrapped in a blanket upon two chairs. Lack of sufficient time off duty is the probable explanation of this soporific state. Again there is a note, "the resident physicians and surgeons were rather noisy from midnight till 3 A.M.!"

The lack of suitable accommodation, which had for some time proved an obstacle to the introduction of the nursing scheme, was overcome by converting one of the houses in the grounds of the Infirmary into a Nurses' Home. As the fitting up of the Home and the training of the probationer-nurses entailed considerable additional expense, the managers, at the suggestion of Miss Barclay, established a special "Nursing and Training Fund" to which they directed the attention of the public. Largely through her influence donations amounting to nearly £500 were received and a list of annual subscriptions was opened. Under Miss Barclay's able administration a marked improvement took place in this department of the hospital and, early in the new régime, the Royal Infirmary was in a position to supply well-trained nurses for other centres in the country, thus establishing a reputation which has been maintained throughout the years. Miss Barclay held office, however, for a comparatively short period of time, being obliged to resign in January 1874 for reasons of health. Miss Angélique Lucille Pringle, who had come to Edinburgh with Miss Barclay, was appointed her successor in the same year.

Florence Nightingale never lost her interest in the Royal Infirmary and she gave practical help to those engaged in selecting the nursing staff for the new Infirmary opened in Lauriston Place in 1879. Amongst the documents preserved in the hospital of historical interest to the department of nursing is a copy of a series of letters, and a few that are original, written by her to her intimate friend Miss Pringle.

PRELIMINARY TRAINING SCHOOL FOR NURSES

One of them, dated 29th December 1873, contains a message to Nurse Janet Porter; it reads, "please give Mrs Porter my kindest Christmas wishes and tell her I remember her perfectly and her care of me, sixteen years ago, when Mr Syme took me over the Infirmary. How long ago!"¹ Florence Nightingale, who received the Order of Merit, died in 1910, at the advanced age of ninety years. A link between her and the Royal Infirmary is now perpetuated in "The Florence Nightingale Nurses' Home," the foundation stone of which was laid on 20th May 1936.

Many changes have taken place in the Nursing Department since the Superintendent and Miss Barclay introduced their schemes in 1872. The great increase in the number of patients has of necessity led to an augmentation of the staff, so that in 1935-36 the average daily attendance of nurses on duty was 446, while the highest number on any one day in the year reached 460. The ratio of nurses to patients has also undergone a change; while formerly there was an average of one nurse to every five patients, the ratio has now become one to two and a half patients. One of the most important developments, however, has been the establishment of the Preliminary Training School for Nurses, introduced in 1924 with the object of providing a course of instruction for candidates seeking entry as probationer-nurses. The course necessary for qualification as a nurse is now four years, of which three months constitute the probationary period, seven weeks being spent in the Training School and six in the wards. At the end of this period those who are accepted for training sign an agreement to continue in the service of the hospital and complete the full term.

Prior to entering the Preliminary Training School each selected candidate, who must not be under 20 or over 31 years of age on entry, must pay a fee of £5, 5s., part of which is applied to the fees of the State Examination. On an average 15 probationers attend each course, and the number passing through the School during the year varies from 90 to 100, selected from 700 to 800 applicants. The instruction,

¹ Miss Nightingale visited the old Royal Infirmary in 1857.

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which devolves mainly upon two Sister Tutors and an Assistant Sister Tutor, is both theoretical and practical in such subjects as anatomy, physiology, hygiene, practical nursing, first-aid and cooking, while on Sundays there is a brief attendance in the wards. The training concludes with a written and oral examination, when the successful candidates pass to the wards to complete their probationary period. The probationers then receive £20 for the first year : in the second year as Assistant Nurses they are in receipt of £25, in the third year £30 and in the fourth, £40.

When, in the later 'sixties of the nineteenth century, the decision was reached to erect a new Infirmary upon another area of ground than that which it had so long occupied, it became necessary to obtain the authority of Parliament "to remove the buildings to a more suitable position, and to acquire for that purpose the site of George Watson's Hospital and adjacent lands ; and for other purposes." Amongst these "other purposes" there were included in the preparation of the new Bill certain sections which, by amending the Constitution of the Infirmary Corporation as previously set out in the Royal Charter of 1736, affected the future administration of the hospital. These special sections embodied in the Edinburgh Royal Infirmary Act, 1870, made provision to alter the former Constitution in two particulars ; in the qualification necessary for membership of the General Court of Contributors, and in the number and the mode of election of the managers of the Infirmary.

In the terms of the Charter it was necessary for membership of the Corporation and of the General Court that the contribution should be "five pounds sterling each, or more, towards the said Infirmary," but, as amended under Section 16 of the Act, 1870, such qualification

shall be the contribution by the person desiring to be a member thereof of an amount not less than five pounds in one sum, or the continuous annual contribution of an amount of not less than one pound after such annual contribution shall have been made during three consecutive years.

EDINBURGH ROYAL INFIRMARY ACT, 1870

Further, the Charter had granted to members of the Court, or a majority of them assembled,

full power and authority to make and constitute such by-laws, ordinances and regulations for the management and government of the affairs of the said Corporation, as to them shall seem meet, so that such by-laws, ordinances, and regulations be not contrary to the true intent and meaning thereof, nor repugnant to the laws of our realm.

But in Section 22 of the Infirmary Act it was laid down that the General Court of Contributors shall not have any executive powers in the management of the Infirmary, or of the affairs of the Corporation, which shall be managed exclusively by the managers appointed . . . provided always that the General Court of Contributors may from time to time make any suggestions or recommendations which to them may seem proper, and the managers shall consider, and, if they think proper, may adopt any such suggestions or recommendations :

while Section 23 enacted that

the General Court of Contributors may from time to time alter any of the Statutes of the Corporation, or make new statutes in relation thereto, but so that such new or altered statutes shall not be inconsistent with the provisions of the said Royal Charter as amended by this Act.

The difficulty in drawing a distinction in every case between what constitutes the executive powers of the Board and the powers of the Court of Contributors to alter the statutes of the Infirmary Corporation as expressed in these two Sections of the Act, was illustrated some years later. An old By-law passed by the Court, subsequent to the date of the Charter, provided that the preses or chairman of the Board of Management should have only a casting vote at meetings of the Board. But the managers in 1886 proposed an alteration in the by-law so as to give the chairman both a deliberative and a casting vote, a change which, in the opinion of the Law Committee of the Board at that time, it was in the power of the managers to make. The Committee of the Court of Contributors in their report upon the management of the Infirmary during that year, while entirely approving of the proposed alteration, thought it advisable in order to protect the rights of the Court, should any discussion

CHANGES IN THE SYSTEM OF ADMINISTRATION

afterwards arise, to "add a saving clause in respect of the right claimed" by the Board. As the by-law now being altered by the managers had been passed by a General Court of Contributors subsequent to the Charter, it was clear that it could be altered only by that body, the Charter having authorised that the Court, "or a majority of them so assembled, shall have full power and authority to make and constitute such By-laws, Ordinances and Regulations for the Management and Government of the affairs of the said Corporation. . . ."

Some doubt, however, had apparently arisen as to the interpretation of the terms in the two Sections of the Infirmary Act, 1870, just quoted. If the by-law in question, or any other by-law is held to fall under the exercise of the "executive powers" of the Board in Section 22, then it would be in the power of the managers themselves to alter it. If, on the other hand, such powers are to be regarded as "Statutes of the Corporation" referred to in Section 23, then the by-law could be altered only by the General Court of Contributors. Thus the matter was left with the rights of both parties sufficiently protected by the foregoing statement.¹

The essential changes in the Act of 1870, amending the previous procedure as regards the election of managers, were as follows : (1) The membership of the Board was increased from twenty to twenty-one : all were to be ordinary managers, and the quorum to be seven ; (2) with the exception of the Lord Provost of the city of Edinburgh, a manager *ex officio*—or in his absence the Dean of Guild—the managers were to be appointed annually and not, as formerly, elected by the managers themselves, but by the several bodies qualified under the Act to return representatives, each body making its own rules as to the manner of choosing its representative or representatives ;² (3) no manager was to be eligible for

¹ The Constitution and Rules of the Court of Contributors have been printed and can be obtained from the Secretary and Treasurer of the Royal Infirmary. Extracts of the Rules relative to membership of the Court, to the attendance of members at meetings of the Court and to their privilege of voting at meetings are contained in Appendix VIII.

² The selection of one Minister of the Gospel in Edinburgh was an exception, he being elected by the managers as had been done previously under the Charter.

ELECTION OF MANAGERS UNDER THE ACT

re-election by the same body for a longer period than five years unless an interval of one year was allowed to elapse after his fifth election, when he again became eligible for annual re-election during another period of five years ; (4) if qualified, however, by his profession or business to represent another of the bodies, qualified under the Act to return a representative, he was at once eligible for election by that body. It was thus possible for an individual to have a seat on the Board for many years, either for periods of five years with intervals of one year, or without interruption.

The Act also introduced other changes, thus (5) the number of Fellows of the Royal College of Physicians of Edinburgh eligible to sit on the Board was reduced from five to two ; (6) the Professor of Anatomy in the University of Edinburgh was no longer entitled, as such, to a seat ; (7) four new bodies or "classes" in the city were given representation, the Senatus Academicus of the University, two ; the Company of Merchants of the City, one ; the Chamber of Commerce and Manufacturers of Edinburgh, one ; and the Society of Solicitors before the Supreme Courts of Scotland, one.¹

In the event of any manager dying during his year of office, or for some other reason being unable to continue his membership, the vacancy thus created was to be filled by the body who had previously elected him, the new member to be in office during the remainder of the period for which the late manager had been appointed. All the qualified bodies, with the exception of the Court of Contributors, were required to elect their representatives in the month of December of each year, each representative assuming office from the first Monday of the following January. Of the six managers chosen by the Court of Contributors, two required to be members of the Infirmary Corporation and, at the same time, subscribers to the Convalescent Home belonging to the Corporation. These managers were elected at the meeting of the Court held on the first Monday of January in each

¹ The Town Council continued to have two representatives, the Lord Provost and one other ; the latter under the Charter had been the Deacon Convener of the Crafts of the City, but in the Act of 1870 any member of the Town Council might be chosen as the second representative.

CHANGES IN THE SYSTEM OF ADMINISTRATION

year, or at some adjournment thereof, and they continued as managers from the time of their election until the next annual election by the Court.

The Edinburgh Royal Infirmary Act, 1870, still governs the qualification necessary for membership of the General Court of Contributors and the procedure of election of managers, but further legislation has introduced two important changes, one altering the date of the annual meeting of the Court in certain circumstances, the other providing for an increase in the number of members of the Board of Management. Many years were to elapse before either of these changes was made, yet it is appropriate to chronicle them at this point in the narrative, although it interrupts the chronological sequence of events.

As from time to time the first Monday of January coincided with New Year's Day, a public holiday, it was considered expedient to alter the date of the annual meeting of the Court. Power to do so was therefore sought under Section 94 of the Edinburgh Corporation Act, 1913, in which the necessary permission was obtained :

when in any year the first Monday of January is a public holiday the annual meeting for the election of managers and the annual meeting of the General Court of Contributors of the said Corporation may be held on any day between the first and seventh days of January in each year, both days inclusive, and may be adjourned to such other day within or beyond that period as the meeting may determine.¹

Fifty years after the Act, in 1920, the second change was carried into effect and the number of managers was increased from twenty-one to twenty-six by the addition of five members to represent certain of the large working-class organisations, the Edinburgh and District Trades Council responsible for organising the annual contributions from the employes in public works and other establishments in the city and neighbourhood, and the Coal-Mining and Shale-Workers Associations.² As

¹ Appendix iv.

² The Edinburgh and District Trades Council was, in 1932, named The Edinburgh and District Trades and Labour Council.

INCREASE IN THE NUMBER OF MANAGERS

the former body, having sought representation on the Board, had been successful in securing two seats, the miners, although satisfied with the *status quo*, felt that, if representation was to be favourably considered, they also were eligible in virtue of their annual contributions to the hospital.

The Infirmary, situated more or less in the centre of a large and busy mining district embracing the three Lothians, part of the counties of Stirlingshire and Lanarkshire and, across the Firth of Forth, the counties of Clackmannan, Kinross and the western area of Fife, provided medical and surgical service to the miners and their dependents. Prior to 1906, their contributions had yielded about £1800 annually to the funds of the hospital; but, following the appointment of Mr Russell Paton as Organising Secretary for Subscriptions to the Infirmary, a campaign was opened with the object of increasing the contributions from the coal and shale-fields districts. As the result of his organising ability and untiring efforts these steadily increased and, ten years later, totalled the sum of £6000, the highest figure hitherto reached. By doubling the weekly subscriptions and by placing them on a permanent basis the sums collected in 1919, when the subject of representation had come under discussion, amounted to £8500. It was therefore a fitting and just recognition of the response of the miners that they also should have a seat on the Board of Management; consequently, the Miners' Association of Fife and Kinross, the Miners' Association of Mid and East Lothian and the combined Coal and Shale Miners Associations of West Lothian were each represented by one member.¹ The sanction of Parliament to increase the number of managers from twenty-one to twenty-six was obtained through the courtesy of the Town Council of Edinburgh who inserted the necessary clause in the Edinburgh Corporation Order Confirmation Act, 1919,² a courtesy again extended by the Town Council in 1930 when the managers were in that year further increased. In 1917 the county of Clackmannan was

¹ The two Coal and Shale Miners' Associations of West Lothian chose a representative alternately.

² Appendix v.

CHANGES IN THE SYSTEM OF ADMINISTRATION

added to the Miners' Association of Fife and Kinross and the new title assumed was that of the Fife, Clackmannan and Kinross Miners' Union.

In 1920, the total contributions from the coal-fields and from the operatives in the shale and oil-works reached £11,250 and, in 1924 the peak year, a sum of £14,669 was collected from the same sources. At least 50,000 employes in these industries are subscribing annually to the funds of the Infirmary, and the number, including the wives and dependants who are treated in the hospital, average 2700 annually.

The membership of the Board was again augmented in 1930, when the workers' representation was increased by two representatives of the League of Subscribers which had been formally inaugurated in 1918. This attempt to provide a steady and constant stream of contributions from the working-class members of the community, to whom the benefits of the Infirmary were extended in time of sickness, was not an entirely new movement. It had first been suggested as far back as 1849 and, though its activities were on a somewhat limited scale, it had met with a moderate degree of success. The opinion was then expressed that, if the united efforts of employers and employes were systematically organised on a permanent basis, through such union a more secure source of annual revenue would be established than that provided by the donations of the wealthier part of the community. The League was formed in 1918 for the purpose of co-ordinating on a still larger scale, a more systematised scheme of obtaining financial assistance, on a purely voluntary basis, from the employes engaged in public works and business establishments, and from the staffs of schools, banks, insurance, Government and other offices in Greater Edinburgh and the provincial districts. The membership of the League is conditional upon the payment of a subscription of one penny per week for adults and one half-penny for apprentices and junior members, the members authorising his or her employer to deduct from the weekly wages their contribution to the League Fund for the Infirmary. The success of the scheme, therefore, is closely associated with the friendly cooperation of the

FIRST LADY MEMBER OF THE BOARD

employers who undertake the work of collection through the pay offices.

The membership of the League in 1929 had grown to 100,000 and, during the eleven years in which the scheme had been in operation, the aggregate sum of £201,996 had been collected and paid over to the funds of the Infirmary. The annual receipts during that period, while varying slightly from year to year, were approximately £20,000. Its established position and the excellent work which it had accomplished entitled that body to representation on the Board of Management, and two representatives joined the Board in January 1930. The necessary authorisation was obtained in an amending clause to the Edinburgh Royal Infirmary Act, 1870, which was placed in the Edinburgh Corporation Confirmation Act, 1930.¹

In 1896, Miss Louisa Stevenson was elected the first lady manager as one of the six representatives of the Court of Contributors. Since that date the Board of Management has continued uninterruptedly to have one or more lady members, as many as four having had seats at one time. Miss Stevenson had a seat on the Board for nine years. She took a prominent part in all measures directed to promote the welfare of the community and the advancement of higher education amongst women, and from the University of Edinburgh she received the honorary degree of Doctor of Laws.

¹ Appendix vi.