

## THE NEW ROYAL INFIRMARY, 1890-1904

Through the kindness of a friend of the hospital the two scriptural texts which for so many years had been inscribed on the front elevation of the old Infirmary were carved upon the stone above the main doorway of the new, "I was a stranger and ye took me in," "I was sick and ye visited me"; and between these two inscriptions was engraved the Pelican, part of the crest of the Royal Infirmary and beneath it the motto, "Patet Omnibus." In addition, two dates are recorded, 1730 : 1879. The first has no special significance in the history of the Infirmary and, in all probability, should be 1729, the year of the foundation of the hospital; 1879 commemorates the year of the opening of the present building.

## CHAPTER XVII

### THE ROYAL INFIRMARY IN THE TWENTIETH CENTURY—THE YEARS BEFORE THE WAR

1900-1914

APPOINTMENTS OF OFFICIALS, THE SUPERINTENDENT AND THE LADY SUPERINTENDENT—INTRODUCTION OF THE AGE-LIMIT OF SERVICE OF THE MEDICAL AND SURGICAL STAFF—THE CLINICAL TEACHING AGREEMENTS OF 1913 AND 1929—CHANGES IN THE MEDICAL AND SURGICAL STAFF.

THE passing of the years brought changes in due course in the personnel of the Infirmary and, very early in the century, death or retirement on account of age released certain of the officials of the hospital from their labours. Following the death of Surgeon-General Fasson in 1892,<sup>1</sup> a successor as Superintendent had been found in Surgeon-Major-General Stewart A. Lithgow, C.B., D.S.O., M.D., Army Medical Service, then stationed at Portsmouth as Principal Medical Officer to the Southern District. He had joined the army in 1855 as surgeon with the 75th Regiment and, during thirty-eight years many of them spent on active service at the Cape, in India during the Mutiny and in Egypt, he had held both at home and abroad several administrative posts which had qualified him for his new appointment. But his tenure of the office of Superintendent was brief: he died when on leave in the autumn of 1899, without seeing the completion of the large extension scheme which had occupied so much of his attention and time during the eight years of residence in the Infirmary. Colonel William P. Warburton, C.S.I., M.D., who had recently retired from the Indian Medical Service, was selected as his successor. Like his predecessor he was a graduate of Edinburgh, one with very considerable administrative experience gained in India as Medical Officer to the Native State of Kapurthala and in the more responsible

<sup>1</sup> Chapter xvi, p. 280.

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position of Inspector-General of the Civil Hospitals of the North-West Provinces and Oudh, when he controlled both financial and medical arrangements. He retired from his post in the Infirmary in July 1911, but his days of leisure were few in number as he died in the month of October. During his predecessor's tenure of office a rise in the price of foodstuffs and an enforced increase in the salaries and wages bill of the Infirmary had raised the average cost of occupied bed to £71 per annum, as it had been found necessary to augment both the nursing and domestic staff in order to provide more opportunities for rest and recreation. Notwithstanding this rise in expenditure Warburton was able before the end of his period of office to reduce the annual cost of occupied bed to £60, an evidence of his faculty of combining economy with efficiency in administration. Colonel Warburton was succeeded in the post of Superintendent by Lieut.-Colonel Sir Joseph Fayrer, Bt., Royal Army Medical Corps, Commandant of the Military Hospital, Hong Kong, from 1909 : he commenced his duties on 1st August 1911.

About the same time another important administrative post in the Infirmary fell vacant through the retirement in June 1907 of Miss Frances Elizabeth Spencer, the Lady Superintendent of Nurses, after thirty years in the service of the hospital. Coming to Edinburgh in 1877 as junior assistant superintendent she succeeded Miss Pringle ten years later, and a memorial tablet placed in the chapel of the Infirmary by the unanimous resolution of the managers commemorates her devotion to duty. She died on 15th April 1908, within less than twelve months of her retiral, being buried at Dollar where her grave is marked by a Celtic cross raised to her memory by her fellow-workers and the nurses whom she trained. Her post was filled by Miss Annie Warren Gill, C.B.E., R.R.C., Matron of the Royal Berkshire Hospital at Reading, after her return from South Africa in 1902. Her appointment as Lady Superintendent of Nurses in the Royal Infirmary meant a return to the scene of her former labours as she had been one of the assistant superintendents of nurses prior to 1900. On that date she was appointed matron of

## PERIOD OF SERVICE OF HONORARY STAFF

the Edinburgh and East of Scotland South African Hospital which left Edinburgh in March of the same year with David—Sir David—Wallace and Francis Darby Boyd, both members of the Infirmary staff, as the surgeon and physician in charge.

At varying intervals of time new rules and regulations were deemed necessary for the management of the hospital and, as those approved of and put into practice in 1881 had with a few modifications been in use for a number of years, the managers, in 1897 and again in 1903, considered it advisable to submit them to a thorough revision. The large extension of the Infirmary, completed early in the century, with the increase in the personnel in several departments, necessitated alterations in the rules, and the opportunity was taken to reconsider more particularly those concerned with the terms of service of the honorary physicians and surgeons. Since the Board of Management had first become responsible in the middle of the eighteenth century for the selection of members of the medical and surgical staff, the duration of their period of office had been extended more than once and, when the revision was undertaken in 1903, the rule governing their appointments, which had been approved by the Court of Contributors in January 1897, was as follows :—"The Physicians and Surgeons shall be appointed for five years with eligibility for reappointment at the discretion of the managers for a second and third term of similar duration. The whole term of office shall not exceed fifteen years." To this the following footnote was appended : "The terms Physicians and Surgeons include Professors having wards in the Infirmary, excepting under that portion of the Rule limiting the term of office to fifteen years." In other words, while all the members of the honorary staff were subject to election for five years and re-election at intervals of five years, the period of service of the professors was not to be terminated at the end of fifteen years, but was to continue during the tenure of their chairs. In 1900 an addition had been made to the above rule to the effect that "Power is reserved to depart from this limitation in the case of Physicians and Surgeons



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who have charge of wards devoted to special classes of disease, when, in the opinion of the managers, such departure would, for special reasons stated, be deemed expedient in the interests of the Infirmary."

The committee, to whom had been assigned the duty of again revising the rules in 1903, proposed to the Board that they should "fix an age-limit beyond which no one could hold office as Physician or Surgeon, and suggest sixty years as a suitable age." This motion was agreed to, "it being resolved, however, that the Rule shall not apply in the case of Physicians and Surgeons who are presently serving their second or third term of office, or to the Professors."<sup>1</sup> Although the introduction of an age-limit in the case of the medical and surgical staff was an entirely new departure in the history of the Infirmary, the possibility that such a measure might become necessary in the future had been brought to the notice of a previous Board of Management in 1886, when the question of delay in promotion of members of the surgical staff was under consideration. The suggested remedy was the introduction either of an age-limit applicable to the appointment and retirement of the surgeons, or the election of the assistant surgeons for a limited period of five years. On the motion of Dr—Sir John—Batty Tuke, a member of the Board, a committee was appointed to consider whether modification of the existing arrangements in the surgical department was desirable, there being at that time a vacancy in the staff of the assistant surgeons. Sir John in presenting a minority report contended that under the existing regulations if the vacancy was filled by the election of a candidate aged thirty years he could not be promoted surgeon till he had reached the age of fifty-six and, under the time-limit of fifteen years, he would not be due to retire till he was seventy-one years of age; again, when the next vacancy should occur and a candidate aged thirty was elected, he would be fifty-four when promoted and sixty-nine at the time of his retirement. It was essential for the success of the hospital and the reputation of the medical school that surgeons should hold appointments during the years when they would prove

<sup>1</sup> Minute, Royal Infirmary, 23rd March 1903.

## CONSIDERATION OF AN AGE-LIMIT OF SERVICE

most efficient as practitioners and teachers.<sup>1</sup> As the committee of the Board were of the opinion that the ordinary accidents of appointments to other schools, of retirements and of deaths amongst the staff would, in the future as in the past, prevent the position of surgeons being held by men too advanced in years, no further consideration was given to the question of age limitations, and the managers proceeded to the election of an assistant surgeon.

As the resolution of the managers to fix an age-limit had been adopted in 1903 without any previous consultation with the physicians and surgeons, it was only natural that the staff should desire the opportunity of expressing their views upon a change which would have such an important and far-reaching effect upon their future connection with the Infirmary. As the assistant physicians and surgeons were frequently appointed when they were considerably over thirty years of age, they did not as a rule obtain charge of wards till fairly late in life, so that the enforced retirement at the suggested age of sixty would greatly curtail their period of office as physicians and surgeons. Enquiry on the part of the staff revealed that, in eleven of the large hospitals in London, eight had a retiring age-limit at sixty-five, and two at sixty, while in one there was no limitation on an age basis. In three of the hospitals in London, where a time- and an age-limit coexisted, the former was fixed at twenty years, and in hospitals elsewhere in Great Britain twenty years were also the prescribed period. Moreover, if the age-limit of sixty was introduced in the Infirmary it would shorten the term of office of every member of the medical and surgical staff and, further, it would mean the coincident retirement at recurrent intervals of several members of the staff. Thus between the years 1912 and 1915 the hospital would lose the services of five physicians and, between 1912 and 1918, as many as ten—physicians and surgeons—would be obliged to retire. It was felt that the loss of so many senior men of experience would be detrimental to the interests of the Infirmary in its dual capacity as a hospital for the treatment of the sick and injured and as a teaching centre.

<sup>1</sup> Minutes, Royal Infirmary, 12th April and 8th November 1886.

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Upon the question of delay in promotion of the junior members of the staff to senior posts, emphasis was laid by the staff on the fact that this was in part attributable to the long term of service of five of the senior staff—three professors of clinical medicine and two professors of surgery—who would not be affected by the introduction of the age-limit, as the resolution of the Board agreed to on 23rd March 1903 exempted the professors from retirement at the age of sixty years. The staff suggested that the age-limit should be fixed at sixty-five years and, further, that an additional surgical charge should be created with a view to relieving the slow promotion in the surgical house. As the result of their conferences with the staff the managers, on 26th October 1903, altered the previous resolution and agreed "to fix an age-limit beyond which no one could hold office as Physician or Surgeon, and that the limit be sixty-five years of age"; but the rule was not to be retrospective in the case of those physicians and surgeons serving their second or third term of office, nor apply to the professors then holding chairs.

Under Section 23 of the Edinburgh Royal Infirmary Act, 1870, the General Court of Contributors "may from time to time alter any of the Statutes of the Infirmary Corporation or make new Statutes in relation thereto. . . ." Consequently, the new rule was submitted to the Court at the annual meeting on 4th January 1904. It was agreed by a majority that in the public interest the age-limit of sixty-five enacted by the managers for the ordinary physicians and surgeons should be made applicable also to those physicians and surgeons who were professors in the University. But at the statutory adjourned meeting of the Court of Contributors a majority ruled that the approval of the new rule be delayed and that a special committee of the managers and of the Court should consider the whole question and report. The two contentious points were, should an age-limit of service be introduced and, if so, should it apply to the professors holding appointments as physicians and surgeons? In submitting their report at a special meeting of the Court on 14th November 1904, the special committee, although divided in their opinion,

## AGE-LIMIT OF SERVICE IMPOSED

recommended by a majority that no age-limit should be adopted for members of the ordinary medical and surgical staff, and that, accordingly, the resolution agreed to by the Court, on 4th January, requiring professors to retire at sixty-five be rescinded. The approval of the committee's report was moved and seconded, but an amendment recommending that an age-limit be adopted for all physicians and surgeons, including the professors, and that the age-limit be sixty-five was carried by a majority and became the finding of the meeting. Obviously opinion was divided upon the question of establishing an age-limit for the professorial members of the staff of the Infirmary.

This rule, which took effect on 1st January 1905, still regulates the appointment of all the members of the honorary visiting staff, its full terms being as follows :—

The Physicians and Surgeons shall be appointed for five years, with eligibility for re-appointment at the discretion of the managers for a second and third period of similar duration, but no Physician or Surgeon shall hold office after attaining the age of sixty-five years. The whole term of office shall not exceed fifteen years. Power is reserved to depart from the latter limitation in the case of Physicians and Surgeons who have charge of Wards devoted to special classes of disease, when, in the opinion of the Managers, such departure would, for special reasons stated, be deemed expedient in the interests of the Infirmary.

The terms Physicians and Surgeons include Professors having Wards in the Infirmary, excepting under that portion of the Rule limiting the period of office to fifteen years.<sup>1</sup>

Thus the age-limit was imposed upon all members of the staff holding the office of physician or surgeon, whether professors in the University or not; but, in the case of those who were not professors, the period of service was also curtailed by the time-limit of fifteen years, their tenure of office ceasing when either the age-limit or the time-limit was reached. In those days professors in the universities of Scotland held

<sup>1</sup> The new Rule, introduced on 1st January 1905, was not made retrospective in the case of professors then occupying their Chairs or of those physicians and surgeons who at that date had completed five years of service as such. It was not till 1918 that the Rule became applicable to every member of the staff.



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their chairs *ad vitam aut culpam* as no compulsory age-limit for retirement was then in force. When the Universities (Scotland) Act, 1922, conferred powers upon the several Courts to make ordinances for the superannuation and pensioning of Principals and Professors, the University Court of the University of Edinburgh by an Ordinance approved by Order in Council, dated 25th July 1924, made provision for the retirement of the professors at the end of the academical year in which each attained the age of seventy years.<sup>1</sup> But those professors whose appointments were otherwise regulated through the position which they held as physicians and surgeons in a hospital were subject to the rules of retirement of the Institution in which they held office.

Although the professorial members of the honorary staff were exempted from that part of the rule which limited their period of service to fifteen years, it was the practice of the Board of Management for a number of years, when appointing the professors of medicine, surgery and midwifery to posts on the staff of the Infirmary, to elect them for a period of five years, re-electing them for further similar periods, subject to retiral on reaching the age-limit. This procedure continued to be carried out by the Board till 1929 when the revised Clinical Teaching Agreement between the managers and the University Court made provision for its discontinuance.<sup>2</sup>

The first professorial appointment to the Infirmary following the adoption of the age-limit occurred in 1908 when the death of Thomas Annandale, on 20th December 1907, created a vacancy in the regius chair of clinical surgery.

In 1877, Thomas Annandale had been appointed successor to Lister in the chair of clinical surgery. Born in Newcastle-on-Tyne in November 1838, where at the age of fifteen he had received his baptism in surgery in his father's practice, Annandale came to Edinburgh in 1856 to study medicine. After acting as house surgeon with James Syme during 1861-62 and as his assistant in the years that followed, he was promoted

<sup>1</sup> The retiring age of the Principals of the Scottish Universities was fixed at seventy-five years.

<sup>2</sup> Clinical Teaching Agreement, 1929, Article 7: also Article 3 of Appendix relative to the Regulations of the Board of Management.

## FOURTH AND FIFTH ORDINARY SURGEONS

to acting surgeon in the Infirmary in 1869. He was thus intimately linked with the older school of surgeons whose dexterity, rapidity of action, resourcefulness and courage were essentials of their craft, all of which qualities Annandale possessed. "Surgeons are born not made" was a favourite dictum of his which was certainly illustrated in his own person, and both as an operator and as a teacher of clinical surgery he followed closely the methods he had learnt from Syme. Of medium height, sprightly in his walk, neat in his dress, with his coloured necktie knotted in a loose bow after the fashion of his old master, he was a familiar figure in the streets of Edinburgh, saluted by the policemen on duty and by the "cabbies" on the ranks, for all of whom he had a cheery greeting. Himself the soul of punctuality he expected the same from his assistants who, in the early morning, not infrequently found him on his doorstep at 34 Charlotte Square ready to start for the nursing home two or three minutes before the pre-arranged hour. The vacancy in the regius chair was filled by the appointment of Francis Mitchell Caird. Having on his election resigned his appointment as ordinary surgeon to the hospital, he was placed by the managers in charge of two university wards for a period of five years with eligibility for reappointment subject to the condition regarding his retirement at sixty-five.<sup>1</sup>

When the question of delay in promotion of the junior members of the honorary staff had been under discussion, it will be recalled that the suggestion was made that an additional surgical charge should be created with a view to accelerating promotion. Prior to 1904 the surgical beds were distributed amongst five surgeons, the two professors of surgery and three ordinary surgeons, but in that year the managers had promoted to full surgeoncy—and incidentally to full physicianship—the senior assistant surgeon and assistant physician in charge of the two wards assigned for the clinical instruction of women students.<sup>2</sup> Thus an additional or fourth ordinary surgeon had been added to the staff. The creation of a fifth surgical charge

<sup>1</sup> Minutes, Royal Infirmary, 22nd June and 20th July 1908.

<sup>2</sup> Chapter xiv, p. 251.

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followed shortly afterwards, the assistant surgeons again approaching the Board with a view to the appointment of another ordinary surgeon when the chair of clinical surgery should become vacant. It was proposed that the necessary beds should be obtained by taking one ward from the charge of the new professor and one from that of the senior ordinary surgeon, three wards having for many years constituted the charge of each of these two surgeons.

This proposal not unnaturally led to considerable discussion. Objections were raised by the ordinary surgeons who claimed that, in order to overtake the work involved, three wards—with an average of from 60 to 70 beds—were necessary, and that that number was imperative if the instruction of students was to be properly carried out. That the faculty of medicine of the University did not share this view is seen in a resolution of 3rd March 1906, quoted in the minutes of the Infirmary: "The Faculty are not prepared to say that the uniform provision of two-ward charges does not present certain advantages both from the point of view of affording a more efficient means of treating patients and also of affording increased facilities for clinical instruction." Moreover, reports from other hospitals disclosed that 40 beds were the average number allocated to surgeons and, in the Royal Infirmary itself, in the case of one of the surgeons with only 36 beds in his charge as many operations were performed in one year as in one of the three-ward charges. Although the additional surgeoncy would accelerate promotion for a limited period only, it would have the advantage of distributing the students more equally amongst the surgeons, and the sister in charge of two wards instead of three would certainly have her work lightened. The Board of Management by a majority decided that such charges should be discontinued and that a fifth ordinary surgeon should be appointed with two wards allocated to him.<sup>1</sup>

Shortly after the introduction of the age-limit of retirement for all members of the medical and surgical staff of the

<sup>1</sup> Minute, Royal Infirmary, 22nd June 1908.

## REPORT OF LORD ELGIN'S COMMITTEE

Infirmary—a regulation which was to affect their period of service as physicians, surgeons and specialists—the problem of how to improve the system of clinical teaching then in operation in the hospital presented itself in a somewhat acute form. In 1908, the Government had appointed a Departmental Committee, with Lord Elgin as Chairman, to consider the claims of the Scottish Universities to receive increased grants from the Treasury; and the committee, while taking evidence, had their attention drawn to the large number of students receiving their medical education at the Universities of Glasgow and Edinburgh and to the difficulty experienced in providing a sufficient number of patients for their clinical instruction.<sup>1</sup> At Glasgow the problem of supply had been considered and satisfactorily solved by an arrangement with the managers of the Royal Infirmary who had placed their wards, along with the medical and surgical staff, at the disposal of the University of Glasgow, thus supplementing the accommodation at the Western Infirmary in which the greater part of the clinical teaching of university students had hitherto been carried on.

At Edinburgh, where the available beds in the Royal Infirmary were relatively few in proportion to the large number of students attending the hospital, the problem was more difficult of solution. But the recent appointment of two of the ordinary surgeons as lecturers in clinical surgery in the University had effected an improvement in the surgical house by placing at the service of the University more beds and two additional teachers, thus augmenting the number of patients available for clinical instruction and for the purpose of the final professional examinations for the degrees in medicine and surgery. In the opinion of the Elgin Committee full use was not being made of all the resources of the Infirmary: the weakness of the system, long in practice, was not due so much to the lack of patients as to the need for an organisation which would permit more beds and all the members of the medical and surgical staff to be utilised for teaching and examining.

<sup>1</sup> Report of the Committee on Scottish Universities, with a memorandum by Professor G. Sims Woodhead, presented to both Houses of Parliament, 1910.



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In the gradual evolution of the Edinburgh School of Medicine, which has been traced in earlier chapters, it will be recalled that within the Infirmary the physicians and surgeons became differentiated into two groups, the professorial or academical, and the ordinary physicians and surgeons or extra-academical group.<sup>1</sup> In their rôle as teachers in the hospital, the professors instructed and examined the university students who formed the great majority of those attending the Infirmary; the extra-academical group taught and examined the students of the School of Medicine of the Royal Colleges who were preparing for the diploma of the three Medical Corporations in Scotland, but, in addition, they also gave clinical instruction to such students of the University as selected to attend their clinics. Although they examined for the diploma, they took no part in the examination for the university degree, unless, as from time to time was the case, one or more of their number were appointed assessors or co-examiners with their professorial colleagues. The patients in their wards could not be used for purposes of examination save in these circumstances. Consequently the extra-academical teachers who were not at the same time university examiners were placed at some disadvantage, as students not unnaturally desired to obtain part of their instruction from those who were later to test their knowledge. Again, as there was no limitation placed upon the number attending the clinics the distribution of the students throughout the wards was frequently unequal, those of the professors and of the more popular extra-academical teachers being overcrowded while others were sparsely attended; moreover, the large clinic lost some of its value from the absence of personal contact between teacher and taught and overcrowding was detrimental to the comfort of the patients.

The appointment of two ordinary surgeons as university lecturers had been attended with considerable success, leading to a more equable distribution of the students in the clinics and, with the lecturers as examiners, to improvement in the examinations, more patients becoming available for that purpose.

<sup>1</sup> Chapters VIII-IX.

## CLINICAL TEACHING AGREEMENT, 1913

The Elgin Committee, therefore, advocated not only an extension of this system but also the inclusion as university teachers of the assistant physicians and assistant surgeons and, to some extent also of the clinical tutors, so as to increase the numbers of the clinical teaching staff of the hospital. The Memorandum prepared by Professor G. Sims Woodhead and appended to the Elgin Report became the basis of the Clinical Teaching Agreement signed on 20th and 23rd June 1913 by the managers of the Royal Infirmary and the University Court, after consultation with the faculty of medicine and with the physicians and surgeons of the hospital.

Briefly stated, the principle underlying the Agreement was a fusion between the academical and extra-academical groups *quâ* teaching in the Infirmary and, while both should share in the instruction of university students, the latter were to retain their right to teach the students in the School of the Royal Colleges both within and outside the hospital. The Agreement therefore provided for a more equal distribution of students throughout the wards with some limitation in the size of the clinics and with their subdivision into senior and junior students, while the younger members of the staff of the hospital were to participate in the clinical instruction; further, in order to give better facilities for conducting the professional examinations for the degree of the University, the ordinary physicians and surgeons became co-examiners along with their professorial colleagues.

During their term of office on the staff of the Infirmary the ordinary physicians and surgeons were to be designated senior lecturers in the University, the assistant physicians and surgeons as lecturers, and the tutors as university clinical assistants. Hitherto appointments had been made to the honorary staff by candidates applying directly to the whole Board of Management in whose hands lay the selection of the most suitable candidate. But, in future, nominations for an appointment were to be placed in the hands of a Selection Committee of the Board consisting of seven members:—the two University representatives on the Board, one each of the representatives

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of the Royal College of Physicians and the Royal College of Surgeons, and three other members selected from the Board, this committee nominating two candidates for the post of assistant physician or assistant surgeon in order that the Board might select one for the appointment. When a vacancy occurred in the office of ordinary physician or surgeon the same Selection Committee was to nominate one of the assistant physicians or surgeons for appointment by the Board, it being understood and agreed that the senior assistant physician or surgeon should be nominated, unless in the opinion of the committee there were special reasons why they should not be nominated. Clinical Boards comprising the professors and the senior lecturers were also set up to become responsible for the arrangements regarding clinical teaching and for its direction and supervision. Special arrangements were also made for the payment of all the teachers coming within the scheme, with the receipt of honoraria from the University in respect of the instruction given to university students, the senior lecturers, in addition, receiving a proportion of the net amount of the fees paid into a separate clinical account in the University Fee Fund.

Arrangements along very similar lines, and incorporated in the Agreement, were made in one of the special departments of the Infirmary, that reserved for the treatment of the diseases of women, or clinical gynæcology; this was in future to be dissociated—*quâ* teaching—from its old relation with clinical medicine, and to become a separate department of the hospital. The junior of the two gynæcologists on the staff who was an extra-academical teacher was appointed a university lecturer and examiner and the two assistant gynæcologists were also made university lecturers. The method and the terms of their appointment as members of the staff of the Infirmary were on identical lines with those of the physicians and surgeons through nomination of the Selection Committee: honoraria were agreed upon as remuneration for their services as teachers, and a Clinical Gynæcological Board exercised a general supervision over the arrangements connected with the instruction of the students.

## NEW CHAIR OF CLINICAL MEDICINE

In the preparation of the new scheme of clinical teaching in the Infirmary, on the lines just described, the University Court were contemplating a further change which would involve a break in the old association between the hospital and two of the long established chairs in the medical faculty, the occupants of which for many years had been professors of clinical medicine. More than a century and a half had elapsed since "the managers of the Infirmary granted liberty to the Professors of Medicine to give clinical lectures on the Cases of the Patients" and, during the long interval since the days of John Rutherford and his three colleagues, a number of new chairs had been added to the faculty and some of their occupants had acted for a time as clinical professors. But as the duties of the systematic chairs became more arduous and their occupants were less able to devote their time to the calls of the Infirmary, in due course they ceased to act as physicians; so that in 1912 when the Clinical Teaching Agreement was under consideration, the professors of pathology and materia medica, along with the professor of medicine or practice of physic, alone remained on the staff of the Infirmary as three professors of clinical medicine.

The resignation of William Smith Greenfield in the summer of 1912 from the chair of pathology, to which he had been appointed in 1881, paved the way for dissociating that chair from clinical teaching; and, in order that the University might retain its connection with the Infirmary, the Court proposed to found a chair of clinical medicine. With that end in view they expressed the hope that the managers would allocate to the new professor the wards previously in charge of the professor of pathology.<sup>1</sup> At the same time the Court contemplated a change of a similar nature when the chair of materia medica should in due course become vacant, with the expectation that the wards thus vacated would be allocated to a professor or professors of the University. In order that the Board of Management might be consulted prior to the appointment of these professors, a Joint-Committee of seven members was to be appointed, consisting of three chosen by

<sup>1</sup> Minute, Royal Infirmary, 5th August 1912.



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the University Court and of three managers of the Royal Infirmary selected by the Board, with the Principal of the University as chairman: the Joint-Committee would then nominate two persons of whom the Court would elect one as the professor, this procedure to remain in effect as vacancies occurred in these chairs in the future.

When the appropriate Ordinance had been prepared by the Court and approved by Order in Council on 24th June 1913, the Joint-Committee proceeded to nominate two persons to the chair of clinical medicine and, in the following October, the University Court elected William Russell, one of the ordinary physicians to the Infirmary, as the Moncrieff Arnott professor of clinical medicine.<sup>1</sup> Having resigned his appointment as ordinary physician, the managers placed him in charge of the equivalent number of beds previously in the care of the professor of pathology and thereafter promoted the senior assistant physician in the Infirmary to the charge of the beds which William Russell had vacated. The chair of pathology in the University was filled by the election of James Lorrain Smith, a graduate of Edinburgh in Arts and Medicine and professor of pathology at Manchester. Under the terms of the new agreement, he was appointed by the managers as consultant pathologist to the Infirmary on the understanding that when the office of pathologist to the hospital became vacant he would succeed to that post.

With the retirement of Sir Thomas Richard Fraser from the chair of materia medica in 1918, to which he had been elected in 1877 in succession to Sir Robert Christison, the second of the three long-established chairs in the faculty of medicine became dissociated from clinical teaching in the Infirmary, as had been foreshadowed in the Agreement of 1913; and the new occupant of the chair, relieved of this obligation, was free to devote his time to scientific research and to the other duties connected with his professorship.

Sir Thomas R. Fraser during the long period of forty years

<sup>1</sup> The chair of clinical medicine was thus named to perpetuate the memory of James Moncrieff Arnott, a graduate in medicine of the University, and of his daughter Jane Moncrieff Arnott, benefactors of the University.

## CHRISTISON CHAIR OF THERAPEUTICS

as a physician to the Infirmary became one of the outstanding personalities of the Edinburgh School of Medicine. Possessing in a remarkable degree the qualities essential for success as a scientific investigator—the greatest accuracy and care in observation and an inexhaustible patience and persistence—he soon established a reputation through his work on the pharmacological action of such poisons as the Old Calabar bean, on *Strophanthus hispidus*, the African arrow poison with its use in medicine as an alternative to digitalis, and on the snake poisons and their antidotes. As a lecturer he had a happy gift of varying the monotonous descriptions of a series of salts and powders by introducing an illuminating and often humorous account of their actions and uses. But his alert mind found other outlets than the laboratory and classroom. As dean of the faculty of medicine, a member of the University Court, a representative on the General Medical Council, a member of the Council and president of the Royal College of Physicians of Edinburgh and president of the Indian Plague Commission, he had opportunities of exercising his faculties in other directions. Sir Thomas died on 4th January 1920 within a month of his seventy-ninth birthday.

A new chair was created by an Ordinance of the University Court with the object of promoting the subject of therapeutics and of enabling the holder to engage in clinical teaching. To commemorate the eminent services rendered to the science and art of medicine by the late Sir Robert Christison, Bt., the Christison chair of therapeutics was founded in 1918, to which Jonathan Campbell Meakins of Montreal was appointed in the following year as a whole-time professor; and by arrangement with the managers of the Infirmary the beds previously in the charge of the professor of materia medica were allocated to him. Thus the University retained its old connection with the hospital, continuing to give instruction in the wards by three professors of clinical medicine, the professor of practice of physic, the Moncrieff Arnott professor of clinical medicine and the Christison professor of therapeutics.

In 1917 a Supplementary Agreement of a provisional and temporary character was concluded between both parties to

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amend the original Agreement in so far as to give facilities within the Infirmary for the education of the women students attending in large numbers during the war.<sup>1</sup> The opportunity was taken to insert a clause permitting of the termination of the old Agreement by mutual consent at any time, or, on 30th September in any year, after not less than nine months' notice in writing by either party.

The scheme embodied in the Agreement of 1913 was undoubtedly a step in the direction of removing one cause of weakness in the old system of clinical teaching : by making provision for utilising the services of a larger number of the honorary staff as teachers, the students were more equally distributed throughout the wards, the clinics became less overcrowded, and better facilities were obtained for the conduct of the final professional examinations in clinical medicine and surgery. If, through the fusion of the academical and extra-academical teachers, some of the former friendly and healthy competition had disappeared, nevertheless better use was being made of all the resources of the hospital and the position of the medical school as a whole was more firmly ensured against the growing competition of other schools in the country. But some years later it was considered advisable for various reasons to revise the terms of the existing Agreements, some of the clauses of which were no longer applicable, and, by the introduction of new clauses, to effect some much desired improvements.

Following many protracted conferences and discussions, the Board of Management, in March 1929, concluded two new Agreements on more or less identical lines, one with the University Court and the other with the Governing Board of the School of Medicine of the Royal Colleges, both becoming operative as from 1st October 1928. The new Agreement with the University brought within its scope all the departments of the hospital engaged in clinical teaching, both general and special : it continued the system of distribution of the students throughout the several wards, giving both university and extra-academical students, as far as reasonably possible, free choice

<sup>1</sup> Chapter XIV, p. 253.

## CLINICAL TEACHING AGREEMENT, 1929

of teacher, provided that the number did not exceed forty in each clinic unless with the special consent of the Board. It recognised the members of all the clinical departments in the Infirmary as members of the University Clinical Teaching Staff, but in the case of the ordinary physicians and surgeons it discontinued the use of the former term senior lecturers in the University : it entitled any member of the hospital staff to resign his university appointment on giving due notice, without prejudice to his Infirmary appointment ; and further, it provided for equality of status as between all the physicians and surgeons, including the professors, with precedence within the Infirmary in the order of seniority of their Infirmary appointments, unless otherwise determined by the Board. Moreover, the new Agreement continued the appointment of the Joint-Committee of seven persons to nominate two for the election of one by the University Court to future vacancies in the Moncrieff Arnott and Christison chairs ; and it perpetuated the Selection Committee, henceforth to be a Statutory Committee of the Board and named the Clinical Committee, for nomination to the Board of persons as assistant physicians, surgeons and specialists and for their promotion to senior appointments on the staff when vacancies occurred. The Agreement also widened the basis of the composition of the different Clinical Boards by introducing members of the assistant staff and it provided that the secretaries of the Clinical Medicine and Clinical Surgery Boards should be appointed by the University as members of the medical faculty. It revised the financial arrangements previously reached relative to remuneration for teaching and for the payment of the ordinary physicians and surgeons as coexaminers with the professors, and for such assistant physicians and surgeons as might act from time to time as principal examiners.

By a subsequent arrangement between the Board of Management and the University the professor of pathology was recognised as in charge of, and as the official head of, the pathological department of the Infirmary and responsible to the Board for its general supervision and direction, with the title of honorary pathologist. As the nature of the work



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of the bacteriological department of the hospital did not call for the same close supervision by the professor of bacteriology, the latter was appointed to the honorary staff of the hospital as honorary bacteriologist, continuing in his former position as official head of the department, the bacteriologist to the Infirmary consulting with him in matters of major importance.

The successful completion of the new Agreement of 1929 after prolonged negotiations, often of an intricate and delicate character, and the smoothness with which it continues to fulfil its purpose, owe much to the legal acumen, tact and persuasive powers of the late Right Honourable Charles D. Murray, then the representative on the Board of the Senators of the College of Justice and convener of the Special Committee appointed by the managers to confer with the University Court.

The chapter closes, as it opened, on a somewhat sombre note, again recording the loss to the hospital of many who had given to it years of valuable service. In the short pre-war period of the new century the ordinary accidents associated with routine retirements, with unexpected resignations for reasons of ill-health or other causes, and the vacancies caused by death, accounted for more than the average number of changes usually met with in the personnel of the medical and surgical staff in other periods of similar duration. No fewer than twenty-three members passed from the active list during the years 1900 to 1913; ten joined the consulting staff as they reached the statutory limit of their period of active service, eight resigned—six on account of ill-health and two voluntarily—and of the remainder, death claimed five.<sup>1</sup>

At a time when the Edinburgh School of Medicine was specially fortunate in its group of able teachers, Sir John Halliday Croom, as an extra-academical lecturer in midwifery, enjoyed a popularity which was the more remarkable as his short course of lectures did not qualify for the degree in medicine.<sup>2</sup> He took infinite pains in their preparation and

<sup>1</sup> In 1900 the active honorary staff numbered forty; in 1913 the staff had increased to forty-six.

<sup>2</sup> This course of lectures covered a period of three months, the qualifying course being six months.

## PERSONALITIES OF THE PAST

no medical student considered his education complete without attendance at his class. Tall, erect, and immaculately dressed, his forceful personality held his audience; and his presentation of the subject, enriched by a strong sense of humour and a felicitous choice of illustration culled from an abundant store of facts, made an indelible impression upon his listeners, teaching them as no text-book could ever do. His retirement from the staff of the Infirmary in 1901 did not terminate his active career as, in 1905, he was elected to the chair of midwifery in the University on the retirement of Sir Alexander Russell Simpson, thus continuing to give to further generations of students the fruits of a ripe and extended experience.<sup>1</sup> In 1909 John Chiene resigned the chair of surgery to which he had been elected in 1882 as successor to James Spence, and with his retiral from the Infirmary he severed a long association of thirty-eight years. A faithful and ardent disciple of Lister he taught and practised the antiseptic treatment in the early days of its introduction, and he fought Lister's battle in the wards of the hospital after he left Edinburgh for London. Beneath a somewhat rugged exterior Chiene had a very human and sympathetic interest in his fellow-men and his students will long remember his many acts of kindness. He early recognised the importance of giving facilities for research to the young graduate and, on his appointment to the chair of surgery, established in his department the first bacteriological laboratory in the University.<sup>2</sup> The year 1912 saw the retirement from the Infirmary of Sir Byrom Bramwell, a graduate of the University in 1869, and one of the numerous Englishmen who, from time to time, have brought distinction to Edinburgh in Medicine, Science and Arts. After spending ten years in North Shields and Newcastle-upon-Tyne he recrossed the Border to return to the city in which he had spent his student days. Commencing at once to teach medicine in the extra-academical school he joined the staff of the Infirmary in 1882 as pathologist, the first step to his future appointment

<sup>1</sup> Sir J. Halliday Croom died on 27th September 1923, aged seventy-six years.

<sup>2</sup> Professor John Chiene, C.B., died 29th May 1923, aged eighty years.

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as assistant physician and to his goal as physician. His commanding presence and impressive manner, his clear and concise delivery, arrested the attention of his students and, from his accumulated knowledge of clinical facts gained from years of exact observation, he expounded the essential features of the disease from which the patient before them suffered and on which he had based his diagnosis. A voluminous writer, covering a large field of medicine, he embodied his personal experience of diseases of the nervous and circulatory systems in several volumes which, widely read, enhanced his reputation and that of the school in which he was an ornament. But perhaps he is best remembered by his Wednesday "Duck Pond" clinics. They were models of what clinical instruction ought to be, and many old students of Edinburgh must retain vivid recollections of the masterly way in which on these occasions he presented and illustrated the essentials of medicine.<sup>1</sup>

One member of the consulting staff of the Infirmary calls for notice at this time. When Douglas Argyll Robertson died in 1909, while on a visit to India, ophthalmology lost one of its most eminent exponents, a man with a world-wide reputation, and the medical profession in Edinburgh mourned the death of him who for twenty-nine years, from 1867 to 1896, had been a distinguished member of the staff of the hospital and a lecturer in diseases of the eye. A dignified figure in his grey frock coat and top hat, his tall and athletic frame, his handsome features and air of distinction, combined with a genial and old-world courtesy of manner, made him conspicuous in any assembly.

With the passing of the Victorian era, the silk hat and the frock and morning coat, so long recognised as the correct dress of that period, have disappeared and, with the advent of the twentieth century, physicians and surgeons have lost something of the dignity and impressiveness of their fathers. Save on special occasions, the lounge suit and the soft Homburg hat, or one of its many variations in neo-Georgian times, have replaced the once familiar professional costume. The motor

<sup>1</sup> Sir Byrom Bramwell died on 27th April 1931, aged eighty-three years.

## PASSING OF THE VICTORIAN ERA

car has been substituted for the smart brougham and the high swung C-spring carriage with its pair of horses and, with the coming of the automobile, the slower and more stately means of progression has been displaced. If there be moments of regret at the disappearance of those dignified figures and the more leisurely means of transport, there is undoubtedly the gain in personal comfort and in the time- and life-saving powers—sometimes, alas! life-destroying—of the modern motor car. *Autres Temps, Autres Mœurs!*