

# CHAPTER XIX

## THE IMMEDIATE POST-WAR YEARS

### 1920-1928

VISIT OF ROYALTY—A FURTHER PERIOD OF EXTENSION—THE CLINICAL MEDICINE LABORATORY—THE NEW RADIOLOGICAL DEPARTMENT—LECTURESHIP IN RADIOLOGY—BEECHMOUNT—DENTAL DEPARTMENT—VENEREAL DISEASES DEPARTMENT AND LECTURESHIP—TUBERCULOSIS, PSYCHIATRY, TROPICAL DISEASES—SOCIAL SERVICE DEPARTMENT—DIETETIC DEPARTMENT—ASTLEY AINSLIE INSTITUTION—RETIREMENT OF OFFICIALS.

In the summer of 1920, with conditions gradually becoming normal, the Infirmary received an unexpected visit from King George and Queen Mary, accompanied by their daughter, Princess Mary. The visit was of a purely informal character and was not part of the official programme which included the ceremony of the laying of the Foundation Stone by His Majesty of the Department of Chemistry, the first of the new science buildings of the University at "The King's Buildings," and the laureation of Queen Mary as an Honorary Doctor of Laws. After inspecting a surgical and a medical ward Their Majesties graciously responded to the invitation of the resident physicians and surgeons to inscribe their names upon the old dining-room table in the "Residency." On an oval area on the central leaf beneath the date 5th July 1920, are clearly carved in the wood the signatures, George R.I., Mary R. and Mary, a permanent record of a delightful visit which will not readily fade from the memory of those who were privileged to be present.

The dining table used by the resident medical and surgical officers, "bearing the means of sustenance of the present, and the names of the past, residents," while from time to time enlarged as their number increased with the expansion of the hospital, new leaves being substituted for the old as the names accumulated, is one of the "vestigia" of historic



Photograph of part of the Dining-Room Table in the Residency of the Royal Infirmary on which are carved the names of past and present house physicians and house surgeons. On the centre leaf are the signatures of Their Majesties King George V. and Queen Mary and of H.R.H. Princess Mary, commemorating their visit to the hospital on 5th July 1920.

## CLEANING, PAINTING AND REPAIRS

interest in the Infirmary. For more than sixty years each resident has carved his name upon its surface, but unfortunately time, assisted by repeated scrubblings, has rendered undecipherable many of the names inscribed in the days when the table, along with the horse-hair sofa and chairs, stood in the small and somewhat dingy dining room of the old Infirmary built out from the south side of the medical hospital : its windows faced the line of the Flodden Wall and the houses in Drummond Street beyond, while conspicuous in the foreground was an ancient cherry tree which blossomed annually but was reputed never to have borne a crop of fruit.<sup>1</sup>

The report on the internal condition of the Infirmary prepared by the Superintendent—to which reference has been made in the previous chapter—constituted the basis of the appeal to the public launched in the spring of 1920 : it not only placed emphasis upon the wear and tear of the existing fabric and the urgent necessity for immediate attention, but, in addition, the report stressed the need for enlargement of some of the departments and for the provision of new buildings. An essential and frequently recurring item in hospital expenditure which is apt to be overlooked by those interested in the welfare of such an institution as the Royal Infirmary, but who are not concerned in its management, is the large outlay on cleaning, painting and repairs to maintain the buildings in a proper state of preservation. This expenditure, like that more frequently exacted by the progressive developments in the science and practice of medicine, must be met from time to time if a hospital is to keep its reputation as a modern House of Healing ; and, in illustration of the cost entailed in preserving the fabric of the Infirmary, it is necessary to cite only one item, the sum of £35,000 estimated after the war as requisite for the repainting of all the pavilions and administrative buildings.

Less than twenty-five years had passed since a new system of lighting and heating had been introduced and the scheme

<sup>1</sup> "The Edinburgh Royal Infirmary Old Residents' Club," by Alexander James, M.D., *Scottish Medical and Surgical Journal*, 1898, p. 136. The earliest names carved on the oldest leaf are those of residents between 1870 and 1879.



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of drainage entirely remodelled, when it was again considered imperative to instal new plant for steam heating and for an improved hot-water service throughout the hospital, the cost of which was estimated at £16,000. Extension of the kitchen, in order to give greater facilities for independent cooking arrangements for the nurses, who numbered from 320 to 350, was also very desirable: each day thirty-one different types of meals were prepared and nearly 1400 persons in the hospital were provided with food, so that it was not surprising that some delay occurred in the preparation of the daily dinner. When so much important work required attention the managers were fortunate in obtaining the services of Mr Thomas W. Turnbull appointed as the new Clerk of Works in February 1920.<sup>1</sup> His promotion as architect in June 1929 was a well-merited recognition of his ability and skill in hospital design and construction, all the extensions subsequent to his appointment as clerk of works being built according to his plans.

The period immediately following the occupation of the new Infirmary in 1879 had been one of continuous progress in medical science, and the hospital, accepting its responsibilities, had responded to the best of its ability to the many calls made upon its finances. But, with the advent of the twentieth century, scientific research had disclosed fresh avenues of approach to the study of man's body in health and in illness: experimental methods of investigation in the laboratory were becoming of greater assistance to the physician and surgeon in their work in the wards, supplementing both clinical observation at the bedside and the knowledge gained by the examination of the patient's body after death. The new physiology and the study of the chemistry of the body in the living were teaching the clinician not only the chemical processes controlling its normal functions, but the means of detecting very early departures from the normal, before pathological changes in the structure of the body were recognisable. Hence the diagnosis of disease in its incipient stages and its appropriate early treatment were becoming

<sup>1</sup> In 1924 the title of Clerk of Works was changed to that of Master of Works.

## CLINICAL MEDICINE LABORATORY

greatly assisted and the practice of medicine placed on a less empirical basis than formerly. But biochemistry was not the only recent avenue of exploration: clinical medicine and surgery were still further reinforced by the progress made in the science of physics: the greatly extended employment of the X-rays with the more accurate interpretation of the nature of the changes which they revealed were facilitating diagnosis, while their therapeutic value, along with that of radium, was enhanced as a more exact knowledge of their specific action upon the tissue cells was ascertained. Further, the experience gained in the treatment of war injuries had contributed to a fuller appreciation of the value of heat, light, massage and graduated exercises as remedial measures, rendering necessary the provision of more commodious premises and a larger staff of remunerated experts. The time had also arrived when more attention was being paid to the care of the patient after his or her discharge from hospital during the important period of convalescence: consequently, appropriate departments and a "follow-up" system permitting of closer contact with the patient in his own home were becoming indispensable. To meet these increasing demands expansion of the Infirmary at a very early date was essential: although the ordinary revenue in 1920, in response to the special appeal made in the month of March, was much larger than that of the previous year, it still failed to meet the ordinary expenditure which, exceeding all former records, had reached the sum of £130,668.

Amongst the new departments established within the Infirmary in the post-war period, one of the most important was the clinical medicine or biochemical laboratory as an integral part of the scientific equipment of the hospital; but before proceeding to describe the building and what led to its foundation, reference may appropriately be made to an earlier attempt to bring experimental physiological investigation into closer association with the clinical work of the physician in the wards. It is necessary therefore to revert to the year 1910, when, through the influence of George

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Alexander Gibson, one of the physicians-in-ordinary from 1900-1913, with a wide reputation as a specialist in diseases of the heart, a small laboratory was opened for their special study. Through the generosity of an anonymous donor a Clinical Research Trust was founded, the income from which was to be devoted to the investigation of cardiac disease. Recent observations had revealed the importance to be attached to the condition of the muscles of the heart, their capacity for maintaining the circulation of the blood, even when disease of the valves was present, and their power of recuperation, being the real proofs of cardiac efficiency. The introduction of the electrocardiograph, an instrument of great precision, had provided the means of accurately studying and testing the action of these muscles both in health and disease. Accordingly, accommodation was obtained for a small laboratory, and a room previously occupied by one of the indoor porters of the hospital was fitted up with the necessary apparatus, electrical supply being installed and placed under the charge of Harry Rainy, one of the assistant physicians. The laboratory was opened on 1st October 1910 by the late Sir Clifford Allbutt and, for a number of years, valuable work was carried on in premises which certainly could not boast of the advantages of the more modern laboratory.<sup>1</sup>

Ten years elapsed before the next step was taken to develop coordinated work between the clinician and the physiologist. In 1920, on the suggestion of the medical and surgical staff, the managers resolved to utilise as a biochemical laboratory the small building erected in 1885 as an isolation and observation ward, when the Town Council of Edinburgh became responsible for the treatment of all cases of infectious fevers occurring in the city.<sup>2</sup> The cost of converting the building for its new purpose, estimated at £875, was met partly by the Infirmary and in part by the University Court, the latter also undertaking to meet the expenditure upon the fittings and equipment. Regulations for the conduct of the laboratory were drawn up and approved by both bodies,

<sup>1</sup> When the new Clinical Medicine Laboratory was opened in 1928, the electrocardiographic apparatus was transferred to it.

<sup>2</sup> Chapter xv, p. 276.



WARD IN THE MEDICAL HOUSE, ROYAL INFIRMARY



## CLINICAL MEDICINE LABORATORY

an advisory committee was appointed and the Christison professor of therapeutics, Jonathan Campbell Meakins, was placed in charge.<sup>1</sup> The function of the new laboratory was twofold: to give opportunities for research to the professor and his assistants in the department of therapeutics, and to furnish reports to the medical staff of the hospital on behalf of the patients under their care in the wards. The reporting work which was of a highly technical character increased to such an extent during the first twelve months that an addition to the staff of the laboratory became necessary, the advisory committee recommending the appointment of a whole-time thoroughly trained biochemist.<sup>2</sup>

Such were the small beginnings of a scheme of collaboration which was shortly to develop on a considerably larger scale. During the summer of 1923 the medical faculty of the University had been contemplating a rearrangement of the departments of medicine and surgery and, with that in view, the Court had sought the cooperation and financial assistance of the Rockefeller Foundation in New York. The proposals put forward had been favourably received by that body, so that in the month of December the University Court learnt that there was no longer any doubt as to the realisation of their plans which included a biochemical or clinical laboratory. For this purpose the Rockefeller Foundation was prepared to make a contribution to the University of a sum of £35,000, of which £33,000 would defray in part the cost of the construction of the building, while the remaining £2000 would assist in its initial equipment, provided always that the site was found upon the property of the Infirmary and that an assurance was obtained that the additional cost of the future maintenance of the laboratory was secured. The object which the Foundation had in view in the creation of the building was "the provision of higher teaching and research in the clinical subjects with especial reference to the development of a true university clinic under the direction of Professor Meakins."

<sup>1</sup> Minutes, Royal Infirmary, 1920 and 1921.

<sup>2</sup> Minute, Royal Infirmary, 7th August 1922.

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After the terms of this offer had been communicated to the managers of the Royal Infirmary and a committee of the Board appointed to confer with the University Court, an agreement was reached in July 1924, the site selected and the preparation of the plans entrusted to Mr Turnbull, the master of works. The choice of site had presented considerable difficulty as few open spaces remained on the property of the Infirmary capable of furnishing an area suitable for a building of the size desired, while the ground recently chosen for the new radiological department had reduced still further the field of selection. Eventually, however, this was acquired by taking part of the garden on the south side of the Superintendent's House—which incidentally deprived him of his tennis court—the ground at the east entrance to the medical house, once occupied by the old carriage shed or the motor shed used by the staff, and by incorporating part of the east medical lecture theatre. In addition to the facilities offered by the laboratory, the scheme included the provision of two small wards for male and female patients, each containing six beds, for the observation and treatment of such patients as required particular clinical investigation and special dieting, for whom the general wards of the hospital were not so suitable: these patients remained either under the care of the members of the honorary staff recommending them, or were placed, if desired, in the hands of the physician in charge of the department of therapeutics.

Construction was commenced in June 1926, tenders having been accepted estimating the total cost at £27,366 which was considerably less than the sum assured by the Rockefeller Foundation. The laboratory was ready for occupation in 1928, but as Jonathan Meakins had resigned the chair of therapeutics in 1924 on his appointment as professor of medicine and director of the department of medicine at McGill University, Montreal, his successor in the Christison chair, David Murray Lyon, assumed the directorship. On its completion the laboratory became the property of the managers of the Infirmary who were responsible for the maintenance of the fabric and for the expenditure connected with cleaning and

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painting, heating and lighting, and for the necessary electrical power supply. The University Court, on the other hand, met the expenses of the staff required for teaching and research and the outlays upon equipment and chemical materials. The new building provided scope for work on a more extended scale than that carried out in the old laboratory, all the members of the medical and surgical staff having the privilege of using the accommodation provided for research. The routine reporting work on behalf of the patients in the Infirmary continued to increase in volume and year by year made greater demands upon its resources.

Coincident with this undertaking the managers had to face the more serious problem of the reorganisation of the Medical Electrical Department. Since its inauguration by their predecessors in its cramped and somewhat makeshift quarters in an obscure corner of the surgical house, this special branch of science in its application to medicine had become more and more essential to nearly every department of the hospital. The accommodation which had served, however imperfectly, to meet the requirements in 1896 had become hopelessly inadequate in 1920, notwithstanding more than one attempt to enlarge it and increase its efficiency. Nothing less than an entirely new building would serve the purpose and, at the earnest desire of the medical and surgical staff, the reforms, which had been discussed in 1914 but necessarily abandoned during the years of the war, were again given consideration; and, while plans were being prepared for the erection of a modern pavilion, temporary expedients were introduced and accommodation was found for the massage staff in the surgical out-patient department. In 1923 a special committee of the Board was appointed under the convenership of Sir James Hodsdon, K.B.E., to whose untiring industry, sound practical judgment and efficiency as convener, the Infirmary owes a lasting debt of gratitude.

A central situation was selected upon unoccupied ground between the surgical and medical houses on the east side of, and contiguous to, the long corridor and balcony connecting



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these two sections of the hospital, so that it might be made readily accessible to both houses. In the basement which contained the heavy electrical machinery, were the mechanics' work-shops, the stores and the safe for radium: the first floor accommodated the radiographic apparatus necessary for diagnosis and treatment, for X-ray screening, deep X-ray therapy and dental X-ray work along with the photographic and dark rooms for the development of films, and a large room for purposes of demonstration and teaching. The second floor constituted the department of massage and physical therapeutics, with a gymnasium and rooms for general electrical treatment, light and heat therapy and accommodation for the necessary staff. In planning the internal arrangement the committee had the valuable assistance of Robert Knox, radiologist to King's College Hospital, one of the foremost authorities on the subject in the country, who acted throughout as honorary expert adviser. The cost of construction including part of the fittings and equipment was £39,500, to which required to be added a further sum of £9087 for the installation of the X-ray plant, thus bringing the total expenditure to £48,587. This outlay was met in part by the gift of £15,000 from the City of Edinburgh Branch of the British Red Cross Society and in part from the balance of the money received in response to the special appeal to which more than one reference has been made.

The department, which offered unrivalled facilities for the purposes for which it was planned, was completed in the summer of 1926 and the official opening ceremony was performed on 9th October of the same year by H.R.H. the Duke of York who was accompanied by H.R.H. the Duchess of York.

The increased cost incurred in maintaining the new building with its larger and more highly paid staff was at once reflected in the figures disclosed in the accounts of the annual ordinary expenditure of the hospital. In 1922-24, prior to its opening, the upkeep, equipment and appliances in the old department cost £2346 and, in 1926, in which year the work in the new department was carried on for six months, a sum of £4071 was expended; but, in 1929, the outlay had been more than

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doubled, totalling a sum of £9027.<sup>1</sup> These figures supply striking proof, if such were needed, of the constantly increasing strain upon the finances of the Infirmary in meeting the demands of one department, nor do they include the extraordinary expenditure on new plant, a frequently recurring item.

From the first it was anticipated that the new department would require to be placed in charge of a whole-time medical officer and, further, that the growing importance of radiology as a branch of medicine would necessitate the provision of suitable facilities for the instruction of the student and graduate. For a number of years the work of the department had been carried on by three part-time officers; but in 1925, Dawson F. D. Turner, who had latterly acted as extra-medical electrician for the treatment of patients requiring radium, retired and was placed on the consulting staff and, in the following year, William Hope Fowler and Archibald McKendrick on the completion of their period of service as medical electricians were made consulting radiologists. The way was thus open for a change in administration. Dawson Turner and Hope Fowler, like other devoted pioneers in the work of this young science, had not escaped the physical disabilities supervening upon repeated exposure to the röntgen rays before satisfactory precautionary measures had been rightly understood: Turner did not long survive his retirement, dying on Christmas Day, 1928.<sup>2</sup>

In a communication from the managers of the Infirmary to the University Court in June 1923, the suggestion was made that the Court should consider the institution of a lectureship in medical electrical therapeutics and radiology and that the lecturer should be the official appointed by the Board as radiologist to the Infirmary. The proposal was favourably received by the Court, but on the understanding that the University should have "an adequate voice" in the selection of the person whom the managers might appoint in charge of the department. When in the following year the Board

<sup>1</sup> In 1935-36 the ordinary expenditure in the department was £12,700. This item as well as those of 1926 and 1929 included the salaries of the staff.

<sup>2</sup> William Hope Fowler, C.V.O., died on 4th October 1933.

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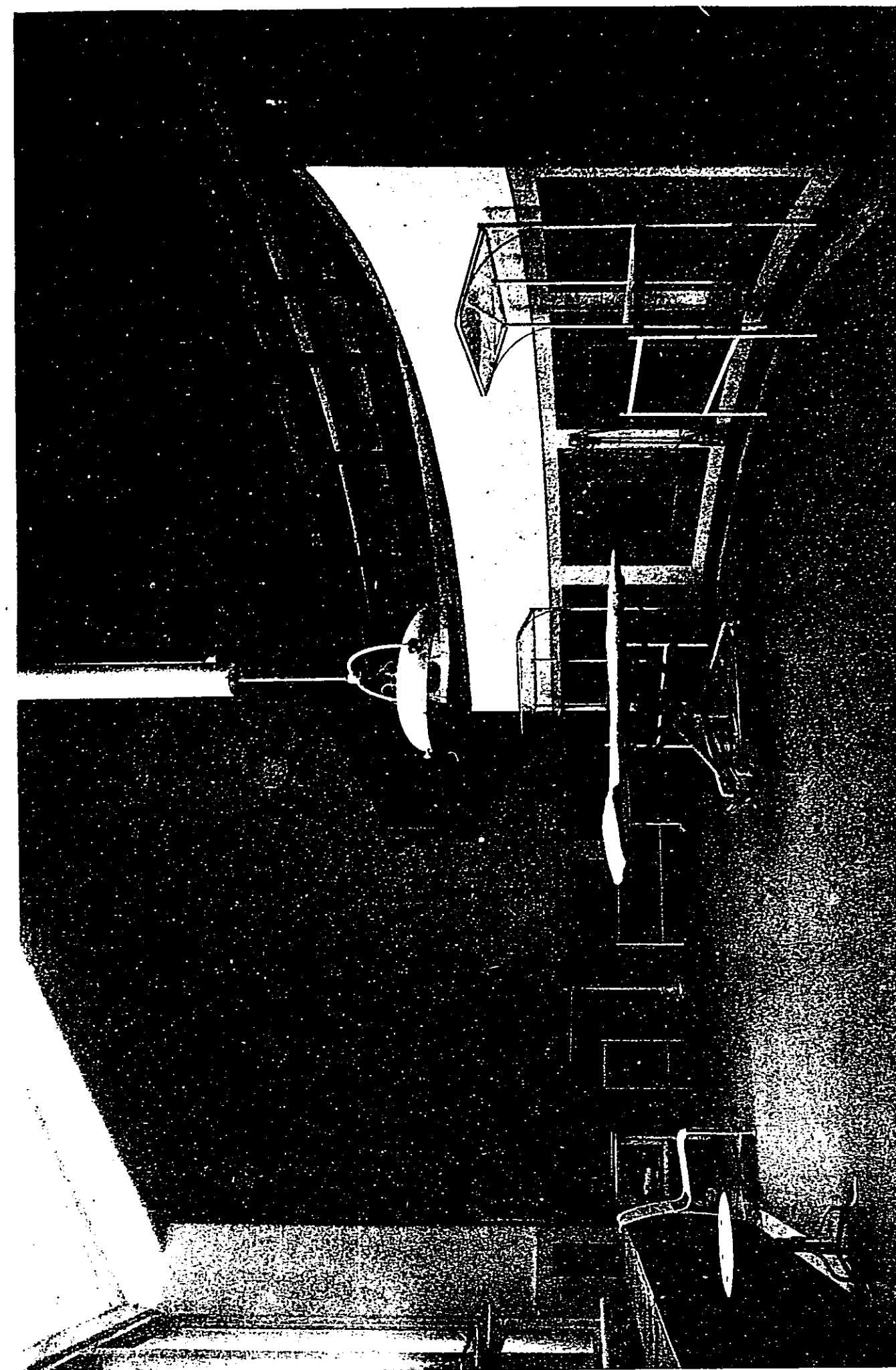
decided to recommend as medical officer, John Miller Woodburn Morison, then the head of the radiological department at the Manchester Royal Infirmary, the University Court concurred in the recommendation and appointed him lecturer in radiology as from 1st June 1925, agreeing to contribute £400 towards his salary on the condition that the equipment of the department should be available for the instruction of students without further charge on the University.<sup>1</sup> Subsequently, in 1926, the University Court established a diploma in radiology open to graduates in medicine and surgery of the University, and to candidates holding corresponding degrees or qualification of some other licensing body registrable with the General Medical Council in Great Britain, or of such other universities or medical schools recognised for the purpose by the University Court.

In the massage and physio-therapy department on the second floor of the radiological building an increasing number of patients came under treatment each year; and, in 1929, three years after the department was opened the new patients numbered 2200 and the return visits 50,000, with an average daily attendance of 200 patients.<sup>2</sup>

The increasing demand for the employment of radium in the treatment of cancer and other diseases led the managers towards the end of 1928 to give serious consideration to the establishment of a complete radiological institute under their management and direction. As the additional beds required for the care of these patients could not be readily obtained within the Infirmary itself, they decided to reconstruct and equip with the necessary plant the mansion house of "Beechmount"—property bequeathed to the Infirmary in 1926—situated on the southern slope of the high ground at Murrayfield on the western outskirts of the city. But the scheme as originally contemplated was not proceeded with when the Royal Infirmary, shortly afterwards, became recognised by the National Radium Commission as the

<sup>1</sup> Dr J. M. Woodburn Morison resigned the dual appointment in 1930 on his election as Director of the Radiological Department, the Cancer Hospital, Fulham.

<sup>2</sup> In 1936, new patients, 3680; return visits, 68,000; average daily attendance, 300.



A MODERN OPERATING THEATRE IN THE ROYAL INFIRMARY



## THE DENTAL DEPARTMENT

National Radium Centre for Edinburgh and the South-Eastern Area of Scotland. Beechmount was, however, fitted up as an Auxiliary Hospital to accommodate approximately forty patients before and after receiving radium treatment in the Infirmary. But the story of the Infirmary as a National Radium Centre and the coordination and expansion of its work in the fight against malignant disease post-date the period covered by this narrative and must be left to a future historian to record.

From time to time the attention of the managers was drawn to the necessity of providing more adequate dental treatment for the patients admitted to the wards of the Infirmary. As far back as 1863 a dental surgeon had been appointed to the honorary staff, the position being held for twenty-five years by John Smith, a Fellow of the Royal College of Surgeons of Edinburgh and its president in 1883. After his resignation from the post in 1888 the staff of the Dental Hospital and School, which occupied premises from 1889 to 1893 in Lauriston Lane rented from the Infirmary, gave gratuitous dental service to the patients in the Royal Infirmary and, by arrangement with the managers, conducted short courses of instruction in dental surgery for the more advanced students of medicine. But the transference of the Dental Hospital to Chambers Street terminated this arrangement and a surgeon was again appointed to the Infirmary. Following representations made by the medical and surgical staff that more facilities should be provided, an assistant dental surgeon was added to the department. As this failed to satisfy the growing needs of the Institution additional appointments were made so that in 1927 as many as six dental surgeons had been appointed, thus providing a daily service.

Prior to the conclusion of the war the Local Government Board for Scotland<sup>1</sup> had prepared a scheme and drafted regulations for the care and treatment of those suffering from venereal disease, which, if carried into effect, would establish for the first time within the Infirmary a Venereal Diseases

<sup>1</sup> Afterwards the Department of Health for Scotland.

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Department. Since the early days of the hospital this group of patients had been treated in beds specially set apart for the purpose, but the wards had not been assigned to the care of a specialist, having been allocated from time to time to different members of the surgical staff. The scheme projected an entirely new form of administration and, as the success of the measures proposed would depend in great part upon the active cooperation of the large general hospitals with the Local Authorities in the various areas, the managers of the Infirmary, on the suggestion of the Local Government Board, appointed a committee to confer with the Public Health Committee of the Town Council: following their deliberations a satisfactory working scheme was drawn up and the terms of the co-partnership were finally approved in December 1918.

Briefly, it embodied the provision within the Infirmary of the necessary accommodation and facilities, while each party to the agreement was responsible for the administration of its own particular part of the scheme. The selection of a clinical medical officer and assistant medical officer to take charge of the department was made by a Joint-Selection Committee of the Corporation of the City and the managers of the Royal Infirmary, the names of the candidates thus nominated being then submitted to the Corporation for election as clinical medical officers, and to the managers for election as members of the honorary staff of the Infirmary with all the rights and privileges of that position. Their duties as officers of the Corporation were under the direction, supervision and control of the medical officer of health of the city, and those in the Infirmary under the sole and entire control of the managers of that Institution. To complete the staff necessary for the work of the department two assistant clinical pathologists were appointed by the Board of Management. The financial expenses connected with the scheme were to a large extent met by the Corporation who paid the salaries of the clinical officers and pathologists, made allowances towards salaries and wages of nurses and attendants, for material used in the necessary examinations, and for part payment for board and lodging of such patients resident in

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the city who required indoor treatment within the hospital. The managers, however, reserved to themselves the right of treating, either as in-patients or out-patients, those residing outside the jurisdiction of the Corporation of Edinburgh, and of receiving payment for the same from the different Local Authorities concerned, with the right also to direct and control the whole internal arrangements of the department within the Infirmary.

On 22nd September 1919, the Board of Management accepted the recommendation made by the Joint-Selection Committee and appointed David Lees, D.S.O., a graduate of Edinburgh and the first elected clinical medical officer, to be a member of the honorary staff of the Infirmary and to conduct the work of the new department. David Lees, after active service in France during the early years of the war, had received special training in this group of diseases in the military hospitals at Newcastle and Glasgow and had been adviser to the Derbyshire County Council: with exceptional administrative ability he was eminently qualified to undertake the duties of the post assigned to him and to lay the foundation of the department.<sup>1</sup>

The creation of a lectureship in venereal diseases in the University, already contemplated, was not long delayed, and after the faculty of medicine and the Senatus had approved of the introduction of a course of obligatory instruction in the subject as part of the medical curriculum, the University Court agreed to the appointment of David Lees as lecturer from 1st January 1920, the Corporation of the city concurring in this decision.

Other departments, to which beds were not attached and which might be more appropriately termed sub-departments within the field of general medicine and surgery, were instituted at this time. In 1922, when Sir Robert William Philip, professor of tuberculosis in the University since 1917, completed his term of fifteen years as ordinary physician to the Infirmary, he was appointed by the managers physician consultant in

<sup>1</sup> David Lees died on 25th March 1934, aged fifty-four years.



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tuberculosis, so that his colleagues on the staff might continue to have the benefit of his valuable opinion and long experience in diseases of the lungs. The title "consultant" was employed to designate an office intermediate between that of ordinary physician and consulting physician to the hospital, the position carrying with it certain regular duties, such as attendance at bi-weekly clinics to which patients were referred from the general wards for consultation.<sup>1</sup> Another appointment on similar lines was made in 1923 when George Matthew Robertson, professor of psychiatry in the University and superintendent of the Royal Edinburgh Hospital for Mental and Nervous Disorders was made physician consultant in psychiatry. As far back as 1902 a movement had been made to establish such a department in the Infirmary, but, although the honorary staff generally approved of the scheme, neither the finances of the hospital nor the necessary accommodation were available.<sup>2</sup> A few years later, in 1929, a position on the staff of the Infirmary was assigned to the lecturer in the diseases of tropical climates, Lieut.-Colonel Edward David Wilson Greig, C.I.E., I.M.S., retired. Since his appointment as lecturer in 1924 the systematic instruction in the course for the diploma in tropical medicine had been given in the University buildings, while the facilities for clinical teaching had been placed at his disposal by the physicians in the hospital. But accommodation in the University being no longer at his command, arrangements were made that in future the systematic teaching and research should be carried on in the clinical laboratory, as the Deed of Gift permitted of its use for higher teaching in medicine (p. 331); and in order that the lecturer might have an official status in the Infirmary, the managers appointed Colonel Greig physician consultant in the diseases of tropical climates.

For many years by the aid of the Convalescent House at Corstorphine the medical and surgical staff had been able to

<sup>1</sup> The term surgeon consultant had been employed in 1921 when the writer, on the termination of his period of service, was appointed as such in the Ear, Nose and Throat Department.

<sup>2</sup> Minutes, Royal Infirmary, January, March, July 1902.

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maintain contact for a short period of time with a limited number of patients after their discharge from the wards, and with others again, if desired, through the assistance of the Ladies' Committee and Almoners of the Royal Infirmary Samaritan Society. This Society, founded in January 1879, the year in which the new Infirmary was opened in Lauriston Place, rendered valuable help in various ways to the specially necessitous cases by providing small weekly payments to families whose bread-winners, while in hospital or even after leaving the Institution, were unable to work; it also supplied clothes, artificial limbs and other necessities and arranged for the provision of diets in particular cases. The Society thus formed a temporary link between certain of the recently discharged patients and the Infirmary, but no organised general "follow-up" system existed.

The years subsequent to the war, however, saw considerable expansion of the social service movement and a greater effort on the part of voluntary organisations to participate in various aspects of social welfare, necessitating a demand for trained workers in that field. In 1923, at the request of the University School of Social Service, the managers granted permission to the lady pupils to obtain practical training by visiting the necessitous medical out-patients in their homes and by giving them assistance on lines somewhat similar to those so long provided by the Samaritan Society. The success attending the movement led to the inauguration in 1924 of a social service scheme, the Society's almoners continuing to undertake on behalf of the in-patients the work they had formerly done, while a new Social Service Department with its own staff of three almoners became responsible for the care of the out-patients. Amongst the manifold activities of this department may be mentioned the provision of grants to patients requiring special diets, the supplying of insulin for diabetic patients, arrangements for the attendance of Queen's Nurses at their homes, and monetary help from the Public Assistance Authorities and in special cases from the various relief societies. The almoners also kept in touch with those receiving grants from certain funds administered by the Infirmary, such as the

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Murray Keith Fund and the Stedman and Charles Black bequests. But the new service was of further material assistance by acting as a "follow-up" department both in town and country and in tracing patients when special lines of investigation were being carried out by members of the honorary staff of the hospital. As an illustration of the extent of its work during the year 1928-29, 1939 visits were paid by the almoners and interviews were held with 6209 individuals.

With the establishment of the Dietetic Department in April 1924 and the appointment of a whole-time Sister Dietitian, there was introduced another organisation contributing to the health of many former patients by instructing them as to the nutritional value of simple articles of diet and the importance of a proper scheme of meals. In numerous instances a better standard of health was thus preserved, making readmission to hospital unnecessary and leaving beds available for the treatment of cases of greater urgency. With diets planned in the department according to the physicians' prescriptions many patients were enabled to continue their work and several hundreds attended the department every week. In 1928 a diet-kitchen was opened in connection with the two small wards attached to the clinical laboratory (p. 332) and patients in these wards were served with specially cooked meals when a complicated diet was desired.<sup>1</sup>

An exceptional opportunity of continuing the supervision and treatment of patients, whose illness involved a prolonged convalescence, was presented to the Infirmary through the munificent bequest of the late David Ainslie of Costerton, Midlothian, a landowner and a successful stock exhibitor who died in 1900. In his Trust-Disposition and Settlement he directed his trustees, after the expiry of fifteen years, to apply the residue of his estate to "the purpose of creating, endowing and maintaining a hospital or institution to be called the Astley Ainslie Institution for the relief and behoof of the convalescents in the Royal Infirmary of Edinburgh. . . ."

<sup>1</sup> A School of Dietetics was founded in the Department in 1934 under the supervision and instruction of Sister Ruth Pybus. In 1936 the new patients seen at the Department numbered 1262 and the return visits numbered 14,056.

## THE ASTLEY AINSLIE INSTITUTION

As the war, with the consequent restrictions on building, postponed the commencement of operations, it was not till 1921 that the Court of Session approved a Deed of Constitution and Trust, and a Board of twelve governors was formed, five of whom were appointed by the managers of the Infirmary from their own members, with Sheriff Gerard L. Crole, K.C., one of the representatives of the Infirmary, as the first chairman.

The site selected for the Astley Ainslie Institution was ideal for the purpose. The several properties purchased in the Grange district of Edinburgh, covering an area of nearly thirty-one acres, had a southern exposure with an uninterrupted view of the Blackford, Braid and Pentland Hills. Amongst the mansions and gardens acquired stood the house of Millbank, formerly the country home of James Syme, in which his daughter Agnes was married to Joseph Lister in 1856 and in which Syme spent the closing days of his life. Two of the existing mansion houses were preserved and adapted for the new service, but the work of the Institution was carried on mainly in a number of specially constructed pavilions. One of the two houses retained was opened in 1923 providing accommodation for thirty-five female patients, but, with the completion of the east and west pavilions in 1929, ninety beds became available and in that year 410 patients were treated during their convalescence.<sup>1</sup>

The policy adopted by the governors was twofold: to enable patients preparatory to undergoing a serious operation in the Infirmary to have a short period of rest and treatment; while the main object of the Institution was to make provision whereby the convalescent patients might be sufficiently restored to health and able to resume work without incurring the risk of an early relapse. It was not the intention of the governors to establish a home for incurables or for those debilitated by old age or suffering from a permanently disabling affection. No time-limit was laid down as to their duration

<sup>1</sup> In 1936 the beds numbered 169, and 744 patients were admitted. In 1932, when Millbank became available, it was found necessary to demolish the house and to construct a pavilion upon its site.



## THE IMMEDIATE POST-WAR YEARS

of stay, but so long as the patients continued to improve, with every prospect of recovery, accommodation and treatment were provided for them. Their earlier removal from the Infirmary was thus made possible and the pressure upon its beds correspondingly relieved. Hitherto investigation had been directed mainly to the study of the causation of disease, but in the Astley Ainslie Institution a new field was opened for research in the observation and examination of patients during a prolonged period of convalescence.<sup>1</sup>

Mr Gerard Lake Crole, Sheriff of the Lothians and Peebles, the first chairman of the Board of the Astley Ainslie Institution, was a very active manager of the Royal Infirmary for eighteen years, as a representative alternately of the Faculty of Advocates and the Court of Contributors. He died while still in office on 26th October 1927. As convener of several of its special committees he placed his business ability, legal knowledge and wide experience of affairs at the service of the hospital; and he specially identified himself with the arrangements made for coordinating clinical teaching in the Infirmary, with the special appeal of 1920, and with the subsequent extension movement. He was an ardent supporter of the inception of the League of Subscribers.

In this post-war period the Infirmary lost the services of some of its experienced senior officials. In May 1924, Sir Joseph Fayrer, the Superintendent, reached the age-limit of sixty-five years. Appointed in 1911, his period in office had been considerably encroached upon by his absence during the war as commandant of the 2nd Scottish General Hospital. In his position as administrator he exercised his authority with a geniality and charm of manner which gained him the willing help and cooperation of every member of the Institution with whom he was brought into contact.<sup>2</sup> From a particularly strong list of applicants the managers selected as his successor, Colonel George David St Clair Thom, C.B., C.M.G., C.B.E.,

<sup>1</sup> "The Astley Ainslie Institution," by Alexander Miles, M.D., *University of Edinburgh Journal*, vol. iii, 1929-30.

<sup>2</sup> Sir Joseph Fayrer died at Gullane, East Lothian, on 13th April 1937, aged seventy-eight years.

## RETIREMENT OF OFFICIALS

a graduate of Edinburgh in 1893. His experience in the Army Medical Service had extended over twenty-nine years and in the war he held responsible posts in the Dardanelles, in France and finally at Archangel, having been specially selected to reorganise the medical arrangements of the Allied Forces in North Russia. Strongly recommended on account of his administrative capacity, which was of a high order, Colonel Thom was eminently fitted for a post of responsibility and trust.<sup>1</sup> In 1925 Miss Annie Warren Gill, C.B.E., retired from the office of Lady Superintendent after eighteen years in that position which included the arduous period of the war. She was a member of several Associations concerned with the advancement of the profession of nursing, the status of which she was indefatigable in promoting.<sup>2</sup> The vacancy was filled by the appointment of Miss Ellen Frances Bladon, the senior assistant superintendent of nurses who, commencing her career as a probationer in the Infirmary, had passed through all the grades during twenty-eight years of residence in the hospital.<sup>3</sup>

When, in December 1893, the managers had promoted Mr William Strathie Caw from the post of cashier to fill the vacant office of Treasurer and Clerk they acted with a shrewd knowledge and intelligent appreciation of his ability to occupy that position, a selection which time and experience fully justified. Although reaching the age-limit for retirement in 1927, Mr Caw at the unanimous request of the Board of Management remained for a further two years. On his retirement in December 1929, the chairman, Harriet, Lady Findlay, in expressing the great regret of the Board at his departure after the long period of forty-nine years, thirteen in the Cashier's office and thirty-six as Treasurer and Clerk, voiced the feeling of every member when she said that, "although the personnel of the Board had changed many

<sup>1</sup> Colonel St Clair Thom died on 7th April 1935 during his final year as Superintendent, having been given one year of extension. The office was filled by the appointment of Lieut.-Colonel Alexander Dron Stewart, C.I.E., M.B., I.M.S.

<sup>2</sup> Miss Gill died on 2nd March 1930.

<sup>3</sup> Miss Bladon retired on 30th September 1931, and was succeeded by Miss Elizabeth Dunlop Smail, O.B.E., R.R.C.

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times during that long period, the fact that its tradition of willing service to, and happy relation with, the Institution remained unchanged, was in no small measure due to Mr Caw's personality and his coordinating influence in every branch of the work of the Infirmary." At the close of the meeting Mrs George Kerr, the senior member of the Board, presented him with a silver salver, the gift of the managers, as a mark of their respect and appreciation. The vacancy was filled in June 1929 by the appointment of Mr Henry Maw, secretary to the Clayton Hospital, Wakefield, the office being henceforth designated as that of Secretary and Treasurer. He commenced his duties on 1st January 1930.

## CHAPTER XX

### THE BICENTENARY YEAR—1929

THE COMMEMORATION SERVICE—THE BICENTENARY EXTENSION  
SCHEME—THE MATERNITY HOSPITAL AND THE NEW HOME FOR  
NURSES—RETROSPECT.

1729 to 1929—two centuries of time since the Royal Infirmary first opened its door in Robertson's Close ; and the story of its simple origin, with its small beginnings, steady growth and expansion throughout these years, reaches the final chapter. Little requires to be added save to relate how the bicentenary anniversary was commemorated and made the occasion of an appeal to the public to contribute to the continued prosperity of the heritage handed down to them.

"As Men and Christians we have the strongest Inducements and even Obligations to this sort of Charity, as it is warmly recommended and enjoined in the Gospel as one of the greatest Christian Duties. . . ." In these words, written more than two hundred years ago, John Monro made the first appeal to the citizens of Edinburgh to help him to found an Infirmary. With the Christian spirit as the basis of the appeal for the relief of human suffering, it was meet and right that the bicentenary commemoration should take the form of a religious service ; and for such a ceremony no more fitting shrine could have been chosen than the ancient and venerable pile of the Cathedral Church of St Giles in which, for a thousand years, generations had been wont to assemble and, in times of national mourning and thanksgiving, to raise their voices in prayer and praise. In 1926, within the same historic building the medical faculty of the University had commemorated the two hundredth anniversary of its foundation and the birth of the Edinburgh School of Medicine of which the Royal Infirmary, three years later, had become the necessary complement.

As the actual date of the opening of the original hospital,