

# Glasgow's Royal Hospital for Sick Children: Tracing its Journey from 1861

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Glasgow's Hospital for Sick Children was first proposed in 1861, but its promoters were thwarted in achieving their objective for two decades. The hospital finally opened in December 1882, received its first patients during the following month, and was granted a royal charter in 1889. In 2015, it moved to the Queen Elizabeth University Campus, recently the site of Glasgow's Southern General Hospital and originally Govan Parish's Merryflatts Poorhouse. A few weeks later, the new Royal Hospital for Sick Children was subtly retitled to become The Royal Hospital for Children, Glasgow.<sup>1</sup> This article begins by narrating the early development and growth of the Royal Hospital for Sick Children – at Garnethill, Yorkhill and a variety of 'outposts'. It then discusses the variability of the archival sources available to researchers and historians – and genealogists – for tracing the hospital's history, particularly in its wider social context. It explores how the records reveal the experiences and circumstances of the hospital's early child patients. And it also gives profile to the hospital's nurses, predominantly young women under training 'on the job'. Annual reports and minute books were sometimes 'sanitised' in the ways in which they were compiled, while written records for some of the hospital's activities are now wanting. Consequently, the article describes the importance of oral testimony in countering some of this deficiency, not just in filling in gaps, but in providing alternative perspectives of historical reality through bottom-up experiences from non-elite staff, patients and parents.

In 1861, a year after Scotland's first children's hospital opened in Edinburgh, an ad hoc committee met in Glasgow and proposed that the city should have a similar facility. However, the committee's enthusiasm was promptly dampened by hostility from the directors of Glasgow Royal Infirmary (GRI), which had been funded by voluntary subscription since its founding in 1794.<sup>2</sup> The GRI expressed indignation at suggestions that it was not adequately serving the needs of Glasgow's children and that a specialist paediatric institution was needed, but the underlying reason for its hostility was the anticipated competition for the charitable funding on which both institutions would rely. Two decades of frustration followed, the years 1867–79 being spent on

<sup>1</sup> This article arises from research for the book by I. Hutchison, M. Nicolson and L. Weaver, *Child Health in Scotland: A History of Glasgow's Royal Hospital for Sick Children* (Erskine, 2016), available from <http://www.keapublishing.com>. See also E. Robertson, *The Yorkhill Story* (Glasgow, 1972).

<sup>2</sup> J. Jenkinson, M. Moss and I. Russell, *The Royal: The History of Glasgow Royal Infirmary 1794–1994* (Glasgow, 1994).

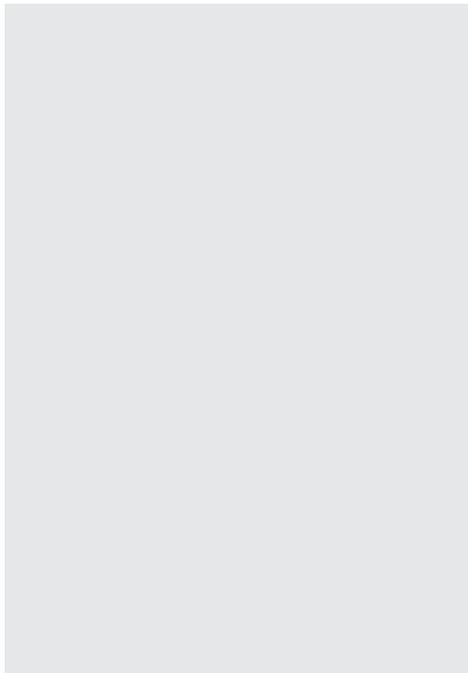


Plate 1 John Shields, 1883 – the first patient to be admitted to the Royal Hospital for Sick Children, Glasgow. University of Glasgow Library Special Collections.

protracted, and ultimately abandoned, plans and negotiations to build an independent children's hospital on land allocated to the new Glasgow Western Infirmary, which opened in 1874 in the aftermath of the university's move from the High Street to Gilmorehill.<sup>3</sup> In 1879, a townhouse in Scott Street, Garnethill, was acquired and, following conversion to provide three wards, two surgical and one medical, with an initial total capacity of 58 cots, it was completed in December 1882.<sup>4</sup> Its first patient, five-year-old John Shields, was admitted on 8 January 1883 (Plate 1).<sup>5</sup> In its first year, the hospital treated 260 patients, a figure that had gradually increased to 470 by 1887.<sup>6</sup>

<sup>3</sup> Glasgow University Archives Services (GUAS) Sen1/1/8, University of Glasgow Minutes of Senate, 27 Apr 1867, 175. See also M. Moss, J. Forbes Munro and R. H. Trainor, *University, City and State: The University of Glasgow since 1870* (Edinburgh, 2000).

<sup>4</sup> Greater Glasgow & Clyde Health Board Archive (GGCHBA), YH1/2/1 RHSC Minutes of Board of Management 1861–1884, 7 Nov 1879, 111.

<sup>5</sup> GGCHBA, YH7/2/1 RHSC Ward Journal, Case No. 1.

<sup>6</sup> GGCHBA, YH3/1/1 RHSC Annual Report 1883, 9 – not quite a full year, the period covered being 8 Jan to 30 Nov 1883; Annual Report 1887 (1 Jan to 31 Dec), 15.

This modest throughput resulted in a drive being made to set up a Dispensary and Outpatients department. This was built from scratch on West Graham Street following a massive fundraising effort by the hospital's ladies' committee, notably from proceeds of a Fancy Fair, a grand bazaar promoted by the Duchess of Montrose who recruited other titled ladies to the cause. The Dispensary opened in 1888, and it treated 4,167 children with 16,206 attendances in 1889, a figure that increased annually to 12,905 cases and 47,866 attendances in 1913.<sup>7</sup> It remained in use until 1953, by which time its utilisation and role had changed following the creation of the National Health Service five years earlier.

The Dispensary did not totally solve the problem of limited inpatient accommodation in Scott Street, nor did the 1894 addition of a second medical ward, which increased capacity in Scott Street to 74 cots, even though the hospital was able to treat 1,264 cases in 1913.<sup>8</sup> While the average length of stay in 1913 was 18.9 days, some children often remained for several weeks or sometimes many months, which might also include time in the Country Branch.<sup>9</sup> There was a waiting list for admission that averaged 64 children, but it was reported that 'there were many others who sadly required Hospital treatment, but whose names were not taken, as there was no possible chance of admission until after a prolonged period of waiting'.<sup>10</sup> Of the 1,264 children admitted in 1913, 221 died in the hospital, one of these being a one-year-old boy who succumbed to nephritis after 67 days of treatment.<sup>11</sup> The often long recuperative process was a problem that the hospital tackled to some extent by enlisting the support of charity-run or church-run convalescent homes, most notably Ravenscraig Convalescent Home on the outskirts of Greenock and Dundonald Home in Ayrshire. However, limited facilities at various convalescent homes highlighted the need for an intermediate arrangement and the Country Branch, initially with 24 cots, was opened in 1903 in then-rural Drumchapel, which until the 1950s was indeed 'in the country'. The need for the Country Branch was highlighted by poor, overcrowded home environments to which children were often discharged and that were unfavourable to their full recovery to health upon completion of clinical intervention.<sup>12</sup> Unlike the charitable convalescent homes, the Country Branch was a direct extension of the hospital, its role being primarily to bring children back to full health before final discharge. As with the convalescent homes, this was aided by exposure to fresh air and administration of a nutritious diet, but with the added benefit

<sup>7</sup> GGCHBA, YH3/1/1 RHSC Annual Report 1889, 20; YH3/1/5 Annual Report 1913, 43.

<sup>8</sup> GGCHBA, YH3/1/2 RHSC Annual Report 1894, 7; YH3/1/5 Annual Report 1913, 25.

<sup>9</sup> GGCHBA, YH3/1/5 RHSC Annual Report 1913, 25, 42.

<sup>10</sup> *Ibid.*, 15.

<sup>11</sup> *Ibid.*, 13, 25.

<sup>12</sup> See A. K. Chalmers, *The Health of Glasgow, 1818–1925* (Glasgow, 1930).

of being overseen by a matron and RHSC nursing personnel, and having periodic visits from clinicians. While admission to the charitable convalescent homes was guided by the RHSC's volunteer Ladies Auxiliary Association, which also appointed almoners, transfer to the Country Branch was governed directly by the hospital on the basis of recuperative need and the child's social circumstances.<sup>13</sup>

The Dispensary and the Country Branch did not, however, disguise the need for more hospital beds. Indeed, arguments of 1861 that the GRI provided adequate provision for paediatric cases had been disproved, not only because demand for treatment of children at the RHSC vastly exceeded its inpatient capacity, but the population of Glasgow and its industrial hinterland was expanding so rapidly that, by necessity, children were also treated by the likes of the Western Infirmary. Furthermore, the RHSC did not treat infectious cases, a policy aided by the opening of city fever hospitals beginning with Belvidere Hospital in 1871. At the RHSC's annual meeting for 1908, held on 29 January 1909, it was announced that a hilltop country estate overlooking the rivers Clyde and Kelvin had been acquired.<sup>14</sup> Yorkhill House was demolished to make way for the construction of a new 200-cot hospital and the almost completed – and totally unoccupied – RHSC was given a colourful royal opening in July 1914.<sup>15</sup> The first admissions arrived in September – just as the Great War was beginning. The ensuing world conflict resulted in depletion of medical and nursing staff as patriotic fervour precipitated volunteering for military service. A partial solution to the impeded efforts of the RHSC to operate to its full capacity occurred the following year when the military requisitioned four wards for the accommodation and treatment, by army doctors and nurses, of up to 100 wounded officers.<sup>16</sup> However, hosting the military's Yorkhill War Hospital periodically resulted in misunderstandings, negotiations and compromises, and it was only with completion of military withdrawal in 1920 that the RHSC could begin to function fully as a paediatric hospital.<sup>17</sup>

In 1948, what had previously been a charitable convalescent home, located near Strathblane in Stirlingshire, became a new outstation of the RHSC. Known as the Children's Home Hospital, it was intended for children with long-term support needs and with conditions such as spina bifida.<sup>18</sup> The opening, on 12 January 1964, of the Queen Mother's Hospital created a maternity-paediatric link to the main RHSC that was both innovative

<sup>13</sup> GGCHBA, YH3/1/3 RHSC Annual Report 1900, 9–10.

<sup>14</sup> GGCHBA, YH3/1/4 RHSC Annual Report y/e 31 Dec 1908, 9.

<sup>15</sup> GGCHBA, YH3/1/6 RHSC Annual Report y/e 31 Dec 1914, 9, 23.

<sup>16</sup> GGCHBA, YH1/2/6 RHSC Minute Book No. 6, 17 May 1915, 72; YH3/1/6 RHSC Annual Report 1915, 14–15.

<sup>17</sup> GGCHBA, YH3/1/7 RHSC Annual Report 1920, 9.

<sup>18</sup> For example, see GGCHBA, YH1/2/26 Glasgow & District Children's Hospitals (GDCH) Minute Book No. 1, Medical Committee, 4 Oct 1948, on admission of children at Strathblane, 29.

and an accident of geography.<sup>19</sup> However, this was disrupted in December 1965 when, upon discovery of serious structural problems, the RHSC was evacuated from Yorkhill to the Western District Hospital, popularly known as Oakbank Hospital.<sup>20</sup> A 'new' RHSC opened at Yorkhill in 1970, but hospital reorganisation resulted first in closure of the Queen Mother's and cutting of its 'umbilical cord' to the adjacent paediatric hospital in 2010, and then in the RHSC's removal to Linthouse in 2015.

The key records of the RHSC, notably for tracing the social history of the hospital, but also for exploring aspects of its clinical and administrative evolution, are to be found in the minute books, 1861–1974; the annual reports, 1883–1947; admission registers, 1893–1929; volumes of patient case notes (ward journals), 1883–1914; and nursing records, 1882–1964. There are occasional gaps, such as the missing admission register from 1883 to 1893. For general research purposes, there is a 75-year closure on the nursing records, and a 100-year closure on the patient records. A small number of treatment records survive for the Country Branch (1903–17), and for specialist areas such as orthotic and talipes, diseases of the throat and ear (1890–94), and hare lip and cleft palate (1934–41), but not for the Dispensary and Outpatients department.

Annual reports are often a good starting point for understanding the history of an institution. However, the concept of a Glasgow children's hospital was proposed and pursued for two decades before it became a reality in 1882 and was marked twelve months later by the publication of the first annual report. Compilation of the initial minute books began 22 years before the annual reports and they are especially revealing. At the inaugural meeting, convened in the Religious Institution Rooms at 177 Buchanan Street, Glasgow, on 23 January 1861 and chaired upon invitation by Robert Dalglish MP (1808–80), a committee was formed which included eight doctors and fifteen other 'gentlemen' including Archibald Orr Ewing (1818–93), baronet, who became an MP in 1868 and was to be long-serving Chair of the committee.<sup>21</sup> At a further meeting two days later, a motion was passed that 'a sub-committee look out for temporary premises suitable for a children's hospital' and that steps also be taken to raise subscriptions to fund such a hospital.<sup>22</sup> There was vigorous activity during the next few weeks until, on 2 March 1861, the committee's aims were publicly attacked by the directors of Glasgow Royal Infirmary in a move that the committee considered had 'been constructed more to damp the energy of the present movement than to serve any other propose'.<sup>23</sup> While

<sup>19</sup> GGCHBA, YH1/2/41 GDCH Minute Book 16, 13 Jan 1964, 88.

<sup>20</sup> See Interim Report by George Davie, Crawford & Partners, civil engineers, 9 Jun 1965, quoted in GGCHBA, YH1/2/43 Yorkhill Children's and Maternity Hospitals Minute Book No. 18, 14 June 1965, 30.

<sup>21</sup> GGCHBA, YH1/2/1 Hospital for Sick Children (HSC) Minute Book 1, 23 Jan 1861, 1–3.

<sup>22</sup> *Ibid.*, 25 Jan 1861, 5–6.

<sup>23</sup> *Ibid.*, 6 Mar 1861, 12.

fundraising continued in the background, the GRI, it seems, had stifled much of the committee's ardour in the short term. After renewed activity was recorded as taking place in 1865, the economic climate of the late 1860s was also seen as an inauspicious time to build, or even lease, premises to make a children's hospital a reality.<sup>24</sup>

Minutes record the rebuffs, the frustrations and the infighting that occurred among members of the hospital's board of directors, and the animosity that developed in prolonged negotiations with the nascent Western Infirmary. They also record the swift action taken in 1879 when a townhouse in Scott Street came on to the market and, with minimal delay, was purchased.<sup>25</sup> The minutes show the procedure adopted for employing a Lady Superintendent, they detail the extensive list of applications, and they document the arrival, in 1882, of the successful candidate, Louisa Harbin (b.c.1848), and her work in turning the converted townhouse into a children's hospital by the close of that year.<sup>26</sup> It was a sequence of events that progressed very smoothly, but acrimony arose four years later when plans were being evaluated for the erection of the Dispensary and Outpatients building on West Graham Street. The approval of a design by board members sparked the ire of the Board's president, Archibald Orr Ewing, absent when this momentous decision was taken and causing him to feel slighted that his own suggestions on the matter failed to be accepted.<sup>27</sup> Matthew Fraser, honorary treasurer, explained that Ewing's proposal had in fact been considered in detail, but that his 'principles of dispensary construction were totally at variance with those of the directors and their medical advisers', a group that included such noted clinicians as Medical Officer of Health James Burn Russell (1837–1904), Western Infirmary teaching physician James Finlayson (1840–1906), and pioneering practitioner in aseptic, brain and bone surgery William Macewen (1848–1924).<sup>28</sup> Ewing retorted that 'in the multitude of counsellors there is safety' while suggesting that his views should have had special privilege since he was the 'chief counsellor'.<sup>29</sup> There had been an earlier confrontation with the Duchess of Montrose when she had requested that she too might see the different plans to be considered. The directors acquiesced, but asserted that 'the selection of the plans lay entirely with *them*' [my emphasis] and that they would 'be gratified should it prove that the opinion of the ladies coincide with their own'.<sup>30</sup> The 'ladies' responded to this overt snub by informing the directors that if 'the Duchess will only be allowed to look at them *after* the Directors have decided which plans they have selected,

<sup>24</sup> Ibid., 12 Apr 1865, pp. 21–2; 12 Oct 1870, 29–35.

<sup>25</sup> GGCHBA, YH1/2/1 HSC Minute Book 1, 7 Nov 1879, 111.

<sup>26</sup> Ibid., 18 Apr 1882, p. 143; 2 Jun 1882, 149.

<sup>27</sup> GGCHBA, YH1/2/2 HSC Minute Book 2, 15 Feb 1887, 110–12.

<sup>28</sup> Ibid., 1 Mar 1887, 116.

<sup>29</sup> Ibid., 7 Mar 1887, 120.

<sup>30</sup> Ibid., 14 Apr 1885, 55.

the ladies will not trouble you to show them'.<sup>31</sup> There were, it seems, several egos manoeuvring for dominance at this time, and the minute books faithfully record all the exchanges, both verbal and written, that took place.

The minutes were compiled for the internal use of the Board, whereas annual reports were for public consumption, so the minute books, to a large degree, show the detail of debate and discord while the annual reports show only the positive and polite face of the hospital's controlling body. The first annual report, for 1883, was a modestly sized document of 32 pages. The front matter listed patrons, directors, committee members, key medical personnel and the membership of the Ladies Committee. The 'Rules' of the hospital were laid out, followed by narrative detailing the activities of that year. Medical statistics were condensed into three pages, and the report concluded with a financial statement and summary of gifts – monetary and in kind – received from its philanthropic supporters.<sup>32</sup> The annual reports grew in size year by year and, by 1913, when construction of the new hospital at Yorkhill was well advanced, this 31st annual report had increased to almost 200 pages. The annual medical report was one facet that developed to give each year meticulous details of the illnesses and conditions treated, ages of patients, length of stay, treatment in the Dispensary and Country Branch, home visits, etc.<sup>33</sup> Of the 1,284 patients tabulated for 1913 up to and including the age of twelve, 784 were under the age of four with the highest age cohort being the 228 aged between one and two.<sup>34</sup> In the early decades of the RHSC, the rules excluded admissions under two years of age, but this restriction was frequently flouted by clinicians who were both moved by compassion and attracted to medically interesting infant cases. As would be expected, the vast majority of the children, 983, came from Glasgow, including recently annexed Partick and Govan. From more distant counties, there were five children from Argyll and one from Wigtonshire.<sup>35</sup> The medical conditions treated were diverse, but there was a high prevalence of the likes of tubercular diseases (159), broncho-pneumonia (163) and hernia (149).<sup>36</sup>

These statistics demonstrated the important work of the RHSC to the public audience of the annual reports. In particular, the key audience consisted of the subscribers and benefactors upon which the RHSC, as a voluntary hospital, relied for its financial support; 140 pages were committed to listing this largesse in detail, both to acknowledge contributions and to encourage continued and increased support. There were specific schemes for attracting large donations, notably naming of cots with an inscribed brass plate for a fee of £100 (Plate 2),

<sup>31</sup> *Ibid.*, 10 Jun 1885, 64.

<sup>32</sup> GGCHBA, YH3/1/1 RHSC Annual Report 1889.

<sup>33</sup> GGCHBA, YH3/1/5 RHSC Annual Report 1913, 25–47.

<sup>34</sup> *Ibid.*, 26.

<sup>35</sup> *Ibid.*

<sup>36</sup> *Ibid.*, 27–31.

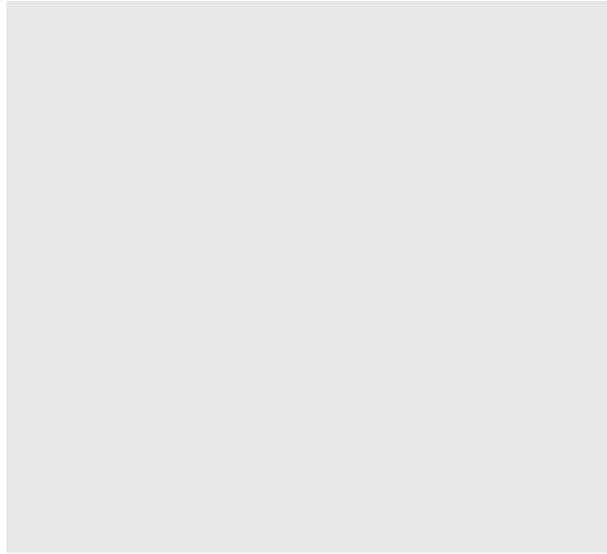


Plate 2 Commemorative bed plate. Photograph by author.

for endowing a cot (£2,000) or for endowing a ward (£5,000).<sup>37</sup> Legacies also brought in significant sums of money, for example £4,545 11s. 3d. in 1913, while at this time there was a separate Building Fund for the new hospital that had raised £14,227 2s. 1d. towards a targeted £30,000.<sup>38</sup> However, it was small subscriptions that occupied most of the pages of the report, consisting of detailed lists of florins, half-crowns, crowns, pounds and guineas individually attributed to private individuals, business enterprises, churches and Sabbath schools, employee collectives and, importantly, a vast network of private donors in widely dispersed communities that were each ‘worked’ by a lady collector. The sums from many community subscriptions were not individually significant, for example £16 14s. 6d. from 35 named contributors in Holytown, Lanarkshire, but including £1 6s. 6d. accumulated from small contributions that were not identified.<sup>39</sup> Yet, collectively, this scheme brought in valuable funding while also promoting the RHSC as a worthwhile national institution where the outreach extended as far as insular communities such as Benbecula (10s. 6d.), Iona (£3 11s. 6d.) and Rhum (£1 2s.), and far-flung towns such as Lerwick, Shetland (£1 13s. 6d.).<sup>40</sup> It is noticeable, particularly of Glasgow and

<sup>37</sup> Ibid., 4, 54–8.

<sup>38</sup> Ibid., 63–5.

<sup>39</sup> Ibid., 100.

<sup>40</sup> Ibid., 87, 101, 107.

nearby urban communities, that it was affluent localities that were targeted by the collectors, co-ordinated and motivated by the RHSC Ladies' Auxiliary Association, a volunteer network who, in addition to raising funds, visited children in the wards.<sup>41</sup> Donations in kind were also actively solicited – clothing items ranging from vests to boots, edibles from eggs to rhubarb, and other items such as toys, books, decorations and Christmas trees.<sup>42</sup> Olive Checkland highlights how Victorian 'Christian charity was often ... designed rather for the re-assurance of the giver than for the good of the receiver', but she also notes that philanthropists could be defined as occupying two categories: 'precipitators, men and women who persisted until the necessary action was taken' and 'the solicited', those who engaged in "ritual" giving, whereby the rich paid an accepted "debt to society".<sup>43</sup> This dual process can be witnessed in the pages of the annual reports of the RHSC.

During the Great War, especially the early stages that were marked by enthusiastic patriotism and jingoism, it is by referral to the minute books that the sense of the real emotions affecting the management of the new hospital are found. This was brought to the fore in April 1917 when the military authorities, already occupying four wards that had required various modifications for adult use, requested that the RHSC pass the remainder of the hospital to military use. This was robustly rejected on the grounds that the RHSC was the only paediatric hospital serving an area of Scotland with a population of over three million and that, if such a plan was implemented, it would have 'serious results to thousands of children'.<sup>44</sup> The RHSC's retort added that 'the commandeering of the four [original] wards was a mistake'.<sup>45</sup> Subsequent discussion involving Surgeon General John Chislett Culling (1858–1938) and Glasgow's Lord Provost, Sir Thomas Dunlop, 1st Bt (1855–1938) resulted in abandonment of the military's expansionist proposals.<sup>46</sup>

Likewise, it is the minute books that give a sense of the tensions, advancing towards bitterness, that accompanied the impending absorption of the RHSC into the new National Health Service (NHS). Voluntary hospitals dependent upon charity and philanthropy found their role increasingly challenging during the interwar period, partly victims of their own ambitions as they strove to expand their scope both medically and in their real estate. While some state support was welcome, the directors strove to protect their autonomy. Voluntary hospitals had joined forces, through their formation of the British Hospitals Association (BHA), to defend what they saw as their interests, and had been encouraged by the Cathcart Report of 1936 to believe that a partnership

<sup>41</sup> Ibid., 124–88.

<sup>42</sup> Ibid., 189–94.

<sup>43</sup> O. Checkland, *Philanthropy in Victorian Scotland: Social Welfare and the Voluntary Principle* (Edinburgh, 1980), 2, 5.

<sup>44</sup> GGCHBA, YH1/2/6 RHSC Minute Book No. 6, 26 Apr 1917, 289.

<sup>45</sup> Ibid., 290.

<sup>46</sup> Ibid., 14 May 1917, 296.

between voluntary and local authority hospitals with state support would result.<sup>47</sup> However, the Cathcart Report was overtaken by publication of the Beveridge Report in 1942 and then the Chair of RHSC's Board of Directors, Robert Barclay (1867–1948), who was also Scottish Chair of the BHA and had been vocal in his opposition to the threatened loss of the RHSC's voluntary status, decided to stand down in 1946. By the time Beveridge's implementation in 1948 arrived, many members of the Board of Directors, such as outgoing chair, Sir Thomas Dunlop, 2nd Bt (1881–1963), had accepted the inevitability of the NHS and indeed re-emerged as members of a new Board of Management.<sup>48</sup>

The main players in minute books and annual reports were ultimately peripheral to the day-to-day functioning of the hospital. In the real world of the 24-hour daily cycle of hospital life, the key players were the children, almost totally isolated; the nurses, the vast majority of whom were young women under training; and also the registrars, the most junior of clinicians gaining experience at the outset of their careers. The admission registers are the starting point for identifying children for potential study. For example, they annotate the medical condition of each child along with the name of the assigned medical officer. Of course, these entries also give the child's name, along with religion, age, gender, the name of their parent or guardian and that person's occupation and home address, as well as the name of the person requesting the child's admission – usually a general practitioner. The register concludes with the date of the child's discharge, length of stay and outcome. A typical entry from 1894 reads:

No. 20, admitted 15 January, Maggie Daly, Roman Catholic, age eight years nine months, female, father – Michael, a tobacco-pipe maker, 27 Bank Street Coatbridge, recommended by Dr Buchanan, Chorea, medical officer Dr [Samson] Gemmell, discharged 23 April, 88 days – well.<sup>49</sup>

Fuller details of each patient's social circumstances and record of treatment can then be found in a ward journal. These run from 1883 to 1914 and are effectively patient case notes sewn into 200 bound volumes, individual to each of the four wards in Scott Street, which also give insight into the work undertaken by consultants appointed to serve the RHSC.<sup>50</sup> The surgical interventions of William Macewen, lauded for 'the deftness with which he used scalpel, osteotome and mallet, and finally his hands, in breaking and straightening ... deformed bones', are recorded in detail in ward book case

<sup>47</sup> J. Jenkinson, *Scotland's Health, 1919–1948* (Bern, 2002), 134–48; M. McCrae, *The National Health Service in Scotland: Origins and Ideals, 1900–1950* (East Linton, 2003), 38–43.

<sup>48</sup> GGCHBA, YH3/1/12 RHSC Annual Report 1946, 20.

<sup>49</sup> GGCHBA, YH6/1/2 RHSC Admissions Register 1893–1897, 23.

<sup>50</sup> The medical wards case notes, Nos 1 and 4, are considerably more voluminous than those for the surgical wards, Nos 2 and 3.

notes.<sup>51</sup> Macewen's skills are described child by child, for example in his treating long-term hip joint disease in eight-year-old Daniel Murchie, 'an unfavourable case'. Macewen 'cut down and removed the head of the femur with a chain saw ... the limb was put up with extension ... the old sinuses were scraped'. Four months later Murchie looked healthy and was sufficiently on the road to recovery to be discharged.<sup>52</sup>

Children's journeys through the RHSC varied considerably. An example is Margaret Kane who was initially admitted to Scott Street on 9 January 1900 when six years old with tubercular disease of the left hip. She remained for two months, but was then sent to a countryside convalescent home in the hope that soft bone would harden sufficiently to allow an excision.<sup>53</sup> Readmitted in November, her case notes were headed up *morbus coxae* – in her case extensive pelvic disease that resulted in amputation at the hip joint on 18 January 1901, and 'exit to Home', after a stay of fifteen weeks, on 12 March 1901.<sup>54</sup> 'Exit to Home' was not to her family's two-room tenement dwelling in Roslin Place in the Cowcaddens district of Glasgow, shared with her mother, stepfather, four siblings, a stepsister and a boarder, but to Ravenscraig Convalescent Home in its rural setting west of Greenock.<sup>55</sup> At Ravenscraig, she was one of twelve convalescing children, nine of whom can be traced as sent there from the RHSC, and where Margaret was in the care of Matron Annie Buttercase. The only other adults present were a cook/domestic and a seventeen-year-old housemaid, while the diverse range of complex ailments among the children included hernia, tuberculosis of the elbow, chorea, cardiac disease, deformities and cleft palate, all helpfully listed by the enumerator in the census column that was specifically for identifying people with sensory or mental impairments, but not medical infirmities.<sup>56</sup> Although such convalescent homes were intended for recuperating children and not for those requiring much nursing input, Buttercase certainly seemed to have a significant burden of commitment. The census was conducted on 4 April, but on 16 April Margaret was returned to the RHSC where it was recorded that 'stump still discharging, but rather better looking than before'. Two weeks later, she was returned to Ravenscraig for further convalescence.<sup>57</sup> While many children had less serious medical or surgical treatment and might return home after a few days, Margaret's case highlights the deeply embedded life-changing nature of some of the conditions treated.

While in the hospital, children such as Margaret Kane were mainly watched over by young nurses under training. In the pre-NHS era, the RHSC was attractive to girls wishing to train as nurses because they could commence at

<sup>51</sup> C. Duguid, *Macewen of Glasgow: A Recollection of the Chief* (Edinburgh, 1957), 23.

<sup>52</sup> GGCHBA, YH7/2/1 RHSC Ward Journal, Surgical Ward 2, vol. 11, Case 20.

<sup>53</sup> GGCHBA, YH7/3/11 RHSC Ward Journal, Surgical Ward 3, vol. 11, 97–8.

<sup>54</sup> GGCHBA, YH7/3/12 RHSC Ward Journal, Surgical Ward 3, vol. 12, 58–9.

<sup>55</sup> 1901 Decennial Census, Glasgow, District 13, 644–8, 5 Roslin Place.

<sup>56</sup> 1901 Decennial Census, Inverkip, 567–2, 5 Ravenscraig Cottage.

<sup>57</sup> GGCHBA, YH7/3/12 RHSC Ward Journal, Surgical Ward 3, vol. 12, 135.

age seventeen rather than the minimum age of eighteen required by hospitals caring for adult patients. The registers of nurses contain individual records of nurses and these primarily detail their training and examination progress, and absences for annual holidays and illness.<sup>58</sup> Entry at age seventeen could mean that girls were nursing children only five years their junior, but in reality, their first year was spent on what would now be seen as domestic duties, such as cleaning and laundering. Competition for places was high, but while annual reports and minute books recorded the number of nurses successfully qualifying, closer scrutiny shows that there was an attrition rate of roughly one-third. For example, figures showing the number of nurses commencing training in the mid-1920s can be linked to completion rates (shown here in brackets) three years later: 1923 – 51 (33), 1924 – 49 (26), 1925 – 48 (17), and 1926 – 54 (28).<sup>59</sup> Dropout, which for 1923, 1924 and 1926 was well above the one-third average, could be attributed to a variety of factors such as long hours resulting in fatigue and ill health, discontent with strict rules surrounding their compulsory residence in the nurses' home, home-sickness, misdemeanours and marriage.

The story of nurses' lives is only partly found in the training records, so it was from personal testimony that a real flavour of their experiences could be gained. Indeed, some other aspects of hospital life are given little exposure even in minute books that were compiled for privileged internal consumption. In particular, occasional disciplining of clinicians is regularly censored so that names are not mentioned and even the cause of reprimand is often omitted; and cases of parental complaint are often dismissed as without foundation with no indication of rigorous investigation. In the NHS era, minutes became increasingly bland and anodyne. Indeed, the written records from the mid-1970s were also deficient because of breaks in continuity as the hospital was placed under different administrative regimes within wider, regional health-care provision. The qualitative diligence displayed by meticulously handwritten minutes and annual reports compiled to reassure thousands of discerning charitable subscribers, had gone. Therefore, the role of oral testimony was not only critical to unravelling the final four decades of the RHSC's history, but also helpful for earlier decades. Gathering oral testimony had been recognised as a desirable component to the project from the outset, and when I took up post I was presented with a list of 43 names of former or current long-serving staff for possible interview, of which a small number had already been approached. The list consisted of 29 clinicians and seven senior nursing staff, with the remaining seven including a chaplain, an orderly, a pharmacist, two secretaries and two technicians.<sup>60</sup> It was clearly an imbalanced list, being dominated by doctors. Missing were parents and former child patients.

<sup>58</sup> GGCHBA, YH8/1 RHSC Registers of Nurses, 1882–1976.

<sup>59</sup> GGCHBA, YH3/1/8–9 RHSC Annual Reports, 1923–1929.

<sup>60</sup> Compiled upon request by the late Dan Young (1932–2013), former surgeon and, in retirement, honorary guardian of the RHSC archive collection.

The scope of oral testimonies was, however, gradually expanded to include, for example, former patients and parents. These gave vital understanding of the people who social historians would now expect to be central to the story, but who are largely excluded from administrative overviews such as minute books and annual reports. For example, as the age of childhood increased over the decades (as seen in various education reforms), so the upper age limit gradually increased from the original twelve years. However, adolescents were a minority, as highlighted by Hannah M in her testimony of being a patient early in the new millennium and feeling that her medical discomfort was further aggravated by being surrounded by small children, many of whom ‘were up half the night screaming ... because they were in pain’.<sup>61</sup> An extremely valuable source consisted of 44 transcripts of interviews conducted between 1999 and 2003 by the Yorkhill Nurses League.<sup>62</sup> A nurses’ fraternal body replicated in several other Scottish hospitals, the League consisted predominantly of those who had undertaken their initial training at the RHSC. These interviews were flawed to an extent because the line of questioning was tightly structured, while it is conceivable that some nurses were inhibited from giving candid or critical answers to nurse interviewers who had been their seniors and superiors when in practice. Nonetheless, the quality of testimony was extremely helpful and there were certainly benefits to be gained from interviews conducted by interviewers with intimate knowledge of both the profession and the institution, and who elicited responses that sometimes challenged the impressions given by guarded official records.

The earliest interviews were of nurses who had trained in the 1930s and who were no longer alive by the second decade of the 21st century, while one written testimony came via the daughter of a nurse who had trained between 1926 and 1929 (Plate 3).<sup>63</sup> There were of course unasked, and therefore unanswered, questions in the prescribed format of the Nurses League project, and therefore opportunities for subsidiary exploration were missed, yet the insights outweighed omissions and these transcripts were invaluable. For example, while registers of nurses recorded such things as personal health, study and career progression, and resignations and dismissals, it was the oral testimony that revealed working and living conditions, mechanisms for coping with stress and fatigue, and the social and medical circumstances of child patients.<sup>64</sup> Another voice from the grave was that of James Holmes Hutchison (1912–87), ‘chief’ at the RHSC from 1947 to 1977. Hutchison was interviewed by Dr Peter McKenzie in 1985 and his testimony is one of 39 transcripts of interviews with predominantly medical personalities.<sup>65</sup> Hutchison was already

<sup>61</sup> Yorkhill History Project (YHP), Hannah M (b.1990), 18 Jun 2010.

<sup>62</sup> GGCHBA, YH8/7 Yorkhill Nurses League (YNL) interview transcripts courtesy of the Royal College of Nurses.

<sup>63</sup> Margaret Dorman (1908–2007) courtesy of Diane Howie.

<sup>64</sup> GGCHBA, YH8/1 Registers of Nurses.

<sup>65</sup> GGCHBA, HB74/1/16 James Holmes Hutchison in interview with Dr Peter McKenzie, 31 Jan 1985.

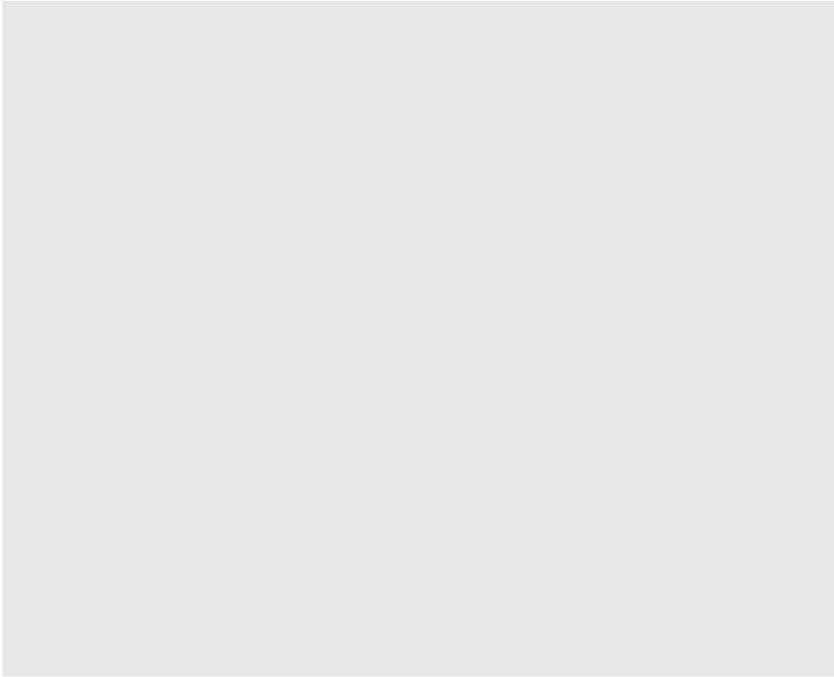


Plate 3 Group of probationer nurses, 1929. Courtesy of Diane Howie.

retired when interviewed and was therefore uninhibited by internal protocols – also an advantage in respect of many of the interviews conducted specifically for the RHSC history research.

There are countless aspects to nurses' experiences at RHSC that can be teased, to varying degrees, from the nurse interview transcripts. From those of nurses who trained when the RHSC was a voluntary hospital, I have selected two random themes as examples, these reflecting conditions during the interwar depression and the Second World War when people were living under particularly challenging circumstances. My first theme is how nurses gauged social conditions in respect of the children they were receiving. Margaret Dorman (1908–2007, trained 1926–29) commented upon the silent shipyards symbolising large numbers of men out of work:

Unemployment money was just a few shillings and there was very little charity doled out ... people just starved. Babies were born like little rabbits. We would have a dozen marasmus babies in one ward, sometimes most would die of gastroenteritis.<sup>66</sup>

<sup>66</sup> Margaret Dorman.

A decade later, conditions remained bad as recounted by Jane Macdonald (b.1919, trained 1937–40): ‘Kids were being brought up in single ends and hygiene wasn’t practised at all ... [but] then we got the wonder drug M&B 693 ... given to pneumonia cases.’<sup>67</sup> In the early 1940s, sulphonamides, then penicillin made a difference, but living conditions remained bad during the Second World War. Rosa Sacharin (b.1929, trained 1943–46) observed that mothers struggled to cope while fathers were ‘at war’, and Catherine Smith (b.1921, trained 1938–42) commented that grandmothers took over while mothers did munitions work, a role that went some way to alleviating poverty, but when children were brought to the hospital, ‘Granny was the voice!’<sup>68</sup>

My second theme reflects the personal lives of nurses under training in this period, working and living in a rigid environment. Nurses went through their careers with a strong sense of affiliation to their hospital of initial training and also harboured abiding impressions. In 1929, Margaret Dorman was signed off as ‘a nice girl and a very good nurse’, and on her own assessment she was a shy girl, but she was candid on her overall training experience: ‘We couldn’t help but be dedicated to our work. We had long hours, scanty food, stupid regulations, and were continually nagged at and unfairly blamed for things that didn’t matter.’<sup>69</sup> Nurses under training had compulsory residence in the RHSC nurses’ home where routines from breakfast to lights out were regulated by a system of bells. Several nurses, such as Margaret Manwell (b.1920, trained 1939–42) conceded that they were lucky in having single rooms, but some routines were not popular: ‘[Sister] stood at the top of the stair to see that you went down and we had a hymn and a prayer’.<sup>70</sup> But nurses countered impositions, such as unauthorised nights out from which they returned to the nurses’ home through a prearranged open bathroom window. Moira Campbell (b.1923, trained 1941–44) considered that young nurses were disciplined by home and school life to accept regulations, but on late passes added: ‘Some ... did not always get a late pass and you did your best to let them in ... even a fire escape or whatever there was.’<sup>71</sup> These and other aspects of nurses’ lives are not to be found in RHSC minute books and annual reports – although comparison of admission numbers and completion numbers, noted earlier, hints to the observant reader that all was not as it seemed.

As the project focused upon documenting the social, rather than medical, history of the RHSC, patient and parent input was clearly important. The Yorkhill Children’s Charity (now renamed Glasgow Children’s Hospital Charity) publicised the project through its extensive network of lay supporters, and a small number of detailed, and moving, accounts of experiences dating back to

<sup>67</sup> GGCHBA, YNL, Jane Macdonald, 10 Oct 2000.

<sup>68</sup> GGCHBA, YNL, Rosa Sacharin, 22 May 2001; Catherine Smith, 12 Nov 2002.

<sup>69</sup> GGCHBA, YH8/1/5 Register of Nurses 1924–33; Margaret Dorman.

<sup>70</sup> GGCHBA, YNL, Margaret Manwell, 1 Aug 2001.

<sup>71</sup> GGCHBA, YNL, Moira Campbell, 19 Jan 2001.

1952 resulted.<sup>72</sup> It became apparent that there were parents, and now grown-up children, upon whom the RHSC had left indelible impressions, including cases with tragic outcomes. Overall, 57 interviews were conducted but, coupled with third-party interviews and a small number of written testimonies, 119 detailed personal experiences across ten decades ultimately complemented the formal hospital records and countered some of their limitations.

The RHSC archival collection is voluminous, yet has many gaps. The quality ranges from excellent to sparse and evasive, resulting both from loss of records for different time periods and for 'outstations' such as the West Graham Street dispensary. The historical record benefits greatly from oral and personal testimony input, not just to fill gaps, but to gain further explanations where annual reports and minute books were not only selective in what they recorded, and by testimony's ability to challenge the prescribed nature of the written sources and give some insight as to what was hidden between the lines. Oral testimony interviews also resulted in archival sources being discovered. These included an MD thesis that had been missing from Glasgow University Library Special Collections for seven decades, and 50 years' worth of minute books for the RHSC Ladies Auxiliary, now restored to the GGCHBA.<sup>73</sup> The project therefore not only made extensive use of archival sources, but actually played a small part in adding to the RHSC archival inventory.

<sup>72</sup> YHP, Moira Stewart (b.1943), 24 Apr 2012.

<sup>73</sup> Henry Prescott Fairlie, 'A comparison of the relative values of chloroform and ether in general anaesthesia' (MD thesis, University of Glasgow, 1912); GGCHBA, YH19 RHSC, Minutes of Ladies Auxiliary Committee 1941-91.