

THE SCOTTISH SOCIETY OF THE HISTORY OF MEDICINE

REPORT OF PROCEEDINGS Session 1981–82

THE Society had a successful session with membership continuing to maintain its upward trend. There were three meetings and attendances were most encouraging, all the papers arousing keen interest and discussion.

THE THIRTY-THIRD ANNUAL GENERAL MEETING AND HUNDREDTH ORDINARY MEETING

The Thirty-Third Annual General Meeting was held in the Elsie Inglis Memorial Maternity Hospital, Edinburgh, on 28 November 1981. The One Hundredth Ordinary Meeting followed immediately, and the place of meeting was most appropriate in that the Hospital is a memorial to a distinguished Scottish woman doctor who did so much for the medical education of women and helped in the foundation of a women's hospital in Edinburgh. In her paper tracing the evolution of the four women's hospitals in Scotland until their absorption into the National Health Service in 1948, Dr Margaret Menzies Campbell stressed that it was less than one hundred years since the Scottish universities opened their doors to women.

She referred to the valuable part played by these hospitals founded for women and staffed by women doctors. She herself had had the unique experience of having been closely connected with all four of them. The following is a synopsis of her paper, entitled:

FOUR SCOTTISH WOMEN'S HOSPITALS FROM THEIR FOUNDATIONS TO 1948

When that doughty champion of the medical education of women in Britain, Dr Sophia Jex-Blake (1840–1912), commenced practice in the west end of Edinburgh in 1878, she became the first woman general medical practitioner in Scotland. Many of her patients were women and children from an adjacent poor, overcrowded, tenemental district so that, within three months, she leased premises in that area, at no. 73 Grove Street, and opened them as the Edinburgh Dispensary for Women and Children.

The need for residential facilities for many of these women soon became apparent and so, in 1885, she opened larger premises at no. 6 in the same street, with five beds. The official opening of this small women's hospital, the first in Scotland, was performed by the Lord Provost of the city, an indication of the esteem in which the original dispensary was held. A young resident was employed and some of the medical men who had supported Jex-Blake when she was struggling to have Edinburgh University

opened to women medical students, agreed to act as consultants, and a hard-working, influential committee was formed to manage the little hospital.

When Dr Jex-Blake retired to Sussex in 1899, the hospital committee acquired her home in the Bruntsfield area of the city, altered and extended it, and transferred the patients from Grove Street. It was named the Edinburgh Hospital and Dispensary for Women and Children, but became known more familiarly as Bruntsfield Hospital. It had ten ward beds and three private rooms. By 1948, the numerous extensions, including a children's wing, and the development of special departments had resulted in an institution of eighty beds, a complete staff of women consultants, and three resident women medical officers.

The second Edinburgh hospital, which also proved very successful, was opened in 1899 in George Square by the Medical Women's Club, whose guiding spirit was Dr Elsie Maud Inglis (1864–1917). (Originally, the Club had offered financial help to the Bruntsfield committee towards the extensions in return for representation on the hospital committee, but the approach was rejected.) Larger premises at 219 High Street were purchased and opened in 1904 as The Hospice with thirteen beds, ten in wards and three in private rooms. By 1906, the rift between the two groups was healing when Dr Inglis was appointed to the Bruntsfield staff as a gynaecologist, and in 1910 the two hospitals amalgamated under one committee. The Hospice thereafter concentrated on maternity work, both indoor and outdoor.

As a national memorial to Dr Inglis's outstanding contributions to the unique Scottish Women's Hospitals during World War I, the Elsie Inglis Memorial Maternity Hospital was built in Spring Gardens with fifty beds. It received its first patients in 1925, and the Hospice closed. By 1948, the bed complement was seventy, with a full visiting staff of consultants and three resident medical officers, all women.

The Dundee Hospital for Women was founded in 1896 by a group of socially-minded members of staff of University College. The hospital was small, with six beds and an outpatient department staffed by the first two women general practitioners in the city. There was no resident doctor and no honorary consultants were appointed, but specialist advice was readily forthcoming from consultants in the city. Any medical practitioner, male or female, was eligible to refer and treat their women patients in the hospital. The popularity of the hospital was such that larger premises were soon needed. There was a ready response to an appeal for funds to build a new hospital, and this was opened in 1915. With accommodation for twenty patients, the hospital was renamed the Dundee Women's Hospital and Nursing Home, and catered for medical, surgical, and gynaecological cases. In 1948, it was reported as a well-equipped institution of the cottage hospital type.

To the first two women general practitioners in Glasgow must go the credit for initiating the movement which resulted in the acquisition and opening of the Glasgow Women's Private Hospital in 1903. There were eight beds in two small wards, a private room, and a dispensary under the charge of a local woman doctor. The three honorary consultants were well-known men specialists.

As with the other three hospitals, the Glasgow institution soon became too small. Larger premises were obtained in Lynedoch Place with facilities for fifteen beds and opportunities for the development of specialities. Near the termination of the lease of

these premises, it was resolved to obtain larger, roomier property. An appeal was launched, a great two-day sale of work – “The Muckle Mercat” – was held, and the funds realized were sufficient to purchase Redlands, a large house in Great Western Road. The transfer from Lynedoch Place took place in 1924 and the hospital was renamed Redlands Hospital: Glasgow Women’s Private Hospital. There were fifty beds, nine of which were reserved for maternity purposes, two wards (a medical and a surgical), and a few private rooms. Three years later, adjacent property was acquired and adapted as a maternity unit with twenty-four beds. The story of Redlands thereafter was one of constant progress and development, the appointment of women consultants in the major specialities, including a woman dental surgeon, and by 1948 there were sixty-seven beds.

THE ONE HUNDRED AND FIRST ORDINARY MEETING

This meeting was held in the Mitchell Library, Glasgow, on 20 March 1982. Dr Reginald Passmore presented a paper on the subject of:

OSMOSIS AND CHOLERA: ON PUTTING TWO AND TWO TOGETHER

The French physician and physiologist, René Joachim Henri Dutrochet (1776–1847), introduced the word “osmosis” and demonstrated the effects of osmotic pressure in 1827.¹ In 1831, the first great cholera epidemic hit Europe. In the next year, a Leith physician, Thomas Aitchison Latta (c. 1790–1833), was treating patients with intravenous solutions of saline.² He was stimulated to do this by a young Irishman and an Edinburgh graduate, W. B. O’Shaughnessy, who had studied cholera briefly in Newcastle upon Tyne in December 1831, and in a short letter to the *Lancet*³ set out correctly the chemical pathology of the disease, attributing the severe shock and collapse to the blood having lost “a large portion of its water,” and “a great proportion of its neutral saline ingredients”. Unfortunately, Latta used hypo-osmolar saline and its effects were transitory. This solution continued to be used by some physicians throughout the nineteenth century with very little benefit. It was not until 1908 that hyperosmolar solutions were used by Leonard Rogers (1868–1962) in Calcutta,⁴ and effective treatment of cholera first became available.

In the seventy-six years between the papers of Latta and Rogers, both cholera and osmosis were repeatedly in the minds of doctors and chemists. There were six major epidemics of cholera in Europe. Thomas Graham (1805–69), a Glaswegian who became professor of chemistry at University College London in 1837, greatly

¹ R. J. H. Dutrochet, ‘Nouvelles observations sur l’endosmose et l’exosmose’, *Ann. Chim. Phys., Paris*, 1827, **35**: 393–400.

² T. A. Latta, ‘A letter to the Secretary of the Board of Health, London, affording a view of the rationale and results of his practice in the treatment of cholera by aqueous and saline injections’, *Lancet*, 1831–32, ii: 274–277.

³ W. B. O’Shaughnessy, ‘Experiments on the blood in cholera’, *ibid.*, 1831–32, i: 490.

⁴ Leonard Rogers and Maxwell Mackelvie, ‘Note on large quantities of hypertonic salt solutions in transfusions for cholera’, *Ind. med. Gaz.*, 1908, **43**: 165.