THE "LOCK WARDS" OF EDINBURGH ROYAL INFIRMARY*

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There is some difference of opinion regarding the origin of the term "lock wards", some holding that these were in fact "lock-ups" for the forcible segregation of patients, while others think that the name was derived from *les locques*, which were the dressings or rags with which leprous and poxy patients covered their sores, and which they were ordered to deposit in a receptacle outside the doors before entering a church.

The beginnings of hospital treatment in Edinburgh were small and humble. The first public hospital, which opened in 1729, had six beds. The hospital grew rapidly in size in subsequent years; the regulations forbade the admission of venereal cases but there was provided "a salivation room", clearly for the mercurial treatment of syphilis. It is recorded also that the physicians were to provide gratis from their own shops the medicines prescribed.

In December, 1741, a much larger hospital was opened and the regulations stated—"patients suffering from incurable or very tedious illnesses were not to be admitted, nor those suffering from venereal diseases until special wards could be built for them".

In 1750 one small ward was assigned for venereal cases and in 1751 another ward was authorized, making one for each sex.

There was a *bagnio* or bath house attached to the old hospital; it contained sweating rooms for which a fee of four shillings was exacted, and the "rubber" was strictly forbidden to accept a gratuity. This *bagnio* was demolished in 1884. These establishments were often used for the mercurial treatment of syphilis.

In 1811 the managers of the hospital decided that the female venereal patients should pay a fee of 3 guineas, but it was left to the discretion of the physicians to dispense with payment in whole or

part. This was contrary to the charter and motto of the hospital, *patet omnibus*.

The varying fortunes of the Lock Wards are recorded in the hospital minutes. In 1831 it was decided that the Lock Wards should be closed and appropriated to the reception of general patients. Among the reasons given were their high cost (£400 per annum) and also the fact that they did not contribute to the instruction of students who were strictly excluded from them.

In 1833 the Lock Ward was prepared for the reception of cases of delirium tremens, but in the following year the Magistrates requested the re-opening of the Lock Ward and offered the Managers the lease of a house in Surgeon's Square for the purpose at a cost of £20 per annum. In these years, 1831-35, the staff of the hospital were taken severely to task for permitting the admission of syphilitic patients.

In 1831 it was decided that a fee of 10s. 6d. be exacted from women on admission to the Lock Ward and the income from this service was included in the accounts for many years.

It is recorded that in the year 1853-54 the average period of residence in the lock wards was 66 days.

In 1863 a new Lock Hospital was established in the building formerly occupied by John Bell as a lecture room, which had been bought for £500. A plan of the hospital dated 1853 shows the separate building of the Lock Hospital in a corner of the grounds between the "burn hospital" and the "fever hospital". It is of interest that in 1831 the Commissioner of Police had requested the Managers of the hospital to increase the accommodation for V.D. because about sixty persons each year went to "Bridewell" solely to be treated for venereal complaints.

In 1884 or 1885 a male lock ward of sixteen beds was provided.

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The regulations for the female patients in 1864 are quoted below:

REGULATIONS FOR LOCK HOSPITAL

(1) Patients can be admitted only on a recommendation from an Inspector of Poor or other person who shall have satisfied the Treasurer that the patient will be paid for at the same rate as is charged for pauper patients.

(2) No patient while under treatment shall be allowed to go out of the hospital and return, without the written permission of two of the Managers.

(3) Patients shall on no account go to any other ward than their own without permission.

(4) Patients shall keep themselves and their beds clean and tidy and make themselves generally useful, so far as the Matron shall require.

(5) Patients able to leave their beds shall be in the Work-room at 10 o'clock a.m., shall remain there during the pleasure of the Matron, and work as she may direct. Those who satisfy her in the Work-room by their diligence shall be allowed a cup of tea at 4 o'clock p.m.

(6) Patients not able to be in the Work-room shall not leave their beds without permission from the Matron.

(7) All letters to or from patients must pass through the hands of the Matron. Letters addressed by patients to persons not near relatives must be submitted to her inspection, and letters supposed to be from persons not near relatives must be opened in her presence, and retained by her if objectionable.

(8) Patients may be visited by their parents at such hours and under such restrictions, as the Managers may from time to time deem necessary.

(9) No visitors except parents, clergymen, and persons authorized by the Managers, shall be admitted to the hospital.

(10) Patients guilty of disobedience, or who are noisy and quarrelsome, shall be dismissed at once from the hospital and shall not be readmitted unless by an order from the Managers.

In 1870 the new building (the present Royal Infirmary) was started and in October, 1879, the plans provided accommodation for twelve female V.D. patients in Ward 20 up beside the clock in the central tower. Accommodation was found in 1891 or 1892 for sixteen male patients in Ward 5A, one of the basements below a surgical ward, and the venereal patients were given into the charge of the most senior of the assistant surgeons. This staffing arrangement continued until 1919, when Col. L. W. Harrison, and a few months later Mr. David Lees, were appointed to take charge of all V.D. in-patients and out-patients with the same status and responsibilities as other members of the senior

surgical and medical staff. In 1920 a lectureship on V.D. was created in Edinburgh University and attendance at lectures and clinical instruction in V.D. was made compulsory before graduation in medicine.

Mr. J. Graham, F.R.C.S., is, I think, the only survivor of the old regime of general surgeons who had charge of the venereal department. The late Mr. W. J. Stuart, F.R.C.S., was in charge for a short period in 1918 after his return from war service and he recounted to the writer his memories of the old lock wards. These he described as "an awful place". Mr. J. Patterson, who has just retired as wardmaster of the male V.D. department, has also described the conditions he found in 1919 when he arrived as one of the first of the specially-trained male nurses.

Mr. Stuart emphasized the enormous number of patients he used to see in 1918-1919. It was not uncommon to have 150 out-patients at an evening session, and these he examined and treated single-handed, seldom getting home before 9 or 10 p.m. for a belated dinner. Even at that hour he often found an anxious man on his doorstep pleading for a private consultation. Treatment of syphilis was by injections of neosalvarsan, which the surgeon had to prepare himself, and the porter from the gate was often called in to prepare the patient's arm and to apply a tourniquet and iodine. Large doses of "914" were then in vogue and Mr. Stuart did not recollect many complications. He found he could administer about 25 doses per hour, and even so he was kept very busy. Each patient received a course of about seven doses, which included two or three doses of 0.9 g. "N.A.B." Mercury was also given, usually by injection of grey oil.

For gonorrhoea the treatment was by irrigations of the urethra and prescriptions of various "soothing" medicines. Patients most frequently came of their own accord, but many were referred by their doctor, or were transferred from other wards of the hospital.

The female patients received treatment, mainly from a devoted and capable sister, whose good moral influence on the girls was considerable and probably of more value than her medicines.

For some years before 1919 the "nursing" of the male patients had been in the hands of an old soldier who had served in the Guards and had been chosen for his ability to maintain order rather than for his knowledge of nursing or any desire to help the patients. He exploited them all with impartiality and was reputed to conduct a lucrative private practice outside as well as exacting payment for services inside the hospital. The patients were literally locked in—the windows were barred and

the doors locked. No visitors were allowed. Each morning all the men were paraded and marched along the basement corridor to a place where they chopped the firewood for the rest of the hospital and so earned their keep! This incompetent and unscrupulous wardmaster decided that it was time to retire when the new regime started in 1919.

There are many still serving who can recall that as late as 1920 all treatment of men was done in one small theatre adjoining the ward, and that overcrowding was such that privacy, asepsis, and detailed examination were almost impossible. As the staff could not cope with the vast numbers of patients, a temporary wooden hut was erected adjoining the male ward, and many of the older venereologists of this country will recall the (seeming) endless flow of out-patients which passed through it. It had four cubicles for examination or treatment, and separate rooms for injections and for urethral irrigations, in addition to a well-equipped side-room with equipment for the microscopic diagnosis of early syphilis and gonorrhoea, incubator, and centrifuge. Similar arrangements for female patients existed in Ward 20 where Miss Liston presided for many years.

In 1934 a five-storey pavilion was erected on an adjacent site, and it was agreed that the two top floors should be allocated to the rapidly growing, but old-established and very ill-housed department of dermatology. The new building was financed by the Corporation of the City of Edinburgh, but the costs were paid up completely within a few years by the Managers of the hospital. These premises are still among the best designed and equipped in Britain. But, alas, the venereologists, by their attention to preventive medicine have so reduced their work that they agreed in 1958 to give up one floor to satisfy the constantly growing demand for dermatological treatment and, in 1958-59, the department was reconstructed for this purpose.

But even so, the "lock wards" of Edinburgh Royal Infirmary can provide all forms of treatment for any type of venereal disease. We have come a long way since the *bagnio* and the "salivation room" of the hospital founded in 1729, and the hospital takes pride in the unbroken tradition of the provision of special treatment facilities and beds provided in the hospital for venereal diseases since 1750. The plans prepared in 1959 provided fourteen beds for males

and fourteen beds for females and children, along with a separate and completely equipped out-patient department for each sex, with a consultant in charge of each floor. As the accommodation is an integral part of this general hospital, there is little reluctance to attend or to be admitted to hospital, and the patients benefit from the almost limitless resources in diagnosis and treatment of a major teaching hospital.

Summary

Syphilis was first recorded in Edinburgh in 1497. The first hospital in the city opened in 1729, but a larger hospital in 1750 had a ward of twelve beds for female patients suffering from venereal diseases. There was also a *bagnio* with sweating rooms. It was not till 1884 that beds for male patients were provided. In 1891 a ward of sixteen beds was set aside for venereal diseases.

In 1919 out-patient facilities for the treatment of venereal diseases were provided and a specialist was appointed, who also held a lectureship in the University. Attendance for instruction and examination was made compulsory for medical students.

In 1934 a large pavilion of five floors was built to accommodate the departments of dermatology and venereal diseases, and it is claimed that the accommodation provided is among the best in Great Britain.

Les "Lock Wards" (Service des Maladies Vénériennes) de l'Hôpital Royal d'Edimbourg

Résumé

La syphilis fut rapportée pour la première fois à Edimbourg en 1497. Le premier hôpital de la cité fut fondé en 1729, mais en 1750 un hôpital plus grand avait une salle de 12 lits réservés aux femmes atteintes de maladies vénériennes. Il y avait aussi un "bagnio" avec des sudatoria. Ce fut seulement à partir de 1884 que furent prévus des lits pour les hommes. En 1891, une salle de 16 lits fut réservée aux maladies vénériennes.

En 1919, un service de consultation externe pour les maladies vénériennes fut créé et un spécialiste fut nommé. Ce spécialiste était aussi titulaire de la nouvelle chaire de vénéréologie de l'Université et tous étudiants médicaux devaient suivre des cours théoriques et pratiques.

En 1934, on construisit une grande annexe de cinq étages pour loger les services de dermatologie et de vénéréologie, et l'on maintient que ce bâtiment est parmi les meilleurs de la Grande-Bretagne.