BEADLES, PORTERS AND ATTENDANTS

BY

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The original title of this address, “The Theatre Porter”, had been chosen deliberately, because that was the designation of these men when I worked as resident anaesthetist in the theatres at Bart’s in 1930. They have had a variety of appellations, but in consideration of the work they now do, I feel that “theatre technician” should be the correct term for them. The present title, “Beadles, Porters and Attendants”, however, describes more accurately the historical account. The first purpose of this address is to trace the history of the theatre attendants back as far as possible, and to see what manner of men they were. I admit that I have taken a certain amount of poetic licence with the historical account, not as far as fact is concerned, but merely in the introduction of some historical digressions which I thought of interest. The second purpose is to make out a case for the operating theatre technician of today. The reason for my choice of subject is to pay tribute to the theatre porters for the help I have received from them during my career as an anaesthetist, from the early days at Bart’s right up to the present time at Crewe.

I have always been impressed with the way, in my experience, they have been on the spot when trouble arose. I will quote illustrative cases of this later on. In addition I feel considerable alarm for the future of these men, since they are not being recognized at their true value, in spite of the fact that the majority of both surgeons and anaesthetists agree that it would be almost impossible to run modern operating theatres without them. I will enlarge on this problem anon.

The forerunners of the present-day theatre attendants are to be found among the porters, beadles, boxmen and surgerymen, etc., that have existed since hospitals came into being. It is therefore necessary to touch briefly on the history of the great hospitals.

Up to 1720 there existed but two great hospitals in London, St. Bartholomew’s and St. Thomas’s; these had existed for over 500 years, Bart’s being founded in 1123 by the monk, Rahere, one-time jester to the court of Henry I, and Thomas’s in the reign of William Rufus, by a woman who amassed a fortune by running a ferry across the Thames near the site of the present London Bridge. These two hospitals, it would seem, although founded as an act of piety, were refounded in the time of Henry VIII and Edward VI, not entirely as an act of piety, but rather for the convenience of the healthy citizens. To have diseased and often infectious mendicants, lying and often dying on their doorsteps was a nuisance; “the miserable people lying in the streets, offender every clean person passyng by the way with their filthye and nastye savors”.

Most of the famous London hospitals were founded between 1720 and 1752: for example, Westminster, Guy’s, St. George’s, The London, Middlesex, Queen Charlotte’s and many others. The Manchester Royal Infirmary was founded in 1752. It was then known as the Manchester Infirmary, Dispensary, Lunatic Hospital and Asylum. In 1828 it was enlarged by 60 additional beds. In 1830 royal patronage was granted by William IV, and it became known as the Manchester Royal Infirmary and Dispensary.

The reason for this was that with the increasing population of London and other big cities at the dawn of the 18th century came gross overcrowding and filth, squalor, want, exclusion of fresh air due to the window tax, and drunkenness. Fielding estimated that 100,000 people in London lived on drink alone. Hand in hand with these conditions came plague, cholera, typhus, smallpox, etc. The great epidemic of typhus fever in London in 1741–42 was the climax of fevers in London all marked by high mortalities.

The 18th century has been called the “Age of Enlightenment”. The physical gentlemen previously were more renowned for their pomposity.
and ability to extract enormous fees than for their knowledge of medicine. They talked airily about the morbific seed of disease and other nonsense. When, towards the end of his life, John Hunter was told by his brother William that he was suffering from the morbific seeds of madness, Hunter retorted: "Don't play the Tom fool; I haven't heard anyone speak of morbific seeds in 20 years."

They referred to their hospital patients as "miserable objects" or simply "the objects". And such was the value of their physic that people preferred a remedy blessed by royal patronage; this was deemed most efficacious. Henry VIII devised plasters and decoctions and Charles I treated 10,000 patients for glands in the neck by the royal touch. Charles II, although somewhat sceptical, continued to treat patients in this way.

The surgeons were emerging from their chrysalis. When the clergy were forbidden to perform operations which necessitated bloodshed, the barbers became the surgeons. In 1310 barbers were appointed to keep strict watch on the city gates so that no lepers should enter the city. The barbers and surgeons combined their rival guilds in 1493; in 1745 the surgeons seceded and formed the Surgeons' Company, which came to an end in 1796. In 1800 the Royal College of Surgeons was established.

This then was the prelude to the age of enlightenment with its advance of medical teaching all over Europe, the rise of morbid anatomy to the position of a science and the elucidation of a number of special diseases due to these improvements.

From the archives of St. Thomas's Hospital we get the following information. The earliest history of porters and beadles goes back to Elizabethan times. Porters were originally appointed to open the gates of the hospital to let the poor in and out. The hospital beadle, however, had a lower grade than the porter, was a mixture of policeman and ambulance man and his task was to clear the streets of London of beggars, whether infirm or healthy. Children were sent to Christ's Hospital, able-bodied beggars to the Bridewell House of Correction and the genuinely ill taken into St. Thomas's. St. Thomas's beadles seem to have kept largely to the London Bridge area and presumably Bart's beadles patrolled the northern part of the city. Beadles were the only members of the hospital to wear a uniform; "blew" coats were regularly provided for them (and still are). Apart from a ceremonial sash worn by the surgeons, this continued to be the only uniform until 1860, when Florence Nightingale introduced a distinctive dress for nurses. Both porters and beadles were able to make something on the side. Henry Parker in 1594 was paid for curing sore heads and, in fact, ran an outpatient department of his own. Beadles also had their sidelines and it was recorded in 1584 that Hartford was paid for curing sore heads and, in fact, ran an outpatient department of his own. Beadles also had their sidelines and it was recorded in 1584 that Hartford was no longer to make the hospital candles. Porters and beadles used to be paid quarterly. In 1658 they were paid as follows:

- Back Gate Porter £1 5s. 0d. per quarter
- Fore Gate Porter £1 0s. 0d. per quarter
- Senior Beadle £1 16s. 8d. per quarter
- Junior Beadles £1 10s. 0d. per quarter

However, they were allowed certain perquisites. Porters received 3s. 6d. weekly for board wages. Chief among the perquisites was beer money. Beer money for the matron, butler, cook and 2 porters came to 8s. 4d. per month. Beer was 6s. a barrel.

In 1819, when Benjamin Golding wrote his historical account of St. Thomas's he listed some of the duties of porters. Among these were the following:

- To guard the gates to prevent the ingress of improper persons, to admit relatives if decently apparelled, to check patients' passes since they were inclined to steal out to purchase strong drink.
- Notify relatives to remove the bodies of deceased patients. Attend Coroners' inquests within the hospital. Summon the Governors to meetings, and walk before them on all formal occasions.
- Attend the "Courts", when patients were admitted and discharged.
- Maintain the pumps in good order and frequently exercise the fire engine.

Presumably beadles ceased to patrol the streets when the bed shortage made it unnecessary to go out and look for patients. History seems to have a way of repeating herself.

In addition to the porters mentioned, there was, early in the 19th century, a porter of the dissecting room. He was a servant of the medical school and does not therefore appear in the hospital records. It seems fairly certain that there was a liaison
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between the porter of St. Thomas's dissecting room and the resurrectionists. At this time Guy's and Thomas's formed the United Borough Hospitals and their most distinguished teacher was Sir Astley Cooper, who was noted for his successful negotiations with the resurrectionist men, who apparently used the porter as a go-between. But the criminal nature of the resurrectionists' proceedings caused them to cover their tracks as far as possible, so there is little evidence to be found. It seems fairly well established, however, that Butler, who was porter there at the beginning of the century, was hand in glove with them. Among other duties of the porters was that of keeping order among the medical students. In 1836 a dispute broke out when the porter attempted to enforce the rule that only dressers of the surgeon operating might stand in the area or centre of the theatre. Two Guy's dressers, thinking they had a right to be there, tried to force their way in. Williams, the porter, seized one of them by the collar and in turn was "violently assaulted, and in the execution of his duty had a narrow escape from being thrown over the balustrades from a considerable height, which if carried into effect would probably have cost him his life". The operations had to be suspended and the surgeons called the police, the students having smashed down the doors of the theatre. At Quarter Sessions the two students were fined for assault and another student for breaking down the door, but their countercharge of assault by Williams failed.

The antecedents of the present-day theatre attendants were connected with surgeons rather than with theatres, since there is no evidence of the existence of operating theatres before the 18th century, amputations, and such-like, presumably being performed in the wards by the surgeons and their apprentices. At St. Thomas's during most of the 19th century it was the responsibility of the surgeryman to see to the theatre instruments. The first surgeryman to be mentioned by name was John Lukis in 1801. John Garde, who was appointed in 1846, also acted as cupper. When the surgeryman was not available his place was taken by a porter. Patients were taken down to the theatre by a ward sister and a porter and with the patient on the trolley went dressings, swabs, sponges and maclintoshes.

The first theatre sister was appointed in 1893 and the big changes in the theatres only came about around the year 1900, with the introduction of asepsis. (This seems a little late since Lister introduced asepsis at King's in 1877.)

St. Bartholomew's Hospital.

The archives show that the duties of porters and beadles at Bart's were very much the same as they were at St. Thomas's. There were perhaps more of these characters mentioned by name and there were extra duties imposed on them, as shown by the following:

In 1552. The charge of the porter from the ordre of the Hospital of St. Bartholomewe's. "Your charge is to keep the dores, openyng & shutyng them in due time, & to geve good hede to all such persone as shall at any tyme passe to & fro out of this house as wel for the conveighing or embesillyng of any thyng that apperteynth to the poore of this house as Wood, Cole, Bread, Meate or Drynke, as also for all suspicious persone, as men to resorte to the women's warde, or women to the men's wards, or such suspicious men to resorte unto the men, or women to the women, as shalbe thought to bee petie pickers, or persone of otherwise naughtie disposition. "And also every nyght at the hours of VII of the clocke in the somer ye shall goo into the warde where the poore men bee, & see tham in good order, & suffer no sister nor other women to remayne among them, & cause them to saie the appointed praiers. And whatsoever poore persone shalbe founde a swearer or unverennt user of his mouth, towards God or his holy name, or a contempner of the Matrone or other officer of this house, or that shall refuse to go to bedd at the lauful houres before appointed, hym shall ye punyshe (after ones warning geven) in the stockes & further declare his folie unto the Almoners of this house, that they may take such order with him or them as shall meete by their discretions, etc. etc.”

In 1653 there were warnings against bribery since the porters would sometimes smuggle in "inadmissable, e.g. plague cases" for a consideration. In this year also the first porter was mentioned by name.

It is thought fit & ordered that George Lambert, porter, shall have once in every three years a cloth gown to wear about the cloisters & hospital. And also that a staff be provided for him to carry in his hand tipped with silver, & the hospital & City arms be set upon the sides of it, which staff is always to remain in this hospital for his successors porters here.

[In 1659.] Because George Lambert is too ancient and infirm to enter the names of patients sent to the outhouses (Lock, etc.) & those healed of scald heads & leprosy, this is to be done by the Renter.

In 1662, a further admonition.
That the said porter do & shall also every evening both in the summer & winter time until the shutting in of the hospital gates walk up & down the cloisters & to have a careful inspection in all other places about this house to prevent the lying of bastards, or other children & also to prevent the harbouring of any dissolute & vagrant persons that may anywise become chargeable or troublesome to this hospital. (Fig. 1.)

1664. A child was left in the cloisters and James Pitts, the porter, and his two under-porters were reprimanded.

1703. John Middleton, the porter, was compensated when his house was pulled down to make way for the Henry VIII gate.

The beadles had much the same duties as Thomas's beadles and wore blue coats and carried staves.

According to the indenture of Henry VIII and the City there were to be eight beadles. There were four after the mid-17th century; there were even two in 1916.

The box carriers. They were respectively attendant on the three principal surgeons and were liable to be called on for assistance on the arrival of an accident patient. At first they seem to have been recruited from among the patients and were paid 3d. for every patient who was ordered to be “bleeded”. This practice was discontinued in 1813 and the box carriers were appointed by the surgeons. In 1821 it was suggested that the office should be abolished and that one man should be employed as surgery-man as at Thomas's and Guy's. However, it was considered that one man could not do the work of these three.

The box carriers survived into the 20th century as surgeon's attendants or theatre orderlies. They eventually became outpatient porters and disappeared about the 1920s.

To bring this story up to date the following is a resumé of an account sent to me by Henry Dossett, senior theatre technician at Bart's.

Fig. 1
The Beadle in the Cloisters of St. Bartholomew's Hospital.
In 1930, when five new operating theatres were opened at Bart's it was decided to appoint six theatre attendants, five for day and one for night.

The six were appointed on the understanding that they were on trial for one year. These men were completely untrained, receiving all their instruction from the sister superintendent and the sisters in charge of each theatre. They had to learn medical and surgical terms, surgical procedure, sterilization of all descriptions, asepsis and the meaning of it. They borrowed books on anatomy and theatre techniques, and nurses' dictionaries. They learned from asking questions of their surgeons and hearing them teaching the students. They discussed the positioning of patients among themselves and learned much from each other.

They were responsible for the operating tables and accessories, anaesthetic machines and equipment. They helped the anaesthetist during induction, and had many exciting times during the stage of excitement. ("The Smithfield meat market porter was not always particularly cooperative, as I soon discovered.") During operation they carried out many of the duties of a present-day theatre attendant. Postoperatively they returned the patient to the ward and even in those days were responsible for the pathological specimens.

Dossett was there on trial in 1930 and is still there, but now it has become a question of "What we should do without you, we just don't know". After 30 years he still remembers a few anecdotes about the famous surgeons under whom he worked. The following story is told of Mac . . . E . . ., famous for his invocations on the Deity. During a nephrectomy the clamp slipped from the artery. "Pack quick," shouted the surgeon and packed quickly it was. "What shall we do now?" said the surgeon. "I know, let's sing a hymn." The hymn was sung by the
surgeon and then: “Big clamp, please, sister; thank you, all ready, out packs.” Snip. “Got it, thank the Lord.”

The boxmen, whom we met in the Bart’s archives, were earlier than the surgerymen. The custom of following the box was as follows. The surgeons had a box of instruments carried before them as they went round the wards, with which they used to perform lesser operations then and there. Instruments so used would be put back in the box to be used again possibly on some other patient. Beadles also followed the surgeon, it being their duty to carry a brazier in which cautery irons were kept heated and ready for immediate use. The apothecary and his apprentice were also allowed to follow the box but were not allowed to bleed patients nor apply dressings. Among the most essential personnel in those pre-anaesthetic days were the handlers, ruthless strong-arm men who held down the patient during operation.

St. George’s, Moorfields, The London, Guy’s.

Who knows but that the predecessors of Mr. Smith, senior technician at St. George’s, may have been employed in this capacity 200 years ago, while John Hunter operated there, perhaps performing without anaesthesia the modern operation of local mastectomy. Small wonder he remarked to one patient: “Madam, you have been more merciful than I”. The following story illustrates how a patient in those days might be handled even against his will. A wily character, Clutterbuck by name, used to snatch bodies for John Hunter. This man suffered continuously swollen gums; to kill the pain he drank vast quantities of gin. Returning to Hunter’s dissecting school one bitterly cold morning, Clutterbuck greeted Hunter with bleeding and swollen mouth. On seeing his pitiable condition, John Hunter produced a knife. “Here let me bleed your gums.” Clutterbuck feared the knife and made to escape. John Hunter signalled the handlers, who expertly threw Clutterbuck on to a dissecting table. One of these gentlemen held his head, another forced open his jaws; two more stalwarts sprawled across his body, pinioned his arms and legs. Hunter then made a series of incisions in the upper and lower gums of his servant and having done so rewarded him with a stiff draught of gin.

In the history and traditions of Moorfields Eye Hospital, Treacher Collins writes of Sir William Lawrence. “In those days, since all eye operations had to be performed without anaesthetic, at least 4 or 5 assistants had to be employed to hold the patient down. The division of labour was as follows: One assistant to fix the patient’s head, one to depress the lower eyelid and fix the chin, one to confine the arms and upper part of the body and one to secure the legs and lower part of the trunk.”

In his history of the London Hospital, Sir Edward Morris, a former secretary, writes:

There are still ghastly relics in the Hospital of those terrible days; the great wooden operating table with its straps; the bell which was sounded before an operation to call assistants to hold down the patient, a bell whose terrible clang could be heard by every shivering patient in the building, including the patient, often a little child, a bell with a voice loud enough and harsh enough to make all Whitechapel shudder. And there are the instruments used by the iron-nerved although tender-hearted Blizard himself. If a patient screamed and screamed again this tender-hearted surgeon might wish to drown out those screams, which disturbed all and sundry. In a moment of desperation he might well order the beadle to “ring the bell and go on ringing it until I tell you to stop”. Better the bell than this agony broadcast about the place.

Morris was writing of the early days when there were no anaesthetics, up to the time when many surgeons refused to use anaesthetics because they could not agree as to whose duty it was to administer them. One surgeon was reported to have refused to use anaesthetics because he was of the opinion that a good honest scream was beneficial, although it was not recorded whether patient or surgeon reaped this doubtful benefit. It is further recorded that even after the introduction of anaesthetics there were many surgeons who refused to operate in circumstances in which the pain factor might be prolonged.

Of the forerunners of the present-day theatre attendants the most famous was, without doubt, Rampley of the London Hospital, with which he was associated for 29 years. Dr. May, Dean of the Medical College, refers to him in an article in the London Hospital Gazette of November 1898 as the Grand Old Man of the London Hospital. Rampley was connected with the theatres about 1871, having duties in the postmortem room. He was appointed surgery beadle in 1893, his predecessor, Stucky, having been dismissed.
for not having a stomach pump ready for the surgeon at operation.

He was closely associated with Sir Frederick Treves. He and Treves would go straight from the postmortem room to the operating theatre, with or without washing their hands as they felt inclined. There Treves would don an old frock coat which had suffered from many spurting arteries and get on with the operation. In the days up until 1883 he always had a searing iron in the fire to check haemorrhage. The instruments used to be kept in a little box under the flue and when taken out were usually covered with smuts and smoke; any unused instruments were promptly replaced without being sterilized at all; nor were there any ward instruments in those days, not even a probe. Rampley attended at nearly 40,000 operations while at the London. He invented the Rampley sponge holder and needle holder, which in a modified form are still in use there today.

Of the students he said that digital compression for aneurysm seems to have been the most looked-forward-to event, and those on duty thoroughly enjoyed themselves. Beer unlimited was served in the dining-room and here the "compressors" adjourned in turn throughout their long vigil to seek refreshment. On the conclusion of one event the empty bottles were set up as skittles and the fun continued until not one bottle remained whole and the carpet was riddled with broken fragments.

Treves must have thought very highly of Rampley, for at a big dinner given to the latter on his retirement, having presented him with a cheque and an album of signatures of the contributors, Treves went on to say that the former might be reckoned in the coinage of this or other countries, but the latter in the coinage of another country in which Rampley was rich beyond the dreams of avarice; the coinage of their deepest regard and affection.

From Guy’s Hospital comes the following extract from the personal memoranda book which was kept by Mr. John Hollister, treasurer of the hospital from 1738 to 1742. In this he has a page headed "Memorandums of the character and behaviour of the officers and servants of the Hospital”. Under this are the following entries:

Woodhouse, the porter, is a noisy, expensive, dissolute, encroaching fellow—needs much to be carefully watched? of his affair with the sister of Lydia ward? Woodhouse’s wife is an exceeding jealous woman.

Voughton, the beadle, is a very sober, diligent, quiet modest man & much deserves favour & encouragement.

King’s College Hospital.

In Shephard Taylor’s Diary of a Medical Student, 1860–64, there are two references to the “anatomical” porter.

Saw Fisher, the anatomical porter, very barbarously castrate a poor tom cat for too noisily serenading his lady love.

Attended a P.M. on Bill, our assistant anatomical porter, who died of cardiac disease. Poor Bill was a very ghastly corpselike individual, harmonizing very well in this respect with his surroundings in the dissecting room.

“My life is in the hands of any rogue that cares to annoy me.” So said John Hunter 200 years ago. Hunter was suffering from tabes and coronary disease. The reader is no doubt secure from the former condition, but can he reflect with equal security on the effect of time and stress on his cardiovascular systems? Today every other person over the age of 50 has demonstrable arteriosclerosis, and one person in three will die of this condition. We have no weapons to protect us against the tyranny of time, but we have weapons with which to fight stress. These weapons lie in our ability to organize as far as we can our working lives, to ensure the maximum efficiency in ourselves and those around us.

In 50,000,000 years time the anaesthetist, like the horse with his single digit, may reach phylogenetic perfection by growing a second pair of hands. In the years between, however, we must rely to some extent not only on the hands but also on the wits of others. The rogue, the villain of the piece, is the nebulous indifference of the untrained and inexperienced assistant when crisis raises its ugly head.

In the last 30 years I have encountered crisis in all its forms; the unexpected vomit, the stormy induction, the difficult intubation, the laryngeal spasm, the cardiac arrest and others not even encountered in present-day anaesthesia. Bad moments, when seconds seem like hours, moments when my blood pressure must have received some rude shocks. The emergency seems to be nobody’s baby except the single-handed anaesthetist’s who cannot leave the patient to get stomach tube, drip
set, drugs or other essential apparatus. In these moments just one trained and capable assistant can reduce crisis to mere routine; the stomach tube is there, the table is tilted, the sucker is there and it works. In my opinion there is only one person who can be relied upon to be there to produce this order out of chaos and that is the trained and experienced theatre technician.

I would like to cite two instances to illustrate the sort of thing I mean. When I was resident anaesthetist at Bart’s in 1930 we were rather thrown off the deep end. We found ourselves doing lists with very little experience or knowledge of anaesthesia except for the injunctions of the senior resident. “Keep them a good colour, intubate all the abdominal cases, and if you can’t feel the pulse don’t tell the surgeon until the operation is over, old boy!” At first to get a patient deep enough in a reasonable time for intubation with a Boyle machine and nitrous oxide, oxygen and ether seemed a bit beyond me. One day I was having a real battle with a Smithfield porter when a theatre porter materialized and said, “Mr. Langton Hewer, sir, uses a Clover’s inhaler and gas and oxygen for that.” This completely solved the problem. Another time I was in the Ritz bar. I had in my hand a glass of ambrosial nectar. All my student friends were there and the barman’s face was vaguely familiar. The wit and wisdom of that gathering was superb. I approached the bar, my glass empty. To my surprise the barman leaned over the bar and dealt me a resounding smack in the face. Then I woke up. It was the theatre porter. I had been secretly experimenting with the then new McKesson machine. My face was black and my arms rigid at the mask on my face. I was about to fall on the very hard floor. I hate to think what might have happened if the barman had given me that second drink.

This preamble reflects, I admit, but the personal angle and may prove nothing but the fact that with the passage of years, maybe, I epitomize some of the parameters of Parkinson’s Law. Let us therefore examine the other benefits conferred by the services of these men.

Firstly on the most important person in the hospital, the patient. With skilled assistance the operation is made safer and less unpleasant for him. There is an air of quiet confidence about the procedure. There is no waiting in the anaesthetic room, since everything is in readiness, even though the anaesthetist may not have been able to leave his previous case in the theatre until the last moment. Safer because there is an expert to keep watch over the condition of the patient and perform controlled respiration while the anaesthetist puts up a drip, inserts a Gordh needle, takes an e.c.g., etc. Their role in the anaesthetic emergency has already been duly stressed. During the operation the patient receives the benefit of gentle lifting on to the table and correct positioning for various procedures. The position of the limbs is under the anaesthetist’s general surveillance such as to ensure the diathermy can do no damage and that no nerve injury will result. He reaps the general benefit of the saving of time all round when the operating team is efficient. On passage from theatre to ward he will always ensure that the general condition of the patient is satisfactory and that the airway is clear. The patient will be returned to bed with the least possible disturbance.

The more ideal the conditions the quicker the operation can be performed. The wear and tear on the surgeon’s nervous system is reduced if all goes smoothly and there is no waiting because this, that or the other instrument is out of order. Instruments are always ready for use; even that favourite gadget, seldom used, can be produced without delay. If the electrical apparatus such as, for example, diathermy, sucker, endoscopes, cystoscopes, bronchoscopes, etc., breaks down there is someone there to put it right on the spot. There are the orthopaedic tools to be kept in good order, electric drills, skin grafting knives, osteotomes, etc., the tourniquet to be applied and kept at the right pressure. The technician may also ensure that the pathological specimens are correctly labelled and sent to the laboratory. There is no waiting between cases.

This is a very incomplete review, but defines some of the benefits which are reaped by the patients, surgeons and anaesthetists. One very definite advantage of male theatre technicians is their permanency and the continuity of their expert service. Some have been doing this work for 30 or even 40 years. Of the names on the register of medical auxiliaries the average length of service is 12 years.

Now what is the position with regard to the future of these men? The alarm that I expressed
Earlier on is due to the fact that many of the old hands are leaving because the remuneration they receive has not kept in step either with the present cost of living or with the importance of the work which they are now doing. They are also suffering frustration at not being officially recognized by the Ministry. The following will give some idea of what is happening.

In an article entitled “Operating theatre technicians” by Franklin Russell, published in the Family Doctor, in August 1954, there appear some observations made by trainee technicians at the Birmingham Accident Hospital, emphasizing the pleasure they took in the work and the sense of satisfaction it gave them. I will quote extracts.

One technician, Eric Bunch, told me recently: “... the most interesting part of this work is being able to repair a delicate instrument, or improvise a repair, when an operation is in progress”. This man has now gone back to lorry driving.

Mervyn Davies, a colleague of Bunch’s, emphasized to me that there is drama in a technician’s work; he says: “A life may be in danger and you have charge of all the vitally important instruments and equipment. I get tremendous satisfaction from helping the operating team towards the goal of making people fit and well and able to lead normal lives again.” This man has gone back to the R.A.F.

Another man, Norman Lee, was the first to complete the course organized for these men at Birmingham. He said: “I was lucky to be at Birmingham then, no other hospital had a similar training scheme.” This man has emigrated to Australia.

In fact of all the men mentioned in this article there is only the senior technician left in the Health Service.

It was the same story when I went to Bart’s, George’s and the London. “A lot of the old hands are leaving because they can’t make a living at it.” Incidentally the Birmingham Accident Hospital is not now the only hospital to train technicians. They now have schemes at St. George’s, the Walton Hospital, Liverpool, and at Manchester where a course at the Infirmary is to be started this autumn. As things are at the moment trainees have to pay their own expenses, but Dr. T. H. Chadwick, who takes trainees in the North Manchester Hospital Group, is making arrangements to have these expenses paid by the Regional Board. Initially opposition came from various quarters, chiefly from matrons, theatre superintendents, sisters and also from some surgeons, but needless to say not from many anaesthetists. This opposition is rapidly evaporating in face of the complex nature of the theatre “set-up” of today.

History and progress of the Association of Operating Theatre Technicians.

In 1945 Sir Ivan Magill suggested to the orderlies who worked in his theatres that they should combine with other men doing similar work and found an organization of their own. In 1945 they met and formed an Executive Committee to correlate operating theatre procedures and provide training arrangements for men wishing to do this work. It was felt that the civilian hospitals would do well to follow the example of the medical services of the armed forces in demanding a certain educational standard as well as special training.

Theatre orderlies were, at this time, mostly self-taught, but the complex nature of modern apparatus, both for surgeon and anaesthetist, and the multiplicity of duties in the theatre besides, were making it more and more essential to employ men who had been especially trained for the job. It was further stressed that theatre technicians were not intended to supplant nursing staff. A syllabus was therefore devised and training arrangements made on the lines and with the help of the Birmingham Accident Hospital. Examinations were carried out under auspices of the Board of Registration of Medical Auxiliaries, whose satisfaction was such that in 1953 the Association of Operating Theatre Technicians was accepted for membership of the Board of Registration.

In 1959 dissatisfaction was felt by the Association on the following counts. The operating theatre technicians were recognized by the Board of Registration of Medical Auxiliaries but not by the Ministry of Health and, after five years, the diploma was still not recognized by the Whitley Council. It appears that it had been recently agreed by the Whitley Council and the Ancillary Staffs Council that the diploma should be recognized by a monetary payment. This does not, however, seem to have been implemented. The diploma is recognized, however, by the armed forces; in fact members of the R.A.F. and R.A.M.C. gain promotion in rank if they pass these examinations.
On April 29, 1959, a deputation to the Chief Medical Adviser to the Ministry of Health, arranged by the Board of Medical Auxiliaries, discussed the foregoing points, but no conclusion seems to have been reached. The main objectives of the Technicians' Association are:

- official recognition by the Ministry on the Board of Registration of Medical Auxiliaries;
- official recognition of the diploma by the Whitley Council;
- official recognition by the Ministry of a technical grade similar to that of technicians in other spheres such as pathology and X-ray departments, etc., with a comparative standard of remuneration, i.e. by the Professional and Technical "B" Committee.

The President of the Association is Sir Cecil Wakeley, Bart, and among the Vice-Presidents are to be found the names of many distinguished surgeons and anaesthetists.

It would seem important for anaesthetists, for their own sakes as well as for those of their patients, to use their influence on every possible opportunity to advance the cause of the theatre technician by endeavouring to procure for him a fair deal. They should do all in their power to remove the necessity for the technician to seek alternative, more remunerative, employment. There have been rumours that the Ministry of Health has been looking at the position of these men and it is to be hoped that it will soon take action to give them greater recognition by up-grading them to the status of true auxiliaries and by ensuring adequate establishment of them in every hospital.

It is not my intention to draw a close parallel between the historical characters we have been studying and the theatre technician of today any more than it is to compare the blood-letting parsons of the 12th century with, for instance, Professor Boyd. There is no real comparison.

In conclusion I would like to state that as far as the theatre technicians are concerned the old tradition of loyal and devoted service still remains. The London hospitals and many others still have their Rampleys. Men I have known and who are still doing the job since the days when I was a student.

In his brilliant Winchester address, “The Elephant and the Whale”, the Minister of Health, Mr. Enoch Powell, emphasizes that the fundamental difference between doctors and politicians is that the doctor’s decisions are individual and the politician’s collective. He says:

To sharpen this antithesis again, the politician practises the subordination of individual judgement, the doctor glories in the development and exercise of it. I am told on good authority—I should not venture to make such an observation on my own—that the reasonableness and charity which characterizes doctors as individuals is often strangely absent when they are gathered together in committees and organizations. If the observation should by any chance be true, it would be fully explained by this trait of the doctor’s character which contrasts so sharply with the politician’s.

From this contrast we draw the obvious conclusion, that politicians are both reasonable and charitable when gathered together. It is not without reason to hope, therefore, that they will see to it that the theatre technicians no longer continue to suffer the “morbific seeds” of frustration.

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