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ÆSCULAPIUS SCOTICUS

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William Adam's Edinburgh Royal Infirmary, built 1738-48, was demolished more than a century ago, though fragments survive, as does the institution itself.¹ As the adjunct of a medical school whose formation, in 1726, was the 'first public act of the Scottish Enlightenment' and which after 1750 became the 'pre-eminent centre of medical education in the English-speaking world',² the hospital has received more historical attention than any other British hospital, of any period. Among architectural historians, John Gifford has paid due and entertaining attention to Adam's charitable buildings among his multifarious architectural and commercial projects, and Thomas A. Markus has subjected the Infirmary's plan to a spatial analysis that helps to clarify its place in the evolution of general hospitals.³

Though Adam planned to publish a book, *Vitruvius Scoticus*, which would have included his designs for the Infirmary, he was not, apparently, one to *write* about his own work.⁴ This article will draw attention to two contemporary publications which I think owed a lot to the discussions that took place during the period of the Infirmary's planning and early construction, and which borrowed from Adam's verbal explanations, and clarifications for the benefit of its Managers. These are the pseudonymous pamphlet *Letters* from a 'Gentleman in Town' to his 'Friend in the Country'. That of 1738 is signed 'Philanthropus', and that of 1739 'Philasthenes', that is, 'friend to the weak'. The friendly gentleman was almost certainly the surgeon Alexander Monro *primus* (1697-1767), first Professor of Anatomy at the Edinburgh medical school, the Infirmary's most active propagandist, and one of four members of the committee supervising the construction of Adam's building.⁵ Publications soliciting donations were used by all British voluntary hospitals, but as a rule they are not very informative about the buildings, aside from general references to economy, solidity, and capacity. But the *Letters*, published to raise funds specifically for the construction of Adam's building, explain how that building was to work in a way unique in the genre, and with a vigour and a specificity never since matched by any historian, of any persuasion. Philanthropus, whoever he was, must have had Adam's help in this.

The 'Infirmary or Hospital for Sick Poor in the City of Edinburgh' became the 'Royal Infirmary of Edinburgh', by a 1736 royal Charter 'erecting the . . . Contributors and Donors, . . . into a Corporation with perpetual Succession'.⁶ Once happily 'erected' by the Charter, the Infirmary's Managers immediately made plans to build. Since its foundation in 1729, their hospital had been occupying a two-storey house, called the 'little house', 20 feet from front to back, with five rooms and a kitchen. With four, and then six beds it admitted 35 patients in its first year, a number mildly disproportionate to totals of 352 original contributors, twenty Extraordinary Managers, including Monro *primus* (Ordinary Managers, selected from among this group, undertook the regular administration) and several staff members.⁷ The care of the sick poor was evidently never to be the Infirmary's sole function; ambitions for it began to solidify into very specific social and economic aims during the planning of Adam's building.

Edinburgh's was the first 'voluntary' hospital in Scotland, and the first in Britain outside London. Broadly speaking, these hospitals were conceived as a mechanism for promoting national prosperity, or at least they learned to present themselves this way, and this theme is evident in writing about the Edinburgh Infirmary, too: 'The saving and restoring [of] useful and laborious Members to a Community, is none of the least services that can be done to it', according to its *History and Statutes* of 1749,⁸ by which date there were seventeen voluntary

hospitals in England, and two more (Glasgow's and Aberdeen's) in Scotland. Much more prominent in the *Letters*, however, is the proposition that, as a place for instructing medical students and surgical apprentices, the Infirmary would bring money to Scotland, and especially to Edinburgh; a more immediate, and perceptible, prosperity than that resulting from the restoration of working folk. This was to operate in two ways. Medical expertise would become a Scottish export (as indeed it did); and the school would attract young men with money to spend, not only from Scotland but from England and Ireland, including Dissenters and Catholics, for 'Students of any Denomination, without Regard to any Distinction of Sect or Party' were all equal in the University's regard. They would equally all benefit from teaching as good as any in Europe, from the opportunity to observe a variety of 'Cases' assembled at the Infirmary, and, not least, from easy access to its clinical records: entitlements Philanthropus spelled out as if in a modern undergraduate prospectus.⁹

The inspiration, and the rival, was the University of Leiden, similarly welcoming to students of any denomination, and long popular with future Scottish professionals. Among them were Monro *primus*, who had studied there with the great physician Hermann Boerhaave (1668-1738), and William Adam's friend and patron John Clerk of Penicuik (1676-1755), who in fact lived with his dear Boerhaave 'like brothers together' while reading law.¹⁰ If he were indeed Monro, Philanthropus (in fact, 'Philasthenes', but I will now let the first pen-name stand for both) was rather graceless in claiming that young English- and Irishmen had begun to prefer Edinburgh to Leiden even *before* the recent 'Death of that great and excellent Professor Boerhaave'.¹¹ Much of the medicine taught at Edinburgh in the school's first twenty years followed very closely Boerhaave's instruction, notable not just for its formal elegance but for the fact that some of it was conducted at the side of twelve beds in St Caecilia Gasthuis reserved for that purpose. Instruction at the bedside was immediately available at the Edinburgh Infirmary too, where students paid an 'Honorary' of two guineas for the privilege of a year's attendance.¹² And Leiden had since 1597 boasted a permanent anatomical theatre, which Adam's Infirmary would too.¹³

Hopeful calculations of a rise in Scotland's gross domestic product (and, more to the point, the Infirmary's income) through a new and bigger hospital that could accommodate more 'Cases' and thus attract more students had to be offset against the cost of that building. Adam's 'plan & draught' for a building for 200 patients ('allowing each patient a bed'), whose dimensions were carefully recorded as 200 by 25 feet, with two wings each 70 by 25 feet, comprising three storeys and a garret, were approved by the managers on 20 April 1738. But, unwilling to 'act too forwardly', they proposed 'to build no more at present than what will accom[m]odate sixty six patients' of whom only forty would be dependent upon the Infirmary's charity: the other beds were set aside for domestic servants, to be paid for (*in loco parentis*) by their masters;¹⁴ and five 'Cells' for the insane ('As there is no proper place in Scotland for Entertaining Lunaticks'), whose costs would be met by their family or friends.¹⁵ However, construction made its own awkward demands: no matter what was built, the necessity for 'carrying up' a staircase in the first campaign presented itself, because the wards would be on the first ('second' on the Adam plan: Fig. 1), second, and top storeys. In the event, the east side was built first.¹⁶

The Managers were particularly anxious to have the large 'operation Room' planned for the top floor as soon as possible. Big enough, Philanthropus claimed airily, for 'two or three hundred Students', it would ensure a reliable income from their fees, an investment that would soon yield dividends. As the room at the Little House could scarcely hold an audience of twenty-four, the Managers reckoned themselves deprived of £210 annually;¹⁷ less quantifiably, the operation room was a (literally) spectacular emblem of the Infirmary's singular pedagogic appeal. The publicization of this appeal was essential. As the Infirmary reported in 1749, its income was entirely constituted by student fees; plus the interest yielded on its capital (which had

originated as gifts of money and commercial stocks), the Earl of Hopetoun's annual £150, and its one-third share in the profits of the Edinburgh Assembly Room. The Edinburgh Infirmary was not, 'as in most of the *English* Infirmarys . . . chiefly supported by annual Contributions'¹⁸ from subscribers of relatively small but regular amounts; this place in its account books was taken by the students.

William Adam's infirmary began construction in 1738. By 1739 Adam had donated 100 copies to the Managers of a 'full plan & Draught' of the building (Figs. 1 and 2),¹⁹ which he had prepared for publication in *Vitruvius Scoticus*, the volume of engravings of works by Scottish architects (most by William Adam), for which he was then collecting subscriptions. (It would have to wait until around 1812 for publication, by his grandson.)²⁰ In 1738 Philanthropus used the print to reinforce his assurances of the solidity of the enterprise:

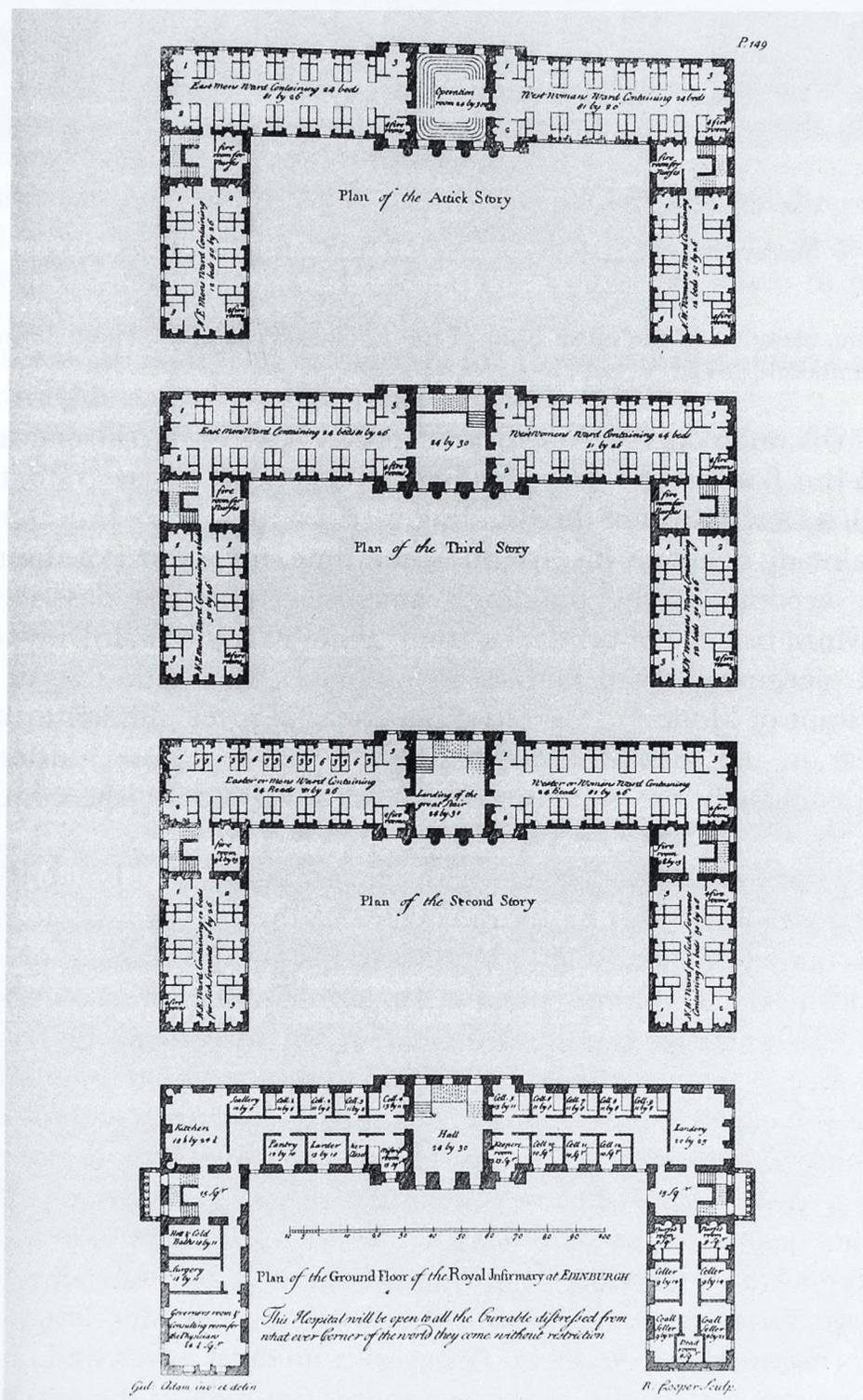
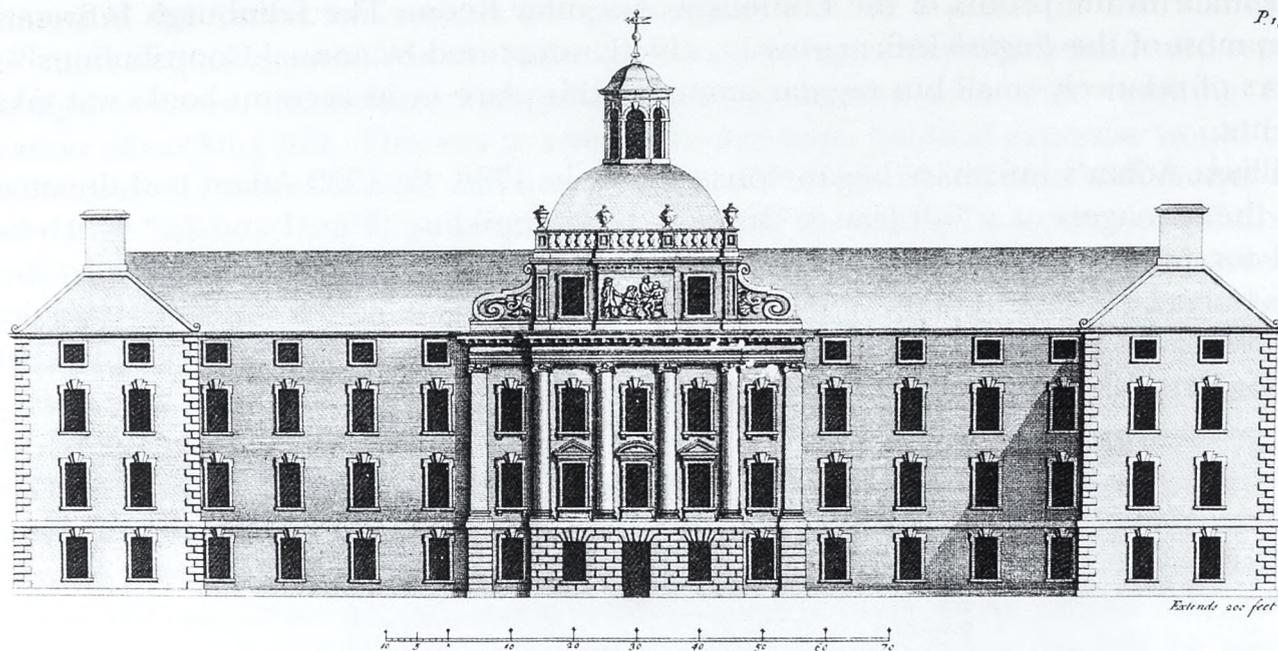


Fig. 1. William Adam, plans of the Royal Infirmary, Edinburgh (from William Adam, *Vitruvius Scoticus*, Edinburgh, 1811).



Gul. Adam inv. et delin. The North Front of the Royal **Infirmary** facing the City of Edinburgh *R. Cooper Sculp.*

Fig. 2. William Adam, elevation of the north front of the Royal Infirmary, Edinburgh (from William Adam, *Vitruvius Scoticus*, Edinburgh, 1811).

But as Mr William Adams Architect, has caused a Plate of it to be engraved, which will be sold in all the Booksellers shops in Town, I'll send it to you, rather than detain you longer with a Description of the Building.²¹

But he had already detained his 'friend' some time, for a third of the nine-page *Letter* is devoted to a close account of the building's amenities. The rest describes the Managers' quintessentially Calvinist balance of prudence (they 'thought it was their Duty to lay a Plan which might be executed piecemeal') with faith in Providence (they 'didn't seem to be under any Apprehensions for want of Money'). 'God loveth a chearful giver', Philanthropus reminded his friend the next year in the second *Letter*, a progress report whose fourteen pages provide considerably more detail about the building,²² which, although not finished until 1748, was in use by 1741.

The Infirmary was worthy of its status as the first monumental building of a century that would see many more in Edinburgh, a fine example of the occasionally terrific eclecticism, or empiricism, that was one of William Adam's legacies to his sons. Even in an old photograph (Fig. 3) that, unlike the print (Fig. 2) cannot elide the ungainly length and severity of the side wings, it appears to advantage. The centre is extraordinarily striking, which was precisely the intention. The eye follows the ascent, from scrolls to balustrade to square dome to cupola, and then turns back down to trace the suave arrangement of Ionic three-quarter columns and pilasters that supports it all. Square domes also appear on Adam's *Scoticus* designs for George Watson's Hospital and the Orphans Hospital, but the Infirmary was the only one of these charities intended to bear an order. It was a difference significant at the time and one for which Philanthropus offered a very interesting justification, which I describe below.

On the ground floor were administrative offices, and cells for lunatics, asymmetrically placed along the corridor. Above were two floors with medical wards and, at the top, surgical wards; women were to the west (right on the elevation) and men to the east on all these floors. The surgical wards flanked the top-lit operating theatre that the managers had been so anxious to get. The theatre also served for autopsies; and moreover as a lecture hall and chapel (surgery was

usually scheduled for Sunday afternoons). The cupola was used as an astronomical observatory.²³

The arrangement of the beds was a subject of particular pride. In 1738 Philanthropus described the 'little retiring Place' at the head of each of the twenty beds on each ward, which were

so disposed, that the drawing [of] a Curtain at the Foot of every Bed, forms a kind of Room of the Space of two Beds, fronting one another, and the Area between them of 5 Foot by 8, with a large Window.²⁴

The projections visible on the plans (Fig. 1) at the heads of the beds were those of built-in closets 'for containing the medicines, clothes, or other necessities, belonging to the respective patients', another civilized arrangement explicitly rejected half a century later at Robert Adam's Glasgow Royal Infirmary (begun 1791) with reference to the most up-to-date French thinking, by implication because the closets impeded air circulation.²⁵ Such pseudo-science (particularly on behalf of a plan that followed Edinburgh's rather closely, without acknowledgement) would have irritated Philanthropus, anxious to show that Edinburgh's hospital would surpass any in 'Europe'. He did not mention the rest of Britain, perhaps not wishing to offend contributors to English hospitals, whom he was anxious to enrol for Edinburgh's.

In 1738 Philanthropus was careful to specify that, though the building was in every respect clean, solid, and 'convenient' (a much more powerful word then), it would not have any 'Ornament', 'but in the Front of the 54 Foot in the Centre, as this is to be more properly a College than an Hospital.' He had already explained that

Each of the three Stories on the Body of the House consists of two Galleries of 82 Feet in length, divided from one another by two Gavels

— that is, the partition walls, between which were, in ascending order, the hall; the Managers' room; offices for the Treasurer, Secretary, Accountant, and Apothecary; and on the top floor the 'convenient Operation-Room'. The walls separated this vertical 'College' from the patients'

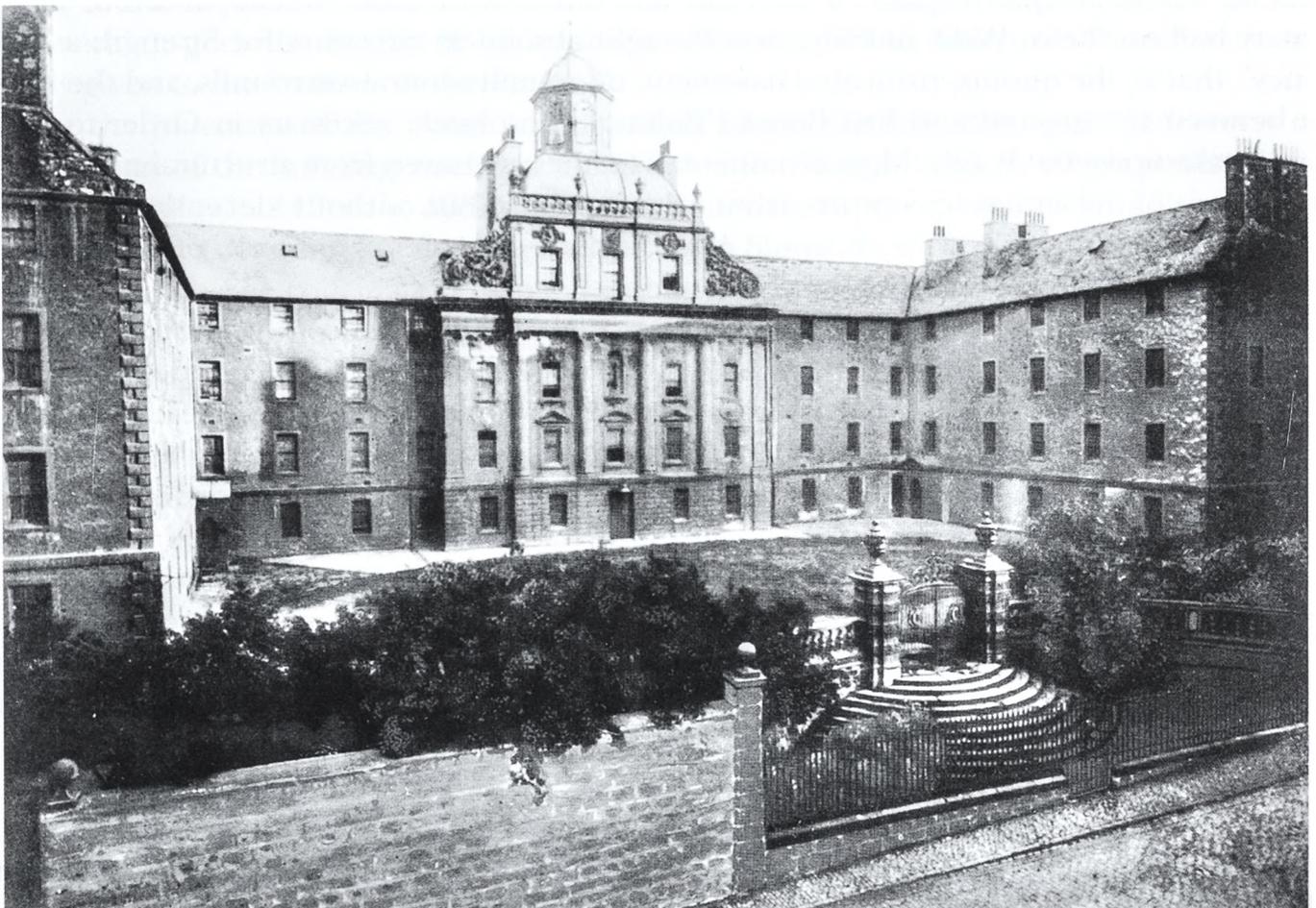


Fig. 3. The Royal Infirmary, Edinburgh, demolished in 1884.

galleries that made up the 'Hospital' and the central stairs linked these places of administration and display.

And as this House, in time, must prove the Glory of this Country, the Contributors, who gave the greatest Donations to the Building, signified to the Managers, that ornamenting it properly would be agreeable to them, and they gave into it . . .²⁶

Though the precise arrangement of the 'College' is unspecific on the Adam plans, the principle is evident. No one has been able to identify those 'Contributors' who signified their wish for proper ornament; perhaps the signification went the other way. At least, when the managers later decided to cheer up the hospital, or themselves, with a bit of decoration they regularly represented such schemes as Adam's idea. (In 1747, for example, they decided to 'converse' with him about his proposal 'for further ornamenting' the 'Lobby' floor with marble pavement.)²⁷ In any case, Philanthropus's justification for the expenditure – the idea that two kinds of buildings (and associated decorums), could stand under one roof – was most likely suggested by an architect long versed in persuading patrons to take a little 'Ornament'.

The minutes for the Managers' meeting of 20 April 1738, which considered Adam's plans, recorded that the

Building ought to be Solid and Erected of the most durable Materialls, not slovenly, and yet that very little or no expence should be Laid out in useless ornament.²⁸

Is 'useless ornament' a tautology? Even critics of Modern Movement architecture today justify the re-introduction of classical ornament with some reference to 'meaning', the semiotically-inflected equivalent of 'use'. Philanthropus explicitly distinguished useless ornament from 'necessary *useful* Expence', like the unglazed Dutch tiles on the ward floors. More expensive than wooden boards, they guarded against 'Fire, Vermin and Stench', and moreover served to 'deafen the Noise' of students trundling around the ward overhead.²⁹

There was another, more implicit antithesis to useless ornament, and that was useful ornament. Philanthropus explained in 1738 and then, with more detail, in 1739, that the Infirmary had no 'hewn Work but what was thought absolutely necessary for Strength as well as Decency', that is, the quoins, rusticated basement, door- and window-surrounds, and the band of stone between the ground and first floors ('Belting', 'absolutely necessary in Order to make a proper Intake upon the Wall'). Most ornamental, furthest removed from structural necessity, was the treatment of the Infirmary's centre front, with its order. But, without 'decently Dressing that Part which first attracts the Eye', it would have a 'poor appearance' as well, of course, as one inappropriate to that part's function as the 'College'.³⁰

Adam had risen to architectural prominence as someone who understood 'ornament'. Thus in 1729 he wrote to the Marquess of Tweeddale suggesting that the garden front of his house, Yester, could do with a bit of 'ornament' which 'woud amount to no great Sum'; that is, four three-quarter columns, or maybe pilasters 'with Cappitals and a full Intabliture after the Corinthian order'. Tweeddale was recalcitrant and would only be persuaded to have Ionic pilasters on the main front of the building, and none on the rear. The next year, however, Adam won an argument about the placement of windows between the pilasters with a ferociously concentrated display of expertise:

The disposition concerted and which is according to rule is this . . . [etc.] This makes all Regular within the 4 Pillasters Cald in Architecture a Tetrastyle, and what falls without this Tetrastyle does not Concern us, as to the strick rules of Architecture I mean the ornamentall part . . . This is a Coledge on Architecture which I'm sorry yor Lo^p does not like better.³¹

'Tetrastyle' appears again in Philanthropus' description of the Infirmary's 'ornamented' middle part. There the Managers had

raised a Tetrastyle of three Quarter-columns, and two Pilasters of the Ionick Order,

furnished with a proper Entablature and Attick over it, all standing upon a Rustick Basement, which, with all the rest, gives Satisfaction to all that see it.

This is a close-grained, confident description comparable to that justifying the cost of the floor tiles:

it is proposed to lay all the Floors of the Galleries between the Beams with Brick Arches resting on the Scantlings, to bring these to a Plain a-top with liquid Mortar, and to pave above this with unglaz'd Dutch Tile.³²

Philanthropus had evidently been the recipient of another Adam 'Coledge' or two.

In 1739, he elaborated his explanation of how the building, and in particular its college, worked. The operation room was a thirty-foot cube, 'to be put in the shape of a Theatre', so disposed, that two or three hundred Students and Apprentices may conveniently see any Operation performed, without disturbing those who perform it.³³

Possible disturbance was not just a matter of jogged elbows. Neither the surgeon-apprentices nor the medical students were noted for their reticence, and the 'Theatre' was just that. A later professor recalled how his fellow-students had bestowed 'very freely their marks of approbation or disapprobation on different operators' in the early 1770s; rules published in 1749 enjoined students from standing on the benches and from pushing up close to the 'Operator' unless invited to do so (and, more generally, from causing 'Quarrels, Noise or Broils' in the house and, more alarmingly, from 'inticing' patients out of it).³⁴ Philanthropus wrote that the stone walls dividing the theatre from the adjacent surgical wards prevented the spread of any 'Noise that would be occasioned at the Performance of an Operation'. Noise from the patient might certainly distress others in the surgical wards; but his description of the central stair makes us realize that the Managers' experience of the Little House (where patients had been frightened by the herds of students, who vastly outnumbered them)³⁵ led them to anticipate noise from those cheerful and callous young men too:

to this Operation Room there is a very easy and convenient Access by the great stair, which goes the height of the Operation-Room, and by which no Disturbance can be given to the Patients of the House.³⁶

At the junctions of the wings and the main block, the side stairs provided access to the 'Hospital' part of the building: each was equipped with a 'large Lant', by which patients 'may be carried by a Pulley in a Chair to all the different Galleries, to prevent the racking Pain that might otherwise be occasioned in being carried up or down Stairs'. One of these stairs was for men, the other for women. The collegiate centre was without, or outwith, gender:³⁷

This Part of the Building, . . . being all separate from the rest of the House by stone Walls, . . . also makes a proper Division betwixt the men and Womens Wards, and answering the same Ends as if they were distinct Buildings.³⁸

William Adam designed two hospitals in 1738. His drawings for a 'Surgeons Hospital' show a theatre running through *three* floors, and reached at two levels by oval stairs.³⁹ After a brief pamphlet war in 1737-38, the Incorporation of Surgeons decided to throw in its lot with the Infirmary (the 'Physicians Hospital') instead, and abandoned its plans for construction. As a professor and a member of the Incorporation of Surgeons, Alexander Monro had a foot in both camps. But his allegiance already lay with the University, and Monro was soon active in the planning of the Infirmary.

In an autobiographical sketch written after 1760, unpublished until the 1950s, Monro claimed that his 'Genius for Mechanicks' had led him to suggest an 'Addition to the Length of the Body of the Infirmary, and to the Size and Height of its Cupola' that was generally agreed to result in a

more agreeable Proportion than it wou'd otherwise have been – The Operation Theatre was directed by him and is generally approved – Mr Adams often regretted that he had

not followed A M[onro's] Advice of putting the Front of this House so, that a perpendicular Avenue might have been had from the Cowgate to it⁴⁰

. . . and so on. As *everyone* benefited from Monro's advice ('on the prudent management of their Affairs, the Education and Disposal of their Children, . . . his Opinion of Machines, conveying of Water, building, or repairing Houses, improving their Lands &c.'), we need not read too much into the 'direction' of the theatre, in whose arrangement he was undoubtedly active. As Philanthropus, he emphasized the architect's skill, to reassure contributors; in an old man's memoir Monro could reassert the patron's right to direct and improve.

Philanthropus' accounts of the Edinburgh Royal Infirmary yield three conclusions. First, any analysis of the building's plan must take the students into account.⁴¹ Older hospital histories celebrated the achievements of the men in charge, and medical historians have now begun to write history 'from below', from the patients' (and sometimes the nurses') point of view. It is a revealing stance, which historians of institutional architecture can adopt with profit. But at the Edinburgh Royal Infirmary, at least (and it was, admittedly, an exceptional hospital in several respects) an analysis of the plan based on any simple antithesis between power (administrators and medical men), and lack of it (patients), does not go far enough. The surgeon-apprentices and the university students of physic were visitors to (or customers of) the Infirmary as integral to its function as those other visitors, the sick poor. But they were, correctly, expected to be more trouble and Philanthropus, advertising the place of learning, was also assuaging the fears of potential patients (or rather, their sponsors') that they might be trampled down in the students' rush for learning, or at least for a good seat in the theatre from which to hiss, cheer, and enjoy a little gore.

Secondly, Philanthropus's account of the 'ornamenting' of the building suggests that to him and to Adam the classical orders were essential to what Adam had called the 'ornamentall part' of architecture. It would be interesting to know what Adam called the other, the scantlings-and-mortar part, though I suspect that in his daily speech the ornamental was the constitutive part of architecture, as opposed to building, as when he wrote to Clerk of Penicuik explaining his anxiety to 'ensure that Architecture be expressed at first view' at Mavisbank.⁴² The question is important to the history of later hospital construction, in which suspicion of 'ornament' remains a theme; and one that became wider in its ramifications. Architects were later accused of neglecting essence for the sake of appearance, of spending money on façades at the expense of the poor behind them, of failing to consider the significance of *plans* to cure, or death.

Finally, and most generally, we realize that Adam's building was not just the physical but passive manifestation of an agreed charitable programme, but itself an active formulation of that programme; that Adam not only gave the Edinburgh Managers the design, and words like 'tetrastyle', but helped to them realize what a wonderfully profitable thing, pedagogically, intellectually, and fiscally, a hospital in the proper building could be. High hopes had surrounded the Infirmary since its foundation in 1729, but a decade later, with those designs to hand, Philanthropus could describe the best hospital in the world.

NOTES

1. The statue of George II 'in ancient Roman habit', added to the central niche in 1759 stands outside the new Infirmary, begun 1872. Parts of Adam's building were re-used in Colinton just south of Edinburgh; the gate piers and a pavilion (apparently; much altered) survive at the mid-nineteenth-century Old Surgical Hospital in Drummond Street [John Gifford, Colin McWilliam, and David Walker, *The Buildings of Scotland, Edinburgh*, Harmondsworth, 1984, 260, 516, 518-19, 186].
2. Andrew Cunningham, 'Medicine to calm the mind: Boerhaave's medical system, and why it was adopted in Edinburgh', in Andrew Cunningham and Roger French (ed.), *The medical Enlightenment of the eighteenth century*, Cambridge, 1990, 57; Christopher Lawrence, 'Ornate physicians and learned artisans: Edinburgh medical men, 1726-1776', 153-76 in W. F. Bynum and Roy Porter (ed.), *William Hunter and the eighteenth-century medical world*, Cambridge,

- 1985, 153, with further references.
3. John Gifford, *William Adam, 1689-1748: a life and times of Scotland's universal architect*, Edinburgh, 1989, 167-72; Thomas A. Markus, 'The sad, the bad and the mad in urban Scotland, 1780-1830', in Thomas A. Markus (ed.), *Order in space and society: architectural form and its context in the Scottish Enlightenment*, Edinburgh, 1983, 29-37; and Thomas A. Markus, *Buildings and power: freedom and control in the origin of modern building types*, London, 1993, 17-18 (but see note 41 below).
 4. See James Simpson's excellent introduction to William Adam, *Vitruvius Scoticus*, facsimile ed., Edinburgh, 1980, 10.
 5. 'Philanthropus', *A Letter from a gentleman in town, to his friend in the country, relating to the Royal Infirmary of Edinburgh*, n.p., 1738; 'Philasthenes', *A Letter from a gentleman in town to his friend in the country, relating to the Royal Infirmary of Edinburgh*, n.p., 1739. Dr Michael Barfoot, the Lothian Health Services Archivist, for whose singular expertise on the Infirmary I am grateful, suggested the attributions of these and other pamphlets to Monro in a typescript review article, 'Reading records and writing hospital history', which he kindly loaned to me. Monro, who credited his father John with the idea for the hospital (as did, significantly, 'Philasthenes' [*Letter, cit.*, 1]) described how he had obliged him with the composition of an earlier 'Pamphlet or two setting forth the Benefits of such an Institution' [H. D. Erlam (ed.), 'Alexander Monro *primus*: autobiography', *University of Edinburgh Journal*, XVII(2), Summer 1954, 84]. One of these was the *Proposals* (1725), also framed as a 'Letter', but this time from a 'Gentleman in the Country to his Friend at Edinburgh' [A. Logan Turner, *Story of a great hospital: the Royal Infirmary of Edinburgh, 1729-1929*, Edinburgh, 1937, 39-43: see p.82 for Monro's membership of the Building Committee, along with George Drummond].
 6. The Charter is reprinted in William Maitland, *The history of Edinburgh . . .*, Edinburgh, 1753, 454.
 7. Guenter Risse, *Hospital life in Enlightenment Scotland: care and teaching at the Royal Infirmary of Edinburgh*, Cambridge, 1986, 27-29; P. M. Eaves Walton, 'The early years in the Infirmary', in R. G. Anderson and A. D. Simpson (ed.), *The early years of the Edinburgh Medical School*, Edinburgh, 1976, 73-77.
 8. *The History and Statutes of the Royal Infirmary of Edinburgh*, Edinburgh, 1749, 2, 3.
 9. 'Philanthropus', *Letter, cit.*, 6; 'Philasthenes', *Letter, cit.*, 3.
 10. John Fleming, *Robert Adam and his circle in Edinburgh and Rome*, London, 1962, 16-20. Adam, too, visited Holland as a young man [Deborah Howard, 'Dutch influence on Scottish architecture in the sixteenth, seventeenth and early eighteenth centuries', in Julia Lloyd Williams (ed.), *Dutch art and Scotland: a reflection of taste*, National Gallery of Scotland, 1992, 45]. Dr Howard refers to an article by W. R. M. Kay in *William Adam (Architectural Heritage I)*, Edinburgh, 1990, a volume that I have not been able to consult.
 11. 'Philasthenes', *Letter, cit.*, 4.
 12. 'Philasthenes', *Letter, cit.*, 12 (describing the continuation of the system at the new building); Risse, *op. cit.*, 29, and 38 (for a new system in use by 1769); the *History and Statutes* of 1749 explain that surgeon-apprentices were charged one guinea, the students of physic, two.
 13. W. R. O. Goslings, 'Leiden and Edinburgh: the seed, the soil and the climate', in Anderson and Simpson, *op. cit.*, 1-18, for a comparison of facilities at Leiden and Edinburgh that clarifies the former's attractiveness as a model. On the remarkable Leiden theatre (illustrated by Markus, *Buildings and power, cit.*, 230), Jan C. C. Rupp, 'Matters of life and death: the social and cultural conditions of the rise of anatomical theatres, with special reference to seventeenth century Holland', *History of Science*, XXVIII, 1990, 263-87, especially 270-73.
 14. Edinburgh, Edinburgh University Library, Lothian Health Services Collection, LHB (hereafter LHB) 1/1/1, for 20 April 1738, 141-44. See Risse, *op. cit.*, 98-101 on the servants' wards.
 15. LHB 1/1/1, for 20 April 1738, 144. The total cost was estimated at £1573.16s.2d. Sixty-six beds was an overestimate; only 40 were in use by 1749 because of lack of funds [Lawrence, *op. cit.*, 168-69].
 16. LHB 1/1/1, for 20 April 1738, 147. Adam's plans (and 'Philanthropus' in 1738) reckoned 24 beds on each of the ward-floors, which would offer 72 beds. The minutes for 7 April 1740 refer to the commencement of the 'west part' [LHB 1/1/1, 210].
 17. 'Philanthropus', *Letter, cit.*, 3. The Managers recorded themselves as wanting to accommodate at least 100 'pupils' [LHB 1/1/1, for 20 April 1738, 147. The second stage of construction, approved 5 March 1739, was specifically identified as that of the central block 'in which the operation Roume is designed to be' [187]: 'Philasthenes' [*Letter, cit.*, 8] reported that an 'interim Theatre' had been considered.
 18. *History and Statutes, cit.*, 1749, 17-18; this publication made a rather feeble attempt to attract a 'handsome Revenue' this way. Risse, *op. cit.*, 34-36, summarizes the Infirmary's finances.
 19. As reported to the contributors on 1 January 1739 [LHB 1/1/1, 174].
 20. Simpson, *op. cit.*, 3, 6-11, and the next note.
 21. 'Philanthropus', *Letter, cit.*, 5; the British Library copy is unillustrated but the elevation does preface the Lambeth Palace Library copy (the only one extant south of Newcastle) of 'Philasthenes' 's *Letter*. Adam's engraving of Edinburgh's most important public building, and most fashionable charity, would become a favorite pattern for Edinburgh girls' embroidered samplers [Andrew G. Fraser and Ian Gow, 'An academic pursuit', in John Lowrey (ed.), *Robert Adam, Architectural Heritage*, IV, Edinburgh, 1993, 103]. Paul Sandby, an Adam family friend, prepared new plans and a perspective to be used, for fund-raising, in conjunction with the 1749 *History and Statutes*, an unillustrated small octavo (I have explained at greater length in 'Bürgerliche Rivalität in Schottland: allgemeine Krankenhäuser und

- Irrenanstalten in Glasgow und Edinburgh vor 1820', *Historia Hospitalium*, XVIII (1989-92), 1993, 93-112). These corrected the Adam plates against what was actually built: a third attic window, e.g., replaces the sculpted relief panel illustrating Matthew 25:36 ('I was sick and ye visited me . . .'), a verse much loved by hospital promoters then; another window has been cut into the dome to illuminate the activity in the theatre below; the third-floor plan shows the operating theatre benches in an octagonal arrangement. Maitland, *op. cit.*, used the Sandby perspective (copies of the plans are LHB 1/68/11-14) in 1753, but the Adam prints were used in the 1778 *History and Statutes* (the plans, e.g., bear the *Scoticus* pagination, 'P.149'), perhaps because they were on the spot. 'The Book of Scotch Houses' was listed in an inventory of John Adam's possession from December 1774 [Simpson, *op. cit.*, 8-9]; in July 1774 year the Infirmary Managers had resolved to give notice to 'Mr Adam Architect and Mr Balfour Bookseller', then renting two 'garrets belonging to the House which is attended with inconveniency' [LHB 1/1/4, for 4 July 1774, 317] – the Infirmary commonly rented out empty wards; it could never afford to be completely full. As the prints, after a spell in London, were in an Infirmary garret by 1808 [Simpson, *op. cit.*, 9] it seems reasonable to suppose that is where they were sitting in the 1770s and possibly after the threat to evict (about which there is no further news in that volume of the Managers' Minutes). A 'Balfour' co-published the 1778 *History and Statutes*; was Adam working with him on his father's book?
22. This change of emphasis is obscured in Maitland's *History* of 1753, which conflates the *Letters* in its lengthy quotations from them.
 23. *History and Statutes, cit.*, 1749, 7, a claim repeated in the *History and Statutes*, 1778, 9: see also Risse, *op. cit.*, 81, 242-43, 268.
 24. 'Philanthropus', *Letter, cit.*, 4.
 25. *History and Statutes*, 1778, 10; see the letter from Robert Cleghorn, Professor of Medicine at Glasgow, to Thomas Beddoes, printed in Thomas Beddoes, *Contributions to physical and medical knowledge*, London, 1799, 17.
 26. 'Philanthropus', *Letter, cit.*, 4-5.
 27. The ornament then crept upwards; a later meeting approved the 'figure answering to pillars & architreaves which is afterwards proposed to be put up for a fur[th]er ornament to the vestibule according to a Sketch . . . made out by Mr Adams in [the] presence of the managers' [LHB 1/1/2, for 3 August and 5 October 1747, 154, 159].
 28. LHB 1/1/1, for 20 April 1738, 142; also quoted in Markus, 'The sad, the bad and the mad', *cit.* 31.
 29. 'Philasthenes', *Letter, cit.*, 9.
 30. 'Philanthropus', *Letter, cit.*, 4; 'Philasthenes', *Letter, cit.*, 7.
 31. Both quotations appear, with a very useful commentary, in Gifford, *Adam, cit.*, 136-37.
 32. Both quotations from 'Philasthenes', *Letter, cit.*, 7-8, 9.
 33. 'Philasthenes', *Letter, cit.*, 7. The Adam plans give the theatre's dimensions as 24 by 30 feet.
 34. *History and Statutes, cit.*, 1749, 59; James Gregory's *Memorial* of 1800 is quoted in Risse, *op. cit.*, 268-69; see also 246-47 on attempts to counteract the 'abuse and disorder' that the students brought with them; and Michael Barfoot, 'Pedagogy, practice and politics: the Gregory-Bell dispute and the nature of the early 19th-century Edinburgh medicine', in Malcolm Nicolson (ed.) *Scotland's health and medicine*, London, (in press).
 35. The problem was sorted out, partly by the adoption of the ticket system which would have such far-reaching effects on the management of the building. Lawrence, *op. cit.*, 168, quotes the Manager's minutes for 2 November 1730; Risse, *op. cit.*, 28-29, 242.
 36. 'Philasthenes', *Letter, cit.*, 7. The great stair was effectively defined as surgical territory in the *History and Statutes* of 1778: 'being spacious, and of easy ascent', it admitted 'street-chairs, in which patients brought . . . with fractures, dislocations, or dangerous wounds, may be carried to [the surgical] wards without difficulty' [p.10]. Sandby's plan (see note 21) clarified how the stairs worked on the top floor.
 37. I adapt Markus, 'The sad, the bad and the mad', *cit.*, 31 (on Milan's Ospedale Maggiore and its centre 'without and above gender').
 38. 'Philasthenes', *Letter, cit.*, 6, 7: the *Oxford English Dictionary* is of no help with 'lant'.
 39. The two sheets [LHB 1/68/3] are reproduced by Markus, 'The sad, the bad and the mad', *cit.*, 29. Adam's authorship of the Surgeons' Hospital is confirmed by Barfoot, *op. cit.*, note 26: the hospital functioned 1736-38, in a converted house.
 40. Erlam, *op. cit.*, 100. The MS [Library of the University of Otago, New Zealand] is written in the third person.
 41. Making effective use of the 'spatial mapping' techniques of Bill Hillier and Julienne Hanson [*The social logic of space*, Cambridge, 1984], Thomas A. Markus [*Buildings and power, cit.*, 17-18] has argued that the plan of the Infirmary displays a notable lack of concern with 'control', i.e. preventing communication among patients and separating staff and patient circulation areas. This is perfectly true, but his analysis ignores the ways in which the different stairs were used.
 42. Fleming, *Robert Adam, cit.*, 37; Clerk himself described Sir William Bruce as the 'introducer of Architecture in this country' [James Macaulay, *The classical country house in Scotland 1660-1800*, London, 1987, 8].