

65. Elizabeth Wilson

(1) Tell me about your background.

Well, I was born in Blackridge, West Lothian, and before I was a year old, we moved down to London, and I stayed in Mill Hill. But I came back to Edinburgh in 1929, and had all my schooling in Edinburgh. I first of all went to a kindergarten in Corstorphine, and then, at the age of seven, went to Queen Street, which called Edinburgh Ladies' College, and was there until I left school. During the war, we shared our schooling with Daniel Stewart's College, and we had half-time education. We went six days a week, and we either went from half past eight till half past twelve, or one o'clock till five. And it was absolutely horrible to go to school on a Saturday afternoon, during the war.

Did your education suffer as a result?

I don't think so. When the war started, the school was closed, and we got work sent to us to do at home, but I don't think our education suffered at all through having part-time schooling, as you would say. We did, in fact, go back to our own school before the end of the war, when we came to Highers - I mean, I was in full-time education again.

Would you say that your family was well-to-do?

No. My mother had been a school teacher, but my father was what these days was called a commercial traveller. We lived quite comfortably, but weren't well-off.

(2) Tell me about what you did when you left school.

When I left school, I went to the Edinburgh College of Domestic Science, which was affectionately called Atholl Crescent, and did a three year teacher training in domestic science. Again, this was war-time and rations were on, and we didn't have a lot of ingredients to do a lot of the cookery that, you know, we should have done, but we all got there. After that, I taught for six years in a school in Leith, and learnt how the other half of the world lived, after having been living in sheltered Corstorphine, all my life. There was going to be a change in the work that I was going to be doing, and I felt "no, I don't want to do this". And my maths master at school had said to me that dietetics was an up-and-coming profession, so I thought, well, I would investigate, and applied for a position at the School of Dietetics at the Royal Infirmary. And from there on led to a career in dietetics.

What year was that?

In 1952 - October 1952. The School had been going since 1936, because there was a need for more dietitians for when more diabetics were being diagnosed. And the School of Dietetics opened at the Royal Infirmary and continued until 1955, with a break during the war (in fact it was only closed during the war to those with a teaching qualification), when it wasn't possible to... The course was open to those who had a science degree, those who had a domestic science teaching diploma, those who had institutional management or household science

diplomas and still to nurses. All the original dietitians were nursing sisters. The course was an eighteen month course: a year of theory and six months practical. It was, as far as I know, the only course that was hospital-based, and I certainly found that, you know, very good, because I know that later on in my career, when we got students from universities and colleges to do their six months practical with us, some of them took quite a long time to adjust to a hospital atmosphere.

- (3) You were doing the one year of theory also in a hospital. How did that affect the training?

Well, the School - we had a room above one of the wards that the various lecturers came and spoke to us every day, and we just were going into hospital every day, and never thought anything more about it. We were a very small class - there were only nine - because there was not room for any more in the lab, when we did lab work. And in all, I think there were about two hundred and seventy dietitians trained at the School of Dietetics at the Infirmary.

What did you do in the lab?

Well, we got chemistry lectures and biochemistry, and we used to do experiments that were relevant to the lectures.

Tell me about the six months practical training.

Well, the hospital was divided into... there was the outpatient department, there was the diet kitchen, there was a dietitian who worked in the Simpson Memorial Maternity Pavilion, and we just spent our time going so much in each of the departments. We just worked with the staff in the outpatients; we worked with the dietitians in the diet kitchen, mostly, you know, making out menus and diets for the inpatients; and we spent some time with the Sister in the Maternity Pavilion, where she was giving nutritional advice to all the pregnant mums.

What are your memories of those three areas?

Well, we spent, probably, about eight weeks in outpatients. Most of the patients were diabetic patients, although we did have a selection of obese patients, people with gastric problems - that was very common at this time - people with allergies. The patients were referred from medical outpatients, often, because that was their first port of call, or else we saw ward patients who were ready for discharge and we arranged for their diets for home.

What are your memories of the outpatient clinics, in 1954?

Well, the outpatient clinic was very, very busy. There was no appointment system then, and patients just really turned up, and sometimes it was standing room only, and other times it could be quite quiet. There were clinics every day of the week, Monday to Saturday, and there was a clinic, also, on a Tuesday evening, so that people who were at work, didn't need to get off work to come. At that time, there were many employers reluctant to employ diabetics, because some of them had got a bad name, because of poor control, that they were switched from

being hypoglycaemic to being the opposite, and having too much sugar. And there were a lot of professions that weren't open to diabetics. One of my friends, who wanted to be a PE teacher, wasn't allowed to be a PE teacher because of that. And she ended up by doing dietetics, so she was able to appreciate the patients' feelings from both side of the fence.

- (4) Can you remember how the dietitian in post related to the clinic, and to other staff in the clinic?

Well, the person in charge of the department was a sister dietitian. And there were two other dietitians, and one of them was a social dietitian, which I became, eventually, when she left. It was always a very friendly place; everyone got on very well together, and patients liked to see a familiar face. And even after I worked there for thirty one years, a lot of the patients came in and said "oh, I'm glad there's someone here I know", because staff change so much, over the years.

Tell me more about the staff at the clinic in 1954.

Well, there was a staff nurse, along with two dietitians and the sister in charge. The patients were weighed on each visit. They brought a sample of urine with them, which was tested. And we had a great mixture of containers that the urine was brought in, and there was one chap, who came to the clinic, and said his sample had been pinched on the way to the clinic. And as it had been in a miniature whisky bottle, the mind boggled as to what the culprit felt when he took a swig of it! They then had a review, usually by the dietitian, and then they saw the doctor. And if there were any changes required, they were referred back to us.

And tell me about the doctors.

Well, we had a different doctor every clinic. They were usually doctors that were registrars in the professor's ward, and the professor, himself, took a clinic on a Wednesday afternoon, and then afterwards was entertained to a cup of tea and cucumber sandwiches! The professor was Derrick Dunlop, who was very well-known in the Royal, and was the professor of therapeutics, at the time, and had always been very interested in diabetes.

And would you have had tea and cucumber sandwiches with him, or not?

Well, the tea and cucumber sandwiches was with the sister dietitian in charge. We lesser mortals weren't included. We sometimes were asked to go and speak to Women's Institutes or the Rural about some aspects of diet, and we were usually accompanied by one of the dietitians - often in the afternoon, sometimes in the evening - but it was all good experience for us.

- (5) And what are your memories of the patients, during your training, in 1954?

Well, we had many very interesting patients. They came from all over the country, because diabetic clinics, in these days, were few and far between. We had a lady who came down twice yearly from Thurso, because she had family in Edinburgh, and she combined her visit to the clinic with a visit to the family. We

had a lady that came up from Berwick-on-Tweed, and was always most annoyed if it happened to be a public holiday and all the shops were shut. Otherwise, we had a wide spectrum of patients; wide age group. We had no children - the children went to the Sick Children's Hospital, which was just across the meadows from our hospital. And when they were ready to come to an adult clinic, there was a liaison between one of our staff and the Sick Kids. There were exceptions to all rules, and we had a lad that was only fourteen, but as he was six feet tall, they really didn't have the heart to send him to a children's hospital, so he was, in fact, admitted to the Infirmary.

Were most of the people insulin dependent?

Well, all the younger age group were insulin dependent. There really was only diet alone or diet plus insulin, and the only insulins that were available, at that time, were soluble and protamine zinc. Those that were requiring insulin were usually admitted; the rest were treated as outpatients.

How long were they admitted for?

Probably about a week. It depended on how long they took to settle down, and how readily they understood what diabetes really meant, and how they were able to control it themselves.

- (6) Can you remember what was taught to them, during that week of being admitted, about diet?

Well, the diet, initially, for those who were admitted, was the remit of those in charge of the inpatients, and they would go... a dietitian would go and discuss their eating pattern, and make the necessary adjustments. They were taught how to test their urine, and how - don't even think in these days - they were taught about adjusting doses. But just generally given a talk of how to look after themselves, and to try and keep to their normal routine as much as possible.

Did they have to change very much from their normal diet?

Yes, the diets, at that stage, were all weighed diets, and were pretty strict. A lot of people... we used to advocate having brown bread instead of white bread, but very few people in Scotland ate brown bread. And we were never very fond of fruit and vegetables, and even to this day, there's a problem with getting Scottish people to eat fruit and vegetables; it was always fries and chips. So, some of the patients really had to make quite a change to their normal way of eating. Some of the patients felt that they had to have a different diet to anyone else in the family. And it was when I worked as a social dietitian, and visited people in their own homes, was able to reassure them that they could eat the same as the rest of the family, with minor adjustments. Brown bread was definitely not eaten much, and I remember a lot of our patients saying that when they were in the bakers buying brown bread, there was friend of theirs or a neighbour of theirs was a brown bread as well, and they discovered that they had a diabetic in the family too.

(7) Tell me a bit more about the weighing of food.

Well, when we had a new patient was diagnosed that was requiring insulin, they were given a little set of scales, so that they could weigh all their food. Everything was weighed: meat, as well as carbohydrate foods. And they had an allowance of milk, and butter was weighed. And it really was - when I think back on it - probably, quite a fiddle, and, you know, quite a task for the family at home, particularly if they were a big family. But I expect, like everything else, they got used to, you know, the size of a slice of bread. They roughly knew how much it weighed, and just probably became less strict. Mind you, there were a whole lot of them, probably, didn't bother at all; just pretended that they did.

And tell me a bit more about the diet kitchen on the ward, and the menus.

The diet kitchen was situated in ward 21, and an area off this was where the dietitians did their paperwork. They made out the amounts of foods that each of the patients was to have, per day, and the food was cooked in the diet kitchen. Also, in ward 21, there were a lot of patients who were diabetic, or who had some metabolic disorder that was being looked into. The diet kitchen was very small, and the dietetic students had to work in the diet kitchen during their training. They did have cooks, but this was part of our training, to work in the diet kitchen. And we went to visit the patients in the wards, and then, actually, we also went round with the porter, who delivered the diets at lunchtime, and we handed the food in for the patient. And they often had the plates in the oven, warming. And I always remember one of the ward sisters that said to me, as I was passing, "the plate's in the oven keeping warm", so I said "well, it's unfortunate, it's salad today".

(8) Was there any choice of menu for the patient?

No, not at all. There was no choice of menu for any patient in the hospital. We had, what they called, 'bulk meals'. The meals were cooked in the kitchen, and brought up to the wards in trolleys. The ward sister was responsible for dishing out the food to the patients. And this was, probably, a much better system than the present day system, where you have prepared meals; because, if Mrs Smith wasn't feeling very well that day, sister said "I think we'll just have some soup and pudding for Mrs Smith", and... or could give them a smaller portion, if their appetite wasn't good. Whereas nowadays, things come up in a tray, and it's all presented to you. And sometimes the food, let's face it, is not very attractive. There've been a lot of problems with hospital foods, I think.

Was the food attractive in your day?

Well, we tried to make it as attractive as possible, but it depended on how it was presented at the ward level. It left our... the kitchen all right, but then at the ward level, it was different. There was a lot of different theories. People, who had cataract operations, for example, in these days, had to lie flat on their back, and they couldn't have anything hard - not even a tea biscuit - in case it upset their eye. But nowadays, they come in for a cataract operation as an

outpatient, more or less: come in in the morning and go home at lunchtime.

How did you mean about the food being differently presented to the patient, from how it was when you prepared it?

Well, the thing is, when it left the diet kitchen, it was all in containers, and it was up to the nursing staff in the ward to then plate it. People - what we called 'ward orderlies' (auxiliaries) - were the ones that were mostly responsible for dealing with the food, and also helping patients who weren't able to eat, themselves - they would feed them. Where again, nowadays, people are often given a plate of food, and if they don't eat it, too bad.

(9) Tell me about your first job, after your training.

Well, I was very lucky, after I qualified, to be offered the job of social dietitian at the Royal Infirmary. This entailed working at the diabetic clinics in the mornings, and going out to visit patients, in their own homes, in the afternoon. One, of course, couldn't go to visit every new patient, and some of them, in fact, lived out of town. And one had to really timetable your work. Sometimes it was possible to visit two people in the afternoon, if they lived reasonably near each other, but otherwise, you know, it was just one person. This was very interesting work. The homes were all very different. Some of them had very little furniture or carpets, or rugs on the floor, but most of them had very large television sets, 'cause this was a must-have in the fifties. The patients, often, at the first visit to the clinic, were given so much information, that they really got quite confused about what they were supposed to do, and really appreciated having a visit from a dietitian, who could sit down with them, in their own home, and sort out a lot of their problems. Well, quite often the patients felt that they had to do special cooking, for the diabetics. But this... I assured them that this was not necessary, and they could quite easily incorporate food for the diabetic patient into the ordinary menu. For example, if they were making a milk pudding, they could just make it in the normal way, without sugar, lift out a portion for the diabetic, and add sugar for the rest of the family. Quite a lot of the patients worked on shifts, and this always caused a bit of a problem. But then, if you sat down and worked it out with them, they knew exactly what they were to have on their day shift and their 'back shift', as they talked about, which was a three to ten shift. And then, some of them even worked night shifts. But there wasn't a problem; one could always solve it.

(10) How often did you go out into the community?

Well, it was usually three days a week, because, well, we had an evening clinic on a Tuesday evening, and on a Thursday afternoon, the doctor and the dietitian went to a peripheral clinic, which we held once a month, in Kirkcaldy, Haddington, Dunfermline and Galashiels. The two in Fife entailed going across on the ferry, from South Queensferry to North Queensferry. The one in the borders - Galashiels - sometimes, in the wintertime, had to be cancelled, because of the snow. We were at our Kirkcaldy clinic the day before the Forth Road Bridge was opened, and when we got down to the ferry, the queue in South Queensferry

was way through the village. So, we had to go up to the boat, and say to the captain we had a clinic in Kirkcaldy, and we were let on. Then, after that, it was plain sailing, because the bridge was open. Although, sometimes, in the summertime, the queue for coming back to Edinburgh was so long that we went round by the Kincardine bridge, which added quite a time to the journey.

Where were these clinics located - in GPs' surgeries?

No. The clinics were all in hospitals, and we got referred new patients there, as well, from the local GPs, as well as those who had been in hospital and came to our clinics. In latter days, there were diabetologists in all of the main hospitals, whereas, in the fifties, diabetic clinics were few and far between. On the east coast, there was probably only Edinburgh, Dundee and Aberdeen.

For how long were you a social dietitian?

I would say I was a social dietitian for about three or four years. Then, I think, really, because the clinics got so busy, and I was needed more at the hospital level, that it just tailed off. Although, on occasions, even after that, I was sometimes sent to visit a patient.

(11) And what changes were there during the 1950s?

Well, first of all, there was a new insulin - Lente insulin - which had an effect in the latter part of the day and overnight. And some of the patients were changed onto this, which meant that they were only having one injection per day, as many of the others, with soluble and protamine zinc, had a booster dose of soluble in the evening. And then, the next big change was the introduction of oral treatment. First of all, in 1955, with Chlorpropamide. And a lot of our patients, who were thought suitable, were admitted to the ward for the changeover. They weren't in bed, or anything; they were allowed to more or less go about as they wished. And a lot of the patients were absolutely delighted that they didn't have to have injections any more. But, sadly, there were some who the oral treatment did not suit, and had to revert to insulin. Then, in 1959, there were the biguanides, and these were suitable for those that were not controlled on diet alone - mostly because they didn't keep to their diets, of course - but this helped to get them under control better. At this time, there was a marked change in the diets, too. They weren't nearly so strict. And we had a diet that we affectionately called a TSN, which was "thou shalt not eat:" sugar, and those foods with a high sugar content; to take in moderation starchy foods; and to eat freely, proteins and low calorie foods. This was amended, of course, for the obese patients, who were given a certain number of starch portions, and their fats were restricted.

Were the patients, who were not obese, allowed to eat any amount of fat?

Well, we more or less freely let them eat as much protein and fat as they wanted. But, again, if they were putting on far too much weight, then we would make the necessary adjustments. A lot of the patients had great difficulty in keeping to their diets. There were those - the older age group - who were absolutely

meticulous, and not having a morsel over what they were supposed to eat. And the others, who thought “oh well, what does it matter?”, I think, by and large, most of them did avoid sweet things. But, a lot of the, particularly fats - as Scottish people, unfortunately, were fond of their fries - and they did really eat that in excess. And, as I said previously, vegetables, apart from potatoes, didn’t feature high in Scottish diets.

To what extent were you part of a team?

Well, I think we very much were part of a team. The doctors, there was a nurse, and the dietitians all got on extremely well together. By this time, Leslie Duncan was in charge of the department. We had a lot of doctors who came from abroad, even, to learn about diabetes. A doctor from Chile, and Turkey, Italy, Spain (also Malta, Australia, India). We were quite a united nations, in the department.

What are your memories of Leslie Duncan?

Oh, Leslie Duncan was quite a character. He was very unconventional, so different from the Professor. But he revolutionised, I think, the diabetic department; but all to the good, looking back on it.

(12) Tell me about your next job.

Well, in 1964, I was appointed chief dietitian, and I was the first dietitian at the Infirmary who wasn’t a nurse. My job didn’t really change, all that much, except I was responsible for the students that were sent to us from hospitals. . . from colleges and universities, for their six months practical training. And you had to arrange their programme to see that they got as much experience in all the different departments. And also, the smaller hospitals, who only had, perhaps, one dietitian, they went to the Sick Children’s Hospital, to see how they were run differently from an adult hospital.

During those years that you were chief dietitian, 1964 to 1979, would you say there were many changes in the treatment of people with diabetes?

I think, during that time, there wasn’t much change in the treatment of diabetes. But, I think the main thing was that the patients were educated in looking after their own diabetes, in that being responsible for changing their insulin doses, dependent on their urine tests. And at this time, patients, as well as having a urine test when they came to the clinics, also had a blood test. And we had our own lab technician, in the department, who was able to have the result of the blood test by the time the patient saw the doctor. At this stage, we also had a chiropody department, and those requiring chiropody were referred to them. Patients routinely had an eye check, which nowadays, I believe, they don’t have in the diabetic clinic - that they have to go to the eye hospital to have their eye checks.

Any changes in diet?



The diet: there were no weighed diets in this era; they were all portions: slices of bread, helpings of potatoes, this sort of thing. Although, some of our older patients, who had been coming since the year dot, would sometimes come in and say "I've broken my scales", and you thought "gracious me, are you still using them?" But habit is a great thing. I mean, they were in the habit of weighing their food, so weighing their food they will.

(13) And tell me about your next job, after being chief dietitian.

Well, I was appointed district dietitian in 1979, and this entailed being responsible for six hospitals in the district. Some of them had dietitians, some of them didn't, but there was always a dietitian covering those hospitals who didn't have a dietitian of their own.

What were the hospitals?

The City Hospital was really, originally, an infectious diseases hospital, but the chest complaints, tropical medicine were out there. The Princess Margaret Rose was an orthopaedic hospital. The Deaconess Hospital was a general hospital; a small general hospital. Liberton was a small hospital, who mostly had people with strokes and some elderly incapacitated people there, but again, they didn't have their own dietitian, but they were covered by a dietitian from one of the other hospitals. The Sick Children's Hospital also came under my jurisdiction. They had their own dietetic department. Of course, the Royal Infirmary was still under my control, and I still worked there, because diabetes was really my main interest in dietetics.

But, presumably there were people with diabetes in the other hospitals - people who happened to have diabetes?

Yes, there were a few patients in the other hospitals, who happened to be diabetics as well. And sometimes our doctors were called out to deal with any problems that the other hospitals had, that they weren't able to cope with, themselves.

(14) By 1985, when you retired, would you say there had been many changes in approaches to diet?

Yes. In my lifetime, as a dietitian, there had been many changes, really, in the diets: going from the strict, when I first started, to being more flexible, when I finished. There was less strict regime, and many of the diabetics managed their lives extremely well, eating sensibly, within their limits.

In what ways were they more flexible, towards the end?

Well, I think, generally, the way of life had changed, over the years. When I first started, it wasn't all that long after the war, and people still had rationing, and these sort of things, at the back of their minds, and perhaps ate less lavishly than they did previously. And lifestyle had changed, by the time I retired. And the patients were able to adapt their diets into their social occasions; holidays all over the world; and, on the other hand, were able to adapt their diets if

they were ill, and not feeling like eating ordinary food. But, it all went down to education, I think; to educating the new patients in looking after their own diabetes, monitoring their blood sugars, doing their urine tests, adapting their insulins, adapting their diets, depending on what they were doing. And we had... working out the diets, for some of the patients, was really quite tricky. We had one chap who was a professional footballer, and we had to work out a regime for his training, for if it was an afternoon match, if it was an evening match, and for his rest days. So, there was always a challenge in working out something that would fit in to the patient's lifestyle.

(15) What educational materials did you have to give to the patients, over the years?

Well, I think as far as diet was concerned, with educational material, it was really purely the diet sheet and a list of exchanges. We also sometimes gave cookery demonstrations, where patients could come and learn how to make the diet more interesting for the patients.

Can you explain what you mean by lists of exchanges?

Well, lists of exchanges just really consisted of carbohydrate foods, that they were allowed so many portions per day. And then there was a list of proteins that they could eat freely, and a list of low calorie foods - vegetables, clear soups, vegetable soups, this sort of thing - that they could eat freely.

And can you say what you think the status of a dietitian was, during your career?

Well, I think the dietitians always had their place, and we certainly got on very well with the medical staff and the nursing staff. We really all worked as a team. We were consulted on what we felt was best for a particular patient, and we were always a very friendly department, everyone getting on very well with each other. Things have changed a lot from the early days, when we were responsible to the matron. And before we went on holiday, you had to go to her office, and when you came back, report that you were back. And it was the same if you had been off sick. We even wore nurse's uniform - similar to a staff nurse, only our dresses were green, and we wore the aprons, stiff belts, and collars and cuffs, a cap, and black shoes and stockings. This, probably, was a legacy from the days in which all dietitians were nurses.