

‘MEN WHO LOVED THEIR FELLOW MORTALS’: BLOOD DONOR RECRUITMENT, IDENTITY AND MOTIVATION IN EDINBURGH, 1930–1939

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On Sunday 6 December 1936, the BBC’s ‘The Week’s Good Cause’ was broadcast to Edinburgh listeners on the Scottish Regional Programme, as it had been for nearly a decade.¹ Listeners were accustomed to a weekly appeal to their better natures, but that week was a little different. Instead of requesting their pennies or a shilling if it could be spared, the Lord Provost of Edinburgh asked for their blood. Any citizen, he told them, whether their charitable contributions were usually counted in pence or pounds, could be one of the Edinburgh Blood Transfusion Service’s donors ‘who are willing to go at a moment’s notice wherever required to give their blood to their fellow men’. Blood donors were nothing less than silent angels, meeting a never-ending, round-the-clock need:

This legion of blood donors is absolutely necessary. It is always on active service. It is no exaggeration to say that hundreds of people who are alive to-day would be dead but for this voluntary Blood Transfusion Service. Again and again while you are asleep in bed or going about your daily duties, men and women are pulled from the portals of death by the use of these transfusions. To the recipient of course the blood is the finest tonic imaginable, there is nothing to equal it – it is life.

And then came the altar call: ‘If you could save a human life, would you hesitate for a second?’² Though the organisers could not have known it, the broadcast could not have come at a better time; within a month, Edinburgh would be struck by a minor influenza epidemic, and many of the transfusion service’s regular donors would be unable to give blood. The sixty or so individuals who responded to the appeal found that their help was just as vital as the Lord Provost promised.³ They were immediately

drafted into that ‘legion’ and given the opportunity to transform the value of their charitable giving from a tithe to ‘something that money cannot buy’.⁴

Historical context: Transfusion and blood donors

Although blood transfusion had been attempted periodically for centuries with varying degrees of success, it was not until the outbreak of the First World War, which brought with it the need to treat haemorrhage and shock quickly, that transfusion came into widespread practice. Pre-war transfusion techniques required a skilled surgeon to anastomose the blood vessels of donor and recipient, a procedure that could take hours to complete even under ideal conditions, but the development in 1914 of an anticoagulant solution of sodium citrate and glucose made semi-direct transfusion a viable emergency treatment for traumatic blood loss on and off the battlefield.⁵ Semi-direct, or mediate transfusion, in which a pint of the donor’s blood was removed into a flask prepared with a solution of sodium citrate and then immediately transfused into the patient, avoided the discomfort and intimacy of the physical connection between donor and recipient that earlier methods required.⁶ However, because blood was not stored, the donor and recipient were still likely to encounter one another during the procedure, a possibility which is completely avoided under the modern blood banking system. This lack of a physical connection with the recipient began to transform donors’ understanding of their donation and its effects, while continued physical



Fig. 1. An example of a method of direct transfusion. From Bertram M. Bernheim, *Blood Transfusion, Hemorrhage and the Anaemias* (Philadelphia, London 1917)

proximity ensured that they were not alienated from the transfusion event itself. Interwar transfusion practice, often mediated by transfusion services, thus occupied a middle ground between direct transfusion and blood banking, which would not be used in Britain on a large scale until World War II.⁷ The unique experience of giving or receiving blood under these conditions also shaped donors' attitudes and relationship to the transfusion service.

Between 1930 and 1939, the Edinburgh Blood Transfusion Service (henceforth EBTS) organised a panel of donors who could be called upon at any time to give their blood to a patient in need of a transfusion. Although lists of universal donors – usually medical students – had been maintained at the Royal Infirmary for the better part of the preceding decade, the panel organised by the EBTS in 1930 was the first to recruit from the community at large and to recruit donors of all blood types.⁸ Hospitals, nursing homes, and general practitioners could ring the Service's organiser J. R. Copland with their requirements, and Copland would send for the appropriate number and

type of donors, who were guaranteed transport to and from the donation site. While compensating donors for their blood was an increasingly common practice elsewhere, the Edinburgh donors contributed on a strictly voluntary basis, a policy which soon became a defining characteristic of the EBTS and an object of contention amongst practitioners and advocates of transfusion in Edinburgh and elsewhere.⁹

By the time the EBTS was established in 1930, the British medical community, concerned with the 'sort' of person who might be attracted to blood donation, had gradually established guidelines for the ideal blood donor. While these guidelines, which considered age, sex, physical condition, and occupation, blood-borne diseases, and the donor's expectation of payment, were unenforceable, there were few enough experts in transfusion medicine that any dissent from the majority opinion seems to have been short-lived.¹⁰ Geoffrey Keynes, an early practitioner of semi-direct transfusion in who popularised its use in civilian practice and published a monograph on the subject in 1922, quickly emerged as the British authority on transfusion medicine and effectively moderated medical discussion on the subject for the next twenty years.¹¹ He was also instrumental in forming and promoting the first transfusion service in Britain, which was organised in London in 1922 by Percy Lane Oliver, a Red Cross official.¹²

Keynes described his ideal donor as a young man between the ages of 18 and 25, who, because of his robust constitution, ought to be able to withstand the 'transient faintness' that could be expected after the loss of 750 to 1000 c.c. of blood.¹³ Men made better donors than women because of their 'equanimity', large and accessible veins, lower body fat, and the assumption that they were less likely to faint during a donation. All donors ought to be questioned concerning their history of malaria and tuberculosis, and submit to a Wassermann test before their first donation to ensure that they were free from syphilis – though Keynes added that 'personal acquaintance may make the repetition of the test unnecessary'.¹⁴ Although some practitioners had suggested that only universal donors of type IV (or what is today called type O, as the Rh factor would not be identified in human blood until 1940) were necessary, Keynes argued that that it was best practice to give recipients blood of their own type if at all possible.¹⁵

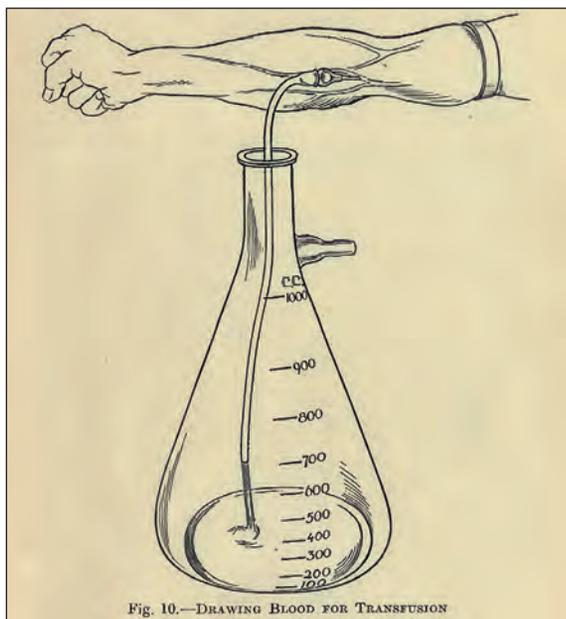


Fig. 10.—DRAWING BLOOD FOR TRANSFUSION

Fig. 2. The two steps of mediate transfusion: donor. From Geoffrey Keynes, *Blood Transfusion* (London 1922)

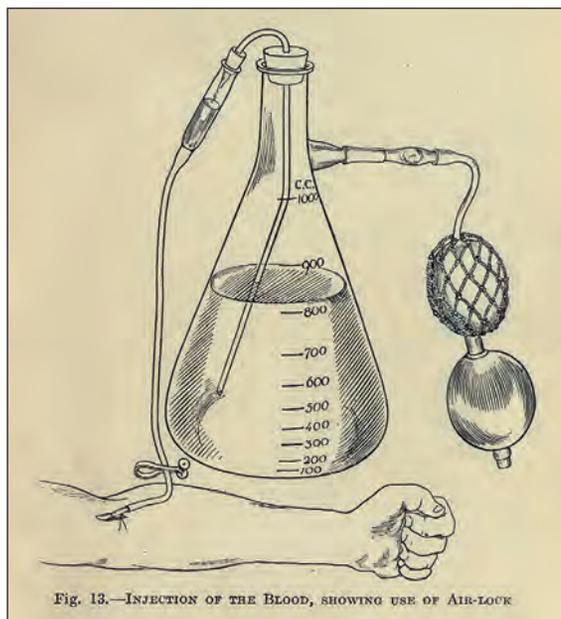


Fig. 13.—INJECTION OF THE BLOOD, SHOWING USE OF AIR-LOCK

Fig. 3. The two steps of mediate transfusion: recipient. From Geoffrey Keynes, *Blood Transfusion* (London 1922)

Additionally, donors who gave repeatedly were more highly valued than their one-off counterparts not only because they had already been typed and tested, but because they were more familiar with what was still a fairly complex process and could render assistance to the phlebotomist if necessary.¹⁶ P. L. Oliver of the Red Cross later added – somewhat obliquely – that voluntary donors were much preferred, as they were of a ‘different class’ to the paid professional donors used elsewhere.¹⁷

Donor recruitment in Edinburgh

Once the ideal donor was identified, whether blood transfusion services, which were doing the actual work of recruiting donors, subscribed to the model in a practical way is another matter. These guidelines, which were tacitly, if not explicitly agreed upon by most of the medical community, had the unfortunate result of making blood donors scarce or unavailable in the cases in which they were most needed, and it was because of one such case that the EBTS was formed in 1930. J. R. Copland, an Edinburgh dentist, watched the wife of a close friend die of post-partum haemorrhage when her husband’s blood type proved incompatible and no suitable donor could

be found.¹⁸ Copland recognised it as a tragedy that could have been avoided through the establishment of an organisation of the type that had successfully been operating in London under the management of Oliver and the Red Cross, and began to maintain a list of typed, tested donors who could be called upon at any time to give a transfusion. He first called upon the Order of Crusaders, Holyrood Conclave, a fraternal organisation of which he was a member, but the need for blood rapidly outstripped that which the original twelve donors could safely supply.¹⁹ Other organisations, such as the Scottish Loyalists, Toc H, the Rover Scouts, and the British Union of Fascists volunteered their membership as well, but very shortly after its inception, the fledgling Edinburgh Blood Transfusion Service began recruiting members of the general public to its rolls.²⁰

The first public appeals for donors appeared in the city’s major newspapers in 1930 and made no distinction as to whose blood the transfusion service most desired. In fact, the only qualifying remark made in the early columns (which were intended as much to inform as to recruit) is that universal donors were ‘naturally in the greatest demand’.²¹ After the initial statement of appeal, the rest of the column was devoted to describing the process of enrolling as a

donor and enumerating the medical and surgical cases in which blood transfusion had proven beneficial. The sole indication that all blood might not be equal is buried in the middle of the column: potential donors must ‘pass a simple test, and if this is satisfactory, they are graded according to the nature of their blood’.²² This ‘simple test’ was of course the Wassermann reaction to test for syphilis, couched in euphemism to avoid explicitly linking venereal disease to blood transfusion.²³ Grading, in this case, referred not to quality, but to blood group.

Copland and the EBTS also realised that the onus was upon them to prove to potential donors that blood donation was simple and safe. Nearly every newspaper appeal assured donors that the Service would assume responsibility for conveying donors to and from the hospital, and the transfusion itself would be carried out ‘with the minimum of inconvenience to the donor’.²⁴ They also included assurances that a blood donor could ‘part with more than a pint of his blood without feeling any ill effects’, and explained that ‘the blood is drawn painlessly by puncturing a vein’. Donors were expected to rest for half an hour after a donation, but ‘by the next day’, the appeals reiterated, ‘many donors actually feel the better for the operation’.²⁵

The EBTS underwent a reorganisation in 1936, saving the Service from bankruptcy and Copland from exhaustion by establishing a board on which the Lord Provost and many of the city’s medical luminaries served.²⁶ Despite a push by the new board members to establish a payment programme to attract donors, the veteran organisers of the EBTS claimed that paying for blood would threaten the Service’s very foundation. Simply put, they argued, more donors would come forward if their donations were strictly voluntary, regardless of class or occupation – or lack thereof. A notice in the *Scotsman* documenting the reorganisation of the EBTS noted the remarks of the president of the Royal College of Surgeons, Henry Wade, who said that

this blood must be the free will offering of men who loved their fellow-mortals, and the service did not permit of being organised on a strictly commercial basis. This blood had been coming from men who were in banks and insurance offices, who were unemployed, or who were doing manual labour, and they had given it freely and willingly’.²⁷

Blood was a substance, as Copland wrote in 1938, that ‘money cannot buy’, and blood donation

might therefore be the most democratic sort of philanthropy.²⁸

Shortly after the reorganisation, the BBC offered the EBTS an appeal on the Scottish Regional Programme, which Copland and the board eagerly accepted.²⁹ The five-minute appeal, delivered on 6 December 1936 by Louis S. Gumley, then Lord Provost of Edinburgh, who had been appointed honorary president of the organisation, explicitly rejected the restrictions on donors found in the national medical journals. ‘Blood’, Gumley informed the people of Edinburgh, ‘is sexless and ageless – the young can give their blood to the old, and the old to the young.’ The appeal even dispensed with Wade’s default-masculine language: ‘a man can give his blood to a woman and a woman to a man. There are many women donors’. A diverse, heterogeneous donor panel, which drew its ‘nameless and unrewarded recruits from all walks of life and all classes of Edinburgh society’ would not be a liability for the Service, but its strength.³⁰

Donor panel composition

Whether the Service achieved that degree of diversity and heterogeneity in practice, however, is another matter. Were these Edinburghers who ‘loved their fellow-mortals’ indeed a more ‘democratic’ group than Keynes’s ideal? The testing and typing reports from the immunology department at the Royal Infirmary and the donor cards used by the EBTS to match and call up donors provide only information relevant to the Service, but it is sufficient to begin to sketch a picture of the panel’s composition. The former is the collection of 738 reports from the Royal Infirmary communicating the results of each volunteer’s initial examination; the latter is the collection of 277 donor cards that comprised the EBTS donor panel at the end of August 1939 when the Service became a wartime emergency blood banking service. Not all of those tested remained on the donor panel throughout its existence; a few were deemed ‘unsuitable’ at the time of testing, others were accepted but never donated, and still others served for a time but left the panel for various reasons. The test reports contain more information than the donor cards themselves, as they were intended to communicate all of the donor’s relevant medical history and contact information

to the EBTS. They include the date the test was carried out, the donor's name, home address, work address, telephone number (if they had one), their Wassermann result, and blood type. Occasionally other information appears, such as the donor's age, whether they were a student or member of a fraternal organisation, additional medical details if those might affect their use as a donor, and their donation history – whether, for example, they had been mistyped at any point or had served as a donor elsewhere.

Notably, one category with which neither the medical literature nor the EBTS seems to have been concerned was race. Blood donors' race was a matter of deep anxiety in North America, where transfusion recipients requested a donor of their own race or ethnicity so frequently that it became part of a donor's standard profile.³¹ However, race is rarely mentioned in the medical literature published on blood transfusion in Britain during the interwar period, and then only in reference to blood group research, not suitability for transfusion.³² There is no indication of whether transfusion recipients in Edinburgh were concerned with the race of their donors, but if they were, it is not reflected in the Service's recruitment material nor its internal records.

Age, on the other hand, was very clearly addressed by Keynes et al., but if, medically speaking, the ideal donor was in his early twenties, neither the test reports nor the donor cards indicate that this was ever a consideration for the fledgling blood transfusion service in Edinburgh. The age of a donor is only noted on testing cards when it is relevant for reasons unrelated to the quality of their blood: donors under the age of 21 required a parent's permission to give a transfusion, and occasionally elderly donors requested that they only be called upon if absolutely necessary. Of the 738 volunteers tested, 23 are noted to be under 21 years old, and an additional 21 gave their occupation as 'student', indicating that they were likely in their teens or twenties, but this is unlikely to be a complete count of donors in this age bracket. Equally, the number of donors over 40 years of age (Keynes's upper limit) cannot even be estimated.³³

The Service did record the gender of its donors, and the ratio of men to women on the panel is revealing. Keynes's articles and monograph demonstrate a strong preference against female donors, and while women were mentioned occasionally in EBTS appeals for donors, their language largely defaulted

to the universal masculine.³⁴ However, the use of male pronouns to refer to donors elides the fact that 30 per cent of donors on the EBTS panel in 1939 were women, as were 39 per cent of the volunteers who were typed and tested over the course of the decade.³⁵ Furthermore, a report from a meeting of the Service's executive board held in February 1937 notes that female donors were called upon to give transfusions in a roughly similar proportion to their representation on the panel.³⁶ Although women were not equally represented on the EBTS donor panel, a ratio of thirty percent is notable in light of statistics from other transfusion services globally, where male donors dominated the panels.³⁷

The EBTS was much more voluble about the widely varied occupations of its donors, and the test cards and donor cards support this assertion, to a degree. Service occupations, such as office workers, clerks, and teachers, as well as university students and paraprofessionals in white-collar fields are over-represented in proportion to their incidence in the population at large, but builders, miners, dockworkers, and general labourers also appear on the rolls in smaller numbers, as do doctors, professors, lawyers, accountants, and other professional occupations.³⁸ However, the EBTS's claim that many of its donors were unemployed is difficult to verify, as failing to list an occupation or place of employment on a donor's card is hardly evidence that said donor did not have one.³⁹ Given, however, that Edinburgh was experiencing one of the worst unemployment crises in its history, it is possible that some donors were periodically unemployed; Nora Milnes' 1936 *Study of Industrial Edinburgh* suggests that during this period the majority of the newly unemployed were those not accustomed to 'periods of idleness', for whom occasional resort to government benefits represented a significant reduction in standard of living, not those already living below the poverty line.⁴⁰ Moreover, institutional histories of the EBTS contain multiple references to either Copley or the Service providing assistance to unemployed members of the donor panel.⁴¹

Another factor that might be useful when considering the composition of the donor panel with regard to class or economic status is place of residence, as nearly every donor provided their address to the EBTS; transportation to and from the hospital was guaranteed by the Service, and often the

appearance of a driver at the door was a donor's first notification that their blood was needed.⁴² However, using this information to make general statements about donor demographics is problematic; while some wards, such as St Leonard's, Dalry, and Gorgie were decidedly working-class in the 1920s and 1930s, others, like St Andrew's and parts of George Square, retained a 'vertical' style of social stratification in which average income decreased as one ascended the stairs of a tenement building.⁴³ The latter two wards, despite being centres for the professions in Edinburgh, were also two of the most overcrowded, with large numbers of families occupying one-room flats on the upper floors of subdivided tenements.⁴⁴ Having taken those complications into consideration, however, it does emerge that the wards identified in contemporary analyses as being predominantly middle- and professional class (Merchiston, Morningside, Newington, and Haymarket) contributed more than double the number of donors to the 1939 panel than did the predominantly working-class and low-income wards (St Leonard's, Gorgie, Dalry, Calton, and Canongate).⁴⁵ Analysis of the densely populated but socially complex central wards (George Square, St Giles', and St Andrew's) would require more specific data than most donors provided, such as a flat number or whether they occupied a room or entire house at their listed address.⁴⁶

A few volunteers were rejected, for various reasons. Fainting during the initial test was an almost certain indication of unsuitability, as were small veins or excessive subcutaneous fat.⁴⁷ However, it is important to note that the EBTS did not link these incidents to sex or age as the medical literature did, instead preferring to evaluate potential donors on a case-by-case basis. A positive Wassermann reaction would also have rendered a potential donor unsuitable, but although a fear of blood-borne infection was not unreasonable given the incidence of syphilis and tuberculosis in the general population at the time, the presence of detectable diseases among volunteers for blood donation proved to be so slight as to be negligible.⁴⁸ In fact, between 1930 and 1939, only one of the volunteers tested at the Royal Infirmary had a positive Wassermann reaction.⁴⁹ A few others had medical conditions that rendered them unsuitable as donors, but these were turned away for their own health, not that of the transfusion recipient.

What emerges from this analysis is that the EBTS donor panel likely did represent most of Edinburgh society, but that representation was unequal. However, it is possible that the composition of the donor panel had more to do with donors' and non-donors' practical realities than with the Service's recruitment methods. Although the EBTS promised that donations would be carried out with 'a minimum of inconvenience', the fact remained that transfusion events could not be pre-scheduled, and individuals who were paid by the hour or the piece were less likely to be able to absorb the loss of several hours' work on short notice. Some employers, believing that the physical effect of the loss of a pint of blood and the time required to donate it would affect employees' productivity, forbade their workers to register as blood donors.⁵⁰ Furthermore, the media of delivery used by the EBTS for its appeals would have been inaccessible to those who did not buy newspapers, could not read, or did not own a radio. While it has since become an important element of sociological research on the subject, discovering why non-donors did *not* participate in blood donation efforts does not seem to have been a priority for the EBTS or its chroniclers.

Donor motivation and identity

Donor motivation was an obvious field of interest for both transfusion services and the popular press, so testimony regarding the circumstances of blood donation and donors' motivations for and feelings about their donations exists in some quantity, even if the extant accounts are frequently mediated by the circumstances of their telling and the media in which they appear. Many of these appear in Alastair Masson's *History of Blood Transfusion in Edinburgh* and David Fisher's *The Gift of Life: The Story of the Blood Transfusion Service in Edinburgh*, brief histories published in the early 1990s which draw on the EBTS collection in the Lothian Health Services Archive, press clippings concerning the Service, and personal interviews with volunteers, donors, and administrators.⁵¹ Other accounts of blood donation events were published in Edinburgh's newspapers in various forms: letters to the editor directly from blood donors, the Service's appeals, and news briefs about notable donations and transfusions. The first two typically engaged in positive representations of



Fig. 4. Dr J. R. (Jack) Copland, founder of the EBTS. Ref. GD14a/3/20, Courtesy of Lothian Health Services Archive, Edinburgh University Library

the experience of blood donation, but those of the third type, which were reported independently of the Service's influence, were sometimes negative, and could be sensational. While news reports of that sort posed such a problem for blood transfusion services across the country that they were addressed in the medical literature as an obstacle to donor recruitment, they provide a unique view, not only of donor motivations, but also of the public perception of blood donation and transfusion.⁵² Although blood donation has famously been cited as an example of human altruism, this interpretation of blood as a free gift relies on an understanding that there is no reciprocity between the donor and the recipient, nor between the donor and the transfusion service – neither of which was the case in Edinburgh during this period. While each donor undoubtedly had unique reasons for volunteering, their motivations might be broadly categorised as follows: a sense of duty to give or to reciprocate a gift, a sense of identity as a member of

an honourable and supportive community, and pride or satisfaction in the ability to give.

The sense of duty that motivated some donors seems to have arisen from various sources, but the duty to reciprocate a previous blood transfusion was certainly the most direct. In 1939, the *Edinburgh Evening News* reported on a man who had received four life-saving transfusions, decided to become a blood donor himself, and since his recovery had 'given twice the number of transfusions he received'.⁵³ The inverse could also be the case, and some donors gave in order that others might avoid the tragedy that they had experienced. The EBTS's quintessential donor was of course the founder of the service, J. R. Copland, whose motivation for giving – the sudden and unnecessary death of a friend when no compatible donor could be found – has become part of the mythology of the Service. In addition to founding and running the EBTS, Copland frequently gave his own blood if no other donor was available, even if the medically recommended eight weeks between donations had not yet passed.⁵⁴ A personal experience of that sort could not possibly have been a motivating factor for all blood donors, but the intimate nature of donation and transfusion in the pre-banking era certainly created conditions under which it was more likely. Before the EBTS was founded, a patient's family members and friends were often asked to give a transfusion if it was needed, and such an experience, regardless of the outcome, might motivate an individual to register as a donor with the EBTS when the opportunity became available.⁵⁵

The technical limitations of semi-direct transfusion dictated that donations could not always be completely anonymous, and were certainly not impersonal. In fact, J. M. Graham, well-respected for his work at the Royal Infirmary on the therapeutic uses of transfusion, believed that patient outcomes were improved when 'the patient and donor are in close contact'.⁵⁶ Masson's *History* provides multiple examples of direct contact between donors and recipients, one of the most vivid of which is a conversation in which Henry Coghill, a medical student at the time, described giving an emergency donation:

I was in an operating theatre and, on another trolley alongside mine, there lay a very sick looking young man. There was a rather strained silence while we looked at each other and I asked him what he was doing in the theatre. Before he could

reply, a tall man, dressed in white and wearing long rubber boots, entered the theatre and, with the help of a sister, began to draw a pint from my right arm ... he told me that the young man was about to have one of his legs amputated.⁵⁷

Even if the donor never came into direct contact with the recipient of their blood, it was the policy of the EBTS until September 1939 to send donors a letter of thanks detailing the outcome of their donation.⁵⁸ The patient's identifying details were omitted, but the donor had the satisfaction of knowing how their blood had been used and that it was appreciated.⁵⁹ A letter from 1939, for example, informed the donor that 'This blood was given to a Male patient who was suffering from Haemorrhage from the bladder – the Transfusion was most beneficial.'⁶⁰ In the event of a positive outcome, donors could feel that they had in fact saved a life, just as the newspaper and radio appeals promised, and should the patient fail to improve, the letters still gave donors a sense of their one-to-one connection with the recipient.

This was not the only type of personal connection that donors might build with the EBTS. The relationships built with other donors and with the organisers of the Service went beyond the hospital room and bled into other parts of life as well. Fisher reports a series of letters exchanged in 1938 between Copland and a donor who had lost his job and asked to be removed from the panel, as he felt he could not do justice to the service while 'unemployed and not getting regular meals'. Copland replied, enclosing a postal order for ten shillings, offering to write the man a reference, and promising to keep an ear to the ground for employment opportunities. In response, the donor reversed his decision to end his service, saying that in leaving, he was 'not doing justice to [Copland] by leaving the service'.⁶¹ Another donor who had given nine donations, but was temporarily without work at Christmastime, received a hamper of food and gifts to help his family through the holidays.⁶² These and other acts of reciprocal generosity contributed to the sense of community, responsibility, and confraternity fostered by the transfusion service, attracted donors to its ranks, and discouraged attrition.

For some donors, however, the duty to donate was experienced and expressed more abstractly. Although both blood transfusion services and doctors pleaded with the press to avoid painting transfusion and blood donors with the brush of heroism, giving one's blood still seemed a very soldierly thing to

do, a way of 'shedding blood' for one's fellow man, thus muddying the distinction between literal and metaphorical blood relationships.⁶³ A rather unique appeal from Copland in 1932 walked this line, leveraging the memory of soldiers' lives saved by 'the transfusion into their veins of some of the blood of their comrades', while insisting in the next paragraph that 'a blood donor is not performing an act of heroism'.⁶⁴ Some donors resisted this distinction altogether: as tensions increased in Europe near the end of the decade, a writer to the *Evening News* established an equivalence between donated blood and spilled blood to argue on behalf of conscientious objectors, writing that 'people of my acquaintance will certainly not go to war, but they give freely of their blood in the blood transfusion service'.⁶⁵

Blood donation as a way of fulfilling one's duty to one's nation and fellow man was also easily integrated with the mission statements of the independent organisations that supported the EBTS. The membership of the donor panel reflects, at least in part, the composition of the fraternal associations and voluntary service societies from which the original donors were drawn, many of which were national inter-class organisations devoted to mending or averting the social fractures emerging in post-war Britain. The Order of Crusaders, which helped to organise the Service for the first six years of its existence, 'recognise[d] no class distinctions', was pledged to 'be loyal to King and country ... and to further the cause of good will and social betterment'.⁶⁶ The EBTS, which 'saved many useful lives', fulfilled both mandates.⁶⁷ Toc H and the Rover Scouts, both of which were also active in blood transfusion services in England, provided logistical support and donors to the EBTS in the interest of 'develop[ing] a spirit of understanding and reconciliation' and 'serv[ing] their fellows'.⁶⁸ These organisations, which emphasised embodied citizenship and were reluctant to engage with class or party politics, likely recognised the EBTS as a cause that met an obvious need by fostering cross-class fraternity without challenging either class structures or wealth distribution.⁶⁹ Any person, rich or poor, might require blood in equal measure, and blood donation brought to mind metaphors of kinship that carried extra symbolic weight for individuals and organisations invested in mending a society at risk of fracture.⁷⁰ The British Union of Fascists, which like the Crusaders drew on an imagined past for imagery



Fig. 5. Members of the Order of Crusaders, Holyrood Conclave, entering their annual service at Greyfriars Kirk, at which they reiterated their commitment to the Blood Transfusion Service, which 'would redound to the credit of Holyrood and ... to the credit of the Order'. *The Scotsman*, 26 September 1932. *The Scotsman Publications Ltd*

and inspiration, but unlike the fraternal associations was deeply invested in class and party politics, may have found those metaphors useful as well. While most of the BUF's social and philanthropic activities were focussed on building networks between members, some within the party recognised community and charitable work as a potential buttress for political power, and blood donation's figurative meanings dovetailed cleanly with the symbols of nationhood and embodiment that fascists attempted to wield.⁷¹

Donors also took personal pride in their contributions, and some demanded that they be given their due publicly. When, in 1936, the papers reported the name of a member of the Perthshire Red Cross whom they believed to have the greatest number of blood donations in Scotland – ten in four years – they received in short order a letter from an Edinburgh man

disputing their reportage. The writer informed the editor that he himself had given eleven transfusions in only fifteen months, and that furthermore, since donors in Edinburgh could be called to donate six times a year, he felt 'confident that many in Edinburgh can beat the record of the Perth man'.⁷² A 1932 article in the *Edinburgh Evening News* reported on a man who had given eight transfusions (apparently the record at the time), adding that his family, encouraged by his generosity, had collectively given eleven additional transfusions.⁷³ Although the names of the donors were withheld, such recognition reified their identities as individuals who contributed substantively (and beyond the call of duty) to the good of their communities.

There were a few donors for whom the rhetoric of duty and identity was wholly unnecessary. The

Service's appeals occasionally mentioned that some donors reported feeling better after giving a transfusion, and while these claims were largely rhetorical rather than scientific, they were not invented.⁷⁴ Some donors did in fact report that donating blood relieved feelings of 'heaviness and fatigue', and a few reported a healthy increase in weight.⁷⁵ Additionally, in the mid-1920s, physicians began prescribing phlebotomy via blood donation as a therapeutic treatment for *polycythaemia vera*, a rare condition in which an excess of red blood cells are produced by the bone marrow. A 1932 case study in the *BMJ*, for example, describes a man who donated 39 times over the course of 32 months to reduce his red blood cell count.⁷⁶ At least one Edinburgh physician recognised the symbiotic relationship that individuals with this condition could forge with the EBTS and encouraged patients to volunteer as donors.⁷⁷

The rhetoric of a democratic and diverse group of donors giving the one thing that they shared in common dominated the EBTS's advertising and public discourse until the beginning of the Second World War, when transfusion services were able to fully deploy the language of sacrifice.⁷⁸ This language and donor response were to survive and thrive far after the transfusion service system of blood donation was rendered obsolete. In fact, the argument for the purely altruistic voluntary blood bank contributor that emerged later in the century – most notably in economist Richard Titmuss's *The Gift Relationship* – provoked a rapid response from scholars who argued that the development of a 'donor identity' was an equally powerful motivation for blood donors.⁷⁹

Conclusion: a complex legacy

The confluence of external pressure from the EBTS to fulfil one's civic and human duty by donating blood, the opportunity to self-identify as a blood donor, and an organisational structure that not only encouraged, but nearly obligated future repetition of the act of donation constituted what has been conceptualised as a 'role-identity'.⁸⁰ Blood donors gave, but they also received repeated confirmation of their self-image as a blood donor, which was both individually and socially valuable. Words like 'honourable', 'democratic', and indeed, 'duty', were deployed by the EBTS in combination with the close association

between the Service and other civic and charitable organisations, and did a great deal of work to construct an identity that located blood donors in a tradition of service, philanthropy, and even patriotism. It also, importantly, appeared to make participation in that tradition accessible – at least in theory – to everyone, even those whose class or gender had previously excluded them from it. There was no explicit conflict in the Service's public language between the 'blood donor' identity and any other identity category, and the Service encouraged donors to identify with each other – to join the 'legion'. There were mitigating factors that prevented individuals from volunteering in the first place, but their absence from the donor panel was not due explicitly to the Service's rejection, and was therefore rendered invisible.

However, a tension arises in this language of recruitment when one recalls that the Service's commitment to using only voluntary blood donors had its genesis in Percy Lane Oliver's assertion that a better 'class of person' would be attracted to donation when payment was not offered.⁸¹ The language of 'risky donors' and 'tainted blood' – used primarily in reference to injecting drug users, men who have sex with men, and sex workers – which emerged in the 1980s and with which we still contend is a clear echo of Oliver's claim, in which a better class of donor may be understood to mean a better class of blood. Although latter-day anxieties about HIV and hepatitis C are much more specifically grounded and indeed testable than their generalised antecedents, which emerged from a lack of knowledge about which of the donor's traits might be transmitted in their blood, this attribution of the potential threat to the donor and their identity, and not to variables like infection or habit, which may be separated from the donor, is troublingly familiar.

It is from this discourse, developed in the earliest days of organised blood donation, that perhaps the most difficult and contentious question – and one that remains unanswered – faced by blood transfusion services in recent decades has emerged: if, rhetorically, 'anybody' can donate blood, what of those who are not allowed to participate? After eighty years of recruiting blood donors on the premises of duty, inclusivity, and community, 'the boundaries of civic belonging and exclusion' have been, as Kylie Valentine argues in her work on blood donation and injecting drug users, 'reinscribed'.⁸² The 'democratic'

style of recruitment favoured by the EBTS, while challenging medical convention in favour of widening the donor pool, contributed to this complicated legacy

of in- and exclusion that continues to figure blood donation as a contended field.

NOTES AND REFERENCES

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- 1 'Scottish Regional Programme', *Radio Times*, 688 (4 December 1936), p. 26, <https://genome.ch.bbc.co.uk/page/430dc6f89edd4098968dcb3eee45ec88>; Eve Colpus, "'The Week's Good Cause": Mass Culture and Cultures of Philanthropy at the Inter-war BBC', *Twentieth Century British History*, 22 no. 3 (2011), p. 306.
- 2 Sir Louis S. Gumley, 'Appeal for blood donors', BBC Scottish Regional Programme, 6 December 1936.
- 3 Organiser's Report to the Executive Meeting of the EBTS on 25 February 1937, LHASA GD14/11/2.
- 4 J. R. Copland, 'Letter to the Editor: Edinburgh Blood Transfusion Service', *The Scotsman*, 2 March 1938.
- 5 Maxwell M. Wintrobe, *Blood, Pure and Eloquent: A Story of Discovery, of People, and of Ideas* (London 1980), pp. 669–70, 678–9; William H. Schneider, 'Blood Transfusion in Peace and War, 1900–1918', *Social History of Medicine*, 10 no. 1 (1997), pp. 116–18.
- 6 Wintrobe, *Blood, Pure and Eloquent*, p. 673.
- 7 William H. Schneider, 'Blood Transfusion Between the Wars', *Journal of the History of Medicine and Allied Sciences*, 58 no. 2 (2003), pp. 212–13.
- 8 F. Boulton, 'Thomas Addis (1881–1949): Scottish Pioneer in Haemophilia Research', *Journal of the Royal College of Physicians of Edinburgh*, 33 no. 2 (2003), p. 139.
- 9 'Blood Donors Transfusion Service in Edinburgh: Lifesaving Scheme', *The Scotsman*, 11 June 1936; 'Blood Transfusion Congress in Paris', *BMJ*, 2 no. 4009 (6 November 1937), p. 924.
- 10 'Regulation of Blood Donors in New York', *Lancet*, 217 no. 5603 (17 January 1931), p. 144. For further analysis of the participation of fraternal and political organisations in the EBTS see below p. 70.
- 11 Kim Pelis, "'A Band of Lunatics down Camberwell Way": Percy Lane Oliver and Voluntary Blood Donation in Interwar Britain' in Roberta Bivins and John V. Pickstone (eds.), *Medicine, Madness and Social History: Essays in Honour of Roy Porter* (New York 2007), p. 150.
- 12 Frances Hanley documents the history of the Blood Transfusion Service in London in his memoir *The Honour is Due* (Surbiton 1998), and Kim Pelis's "'A Band of Lunatics'" situates that service in its broader medical and social context.
- 13 Geoffrey Keynes, *Blood Transfusion* (London 1922), pp. 99–100.
- 14 Geoffrey Keynes, 'Blood Donors', *British Medical Journal*, 2 no. 3327 (4 October 1924), pp. 613–14.
- 15 Neil D. Avent and Marion E. Reid, 'The Rh Blood Group System: A Review', *Blood*, 95 no. 2 (2000), p. 375; Keynes, 'Blood Donors', p. 614.
- 16 Keynes, 'Blood Donors', p. 614.
- 17 P. L. Oliver, 'A Plea for a National Blood Transfusion Conference', *British Medical Journal*, 2 no. 3959 (21 November 1936), pp. 1032–33.
- 18 Alastair H.B. Masson, *History of the Blood Transfusion Service in Edinburgh*, (Edinburgh 1993) p. 12.
- 19 *Ibid.*, p. 13.
- 20 Original EBTS donor panel record cards, 1931–1939, Lothian Health Services Archive (henceforth LHASA) GD14/20/1.
- 21 'Blood Transfusion Service', *The Scotsman*, 11 December 1930; 'Blood Transfusion: Appeal for Donors', *The Scotsman*, 26 September 1931.
- 22 'Blood Transfusion: Appeal for Donors', 26 September 1931.
- 23 Roger Davidson, *Dangerous Liaisons: A Social History of Venereal Disease in Twentieth-Century Scotland* (Amsterdam 2000), p. 148. Victor Riddell suggested in his 1939 monograph on blood transfusion that the mention of a 'test' may have caused potential voluntary donors who were aware that they had venereal disease to self-select out of donor pools in the interest of keeping their disease status private (Victor Horsley Riddell, *Blood Transfusion* [Oxford 1939], p. 335).
- 24 J. R. Copland, 'Letter to the Editor: Blood Transfusion Service', *The Scotsman*, 30 October 1935; Copland, 'Letter to the Editor: Edinburgh Blood Transfusion Service', 2 March 1938.
- 25 'More Blood Donors Wanted', *The Scotsman*, 3 December 1932.
- 26 Masson, *History*, p. 17.
- 27 'Blood Donors: Transfusion Service in Edinburgh Life-Saving Scheme', *The Scotsman*, 11 June 1936.
- 28 Copland, 'Letter to the Editor: Edinburgh Blood Transfusion Service', 2 March 1938.
- 29 Letter, Charles S. Gumley to J. R. Copland, 8 October 1936, LHASA GD14/11/2. Charles S. Gumley, son of Lord Provost Louis S. Gumley, was a solicitor who was involved with the EBTS during and after its 1936 reorganisation.

- 30 Louis. S. Gumley, 'Appeal for blood donors'.
- 31 Susan E. Lederer, *Flesh and Blood: Organ Transplantation and Blood Transfusion in Twentieth-Century America* (Oxford 2008), p. 112.
- 32 Schneider writes that while research into blood groups proliferated after World War I, not only had blood group research diverged from transfusion medicine, there was a comparative lack of interest in the subject in Great Britain; see Schneider, 'The History of Research on Blood Group Genetics: Initial Discovery and Diffusion', *History and Philosophy of the Life Sciences*, 18 no. 3 (1996), pp. 288–89.
- 33 Original Donor Panel Records, LHSA GD14/20/1.
- 34 Keynes, *Blood Transfusion*, p. 100; Gumley's radio broadcast states that 'there are many women donors', and several newspaper appeals inform the public that the opportunity to be a blood donor is 'available to any healthy man or woman'.
- 35 Original donor panel records, LHSA GD/14/20/1.
- 36 28% of the transfusions given in the fourth quarter of 1936 were from female donors, and the percentage of female transfusion recipients during the same period is approximately the same, Organiser's Report to the Executive Meeting of the EBTS on 25 February 1937, LHSA GD14/11/2.
- 37 In his 1939 monograph *Blood Transfusion*, Riddell wrote that 'females are acceptable' as donors, noting that in 1937, 20% of the London service's donors were women, while in New York, Paris, Copenhagen, and Vienna, the transfusion services remained fully and stalwartly male. The one location that far exceeded Edinburgh's fraction of women donors was Leningrad, where 66% of donors were female. See Riddell, *Blood Transfusion*, p. 328, Wintrobe, *Blood, Pure and Eloquent*, p. 682.
- 38 Although in Edinburgh the ratio of grey-collar to blue-collar work was certainly higher than in other Scottish cities, those employed in manual labour, manufacturing and trade still significantly outnumbered those in the lower professional and clerical classes. See 'Edinburgh City Through Time: Industry Statistics', *A Vision of Britain through Time*, GB Historical GIS, University of Portsmouth. http://www.visionofbritain.org.uk/unit/10211104/cube/INDUSTRY_GEN_SEX. Original donor panel records, LHSA GD14/20/1
- 39 Only two donors were explicitly noted to be unemployed, and this information was given in lieu of a daytime work address. However, there were many donors who did not give a daytime work address; sometimes there was a reason given (e.g. the donor did not wish to be contacted at work or preferred that word be sent to a spouse or relative at home who would then contact them), and sometimes there was not.
- 40 Nora Milnes, *A Study of Industrial Edinburgh and the Surrounding Area, 1923–1934* (London 1936), pp. 9–10.
- 41 David Fisher, *The Gift of Life: The Story of the Blood Transfusion Service in Edinburgh and the South East of Scotland*, (Edinburgh 1991), p. 15. Masson, *History*, p. 14.
- 42 'Edinburgh Blood Transfusion Service', *The Scotsman*, 2 March 1938.
- 43 John Holford, *Reshaping Labour: Organisation, Work, and Politics – Edinburgh in the Great War and After* (London 1988), p. 45.
- 44 *Ibid.*, p. 49.
- 45 Original donor panel records, LHSA GD/14/20/1. While most of Edinburgh's ward boundaries have been redrawn and renamed, it is particularly worth noting that the then Haymarket ward encompassed the more affluent areas to the north of the railway junction, while Gorgie and Dalry wards comprised the working-class areas to the south.
- 46 The Scottish Survey Committee's 1931 report on St Andrew's ward reveals the remarkable poverty hidden in the upper storeys of Edinburgh's most fashionable district; see Irene T. Barclay et al., *Behind Princes Street: Report on Survey of Housing Conditions of 443 Families Situated in St. Andrew's Ward, Edinburgh* (Edinburgh 1931).
- 47 Original donor panel records, LHSA GD/14/20/1.
- 48 Roger Davidson, 'Measuring the "Social Evil": The Incidence of Venereal Disease in Interwar Scotland', *Medical History*, 37 no. 2 (1993), p. 175. Davidson estimates that the incidence of syphilis in Scotland in the 1930s was 2–4%.
- 49 The immunologist's report indicates that the test was 'very weak or doubtful positive' and therefore 'probably of no significance', but the individual in question was still turned away in the interest of public safety.
- 50 Masson, *History*, p. 14.
- 51 Masson, *History*; Fisher, *Gift of Life*.
- 52 'Letters, Notes, Etc.: Blood Transfusion Service', *BMJ*, 2 no. 4056 (1 October 1938), p. 728.
- 53 'Blood Donors: Flag Day Appeal in Edinburgh, Over 1300 Collectors', *Edinburgh Evening News*, 10 June 1939.
- 54 Masson, *History*, p. 12.
- 55 Schneider, 'Blood Transfusion in Peace and War', p. 120; Masson, *History*, pp. 6, 10.
- 56 J. M. Graham, 'Transfusion of Blood in Cases of Haemorrhage', *Edinburgh Medical Journal* 3 (1920), p. 145.
- 57 Masson, *History*, p. 91.
- 58 Letter from J. R. Copland re: Reorganisation of the Blood Transfusion Service, 28 October 1936, LHSA GD14/11/2.
- 59 Contrast this with the cycle of donation in the current banking system, in which large quantities of blood expire before it can be used. Additionally, blood products like plasma and Factors VIII and IX are usually pooled, meaning that the one-to-one donor to recipient relationship no longer exists.
- 60 Letter from J. R. Copland to Mr Cochrane, 1939, LHSA GD14/11/2.
- 61 Fisher, *Gift of Life*, p. 15.
- 62 Masson, *History*, p. 14.
- 63 'Value of Blood Transfusion', *The Times* (London), 23 August 1928; 'Letters, Notes, Etc.: Blood Transfusion Service' (1 October 1938), p. 728. Keynes, 'Blood Donors', p. 613.
- 64 'From Our Turret Window: Blood Transfusion Service', *Edinburgh Evening News*, 2 December 1932.

- 65 'Editor's Post Bag: Not Cowards', *Edinburgh Evening News*, 11 May 1939.
- 66 Mike Horswell, 'Crusader Medievalism and Modernity in Britain', in Karl Fugelso (ed.) *Medievalism and Modernity* (Cambridge 2016), p. 24.
- 67 'From Our Turret Window: The Holyrood Conclave', *Edinburgh Evening News*, 23 September 1932.
- 68 J. A. Mangan, *Manliness and Morality: Middle-Class Masculinity in Britain and America, 1800–1940* (Manchester 1987), p. 212. Toc H International Charity, 'History of Toc H', <https://www.toch-uk.org.uk/history-of-toch>.
- 69 Paul Wilkinson, 'English Youth Movements, 1908–30', *Journal of Contemporary History* 4 no. 2 (1969), p. 4.
- 70 Janet Carsten, 'Substance and Relationality: Blood in Contexts', *Annual Review of Anthropology*, 40 (2011), p. 26.
- 71 Mike Horswell, *The Rise and Fall of British Crusader Medievalism, c. 1825–1945* (London 2018), p. 150. For more on fascist community activities between the wars, see Michael Spurr, "'Living the Blackshirt Life": Culture, Community, and the British Union of Fascists, 1932–1940', *Contemporary European History*, 12 no. 3 (2003), pp. 305–322.
- 72 Crieff, 'Blood Transfusion', *The Scotsman*, 19 April 1936.
- 73 'Edinburgh Blood Donors', *The Scotsman*, 23 April 1932.
- 74 'More Blood Donors Wanted', *The Scotsman*, 3 December 1932. 'Edinburgh Blood Transfusion Service', *The Scotsman*, 2 March 1938.
- 75 Keynes, 'Blood Donors', p. 613.
- 76 Robert Platt, 'A Case of Polycythaemia Rubra Developing Anaemia', *BMJ*, 1 no.3720 (23 April 1932), p. 750.
- 77 Original donor panel records, LHSA GD/14/20/1.
- 78 For more on this transformation, see Nicholas Whitfield, 'Who is My Donor? The Local Propaganda Techniques of London's Emergency Blood Transfusion Service, 1939–45', *Twentieth Century British History*, 24 no. 4 (2013), pp. 542–572.
- 79 Jane Piliaven, John Wilson, Marc Musick, Peter Callero, and Kath Weston are among those who have convincingly argued for and described this 'donor identity'.
- 80 Peter Callero et al., 'Helping Behavior as Role Behavior: Disclosing Social Structure and History in the Analysis of Prosocial Action', *Social Psychology Quarterly*, 50 no. 3 (1987), p. 250.
- 81 Oliver, 'A Plea for a National Blood Transfusion Conference', p. 1033.
- 82 Kylie Valentine, 'Citizenship, Identity, Blood Donation', *Body and Society*, 11 no. 2 (2005), pp. 116–17.