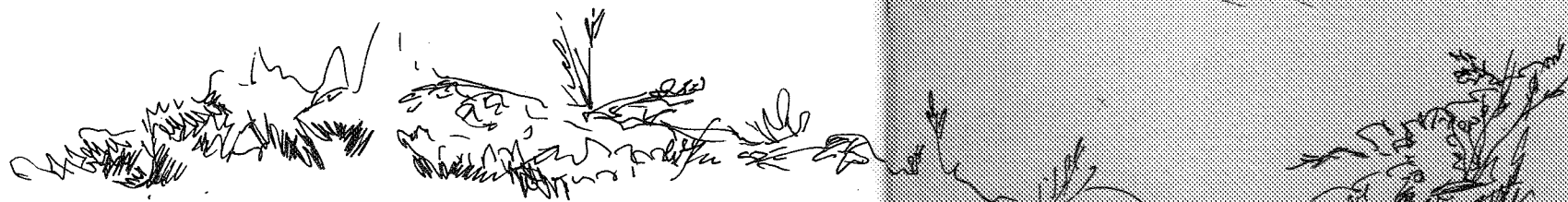


MR BIRD AND HIS INFIRMARY
CREWKERNE HOSPITAL

1866 : 1904 : 1984

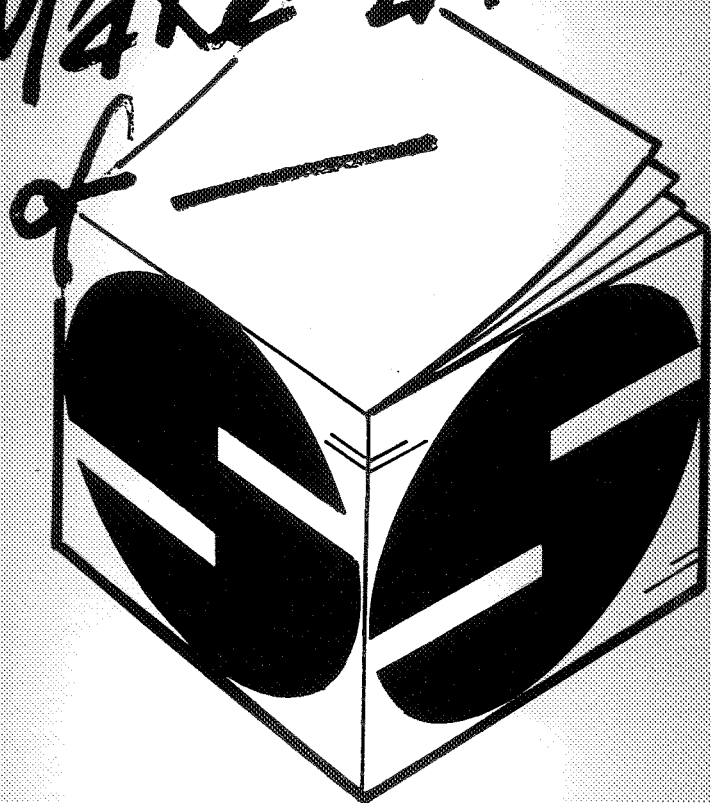
John R. Guy



CREWKERNE HOSPITAL

THURSDAY
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(Title Page)

MR BIRD AND HIS INFIRMARY

CREWKERNE HOSPITAL

1866 : 1904 : 1984

John R. Guy

(Frontis)

"The longer you can look back, the further
you can look forward"

Winston Churchill to the Royal College of Physicians, 1944.

FOREWORD

by

Dr Alun Parry Jones, O.B.E., M.B., B.Ch., D.P.H., F.F.C.M.

District Medical Officer, Somerset Health Authority

The third quarter of the nineteenth century saw great economic and industrial expansion in the country. Although the changes were most evident in the burgeoning industrial towns, many small communities in rural areas participated in the changes and the new prosperity. Humanitarian and charitable instincts in small towns channelled some of this prosperity into the creation of local cottage hospitals. Many have survived a century of continuous change in medical care.

Somerset has a rich legacy of cottage hospitals, the origins of which have not been chronicled. John Guy has produced a fascinating and detailed account of Crewkerne and its hospital. Fund raising for the first Crewkerne hospital started in 1866 and eight months later the first patients were admitted. Nearly a century later an extension to the out-patients department at the second Crewkerne hospital needed eight years of Health Service deliberations before the building work even began.

John Guy is to be congratulated on this pioneering work. Other hospitals would benefit from this treatment.

A. PARRY JONES

County Hall, Taunton.

18th July, 1984.

INTRODUCTION

"The portrayal of medical history becomes more difficult as one approaches modern times" Dr Douglas Guthrie was moved to comment, when his magisterial work A History of Medicine, reached the nineteenth century. "The facts are available, to be sure; indeed they are available in such profusion of detail that a selection must be made if one's work is to be contained within a single volume..." Attempting to write a history of Crewkerne Hospital has underlined the validity of Dr Guthrie's judgement for me. It has not been an easy little book to prepare for the press, because the archives of the hospital, now housed here in the Postgraduate Medical Centre, are particularly rich. There are lacunae, usually where one would least desire them, but the surviving documentation of some aspects of the hospital's life and history since its foundation in 1866 is gratifyingly complete.

The historian is, however, to a great extent at the mercy of his sources. If it is felt by some that there is too much emphasis upon what could be called administrative or institutional history, and insufficient upon patient management and care, or what those who were "on the receiving end" in the wards and clinics felt about the hospital, I can only apologise. The survival rate of older clinical as opposed to administrative records is normally disappointingly low, and in this respect Crewkerne Hospital is no different from many similar institutions. It is a self-evident truth that the writer cannot deploy sources in his story which do not exist.

(Introduction continued)

In this short study of the life of Crewkerne Hospital over 118 years I have made considerable use of quotation. This has been from deliberate choice. Very little has previously been written on the hospital, its archives primarily consist of unpublished manuscript material, and the requirements of confidentiality mean that access to those archives is necessarily limited. In seeking, therefore, to set down the main facts as briefly and concisely as possible I have also, through the use of quotation, endeavoured to allow those who were active participants in the hospital's history to speak for themselves.

It is a pleasure to be able to acknowledge the willing help and co-operation of many people and institutions in the researching of this book. In particular thanks are due to the staff at the Royal Society of Medicine, the Somerset Local History Library, Somerset Record Office, Wellcome Institute for the History of Medicine and the Yeovil Library for their assistance. Mrs Ruth Parker of the Crewkerne and District Local History Group very kindly devoted much time to collecting personal reminiscences of the hospital from several Crewkerne 'senior citizens', for which I am very grateful. The two senior surviving former Medical Officers of the hospital, Dr Amy Dauncey and Dr G.S. Hodge, both of whom worked there "pre-N.H.S.", shared some of their memories with me, and their help and hospitality was much appreciated. Mrs G.M. Warry of the Robert Bird Trust kindly lent me the original Account Book of Bird's Almshouses - thus enabling me to gain further insight into the philanthropic activity of that fascinating man.

I am also grateful to the Local History Library of Somerset County Council, Pitman Medical Publishing Co. Ltd., Somerset Record Office and the Wellcome Institute for the History of Medicine for permission to reproduce some of the illustrations in this volume, and to Messrs Alan Burbage and Bryan Evans for their skilled photographic assistance.

I must also express my personal thanks to Jackie Prosser, for kindly typing the manuscript, to my fellow-Cardiffian, Dr Alun Parry Jones, for so willingly agreeing to write a Foreword, and above all to the current Matron of Crewkerne Hospital, Mrs Muriel Hunnikin, for her constant, enthusiastic support, and help unstintingly given.

That remarkable medical man, Dr Arthur Conan Doyle (whose pen was, perhaps, mightier than his scalpel) once said this:

The life of a writer ... has its own troubles, the weary waiting for ideas, the blank reaction when they have been used, worst of all the despair when the thought which had seemed so bright and new goes dull and dark in the telling. But surely he has in return some claim to hope that if he can but interest his readers he fulfils the chief end of man in leaving others a little happier than he found them.

I can say "Amen" to that.

JOHN R. GUY

Marsh-Jackson Postgraduate Medical Centre
Yeovil District Hospital
July 1984.

Chapter I. Origins.

On 30th April 1866 a poster appeared in the streets of Crewkerne, from the presses of Clark's General Printing Office in the town. It announced that

A Gentleman having generously offered to give spacious premises in South Street, Crewkerne, for an INFIRMARY, provided there shall appear a reasonable probability of the requisite funds being obtained for fitting up, and also for permanently maintaining the same, the inhabitants of Crewkerne and the neighbouring parishes are invited to attend a PUBLIC MEETING in the TOWN HALL, on Saturday the 12th of May, at 3 O'Clock in the Afternoon, for the purpose of taking the above offer into consideration, and deciding on the steps to be taken thereto.

The Public Meeting was duly held, and the outcome met the expectations of its promoters. A committee was elected, charged with the task of establishing such a hospital, and drawing up rules for its management.

On the evening of Thursday 5th July, the twelve men of the committee met together in the same Town Hall, and there took only two decisions.

1. Resolved that the Institution be called 'The Crewkerne Hospital.'
2. A portion of the rules of the Institution were read and adopted.

The story of Crewkerne Hospital begins with those two meetings 118 years ago.

Who were the twelve men who passed the two resolutions of July 1866? Their Minute Book, a precious survival into our own time, lists them simply as

Messrs Bird, Sparks, Wills, Cox, Jolliffe, Hebditch,
Standfield, Coombs, Hayward, Rev. J.S. Stubbs (Chairman)
Mr Webber, Allen.

Fortunately, rather more is known about these Victorian gentlemen than just their names. The Reverend Joseph Stubbs, M.A., was the Vicar and Rural Dean of Crewkerne, who had come to the town four years before. William Sparks was a prominent local solicitor, a Justice of the Peace and Clerk to the Magistrates, to the Highways Board, and the Special Commissioners. He was - or was to become - also a Deputy Lieutenant of the county and Lord of the Manor of Langton Herring. Richard Hayward was one of the town's leading industrial figures, whose Coker Sailcloth Works manufactured both sailcloth and twine. William Hebditch, William Standfield and Hillary Coombs also represented local trades and occupations. Hebditch farmed at Lower Severalls, Standfield ran the Hermitage Brewery, and Coombs was described as an agricultural implement manufacturer and manure agent. He also found time to be the local agent for the Westminster Fire & Life Assurance Company. The Church, the law and industry were therefore all represented on the first General Committee of the hospital. So also, of course, was the medical profession. Messrs. Wills, Cox and Jolliffe were all local practitioners. In addition, all three came from families which had been associated with Crewkerne for many years. George Frederick Wills, who practised from Orchard Street, had been educated in the town's Grammar School in the 1830s. His practice had belonged to Joseph Wills before him, at a time when John Wills had been

churchwarden of St. Bartholomew's. Albert George Cox, of Church Street, had also local roots. Samuel Cox 'esquire' and the Reverend John Cox had been among the feoffees of the Grammar School in 1833. (Feoffees had complete control over the revenues of the school so that they could bestow money when necessary to charitable objects in the town.). George Slade Jolliffe, the third medical man, came from a similar background. In 1830 Samuel Jolliffe had been a chemist and bookseller in Sheepmarket Street, when George Hilborne Jolliffe had his surgery in the Market Place, where George Slade Jolliffe had subsequently joined him in partnership.

Then there were Mr Webber and Mr Allen, the former of "The Grapes" in Church Street, and the latter - a valuable asset in such a venture - an architect. Most important of all was Mr Bird, for he was the anonymous 'Gentleman' whose offer of the South Street premises had initiated the venture. Mr Bird deserves a paragraph or two more for himself.

Robert Bird was one of those industrial entrepreneurs who had contributed to what Benjamin Disraeli described as a 'convulsion of prosperity' in Victorian Crewkerne. Today's Crewkerne is a child of the Industrial Revolution. At the end of the eighteenth century, it had been a small market town of some 3,000 inhabitants serving a chiefly agricultural community. Then had come the 'manufactories', sail-cloth, girth-web, and stockings. In 1851 no less than 22% of the working population of the town was employed in the manufacture of sail-cloth. The pace of growth and development had accelerated after 1860, when the railway opened. Fifteen

hand to most minor medical and surgical problems. The bill includes charges for 'doses, draughts, applications, liniment and plaster' but also for 'vaccinating, dressing a wound' and even 'extracting a tooth'.

However, what was true in 1866 (and had been for many years) was that many people had to do without the assistance of men like Mr Jolliffe. Their prices were just too high. The tooth extraction cost 2/6d., vaccination 5/- - and even the provision of a bottle of castor oil 1/-. For most Crewkerne workers, such a scale of fees could not be seriously contemplated. On the other hand, a small hospital to deal with cases of acute sickness and injury, where the payment for treatment and nursing was dependent upon the circumstances and wages earned by the patient, would be of great assistance to those who were otherwise at the mercy of the peddlars of quack remedies, or had to rely upon their own resources. What the Crewkerne medical men had in mind is what came to be known as a cottage hospital.

In 1859, Dr Napper of Cranleigh in Surrey had founded what is generally accepted as the first Cottage Hospital. The social group for which such a hospital was intended was clearly defined by Dr Horace Swete:

The cottage hospital is not to be considered an asylum for the incurable or the infirm regular paupers; the union has provided an infirmary in the union-house for such cases. Nor is it to give room for servants-in-place at gentlemen's houses, except under special circumstances, and where full payment of all expenses is made. The gentleman who has the value of his servants' services in health, is morally bound to provide proper medical care for them when ill.....

The 'Cottage Hospital Movement' rapidly gathered momentum, and eighteen were founded between 1859 and 1866. What may have helped crystallise the idea in the minds of Crewkerne's medical men was an address given by Dr Horace Swete, the Somerset doctor who had founded cottage hospitals at Wrington (1864) and Weston-super-Mare (1865), to the local Bath and Bristol branch of the British Medical Association on 25th January 1866, an address later published in the British Medical Journal.

There can be little doubt that it was the happy co-incidence of the philanthropic concern of Robert Bird and other local manufacturers with the development of the Cottage Hospital Movement which facilitated the opening of the first Crewkerne Hospital in 1866.

Chapter II. Early Years.

Before any patients could be admitted to the hospital, two things had to be done, and the greater part of 1866 was spent doing them. First of all, the buildings of Robert Bird's former factory had to be rendered suitable for their new role. On 21st July, members of the General Committee inspected the premises, and discussed various alternative schemes, in the end leaving the architect Mr Allen to draw up a report. The committee did, however, agree to dispense with part of the property, resolving a week later 'to sell the building on the south east side of the gateway, and to let the power loom factory as may be considered best'.

On the same day, it was proposed 'that Mr Allen's plans and specifications of the Repairs and alterations of the proposed hospital be submitted to three or four tradesmen of the town to send in tenders for the same'. By the end of August this had been done, and a contract entered into with Mr H.H. Perry to undertake the work. Mr Allen the architect then - as is sometimes the way with planners - had second thoughts and in September produced a new set of recommendations. The committee, for better or for worse, decided firmly that it was 'considered undesirable to disturb the existing arrangements' and the work went ahead, the first General Meeting of the Governors deciding that 'the hospital be opened for the admission of patients at 10a.m. on Tuesday January 1st, 1867'. The commissioning of Crewkerne Hospital was, therefore, from start to finish carried out by local people, the donor, the architect and the contractor all being closely associated with the town.

Having a hospital building was one thing. Staffing and running it was another, and during 1866 the General Committee devoted much attention to this. The committee itself was gradually enlarged by co-option, and on 10th July a secretary was appointed until 1st January 1867 at a

salary of £5. This was William Bastian, then Master of the Crewkerne National School. The committee also designated certain sub-committees from its membership, including one for Finance (two businessmen and a farmer) and one for Furnishing (a brewer, a publican and an architect).

Raising money to support the hospital, which at this date could, of course, expect no state aid, was a matter of prime importance. On 17th July, the General Committee resolved:

That 300 copies of the Rules be printed by Mr Pulman and that they be circulated in Crewkerne and other parishes in the district accompanied by a Circular soliciting Donations and Subscriptions, and that a Circular be addressed to Ministers of different Denominations in the several Parishes requesting the favour of their preaching in their different places of worship on behalf of the Funds of the Crewkerne Hospital on or before the 1st November next with a request that the Sermons may be Annual.

This appeal to the local clergy was a common one made by many hospitals during this period, and often very successfully. A number of churches and chapels made over their Harvest Festival collections to the local hospital, and until the end of the nineteenth century this money made a significant contribution to its annual budget.

The hospital opened as planned on New Year's Day 1867. It is worth printing the original 'Rules for the admission of Out-Patients' in full.

Qualification. The persons who are eligible for admission as out-patients are those who cannot afford to pay for medical attendance and medicines, and who are not in receipt of parish relief nor in a Benefit Society, where they can be attended by a medical officer. Also household servants whose wages do not exceed £8 per annum.

Application for Admission. Applications for admission must be made personally at the Hospital on Thursdays at 10a.m. precisely, and a form will be issued which must be properly filled up and signed by a subscriber of 10/- or upwards.

Times of Attendance. All out-patients must attend at the Hospital every Thursday morning at 10a.m. and must be provided with a bottle for medicine. If any out-patient absents himself twice, without leave from the medical officer, he will be discharged. At the expiration of two months from admission every out-patient must have a new recommendation, and will be considered a new patient.

Discharge. If any out-patient refuse to comply with the instructions of his medical officer, or behaves improperly, he will be discharged, and will not be allowed to receive any further benefit from the Institution.

Consultations. The medical officers will consult on the case of any patient sent to them by a properly qualified medical gentleman for that purpose on Thursdays at 10a.m.

These rules may seem rather authoritarian and paternalistic to modern eyes, but were similar to those adopted by most hospitals at this time.

The rules for in-patients in these early days do not seem to survive, but were almost certainly similar to those in force in other hospitals in the mid-nineteenth century. For example, in 1869 the Rules of the Yeovil General Dispensary (from 1872 the District Hospital) contained these regulations:

That no person disordered in his or her senses, or in a dying or incurable state, be admitted an in-patient.

That no persons afflicted with disease, the result of their misconduct, be admitted.

At Taunton, the hospital founded by Crewkerne-born Dr Malachi Blake, the regulations were even more specific in their restriction of admissions to the wards. Those published in the annual Report of the Taunton and Somerset Hospital for 1866 contained this clause:

That no child under seven years of age, except in cases where an operation is required, no woman big with child, no person disordered in mind, subject to violent fits, or who has the small-pox, measles, syphilis, or any infectious disease, be admitted into the Hospital as an In-patient.

Harsh though this may now seem, there was more wisdom in such regulation than at first meets the eye. Small children, the mentally ill and those disabled by fits required a level of nursing care or restraint which the smaller voluntary hospitals were just not able to provide. Infectious disease could wreak havoc on the wards, and was the constant nightmare of hospital governors and management committees. It is clear from the Statistical Account of Diseases and Injuries treated in the Taunton Hospital in 1865-1866 that the vast majority were either non-infectious, or came into the categories now known as 'Accident & Emergency'.

This was also to be true at Crewkerne. Accidents were to provide a constant flow of patients into the hospital. In 1869 the medical officers noted that the season of harvest 'is one when accidents are most numerous', but they were also concerned with industrial injury. Writing in 1873 the Crewkerne doctors reported on accidents 'from machinery in which severe fractures and lacerations and complicated injuries to limbs' resulted. A few years later they were calling attention 'to the fact that in consequence of the application of Machinery to agricultural labor (sic) accidents are far more common than formerly was the case'. The care of accident victims was to be one of the principal concerns of Crewkerne Hospital in its early years. In 1869 the hospital acquired its own ambulance - 'most useful in bringing the sick from the neighbouring parishes to the hospital!': In 1875 a new Accident Ward was provided (at a cost of £71-10-0d.), and in 1877 the hospital's rules were changed so that accident victims could be admitted at any time at the discretion of the duty surgeon.

The work of the hospital was by no means entirely devoted to accident and emergency medicine. Many patients admitted for a variety of disorders stayed for what today would be regarded as exceptionally long

periods. In 1870, for example, the average stay of an in-patient was 35 days. The policy adopted by the Management Committee and the Medical Officers in regard to these patients was very enlightened for its time. A variety of aids and equipment was regularly purchased to make life easier for them. In 1869 a special bed was acquired for spinal cases, and water-beds for immobilised patients. In addition, as many patients were found to be suffering from chronic or acute rheumatism on admission, a bath had been erected for them, and found to be 'of much service'. Twenty years later, the hospital obtained air cushions for those who were able to sit out of bed, and also a cot: 'It is well known that children can be more comfortably disposed and more easily managed in cots than in ordinary beds'.

Great emphasis was placed upon good nursing care and pleasant surroundings. Writing in 1870, the Medical Officers said that some cases 'would in all probability have proved fatal if deprived of the good air, the careful nursing and the proper food which an institution of this kind affords - accessories to medical treatment so difficult to be obtained in the dwellings of the poor'. The wards were therefore comfortably furnished, 'the walls made bright with pictures and illuminated texts', donations of colourful quilts were encouraged, as were flowers. In 1884 the Management Committee stated that 'very real pleasure may be given to the sick by the sight and scent of flowers, especially, perhaps in those cases where children are the invalids'. Books and toys for the young patients were also in evidence by 1889.

During their stay, patients had the use of what was called in 1881 'an excellent library' and care was taken to regularly dispose of worn or damaged books. Illustrated newspapers and periodicals were provided free of charge by their proprietors, and visiting was encouraged. As early as

1873 the Annual General Meeting set visiting hours at 3p.m. - 5p.m. on Mondays, Wednesdays and Saturdays for relatives and friends.

Convalescence was also considered to be of great importance. In 1874 the Medical Officers requested a Convalescent Room for those patients able to get up, and this had been provided, coloured prints being bought to decorate the walls. In 1888 the hospital took over the tenancy of a garden on the opposite side of the road, and had it planted with shrubs. A garden chair was acquired. This garden was intended for the "recreation" of convalescent patients.

Smoking on the wards was banned, though this prohibition did cause some resentment. In 1888 the old Wash-house (which had a stone floor) was whitewashed and fitted up as a smoking room for patients. The fire-risk of smoking in bed was evidently recognised, if not the health-risk of what the hospital authorities in 1888 called an 'allowable indulgence'. Today's medical officers may have proved less compliant!

From the earliest days, the practice of surgery was an integral part of the hospital's regimen. In June 1868 the Management Committee authorised the purchase of an operating table - which seems to have lasted nearly a quarter of a century, as there is no mention of a replacement until 1893. The local medical men themselves undertook most of the surgical procedures, which in 1893 were reported as 'two trephining of the skull, and operations for strangulated hernia, aneurysm, removal of a "Derbyshire neck" (a goitre) which compressed the windpipe, and lesser operations for varicose veins, fistula, the cure of squints and cataracts, and the relief of empyema'. It has to be remembered that in 1866 the only anaesthetics available were ether and

chloroform, and the practice of anaesthesia itself was little more than twenty years old. In addition, the pioneer of **antiseptic surgery**, Joseph Lister, was still pursuing his investigations, his successful results being first published at a meeting of the British Medical Association in 1867. His discoveries were eventually to revolutionise surgery, but when Crewkerne Hospital was founded, they were still in their infancy, and took a number of years to gain general acceptance.

There does not seem to be either a surviving illustration or detailed description of the interior of Crewkerne Hospital in these early years. In the first five months of 1867, there were seven in-patients, but by 1870 the annual average had risen to 44. There were normally about six patients in hospital during any one week. There were twelve beds in 1870, divided between male and female patients, but these were not in what later became known as 'Nightingale wards' but in more intimate groupings. The pioneer of Cottage Hospital design, Sir Henry Burdett, advocated small wards, and this was the case at Crewkerne. When a new ward for male patients was opened on "Floor No. 1" in 1871, it contained only three beds, and in 1890 a single-bed ward for 'cases requiring special supervision' was also provided - in accordance with another of Burdett's recommendations. When Dr Horace Swete published his Handy Book of Cottage Hospitals in 1870, he noted that a year or two before (that is, in the hospital's early days) there were five wards at Crewkerne each containing two beds.

To gain admission (other than through accident or emergency), it was necessary for the patient to obtain a ticket from one of the hospital subscribers, and a note of recommendation from his own medical practitioner. The hospital's medical officers (the Crewkerne 'G.P.'s) then considered the case on Admissions Day (Thursday), and if it was deemed necessary, the patient was registered as an in-patient. At Crewkerne,

although out-patient treatment was free, that for in-patients was not. They were required to make a minimum weekly payment of 2/-, and as the average stay was at this time approximately five weeks, the total cost could be about 10/-. Such charges could not have been easy for many prospective patients, but 2/- a week "all in" has to be set against the 1/- for a bottle of castor oil being charged by Mr Jolliffe to one of his patients in the pre-hospital era. Not everyone was happy with the system, and in 1879 an attempt was made to declare all treatment at the hospital free to patients. In the end, a compromise was reached, whereby the Committee were given leave to use their discretion in the matter. They could 'admit patients free of charge if they deemed it appropriate'.

Chapter III. Early Nursing and Medical Men

Crewkerne was fortunate in its first Nurse (the title 'Matron' was not introduced until the 1880's). Mrs Callan was appointed in 1867 at a salary of five guineas, payable quarterly. At this time, the influence of Florence Nightingale and the training school for nurses which she established at St. Thomas's Hospital in London had not really spread very far. In 1867 at Crewkerne, Mrs Callan was expected to combine the roles of nurse and housekeeper, and it is possible that she had little or no experience of nursing before her appointment. What most Management Committees looked for was respectability, middle age, and no family responsibilities. When the General Infirmary at Leeds advertised for a Matron in 1852, they stated that:

Candidates for this office are required to be free from the care of a family, of middle age, active, and of good address, qualified to keep an account of the disbursements and other matters in the house department; it is necessary that she be staid, sober, and discreet, mild and humane of disposition, at the same time possessed of firmness to rule the household; it is also desirable that she be experienced in the management of a family and the duties of a sick room.

No doubt the Crewkerne General Committee looked for similar qualities in their first Nurse. The post was no sinecure. Mrs Callan was expected to be resident at the hospital, and was the only nurse on the premises. In 1869 her sole assistant was a servant, who received £1-10-0d. in wages. Dr Swete described in detail what was expected of the nurse at

a cottage hospital.

The duties of the nurse of a cottage hospital are more onerous than those of the ordinary hospital nurse, inasmuch as she has to attend to the household duties as well as actual nursing; besides which, in the absence of the surgeon, she must act somewhat on her own responsibility. For scouring, and washing she will probably have another woman from the parish to help. Her first duty will be to get up the patients, who are permitted to leave their beds, those who are able helping the others. (At Crewkerne patients "where able must be dressed before the breakfast hour"). The wards should then be put straight; windows should be opened for a few minutes to air the rooms, unless the weather be very winterly and wet

Then followed the preparation and serving of breakfast, and the surgeon's 'ward round', the rest of the day being divided between nursing and domestic duties. At Crewkerne patients had to be in bed by 8p.m. in winter and 9p.m. in summer. A day that began at 6a.m. and ended at 10p.m. was therefore quite usual, and holidays and 'days off' were almost unheard of. They necessitated the employment by the hospital of a substitute nurse, often at considerable expense. At another Somerset Cottage Hospital, that at Wrington, the following regulations were printed on a card and hung in the nurse's quarters. They are no doubt similar to those in force at Crewkerne:

The nurse is to attend punctually to all the directions of the medical men.

She is to have the patients washed, and the rooms ready for the medical visit by 10a.m.

She is to see that all slops, etc. are at once removed from the patients' room, and the drains flushed.

She is to give the diet and medicine at the times, and in the quantities ordered for each patient; and at once report to the medical officer any alteration for the worse in a patient, or in any case in which medicines ordered have not produced the desired effect in a reasonable time.

She is to shut up all outside doors and windows, except those ordered to be kept open for ventilation, at sunset; see all fires safely damped down, and candles out, except night lights, by 10p.m.; and to see that the rooms are free from any unpleasant smell. Disinfectants are to be freely used when required.

A 112-hour, seven day week was no mean undertaking, particularly when it is remembered that these hours were sometimes necessarily extended by having to sit up with patients during the night. It is not therefore surprising that many early 'nurses' were drawn from the background of domestic service. Mrs Callan's early history is unknown.

Crewkerne's medical men were quick to pay tribute to Mrs Callan. In 1869, her salary was raised as a token of appreciation, and she was referred to as an 'excellent nurse'. However after five years of exacting work, she resigned, and there then followed a quick turnover of three nurses in as many years. Mrs Mortimore, who came from the Royal Devon & Exeter Hospital, was forced to leave after only a year because of illness, brought on through over-fatigue. Her successor, Miss Medhurst, who came directly from Florence Nightingale's school at St. Thomas's Hospital, lasted only six months.

The third, Miss Avis Allen, from the Royal Cornwall Infirmary in Truro, succeeded in standing the strain for a year and a half until July, 1875 when she, too, resigned. Stability returned with the appointment in that year of a Mrs Cannon, who was to preside over the hospital for nine years, before coming to a sad end. In 1884 the Minute Book of the General Committee rather bleakly reported that the misconduct of Mrs Cannon had made it absolutely necessary that she should be discharged at once. There is no way of knowing now how the nurse had broken the code of Victorian propriety.

The new nurse was Miss Dance, the first to be known as 'Matron'. By 1884, as a recent historian has written, nursing was no longer regarded 'as a superior form of domestic service which did not always attract respectable members of the "servant class". It had become a vocation...' Miss Dance - the first of two matrons at Crewkerne of this name - stayed for three years, and her successor, Miss Clarke came from the Liverpool Northern Hospital in 1887. Hers was, if the records are anything to go by, an energetic and enlightened regime, some of the developments during these years having already been mentioned. In Miss Dance's time, the hospital had been provided with a new drainage system, and under Miss Clarke this improvement in the sanitation was continued, with the building of a bathroom and lavatory. (The hospital had originally been provided with earth closets on the recommendation of one of the pioneers of sanitary reform, the Reverend Henry Moule). She also discarded the old hospital beds, thirteen new beds and bedsteads being purchased in 1893. Miss Clarke certainly had the admiration of the medical staff, who stated publicly that

It is indeed a remarkable fact that the general superintendence and the whole of the nursing of the hospital should be carried out, and that most efficiently, by one person.

Such remained the case until 1896 when pressure of work finally resulted in the appointment of a trained Assistant-Nurse to relieve some of the burden which fell upon the Matron.

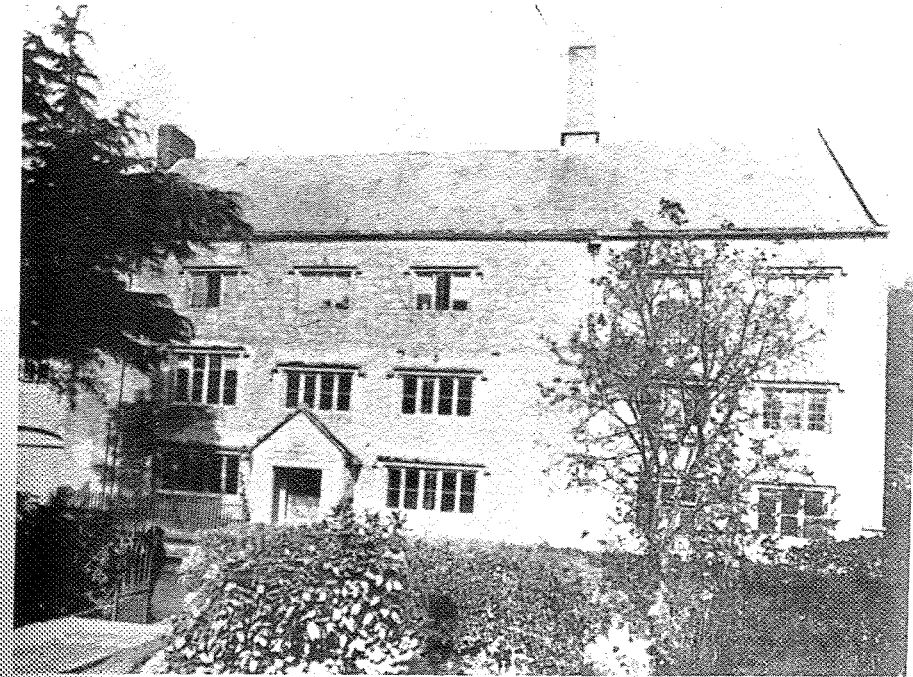
The hospital seems to have been fortunate in its Medical Officers during these years. All seem to have been committed to the concept of the 'Cottage Hospital' and it is interesting to see how many of the recommendations of the doctors to the Management Committee reflected the ideas of Dr Horace Swete and Sir Henry Burdett - the latter, in fact in his influential book Cottage Hospitals going so far as to single out Crewkerne Hospital for especial praise. The small wards, earth closets, local ambulance for the injured, "a small garden, with bright sweet-scented flowers (adding) much to the cheerfulness of the aspect ... and (allowing) recreation to be taken by the convalescing patient without fatigue" were all features advocated by Swete and Burdett which were to be found at Crewkerne, as was the ready access of visitors to the patients. "The rules in force at Crewkerne" wrote Burdett, "are really excellent, and are well worthy the attention of cottage hospital managers. Much may be learnt by reference to them, and many valuable hints obtained from their perusal".

Burdett was particularly impressed by the practice of the Medical Officers in respect of Out-Patients. 'At Crewkerne' he wrote the following rule is (enforced) and we cannot help thinking that it is likely to be of value, and to lead to amicable relations between all the members of the medical profession and the staff of the cottage hospital. "The medical officers will consult upon the case of any patient sent to them by a properly qualified gentleman for the purpose on Thursday at 10a.m." We believe that, in cases of difficulty, this offer will be accepted gladly by outside practitioners.

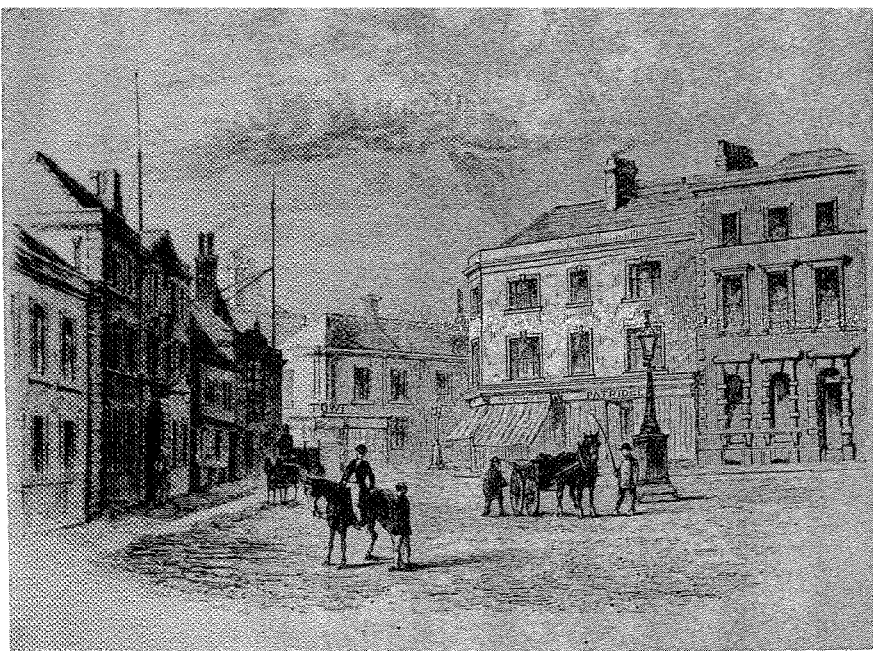
It was indeed an important proviso, for at this time, although all the Crewkerne medical practitioners were honorary members of the hospital staff, patients could be admitted from any parish within an eight mile radius. Doctors from, for example, South Petherton or Martock, could under this rule have the opportunity of discussing their patients and the management of their cases with their colleagues who had the day-to-day care of them in the hospital.

Drs G.S. Jolliffe, G.F. Wills, A.C. Morse, John Webber and A.G. Cox were the first Honorary Medical Officers of the hospital. Some were to give years of service to the institution, though Dr Webber resigned in 1871 on leaving the area, and was replaced by Dr William Date. Dr Jolliffe retired in 1873, becoming 'Consulting Surgeon' which he remained until his death in 1893 at the age of 83. Several Crewkerne doctors published short papers in the medical journals of the time, and these give an insight into the kind of problems that they were called upon to tackle in the course of their practice in the area. For example, in 1872 Dr Date reported an 'Unusual Injury to the Elbow Joint' in The Lancet, and Dr James Lamb in the same journal in 1898 noted 'A Curious Case of Vaccination' - which was curious indeed. Space (and modesty) however, forbids the mention of details! The biographies of Crewkerne doctors at this time are also a reminder that theirs was a hazardous occupation. Dr Date died prematurely in 1874, and his successor, Dr George Tout, followed him three years later.

Those involved with the life of Crewkerne Hospital were in these early years justifiably proud of their institution. In 1872 the Annual General Meeting of the Subscribers was told that the hospital was open daily between the hours of 12 noon and 3p.m. for inspection by visitors, and that the Nurse or her assistant "will gladly show visitors over the wards and explain in



The first Crewkerne Hospital. The building given by Robert Bird, and in use 1866 - 1904.



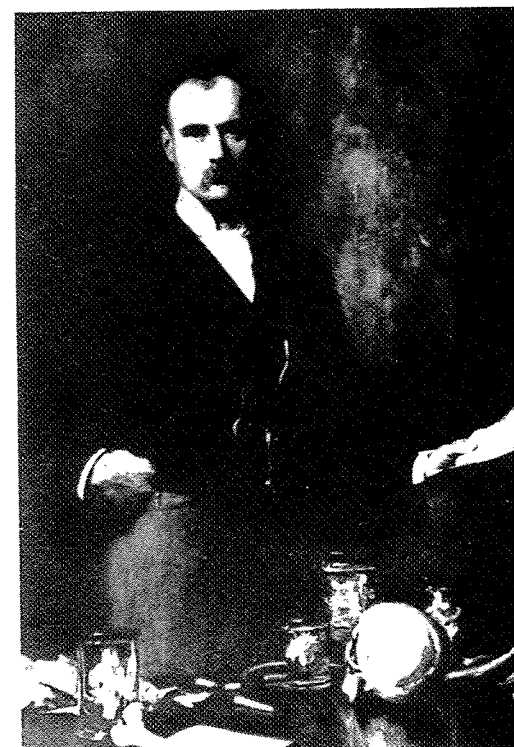
Crewkerne in the days of Mr Bird's Infirmary. The Market Square.

(By permission of the Local History Librarian, Somerset County Council).

to Mrs. Lornesthorpe
1844 *Dr to G. H. Jolliffe*
 April 19 *to the American Draughts* 10 6
 Four Draughts 6 -
 11 Four Draughts 6 -
 24 Four Draughts 6 -
 27 Four Draughts 6 -
 June 19 *Applications to Mr. B. Lornesthorpe* 2 6
 July 12 *Applications to Mr. B. Lornesthorpe* 2 6
 Aug 11 *to extracting a Tooth Mr. B. Lornesthorpe* 2 6
1845
 Jan 29 *Applications to Mr. B. Lornesthorpe* 2 6
 May 21 *Four Draughts self* 6 -

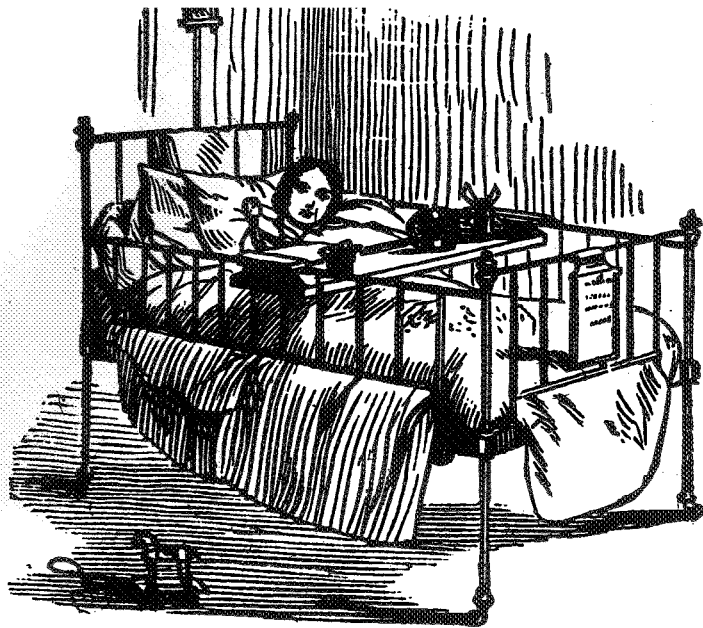
Part of a Medical Bill submitted by Mr G.H. Jolliffe, a Crewkerne surgeon, in 1844.

(Donne MSS., Somerset Record Office. By permission of the County Archivist).



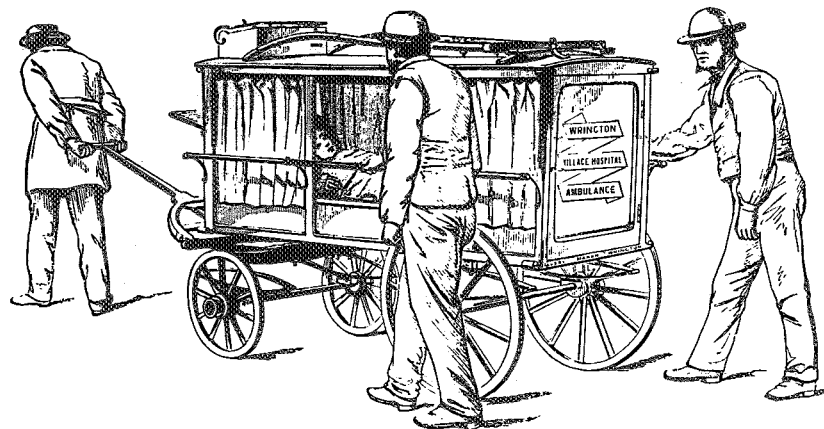
Sir Frederick Treves. This portrait of the famous surgeon who opened the new Crewkerne Hospital in 1904 hangs today in the Medical School of the London Hospital.

(Pitman Medical Publishing Co. Ltd.).



A Child's cot for hospital use. Crewkerne had one of these in 1889. Note the plentiful supply of toys, also characteristic of Crewkerne at this time.

(By permission of the Wellcome Institute Library, London).



COTTAGE HOSPITAL AMBULANCE.

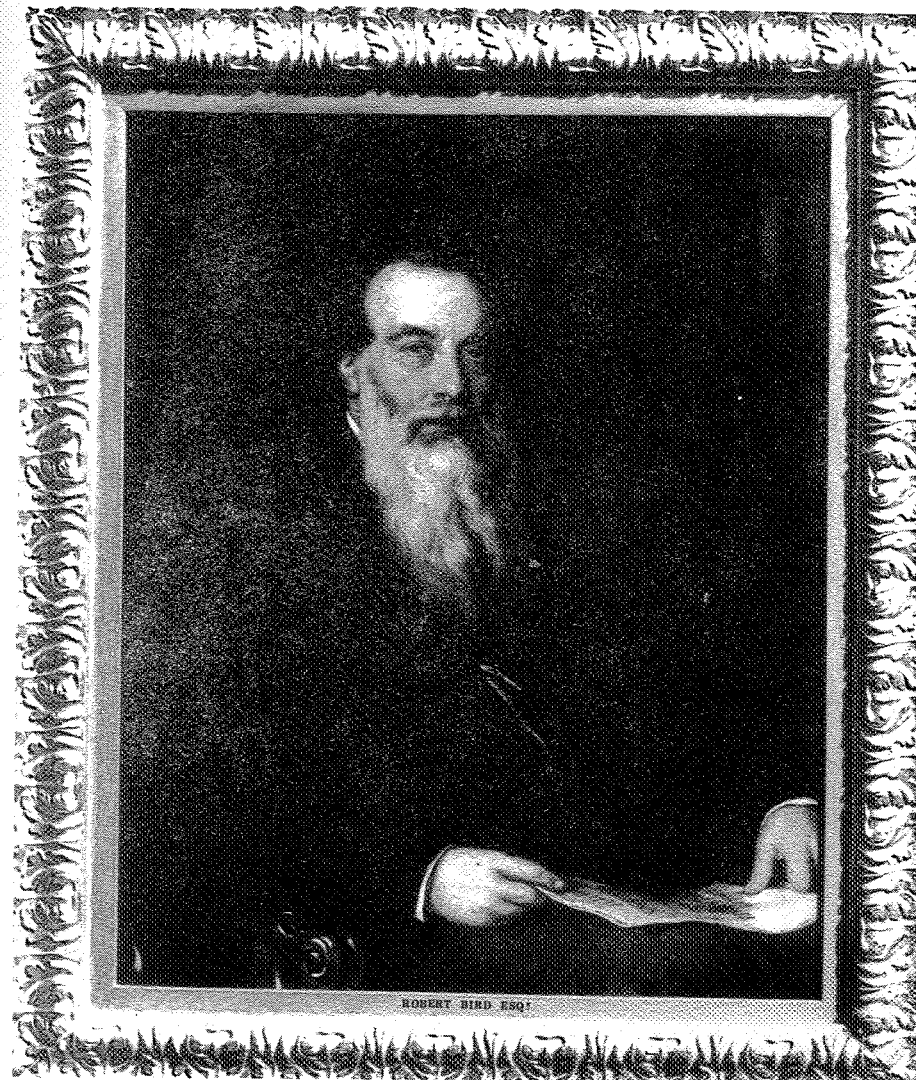
A Cottage Hospital Ambulance. Designed by Dr Swete for Wrington Village Hospital, Somerset, a similar vehicle was provided for Crewkerne in 1869.

(By permission of the Wellcome Institute Library, London).

detail the working of the institution to all persons interested in the work".

The Management Committee even went so far as to keep a book in the Board Room, "which all strangers are invited to enter their names and addresses and also to make any remarks they may deem expedient".

Evidently those responsible for the institution felt, to slightly misquote Gilbert & Sullivan, that 'it was the very model of a modern cottage hospital'



The founder of Crewkerne Hospital, Robert Bird. This portrait can still be seen in the present hospital.

(photo: Alan Burbage).

Chapter IV. Some Matters Financial.

In his famous book Cottage Hospitals, Sir Henry Burdett wrote 'The object of hospitals is to relieve suffering and not to make money, and too much stress is laid on getting a large and increasing balance at the end of every year'. Those words are as true now as they were in the last quarter of the nineteenth century. However, the fact remains that, with no State support, the hospitals had to make sufficient money to enable them to discharge the obligation of relieving suffering. It was - as it remains - a matter for enlightened and efficient budgetting.

Crewkerne Hospital, in common with all other 'voluntary' hospitals, was entirely dependent upon five chief sources for its income - annual subscriptions, donations, church collections, patients' payments and receipts from rentals or investments. The question of church collections has been touched upon in an earlier section of this work, and need not be discussed again. It can, however, be added that in industrial Victorian Crewkerne, collections as a source of revenue were given a boost in 1875 by the introduction of a 'Hospital Saturday' for the factories. In that year £18 was raised by collections from the various workforces. It would be tedious to plunge too deeply into the management of the hospital's finances, but something does need to be said.

The first published (i.e. printed) Financial Statement to survive in the hospital's archives is that for the year 1885-86. This shows clearly that after twenty years of existence, the principal source of income was subscriptions. No less than £147-1-0d. out of a total income of £583-9-7½d. was raised in this way - approximately one quarter. Next in order of priority was Church Collections (£66-1-0½d.) and Rents, Interest and Dividends on invested Funds (£64-10-0d.). Then came donations (£32-13-0d.).

and - a long way down the list - payments for patients. (£2-12-0d.) As there had been 51 in-patients during the year, this last would have been almost doubled if all had been charged even the minimum of 2/- laid down in the Rules. It is clear evidence of how widely and compassionately the Management Committee used its discretion to permit free admission to the wards.

The Account of Expenditure shows that nearly half of the hospital's total income went on food for inmates (£140-12-9½d. - the largest single item of expenditure), coals, wood and gas (£39-3-6d.) and Medicines, Surgical Instruments & Appliances (£39-16-9d.). The hospital secretary calculated that in 1885-86 the average weekly cost per patient to the hospital was 16/4d. With an income from in-patients of only £2-12-0d. that year, it can be seen how heavily the hospital was dependent upon voluntary support and charity.

There was, however the need for constant effort in this respect. On the last day of 1882 death removed the founder of the hospital, Robert Bird, at the age of 84. Bird had remained active in the management of 'his' hospital until the end, as a Vice-President and member of its Management Committee. He had been the driving force behind its affairs - 'its long assured success, and the firm footing on which it is now established, are mainly to be attributed to his anxious and untiring assiduity' is how his obituary phrased it. Bird's had been a very personal interest. He had paid 'daily visits to the wards, to evince true sympathy with the sick and suffering, to superintend the general arrangements for their welfare, to suggest means of improving the capabilities of the institution, to carry out personally any method of increasing its efficiency (and) to elicit interest in its objects from various quarters'. After his death, some of the impetus and enthusiasm inevitably waned, and in the last decades of the century it was a constant

uphill struggle to keep the hospital open, with expenditure often exceeding income, and regular raids into the investments as a result. Unhappily, Mr C.R. Salisbury, who became secretary of the hospital in 1896, was a reticent man, and thus not as much can be said of this period as might be wished. One thing is clear. As the nineteenth century came to an end, there was an awakening determination to provide Crewkerne with a new cottage hospital. Matters came to head with the death of Queen Victoria in 1901 and the desire to create for her a suitable memorial in the town.

Chapter V. The New Hospital.

On 28th March 1901 the General Committee held a special meeting. On the table was the offer of £500 from a Miss Wills, conditional upon a further sum being raised, towards the building of a new hospital. The case for such was strongly pressed by the senior medical practitioner in the town, Dr Charles Alford. 'It had long been desired' he said:

they had put up with the old building, but constantly had hoped for a new one, as the present building was very inconvenient as the various wards are so far apart, and on various floors. The building is also draughty, and the conveying of patients up and down stairs is painful for the patients. Outside people do not realize the difficulties of working a hospital in such a building.

Another long established Crewkerne doctor, William Woolmington Webber, supported him, as did Dr James Lamb. Dr Webber pointed out that 'the wards are low and impossible to ventilate efficiently' and also called attention to the inadequate sanitation and the poor quality of the flooring. Most of the committee agreed with the vicar of Crewkerne when he said that the building 'had fallen behind the requirements of the times' and urged the acceptance of Miss Wills' offer. There was only one dissentient voice. Major Sparks stated firmly that 'he thought that the present hospital provided all the accommodation required'.

No one heeded. The committee resolved to press on with plans for the building of a new hospital, as a memorial to Queen Victoria - although at no subsequent time was it ever suggested that it should be called anything other than 'Crewkerne Hospital'. Miss Wills' offer of £500

was conditional upon the further sum of £1,500 being raised within a year of the Queen's death. Mr John Dyson, the chairman of the General Committee, lost no time in addressing an appeal for funds to the public, a copy of which is retained in the hospital's archives. He first of all pointed out that the renovation and modernisation of the old hospital was impracticable. 'The structure itself is fast falling into decay, the roof of one part being unsafe, and a large room, in consequence, useless'. Repairs would not only be very costly, but 'the hospital would be closed to in-patients for a considerable period'.

Investigations had already been carried out into costing ('not less than £3,000'), and viable size (fifteen beds - the recommendation of Dr Alford). By July 1901, the Committee had £1,360-15-0d.. in hand, and was looking for a suitable site. Finding one was, if the Minute Book is to be believed, rather more difficult than had at first been anticipated. Land in East Street was considered, but then the owner decided not to sell. A site in St. Leonard's Terrace, Broadshard was rejected, being "too near the Northern Drainage outfall". Other possibilities in Station Road and Chard Road had to be turned down as the owners were asking too much. In the end the Committee felt obliged to accept the offer of a site in Lyme Road for £300. Reservations were, however, expressed. 'The steep ascent and the distance from the Market Place (rather more than half a mile) are serious drawbacks'. The determining factor was price - about one third of that being asked for other plots of land. This was the proposed site mentioned by Mr Dyson in his Public Appeal.

It was not where the hospital was eventually built. In September 1901 one of the Committee, Mr Augustus Hussey, offered to sell at £250 an acre - 'considerably below its Market value for building purposes' - land in Gas Lane to the hospital. The offer was accepted with alacrity.

The design for the new hospital was drawn up by the London architects, Young and Hall, then recognised as one of the leading partnerships for the planning of Cottage Hospitals. Behind them was the shadow of Sir Henry Burdett, for the new Crewkerne Hospital was fully in accord with his recommendations. It was - and remains - a model "miniature pavilion hospital" with a two-storey central block and single-storey wards.

The building was in the hands of Mr T. Munford of Crewkerne, the contract price for the erection of the building being £3,245. A description of the hospital in 1904, the year of its opening, is worth quoting at length:

The new building is situated in a commanding position in Gas Lane, at the corner of that thoroughfare and Tower Hill. From the grounds in which it stands a fine view of the surrounding hill and valleys can be obtained, and the position should be a healthy and bracing one. The building is composed of Wellington pressed bricks with Ham stone facings, and roof of Bridgwater tiles. The frontage is 153 feet and the depth 52 feet. The ground floor consists of two large airy, and well-lighted wards, fitted up on the latest principles, 33 feet by 20 feet, with a space between the floor and ceiling of 20 feet. There are two smaller wards, 14 feet by 12 feet, and also 11 feet high. On the same floor are the board room, staff sitting room, kitchen, fitted with range, gas stove, hot water boiler, etc., matron's bedroom, operating room, ether chamber, stores, larder, scullery, and sanitary conveniences, all fitted in accordance with the most

up-to-date ideas. The corridors, operating room, etc. are fitted with patent terrazzo marble mosaic floors, laid on a foundation of coke breeze concrete. The walls and ceiling of the operating theatre are of opalite, which has a light and particularly cleanly appearance. The wards and rooms on the ground floor are all laid with teak flooring, with a foundation of coke breeze concrete. In the wards all the angles, including window frames, cornices, etc. are rounded, so as to prevent the collecting of dust and dirt. Not a sharp corner is to be found. On the first floor are two nurses' bedrooms, servants bedrooms, bath room, linen-room (with hot water drying coils), a ward for special patients, 14 feet by 14 feet, sanitary conveniences, etc. All this floor is laid with teak flooring. Outside the main building is a mortuary, a house for the ambulance, laundry, etc. connected with the hospital proper by a covered way.

Fully equipping the new hospital raised the cost from the £3,245 for the structure to £5,300. Despite all efforts at fund-raising, including a two-day 'Grand Bazaar' which boasted a series of concerts, conjuring (by the Revd. G.W. Gillingham) a rifle range ('in the charge of Sergeant-Instructor Bond') and something mysteriously described as 'A Washing Competition', the Hospital Committee was still faced with a deficit of £745. Then in 1904 'a munificent bequest of £1,150 by the late Miss Brown of Merriottsford resulted in the removal of all cause for anxiety, and placed the Hospital in the very enviable position of being opened not only free from debt, but with a balance in hand on the part of the Committee'.

The second Crewkerne Hospital was officially opened on Tuesday, October 18th 1904 - appropriately on the feast day of St. Luke 'the beloved physician'. The ceremony was performed by Sir Frederick Treves, then probably the most famous surgeon in England.

Treves was a native of Dorchester, where he had been born in 1853. His early education had been at the school of the notable Dorset poet, the Revd. William Barnes. After qualifying at the London Hospital in Whitechapel, he worked for a while in Derbyshire before returning to 'the London' in 1879, becoming Consulting Surgeon in 1884. As Demonstrator in Anatomy and Hunterian Professor of Anatomy Treves consolidated a 'great reputation for vivid and dramatic lecturing', and he also published a number of important works. His lasting reputation is connected with his care for 'The Elephant Man' and his saving of the life of King Edward VII by the removal of his appendix in June 1902, for which service he was created a Baronet. In 1904 Treves was at the height of his fame, as Sergeant-Surgeon to the King and Lord Rector of Aberdeen University. Believing that surgeons should not operate after the age of fifty (an enlightened view, if ever there was one!) he was already semi-retired, devoting his energies to travel and writing. So distinguished a man was a great 'catch' for Crewkerne, and those present at the opening in October 1904 were treated to a good example of his oratorical powers. He also gave his considered judgement upon the role of Cottage Hospitals, and that in Crewkerne in particular.

'People' said Sir Frederick, 'were apt to narrow down their notions of the good a hospital did. They simply noted the fact that they had treated so many patients in so many years, and so on. But that did not represent the full amount

or good a hospital did. A hospital was a monument for ever of the sympathy of the well for the suffering, which was, as it had always been, one of the proudest attributes of man A hospital such as theirs benefitted not only those persons whom circumstance brought within its walls, but it also benefitted every sick person in the neighbourhood. And in this way. It helped the medical men of the district to add to their knowledge. There were many cases which could not be properly treated without that technical apparatus, which was only to be found in a hospital. A surgeon might come to a town full of the knowledge he had acquired at his medical college. But in an average small town he had little opportunity of using that knowledge, with the result that he became 'rusty', so to speak. But a hospital such as (Crewkerne) kept a man in touch with his profession.

Here Sir Frederick was voicing the view of all passionate advocates of the Cottage Hospital Movement. 'To the country medical practitioner the cottage hospital has been a boon ... It has raised his professional status; it has enabled him to treat, under the most favourable circumstances, serious surgical cases which, before its institution, had to be transferred to the nearest county hospital' Sir Henry Burdett had written some years earlier.

Regarding the new Crewkerne Hospital itself, Sir Frederick said that 'A more excellent building for its purpose and size he could not imagine. It was replete with every modern convenience. It was admirably designed, and it reflected the greatest credit upon the architects and the builder'.

With this accolade, Crewkerne Hospital began life in its new home. The Governors decided that the old hospital, was to be sold. By the time Sir Frederick Treves opened the new buildings, negotiations for the sale of the old, to Mr Frederick Stoodley of Crewkerne, were well in hand. The purchase price was £450.

The first twenty-five years of life in the new hospital were not devoid of incident. To begin with, there was a controversy over the role of ladies in the hospital's management! From very early days there had been a 'Ladies' Committee', which had done much valuable work in assisting successive matrons with the domestic life of the hospital, providing patient comforts, visiting the wards, and soliciting subscriptions to aid the finances. The ladies were not, however, represented upon the Management Committee until 1913, when Miss Violet Blake's name appears in the Minutes for the first time. It was in that year that the first moves were made to include ladies on the House Committee, the body which was responsible for the day-to-day running of the hospital. At a meeting of the General Committee in June, this matter received its first official airing, and, by the casting vote of the Chairman, Mr John Dyson, it was decided that ladies should be excluded from the House Committee, and therefore from a direct say in the hospital's management.

The problem did not go away. It surfaced again 1914, by which time there were three ladies on the General Committee, but again the men managed to get a decision postponed. Whether or not the fact that at this time the General Committee was dominated by clergy had any influence on this, it is difficult to say. As early as 1909 there had been no less than seven clergy on the committee (at one meeting there were only two laymen present) and in 1914 it was seriously proposed that 'all Ministers of Religion resident within the radius of the General Committee (that is eight miles of Crewkerne) be put on the committee'. It could, of course, have been the medical men who did not like the idea of 'petticoat government'. They, too, were all male. An attempt in June 1914 to elect

Mrs Lowe and Miss Violet Blake to the House Committee was lost by seven votes to nine. There were five laymen, three doctors and nine clergy present at that meeting.

The battle carried on into 1915, and this time, the General Committee capitulated. No less than three ladies were in that year elected to the House Committee. They were to remain an integral part of the hospital's management structure thereafter.

Another problem involving ladies at this time concerned Matrons. After a period of stability, there was, from 1911-1920, a rapid changeover. Writing in his parish magazine in 1912, the vicar of Merriott, the Revd. Stanley Percival (himself one of the members of the General Committee) said:

The Matron - Miss Dolbell - who has been very popular with patients and staff alike, is leaving to be married. Barely a year ago the same had to be said of her predecessor. She will have a highly commended and experienced successor in Miss Swallow, under whom we trust the Hospital will flourish and continue the beneficent influence it has so long been in the neighbourhood.

There is almost a note of resignation in Mr Percival's remarks. In fact, it was not until the appointment of Miss Georgina Dance after the First World War that things settled down. An occasionally controversial figure, and evidently a disciplinarian of decided views, she remained until 1935.

A third problem which arose in these years concerned some of the medical staff. All of the doctors who had worked in the old hospital, and had so strongly advocated the cause of the new, left the scene during this period. The last of the 'trio' of Alford, Webber and Lamb, Charles Alford, died in 1914, after a period of service to the hospital which stretched back to the 1870's. New men were not always as aware of the history and traditions of the hospital as perhaps they should have been, and in 1924 it was necessary for the General Committee to issue a word of warning:

That this Committee is of the opinion that in future the admission of cases to the Hospital be in strict conformity with the Rules of the Hospital That the Surgeons in all cases act as Honorary Surgeons, no medical fees being payable by patients except in cases approved by the House Committee, out-of-pocket expenses to be refunded by the Hospital.

These were, inevitably, difficult years. In 1904 Crewkerne's new hospital had been built to fulfil the role of a 'Cottage Hospital'. But as the era of scientific medicine advanced, and specialised needs emerged, that role was bound to change, and certain accepted practices be, perhaps, called in question. In 1928 the General Committee re-iterated 'the Crewkerne Hospital still remained what it had always been, merely a Cottage Hospital, not necessarily staffed for major operations....' That statement in itself revealed that demands were already being made upon the hospital by that date which it was neither designed nor equipped to fulfil. By this period, both the Taunton & Somerset Hospital at 'East Reach' and that at Yeovil (not forgetting Dorchester over the border in Dorset) had developed into District General Hospitals, with facilities and

staff which a Cottage Hospital could not hope to emulate. Crewkerne could, and did, benefit from the expertise of the medical staff of these hospitals. In 1928 Mr Harold Unwin, FRCS, Consulting Surgeon at Yeovil District Hospital, became the first visiting specialist at Crewkerne, to be joined after a while by Mr J.R. Nicholson-Lailey FRCS from Taunton, and Mr Grahame Allen of London, as Consulting Ear, Nose & Throat Surgeon.

Nursing, too, had changed. A Nurses' Registration Act became law in England in 1919, and the years thereafter were to see many improvements in the training of nurses, particularly with the recognition that Nursing is as much a profession as Medicine, and that there is a need for theoretical instruction in such as anatomy, physiology and hygiene as well as for professional training. These developments brought their problems to cottage hospitals such as Crewkerne. Trained staff were increasingly attracted by the scope and variety of nursing practice offered in the larger voluntary and teaching hospitals. At a cottage hospital hours were long, at Crewkerne 7a.m. until 8.15p.m. with only one two-hour break, in the 1930's - and time off was limited. One nurse who served at Crewkerne during the late 1930's remembers working 'nights' (8p.m. - 8a.m.) for a three-month period, with only one day off per month. As had been the case in the days of the old hospital, the nurses were also required to undertake domestic work. Cleaning, scrubbing woodwork, and washing down the ward walls were all tasks which fell to probationer-nurses. In addition, the cleaning and sterilising of surgical instruments was another task allocated to the nurses, and then 'Gauze had to be cut up for swabs and the bigger swabs had to be stitched together. Bandages were washed, sterilised, and put out to dry before ironing them ready to be used again'. The pay in 1936 was £18 per annum,

plus uniform, board and lodging. At this time all nurses had to be resident, and the Hostel stood in Abbey Street. As the years passed, it became increasingly difficult to find adequate nursing staff for the hospital. The problem of finding adequate nursing staff was to be exacerbated by the outbreak of the Second World War.

Despite problems of this kind, the work of the hospital continued to grow and develop. In the 1930's the vicar of Crewkerne was calling for 'the means to extend and enlarge as the best hospital service demands'. One development which had taken place was the provision of a Maternity Unit, by converting some of the accommodation on the first floor. The Operating Theatre had been modernised, and up to date anaesthetic apparatus installed. Crewkerne, however, still lacked any X-Ray Apparatus. As the Medical Staff pointed out, 'Every year a great many people are sent away from the town and surrounding district for X-Ray examination. In the case of fractures patients cannot be properly treated without X-Rays'. Facilities for X-Ray examination had been available at Taunton since 1904 and at Yeovil since 1909, and Crewkerne had been somewhat tardy in providing them. Having decided upon the necessity, however, fund-raising (estimated cost of the apparatus, £400) got under way in 1938 with great enthusiasm.

It was decided to devote the proceeds of the 1938 Carnival to this appeal. Further, Crewkerne was to receive a visit from THE X-RAY MAN, of whom this Press Release gave due warning.

Hullo ! The X-RAY MAN !

The X-Ray Man competition is likely to arouse great interest. A young gentleman will be at large in Crewkerne as from September 22, at 8 a.m. His identity is known only to the Vicar and Mr. Morgan, Abbey Street. Photographs will be displayed in windows show-masked. . . . available for challenging him produced at the time of the challenge and the correct challenge given.

LOOK OUT FOR HIM !

He will make a preliminary appearance at the popular dance on the 21st September.

Clues, in the form of small photographs, will appear in the town as a help to the competitors.

If not caught by Friday in Carnival week, the X-Ray Man will be driven, masked, through Crewkerne on the evening of that day. He will be publicly unmasked on the Saturday evening in the Square by Mr. MARSHALL HILL.

The successful challenger will receive a voucher prize of £2 and will have the pleasure of spending this sum (with any of the tradesmen of Crewkerne on any article or articles desired.

Chapter VII. Into the N.H.S.

The hospital's archives contain many papers which vividly illustrate the difficulties under which the matron, Miss M.W. Ford, laboured during the war years, struggling to maintain an adequate nursing service, and wrestling with the complex problems of rationing. Unfortunately, official records of the management of the hospital during this period are missing. The last entry in the Minute Book of the General Committee, which had served the successive secretaries since 1866, is dated February 1940. It is not until eight years later, in February 1948, that the record resumes.

By then Miss Ford had retired, and the Matron was Miss E. Colley. She it was who had to see the hospital through the second greatest period of transition in its history, that from voluntary cottage hospital to an unit in the National Health Service.

On 1st July 1948 the House Committee met for the last time under the 'old dispensation'. On the 5th, the hospital was taken over by the Ministry of Health, the committee proudly boasting that it was, when handed over, 'one of the most up-to-date small hospitals in the country'. That year, too, was to see the formation of the 'League of Friends of Crewkerne Hospital', which was to shoulder the task of fund raising for the many and varied needs of the hospital and its patients which the State-run service could not provide - a task which it continues loyally and admirably to perform.

The hospital got it's apparatus, and Dr Alan Pimm became the first visiting Radiologist. One hundred and eighty four films were taken in the first full year.

One victim of the changeover was a projected new Outpatient Department, for which the medical staff had been pressing. The Ministry of Health in 1948 turned down the request for this improvement, and it was

a number of years before new facilities were provided. Another decision, which proved somewhat controversial, concerned provisions. From the beginning in 1866-67, the hospital had bought most of its necessary provisions locally (those which it did not grow for itself). Tendering had been left to the matron, and there was considerable competition among Crewkerne retailers to gain a hospital contract. In 1948 it was decided that this arrangement should be continued, but in 1950 this Minute was revoked. In future the hospital provisions were to be bought wholesale - and from Yeovil. After 83 years it is not, perhaps, surprising that the local Chamber of Trade was moved to protest, 'regretting that local firms were to be replaced by firms outside of the town in serving the hospital'. Reviewing the evidence after a lapse of 35 years, it has to be concluded that this matter could, probably, have been rather more sensitively handled than it was. That having been said, as Sir George Godber, who rose to be Chief Medical Officer at the Department of Health & Social Security, put it in his Heath Clark Lectures in 1973, 'the greatest problem at the Inception was to get the new hospital organization on its feet. New staff had to learn the hospitals of their regions' It was sadly inevitable that there would be some miscalculations, and some decisions would be thought to be bureaucratic and remote.

The principal problem which faced the matron in particular during the first years of the National Health Service was still that of staffing. In November 1948 the House Committee recommended that Crewkerne Hospital should have a nursing staff of sixteen and domestic staff of nine. Those levels proved impossible to reach. In 1951 the matron pointed out that because of shortages, she had no personnel between senior, trained staff on the one hand, and young girls in a pre-student training period on the other. An advert had even been placed in a French newspaper for student

nurses, on the understanding that fares would be advanced, and then deducted from salary at the rate of 5/- a week. Although the initial response was said to be 'considerable', nothing further is recorded on the matter. The early 1950's did see some improvement in staffing levels, but problems remained. In 1960, although the establishment was supposed to be 15½, only nine nurses were actually 'in post', and three years later one Nursing Auxiliary was 67 years of age.

Miss Colley retired from the post of matron in 1952, and there then followed another unsettled period - the third in the hospital's history - with two matrons who stayed at Crewkerne for very short periods, one having to resign prematurely because of problems of health. In 1954 Miss Ellen Twigg, then Night Superintendent at New Cross Hospital, Wolverhampton became Matron, and during her eight years at the hospital there were a number of major changes.

The first was in respect of the Maternity Unit. Through the 1950s, the proportion of babies born in hospital remained below two-thirds. The birth-rate, in fact, fell until 1954, and by the middle of the decade it was the policy of the Ministry of Health to centralise confinements in order to take advantage of the amenities offered in larger hospitals. At Crewkerne, there were two maternity wards on the first floor, each containing two beds. In January 1955, in line with the Ministry policy, the House Committee resolved to return these wards to general medical purposes, with all maternity cases thereafter being cared for in Yeovil, at the units attached to the District Hospital and at Balidon House. As a Cottage Hospital, Crewkerne had not, as has already been said, been designed to include a Maternity Unit; such had been a relatively late development in its history, but nonetheless its closure

In June, 1955 against a background of local rumblings of discontent, the new Chairman of the South Somerset Hospital Management Committee, Mr (later Sir) John English, made a statement to the House Committee and to the Press, in which he clarified the reasons for the closure of the unit. Fundamentally, said Mr English, it was because of 'complete inability to meet the needs of the area in respect of trained staff', a point which was underlined by the House Committee's own chairman, Miss Aldworth: 'If you have no trained staff you cannot operate a maternity unit. A four-bedded unit was too small to attract staff, who these days want variety in their work'. Those present at that meeting agreed that the situation had been aggravated by a breakdown in communication. As Mr K. Johnson put it:

I think where everybody slipped up is that the town has never been given the reasons which the Committee have now been given..... The town stays in darkness and they are saying the committee has been bullied into giving the thing up and some wicked uncle is at fault.

It was a local manifestation of a national problem. As Sir George Godber said some years later, 'There remains a real problem of ensuring that appointed managing bodies are sufficiently responsive to local needs and views'. As a postscript to this particular saga, it is interesting to note that in May 1957 the House Committee recorded an expression of satisfaction over the arrangements for the admission of Crewkerne maternity patients to the units in Yeovil.

1955 also saw the resurrection of the scheme to improve facilities for the hospital's Out-patients. This had first been discussed in 1946 but, as has been indicated, was shelved in 1948 by the Ministry of Health at a time of acute material shortages in the post-war period, when funds, building materials and labour for any health purpose were minimal in the light of all the other capital reconstruction work then required in the country. The Medical Staff had approved the plans for the extension of the Out-Patient Department drawn up by the Regional Hospital Board's architect by April 1956 - and then the fun began! The Board had warned that it would be necessary for the new work to be carried out in stages, and then in July solemnly announced that the first stage of the work would be 'the erection of a garage for Matron's car'. On paper it seems as if the mountain had laboured and brought forth a mouse. Unfortunately, the question of the garage became entangled with that of a new boiler house, and two years later the Regional Hospital Board was still trying to produce plans for a boiler house which would also accommodate the matron's car. Somewhere along the line the Out-patient Department seems to have been lost sight of. Mention of it certainly drops out of the official records. During 1962 there were renewed discussions over the Casualty Facilities at the hospital, it was decided to up-grade the Out-patient department, and work finally began on the extension in March 1964.

The third major change during Miss Twigg's period as Matron was in respect of the Nurses' Hostel. The principal accommodation for the hospital at this time was the hostel in Abbey Street, but by 1956 it was not being used to capacity. By 1959 only three nurses were resident there, and the Management Committee was asked to dispose of the property. It was finally vacated early in 1960, and with it died the tradition of a resident nursing staff at the hospital which had endured for nearly a century. Miss Twigg

herself was to be the last matron to actually live 'over the shop' for in 1964 her successor, Miss Abbott was granted leave to live out.

Chapter VIII. Postscript.

The service offered by Crewkerne Hospital has continued to evolve in recent years, many improvements being initiated by the League of Friends. In 1964 the League suggested the provision of a Cedar-Wood Day Room for patients (the original hospital had been proud of its facility in this respect), and this was provided in 1966. Two years later, they offered to provide an extension to comprise a Duty Consultant's Room. Reception Room and Staff Rest-Room, and this extension was handed over to the Hospital Management Committee in 1970, being opened in July of that year by the Chairman, Mr Rex Johnson. In 1973 came the new lift. When the Minister of State for Health and Social Security, Lord Aberdare, visited the hospital in June of that year he commented 'It is a marvellous hospital'.

There was a time some years ago when small hospitals were being closed down. However, they have shown they can be efficient and nowadays it is recognized that hospitals like Crewkerne can offer a very valuable service.

He thought that with the building of the proposed Health Centre in the hospital grounds, Crewkerne 'would have an extremely useful community hospital'. (Plans for the Health Centre were finally endorsed by the Somerset Area Health Authority in 1976).

In 1977 the League of Friends assisted in the provision of a £5,000 extension to the Day-Room, and in 1979 co-operated in the equipping of a new physiotherapy department, standing opposite the hospital in Middle Path. In 1982 the League also backed what was to be one of the major changes in the long life of Crewkerne Hospital, the closure of the operating theatre, and the transfer of all surgical procedures to Yeovil District Hospital,

thus bringing a 115-year tradition to an end.

Over the years since 1866 there have been many changes at Crewkerne, and not a few 'ups and downs'. Nonetheless the judgement of Sir Henry Burdett can unreservedly be applied to this hospital:

The cottage hospital has supplied a new source of interest for the inhabitants and has united all classes in caring for the sick under the most favourable circumstances. It follows that Mr Napper's work, as the founder of cottage hospitals, has a permanent value; for it has resulted in great reforms of many kinds, and has secured to the great body of general practitioners a means of improving their experience, conserving their knowledge, and increasing their popularity and reputation with the population to whom they minister.

By and large, Mr Robert Bird would probably approve of what has happened to the hospital which he founded in an old factory building all those years ago.

(Verso)

THE AUTHOR

DR JOHN R. GUY is the Archivist at the Marsh-Jackson Postgraduate Medical Centre, Yeovil District Hospital. He read history at Lampeter and theology in Oxford, and is especially interested in the medical and ecclesiastical history of the seventeenth and eighteenth centuries, upon which subjects he has lectured widely and published a number of books and articles in learned journals. In 1983 he published the history of another local hospital, "Y.D.H." 1858-1983. The Story of Yeovil District Hospital in Pictures. He is an Associate Fellow of the Royal Historical Society, a Fellow of the Royal Society of Medicine, and a Council member of the British Society for the History of Medicine. As an ordained priest of the Church of England, he assists regularly in the parish of Holy Trinity, Yeovil.



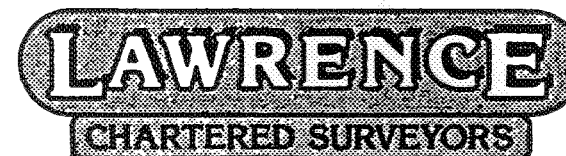
The Matron of Crewkerne Hospital, Mrs Muriel Hunnikin, holding the original Notice-board from Robert Bird's hospital.

(photo: Alan Burbage).



Fund-Raising for an X-Ray apparatus. The hospital float in the Carnival of 1938. The Matron, Miss M.W. Ford, has the fishing-net!

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