

AXMINSTER HOSPITAL

1886 – 1986



AXMINSTER HOSPITAL 1886-1986

PREFACE

I would not have written this booklet without being provided with an initial impetus by the late Dr. A. D. Morton. Dr. Morton conceived the idea and produced a first draft in 1985. I was fortunate not only to have this initial research available but also much more archive material that had been unearthed at the hospital in the early part of 1986.

This material chiefly consisted of the minutes of all meetings of the hospital management committee between 1889 and 1948. There was also a considerable amount of correspondence.

As will be obvious from the text, I have drawn heavily on the committee's minutes. Paradoxically, less records are available for more recent years. The National Health Service does not use durable leather bound minute books, and does not preserve its own records for more than ten years.

I am indebted to many people for giving their time to answer my questions. I have repeatedly come up against the commonplace that no two persons' memories concur exactly. None the less a consensus does emerge.

I should in particular like to thank Mrs. D. Cox, Mr. D. Eames, Mr. N. Cole, Mr. D. Hellier and Miss J. Sharp for the loan of photographs. Mr. D. King kindly provided the photographs of the hospital as it exists today.

C.M.S. Nov. 1986.

AXMINSTER HOSPITAL 1886-1986

The credit for the foundation of Axminster Hospital must go to Miss E. Conybeare (later Mrs. Conybeare Craven) whose grandfather was a former rector of Axminster.

This credit is in no way diminished by the understanding that the action was in keeping with the spirit of her times. Hospitals had been established in many small towns in Dorset and East Devon during the preceding twenty years. (Lyme Regis Hospital was founded in 1873).

Until the second half of the last century, hospitals had very properly been regarded with fear and suspicion. After the pioneering work of Florence Nightingale, who had not only ordered the principles of practical nursing but also established the respectability of nursing as a profession, it became possible to consider hospitals as places where cures might sometimes be achieved. To quote Miss Nightingale "The very first requirement in a hospital is that it should do the sick no harm." These views coupled with increasing social awareness of the appalling home conditions of the poor led to the foundation of many hospitals.

The earliest records of Axminster Hospital are in the second annual report published in October 1888. The report included "a brief notice of it's origin" of which the following is the first paragraph.

"The Axminster Cottage Hospital, like most of its kind, originated in the want felt in the locality, since the superiority of hospital nursing and treatment was recognised, of that accommodation sufficiently near for the poorer classes, where in time of sickness and suffering, they could have skilled nursing and care, with bright surroundings, which they cannot get in their own homes. But however keenly the desideratum may have been felt among us, it could not have been realised for Axminster without the kind intervention of Miss Conybeare: that benevolent lady, observing the necessity, and being specially interested in the poor of this district, undertook, by herself, at once to supply the want. She commenced in June 1886 with a promptness worthy of the cause, and secured a lease of the most suitable premises, and by the end of the month had it fitted and furnished with the necessary requirements; a Matron and Nurse were secured, and very soon the hospital was tenanted with grateful inmates."

The suitable premises mentioned were in Silver Street in the buildings occupied formerly by the Axminster Carpet factory.



MRS. EMILY CONYBEARE CRAVEN
Foundress of Axminster Hospital.

For the first year the hospital seems to have been entirely financed by Miss Conybeare who appointed a matron, Mrs. Newman, and one other nurse. The degree of qualification of these helpers is not clear. It is, though, evident from later references that the hospital was originally known as a convalescent home. In 1887 they were assisted by Miss White Spinner, who may have been the first trained nurse.

In July 1887 a public meeting was convened, presided over by Miss Conybeare. She felt that she had established both the need for the hospital and the feasibility of answering that need. She now wished to place the hospital under public management. The meeting took up this offer, elected a committee of management and drew up the first set of rules and regulations. (Appendix 1).

The annual report continues (in a pattern that would repeat itself in later years) with a plea for more financial help. The tone is stirring.

"Now the possessions of the means constitutes a moral obligation to use them, and the extent to which that can be done is dependent on our own liberality; it is needless to say that medicines, nourishing foods, and medical comforts, which the hospital should administer, cannot be obtained without money. The Foundress of our hospital has set us a noble example of generosity; let us all try in some measure to imitate her."

Miss Conybeare had indeed been generous. She was to continue to pay the rent of the building (£25 per year) and to subscribe £100 a year. In that year other personal subscriptions donations and church offertories totalled £129 and payments from patients amounted to £46.

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No description survives of the internal arrangements of the new hospital. From references in the minute book of the management committee, it may be deduced that there were as many as seven wards. This seems a high figure but presumably most were single rooms. The largest number of inpatients recorded in the first seven years is ten at one time. References are also made to a womens day room, bathroom, committee room, two kitchens, sitting room and matron's bedroom.

Miss White Spinner is listed in the report for 1887 as Lady Superintendent. She received no wages. The report praises her energy and experience. By the following year a Matron had been appointed,

Miss Nichols. It seems that there were no other nursing staff at that time. The only other wages paid were to the housemaid, £4 10s a year. The Matron received £30 a year.

In 1890 Miss Nichols resigned. The committee advertised the post in the 'Hospital' and the 'Church Times'. They received sixty-four applications, which must have been pleasing, and finally appointed Miss Foster.

They also decided to seek a 'thoroughly efficient plain cook' and, needing extra domestic help, engaged Beatrice Trivett. She was to be given her food and lodging and, being an invalid, be shown on the books as a patient.

The next increase in staff was the acceptance of a probationer. This provided another pair of hands and also more income as Mr. Jefferd, the probationer's father, would have paid the hospital for the training that she received. After one year Miss Jefferd was standing in while the matron took her holiday.

There was no separate night staff though occasional night nurses were employed for special cases. There was apparently a night porter. Dr. G. H. Parkinson recalls that an old lady, who he first met in 1946, remembered being taken to the Silver Street hospital on a handcart. The night porter, a "Box House Boy" woke up the matron — if he considered that the patient needed attention!

In the year up to October 1888 seventy-eight patients were admitted. Only two patients died. One of these had as the recorded diagnosis, "inebriate". Wounds and accidents were the most common causes of admission, followed by diseases of the nervous system.

In the following year only forty-two patients were treated. The Hon. Secretary, resigning his post, wrote sternly in the annual report. "The figures of this report do not afford much scope for comment, none at least, for exultation, since they exhibit only an average of five daily in hospital during the period comprised in the report; and that does not tax the resources of your institution, which could very easily accommodate twice the number; and there were, I doubt not, during the period, more than twice the number who would have been greatly benefited by the care and nursing it could have afforded them."

There were two identifiable reasons for this decline in patient numbers. Firstly, the admission of patients with typhoid fever had alarmed many people, including some of the committee. (The report for 1888 concluded with a defense of this policy and an explanation of the benefit of isolating such cases in sanitary surroundings). Secondly,

it may be surmised that not all the local doctors were enthusiastic about the new hospital.

In 1892 Dr. Hallett was called before a special meeting of the general committee to answer a charge of neglect of his patient in that he had not visited his patient in hospital for nineteen days.

Dr. Hallett said that perhaps he had, in pressure of work, not seen the patient as often as he should. He then said that he objected to the hospital because the ladies (unspecified) tried to "force his patients into it" and he would not have that done. Asked by the committee why he persisted in calling the hospital "The Home", Dr. Hallett said that he had only known it as such and that he had "a dozen cases now fit to come into it but would not allow them to do so." Unsurprisingly the committee decided to remove his name from the list of medical officers.

Three years earlier the committee had dealt shortly with Dr. Craig, a locum, refusing his repeated applications to be placed on the medical staff on the grounds that he was not a bona fide practitioner within their rules.

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Through the 1890s the committee's main problems must have been financial. The majority of their income came from subscriptions and donations plus Miss Conybeare's large contribution. Payments from patients formed only a small part of the income.

At first the minimum charge per week had been 5/- though it was at the discretion of the matron to charge more, if she felt that the patient could afford extra. Patients from outside the Axminster Union (of parishes) had to pay 7/6. Private subscribers of one guinea could nominate a patient for three weeks treatment; free if the patient could afford no charge. The subscriber had also to sign a form making himself responsible for the removal of the patient, should the committee desire so, and also responsible for removal of the body should the patient die in hospital. Private patients were charged 10/6 per week.

Other fund raising followed traditional lines of church collections, a public collection on Fair Day, Magic Lantern shows, concerts and "entertainments."

In 1895 a crisis occurred. Income from donations had been static and now Miss Conybeare decided that she could no longer afford to

donate £100 a year. This payment was stopped altogether, though she did continue to pay the rent. The committee looked for ways of cutting costs. They decided to reduce the hospital to six beds and to increase charges to 10/- for patients from within the hospital district, 15/- for patients from outside. They also reduced the size of the hospital district by excluding the parishes of Thorncombe, Uplyme and Charmouth. Thorncombe being said to be served by Crewkerne Hospital and Uplyme and Charmouth by Lyme Regis. This left the following parishes in the Axminster Hospital district.

Axminster	Dalwood
Chardstock	Combe Pyne
Colyton	Axmouth
Musbury	Beer
Monkton Wyld	Seaton
Shute	Kilminster
Stockland	Hawkchurch
Membury	

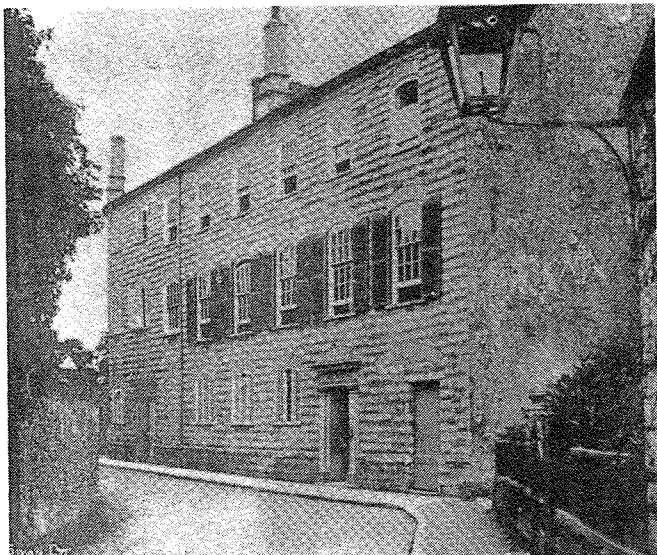
The result of these changes was that the number of patients admitted fell from seventy-six in 1895 to forty-two in 1896. Costs fell slowly over five years from around £280 per year to an average of £210. Private subscriptions increased. There was more public fund raising and the first recorded contribution from the carnival committee.

Between 1895 and 1910 the administration of the hospital seems to have changed only slightly. Staff changes were more frequent. Miss Foster had offered her resignation as matron in 1894 because of her dissatisfaction with the night nursing arrangements, but had been persuaded to stay. She did resign the following year and there was then a succession of five different matrons in the next ten years.

In 1899 there was particular mention in the accounts of increased receipts due to a lengthy private case for whom two extra nurses had been engaged, at the patient's expense. This was something of a landmark. All sections of the community would now consider using the hospital, not just the poor who could not be nursed at home.

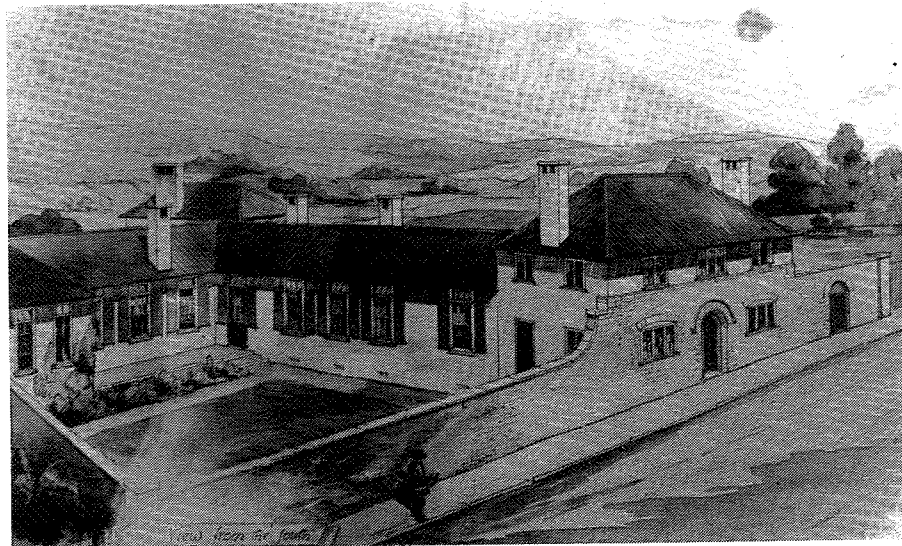
Also in 1899 there was the first mention in the annual report of operations, listed together with wounds and accidents, so presumably most surgery was in the repair of trauma. By 1904 operations were listed separately and in 1909 an honorary consulting surgeon was appointed, Mr. Russell Coombe from Exeter. Subsequently appendicitis appeared in the annual list of cases admitted to the hospital.¹ An

Footnote 1. The first appendicectomy performed, anywhere, was in 1888.



A VIEW OF THE DRILL HALL IN SILVER STREET

Occupied by the Hospital from 1886 to 1912.



**THE ARCHITECTS SKETCH OF THE NEW HOSPITAL
IN CHARD STREET**

intriguing distinction was made between cases; of the first five listed, three were cured and two relieved.

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During the first ten years of this century the number of patients admitted per year never rose above fifty. The financial position gradually improved with income consistently exceeding expenditure. Then in 1910 two large legacies were left to the hospital by Mr. Moly of Charmouth and Miss West of Chardstock. This led to the accumulation of a reserve fund and, prompted by this, a resolution was passed at the A.G.M. of 1910 “that steps be taken towards building a new hospital.”

A building sub-committee was formed and began to look for a site. They were first offered Mr. Pile’s land in Station Road with the added inducement of £50 to the building fund from an anonymous donor should the site be accepted. This offer was politely refused on the grounds that the railway would be noisy and that the pealing of the church bells might still be troublesome. Patients in the Silver Street hospital had apparently been disturbed by the church bells.

The next site considered was on the land belonging to Mrs. Forward of The Coombes. The size of this site is not clear but the asking price was £300 per acre. There were problems with access which required permission to use Luttrell’s Lane and Mrs. W. Forward of The Elms objected strongly to the scheme. For these reasons this site was also rejected.

Mr. W. H. B. Knight of Hilary, Chard Street, for some years a member of the hospital committee, now said that he would consider the sale of the lower portion of walled garden immediately above Oak House (at that time a school). He had not come forward before because he had been doubtful that sufficient money would be found to complete the project. He was now more confident and offered to have the site valued.

He made two stipulations: firstly that the site should consist of a narrow strip at the lower end of his land in order that the building should not encroach on his view: secondly that no infectious cases be admitted. The secretary replied soothingly by letter. “The committee fully understand your view I think and I may point out that by our

rules we cannot take infectious cases and as you can imagine it is the last thing we wish to do. Of course we cannot guard against an accidental case of measles, as we recently had, but we emptied the hospital and got rid of the case as quickly as possible and disinfected."

Mr. Knight valued the site at £120, a price that was swiftly accepted by the committee.

In March 1911 the secretary wrote to architects inviting them to submit plans for a bungalow type building within a building cost of £1,700. The plans were to be presented by April 30th and inspected by an independent assessor, Mr. G. H. Oatley, an architect from Bristol.

Five architects submitted plans to the assessor who was generally uncomplimentary:- "The designs on the whole are most disappointing. Undoubtedly competitors have been somewhat hampered by the unfortunate narrowness of the site and the proximity of the adjoining house but, with one exception, they have shown little or no resource in grappling with the difficulties." This one exception was the architect Mr. L. T. Moore of Grays Inn, London whose plan was placed first by the assessor, albeit with sixteen suggested modifications. The committee accepted this recommendation and wrote to Mr. Moore to arrange a meeting.

Two other problems now arose. The Axminster Mercantile Association was worried about the future running costs of the new hospital. As potential subscribers, they needed to be reassured. The committee were themselves worried about the possible effects of Lloyd George's proposed National Insurance Bill. They thought that the cost of the sickness benefits would be born by increased taxation. They feared that subscribers to the hospital would feel that they had, in paying taxes, made a contribution to the public health and so would be less inclined to make a further contribution to their local hospital.

The secretary wrote to Major Morrison Bell, the M.P., asking him for advice. The M.P. replied:

"Whatever this (insurance) scheme may eventually embrace I do not think it will ever do away with the necessity of Cottage Hospitals. The state will never be able to make itself responsible for every case of sickness, at least I hope not as it would probably mean the most appalling waste."

Some might consider this prophetic. Major Morrison Bell continued his letter with some skilful equivocation.

"Your difficulty seems to be whether people will go on paying voluntary subs as well as the new compulsory rate. This is rather a

matter of opinion. It is asserted and by others denied that the budget did harm to charities, but this again is hard to prove one way or the other. I can make enquiries of Mr. Lloyd George if you still think it necessary but he would probably reply that it depended on circumstances."

The committee were not much helped by this reply. The secretary wrote again to restate their worry that their many small subscribers would not continue, when they had to make a compulsory national insurance contribution. The M.P. wrote to the Treasury and extracted a reply which he forwarded to the committee. The tone is reassuring, though the principle point is still evaded:

"I am desired by the Chancellor of the Exchequer to state that there is no reason why the utility of a Cottage Hospital should be interfered with by the National Insurance Bill.

The Societies approved under the Bill will have power to subscribe to it in the same way as they do now and will presumably wish to use it for some of their members. It may also be noted that only one-third of the population will be insured persons."

A special general meeting was called to consider these letters and it was decided to proceed with the project. It was also proposed that Mr. R. Cornish of The Cedars, Axminster, who had been secretary for fourteen years until 1910, should now be made president of the hospital.

Mr. Moore, the architect now came to Axminster to inspect the site for the first time and to consider the assessor's recommended alterations. Mr. Oatley, the assessor, was evidently experienced and practical. Some of his suggestions were cheap and simple, e.g. to resite the baths so that a nurse could stand on each side to assist the patient. Other suggestions were more fundamental. He criticised the lack of space in the main wards but, for reasons of finance and space available, no change was made and they remained — as they are today Wards 2 and 3.

In response to the pleas of the architect, Mr. Knight donated another three feet of width to the site. Builders were invited to tender and the lowest estimate, from Mr. R. G. Spiller of Chard, was accepted. A clerk of the works was engaged for six months and plans were made for the laying of the foundation stone. There was, of course, no need to wait for planning permission.

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The foundation stone was laid on September 6th, 1911 by Mr. Cornish. 'Pulmans' reported a crowd of two hundred who took part in a short religious service. Mr. Cornish then declared the stone "well and truly laid" and was afterwards presented with the silver trowel used in the ceremony.

The foundation stone was inscribed:

AXMINSTER COTTAGE HOSPITAL
FOUNDED BY MISS CONYBEARE IN 1866
THIS BUILDING WAS ERECTED IN 1911
THE FUNDS BEING DERIVED FROM LEGACIES LEFT
BY RICHARD BOWERMAN WEST Esq. & JAMES MOLY Esq.
AIDED BY PUBLIC SUBSCRIPTIONS IN MEMORY OF
H.M. KING EDWARD VII
AND TO CELEBRATE THE CORONATION OF
H.M. KING GEORGE V.

Miss Conybeare, now Mrs. Conybeare Craven, had been invited to attend. She was unable to travel from Kent and wrote to point out that her correct title had been Miss E. Conybeare. (Miss Conybeare without an initial would only have been correct for the head of the family.) She wondered whether the inscription could be changed. The architect ruled that the E could not be inserted without disturbing the effect but, to redress the balance, arranged that an inscription be placed on the arch above the main entrance. This stated simply: AXMINSTER COTTAGE HOSPITAL, FOUNDESS EMILY CONYBEARE CRAVEN.

Meanwhile the old hospital in Silver Street continued to work and still provided the committee with some problems. The servants and the probationer nurse had asked for a rise in wages. It was not long since the probationer had paid for the privilege of working in the hospital. She was now granted £8 a year. By comparison the housemaid was paid £14 a year, and the matron still received £30 a year.

Work on the new building seems to have proceeded steadily. There were some difficulties in negotiating an agreement with the owners of Oak House. Finally it was agreed that the new hospital should abut Oak House.

The new hospital was to contain a male and female ward, each of four beds, and two single wards: one for accident and one for private cases. The main entrance was from Chard Street into a hall, on either side of which were matron's sitting room and the Boardroom. Above, these were bedrooms for the nursing staff. Beyond the wards was the



THE LAYING OF THE FOUNDATION STONE FOR THE
HOSPITAL IN CHARD STREET

Mr. Cornish, the President of the Hospital Committee and for many years previously the Secretary, is performing the ceremony (he wears the glasses).



THE OFFICIAL OPENING OF THE NEW HOSPITAL ON
JUNE 18th, 1912

Mrs. Conybeare Craven is seen framed by the window behind her with Mr. Cornish next to her, the architect, Mr. Moore, is on the right.

kitchen with a basement laundry below and the servants sleeping accommodation above. In addition to this, they were proud to have separate lavatories and bathrooms for each ward and an operating theatre. In all this the nucleus of the present hospital building may easily be recognised.

The building fund was just keeping up with expenses but now a fresh appeal was launched to furnish the new hospital and a linen guild was formed. This latter was run separately by some ladies of the committee in order to raise money for the provision and maintenance of the hospital linen.

As the building neared completion, the committee received a letter from the consulting surgeon Mr. Russell Coombe, in which some complaint was made about the matron, Miss Collier. After considering this letter, the motion was passed that: "It is desirable in the opinion of this committee that as we are changing our premises we should at the same time change our matron." Miss Collier was given three months notice without further explanation. Her faults cannot have been too serious as the committee later accepted her resignation in order to improve her chances of obtaining another post.

Finally the new hospital was ready and the foundress was invited to perform the opening ceremony. On June 18th, 1912 Mrs. Conybeare Craven opened the main door and, accompanied by an ecumenical collection of clergy and hospital officials, proceeded through the hospital to the terrace outside the wards where a service of benediction was held.

Mr. Cornish, the president, proposed a vote of thanks. Mrs. Conybeare Craven replied with a generally conventional speech, with a mild sting in the tail, saying that she believed Axminster Hospital was one of the first hospitals in England to have women as well as men on the committee. She went on to say that she felt very strongly that all institutions which existed for men and women should have women on their committees of management.

The new hospital was busy. In the first year seventy-seven patients were admitted, compared to fifty-four in the last year of the old hospital, and the probationer was replaced by a staff nurse.

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The First World War then provided a setback. In September 1914

the committee decided, in anticipation of more difficult economic times, to dispense with the services of one nurse. This was a mistake as the number of patients increased and suitable staff were increasingly hard to find as the armed forces expanded. By November 1914 they were advertising for another staff nurse — and receiving no replies. For the duration of the war and for some six years afterwards there was a rapid turnover of Matrons and all nursing staff. This cannot have been good for morale or organisation.

The duties of qualified nurses still included general domestic work. In January 1916 as the staff nurse was ill the Matron was allowed to engage a temporary extra charwoman in her place.

From 1915 onwards the patients included convalescent soldiers. At first the agreement was to accept four such patients at a time but this number gradually increased until by 1918 there were as many as ten at a time, enough to fill all the beds available.

Although this work was necessary, the result of such a restriction on local patients was a period of stagnation in the post war development of the hospital. There had been no regular night staff during the war and fewer acute cases admitted. A few of the seriously ill would have been sent to Exeter and others were treated — and operated upon — in their own homes.

The soldiers eventually left in February 1919. The hospital was closed for three months for cleaning and renovation, though it was used for one night in April to put up the ladies of the band who played at the Victory Dance. One piece of modernisation had already arrived in 1918 when the telephone had been connected.

When the hospital reopened in May 1919, there were as ever, financial worries. Subscriptions had dropped during the war. There had actually been a deficit in 1916, corrected by a special 'war appeal'.

Mr. R. Cornish was still the president of the committee. He proposed a 50% increase in all subscriptions and set a good example by publicly increasing his own subscription on the spot. The rest of the committee seemed less enthusiastic and the motion was not carried.

The post war decline continued. In 1921 only forty-five patients were treated during the year. The next year showed a small increase with the total at sixty-one. The committee's annual report commented; "This is a healthy neighbourhood but the committee cannot but think that there is more illness than these figures would lead one to suppose, and that many more patients might advantageously use the hospital."

A drop in the number of out-patients had also occurred after a

notice had been posted asking for a contribution of 3d from those who attended. The secretary wrote to the medical officers asking them to make more use of the hospital.

At this time the largest annual contribution to funds came from the carnival committee. In 1921 the hospital committee had combined with the football club to restart the carnival which had lapsed during the war.

The lowest point was perhaps in 1923. When the annual general meeting was held, the minutes record; "Sir Raymond Beck in the chair, some of the committee and one or two subscribers." Little use was made of the hospital and that summer the committee resorted to advertising. Hand bills were placed in post offices and clubs and advertisements in local papers and parish magazines.

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A stimulus was now received in the form of two new arrivals. First, in 1924, Dr. Crockford joined the medical staff, and in the next year Miss Wallbank was appointed Matron. Though Miss Wallbank was only to stay four years, she changed the whole direction of the hospital by virtue of her efficiency and enthusiasm. In this work she was helped from 1925 to 1927 by Miss Ravenscroft, who was to return as Matron in 1929 and devote the rest of her life to Axminster Hospital.

By 1926 the annual number of admissions was up to one hundred and forty-three. This figure was to rise steadily until ten years later the annual total was two hundred and ninety-six.

The main increase was in surgical cases. One early change made by the new regime had been the removal of the gas fire from the operating theatre. This allowed the safe use of more modern anaesthetics. At this time Dr. Langran gave the anaesthetics and Dr. Crockford operated. Occasionally the visiting surgeon, Mr. Lock, from Exeter would attend.

Miss Wallbank had taken over the day-to-day administration from the committee secretary and was responsible for hiring and firing staff other than qualified nurses. This left the committee free to consider more important matters. More space was urgently needed partly to house the increased nursing staff and partly to provide a room for use as a maternity ward. In the event a two roomed extension (one up,



AXMINSTER'S FIRST PURPOSE BUILT AMBULANCE



DR. W. G. LANGRAN

For many years a General Practitioner in Axminster. He was a member of the Honorary Medical Staff at the Hospital from its foundation until 1934 when he retired.

one down) was added next to the matron's room by building out into the garden.

The general strike caused some delay to the building by decreasing the availability and increasing the cost of materials. The extension was completed in 1927. In this year there were two other unrelated innovations. The first sluice was installed in the hospital. Perhaps only the nurses (then and now) could really appreciate the difference that this made to their work. There was also the first mention of a jumble sale, in future to be a regular part of fund raising. (It is somehow surprising to find that such an ubiquitous institution is only fifty years old.)

Also in this year wireless was installed for both staff and patients — largely due to the generosity of Mr. J. N. Webster. Mr. Webster was to be one of the most stalwart supporters of the hospital. He had joined the committee of management in 1923 and continued to serve on it until the hospital was handed over to the National Health Service in 1948. He was president for the ten years up to 1948.

In 1928 mains electricity came to Axminster under the auspices of the South Somerset and District Electricity Company, and the hospital decided to be connected to the supply.

A separate maternity ward was still needed but funds did not permit any further building. Indeed the hospital had a small overdraft. By now the income from patients payments was nearly twice that received from subscriptions. Extra fund raising took the usual form of flag days, church collections and house to house collecting. An intriguing addition that year was a motor rodeo.

There were two other annual collections in support of the hospital, Egg Week and Pound Day. Egg Week in 1928 produced 1,344 eggs. There is no record in the accounts of any income from resale of the eggs so presumably they were preserved for use later in the year. Pound Day referred to pounds in weight and was a collection of groceries and produce, principally groceries as the collection usually took place early in the year. Considerable amounts were collected. In February 1930, the collection amounted to over 4,000lbs of goods. The hospital larder must have been full to overflowing.

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Miss Wallbank resigned in 1929, leaving to run a nursing home

near London. The number of in-patients per year had trebled during her four years at the hospital. The increase was largely in operative cases and was due also to the arrival of Dr. Crockford. The hospital was now a popular institution enjoying the support of both local doctors and the local population. The committee quite rightly opened a testimonial fund for Miss Wallbank.

Miss Ravenscroft returned to fill the gap and did so more than adequately. She was to remain Matron until her death in 1945.

Soon after Miss Ravenscroft's appointment it was decided to raise money to provide X-ray apparatus. This meant more building in order to house the X-ray. Mr. Moore, the architect, was called in again and strongly advised the purchase of more land on the east side of the hospital; partly to provide space for the current project and partly to allow for the future development of the hospital.

He did produce a plan, providing a room on the available site by converting storage rooms and extending slightly at the kitchen end. This would have meant closing the hospital for six weeks while the work was in progress. The committee attempted to purchase the adjoining land but unfortunately the vendor placed restrictive covenants on the style of any subsequent building and the sale was not agreed.

Eventually it was decided to purchase an X-ray unit and to house this in a new room created between the bathroom and the kitchen wing. This was achieved at about one-third of the architect's estimate of the cost of adapting the existing building. The committee was delighted. The architect's feelings were not recorded.

After deciding to raise the money for an X-ray, the funds received an unprecedented boost. Mr. Gibb, at that time the treasurer, held a fête at his house, Old Park. The profits from this were £550 — a staggeringly large sum. £175 was put into the X-ray appeal and the remainder in the general account which was £140 overdrawn. The committee felt able to reduce their usual fund raising activities for the following year. However one new source of income did appear in 1930 when the Axminster Hospital Cup was presented by Mr. P. Stuart. This is still completed for annually by local football clubs.

The X-ray installation was completed in 1931. Charges were to be 2/6 for screening and 5/- for a film.

The physiotherapy service, which had briefly appeared with the new hospital in 1912, was restarted in 1930 though not referred to as such. The physiotherapist was listed as a masseuse.

The next modernisation was the installation of central heating

which must have been a benefit but caused the management committee endless worries about efficiency and running costs.

The expense of the whole hospital was also a perpetual problem. Local support for specific items such as the X-ray was, as ever, magnificent. There were also each year donations in money and in produce. These were naturally unpredictable though welcome. The main sources of income were payments by patients and, slowly dwindling, annual subscriptions.

The committee encouraged the formation of a local branch of the Hospital Savings Association. This scheme worked for patients below a certain income level who paid weekly contributions to the Association who then in turn bore the cost of hospital treatments. This seemed to work well for a few years. Then unfortunately the local branch of the Association went into deficit because several subscribers had lengthy admissions to the Royal Devon and Exeter Hospital.

Eventually in 1938 the Association withdrew from Devon altogether. There were other schemes, notably the Hospital Aid Society, but the hospital always seemed to have difficulty in agreeing rates and extracting payments from them.

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The medical scope of the hospital was continually enlarging. There were three honorary consultant surgeons from Exeter; Mr. Lock, Mr. Wayland-Smith and Mr. Capener an orthopaedic specialist. Dr. Robb, also from Exeter, had been appointed consultant pathologist.

Meanwhile, in 1934, Dr. Langran retired. He had been a member of the medical staff since the foundation of the hospital in 1886. Apart from his medical role, he had obviously been a great support to the management committee. Dr. Hollingsworth and then Dr. Morton joined Dr. Crockford in the Axminster medical practice. It became apparent that there was the potential to do more useful work in the hospital but space was the limiting factor.

In January 1935 more land was bought from Mrs. Knight. This was the plot adjacent to the hospital on the east side. The earlier restrictive covenants had been removed though there was still a stipulation that there should be no new gateway and no building within fifty feet of the boundary during Mrs. Knight's lifetime.



*MISS J. SHARP
Matron 1970-1984*



*DR. AND MRS. MORTON
and MISS RAVENSCROFT
(Matron)
Circa 1939*

The committee hoped that any extension would provide two new maternity wards, an out-patient department, four new staff bedrooms, an extension to the female ward and an enlargement and rearrangement of the kitchen. They agreed, after long discussion, to ask Mr. Moore to act again as architect.

A public meeting was held in March to discuss arrangements for the celebration of the Silver Jubilee of King George V. It was resolved that part of any profit made from the celebrations should be used to help pay for the hospital extension and thus the Jubilee Extension Fund was born. A good start was made that summer. By August there was £725 in the fund. The estimated cost of the extension was £5,000 and further progress was slow rather than spectacular.

Perhaps the name of the Jubilee Fund was unhelpful because of the rapid succession of events in the next two years which saw, the death of King George V, the abdication of Edward and finally the coronation of King George VI; or perhaps the effects of the economic depression of the thirties were being felt. At all events the Jubilee Fund crept only slowly upward during the next four years.

During 1939 there were preparations for the now seemingly inevitable war. The Minister of Health addressed a conference at Exeter to explain that, though there would be no compulsion for voluntary hospitals, they would be expected to provide extra beds for the anticipated evacuees and casualties. All extra running costs would be borne by the state — except for 'blackouts'.

This provided the impetus for a start to be made on the extension though there was still not enough money available and no progress could have been made if Mr. T. Nuttall of Weycroft had not guaranteed the bank loan. Mr. Nuttall should also be remembered for another act of singular generosity. He had earlier given to the local branch of the St. John Ambulance Brigade their first purpose built ambulance.

It was fortunate that the start had been made because soon after this, and for some years after the war, sufficient building materials would have been hard to obtain.

The work proceeded with startling speed. The decision to start had been made in September. The initial plan had proposed two wings — one with three new small wards and one wing to contain a new kitchen — each with staff accommodation above. The September decision had been to build only the ward wing. Within two months this was almost completed and the committee, vigorously shepherded by Mr. Nuttall

and Mr. Webster, decided to start the kitchen wing but to leave these upper rooms unfinished. The new wards provided six more beds. The old casualty ward next to the operating theatre was now closed to make a convenient space for the sterilising equipment.

There was some debate about the naming and opening of the new extension. There was no formal opening as the ceremony was thought unsuitable in wartime. There was instead an open day involving the extension only. No name was given, though the Thomas Wakly Wing had been suggested. (Thomas Wakly, born at Land Farm, Stockland, was East Devon's most famous medical son. He had in 1823 founded *The Lancet*, the most successful independent medical journal.) At a later date, the largest of the new wards was named in memory of Miss Ravenscroft.

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Thus, though the original hopes of 1935 had not been fulfilled notably in the failure to build a maternity wing, a considerable improvement had been made. This was promptly reflected in an increased number of admissions. The nursing staff had been increased at the outbreak of war but the medical staff had actually been decreased. Dr. Crockford had left in 1939 to take charge of his Territorial Field Ambulance, and Dr. Hollingsworth was called up in 1942. This left Dr. Morton to shoulder the burden helped by Dr. Murphy and a succession of assistants who were usually newly qualified men awaiting their call up. Local doctors not in practice, e.g. Dr. Joan Eames, kindly offered their services and helped out.

The war, therefore, posed obvious problems with staffing and also with food rationing and material supplies. Once there was a more direct involvement. On the night of June 28th, 1942, the roof was damaged by incendiaries dropped during an air raid. One of the incendiaries burnt its way through the roof and fell into the women's ward. Serious injury was prevented by the prompt action of one post-operative patient who dragged away the bed of another less mobile patient from beneath the burning ceiling. There were other war casualties locally when a bomb fell on a farmhouse near Tolcis quarry and there were two occasions when planes made crash landings and surviving crew members were treated in the hospital. A Wellington

bomber crash landed near Chantry Wood and a Beaufort on part of Woodend Farm, Shute.

The committee, to their credit, continued to look to the future. In 1942 they bought the adjoining Oak House with a view to converting this into their maternity wing. The County Medical Officer approved the plans but the Ministry of Works would not grant the necessary permit.

The hospital was now subject to Ministry inspections and national regulations. For instance, in 1943, the Ministry produced the Rushcliffe report which laid down rates of pay and hours of work for all hospital employees. This resulted in an increase of £150 per year in the wages bill.

During 1943 the Americans had built a large hospital at Millwey (some six hundred beds) which was staffed in 1944 in preparation for the invasion of France. Axminster hospital was told that the services of the American hospital would be available in an emergency. Perhaps they meant a national emergency. Sadly no direct help was ever forthcoming, though it appears that the U.S. hospital was never used to capacity and was eventually closed down after V.E. Day.

In 1944 the Beveridge report had been published with the first inkling of a National Health Service. One proposal was that a voluntary hospital should receive a government payment for each bed available. The figure mentioned was £100 per bed per year. This would have brought in £1,700 per year. As the hospital received in 1944 nearly £2,000 in payments from patients and insurances, such a scheme would mean a loss of £300. This would in turn require an increase in private subscriptions and donations. The committee was understandably pessimistic.

The celebration of peace in 1945 must have been marred by the illness of Miss Ravenscroft. By August she was seriously ill and she died in the hospital on October 1st.

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The organisation and regulations of the country during wartime had required an increase in bureaucracy and government control. The ending of the war brought little relaxation of this control. For the hospital services there was a natural progression from this time to the

total control imposed by the National Health Service. The immediate problem for the committee was however, as always, financial. In 1945 they had to replace the X-ray machine. They bought a portable machine for £480. This machine seriously damaged the bank balance but gave good service and was in use until 1981.

The hospital still owned Oak House. One floor had been let out as a flat but now the committee cast around for some way of using the building. They favoured the idea of turning the building into a maternity wing but there were several obstacles in the way. There was a shortage of money and, had the money been available, building materials were rationed. Permission would be required from the Ministry of Works and from the County Medical Officer of Health.

Unable to proceed themselves, they tried to sell the building to the County Council for development as a maternity hospital. A representative of the M.O.H. inspected the building but no sale could be agreed "in view of the probable purchase by the county of the American hospital at Millwey."

The County Council — through the M.O.H. — was already responsible for some medical services, e.g. the health of school children and ante-natal care for those who did not see their doctor privately. Earlier in 1945 the M.O.H. had asked the committee for space in the hospital for dental sessions for pregnant mothers and also for the treatment of verminous children. The first request was readily agreed and the second refused!

By August 1946 it was clear that the American hospital was not going to be converted into a maternity hospital, and the County Council put forward a plan for the erection of a prefabricated maternity ward in the hospital garden. This does not seem to have been seriously considered.

Meanwhile Oak House was now vacant and the Urban District Council wished to buy the building. After a year of negotiation, in the shadow of a compulsory purchase order, the building was finally sold in August 1947 for £2,100.

The money was sorely needed. The previous year had seen an increase in the wages bill of £300 following a Ministry authorised improvement in the minimum wage for domestic staff. The National Health Service was coming closer. The committee passed a motion welcoming "a National Health Service designed to co-ordinate the hospitals of the country but urging on the Minister to ensure that the voluntary hospitals retained their property, managements and tradition."



CHILDREN'S CHRISTMAS PARTY 1958

Children were eligible for the party if they had been admitted to the Hospital or had made four or more out-patient attendances.



THE OPENING OF THE MORTON WARDS IN 1965

On July 5th, 1948 the hospital was handed over to the South Western Regional Hospital Board. Immediate control was in the hands of the East Devon Hospital Management Committee. The old hospital committee was allowed two representatives on the new committee. They were Dr. A. D. Morton and Mr. G. D. Paterson.

At the last annual general meeting before the start of the N.H.S., the president Mr. J. N. Webster made a sensibly optimistic speech in the course of which he is reported as saying: "The measure that hung around them was tremendous in its meaning and possibly in its benefits. Those benefits were often called free benefits, and were being so called in the town and neighbourhood. But no single thing was free — it had to be paid for out of the pockets of every man and woman in this country. Nevertheless this was a great attempt. Those who could carry their minds back about forty years to the introduction of the first Health Insurance Act — the meetings of protest, "We will not lick these horrid stamps," "the ruination of the doctors," and police court penalties — could not say this was going to fail. It might need amendment, and probably would. On the other hand, it might stand out for years as a shining example of what British social reform could be. He sincerely hoped it would. Some of those present would be called upon to act on the House Committee of the hospital and he knew they would do what they could to help. He thought that every one, now that it was an Act of Parliament, whatever their prejudices and opinions, should help to make this a distinct success."

There was some doubt as to just what the duties of the House Committee were to be. In the event they provided regular visitors who toured the hospital, talking to patients and staff, with the idea of providing some insight into any problems that might be developing. They communicated their opinions to the Matron and to the hospital management committee. They had little power to act except on behalf of the local community as amateur watchdogs to the professional N.H.S. administration. The House Committee worked closely with the Axminster Hospital Comforts Fund, whose history is described in Appendix II by its long serving secretary and treasurer, Mr. Scott Rowe.

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Thanks to the sale of Oak House, the hospital was not in debt

when handed over to the N.H.S. It was clear however that help was needed. Following the inception of the N.H.S., local health services expanded steadily and government money was available to assist with that expansion.

The first major post war project was to build an extension alongside the Chard Road to hold a new casualty and out-patients department. This was completed in 1953 and was the last large project funded by the N.H.S. until the Day Hospital was built in 1982. Structural improvement and extensions in the intervening years were many, but were almost entirely financed by local fund raising.

The building of the new casualty allowed an entrance to be made from the car park. Ambulances could unload under cover and were saved the difficulties of working and waiting in an increasingly busy road. The old front doorway was closed and later bricked up. This probably made structural sense but ruined the effect of the original graceful arch. Sadly the impressive oak doors seem to have disappeared completely.

The new out-patients department gave Dr. Morton, who had been appointed surgeon to the hospital by the N.H.S., improved space in which to hold clinics. Specialists from Exeter were also encouraged to visit the hospital to hold clinics. The number of specialties represented has varied over the years. Currently there are regular clinics in; Orthopaedics; E.N.T.; Orthodontics and Dentistry; Ophthalmology; Radiotherapy; General Surgery; General Medicine and Thoracic Medicine. In the last speciality, the Chest Physician had been a regular visitor to Axminster before the building of the out-patient department. In those days he used to see patients in the General Practitioner's premises, St. Thomas Court.

During the fifties a gradual change affected the nursing staff. Until then they had been expected, if not required, to live on the premises. The matron had a flat above the original entrance hall. The sisters and other staff had bedrooms above the kitchens and the jubilee extension. In 1950 the night sister asked for permission to live outside the hospital because of the difficulty of sleeping through the noises of a working day. Gradually the other staff followed suit. The matron's flat was retained but the other bedrooms were converted to a changing room, store room, office and dining room. Previously there had been a sisters dining room on the ground floor at the end of the corridor, almost under the stairs. This room was used to provide a bathroom and lavatories for Ravenscroft Ward. This in turn allowed the space

previously used for the bathroom — next to the operating theatre — to be made into an anaesthetic preparation room.

If all this appears convoluted, it does illustrate the difficulties of expanding the services within a limited area. Only one aspect of the medical service was not expanding in Axminster. In 1958 the Regional Health Authority decided that obstetrics should not be practised in cottage hospitals unless midwives were on duty day and night. It had been the practice for the night sister, who was not always a qualified midwife, to call in the midwifery sister if required. As there was no money available to pay extra staff, there was no more midwifery at Axminster.

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In all other respects there was an increasing demand upon the hospital and it became obvious that more beds were needed. The Regional Health Authority agreed to provide the revenue expenditure if the community would raise the money for the capital cost of new building. With typical generosity £30,000 was raised in two years by public subscription, allowing the Morton Wards to be built and opened in 1965. These two wards provided fourteen new beds, nearly doubling the size of the hospital.

Dr. Morton retired from the hospital in 1970 and was succeeded as general practitioner surgeon by Dr. J. D. Church.

Physiotherapy had been available in the hospital for many years. The first mention was in 1912 but a regular masseuse (as she was then styled) was not appointed until 1929. After the building of the Casualty, the physiotherapist occupied a room off the old entrance hall. As the range of possible treatments increased to include the use of sophisticated but often bulky machinery such as short wave units, this room became congested.

In 1970 the first plans were laid for the building of a new physiotherapy department extending from the casualty corridor. This was eventually completed in 1973 and was again paid for entirely by public subscription via the Comforts Fund. The new department was spacious and well equipped with the help from local organisations such as the Lions Club and the Rotary Club of Axminster.

Meanwhile the health authority had upgraded the X-ray depart-

ment, installing new equipment and building a new dark room. Subsequently public donations have added a new mobile X-ray machine, an image intensifier and an ultra-sound scanner.

The next improvement was the building of a day room off the corridor between the Morton Ward and the older wards. This was paid for with monies from the Seaton Hospital Fund and was opened in 1978.

In 1982 came a new departure. Following a national trend in geriatric care, a Day Hospital was built on the north side of the hospital. This was called the Scott Rowe Day Hospital as a tribute to Mr. D. Scott Rowe and his (at that time) forty-five years of stewardship of the Hospital Comforts Fund.

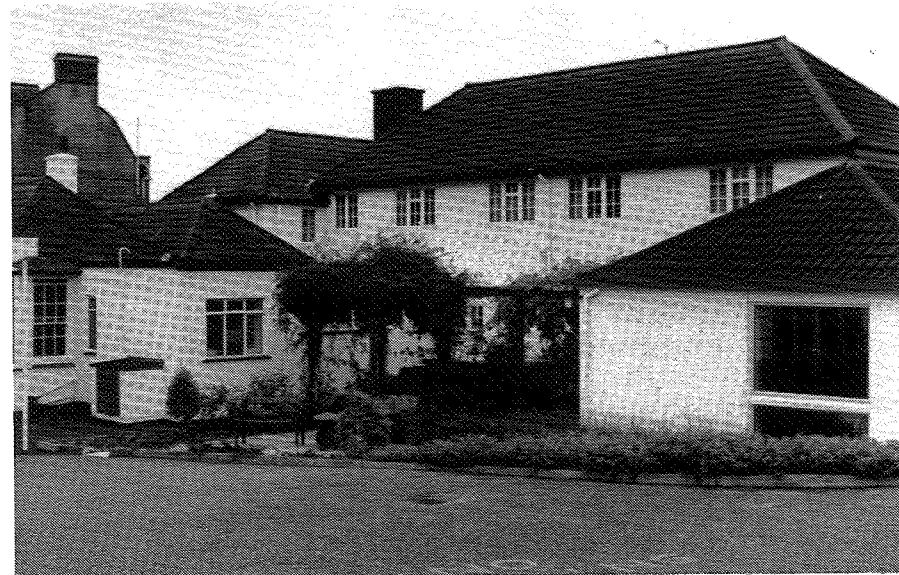
Currently a new wing is being added to the main hospital beyond the Morton Wards. This will provide fourteen beds for geriatric and psychogeriatric patients who need permanent hospital care. The building is well advanced and should be completed early in 1987. Although this is a further expansion for Axminster Hospital, it is, for the district services, more of a relocation, as these patients would previously have been cared for in Honiton and Exminster Hospitals.

Thus clearly the buildings have grown and the equipment has been modernised. All this would however have counted for little if a good staff had not been working in the hospital. In this respect Axminster has been fortunate. There were ten slightly unsettled years after World War II, during which there were rather frequent changes of matron.

Then came a more settled decade with Mrs. Cowling as Matron. She was succeeded by Miss J. Sharp who must be allowed a pre-eminent position among the post-war staff of Axminster Hospital. Miss Sharp came to the hospital in 1954 and worked as a sister in casualty, theatre and the wards. She was appointed matron in 1970 — and continued to work also in casualty, theatre and the wards. Miss Sharp would be the first to pay tribute to her supporting team of trained and untrained staff, several of whom have given equally long periods of service to the hospital.

Miss Sharp retired in 1984 and was succeeded by Mrs. B. Moore who has the additional responsibility of overseeing the community nursing staff.

The constant support from the community has continued throughout the history of the hospital and has easily survived the transition from private hospital to national health service. It is impossible to look



The Day Room is on the right, X-ray on the left with the Jubilee extension in the background.



The Hospital viewed from the Day Hospital car park. The new wing will extend from the right side of the buildings in the picture.

around any department of the hospital without noticing equipment, decoration or fittings provided either through the Comforts Fund or by direct gift from local organisations.

The staff are, of course, the backbone of the hospital. None of the equipment would be of much use without their hard work. They will carry the burden for the future and will be sustained by the continued support of the general public.

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APPENDIX I

Rules and regulations framed at the first meeting of the Axminster Hospital general committee in 1887.

1. That the Hospital shall be named and known as the "Axminster Cottage Hospital."

2. That the management of the Hospital shall be vested in a General Committee, consisting of 27 members or thereabouts, elected by open voting, who shall remain in office only one year, when one third of the number shall retire by alphabetical order, but be eligible for re-election, and a fresh meeting of the friends and supporters of the Institution shall be convened, as in the first instance, for the nomination and election of Members to fill the vacancies thus created. Every subscriber of 5/- and upwards having an equal right to nominate and vote at all such meetings.

3. The General Committee of management shall meet quarterly on the first Tuesday of January, April, July, and October, at 3 p.m. in the Boardroom of the Hospital, and this Committee shall represent and exercise the supreme power and control in all and everything that effects or concerns the Hospital, to make or cancel appointments, to make or revise new rules or regulations, or cancel old ones, to frame and enforce by-laws, to settle all doubtful or disputed matters, to regulate or modify the expenditure, to call for a Dr. and Cr. statement, and audit of accounts, and shall hold themselves responsible for the right and proper management of the Hospital.

4. An extraordinary meeting of the General Committee of Management may be convened at any time, by a requisition of four of its members, made through the Secretary, and five shall form the quorum at any meeting. The rule directing the retirement of Members of the General Committee of Management shall affect the original members only, who shall be replaced, under its provisions, by July, 1891, and all retirements, subsequent to that date, shall be by completion of three years service.

5. The General Committee of Management shall nominate a working committee, named Sub-Committee, from its own body, or

otherwise, consisting of nine members or thereabouts, exclusive of the executive, who shall be, ex-officio, members of the Sub-Committee.

6. The Working Committee shall meet monthly, on the first Tuesday of every month at 3 p.m., except the days appointed for the General Committee to meet, and it shall be their duty to ensure compliance with all the rules and regulations; they shall have charge of the fabric of the Hospital, to see that it is kept in good repair and in a comfortable and safe sanitary condition, to hear and investigate any complaint made by inmates or servants, to order estimates for the repair of dilapidations or needful alterations, and to suggest changes or improvements, for the consideration of the General Committee. For the better performance of the various duties belonging to the Sub-Committee, it shall nominate two of its members, in turn, to visit the Hospital often, who shall be known as weekly visitors. Five members of the Sub-Committee, at every meeting, shall form a quorum.

7. The Axminster Cottage Hospital shall be open to all applicants complying with the rules and regulations, so long as there is room, except infectious cases, or mental derangements of a dangerous character, which cannot be admitted.

8. A small charge in every case being indispensable, it has been decided that a rate of 5/- a week shall be required of all those who pay their own expenses, or who are defrayed by their own relations, unless they can well afford more, and in that case the increase would be determined at the discretion of the lady superintendent. Patients from outside the Axminster Union District shall not be admitted for less than 7/6 per week.

9. Every subscriber of one guinea or upwards towards the funds of the Hospital, shall, for every guinea have the right to nominate a patient for three weeks, on intimating to the lady superintendent how much, if anything, the patient can afford to pay on his or her own account.

10. Any two persons subscribing, conjointly, half-a-guinea each to the Hospital funds, shall have the same rights between them of sending a patient as the single subscriber of one guinea has.

11. Every offertory of one guinea or upwards, from any church or

chapel, devoted to the hospital, shall confer on the clergyman or minister of that church or chapel the same right of nominating a patient as belongs to the subscriber of one guinea or upwards.

12. Every patient, other than those nominated by subscribers, shall, before admission, obtain the signature of a responsible person, in the form A., supplied by the hospital, guaranteeing their removal at any time, if desired by the committee, and also the defrayment of any contingent expenses they may incur by death or otherwise. All subscribers sending patients shall be considered responsible for the obligations contained in this Rule.

13. Any person may be admitted as a private patient in the Cottage Hospital, as long as there is room, and have all the advantages of the Hospital nursing and regimen, with or without medical attendance, on the payment of 10/6 per week.

14. Every application for admission to the hospital should be in the form A., procurable from the lady superintendent, to whom all applications should be addressed.

15. The Vicar of the parish shall be ex-officio, Chaplain of the hospital, but the clergy and ministers of every denomination in the neighbourhood shall be welcome visitors, and shall have free communication with any member of their congregation, or other person in the hospital who may desire their ministrations.

16. The medical staff (subject to election by the committee) shall consist of all the duly qualified practitioners, for the time being practising in Axminster, who may desire to be enrolled in the honorary staff, and they shall take duty alternate weeks; every case under the medical officer on duty when admitted, unless the patient had been under another of the staff previously, or desires then to be; in either case the medical staff shall arrange between themselves to whose special care the case shall be relegated.

17. No operation shall take place in the hospital without the previous consent of the patient and the nearer relations.

18. The lady superintendent shall have the entire charge of, and be

responsible for the safe keeping of all furniture, fittings, napery, and other effects, and also any medical or surgical stores or instruments there may be. A separate list of each shall be made and kept for reference and the information of the Committee. She shall have charge of the victualling for the Establishment, ordering groceries, meat, milk, and vegetables, a book to be kept for each, and all bills to be sent in for settlement at the end of the month, and for the inspection of the Committee at the next meeting: in the discharge of these important duties, the utmost vigilance must be used to avert all waste or unnecessary expenditure.

19. The lady superintendent shall also engage and discharge nurses and servants according to the exigency of the occasion, taking care never to have more than are absolutely needed for the performance of the work.

20. Visitors to patients, being relations only, shall be admitted two days in the week, Tuesdays and Thursdays, between the hours of 2 and 4 p.m. and on Sundays by special permission of the lady superintendent, and every visitor shall quit the hospital at 4 p.m. punctually, when a bell shall ring for the purpose. Visitors wishing to inspect the hospital will be admitted at all times by the lady superintendent, unless particularly engaged in hospital duties.

21. The Committee cannot allow or sanction any outlay on their account, other than before stated, without the matter being submitted to their consideration, and the need of it demonstrated.

FORM A

Date

To the Committee of the Axminster Cottage Hospital

Gentlemen,

Please admit (name in full)

of the Parish of suffering from

(Disease or Complaint) and I will

guarantee compliance with Article 12 of your rules and regulations.

Name

Address



THE NEW WING UNDER CONSTRUCTION

November 1986.



THE SCOTT ROWE DAY HOSPITAL

APPENDIX II

THE HOSPITAL COMFORTS FUND

(By D. Scott Rowe, the Hon. Secretary and Treasurer from 1937 to 1985)

I recently received from a lady now living in London, the following letter:-

"Would you please accept the enclosed cheque. This is something I have wanted to do for many years. In 1931 my daughter was in your hospital for several months. At the time my husband was unemployed and we could not afford to make any donation. I am very happy to do that now. Other members of my family and myself have, on several occasions, received treatment at the hospital and I have always appreciated the care and attention shown."

One day in 1937 Mr. John Webster (the Chairman of the Hospital Management Committee) stopped me in the street and said that a number of people had expressed a desire to give something which would benefit the hospital, as some appreciation for the care they had received. He asked if I would set up a fund to deal with such gifts. I agreed and thus the Hospital Comforts Fund was born. On her return from service in the Red Cross during the war, my sister Nora gave me much help and, so that the fund should not be a "Rowe" exclusive, Mr. Ernie Gill was for many years our third trustee.

From its inception, the fund has proved a real joy for me, for support has at all times been quite magnificent. All parts of the large district served by the hospital have, throughout the years, given most willingly. When appeals were launched to provide the cost of particular equipment or to fund some special project, donations both large and small have ensured that there has been no delay in reaching the desired target. From its commencement, the fund has provided newspapers for the wards, radio for each bed, television sets for each ward and special beds throughout the hospital. One of the first things we did was to obtain charitable status for the fund, which has resulted in substantial savings of income tax and V.A.T.

When hospital reorganisation came about in 1974, the House Committee we had known so well and got on with so well for years disappeared. A public meeting was held on the 7th May, 1974 when it was decided to elect a Hospital Comforts Fund Committee, its members to come from each of the towns and villages within the hospital catchment area. A constitution setting out the objects and rules

of the fund was drawn up. The committee consists of twenty members at the present time.

The first major project of the Comforts Fund was to defray the cost of the building of two new wards. An appeal was launched throughout the district to raise the £22,000 required. This was over-subscribed in less than two years. The wards were opened and named the Morton Wards as a tribute to Dr. Arthur Morton for his many years service as a physician and surgeon at Axminster.

The Comforts Fund next met the cost of the erection of a Physiotherapy Department and the minutes of a committee meeting of the 7th May, 1974 record that the physiotherapists had stated that "the patients were most appreciative of the comfortable and spacious surroundings of the department, and that the staff found it a pleasure to work in such a pleasant and well equipped department."

A new Day Room was erected, at a cost of some £11,000, from money received from the Seaton and District Cottage Hospital Fund, which was being wound up, and the room was appropriately named the Seaton Day Room.

The Comforts Fund has since met the cost of:-

A traction couch.

A donation of £1,000 to the Axminster appeal for the whole body scanner at R. D. and E. Wonford.

A cardioscope.

A new lamp and apparatus for the operating theatre.

The provision of a special bathroom.

A mobile X-ray unit (with the help of a specific donation from Axminster Carnival Committee).

A donation of £19,332 50p (being 95% of the cost) for a Picker International Image Intensifier for the X-ray department.

An Ultra Sound Scanner costing about £20,000.

Over the past forty-five years a great many organisations and individuals have raised substantial sums. Many have remembered the Comforts Fund in their wills and much has come from families who desired that donations to the fund should be made in lieu of wreaths and floral tributes. In 1983, for instance, over £2,500 came from this source alone. Throughout its existence the fund has not incurred any administrative or similar expenses. Indeed support of the fund has been so spontaneous and unstinting that the committee have an unwritten rule that; "No appeal is launched unless there is at that time an actual need for money" and also that; "The committee does not believe in

hoarding its funds but sees that they are, without delay, put to good use for the benefit of Axminster Hospital, its patients and staff.”

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Since Mr. Scott Rowe wrote this in 1985, the Comforts Fund has given, or pledged itself to give, £50,000 worth of new equipment and fittings to the hospital.

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