

## Victoria County History of Cumbria Project: Interim Draft

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### WESTMORLAND HOSPITALS

#### **The Ethel Hedley Orthopaedic Hospital for Crippled Children, Calgarth Park, Windermere.**

The Ethel Hedley Orthopaedic Hospital for Crippled Children at Calgarth Park, Windermere, provided care for children with poliomyelitis, tuberculous disease of bones and joints and other crippling disorders from 1920 until its closure on 4th July 1970.<sup>1</sup> When it opened it was one of the first hospitals in England and Wales for the management of such conditions.

Calgarth Park (House plus some seventy acres) was built for Richard Watson, Bishop of Llandaff, in 1789-90.<sup>2</sup> Following his death his heirs owned the property until it was bought by Oswald Hedley, from a wealthy Durham/Northumbrian family of engineers, mining and ship owners.<sup>3</sup> At the outbreak of the First World War he offered the property for use as a convalescent hospital for Belgian wounded, then following the sudden death of Mrs Hedley in March 1916 – and who from the beginning had taken an active part in the organisation and running of the hospital - the property was reconstructed as a memorial to her and used as an orthopaedic hospital, attached as an auxiliary unit to the military base hospital in Manchester (Second Western General Hospital), from where patients were drawn.<sup>4</sup>

Between 1910 and 1920 Cumberland, Westmorland, and Lancashire North of the Sands experienced sporadic outbreaks of acute poliomyelitis.<sup>5</sup> The recognition that that there was a mass of neglected victims for whom adequate treatment facilities were not available provided the impetus on the cessation of war to re-open Calgarth Park as a special hospital school for the

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<sup>1</sup> The name changed to Ethel Hedley Orthopaedic Hospital in 1935; Map Reference NY397002.

<sup>2</sup> Sir Harry Platt, 'Richard Watson (1737-1816)', *Journal of Bone & Joint Surgery*, Vol.1, 38B, No. 1, (February 1956), 46-53; he was originally from Heversham.

<sup>3</sup> Platt, 'Richard Watson', 46-53.

<sup>4</sup> *Ibid.*

<sup>5</sup> CAS (Kendal), WC/CD/MOH (Westmorland County Council: Annual Report of the Medical Officer 1922).

combined education and treatment of those such cases and of children with other crippling conditions.<sup>6</sup>

Ethel Hedley Hospital opened as a direct response to local outbreaks of poliomyelitis, which reflected the growing incidence of poliomyelitis worldwide and the growing alarm which this aroused. Additionally the increasing recognition in early 20th century that crippling diseases of childhood, hitherto regarded as incurable, were both preventable and amenable to treatment, plus the emergence of orthopaedics as a distinct medical speciality were added influences.

The hospital was under the directorship of Mr Harry Platt, of Ancoats Hospital, Manchester, who had been visiting orthopaedic surgeon during the war years.<sup>7</sup> He was a figure of national and international importance who pioneered treatment for numerous conditions, including congenital deformity of the hip, and who was involved with the hospital throughout much of its lifetime.<sup>8</sup> His friend Charles Hough was on-site Medical Superintendent (Dr Jean Bucknell from 1933). The hospital was managed through a Board of Management and Executive Committee and until 1948 functioned as a 'voluntary hospital' its revenue being derived from financial arrangements with local authorities, payments from private patients and possibly from gifts and collections. Oswald Hedley who had financed the costs of wartime reconstruction also financed the initial running costs although charges, initially 25s per child per week had been introduced by 1923.<sup>9</sup>

The initial twenty beds, for children up to the age of sixteen years, were increased to fifty by 1924, - a girl's and a boy's ward – plus operating theatre, gymnasium, plaster and treatment rooms. The hospital served Westmorland, Cumberland and North Lancashire, some 400,000 population, with Cumberland the main catchment area.<sup>10</sup> Treatment methods – which drew upon pioneering work of national figures Robert Jones and Agnes Hunt in Shropshire – were characterised by immobilisation of diseased joints and lengthy bed rest, often in open air, then gradual mobilisation. Hospitalisation for one to two years was typical, with in some instances repeated stays over numerous years. Multi-professional teamwork was central.<sup>11</sup> Early work focussed upon major operative treatment of deformed children from the pre-war poliomyelitis

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<sup>6</sup> Platt, 'Richard Watson', 46-53.

<sup>7</sup> *Ibid.*

<sup>8</sup> *British Medical Journal*, 10 January 1987, 129-30.

<sup>9</sup> CAS (Kendal), WC/H (Report on the Health of School children By the Westmorland School Medical Officer, 1923).

<sup>10</sup> Platt, 'Richard Watson', 46-53.

<sup>11</sup> Anonymous, *The Heritage of Oswestry* (The Robert Jones & Agnes Hunt Orthopaedic Hospital, 1962), 11-63.

epidemics, aimed at gradual unfolding of deformities.<sup>12</sup> During the first ten years 928 children were cared for in the hospital.<sup>13</sup>

After care centres were established in 1921. Clinics were held in Kendal, Windermere, Lancaster, Ulverston, Whitehaven, Maryport, Carlisle, Penrith, with the co-operation of the Medical Officers of Health of the three counties.<sup>14</sup> The hospital school opened on 7th September 1920, catering for children ages three to fourteen, and continued throughout the life of the hospital. The daily programme/timetable was designed to match, as far as possible, that of other schools. By 1949 when the Ministry of Education took over the school there were six teaching staff.<sup>15</sup>

The advent of the NHS in 1948 changed both the management organisation relating to Ethel Hedley Hospital and the pattern of hospital consultant services. A regional management structure was created with the hospital incorporated within Manchester Regional Hospital Board but having the majority of its cases referred from Cumberland, now within Newcastle RHB. The demand for services continued, with full bed occupancy continuing beyond 1948. However, the introduction of a mass poliomyelitis vaccination programme in America in 1955 was followed in England and Wales in January 1956.<sup>16</sup> After 1961, a second, oral, vaccine (Albert Sabin) became the vaccine of choice, and by the late 1960s notifications of polio in England and Wales were minimal.<sup>17</sup> Similarly, the incidence of tuberculosis which had been decreasing throughout the 20th century was accelerated by the introduction in England and Wales of a tuberculosis vaccination scheme (BCG) in 1954.<sup>18</sup>

The spectacular decline in the incidence of poliomyelitis, tuberculous disease of bones and joints, and other crippling disorders, together with the increasing focus on care in larger (district) general hospitals, impacted upon the numbers of children admitted to Ethel Hedley Hospital and brought its viability into question. By 1967, local Consultants commented that they had

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<sup>12</sup> H. Platt, 'The Early Mechanical Treatment of Acute Anterior Poliomyelitis' *British Medical Journal*, February 16 1924, 266-67.

<sup>13</sup> CAS (Kendal) WT/HOS/3 Ethel Hedley Hospital Report on the first 10 years work 1920-1930.

<sup>14</sup> *Ibid.*

<sup>15</sup> CAS (Kendal) WDS 78/2 (Managers Minute Book).

<sup>16</sup> CAS (Kendal) WC/CD/MOH (Westmorland County Council: Annual Report of the Medical Officer 1956).

<sup>17</sup> Smallman-Raynor, Cliff et al *Poliomyelitis Emergence to Eradication*, 482.

<sup>18</sup> PP 1962-63 (Cmnd. 1856): Report of the Ministry of Health for the year ended 1961. Part II The Annual Report of the Chief Medical Officer on the state of the public health, 82-84.

insufficient cases in their care to keep the beds utilised.<sup>19</sup> Although there were proposals to use the hospital as a convalescent home or hospital for the elderly such proposals were rejected and official notification of the intended closure of the hospital was received on 31st December 1969. Following the transfer of the sixteen remaining children, the Ethel Hedley Hospital closed on 4th July 1970.<sup>20</sup>

Ethel Hedley Hospital was of its time; the care of ‘crippled children’ through prolonged rest under the ideal conditions of a country orthopaedic hospital. Local philanthropy enabled an integrated hospital and after-care service to be provided when hospital provision was not universal and which offered leading edge treatment for children that may not otherwise have been available.

Since 1973 Calgarth Park (administered by the Lake District Housing Association) has provided self-contained retirement apartments. It acquired the freehold of the land and building from the Hedley Charitable Trust in 1984.<sup>21</sup>

### **Kendal Memorial/Westmorland County Hospital, Kendal**

Kendal Memorial Hospital, built on land near the top of Captain French Lane, was given in 1869 by James Cropper as a family memorial to his wife, Fanny Cropper, who had died in 1868, age 43. The hospital opened with eight beds in autumn 1870, its building costs funded by subscriptions and surplus cotton relief funds.<sup>22</sup>

The Management Committee of five lay members, plus four local medical practitioners intended that the hospital would serve the residents of Kendal and Kirkby Lonsdale Wards from where the vast majority of funding had been received, rather than ‘from the other side of the County’ from where there had been few subscribers.<sup>23</sup> The admission policy distanced the hospital from

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<sup>19</sup> Manchester Medical Collection, Platt Papers, John Rylands University Library, Manchester; Letter from D. Purser November 2 1967.

<sup>20</sup> North Lancashire & South Westmorland Hospital Management Committee Minutes January 6 1970 and June 2 1970.

<sup>21</sup> Lake District Housing Association – History of Calgarth Park

<sup>22</sup> *Westmorland Gazette*, 24 Sept. 1870; CAS (Kendal), WDEC 5.A.1 (Kendal Dispensary Minute Book, Meetings 1864-1871); CAS (Kendal), WT/HOS/1/18 (Kendal Memorial Hospital Annual Report 1871).

<sup>23</sup> *Westmorland Gazette*, Mar. 19, 1870.

the Poor Law –‘being to assist those above the classes from whom the workhouses are filled’.<sup>24</sup> Admission would be by subscriber – recommendation (abolished in 1925), countersigned by a medical practitioner and although the hospital had a charitable character, a self-help ethos was indicated by the committee’s desire to preserve the independence of users via the suggested charge of 5s per week for those (or their subscribers) able to pay.<sup>25</sup> The hospital would not receive infectious diseases nor was it intended as a convalescent home.<sup>26</sup>

Initially there was public suspicion of the expected regulations of a public institution although toward the end of the first year this eroded. Seventy-six patients, classified as twenty medical, fifty-six surgical, were admitted in that year. Case numbers increased annually thereafter requiring periodic additions to bed numbers, including a children’s ward in 1876. By 1903, the Committee began planning for a complete rebuild on an adjacent site – gardens called ‘Fleming Parrock’ were purchased (£1,270) for the proposed new hospital.<sup>27</sup>

Westmorland County Hospital, with thirty-two beds, opened on 6th August 1908 with a county wide geographical base, and revised organisational structure and rules.<sup>28</sup> It had been funded by a bequest and by public subscriptions.<sup>29</sup> Governors and Board of Management were supported by General Purposes and Ladies Committees. Honorary medical staff (local General Practitioners) provided medical care. Clinical activity would increase continually, necessitating periodic increases in bed numbers. The bed complement had reached 61 by 1925, then following an extension scheme, numbered eighty-two beds by 1932, during which year 1,150 patients were admitted.<sup>30</sup>

In 1919 hospital officers were asked to provide maternity beds as part of the Westmorland Maternity and Child Welfare Scheme.<sup>31</sup> A six bed Maternity Ward at Westmorland County

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<sup>24</sup> *Ibid.*, Sept. 24 1870.

<sup>25</sup> CAS (Kendal), WT/HOS/1/18 (Kendal Memorial Hospital Annual Report 1871).

<sup>26</sup> *Ibid.*

<sup>27</sup> CAS (Kendal), WT/HOS/1/18 (Kendal Memorial Hospital Annual Report 1904).

<sup>28</sup> CAS (Kendal), WT/HOS/1/19 Westmorland County Hospital Annual Report 1908.

<sup>29</sup> *Ibid.*

<sup>30</sup> CAS (Kendal), WT/HOS/1/19/20 (Westmorland County Hospital Annual Reports 1925 and 1932).

<sup>31</sup> CAS (Kendal), WT/HOS/1A/4 (Westmorland County Hospital Board of Management, October 30 1919).

Hospital, with three qualified midwives, opened in March 1924.<sup>32</sup> The continual increase in maternity numbers led to the opening of Helme Chase Maternity Home in 1939.

The hospital developed clinical links with other North-West hospitals; in 1914 the provision of X-ray facilities in association with the Radiologist at Manchester Royal Infirmary and in 1927 the hospital was affiliated with Ancoats Hospital, Manchester for nurse training.<sup>33</sup> Six Honorary (Visiting) Consultant appointments were made in 1935 as a response to the growth in clinical specialism beyond medicine and surgery. Their appointments were also linked with local authority health schemes allowing patients to be treated at special centres when necessary treatments could not be provided on site, e.g. a joint scheme with Christie Hospital and Holt Radium Institute introduced in 1942.<sup>34</sup> By 1938, 23% of residents were treated out of the county.<sup>35</sup>

The Kendal Memorial and Westmorland County Hospitals were sustained financially by public support, initially via subscriptions, donations and legacies. These were from increasingly diverse sources, notably workplace, church and other collections, and a variety of local 'efforts' in order to meet rising costs arising from increased clinical activity. Most striking was the predominance of voluntary revenue - by 1945 the Governors claiming that eighty-five per cent of income continued to be raised by voluntary means.<sup>36</sup> Unlike elsewhere where patient charges had been introduced no charges were made for in-patient treatment.

The outbreak of war in 1939 stimulated joint hospital and county council debates on hospital expansion. These highlighted differences of perspective between local officials and doctors who favoured self-sufficiency, and proposals for regionalisation of hospitals. Proposals to increase the number of acute beds at Westmorland County Hospital to 100, plus extended x-ray facilities, pathology laboratory, facilities for special clinics, and nurses' home were countered by contentious NHS administrative structure proposals. Westmorland would be sub divided – north

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<sup>32</sup> CAS (Kendal), WT/HOS/1/19/20 (Westmorland County Hospital Annual Report, 1924); CAS (Kendal), WC/CD/MOH (Westmorland County Council Annual Report of the Medical Officer 1929).

<sup>33</sup> CAS (Kendal), WT/HOS/1A/13 (Westmorland County Hospital General Purposes Committee, 26 June 1914); CAS (Kendal), WT/HOS/1/19/20 (Westmorland County Hospital Annual Report 1927).

<sup>34</sup> CAS (Kendal), WC/CD/MOH (Westmorland County Council Annual Report of the Medical Officer 1942).

<sup>35</sup> Ministry of Health, Hospital Survey: The Hospital Services of the North-Western Area (HSMO London, 1945)

<sup>36</sup> CAS (Kendal) WT/HOS/1/19/20 (Westmorland County Hospital Annual Report 1945).

and south, it being deemed that that the county was not suitable to be treated as a unit for hospital purposes on account of topography, population and resources.<sup>37</sup>

Kendal and its neighbourhood was said to be not sufficiently populated to be able to provide even the common services unaided and a joint Lancaster and Kendal Hospital district was proposed which would be sufficiently large to be able to offer specialised services, thus lessening the dependence upon Liverpool and Manchester and allowing treatment closer to home.<sup>38</sup> Thus, with the advent of the NHS in 1948, Westmorland County Hospital formed part of Lancaster & Kendal Hospital Management Committee within Manchester Regional Hospital Board, then North Lancashire & South Westmorland HMC from 1964 until 1974.

In 1960 the hospital had ninety-five beds. The 1961 Hospital Plan envisaged this number remaining static, the hospital to continue in a supporting role as Royal Lancaster Infirmary was developed as a District General Hospital by circa 1975.<sup>39</sup> A new out-patient department was provided in 1975. State Registered Nurse Training ceased 1964, though returning in part in 1985. SEN Training started same year.

In 1974 the hospital was managed by East Cumbria Health Authority within Northern (Newcastle) Regional Health Authority then in 1982 it became part of South Cumbria Health Authority, again within Northern Region. Westmorland County Hospital continued to serve the local population until replaced in 1991 by Westmorland General Hospital.

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<sup>37</sup>Ministry of Health, Hospital Survey: The Hospital Services of the North-Western Area (HSMO London, 1945), 20, 24.

<sup>38</sup> Ministry of Health, Hospital Survey: The Hospital Services of the North-Western Area (HSMO London, 1945), 24

<sup>39</sup> PP 1961-2 (Cmnd. 1604) National Health Service. A Hospital Plan for England & Wales, 230-3.