

MILL ROAD



The People's Hospital

By Michael
Royden

Commissioned and published
by the Liverpool Obstetric and
Gynaecology Services NHS
Trust to mark the closure of the
last wards at Mill Road
Maternity Hospital, Liverpool
in November, 1993



The Author

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God dealt well with the midwives,
and the people multiplied,
and waxed very mighty.
And because the midwives feared God
he made them houses

Exodus I, v20,21.

Mill Road
The People's Hospital

By
Michael Royden

*For my Mother Hazel, my sister Gillian - the finest nurses I have ever known.
And to my Father - if he had not been on the receiving end
of a needle given by S.E.N. Wiggins (now Royden) at another
former West Derby Union Institution (Fazakerley)
I would not be here.*

Acknowledgements to...

Janet Smith, Archivist of Liverpool Record Office for initial help and guidance regarding the deposited Mill Road Archives.

To her staff, especially Gina, Kay, and Janice of Liverpool Record Office, not least for getting mucky in the line of duty on my behalf with those old West Derby Union Minute Books.

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Robert Atlay, Medical Director of Mill Road, for a very candid and enlightening interview concerning his wide experience and unrivalled knowledge of the recent history of the Hospital.

And, of course, greatest thanks to Margo and Lewis, who had to compete with a word processor for attention during the summer 'so called' holidays. Margo, who helped with proof reading and patiently put up with 'How does this sound?', as the limit of conversation during the summer of 1993, deserves special recognition for services rendered towards the advancement of Local History.

Right then, who's for the beach?

M.R. (September 1993)

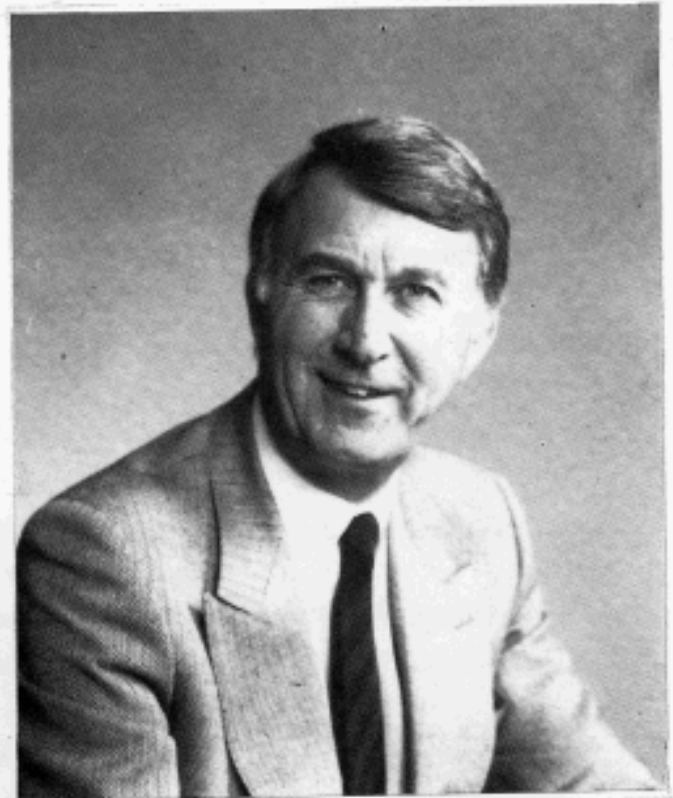
*Preface by Robert Atlay,
Medical Director, Mill Road Hospital*

Mill Road Maternity Hospital has served its community for more than a hundred years and its closure to in-patients and clients in November 1993 is unquestionably an important mile-stone in the Obstetric and Gynaecological Services in this great City.

Its dignified old buildings have witnessed many, many changes over the years, in an area previously known for its densely packed housing, back-entries and corner 'Pubs'.

The maternal mortality and perinatal mortality rates have improved radically during the life of the Hospital, improved way beyond all reasonable expectations and this much-loved local Hospital has played its full part in these dramatic trends.

Those of us who fought 'tooth and nail' to save Mill Road in the seventies, although greatly saddened by its demise, are looking forward to an exciting new era in a purpose-built Hospital which will provide the very best services for our women and their babies in the very best surroundings. As we move centrally to join our friends and colleagues at Oxford Street and the Women's, prior to moving to the new Hospital in early 1995, we must ensure that we take with us all the best things from Mill Road - its warmth, friendship and its family atmosphere, so that we can make a really positive contribution to the make-up of our new 'Home'.



Robert Atlay

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1. The Old West Derby Poor House

"Yon house that holds the parish poor"

The nineteenth century traveller to Liverpool, on approaching via the old West Derby Road or the road now known as Kensington, would eventually stand on the sandstone ridge of Low Hill and look down upon the growing town below, no doubt filled with excitement and anticipation knowing his journey was almost complete.

He may have taken a last look at the countryside behind him, and feel a shudder as his eye fell upon the dilapidated cottages across the road, grateful that his immediate future did not lie there, being free to descend into the bustling hive of activity below. Grateful too for a timely reminder of what may befall him should he not succeed in his new venture.

The cottages he was hurrying away from were those of the Old Poor House of West Derby which seemed the epitome of the poor house in George Crabbe's 'The Village' (1783):

*Theirs is yon house that holds the parish poor,
Whose walls of mud scarce bear the broken door;
There, where the putrid vapours, flagging, play,
And the dull wheel hums doleful through the day;-
There children dwell who know no parents' care;
Parents, who know no children's love, dwell there!
Heart-broken matrons on their joyless bed,
Forsaken wives, and mothers never wed;
Dejected widows with unheeded tears,
And crippled aged with more than childhood fears;
The lame, the blind, and, far the happiest they!
The mopping idiot and the madman gay.
Here too the sick their final doom receive,
Here brought, amid the scenes of grief to grieve...*

But why was there a poor house in Low Hill? How does Mill Road Hospital fit in to the picture? The answer lies in the legislation of the Poor Law and the Amendment Act of 1834, the provisions of which made it possible for land to be purchased on

which a new kind of institution was to be erected.

The Poor Law itself has a long history. Briefly, in 1601, during the reign of Elizabeth I, an Act of Relief of the Poor was passed which was to be the basis of Poor Law administration for the next two centuries. It divided the poor receiving relief into three categories -

(i) the able bodied who were to have work provided for them.

(ii) the rogues, vagabonds, and beggars, who were to be whipped or otherwise punished for their unwillingness to work.

(iii) the 'impotent' poor (the old, the sick and the handicapped), who were to be relieved in almshouses.

By the provisions of the Act, each parish now had its own Overseers of the Poor (usually the church wardens and a couple of large landowners) who would collect the poor rate.

The money would then be spent in four main ways:

(i) 'for setting to work the children of all such whose parents shall not be thought able to maintain them.'

(ii) 'for setting to work all such persons married or unmarried, having no means to maintain them, and who use no ordinary or daily trade of life to get their living by' (that is, the able-bodied pauper).

(iii) 'for providing a convenient stock of flax, hemp wood, thread, iron, and other ware, and stuff to set the poor on work'.

(iv) 'for the necessary relief of the lame, impotent, old, blind and such other among them being poor and not able to work'.

The Act also made it legal 'to erect, build and set up convenient houses or dwellings for the said impotent poor and also place inmates or more families than one in one cottage or house', which appears to be the initial authority for the erection of



Old Poor House and Cottages, West Derby Township in Low Hill (1821) – William Herdman – "Pictorial Relics" (1843). Plate 44.
The ceremony is "Riding the Liberties of the Town." It was then the custom

of the Mayor (carrying his wand), the Corporate Body, and a numerous cavalcade of gentlemen, to ride around the boundary of the town, stopping at Low Hill for lunch.

buildings later to become known as workhouses. A number of parishes took up this option realising there was a considerable saving to be made compared with supporting pauper's within their own homes or as vagrants.

Knatchbull's General Workhouse Act of 1723 enabled single parishes to erect a workhouse if they wished, so that they could enforce labour on the able-bodied poor in return for relief. The building of workhouses increased considerably under this Act, as by the end of the century their number had increased to almost 2,000, most holding between 20 to 50 inmates.

Inefficient management and high costs of indoor relief led to Gilbert's Act of 1782, which allowed parishes to combine into 'unions'. Now the unemployed able-bodied poor would be provided first with outdoor relief and then with employment, while indoor relief in poorhouses was confined to the care of the old, sick, infirm and their dependant children.

In West Derby, the parish workhouse known as the Old Poor House, stood on the northern side of Low Hill, near to the present site of the Coach and Horses (see Gage's Map 1836). The building is shown in the illustration of 1821 on this page by William Herdman, although it is not the subject of the drawing.

During the early 19th century, the Poor Law became heavily criticised for its 'leniency' and was said to discourage the unemployed from seeking work, while at the same time placing an enormous burden upon the ratepayer.

The Royal Commission set up by the Whig government in 1832 to investigate the operation of the poor laws found that the great source of abuse was 'outdoor relief afforded to the able-bodied'. It was a report torn apart by later historians as being based on scanty research and a selective use of the 'facts' to give weight to the government desire for reform.

Opposition was shambolic and despite a vociferous press united against it, the Bill received Royal Assent on 14 August 1834. The Poor Law Amendment Act had become Law.

The new Act minimised the provision of outdoor relief and made confinement in a workhouse the central element of the new system. To qualify for relief, it was not sufficient for the able-bodied to be poor, they actually had to be destitute. The measuring of this was their willingness to enter the workhouse, as it was originally planned – that this was to be the only provision for relief. Only the truly deserving – in the opinion of the government – would be those 'desiring' to reside in such a repellent institution. To help them in their decision,

the surroundings were made as unpleasant as possible as an obvious deterrent to those seeking relief.

Consequently, married couples were separated and children taken from their parents. Overall, inmates were segregated into seven groups according to age and sex; - aged or infirm men or women, able-bodied men or women over 16, boys or girls aged 7-15 and children under seven.

Each group was assigned its own day rooms, sleeping rooms and exercise yards (the detail in Map 1 on Page 10 reflects this arrangement at Mill Road).

They could see each other, but not speak, during communal meals or at chapel, and could only meet at infrequent intervals at the discretion of the guardians.

By the terms of the Act, a central administrative body was created - the Poor Law Commission, which in turn ordered that parishes were to be grouped together into poor law unions to provide the finance to build the workhouses.

Each union was to be run by professional officers under the jurisdiction of an elected Board of Guardians. In practice, the Liverpool Select Vestry (a committee of overseers of St. Nicholas, the parish church of Liverpool, formed under the Old Poor Law in the 17th century), carried on its administration of the Brownlow Hill Workhouse (now the site of the Cathedral of Christ the King).

In the surrounding rural areas, 23 parishes, stretching from Ince Blundell in the north, to Garston in the south, combined to form the West Derby Union, one of the largest in the country. Formed in 1837, it was to be run by a Board of Guardians, the members of which were elected representatives from each parish.

The first task facing the Guardians was to utilise the funds created by this new union of parishes and to build a workhouse.

The site for the new institution was to be in Mill Road and would be administered by the West Derby Union for almost a century.



Mill Lane in 1835 prior to the re-routing of West Derby Road. Thomas Shaw's land either side of Mill Lane was acquired by the West Derby Union by 1840 for the erection of the new Workhouse. (From Bennison's Survey of Liverpool and its Environs 1835).

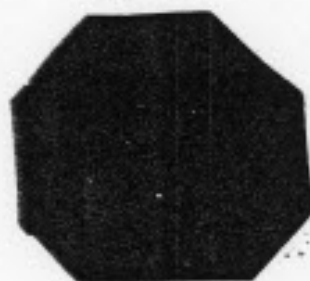


Low Hill in 1836 showing the site of West Derby Workhouse (centre right). (From Gage's "Map of Liverpool and its Environs") This is the Workhouse shown in Herdman's View of Low Hill 1921

WEST DERBY UNION.**In Pursuance of an Act**

of Parliament passed in the 4th and 5th Years of the Reign of His present Majesty KING WILLIAM THE FOURTH, intituled "*An Act for the Amendment and better Administration of the Laws relating to the Poor in England and Wales*," WE THE POOR LAW COMMISSIONERS FOR ENGLAND AND WALES, Do hereby Order and Declare, That the Parishes, Townships, and Places, the names of which, and the City, County, or Counties wherein they are situate, are specified in the margin of this Order, together with all Hamlets, Tythings, Liberties, or other Subdivisions, lying within, or belonging or adjacent to, any of the said Parishes, Townships, and Places, shall on the thirty-first day of January instant be, and thenceforth shall remain united for the Administration of the Laws for the relief of the Poor, by the name of THE WEST DERBY UNION, and shall contribute and be assessed to a common fund for purchasing, building, hiring, or providing, altering, or enlarging, any workhouse or other place for the reception and relief of the poor of such Parishes, Townships, and Places, or for the purchase of any lands or tenements under and by virtue of the provisions of the said Act of or for such Union, and for the future upholding and maintaining of such workhouses or places aforesaid, and the payment or allowance of the Officers of such Union, and the providing of utensils and materials for setting the poor on work therein, and for any other expense to be incurred for the common use or benefit, or on the common account of such Parishes, Townships, and Places in the proportion of the several sums hereafter to be ascertained and declared by us the said Poor Law Commissioners to be the annual average expense incurred by each such Parish, Township, or Place for the relief of the poor belonging thereto for the three years ending on the twenty-fifth day of March next preceding the inquiry.

- In the County Palatine of Lancaster.
1. West Derby.
 2. Beeston cum Liscro.
 3. Everton.
 4. Farnkirkley.
 5. Kirksby.
 6. Kirksdale.
 7. Uddon on the Hill.
 8. Alton.
 9. Great Crosby.
 10. Little Crosby.
 11. Jace Blunsell.
 12. Lichfield.
 13. Leam.
 14. Netherley.
 15. Orrell and Ford.
 16. Sephton.
 17. Thornton.
 18. Toxteth Park.
 19. Childwall.
 20. Allerton.
 21. Garston.
 22. Wavertree.
 23. Croxteth Park.



And we do hereby further Order and Declare, that a Board of Guardians of the poor of the said Union, shall be constituted and chosen according to the provisions of the Poor Law Amendment Act, and in manner hereinafter mentioned.

2. Mill Road Workhouse

'Fairly and Charitably'

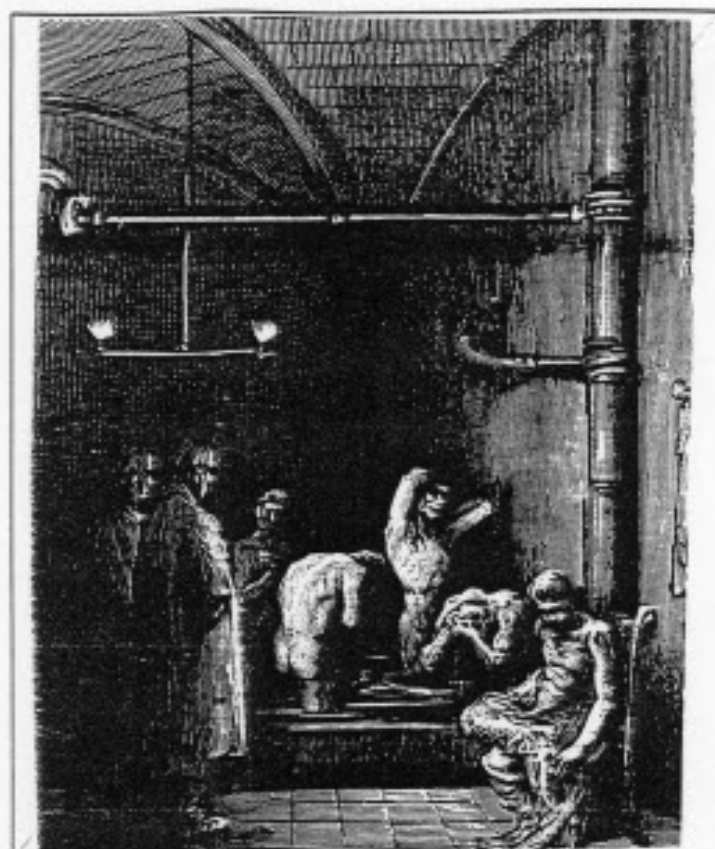
In 1837 the Poor Law Commissioners despatched its first order to the West Derby Union instructing them that, under the terms of the new Act, the united parishes should 'contribute and be assessed to a common fund for purchasing, building, hiring or providing, altering or enlarging any workhouse or other place for the reception and relief of the poor of such Parishes.'⁽¹⁾ (see illustration on previous page).

The Guardians immediately declared that the old parish poor houses, now under their jurisdiction, were totally inadequate to cater for the demands of the new legislation. A search was begun to find a site suitable for the erection of a new workhouse, large enough to provide accommodation for the poor of the entire West Derby Union.

Before the end of the decade, the Board had succeeded in purchasing land from Thomas Shaw, lying either side of Mill Lane among the local sandstone quarries and brick-fields (see map on previous page).

By 1841, the workhouse was complete and the transfer of inmates from the Old Poor House on Low Hill took place during the summer of that year (2). This was the first occupation of the Mill Road Institution, although it soon suffered a setback when the building caught fire in March 1843, damaging a considerable quantity of clothing and bedding.

No sooner had the occupants moved out of the Old

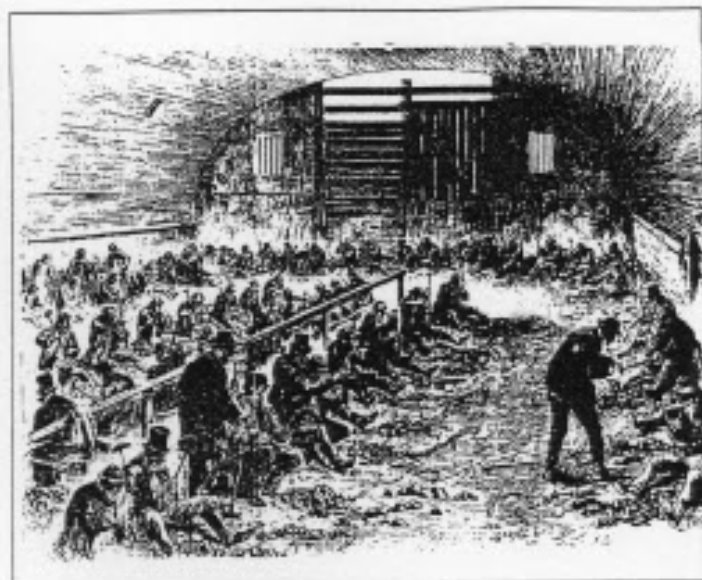


What life was like in the Workhouse both the illustrations on this page are from "The Workhouse" by Norman Longmate. Similar conditions such as the communal bath (above) would have applied to Mill Road. The labour yard pictured (bottom right) was at Bethnal Green, London in 1868, but stone-breaking was also a form of labour at Mill Road. The yards provided men with food in return for work, but they slept elsewhere

Poor House, than the Liverpool Select Vestry applied in March 1842 to rent the building to alleviate the overcrowding at Brownlow Hill. The rent was payable quarterly at a rate of £80 per year, which seems to have been misappropriated by Mr Dolling, the Overseer of West Derby. A considerable sum considering he probably earned around the same figure each year.⁽³⁾

The new Mill Road Workhouse of the West Derby Union was barely complete before it was realised that it was already too small. The Guardians soon pressed the new Poor Law Board (4) for permission to extend the site. Their calls however, went unheeded until in exasperation they demanded an immediate reply regarding the facilities now so imperatively required.⁽⁵⁾

Eventually, the Poor Law Board permitted a



makeshift measure which entailed the erection of a new chapel and school (on the site now occupied by the Nurses Home), thereby providing room for additional dormitories in the main block, which formerly housed such facilities. Further alterations were carried out after additional space was created following the Guardians resolution to send all sick patients to the fever hospital in Netherfield Road. Such fated patients were occupying precious workhouse accommodation.

It was intended that the 'fever sheds' and 'any other spare rooms' were to be used as workshops, 'in which competent persons would be employed in the instruction of the boys in some useful trade or occupation'. The men were not to be left idle either, the Guardians added, 'further, that a quantity of land be taken in the neighbourhood for spade husbandry to employ adult and able-bodied paupers'.(6)

Problems caused by the lack of suitable accommodation for the sick came to a head in 1852, when it was decided to build a new hospital fronting West Derby Road (on a site now lying between Horne Street and Hygeia Street). It would be known as West Derby Union Workhouse Hospital, arguably the true ancestor of Mill Road Hospital.

Sadly, no illustrations or views of Mill Road Workhouse (or the Hospital) appear to exist, and nothing survives regarding personal accounts. However, in the early 1860's, the Reverend John Jones, a congregational minister from Kirkdale, who was convinced that 99% of pauperism was due to the temptation of alcohol, set out on a mission to prove his case. In search of evidence, he inevitably toured the three workhouses of the locality; Liverpool (Brownlow Hill), Toxteth (now Sefton General) and West Derby (Mill Road). At last we have a first hand account of what lay within;

'We come first of all to the West Derby Union Workhouse. As we pass in through the gate, a building of moderate proportions stands before us. We have seen structures having a far more imposing aspect; but still how unlike it is to the "Parish Poor House" which the poet has revealed to us.'(7)

After comparing what he saw with the image conjured up by Crabbe's description of the rural poor house, he moved inside and again noted the contrast:

How different the scene around us! Here we have commodious and amply lit apartments, made cheerful by blazing fires, while the floors, and the walls, and the furniture, in point of cleanliness, must please the most fastidious, and be found to meet the requirements of the most stringent of sanitary officers.

And here, too, are the men and women with their uniform attire, some of them more or less decrepit, forming themselves into a circle around the fire; others more active, standing or moving about; and others darning stockings or sewing a garment.

But here is another class - these are bedridden, most of them will probably rise up no more. How feeble does this one look, how wan the other; how distressing the cough of a third; they feel they have come to the workhouse to die, but they seem resigned to their fate and thankful for the care and attention bestowed upon them. But for such a provision they know it would fare badly with them, huddled up as they would be in some corner of a dark cellar on a heap of straw; but here they repose on a comfortable couch, attended to by the nurse, cared for by the doctor, ministered by the chaplain, and often cheered by the kind look and word of the governor. Yes, they may well indeed feel thankful that their last days shall pass away under such circumstances, although a pauper's burial and a pauper's grave await them....'

A not too distressing account, compared to contemporary descriptions of the horrors witnessed at the notorious Brownlow Hill workhouse, and far removed from Dickensian imagery. (Especially those scenes described in *Oliver Twist* and his requests for more gruel. In fact, *Oliver Twist* was written during the period of the Old Poor Law).

In Brownlow Hill, scores of sick persons in every stage of nearly every known illness, a large proportion of them incurable or very old and entirely helpless, were nursed, if it could be called nursing, by able bodied pauper women selected from the adult wards of the Workhouse. Seldom of reliable or compassionate character, it is unlikely that any of the 'nurses' had received formal training.

In 1865, Agnes Jones, a Nightingale nurse who tried to improve the nursing at Liverpool Workhouse wrote:

'I am almost distracted between sickness and anxiety and drunkenness. I have one head nurse in great danger. These ex-pauper women whom we are training were paid their wages on Friday, and the next day five came in tipsy... How little I can do!' (8)

At Mill Road similar problems were encountered. Several times nurses were dismissed for drunkenness or fighting on the ward. In September 1863 for example, Elizabeth Hamilton, a nurse on the fever ward was finding the horrors of her job too much. The ward was already over capacity and patients were being turned away and sent to the Netherfield Road fever hospital. Temptation proved her undoing and she sought solace in the entire supply of wines and spirits which had been ordered for the patients under her care. Not surprisingly, she was found in an extreme state of drunkenness while on duty, whereupon she was given a month's notice to leave her £18 a year job.⁽⁹⁾

Within three years of her arrival in Liverpool, Agnes Jones had worked herself to death, dying from typhoid contracted from the victims under her care. Nevertheless, her work was carried on and Liverpool Select Vestry resolved to adopt her reforms in the Brownlow Hill Workhouse.

Florence Nightingale said of her:

'In less than three years she reduced one of the most disorderly populations in the world to something like Christian discipline. She converted the Liverpool Select Vestry to the conviction, as well as the humanity, of nursing the pauper sick by trained nurses, the first instance of its kind in England.'⁽¹⁰⁾

No evidence exists, but it is reasonable to presume that similar practices were soon introduced at Mill Road, especially as there was a keen rivalry apparent between the respective Boards of Guardians. Close ties had also been forged between the Boards and the Health Committee in the fight against the spread of disease.

In 1853, the Health Committee of Liverpool contacted the West Derby Board of Guardians, requesting co-operation in taking precautionary measures to prevent the spread of Asiatic Cholera. Local medical officers were to notify the Liverpool Authorities of all cases of Diarrhoea and Cholera in the area and the relieving officers were to report similar instances and filthy housing conditions



John Birbeck Nevins (1818-1903) – Medical Officer, Mill Road Workhouse 1847-c.1863)

known to them. Two months later, the Guardians also appointed a Public Vaccinator who would receive 1/6d for every successful case of vaccination.⁽¹¹⁾ At this time, the disease seemed to be largely confined to Liverpool, but due to the close proximity of Mill Road, all necessary steps were being taken to prevent it spreading. (By 1854, representatives of the Board were being asked to visit a house in Walton-on-the-Hill to investigate a reported case of Cholera).⁽¹²⁾

One of the earliest medical figures to make a mark at Mill Road, and subsequently within professional circles in Liverpool, was Dr. John Birbeck Nevins (1818-1903). He qualified as M.R.C.S. at Guy's Hospital in 1840 and later became M.D of London University. After a post as a surgeon aboard a vessel of the Hudson Bay Company, he came to Liverpool as a lecturer in Chemistry and Natural Philosophy at Liverpool College.

He first practised medicine at Mill Road Workhouse in 1847, earning the princely salary of £120 p.a. He stayed for over 16 years, leaving to become assistant surgeon to the Eye and Ear Hospital, later becoming a physician to the newly founded Stanley Hospital in 1868.⁽¹³⁾

In July 1863, he was given a glowing reference by the Guardians:

'Dr Nevins, having requested a testimonial in support of his application for the office of

Medical Visitor to private asylums, the Guardians have great pleasure in recording their testimony of his skilful and efficient services of Medical Officer of this Union Workhouse, having been there during a period of 16 years.

In the numerous and violent cases of Lunacy, which as Medical Officer of that establishment he has had under his care, he has always shown great skill and zeal in their treatment, and the Guardians deem him eminently qualified by practical experience to realize what will be expected from him in the office he seeks to obtain.(14)

Shortly afterwards, he gained a measure of national recognition when he was asked to furnish a report in connection with the Contagious Diseases Act of 1864 and 1866. As a Doctor, he was content to practice medicine of the mid-19th century and was reluctant to change, although he was elected President of Liverpool Medical Institution in 1886. However, the subject for his inaugural Presidential address may not have been to everybody's taste when he chose to speak about 'The Disposal of Sewage in Manchester.'(15)

In May 1862, in an effort to alleviate the problem of cramped conditions at Mill Road Workhouse, the Guardians placed an advertisement in the local press indicating their desire to secure land of not less than 20 acres, on which they intended to erect a new

workhouse. It had been reported that:

'...the present workhouse has long been inadequate to the requirements of a rapidly increasing Union...the Guardians have for years been patching and adding to a building which was originally never contemplated to afford accommodation for a Union containing 156,000 inhabitants and provide accommodation for a rapidly increasing number of casual wayfarers which exceeded 4,000 during the last six months..'(16)

Within a couple of months, 37 acres belonging to the Earl of Sefton situated at Walton-on-the-Hill, had been purchased at a cost of just over £11,000. The Guardians had already sold the West Derby Union Hospital on West Derby Road for the same figure and intended to raise a similar sum to cover the costs of the new building by the sale of Mill Road.(17)

The first stone of Walton Workhouse was laid on 29th March 1864, by Thomas Haigh, Chairman of the West Derby Union Board of Guardians. The work on the new building (later to become known as Walton Hospital) was expected to take four years.

During October and November of 1867, Mr Crane, an Officer from the Poor Law Board, visited the local workhouses of Liverpool, Toxteth and West Derby, in order to report on their condition. His report on Mill Road Workhouse described the

building and its workings shortly before their transfer to Walton,

'...the workhouse is wholly insufficient for the wants of the Union. By the removal of the schools and by other means, it has been of the

Copy of Hospital Circular

At a Meeting of the Hospital Committee held at the Hospital on the 25th October 1863. Present-

*Mr Abrahams in the Chair
Mr Harrison
Mr Alfass
Mr Hayes
Mr Mc Gee*

It was Resolved that the following Diet for sick persons in the Hospital be recommended to the Board for adoption (viz)

	Breakfast for 7 Days		Dinner for 7 days				Supper for 7 days		
	Bread lb	Tea lb	Bread lb	Butter lb	Meat lb	Vegetables lb	Bread lb	Butter lb	Meat lb
#2 Sick diet	5-12	7	1-10	10	10	10	7	12	8
#3 Sick diet	5-12	7	None	None	10	10	7	12	8
#4 Sick diet	5-12	7	None	None	10	10	7	12	8

That the Diet for the Officers, Nurses and Servants of the Establishment be the same as that in use at the Workhouse.

That the Diet be prepared according to the following proportions viz 100 Sick 200 Cooks

That the Diet be prepared from the Stores &c as at the Workhouse

John Abrahams, Chairman

Diet for the sick in the Workhouse Hospital.

Extracted from the West Derby Board of Guardians Minute Book, 26th October,

most part converted into a hospital and infirmary. Nevertheless, it is not large enough even for the sick and infirm poor. No detached infirmary seems to have been erected, nor is there any detached fever hospital. Contagious and infectious cases are placed in separate wards in the main building. At present there are 427 cases on the medical list. There is no resident medical officer but 2 medical officers constantly attend. There are 15 resident nurses with salaries varying from £15-30 per year with rations etc. for each. Four of these act as cost night nurses. The Guardians provide all drugs at about £400 a year.(18) They have also appointed a dispenser, who is in attendance during the whole of each day. The fever wards especially are too full. Great attention is evidently bestowed on ventilation, which is effectively kept up as far as possible; and the utmost cleanliness prevails throughout the establishment. It is only by such precautions that so large a number of cases have hitherto been congregated with safety in so limited a space.(19)

And, regarding Walton,

'I visited the new workhouse which is in an advanced state. It is highly desirable that the new hospitals there should be completed with as little delay as possible, so that the sick may be removed from the old workhouse and placed under the care of a medical officer who should reside in the new workhouse and devote his whole time to the duties of his office'.

Walton Workhouse was formally opened on 15th April 1868, at a final cost including the land purchase, of £65,000. It had accommodation for 1,000 'inmates' and was almost full by the opening day. The former Mill Road inmates enjoyed a 'good dinner and a half pint of ale each (oranges for the youngsters), and tobacco and snuff for the aged'. During the afternoon, guests toured the building to the accompaniment of various airs played by the juvenile band of the workhouse. Later that night, dignitaries dined at the Adelphi Hotel where the Chairman of the Guardians praised the Union with an oratory of self-glorification, concluding,

'No doubt in many of the metropolitan workhouses the poor were harshly and unfairly treated, but in the provinces workhouses were as a rule, fairly and charitably conducted'.(20)

This was soon to be questioned within the pages of the local press.

Footnotes

1. 'Orders of the Poor Law Commissioners' (1837-1848), Township of Toxteth Park Board of Guardians Archives. Liverpool Record Office.

2. Date of completion given as 1844 by such writers as Picton, J.A. (Memorials, vol II 1875 p.424) is incorrect. A contemporary account gives the date as 1841 - Smith, T. Results of the Central Administration of the Poor Laws - Exhibited in some of its workings in the West Derby Union, but especially illustrated by its operation in the parochial affairs of the extensive Township of West Derby (1848) specifically states the completion as by the summer of 1841 (Thomas Smith was a member of the W.D.U. Board of Guardians and a retired Overseer of the Township).

3. Smith, *ibid.* This is a scathing 76 page attack on the shortcomings of the 1834 Act especially regarding the inadequate accounting procedures of the clerks of the New West Derby Union, and Mr Dolling the Overseer, in particular, was accused of the misappropriation of funds.

4. The Commissioners were replaced by the Poor Law Board in 1847, who in turn were superseded by the Local Government Board in 1871.

5. West Derby Union Board of Guardians Minutes Vol 1, Dec 13th 1848, Liverpool Record Office. (Hereafter WDU Min.)

6. WDU Min. Vol 1, Dec 26th 1849

7. Rev John Jones, (congregational minister, Kirkdale) The Slain in Liverpool during 1864 by Drink (including Social, Medical and Criminal Statistics of Drunkenness) reprinted from Liverpool Mercury (1865). Reverend Jones produced annual reports on the plight of the poor of Liverpool until his death.

8. Bickerton, T.H., A Medical History of Liverpool, Liverpool, (1936)p.209

9. WDU min Vol 7, 16th Sep 1863

Other wages paid by the Guardians at this time were; Master of the Workhouse £120-180 p.a., Matron £40 p.a. plus rations, and School Mistress £30 p.a.

10. Bickerton *op.cit* p.210

11. He was not paid for unsuccessful vaccinations.

12. WDU Min. Vol 2, various; 28th Sep 1853 - 13th Sep 1854.

13. Shepherd, J.A. A History of the Liverpool Medical Institution Liverpool (1979) and WDU Minutes, various 1847-1863

14. WDU Min. Vol 7, 8th July 1863.

15. Shepherd, *op.cit.* p.186.

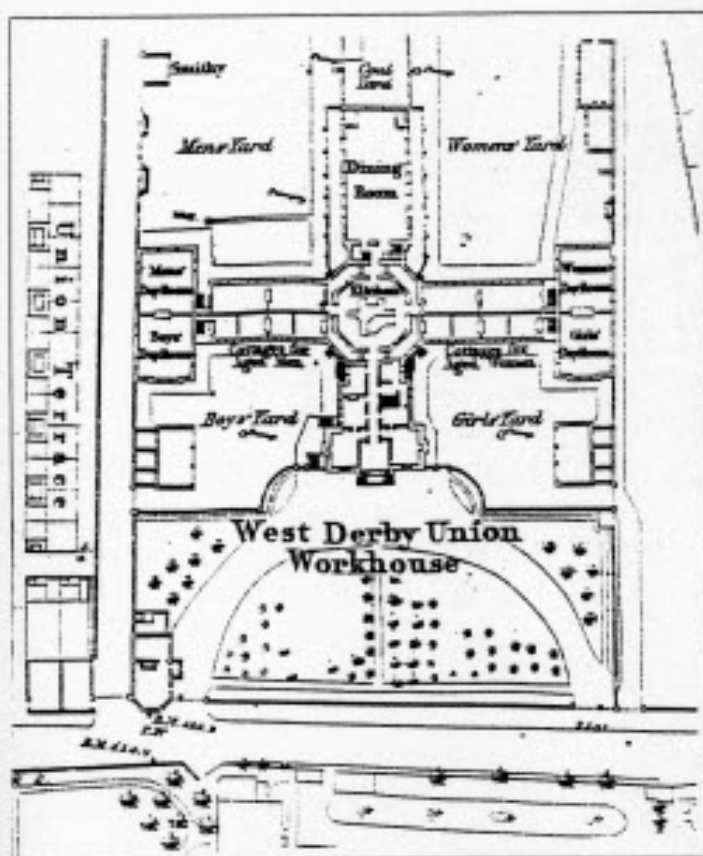
16. WDU Min. Vol 7, 20th Aug 1862.

17. *ibid.*

18. Many Boards of Guardians would expect doctors to provide their own drugs.

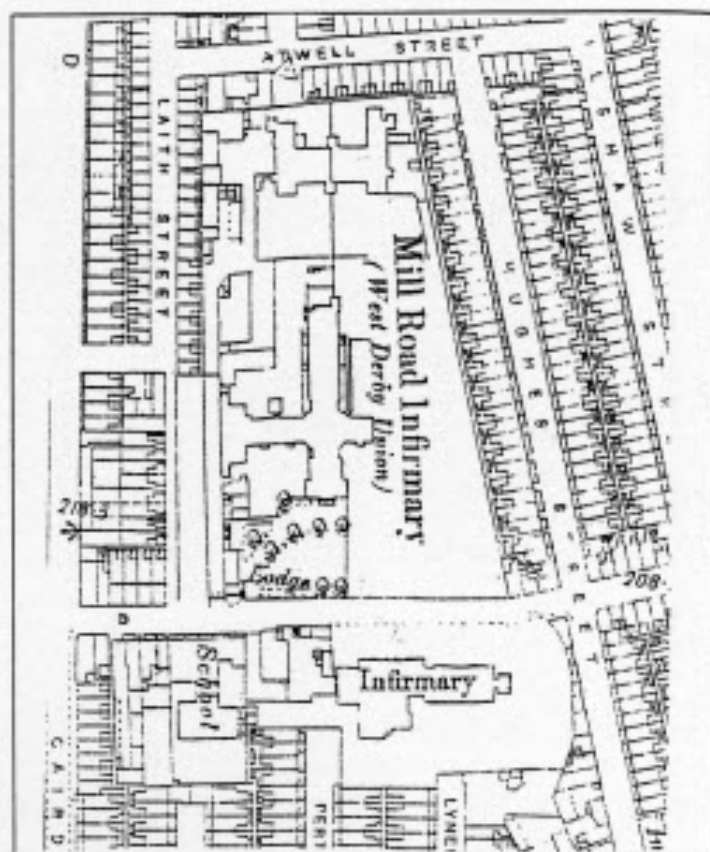
19. Liverpool Daily Post April 1st 1868 (referring to Nov.1867 report)

20. Liverpool Daily Post April 16th 1868



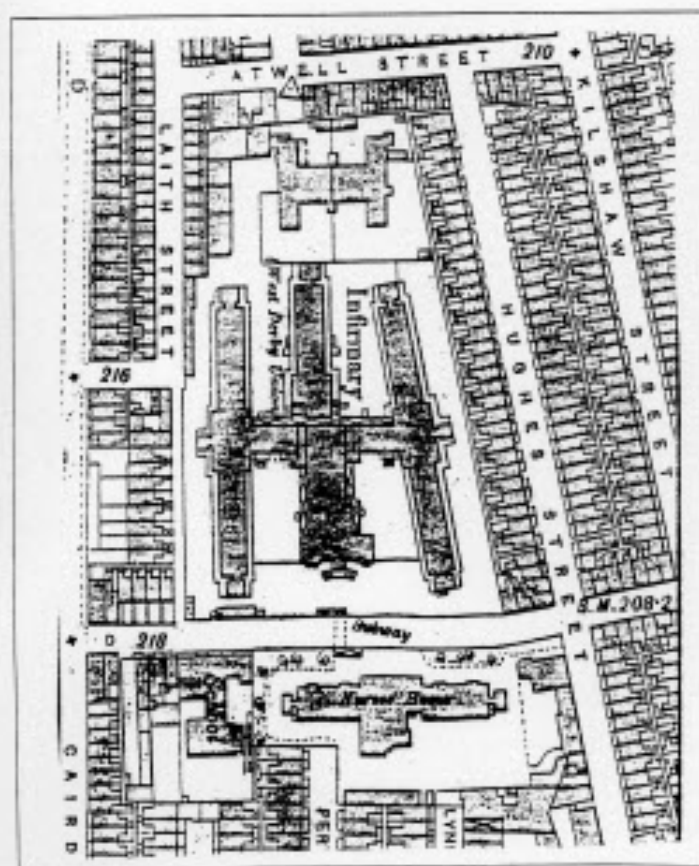
West Derby Union Workhouse, Mill Road, showing original cross-plan design and segregation of inmates.

Ordnance survey scale 5" to mile. Surveyed 1848)



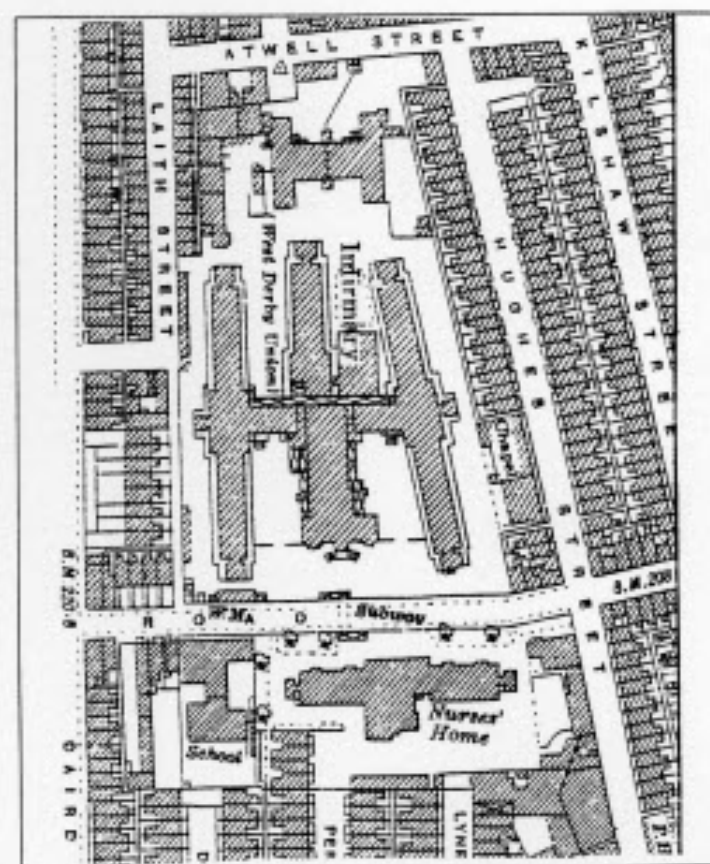
The original Workhouse in the process of demolition to make way for the new Infirmary.

Ordnance Survey 25" to mile. Surveyed 1890-1, published 1893.



The new Mill Road Infirmary (Foundation Stone laid 1891)

Ordnance Survey. Surveyed 1905, published 1908.



Mill Road Infirmary in 1927

Ordnance Survey

3. *The Workhouse for the Sick Poor*

(1868-1891)

Even before Walton opened it was realised that space would soon be short. Consequently, Mill Road Workhouse, originally due to be sold to help fund the new Walton institution, was reprieved. While the new workhouse was under construction, a programme of alteration was put into operation to turn Mill Road into a workhouse hospital for the sick poor to help prevent the anticipated strain on the hospital wards at Walton. After the transfer of inmates in 1868, the conversion plan was stepped up on the now vacated building.

The period of transition was difficult. Wards had to be opened at Mill Road earlier than expected when smallpox became rife at Walton in 1870. The Board of Guardians issued a directive in January 1871 ordering the Medical Officer to vaccinate all children in the Mill Road workhouse '...as soon as practicable after admission or birth, and do give to the Master certificates stating the cause why any particular child cannot be vaccinated...' ⁽¹⁾

The following week the Guardians took a step further in an attempt to control the spread of infection, when a special sub-committee entitled 'the Smallpox and Infectious Diseases Committee' was formed, which was given 'full powers to act as they may deem most advisable in the present emergency.' ⁽²⁾ (The emergency being described as an 'epidemic of smallpox and relapsing fever').

Local people became increasingly restless. Once joyful at the news that Mill Road Workhouse was to be closed and the inmates transferred to Walton, their delight turned to dismay when they realised that they now had a building brimming with smallpox victims on their doorstep. On the 1st March 1871, a deputation of local inhabitants, led by Rev E.H. Carpenter of Emmanuel Church, turned up at the weekly meeting of the Board of Guardians to complain about '...the continuance of the Mill Road Workhouse as a receptacle for persons affected by contagious disease...' ⁽³⁾. The Board referred the matter to their new Smallpox Committee, while at the same time assuring the gathering throng that they would attempt to secure land on which a

temporary hospital would soon be erected. No further developments can be traced of either resolution, but by 24th May later that year, a second deputation attended a Board meeting, where again the Guardians were berated for their lack of action.

If that was not enough, an incident over the death of a smallpox patient was pursued in the local press over Christmas 1871, adding to the Board's problems while further blackening their public image. Jacob Parker, a platelayer on the LNWR, contracted the disease late in 1871. Afraid of what fate lay before him, he was understandably reluctant to enter the Mill Road Workhouse Hospital. A letter written by Doctor Johnstone to *The Porcupine* (the local political and satirical paper) described the events that followed;

'...He was very unwilling to go, but, as I had given the opinion that he would be very ill, he, after a good deal of persuasion, consented. You may imagine my astonishment when his wife came to my house, early on a Sunday morning, saying that her husband had returned from the hospital, and would be glad if I could go and see him as soon as possible. Knowing that he had been averse to going away, I thought that mere perverseness had made him come home. When I heard his story, I regretted urging him to go. He died this afternoon.

He told me that when he went into the hospital he was shown into a room the floor of which was still wet from being washed; that only some women recovering from smallpox received him; that he did not see either doctor or nurse, or receive any nourishment until 8pm, when some beef-tea was given to him; that he was left without anything, or anybody to care for him, until five the next morning; that then a little boy convalescent from smallpox gave him some milk.

Seeing there was no one to take the slightest care of him, he determined to come home. He rose, dressed, and went to the nurse's bedroom door to tell her he would stay no longer to be neglected. He saw that she was fast asleep, and he came off

home without seeing anyone about the place! Doctors have a very great difficulty in persuading poor people suffering from infectious diseases to leave their homes and go into the hospital. If the treatment my poor patient received is a sample of the way they are attended to, we shall have more trouble than ever. Indeed, they will have a better chance for their lives in the badly-constructed houses the poor of Liverpool are obliged to live in than in fever hospitals.⁽⁴⁾

In fact, when Jacob stepped out of the hospital into the winter chill, he wandered around the locality in delirium for two hours, on a walk that would normally take 15 minutes. At Midday, a man who appears to have been a porter, but most certainly not a doctor, came from Mill Road to see if he had returned home. Amazed that Jacob had got out without hindrance, the porter declared, "Well it's a bad job, for the gates will be locked in future". Furthermore, Jacob had returned home in his own clothes, which, by law, should have been taken from him on his admission and disinfected.

The Board, no doubt embarrassed by the press attention, called a special meeting to investigate the events. Local journalists heard little to placate their outrage. In fact, the Board's greatest concern was that they should not in any way be implicated, while the Chairman had 'such an admirable conception of his duty as to allow a parcel of letters to be read, glorifying the officers, which had nothing whatever to do with the subject of the inquiry'⁽⁵⁾. Despite such side-stepping, the long serving Board member Mr W.J. Lunt, stated that the facts showed "a laxity of system and want of proper regulations"⁽⁶⁾.

After further wrangling, the Guardians finally acknowledged the obvious shortcomings, and resolved that:

'...the master's attention be directed to his standing orders, and the Guardians trust that he will in future pay more attention to the sufficient discharge of his duties; that the porter's attention be directed to his standing orders, and that all persons passing in or out of the establishment be correctly entered in the proper book; that all nurses be required to report to the house surgeon; all patients admitted into their respective wards immediately after their admission; that the medical officer be requested to visit every ward daily, and his attention

directed to the standing orders, especially as to his substitute, whose services can only be allowed in the unavoidable absence of the medical officer.'⁽⁷⁾

While dealing with the tragic events surrounding Jacob Parker's death, the Board still found time to send a petition to Parliament objecting to the Bill presently in the Commons which called for the prevention of the removal of poor persons to Ireland. The ramifications for workhouses would be considerable should such legislation be placed on the Statute Book. Greatly affected would be the Liverpool workhouses, which had witnessed a massive influx of Irish since the 1840s, the majority of whom were now consigned to poverty.

Boards of Guardians had the power to send paupers back to the parish from which they came, unless that parish paid for their upkeep in the workhouse of their new abode. Not a penny would be spent on those who did not qualify for relief within that Union. Nor were the Guardians averse to sending paupers abroad 'to the colonies'. Canada was their usual choice. In April 1884, the Board decided that 'the several poor persons...being desirous of emigrating to Canada, the necessary steps to be immediately taken to effect the emigration and that a sum not exceeding £11.3.0d be expended for each person upon the common fund of the Union...'.⁽⁸⁾ The oldest of these poor persons was sixteen, and the youngest, a girl aged four and a boy just two. It begs the question how children aged two and four, without parents, could 'desire' to sail on a crowded boat halfway across the world into the unknown. This was not an isolated incident; several transportations were underwritten by the West Derby Board before the end of the century, in an effort to alleviate the 'burden' they placed on the Union.

One man in particular, however, was concerned about the transportations. Harris P. Cleaver, Clerk to the West Derby Guardians and a man noted for his devotion to his work (his father had been the Clerk before him, from 1847 until his death in 1880), had deep reservations regarding the transportations of such young children. Fearing for their treatment, he travelled to Canada at his own expense to investigate their situation.

So distressed was he at what he observed regarding the condition under which many of the

children were living, that upon his return he persuaded the Guardians to discontinue this policy and to find an alternative to keeping the children in the workhouse. A short while later, funding was made available and in the late 1880s the Cottage Homes were opened in Fazakerley to house school children. Liverpool Select Vestry followed suit and shortly afterwards a similar scheme was carried out to erect Olive Mount Children's Homes. The West Derby Union widened their facilities for children when a Children's Convalescent Home was opened in Heswall - later to be renamed the Cleaver Sanatorium.

The spectre of incurable disease lay over the workhouse for a greater part of half a century following the opening of Mill Road. Due to widespread squalor, poverty, and poor sanitary conditions, smallpox, cholera and typhoid claimed thousands of victims. Even for those illness that could be treated, medicines were in short supply and cases would be referred to professional 'vaccinators', who had to provide their own drugs.

The hazards of working in such an environment were obvious. Mention has already been made of Nurse Agnes Jones who succumbed to typhoid after only three years in Liverpool. In Mill Road a Medical Officer died aged just 23 in 1880. A plaque commemorating this sad event adorns a wall in the Doctors' residence (to be relocated in the new hospital). It reads,

**SACRED TO THE MEMORY OF
PERSHOUSE WM LESLIE LANGLEY
M.D.M.C.H.M.R.C.S.E.
WHO DIED IN THE FAITHFUL
DISCHARGE
OF HIS DUTIES AS MEDICAL OFFICER
OF MILL ROAD HOSPITAL
ON MONDAY THE 17TH MAY 1880
AGED 23 YEARS**

Dr. Langley had been promoted to the position of Senior Resident House Surgeon only two weeks before his death, and fifteen months after his appointment as junior house-surgeon. He was the only son of Dr. Langley, a Deputy Medical Inspector (at that time residing near Waterford in Ireland, who held the post of Inspector General of Army Hospitals in the Crimea during the Russian war of 1854).

In the course of his duties, Dr. Langley-Jnr. had contracted 'typhus fever' and was seriously ill for 14 days before his death. During the last two days of his life, an intimate friend and colleague, Dr. Charles Hall, remained in the house with him and assisted other doctors in the 'arduous and most trying duties'.⁽⁹⁾

It was generally agreed that young Langley had had a glittering career ahead of him, while the Workhouse Chaplain recorded in his journal,

'...It is with unfeigned sorrow of heart I record the death of our esteemed and highly talented and truly gentlemanly house-surgeon, Dr. Langley, in his 23rd year; who, if spared, would in all probability have risen to the first rank of his profession...'⁽¹⁰⁾

The tribute from the Board of Guardians scaled even greater heights:

'the deceased was a young man of great capability - indeed few showed greater promise...He had fallen victim as many had before to the discharge of his duty, dying as truly a noble a death as if he had been fighting his country's battles amidst the interest and distinction which attends on the battlefield. In fighting insidious disease he had probably fulfilled his duties to the greatest satisfaction of those who had employed him. No man had died within the walls of the Mill Road Hospital more deeply regretted than was Dr. Langley, not only by the Master and Matron, and nurses, but also by the poorest of the paupers to whom he ministered.'⁽¹¹⁾

Dr. Langley was interred at St. Mary's, Edge Hill, before a numerous attendance.

Placed in perspective, the post of Medical Officer was hardly a position of autonomy. The final word on many decisions frequently lay with the Guardians - while action would rarely be determined until the following Board meeting. Consider the ludicrous situation caused by this procedure when such lay people (none of whom had a medical qualification between them), were required to give authorisation to the M.O. to amputate the foot 'of a woman named Smith, an inmate of Mill Road Workhouse'.⁽¹²⁾

Nevertheless, the later years of the nineteenth century saw great medical progress, together with new attitudes within the nursing profession. Many new institutions, taking advantage of modern

HISTORY OF MILL ROAD

developments and techniques, were being opened in Liverpool - such as the Royal Southern (rebuilt in 1872), the Hospital for Women in Shaw Street (1883), the Homeopathic (1884), and the new Royal Infirmary (1890). Workhouse Infirmarys, however, were clearly not at the forefront of such developments, yet change was undoubtedly necessary.

Despite the fact that Mill Road had been reprieved and altered to take on a new roll in the early 1870s, it was becoming increasingly clear that the building was inadequate, outdated, and, above all, unhealthy. There was no alternative. It would have to be condemned.

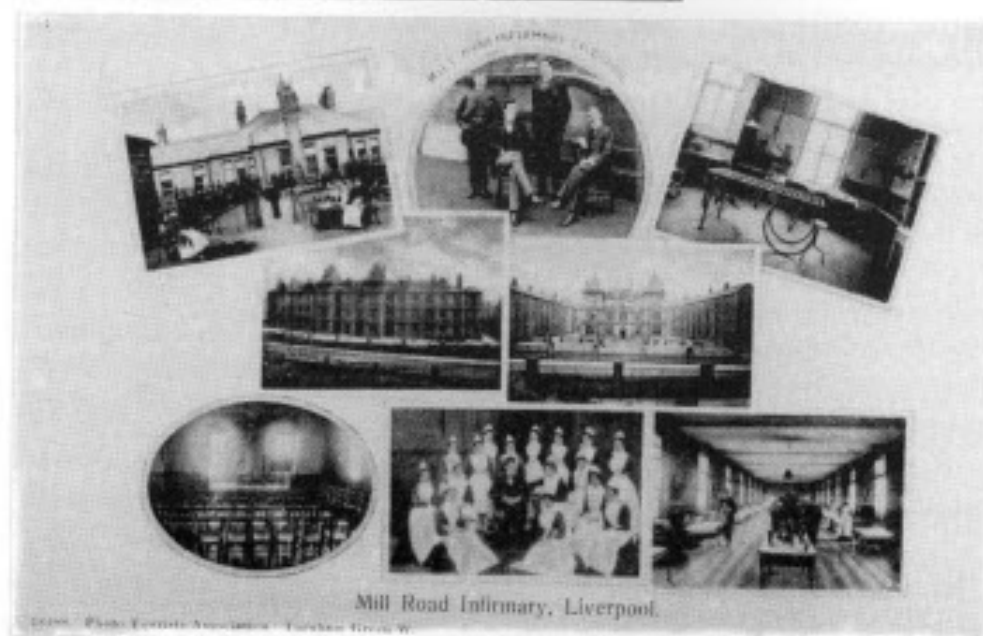
Footnotes

1. WDU Min. vol 9, 25 Jan 1871
2. *ibid.* 1 Feb 1871
3. *ibid.* 1 March 1871
4. *The Porcupine* 9 December 1871
5. *The Porcupine* 16 December 1871
6. *ibid.*
7. *ibid.*
8. WDU Min. vol 18, 30 Apr 1884.
9. Liverpool Daily Post 20 May 1880
10. *ibid.*
11. *ibid.*
12. WDU Min. vol 10, 17 Jan 1872.



*Christmas on the Ward
at the Workhouse
Infirmary. c 1898*

*Souvenir postcard, Mill Road
Infirmary. c 1898*



4. The New Infirmary

(1868-1891)

At two o'clock in the afternoon on Wednesday 18th March 1891, various Board officials, Union clerks, architects, medical staff, and civil servants, gathered around in front of what had been the administrative block of the Mill Road 'Workhouse for the Sick Poor', and posed for a photograph, while a journalist from the *Liverpool Daily Post* busily scribbled his observations of the proceedings. Charles Lancaster, architect of the new building, stepped forward and presented a silver trowel to John Ellison, Chairman of the West Derby Union Board of Guardians.

Mr Ellison, after expressing the view that the new institution would be second to none in Liverpool, formally laid the foundation stone for the new hospital of the West Derby Union - Mill Road Infirmary. (This stone still stands today in front of the Doctors' Residence and will be relocated at the new hospital after the closure of Mill Road). Stepping back, Mr Ellison declared the stone duly laid, presented a copy of the plans to Mr Lancaster and then spoke a few words to the gathering before him, before concluding that:

'...the public might gather how anxious the Guardians were for the comfort and to promote the well-being of those committed to their care, and who were compelled to occupy an institution of that kind (applause). Fifty years ago nothing of that sort would have been done, but the outcome of the exciting questions of the present day between labour and capital, had been a better feeling among all classes and they were all learning to feel that although providence had assigned different lots to people in this life they were all human creatures, and it behoved them to take care of the suffering ones and see that every provision was made for them (applause).'⁽¹⁾

It was with such rhetoric that the foundation of the present building was formally laid. The party then adjourned to the Union Offices at Brougham Terrace for lunch, toasts and more speeches.

Two years earlier, the Guardians had resolved that there was a desperate need to upgrade Mill Road.

The old building had in the past been adapted where possible but it was generally agreed that they had gone as far as they could along that road and a completely new purpose built establishment was necessary to provide modern hospital facilities.

The old building, now condemned, was pulled down in its entirety, leaving only the detached Lower Hospital for 'imbeciles' (built in the 1850s) at the rear of the main block close to Atwell Street.⁽²⁾ The sick patients, meanwhile, were transferred to the Test House in Belmont Road, the vagrant workhouse of the West Derby Union (later known as Newsham General Hospital).

As work continued into the mid 1890s, Mr Jenner-Fust, the Local Government Board Inspector, told the West Derby Guardians at their weekly meeting in March 1893, that 'the Mill Road Infirmary when quite completed would be one of the best specimens of a workhouse infirmary in the country'.⁽³⁾ 'Workhouse' was the crucial word. The new venture, although a modern building, was still not up to the standard of the voluntary hospitals, and it would be another 50 years before it came anywhere near losing the 'poor relation' tag among its regional counterparts.

Poverty in England throughout the Victorian period was largely equated with immorality, irreligion and intemperance. Furthermore, there was little chance of overturning a poor law which was outdated and based on a profound misconception of the causes of poverty at its introduction. It was ironic that when another local civil servant, Mr Holding, commented,

"...party politics are coming more and more to the one thing - to the idea of social reform - we are getting nearer and nearer every year to the idea that the young and the old who cannot work and cannot keep themselves have a right to be kept by the community..."⁽⁴⁾

He was merely outlining the provision of the Old Poor Law which had been so ruthlessly cast aside over fifty years earlier.

The initial care of the destitute fell largely on the



*Mill Road Infirmary, Liverpool
c.1898*



A Nightingale Ward



The Workhouse School, Mill Road



Mill Road Workhouse Infirmary



New Operating Theatre



Nurses Home



Doctors outside residences

shoulders of the parish doctor, who worked for a meagre salary in impossible conditions. They could admit serious cases to the Poor-Law hospitals but it was less easy to admit patients to the better equipped voluntary hospitals.

Even as late as 1909, almost forty years after the Mill Road small-pox scandal (see previous chapter), the stigma and fear attached to the workhouse infirmary showed no sign of abatement;

'...the parish doctor is always available. But the poor do not like the parish doctor, and they will adopt any device rather than summon him. They dread what they know to be too often the burden of his message: "You must go into the Workhouse Hospital". Of course, we know it is very silly of them to dread the workhouse hospital but that does not alter the fact that they do dread it and that they dread the parish doctor...' (5)

The respectable poor preferred to endure almost any degree of neglect or misery at home rather than be sent to the workhouse.

Construction work on Mill Road Infirmary continued. Planned to provide accommodation for 700 patients, the cost was estimated to be in the region of £100,000. Extra space would be provided by the removal of the nurses' quarters from the main building to a new home on the opposite side of the road. The whole scheme was to be carried out in a 'plain but substantial manner, with the comfort of the patients studied throughout in preference to outside embellishments'.

Gradually, patients were relocated in the new wards as the work was completed. By 1895 this was largely achieved just at the time when a commissioner from the British Medical Journal visited West Derby, gathering material for a series of articles on 'provincial workhouse infirmaries'. Intending only to visit the Test House in Belmont Road, the Union officers were understandably insistent that the journalist should visit Mill Road so as to form a more enlightened view of the aims and achievements of one of the largest Poor Law Unions in the country. After a guided tour given by the Matron, the journalist submitted his findings (the only known description of the hospital from this period),

'...The ground plan is that of a double H, the two side blocks being respectively male and female wards, half of the middle block being the

administrative department, the rear portion having the children's wards and those for the lock cases. The building stands four storeys high, including the basement, where are wards which are only used in time of pressure. The total accommodation is for about 900 beds; this includes 150 in the Lower Hospital reserved for the imbeciles and epileptics. This hospital is a detached building in the same enclosure at right angles to the main hospital.

The Wards

of which there are 16 of 36 beds, and 4 of 32 beds, occupy the entire length of the uprights of the letter; at the near end is a day room, a ward kitchen, single ward with two beds, and a linen room; in the transverse portion on the ground floor are the receiving rooms with bath room attached, and lifts for conveying the patients to the respective floors. The upper portions of the transverse corridors are converted into recreation grounds, the iron columns from the one floor suspending the balcony above. The walls of the wards have a smooth surface painted in two colours. There are two stoves, each having one fireplace, in the middle of the ward, the flues being carried under the floor. The lighting is by numerous single gas brackets on the side walls.

In each ward there are low cupboards for the ward necessities - dressings, medicines, etc; these are placed tablewise down in the middle of the wards. The bedsteads have the spring mattress, on which is laid a wood-fibre mattress, and they are furnished with removable pulls. At the end of the ward, in an annexe with an intercepting lobby, are the lavatories and bathrooms; the walls are tiled in two colours and the floor is laid in tiles, all set in modern style. The surgical patients are nursed in the top wards, near the small room that is used as an operating theatre.

The Nursing

is such as one would expect to find in so well-appointed a building; there is no pauper help of any kind. The medical superintendent has under him a trained matron with two assistants, a staff of from 60 to 70 nurses; some of whom have been trained in the infirmary, and a night superintendent. The cases are the acute sick surgical patients and operation cases so that

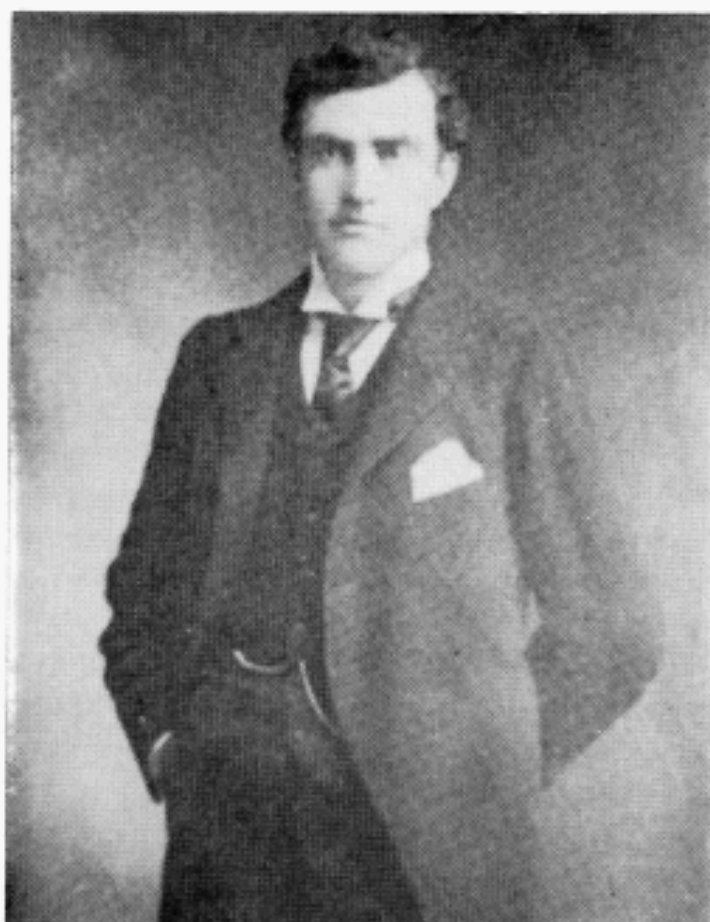
there is excellent material for the training of the nurses: these nurses are lodged in the home placed on the opposite side of the road, and connected by a subterranean passage with the hospital. Here are the dining and sitting rooms, a large hall useful for various purposes, 63 bedrooms for the nursing staff and other conveniences, accommodation for sick nurses, and rooms for the household servants on the top floor. A home sister is responsible for the work of the home under the Matron. Each officer is responsible for her own department under the medical superintendent.

The Guardians

may feel proud of their infirmary, of which we carried away a most favourable impression. We trust that it will serve as a pioneer in the cause that we have at heart, namely, the nursing of the sick pauper in a manner that bears a common sense relation to his ailment, irrespective of the fact that he receives such medical relief from the rates. The Guardians of West Derby Union have evidently approached the subject in an enlightened manner and we doubt not that in course of time they will receive the indirect reward of their policy in the decrease of pauperism due to the generous bestowal of medical relief. As we made the round of the building we saw points in which there still lingered the trail of the workhouse system; but we feel sure that in time these marks will vanish, and that our best plan is to leave the matter in the hands of the Board and its advisers.⁽⁶⁾

The reform of the hospital organisation appears to have come with the new building. The new workhouse infirmary approach, especially regarding nurses, was in marked contrast to that found in the old building a few years earlier. As if to confirm the determined aims of the Guardians, they were fortunate to secure the services of Mr. Nathan Raw in 1896 as Medical Superintendent for the new Infirmary. Born in Durham in 1866, he qualified as a M.B. at Durham University in 1884. In 1897 he gained the F.R.C.S. of Edinburgh, but he did not practise as a surgeon. He was particularly interested in tuberculosis and psychiatry and later served on national and international committees concerned with these fields of medicine.

He carried out important research on the culture of



Nathan Raw (1866-1940) – First Medical Superintendent of the new Mill Road Infirmary 1896-1918

the bacillus of tuberculosis and was a pioneer in the use of anti-toxins in infective diseases. Nathan Raw wrote widely on many subjects and established a considerable reputation. A pioneer in the use of X-Ray diagnosis, it is to his credit that a department was established at Mill Road within two years of his arrival. That same year a new operating theatre was also opened.

On a sad note, he was a martyr to the early developments in radiography, being forced to give up work in this field because of severe damage to his hands from irradiation. Raw was said to have been a man of engaging personality and he influenced many important medical developments in Liverpool.

The nursing profession was also witnessing great change. In 1902, the Midwives Act was passed. Before this Act was placed on the Statute Book, any woman, however ignorant and untrained, could describe herself as a midwife and practice for gain. By the terms of the Act all midwives would have to be qualified and would no longer be paid directly by their patients.

Dissatisfaction with the Poor Law and disagreement over its objectives led to the setting up

of a Royal Commission in 1905. It concentrated on the relevance of the old Act within a modern urban industrial society, how far charity was funding areas originally covered by the Act, and to what extent new welfare agencies were undermining the provisions of the Poor Law.

The Commission found it impossible to find common ground as a united body, issuing conflicting Majority and Minority Reports in 1909. Both were ignored by the Liberal government, but the Local Government Board responded to them by tightening up its administration, especially regarding indoor relief. Asquith prophesied, 'You will find that Boards of Guardians will die hard'. Meanwhile, 'Lloyd George's Ambulance Wagon,' that vast programme of social reform which might eventually make the Poor Law unnecessary, gained momentum and an opportunity to finally bury the 1834 Act was squandered.

Over the next three decades the Poor Law was gradually dismantled. Already in 1908 the Children's Act had given local authorities new powers to keep under privileged children out of the workhouse. On New Years day 1909, old age pensions were introduced; in the same year labour exchanges were set up to help anyone without work find a job, and in 1911 the National Health Insurance Act was passed which provided state benefit for sickness and maternity. The term 'workhouse' was dropped in 1913 in favour of 'Poor Law Institution' and indoor relief was increasingly confined to the 'helpless poor'; children, old people and the sick.

In the West Derby Union, patients suffering from mental health problems were usually transferred to the Lower Hospital (the detached block on the northern section of the Mill Road site). Such cases became widely known as "lowers", but despite the name coming from the siting of the building, the implication was clearly derogatory with its Bedlam associations. Transferring patients to the Lower Hospital was a very simple procedure and saved doctors a lot of trouble; even a legal order was not required, but some doctors did have qualms. As MacWilliam said, "I had an uneasy feeling that it was sometimes an evasion of my responsibility as a doctor."⁽⁷⁾

Writing about his own hospital Walton, he described a room at the bottom of one of the large

wards in 1913:

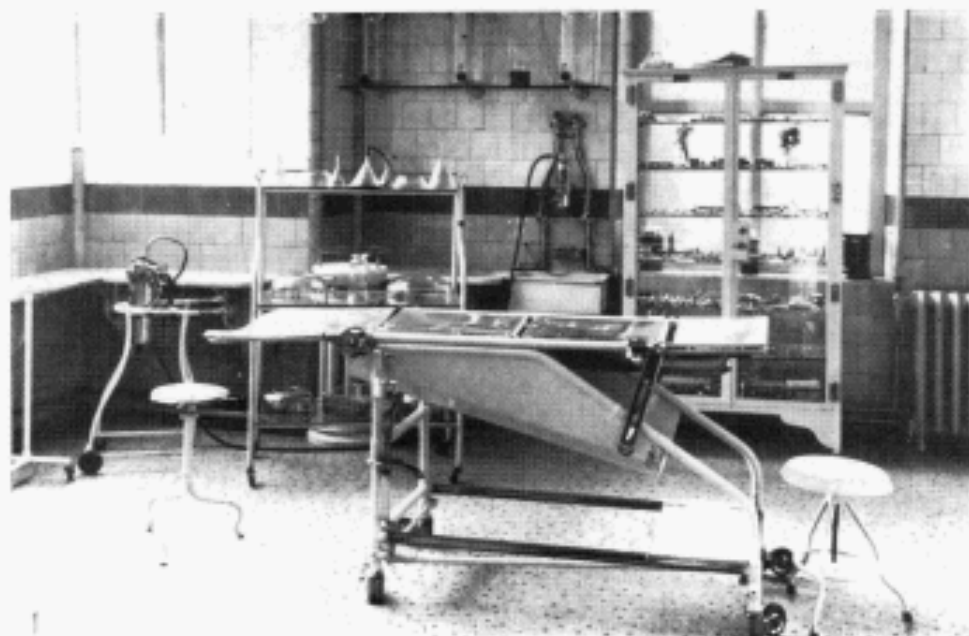
'It had no window: the walls were covered with thick padding and there was a strong door with a good bolt. In a cupboard outside there was a straight jacket. This was the Padded Room, but I was told it had not been used for a long time'.⁽⁸⁾

We can be sure that if such a room was once in use at Walton, it is likely that there would be similar facilities at the specialist institution at Mill Road. Little is known about the Lower Hospital, although Nathan Raw who was Superintendent at this time was renowned nationally for his work in the field of mental disorder.

In the following year, as 'the lamps were going out all over Europe', Mill Road Infirmary was appropriated by the authorities to be used as a hospital for military casualties, as were certain wards at the Belmont Road Institution. Civilian cases were transferred to Walton.

Much later during the 1950s, actor Laidman Browne, who had returned to Liverpool to appear at the Royal Court Theatre, recalled his wartime experiences. Wounded at the Battle of Cambrai in 1917, he was brought home to be nursed back to health at Mill Road Infirmary. He remembered that at the time the initials of the West Derby Union were liberally stamped upon bed linen, walls, dinner plates and dustbins. The suffering soldiers re-christened the motto 'We do you in' feeling it more apt. Regarding the Matron, 'she could not have been more deferentially treated by her soldier patients if she had been a general', declared Mr Browne.

He described discipline as remarkable in view of the fact that the worst offenders could only be brought before an 'elderly gentleman in civvies' (Mr Cleaver?), who gave them a good talking to. 'This gentle provost had some trusty lieutenants among the nursing staff', said Mr Browne. 'One was Sister Biddy, who had a tongue to quell the rowdiest Tommy. There was a night when an Irish soldier threatened to throw himself out of the window because he was not allowed to smoke. Neither the night nurse nor the house surgeon could deter him, then Sister Biddy appeared. She flung the window wide open. "Come on then," she announced, "and be quick about it. I want all this mess cleared up by daylight", she stormed, as she peeled the garment off the discomfited soldier, "And you needn't think



The Operating Theatre - one of a series of view on this page and the next of the Infirmary c.1900-1910 by Carbonara Co.

you're going to jump out of any windows in one of my new dressing-gowns." The Irishman meekly crept back into bed.'⁽⁹⁾

Much of the emergency surgery during the war was undertaken by Walter T. Clegg, a man who was said to never refuse work, nor be seen to panic. An example of this latter trait surfaced on one occasion when he was returning to the hospital after attending a maternity case.

While walking down Islington, Mr Clegg was confronted by two rough looking men and a woman. Fearing for his safety as one of the men made a move towards him, he calmly reached into his medical bag and withdrew the mugger's feared deterrent - the midwifery forceps - which he informed his potential assailant in what way they would be utilised if he did not retreat and let him pass. The mugger, either baffled, impressed or quaking in his boots, wisely declined further engagement and backed off allowing Mr Clegg to proceed safely on his way.

The war had put paid to Nathan Raw's active administration of Mill Road, although he officially held the post of Superintendent until the end of hostilities. In 1914 he became senior physician of the Liverpool Merchants' Base (or 'Mobile') Hospital under the command of a regular R.A.M.C. Colonel. Lieutenant-Colonel Raw took over command from 1916 until 1918. This mobile hospital was a building of light wooden structure which could be readily moved from place to place so

that it could remain as close to the firing line as possible, thus giving prompt and effectual aid to the wounded in circumstances when their relocation to permanent hospitals was inadvisable.⁽¹⁰⁾

In 1917, Nathan Raw was made a Companion of the Order of St. Michael and St. George, and on the cessation of hostilities he entered politics, where he was returned as Conservative Member for Wavertree. Shortly afterwards, he moved to London to practise from Harley Street, and after resigning his seat in 1922, he was made Lord Chancellor's Visitor in Lunacy later that year. He was regarded as one of the most versatile of doctors of this period and his influence nationally was exceeded by few other contemporaries. He died in 1940.

Nathan Raw had left Mill Road and Liverpool at a time when there was a desperate need for revision in the Poor Law. His successors were to bear the brunt of the changes and the difficult transition towards the welfare state.



Electro-Therapeutical Dermatological and Massage Unit



From the Carbonara series— "Special Ward for Paying Patients"

Footnotes

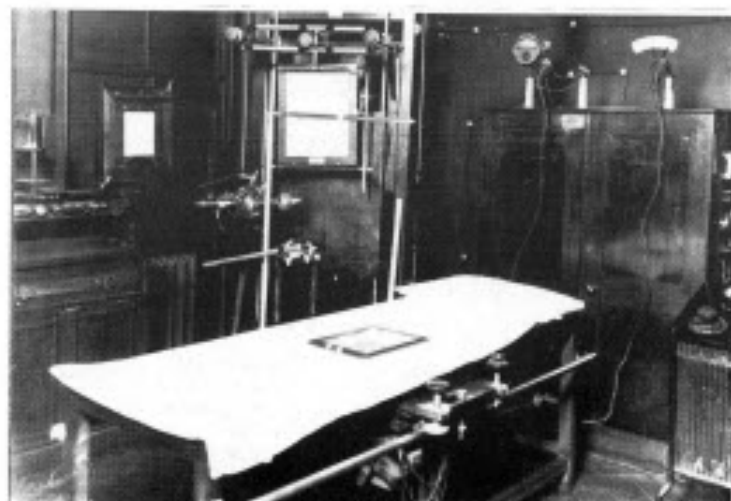
1. Liverpool Daily Post, 19 March 1891
2. The Lower Hospital was destroyed in the Blitz of 1941.
3. Liverpool Daily Post, 23 March 1893
4. *Liverpool Review*, 9 Feb 1889. (Mr. Holding was the Master of the West Derby Union's new Fazakerley Cottage Homes for workhouse children)
5. 'The Sixpenny Doctor' by 'a Town Parson', Liverpool Daily Post 27th Dec 1909
6. British Medical Journal, 8th June 1895. p.1272-1274,1286.
7. **MacWilliam, H.H.** *Memories of Walton Hospital* (1965) Liverpool, P.40. (Henry MacWilliam joined Walton as Assistant Medical Officer in 1913, later becoming Medical Superintendent until his retirement in 1952).
8. *ibid.* p.40
9. Liverpool Daily Post, 24 April 1957 and 17 May 1957.
10. **McConnell, Dr. R.B.** 'In Arduis Fidelis' *Liverpool Medical Institution Transactions and Reports* (1985-86) pp.7-8
and **Bickerton, T.H.** *A Medical History of Liverpool* (1935) p.258



Ophthalmological Department



Dental Department



X-Ray Department



Bacteriological Department

5. *The Inter War Years*

The end of the war brought with it many changes affecting the Poor Law Institutions. The Infirmaries, pressed into service to receive the floods of casualties from France, had certainly enhanced their reputation during the conflict, and there were now two new ministries concerned with social welfare; the Ministry of Labour, carved out of the Board of Trade in 1917, and the Ministry of Health, which in 1919 replaced the Local Government Board. Yet the Poor Law itself continued to survive.

Before the war, infirmaries struggled to achieve parity with other hospitals regarding status, as they continued to be looked upon as a second class service. Professionalism was hampered by the limitations imposed by confusing treatment of the sick with the discouragement of pauperism. Infirmaries had to accept larger numbers of the chronically ill, the incurable, and the dying, whom no other institution would take. Mill Road began to take paying patients before the war, and certain parts of the Infirmary were dedicated for their use.

Frequently, such patients were accepted as a result of overcrowding in the voluntary hospitals. Nevertheless, barriers between the hospitals were beginning to break down. Mill Road was performing hundreds of operations each year and was no longer an infirmary for the incurable.

The hospital had specialist equipment and even the Medical Superintendent, Nathan Raw, had become a national figure within the profession. Doctors were becoming more concerned with wider developments in medicine rather than merely carrying out Poor Law functions.

Inevitably, to be full time in such an institution did not appeal to the average specialist or consultant. While the voluntary hospitals continued to admit patients selectively, and the poor law infirmary treated as 'dumping grounds' for incurable or long stay patients, it meant that medical students seldom saw many of the common conditions with which they would have to cope with in practice. The full potential of the institutions for post-graduate and

under-graduate teaching would not be exploited until after the Second World War.

Among the patients there were differences of opinion. To many, the old institutions were seen as community hospitals which offered security and a friendly atmosphere and there was considerable resentment when independent management was abolished. To some, even if the name had been changed, the hospital was still the 'workhouse'. Traditionally, there was a stigma attached to admission, which itself was regularly seen as a sentence of death.

Many who spent their whole careers working in the institutions were devoted and highly skilled doctors and they looked after some two thirds of the hospital beds in the city.

Poor Law nurses however, continued to experience low status, long hours and low pay. A national shortage of trained nurses which occurred just after the war, saw the Ministry of Health desperately trying to alleviate the situation well into the 1920s. In 1919, the nursing profession, anxious to protect standards, won the right for which it had been campaigning for some time - the state registration of nurses.

Training for Walton and Mill Road probationers began as early as 1897. In fact, all training within the Union, including the Final Examination, took place at Mill Road Infirmary, although this was up to Poor Law standards. Poor Law Unions were still not concerned with employing recognised trained nurses and thus could pay less. The Ministry of Health accepted that the second class-status of Poor Law nurses should be abolished and resolved that probationers would, in future, be submitted to the examinations of the General Nursing Council.

This was accomplished by 1925 when the Council began its first state examinations. In the same year, Mill Road became one of 93 Poor Law infirmaries recognised by the Council as a Training School for Nurses. There was now an opportunity for pay and conditions of employment to improve.

In an attempt to improve the administration and



Mill Road Infirmary in 1925

financing of what was now three unions operating within the same city, the West Derby Union was enlarged by its amalgamation with the Select Vestry of Liverpool and the Township of Toxteth Park. This merger formally commenced on 1st April 1922, by the terms of the Liverpool Corporation Act passed the previous year.

The scale of the West Derby Union in relation to its partners may have been reflected in the retention of its name for the new administration rather than taking Liverpool's. Harris Cleaver guided the old Board through the transition before retiring. Dr. Henry MacWilliam, Assistant Medical Officer of Walton Poor Institution, knew him well,

'He was the most influential official within the Union. He was a man of distinguished character and distinguished leadership. He had remarkable charm of manner and as he was very loyal to the Staff, he was immensely popular. He could get the best out of people. An interview with him was always stimulating and indeed it was a pleasure to have any dealings with him. To him must be attributed the high standing of the West Derby Union with the Ministry and in the Country. The Union under his administration was, with good

grounds, considered the best and most progressive in England. He seemed to have by nature a friendly attitude to his fellows and from him radiated the feeling of community that was so characteristic of his branch of the Service.

He was very influential in Local Government circles and it was, I think, significant that when the three Poor Law Unions of Liverpool were united, the name given to the new Authority was the West Derby Union and not the Liverpool Union'.⁽¹⁾

On 24th March 1925, a new £6,000 annexe was opened by Mr. John Ellis, Chairman of the Infirmary Committee, on a ground floor site in the north-eastern courtyard between two ward blocks. The new building comprised three new departments; Operating, X-Ray and Electro-therapeutic, which were situated around a central octagonal compartment. The new facilities were the brainchild of Dr Reginald Bailey, Medical Superintendent of the Infirmary.

"It is 27 years since a scheme was brought forward for an operating room at this hospital," he said. "All we could do then was transform a common room

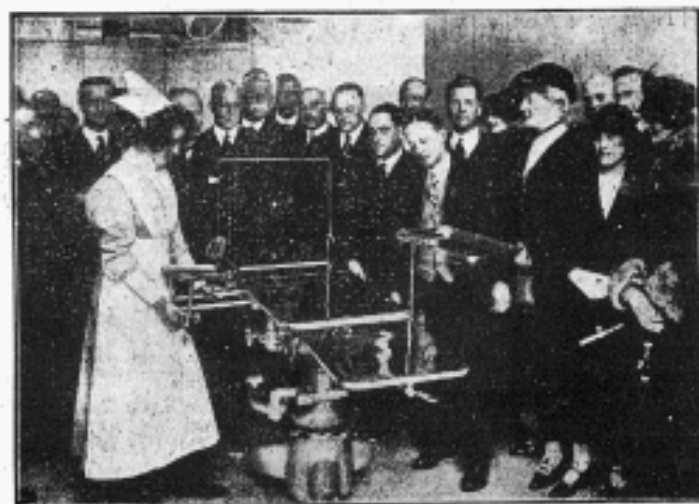
into an operating theatre, and we have been using that up to the present. The new Annexe represents a great advance in surgical cleanliness. Only as recent as the American Civil War, every wound to the head or cavity of the body was fatal. We have passed the antiseptic stage and reached the point where we can actually prevent septic organisms entering the body. In these new theatres we shall be able to open all cavities of the body and no clean wound treated here should ever go bad. I am pleased the Board of Guardians have helped me in this scheme, which is solely for the sick poor of Liverpool".⁽²⁾

In fact, despite the obvious necessity, Mill Road Infirmary was rather fortunate to receive such funding during a period of acute economic gloom. During the 1920s, exceptional demands were now being made on the West Derby Board of Guardians for unemployment relief. Money and food distributed by the Union alone amounted to £14,000 per week. Despite urgent claims to the Government for assistance, the Board were told that such help would set a dangerous precedent and they should simply overdraw at the bank.

There was little alternative. At a time of depression and unemployment, a high increase in the rates to raise funds was out of the question. It is remarkable, therefore, that improvements to the hospital were made at all. Few other Unions were in a position to do so, especially after the passing of the Board of Guardians (Default) Act of 1926, which gave the Government powers to take over Unions which did not carry out the Ministry of Health's bidding. Public disquiet was undoubtedly gaining momentum as the Government continued to maintain its vice like grip on public expenditure.

In October 1925, the new Minister of Health, Neville Chamberlain, visited Liverpool to face his critics, where he toured several institutions of the West Derby Union. While having tea at Olive Mount Cottage Homes, he was taken to task over his intention to transfer Poor Law administration to county and borough councils.

Mr.A.E.Martin, Chairman of the Board of Guardians, introduced Mr Chamberlain to the gathered guests as "our probable executioner", then went on to declare that the West Derby Union was administered by a conscientious Board and an efficient staff, adding that the decision to disband ought not to be taken lightly. "We hold the view," he



A nurse explaining details of the operating table during the opening of the new operating theatre at Mill Road in 1925 from the Daily Post

continued, "that what is operating here today is as good if not better than anything that could be substituted so far as the poor and the ratepayers are concerned."

Despite this criticism, Chamberlain was given a 'magnanimous' reception, before deflecting the verbal volley by replying,

"I do not think this is a suitable occasion on which to enlarge upon any possible experiments I may be disposed to make in the future. You may however, be quite certain that I shall not embark upon any legislation of that kind without very careful investigation and consultation with those who have special experience in these matters."⁽³⁾

Mr Martin's futile appeal for reason fell on deaf ears. Chamberlain's Ministry was firmly set on a course of Poor Law abolition which was achieved in 1929 with the introduction of his Local Government Act. Unions and their Boards of Guardians were swept aside and responsibility for the destitute passed to the new Public Assistance Committees within County and Borough Councils.

In practice, they handed out means-tested benefits which some of the poor regarded as almost as oppressive as the old outdoor relief. Parallel to this process of attrition, an alternative welfare system developed where each type of case - the sick, the aged, the insane, the children, the destitute, the able-bodied, would be handled through 'a number of special authorities, each dealing with different ailments'.

This was reorganisation, not an outright replacement, of the Poor Law. The welfare state

would take another 17 years.

Liverpool City Council inherited the problems of the West Derby Union on April 1st 1930, which shortly afterwards set up a sub-committee of the Public Health Committee to administer local hospitals. Medical Superintendents were excluded, who inevitably berated the Council about their lack of verbal input and close consultation. The opportunity presented itself for sweeping changes in administration, an exciting prospect for those in the old poor law institutions, but unfortunately, so far as Liverpool was concerned, hopes were almost completely disappointed.

Critics felt that the Public Health Department was quite unsuited to the administration of a personal Service. The organisation was too hierarchical, while questions of prestige and status received far too much consideration.

In an attempt to improve contact between the doctors in charge of the Local Authority Hospitals and the Public Health Service, the Medical Superintendent's Society was formed in 1934. Admirable intentions, but in practise it was ineffective and lacked influence over the structuring of the developing National Health Service due to its small membership.

A vociferous critic of the new organisation was Walton Medical Superintendent, Henry MacWilliam:

'It might have been thought that the Staff of the Authority that controlled the majority of the hospital beds might have been interested in forms of hospital organisation, but in Liverpool there was such a lack of unity of purpose and so much involvement with personal considerations that nothing was done with the great opportunity that then presented itself for setting up a really comprehensive hospital service in the city. A service might have been established which would have been unique in England and might have been an example to be copied' (4)

This period of transition was difficult. Instead of reconstruction, stringent economies engaged the authorities' strongest inclinations. In 1931, the Public Assistance Committee rejected the unemployed's demands for increased relief. The following year the Corporation made cuts of £5 million, chiefly in education and health. There was certainly little funding made available to bring Mill

Road up to scratch. A growing mood of desperation began to prevail among the poor, which eventually surfaced during September when demonstrations took place against the Birkenhead Public Assistance Committee. This swiftly spread to Liverpool where a riot broke out during which Councillor John Braddock (husband of Bessie) was imprisoned for incitement, although he was later released on appeal due to 'mistaken identity'.

Mill Road Infirmary was in dire need of strong leadership to provide efficient guidance through such difficult times. Yet, instead of an experienced, well seasoned campaigner, the position went to a man of thirty, the youngest Medical Superintendent ever to be appointed in Liverpool. This may have been a sign of the times or even a reflection of the continued status of the Infirmary, but the new appointment fitted the bill entirely.

Full of zest and purpose, the new Superintendent, Dr. Leonard Findlay, had already spent time as Deputy Medical Superintendent of Alder Hey, and under his direction Mill Road would gain a reputation of the best pre-war hospital for post-graduate study in Liverpool.

Occasionally, Dr. Findlay would be called upon to help exasperated staff with his miracle cures. Nurse Margaret Fryer (later McFadden) remembered,

'Dr Findlay our Medical Superintendent was always one to try all things new. I remember Bessie Braddock(5) being admitted to one of our side wards. She was suffering from a bad attack of 'flu and making a great deal of fuss. Dr Findlay came to see her, and tried to calm her by saying that he had a new drug which gave marvellous results. He hoped she would agree to take it. She consented readily. In the corridor Dr Findlay told Sister, "Give her two APC's three hourly"! Bessie soon got better.' (6)

The year was 1937 and Nurse Fryer was an overawed young probationer, who found herself continuously bemused by her fresh experiences at Mill Road. She recalled one of the cleaning staff in particular,

'Kate Pilo was another character; hard working, with a deep gruff voice and a repertoire of swear words of which I've never heard the like. If anyone dared set foot in her kitchen before the floor had dried we would hear some of her choicest vocabulary. She it was who told the

Assistant Matron to do her rounds after the corridor had dried!

Kate was a great snuff addict too, "Better for you than smoking, girl," she would say'.

Giving an insight into the character of the locality and the care given by the nurses, she continued:

'We often saw the results of poor housing and inadequate diet reflected in many of the patients, there was so much poverty in the area around Mill Road. Many of them were admitted with chest infections of various kinds. Pneumonia was very frequent. At that time we nursed such cases by turning patients beds towards open windows, dressed them in woollen T gowns and applied kaolin poultices. This was pre-penicillin. M & B 363 was the wonder-drug we administered in those days'.

As the thirties were drawing to a close, storm clouds were again gathering over Europe, while Mill Road for a second time began to prepare for the consequences of impending military action. Little did Dr Findlay and his staff - who had done so much

to improve the reputation and achievement at Mill Road - realise what horror lay before them.

Footnotes

1. MacWilliam, H.H. *Memories of Walton Hospital* (1966) Liverpool, pp.12-13.
2. Liverpool Daily Post, 25th March 1925
3. Liverpool Daily Post, 10th October 1925
4. MacWilliam, op.cit. p.56.
5. Bessie Braddock was at that time a Labour councillor in Liverpool. In the General Election of 1945 she was returned as MP for Liverpool Exchange. Her forthright style and her fight for the underprivileged made her into a very popular and respected local figure. She was instrumental in the introduction of a maternity unit in the late 1930s and was on the Health Committee which saw in the reopening of Mill Road after the war. She retained her seat in Parliament until her death in 1970.
6. Extracted from Mrs McFadden's typed notes of her memories of Mill Road Hospital 1937-1940. Now in Mill Road Archive File. Sadly Mrs McFadden died in 1990.



Rescue workers amid the ruins in the aftermath of the May blitz

6. *The May Blitz*

'a few flowers among the many bombs'



At the beginning of the War, the Emergency Hospital Scheme was set up as a part of the Emergency Medical Services. Around 50 hospitals were included within the Merseyside Group under the command of K.W. Monsarrat T.D. M.B. F.R.C.S. Ed., and during the winter of 1939-40 a number of these were either suspended or withdrawn from the Scheme, owing to their unsuitability in the treatment of casualties.

Due to close proximity to the docks, the Royal Southern was transferred to Fazakerley, the David Lewis Northern to Childwall, and Bootle Hospital to the Bootle Isolation Hospital. Mill Road meanwhile, made preparations to again act as a wartime casualty hospital, while the Maternity Wards continued to function as normal as possible.

Staff had already received a hint of what they were

likely to endure only eleven days after war had been declared. However, this was not the result of enemy action. Nurse Margaret Fryer, who had arrived at Mill Road to commence her S.R.N. training only two years earlier, recalled the events,

'On 14th September 1939, barely a week after the outbreak of war there was a serious explosion and fire at Calthrops mills in Marybone, not far from the docks. Fortunately, Mill Road had already been prepared in anticipation for war casualties. The top wards of C and D blocks had been emptied, the beds prepared and large amounts of dressings cut and sterilised in readiness. Eighty casualties were brought in with various degrees of burns. Every available nurse was drafted to help either on the emergency wards or in the theatres. The two main operating

theatres, and the small emergency theatre on E Block, worked night and day for two days cleaning up the burns. Most of the men were in a sorry state, but all except two recovered. The effort the doctors and nurses put in was heroic. Staff on holiday, both medical and nursing, returned voluntarily to help.

One fact was made alarmingly clear by this accident; although plans had been made to receive war casualties, it was now obvious that the preparations were really very inadequate, so we had to redouble our efforts'.⁽¹⁾

At that time Winifred Froom had just completed her Part I training in nursing.

'...as part of the many preparations, patients were discharged or transferred to suburban hospitals, in order to leave as many empty beds as possible for casualties from the built-up area around around Mill Road. For a while, the ratio of nurses to patients was completely reversed - about three or four nurses to each patient - they'd never received so much attention before, nor since!

A new duty was added to the tasks performed by the Junior Nurse "doing the black-out", which meant going round at dusk and drawing the black curtains at each ward window, so that not a gleam of light escaped into the night. As for street lighting, it was practically eliminated, even the trams had natty little black curtains which were drawn across the windows, so that unless you were very familiar with the route, it was quite easy to make a mistake, and miss the stop you really wanted! Pedestrians provided themselves with small torches, but sometimes the demand for batteries exceeded supply, and if they'd been asked, many people would have admitted that what they most wanted was a No.8 battery! ⁽²⁾

Margaret Fryer also had responsibility for the blackout;

'..it was quite a task. If a small chink of light showed between the window frame and the black curtains, the nurse in charge would be summoned to the ground floor and taken outside by the Medical Superintendent to be shown the offending light.

A nurse was summoned one night, and was shown a light showing from a ward window. She realised at once what the Medical Super had

failed to perceive - the light was from a ward above hers. She let Dr. Findlay deliver his lecture on safety precautions, and then told him that he had better take the precaution of making sure that he had the right ward in his sights, or was it an excuse to get a nurse into the back-yard in the dark?'

From that night onwards, senior nursing staff, rather than Dr. Findlay, took responsibility for the blackout.

For some months the preparations for casualties were not called into use. "Nothing happened. 'The Phoney War' they called it," remembered Winifred Froom. It was not until August 1940 that the first air raids were experienced by the people of Liverpool.

Winifred described the events;

'Deep shelters had been dug outside the Nurses' Home, and at the first wail of the warning siren, we were instructed to report to them unless on night duty. There were bunk-beds in the shelters, but it wasn't always possible to sleep, especially if one's neighbour happened to snore! So we took books to read and knitting. Many a jumper became a "duration jumper", knitted during the duration of an air raid. Inevitably, when nothing happened for a while, some of the nurses refrained from going into the shelters, until someone in authority rounded them up, which was just as well, for when least expected, just before Christmas, the Nurses' Home received a stray bomb, which sliced it in two. Luckily, nobody was injured, but many unopened Christmas presents were destroyed. My own room was on the edge of the chasm, and remained intact, although a bottle of French perfume, "Quelques Fleurs" it was called, got blown to smithereens. When I eventually gained access to my room again, there was a lovely smell in it, quite unlike the usual hospital smell!'

After that narrow escape, most nurses sought refuge in the shelters unless on night duty. "Hospitals were given a preliminary warning", continued Winifred, "a purple warning it was called - and we used to round up the mobile patients and shepherd them to hospital shelters in the basements. They were wonderfully brave and calm, making jokes on the way."

The enemy attacks on Liverpool varied in intensity throughout the autumn of 1940. After isolated

attacks during January and February 1941, heavy raids occurred in March, before reaching a crescendo in the first week of May, the heaviest taking place May 2nd and 3rd. A German communique described the blitz as 'the heaviest raid yet on any English town'.

According to Winifred, the hospital began to feel the effect of the enemy campaign shortly after the destruction of the Nurses Home. Empty beds began to fill up with casualties, mainly from the surrounding streets of terraced houses. "We would wait anxiously to learn from where they came," recalled Winifred. "Sometimes it would be a locality not far away, but strangely, we never thought of anything happening to us. Other precautions had since been taken - the children's ward was now in the basement, and there was an operating theatre in there too".

In the week before the Blitz, Mrs E. Spencer was admitted to the Maternity Unit on Friday 25th April in slow labour. Just as the night staff were coming on duty, she was taken into the labour ward. Suddenly, the air-raid siren sounded. This was followed shortly afterwards by the sound of enemy bombing and the incessant pounding of the anti-aircraft guns near the hospital. She recalled,

'I was in too much agony to care right then, but the nurses were all nervous, especially as their hospital residence had already been hit on an earlier raid. Some of them had been moved onto an empty ward above Ward Three. Thankfully, there were no casualties this time and my daughter Barbara was born later that morning'.⁽³⁾

During the following week the air-raids began to intensify to a terrifying level. As the dust cleared on Saturday morning, May 3rd, after the worst night so far, Nurse Lydia Jeffries, a Lieutenant in the Girl Guides, was meeting her young charges at St. Ann's



The wrecked Operating Theatre

Church in Prescott Road. Lydia was taking them over to New Brighton for a day trip to help them escape the mayhem and destruction, for a short while at least. Such was her dedication to the youngsters, that she was also expected on night duty later that evening.

She was a keen musician, played the violin and was also an experienced cyclist who enjoyed travelling on long distance rides to London and North Wales. The girls, no doubt, benefited from her love of the outdoors. At around 11pm, feeling rather exhausted, Nurse Jeffries was on duty in the operating theatre, as Dr. Gray, the Deputy Medical Superintendent and Mr Digby Roberts were preparing for abdominal surgery on a Greek seaman. Also assisting were Nurses Froom and George, and Glenys Pierce, a Junior Theatre Sister, who was supposed to be off duty, having come in specially for the operation.

Again the dreaded air-raid sounded. No point in stopping now. They were in the basement anyway.

"Let's start", said Digby Roberts.

Meanwhile, over in the Maternity Unit, those who could walk were sent down to the basement shelter, accompanied by several staff. This left the newly appointed Sister Reid, and two pupil midwives to care for the remaining patients. Their beds were pulled well away from the windows and mothers were given their babies to hold. One of the pupils that night was Nurse M. Travis:

'We did our best to reassure the patients, but after a very severe explosion nearby, which shook the whole building, one of the ante-natal patients became hysterical and demanded to go to the shelter. We tried to persuade her to stay, as she had had complications, but to no avail. The other pupil midwife took her down to the shelter. It was not a busy night, only one patient being in early labour and she was put in the ward with the other patients. Sister and I took a ward each. We took the premature babies into the ward to feed so that we didn't leave the mothers.'⁽⁴⁾

Mrs Spencer felt fit enough to travel downstairs. Still wearing her regulation cotton maternity nightdress, she clutched her baby girl into her chest to keep her warm and tightly gripped the grey blanket which had been draped over her shoulders by a nurse a few minutes earlier, and made her way to the basement. The makeshift shelter was a small room at the end of the basement corridor, shored up with timber pit props, with a single small light hanging from the ceiling.

There were no doors and people walked through constantly - they had been visiting patients when the air-raid started and were wandering through trying to find a safe place. She sat down on a mat below a window, and placed her gas mask beside her. On the other side of the room, in separate cots, were three or four children aged no more than 12 months. They were standing up and crying, while a young nurse tried her best to soothe them. The noise of the guns and the bombs grew louder and people continued to walk through the middle of the room. It appeared that it was once part of a corridor and was still in use. Then began the events which to this day are indelibly printed in Mrs Spencer's memory;

'My baby started to cry, so I turned myself to the wall to feed her. Then this big "WHOOOF" came. I thought my ears had burst as the dust and glass came showering down. I think I avoided getting

cut as I was facing the wall. It was obvious we had been hit, the the room was lit up by the fire above. I couldn't see anything of the young nurse or the children - all had gone quiet. I couldn't feel anything on top of my legs so I got up - I left the gas mask - not much point really, I walked through into the wide corridor and stood opposite the stairs alongside the lift which I had come down in. The fires were raging above and lit up everywhere. The floor was littered with glass.

Where I was standing, there was a room behind me, so I thought I would see if there was a way out. I opened the door and it was icy cold. I stopped to focus my eyes and I realised I was staring at bodies on tables covered with sheets. I went out quickly. (My Grandmother had died in this hospital only a few weeks earlier and I shivered as I felt her presence).

I went back to where I had been standing before. Other people were there but there was no screaming or shouting, just bewilderment. The firemen in the yard had been playing water on the lift and had stopped the fire, but the water was now cascading down the shaft and stairs.

Then some youths, probably only about fourteen, came running down the stairs and one came to me and said "Come on Missus, you get on the side of the stairs nearest the lift and I'll take the side with the water".

When we got to the top of the stairs and the front door, I could see about four fire engines in the yard. The boy told me to go through the yard and turn left down Mill Road to the clinic on the corner and would get help. I knew where he meant as I was born and brought up in Hughes Street [it backed onto the clinic]. The boy went back down to help the others to get out.

While Mrs Spencer had been feeding her baby in the shelter, back in the Maternity Ward Nurse Travis was making her report to Sister Reid on the new admission who was still in labour.

'I returned quickly and as I approached the ward entrance there was a terrific explosion, the whole building shook and debris was falling all around. The whole place was in darkness. When the vibration ceased, to my horror the ward I had just left with Sister in charge was no more. Sister Reid and all the patients on that ward had been killed'. Miraculously, Nurse Travis' ward was relatively

unscathed, damage mainly being confined to broken windows. The patients were safe but badly shocked. The other pupil midwife had now returned and they were able to usher all the patients to safety via the fire escape at the end of the ward, now illuminated by the light of fires and distant searchlights. It was a slow and painful journey down, for many it was their first time out of bed, but at least they were safe. Residents from the surrounding streets were quickly on the scene with offers of help, tea, and cigarettes.

In the basement operating theatre, surgery had been progressing amid the distant sound of exploding bombs and gunfire. "The patient had just been anaesthetised", recalled Winifred Froom, "and the surgeon had made his initial incision, then with a 'SWISH' and a 'SWOOSH' all hell broke loose. Total darkness descended on us, the sound of falling masonry followed, coupled with the cascading of water from innumerable broken pipes. I was flung face downwards and I remember waiting for something to fall and crush me too. But it didn't, and realising this I scrambled to my feet and climbed through a shattered window immediately behind me, an athletic feat I could never have achieved under ordinary circumstances!"

"The first thing I remember hearing was Mr Roberts saying that he had lost his glasses", said Glenys Pierce. "There was a slab of stone across my body, and from above everything was falling in. The patient was still on the table, but it was tilted, like a see-saw. There was a nurse who had fallen through the hole in the basement. She was hysterical, clutching her head and crying that she could not see. I could see a way out through a blown out window and I got her out through there. I told the rescue party how to get into the basement, then took the nurse to outpatients."⁽⁵⁾

Nurse George also escaped through the window and returned with rescuers. The Greek seaman, still anaesthetised, was dragged from the wreckage, and later transferred to another hospital where surgeons completed the operation. "He was in the same hospital that I had been sent to after the bombing and was now making a relatively uneventful recovery in his new surroundings", said Winifred Froom. "Of course, I went to see him, but the language barrier was too wide; he knew no English and I knew no Greek, and I failed to get him to understand how lucky he was to be alive!"

There were those in that operating theatre trying to delicately improve the life of this man they barely knew while the obscenity raged around them, that were not so lucky. One was the Deputy Medical Superintendent, Dr William Gray, who perished.⁽⁶⁾ Nurse Lydia Jeffries was still missing. It was to be eleven days before she was found below the rubble. As one of the rescue workers gently lifted her out, her wrist watch caught his eye. It had stopped at 11.25pm.⁽⁷⁾

Earlier that Saturday evening, Nell Hawkins, an auxiliary nurse of the Civil Nursing Reserve, was one of those helping to pull the beds away from the windows in the Maternity Ward, when the air raid sounded. Quickly finishing the task, she dashed downstairs to report for Ambulance Duty. A short time after the bombing commenced, the phone rang in the Ambulance Room.

According to the rota, the first nurse due to go out with a driver was Nurse Whitley. As she was still showing signs of the traumatic experience she'd received during previous night's bombing while rescuing a severely injured 16 year old girl, Nell Hawkins insisted on going in her place. After much persuasion, backed up by one of the drivers, Nurse Whitley returned to the Ambulance Room where around 20 drivers and attendants anxiously awaited their turn.

Just as Nurse Hawkins and her driver got in the cab, the land mine hit the hospital.:

'My partner and I threw our arms around each other, held our breath and didn't utter a single word. As the hospital collapsed and the debris continued to fall, it seemed that the whole of Liverpool had crumbled around us. Many of the ambulances nearby were completely destroyed. Unbelievably, ours remained standing, until one of the flying bricks hit the roof and shattered the windscreen. We slid sideways as the vehicle did the same. The driver was unhurt and I escaped with a cut finger. As we recovered our senses, an incendiary bomb fell on the ambulance room. It was dreadful, the Room immediately burst into flames and 14 of the 22 drivers along with Nurse Whitley perished in that terrible fire. The debris was still falling around us and the noise was terrifying.'⁽⁸⁾

Later, Nell learned that the Maternity Ward she had left moments earlier had also been destroyed.

She had escaped death three times within the hour. Nell Hawkins' feelings were mixed. While thankful that she had been spared, she found it difficult to come to terms with the fact that Nurse Whitley may have lived if she had not taken her place on the rota. Yet Nell was not given time to dwell on the dreadful tragedy,

'It was the longest night I've ever experienced - a night of stepping over bodies, some breathing others strangely quiet, frantically searching for bandages, sheets pillows, blankets, water - and not forgetting friends and colleagues. Once most of the patients had been transferred to other hospitals, things began to quieten down. Someone told me I could go home. I couldn't find the cloakroom, it was like a wilderness, so I started to walk home, minus my money and belongings. Well past Sheil Road and two thirds of the way home, a passing motorist offered me a lift. In I climbed, tired and dulled, covered in blood and grime. When I got home a horrified neighbour sympathised before mentioning that the "Automatic" (Plesseys) had been blitzed too. I collapsed into a chair. My husband Hal was on duty there with the Home Guard I could not relax until I heard him come through the door. We fell into each others arms as I hugged my husband of one year. Hal had had a quiet night - the Automatic hadn't been bombed after all.'⁽⁹⁾



A burst out ward in the Maternity Unit

the temporary nurses quarters, but staff in the undamaged part of the Nurses' Home lent me clothes to go home in".

Home, however, was in St.Helens, a long way off when public transport is disrupted. Nurse Travis, feeling shocked and exhausted, had no alternative but to walk - and in a pair of ill-fitting shoes borrowed for the journey. Eventually, to her relief, a bus picked her up a couple of miles from home. Once there she fell into bed, only to be disturbed again later by another air-raid.

In the clinic, Mrs Spencer, having been rescued from the basement shelter, sat down at the side of the room dazed and bewildered. Injured people were everywhere amid the dreadful conditions.

'The room was lit with one emergency light hanging from the ceiling. A Doctor came round, his arms were broken and he was pressing his palms together to keep them up. He must have

Before the raid ended, Nurse Travis and another pupil midwife were sent in an ambulance with a patient in labour, to try and get her admitted to another hospital. Dodging craters in the road and amid falling bombs, a bed was eventually found at Alder Hey. "I was told to report there the following morning, as all the staff were now being split up to other hospitals". said Nurse Travis. "Until then I was free to go home. I'd lost all my belongings in

been in terrible pain. There was a nurse with him and he was asking us what our injuries were, before giving the nurse instructions of what to do. In the meantime, the bombs were dropping and the glass partitions were shaking - I was expecting them to shatter at any moment.

By this time, there were about five or six women sitting beside me on the bench, when a hospital porter with a nurse came into the room with a clothes basket with new born babies in it. The ladies jumped up and grabbed one each. I don't know how they knew which was theirs, as the light was too dim to read the names on the wrist tags. A few minutes later, an ambulance driver came in and asked if anyone was willing to take a chance he would drive them to Broadgreen Hospital. He said he would drive without lights but not to worry as he knew the way blindfolded'.

Needing little encouragement, Mrs Spencer followed him outside to claim the last seat in the ambulance. Opposite, on the bottom stretcher, lay the Doctor with the broken arms. Another victim, still moaning from pain, lay on the top stretcher. Not a word was spoken throughout the journey.

On arrival, Mrs. Spencer was directed to the Ambulance garage which was being used as a reception point. The ambulance returned to Mill Road to ferry more casualties, while Mrs Spencer and other patients were taken to a day room. Many of the wards held T.B. cases and the staff frantically tried to arrange suitable accommodation for their new admissions.

She remembers looking out of the patio bay windows watching the nurses and porters in the moonlit blackout racing across the grounds to the operating theatre with casualties. It went on incessantly throughout the night, back and forth. Mrs Spencer recalled,

'After a couple of hours a church minister and his wife came in and was most surprised to find us there. He told us that the nursing staff were working so hard, rushing about and seeing to the injured, that they didn't know we were there. We said a few prayers, then he left saying he would try and get somebody to come in with a hot drink.

It was breaking dawn when a nurse came and said she would see to us when she had had a couple of hours sleep, as she had been working for 36 hours non stop. Sure enough, she came

back and by then it was daylight. We all looked a sorry sight, dirty faces, hair standing out and covered in plaster, dust and bits of glass.

The Hospital wasn't equipped for maternity, so there weren't any napkins or such, so the nurse had to rip up a couple of sheets. She washed and changed the babies while we washed our faces one at a time in the one bowl of water on the large table in the middle of the room. She found a comb which we shared between us. My baby still hadn't made a sound. The nurse said it was in shock as I had passed it on to her during feeding.

Eventually, we were given a cup of tea and a bowl of porridge, then a W.V.S. lady came in and said she would take us home one at a time in her car'.

Mrs Spencer's troubles were not over. She knew there was no point in travelling to her mother's home, as it was in the vicinity of Mill Road which had taken the worst of the bombing. She decided to try for her mother-in-law's where she eventually arrived at 4 o'clock on Sunday afternoon.

The back of the house was subsiding which prevented them using the kitchen and there wasn't any running water or gas. For the next week they lived in the cellar and water carts came round each day. Her mother-in-law cooked on a coal fire as best she could, but at least they and the baby were safe. Said Mrs Spencer:

'Only for the bravery of those boys, and the ambulance driver and nurses, who I have never had the chance to thank, I would not be able to tell the tale today'.

Mrs Spencer's young rescuer may have lived nearby. In Kilshaw Street, adjacent to Mill Road, fourteen year old Vera Giles dashed out of the house as the siren sounded. She and her brothers scurried into the communal road-side shelter, followed by their mother clutching her biscuit tin (no goodies, just precious insurance policies). Said Vera:

'We could hear the German planes overhead and many bombs falling. When we heard the worst explosion, some of the young boys from the street went out to see what had happened. After a while they returned very shook-up at the sight they had seen. The maternity wards had been hit by a land mine. They had tried to help get mothers and babies out but with so many dead they found it

too much for them. These were young boys of about 13-15 years of age.' (10)

Vera and her family emerged to find their home demolished and unfit to return to, as were many others in the streets surrounding the hospital.

The transfer of patients and casualties to other hospitals was not easy, as Mrs Spencer has already re-counted. A harrowing experience awaited Ann Jane Powell, a patient recovering from a hip operation. After the bombing, she lay buried alive for four days. Miraculously, she was rescued before being taken to a hospital in Wales. To make matters even more distressing, she had lost her memory, and could not tell staff who she was. Meanwhile, Mrs Powell's daughter was informed that she had died in the air-raid, although there was little more information to be had. Three months went by, after which her family had begun to accept their mother's death. Then they were contacted and told that their mother was alive and well and in hospital in Wales suffering from loss of memory. An astonished and relieved family dashed to the hospital to bring her home, where Ann enjoyed life for another 40 years.⁽¹¹⁾

At Mill Road, the rescue operation had continued throughout the night. Civil Defence, medical staff, nurses, off duty staff who had dashed to the scene together with local people, all struggled to do what they could in impossible circumstances, without water, light, adequate medical supplies, and with fires raging around them. Even the ambulance depot was destroyed, hampering the swift transfer of victims. The rescue work continued for several days afterwards.

'There were many unsung heroes and heroines that night, nurses with caps and collars awry, carrying stretchers to and fro, a little team of doctors who went from patient to patient, administering pain killing drugs to those for whom it was not too late. Only when we could do no more, did we greet the dawn at the hospital gates, where a W.V.S. Van waited, issuing tea and corned beef sandwiches to nurses and doctors alike. I remember the sandwiches even now.

Gradually, news filtered through of the cost of that night's work. We had lost doctors, nurses and patients in the holocaust. Those of us who had escaped unhurt were split up and allotted to



Mrs Gertrude Riding

suburban hospitals to help deal with the influx of patients they had received, including some of our own injured staff. We knew, however, how lucky we were to be alive.' (12)

Leonard Findlay, the Medical Superintendent, who had directed his medical staff throughout the rescue, despite being wounded, received the George Medal for bravery. Matron, Miss Gertrude Riding, worked tirelessly to release an auxiliary nurse and the Chaplain who had been pinned down by debris, despite receiving an injury to an eye which she later lost. Miss Riding received an O.B.E.

These were fitting tributes from the Nation for the gallantry shown not just by Dr. Findlay and Matron Riding, but by everyone involved in the battle so heroically fought that night.

Much later, Merseyside Emergency Hospitals Group Officer K.W. Monsarrat commented, "The most important lesson of the organisation of an air raid hospital service to be drawn from Merseyside's experience is the inadvisability of using hospitals within the target area, except as receiving stations, and then only such accommodation as can be

provided underground".(With 760 beds, Mill Road had by far the largest casualty provision of the 7 hospitals within the enemy target area). He continued, "due to its vulnerability, Mill Road was a liability rather than an asset".⁽¹³⁾

A rather dispassionate statement in view of the events of May 3rd. The tragedy is that it was not relocated in the first place.

A variety of casualty figures have been published over the years. Official details were as follows;

'All the surviving patients, who numbered about 400, had to be transferred to other hospitals. 83 persons in the hospital were killed and 27 injured, including 17 members of staff killed and 22 injured.

The Deputy Medical Superintendent Dr. Gray, the Deputy Matron, Miss L.Handley, two resident medical officers, eleven nurses, a clerk and a porter were killed and the Medical Superintendent, Dr. L.Findlay, the Matron, Miss G.Riding, fifteen nurses, the chaplain and four porters were wounded.

In addition, 14 drivers and attendants in the Emergency Ambulance Depot were killed and three injured. This mine, therefore, was responsible for the deaths of 97 persons'.⁽¹⁴⁾

When the damage to the building was able to be assessed it was discovered that three ward blocks had been totally destroyed, and the whole of the inpatient accommodation rendered uninhabitable.

The out-patients department, constructed only two years earlier, thankfully escaped damage.

Life, of course, had to go on. On Sunday 4th May, Nurse Winifred Froom looked out on the new day,

'Not only was the weather glorious, but there was a spirit abroad we'd never encountered before. A camaraderie, a unity, a sharing hitherto unknown to us. Transport to and fro was inevitably disrupted, but we never had to beg for a lift; on the backs of lorries, in small vans and large, we were welcomed and catered for.

If only that wonderful spirit could have been maintained until now. If only we could have communicated some of our overwhelming determination to put an end to the slaughter. If this effort to recall some of the events, suffering, sacrifices and dramas that we experienced can contribute towards making sure war is outlawed for ever and ever, it will be worthwhile.' ⁽¹⁵⁾

Footnotes

1. Extracted from Nurse Margaret McFadden's (nee Fryer) printed notes of her memories of Mill Road Hospital 1937-1940 (1990). Now in Mill Road Archive Files. Sadly Mrs McFadden died in 1990 before she could fully complete her work.

2. Extracted from 'Quelques Fleurs' by Winifred Froom, in **ed. Picton Press** Liverpool Women At War: An anthology of personal memories, Liverpool City Council Libraries and Arts Dept / Countywise Limited (1991) pp92-95. All subsequent quotes by Nurse Froom are from this work.

3. Extracted from Mrs Spencer's hand written notes of her memories of Mill Road Hospital during the night of 3 May 1941. Now in Mill Road Archive Files.

4. Correspondence with Nurse Travis (1990). Now held in Mill Road Archive Files.

5. Liverpool Daily Post, 4 May 1981.

6. Dr. William Gray was a Canadian who qualified in Edinburgh in 1932, was later elected F.R.C.S. of Edinburgh, and specialised in orthopaedic surgery.

7. Correspondence with Miss Kathleen Jeffries (1990), sister of Lydia Jeffries. Now held in Mill Road Archive Files. I am grateful to for Miss Jeffries' kind permission to include the details surrounding her sisters' death.

8. Extracted from Mrs Hawkins' printed notes of her memories of Mill Road Hospital during the night of 3 May 1941. Now in Mill Road Archive Files.

Also, Liverpool Daily Post, 4 May 1981, 'Fortune Smiles on Nurse Nell'.

9. Printed Notes *ibid*.

10. From 'Shut that Door' by Vera Giles, in **ed. Picton Press** Liverpool Women At War: An anthology of personal memories Liverpool City Council Libraries and Arts Dept / Countywise Limited (1991), pp.110-112.

11. Correspondence with Mrs Alice Buritin, Mrs Powell's granddaughter (1990). Now held in Mill Road Archive Files.

12. **Winifred Froom**, *op.cit*.

13. **ed. C.L. Dunn** The Emergency Medical Services Vol II from the series 'A History of the Second World War - United Kingdom Medical Series' (1953) p.329

14. *ibid*, p.330

15. **Winifred Froom**, *op.cit*.

7. The Phoenix Rises

Public Assistance, that last vestige of the 1834 Poor Law Act, was finally abolished in 1948 with the passing of the National Assistance Act, while the Foreign Secretary Ernest Bevin declared, 'At last we have buried the Poor Law'.

This was the latest of the post war legislation in the creation of the new structure for social security and national health - Beveridge's Welfare State - which had been set in motion by the National Insurance Act of 1946. At the same time, the National Health Service Act paved the way for the N.H.S. to be introduced two years later.

The National Health Service Act came into force on July 6th 1948 and most hospitals, other than the main teaching institutions, came under the management of Regional Hospital Boards. Mill Road Infirmary passed from the Corporation of Liverpool to the Eastern Hospitals' Management Committee under the overall management of the new Liverpool Regional Hospitals Board. This Eastern Committee was based at Broadgreen Hospital and was to function until 1974.

Mill Road had been abandoned for the duration of the War. Most of the staff were transferred to Walton, until Broadgreen could be utilised as a general hospital. In 1942, Dr. Leonard Findlay was appointed Medical Superintendent of Broadgreen, staff were relocated, and over the next few years he successfully transformed the hospital from a sanatorium to a busy general hospital. Before his death in 1972, he also presided over the transition to a University Teaching Hospital.

Charles Henry Walsh, who had first worked at Mill Road as obstetrician and gynaecologist in the 1920's, was also now at Broadgreen. In 1932 he had applied for the post of honorary assistant surgeon at the Liverpool Maternity Hospital but was turned down because he was not a Fellow of the Royal College of Surgeons. His rejection was inevitable. The hospital's controlling committee still regarded the work of the former Poor Law Infirmarys as being second rate, and as we have witnessed already, such antipathy continued throughout the thirties.



Interior of a Labour Ward in the new Maternity Hospital. One of a series of pictures with this chapter from the souvenir brochure printed to mark the opening

Undeterred, he passed the examination for membership of the College of Obstetricians and Gynaecologists in 1934, and the following year was appointed clinical lecturer by the University of Liverpool. This caused quite a stir, as it was the first time that a specialist in any of the main branches of medicine, who had worked in a 'non-teaching' hospital, had received such official recognition. His revolutionary vision in obstetrics soon justified his appointment.⁽¹⁾

At Broadgreen he developed a new department where he realised if they were to cope with the expected rise in the birth rate, new facilities would be required after the war. The decision was taken to

restore and upgrade what was left of the dilapidated Infirmary at Mill Road, and to turn it into a specialist obstetric and gynaecological hospital.

C.H. Walsh set about the planning and Mill Road Maternity Hospital was born. Events fully justified the decision, as the birth rate, which in 1938 was 19.4 per 1,000, had risen by 1946 to 24.5 and to 35.1 per 1,000 by early 1947.⁽²⁾ Extensive adaptation was made of six hospital wards, and several other buildings were rehabilitated. Comfort of the patients and highest standards of obstetrical practice were the main concerns throughout the new development.

Despite difficulties faced in the aftermath of war, necessary equipment was obtained to fully equip the new operating theatres and X-Ray departments. Co-operation between the City Council and the University ensured that the new Unit would play a full part in the training of undergraduate and medical students. In this capacity Dr. T.N.A. Jeffcoate, Professor of Obstetrics and Gynaecology at Liverpool University was appointed Consultant Obstetrician alongside C.H. Walsh.

The Unit was also to be a training school for the

Part I Examination of the Central Midwives Board and pupils were not accepted unless they were State Registered or Children's Nurses. Approval was also granted for the teaching of gas and air analgesia.

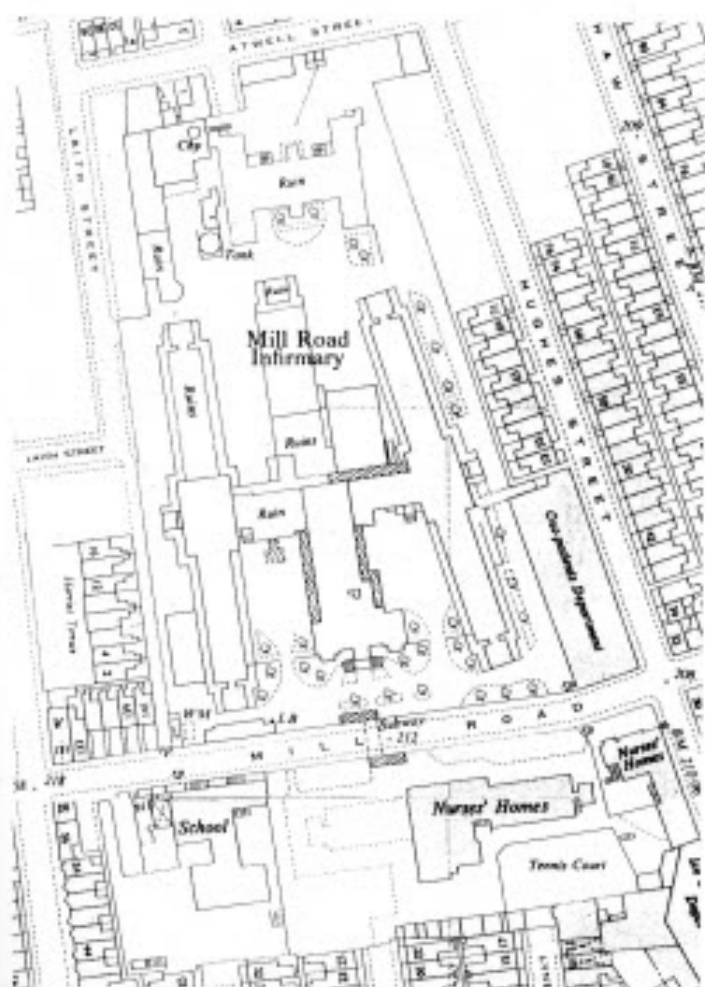
In this technique, Mill Road was fortunate to secure the services of Hilda Garry Gibbons who had achieved a high reputation regarding her collaboration with Dr. R.J. Minnitt in his introduction of gas and air analgesia for self administration by patients in labour. Hilda had carried out all the clinical trials at Liverpool Maternity Hospital, which were completely successful, leading to widespread acceptance of this method.⁽³⁾

Mill Road Infirmary Maternity Unit was officially opened on 5th June 1947 by the Lord Mayor of Liverpool, Alderman W.G. Gregson, who had been welcomed by Councillor Frederick Bidston, Chairman of the Health Committee. After the opening and inspection of the new Unit, speeches were made over tea, before a letter of good wishes from Gertrude Riding was read by Councillor Bidston. Now Matron of Alder Hey, she referred to "the happy atmosphere" of the hospital and wished every success to the new Unit which she said was a "fitting memorial to those who lost their lives there in May 1941".⁽⁴⁾ Further reference to the tragedy of 1941 was unavoidable. Dr. Edith Summerskill, representing the Ministry of Health, poignantly reflected, "How appropriate it is that a hospital where so much life has recently been lost should be reopened as a maternity unit to give birth to the next generation of Liverpudlians."⁽⁵⁾

A journalist present from the Liverpool Evening Express was most taken with the new uniforms, and, possibly, the Superintendent Midwife –

'Very far removed from the Sarah Gamp type of midwife of Dickens' Martin Chuzzlewit, is the Superintendent Midwife, Miss M. Biglands, SRN SCM, at the Maternity Unit. Tall, dark, slim and youthful, Miss Biglands looked exceedingly trim in her white belted frock, white shoes, and white stockings and even white cotton gloves, as she showed guests to their seats for the opening ceremony.'

Miss O. Thomlinson, the Matron, in a fitted "uniform" frock of light navy blue and a most becoming white lawn head-dress, was also busy looking after the invited visitors.' ⁽⁶⁾



Mill Road - Ordnance Survey 1947 showing bomb damage (ruins)



Nursing Staff bedroom

Barely a year after the new Unit came into being, a respected figure of the 'old school' was saying goodbye. On 30th June 1948, Miss Gertrude Riding O.B.E. retired after 40 years in nursing. Regarded as one of the best known Matrons in England, Miss Riding began her career in 1908 at Liverpool Radium Institute, moving to Mill Road Infirmary two years later, where she was appointed Matron in 1927. After the events of May 1941, she was sent to Alder Hey - as a patient - but recovered shortly afterwards to take over as Matron. Her O.B.E. was not the first recognition she had received for war service. She had already been mentioned by the War Office for services to the wounded in the 1914-18 war, and later awarded the King George and Queen Mary Jubilee medal, followed by the King George and Queen Elizabeth Coronation medal. She was also a founder member of the Royal College of Nursing.

At the party given in her honour, she was presented with an inscribed silver tablet and £100 (to buy an antique dressing-table!) by Alderman Ernest Cookson, Chairman of the Hospital Committee. Tributes flowed, including one from Dr. W.M. Frazer, Medical Officer of Health for Liverpool, who described Miss Riding as "one of the great Matrons who had trained in Liverpool" and, admiring her humanity, said "Not every Matron has such a human touch with the nurses under her charge".⁽⁷⁾

Such humanity was clearly apparent to a young probationer formerly under her care,

'When the strangeness of the new life had gone



Part of the Dual Operating Theatre Unit showing one operating theatre, anaesthetic room and sterilising room

away, I realised that Mill Road Infirmary was a very happy place. This, I'm sure, was because the Matron, Miss Riding, was such an impressive character. She was a person we all respected and trusted. She treated us fairly, without exception, and would listen to us if we had any complaint, before giving her own opinion. She considered the welfare and happiness of her staff to be all important, and she would help in any way she could, should any of us be in trouble. Her advice was always sound, and we had no fear of going to see her at any time. The hospital was a happy place because the Matron set such a splendid example. Consequently, all that she represented worked down through the staff to the most junior level. ⁽⁸⁾

Miss Riding retired to her home in Halewood, although she continued to be active in the affairs of Alder Hey after being appointed to the management committee. She died in January 1976, and was laid to rest in her village churchyard at St. Nicholas.

Another former colleague of Miss Riding was Inez Lamb, who began her training at Mill Road in 1932, before becoming a Sister. Her first experience of Mill Road, in fact, dated back to a few years before the First World War, when her mother, Florence Marsh, was a probationer nurse at the hospital. As a young girl, Inez often visited her Mother at work and soon decided that her future too lay in the same profession.

After the night of May 3rd, (of which her memories of emerging from a shelter below the

Nurses' Home to join in the rescue operation are still very vivid), Inez was transferred with several colleagues to Alder Hey, later moving to Walton, and then on to Southport to a small temporary hospital set up in a large house owned by the proprietor of the Garrick Theatre. Her Matron there was Olive Tomlinson, later the first Matron of the new Mill Road Maternity Hospital.

In 1942, and just before her wedding day, Inez developed T.B. and left for a sanatorium to fight her illness. She became seriously ill, but made a remarkable recovery - and this in the days before the development of Streptomycin. So remarkable that a few years later, and unwilling to go anywhere else, she became an early customer of the new Maternity Unit where under the care of her former colleague, C.H. Walsh, she gave birth to a baby boy.

The colleagues she had lost during the war had not been forgotten. In memory of Lydia Jeffries who died in 1941, and nurses like her, a special service was held in Westminster Abbey in 1950. Lydia's sister Kathleen said,

'To commemorate the devotion of the living as well as the sacrifice of the dead, of the Nursing and Midwifery Professions, the British Commonwealth and Empire Nurses War Memorial Fund was formed in 1946. Its aim was to provide a fitting war memorial to these two great professions in the form of a Roll of Honour, recording the names of Nurses of both professions who died during the Second World War.'

For this purpose, the Dean and Chapter of Westminster Abbey allocated the Upper Islip Chapel which was furnished through the gifts of the nurses and midwives themselves and embellished with candlesticks presented by Her Majesty the Queen (now the Queen Mother). It was opened by the Queen, as patron of the Fund, who also unveiled the stained glass window. I was proud and honoured, in memory of my sister, to be invited to attend this service with my late brother on Thursday November 2nd 1950. ⁽⁹⁾

In line with the predicted increase in the birth rate, admissions to the Maternity Unit consistently rose into the 1950s. But social practice was also beginning to change, many mothers now preferring to have their babies in hospital; it caused less upset at home, especially when domestic circumstances

were unsuitable; there was less expense; and above all, the mother could expect highly skilled attention. Whether the following incident reflects highly skilled care is still undergoing intensive research,

'My first visit to Mill Road was in 1950 when I was seventeen and had my first baby. How things have changed. Baby was taken from you at night so the mother could have a good nights sleep. Then next morning brought back on a long trolley with about six babies on it (Our first thoughts were "Is it the right baby?"). When it was handed over, I remember a kind older nurse who was caring for me telling me: "Put the baby's wet nappy on his head and he will have lovely curly hair". I did, and so he did! Over the next 18 years I went on to have eight more babies, all at Mill Road'. ⁽¹⁰⁾

Mrs D. Taylor of Childwall gave birth to her youngest daughter Susan at Mill Road on 31st May 1953, during Coronation week. All babies born there during that week were given a special spoon and a bookmark to celebrate the crowning of HRH Elizabeth II on the 2nd June 1953.

'Mother and babies were taken from the wards to watch the event on television, and everyone was in a happy mood because as mothers we had such double cause for celebration. Also at that time, in my ward the staff were trying out a new idea of feeding the babies when they needed it, instead of keeping to set times, and also allowing you to cuddle them when you wanted to. ⁽¹¹⁾

Further development plans for Mill Road were approved by the Regional Hospital Board and put before the Ministry of Health in 1953, which included additional isolation accommodation, facilities for sick ante-natal patients, residential section for medical students, a centralised feed preparation room and a milk bank. It was intended to bring three of the damaged wards back into use to provide some of the necessary space.

By September, a new premature baby unit had been installed to help reduce the high mortality rate. It was estimated at that time that a quarter of all babies born prematurely died within the first month. ⁽¹²⁾

Now, after a year in which no maternal deaths had been recorded, new apparatus, new techniques and specially trained nursing staff would tackle the

problem of premature deaths. Piped oxygen had recently been installed, plus an oxyginaire incubator which would provide even temperature and enable the babies to recover unclothed with greater freedom of movement.

New ground was also broken in 1950 with the introduction of the 'Obstetrical Flying Squad' which was later run in collaboration with Liverpool Maternity Hospital. It consisted of a fully equipped ambulance bearing a highly skilled team, comprising a senior resident, a house surgeon, an experienced senior midwife, an anaesthetist, plus a medical student who in turn would gain valuable skills. The Squad could be mobilised in minutes and would attend difficult births and emergency cases in the mothers' own homes. It was soon heralded as a success. During early 1953 for example, over the 26 weeks it was called into service, the squad answered 32 calls without a single fatality, despite some mothers being in a serious condition by the time the squad arrived.

The resurgence of Mill Road which few thought possible, continued throughout the decade. The sixty



The Nurses' Staff Dining Room

year old hospital, expected by many to be demolished, had not only survived, but had risen from the ashes to play a new and leading role in Obstetrics and Gynaecology.

Footnotes

1. Obituary notice. Transactions and Report of the Liverpool Medical Institution Library 1982-83.
2. City of Liverpool Maternity Unit, Mill Road Infirmary - Programme and Souvenir Brochure (5 June 1947).
3. **Dr. Bryan A. Walker**, 'Admission of Life Members', Transactions and Report of the Liverpool Medical Institution Library 1978-9.
4. Evening Express, 13 June 1947.
5. Correspondence with Mrs Anthea Jackson SRN SCM (née Gillard) a Sister at Mill Road until 1952, who was on duty at the opening ceremony (1990).
6. Evening Express, 13 June 1947.
7. Liverpool Daily Post, 22 June 1948.
8. Extracted from Nurse Margaret McFadden's (née Fryer) printed notes of her memories of Mill Road Hospital 1937-1940 (1990). Now in Mill Road Archive Files.
9. Correspondence with Miss Kathleen Jeffries (1990). Now held in Mill Road Archive Files.
10. Correspondence, Mill Road Archive File - from a lady anonymously signed 'A Grateful Mother' (1990)
11. Correspondence with Mrs D.Taylor of Childwall (1990), Mill Road Archive File.
12. Report of the Liverpool and District Hospital Management Committee, year ending 31 March, 1953.⁴



Ward for antenatal sick patients with isolation cubicles beyond

8.A Beautiful Revolution

The first completely new artificial limb and appliance centre to be built in this country since the war was officially opened at Mill Road by Sir Thomas Harley, Chairman of Liverpool Regional Hospital Board on July 25th 1961.

Situated to the rear of the main block, it was completed at a cost of £100,000. The centre would take over the work of Orleans House and serve the whole of the Liverpool Regional Board area covering more than 100 hospitals and a population of some 2,500,000.

'To give you an idea of the scope of the service', said Sir Thomas, 'It may shock you, as it did me, to be told that last year approximately 14,000 artificial legs, 2,500 arms, 3,000 arm appliances and 10,000 artificial eyes were supplied to National Health Service patients and to war pensioners', he told those attending the opening ceremony.⁽¹⁾ The new centre was of low level practical design and contained fitting and training facilities, together with workshops and display areas.

Four years later in 1965, as the 25th anniversary of the Blitz was approaching, Marjorie Williams decided that a staff reunion ought be organised to mark the occasion. It would also be a good excuse to meet old friends and colleagues, many of whom she had not seen for years. Marjorie, who had trained at Mill Road before the war, roped in former fellow student and close friend Freda Dean, to get her idea off the ground. Marjorie Phillips, a Sister Tutor at Mill Road and later Matron of Broadgreen Hospital, helped out with a list of 30 names of the old staff, through which they were eventually able to contact around 200 former colleagues.

The re-union was arranged for the 29th April 1966 at the Shaftesbury Hotel, almost 25 years to the day since that fateful night of May 3rd. Eighty-five people turned up, some travelling from as far as Northern Ireland, London, Kent and Essex, although the re-union was not confined to those who were present during the Blitz.

As they sat down to dinner, messages of goodwill were read out from ex-colleagues in Australia, New

Zealand, Uganda and Southern Rhodesia, as it was then known. Later, those present had the chance to catch up on old times. There was much to talk about - many staff had been split up in the aftermath of the bombing and had not met since.

During the late sixties, it was becoming apparent that the casualty department was under threat.

At a meeting of the Executive Council finance committee in January 1968, a proposal was made to close the Mill Road casualty department. It was stated that attendances in the department had decreased from 19,000 in 1962 to 11,300 in 1966. However, Dr. R. Bradshaw believed the plan to be ill-advised and argued that the demand for the facility would soon increase. He informed the committee that twenty-six multi-storey flats were proposed for the area and this, he suggested, showed that people would move back to the Mill Road vicinity. Taking Dr. Bradshaw's view into account, the committee decided to ask the Regional Board to consider, that should the department be closed, it be re-opened when Mill Road is redeveloped.⁽²⁾

Such proposals fell on deaf ears and the department closed for good shortly afterwards.

In February 1971, a crisis developed at the Hospital when there was an outbreak of gastro-enteritis. All wards were closed, except the gynaecological ward which continued to admit patients. No babies were seriously affected and full precautions were taken. A member of staff said;

'There has been a mild outbreak which is not severe enough to cause serious alarm but the hospital is being closed as a precautionary measure. We don't know yet when we will be re-opened.'⁽³⁾

In the mid 1970s the N.H.S. witnessed its most comprehensive reorganisation since its inception in 1948. The result of such change, however, left Mill Road facing the threat of closure. Matters came to a head in March 1977, when Roland Moyle, a Minister at the Department of Health and Social Security, confirmed in a written reply to Liverpool MP Bob Parry, that should Mill Road be closed, it

would be offered for sale either to the County Council, to other government departments or to a housing corporation, 'according to the usual procedure'. If the offer were turned down, then attempts would be made to sell the premises on the open market.

In the 10 year period up to 1976, a total of £138,968 had been spent on upgrading and modernising the hospital, but despite such expenditure it was now threatened with closure as part of Liverpool Area Health Authority's attempt to cut costs. Regarding the relatively new artificial limb and appliance centre, Moyle declared that it would be 'entirely practicable for the centre to continue independently in the future-if necessary', adding that the 'estimated cost of transferring the services for pre-natal, maternity and ante-natal care from Mill Road to Broadgreen would be more than off-set by the savings'.⁽⁴⁾

Inevitably, Mill Road was not the only hospital to face such an uncertain future, as other special units (including general surgery, orthopaedics, general medicine, dermatology, urology and child care) across Merseyside were also threatened with closure in the Health Authority's bid to pare down its services. A report prepared by the Authority's Area Team of Officers recommended the shut down of Maternity admissions to Mill Road by 1st July 1977 - nine months earlier than originally planned.

Area administrator Geoffrey Bateson believed the closure moves were vital in view of the constant financial struggle. 'We are living in dangerous times', he commented. 'We must keep within our budget and there is evidence that facilities at Broadgreen and Sefton General Hospitals can cope with the workload'. However, he did acknowledge the massive protest petition signed by doctors, nurses and Merseyside mothers in a bid to avert the closure, pointing out that full consultation with all interested parties would be sought.⁽⁵⁾

In fact, a 'stay of execution' was granted to allow talks to continue in an attempt to thrash out some sort of compromise. By the summer of 1977, this had largely been achieved, but the full support anticipated from the affected Districts was of crucial importance.

Drawn up by the Central and Southern District Community Health Council, the success of the plan would depend on the acceptance of a similar

compromise being offered by the Eastern District Community Health Council. Following such agreement the whole package would be placed before the Liverpool Area Health Authority for final consideration.

The Central and Southern District Community Health Council, together with community groups from the Speke and Mill Road areas, were prepared to see Sefton General Hospitals' maternity unit sacrificed in order to save Mill Road. Furthermore, it was hoped that the Eastern Council would be prepared to agree to a similar transfer of Broadgreen's maternity beds to Mill Road. Together, they would produce enough patients to keep Mill Road viable.

'We have reached a decision which we feel is a compromise', said Jane Leighton, secretary of the Central and Southern Council. 'We realise that it will inconvenience some people, but it could save Mill Road and thereby maintain the quality of maternity care in the area.'⁽⁶⁾

The compromise offer contained three conditions; firstly that Liverpool women, particularly from Speke, be given priority at Oxford Street; secondly, that ante and postnatal clinics were opened at the Sir Alfred Jones Memorial Hospital at Garston; and thirdly, that serious consideration be given to using Sefton General's maternity beds for the old and mentally ill. Jane Leighton, with the unanimous support of her Council behind her, made a blistering attack on the Health Authority stating that their decision to close Mill Road had been based solely on financial reasons, and did not give due regard to the quality of care for local people.

The campaign to save the hospital gained momentum when the Eastern District Community Health Council confirmed its support for the compromise. Frank Rose, secretary for the Eastern District, said 'With the two councils decided on the same course of action, we feel we have a very strong case indeed. It is a very difficult choice to make, but,' he continued, 'there is a strong case for rationalisation'.⁽⁷⁾ Jane Leighton agreed adding, 'If the Area Health Authority do not accept our proposals now and maintain Mill Road, then it raises serious questions about democracy and will make nonsense of the consultative procedure'.⁽⁸⁾

The petition in support of keeping Mill Road open had now reached 27,000 signatures, reflecting the

extent of the public outcry.

The plan was accepted by the Health Authority. They achieved their desired financial cuts, while Mill Road would remain open, taking on the maternity units of Broadgreen and Sefton General. Thanks to the dedicated campaigning of doctors, nurses patients and the community health council, the hospital was again saved from the bulldozer. It was not the first time, and would not be the last, that certain closure would be stared in the face.

The leading figure throughout the campaign was undoubtedly Mr. Robert Atlay, Consultant Obstetrician and Gynaecologist and now Medical and Executive Director of the new Liverpool Obstetric and Gynaecology Services NHS Trust. Mr Atlay is a local man, who has spent almost all of his professional career at Mill Road.

After a period at the hospital as a medical student in 1958, he returned in 1961 as a house surgeon. In 1963 he was appointed Registrar, before leaving during the mid-sixties to take up promotion as Senior Registrar at Nottingham, followed by a similar position at Sheffield shortly afterwards. He was away from Liverpool for only three and a half years, returning in 1970 as Consultant working with Professor Norman Jeffcoate.

The Professor was held in great regard by Robert Atlay,

'Sir Norman Jeffcoate, who was President of the Royal College, Professor at the University, and Consultant here, [he died in March 1993] was a Giant in the profession. A man with a national reputation, who was also an internationalist. He wrote one of the most magnificent text books called 'The Principles of Gynaecology' and he was an absolutely wonderful teacher, particularly at undergraduate level. When I returned to Mill Road he was really the team leader in the University sense.

Professor Jeffcoate had great links with Australia. He had toured the world following invitations to so many other units and so many other universities. The Australian link meant that we had a series of very distinguished Australians over here in Liverpool and particularly at Mill Road, doctors who later became very distinguished in their own country. Among them was Geoff Bishop, a presidential candidate for the Royal Australian College, and Ian Johnson

who produced the first test tube baby in Australia. In fact, they all did very well back in Australia, so that Jeffcoate's 'Australian Stable' was very important.⁽⁹⁾

After Sir Norman retired in 1972, Professor J.M. Beazley was appointed in his place. Shortly afterwards, Senior Lecturer and Consultant Brian Hibbard left Mill Road to become Professor at Cardiff - a major loss according to Mr Atlay,

'This was a double blow for Liverpool, because Brian didn't get the Jeffcoate chair as many of us thought he would. In the reorganisation that followed, I was joined by Peter Walker of Broadgreen Hospital after the battle to keep the Mill Road Maternity Unit open. David Pryor-Jones, who had been here for some 25 years had now retired - he had been a stalwart with a good North Walian practice following his links with North Wales.'⁽¹⁰⁾

Returning to the events of the late seventies surrounding the fight against closure, Mr Atlay proudly recalled,

'We actually won that fight following a dramatic meeting in the school hall here, attended by some 600 people, which for a public meeting is unbelievable in Liverpool. The T.V. came, radio, David Alton, then a young councillor - he came and was very supportive. It was a terrific meeting and I'd like to think I had a reasonably important role in that, speaking for the retention of this hospital. We got so much support from the local community that I don't think the politicians dared close it.'⁽¹¹⁾

To most of the staff and patients, Robert Atlay is undeniably 'Mr. Mill Road'. Few are surprised that he holds strong feelings about the hospital. Following his prominent role in the fight to keep Mill Road open, he then guided the Unit through necessary change and upgrading.

There were inevitable teething troubles as a consequence of such reorganisation. Sensationalist news stories appeared in the local press in late 1979, as a direct result of the newspapers being informed of the contents of a letter received by Liberal MP David Alton from health minister Dr. Gerrard Vaughan.

Despite earlier support, the young local MP, eager to raise his local profile, heavily criticised the hospital regarding its waiting room provisions for

pregnant women using the maternity clinics. On being informed that expectant mothers were having to 'stand in a corridor waiting to see the doctor and even sitting on the floor because there are not enough chairs', Mr Alton put his concerns to the Health Minister, who agreed that the waiting area was inadequate, placing the blame solely on the strains caused by the recent closure of Sefton and Broadgreen maternity units. Moves were afoot, he said, to enlarge the waiting area but, 'the difficulty again, is that the heavy workload at Mill Road means that the ante-natal clinic



Mothers at a clinic at Mill Road in the early 1960s

sessions are often crowded and sometimes hectic'. Nevertheless, he added, the Area Health Authority was 'very conscious of the feelings of expectant mothers and are concerned to provide as high a standard of service as possible'.

A dissatisfied Mr Alton commented, 'When this complaint came to me by way of a member of the Community Health Council, I thought it was a rather wild accusation. But now Dr. Vaughan writes back admitting the complaints'.

A hospital 'spokeswoman' told the press that the waiting room improvements were still to be made. 'I don't think I have ever seen women sitting on the floor', she said, 'but there are not enough chairs and that situation remains'.⁽¹²⁾ Mill Road staff were keen to diffuse the situation but it was clear that problems were apparent.

While administrative reorganisation continued to take place on a regular basis, necessary changes were made throughout the Maternity Unit. Local journalist Monica O'Hara provided a useful insight on the developments after visiting the Unit in September 1985, reporting a complete transformation from the situation which had so concerned David Alton,

'The clinic does not start until nine but they begin to arrive at 8.30. Not to find a good seat; or even to see the doctor first. These patients are here

because they like the place.

The ante-natal clinic at Mill Road Hospital, is one of the happiest and most informal you can find. Having just spent a morning there I know. I arrived at 8.35 and by 9.15 all 10 of those in my group (appointment 8.45am) had been attended to. They had had their blood and urine tests, been weighed, had seen the doctor and had their appointment cards marked up for next time.

So the "ladies-in-waiting" - don't really have to wait at all. Not any more. Gone are the days when you could spend an entire morning, or afternoon, or both, waiting for your name to be called. No longer can expectant mums expect to knit an entire matinée coat or read a whole romantic novel in the clinic. When they come to Mill Road, they leave their knitting and reading behind.

Despite its great age and the fact that if the authorities had had their way it wouldn't even be standing anymore, it is as busy as ever.

Today they hold seven ante-natal clinics a week with anything up to 100 patients each. And they still keep on top of the problem. Mind you, it wasn't always like that. A few years ago this was as dismal as any other outpatients clinic; with its highly unpopular but so familiar "block booking" system (whereby many of the patients

were given appointments for the same time to see the doctor). There was the usual mad scramble and a waiting room bursting at the seams.

Old though the hospital is, it is bang up to date with equipment. All patients are offered a routine ultra-scan to show the baby's development in the womb and to pick up any abnormalities at an early stage.

Mums are encouraged to ask questions; notices inviting them to do so are pinned up all over the place. Asian patients are given special feeding leaflets, written in Hindi, Urdu, Punjabi and Gujarati.

Another nice thing about Mill Road is that dads go along too, and it's all very jovial. Mums and their partners can attend parentcraft and relaxation classes." (13)

Much of the credit for the transformation of the Unit was again due to Robert Atlay, described by Monica O'Hara as a man who 'constantly beats the drum both for Merseyside and for the hospital he loves so much'.

Sweeping aside such outdated practices as the

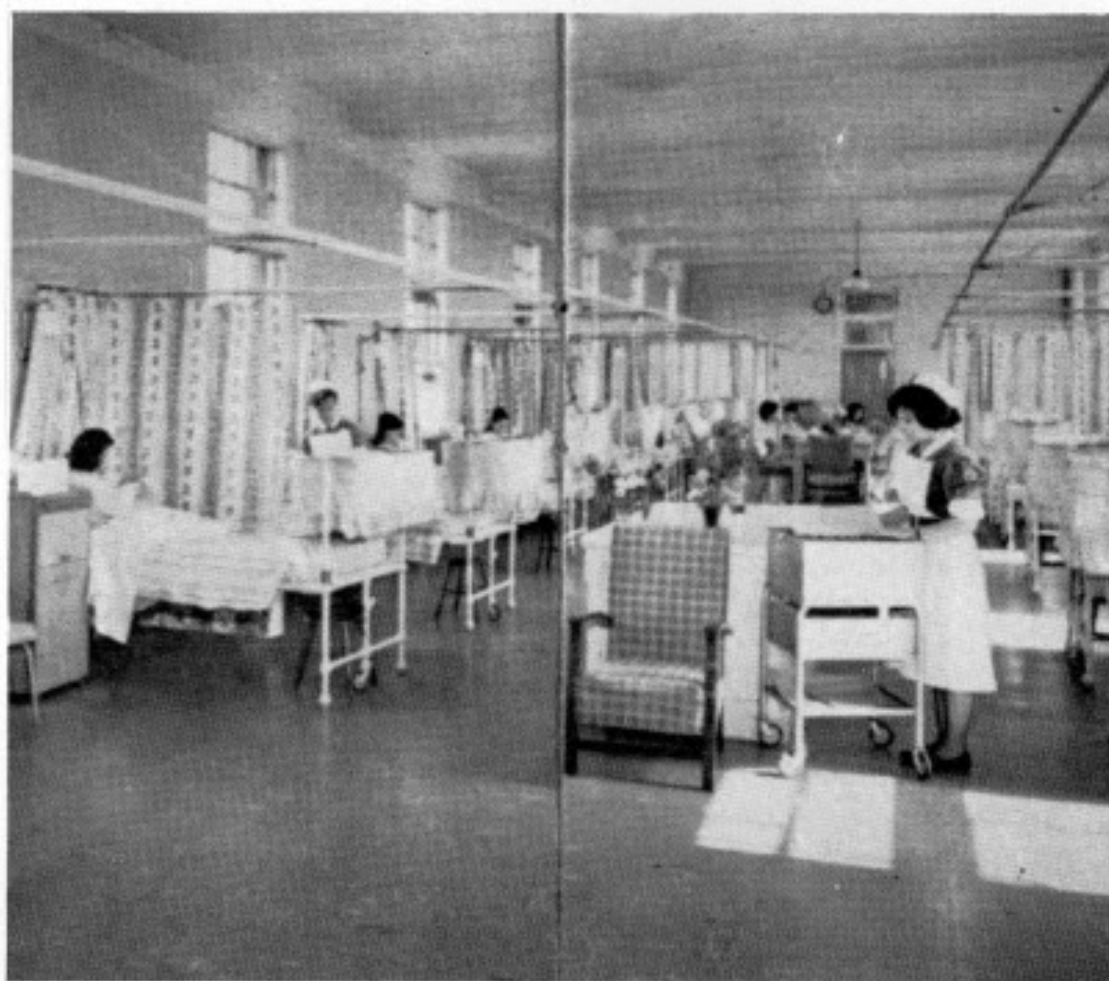
'block booking' system for patients' appointments, he toiled to create greater efficiency and working atmosphere for staff and patients alike. Changes were not made merely to promote the business ethic. The patient has always been central to the motives behind such programmes of improvement.

As Mr Atlay commented, "We listened to the public and to the community health councils, noted their complaints, and made improvements wherever possible. A beautiful revolution has taken place in recent years. Doctors' attitudes towards their patients are much nicer than they were. We like to think that we treat our mums with warmth and friendship, so that we can all share in their experiences."⁽¹⁴⁾

In 1978, the structure of Area Health Authorities was abolished and the newly created Liverpool District Health Authority now presided over a region divided into 'sectors'. Again, Broadgreen managed Mill Road. But by 1982, this structure of sectors had been abandoned in favour of 'management units'. This step saw Mill Road become a Unit in its own right with its affairs

managed by an administrator, Mrs Alison Shead, accountable to the Eastern Management Team, based at Broadgreen Hospital.

This too was short lived, as the shake up of the Health service continued through the eighties. Following the implementation of the Griffiths Report and introduction of General Management into the NHS, a new unit of administration was created in 1985, which saw Mill Road, Liverpool Maternity Hospital and the Women's Hospital coming together as the Liverpool Obstetric and Gynaecology Unit.



Mill Road in the early 1960s - a lying-in ward

Finally, in April 1992 the Unit was granted Trust status, becoming the Liverpool Obstetric and Gynaecology Services NHS Trust, with Mrs Judith Greensmith as Chairman and Mr Keith Haynes as Chief Executive.

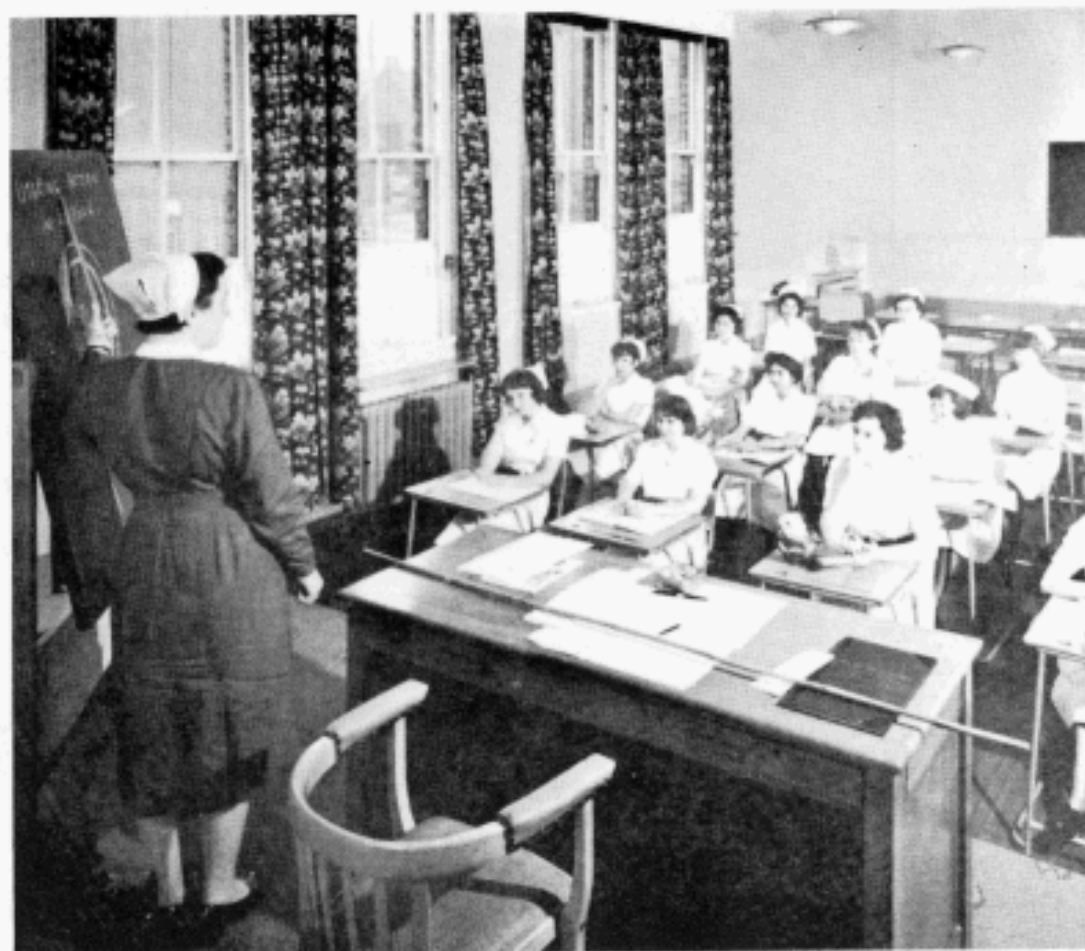
The administrative structure and funding may have been moving forward with a keen eye to the 21st Century, but the buildings were now showing serious limitations.

It was quite clear that if the Trust was to succeed, strong decisions and guidance were necessary if it was to enjoy the type of accommodation that patients would expect in the future.

The writing was again on the wall for Mill Road Hospital.

Footnotes

1. Liverpool Daily Post, 25 July 1961.
2. Liverpool Daily Post, 18 January 1968.
3. Liverpool Echo, 1 February 1971.
4. Liverpool Echo, 3 March 1977.
5. Liverpool Echo, 5 March 1977.
6. Liverpool Echo, 1 August 1977.
7. Liverpool Echo, 3 August 1977.
8. *ibid.*
9. Author's interview with Robert Atlay, 27 Sept 1993.
10. *ibid.*
11. *ibid.*
12. Liverpool Echo, 7 November 1979.
13. O'Hara, M., 'A Revolution in Maternity Care', Liverpool Echo, 9th September 1985.
14. *ibid.*



Teaching Unit in the early 1960s - Pupil midwives attended weekly study periods under qualified tutorial staff.



The layout of Mill Road in 1976 from an Ordnance Survey Map

9. The Future

'Sir Norman Jeffcoate's ambition had always been to unite the City in terms of obstetrics and gynaecology. I always felt that I was one of his disciples and if the opportunity did come up and it was good for the community I would put myself right behind it. I think that when all three hospitals come together, we're going to have a wonderful unit here. This new hospital is going to be something to be really proud of'.

Robert Atlay(1)

In early 1992, the Regional Health Authority gave its approval to plans drawn up for a new hospital for women and babies to be erected on a green-field site between Upper Parliament Street and Crown Street in Liverpool 8.

The new hospital would provide a range of services to women and babies and would replace the Women's Hospital, Liverpool Maternity Hospital, a ward at the Royal Liverpool University Hospital, and, with more than a touch of sadness, Mill Road Maternity Hospital. The three hospitals, despite all being held with much affection, were now too old and no longer suitable to provide the best environment for the quality of service expected by a society fast approaching the 21st century.

E.C. Harris, an international group of consultancies based in Liverpool, with wide experience in hospital projects including Alder Hey, Warrington District Hospital and Halton District Hospital, were engaged as Project Managers for the new venture. The core building would be designed by Architect Jane Lock-Smith of HLM Architects.

Meanwhile, on 1st April 1992, in line with Government reforms in the NHS, the Liverpool Obstetric and Gynaecology Unit was granted self-governing status and became an NHS Trust. Then began the transfer of assets and functions previously handled by the District Health Authority.

On September 28th 1992, Health Minister Virginia Bottomley ceremoniously cut a turf on the site of the new £30 million hospital, to officially mark the start of construction work by AMEC Building. Mrs Bottomley was welcomed on to the 13 acre Toxteth



Secretary of State for Health, Mrs Virginia Bottomley gets work under way on the new Hospital on September 28th, 1992

site by the Chairman of the new Trust Mrs Judith Greensmith. Among the civic leaders present were the Lord Mayor of Liverpool Councillor Rosemary Cooper and the Dean of Liverpool the very Reverend Derrick Walters.

In keeping with a tradition which had been set over one hundred years earlier at the laying of the foundation stone for Mill Road Infirmary, the Health Minister was presented with a commemorative silver shovel by AMEC Chairman, Sir Alan Cockshaw.

In fact, work on the site had already commenced at the beginning of September, with a projected completion date of March 1995 and an expectancy that the hospital be operational by the summer of that year.

It was realised by the Board of the new Trust that the transfer to the new hospital should be effected gradually if services were to continue to operate efficiently during the change over. Following a

HISTORY OF MILL ROAD

detailed feasibility study and extensive consultation in early 1993, the decision was taken to close Mill Road Maternity Hospital in November 1993, and transfer inpatient services to the Women's Hospital and the Liverpool Maternity Hospital. Outpatient and antenatal clinics and the Community Midwifery Service would continue to be based at Mill Road in the building originally opened as the Artificial Limb Centre and now used as the Trust Offices.

Chief Executive of the Trust, Keith Haynes, said:

'By keeping open these clinics at Mill Road, in better surroundings than the current clinics areas, we are ensuring that local women do not suffer in any way and there will be adequate space in the other two hospitals for the inpatient services'. (2)

The move would enable staff to be concentrated on two sites instead of three and to enable them to get used to working together before the transfer to the new hospital.

Robert Atlay, Medical Director of the Trust commented:

'Everybody who has been involved with Mill Road Maternity Hospital whether as a patient, midwife, nurse or doctor, will be saddened at its closure as part of the preparation for the opening of the new hospital. However, these interim arrangements are essential to ease the opening of the new unit, and I feel confident that everyone will be delighted with the new hospital with its facilities and the expertise that will be provided there.'

The medical, midwifery, nursing and administrative staff are very well aware of the turmoil caused to patients by any upheaval of this kind, but nevertheless feel that the end product will make it worthwhile, and they will do their best to make the transition as smooth as possible.' (3)



October 1993 - and the structure of the new Hospital in Liverpool 8 is almost complete

But sentiment would die hard. For example, Inez Lamb, whose links with Mill Road stretch back more than eighty five years, was especially saddened at the news to close the hospital. Her memories of Mill Road, she says, will always be with her:

'I have never been so happy as I was at Mill Road. The staff were so close, and it was as though we were as one with the hospital. We would never hear anything bad said against the place. When I heard the news I could not believe it was going.' (4)

The hospital building may well be going, but it is the people within it that have created the caring atmosphere and warmth so impressive to patients and newcomers alike. It will not be without a concerted effort and much determination that what has been built and practised at Mill Road, will be allowed to continue and thrive in the modern high-tech surroundings of an unfamiliar but necessary new hospital.

Here's to the next 150 years!

Footnotes

1. Author's interview with Robert Atlay, 27 Sept 1993
2. Countdown (Liverpool Obstetric and Gynaecology Services NHS Trust information bulletin), No.6 June 1993
3. Countdown, No.6 June 1993
4. Inez Lamb (formerly Sister Page) - in conversation with the Author, 27th Aug 1993.

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Mill Road Hospital devastated by the May blitz



A happier moment - Christmas in the Infirmary, 1898

A History of Mill Road Hospital and Workhouse Infirmary, 1838–1993

By Michael Royden

In November 1993, the last wards closed at Mill Road Maternity Hospital, Liverpool, as part of the move towards the opening of the new Liverpool Women's Hospital.

Certain services remained at Mill Road, but it was close to the end for a hospital that began life as a workhouse in 1838, had been a general Infirmary and was devastated by bombs in the Second World War.

In 1947 it reopened as a Maternity Hospital and was the place where thousands of Liverpool people came into the world.

The story of Mill Road, and above all else the people who worked there - is a

remarkable one. The Liverpool Obstetric and Gynaecology Services NHS Trust, who had taken over responsibility for the hospital in its latter years, commissioned Liverpool historian and author Michael Royden to tell that story.

Though Mill Road may be closed the spirit that has seen it through so many changes will live on.

The services provided by Mill Road, the Liverpool Maternity Hospital in Oxford Street and the Women's Hospital in Catharine Street, will all come together in the new Liverpool Women's Hospital in Liverpool 8

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