

St. Bartholomew's, Rochester, 1863 - 1914 - if its walls could talk.



Summary

The requirements for the 'modern' St. Barts were based on the needs and knowledge of the 1850s. At this time anaesthetics were only just being tried so operations were rare and brutal. It was not until after St. Barts opened that it was accepted that germs could cause infections and antiseptics began to be used. The industrial workplace had always been a dangerous place but it became a whole lot more hazardous with the increased manufacture and use of iron and steel - and associated heavy machinery. By the 1870s Medway and the expectations placed on St. Barts were significantly different to those of the 1850s.

The first 50 years of St. Barts provides some insight into how life and medicine changed. What has changed less is the challenge of funding health care! St. Barts was underfunded from the outset - it had to raise its own income, some of its funding was hypothecated, and much of its budget was dependent on the performance of the local economy. Further, medical advances and population growth only added to the challenge of managing a modern and much needed hospital. (*150 years on the words may have changed but the tune seems very familiar!*)

The following, based on newspaper reports of the time, charts some of these changes and challenges.

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St. Bartholomew's, Rochester, 1078 - 1863 - if its walls could talk.

Since writing the blog covering the first part of St. Barts' story, I have discovered a news-report from 1873 that appears to confirm the original hospital was comprised of cottages around the chapel - some of which were attached. The report stated that "the removal of the houses on the south-side laid bare the original Norman wall with three windows still remaining".

St. Bartholomew's - something of its first 50 years

The early years of the modern St. Barts appears to have been extremely challenging. It was clear from its inception that funding was unlikely to be sufficient but as the hospital began to quickly show its worth more people sought its assistance and financial pressures grew.

Medicine and nursing were in their infancy when St. Barts opened in 1863 but both soon became more sophisticated and costly, as medicine increasing based itself on scientific research, and accord was given to the findings and views of Florence Nightingale.

1). The use of anaesthesia didn't really gain legitimacy until after 1853 when Queen Victoria made use of chloroform during the birth of Prince Leopold. Its administration through was somewhat 'hit & miss' and many patients died as a consequence of the anaesthetic - operations were therefore rarely undertaken and then only *in extremis*.

2). It was only from 1858 the General Medical Council (GMC) controlled who could claim to be medically qualified, and 1860 that Florence Nightingale opened the first school of nursing. (*In 1860 she also set up a temporary army medical school at Fort Pitt hospital.*)

3). At the time St. Barts opened 'germ theory' was not widely accepted. It was only in 1861 that Louis Pasteur postulated that some diseases were caused by germs.

4). It was not until 1867 that Joseph Lister wrote in the British Medical Journal that he had observed that the use of carbolic acid was "capable of destroying the life of floating particles" that caused wounds to become inflamed. However his views were not widely accepted and in 1873 his ideas were mocked in The Lancet. (*Although there was no science to back up her views Florence Nightingale had years before recognised the importance of hygiene in preventing the spread of disease and often found herself at odds with the doctors during the Crimea War.*)

When it was finally accepted that germs caused infection and anaesthesia became more widely used, it became possible to undertake more sophisticated surgery. As a consequence it became possible to treat more conditions - thereby increasing the range and the cost of the services the hospital could provide.

St. Barts' first 50 years was therefore one of considerable challenge through a period of significant change. It had a continuous struggle to maintain sufficient funding to meet increasing demands and the increased costs of providing treatments - particularly surgery - as medicine advanced.

Building the new hospital

The funding and commitment to build a hospital to benefit the poor arose from the investigations into the maladministration of several Rochester charitable trusts - the Dean & Chapter's management of the 'old Barts' trust, as well as their mismanagement of the fund to support the scholars of the Cathedral Grammar School (Kings) was of public concern, as was the conduct of the trustees of the Watts Charity. Each 'occurrence' is worthy of a blog in its own right but collectively they gave the name of Rochester "bad eminence" in the public's mind when it came to the management of charitable trusts. The scandals were eventually resolved by the Court of Chancery in 1858 when it ordered that St. Barts was to be restored and remodelled using some funds from the Watts Charity. The Court ordered a new set of trustees to be appointed under the

management of the Dean of Rochester, and they were to oversee the building and running of a new hospital and dispensary. (*Presumably replacing the Nag's Head Lane dispensary that had been run by the kindly Henry Adams who had for 30 years made up medicines prescribed for the many poor who availed themselves of the "charitable institution".*)

The cost of building the new hospital with 80 beds of which 30 were to be in a Lock wing, was estimated to be £7,000. This was to be met with £4,000 from the Watts charity and £3,000 from the funds arising from hospital's estates. (*Lock wards and later Lock hospitals were set up under various contagious diseases acts 1864/1866/1869. They were used to compulsorily detain and treat women living in garrison/naval towns who had a venereal disease. The aim of the legislation was to protect the efficiency of the military.*)

In March 1866 the Government sought to increase the number of beds in the Lock wing from 30 to 40 in order that it could accept all women from the district - not just Chatham. The cost of the extra provision was put at £9,000, £7,000 for construction and £2,000 for equipment. Based on later reports it is evident that extra Lock beds were created.

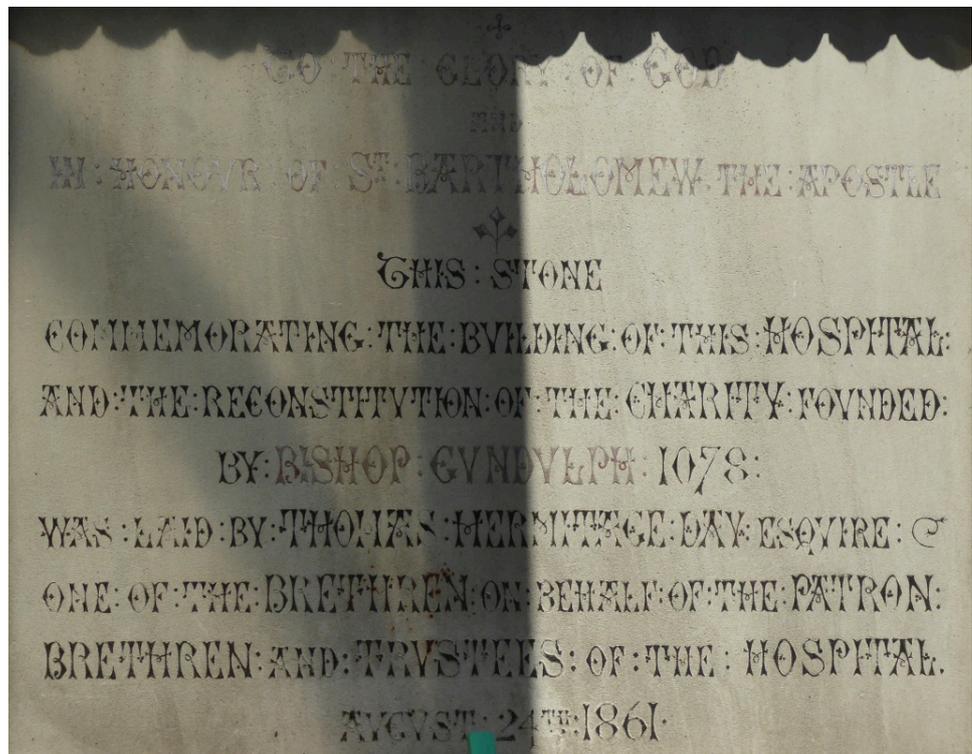
It was expected that the running costs of the hospital would met from income arising from the hospital's estate, £1,000 from the Watt's charity, £750 from the War Office, and Admiralty would pay £25 for each bed provided for a Lock patient. It would appear that this was later refined with the Ministry of War and the Admiralty being directed to pay £40/year/bed for three years.

The invitation to tender to build the hospital was issued in January 1861. It was to be built on ground near New Road in the parishes of St. Margaret's and Chatham, and was to consist of a dispensary, wards for 80 patients, and apartments for officers and servants of the establishment. By April 1861 it was reported that Mr. Stump, the contractor, had made great progress but it was not until August that the Foundation Stone was laid, but it was still hoped that the new building would be completed early in 1862.

Laying of the Foundation Stone - celebrated by dignitaries and workers alike.

The foundation stone was placed to the right of the entrance. Beneath the commemoration stone was placed a sealed leaden box containing the stone's inscription, written on vellum, and one each of the current coins of the realm.

"To the glory of God, and in honour of St. Bartholomew the Apostle, this stone commemorating the building of this Hospital, and the resurrection of the Charity founded by Bishop Gundulph, 1078, was laid by Thomas Hermitage Day Esq., one of the brethren on behalf of the Patron, Brethren and Trustees of the Hospital."



After the ceremony the trustees and other dignitaries attended an elegant luncheon organised by the Dean in the Deanery. In the afternoon a substantial dinner was provided for about 90 workmen who were employed in the building of the hospital. After dinner they indulged in various outdoor amusements on the greensward until dusk. They then returned to the house and were regaled with punch etc. *ad libitum*, provided by the same liberal hands which supplied the dinner. After enthusiastically drinking the health of the trustees the men departed to their own home - highly gratified with the day's proceedings.

By September 1862 the hospital was outwardly completed and great progress was being made on the interior. It was estimated that the trustees had £16,000 to build the hospital of 80 beds. It was reported at this time that the hospital would have separate male and female "Charity Wards", an accident ward, a dispensary and a Lock Ward. It was noted that the most prominent feature of the new hospital was its tower of four floors that housed two slate tanks that together were capable of holding 1,500 gallons of water.

The west wing (*left of the main door when facing the hospital from New Road*) was the Lock wing.

The Hospital Opens

The hospital opened on the 10th October 1863 with no pomp other than it being open for public inspection the previous day. The Trustees wished it to be known that their funds were not in a "flourishing condition" and they had been compelled to borrow £1,500 to complete the hospital. They also believed that the annual income the hospital would receive would not be sufficient to maintain the efficiency of the institution for some years. (*Although on the day of the opening of the hospital it was announced that Messrs R. Winch & Son had won the contract to supply wine and spirits to the hospital - for whose consumption was not reported.*)

It was expected that as the Towns regenerated the value of the land endowed to the hospital would yield more income. Until that time the hospital needed to recruit more subscribers and to rely on "gifts of old linen or cotton" and money.

Hospital Staffing

Staff on the opening of the hospital comprised of a consulting physician, consulting surgeon and an honorary dentist who provided their services gratuitously, others received an annual salary - bracketed.

Chaplain (£150)

Surgeon (£120) - who could take two pupils.

Dispenser (£60) - who must be legally qualified to act as a Apothecary

Steward (£50)

Matron (£30, aged between 30 & 50, with some experience in the management of a hospital for the sick.)

Nurses - female x 7. (£12 / annum aged between 25 & 50 and accustomed to nursing.)

Porter (£15, unmarried aged between 35 and 55)

Cook - female (£16)

Laundress (£16)

Housemaid (£12)

Under housemaid (£8) and a

Scullery maid (£8).

(£100 in 1863 would have been equivalent to approx. £11,500 in 2016.) Those staff who were resident also benefited from full board and laundry.)

Gaining admission to St. Bartholomew's for treatment

The hospital's services were not available for all. In 1858 when the Court of Chancery ordered that St. Bartholomew's hospital was to be restored and remodelled, it directed that the dispensary and hospital was to "receive and relieve" poor persons of the parishes of Chatham, Frindsbury, Gillingham, Rochester Cathedral precincts, St. Margarets and St. Nicholas, in the City of Rochester and Stood. The Court further directed that the hospital should not receive parish paupers, lunatics, persons with small pox, or confirmed consumption, ulcerated legs of long standing or the itch (*probably scabies*). It was only to accept females "far advanced in pregnancy" if they had had a severe accident that required surgery.

Someone who needed medical help for a condition that was not excluded, had to find someone to nominate them for treatment. Nominations could be made by a medical officer, the Dean or Canons of Rochester, clergyman of parish churches, trustees of the Watts Charity, or a subscriber to the funds of the hospital. The Watts trustees could nominate no more than 20 in-patients or outpatients.

To encourage regular donations to help meet the running costs of the hospital, a donor / subscriber could nominate one in-patient and two outpatients for every guinea they subscribed. If a Trustee of St. Barts wished to nominate someone for admission they had to be a subscriber as well. (*This probably dealt with the previous concerns that some charity trustees abused their positions.*)

As a rule no patient was to be permitted to remain for more than two months - although cases would be considered on their merits. Out-patients could be seen everyday except Sunday.

Having the right condition, coming from the right area, and having a nomination would still not guarantee admission if there were no arrangements in place to bury the patient should they die whilst in hospital. These tight, excluding, criteria appear not to have been welcomed all - see *Specialist Services below which details a doctor declining a position as the admission requirements were not based on 'need'*. The only recourse for people ineligible for treatment at St. Barts was the workhouse.

Despite the occasional negative report St. Barts must have quickly established a good reputation has evidenced by early activity reports.

At the end of the first month of opening the hospital steward reported that in the week ending Wednesday 4th November 1863, the hospital had 33 inpatients in general beds, 15 in the Lock ward, and had treated 152 out-patients. By mid December inpatient numbers were roughly similar but out-patients had increased to 257. By late 1867 the trustees were concerned that the hospital's services were being abused so a notice was placed in the press reminding readers that the hospital was established for the sick-poor. The trustees pointed out that this abuse deprived the poor of the service, and that it was manifestly unjust to the medical profession - several of whom attended the Dispensary gratuitously.

In 1870 the hospital trustees reported that in the year ending 30 September, the hospital had treated a total of 9,492 patients - an increase of 1,310 over the previous year. The 1870 figures were made up of 8,846 out-patients and 646 in-patients (whether Lock patients were included in these figures was not explained). In January 1870 when plans were well advanced for the military to open its own Lock Hospital in Chatham there were 40 women detained in St. Barts - so the extension proposed in 1866 clearly went ahead.

Although it has not been possible to chart - via the newspapers - how patient numbers grew it is clear they did as it was reported in 1891 that Alderman George Winch the new mayor of the newly incorporated Chatham had been involved in a group that had been set up "some time back" to raise funds for a new wing at St. Barts.

The procedures affecting the running of the hospital seems to have been more focused on management than patient care. There was a report of a badly injured man being brought to the front of the hospital. Those bringing the man to the hospital were directed to take him to the Dispensary around the back. The route was not as short as it is today and he died en route. The coroner stated that he believed the man's life may have been saved had he been treated more speedily. Eventually this led to a change of this 'rule'.

Funding

In addition to the Watts grant of £1,000 /year, the hospital depended on income from the property it owned, service contracts such as for the Lock patients, donations and legacies. Donations could come in the form of people becoming subscribers and thereby gaining some nomination rights, and fundraising activities organised by other organisations who donated the proceeds to St. Barts.

With the transfer of the Lock beds to the new 88 bedded hospital facility that opened in January 1870 on the Chatham/ Maidstone Road, near to Chatham railway station, St. Barts would have lost income in the region of £1,600 / year (Approx. £180k in 2016 money). *A year later it would appear that the vacated Locked wing was not in use - perhaps because funding could not be found to convert what was really a prison wing into something suitable for the reception and treatment of general patients. However this spare capacity proved 'valuable' when later in 1871 cholera visited the towns - see Public Health below.*

This loss of income could have led to the governors of St. Barts in January 1871, approaching the trustees of the Watts Charity for an additional grant of £400 / year for five years - on top of the £1,000 Watts already contributed. The request was declined as the Watts trustees did not wish to be bound to such a large sum. However in consideration of the value of the hospital to the city and the neighbourhood the trustees agreed to make a one-off a donation of £300.

Maximising income from property assets

Part of the strategy for meeting the budgetary shortfall was based on the expectation that rental income would increase as the towns 'regenerated'. This was not unreasonable as a number of organisations - including the Watts Charity - were part of the Chatham Improvement Committee that was certainly in place before the hospital opened. Probably as part of the regeneration initiative the hospital trustees decided to undertake improvements to their own estate. In July 1873 it was reported that the governors had decide to remove the whole of the houses in Chatham-intra and High Street, Chatham, from the corner of Chapel Lane (now near Gundulph Road/ High Street junction) to the Royal Oak PH (*about 200m towards Chatham from Chapel Lane*). In undertaking this work they decided to widen that part of the High Street from Chapel Lane to Hammond Hill, and to "erect a number of large and commodious shops in lieu of the miserable shops and premises" which occupied the site. The plans also included opening the space in front of the ancient chapel of St. Barts to make it visible from the high street.

Specialist services

There were inflexible conditions placed on the services that St. Barts could provide as a consequence of the strictures placed on the use of 'Watts' money'. The provision of new and specialist services provided two new opportunities; firstly an additional income stream, and secondly a new separately funded, facility would be free from conditions that applied to the beds and services that were partly funded with Watts money.

In 1866 the trustees of St. Barts investigated the possibility of establishing an Ophthalmic department with a budget separate from the rest of the hospital. The decision to set up an eye service was probably in response to campaigning by dockyard workers who had suffered an

Some of the large and commodious shops in that replaced some miserable shops and premises!



increase in serious eye injuries as a consequence of building the new ironclad ships. The workers wanted it local but were resistant to the service being provided at Melville Hospital as it was not sufficiently independent, and they wanted the Government to provide the necessary funding for improved eye facilities. *(In 1861 the navy decided to move to an all-armoured battle fleet. Also a news report in 1861 stated that a seriously injured dockyard worker preferred to be taken home rather than be treated at the Melville Hospital - it would seem the workers may have had some issues with Melville.)*

The ophthalmic initiative did not start well for St. Barts as John Woolcott (the founder and late surgeon of the Kent County Ophthalmic Hospital) declined the position of honorary Consulting Ophthalmic Surgeon. The reason cited was that he took exception to the requirement placed on patients needing obtain a letter of recommendation. As it was proposed to set up a new service he believed it should be based on the principle that poverty & disease was a sufficient passport; the requirement to be recommended and to live in a specific geographic location would, he believed, exclude many who needed assistance. Woolcott also required the Ophthalmic department to be entirely separate from the services provided for people on the sick wards. Having found another consultant it was reported in October 1866 that the “ophthalmic wards were being rapidly fitted with every modern appliance for the treatment of ophthalmic cases”.

Prior to 1867 dockyard men who needed treatment for an eye injury sustained at work, attended the Kent County Ophthalmic Hospital in Maidstone. Following a satisfactory inspection of the ophthalmic surgery / ward provided at St Barts, the Director-general of the Medical Department of the Navy directed that workmen in the dockyard who “received hurt to their eyes” would be directed to attend St. Barts rather than being required to attend Maidstone. The press hoped that both the Government and the dockyard employees (*employees emphasised in the news-report*) would give pecuniary aid to St. Barts. As it turned out it was not just the employers and employees of industrial

works that provided financial support for the ophthalmic service - the scholars of the Kings School, in 1867, presented £5 7s 6d to the ophthalmic ward. Based on news-reports detailing donations made to the ophthalmic services it would appear that Smithery departments in Chatham Dockyard collected 1d / month from the workmen that was then donated to the eye hospitals. Other groups also specifically donated to the ophthalmic services.

In 1873 the Admiralty agreed to pay a gratuity of £50 / year to St. Barts for treating men who received an eye injury whilst at work in the dockyard. In 1891 this was increased to £75/year in return for treating workman with eye injuries sustained whilst at work in the Chatham and Sheerness - *notably the service was able to take patients from outside the prescribed parishes.*

By 1904 reference was made to there being a children's ward at St. Barts to which the Rochester Branch of the Dickens Fellowship decided to fund a memorial cot - to be known as the "Charles Dickens Cot". (I have not yet discovered *when the Children's ward was opened.*)

Grants, donations & legacies

The demands made on St. Barts for outpatient services exceeded that which was expected when the hospital was commissioned. Clearly a good reputation would have brought in the patients but the success of the local regeneration projects also led to a significant growth in the local population.

There are far too many donations to detail - but lists of donations frequently appeared in the papers - but the following give some indication as to how the hospital was able to fund its expansion.

Perhaps in the late 1870s / 1880s plans were afoot to develop a new outpatients department as it was reported in January 1881 that the Worshipful Company of Fishmongers had made a grant of 100 guineas towards the cost of a new building for out-patients at St. Bartholomew's Hospital.

In addition to significant grants made by the larger charities, smaller groups - such as the Association of Men of Kent and Kentish Men - held fundraising events to raise money that they could donate to support good causes such as hospitals.

People such as Mr W. W. Foord were tremendously generous in their support of the hospital - "when anything was wanted to minister to the comfort of others he was always ready to put his hand in his pocket to pay for what was required".

Later in 1903 Thomas Foord donated £5,500 to St. Barts to meet the cost of building and furnishing a nursing home to be attached to the hospital. A plaque in the new home for nurses and sisters was unveiled by the wife of Dean Hole in January 1904. A short religious service was held for its dedication, and in the evening a dance was given by the matron and nurses in the large drawing room.

Health care services

Just as today the services provided for the sick and injured of Medway reflected the social and industrial situation of the time. Over first the 50 years there were not only advances in medical practice, peoples' social and work conditions also significantly changed.

The press actually published the names and circumstances of those who attended the hospital for treatment. If ever the case needed to be made for Health & Safety legislation one only has to view details of people taken to St. Barts with industrial injuries. The following is taken from a list of accident cases received at St. Barts over a one week period in 1870:

- Mary Ann Piddock, fracture of the jaw, and other serious injuries sustained in a quarrel with a man at Ordnance-place.

- Samuel Wellard, a boy, severe injury to leg and knee through being run over by a horse and cart at Gillingham.
- Edward Flood, fracture to both legs while engaged at his work in Sittingbourne.
- Richard Green, a boy, serious injuries to right knee while playing in the recreation ground New-road.
- John Smith, a boy, severe internal injuries and other injuries caused by being run over whilst employed on the Chatham Dockyard extension work.
- John Gillett, concussion of the brain, arising from an accidental landslip at Chatham Dockyard.
- Edward Underwood, sailor, broken leg, caused during a quarrel in which he was engaged.

These cases along with numerous news-reports, show this was a dangerous time for people - particularly women. Associated with reports concerning hospital admissions it was not unusual to read of women who had been savagely attacked by their husband / partner and who had been left with life-changing or fatal injuries - "... condition described as hopeless".

Many women were also admitted to St. Barts having suffered severe burns as a consequence of their clothes catching fire whilst working near a fire, or as a consequence of an oil lamp being accidentally knocked over. Due to the prompt action of people nearby the victim often survived the fire only to die some days later due to "shock to their system". (*Childbirth was a very risky event for women at this time but deaths associated with childbirth would not have occurred at St. Barts as its constitution excluded maternity services.*)

Although St. Barts did not accept "lunatics" it admitted many people who had attempted suicide. Often the hospital was unable to save the patient's life or to ease their suffering. There were reports of people who had consumed toxic liquids experiencing an agonising death with the hospital being unable to significantly ease their suffering. Those who did survive their suicide attempt were transferred to the workhouse / union, and could well have been prosecuted for attempted "self-murder".

On a more positive note operations undertaken at St. Barts became far more intricate and successful. In January 1902 a "remarkable operation" undertaken at St. Barts, was reported nationally under a by-line of "the wonders of medical science never cease". The operation involved the removal of a needle from the heart of the daughter of a local police officer. Up until this operation it was held that the penetration of the heart by any foreign substance was certain to cause immediate death. (*How the needle came to have penetrated the heart was not reported.*)

The following year it was reported that a surgeon at St. Barts had successfully removed a brass clock key from Annie Murphy (18) a domestic servant who has swallowed it when she was three.

Although surgery was progressing and the introduction of sterile practice had reduced the likelihood of death as a consequence of infections acquired during surgery, there remained a significant risk of dying whilst being anaesthetised. In 1912 it was reported that a young fitter died from the combined effect of the surgical shock and the anaesthetic whilst undergoing an operation to remove his appendix. The jury returned a verdict of 'death by misadventure'.

Seemingly minor injuries could also lead to death before antibiotics were discovered. By way of an example, in January 1900 it was reported that James Collins, of Chatham Football Club died in St. Bart's following cutting his knee when he fell on a flint on Boxing Day. Following the injury he went on to develop lockjaw (*tetanus*) and died.

The advances in the care provided at St. Barts was not just down to medical advances. By 1894 a formal training programme for nurses had been set up. The Technical Education committee of KCC awarded two nursing scholarships to the Kent & Canterbury Hospital and one to St. Barts. This must have been a success as by 1899 it was necessary to introduce a seemingly complex selection process. The Technical Education Committee of Kent arranged 20 classes in nursing that only women could join. A preliminary lecture was followed by nine weekly lectures and nine practice classes. At the end the committee selected from the successful candidates those who would be offered a scholarship to train at the Kent & Canterbury Hospital, the Gravesend Hospital, and at St. Barts.

Public services

In addition to providing treatment services St. Barts provided a wider public health service - such as in helping to contain an outbreak of cholera that could quickly spread in the community and take hundreds if not more lives - with the consequence it engendered great fear in communities. In the 1870s there was no agreement as to how sufferers should be treated - other than to isolate them.

In August 1866 at the request of the Rochester Corporation, the governors of St. Barts made preparation for the treatment of cholera patients in case the dreadful disease visited the towns. The hospital governors also agreed that "all poor persons suffering from diarrhoea would be supplied with medicines without any nominations being required". Cholera did arrive and St. Barts needed to erect a tent for the reception of cholera patients.

In 1871, when another cholera epidemic was expected, the Corporation of Rochester requested the trustees to set aside a portion of the hospital for the reception of patients attacked with cholera; this they were able to do as the block of the building that had formerly been occupied by the Lock patients was still vacant. Rochester Corporation was so pleased with the governors positive response it granted the hospital ten guineas (£10 10s) in 1872 to go towards the repair of the west wing - the area that was used as a Lock ward.

In 1900 the trustees agreed to provide, in case of an emergency, eight beds for wounded soldiers from South Africa who arrived at Chatham. (*Boar War.*)

To continue

The first 50 years of the modern St. Barts saw the replacement of a ruin of a hospital that was poorly managed, with a hospital whose services eventually included the successful undertaking of intricate operations. The next 34 years - to be covered in a future blog - will see how it advanced nursing practice, and playing a vital role during two world wars before becoming part of the newly formed the National Health Service.

Geoff Ettridge aka Geoff Rambler.
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