



Mills Epsom

"At Horton there was no time or place for morbid introspection." (Page 127)

THE STORY OF THE HORTON (CO. OF LONDON) WAR HOSPITAL : EPSOM

ITS INCEPTION AND WORK AND SOME REFLECTIONS

BY

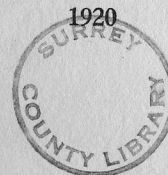
Lieut.-Colonel J. R. LORD, C.B.E., M.B.

OFFICER COMMANDING

WITH SEVEN PLATES AND A PLAN.



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TO
LT.-GENERAL SIR ALFRED KEOGH, G.C.B., G.C.V.O.,
C.H., M.D., F.R.C.P., LL.D., ETC.

HON. PHYSICIAN TO H.M. THE KING,
RECTOR OF THE IMPERIAL COLLEGE OF SCIENCE AND TECHNOLOGY
AND LATE

DIRECTOR-GENERAL, ARMY MEDICAL SERVICE,
TO WHOSE LOFTY IDEALS, HUMANITY AND INSPIRATION
HIS FELLOW COUNTRYMEN
AND ALL SICK AND WOUNDED SOLDIERS OWE
A DEBT OF GRATITUDE

AND
WHOSE NAME WILL EVER BE INTIMATELY ASSOCIATED WITH
THE FINE WORK ACCOMPLISHED BY
MEDICAL SCIENCE

DURING THE GREAT WAR
THIS BOOK IS DEDICATED (BY PERMISSION)
AS A TOKEN OF ADMIRATION AND ESTEEM.

PREFACE

THE title page of this book is sufficiently indicative of the nature and scope of the subject matter dealt with, and I need only remark that my endeavour has been to present the medical and administrative data in such a form as to be readable by the public generally, without detracting from their value to hospital administrators and the medical profession.

The object of the book is three-fold. In the first place it is meant as an appreciation of the services rendered in the interests of the sick and wounded soldiers by a multitude of people, high and low, rich and poor; but all generous in endeavour, and great in achievement. Secondly, it is thought that many of the former patients would like to have in their possession some memorial of a hospital with which they were so closely associated. And thirdly, a record of administrative, medical, and surgical work, on so large a scale, is surely of considerable value and interest.

I might mention also that any profits which accrue from the sale of the book will be devoted to the erection of a memorial in the hospital chapel, testifying to the high purpose and noble use the Institution was put to during the Great War, and also recording the names of many of the hospital staff who died both at home and abroad in the service of their King and country.

Although the book is published with the approval and permission of the London County Council, it is not an expression of the opinions or conclusions of the Council, or of any of its Committees; and I am personally entirely responsible for all I have written.

In conclusion, I have to express my gratitude to the Rev. Tracey Walker, M.A., Vicar of Salesbury, Blackburn, and Dr. G. Douglas McRae, of Ayr, for so kindly reading through the proofs, and to my Secretary, Miss E. J. Wooding, for much valuable assistance generally.

J. R. L.

HORTON HOUSE,

EPSOM,

December, 1920.

PREFACE

THIS little book is the result of a study of the history of the hospital from the point of view of the medical profession. It is not an exhaustive history, but it is a study of the hospital as it is, and as it has been, and as it is to be. It is a study of the hospital as it is, and as it has been, and as it is to be.

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In conclusion, I have to express my gratitude to the London County Council, and to the various bodies and individuals who have assisted me in the preparation of this book.

J. R. L.

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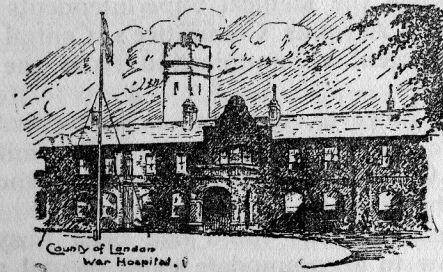
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THE STORY OF THE HORTON WAR HOSPITAL EPSOM



PART I—GENERAL HISTORY

I

HORTON ASYLUM AND THE GENESIS OF THE WAR HOSPITAL

I AM going to tell the story of the County of London War Hospital. And as it happened that the hospital was quickly created soon after the beginning of the Great War out of one of the London County Asylums of which I was Medical Superintendent, perhaps it is not inappropriate that I myself should be the narrator.

My task is no light one; the years since have been so crowded with events of no ordinary character, that anything of the nature of a comprehensive diary could not be kept, and although much can be culled from an immense quantity of documents and correspondence, yet, for a good deal, I must depend upon my memory, which I am thankful to say is of a more than usually retentive character. Nevertheless, I have been able to keep during the whole period some sort of diary, in which the main events are briefly noted, and it will now be of considerable assistance.

It was early in 1915 that rumour spread over the countryside that the War Office was seeking one of the big asylums at Epsom for wounded soldiers, and there was much talk as to which it would be—Horton or Long Grove. Long Grove Asylum was easily the favourite, because of the railway extension which ran into its grounds. Officially, we were prepared on 30th January, 1915, for one of the London County Asylums being vacated and taken over by the War Office, when the Medical Superintendents attended a meeting, at the Asylums Committee's Central Office, to consider an urgent communication from the Board of Control.

It was not, however, until 9th February that I was informed of the decision of the Asylums Committee to offer to the Army Council Horton Asylum, now known as the Horton Mental Hospital.

In the meantime, my mind had been busy with two schemes: how to accommodate extra mental patients, or the alternative, how to convert an asylum into a military hospital and to administer it, should this eventually become my duty. On the evening of 9th February, 1915, I dined with the Chairman of the Horton Asylum Sub-Committee, and his satisfaction can be imagined when, after dinner, I produced then and there a scheme for the adaptation of the asylum for its new purpose and for its administration.

It cannot be other than a source of pride and satisfaction to me that my scheme was adopted and carried out almost in its entirety. My rough notes, which I still possess, are to me a valuable possession.

Appointment of the County of London War Hospital Sub-Committee.—As far as the Asylums Committee was concerned there was no delay in carrying out the wishes of the Army Council. The Horton Asylum Sub-Committee became the War Hospital Sub-Committee, with H. J. Greenwood, Esq., D.L., J.P., as Chairman, and met for the first time on 24th March, 1915.

Order of reference:—

HORTON ASYLUM SUB-COMMITTEE.

1. The Sub-Committee appointed for the management of Horton Asylum, when used as a War Hospital, do have delegated to them the powers and duties of an Asylum Visiting

Sub-Committee under the orders of reference, so far as the same are applicable.

2. All the duties which the Asylums and Mental Deficiency Committee may be called upon to perform in the preparation and management of the War Hospital shall be delegated to such Sub-Committee, and they shall obtain such supplies of food, provisions, stores, equipment and other articles required for the purposes of the Hospital as are not obtainable under general contracts.

3. The Sub-Committee shall report from time to time as to the action taken by them.

First Visit of the A.D.M.S.—I well remember 6th March, 1915, when the asylum was inspected by Colonel R. J. S. Simpson, C.B., C.M.G., Assistant Director of Medical Services, and C.O., R.A.M.C., Woolwich District, who was to be my immediate superior officer. He was accompanied by Major G. J. Chapman, R.E., Inspector of Works. I have since met many of the so-called "dug-out" army officers and acquired for them an immense respect and admiration. From them emanated the soldierly qualities which ultimately leavened the hastily raised divisions of British soldiers, and imbued them with the splendid traditions of the old British army. Colonel Simpson was no exception. We all learned to admire and respect this officer, and I always had the utmost confidence in him in times of difficulty.

Events now followed rapidly, and any delay which occurred was due to circumstances outside the Council's control.

PREPARATIONS FOR THE RECEPTION OF MILITARY PATIENTS.

These can be grouped as follows:—

- A. Preliminaries.
- B. Evacuation of the mental patients.
- C. Adaptation of existing buildings; additional structures.
- D. Formation of the new administration—
 - (1) General principles.
 - (2) Additional medical and nursing staff, administrative officials, and allied matters.
 - (3) Additional equipment.
 - (4) Creation of Standing Orders; establishment of hospital routine.

A. Preliminaries.

Director-General Army Medical Services.—On 10th March, 1915, I was summoned to the War Office for an interview with Sir Alfred Keogh, Director-General, Army Medical Services. I was most kindly received, and gathered from him all his wishes as regards the administration of the hospital and the treatment of the soldiers. Whatever diffidence I had in my own ability fled at this interview, and certain fundamental principles were instilled into me which ever afterward were a sure guide and support. One I will record. He said, "The wounded soldier has to have the best doctoring, the best nursing and the best treatment that exists in the country." There was no ambiguity here, but a clear direction and incentive to action, and no obstacles were to stand in the way. Could anything be more comprehensive? Scarcely any other directions were needed.

He told me that, apart from supplying a quartermaster, I should have to find all the rest of the officials necessary. He gave me permission to see him again if I had any difficulties during the initiation of the hospital. Some did arise, and on 16th March, 1915, I again saw him, and he disposed of them with surprising vigour and completeness.

Queen Alexandra Hospital, Millbank.—Arrangements were made for me to attend for instructional purposes, on the days I could best spare the time, at Queen Alexandra Hospital, Millbank. I was soon convinced that it would be folly to attempt a complete military administration at Horton; yet, in spite of this, I gained there a good deal of essential knowledge through the kindness of Colonel O. L. Robinson, C.M.G., R.A.M.C., Officer Commanding, and the Matron, and Quartermaster of the hospital.

Visit of the D.D.M.S.—Surgeon-General H. R. Whitehead, C.B., Deputy Director of Medical Services, Eastern Command, visited on 5th April, 1915, and was very pleased with the arrangements which were then being planned.

I also paid several visits to the Board of Control and saw Sir Marriott Cooke, K.B.E., and Dr. Hubert Bond, who were always most kind and helpful.

B. Evacuation of Mental Cases.

This commenced on 12th March, 1915, and was completed by 8th April, 1915.* To each of the other London County Asylums was sent a miniature Horton, *i.e.*, patients of various types as far as possible in the same proportion as they existed at Horton. All the patients were classified on one day and allotted on these lines, regard being paid to the parish to which they belonged (for the convenience of visiting) and to their physical state of fitness to travel the various distances. With each patient was sent a full personal kit, and, as far as possible, a change of clothing. Over 50,000 articles were thus transferred with the patients. The patients' friends were informed from here of the removal and the visiting rules, etc., of the receiving asylum sent. A medical report and casepaper, written up to date, went with each patient.

It was a busy and anxious time for all concerned, but the arrangements made worked without a hitch. Some 2,143 patients were thus dealt with.

The stretcher cases were removed by London County Council ambulances.

C. Adaptations of Existing Buildings; additional Structures.

Description of Buildings.—It is remarkable how readily one of Mr. Hine's pavilion crescentic asylum buildings, with its attached villas, adapts itself to the purposes of a general hospital. Practically, the only accommodation missing is that suited to out-patients, and, of course, the necessary number of operating theatres. For permanent use a number of lifts would be a great convenience, but not an absolute necessity, as experience showed.

The *main building* comprises a central administration, consisting of offices, bakery, general stores and kitchen, recreation hall, dispensary, domestics' block, etc., running north and south; while around it, arranged in a crescent and connected with a nearly semi-circular corridor, are grouped fifteen two-storied pavilions, which are also united to each other, thus rendering it possible to pass from one

* *Vide* Medical Superintendent's report to London County Council, Horton, 1914.

pavilion to another without returning to the circular corridor. Each has a garden attached. All the pavilions have a southern aspect, and are separated and placed so that they do not prevent each other from enjoying this advantage. In the space on each side, between the central administration and circular corridors, are staff blocks, two working patients' wards, laundry, workroom, and various workshops, etc., and the engineers' department. In all, there are thirty-two wards, each being self-contained, with dormitory, day room, dining room, bath room, lavatories, store rooms, small ward kitchen, etc.

There is cross ventilation everywhere, open fireplaces in addition to steam heating, electric lighting, telephones, fire alarms; and every large room and corridor has a contrary exit in case of fire.

Dotted around this mammoth building, which covers over nineteen acres, are two separate hospitals for recent cases, and five villas for quiet and convalescent cases, also a large church, a mortuary, a pathological laboratory, and residences for officers.

The hospital is situated in a charming park, well treed and tastefully laid out. There is a large recreation ground with a sports pavilion. Attached is the kitchen garden and farm.

Condition of Building.—The buildings were in a splendid condition of repair. There is white paint throughout, polished pine floors, and bright and tasteful wall papers and colourings. The staff quarters compare favourably with those usually found in general hospitals. In all, the Army Council took over buildings which cost £518,554, and over 241 acres of land.

Alterations and Re-arrangements.—One villa was allotted to *additional resident medical staff*. The three villas for chronic cases became *nurses' homes*, one of them being reserved for sisters in charge of wards, one for night staff nurses; and the other, after being used for nurses' sleeping accommodation, became a *night probationers' home*. The two acute hospitals were set apart for special cases; the male, as an *infection, venereal, and insane detention hospital* (nursed by men), and the female, with its large open-air dormitory, for very *septic cases* needing continuous outdoor

treatment. They were named "A" and "B" Hospitals. No internal structural alterations were necessary, except those of a general character to be mentioned later, but extra baths for staff were added. The pavilion wards of the main building became *general hospital wards*, and were divided into three divisions—two surgical and one medical. Certain wards were selected for nursing special types of cases in addition to their ordinary patients. The recreation hall became the *soldiers' common room*, and was equipped with billiard tables and other games.

The main building *staff blocks* were all devoted to staff nurses, permanent probationers and servants, while the upper stories of the internal chronic working wards were divided by asbestos sheeting into *cubicles* for the additional war probationers. A few permanent probationers retained their old rooms near the wards where the situation was suitable. Ordinarily there was accommodation for the whole of the nursing staff in the hospital, but from time to time it was found necessary to allow some of the permanent night staff to lodge out.

In my original design the visiting corridors were to be restaurants—one for patients' visitors, and the other for visiting doctors and other officials. It was found possible, however, to allot the committee room as an *officers' mess*, and one part of one of the internal working wards (B. Div.) as a *tea room (canteen)* for visitors to soldiers. The male staff being non-resident, with the exception of the doctors and one head attendant, a room was provided where they could take their food when not able to proceed home for this purpose. The visiting corridors, half the workroom, and the large dressing room attached to one of the general bath-rooms, and the ground floor of the internal working wards, were later allotted to emergency sleeping accommodation only, for convalescent cases.

A *central post office* and a card-index system were established at the centre in one of the medical officers' offices. The other medical officer's office became the *registrar's office*, whilst the committee dining room became the *medical board room*. The reception of convoys from overseas was arranged for in the visiting corridors. Certain sheds in the builders' yard became *motor garages* for a fleet of motor ambulances. The *general kitchen* was found to

need some additional gas cookers and steamers, but otherwise was admirable for its purpose. The *laundry* was supplied with electric irons, a skirt ironer, and an additional calender. The *Washington-Lyon disinfectant* was allotted for general use, but for disinfecting the kits from overseas *two Threshes* were placed in a shed near the boiler house.

The *quartermaster's office* was formed out of one-half of the carpenters' shop, a situation convenient to the kit stores, the tailors' and cobblers' shops. To accommodate certain special departments, one of the general bath-rooms very soon became devoted to *electrotherapy*, and a staff room in one of the wards (D ward) was fitted up as an *aural department*, and a similar room in another ward (4 ward) as an *eye department*. One of the male officers' mess-rooms became the *almoner's office*, and the other an office for the principal sisters. The head nurses' office became the *home sisters' office*. Non-resident domestics were given the recreation hall buffet as a mess room. From this room also was carved out a small office, which opened into the recreation hall, for the *British Red Cross Enquiry Officer*.

Certain Alterations of a General Character.—The shutter locks were all removed and used for the female staff rooms and the entrances to the nurses' homes. Spring-locks everywhere were wedged back, which saved removal, and the asylum system of locks abolished, excepting in the case of the ward store rooms and administrative buildings. Practically all keys were withdrawn, excepting the ward store room keys and the keys to the administrative departments. The shutter keys were allowed to female staff only, and the permanent nurses retained their ward keys for general use where necessary.

Almost every trace of asylum occupancy disappeared. Telephones, fire alarms and hydrants were uncovered, fire bells removed from the wards and placed in the corridors, window stops were only retained to control the lower sash windows of the downstairs wards, and all peculiarities in the sanitary annexes were abolished. Ward sanitary and bathing accommodation was ample, but in certain wards separate access was given to the sluice cupboards. A gas plate warmer was added in each ward scullery.

A side room in each ward was allotted to the sister in charge as an office, and another side room as a staff cloak and luncheon room. The padded rooms were filled with asylum stock temporarily out of use and closed, except in the ward reserved for observation of mental cases. The central lighting of the wards was split and lights arranged down each side; additional leads and wall plugs were conveniently placed for electric lamps and appliances for electrical treatment.

In order that patients and visitors should readily find their way about sign-boards were suitably placed, giving directions to wards, offices, departments, and the way generally.

Additional Buildings.—These comprised operating theatres and pack stores.

The original asylum operating theatre was retained for minor surgery. Two *additional theatres* of the army "hut" pattern were erected in the grounds attached to the interior working wards. Access to them was obtained from the visiting corridors. They were built of brick, and comprised a theatre with attached anæsthetic room, sterilising and washing rooms, and also an X-ray department and photography room. They were fitted with the latest internal fixtures and supplied with both gas and electricity. Each building cost £680.

Six *pack stores* were erected in the upholsterers' yard between the workshops and the quartermaster's office, with a capacity for storing in all 2,600 kits. They were built of wood and galvanised iron, heated with coke stoves and lighted with electricity. They cost £300 each.

All these works were carried out by direct labour, under the supervision of Mr. W. C. Clifford Smith, M.I.C.E., and his assistant, Mr. Dickson, keeping in close touch with Lieut.-Col. W. G. Laurie, R.E., and Major C. J. Chapman, R.E., of the Eastern Command.

The cost of the adaptations and additions, up to 31st October, 1915, amounted to £5,041; this, together with the rapidity with which the work was completed, reflected the greatest credit on the Asylums' Engineer and his staff, and was admittedly admirably done.

Patient Accommodation Provided.—It was surmised by the Board of Control that an asylum could provide one-third more beds for hospital patients than it provided for mental patients. Horton Asylum, measured up in accordance with the Board of Control requirements, provided 2,277 beds. As regards general hospital patients, allowing a 6 ft. wall space and an 85 sq. ft. floor space to each bed (one or other standard being used according to the shape and size of the room), the accommodation came to 2,040 beds, plus 190 beds, allowing 65 sq. ft. floor space, a total of 2,230. This figure should be compared, not with the original 2,277 beds for mental patients, but with these less the 138 beds which were in villas to be utilised as staff residences, *i.e.*, 2,139. To this should be added 182 beds placed in positions not previously used as dormitories, and now to be used in emergencies, making a grand total of 2,412.

It will be related subsequently that, by certain re-arrangements and the addition of hospital marquees, the accommodation rose to 2,532. After a consideration of the whole matter by the Director of Quartering, the official accommodation recognised was normally 2,040 beds, in emergency 2,532 (General No. 16/3448 (Q.M.G.1), dated 29th September, 1916).

By the means already recorded a total of 393 staff beds was created in addition to those of the staff infirmary.

D. Formation of the New Administration.

(1) General Principles.

My idea from the first was to administer the hospital, as far as possible, on civilian lines—lines familiar to the officers who were to be called upon to do the work—and to avoid all military methods except when absolutely necessary, and then to do them thoroughly and creditably. There was to be just sufficient military element to suit the character of the patients, and no more.

It would seem to have been the original intention of the Director-General of Medical Services that this hospital and others like it should rank as auxiliary hospitals, but the enormous growth of the army, not then contemplated, necessitated the creation of a larger number of central hospitals, like the Royal Herbert, Woolwich, and the great territorial hospitals, controlling other hospitals of an

auxiliary character, and undertaking the complete military command, both disciplinary and administrative, of large numbers of troops temporarily non-effective. Although the soldiers were patients, the officer in charge of a central hospital had to undertake all the military duties of each patient's regimental commanding officer, whether officer or other rank; in other words, I would have to perform all the duties of a regimental officer, except the military training of the soldiers under my command.

It might be convenient here to reproduce the actual wording of the conditions which were to govern my work. They were as follows:—

"Subject to the direction of the Committee, the Medical Superintendent is the Head and Director of the Asylum administration, and in most instances no doubt he will be appointed by the War Office, under the General Officer Commanding-in-Chief of the Command concerned, to be the Officer in charge of the Hospital. If so, he will continue to exercise the general control over the Institution and its staff and working for which his experience specially qualifies him."

I had thus to act in a dual capacity. The economic management of the hospital as regards such important services as the stores, farm, engineering, etc., was to continue on asylum lines by the Sub-Committee of Management and its servants, with my collaboration as Medical Superintendent, with this exception that, as Officer Commanding, I would have considerable financial responsibility. In the latter capacity I would also be entirely responsible to the Army Authorities for the medical treatment, the discipline, and the military administration of the hospital. Sufficiently high military rank was to be given me and other chief officers in order to carry out the King's Regulations and Army Acts.

To fit myself for these duties, in addition to my attendances at the Queen Alexandra Hospital, Millbank, I made a careful study of the King's Regulations, Regulations of the Army Medical Services and Allowances of the Army, a volume on Military Law, and a host of military manuals dealing with pay, equipment, finance, etc., which were supplied me by the War Office. This was almost a new realm of study for me, and, contrary to popular views on the subject, I found it most interesting reading, whilst I formed a high opinion of its educative value.

Position of the Sub-Committee and Financial Arrangements.—In furtherance of my view that the Sub-Committee should rightfully occupy a first place in the control of the civilian organisation of the hospital, I arranged that all expenditure passed through the hospital accounts should be by resolution of the Sub-Committee, whether there was direct Army Authority or not, and that the Clerk of the hospital should consider this his authority for dealing with it. For expenditure which did not pass through the hospital accounts I opened a separate imprest account at a local bank, which the Clerk took charge of as paymaster.

The financial arrangements and allied matters of stores and records were promulgated in War Office letter, Gen. No. 16/3250 (Q.M.G. Fa) dated 31st March, 1915, and other letters under the same number on subsequent dates, also various letters from the Command Paymaster, Eastern Command, giving detailed instructions.

An All Female Staff.—The next great principle in my mind was that male assistance should, as far as practicable, be dispensed with in the departments of the hospital.

A large batch of permanent attendants, who were army reservists, had been called up in August, 1914, and all young and active men were awaiting enlistment, if such had not already occurred. I felt sure that, sooner or later, all able-bodied men would be required for branches of the army other than medical, and decided it was better to begin, as far as possible, with an entirely female staff. After all, as Sir Alfred Keogh said, the care of the sick is essentially the doctors' and nurses' job. The proportion of N.C.O.'s and men of the R.A.M.C. ordinarily apportioned to a military hospital with 1000 beds was 200. On these lines I would have to contemplate provision for at least 400 men, whether enlisted or not, and I was convinced that eventually they would have to go, and thus, at some subsequent date, entail many alterations in the administration.

Opportunity was afforded to enlist the whole of the male staff in special home service companies of the R.A.M.C., a procedure adopted in some instances by other war hospitals. To me this meant the introduction of too much military element in the administration, and also the creation of

difficulties for the Sub-Committee; and, furthermore, in my opinion it was a waste of man power.

And so it was decided to retain only those men who, for a time at any rate, were indispensable to the administrative departments, and to staff the wards entirely with women, with the exception of a number of militarily unfit civilian orderlies, one for each ward as a porter. They would also be available for stretcher duty generally and on the arrival of convoys.

These guiding principles being settled the development of the administration was a simple matter, though obviously involving much detailed work and a strenuous time. The days became far too short, and, even with the addition of the nights, there always remained mountains of work unfinished.

(2) Additional Medical and Nursing Staff, Administrative Officials and allied matters.

In the scheme agreed upon by the War Office and the Board of Control, and subscribed to by the London County Council Asylums Committee, there appears the following paragraph :—

"The War Office will appoint the additional medical and nursing staff required for the hospital. The Visiting Committee and the Medical Superintendent will generally, from their local knowledge, be able to suggest suitable persons for employment in addition to those already in the War Office service."

As already recorded, at my interview with the Director-General on 10th March, he intimated that he could give no assistance whatever in the formation of a medical staff. He suggested I should enlist the services of local practitioners and place myself in communication with Surgeon-General Whitehead, the D.D.M.S., as to terms of remuneration.

Negotiations with Local Doctors.—My first step was to consult Dr. W. Thornely, of Epsom, as to the number of doctors available in Epsom and its neighbourhood. He was all sympathy at once and eager to help in every possible way, but there was this difficulty. Some time before, local patriotism had led to the creation of the Epsom and Ewell War Hospital, situated in the Grand Stand Buildings at the Race Course, where excellent work was in progress, and

which was staffed by the local doctors. This hospital ultimately became auxiliary to the hospital now rapidly taking shape.

However, Dr. Thornely set to work tactfully, and very soon I was in communication with doctors in quite a wide area around Epsom. We agreed upon a suitable remuneration, which, on report, received the approval of the Eastern Command. I was very grateful to Dr. Thornely for this important assistance.

According to War Office instructions the medical appointments were to comprise :—

COMMISSIONED OFFICERS.

Officer Commanding and Administrator—Lt.-Col. R.A.M.C.
Registrar—Major R.A.M.C.
Chief Resident Surgeon } Majors R.A.M.C.
Chief Resident Physician }

CIVILIAN MEDICAL STAFF.

Consultants and Visiting Medical Staff, including :—
Operating Surgeons.
Specialists.
Other Resident Physicians and Surgeons.
Dentists.

It was obvious that the scarcity of young medical men would make it difficult to secure doctors to correspond with the residents at a general hospital. There were only two assistant medical officers left on the permanent staff, one of whom—Dr. R. G. Riches—was an experienced general surgeon, and admirably fitted for the post of chief resident surgeon.

Mr. H. F. Keene, Clerk to the Asylums Committee, who was doing all he could to help the new organisation, circularised the other London County Asylums on 26th March, 1915, as regards possible medical assistance. Gratifying responses were received from the medical superintendents. Practically the whole of the medical staff of the asylums expressed willingness to give all their spare time and ordinary leave to assist at the hospital, but in one instance only, Dr. G. F. Barham from a neighbouring asylum, was it possible for any of them to take up duty at the hospital. The asylums were already beginning to be short of medical assistants.

However, I got together the details of a scheme by 12th May, which, when the nominations were submitted, received the approval of the War Office. The Board of Control on 17th May, 1915, wrote :—

“I am requested by Dr. Marriott Cooke and Dr. Bond to say that all the names on the revised list of medical men, which you were good enough to forward on the 12th inst., have been under consideration at the War Office and have been accepted. I am to add that much satisfaction was expressed at the strength of the staff you have been able to obtain.”

With a few subsequent additions, which received approval shortly afterwards, the following was the early medical staff in tabular form :—

CONSULTING STAFF.

Honorary Physician.

Sir John Collie, M.D.

Honorary Surgeon.

Sir W. Job Collins, K.C.V.O., M.S., M.D. Lond., F.R.C.S. Eng.

Physicians.

E. A. Cockayne, M.D. Oxon., M.R.C.P. Lond., Surg., R.N.V.R.
Major F. W. Mott, M.D., F.R.C.P. Lond., LL.D. Edin., F.R.S.,
R.A.M.C. (T.).

H. E. Symes-Thompson, M.A., M.D. Camb., M.R.C.P. Lond.
A. J. Whiting, M.D. Edin., M.R.C.P. Lond.

VISITING MEDICAL STAFF.

Visiting Physicians in charge of Wards.

D. Barty King, M.A., M.D. Edin., M.R.C.P. Edin. and Lond.
H. Ross Todd, L.R.C.P.I., F.R.C.S.I.
W. Thornely, M.A., M.B., B.Ch. Camb.
E. Reynolds Ray, M.R.C.S. Eng.

Visiting Surgeons.

J. D. Barris, B.A. Camb., F.R.C.S. Eng.
C. Berkeley, M.A., M.D., M.Ch. Camb., F.R.C.P. Lond.
V. Bonney, B.Sc., M.D., M.S. Lond., F.R.C.S. Eng.
H. W. Carson, F.R.C.S. Eng.
A. Compton, F.R.C.S. Eng.
W. H. Fenton, M.A. Oxon, M.D. Lond.
W. S. Fenwick, B.Sc., M.B., M.S. Lond., F.R.C.S. Eng.
H. Gardiner, M.B., M.S. Lond., F.R.C.S. Eng.

F. L. Provis, F.R.C.S. Edin.
 C. H. Roberts, M.D. Lond., F.R.C.S. Eng., F.R.C.P. Lond.
 G. F. D. Smith, M.A. Oxon, F.R.C.S. Eng.
 T. G. Stevens, M.D., B.S. Lond., F.R.C.S. Eng.
 A. G. Stewart, M.A., M.D. Aber.
 R. Warren, M.A., M.Ch. Oxon., F.R.C.S. Eng.

Visiting Surgeons in charge of Wards.

G. F. Barham, M.A., M.D., B.Ch. Camb.
 J. W. Caton, M.D., B.S. Durh.
 H. N. Coltart, M.R.C.S. Eng., L.R.C.P. Lond.
 C. Corben, M.D. Durh., F.R.C.S. Edin.
 G. L. Crimp, B.A., M.B., B.Ch. Camb.
 E. G. C. Daniel, M.A., M.B., B.Ch. Camb.
 H. E. H. Mitchell, M.B., B.S. Lond.
 W. B. Peacock, M.R.C.S. Eng., L.R.C.P. Lond., L.D.S.
 A. V. Peatling, B.A., M.B., B.Ch. Camb.

Visiting Ophthalmic Surgeons.

A. H. P. Downay, F.R.C.S. Eng.
 W. A. Frost, F.R.C.S. Eng.
 C. Higgins, F.R.C.S. Eng.
 W. H. McMullen, M.B. Lond., F.R.C.S. Eng.

Visiting Aural Surgeons.

J. C. Potter, M.D. Edin.
 Capt. G. H. Lawson Whale, B.A., M.D. Camb., F.R.C.S. Eng.,
 R.A.M.C. (T.) (Seconded).

Visiting Dermatologist.

J. E. R. McDonagh, F.R.C.S. Eng.

Visiting Anaesthetists.

T. Bird, M.A. Oxon, M.R.C.S. Eng.
 H. Charles, M.R.C.S. Eng., L.R.C.P. Lond.
 R. N. Goodman, B.Sc. Lond., M.A., M.D. Camb.
 W. Gripper, M.A., M.B. Camb.
 R. Pollard, M.B. Durh., M.R.C.S. Eng., D.P.H. Camb.

Visiting Radiographers.

D. Findlay, M.D. Edin.
 J. Metcalfe, M.D. Edin.
 E. W. H. Shenton, M.R.C.S. Eng., L.R.C.P. Lond.
 E. S. Worrall, M.R.C.S. Eng., L.R.C.P. Lond.

HOUSE STAFF.

Chief Resident Physician.

Major P. A. Peall, M.B., B.S. Lond., R.A.M.C.

Chief Resident Surgeons.

*Major R. G. Riches, M.R.C.S. Eng., R.A.M.C.
 Major A. Paling, M.B., B.S. Lond., F.R.C.S. Eng., R.A.M.C.

Resident Physician and M.O. in charge of Staff.

*N. K. Foster, M.B., B.S. Lond.

Resident Surgeon.

G. A. MacFarland, L.R.C.P., L.R.C.S. Edin.

Physician in charge of Electrical Department.

N. H. M. Burke, M.R.C.S. Eng., L.R.C.P. Lond.

Resident Anaesthetist.

A. de Winter Baker, M.R.C.S. Eng., L.R.C.P. Lond.

Resident Radiographer.

V. E. Van den Dungen, M.D. Louv.

Pathologists and Bacteriologists.

R. St. John Brooks, M.D. Lond.
 M. Wilson, D.Sc. Lond.

Resident Dental Surgeon.

Norman Straton, L.D.S. Eng.

Chemist.

*A. C. O'Brien, M.P.S.

Registrar.

*Major Norcliffe Roberts, M.D. Durh., R.A.M.C.

Officer Commanding.

*Lieut.-Col. J. R. Lord, M.B. Edin., R.A.M.C.

NOTE.—Names are arranged alphabetically in each group. Those marked * were on the permanent staff of the asylum.

Scheme of Medical Administration.—It was urged by some of the great surgeons, who were kindly interesting themselves in the formation of the medical staff, that, as in a civilian general hospital, definite beds should be allotted

to the various visiting surgeons and physicians who would be responsible for the medical treatment. Much as I would have liked this arrangement, yet, on mature thought, I rejected it, for I felt sure it would lead to a wastage of beds and a loss of unity of control. In all probability the wounds would be of so serious a nature that the sole responsibility should rest with the chief resident surgeons, and not with a surgeon who might, or might not, make visits daily. It would also interfere with the chief resident surgeons and physician in the exercise of military duties as officers in charge of divisions. So I resolved, in conformity with the Regulations of the Army Medical Services, that the chief resident surgeons and physician should be entirely responsible to me for the surgical and medical treatment, and that such operative work as they could not overtake should be allotted to a rota of visiting operating surgeons, who would be notified when to attend. It was also arranged that one or more visiting physicians should attend twice a week to help and advise the chief resident physician in doubtful or difficult cases.

Duties of Visiting Physicians and Surgeons.—The visiting physicians and surgeons in charge of wards were to be freed after the morning round for private practice. They were to do the work of house surgeons and physicians, and, according as they were or became experienced, they were to be allowed to operate with the permission of the chief resident surgeons. They would always assist the operating surgeons in the theatres. Incidentally, they would be responsible for good order in the wards, and the dietary and welfare generally of the patients, subject always to the supervision of chief resident surgeons and physician.

After the morning round, the medical work was to be done by the Orderly Medical Officer for the day, in consultation with the chief resident surgeons and physician.

On a convoy being notified, all the medical staff, if within reasonable distance, were to attend.

Duties of Registrar.—To the Registrar was allotted the supervision of the admission of patients, whether from overseas or not, the discharge, transfer, and the discipline of the patients. He was also to act as chief of the medical

staff, *i.e.*, fix all tours of duty, allot wards, arrange leave, etc., subject to my approval.

Visiting Specialists.—Visiting specialists were to visit either daily or on certain days, and, in the rarer diseases, when sent for. The doctors would be summoned to active duty according to the amount of work to be done, and stood "off" when necessary.

Subsequent chapters will relate any changes that occurred, but, on the whole, the scheme remained unchanged throughout the period of the hospital, and was perfectly successful.

Assistance Rendered to Medical Superintendent.—It must not be assumed that I was unassisted in this great task. On the contrary, I received valuable help. With the consent of the War Office, the Sub-Committee invited applications through the columns of the medical press, which resulted in several hundreds of applications. Mr. Charles Higgins, F.R.C.S., whose name will ever be illustriously associated with this hospital as with Guy's, paid me an early visit in April, 1915. He was an old teacher of mine, and he placed all his vigour and resourcefulness at my disposal in obtaining the best men for the medical staff. Those who know Mr. Higgins, his unfailing cheerfulness, courage, and ripe wisdom, can imagine what a tower of strength he was to me during this time. In spite of his eighty and more years, his intellect and physique were almost youthful in comparison with many a good man half his age. Dr. C. Hubert Bond also put me in communication with Mr. H. W. Carson, F.R.C.S., who had organised a voluntary service of part-time surgeons resident in London; also with Mr. Victor Bonney, M.S., F.R.C.S., and Mr. Comyns Berkeley, M.Ch. These great surgeons visited the hospital on more than one occasion, and not only went on the staff themselves, but were instrumental in obtaining the co-operation of many other equally eminent surgeons. I suppose the size of the hospital, its foreshadowed civilian character, the promise of vast and interesting work, and the nearness to London, were attractions; for I feel sure that from the offers of co-operation I received I could have staffed several hospitals. A great part of my time for several weeks was spent in interviewing all kinds of doctors;

indeed, the main drive was commonly filled with the equipages which brought them. This, and the vast correspondence which it entailed, took up so much time that I was glad when the whole matter was completed, and I was free to devote myself to equally important matters which were happening *pari passu*.

The instructions of the War Office regarding the formation of the nursing staff were quite clear, and no difficulty was experienced here in carrying them out.

Trained Nursing Staff.—Suitable advertisements were inserted in the Press, and the responses were magnificent. We were able to pick and choose, and secured an excellent trained staff from many great hospitals and other training centres. The usual procedure was followed in their engagement, inserting on the forms the Q.A.I.M.N.S. terms of service. An indoor and outdoor civilian nursing uniform was adopted, which bore indications of the military nature of the nursing. The army nursing cap was worn by all the trained nurses, the sisters in charge of wards and theatres being distinguished by three narrow red stripes encircling the sleeves at the forearm. It was impressed upon them that they were civilian nurses employed by the Sub-Committee of the hospital at the cost of the War Office, and on the same terms as the army nurses.

Additional Probationers and Massage Staff.—Preparations were made for the engagement of a staff of masseuses at the War Office rates of pay. Additional probationers were not at first needed, but, when necessity arose, they were engaged in the same way but entirely on asylum nurse probationers' terms. Thus, possible friction from different rates of pay being paid to those doing the same work was avoided. This applied also to all the extra domestics and proved an important factor in the smooth working of the hospital.

Inspector and Orderly Staff.—The Inspector and head attendants became respectively the Inspector of orderlies and head orderlies. The male attendants who remained all became non-resident; some were scattered over the administrative department, others became day and night firemen guards to the outer doors, and those with training in sick

nursing were posted to the detention hospital. Additional orderlies for general service duties were engaged on terms as near as possible to those of the temporary attendants in the asylum.

Nurses' Dietary.—As regards diet, the nursing staff, with trivial exceptions, were all fed alike. It was thought that women employed in the noble duty of nursing the sick and wounded soldier should be treated the same in this respect, and an ample dietary was provided which exceeded somewhat the previous asylum staff dietary.

Permanent Nursing Staff.—The permanent nursing staff were officially informed of the impending change by a letter from the Asylums Committee, signed by Mr. H. F. Keene, the Clerk :—

“ Asylums and Mental Deficiency Committee,

“ 6, Waterloo Place, S.W.

“ 12th April, 1915.

“ To the Members of the Staff of Horton Asylum.

“ At the request of the War Office, the Asylums and Mental Deficiency Committee have offered the use of Horton Asylum as a War Hospital for sick and wounded soldiers, and the War Office have accepted the offer.

“ It is proposed that the services of the whole of the Asylum staff shall, as far as possible, be retained for the War Hospital. The staff will remain in the service of the Committee, and their pay and emoluments will not be affected.

“ The Home Secretary has informed the Board of Control that he is advised that Asylums which are taken over by the War Office will still continue to be for legal purposes asylums, and as the officers will be in the service and pay of the Asylum authority, the Asylums Officers' Superannuation Act, 1909, will continue to apply to the officers, and their service for pension purposes will not be broken.

“ The Committee are pleased to know that Dr. Lord will be in charge of the Hospital, and they feel sure that every member of the staff will willingly do his or her best to assist in this national work, and to uphold the good name of Horton Asylum.

“ (Signed) H. F. KEENE,

“ Clerk of the Committee.”

Every nurse also received from me a letter giving her a clear idea as to the new order of things, and offering her a

transfer to another London Asylum if she so desired. At the foot was a declaration as follows:—

"I desire to continue service in the wards during the period the Institution is used as a War Hospital, having read and understood the altered conditions of work."

As was fully expected, not a single nurse applied for a transfer, and the declaration was signed in every case, and they were graded as war probationer nurses.

The asylum nursing uniform was very suitable, and, with the addition of a cloak, was continued for probationers. The attendants, when they became orderlies, were given puttees of blue cloth, suitable boots, and a different kind of hat.

Sir Cyril Cobb and L.C.C. Badges.—Through the kindness of Sir Cyril Cobb, K.B.E., the Chairman of the Asylums Committee, of whom we saw a great deal at this time, the staff were provided with London County Council Coat-of-Arms badges done in enamel. They were a smart addition to the uniform, being worn by the nurses on the cloaks and by the orderlies on the cap.

The Matron.—The Matron, Miss M. M. Thorburn, was entirely competent to deal with the number of extra nurses required and nursing arrangements generally, and needed only general guidance. From the first she insisted upon a thoroughly good general hospital tone and the highest ideals of the nursing profession being adhered to. She had the capacity and force of character to carry this out during the whole period the asylum was a war hospital. She undertook all the correspondence regarding the engaging of the staff, and, apart from the creation of certain broad standing orders, I was relieved of all this part of the work.

My instructions were that each ward was, as far as possible, to be an autonomy in itself, with a responsible sister in charge; and as regards the general administration of the wards and their relationship to the great administrative departments, there was to be no change in the ordinary routine procedure of the asylum that could be avoided. I felt it could not be improved, and that safety lay along the lines with which various officers were familiar.

Home Sisters and Extra Domestics.—The Assistant Matron and head nurses became home sisters, for which duties they were well qualified. Paid staff had of course to take the place of the female working patients. This meant many more housemaids, kitchen-maids and laundry hands. I had little or no accommodation for extra domestics, so I arranged for the engagement of a new grade of female workers, which I called "daily helps." They were chiefly the mothers and wives of soldiers, who spent the day here at a daily rate of wage, and were put on work for which they were best suited. It was a God-send to some of them, and I was very glad to be able to associate the poorer classes in the neighbourhood with our great venture, a privilege which I felt in many hospitals was being allotted too much to the well to do. I had work for the latter, too, but of a more suitable kind. The experiment was a success, and no body of women were more devoted to the hospital. All honour be to the wives of the working men. Their work and influence during the Great War was of prime importance in the glorious victory ultimately achieved.

Dispensary.—Mr. O'Brien, a very capable pharmacist, was in charge, and continued in his post. His department enlarged enormously, as did his responsibility. He readily absorbed the military dispensary administration which the War Office insisted upon—a knowledge of which I acquired at Millbank.

House Steward's Department.—As regards the house steward's department, the administration needed little or no change, but its transactions were vastly extended.

Quartermaster's Department.—The quartermaster's department was to be limited to the administration of the service kits and supervision of the motor transport. The size of the hospital adumbrated extensive operations, quite as much as one quartermaster could adequately supervise, especially with a civilian staff new to the work. Subsequent experience proved this to be a wise policy.

The Clerk.—The Clerk, Mr. A. V. Llewellyn, A.S.A.A., was just the officer required as accountant and paymaster, and to undertake the supervision of the contemplated

enormous correspondence, and to act as assistant registrar in the matter of statistics and returns. His subordinate staff consisted largely of a number of women clerks, who had to be trained to duties quite new to them which were not likely to become stereotyped and routine.

Telephone Centre.—The telephone centre early became a very busy one, and girl telephonists were engaged to cope with the increased work. Several new telephones were installed, and later an additional national line.

Almoner's Department and Tea Room.—Lady St. Helier signified her readiness to become the Lady Almoner, and her appointment gave the greatest satisfaction. It was arranged that she should receive, acknowledge, and distribute all the gifts. She was to select ladies to visit the wards who would generally act as "Fairy Godmothers." No others were to be allowed to do this work. I attached much importance to this arrangement, and it was always insisted upon. Mrs. E. Stanyforth, Commandant, Order of St. John of Jerusalem, early offered her services. She became honorary secretary to the Matron, and undertook the charge of the visitors' tea room. The splendid work of both these ladies will be described later.

(3) Additional Equipment.

During the time my attentions were chiefly devoted to the formation of the medical staff and with the Engineer to the structural alterations, the stores was the scene of great activity, and the quartermaster's department came into being.

Arrival of Quartermaster.—Hon. Lieut. and Quartermaster F. S. Marsland, D.C.M., R.A.M.C., entered upon his duties on 19th March, 1915, and was thus the first officer of the war hospital to be appointed. He was an officer of ripe experience, and had served in the South African war under Surgeon-General Sir A. Keogh. His arrival was very welcome, and his military knowledge invaluable at this juncture. He commenced his duties with a tactfulness and thoroughness which was one of his distinguishing characteristics throughout his service here. With it all he was a strict disciplinarian, and nobody took liberties twice with Lieut. Marsland.

Additional Equipment provided by the Sub-Committee.

—With his assistance, the House Steward prepared the hospital schedules of equipment, being guided by the army handbook on this subject, dated 1910. The furniture and bedding, with few exceptions, were very suitable, and as regards many items of much better quality than the army patterns. The special epileptic bedsteads were removed elsewhere, and any unsuitable cutlery and hardware stored away. There was a good deal to be provided, but really very little in comparison with the whole equipment. With the exception of the hospital and service clothing, the surgical and allied equipment, and army forms and stationery, the Sub-Committee were empowered to provide all that was necessary.

Mr. Keene's Heavy Work.—Naturally, this threw an immense amount of work on Mr. H. F. Keene, the Clerk to the Committee, and his assistants. The schedules of hospital requirements were sent to him and were dealt with in a manner which reflected the greatest credit on the Asylums Central Office. It saved the War Office a vast amount of labour, secured the greatest economy, and provided really serviceable goods. I estimate that some 50,000 additional articles of various kinds were provided by the Sub-Committee, of which about 8,000 were of glass and earthenware, and about 9,000 of cutlery. Many articles were difficult to obtain, especially furniture. The additional bedsteads numbered 720, and 2,700 bedside tables, military pattern, were purchased. In many instances, especially as regards bedding, the materials were bought and the articles made by patients' labour in the other asylums, as, for example, 4,000 pillows and 6,000 pillow cases. Indeed, practically throughout the whole period the asylum was a war hospital, the asylums gave all the help they could, especially Long Grove, which undertook the furniture repairs, helped with the probationers' uniforms, and did much of the ordinary repairs to clothing and bedding. Many things were made in our own workroom and workshops. Thus, in more ways than one, the hospital became "The Council's Own" War Hospital.

Equipment Provided by War Office.—The personal clothing (hospital kit) and service clothing for patients

on discharge were supplied on indent direct from the Royal Army Clothing Department.

Dr. R. G. Riches, one of the assistant medical officers, an experienced surgeon, previously at one of London's large poor law infirmaries, undertook to supervise the surgical equipment, and, guided by the schedules recently issued by the Army Medical Department, prepared the necessary indents for the War Office.

A large steam steriliser was installed in a central position near the dispensary to sterilise all the dressings required in the wards only, which were equipped with drums for this purpose.

Indents were also prepared for supplies of medicines and dressings, the Army Authorities in the meantime taking over the existing stocks.

Asylum Accountancy to Continue.—Information gained at Queen Alexandra's Hospital, Millbank, and the Royal Herbert Hospital, Woolwich, was useful in indenting for the army forms. These were mainly of a medical nature, for civilian methods of accountancy were to continue, excepting in the case of the medical and surgical stores. All the other articles were posted to the inventory in the usual way, from whatever source they came, even the more substantial gifts. Afterwards they were to be dealt with according to the Asylum Committee's regulations, under the close scrutiny of the Comptroller of the London County Council.

Pathological, Dental, X-Ray, and Electrical Departments.—We had already a well equipped pathological laboratory, and such additions as were necessary were supplied by the War Office direct, on the advice of Dr. R. St. John Brooks, the Pathologist. Dr. N. H. M. Burke, the Physician in charge of the Electrical Department, and Mr. Norman Stratton, L.D.S., the Resident Dental Surgeon, similarly assisted in equipping their departments. The War Office also supplied the furniture for the operating theatres and two complete X-ray installations.

(4) Creation of the Standing Orders—Hospital Routine, &c.

General Policy.—I have now to relate the final shaping of the hospital administration, which was a matter that

required considerable thought, for the whole success of the hospital depended upon it. The situation was a novel one; there were difficulties to be overcome of a social and personal nature, vested interests, points of nursing and medical etiquette; and jealousies, strife and disappointments to be avoided. I felt I could rely upon the noble character of the work and the promptings of national duty lightening my task considerably; and I was right. Everybody did their best to fit in and put aside all questions of a personal nature. I was fortunate in this respect, both as regards the permanent staff and those who were specially engaged.

Nurses' Time Table and General Orders.—The nurses' time table, scale of leave and "General Orders" were thought out, printed and issued to every nurse on engagement. The "General Orders" were simple and broadly cast, the detailed instructions being left to the Matron to arrange and promulgate. Later, the "Matron's Instructions to Sisters" were gathered together in the form of a small book, and which, on receiving my approval, had the force of "Standing Orders." In my "General Orders" to the nursing staff will be found:—

"Nurses should remember that the aim of the Hospital is not only to nurse the soldiers back to health, but also to show them that the country is grateful for what they have suffered in the service of their country. Nurses should be at all times kind, patient and sympathetic, but should never forget the dignity of their profession."

which I thought was the key-note to the whole situation.

Duties of Doctors.—As regards instructions to the doctors, I prepared a "Memorandum regarding the Duties of M.O.'s in charge of Wards," in the form of a small pamphlet, which was given to each doctor as he commenced duty. This really contained, in a condensed form, the scheme of administration especially as it affected the medical staff. It may be of general interest to hospital administrators, so I have added it as an Appendix. The final paragraph alone I will quote here:—

"M.O.'s in charge of wards are asked to unite with the O.C. and other principal officers in securing due economy as regards food, light and fuel (especially in these times), and to com-

municate freely to the Officer in charge of the Division any suggestions that will add to the comfort and happiness of the patients and the successful management of the hospital."

It will thus be seen that in no instance was any official excluded from having an interest in the hospital generally; on the contrary, everybody's co-operation was earnestly sought, and, as a rule, heartily given.

Standing Orders for Patients.—These required careful thought. The character of the hospital was to be different in many respects from the standard military hospital, and some of the "Orders for Patients in Military Hospitals"—Army Form C. 345—could not possibly be carried out in a hospital where the nursing was to be entirely by women (excepting one ward) and the administrative methods largely civilian. However, Army Form C. 345 was taken as a guide to what the Army Authorities required, and most of the Orders, with the necessary amendments to suit the special circumstances, were incorporated in the "Standing Orders for Patients" issued under my authority.

The general orderlies were excluded from having any control whatever of patients in the wards, excepting in the detention hospital.

Ward Discipline.—The ward discipline, subject to the medical officers and Registrar, was to be in the hands of the sister in charge and senior N.C.O. patient who was up and about. I will only quote here Orders 2 and 16 :—

"2. Patients will obey the instructions of the Sister in charge, Nurses, and the Senior Non-Commissioned Officer of the ward, and, if they consider they have any cause for complaint, will report to the Medical Officer in charge of the ward."

"16. Patients who are non-commissioned officers are to do all in their power to assist the Sisters and Nurses in maintaining good order and discipline and sustaining a good reputation for the hospital. By doing so they release men for fighting the country's battles. In the absence of the ward staff they will be held responsible for any irregularities. They will, if up, wear their chevrons, and if confined to bed their chevrons will be hung over their bed-head boards."

In the General Instructions issued with A.C.I. 1198 of 1916, dated 15th June, will be found the following paragraph :—

"But much can be achieved through making full use of N.C.O.'s

who are themselves patients, and in the absence of nurses and ward orderlies they should be held responsible for any irregularities, and at all times they should assist in the maintenance of good order and discipline."

The senior non-commissioned officers who were patients became a power in the land and undertook practically all the ward work of a military nature. They were given definite duties and responsibilities, and the trust placed in them was rarely abused.

The absence of ward orderlies who might be thought to be fit for active service stimulated the patients to help with the ward work, for it was soon noticed that in wards where the general service orderly had a "fit" appearance, the patients only worked under moral pressure. They objected to his presence; while in wards where an aged man was on duty, as often as not the patients endeavoured to relieve him of any arduous duties and worked willingly.

Hospital Police.—It was necessary to exercise some supervision over the patients when in the grounds and at the Gate. Three orderlies—and, I think, in every case a pensioned ex-member of the Metropolitan Police—were badged for this purpose and called "Hospital Police." They carried with them a copy of their powers and duties in case anybody disputed their authority.

Fire Brigade.—Mr. S. Todd, an ex-Superintendent of the London Fire Brigade, who had earned a well deserved rest after many years service, became the Chief Fireman, and took charge of the fire brigade and fire arrangements generally. Mr. Capon, Chief of the Epsom Fire Brigade, paid a visit on 6th March, 1915, with a detachment of his fire brigade, to ascertain the position of fire hydrants, etc., so as to be fully informed should help be needed in the event of fire.

Various Regulations.—By the end of April, 1915, various regulations dealing with admissions, discharges, transfers, sick notices, deaths, diet sheets, diet summaries, smoking in wards, duties of orderly officer, etc., were ready for issue or in course of final compilation. The pamphlet issued by the War Office, entitled "Notes for the Guidance of Officers in charge of Military, Territorial, and Auxiliary

Hospitals," and the "Regulations for the Army Medical Services, 1914," were the guiding authorities. I had to fit these into our civilian organisation, and issue detailed instructions to all the officers and departments concerned. They were finally printed and posted in the ward sisters' offices and other places where required.

Patients' Dietary.—I issued Orders bringing into force the Army Regulation regarding the dietary of patients as far as they could be applied to our civilian methods of accountancy.

Service of Food.—It is convenient here to describe the arrangements for the distribution and serving of food. All prepared food was distributed from the main kitchen, the bread, butter, jam, etc., being supplied daily direct to the wards from the Stores. Each ward had a trolley, specially designed to keep food warm by means of a hot water jacket. Food thus issued in bulk duly arrived in the small kitchen attached to each ward, where it was apportioned, the joints being carved on large dishes kept hot by a hot water jacket. The sister in charge superintended the carving and distribution, and the patients who were up were served at the tables by the nurses. The food for each patient confined to bed was served on trays suitably covered and furnished. Thus, hot appetising meals were ensured, and it was a rare thing to have any complaints, except as regards the quantity on the diet becoming somewhat restricted as food became scarce generally. On the contrary, our food and its service was highly commended.

Time Table for Patients and Staff.—I was now in a position to issue the final "Time Table for Patients and Staff." It was the culmination of all the work done during the preceding busy weeks, and it is here reprinted, because from it may be gathered a good idea of the daily routine in a war hospital:—

TIME TABLE FOR PATIENTS AND STAFF.

- 5.30 a.m.—1st Party, Kitchen Maids on duty.
- 6.30 a.m.—Breakfast for Day Staff.
- 7.0 a.m.—Day Nurses and Orderlies on duty.
- 7 to 7.30 a.m.—Housemaids' Breakfast.
- 7.30 a.m.—Patients' Breakfast, Night Nurses' Breakfast.

- 7.45 to 8.15 a.m.—Home Sisters' Breakfast.
- 7.30 to 8.30 a.m.—Night Nurses go to rest. Kitchen-maids' first Breakfast.
- 9 a.m. to 12 noon.—Day Nurses on morning leave off duty.
- 9 a.m. to 9.30 a.m.—Kitchen-maids 2nd Breakfast.
- 9.30 a.m.—2nd Party, Kitchen-maids on duty.
- 11.45 to 12.45 a.m.—Ward Orderlies' Dinner Hour.
- 12 noon.—1st Mess (Day Nurses on morning leave).
- 12.30.—Housemaids' Dinner, Home Sisters' Dinner.
- 12.45 p.m.—Patients' Dinner.
- 1.15 p.m.—2nd Mess (Day Nurses on afternoon leave). Nurses on half-day leave off duty.
- 1.30 p.m.—Kitchen-maids' Dinner.
- 2 to 5 p.m.—Day Nurses on afternoon leave off duty.
- 4 p.m.—Night Nurses called.
- 4.30 p.m.—Night Nurses' Tea, Housemaids' Tea.
- 4.45 to 5.30 p.m.—Orderlies' Tea.
- 5 p.m.—1st Tea (Day Nurses on afternoon leave).
- 5.30 p.m.—Patients' Tea and Tea (Day Nurses on morning leave). 1st Party, Kitchen-maids off duty.
- 5.45 p.m.—Kitchen-maids' Tea.
- 6.0 p.m.—Full Staff.
- 7.30 p.m.—Patients' Supper, Home Sisters' Supper.
- 8 p.m.—Orderlies off duty, Night Nurses' Dinner.
- 8.45 p.m.—Night Nurses on duty.
- 9 p.m.—Day Nurses off duty, Supper.
- 9.30 p.m.—2nd Party, Kitchen-maids off duty.
- 10.30 p.m.—Day Nurses retire.
- 11.0 p.m.—Lights out.

(Signed) JOHN R. LORD, Lt.-Col., R.A.M.C.,
May, 1915. Officer Commanding.

Commencement of Military Occupancy.—The military occupancy commenced on 9th April, 1915, and I was gazetted as Lieut.-Col., R.A.M.C., as from 1st May, 1915. In the same *Gazette* the Registrar, Dr. N. Roberts, and the Chief Resident Surgeon, Dr. R. G. Riches, received the rank of Major, R.A.M.C. Other officers were gazetted soon afterwards.

On 12th May, the first trained nurse came into residence and others followed rapidly. The preparations in the wards were well forward and only awaited the finishing touches by the sisters in charge. In the meantime, and whilst awaiting the arrival of patients, the permanent nurses in spare moments were receiving further instruction

in sick nursing, and this was now continued by the new sisters. Lieut. Marsland, the Quartermaster, was holding stretcher drills for the orderlies, and he and the Registrar were making the final preparations for the arrival of convoys. Subsequently I interviewed the local officials of the London and South-Western Railway Company, and arranged for the use for cot cases of the line hitherto apportioned for the transport of race horses. It was very convenient, and later, on the authority of the Eastern Command, a temporary shelter for the reception of stretcher cases was erected by the Asylums Engineer.

Volunteers of Help as regards Transport.—It was not until 9th June that our fleet of five Ford ambulances arrived; and with them a small detachment of the 369 Co. A.S.C. (M.T.), in charge of a corporal, was placed under my command. In the meantime, Mrs. F. Bowen Buscarlet, of the Manor House, Stoke D'Abernon, placed at my disposal her motor ambulance, which would hold six stretcher cases. This offer was gratefully accepted and made good use of. On 30th April, Dr. Dove, the Commandant of the Leatherhead Division of the British Red Cross, kindly offered me his detachment of Red Cross orderlies for use during the reception of convoys. Only on one or two occasions could we accept this help, owing to the distance the detachment was from Epsom, and the very short notice given us of the despatch of a convoy. Later, a similar offer from the ambulance section of the 9th Batt. Surrey Vol. Regt., Wallington, was received, but was still more impracticable for the same reason. One from the National Motor Volunteers for the transport of sitting-up cases was gratefully accepted.

I felt, however, that these sources of help rightly belonged to those hospitals not entirely a charge on army funds; but it was comforting to know that such valuable assistance was there to fall back upon in grave emergencies.

Visit of H.R.H. Princess Christian.—H.R.H. Princess Christian, attended by Lady St. Helier, paid an informal visit on 7th May, 1915. She was highly delighted with all she saw and stayed to tea.

My Share of the Work and How it Came About.—In these pages it is not my desire to let my work overshadow

that done by others. I was in this position. A grave emergency had arisen, and I was told by the War Office above all things "to get on with the work." The Asylums Committee of the London County Council were equally anxious that no unnecessary formality should interfere with rapid progress, and so it naturally fell to my lot to have to do a good deal on my own initiative, for which I took full responsibility. I was sure that if I did my best it was all that could be expected of me, and I would be forgiven any minor errors of judgment. Thus, much of what I have written is now placed on record for the first time.

At every step I was helped splendidly by Dr. Roberts, the Senior Medical Officer, and all the chief officers, and the zeal and loyalty of the staff generally made anything possible.

Mr. Greenwood, the Chairman, notwithstanding his many engagements in other spheres of public work, managed to visit frequently, and took an active and important part in the work. I took advantage of his visits to keep him fully informed of all the steps taken, and sought his authority in all matters which directly concerned the Sub-Committee, thus saving much time. I had made up my mind that the Civilian Authorities should never have any reason to complain that my military status made any difference in my relationship to them or to the permanent staff as medical superintendent. Mr. Greenwood early identified himself with the supervision of the farm, and relieved me of all work in this respect. He also took under his guardianship the Visitors' Tea Room. He was most kind to me personally, and he helped and encouraged all the officers in every way possible.

The sum total of our efforts was that, by 18th May, 1915, we were ready for a limited number of cases, preferably of a light nature to begin with, until the new staff became thoroughly acquainted with the routine.

Opposition from some Quarters to Asylums as War Hospitals.—On it becoming known that some of the asylums were to be used for wounded soldiers, considerable opposition was raised by a number of influential people, who protested vigorously, prophesying all sorts of disasters. Representatives of them formed a deputation, which was

received by the Secretary of State and Director-General. Questions were asked in Parliament, and there was a considerable "to do" generally. It was up to us and other war hospitals to show that these misguided and prejudiced people were wrong.

Extra care, however, was taken that in the use of Horton Asylum there should be no grounds for complaint as far as the soldier and his friends were concerned. As already shown, practically everything peculiar to asylums was abolished. In pursuance of this policy the asylum had to be re-named. Several names were suggested, and amongst others, "The Horton War Hospital" and "The County of London War Hospital." The former was rejected because it recalled the asylum, so the latter was decided upon, and "The County of London War Hospital, Epsom," was recognised as such by the War Office on 31st March, 1915.

Press Appreciation.—The gloomy picture drawn by those opposed to the use of asylums as war hospitals was not reflected by the Public Press, as was seen later from the following extracts:—

"These grounds are charmingly laid out, are full of leaf and bloom and the song of birds. The value of the beautiful as a help in the treatment of the mentally afflicted was recognised to the full at Horton Asylum, and the soldier patients of the hospital are benefiting thereby, for both indoors and outdoors there is to be seen that which tends to cheer. In the day rooms and dormitories everything is spotlessly clean, and the closest attention to hygienic principles is observed throughout the building."—(*Vide Epsom Herald*, May 28th, 1915.)

And again

"All the rooms are airy and have plenty of windows, while lighting is adequate. There is, moreover, that atmosphere of brightness about them which is essential towards keeping the patients of good cheer, and the institution is in every way comfortable and quite suitable for use as a hospital, where the brave men who have fallen on the battlefield will receive kindly care and attention, and everything that is conducive to the complete and speedy restoration to their health."—(*Vide Epsom Advertiser*, May 28th, 1915.)

Still again

"As I passed through the lodge gates, at the entrance to what until lately was known as the Horton Mental Asylum, and

gazed around me, it was inevitable that a feeling of gladness should rise in my mind; gladness that so delightful a resting place had been set apart for the men who had borne the burden and heat of the day. A stronger contrast between the confined air of the trenches, the ceaseless roar of guns, the shrieks of the shells, and the soft scented breeze and restful beauty of the gardens of the County of London War Hospital at Epsom, it would be impossible to imagine."—(*Vide Nursing Mirror*, June 26th, 1915.)

And many others.

Ready to Begin.—We were now eager to begin, full of hope and confidence, and conscious of the great privilege which had fallen to us to play a limited but not unimportant part in the Great War.