THE SALOP INFIRMARY IN THE 19TH CENTURY

Introduction

As the 19th century dawned, the Salop Infirmary was facing several problems. The accommodation was inadequate and expenses had been exceeding income for the past decade. In the wider world, Britain was still at war with France, leading to economic decline and worries about revolution spreading to Britain. In Shropshire, the people were struggling to buy food. Corn prices had doubled in four years and the poor had to resort to mixing barley and potatoes with wheat to make flour for their bread. Even the comparatively well-off gentry were cutting back on expenditure. These economic problems affected the Salop Infirmary in two ways: firstly, income was no longer adequate due to the rising costs of food, fuel and wages; and secondly, the subscribers (the Infirmary's sole source of income) were struggling financially and therefore delayed or withheld their subscriptions. It was also extremely difficult to find new subscribers to replace those who died or moved away. Of course, at the same time as all these difficulties, the Infirmary was also more in demand, as cold winters and poor nutrition affected the health of the population.

1800-1826

Nelson's victory at Trafalgar in 1805 turned the tide and relieved the gloom. In 1806 the Treasurer was able to report that a surplus of £678 had been accumulated over the past 3 years, although this was a result of single large donations and benefactions rather than regular subscriptions. By 1808, however, an increased number of subscribers had given "new vigour to the funds" and it looked as if the Infirmary's finances were once again on a more even keel. When the Napoleonic Wars finally ended in 1815, following the victory at Waterloo, there was at last peace in the nation and hopes of greater prosperity.

The first two decades of the 19th century saw rising admissions for both hospital care and out-patients at the Salop Infirmary, partly as a result of the rising population of Shrewsbury and district. By the 1820s, more than 650 in-patients were being admitted each year and there were nearly 2000 out-patients. The Annual Report of 1826 also referred to the distressing situation of every bed being filled, with others left waiting for treatment. It seems the hospital waiting-list has a long history!

New Accommodation

It was decided, therefore, that the Infirmary must have new premises. A special general meeting of subscribers was convened to "consider the necessity of giving additional means of accommodation to this Infirmary". A committee was formed with the remit to investigate the options and report back. Lord Clive was the Chairman of this committee and

members visited hospitals in Gloucester, Glasgow and Manchester to gather information and find possible solutions for Shrewsbury. The committee's report was presented to the annual general meeting in November 1826 with its recommendation that "a new Infirmary be built, provided the necessary funds for its erection can be procured". There was much debate, with opinions divided, but finally the recommendation to rebuild was agreed. A fund-raising campaign was then launched which proved to be successful and a new 150-bed hospital was planned.

The New Hospital is Built

Mr Edward Haycocks was the architect for the new hospital. He had already designed Millichope Park near Craven Arms and several Shrewsbury churches. This hospital is the building that we can see today, currently The Parade Shopping Centre. Its façade was similar to a gentleman's residence and is very similar to the façade of Attingham Hall. There was a Doric portico at the front and a spacious terrace overlooking the River Severn at the rear. This was all a big improvement on the filthy wards in Broom Hall and the squalid homes of the poor of the town. While Broom Hall was demolished and the new Infirmary was constructed, patients had to be moved out to part of the House of Industry (workhouse) in Kingsland on the other side of the river.

The new hospital opened in 1830 at a cost of £18,735. Its 150 beds were very generous, compared to other hospitals of the time. It was calculated that the Salop Infirmary had about 4% of the 3,500 beds in all the provincial voluntary hospitals, although Shropshire only contained less than 2% of the population. As a result of the successful fund-raising, only £5,000 had to be taken out of the reserves, less than expected, and a more spacious building was able to be constructed. The medical facilities included spacious wards and a large, well-lit operating theatre. It even had central heating and a mechanical lift to take patients to the upper floors.

All in all, the project was hugely successful. At the next anniversary meeting, the great and the good were able to congratulate themselves on their achievements at a Divine Service held at St Chad's Church and in 1833, there was the honour of a royal visit by Her Royal Highness the Duchess of Kent.

The Patients

Although the new hospital opened in 1830, there are no records of individual patients until the centenary report in 1847. The secretary at that time, Henry Bevan, produced a comprehensive account of the first hundred years of the hospital and included tables showing the ages, occupations and diseases of the patients for 1845/46. This showed that approximately one thousand patients were admitted, the majority of whom were aged

between 10 and 40 years. Most of the patients were agricultural labourers or domestic servants, with a few others such as miners, colliers, weavers and blacksmiths.

In an agricultural county like Shropshire, you would expect a high number of agricultural labourers, but there were also many people working in the wool and weaving trades and there were hundreds of others, such as shop assistants, carters, bargemen and builders who would have needed hospital treatment but who are not mentioned. Also rare in the patient lists were those employed in mining, iron-working and quarrying, which were all hazardous occupations. The reason for the high proportion of agricultural labourers and domestic servants was because hospital admission was based on the recommendation of a subscriber, not by referral from a doctor. Subscribers were generally the well-off, who employed labourers and servants and it was said the voluntary subscription hospitals were really a sort of "sick club" for the gentry for their own employees and tenants. It must be said that some large organisations, such as the Company of Drapers and the Coalbrookdale Company also subscribed for the benefit of their employees but these were very much in the minority. There was also a religious element to the voluntary subscription hospital as the system was founded by the Anglicans. Many influential people in the area were dissenters and they were unlikely to subscribe to the Infirmary.

Common reasons for hospital admittance were: rheumatism, dyspepsia and ulcers of the legs. The agricultural labourers often suffered fractures and other injuries and they also suffered from rheumatism as a result of working outside in all weathers. The single most common reason for admittance, though, was syphilis. 21 prostitutes were admitted in 1846/7 and they accounted for 20 of the 100 cases of syphilis, but may have been responsible for spreading the disease and causing the other 80 cases! Today, hospitals treat many patients with heart attacks, strokes and cancer, but in 1846 there were only 22 cases of "tumour" (cancer) and no mention of strokes or heart attacks. The surgeons were kept busy dealing with injuries, abscesses, fractures and diseases of bones and joints, while the physicians would have dealt with cases of bronchitis, scrophula and occasionally fevers, although fever cases were inadmissible according to the rules. Other inadmissible cases were children, expectant mothers, the chronically disabled or dying. There were very few patients over the age of 60.

Over the next 20 years, medical knowledge developed and more disorders of the heart, liver and kidney were recognised. The introduction of anaesthesia helped the development of surgery and in the Salop Infirmary, there is an example of a patient being admitted in 1866 for the removal of a large ovarian cyst. Such a procedure would have been impossible in earlier decades.

Finances

In the mid-19th century, recovery from illness still depended on rest and good food, as medicines were not very effective. Once the new hospital was built and the Infirmary's financial problems had eased, it was agreed to provide a more generous diet to the patients. Men had a weekly meat allowance of 2-3½ lbs and a bread allowance of 6 lbs 2 oz. Women had 2½ lbs of meat per week and 5 lbs 4 oz of bread. Everyone also had a pint of broth or soup and a pint of beer each day. There were varying amounts of cheese, rice and milk pudding. Gradually more variety was introduced, by means of tea, butter and potatoes. There is no mention of fresh fruit or vegetables and it may not have been known how important they were in the diet.

When the hospital opened in 1830, about 700 patients were admitted each year, but numbers kept increasing and by the 1860s, over a thousand patients were treated each year. The population in the catchment area was about 230,000 and this meant the Salop Infirmary was treating 5.2 per 1000 of its local population. In comparison, the Salisbury Infirmary in Wiltshire, which had a slightly larger population of 246,000 only admitted 2.8 per 1000. In 1855, the cost of each in-patient admission to the Salop Infirmary worked out at £2.39 each. When compared with ten other hospitals serving populations of a similar size, the average cost was £3.39, which meant the Salop Infirmary was treating patients for one third less than the cost of other hospitals. This was achieved by minimising the length of time patients stayed in the hospital. In the Salop Infirmary the average length of stay was 26 days, compared to 43 days at other hospitals. Control of bed-occupancy and length of stay are still critical factors in the running of our hospitals today.

Scandal and Controversy

The hospital was also a place for scandal and dishonour and here are some examples:

Dr Webster: In 1831, Dr John Webster succeeded Dr Robert Darwin at the hospital. Dr Webster's promising career ended prematurely, however. He was asked to visit the infant son of Mr Wilton, a prominent draper in the town. His wife, Mrs Eliza Wilton, was so impressed by the young doctor's successful treatment of her son that she, too, became a patient. A friendship developed and the unmarried doctor was invited to take board and lodgings in the Wilton household. There were many rumours about intimacy between the two, helped by Mr Wilton's long absences on business. Then, tragedy struck. Eliza became ill and, in spite of Dr Webster's attentions, she got worse. On her death-bed, she confessed to her husband that she had been unfaithful and he was apparently "thunderstruck". After Eliza's death, Mr Wilton turned Dr Webster out of the house and then sued him – for "loss of his wife's services" – which resulted in the whole story coming out in court. The widower demanded £5000 in damages, but the court only awarded him £500. The governors of the

infirmary dismissed Dr Webster for reprehensible conduct in 1838. If the General Medical Council had existed in those days, it is possible Dr Webster's name would have been erased from the register, but as it was, he was able to set up in private practice and was apparently very popular. Two years later, however, Dr Webster himself died.

Dr J Proud Johnson

After Dr Webster's dismissal, Dr J Proud Johnson became physician, but it seems he was the cause of various disputes. Firstly, he upset two of the charity's trustees, Mr Blunt and Mr Whitney, who were both local chemists in the town. Dr Johnson proposed that the Infirmary should buy its drugs from London suppliers, in order to save money, as was done at the infirmaries in Stafford and Birmingham. Mr Blunt and Mr Whitney had been supplying the Infirmary with drugs for 30 years and were set to lose trade if Dr Johnson's proposal was implemented. The other doctors sided with Mr Blunt and Mr Whitney and, after a heated argument, it was finally agreed that the Infirmary would buy drugs in the "best market" but from local suppliers where possible. A week later, an anonymous letter to the "Shrewsbury Chronicle" revealed Dr Johnson as a member of a recently formed Provincial Medical and Surgical Association (PMSA) whose aim was to suppress the practice of selling medicines in chemists' shops without a doctor's prescription.

Dr J Proud Johnson then moved on to another conflict. He opposed a proposal to elect Mr Sutton as "Surgeon Extraordinary", an honour normally given to distinguished surgeons on retirement. Dr Johnson opposed this on the grounds of an alleged impropriety by Mr Sutton and threatened to appeal to the press if he did not get his way.

A few weeks later, there was yet another row and this time the whole institution was brought into public disrepute. Thomas Tomlins was an inmate at the Atcham workhouse and he was admitted to the Infirmary with a "varicose aneurysm" in his thigh, a disorder which was making his leg gangrenous. He should never have been admitted into the Infirmary in the first place, because he was a pauper already receiving support and not a "proper object of charity" and he also suffered from fits which should have excluded him. The Chairman of the guardians at the workhouse, however, was also a senior figure at the Infirmary, and Thomas Tomlins was admitted. The problem was the surgeons could not agree on his treatment. Mr Keate proposed amputation, but Messrs Dickin and Burd, the other two surgeons, wanted to perform an operation to tie the blood vessels taking blood into the aneurysm and avoid amputation. Under the Infirmary rules, in amputation cases, all three surgeons had to agree, and if they couldn't, the entire medical staff was to be consulted. Dr Johnson sided with Mr Keate in favour of amputation, but the other doctors agreed with Dickin and Burd. Weeks passed until, eventually, Tomlins was taken into the operating room without the consent of all the doctors and when they heard about it, the operation was cancelled at the last minute. Late at night, Tomlins was smuggled out of the

Infirmary in a sedan chair and taken to a house in Abbey Foregate where he was received by William Clement, a well-known Shrewsbury surgeon. Clement had been defeated by Keate 4 years earlier in the election to the post of surgeon at the Infirmary. Clement carried out the amputation and Tomlins was then taken back to the workhouse. His fate is not known, but the mortality from amputations was 50% so his prospects were not good.

The whole sorry episode was reported to the world at large in "The Lancet" under a headline of "Infirmary Broils". This of course reflected badly on the whole Infirmary and an investigation was carried out by the governors. Burd and Dickin were cleared, because they had acted properly, but Keate and Johnson were found to be "highly blamable" and both were dismissed. The governors had no jurisdiction over Clement.

Scandal was not confined to the doctors. In 1856, Miss Pim was appointed matron of the Infirmary, amid some controversy. The directors of the Infirmary preferred another candidate, Mrs Edwards, but the majority of subscribers preferred Miss Pim because she was a "respectable lady from the higher ranks of life" rather like Florence Nightingale (this was the time of the Crimean War) and, after some argument, Miss Pim was elected. Once in post, she was accused of being discourteous to the medical staff and of mismanaging the accounts, including the wine. The staff were provoked into raising a petition against her. Then, there was an incident concerning Lady Leighton, the wife of Sir Baldwin Leighton, the chairman of the directors. Miss Pim passed Lady Leighton in the corridor at the Infirmary, but did not greet her with due humility and decorum. Miss Pim had never been introduced to Lady Leighton, but her brusque manner was reported to the governors, and this led to Miss Pim's dismissal. The subscribers who had supported Miss Pim's appointment were angered by this incident and they were able to present Miss Pim with 88 sovereigns, more than a year's salary. One of the house surgeons, Mr Stanwell, felt so strongly about her dismissal that he resigned himself and went off to Lancashire where he set up a private practice.

Conclusion

Although any large institution will have its share of problems, overall the Salop Infirmary in the 19th century was a huge success. From shaky financial beginnings at the turn of the 19th century, the early directors were able to keep the Infirmary going through difficult times and, when times improved, they were able to see through the building of a brand-new hospital, which was ahead of its time when it opened in 1830. Throughout the nineteenth century, the Salop Infirmary embraced new advances in medicine, such as anaesthesia, and was able to offer its patients the best treatments available at the time in a modern, spacious building.

Footnote

In 1914, His Majesty King George V visited the Salop Infirmary and conferred on it the title of "Royal". In 1948, the Royal Salop Infirmary was absorbed into the newly-created National Health Service.

On Sunday 20 November 1977, 230 years after its creation, the Royal Salop Infirmary moved to a new site at Copthorne on the south side of Shrewsbury and the following year, a visit by Prince Charles conferred on it the title of the Royal Shrewsbury Hospital.

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www.healthline.com: Picture of Scrofula
www.shropshirestar.com: Picture of Prince Charles with nurse Lynn Breakell at the opening of the Royal Shrewsbury Hospital, 1978.