

**11<sup>th</sup> December 1936**

**Annexe Wards:** These are now all in use and have been staffed with recently qualified nurses in charge of each ward and probationers from existing staff together with three more ward orderlies. The wards remain full and I have no relief staff to draw on in an emergency like sickness. The Cottage is now ready for nurses occupation again. Will the committee approve the appointment of six more members of staff, two sisters and four probationers, for whom I shall now have accommodation.

**Ward Orderlies:** It may be interesting to the committee to know we are very inconvenienced by the facility with which the ward orderlies become indisposed. Of the 15 orderlies appointed before the week the dayst has, by minor sickness has been as follows:

|                 |    |                             |
|-----------------|----|-----------------------------|
| During December | 29 | divided between 6 orderlies |
| November        | 16 | 3                           |
| October         | 9  | 3                           |

Three are still away as I write. May I suggest that the present method of paying orderlies during absense through indisposition does tend, I feel sure, to aggravate the very disturbing state of affairs.

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**Annexe Ward Two:** This ward was opened and has been staffed from existing staff.

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**REPORT RE-LOSS OF DRUGS**

**CITY HOSPITAL**

3<sup>rd</sup> February 1937

At 11pm approximately on Monday 1<sup>st</sup>, the theatre sister reported the loss of the flat toolbox containing phials of morphia gr. ¼, morphia gr. 1/6, atropine gr. 1/1000, hyoscine gr. 1/1000, digitalin gr. 1/10, strychnine gr. 1/60, strychnine gr. 1/1000, all these being scheduled "A" drugs. In addition there were ampoules of camphor-in-oil, coramine, pituitrin, ergometrine and ephedrine.

The theatre sister missed these just before four o'clock on the Monday afternoon when she was preparing the theatre for an operation. The box is usually kept in the cupboard in the anteroom of the theatre and is taken just as it is and put on the bottom of a small trolley with prepared hypodermic syringes when ever an operation is to take place. This procedure had been followed on the day previously, Sunday January 31<sup>st</sup> when the theatre was prepared four o'clock in the afternoon for a minor operation. The staff nurse in-charge of the theatre on Sunday very clearly remembers that the drugs were there during the operation, but I have been unable to elicit from the two members of staff who have cleared away after the operation a statement that they remember replacing the drugs in the cupboard, although they presumably did so, as this is the first thing done in the clearing of the theatre and all other articles, which were with the drugs on the bottom of the trolley, were found subsequently in their appropriate place. There was no need to check the peasants of the drugs between the operation at 4pm on Sunday and that 4pm on Monday when their loss was discovered. The theatre staff spent the whole evening going through everything in the theatre, and failing to discover them, report of their loss was made late at night as already stated. On Tuesday, immediately after coming on duty, investigations were made, and since there might have been a slender chance that the box had been inadvertently dropped into the dirty dressing bucket, the Porter responsible for the emptying of the refuge, was interrogated. He was, however, certain that no tin box was present in the bucket, which had been given to him actually on the corridor. His statement was that there was very little in the bucket at all, and this is corroborated by the theatre staff and is likely in view of the fact that so little

was done on Sunday. The whole of the ash from the incinerator from the Sundays burning was turned over in search of the remains of a tin box, but was unsuccessful, so that it seemed that we should have to look elsewhere to find out how the drugs were missing, and in the course of enquiries in the afternoon it transpired that a woman who is known to the older members of the staff as a Nurse Seals and who left here after training in 1918, came to the theatre and sat in the anteroom for quite a little while on Monday morning quite near the cupboard where the drugs are kept which, although locked, has the key in the lock. Although she stated that she had been told to wait in the theatre until the Matron was there, no authority in the hospital had any notion that she was in the hospital precincts and her statement, which referred to the loss of a gold chain (to one person) and a watch with a black moire strap to another person, appears to have been a fabrication. Although she asserted that she had been in communication with the Matron with regard to the matter and had been told to wait in the theatre, no such message had been received and most certainly no visitor would ever have been asked to wait in the theatre. After an interval awaiting, during which according to the theatre sister and the staff nurse she insisted upon remaining in the anteroom rather than going through into the scrubbing up room where the theatre sister was busy making swaps, the visitor got up and went away saying she would find somebody. Her presence in the hospital was unknown to anybody but the theatre staff until this statement was made about 3:30pm on Tuesday during the course of investigation.

This same nurse came into the hospital on Saturday January 30<sup>th</sup>, at about 10:15am I saw her in the Nurses Home where I was visiting the sick nurses with Sister Meads who immediately recognised as a nurse with whom she had worked with nearly 20 years ago. After a few minutes conversation I told that I could give her no time but I would show around the hospital (which she expressed a desire to see) little later in the morning and I suggested that in the meantime she should see Sister Davis, who I think is the only other member of the staff who she would know. From ½ an hour to ¾ of an hour later I met her on the corridor and told I was free to take her round and I suggested that we should start with the theatre, when she surprised me by saying that she has already spent a long time in the theatre, presumably unaccompanied. I did not comment on this, although it struck me as rather irregular, but took her round the hospital, including the children's, X-ray and Maternity Ward, which took until after 1pm, so that I asked her to have lunch with me. After lunch I was very struck indeed by her extreme drowsiness and the curbus look in their eyes which Rolling up and showing the whites. She left me about 2:45pm as far as I can remember, and came out into the hospital and went over to see Sister Meads to make an appointment with her, if possible, for Sunday and it is remarkable that Sister Meads came over to me in the evening, and before I had introduced the subject at all, expressed the opinion that Nurse Seals had struck her as looking as though she was under the influence of drugs or drink. She left the hospital about 3:45pm and that in the last that any others have seen of her no invitation was extended to her to come up and see as again.

This curious behaviour on Saturday suggested nothing to me until I heard of the loss of the drugs, when I was vaguely disturbed, having in mind the fact that she had been in the theatre, but my suspicions were considerably aroused when I heard that she had made an unauthorised visit to the hospital on the Monday morning on a flimsy pretext which could not possibly stand the test of investigation and ample opportunity on visiting to become possessed of any drugs which might have been in the cupboard.

I should mention that in spite of our strict precautions with regard to drugs the key of this cupboard seems to be left in the lock on many occasions.

Alice Rose

Matron

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**12<sup>th</sup> February 1937**

**Ambulance and Receiving Room Staff:** The numbers of cases, which have had to be fetched by ambulance and dealt with in the Receiving Room, became so unmanageable during the period covered by this report that we were obliged to call in extra help if delay were to be avoided. Mrs. Mabel Everard – who undertook this work before in an emergency for us – was engaged temporarily with efficiency in this department with the existing staff.

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**City of Nottingham Town Clerk's Office**  
**3<sup>rd</sup> March 1937**

**Cremation:** read a letter from Mr R.E. Lindsay, suggesting that when patients without relatives died at the hospital, they should be cremated, and that in cases where relatives were available literature explaining the advantages of cremation should be available for their information.

**Resolved:** that the matter be referred to a meeting of representatives of this committee and the Health (Hospitals) Subcommittee, the representatives of this committee to be chairman, vice-chairman, Councillor Davis and the Medical Superintendent.

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**12<sup>th</sup> March 1937**

**Maids Salaries:** Following the instruction of the Committee to find out what is the scale of salaries paid to the Isolation Hospital to the domestic staff, I have to report that they are paid £30 rising to £2/10/- to £40. Our scale is £25 rising £2/10/- to £40. Since we so often take girls of 16 or even under to train as maids, I am of the opinion that the minimum figure is best left as it is, provided always (and this has hitherto been our practice) we are free to start older and more experienced girls at some point within the scale above this figure. I still request, however, that this Committee give earnest consideration to the possibility of the extension of the scale up to £50 or, alternatively, make an addition to the salary after so many years of satisfactory service, the mountain period to be determined.

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**REPORT FOR THE MONTH ENDING 9<sup>th</sup> APRIL 1937**

**Articulated skeleton:** We are badly in need of an articulated skeleton for the lecture room. The present one is so badly broken that it is impossible to use it for lecturing purposes. It has been in use since the hospital opened. May I ask for the purchase of a new one? I submit a price list.

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**City of Nottingham Town Clerk's Office 10<sup>th</sup> September 1937**

**Balconies etc, For Hospital and Children's Wards:** The City Engineer laid before the Committee plans containing proposals for the direction of the veranda's to certain of the hospital wards, and for balconies for the Children's Wards.

It was explained that the proposals would provide necessary additional accommodation and facilitate the care and treatment of patients in the children's wards who are at present crowded owing to the lack of space.

**Resolved:** that the plans for the veranda extensions they approved and the City Engineer requested to incorporate the proposals in the scheme at present under consideration.

**Further Resolved:** that the proposals for children's ward balconies be treated as a separate scheme and the Town Clerk instructed to forward details thereof to the Ministry of Health for approval with a view to the extension of the work as soon as possible.

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**Matrons Report for the month ending, November 26<sup>th</sup> 1937**

**Ward Orderlies:** As the winter pressure is now being felt, I have found it impossible to staff the wards adequately. This pressure has been relieved by extension of the ward orderly scheme. Another 24 have been engaged, bringing the total strength of this service up to 42. Their help in the wards is great and the relief to the nursing staff reacting towards the well-being of the patient is obvious. Their names are included in the usual list for authority of payment. The total number of orderlies i.e. 42 provides for orderly service on every existing ward with the exception of C Block (where one would be of little service) and of Isolation, Jenner and Alexandra, – all of these wards where their employment would seem to be contra-indicated.

**Assistant Nurses:** In the absence of suitable probationer candidates I have engaged 8 assistant nurses, five of whom have commenced work on Nightingale 1, the others to commence shortly on Edward 1. The patients in these wards are very well nursed by the assistant nurses working under trained staff and better, indeed, than by probationers who have frequently to move from ward to ward in the interests of their training and who have, further, to break their time for lectures. A continuity of service by the same people, to whom the old folk become accustomed, seems to be very essential to their well-being. As long as we continue to keep these wards for patients of this type I suggest to the Committee the continuance of this policy. The nurses are living out. We suggest a salary of 32/6 per week with uniform and meals when on duty, and ask for authority for payment. I would like to point out that there are 41 nurses still outstanding to complete the complement of extra nurses indicated as being necessary by the Ministry on their last survey in 1933. Since then the workers changed in character very considerably, necessitating a bigger staff from the point of view of treatment and extension of 96 beds with another 50 almost ready has taken place. The introduction of the orderly and assistant nurse has done much to meet the very real need, which the lack of that 41, plus those necessary for extensions has made so urgent. It will also, I hope, when the new home<sup>1</sup> is inhabited, make it possible for us to establish a 48-hour week for all staff much more quickly than would otherwise be possible.

For the information of the Committee I conclude this report with a statement of the staff as it stands at the end of this month.

**Administrative Staff**

Matron  
Assistant Matron  
Home Sister  
Assistant Home Sister  
Housekeeping Sister  
Sister Tutor  
Assistant Sister Tutor and Office Sister (Combined Posted)

**Departmental Sisters**

X-Ray Sister 1  
Theatre Sister 1  
Night Sister 2

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<sup>1</sup> Nurses Home Two was opened in 1938.

|                         |   |
|-------------------------|---|
| <b>Ward Sisters</b>     | 20 (of which 2 are male charge nurses)<br>one vacancy outstanding |
| <b>Staff Nurses</b>     | 20 (15 designated)  |
| <b>Probationers</b>     | 159   |
| <b>Assistant Nurses</b> | 9   |
| <b>Ambulance Staff</b>  | 4 (3 of these are designated staff nurses)                        |
| <b>Message Staff</b>    | 3   |
| <b>X-Ray Assistant</b>  | 1   |
| <b>Sub-probationers</b> | 2   |

Alice Rose, Matron

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**Matrons report for the month ending 14<sup>th</sup> January 1938**

**Staffing of Wards:** I am experiencing difficulty in meeting the demands of the wards regarding to staffing. Although my probationers vacancies are filled for the moment, and possibly to the end of February, enquiries are more infrequent than formally, and the new General Nursing Council Regulations, which are now operative, are certain to cause more wastage amongst recruits that has hitherto obtained. Two more wards have to be opened so I asked the permission of the Committee to extend the Assistant Nursing Service if at all possible for suitable cases, and to secure, in emergency, any nursing help that may be obtained on a temporary basis.

Matron, Alice Rose.

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**Stewards Report 14<sup>th</sup> January 1938**

**New Annexe Wards:** The new Annexe Wards are near completion and are nearly ready for occupation. In view of this, and the extra work in the Hospital, I ask authority for the engagement of two extra Porters.

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**Report to the Visiting Committee, 11<sup>th</sup> January 1938**

**New Annexe Wards:** Annexes 5 and 6 have now been opened and accommodate 48 patients.

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**Report to the Visiting Health Committee, 11<sup>th</sup> March 1938**

**Nursing Staff Salaries:** The salaries of the sisters and trained nursing staff in the hospital in my opinion are below the scale paid to other hospitals of can parable size. They are certainly below the scale advised by the N. A. L. G. O. and the College of Nursing, and you will see from the table of

salaries before you that both the Sisters and Staff Nurses salaries at this hospital are lower than those paid at Vale Brook Lodge. I do suggest that the salaries of Vale Brook Lodge be reduced, but I do think that the corresponding salaries of this hospital should be increased.

I should be glad therefore, if the Committee would consider the revision of the salary scales and suggest what scale would be adopted. As you are aware the difficulty of obtaining staff nurses, and in some instances sisters, for the adequate staffing of the hospital is very considerable. Should however, the salaries be made more attractive in accordance with the salaries of other hospitals of comparable size, I think this difficulty might be surmounted. I would be very grateful, therefore, if you would advise what scale should be adopted to enable me to advertise vacancies?

**Consulting Mental Specialist:** Dr Macmillan is the recognised consultant for Vale Brook Lodge in mental diseases. He is, however, frequently called in to see doubtful cases in the wards of the hospital. He has no official appointment as mental specialist in relation to the City Hospital. I would be very grateful, therefore, if the Committee would consider the appointment as visiting consultant for mental diseases to the City Hospital.

Crawford Crowe, Medical Superintendent

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**Matrons Report  
March 1938**

**Difficulties in Obtaining Trained Staff:** During the past year we have spent £123 8s 10d on advertising, by far the greater part of this amount has been spent on advertisements for nursing staff and, of this latter sum, at least half trained staff, i.e. Sisters and Staff Nurses, particularly the latter. NOT A SINGLE APPLICATION HAS BEEN RECEIVED OVER THAT WHOLE PERIOD FOR A STAFF NURSE VACANCY and so few for sisters that scarcely any selection was possible. Thus our efforts to wipe out the difficulty referred to in the preceding paragraph have been unravelling.

ONE WARD ORDERLEY CAN NEVER REPLACE ONE NURSE. A fair estimate would be that 3 orderlies might replace 2 nurses.

**Reasons for dearth of trained staff:** Although it is a fact that the demand for trained staff exceeds the supply we are handicapped still further because the salaries we offer below the scale for all grades of trained staff. The College of Nursing advocates the adoption of a recognised scale, the latest revision of which has been incorporated in its Memorandum to the Inter-Departmental Committee on Nursing Problems now sitting at the insistence of the Minister of Health. Many voluntary hospitals have adopted that scale sometime since. I append the comparative list of salaries given that hospitals comparable to this one and urge that at least this difficulty be removed so that we can compete in the market on equal terms with other hospitals. N. A. L. G. O. has also scale, which is recommended as being suitable for use in Local Government Hospitals.

**Reasons for dearth in trained staff:** This is now in all parts of the country. In this hospital I have no bookings whatsoever after March 31 of this year of female probationers, and some of those recently engaged have little chance, I fear, meeting the educational requirements of the General Nursing Council. In the case of applicants for male probationers the reverse hold good; there seems a limitless supply of suitable young men and years to come – a number tremendously in excess of our requirements. Nothing less than a complete revision of training methods and conditions of service will make the case and serve to attract to the profession inadequate numbers such girls as are best suited to it. At the present time we are in a vicious circle, which cannot be broken except by drastic measures. Recommendations in this connection are made by the College of Nursing and various other bodies.

Matron, Alice Rose

Transcript of a letter from J. W. Bentick, Hospital Porter, dated 5<sup>th</sup> April 1938

Dear Sir,

I wish to make an application for an increase in wages and regarding from the position of Hospital Porter. Since I was appointed to assist with dispensary work, some a few years ago, the hospital has been extended and new wards added which of course has increased my work. In consequence of this Sir, I beg to submit this application for your perusal.

I remain Sir  
your obedient servant,  
J. W. Bentick, Hospital Porter.

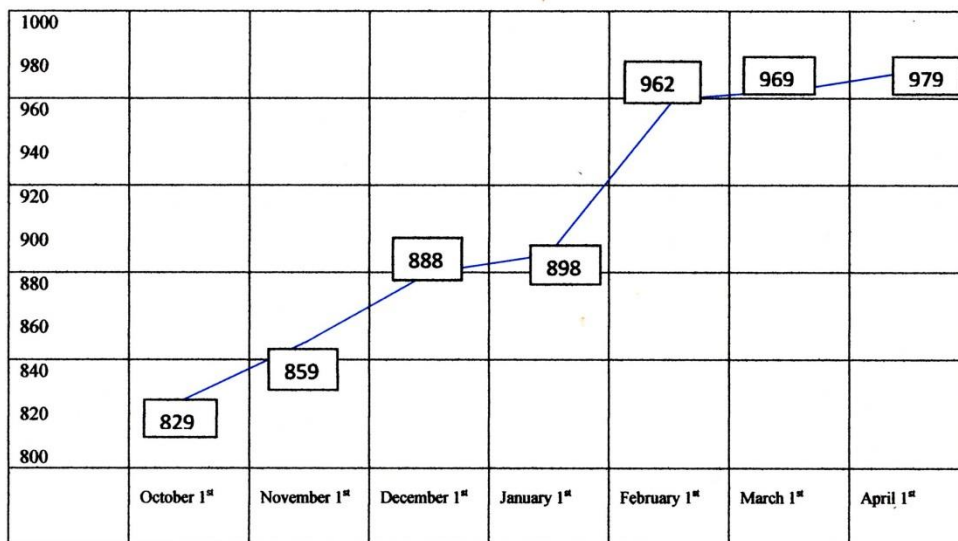
**Report to the Visiting Health Committee  
8<sup>th</sup> April 1938**

**Accommodation on Wards:** There is still considerable overcrowding in the hospital wards, despite the fact that a number of patients have sufficiently recovered to be taking care of in their own homes, and those who could not be sent home had been transferred to the infirm wards. With the committee reconsidered the proposals outlined in the report of June 11<sup>th</sup> 1937, in connection with this matter?

To show how the numbers have increased within the last six months I submit a small graph, giving the number of beds occupied on the first of each month from October to the present day.

Crawford Crowe, Medical Superintendent

**BEDS OCCUPIED**



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**Report to the Visiting Committee  
22<sup>nd</sup> April 1938**

**Accommodation on Wards:** Further to my monthly report 8/4/38 on this matter, I produce figures showing the average number of beds occupied for the period October 1<sup>st</sup> to March 31<sup>st</sup> space from 1931 to the present date, and it will be noted that there has been a steady increase in the number of beds occupied.

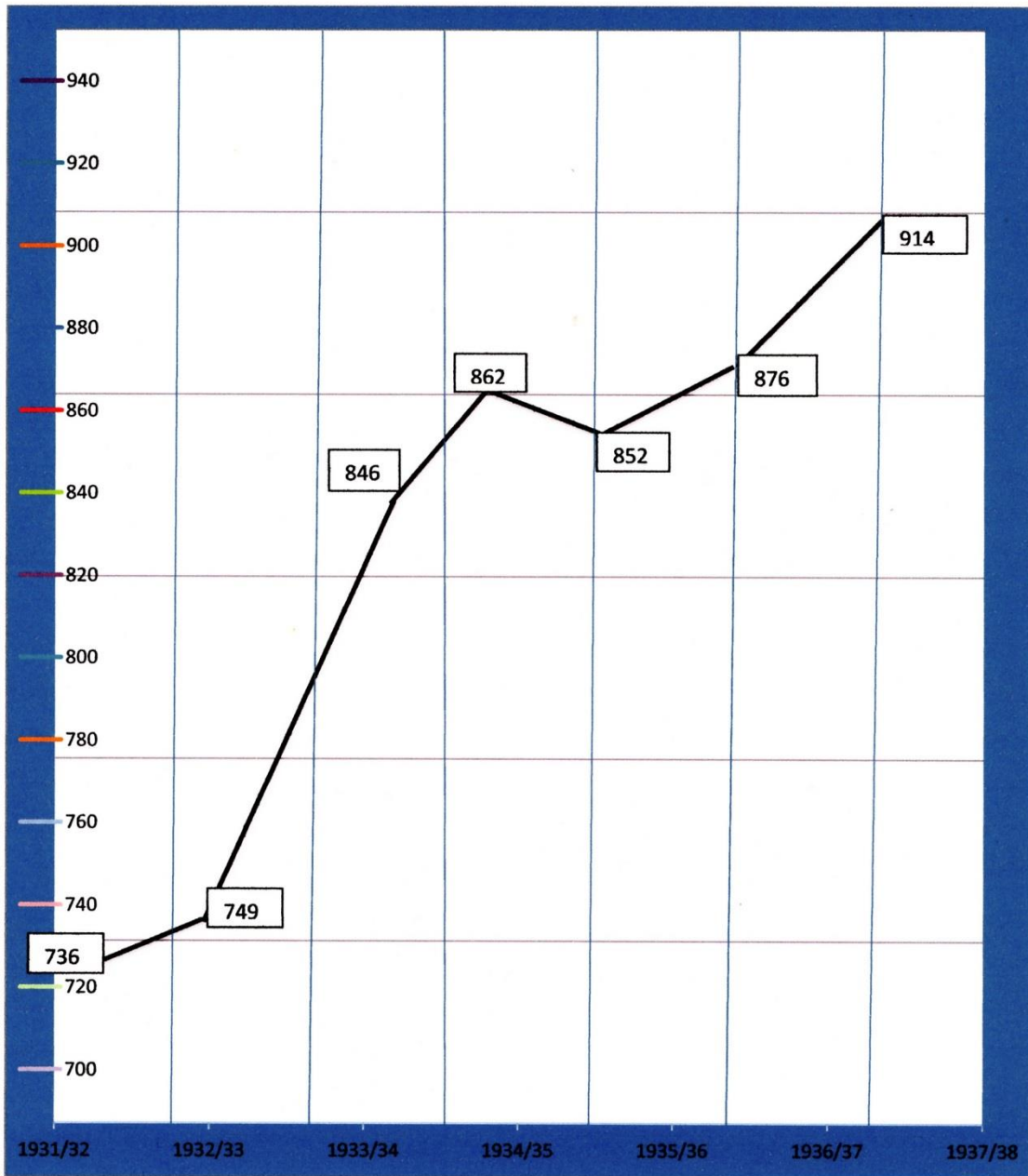
Also, from the figures showing the duration of stay of patients for each year from 1931 to the present date, it will be seen that there has been a steady increase in the numbers of those resident here under four weeks; this shows a tendency for the demand on the beds for more acute cases. If, at the present time, it is necessary to accommodate and nurse the chronic sick, it will be obvious that an extension of the hospital will have to be effected.

I would ask you, therefore, ladies and gentlemen to consider in view of the figures before you – how this accommodation for the increased numbers of patients, together with different character of case, is to be coped with.

Crawford Crowe, Medical Superintendent



**Average number of beds occupied for the period October 1<sup>st</sup> to March 31<sup>st</sup> (6 months)**



**Duration of stay of patients (3 months only)**

|                  | 55 ½ %         | 58 ½ %         | 59%            | 58%            | 58 ¼ %         | 57%            | 60 ¼ %         | 60 ¾ %       |
|------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|--------------|
| Under 4 weeks    | 2,374<br>1,212 | 2,497<br>1,183 | 2,787<br>1,374 | 2,963<br>1,520 | 3,026<br>1,428 | 2,947<br>1,554 | 3,386<br>1,559 | 1,000<br>458 |
| Under 13         |                |                |                |                |                |                |                |              |
| 13 weeks or more | 691            | 590            | 572            | 638            | 709            | 672            | 659            | 185          |
|                  | 1931           | 1932           | 1933           | 1934           | 1935           | 1936           | 1937           | 1938         |

**Letter from the Town Clerk dated 26<sup>th</sup> April 1938**

**Balconies to Children's Wards – Ward Accommodation**

The Medical Officer of Health submitted a detailed report as to the progress of the various works, extensions etc., at the City Hospital and also the financial position with regards thereto. The attention of the Committee was particularly drawn to the following.

**Balconies to Children's Wards**

The Chairman reminded the Sub-Committee as to the necessity for the direction of extension to the about crannies of the children's wards and during the source of the discussion which followed the medical Supt explained that the primary reasons for such extensions were as follows:

1. The existing wards were overcrowded and it was essential to provide additional accommodation.
2. The condition of the children who were patients in these wards necessitated fresh-air treatment that was not wholly possible at present owing to the limitation referred to in (1) above.
3. The proposed extensions to the bow committees would remedy the existing overcrowding and also enable the patients to receive the necessary treatment as mentioned above, and incidentally would provide accommodation for 16 additional beds in emergency. The City Engineer submitted sketch plans and explain the matter in which such extensions could be made at an estimated cost of £2,750. It was also stated that £1,800 had been in the estimate of capital expenditure for the year 1939.

**Resolved:** that each of the four balconies to the Children's Wards be extended in the manner explained by the City Engineer at an estimated cost of £2,750 and that the City Engineer and Town Clerk be instructed to take all necessary steps to enable this decision to be put into effect as soon as possible.

**Balconies to four Wards in Main Buildings and Proposed extra story in certain Wards**

The Medical Superintendent reported that with reference to the necessity for providing additional Ward accommodation and submitted figures and graphs to indicate the steady increase in the number of beds occupied. From the figures showing the duration of stay of patients for each year from 1931 to date it was pointed out that there had been a regular increase in those resident at the Hospital less than four weeks. This indicated a tendency for a demand on the beds for more acute cases. If at the same time it is necessary to accommodate and nurse the chronic sick, the Medical Superintendent stated that an extension of the Hospital would have to be effected.

The City Engineer submitted proposals for the erection of balconies to Edward, Lister, Nightingale and Victoria Wards, which would provide an additional 44 beds at an estimated cost of £7,500.

He also reported with reference to the proposal to add an extra story to the following wards, namely:-

Edwards 1 and 2  
Lister 1 and 2  
Simpson 1 and 2  
Victoria 1 and 2  
Charity 1 and 2  
Nightingale 1 and 2  
Patience 1 and 2

Which would provide an additional 240 beds at an estimated cost of £71,200 exclusive of furnishings etc., estimated that £8,000. The cost of extending the balcony scheme to the suggested new storeys would be £10,000 and this will increase the number of beds from 44 to 68.

The attention of the Committee was drawn to the fact that the above figure related only to the estimated cost of the building and furnishings etc., and in the events of the scheme being proceeded with it would be necessary to forecast its effect on the number of nursing staff and the accommodation thereof and for a full and detailed report to be submitted with reference to the financial and administrative arrangements involved.

It was suggested that consideration of the matter should be adjourned for six months but against this the view was expressed that as the scheme could not be put into operation for a lengthy period owing to its magnitude it would be desirable to commence with the preliminary steps and thus effect a saving of time.

**Resolved:** That the City Engineer be instructed to prepare all necessary plans incorporating the proposed balconies and extra money to the above mentioned with a view to tenders being obtained in respect thereof.

**Resolved Further:** that upon receipts of such tenders the matter is reconsidered together with a full report from the City Treasurer and also from the Medical Officer of Health detailing with all financial and administrative arrangements involved.

Town Clerk

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**Report to the Visiting Health Committee  
13<sup>th</sup> May 1938**

**New Lodge:** When the new lodge is completed and open I would be grateful for the Committees approval to institute a series of books in order to check staff and patients coming in and out, has formally done at the old lodge.

Crawford Crowe, Medical Superintendent

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**Letter from the Town Clerk dated 26<sup>th</sup> May 1938**

**Visiting Day-City Hospital**

You will recollect that at the last meeting of the Hospital Sub-Committee the Visiting Day was altered from Saturday to Sunday afternoon but this arrangement was not to come into operation until the erection of the new Hospital Gates. It would no doubt be necessary to advise this change as the proper time and perhaps you will let me know when it is desired to put the arrangement into effect and I will give notice thereof.

Yours Faithfully, Town Clerk

**THE CITY ISOLATION HOSPITAL**  
*(Heathfield Hospital)*  
**June 10<sup>th</sup> 1938**

**From May the 7<sup>th</sup> to June 4<sup>th</sup> 126 patients were admitted**

82 were admitted as suffering from Scarlet Fever.  
22 were admitted as suffering from Diphtheria.  
14 were admitted as suffering from Phthisis  
8 were admitted as suffering from other diseases.

**125 were discharged**

81 Scarlet Fever cases.  
19 Diphtheria cases.  
18 Phthisis cases.  
7 Other diseases.

**Report to the Visiting Committee**  
**8<sup>th</sup> July 1938**

**Alexandra Ward:** there was a small outbreak of fire in the living room in Alexandra Ward on 23/6/38, caused by an electric giant that had been left sitting on the ironing bench without the current having been switched off. The outbreak was discovered at 4:40pm by a new nurse on duty and was promptly dealt with. The ironing bench was burned, together with one or two blankets, and the window frame was charred. The estimated cost of the damage is between £4 and £5.

No authority for having the iron had been given from my office, but since this occurrence, definite instructions have been given to all Ward Sisters that no electric irons must be used on the wards.

**Consultant Services:** The following consultants have been called in during the month:

1. Mr Malkin, the case in Nightingale 2      Fee £2 2s 0d
2. Mr Galloway, the case in Charity 1      Fee £2 2s 0d
3. Mr Lawrence O'Shaughnessy of Harley Street, London is £19 9s 0d which includes consultation expenses and operation. I submit the bill for the Committees perusal.

Will the Committee please give sanction payment for the aforementioned fees in respect of services rendered to enable me to pass the accounts through the Accounts Department?

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**City of Nottingham**

*Letter from the Town Clerk's Office to the Health (City Hospital Visiting) Sub-Committee*  
*8th of September 1938*

**Vale Brook Lodge Main Garage:** Reference was directed to the congested state of the main garage at Vale Brook Lodge largely on account of cars belonging to the Medical Staff at the City Hospital being garaged there.

**Resolved:** That the attention of the Health (City Hospital Visiting) Sub-Committee be drawn to the above report with a view to their making arrangements to relieve the pressure on the main garage accommodation.

Town Clerk

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**Letter to the Town Clerk from the Lord Mayor Mr J Baldwin  
25<sup>th</sup> November 1938**

Dear Mr Town Clerk,

I have received a letter from a friend of mine in the City Hospital – who for present purposes shall be nameless – and I feel that it is right that I should send you the enclosed extract from it in order that you may take any action you think fit.

J Baldwin, Lord Mayor

*"If if there's any statement I make on this page which may act as bullets to hit those people with regards to the customer keep this place anyone is able to use then though I know you are debarred from politics.*

*After lying in a bed of pain for 28 weeks I can assure you that every penny spent is well spent in this place.*

*The doctors at this place are I believe with what I have seen as fine as any in the world and they are never beaten and if I do not walk again it will not be any doctors fault. For during my stay here I have not seen them beaten.*

*I have seen three full changes of staff, barring the sister and each and every change has been as good as the first. In seeing to the confidence of their patients they are neither more or less than administering angels to succour and help.*

*The orderlies and down to the lowest worker do everything they can do for the patients.*

*Everything is spotless clean and every care is taken and no one should realise the great boon this is to the suffering unless they see it for themselves.*

*There is another pleasing factor about this place, there is no favouritism to anyone, or largely to the like so here are my best wishes and long life to the Committee to carry on this noble work.*

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**Letter to J. E. Richards via Alderman Green  
Concerning Mr. J Greenwood  
21<sup>st</sup> February 1939**

W. Green Esq.,

Sir,

A very distressing case has been brought to my notice today, and I do earnestly appeal for your advice and help. On Thursday 16<sup>th</sup> the young man suffering from tuberculosis (J Greenwood, Victoria Road, Sherwood) was turned out of Bagthorpe Sanatorium. Here are the facts – a friend took him Horlicks Malted Milk to help strengthen him what the nurses made for him each morning. On Wednesday 15<sup>th</sup> Mr. King courting drinking it and reported it to Dr. Crowe, for which he discharged Mr. Greenwood the next morning. The sad part of this case is this young man had to sleep in a house that he had to (close during treatment at Bagthorpe) and was quite alone on Saturday night and had a bad hemorrhage.

I have nothing this man for many years and found him honest and upright in life, and feel great injustice has been done to him – as he is a great sufferer. Could he call and state his case in full at your office in Nottingham (he is not able to get to Plumtree).

I feel sure you will do your best to help this cause of suffering humanity.

Signed A.C. Silkstone

PS, Greenwald has been out of work for 18 months so you may guess his position

**Letter from Mr. J.F. Richards, the Town Clerk  
To the Medical Superintendent, Dr. Crawford Crowe  
22<sup>nd</sup> February 1939**

Dear Sir,

Mr. J Greenwood fixed Victoria Road

I enclose a copy of a letter from Mr. A. C. Silkstone which I have received from Aldermen Green regarding the above named who it appears was a patient at the City Hospital.

I should be glad if you will let me have a full report with reference to this case and also your observations upon the contents of Mr. Silkstone's letter.

Yours faithfully

J. E. Richards

Town Clerk

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*(Dr. Crawford Crowe's Reply)*

**Letter J.E. Richards, Town Clerk,  
From the Medical Superintendent, Dr. Crawford Crowe  
23<sup>rd</sup> February 1939**

Dear Sir,

Mr. J. Greenwood of Victoria Road

Your letter of the 22<sup>nd</sup> instant to hand, together with enclosure from Mr. A. C. Silkstone which was passed on to you by Alderman Green.

This patient was admitted here on 16/9/37 and took his discharge on 20/10/37 against medical advice. It would appear that the doctor in charge of the case then did not think he was fit to be discharged, the patient himself thought better and would not remain here for further treatment. He was readmitted here on 20/1/39, and it would appear that he has not been too cooperative during his stay by frequently getting out of bed and wandering around the ward which is should not have done since he was a bed patient and had not been allowed up on exercise. He resented having been checked for this.

On 15/2/39 it was brought to my notice by Mr. King, the nurse in charge of the Male Sanatorium, that this patient had been having a Horlicks and buttered biscuits at 11.15 in the forenoon. The nursing staff had apparently been making this for him unbeknown to Mr. King and entirely against the rules and regulations of the hospital. Mr. King told him that this must cease, but apparently no attention was paid to the order and it was duly reported to me. I told the man that this was against the hospital rooms and the argue that Horlicks was a drink and not to food. He insolently told me that he did not wish to discuss the question anymore and stated "I will take my discharge on Saturday" – which would have been the 18<sup>th</sup>. I, however replied to him to stay in the hospital until the 18<sup>th</sup>, but that he could be discharged the following day, namely, the 18<sup>th</sup>.

The revised dietary here is perfectly adequate for any patient without the necessary for extras brought into this hospital. The results of this man having these extras was that when the midday meal was given to him he was unable to cope with it. I have spent considerable time shoring up what has been approved to my Committee as a satisfactory inadequate dietary, and definitely object to extras being brought in because you will realize that when a man is having extras at odd hours during the day he cannot possibly cope with the meals prescribed, and if he is half the food provided by the hospital, it is simply a sheer waste. He was not suddenly warned by remonstrated with regarding the standard regulations of the hospital, but after that continue to argue and himself asked for his discharge which I gave him at a period earlier than what he himself proposed to take.

I think you would agree with me, therefore, that the patient is not in any way co-operative and from a disciplinary points of view I cannot tolerate this type of thing, otherwise many of the patients will take advantage in the same way, which would so undermine the discipline that treatment would become quite ineffective.

Yours faithfully

Crawford Crowe

Medical Superintendent

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**Report to the Visiting Health Committee  
10<sup>th</sup> March 1939**

**Ministry of Health Inspection:** To members of the Ministry of Health Staff visited the Hospital on the night of March 2<sup>nd</sup>/3<sup>rd</sup> at 2am and made an inspection of the kitchens, recreation room, the stores underneath the recreation room, Simpson, Harvey and the Annexe Wards. They were looking for vermin and rodents. After a thorough inspection no beetles, ants, mice or rats were seen. They also inspected certain beds and were satisfied that the mattresses, linen, blankets, etc., were in good condition. They had no complaint to make concerning the City Hospital.

Crawford Crowe

Medical Superintendent

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**Report to the Visiting Health Committee  
24<sup>th</sup> March 1939**

**Consultants Services:** Mr. O'Shaughnessy visited the hospital on the 15/3/39 and perform the following operations for the City Isolation Hospital:

|                |                            |
|----------------|----------------------------|
| Margaret Lucas | Cauterisation of adhesions |
| Violet Hunter  | Phrenicthlasty             |
| John Craig     | Phrenicthlasty             |
| Agnes Hunter   | Phrenicthlasty             |

Are you the same time consulted on three cases at the City Hospital

Crawford Crowe

Medical Superintendent

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**Matrons Report  
24<sup>th</sup> March 1939**

**New Nurses Home<sup>2</sup>:** I have engaged on a temporary basis eight extra women to clean the home as it is released from the builders and to be got ready for occupation. I should be glad of the Committees section on this step.

Matron

Alice Rose

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**City of Nottingham Town Clerk's Office  
24<sup>th</sup> March 1939**

**Parliamentary Questions:** The Town Clerk read the following letter from the Ministry of Health

(See attached sheet)

The Town Clerk stated that he had asked the Ministry to supply them a copy of the Inspectors report, to enable the Corporation effectively to deal with the matter. No reply yet been received to this request.

**Resolved** that when the replies received from the Minister of Health, the Chairman and Vice-Chairman of this Sub-Committee, the Public Assistance Committee and the Health Committee be requested to consider the same with a view to a report being made thereon to the respective Committees.

**(ATTACHED SHEET)**

I am directed by the Minister of Health to state that he has under his consideration the report made by the General Inspector, accompanied by a Nurse Inspector, recently visited the Isolation Hospital, the City Hospital and the City Isolation Hospital in Nottingham to investigate that these institutions are infested with vermin.

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<sup>2</sup> The New Nurses Home referred to is Nurses Home 2 which was opened in 1938.



The complaints related to the presence of cockroaches, beetles and the like in the three institutions, and other allegations have been made as to the presence of lice, bugs or body vermin of any kind.

The inspectors visited the institution's at night and inspected a number of the wards, daily rooms, bathrooms, kitchens, food stores, etc. They accompanied by the Medical Officer of Health and the officials of the institutions concerned, but the inspectors decided which of the rooms etc. they should visit. As far as possible, wards and rooms were selected which were in darkness or only dimly lit. The inspectors carried flash lamps.

In the Isolation Hospital a few beetles and cockroaches were seen and a few crickets heard. In the City Institution and number of cockroaches and steam beetles were found in the bakehouse on the adjoining stoke hole, and four or five steam beetles were seen in the kitchen and about the same number in the scullery. There was no sign of insects in the bread room, dry goods store and basement stores. As regards the in these two institutions a few cockroaches were observed on the floors, especially in the Isolation Hospital. In the City Hospital, notwithstanding a most careful search, no insects were found anywhere.

The Minister appreciates that the City Council have taken measures to deal with vermin in these institutions, and the investigations did not disclose a serious infestation. He feels confident, however, that the Council will desire that every possible step should be taken to reduce still further the number of vermin in the institution, and they will, no doubt, consider what further measures should be adopted to this end. The Minister was therefore, be glad to be finished with the observations of the City Council on the matter generally and in particular to be informed of the further steps proposed to be taken.

Signed

Dudley Ward

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*(Admission to Hospital before the Inception of the National Health Service)*

CITY HOSPITAL

Admission of patients from beyond the City boundary

The meeting of the health (City Hospital Visiting) Sub-Committee on 26 May 1939, the following minute was passed:

The Medical Superintendent asked the committee to decide the rates of charge to be made to patients ordinarily resident outside the city.

**Resolved** that consideration be adjourned until the next meeting and that the Medical Superintendent and City Treasurer report further thereon.

The City Treasurer therefore begs to report as follows:

The committee will recollect on their last meeting the Medical Superintendent reported that he had admitted the certain cases beyond the city limits into the City Hospital, and asked for the instructions of the committee as to the future policy to be adopted in special cases where the prospective patient did not reside in the city.

The Medical Superintendent also indicated to the committee that at the request of the Medical Officer of Health of Sutton-in-Ashfield he had agreed to admit patients from the Sutton-in-Ashfield area suffering from puerperal septicemia which might require special hospital treatment, on the understanding that the full cost would be paid, and further that he proposed to make similar arrangements with patients were admitted from the contiguous areas of Arnold and Daybrook.

Generally, cases, which had been admitted from these two latter areas, where maternity patients presenting medical complications. Apart from cases of the above type, there had been an admission from Sleaford the request of Mr. Malkin one of the City Hospital consultants.

Assuming that the committee are desirous of confirming the policy of admitting patients from beyond the city, it would probably be desirable to consider whether any limitation should be placed upon the number and class of patients to be admitted, with the object of avoiding overcrowding of the accommodation to such an extent that additional capital expenditure might become necessary. The Town Clerk will no doubt confirm that the committee would be acting within its statutory powers in admitting patients from beyond the city limits.

It would appear to be desirable to limit the admission of patients to those from the areas adjoining local authorities who are by agreement willing to undertake the cost of maintenance of such patients. Agreements with other local authorities for this purpose would provide for such terms as might be agreed between the parties, but case suggested that your committee should press for something more than the average cost per patients of maintenance in the hospital. Such an additional charge could be justified on the grounds that by such an agreement the other local authorities concerned avoid the liability of providing hospital accommodation themselves, and the further point is that a considerable portion of our institution is now debt free and thus no charge appears in our accounts in respect of the use thereof. For the purpose of charging other local authorities we should, however, be entitled to include rent in lieu of loan charges where buildings are debt free. It is suggested, therefore, that in the event of such an agreement affixed maintenance cost of say three or four guineas per week, as the committee think fit and as may be agreed with other local authorities, might be charged.

If patients are admitted from areas with whom there are no agreements, such as for example in the case of Mrs. Withyman of Sleaford referred to earlier in this report, admission should only take place after the receipt of an undertaking from the responsible person to meet the cost of maintenance, the cost of maintenance to be agreed between that person and the Medical Superintendent, having regard to the circumstances of the person admitted on the probable attention required, but in no case less than the actual average cost of maintenance.

The recovery of expenses of maintenance in an institution such as the City Hospital is governed by section 184 of the Public Health Act 1936, and the Town Clerk will advise whether having regard to the provisions of that section, it would be legal for the committee to charge anything more than the actual average cost of maintenance per patient.

It may be noted that the cases referred to above are all maternity cases, and with one exception have all been paid for by the local authority of the area in which the patient resided. If other classes of patients are admitted, however, it may be that these authorities would not be empowered to enter into any agreement regarding hospital accommodation and that an agreement for the maintenance of other types of case would have to be made with the County Council. The Town Clerk will, however, no doubt advise on this point.

If the policy of admitting patients from beyond the city is continued, the committee might consider it desirable to require reports to be made to them from time to time, giving particulars of such admissions.

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**Report to the Visiting Health Committee  
21 July 1939**

**Post of Assistant Obstetrical Officer:** Would the Committee please consider the appointment of a further doctor to the City Hospital, salary at the rate of £250 per annum together with board, etc? The necessity for an assistant obstetrical officer arises out of the fact that this department is being

overworked at the present time and has enlarged beyond all expectations. In addition to the usual obstetrical work, Dr. Cochraine has charge of the anti-natal cases, miscarriage cases and a certain number of gynecological cases. It is quite impossible for him to cope with the whole of this work satisfactorily and I therefore ask that an assistant be appointed.

Crawford Crowe

Medical Superintendent

*(Admission to Hospital before the Inception of the National Health Service)*

CITY HOSPITAL

NOTTINGHAM AND NOTT'S HOSPITAL SATURDAY FUND

REPORT TO HEALTH (HOSPITAL VISITING) SUB-COMMITTEE, 21<sup>st</sup> JULY, 1939

As the committee on no doubt aware, there is in existence a Nottingham and Nott's Hospital Saturday Contributory Fund which provides that, in return for a certain weekly contribution, members of the fund are entitled to hospital treatment. The fund relates to certain voluntary hospitals in Nottingham, that this scheme under which each is operated provides that all so that arrangements were being made whereby contributors or their dependents who are admitted to any other hospital when maintenance charges are made, will be paid for.

From time to time admissions are made into the City Hospital of patients who are contributors to the Hospital Saturday Contributory Fund. Immediately after patients are admitted into the City Hospital, the City Treasurers Department is required to make an assessment against the income of the patient and his liable relatives. In many cases, where the wage earner himself is the patient, he is not entitled to wages during the absence from work, consequently, if he is married no assessment can be made. If, however, his wife, or any other dependent, becomes a patient, he's required to contribute towards the cost of treatment in proportion to his means. Contributions to the Hospital Fund are therefore; in some cases unable to secure free hospital treatment which they expected when they became contributors to the Hospital Saturday Fund.

It is felt that in cases of this type some income should be available to the Corporation from the contributory fund which the same time would provide the contributor with the free treatment which he expected when he became a member of the fund. It is also apparent that a definite payment to the Corporation from the contributory fund in respect of each contributor would be more beneficial to the Corporation than an assessment based on income in individual cases.

On the authority of the Chairman of the Hospital Committee, the organizers of the hospital contributory fund have been approached with a view to arriving at some mutual agreement on the points at issue. After discussion between Mr. Thornton Simpson and Mr. Squires, as representing the Hospital Contributory Fund, and Mr. Alderman Shaw, and the City Treasurer, as representing the Corporation, it has been decided to submit the following proposals to your committee.

1. A weekly payment of 16/- in the case of all adult contributors to the fund and their adult dependents; and
2. A weekly payment of 8/6 in the case of dependent children.
3. The payment will be made for a period of 13 weeks after which, if treatment should be continued, the contributory refund would be prepared to consider payment for a further short period of say five or six weeks.

4. The arrangement, if agreed and brought into practice, will be reviewed at the end of twelve months.

During the negotiations the disposal of any surplus in the contributory fund from time to time was raised, it being felt that the Corporation should be interested therein as they would not, of course, under the proposals submitted above, receive the full cost of maintenance. It was not possible however, to come to any agreement on this point, but it is one which will be pursued further. It is not felt, however, that failure to reach agreement on this point need hold up the tentative proposals.

The payments made by the contributory fund to the Voluntary Hospitals for maintenance of members of the fund are in excess of the amounts proposed to be paid to the Corporation, but it should be borne in mind that the fund exists primarily for the benefits of the Voluntary Hospitals. Inquiries have been made to the practice in many other areas, and from the information obtained it would seem that the proposal now submitted to the committee compares favorably with the amounts received by other local authorities in similar cases. It also appears to be the general practice that, where local authority accepts payment from a Saturday Contradictory Fund, no assessment is made against the patient or his liable relatives.

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**letter from Bernard Wright & Cursham, Solicitors  
To Mr. Richards the Town Clerk, 25<sup>th</sup> July 1939**

Dear Mr. Richards,

I have been asked about a case of a West Bridgford man who is present in the General Hospital with a serious illness, and whose wife cannot possibly, owing to their age, nurse him at home or provide nursing assistance.

The General Hospital have given notice that they can no longer retain the case, and the wife is anxious, if possible, to get her husband into the City Hospital, paying something for the privilege.

As I did not know of any such arrangements existing for persons living outside the City, that this is a case where, for many years, the man was a City ratepayer of his own business premises.

If there are any possibilities in this direction, I should be glad if you would let me know, and also, from your wide knowledge, what the General Hospital can do if they decide that the patient has been there long enough, and wish to have the patient removed.

Do they have to send the patient either to the City or the County Hospital, according to the patient's place of residence?

I should be very glad if you could let me know the general position in the morning.

Yours sincerely

Bernard Wright

*(Admission into Hospital before the days of the National Health Service)*

**Letter from the Town Clerk to Alderman Sir Bernard Wright  
29<sup>th</sup> July 1939**

Dear Sir Bernard,

City Hospital

I'm extremely sorry to have to get in touch with you before with reference to your letter of the 25<sup>th</sup> instant.

The position with regard to the case you mention is that the patient to whom you refer would not be entitled to admission to the City Hospital on account of the fact that he is resident outside the City boundary.

Dr. Banks informs me that if the General Hospital cannot accommodate the patient on their premises, applications should be made to the County Authorities who would probably send her to the Basford Infirmary.

The subject of admission of patients outside the City. To the City Hospital is one, which at present under the consideration by the Hospital Sub-Committee. I believe that the above-mentioned rule is only relaxed in relation to peer puerperal cases and these are only admitted by special arrangement with the local authorities concerned, who have to undertake payment for full hospital charges during the residence of the patient therein.

Dr. Crowe reminds me that he has no authority to admit any other type of case who happens to reside beyond the City confines.

Yours faithfully

Town Clerk

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**Report to the Visiting Health Committee  
22<sup>nd</sup> September 1939**

**Gas Proof Room in the Nurses Home:** It has been suggested that says there is no gas proof room in the New Nurses Home that suitable rooms should be set aside for this. The rooms in question would be the nurses lecture and demonstration rooms. I have made inquiries as to what the cost of such work would be and the City Engineers Department informs me that it would cost £30 this would not be full proof because any shrapnel making a hole inside the room would render the room useless. I would be grateful if the committee would consider whether this scheme of having a gas proof room should be proceeded with.

**Blood Transfusion Service:** There is not a satisfactory blood transfusion service in the City of Nottingham at present, but this game is not to be put in operation whereby a satisfactory one could be immediately initiated. A certain small expenditure will be necessary to complete this. I paid second tree I'm possibly a typist will be necessary for the clerical work involved in this set and some not yet determined for postage, stationery, advertisement, etc. I have already asked the chairman to put through the A. R. P. Emergency Committee a certain sum for the purchase of a frigidaire to use for storing blood. Subject to the approval of the Ministry of Health, this has not been passed. Full details of the blood transfusion scheme have not yet been worked out, but if any member of the committee

wishes to have a broad outline of the scheme explained, I will do so at the meeting of Friday, 22<sup>nd</sup> September.

**Convalescent Home:** Sir Julian Cahn has kindly offered a wing of his house for a certain type of convalescent patient. It is estimated that 24 patients could be accommodated – 12 of each sex. He will furnish the rooms feed the patients entirely free of charge for the Corporation. He will provide the services of a fully qualified nurse and masseuse. The City Hospital will provide two night nurses and four day nurses. Sir Julian has kindly consented to transport the day nurses to and from Stanford Hall<sup>3</sup>. The night nurses will be billeted nearby. Mr. Crooks will decide the type of case to be sent from here on will be responsible for their surgical aftercare.

Crawford Crowe

Medical Superintendent

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**Matrons Report  
22<sup>nd</sup> September 1939**

**Matters Arising from National Emergency:** the following male nurses were called out for Military Service have a declaration of war:-

Horace Andrew Moss  
George Appleton  
Leonard Barnes  
Clifford Mulcuck  
John Williams  
Richard T Howells  
Robert Farrell

In addition, Anthony D. Ceresa – who would seem to be of Italian extraction of British birth – was removed by his parents and taken to Italy.

The following Irish nurses who were in Ireland when war broke out have not returned because of the danger of travel: –

Mary McCarrick  
Kate Ford  
Mary Lowry  
Katie Wilson  
Ida Pyburn

All have been temporarily suspended.

**Engagement of Emergency Staff:** Following instructions, the following personnel reported for full-time duty at the hospital.

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<sup>3</sup> Stanford Hall was built between 1771 and 1774 by William Anderson of Loughborough for Charles Vere Dashwood. In 1876 it was purchased by Richard Ratcliffe, a brewer from Burton on Trent, and it passed to his son, also Richard on his death in 1898. In 1928 the owner was Kathleen Kimball. In 1928 Sir Julien Cahn purchased the Hall for £70,000 (£3,126,432 as of 2011)

### **Trained Nurses**

Miss Davy – **Sister**

Mrs. Williams

Mrs. Mulcuck

Mrs. Dutton

Mrs. Widdowson

Miss Staton – **Staff Nurses**

Mrs. Foster – Resident Assistant Nurse, acting as Staff Nurse

**Nursing Auxiliaries:** of these workers 112 report for full-time duty the first week i.e. September 3<sup>rd</sup> to 10<sup>th</sup><sup>4</sup> The second week only 80 reported for full-time duty. This number has now been reduced to 73.

Matron

Alice Rose

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### **Matrons Report 27<sup>th</sup> October 1939**

*An example of nursing staff becoming ill with the same symptoms as the patients they are nursing*

**Nurses Hunter and Linney:** Nurses Violet Hunter and Lenorah Linney who are being off-duty since 11/8/38 and 30.9.38. Respectively are still undergoing treatment at the City Isolation Hospital. Their 12 month period of payment during sickness having passed I would appreciate the consideration of the cases by the committee with a view to future procedure.

Matron Alice Rose

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### **Report to the Visiting Health Committee 12<sup>th</sup> April 1940**

**Ration money:** Certain members of the outdoor staff prefer to have their ration money and to bring their own food. These are all the ward orderlies, together with four masseuses and one male charge nurse. The remainder prefer to have their food and not their ration money.

With the committee authorize the payment of those who wish to have their ration money.

**Fracture Cases:** The number of fracture cases treated and discharged at the City Hospital for the year ending 1939 is 70. The corresponding figure for the General Hospital is 920.

**Mr. Crooks:** I submit figures showing the increase in the work done by Mr. Crooks during the last two years. It will be seen from these figures that Mr. Crooks has had too much to cope with to do the work entirely to his satisfaction. I should be glad therefore, if the committee would consider the appointment of an assistant specially qualified to do this type of work.

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<sup>4</sup> At the outbreak of the Second World War all Auxiliary Nurses were required to report for full-time duty.

**Operations Performed by Mr. Crooks's Unit:**

|      |     |
|------|-----|
| 1939 | 407 |
| 1938 | 324 |
| 1937 | 200 |
| 1936 | 95  |

Crawford Crowe

Medical Superintendent

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**Matrons Report  
10<sup>th</sup> May 1940**

**Probationer Nurses:** The Matron reported that she had difficulty in keeping probationer nurses as they were not required to enter into any form of agreement, and consequently they were under no obligation to stay at the hospital.

**Resolved:** That the Town Clerk be requested to deal with the matter..

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**Report to the Visiting Health Committee  
14 June 1940**

**Thoracic Surgery:** I produce a letter I received concerning the late Mr. Lawrence O'Shaughnessy, thoracic surgeon at this hospital. In view of this sad circumstance and the great loss to the City Hospital, I would ask the committee to consider the appointment of another Thoracic Surgeon in place of Mr. O'Shaughnessy. Since Mr. O'Shaughnessy had gone to the war, Mr. George Mason of Newcastle has been doing his work for the City of Nottingham. He is a very eminent surgeon and devotes his whole life to thoracic surgery and I think, if the committee agreed, he would be quite prepared to undertake thoracic surgery for us at the same remuneration as was paid to the late Mr. O'Shaughnessy.

In a letter to the Health Visiting Sub-Committee, dated 25<sup>th</sup> March 1940, for his services, Mr. Mason was paid to visitation fee of £5/5/0.

**Admission of Patients to Hospital:** I produced a letter from Dr. Stuart of 146, Gregory Boulevard together with a house surgeon's letter from the Women's Hospital, Peel Street, concerning Mrs. Twigg. It will be perfectly obvious from these letters that the use of the City Hospital is being imposed upon by other hospitals. As this is such a concrete example I would like the Committee to appreciate that we have to contend with other hospitals.



(Example of correspondence)

**Letter to the Town Clerk dated 14<sup>th</sup> June 1940**

**Medical Superintendent's Report, Admission of Patients to Hospital**

*The Medical Superintendent submitted correspondence relating to the case of a Mrs. Twigg, who had had an operation in the Women's Hospital and after discharge had been admitted to the City Hospital for further treatment. The Medical Superintendent stated that there were many cases of this nature, which, in his opinion, should have received longest treatment in the hospital to which they went for the operation.*

**Resolved:** that the Medical Superintendent submitted figures of similar cases at the next meeting.

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**Report to the Visiting Health Committee  
12<sup>th</sup> July 1940**

**Stanford Hall:** The Committee will recollect that Sir Julien Cahn very kindly offered a wing of his house consisting of 22 beds for the use of the Nottingham Corporation for certain types of casualties. Recently the Ministry of Health have visited Sir Julien and asked him if he would provide further beds to be used in a similar capacity to those he gave in September 1939. Sir Julien has promised to allow the number of beds in his house to be made up to 70.

I have been in communication with the Ministry and understand from them that Sir Julien's house will be used as an annexe to the City Hospital and that the administration will come from the City Hospital and we will be responsible for staffing, medical supplies etc., all of which I am led to believe will be paid for by the Ministry. I have no confirmation of this in writing from the Ministry, but hope to receive it at an early date. No steps have been taken to send any patients down until I have received a written guarantee from Whitehall as to what they are prepared to do in this matter.

**Thoracic surgery:** I have written to George Mason of Newcastle and convey to him the invitation to accept the post as Thoracic Surgeon for the City of Nottingham on the same terms afforded to the late Mr. Lawrence O'Shaughnessy. He has since visited the hospital and agrees to accept the terms offered.

**Civil Nursing Reserve (*Rationing*):** Owing to the further restrictions with regards to tea, margarine, lard etc., it is becoming increasingly difficult to cater for non-resident staff employed at this hospital. I therefore ask the committee to consider the desirability of paying non-resident staff their full wages and asking them to provide their own food.

**Arrangements for midwifery cases booked for the City Hospital in the event of an Air Raid**

The attached notice with regards to the attached is being given to all booked cases for the City Hospital to make it perfectly clear what procedure will be adopted in the event of an air raid.

(Attached notice)

*In the event of an air raid it will not be possible for the hospital ambulance to be sent for booked cases in labour. In the event of labour commencing during an air raid after the sirens sounded you are expected to phone the City Hospital (number 6292) what arrangements will be made for a midwife to give you attention in your own home. Should it be possible to phone then you are requested to send to the nearest midwife or her deputy and explain that you are a booked case for the City Hospital and require attention at home. The midwife will attend to you in your own home until the 'All Clear' has sounded when the ambulance will be sent to take you into hospital.*

*You are required on no account to proceed to a First Aid Post nor to be persuaded to go there, as the hospital authorities undertake to provide care for you at home.*

*The above conditions only apply during the period of an air raid warning and available throughout the day and night.*

Crawford Crowe, Medical Superintendent

**Report to the Visiting Health Committee  
9<sup>th</sup> August 1940**

**Stanford Hall:** I have reported in writing to the Town Clerk on my recent visits to Stanford Hall in connection with the proposed extension to provide for a further 47 beds, making a total of 69 in all. The City Engineer's Department, together with the Minister's Architect, have visited and seen the proposed plan and of taking a full report to the Town Clerk.

It will be possible at an early date to occupy the 22 beds originally offered by Sir Julien Cahn. Sir Julien has since offered to house the requisite staff for these 22 beds on two such times as the ministry give permission for the extensions to be proceeded with, after that the nursing staff will be housed outside Stanford Hall in suitable quarters which are to be furnished at Sir Julien's own expense.

Catering arrangements have been made with local Loughborough firms since it will be easier to supply Stanford Hall locally than it would be to send provisions etc., from here, especially in the winter time when it will be impossible to affect any transport on certain days.

Crawford Crowe

Medical Superintendent

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**Report to the Visiting Health Committee  
12<sup>th</sup> September 1940**

**Air Raid Casualties:** On the night of 30/31<sup>st</sup> August during an air raid over Nottingham they were 10 casualties, all of whom admitted to the City Hospital at about 2 am. One small child died seven hours after admission; the remainder of the cases have progressed satisfactorily or the woman is still ill. The casualty service did their work expeditiously and the consulting staff on duty tend out immediately to cope with the work to be done. Everything went off without a hitch from the point of view of the smooth running of admission and dealing with such cases.

**Stanford Hall:** It is expected that Stanford Hall will be opened up to accodate for the reception of soldiers – 22 beds will be occupied to begin with and gradually the whole scheme will be enlarged to enable 69 beds to be available.

**Tea Ration for Stretcher Bearers – on duty on nights of air raids:** Will the committee please sanction a further allowance of tea to enable stretcher bearers to have a cup of tea one period during the night when they are on "siren duty."

Crawford Crowe

Medical Superintendent

**Matrons Report  
13<sup>th</sup> September 1940**

**Maternity Ward Mending:** We have been finding great difficulty in dealing with the sorting and mending of linen in this ward. We have now arranged an upstairs vacant room in the department where the mending can be undertaken. Would the committee sanctioned the purchase or hire of the sewing machine to facilitate these matters? The work is being exceedingly done by a group of volunteer workers from the Red Cross.

Alice Rose

Matron

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**Letter from Mr. R. McGlen to Mr. Malcolm McDonald, M.P. Minister of Health  
Dated, September 1940**

Dear Sir,

In spite of all the efforts of three doctors, (The T.B., Clinic Doctor; Ministry of Health Insurance Doctor and my works Doctor, at the Royal Ordnance Factory, Nottingham) to obtain me 2 pints of milk per day, to aid me against my complaint of tuberculosis, the Public Assistance Board of Nottingham still flatly refuse to allow me this very essential medical treatment, on the grounds that we must all "Save for Victory." Therefore they cannot allow any extra expense to be incurred while there is a war on.

How am I ever going to work again, building anti-aircraft guns when, as well as being sick, I am undernourished, my wife also is on a special treatment for nourishment, and we are not alone. Can I personally vouch for it, that nobody on Public Assistant Relief in Nottingham is getting a square deal. Out of an allowance of 36/-from the Public Assistance Board and 9/-National Health Insurance Benefit, I must eke out an existence in support of myself, my wife and child. What price health and nourishment? When we are not allowed any eggs, butter, milk, or any other medical treatment, with the acceptance of fresh air, which is all right, but does not nourish others or clothes us. Why you ask, do I not have hospital treatment? Here Sir is your answer, because I entered the City Sanatorium here and found to my bitter disgust that the selfsame "Save for Victory" graft was in practice. My wife had her allowance cut by 9/-per week, leaving only 36/-total income for her to exist on, and bring me food into the hospital, because the food there was totally inadequate to nourish and man with T.B.

Never in my 10 weeks stay in this P.B. Boards City Hospital I was never offered a half pint glass of milk, nor were any of the 50 T.B. patients, except one young chappie who was dying. (Knowing it was useless, I did not attempt to ask for one).

It is up to you, Mr. Macdonald, as Minister of Health, to attend to these urgent matters of sickness, which this Public Assistance Board has left in such a disgraceful state to "run this war for us" by cutting the needs of the sick and infirm to the uttermost limit.

Knowing the good work you are doing, in this critical period, I would not worry you further, unless the matter was important enough to demand instant action by the state.

Trusting I'm not putting you to too much inconvenience and hoping my humble efforts to bring the necessities of life and quicker results of good health to the sick and fed up of this country, are in vain.

Yours sincerely, Mr. R. McGlen

**Report to the Visiting Health Committee  
11<sup>th</sup> October 1940**

**Stanford Hall:** I visited Stanford Hall on Tuesday of this week and met the architect in charge of the alterations. Good progress seems to have been made and I appreciate that occupation of part of Stanford Hall will be possible in about a fortnight's time when 22 convalescent soldiers will be transferred there.

**ENSA Concert Party:** A number of artists who were appearing at the Empire Theatre during the week commencing 30/9/40 kind he visited the hospital on 2/10/40 and gave the troops a concert lasting one and half hours. Of the artists Mr. Arthur Price the famous ventriloquist. The concert was very much appreciated and the artists were entertained in the Nurse's Home for tea after the concert. I have thanked Mr. Elton for arranging to send the party.

Crawford Crowe

Medical Superintendent

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*Transcript of a letter sent to the Medical Superintendent from the Commander of the Bulwell Rescue Parties concerning the policies surrounding the rescue casualties following an air raid on the hospital.*

50, Main Street,  
Bulwell,  
Nottingham.  
7th November 1940.

Medical Superintendent,  
City Hospital,  
Hucknall Road,  
Nottingham.

Dear Sir,

As you are no doubt aware, I and my Offices and Squad Foreman have recently visited the Hospital in order to become conversant with the general layout, disposition of patients and staff and other relevant information necessary in the case of air attack. I felt this information had become vitally important in view of the recent repeated attacks made on hospitals, and in addition, your Hospital is of course the largest object in this division.

Members of your staff have been very helpful and reasonable general knowledge of the hospital has been obtained. It was however rather difficult in the time available and from the numerous people interviewed to get full details of your general policy on receiving alarm. I think therefore it would be of mutual advantage if I could meet you in the near future to discuss the matter and if possible to arrange cooperation between your staff on my Rescue Parties.

As a basis for discussions I should like to make one or two proposals based on the information already gained.

1. From your own building maintenance staff I suggest the formation of two Rescue Parties as auxiliaries to those of Division. The available men are excellent for this purpose and officers, full-time parties, and lecturers could visit the hospital to train them at suitable times.

2. If you're available equipment is definitely useful but arrangements could be made for this to be brought up to regulation strength.
3. Could it be assumed that lorry transport facilities will be available at all times?
4. The extent of the hospital grounds makes the location difficult for outside assistance. The formation of a small group of runners with a detailed knowledge of the hospital to be on duty at the main entrances will be available in guiding parties to the scene of incidents. Phone connection between entrances and the central control would be an advantage. In this connection, an extension of the drive to the Edwards Lane boundary would be a useful addition in access in case of other stoppages.
5. You will realise that the primary duty of Rescue Parties is the release of persons trapped under debris and that speed at which this is accomplished may be a matter of life and death. Invaluable time may be wasted by the lack of knowledge of position of shelter accommodation, it's entrances and exits, and whether persons have actually remained in the damage buildings. The latter point was brought to light by the statements of your own staff that although were warned of alarms there was no hard and fast rule that everyone should go to shelters. I appreciate that in many cases this is impossible and that shelters for all are not available. Ideally feel, however that some role call should be instituted for each separate department in order that it might be immediately ascertained whether or not any person still remains within the damaged building.
6. Should it be found necessary to remove a number of bedridden patients from the damaged building have arrangements being made for their accommodation?
7. Is any more substantial protection against broken glass possible?
8. If I could have a detailed list of approximate numbers of immovable patients in each building this would be a most useful addition to a record plan of the hospital, which I am preparing.
9. In view of the danger from damaged services, a record of main pipe runs, main switches, etc, would also be necessary on the above plan. Your engineering staff should be detailed for definite standby duties in connection with these.

I shall be glad to receive your observations at an early date

Yours faithfully,

G. S. COOPER

Commander, Bulwell Division Rescue Parties

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Ministry of Health,  
Regional Offices,  
Weekday Cross,  
Nottingham.  
7th January 1941

Dear Sir,

**Emergency Evacuation of Hospitals**

As you know, hospitals have been targets for enemy air attacks and a number of instances have been so extensively damaged that the buildings have had to be evacuated wholly or in part. Some, indeed, have had to be evacuated with all speed owing to fire.

Although it is hoped that such a catastrophe will not involve your Hospital, it is wise that possibilities of this nature should be given attention and the purpose of this letter is to give some guidance.

The first step is the appointment of an Evacuation Officer for your Hospital. He may be the "designated person" mentioned in paragraph 5 of E. M. S. Memorandum No. 2, or some other person specially appointed for this purpose. Having made your decision, I should be obliged if you would advise me of the name of the Evacuation Officer you have selected.

The duties of the Evacuation Officer would be as follows: –

1. He will work under the general direction of the Hospital Officer and of the city and County Medical Officers of Health who would have been appointed Agents of the Ministry of Health and of the Group Officer in those areas which the Group Officers have been appointed.
2. He will advise the Medical Officer of Health for the City and County and, if appropriate, the Group Officer, of air raid damage to the hospital, and should be in a position to give details of the extent of the damage. The Medical Officer for the City and County all the Group Officer would advise the Hospital Officer of the circumstances.
3. Actual decisions relative to the evacuation of a hospital must be taken by the Hospital Officer, but if communications with Regional Headquarters are obstructed, the Medical Officers of Health for the City and County or the Group Officer, as agents of the Ministry of Health, would make local decisions, communicating these to the Medical Officer at the earliest opportunity.
4. The Evacuation Officer of the hospital would be instructed to put into operation a prearranged plan for the evacuation of patients, medical staff, nursing staff, domestic staff and equipment. The proposed plan of the evacuation should be prepared now in consultation with the members of the medical staff of the hospital and should be arranged to permit from its being in use wholly or in part circumstances demand.
5. As regards patients, all wards may have to be evacuated or only some of them.
6. It may be possible to send home some patients; all the services of the Women's Voluntary Services should be available by pre-arrangement for this purpose. The circumstances in which the discharge patients to their homes is likely to be possible will, of course, depend on the extent of the damage done to the buildings of the town and after a serious attack on the area it may be worthy of consideration so far as city cases are concerned. It appears then, that this suggestion is applicable largely to patients coming from the less populous county areas.

7. The remaining patients – probably the majority – will have to be transferred to other hospitals. The Hospital Officer would decide to which hospitals transferences would take place and he would arrange the necessary transport. In urgent circumstances, say, of fire risk, the local City or County Medical Officer of Health may have to act, using the available accommodation in other hospitals in his area or other available buildings as temporary measure.#
8. In circumstances permitting the Medical Officer to be informed, the numbers of ambulances, buses, and vans that would be required should be communicated to him by the Evacuation Officer.
9. The Evacuation Officer should arrange the numbers of nursing staff to accompany patients and would see that sufficient blankets, pillows, towels, bedpans, bowls and other domestic equipment be taken with the patients in the ambulances.
10. He should also delegate medical officers to accompany ambulance convoys.
11. It might be possible to maintain a casualty reception station in some undamaged portion of the hospital, and the Evacuation Officer board, in consultation with the Secretary and available members of the medical staff, allocate members of the nursing and domestic staff to undertake this.
12. The Evacuation Officer would also decide the items of equipment, which would be transferred to one of the buildings, and the order of their priority of movement. On the Hospital Officers advice, the Regional Traffic Commissioners would provide vehicles for their removal.
13. The Evacuation Officer must keep in communication with the Hospital Officer and his Agents – i.e., the County Medical Officer, the Medical Officer of Health or the Group Officer. He should have volunteered dispatch riders available in case of interruption to telephone communication.
14. The Evacuation Officer should arrange to have sufficient porters and stretcher bearers available to carry out the movement to patients at the hospital.
15. Traffic control may be required at the hospital according to the extent of the damage. Evacuation Officers should be prepared to arrange this.

I should be glad to give any advice in this matter to your Evacuation Officer if he will advise me of his difficulties.

Yours faithfully

GEORGE C. KELLY

Hospital Officer

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**Report to the Visiting Committee  
10<sup>th</sup> January 1941**

**Petrol Allowance:** Since the opening of Stanford Hall, Dr. Benton has been paying weekly visits to examine patients there and to discharge them back to hospital. The total mileage covered is 272 miles. I should be grateful, therefore, if the committee would pass this for payment at the standard rate paid to officials who use their own cars.

**Stanford Hall:** The Rev. W. A. Briggs the Rectory, Stanford-on-Soar, has volunteered to give his services gratuitously to the soldiers at Stanford Hall and has arranged for a weekly service to be held there.

**Ministry of Health Circular Dated 22/12/40:** I place before the committee a circular received from the Ministry. I have since seen the Hospital Officer and discussed this circular in detailed and it would appear that should the hospital be badly damaged during an air raid those patients who was safe would be evacuated the morning following the raid either by motor vehicle or train to a destination fixed by the Hospital Officer according to the number of beds required. This circular states that there is no shadow hospital in Nottingham and that if any evacuation took place it would be to some of the hospital or building outside the confines of the City.

Crawford Crowe

Medical Superintendent

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**Reports of the Visiting Health Committee  
14<sup>th</sup> March 1941**

**Admissions to the City Hospital:** Would the Committee please discuss the question of admissions from Voluntary Hospitals to the City Hospital and also cases discharged from Voluntary Hospitals to their own homes who are advised – if they cannot be transferred direct from a Voluntary Hospital – to apply for admission to the City Hospital through their own doctor or a relieving officer.

Quite a considerable number of cases are seen, and in many instances operated upon, at the Voluntary Hospitals, and afterwards requests are made by these hospitals to transfer them to the City Hospital when there is nothing much to be done except nurse them.

In many cases the people transferred are suffering from chronic incurable diseases and it would appear that there is some issues of the beds at the City Hospital.

Crawford Crowe

Medical Superintendent

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**Matrons Report  
18<sup>th</sup> April 1941**

**Uniform:** In view of the increasing difficulty of procuring uniforms together with its increased cost, but the committee sanction the application of the "condemn and replacement" principle to issue of uniform over the war period at least, in place of the yearly issue now made. This would result in the greater economy and impose no hardship on the nursing staff. I would also point out to the committee



that we suggest for this year and during any subsequent war years the use of strapless aprons to save material and minimise laundry wear and tear. I hope the committee will agree to this.

Alice Rose

Matron

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**Matrons Report  
13<sup>th</sup> June 1941**

**Maternity Department:** The opening of the Firs Maternity Hospital with the transfer of Miss Hooley and sisters Bennett and McIntyre left vacancies in our own Maternity Department. To fill these vacancies we recommended that Miss Gertrude A. Spowat take Miss Hooley's place as Sister in Charge of the Department, and rank as Departmental Sister, and that Miss Gladys V. Clark and Miss Mary Caulfield, both State Registered Nurses and Certified Midwives, with much postgraduate experience – be appointed Ward Sisters for the Maternity Department.

Alice Rose

Matron

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*"A Case of Clinical Neglect"*

**A Letter to Aldermen Robert Shaw  
Chairman of the City Hospital Sub-Committee  
from the  
Members of the Visiting Staff of the City Hospital  
9<sup>th</sup> June 1941**

Dear Sir,

The members of the Visiting Committee of the City Hospital have fully considered the position in which they have been placed in during the past five or six months, and in particular in view of some of the surgical incidents which have occurred recently at this hospital.

Before going into any detail they wish to remind the committee that the few years ago a joint meeting was held at which the future work of the Hospital was discussed and general rules agreed upon, particularly as to the surgical work. The most important of these: – above all surgical cases it be under the direct care of a visiting surgeon, and, the visiting surgeons to the emergency working rotation. Visiting surgeons affirmed that they carried out their side of the arrangement most conscientiously.

Without consulting the visiting staff, the committee upset the satisfactory arrangements by appointing a Resident Surgical Officer (R.S.O.) and through the Medical Superintendent, giving the R.S.O. authority to do most of the operating work, without utilising the services of the visiting surgeons. The Visiting Staff, cannot understand the committee taking such action in view of the failure of previous similar arrangements. It is felt very strongly that, if the committee had any reasons for being dissatisfied with the skill of the visiting surgeons and the services they rendered to the City Hospital, it would have been courteous and fair to have brought the matter to their notice, so that a free discussion could have taken place.

They wish to emphasise the fact that in the past five months, the services of the visiting surgeons have been utilised on a few occasions only for the treatment of emergency is admitted to the hospital, and that they have been as to see a few surgical cases, apart from those sent to the hospital by them. The R.S.O's. name has been put up on most of the case sheets, and the visiting surgeons have been informed by the R.S.O. that they have no right to interfere with these cases, and that this instruction was given him by the Medical Superintendent. The R.S.O. has previously refused to go round the wards with the visiting staff, a fact that was reported to the Medical Superintendent.

The visiting staff have specially considered to incidents, firstly, that of a Polish Airmen, who was operated on by the R.S.O., without consultation with a visiting surgeon for acute gallbladder condition with fatal results? Secondly, Mrs Shelton, an old woman of 71 years, who was admitted recently with very severe arthritis in both knees. The joints were nearly fixed in a bent position. She had been more or less bedridden for five years. She was seen by Mr Birkett, who advised very mild consultative treatment and advised against any manipulation or surgical treatment. In spite of this, the next day the R.S.O. forcibly manipulated her knees under an anaesthetic and put both legs in plaster. The following day she developed gangrene, starting on the three inner toes of both feet. In addition to the fact that this poor woman may lose both feet, the carrying out of such surgical experience and total disregard for the considered opinion of the visiting surgeons. The gangrene is a result of the manipulation under anaesthetic.

The visiting staff wishes to inform the committee that they cannot continue to allow their names to be associated with the City Hospital under such conditions. They ask the committee to adopt and adhere to the following suggestions, which were to a large extent incorporated in the procedure agreed upon a few years ago:

- All surgical patients admitted to be under the care of the visiting surgeons.
- That the visiting surgeons name to be on the case sheets at the head of the bed.
- All general surgical emergencies and other cases sent in by Practitioners to be admitted under the care of the visiting surgeon in rotation as previously arranged; all fracture and orthopaedic cases to be under the joint care of Mr Crooks and Mr Birkett.
- That one Senior House Surgeon, not designated R.S.O. be appointed. In addition to acting House Surgeon to one of the visiting surgeons, his duties shall include advising generally helping any other House Surgeon when necessary, and performing operations on behalf of any of the visiting surgeons when asked to do so. Each H.S. to be responsible to his surgeon for carrying out the routine care of his patients.
- Each H.S. or his deputy must ring up the visiting surgeon concerned with any emergency case admitted to any emergency arising in an inpatient and give him full particulars, and carry out any instructions given him to by the visiting surgeon.
- A visiting surgeon shall be the church as to whether or not an H.S. is fit to perform an operation or carry out other surgical procedures.
- The visiting staff consider that suitable facilities are not available, and that the time is not a convenient one, for making arrangements to see outpatients at the City Hospital, apart from any odd members of the services who may be sent up for an x-ray examination or a report from a member of the visiting staff.

Finally, the visiting staff wish to point out the defect of the system in which there is no direct channel of communication between them and the committee, and no considered method of joint discussion on

important matters that may arise in the routine working of the hospital, or on improvements to the facilities available for the carrying out of treatment on modern lines, or on the future policy of the hospital. They suggest that this point be discussed at an early date.

Yours Faithfully

A.N.Birkett, Frederick Crooks, Kenneth Minto, Ian Spark, F.C.Hunt,  
R.A.Marshall, R.A.C.Rigby, P.H.O Donovan, C.H.Alan,  
J.Wilkie Scott.

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**Letter to the Town Clerk from the  
Ministry of Health  
9<sup>th</sup> September 1941**

**Hospital switchboard operators, Respirator Telephones**

Dear Sir,

I have to inform you that the Department of Health has under consideration is the question of the supply of certain selected hospitals of respirator telephones for switchboard operators.

It has been decided to issue to such phones to: – The City Hospital

On the basis of one plus one reserve and in order that suitable arrangements may be made, I should be glad if you would be good enough to let me have an early date, the size of the telephone required, i.e. normal or small.

I should, however, warn you that it may be some considerable time before the telephones are actually available.

A copy of this letter is in close for the information of the Medical Officer of Health (*Dr Cyril Banks*)

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**Matrons Report  
10<sup>th</sup> October 1941**

**"Clocking in" of cleaning staff:** We are still experiencing difficulty in this connection. The fifteen minutes grace allowed at the Lodge is extensively taken advantage of and by the time the worker has come up the drive, reported to the office and finally arrived at the ward it is frequently a 8.30 to 8.40 a.m. This occasions much disorganisation in the ward. I should appreciate a ruling making it necessary for cleaners to report at a given time in hospital.

Alice Rose

Matron

**Report to the Visiting Health Committee  
12<sup>th</sup> December 1941**

**Consultant:** I submit to accounts in respect of Mr Mason's visiting to the City Hospital

25/11/41                      William Holloway – Pheumonotomy – £22 10s 11d  
                                    Betty Niblet            – Lobectomy            – £16 4s 11d

Crawford Crowe

Medical Superintendent

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**Visiting Hours  
Christmas Day 1941**

Letter to the Town Clerk from the Medical Superintendent  
Dated 16<sup>th</sup> December 1941

Dear Sir,

In view of Christmas Day falling on a Thursday this year, which is normally a visiting day, I should be pleased if you would cause an advertisement to be issued in the local papers intimating to the visitors that visiting day at the hospital will be Wednesday the 24<sup>th</sup> instant between the hours of 2 and 4 pm and not Thursday.

Yours Faithfully

Crawford Crowe, Medical Superintendent

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Transcript of a letter dated 7<sup>th</sup> of September 1944 from the Medical Superintendent, Dr Crawford Crowe to Mr J Richards, Town Clerk concerning German Prisoners of War at the Nottingham City Hospital.

**German Convoy**

Dear Sir,

In reply to your letter of the 6<sup>th</sup> instant with a copy of General Leslie's letter to you dated September 5<sup>th</sup>, I would point out that in no way answers my letter to you of the 29<sup>th</sup> ultimo.

I certainly did tell General Leslie that I was not prepared to accept 150 prisoners and told him I had no beds for German prisoners. Subsequently after consulting my Chairman I agreed to accept 170 and argue afterwards. This I did in letter form and still maintain, despite what General Leslie says that it is ridiculous to me to attempt to criticise arrangements made by the Government, that I have a right to do so. Surely we, are still a free country and I have a right to hold an opinion about the arrangements for this convoy or the lack of arrangements as the case may be. I feel perfectly certain that General Leslie does not appreciate what difficulties are entailed at so short notice to cope with so many prisoners of war.

I suppose that General Leslie means that when the General Hospital accepted 70 prisoners without demure he has not received a complaint in writing. I have heard verbally some considerable criticism by the General Hospital authorities.

In his letter he states that guard's and be provided when necessary upon application to the Military Registrar. I had arranged for all this early in the afternoon on the day the convoy arrived and the Military Registrar was to provide the necessary guards. However, General Leslie himself dismissed the guard at the Station and informed me when he came to the hospital that is the convoy consisted entirely of stretcher cases there was no regulation, which permitted a guard. What General Leslie did not appreciate, however, was that several of the stretcher cases were in actual fact walking cases who had no clothes and were therefore admitted on stretchers. In consequence when the patients were admitted to the various wards of the hospital there were a number of ambulatory cases discovered in each ward. I took steps myself then to ensure that the guard this was posted on all wards containing German prisoners; they arrived at the Hospital at 2am. I cannot quite understand why General Leslie makes the comment that there is no necessity for sleeping accommodation to be provided for them; where does he expect to go when the guards are changing and especially in the middle of the night shift. Even if they were successful in obtaining billets locally I doubt very much if the men would have time to go back and have their rest and be back in time for the next shift.

I am glad to hear that there is no necessity for hospitals to feed the guards; this is not been made clear to me in the circular from his office all the Military Registrar's office and I cannot divide these things. I have, however, since communicated with the Military Registrar and I understand that some monetary allowance can be made to these men for food whilst they are in the hospital.

The problem of R.A.M.C.orderlies is much the same as the guards as far as food is concerned and I'm informed by the Military Registrar and the A.D.M.S.that R.A.M.C.orderlies are very difficult to obtain, and in the hospital where there are so many prisoners of war, the static complement should be maintained.

I quite agree with General Leslie that there can be no discrimination made between British wounded and German wounded in the field or in the ambulance trains, but this is a very difficult question when it comes to a base hospital. I do not intend mixing our own wounded and German wounded to oblige the Ministry or any other body; it simply is not done.

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**Report to the Visiting Health Committee  
13<sup>th</sup> October 1944**

**German Prisoners of War:** The number of German Prisoners of War in hospital is now down to 15. This means that they are now confined to one ward and not over four wards as they were formally.

Crawford Crowe

Medical Superintendent

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**Letter to the Health Hospital Visiting Committee  
From the Town Clerk  
8<sup>th</sup> December 1944**

**CITY HOSPITAL BUSINESS  
MEDICAL SUPERINTENDENTS REPORT**

**Maternity Department – B.2 Post**

The Medical Superintendent reported that as a result of the inspection of the Maternity Department of the Hospital by Sir William Fletcher Shaw, the latter made a recommendation that the work of the Department together with a number of anti-natal and post-natal clinics warranted the appointment of an additional resident doctor. He reported as to the negotiations, which had taken place with the Secretary of the Central Medical War Committee and stated that the Committee had decided to approve the addition of one B.2. Post to the Obstetrics and Gynaecological Department, provided that the post holder was a woman, and he asked the Committee to approve the appointment and to allow an advertisement for the post at a salary of £300 together with cost of living bonus, to be issued.

**Resolved:** that the Medical Superintendent be authorised accordingly

Town Clerk

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**Report to Visiting Health Committee  
14<sup>th</sup> September 1945**

**Thoracic Surgery:** In a letter dated 18/7/45 from Whitehall, it has been decided not to provide a drastic unit at the hospital, and accordingly the Ministry of Health have turned down the proposal. In their letter I note that they speak of a thoracic unit establishment. The unit is already established and has been for many years, but to be strictly accurate it is the housing of this unit that we have asked the Ministry to deal with.

I would ask the committee to consider seriously the advisability of altering Annexes 1 and 2, has suggested previously to accommodate thoracic surgery patients. This will greatly facilitate the working of the unit. Such alteration is would not be very expensive and I respectfully submit that this might be met out of revenue.

I appreciate the fact that the building of a new thoracic theatre, in view of what the Ministry have stated, would necessarily require to be left in abeyance for the present.

**Mr Hickey F.R.C.S.:** Mr Hickey, who has been at the National Chest Hospital, London, for the past six months studying thoracic surgery, has returned to us for duty as senior surgical officer to the hospital. His salary is minuted on 12/5/44 was £500 per annum rising by annual increments for £25-£600. He commenced duties on 3/4/45, salary £525 per annum rising by annual increments of £25-£600 plus cost of living bonus. Since Mr Hickey has undertaken his special course and is Mr Mason's chief assistant it has been decided to grant him the status of assistant for thoracic surgeon. This means no increase in his remuneration but merely gives him the required status.

**Ophthalmic Unit:** Sister Owens, who was in charge of the ophthalmic cases on Patience 1 Ward, has been admitted to Moorfields Eye Hospital, London, for a special course in ophthalmic treatment lasting six months. She will be getting theatre experience in ophthalmology in addition to ward routine treatment of patients. During her absence I should be most grateful if the Committee would agree to pay her salary.

**Leucotomy:** Dr Macmillan has ask me to place before the Committee the suggestion that mental patients suffering from certain diseases might be operated upon at the City Hospital. Their average duty would be four days the charge ability for their residents here would be a matter for negotiation between the Mental Hospital Committee and the City Treasurer. The surgeons and anaesthetists expenses would all be born by the City Mental Hospital. The operation of a leucotomy would necessitate the purchase of a few instruments, the cost of which would be £20.

**Thoracic Surgery (*Patients Fees*):** Mrs D Jackson of Whitworth Hotel, Darley Dale, Derbyshire, was a patient of Dr Wilkie Scotts who advised treatment under Mr Mason. As the Medical Officer of Health for Derby was not prepared to pay the expenses, this patient agreed to pay maintenance charges of £5 5s 0d weekly together with the surgeons and anaesthetists fees. I therefore had knitted the patient to the City Hospital and I trust the Committee will approve my action.

Crawford Crowe

Medical Superintendent

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**Matrons Report  
14<sup>th</sup> September 1945**

**Staffing Difficulties:** I am experiencing great difficulties in obtaining student nurses, and advertisements are producing a negligible number of applicants. Our figures for student nurses have dropped from 193 in March of this year to 158 today and our last three schools have numbered only eight and nine instead of the requisite 20. The first year wastage in 1944 amounted to 48.4% trial period wastage to 52.3% and the total loss based on intake for the year (excluding State Registered Nurses who have left at completion of training) to 66%. The percentage of loss so far this year has been even greater. I bring this to the notice of the committee, because the staff is becoming top-heavy, our total complement, of first-year nurses being 32 instead of approximately 50, and if this tendency develops, a serious situation in respect of the nursing of patients will arise.

**Increase in the number of Orderlies:** May I suggest that to offset this decrease in junior staff, to facilitate ward working generally and remove any wastage of student nurses time with routine domestic duties once they have been learned, the number of ward orderlies being priest from the present number of 58 to 80. I think these may be easily obtainable as reorganisation of industry progresses. Our domestic problem is much less acute than our nursing problem.

Alice Rose

Matron

**City of Nottingham Town Clerk's Office**  
*Extracts from the Minutes of the Proceedings of the*  
*Health (Hospital Visiting) Sub-Committee*  
**14<sup>th</sup> September 1945**

**Hospital Business**

**Aircraft flying low over the City Hospital:** During the course of the meeting, members protested against low-flying aircraft over the City Hospital, and expressed the opinion that representations should be made to the Air Ministry that aircraft should not be flown at a low latitude over the City Hospital.

**Resolved:** that the Town Clerk should make representations accordingly.

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**Report to the Visiting Health Committee**  
**12<sup>th</sup> October 1945**

**Thoracic Surgery:** An application has been made by Dr James Morehan regarding one of his private female patients who resides in Eire for admission to the City Hospital to be investigated and if necessary operated upon by Mr Mason, the thoracic surgeon. The woman is suffering from an early tumour on the lung. There are facilities in South Ireland for thoracic surgery and for cases who can afford to pay frequently come to London to have the necessary treatment. Dr Morehan, a personal friend of Mr Hickey's, has asked if his patient can be done in Nottingham. The patient herself would meet the usual hospital expenses, surgeons fees etc., if the Committee grant facility for her admission.

**Ear, Nose and Throat Department:** Mr Gilroy Glass F.R.C.S. has returned for duty at the hospital and commenced work on the 1/10/45 at the same remuneration as he received before entering the services, namely £250 per annum together with any additional fees for work done on military patients; the Ministry pays these fees.

Mr Marshall has held this appointment in a temporary capacity pending Mr Glass's return.

**E.M.S. beds available to the Ministry:** The number of beds available to the Ministry as from October 1<sup>st</sup> 1945 is 200 instead of 328. I produce a copy of a letter from the ministry confirming this arrangement.

**Consulting Anaesthetist:** Hospital had before and at the beginning of the war to consulting anaesthetists, Dr. I. Spark and Dr. K. Minto. Dr. Minto has been that the war for a considerable period and the calls for anaesthetists have been many but unfortunately they have at times not been answered. The necessity for having a further consulting anaesthetist in the place of Dr. Minto would appear to me to be highly essential.

Dr. J. Buckley who has just returned from six years service overseas and who is a fully trained anaesthetist holding the diploma in anaesthetics has approached me to see whether there will be any vacancy here. I would recommend that he be taken on the staff of the hospital to replace temporarily Dr. Minto at an honorarium of £250 per annum. The need in Nottingham for more anaesthetists is obvious and I feel that there should be, even on the return of Dr. Minto, room for another consulting anaesthetist at the hospital.

Crawford Crowe

Medical Superintendent



**Report to the Visiting Health Committee  
7<sup>th</sup> December 1945**

**Occupational Therapists:** I produce a letter from General Leslie of the Ministry of Health concerning occupational therapists for the Committee's consideration and would recommend that to such persons be appointed if the Committee considered the scheme worthwhile.

**Thoracic Surgery:** Dr. Godber of the Ministry visited the hospital with Alderman Shaw on Tuesday the 27<sup>th</sup> ultimo, to review the scheme for accommodation of thoracic surgery patients at the hospital. Formerly two of the Annexes were to be incorporated into the scheme, but it has since been considered that Nightingale 2 Ward would be ample for the present requirements and the similar alteration to that ward as was suggested in the previous scheme for the Annexes could be affected more readily and in all probability much more cheaply.

**Resident Medical and Surgical Staff:** Major E.B.Z. Masterman returned from H.M. Forces on 12/11/45 after five years service. He has taken up his former post as senior house surgeon at a salary of £450 per annum plus cost of living.

Crawford Crowe

Medical Superintendent

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**City of Nottingham  
Town Clerks Office  
7<sup>th</sup> December 1945**

**Hospital Business**

**Chronic Sick Wards 4 and 5:** The following Minute of the Social Welfare (Vale Brook Lodge) Sub-Committee was read: –

The master requested the committee to consider the restoration of Wards 4 and 5 to male infirm wards. Those wards with the exception of the top floors which were now being used as night dormitories for the aged men, were at present being used for the accommodation of the chronic sick patients, who during the war, were transferred from the City Hospital and which had resulted in the men from those wards having to use the dining hall as a rest and recreation room. The conditions under which these men were now accommodated especially during the daytime were most unsatisfactory, but the arrangement had to be made in order to free beds in the City Hospital for war casualties. It is now considered essential that the men should return to their own wards but in order to enable that to be done, the chronic sick patients would have to return to the City Hospital.

**Resolved:** that this committee considers the chronic sick patients on wards 4 and 5 should now return to the City Hospital in order that the aged men from those wards may return to their proper quarters, and that this matter be considered by the Chairman and Advice Chairman of the Social Welfare Committee and the Health (Hospital Visiting) Sub-Committee along with the Town Clerk, the Master of Vale Brook Lodge and the Medical Superintendent of the City Hospital.

**Resolved:** that the suggestion be approved

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**Stewards Report  
7<sup>th</sup> December 1945**

The sum of £49 18s 6d representing money is found on patients has been paid to the treasurer.

I am pleased to report the Ministry have now granted a permit for the purchase of 525 mattresses.

With regard to the Christmas Day dietary, I have to report that I have been in the communications with Messrs. Armitage of Angel Row, and I am assured of a supply of turkeys for the patients and staff, and shall be glad if the committee will approve of this expenditure together with other extras which may be possible to purchase, such as fruit, sweets etc.

In the past packet of 10 cigarettes has been given to each male patient: may this purchase also be made.

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**Letter to the Medical Superintendent from the  
Chief Pharmacist, Mr.D.Cox  
9<sup>th</sup> December 1945**

*(Outbreak of fire in the Pharmacy Department)*

Dear Sir,

I have to report that on Saturday, December 8<sup>th</sup> at 9.45 am, there was an outbreak of fire in the room attached to the Main Dispensary, and that a certain amount of damage has resulted.

The room in which the fire occurred is used for the manufacture of stock medicines and bulk pharmaceutical preparations, and to assistant dispensers, to dispensary porters and a cleaning woman occupied it at the time. The room measures 12' x 16'.

A Winchester quart of methylated ether had just been brought into this room by one of the porters and whilst being placed on a shelf this bottle broke. The ether vapour immediately ignited at a gas ring over which the water was being boiled and the fire quickly spread. One dispenser was slightly burnt. None of the other occupants of the room suffered a knee injury.

The fire was eventually brought under control by the use of the firehose, and most of the damage was confined to the floor and shelving. Practically no stock was lost or damaged.

This there is no doubt that the prompt arrival of the engineer and his staff averted what might have been a major conflagration, which might have involved the whole hospital.

This fire has demonstrated the urgent need for the extensions to the pharmaceutical department, which were approved by the Hospital Sub-Committee earlier this year. Although every care is always taken to avoid the use of any inflammable material when a naked flame is being used, accidents as this are always a possibility where preparations involving the use of a gas ring have to be made in the same room where ether and other inflammable materials have necessarily to be stored.

At least one other room is urgently required which can be reserved for the preparation of stock medicines where gas is necessary, for the size of the room where the fire occurred is such that overcrowding can be a very real danger.

I should be very grateful if the matter could be taken up once again with the Ministry of Health, as no alternative accommodation is available in this hospital and an extension to the present department is immediately necessary.

Don Cox

Chief Pharmacist

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**Report to the Visiting Health Committee  
11<sup>th</sup> January 1946**

**Occupational Therapy**

In accordance with the committee's instructions dated 7/12/45 I submit a small report on the present practice of occupational therapy at the City Hospital.

During the latter years of the war, service patients have been given practical demonstrations in leatherwork, toymaking, and rug making. Mrs. Galpin, by permission of the University Authorities, has visited twice weekly for one hour at a time. I understand she is paid by the hour for this work.

Mrs. Galpin through the Military Registrar, I am informed, purchases and leather. Mrs. Galpin shapes the articles to be made and the service patients buy the raw material from her, complete the article and either send it to friends or sell it to those who wish to buy it.

I would be grateful if the committee would express their view on the disposal of articles and purchase of raw materials.

The scheme of occupational therapy I think is a good one and should be continued in peace time. Long-stay patients capable of doing such work should be encouraged to do so for two reasons. Firstly, apart from the educational value of the work, it helps considerably to relieve the ennui of so protracted a stay in hospital, and secondly it has stimulated an interesting handicraft, which might quite readily be continued at home with benefit to the patient.

The Red Cross workers at the hospital have interested some of the long-stay female cases in embroidery work.

Subject to the approval of the committee I would suggest that trained instructors give tuition to the patients in: –

1. Leatherwork
2. Toy making
3. Rug making
4. Embroidery work
5. And painting of glassware and pottery

The number of patients likely to benefit from such a scheme would be approximately 100 and I think two instructors would be necessary to undertake the work.

The wards where occupational therapy might with advantage be undertaken are: –

1. Victoria 2 – 37 beds – Orthopaedic
2. Edward 2 – 37 beds – Orthopaedic
3. Sanatorium Patients – 26 beds – Total 100

**Town Clerks Office**  
**Extracts from the minutes of the Social Welfare Committee**  
**5<sup>th</sup> February 1946**

**Admission of Patients to the City Hospital**

The Town Clerk read a report received from the Superintendent Social Welfare Officer regarding the difficulty, which had been experienced by one of the Social Welfare Officers and also one of the District Medical Officers, in securing the admission of an aged person to the City Hospital. It was alleged that although the full facts were reported to the Medical Superintendent of the City Hospital, he had refused to admit the patient on the grounds that there was no accommodation available for that type of case. The Social Welfare Officer had pointed out to him that the case was of sudden and urgent necessity and that if the Medical Superintendent were not prepared to authorise admission the Social Welfare Officer would have to issue an Admission Order. The Medical Superintendent was alleged to have replied to the effect that Social Welfare Officers had no authority to issue orders for the admission of patients to Public Health Hospitals.

The Town Clerk stated that he considered the question as to whether or not Social Welfare Officers had the legal right to issue orders for the admission of patients to the City Hospital and was satisfied that the provisions of Section 5 of the Local Government Act 1929 and the Poor Law Act and Regulations, gave the Officers the necessary power to issue such Orders.

The Chairman reminded the Committee that at the time it was decided by the City Council that the City Hospital should be appropriated as a Public Health Hospital in accordance with the provisions of the Local Government Act 1929, it was definitely stated and clearly understood that they should always be beds available for the sick poor.

**Resolved:** that this matter is considered by the Chairman and Vice-Chairman of the Social and Welfare Committee and the Health (Hospital Visiting) Sub-Committee along with the Town Clerk, the Master of Vale Broke Lodge, the Medical Superintendent of the City Hospital and the Superintendent Social Welfare Officer and the result of their deliberations be reported to this Committee.

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**Town Clerks Office**  
**Extracts from the Medical Superintendents Report**  
**8<sup>th</sup> February 1946**

The Medical Superintendent further reported with regard to the Isolation ward in which the bed state was 48. He stated that this was grossly overcrowded for reasons, which he gave and suggested that it should be reduced by 16.

Overcrowding existed in the following adult wards as follows

|                | <b><u>Ideal Number</u></b> | <b><u>Actual Number</u></b> |
|----------------|----------------------------|-----------------------------|
| <b>Chronic</b> | Patience 1                 | 30                          |
|                | Patience 2                 | 30                          |
|                | Winifred 1                 | 30                          |
| <b>Acute</b>   | Winifred 2                 | 32                          |
|                | Simpson 1                  | 30                          |
| <b>Chronic</b> | Simpson 2                  | 32                          |
|                | Harvey 2                   | 32                          |
|                | Harvey 1                   | 30                          |

Owing to the fact that the military have lien on 150 beds, the Medical Superintendent was unable to take down the extra beds in these wards at present. The Medical Superintendent pointed out that there were 1919 beds devoted to civilian medical cases. Despite the fact that the Ministry had agreed to reduce the number of beds for service patients to 150, the Medical Superintendent was still unable to accommodate the 52 chronic sick female patients from Vale Brook Lodge, as agreed at the meeting of the Chairman and Vice-Chairman of this Committee and the Chairman and Vice-Chairman of the Social Welfare Committee on the 1<sup>st</sup> January 1946. The Medical Superintendent stated that he fully realised details of the before mentioned agreement and would be grateful for any suggestions as to how it might be carried out without interfering with a number of beds in special departments, namely, military wards, medical and surgical, and thoracic and general surgical civilian wards.

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**CITY HOSPITAL**

**BRIEF REPORT ON THE HOSPITAL BED STATE**

The total number of beds provided at the outbreak of war 1184

Total number of beds in November 1941 1144

This was brought about by the alteration of Annexe 4 from a ward to a canteen (30 beds) and C.1. Ward which formerly housed 30 children's cots and beds, now used for adult women (only 20 beds).

Total number of beds April 19<sup>th</sup> 1944 1136

Brought about by the reduction of 8 beds on account of the alteration of A.1. and B.1. from Children's Wards two adult Wards – preparing for D-Day

Total number of beds in December 1944 1116

Brought about by the reduction of 20 beds owing to the unsuitability of nursing patients on the veranda of Military Medical Ward.

All the above alterations were referred to the Hospital Committee and the Ministry of Health and were agreed upon before they were effected.

A further reduction in the number of hospital beds is now recommended: –

(a) Because of unsuitability.

(b) Because of gross overcrowding and these are as follows.

24 beds – formerly the Female Sanatorium but during the war known as Patience 2 Annexe.

The soldiers – and hardened men too – complained of the discomfort and cold of this part of the hospital. I would ask you to consider what the future use of this part of the hospital should be. It is only really fit for storage accommodation and not fit to be used as a ward in which to nurse patients.

ALEXANDRA WARD

When the structural alterations are completed it is suggested that this Ward should be used as follows:

- (a) Southern Half 11 Beds for Social Emergency Midwifery.
- (b) Northern Half 8 beds for venereal cases complicated by the wife. 8 beds for venereal cases only.

Here I might add I do not like this arrangement and I doubt whether the ministry would give the scheme its blessing.

The ideal would be to have all the beds in the northern half devoted to venereal disease complicated by midwifery and to treat no venereal cases per as in the ward.

Any venereal cases complicated by midwifery in Greendale House could be taken over in exchange for the pure venereal cases in Alexandra.

In such an arrangement it is adopted the total number of beds in Alexandra Ward would be reduced from 48 to 27, making a drop of 21 in the present numbers as shown on the bed state.

ISOLATION WARD

The number of beds shown on the present bed state is 43 in this ward. This is gross overcrowding and I suggest that the west end should be devoted to adult female skin conditions, both contagious and non-contagious, with a maximum of 12 beds.

The east end of the ward could be used for children and young babies suffering from skin conditions, both contagious and non-contagious.

I would suggest accommodation for 20 patients. The number in this ward would now read as 32 instead of 48 – a reduction of 16.

Would the Committee please consider redesignate in this ward.

The sum total of the foregoing would mean a drop in the hospital bed state from 1116 to 1055.

I would respectfully ask you to consider the suggested alterations in view of the unsuitability of the Female Sanatorium and the overcrowding in other wards.

Overcrowding exists in the following adult wards

|                |            | <u>Ideal Number</u> | <u>Actual Number</u> |
|----------------|------------|---------------------|----------------------|
| <b>Chronic</b> | Patience 1 | 30                  | 40                   |
|                | Patience 2 | 30                  | 37                   |
|                | Winifred 1 | 30                  | 40                   |
| <b>Acute</b>   | Winifred 2 | 32                  | 37                   |
|                | Simpson 1  | 30                  | 40                   |
| <b>Chronic</b> | Simpson 2  | 32                  | 37                   |
|                | Harvey 1   | 32                  | 37                   |
|                | Harvey 2   | 30                  | 40                   |

Owing to the fact that the Military have a lien on 150 beds, I cannot afford to take down extra beds in those wards at present.

All the foregoing wards are occupied by civilians except Harvey 1.

Military Medical – now a misnomer – contains civilian male chest cases just as Nightingale 2 now contains civilian female chest cases.

It will be seen from the above numbers that there are actually 191 beds devoted to chronic sick civilian medical patients and only 77 to acute civilian cases.

Every available ward is utilised for the reception and treatment of chronic sick patients.

Despite the fact that the Ministry have agreed to reduce the number of beds for service patients to 150, I still cannot accommodate the 52 chronic sick female from Vale Brook Lodge as was agreed upon at the meeting on 1/1/46.

I am acutely conscious of the Hospital Committee's agreement with the Social Welfare Committee, but I would be most grateful for any suggestions showing how this might be carried out without interfering with the number of beds in special departments, i.e., military wards – medical and surgical – and thoracic and general surgical civilian wards.

I would ask, nay even argue, the Hospital Committee to discuss frankly the future policy of the hospital having due regard to modern developments already undertaken by the hospital.

Crawford Crowe

Medical Superintendent

5<sup>th</sup> April 1946

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**Matrons Report  
12<sup>th</sup> April 1946**

**Male Student Nurses:** There is a general state of unrest amongst the Male Student Nurses – the main grievance is that the salary is insufficient to meet their cost – particularly where they are living in billets.

The usual cost of a billet is 35/- to 37/6 per week and they are expected to have the mid-day meal out and also pay the cost of any laundry. This costs together with insurance, income tax and superannuation, leave them nothing at the end of the week.

If we lose the male staff the present position with regard to shortage of nursing staff will become more difficult than it is already.

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**Report to the Visiting Committee  
12<sup>th</sup> April 1946**

**Matron:** I've placed before the Committee a medical certificate sent to me by Dr.English who is at present attending Miss Rose. The Committee will note that he is of the opinion that Miss Rose is unfit to carry on duties as Matron at this hospital. I have subsequently had a personal letter from Matron stating that she does not consider that she can carry out her duties efficiently any longer owing to her poor state of health.

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**Matrons Report  
14<sup>th</sup> June 1946**

**Increase of Male Nursing Staff:** In view of shortage of female applicants for nursing and the large number of men applying, will the Committee agreed to an increase in the number of male nurses? I suggest another 20. The General Nursing Council will allow us to access it has many male student nurses as we wish to this year providing the training of the female nurses is not adversely affected – it would also improve the male nurses training.

A.Holder

Matron

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**VISITING HOURS**

City of Nottingham, City Hospital

Visiting Hours – Children's Wards

The Health Committee has decided that the visiting hours for the children's wards at the City Hospital will in future be as follows:

Thursday and Saturday afternoons from 2 to 4pm

Not more than two visitors.

J.E. Richards, Town Clerk

10<sup>th</sup> January 1947

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**City of Nottingham**

City Hospital and the Firs Maternity Hospital

Visiting Hours

The Health Committee has decided to alternate the visiting hours at the City Hospital and the Firs Maternity Hospital, as indicated below, with the effect from the 8<sup>th</sup> January 1947

**City Hospital** – Visiting to be allowed on each night between the hours of 7 and 8pm, except Sundays; and on Sunday afternoons from 2 to 4pm. Not more than two visitors to be permitted at one time.

**The Firs Maternity Hospital** – visiting hours to be from 7 to 8pm each evening. Only one visitor to be allowed.

J. E. Richards, Town Clerk. 2<sup>nd</sup> January 1947

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The decision to alter the visiting hours at both the City Hospital and the Firs Maternity Hospital was made at a meeting of the Health (Hospital Visiting) Sub-Committee on the 13<sup>th</sup> December 1946.

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FORWARD TO REPORT TO THE VISITING HEALTH COMMITTEE

*9<sup>th</sup> December 1946*

(The first report by Dr. William Morton, Medical Superintendent, 1946 – 1964)

It has been suggested that I should attach a foreword to the report, which I have the honour to submit to you at the next meeting of the Sub-Committee. It was further suggested that the forward should deal with the present state of the hospital, discussed the policy to be followed and explain the reasons for some of the recommendations made. Not all the points raised can be dealt with at once, but it is hoped that a general policy can be followed and improvements gradually introduced.

To deal first with the present state of the hospital.

BUILDINGS

Admittedly these are not ideal for done hospital, but they are in good repair, and are completely grouped and are situated on which is the envy of many other cities. Structurally the greatest disadvantage is the size of the wards. More and more the tendency in planning modern hospitals is to have small units of not more than 6 to 8 beds instead of large wards. The small units are particular use in accommodating the various specialist departments – it is extremely difficult to divide up a ward of 30 beds, e.g. for Ear Nose and Throat, eye cases or to segregate seriously ill or dying patients. Nevertheless, with minor structural alterations and a few additional buildings (if need be, huts or temporary structures) I believe that the City Hospital can continue to give good service as a general hospital for many years, or until such time as the building position will warrant planning of a new hospital. As housing and health are complementary it is obvious that we cannot expect that much building work will be permitted to hospitals until houses are available in adequate numbers. Accordingly I feel that we should proceed to a policy of temporary planning, making use of existing buildings. To this there is no exception – it is essential that a new operating theatre unit be provided.

### OPERATING THEATRE

At present about 3000 operations a year performed. Of these 2500 performed in the main theatre<sup>5</sup>; the others in the Children's Block Theatre<sup>6</sup>. The distance from the main wards and the unsuitability of the theatre in the Children's Block precludes it being put into a greater use. The result is that almost all operations have to be done in the main theatre – the theatre that is badly designed and greatly cramped for space. I shall submit for your approval and item to be included in next year's estimate is to provide a "twin" theatre block and I shall ask for your support to get this project excepted as a first priority.

### X-RAY DEPARTMENT

This department lacks space in that the darkroom and examination rooms are too small; also varies neither dressing room for patients all waiting rooms. If permission could be obtained a new x-ray department might be included in the new theatre block<sup>7</sup>.

### EXAMINATION ROOMS

At present various therapeutic and follow-up clinics are held in ward side rooms. This is extremely unsatisfactory both from the point of view of the doctor examining, the patient attending and the patients in the wards. Moreover it is "bad medicine" to keep patients waiting in a cold corridor for several hours before they are examined. Also patients complain of the lack of privacy when two or more have to be examined at the same time in one room. This is unavoidable under existing conditions. A recommendation from the Trades Union Council concerning the waiting of obstetrical outpatients at the Edwards Lane Clinic will be reported to you, and there have been other complaints about the waiting at this clinic. With the present numbers attending – often over 100 patients – it is impossible to run an appointment system. The clinic will have to be held more frequently and to do so other accommodation will have to be found. Only then will the waiting time be cut down to a reasonable period. I do not think this is the right time to embark on the general outpatients department, but I do believe that by holding certain diagnostic and follow-up clinics a considerable saving in occupied beds could be effected. For this reason and to provide a much-needed accommodation for the existing clinics I have asked in the report for your permission to proceed immediately with minor structural alterations and the temporary partitioning of Jenner Ward into cubicles and examination rooms.

### STORES

The recreation Hall is now used for purposes of recreation for a few days only at Christmas time. With the great scarcity of accommodation in does not seem justifiable to keep this large building for such purpose. At present the part of the hall is utilised as a reception room. In my opinion this – a wartime adaptation – is the "blackest" spot in the hospital. The patient entering the hospital gets his or her first impression from the reception room and the impression gained from the present reception room cannot be a favourable one. The receiving Ward proper has been utilised for the Blood Transfusion Unit. I feel that it must now revert to its original use. The hall could then be used as the stewards general stores and central linen stores. It is a replica of the stores at Vale Brook Lodge and it is well suited for the purpose. If you agree, the work shelving etc., can be proceeded with after Christmas, as this work was included in the current year's estimates.

### LINEN STORE

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<sup>5</sup> At the time the main operating theatre for the City Hospital was located in what today is Lister One Wards clinic room.

<sup>6</sup> This former operating theatre is now the officers for the secretaries of consultants connected to the pathology department.

<sup>7</sup> The City Hospitals first X-Ray Department was located on Victoria Two Ward, which is today's intensive care and coronary care unit.

Matron will inform you of the present unsatisfactory position regarding linen. The solution is to gather together old and in central store where adequate checking can be done and from which all issue will be made and to which all dirty linen will be returned. It is suggested that this be included in the proposed alteration to the Recreation Hall.

#### STAFF CANTEEN

By removing the central dividing partition this could be converted into a pleasant room, which could be used for staff entertainments in the evening. I understand that there are no structural objections to the removal of the partition and I can think of no ethical objections.

#### OFFICE ACCOMMODATION

This is inadequate at present and will become more so in the future (see under "Nursing Staff"). If a separate linen store is built and if the sewing room can be accommodated in another part of the hospital several rooms will be available as offices. This would temporary overcome the shortage of office accommodation.

#### NURSING STAFF

This present numbers 321 (inclusive of 11 administrative staff). It is generally agreed that the patient to nurse ratio must not be greater than 2:1 if the 96-hour fortnight is to be worked satisfactorily. With 310 nurses did therefore is impossible to stuff a hospital of over 1000 beds. I can only find three solutions, (a) to increase the number of nurses. (b) to increase the hours of duty, (c) to curtail the number of patients admitted. To take these separately: –

- (a) This is obviously the correct solution. We must continue to do everything to encourage recruitment of nurses. To this end matron is asking your permission to publish a brochure giving full details of the accommodation, duties and amenities for nurses at the City hospital. But this is a national problem; thousands of beds in hospitals are close to patients because of it. One factor, which is fully realise, is that the scarcity of nurses is not due to failure to recruit the same numbers as before the war, but it is a failure to secure the additional number is now required under new regulations of a 96 hour fortnight. Personally I believe that it will be many years before sufficient numbers are obtained to meet the new conditions.
- (b) To increase the hours of duty. This would be a bad solution. Nursing is tiring work and an increase in hours of duty always lends to increasing sickness rate to decreased efficiency. Further, it would react unfavourably on future recruitment.
- (c) To curtail the number of patients admitted. This is an unpalatable solution, but it would appear the only one. It is in fact, the solution, which has been excepted by many hospitals already. Although fewer patients can be admitted at one time does not necessarily mean that fewer patients can be treated. There are two ways of overcoming the reduced number of admissions. One is by a more rapid turnover, the other, by outpatients clinics.

The hospital today has a dual purpose, it has to treat the sick that require hospital treatment and it has to serve as a diagnostic centre, providing facilities, which are not available to practitioners. Too often the patient is admitted for investigation and lies in bed for several weeks waiting x-ray examinations etc. This is due to many factors. The medical officers frequently have too many patients under their individual charge and cannot deal rapidly with each admission. The x-ray department may be unable to fit in a particular examination for several days or the patient may have to await the attendance of the visiting specialist. All this leads to a waste of time for the patient and a waste of a valuable bed. Diagnostic clinics, by using an appointment system can prevent much of this wastage, and an increased medical staff can lead to a great increase of patients investigated. Both these suggestions I have included in

the report submitted to you. Also, there must not be wastage in the use of nursing staff. Their work cannot be done by anyone else, nor should the time be spent on other duties, which could be done by staff other than nursing. This is in particular applies to clerical work and to "domestic" duties. Therefore, from time to time I shall ask for additional clerical staff and for more ward orderlies. Additional clerks need additional offices – this is referred to under "Buildings."

### BED STATE

The total number of beds has been given as 1120. This involves "crisis beds" erected in the centre of the wards during the war. To have 6 or 4 centre beds is overcrowding the wards and in fact slows the work of the nurses. The centre beds have been removed, but two can be erected in each ward in an emergency. Also certain figures show, e.g. in Alexandra and Isolation Wards included a large number of children's beds, which are not used. I suggest that the nominal bed state at the City Hospital is 1020 beds – which is the same as the figure given before the war. Obviously with the present number of nurses we cannot treat 1020 inpatients, but should, say an epidemic of influenza arise, we might have to admit temporarily without restriction and temporarily we should manage somehow. Therefore, I think it reasonable to keep the nominal strength 1020.

Previously the patients have been dispersed throughout the hospital and this has meant that many wards have never been filled to capacity, or nearly filled to capacity, because they dealt with special cases. The more the patients are concentrated the less dispersal of nursing staff is caused. The ward half empty requires almost as large a nursing staff as a full ward so I asked permission to close several wards – e.g., Jenner and the Female Sanatorium. This can temporarily be made use for other purposes – and so indirectly help towards solving the shortage of nurses. (e.g. Jenner Ward to be adapted for clinics) whatever restrictions in admissions is decided upon, four types of cases must be admitted.

1. The seriously ill and all acute cases.
2. The ill patient who has no one to nurse them at his or her home.
3. The ill aged patient who lives alone.
4. The maximum number possible of maternity cases.

### ATMOSPHERE

I cannot think of a better name than atmosphere to include all the diverse activities, which make the atmosphere of a hospital. It is one of my strongest convictions that if a hospital has not a happy atmosphere efficient it may be it is not a good hospital.

So many small details help to make this atmosphere. To give a few examples:

Paintwork. It must be done to make the hospital lighter and brighter. As soon as paint becomes available I suggest that it should be used lavishly both inside and out. The cheerful colour can do much to dispel depression and this is particularly true of chronic illness where patients have to look at the same walls or view for a long time.

Gardens. Just as with paint, Gardens glowing with flowers from March to October have a definite therapeutic and beneficial effect.

Uniform. The nurses uniform can be changed gradually so that it will give pride to the wearer and pleasure to the beholder. Matron will put suggestions to you concerning this.

Receptionist. A receptionist to greet relatives, to direct them to the ward, to explain to them the rules of the hospital, to give away the sympathy when needed, leads to contented and cheerful relatives. A cheerful visitor makes the cheerful patient.

Visitors Canteen. To supply cups of tea to relatives travelling from a distance or sitting with a seriously ill or dying patient.

Almoners Service. This can do much to ease the burden of domestic or business worries, and a worried patient heals slowly. The present service will eventually need to be extended.

Occupational Therapy. If the convalescent patient or the long-term case can be employed so that he feels that he is usefully busy, or a stiff limb exercised by and interesting action, recovery can be greatly accelerated. (If arrangements can be made to grant the facilities of the occupational therapy department to the staff it is a great benefit. A hobby is one of the best tonics to any member of a hospital staff).

Staff Committees. Those, whether they be medical, nursing or of the day staff, do much to make everyone feel that they are part of the hospital. Also, they at times can produce most helpful suggestions.

Staff Recreation. Everything must be done to provide the staff with games, discussions etc. Personally I believe that outside interests are equal importance to entertainments in hospital and should always be encouraged. These are some of the factors, which I included under the title of atmosphere and I include staff activities, for if the staffs are unhappy the patients will not be happy. These cannot all be started immediately, but few involve structural motivations and need not be delayed for long.

These are my personal views. You may not agree with some, but I was asked to state them and I have done so. The next two years are transition years but I do not feel they should be merely years of waiting. Even though the control of the hospital passes out of the hands of the local authority it will still admit and treat the citizens of Nottingham. Therefore, any improvements, which we can now make, will benefit the people of the city in years to come.

Dr. William Morton

Resident Medical Superintendent