Middle Articles

MEDICAL HISTORY – TOMORROW'S BUILDINGS

St. Alfege's Hospital

The original buildings of St. Alfege's Hospital at Greenwich date back to 1840, when the Greenwich and Deptford Union Workhouse was constructed. Some aspects of the history of the workhouse are discussed by Mr. Raymond Moss and Mr. Hugh Thomas in their article below. The buildings are now to be replaced by a new Greenwich District Hospital—a three-storey rectangular block of 1,000 beds, which has been designed by the Ministry of Health's Hospital Design Unit together with the S.E. Metropolitan Regional Hospital Board. One of the paramount problems is that the site to be developed is a congested urban one of only 8 acres, and some of the ideas introduced to solve this have been described as "truly revolutionary."[1] Some aspects of the new design were considered at a recent conference, reported below, held at the Hospital Centre in London.

Greenwich and Deptford Union Workhouse and Infirmary

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In 1601 the Great Poor Law Statute was passed, establishing the responsibility of society for the care of the sick and needy. Overseers of the Poor were appointed in every parish; assistance to the destitute was ordered to be paid out of rates; and workhouses were set up. By the time of Queen Anne poor relief was being distributed at the rate of £1m. a year.

In 1832 the New Poor Law Act set up larger administrative areas, combining neighbouring parishes into unions under the control of locally elected boards of guardians. Under this Act the parishes of St. Alfege's, in Greenwich, St. Nicholas, in Deptford, and St. Paul, in Deptford, amalgamated their relief services and formed the Greenwich and Deptford Board of Guardians. The board agreed to build a new workhouse for the union, and a piece of land just over four acres in size was bought for this purpose on the south side of the Woolwich Road. By 1840 the Greenwich and Deptford Union Workhouse was completed and occupied.

[1] *Brit. med. J.*, 1964, 1, 1374.

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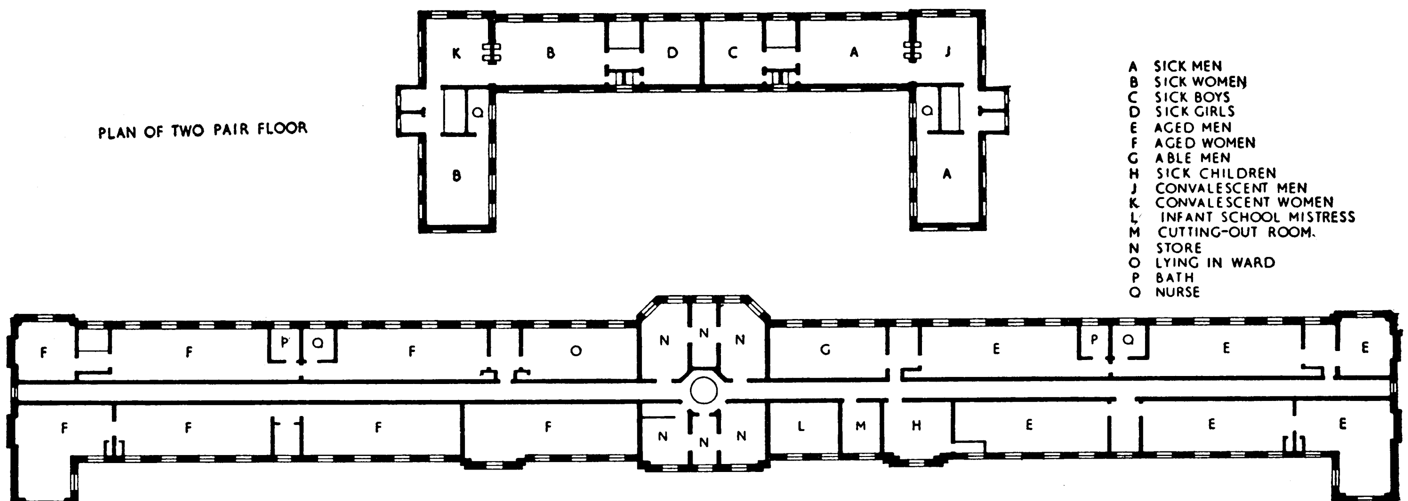
Original Design

The original building was symmetrical in plan and divided into three distinct blocks—administrative, main (with staff and administrative offices, and accommodation for men, women, and a few children), and south (with wards for sick and convalescent men, women, and children). Segregation of the sexes was rigorously enforced by iron gates to the corridors leading off the central staircase octagon and by observation grilles in some of the floors, while external exercise and work areas were separated by high brick walls.

Between the years 1840 and 1875 few changes took place in the shape or extent of the original workhouse. By the late 1860's, however, the residential outskirts of London began to



Greenwich Poor Law Institution. (Plan reproduced by courtesy of Borough Librarian, Greenwich Library.)

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spread rapidly, and the market-gardens and detached houses of the Parish of Greenwich gave way to rows of tight-packed terrace houses. Even in 1864 overcrowding in the workhouse must have been acute, as the *Illustrated London News* of 16 January—recording the Christmas entertainment accorded the inmates by Mrs. Angerstein, wife of the Member of Parliament for Greenwich—noted that "some nine hundred to one thousand of the inmates were present in the Hall" (now the canteen).

With the Local Government Board Act of 1871 a central department for health matters was established under a responsible Minister, and administration of the Poor Law was taken over from the Poor Law Board. The Public Health Act of 1872 reconstituted the local sanitary authorities of England and redefined their areas of control, and it made compulsory the appointment of a local medical officer of health. With the great Public Health Act of 1875, which continued to be the principal Act until 1946, all preceding public health legislation was codified.

In 1874 plans were drawn up and £35,000 was raised towards the construction of a new infirmary block to free the south block for the accommodation of healthy inmates. This consisted of two three-storey pavilion ward blocks (housing 400 patients) and a four-storey block containing administrative and staff accommodation.

Life in the Institution

By 1877 the whole institution was caring for the material and spiritual needs of nearly 1,000 able-bodied, but destitute, inmates and ministering to the sickness of another 400 or so patients. Most of the running of the institution was in the hands of the inmates, from domestic and nursing duties by the women to road repairs and fabric maintenance by the men. Many of the inmates' clothes were made on the premises, bread was baked in the bakery, and walls and floors were scrubbed twice a day. Able-bodied men worked under the direction of a labour master converting railway-sleepers into firewood, mattress-making, shoe-repairing, carpentry, and oakum-picking for the shipyards along the river. Refusal to work would involve an inmate in police proceedings, and many of the inmates carried knives which they were quite ready to use to settle the petty disputes and bickerings that occurred daily. Food was plain but sufficient to keep body and soul together; it was distributed by weight to an unvarying weekly menu and an inmate was entitled to have his meal weighed if he thought he was being served short measure. This was a frequent cause of flare-ups.

Under the 1843 Act the only ground for admission to the workhouse was complete destitution, and any slight improvement in an inmate's financial position would render him liable to 24 hours' notice to leave. The system was nearly always operated fairly, but it was hard and the stigma hurt. For a total maintenance cost, in the early 1880's of 3s. a week a workhouse inmate was fed, clothed, and housed; for 6s. 4d. a week a patient could be cared for in the infirmary, with drugs and medical attendance included; at these levels of subsistence there could be few luxuries apart from a free ration of tobacco.

Further Extensions

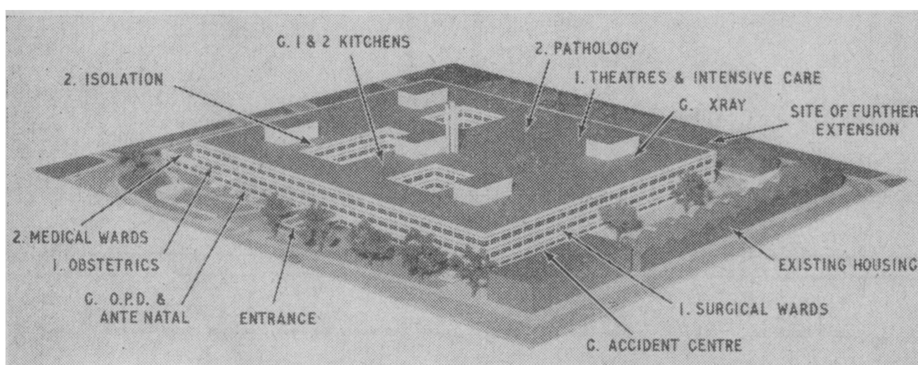
By 1881, with the Deptford parishes included, the Board of Guardians was responsible for the care of the poor and needy from a total population of 106,000 people, many of them living in crowded, insanitary conditions, and only marginally above starvation level. Thus further expansion of the workhouse and its infirmary could be postponed little longer. In 1885 the Board of Guardians raised £14,800 from the Metropolitan Board of Works. Work started on alterations to the workhouse and the construction of two new blocks to house 300 chronically sick patients. Yet another two new ward blocks providing accommodation for about 250 patients of both sexes were built in 1889.

It seems now, in retrospect, that the extension of the infirmary at such a time was not completely justifiable from a practical point of view, though the humanitarian motives for its extension must be given credit. The extension of the plans of Greenwich and Deptford Union Workhouse and Infirmary at the Great Paris Exhibition of 1900—as a demonstration of what Britain was doing for the relief of the poor—is an indication of how far ahead of its time the institution must have been in 1889. In 1891, however, with a certified accommodation of 538 beds, the infirmary catered for an average daily occupancy of some 380 patients, while the outside dispensaries continued to issue prescriptions at the rate of 36,000 a year to those who could not afford to take their ills to local general practitioners for treatment. Perhaps an outpatient department would have better suited the needs of the local population at this time rather than two residential ward blocks. These needs were not to be met adequately until 1927.

Overcrowding

While the facilities for the care of acutely sick patients remained to some extent overgenerous, workhouse accommodation was in a permanent state of overcrowding. Prospective inmates were distributed round the neighbouring unions under a reciprocal exchange scheme—while a steady stream of the younger inmates was emigrated annually to the Colonies and to the Dominion of Canada at the expense of the parish ratepayers. Children, too, were becoming a problem. The workhouse was not an orphanage, so the number of children accommodated was never very high; some had been born in the institution; many foundlings were cared for there while police inquiries were made for the delinquent parents; and, as waves of unemployment swept through the area, young families were thrown into destitution and ended up on the workhouse steps.

With the turn of the century action was taken to improve these two situations, the overcrowding in the workhouse and the plight of the children. Plans were prepared and money raised for construction of a brand new workhouse at Grove Park in the Borough of Lewisham (now Grove Park Hospital) and for the Children's Homes, Halfway Street, Sidcup (now the Lamorbey Residential Homes). The new workhouse was opened on 9 April 1902 under the control of the Green-



[Fox Photos Ltd.

Model of New District Hospital at Greenwich. G=Ground. 1=1st Floor. 2=2nd Floor.

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wich and Deptford Board of Guardians, and immediately began accommodating the overspill from the Greenwich Workhouse. It had cost £360,000 to build and was equipped to house about 1,000 inmates. In 1904 the average daily occupancy of the workhouse stood at 1,237 inmates—a figure that was never to be reached again.

General Hospital

If one has to give a date to mark the point at which St. Alfege's, Greenwich, started to assume the functions of a general hospital, perhaps 1904 would be the most appropriate date. All the essentials of a hospital had been there for some time, but in a subordinate capacity. The ward blocks were functioning efficiently under the control of a staff of 150, including a highly qualified medical officer and some sixty nursing staff of varying status. The acute beds were open not only to the paupers of the parish but to those whose relatives could afford to pay for them. In 1898 the infirmary had been certified as a training school for nurses with some 40 to 50 girls in training; a sister was responsible for each ward block with a day nurse and a night nurse for each ward and with relief to give each nurse one free day per month. Probationers were paid £10 to £15 a year, and worked a 77-hour week on average.

By the end of the first decade of the twentieth century it was obvious that the days of the workhouse, indeed of the need for a workhouse, were numbered. As early as 1918 the Maclean Committee recommended the abolition of the Poor Law Authority; but the county councils were not yet ready to assume full responsibility, and the Authority and its Boards of Guardians were to continue in existence for another 11 years. Against this background of hope and reform St. Alfege's Hospital, as we know it today, began to emerge from its workhouse chrysalis.

Greenwich District Hospital

[FROM A SPECIAL CORRESPONDENT]

On 29 November a meeting was held at the Hospital Centre in London to discuss the progress made in the scheme for the new Greenwich District Hospital.

Outlining the basic aims of the Greenwich Hospital project Dr. J. S. S. FAIRLEY (South-east Metropolitan Regional Hospital Board) said that these were to redevelop and expand the existing hospital site while maintaining a fully operational hospital; to use modular planning so as to have repetitive and standardized items; to design a hospital making the greatest possible use of mechanical devices to help patients and staff; and to have a project sufficiently flexible to meet changes in medical, nursing, and administrative methods. The estimated cost of the conversion of the present St. Alfege's Hospital was in the region of £5.9 million. The new hospital would serve nearly a third of a million people and would have about 1,000 beds. A large number of beds would be available on a relatively small site, the layout of which would be extremely compact to simplify working and conserve staff time and effort. A high degree of flexibility was possible by building wards in continuous bands at the periphery with services in the centre, and a common system of construction in all departments. Dr. Fairley explained that maintenance would be simplified by concentrating the engineering services, plant, and equipment in a limited number of shafts, access to which would be possible without entering the clinical areas. It was planned to build the new hospital in phases without disturbing the running of the existing hospital. Air conditioning would add to the patients' comfort, and close proximity of wards and kitchens would ensure a speedy meal service. Dr. Fairley concluded by saying that the project had afforded an outstanding opportunity for all concerned for research into the best methods of hospital planning, design, and construction.

Mr. H. GOODMAN (Ministry of Health) considered that the team designing the new hospital had produced a flexible, adaptable integrated building capable of coping with the changes that might occur in the next fifty years or so. Nevertheless, the building of new hospitals was a calculated risk, for today's innovations might soon be obsolete. Extensive sound-proofing had been made possible by the use of gas-filled porous concrete slabs cemented together. Fire hazards had been reduced by using non-combustible materials when possible and by fixing self-closing doors. Mr. Goodman considered that the project had provided a large fund of information that would be of use in the design and construction of hospitals of the future. The contractors had started work on it in the middle of October this year.

Miss M. R. WORSTER (Matron, St. Alfege's Hospital) thought that the new hospital would make the maximum use of the nurse's skill and time. She would not be doing non-nursing work as at present. Efficient planning would save much of her time. The new hospital would provide special nursing care units for emergencies and patients requiring highly specialized forms of treatment. There would also be "homeward bound" units for patients being rehabilitated before discharge.

Building

Mr. W. G. WILSON (Ministry of Health) said that in the past it often took ten years to build a new hospital; it was hoped to complete the Greenwich project in half this time. What made this project most difficult was the replacement of an existing hospital by a new one without disrupting its smooth running. Many units of the new hospital, which would have about sixteen acres of floor space, would be prefabricated in the factory and assembled on the site.

Mr. L. J. CONNOR (Ministry of Health) then discussed the programming of the project. Management planning was essential, as in any other large building operation. The new hospital had to be built in a given time and for a fixed cost. Costs rose rapidly in a crash programme or in one that was unduly protracted; there was an optimum time taken to build for the lowest cost. Mr. Connor compared the building of a new hospital on the site of an old one with spare-part surgery. Unlike the surgeon, the architect had to modify and improvise as he went along. All the data and documentation in the present project were processed through a computer and the information fed back to the architects, planners, and contractors.

Organization of Supplies

The organization of supplies within the new hospital was discussed by Mr. J. R. B. GREEN and Mr. C. DAVIES (Ministry of Health). Mr. Green explained how they had started with simple designs of hospitals to see in which type supplies and personnel could be moved most efficiently. The final plan was a rectangular block with strip wards round the periphery and a central block for supplies and hospital personnel. This plan was repeated on four floors, each with 250–300 beds.

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