

Across the county, as the 1800s passed by, a range of Voluntary Hospitals, Cottage and Specialist Hospitals, Poor Law Infirmaries, Hospitals for Infectious Diseases and Asylums met the needs of the general population, the precise type being determined by local circumstances. Charitable institutions funded by voluntary contributions were able to offer help to the poor although their services did not extend to all diseases or mental illness.

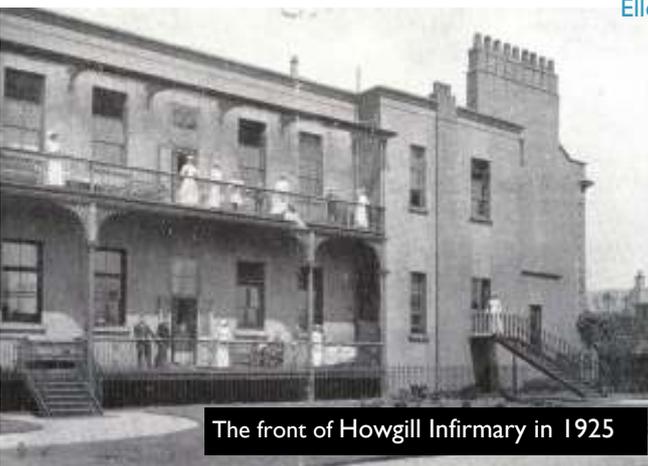
The *House of Recovery*, established in 1820, is a commodious building, situated in a garden near Collier's-lane, and contains accommodations for above forty patients. The object of this institution is the cure and prevention of contagious fevers and other epidemics, and the number of patients received into the house in the year ending December 1st, 1846, was 40; the number admitted since the establishment of the hospital, in 1820, was 2,108, exclusive of 178 cholera patients, admitted into the house in 1832. In 1846, there were nineteen discharged, cured of typhus diseases, five of scarletina, two of small pox, and one of other diseases; and in the same year there died in the hospital, five of typhus fever, one of small pox, and four of other diseases. The subscriptions and donations to this useful charity, in 1846, were £188. 4s. 4d., including about £68. received on account of patients. It has for its president the earl of Lonsdale, and for its vice-presidents, the lord bishop of Carlisle, together with the same distinguished individuals who are vice-presidents to the dispensary. Mr. John Norman is *treasurer*; Mr. H. J. Halton, *secretary*; Thomas Barnes, M. D., *physician*; Mr. T. H. Marison, *apothecary*; Mr. Robert Stubbs, *inspector*; Mrs Stubbs, *matron*; and Mr. Jonathan Christmas, *collector*. "Every patient presented for admission must have a certificate, signed by the medical attendant, and also by a relative, master, or overseer, as the case may be, or by the individual, guaranteeing the payment of all necessary expenses."

19th century voluntary hospital provision in 3 institutions in Whitehaven



Convalescents at Howgill Infirmary in 1925

Unlike voluntary hospitals, fever hospitals were often funded by municipal authorities, in response to public fear about epidemics of infectious diseases. Intended to isolate patients they were usually found outside towns, such as at Ellerbeck near Workington.



The front of Howgill Infirmary in 1925

WHITEHAVEN INFIRMARY.

Dispensary, 24th Nov., 1829.

At a Meeting of the Committee held this Day, the following Rules were proposed for the Government of the WHITEHAVEN INFIRMARY, and to be submitted to a General Meeting of the Benefactors and Subscribers:—

I. That the sole Management of the Infirmary shall be vested in a Committee of Twenty, to be chosen Annually from the Governors of the Institution.

II. That each Subscriber of One Guinea, or upwards, Annually, or Benefactor of Ten Guineas, or upwards, at one or more Payments, within Two Years from the 1st

VII. That each Benefactor of Twenty Guineas, or Subscriber of Two Guineas Annually, be allowed to recommend One In-patient and Four Out-patients, or Eight Out-patients, and so in Proportion for any larger Benefaction or Subscription; every Benefactor of Ten Guineas, or Subscriber of One Guinea Annually, be allowed to recommend One In-patient, or Four Out-patients; and that each Benefactor of Five Guineas, or Subscriber of Half-a-Guinea Annually, be allowed to recommend Four Out-patients. No Benefactor or Subscriber to have more than One In-patient at the same Period.

VIII. That every Parish Officer, and every President or Treasurer of any Society, or Body Corporate, subscribing Two Guineas Annually, be entitled to recommend One In-patient and Two Out-patients, within the Year, provided they engage that such Patients shall not become chargeable to the Township in which the Infirmary may be situated in consequence of being Patients of this Infirmary.

IX. That the Objects of the Charity shall be indigent Persons, recommended by the Contributors to the Charity as proportioned by the 7th Rule, but on no account are Apprentices or menial Servants to be recommended, Aid of the Infirmary, unless within the following Rule.

The SPECIFIC CONTAGIONS of CHILDREN have been less than usually prevalent this year. The NATURAL SMALL POX, happily, has not occurred in this town and its vicinity for a considerable length of time; and, in consequence, the lower class of people having no present apprehension of the sufferings and danger attending it, were unwilling to admit

safe and sure expedient—the Cow-pox INOCULATION, especially in the Winter season, as they are prejudiced against its employment in cold weather, which they suppose will prevent the efficacy of the infection.—A few cases of the Cow-pox were cured by its only effectual remedy calveol, preceded by an emulsion. Three applications, in an advanced stage of the disease, were unsuccessful. Three of the 28 cases of SCARLET FEVER proved fatal. The HOUSING COUGH, which has long prevailed here, still continues to exert a general but favourable influence, seldom requiring more than occasional medicine.—In private practice the MEASLES have occurred in a mild form. Our attention to these DISEASES is hence REPORTS of this CHARITY must make any further observations relative to their cause and treatment totally unnecessary. The variable state of the weather in every season of the



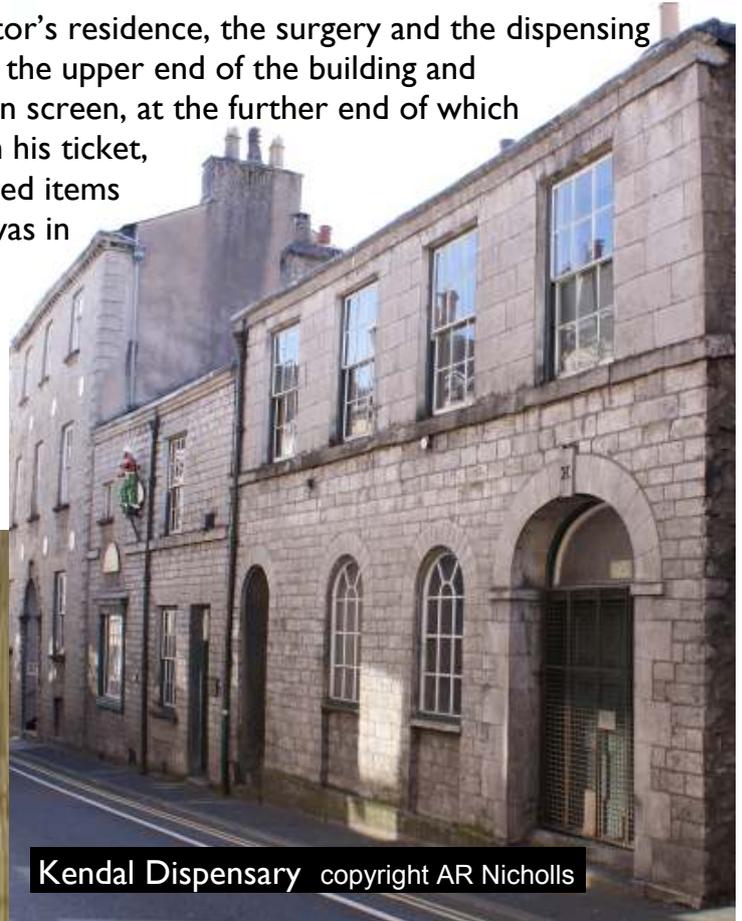
Ellerbeck Fever Hospital, Workington

The Evolution in Medical Practice - Kendal Dispensary

Kendal Dispensary opened on 1 January 1783 in a building on Lowther Street adjacent to Gawith's Snuff Factory.

The premises are said to have comprised the doctor's residence, the surgery and the dispensing room. The door into the dispensing room was at the upper end of the building and was separated from the waiting room by a wooden screen, at the further end of which was a recess in which the patient stood to hand in his ticket, through a little aperture, and received the dispensed items in return. The door into the Doctor's residence was in the lower end of the building. The way into the surgery was through the waiting room, the door into it being opposite the one from the street.

It closed in 1848, because Poor Law Union medical officers were then providing medical support to the poor.



Kendal Dispensary copyright AR Nicholls

List of Patients for Jan^y 1839

Cholera	1	Diarrhoea	1
Headache	1	Stomach	1
...
Total	439		

REGULATIONS.

I. The objects of this Charity are the poor inhabitants of Kendal and Kirkland unable to purchase medicines.

II. All persons of the above description will be furnished with medical assistance upon applying at the Dispensary, and producing a recommendation from a subscriber, or from an overseer of the poor, if they receive a pension from the Town.

III. Such patients as are able to come to the Dispensary, are desired to attend at nine in the morning in summer, and ten in winter.

IV. Patients incapable of coming to the Dispensary, will be visited by the physician, surgeon, or apothecary, as their cases may require, at their places of abode.

Regulations, 1832 Ref. WDEC 5 A I and List of patients, January 1839 Ref. WDEC 5 A I

The original instruments belonging to the Dispensary, being very valuable, it is requested to have them under the care of the Secretary, & the Committee request that they may be preserved from rust or otherwise spoiling. That the Treasurer reimburse him for any expense he may incur in keeping them in perfect order. & the Secretary is at liberty to accommodate any other Surgeon in his labors with the loan of such instruments as they may be under the necessity of applying for, with the understanding that they be returned in good order.

After the Dispensary closed arrangements were made for the disposal of instruments, stock and premises. Mr Fisher, former house surgeon, bought some of the drugs. The instruments 'being very valuable' were to be 'preserved from rust, or otherwise spoiling' and made available for use by any surgeons in the town.

The Evolution in Medical Practice - Specialist Hospitals

As modern nursing continued to develop in the 19th and 20th century, specialist hospitals were built. Examples of such hospitals in the south of the County are the Westmorland (Meathop) Tuberculosis Sanatorium and the Ethel Hedley Orthopaedic Hospital at Windermere.

Westmorland (Meathop) Tuberculosis Sanatorium



WESTMORLAND SANATORIUM.

:: RULES AND REGULATIONS. ::

It is a patient's duty to make himself, or herself, acquainted with the Rules and Regulations of the Institution, and failure to comply with them renders the person liable to dismissal.

Punctuality.—Keeping strictly to the times of the daily routine and attending to all instructions given are essential in obtaining the full benefit from treatment.

Rest Hour.—This period should be spent in the recumbent position. Silence must be observed; a patient may read, but no other occupation is permitted. Boots or shoes must be taken off before getting on to the bed.

Library.—Patients may obtain books from the Librarian at specified hours.

Shelters and Wards.—Patients are expected to keep the shelters and wards as tidy as possible. All papers, peed, cigarette ends, match stalks, etc., should be put into the receptacle provided for the purpose. No rubbish of any kind should be thrown from the windows. After rest, beds must be left in a tidy condition. Patients must not congregate in wards or shelters and are requested to make as little noise as possible.

Sputum Flasks and Handkerchief Boxes.—It is essential that patients should realize the danger of infection from sputum. All expectoration should be into the sputum mug or flask (flasks should always be carried) and on no account should patients spit into wash basins, on to the ground, etc. Handkerchiefs, infected by use, must be carried in the boxes provided.

Smoking.—Patients on "voice rest" must not smoke; and it is requested that all other patients smoke a moderate amount. (No smoking during rest hour).

Stages of Treatment and Grades.

Absolute Rest.—No physical exertion. No reading or talking. Patient is fed, washed and assisted generally.

Total Rest.—Patients allowed to talk, read, and feed themselves, are completely confined to bed and must not wash themselves.

Bed.—Allowed to wash themselves in bed, and allowed to go to lavatory.

Bed Wash Bed.—Allowed up to wash and to bath.

Chair 1.—Up, sitting in a chair, for one hour.

Chair 2.—Up, sitting in a chair, for two hours.

11 a.m. to 2 p.m.—Gradually increasing periods during which the patient is allowed up. 7 a.m. to 8 p.m.

Walk, 15 minutes.—15 minutes exercise within the grounds of the Institution. (Patients rise to make their own beds before breakfast). Walks outside the grounds, increasing up to 60 minutes when patients will commence a grade suitable to their condition.

Walks.—(Sanatorium) .. From 9-30 a.m. for period of time prescribed.

(Home) .. From 2-30 p.m. for period of time prescribed.

Grade Hours.—(Sanatorium) From 10-45 a.m. to 11-45 a.m. 2-30 p.m. to 3 p.m.

(Home) .. From 9-30 a.m. to 11 a.m.

Grade 1.—40 minutes morning. Picking up papers, knives, etc., closing brasses, light sweeping and light raking.

Grade 2.—40 minutes morning and 30 minutes afternoon. Any Grade 1 duties plus window cleaning, light digging, footing, wood-chopping, etc.



Westmorland (Meathop) Sanatorium (extended in 1900) was a Sanatorium for the free treatment of the poor suffering from TB. It was located in 52 acres of grounds, as well as conventional wards it also included treatment rooms and 2 bedded purpose -built shelters designed to admit therapeutic fresh air for patients well enough to be off the wards.

The Evolution in Medical Practice - Specialist Hospitals

Ethel Hedley Orthopaedic Hospital for Children, Windermere

Information amongst the records held by Cumbria Archive Service tells us that this hospital opened after the 1st World War as an orthopaedic hospital for the children of Cumberland, Westmorland and North Lancashire.

By 1924 there were 50 beds.

The hospital had its own school which was taken over by the Ministry of Education in 1949. At this date it had 6 teaching staff. The children took part in a normal school routine despite their mobility difficulties. There was a full time physiotherapist, resident doctor and visiting surgeons.



As with all hospitals, record keeping was extremely important. Registers were kept relating to many things, including plaster casts and boots needed after surgery and drugs used during operations.



Staff were keen to entertain the children at sports days and other events