

# **THE WALTON EXPERIENCE: CONTRIBUTIONS TO LOCAL AND NATIONAL DEVELOPMENTS IN HEALTH CARE, 1915 TO 1945**

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The period between 1915 and 1945 saw many changes in the health and social services of Britain. The transition of Poor Law institutions to local authority hospitals was accompanied by a growing professionalism amongst staff, and an awareness of the need for a comprehensive health service together with improved terms and conditions of employment for all staff. Walton Institution of West Derby Union in the City of Liverpool was one of the largest in the country. At both local and national level, the three main officials, Dr Henry MacWilliam, Matron Martha Roberts and Mr Colin Roberts, the Master/Manager, made major contributions to the development of professional standards in their various fields of medicine, nursing and hospital administration. They were also instrumental in the improvement in conditions of service and health care that benefited both patients and staff.

By the early twentieth century, the system of health care in Britain was uneven and unfair. A large proportion of the middle class could afford to see a general practitioner, but may not have funds for hospital treatment. There were also several types of hospital in Britain. The voluntary hospitals were generally elitist and treated a narrow range of patients, paid for through donations or friendly societies; the municipal institutions provided only limited treatment for infectious diseases; the Poor Law institutions were generally regarded as the lowest quality, and were used only as a last resort by the poorest sections of society. The medical services were in a state of chaos and in need of reform, yet there was fierce opposition to reform from all sides. Doctors, especially, were concerned about their fees, status and freedom to practice. Although nurses were fighting for state registration and mandatory training, those who worked in voluntary hospitals did not wish to be associated with their Poor Law colleagues. When Neville Chamberlain became Minister of Health in 1923, he continued the process of reforming local government, eventually transferring responsibility for the Poor Law institutions from the Boards of Guardians to the

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local authorities from 1930. These institutions were gradually developed into municipal hospitals, and upgraded where necessary.

The West Derby Union in the City of Liverpool was created in 1834 following the Poor Law Amendment Act and, by 1922, it was responsible for fourteen institutions, which were administered by the Board of Guardians. Walton Workhouse was opened in 1866 to relieve the pressure on the Mill Road institution. At this time, it had accommodation for one thousand inmates. In 1915 the Board of Guardians made three appointments: Dr Henry MacWilliam was promoted to Senior Medical Officer, and Colin and Martha Roberts arrived as Master and Matron. The commencing salary of the Master and Matron was one hundred and fifty pounds and one hundred pounds respectively, together with first-class rations, furnished apartments, washing and attendance.<sup>1</sup> They managed an institution that now had some two thousand five hundred beds.<sup>2</sup>

### ***1915 to 1930: from institution to municipal hospital***

#### Medicine

Henry MacWilliam, born in 1886, was twenty-nine years old when he became Senior Medical Officer, 'at a salary of £350 per annum and £5 in lieu of beer'. He graduated in medicine from Belfast University, took up a position at the David Lewis Northern Hospital in Liverpool, and later at the Liverpool Eye and Ear Infirmary, before starting at Walton as a medical officer in 1913. Over the years he affectionately became known as Dr Mac., or Daddy Mac., to staff, inmates and patients.

Throughout the 1920s and 1930s, MacWilliam worked tirelessly to improve the standards of care in Walton. His annual reports to the Board of Guardians graphically illustrate the changing role of the hospital, developments in medicine and treatment of disease. MacWilliam constantly supported his medical staff, fought many battles on their behalf, and kept pushing for reforms, increases in staff and more modern equipment. In 1922 Walton had three medical officers, and he reminded the Guardians that Poor Law medical officers were comparatively isolated and that this could be detrimental to their work. He also asked for an increase in staff, although it was suggested that he provide a deputy medical officer at his own expense!<sup>3</sup>

Henry MacWilliam performed most of the surgery at Walton during the 1920s. In order to avoid professional isolation he introduced a variety of new

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1 Liverpool Record Office (hereafter LRO), 353WES, 1914/15, vol. 47, p. 182.

2 LRO, 614WAL, 20/1, *Reports of Principal Officers of Transferred Institutions*, 31 December 1930.

3 LRO, 353WES, 1/52, Walton Institution Sub-Committee, 7 March 1934.

measures, including inviting general practitioners to attend as visiting doctors. Good standards of clinical practice were maintained by creating a house rule that ensured that two doctors always saw each patient, this protected both the doctors and the patients. He encouraged the development of specialities and departments such as Radiology, OPD, Maternity, Psychiatry and Pathology. Eventually there were six visiting consultants, and medical students were sent for clinical experience from Liverpool University.

To raise standards of care, he gradually adopted the standards of the Hospital Standardisation Movement of America. These included professional guidelines for medical staff, continuing education for doctors, regular patient reviews, periodic conferences and discussions and efficient medical records.<sup>4</sup> All this helped to prevent unnecessary or incompetent surgery, minimise complications and infections and lower the death rate.<sup>5</sup> He also advocated a shorter length of stay in hospital for patients, although a small number of surplus beds were always available. He constantly reminded the Guardians that the best way to save money would be to reduce the amount of time that patients spent in hospital. Excessive lengths of stay were due to staff shortages, as the medical officers were so busy with urgent work that less serious cases were not reviewed on a regular basis.<sup>6</sup> People with minor conditions were often kept longer than necessary as there was no way of assessing their domestic situation.<sup>7</sup>

Although all this is standard practice today, at the time these initiatives were groundbreaking activities for an institution in the Poor Law system.

The next fifteen years saw an increase in demand for services, which reflected the changing patterns of care and the developing specialities. Outpatients for example, grew from 6,159 attendances in 1928 to 66,953 in 1938.

**Table 1** Details of attendance, operations, etc.<sup>8</sup>

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4 LRO, 353WES, 1/52, Medical Officer's Report (hereafter MO Report), 1923.

5 *Ibid.*

6 LRO, 353WES, 1/54, MO Report, 1925.

7 LRO, 353WES, 1/56, MO Report, 1927.

8 LRO, 353WES, 1/51-1/59. Reports of Senior Medical Officer, 1928-38.

	1928	1935	1938
Outpatients	6,159	49,017	66,953
Pathology	15,726	29,018	30,098
Physiotherapy	15,849	27,083	32,572
Surgery	1601	4,210	5,668
Live births	1074	2,186	2,809

Mr Stafford managed the Pathology Department, and two boys and three inmates acted as assistants. The visiting consultant, Dr Wadsworth, examined and reported on specimens, and all of the medical staff did some pathology work. The expertise of Mr Stafford and Dr Wadsworth hid the fact that there was no qualified pathologist on the medical staff until Mr T. Davie was appointed in 1931.<sup>9</sup>

The Maternity Department steadily expanded from 342 live births in 1922 to 2,809 in 1938. Facilities in this department were poor, as it was not rebuilt during the general reconstruction of Walton. In spite of a long campaign by Henry MacWilliam and Colin Roberts to improve the department, it was not upgraded until the late 1930s. One of the major concerns of MacWilliam was the quality of the milk given to babies and the problem of infection with the tubercle bacilli. He pointed this out to the *Guardians* in 1924, but it took four years to have Grade A TT (tuberculin tested) milk supplied to the hospital.<sup>10</sup> In the meantime, dried milk was used despite the expense. Tuberculosis in adults was also a major problem. MacWilliam reported in 1929 that cases of TB were particularly difficult: 474 cases were discharged and 198 died during that year. The special unit of one hundred male and forty female beds was inadequate, and there were always forty to fifty TB patients on the general wards.<sup>11</sup>

For many years psychiatric patients had been automatically transferred to Mill Road Hospital, and in 1929 MacWilliam asked for a specialist member of staff to be appointed at Walton. Mr Charles Rankin was appointed in 1931, and the Department of Psychiatry was the first of its kind in Liverpool.<sup>12</sup> Throughout the 1930s MacWilliam kept pushing for improvements, and the hospital and its specialist departments steadily expanded in response to

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9 LRO, 353WES, 1/56-58, MO Report, 1927-29; LRO, 614 WAL, 20/1-7, MO Report, 1930-38.

10 LRO, 353WES, 1/53, MO Report, 1924.

11 LRO, 353WES, 1/58, MO Report, 1929.

12 Henry H. MacWilliam, *Memories of Walton Hospital* (Liverpool: Young, 1965), p. 41.

increasing demand.<sup>13</sup>

MacWilliam was a member of the British Medical Association, and chaired the Liverpool Branch from 1936 to 1937.<sup>14</sup> He also belonged to several other medical societies, including the Socialist Medical Association of which he was a life-long supporter. The Socialist Medical Association advocated a comprehensive health service for all and was started by Dr Benjamin More, later Professor of Biochemistry at Liverpool University. In 1910 More published a book, *The Dawn of the Health Age*, in which he recommended a comprehensive health service. This philosophy had a profound influence on MacWilliam, who throughout his career campaigned for a comprehensive health service. He produced a constant flow of publications, speeches and letters that supported his staff, advocated improvements in hospital care, or expounded his views on the health care system

### Nursing

Martha Roberts was born in 1879, and was thirty-six years old when she became Matron. She had trained as a general nurse at Shaw Heath at Stockport, worked as a midwife, and had nursed infectious diseases. She had been Matron at Pembroke and Canterbury Workhouse before moving to Walton. Her approach to her work was well ahead of her time, and she was enthusiastic, compassionate and fair with both staff and inmates.<sup>15</sup> In 1917 she introduced a scheme that enabled mothers with young babies to go out to work and still keep their children, so that they were integrated back into the community.<sup>16</sup> Mr Roberts told a meeting of the Association of Masters and Matrons in 1919 that the project was most unusual for the times, but nevertheless it was a great success and had been working well in West Derby Union for the past two years.<sup>17</sup>

Matron Roberts always encouraged and supported people and was trusted by her staff. She also had a realistic standard of values, and knew when to bend the rules.<sup>18</sup> During the influenza epidemic of 1918 she infused confidence by her personal touch. She had great faith in eating to keep up strength, and insisted that the staff ate their meals whether they had an appetite or not. She

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13 *Ibid.*

14 Obituary, *British Medical Journal*, 3 (1969), 478.

15 Merseyside County Sound Archives (hereafter MCSA), *Walton Workhouse*, 1982.

16 MacWilliam, p. 10.

17 British Newspaper Library (hereafter BNL), *Poor Law Officers Journal*, 28 (1919), 1112.

18 MacWilliam, p. 30.

made sure that nourishing food was always available.<sup>19</sup> She worked hard to improve amenities such as the recreation hall and better living conditions for the nurses, although even in 1928 thirty per cent of her staff were still living in a converted ward. The new nurses' home was not opened until 1938.

Roberts was very concerned about the quality of training and working conditions for nurses. She drew up a new syllabus for nurse training that was adopted in all the institutions in West Derby Union.<sup>20</sup> Surgical procedures had increased at Walton during and after the First World War, and this enabled the nursing staff to complete all of their training in their own institution. The Nurses Registration Act of 1919 created the General Nursing Council (GNC), which began a State Register of Nurses. It also established compulsory standards of nurse training for all hospitals. Very little alteration was needed to the training at Walton in order to meet the requirements of the GNC, the only significant change was to appoint a Sister Tutor, Miss Hannah Shatewell, in December 1921.<sup>21</sup>

For some time there had been a unit staffed by experienced but untrained male attendants, who were excellent nurses but lacked systematic training. Martha Roberts developed a training scheme for male nurses in 1928, and Walton was only the second institution in the country to offer this course.<sup>22</sup> She was also the first to train nurses from abroad (from Sierra Leone) during the 1920s.<sup>23</sup>

Matron Roberts also improved the working conditions for her nurses. It was not unusual for nurses to work seventy-one hours per week on day duty, and eight-four hours on nights.<sup>24</sup> She introduced the 112 hour fortnight for all nurses, which allowed night nurses a break in the middle of the night for a hot meal. All nurses at Walton were working a fifty-six hour week by 1922, which was unusual at this time. Roberts was consulted by the (Royal) College of Nursing on the efficiency of the nursing service at Walton when they were

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19 *Ibid.*, p. 27.

20 'The advance of nursing at Walton', unpublished correspondence and draft document from P. Moore to B. MacWilliam on the occasion of the centenary of Walton Hospital in 1968 - the document was intended for publication in the *Liverpool Echo* (B. MacWilliam, private collection).

21 *Ibid.*, p. 7.

22 MacWilliam, p. 33.

23 Joan Bevan, audiotaped interview on 10 May 2000. (Joan Bevan was the daughter of Colin and Martha Roberts.)

24 R. White, *Social Change and the Development of the Nursing Profession. A Study of the Poor Law Nursing Service 1848-1948* (London: H. Kimpton, 1978), p. 169.

developing a training scheme for the State Hospitals of Poland.<sup>25</sup>

### Nursing Politics

The experiences of Matron Roberts, together with her long-established local support for the West Derby Union Branch of the National Poor Law Officers Association and her empathy with inmates, patients and staff, equipped her to be able to contribute at national level on the Executive Council and other committees as a representative of Poor Law nurses. In 1918 she was involved in negotiations with the College of Nursing to try and gain recognition for the Poor Law nurses, and was also nominated as a national delegate for the General Nursing Council in 1919. Martha Roberts served on the National Organising Committee and the Conciliation Council of the National Poor Law Officers Association, which negotiated terms with the Boards of Guardians.<sup>26</sup> She served on various other committees, but subsequently made an agreement with her husband, Colin, in 1925 to withdraw from national-level activities to care for their two children and home. She would probably have achieved much more had she continued her national roles. It was unusual at this time for a woman to hold such high office in a national association. She later turned her considerable energies to local charitable work, and managed to raise thirty-seven thousand pounds for the Red Cross, where she served on the Nurses Sub-Committee with two women and seven men, for which she was awarded the MBE in 1931.<sup>27</sup>

### Management

Colin Roberts was born in 1883 and spent his childhood in a family connected with the Poor Law, as his father had been a teacher and then Master at Stoke-on-Trent Workhouse. In the latter part of the nineteenth century, he would have observed the living conditions of inmates and staff, and also the influence that the Board of Guardians had over the daily lives of the officials. He experienced for himself the problems of poor salary and conditions of service. This influence probably laid the foundations for his lifetime commitment to improving the conditions of service for Poor Law and local authority employees.

Roberts entered the Poor Law service in his late teens. He was a steward of Stepping Hill Hospital, Manchester and Master at Pembroke and Canterbury

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25 'The advance of nursing at Walton', p. 8.

26 BNL, *Poor Law Officers Journal*, 28 (1919), 329.

27 MRCW, HSS 20/NPL/1/2/2/, Nurses Sub-Committee.

Workhouse.<sup>28</sup> He was thirty-two years old when he began his work at Walton, which at that time had two thousand five hundred beds: one thousand for patients and one thousand five hundred for inmates.<sup>29</sup> He began his tenure as Master by improving the quality of the food served to inmates. He also refused to hold 'punishment courts' for minor infringements, preferring to maintain discipline through discussion and co-operation. He did not believe in corporal punishment, and with difficult inmates he would withdraw privileges or have them moved to another area.<sup>30</sup> Improvements in the hospital gradually appeared, including an incubator in the laboratory, a Roman Catholic chapel and a recreation hall.

The renovation of Walton began in 1922, and the estimated cost was two hundred and fifty thousand pounds.<sup>31</sup> It was intended that each unit would have a large ward with one or more small wards, sanitary annexes and ancillary rooms. Improvements were made to the service buildings, X-ray, Pathology, Laboratory, Dispensary, Engineering and Laundry. It was a massive project, and probably an administrative nightmare. Between 1922 and 1927, virtually the whole of the institution was upgraded or rebuilt. During these five years there were big improvements in administration and communication facilities, catering and central heating (inmates were no longer required to sit up all night to stoke fires). All painting and decorating was done by unemployed labour. During this time the walls of the airing courts, which separated men from women, were removed and discipline became more relaxed. The Master's Reports for the 1920s chart these developments, and also provide an insight into the life of inmates in 'the House' during this period.

Roberts reported in 1924 that there was an increase in private patients using Walton, particularly for maternity care, although the Guardians stopped this practice in 1929.<sup>32</sup> The demand from the public for hospital beds continued to increase, and this in turn required a more efficient service from both administrators and staff.<sup>33</sup> Roberts felt that these developments would inevitably put a great strain on hospital accommodation in the future.<sup>34</sup> This huge organisation now had major service requirements. Inmates worked in

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28 *Liverpool Daily Post*, 30 October 1968.

29 LRO, 353WES, 1/58, MR, 1929.

30 MCSA, *Walton Workhouse*, 1982.

31 LRO, 353WES, 1/58, MR, 1929.

32 LRO, 353WES, 1/58, 1929, p. 177.

33 LRO, 353WES, 1/54, MR, 1925.

34 LRO, 353WES, 1/58, MR, 1930.

many areas, and women particularly were used as cleaners. In a good institution, qualified tradesmen were employed as supervisors and inmates were able to learn new skills or improve those that they had already acquired.<sup>35</sup> By 1930 there were two thousand one hundred beds: 1,640 designated for the sick, and four hundred and sixty for inmates.<sup>36</sup> Although indoor relief gradually declined, particularly in the larger hospitals, Walton still used inmate labour until 1935, when it became subject to the Public Health Act. The cost of replacing this labour was ten thousand pounds per annum.

### ***Association work: 1915 to 1930***

Colin Roberts joined the National Poor Law Officers Association in 1905, and between 1918 and 1925 he was a very active member of several Executive Committees. He concentrated on developing measures that improved conditions of service for indoor officers of all grades. These measures included nursing salaries, superannuation and payment of war bonuses.

When Roberts arrived at Walton he was already an active member of the National Association of Masters and Matrons, and because of the positive attitude of the Guardians he was allowed to continue this work at local and national level. Most Association meetings were held at weekends, but it is a tribute to his management skills and his ability to delegate that he was able to combine such a busy schedule with the management of the institution. Most white-collar workers in the Poor Law service were in favour of associations, because for many officers some of their duties were legal requirements. The 'no strike' philosophy of the associations would afford them the benefits of this kind of organisation, whilst allowing them the freedom to work within the law.

By 1918, Roberts was working at local and national levels and on both of the Executive Councils. He felt very strongly that the Poor Law officers needed good publicity to promote the positive and humane aspects of their work to the public, so providing a better understanding of the Poor Law system.<sup>37</sup> In 1919 he wrote an article for the *Poor Law Officers Journal*, suggesting that the Poor Law system could be vastly improved (rather than abolished) by a variety of measures. These included: post-admission assessment for public assistance; more visiting surgeons and physicians; training of medical students; more accommodation for working boys and girls; more varied training for girls; education for children in hospital; care for the aged and infirm in small units; better provision for illegitimate children and their mothers; care of the mentally ill and disabled; and maintenance of families rather than separation on

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35 MacWilliam, p. 8.

36 LRO, 353WES, 1/58, MR, 1929.

37 BNL, *Poor Law Officers Journal*, 23 (1919), 75.

admission. He ended his article by saying:<sup>38</sup>

Many of these ideas are already practiced in the West Derby Union, and if it is possible there it is equally possible throughout the country.

He was elected President of the National Association of Masters and Matrons in 1922, and continued his campaign for the recognition of the good work of Poor Law officials. He was also elected President of the National Poor Law Officers Association in 1925, and began to advocate an amalgamation with the National Association of Local Government Officers (NALGO) as he felt that this would increase the negotiating power of the representatives of Poor Law employees. Between 1925 and 1930 he served on several committees concerned with the future of Poor Law officers and their conditions of service.

### *Towards the NHS: 1930 to 1945*

The 1929 Local Government Act came into effect on 1 April 1930, and Walton Hospital became accountable to the Corporation of Liverpool at this time. This was the first step in the dismantling of the Poor Law system, and most responsibilities were transferred to the county councils and county boroughs.<sup>39</sup> MacWilliam, in particular, was affected by this reorganisation, as he was now responsible to the Medical Officer of Health for Liverpool, through the Port Sanitary and Hospitals Committee. Yet medical superintendents were excluded from these meetings, and therefore they lost any opportunity to influence decisions, as had been possible with the Poor Law Boards of Guardians. McWilliam felt that the lack of initiative on the part of the new authorities lost the opportunity to develop a more comprehensive hospital system in Liverpool.<sup>40</sup>

In 1935, Colin Roberts reported that, in general, the community had become hospital-minded, and that a different class of people now took advantage of the hospital facilities that were available.<sup>41</sup> The public health survey of 1933 observed that 'the municipal hospitals [in Liverpool] now fall little short of the voluntary in the standard of treatment provided, while in accommodation they are generally better'.<sup>42</sup>

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38 BNL, *Poor Law Officers Journal*, 28 (1919), 209.

39 Chief Medical Officer, *Annual Report for England and Wales, 1929-30* (London: HMSO), p. 179.

40 MacWilliam, p. 49.

41 LRO, 614 WAL, 20/5, MR, 1935.

42 National Archives (hereafter NA), MH66/721-00288, *Co-operation with Voluntary Hospitals*, chap. XXIII, app. P-Q, p. 149.

In the mid-1930s the voluntary hospitals were in financial crisis, and in Liverpool the 'Penny in the Pound' (£1d) scheme came to their rescue. It enabled these hospitals to be paid £3 10s per week for each member admitted. However the voluntary hospitals could not meet the growing demand for care, so Liverpool Corporation agreed to care for and subsidise '£1d' patients in the municipal hospitals. In 1934 all the municipal hospitals together provided fifty thousand in-patient weeks for these people. The cost to the Corporation was a very low estimate of £1 10s per week, or seventy-five thousand pounds, but they only received twelve thousand pounds from the £1d scheme.<sup>43</sup> MacWilliam calculated that if Walton had been paid an equivalent weekly rate of £3 10s for these patients, the income would have amounted to forty thousand pounds per year – enough money for several full-time medical staff.<sup>44</sup>

The report of the Ministry of Health Government Committee in 1934 regarding the transfer of Poor Law hospitals to municipal status observed that Walton was the largest hospital in England and had 1,653 beds, eighty per cent of which were for acute cases. It was described as a first-class hospital, doing excellent work, and well up to the standards for a modern hospital. It had the first psychotherapy clinic in Liverpool, and the Maternity Department was described as the busiest in Britain (2,186 deliveries in 1935) and badly in need of upgrading. The Laundry dealt with an astounding 4,906,904 articles in 1935.

Transition to municipal hospital status had been delayed for Walton because a major problem, for both the Government Committee and the Medical Officer of Health for Liverpool, was the management structure and the position and status of Colin Roberts. Mr and Mrs Roberts and Dr McWilliam worked so well together that the Medical Officer of Health was reluctant to upset the existing arrangements. On the basis of 'if it works don't fix it', the Government Committee sensibly took the unusual step of recommending that Colin Roberts be given equal status with Henry McWilliam. Each was to supervise their respective areas, and this arrangement was to be reviewed when Colin retired.<sup>45</sup>

The Committee felt that an appointment of this kind would be exceptional, but the conditions at Walton were unusual and the administration of the hospital would continue to run smoothly.

By 1935, Matron Roberts had arranged for both male and female nurses to attend lectures together, again an unusual system for the time but one that worked very well. She also became an External Examiner for the State Final Examination for Nurses. Although the hospital records for State Final passes are incomplete, between September 1930 and May 1938 four hundred and

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43 *Ibid.*, p. 148.

44 MacWilliam, p. 39.

45 NA, MH/66/721-00288, *Transfer of the Poor Law*, chap. XX1, app. 0, p. 106.

seventy nurses who had trained at Walton passed their Hospital Final examinations. The majority of these nurses would have passed the state examination and become State Registered Nurses. Matron Roberts tested the practical aspects of nursing for the in-house hospital examinations until 1939.<sup>46</sup> At the beginning of the Second World War she was sixty years old and due to retire. However, Liverpool Corporation asked her to stay on as Matron and she continued her work for the duration of the war, retiring in 1945.

By 1938, MacWilliam had written *The Walton Plan*, a hospital and health-centre orientated plan very different from any that existed at that time. He advocated a central District Comprehensive Hospital fed by health centres that provided all specialities. The catchments area would contain one hundred thousand people, and it would have thirty-three general practitioners and fifty-one medical officers. There would be the same quality of care for both urban and rural areas. The Dawson Report of 1920 had suggested something similar, incorporating an extra, intermediate level of secondary health centre where medical consultants and specialists could take over the care of the patient, plus satellite centres for specially classified conditions such as tuberculosis.<sup>47</sup> The Plan was published in the magazine *Medicine Today and Tomorrow* in 1938, the journal of the Socialist Medical Association.<sup>48</sup> In 1963, over twenty-five years later, Dr David Stark-Murray of the Socialist Medical Association wrote to MacWilliam:<sup>49</sup>

The Walton Plan not only had considerable impact, the concept of the District General Hospital (your Comprehensive Hospital) is now accepted as official policy but yours was the first really clear explanation of this system. Allowing for the great intensification of work, your calculations as to staffing are still not far out.

During the Second World War, Walton was designated as a Grade A Hospital, i.e. fully equipped for the reception of casualties. All non-urgent cases were sent elsewhere. An emergency theatre was built, and air raid shelters and an emergency ambulance section were sited in the grounds. Nurse training continued as normal, and the Civil Nursing Reserve worked alongside the permanent nursing staff. Additional medical staff worked in the municipal

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46 Liverpool, University Hospitals Aintree, School of Health Studies, Hospital Finals record books, 1930-45.

47 White, p. 168.

48 Stark Murray, *Why a National Health Service?* (London: Pemberton, 1971), p. 38-39.

49 Correspondence between David Stark Murray and Henry MacWilliam, 13 September 1965 (B. MacWilliam, private collection).

hospitals in far larger numbers than in peacetime.<sup>50</sup> Apart from the circumstances that had brought this about, MacWilliam must have been delighted to see such an influx of staff into his hospital.

Henry MacWilliam was a well-respected figure in medical circles, and in 1941 he was invited to be a member of the Medical Planning Commission of the British Medical Association, whose remit was to discuss the development of a post-war medical service. The Commission was made up of seventy doctors representing all aspects of medicine. MacWilliam had hoped for the opportunity to produce an influential minority report. This was not to be, as the British Medical Association did not recall the Commission when it was evident that the findings would not agree with its policies.

### ***Colin Roberts: trade union activity, 1930 to 1945***

In 1930, all Poor Law officers automatically became employees of the local authority. Roberts negotiated an amalgamation between the National Association of Poor Law Officers and NALGO (the National Association of Local Government Officers), and he was subsequently elected to the executive committee of NALGO in 1930. He served on five main committees between 1930 and 1945, and again concentrated his energies on salaries and conditions of service. In recognition of his public service he was awarded an MBE in 1934

By 1939, in preparation for war, the Ministry of Health needed to attract nurses to the profession quickly, and so it invited employers and nurse representatives to set up a joint committee to negotiate a new salary structure. Neither the voluntary hospitals, nor the organisations representing their nurses (the Royal College of Nursing and British Nurses Association), would accept NALGO or their proposed Whitely Council (to determine salaries), because it was so closely linked with local government.<sup>51</sup> The Minister chose instead to set up his own committee, which represented all employers and nurses.<sup>52</sup> Thus the Rushcliffe Committee was established, and, although NALGO only had three seats on a committee of twenty employers and twenty representatives for the employees, at the first meeting on 27 November 1941 Colin Roberts became Chairman of the Nurses Sub-Committee. In this position, Roberts gave NALGO authority and a voice in the determination of nurses' pay and conditions far outweighing its small representation.<sup>53</sup>

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50 LRO, H352.4, HEA, *City of Liverpool, Reports of the Medical Officer of Health, 1939-45*.

51 A. Spoor, *A White Collar Union. Sixty Years of NALGO* (London: Heineman, 1967), p. 475.

52 *Ibid.*, p. 475.

53 *Ibid.*, p. 476.

The Rushcliffe Committee reported in February 1943.<sup>54</sup> It was a landmark document of outstanding importance to the nursing profession: it improved conditions of service and set out new salary scales forty to fifty per cent higher than NALGO had proposed, and improved working hours, sick pay, superannuation, training conditions and payment for additional qualifications.<sup>55</sup>

Some local government officers were critical of the report. Colin Roberts observed that they failed to realise how difficult had been the committee's task in trying to achieve some co-ordination in a vast profession, particularly given its lack of organisation. He felt that its achievements had been substantial in the context of the lack of consideration given to nurses in the past.<sup>56</sup>

One big disappointment was the fact that matrons and staff working for local authorities with the chronically sick were given lower grading than their general nursing counterparts, even though they had the same qualifications. One reason for this was that, in some cases, matrons were married to the chief administrators of the hospitals or institutions. This implied the application of a means test, a dangerous precedent for the local government services, although the principle had been used to establish conditions of service in the Poor Law in the 1920s.<sup>57</sup> Mr Roberts remained a member of the Rushcliffe Committee until 1948, and also became a member of the Central Nursing Supply Council set up by the Ministry of Labour in 1945 to deal with recruitment and distribution of nursing manpower.<sup>58</sup>

Colin Roberts became President of NALGO in 1943.<sup>59</sup> In his new year message of 1944, he said that the revival of the National Whitley Council was an outstanding achievement as, after twenty years of effort, they had secured the national machinery for the negotiation and regulation of salaries and conditions of service.<sup>60</sup> Although the annual conference of 1944 was postponed because of the war, the Presidential Address by Roberts to the 130,000 members of NALGO was published in the *Local Government Journal*. It echoed the problems of the 1920s when he spoke about adjustment of salaries for wartime service; rehabilitation of personnel returning from the Forces; uniformity and

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54 Ministry of Health (Lord Rushcliffe), *Report of the Nurses Salaries Committee* (London: HMSO, 1943).

55 *Local Government Service*, 22 (1943), 319.

56 *Ibid.*, p. 342.

57 *Local Government Journal and Officials Gazette*, 72 (1943), 135.

58 Warwick, Modern Records Centre, MSS20/NAL/1/1/8, March 1945, p. 211.

59 *Local Government Service*, 22 (1943), 415.

60 *Local Government Service*, 23 (1944), 1.

national minimum standards of salaries and conditions of service; a National Arbitration Tribunal; future education for all children; a National Health Service and the role of NALGO in post-war Britain.<sup>61</sup> He was awarded the OBE in 1944.

After his term as President was completed, he continued his work on the Rushcliffe Committee as a NALGO representative until he retired as Manager of Walton Hospital in 1946. He then became President of the North Liverpool Hospital Management Committee until 1956, and also continued his long-standing work for local charities, especially the St John Ambulance Brigade and the Masonic Lodge. The Royal College of Nursing presented him with some silver pens and a commemorative book at a special dinner held in his honour in 1956.

### ***Conclusion***

From early in the twentieth century there was an increasing pressure for reform of the Poor Law and other health care services. The political debate raged for forty years, until the inception of the National Health Service in 1948. The transition of Walton to an NHS hospital has been traced through the annual reports of the Master and Senior Medical Officer. The major piece of legislation affecting the Poor Law institutions was the 1929 Local Government Act, which transferred responsibilities from the Boards of Guardians to local authority control. Throughout the 1920s people in the Poor Law service continued to work under difficult circumstances, and efforts to improve conditions were hampered by the attitudes of the times.

The 1930s were years of adjustment to the new local government system and the gradual improvement in the service provided by municipal hospitals. The partnership of Henry MacWilliam and Colin Roberts was crucial to the running of Walton. The Government Committee Report of 1934 recognised this, and gave them both equal status within their areas of expertise.

MacWilliam's *The Walton Plan* was a significant document, and his campaign for better standards of care and a comprehensive health care system was part of a minority of dissident voices who were concerned about health care for the majority of the population. The BMA in 1941 denied him the opportunity of a minority report, but the large district general hospitals of today confirm that his vision of a future NHS was not a pipe-dream, but eminently possible given the right circumstances. After the war, he continued to work at Walton until his retirement in 1952.

Martha Roberts had a great deal of experience before she arrived at Walton, where she was able, with the support of MacWilliam and the Guardians, to implement her ideas and improvements. These experiences, her

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61 *Ibid.*, p.103.

empathy with inmates, patients and staff, and her long-established support for the National Poor Law Officers Association enabled her to work at national level on the Executive and other committees of the Association. The years from 1915 to 1930 were critical years for the nursing profession. Martha Roberts fought constantly on behalf of the Poor Law Nursing Service, and made a considerable contribution to standards of nursing care and to the training and working condition of all nurses. She was awarded the MBE in 1931.

People in the Poor Law service worked under difficult conditions, and efforts to improve their lot were hampered by the attitudes of the times, which did not change much over thirty years. Echoes of the strife of the 1920s became evident in the work of NALGO during the 1940s. The local authorities were still reluctant to pay the war increments or negotiate with the unions. Voluntary hospital nurses still felt that they were the elite of nursing, and the British Medical Association resisted any proposals that threatened their status or financial interests. Throughout his career, Colin Roberts worked to improve terms and conditions for all members of the Poor Law service. His contributions finally found success through the Whitely Council rulings, and resulted in an agreement of outstanding importance to nursing.

These three people worked together as a team of professional colleagues for thirty years. Given the support of an open-minded Board of Guardians who were willing to try new ideas, they accomplished a great deal. Driven by the political, social and economic problems of the times, they made effective contributions to their various professions. Their local experiences at Walton influenced and inspired their national roles. The results of their labours were remarkable for the times, and are evidence of the tenacity, drive and enthusiasm needed for such achievements. Walton hospital has now been incorporated into the University Hospitals Aintree, who can be justly proud of their heritage.