

## The Liverpool Infirmary for Children 1851-1920

### CONOR WARD\*

#### Summary

A proposal was made in 1832 that an infirmary for children should be established in Liverpool. The first steps were probably taken in 1848. The funding provided by timber merchant Matthew Gregson enabled out-patient facilities to be developed in 1851. The institution relocated three times. The first in-patient beds were opened in 1856, and in its final location in Myrtle St, one hundred beds were ultimately provided. Alfred Stephens, the founding physician, came into conflict with the board over the treatment of private patients. His contribution to the Infirmary was not acknowledged for over a century. His successors made substantial contributions to paediatric literature. The hospital title changed to the Royal Liverpool Children's Hospital following fusion with the Royal Country Hospital in 1920.

#### *Introduction*

The first suggestion that there should be a children's infirmary in Liverpool was made by the obstetrician Dr. Samuel Malins in 1832.<sup>1</sup> He pointed out that one third of Liverpool's children did not reach the age of two and only a half reached the age of ten years. He had worked in the Universal Dispensary in London and he pressed the case for a similar institution in Liverpool. An Infirmary did open, but not for another nineteen years. A commemorative plaque at the site of the former Royal Liverpool Children's Hospital follows a local tradition that the Liverpool Infirmary for Children dates from 1848. However an internal memorandum of uncertain provenance puts the date of foundation of the hospital as early as 1845. In 1920 the Lord Mayor referred to the Infirmary as 'the oldest children's hospital in the country.' It seems likely, however, that this honour goes to

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\* Address for correspondence: 18 Thamespoint, Teddington, Middlesex TW11 9PP, profward@yahoo.co.uk

<sup>1</sup> S. Malins, *Remarks on the necessity for establishing in Liverpool a dispensary for children* (Liverpool, Kaye, 1832)

Manchester, their clinic which was later to become the Children's Hospital having opened in 1829.<sup>2</sup> The earliest archival evidence points to 1851 as the year of the foundation of the Liverpool Infirmary for Children. The first documentary evidence in the Medical Directory is in the personal entry for Dr Alfred Stephens in 1852.<sup>3</sup> This describes him as senior surgeon to the Infirmary for Children. He was also surgeon to the West Derby Union.

### *Documented History*

The first designated entry in the Medical Directory for the Children's Infirmary was for the year 1856 when it was recorded that upwards of 3,000 children had been treated over the four years up to 1855. The address was given as 46 Great George Street, the date of establishment as 1851 and the medical staff as Messrs Stephens and Hey, described as surgeons, together with a surgeon dentist.<sup>4</sup> It was common practice to describe as surgeons doctors whose qualification was MRCS rather than a university medical degree. Fletcher, writing in 1857, relatively close to the time in question, also gave 1851 as the year in which the hospital was established.<sup>5</sup> The Lancet Liverpool correspondent gave the following description of events in 1869. "The children's infirmary in this town which has been in existence for upwards of 16 years, had, like many a similar institution, a very humble origin. In 1851 a small house in a frequented thoroughfare was rented for children by Dr. Stephens who may be said to have been the promoter of the undertaking. In a very few years the house grew too small, such were the numbers availing themselves of the advantages and the benefits derived from it. A larger house was taken in a better neighbourhood and 20 beds were fitted up".<sup>6</sup>

More details have been provided by Bickerton.<sup>7</sup> He describes the first location as a small private house in Upper Hill Street, and says that the funds were provided by Matthew Gregson, the first President of the hospital. Matthew Gregson was a timber merchant, made wealthy by the introduction of steam power in his sawmills, in which he employed up to 150 men. A public spirited citizen, he was Chairman of the Watch Committee and a

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<sup>2</sup> A. White Franklin, 'Children's Hospitals', in F.N.L. Poynton (ed), *The Evolution of Hospitals in Britain*. (London, Pitman, 1964)

<sup>3</sup> Medical Directory 1852.

<sup>4</sup> Medical Directory 1856.

<sup>5</sup> D. Fletcher, 'Medical history of Liverpool', *Liverpool Med. Chirurg. J.*, 1 (1857), 164.

<sup>6</sup> Liverpool Correspondent, *Lancet*, 1 (1869), 604.

<sup>7</sup> T.H. Bickerton, *A medical history of Liverpool* (London, John Murray, 1920), p. 124.

Town Councillor. He served as President of the Infirmary until his death in 1876.<sup>8</sup> His daughter continued the family connection and was a governor for 50 years until her death in 1908. Upper Hill Street was described as a modest address. At the time of the 1851 Census Dr Stephens, as yet unmarried, also lived in Upper Hill St., at number three.<sup>9</sup> No residents were listed for number two, next door and this would point to number two having been the first address of the Infirmary. It is tempting to speculate that Alfred Stephens used the opportunity to get experience of children and their complaints in the house next door during the years after his return from Dublin, conducting as it were, a pilot study. This would account for the tradition that the Infirmary, although not yet formally established, came into operation in 1848 or before. In 1856 the Infirmary moved to 48 Great George's St., described by Bickerton as a larger house and the house in which Fletcher described the provision of beds.

By the time of the next census in 1861 the Infirmary was located at 58 Hope Street, an upper middleclass location.<sup>10</sup> The Lancet referred to the move as being to a larger house in a better neighbourhood. Hope Street was fitted up with eight beds, later increased to twenty. The deprived background of the patients may be inferred from the fact that for seven of the eight inpatients in 1861 the census form stated that the date and place of birth were not known. Liverpool had the highest infant mortality rate of all the industrial cities in England. The Registrar General's Report for 1871 showed an infant mortality for the city of 280 per 1000 live births compared with 176 for Bradford, 169 for Sheffield 163 for Birmingham and 144 for London.<sup>11</sup> Fund-raising allowed of the opening of a purpose-built Children's Infirmary in Myrtle St. in 1868.

The published objectives of the Infirmary were: (a) To provide medical treatment and medicines for the children of the poor. (b) To promote the advancement of medical science with reference to the diseases of infancy and childhood. (c) To diffuse among the poorer classes a better acquaintance with the management of young children during sickness. (d) To afford opportunities for the training of women in the special duties of children's illnesses. The Infirmary was to be exclusively devoted to children under the age of 12 years. Each annual report listed the influential backers of the Hospital for Sick Children in London and quoted the opinions of the eminent Drs. Latham, Watson, Burrows, Locock, Ferguson, Sir John Forbes and

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<sup>8</sup> H. Shimmin, *Pensketches of Liverpool town councillors* (Liverpool, Howell, 1866). p. 27.

<sup>9</sup> Census, 1851

<sup>10</sup> Census, 1861

<sup>11</sup> Quarterly Return of marriages, births and deaths/April 1st 1871.

Charles West. Local letters of support were furnished by Robert Bickerstaff and James Long, surgeons to the Liverpool Royal Infirmary, James Turnbull and Thomas Inman, physicians to the Infirmary, James Cameron and J.L. Minshull, physician and surgeon to the Southern Infirmary and Ellis Jones, senior surgeon to the Northern Hospital.<sup>12</sup>

### *Dr Alfred Stephens*

Dr Alfred Stephens, described in his obituary as the founder of the Infirmary,<sup>13</sup> did not have academic ambitions. He had taken the MRCS in 1842 in London and the Licentiate of the Society of Apothecaries in 1845, having in the meantime gone to Dublin in 1843 to take the Licentiate in Midwifery at the Rotunda Hospital. The completion of his examination schedule in 1845 would point to his commencing practice in that year. In 1861, having previously lived in Upper Hill St, he was now in the more upmarket Upper Parliament Street and aged 42, he was married and had four children. He was in a position to employ a governess, a housemaid and a cook. By 1871 his second son Charles, aged 16, was listed as a student of medicine.

In 1871 Alfred. Stephens no longer needed to employ a governess for his children and the housemaid had been replaced by a “waitress”, presumably a practice receptionist.<sup>14</sup> He had advanced in the world. He still had no agenda outside of the practice of medicine. He was not a member of the Liverpool Medical Institution. He took no higher degree, published no books or papers and devoted himself exclusively to his patients, to the Infirmary and to the West Derby Union, where his appointment brought in an income of £200 a year. His pioneering work passed almost unnoticed and 20 years after he died the *Lancet* Liverpool correspondent unsuccessfully suggested that his name should be commemorated.<sup>15</sup> He wrote that Dr Stephens had conceived the idea of starting the Infirmary as a result of a visit he had paid to a similar institution in Dublin, presumably when he took the Licenciate in Midwifery in 1843. This was the Institution for the Diseases of Children, which had opened in 1822. Presumably this brought him into contact with Maunsell and Evanson, and he may have later relied on their widely used textbook on the diseases of children to help him on his learning curve.

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<sup>12</sup> LRO 614/CHI/1/2/1 Annual Report 1861.

<sup>13</sup> Liverpool Mercury. Obituary. 15 December 1890.

<sup>14</sup> Census, 1871.

<sup>15</sup> Liverpool Correspondent, *Lancet*, 1 (1907), 257.

The correspondent decried the lack of local recognition of his pioneering work. Dr. Stephens had however fallen out of favour with the Medical Board in 1874 and it is probably a matter of significance that an intensive search has failed to trace any surviving portrait or other representation of him in archival material. It has not been possible to identify any second visit by Dr. Stephens to Dublin after 1843. He was a Freemason but a search of the records of the Dublin Freemasons does not identify him as a visitor. Emulation of Great Ormond St. appears to have been the major influence on the later development of the Infirmary, the idea having first been conceived on his visit to Dublin.

Apart from his annual salary for his duties in West Derby Union the rest of Alfred Stephens's income was derived from fee per service payments from his patients. Patients' fees at that time were roughly aligned to the ability of patients to pay.<sup>16</sup> As a general practitioner in Upper Parliament Street, where his neighbours were of the merchant class, he would probably have increased his scale of fees and possibly charged five shillings per visit. He is described in the census of 1861 as a general practitioner rather than as a physician or surgeon, a distinction which would point to an expectation that his fee would be less than a guinea, the accepted fee for a specialist. His work for the Infirmary was voluntary. Patients could be referred by any subscriber.<sup>17</sup> Subscribers were supplied with tickets to give to patients being recommended. These were to be given "only to such as have not sufficient means to provide medical attention for themselves". It was clearly a matter of practical concern to him that the system whereby a subscriber could nominate a patient to attend for treatment on a no fee basis, without further verification of means, lent itself to abuse. Effectively potential fee-paying patients could be seen at the free Infirmary clinics if recommended by a subscriber.

General practitioners in other areas complained of the impact of the charity system on their practices. In Belfast the Ulster Medical Society in 1881 and in 1890 called for a wage limit to be fixed above which patients presenting at the developing Royal Hospital for Sick Children would be excluded.<sup>18</sup> Whereas in Belfast and elsewhere organised efforts were made to induce the hospital authorities to introduce means testing. Alfred Stephens ultimately took his own steps in the matter. Formal means testing was

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<sup>16</sup> M.J. Peterson, *The medical profession in mid-Victorian England* (London, University of California Press Berkeley, 1998), p. 211.

<sup>17</sup> Constitution and General Laws of the Infirmary, 1860, LRO.CHI 614/1/2/1.

<sup>18</sup> H.G. Calwell, 'The foundation and early development of the Royal Belfast Hospital for Sick Children', *Ulster Med. J.*, 38 (1969), 101-18.

applied in some hospitals, such as the Children's Hospital in Birmingham. There the ceiling for eligibility was a weekly family income of 25s. for a family with three children and a limit of 30s. for a family with more than three.<sup>19</sup>

### *A Conflict of Interest*

A special meeting of the Medical Board was held on 18 January 1874 to consider "Dr Stephens' practice of sending patients to his own house from this Infirmary".<sup>20</sup> A resolution was passed unanimously as follows: "The facts having become notorious that the senior medical officer makes a practice of sending patients applying to this institution for medical advice to his own house and charging a fee the Medical Board wish to draw the attention of the Committee to the circumstances, believing that such a practice is likely to bring discredit upon the institution and injures it in the eyes of the public. The Medical Board regret that having applied in vain to induce him to relinquish this practice it is reluctantly compelled to taking the matter to the General Committee." The resolution was signed by Dr Martin Oxley (Physician) and the meeting was attended by Dr Rawdon (Surgeon), Dr Armstrong, (Asst. Physician), Dr Caton (Asst. Phys.) and Dr Chalmers (Asst. Phys.) The members had apparently exhausted any possibility of resolving the matter by direct discussion with Dr. Stephens. Drs Oxley and Rawdon, in advance of the meeting, had become governors through subscription and so had direct personal access to the administration. It must be said in Dr Stephens' defence that only he was dependent for his income on lower middle-class patients. Dr Oxley and Mr Rawdon were in practice in Rodney St., an address which carried with it the implication that a higher scale of fees would be charged and their clientele would be outside the range of the typical charity hospital.

The General Committee duly met on 30 January and it was resolved that having received the reply of Dr Stephens and having fully considered the resolution of the Medical Board the Committee could only come to the conclusion that it was neither in the interest of the institution, nor was it conformable to the general practice of the profession that the course pursued by Dr Stephens should be continued. Dr Stephens having heard the

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<sup>19</sup> R. Waterhouse, *Children in hospital. A hundred years of child care in Birmingham* (London, Hutchinson, 1962), p. 41.

<sup>20</sup> Medical Board Minutes, 18 January 1874, LRO.CHI 614/1/2/1.

resolution read agreed in deference to the opinion of the Committee to discontinue the practice complained of in the resolution of the Medical Board.<sup>21</sup> The later minutes of the Medical Board indicate that Dr Stephens, although he remained listed as physician until the time of his death in 1890, rarely attended any meeting of the General Committee. He had clearly taken the rebuke to heart. In 1880 he asked to be relieved of his duties in the outpatient department. The Committee agreed to appoint an assistant house surgeon, to act without salary for a period of six months at a time, with free board in the Infirmary and, in lieu of residence in the Institution, free lodgings nearby.

### *The Problem of Infection*

From the beginning the hospital had a policy of not admitting patients with infection. This had a favourable impact on mortality figures. From 1860 to 1900 the case mortality for inpatients was 10.5%. The case mortality in Great Ormond St. for non-infectious cases was almost identical at 10.4%. The case mortality in Manchester Children's Hospital for the same period was 13.8%. Manchester however admitted patients with infectious disease and did not separate these in the mortality figures, and as the hospital mortality for infectious disease was 34% over the period 1862-1898 a simple comparison of the mortality rates in the two hospitals is invalidated.<sup>22</sup>

In 1902 the *Lancet* reported that scarlet fever had broken out in the Liverpool Children's Infirmary, and it had been found necessary to stop further admissions. The *Lancet* also noted that the large daily attendance of children in the outpatient department might continue to contribute to the propagation of infection. It suggested that attendance of outpatients should be restricted to those suffering from non-infectious diseases. It also suggested that, in principle, the outpatients department should be separated entirely from the main children's hospital.<sup>23</sup> The advice was followed. The outpatient department was pulled down and housed in a separate block in 1902 in anticipation of the complete rebuilding of the Infirmary on the Myrtle St. site.

The foundation stone for the new main inpatient building was laid by the Lady Mayoress on 28 October 1904. There were to be 100 beds and cots, in three medical and two surgical wards, an operating theatre, laboratory and

<sup>21</sup> Gen. Comm. Minutes, 30 January 1874, LRO.CHI 614/1/2/1.

<sup>22</sup> E. Lomax, 'The control of infectious disease in nineteenth century British paediatric hospitals', *Social History of Medicine*, 7 (1994), 383-400.

<sup>23</sup> Liverpool Correspondent, *Lancet*, 2 (1870), 686.

x ray department and six observation cots for isolation.<sup>24</sup> In 1906 it was noted that there was a shortfall of £13,000 in the funding required. The City Council made a grant of £5,000, conditional on the sum of £8,000 being raised by the public. The new building was opened by the Duchess of Albany on 10 January 1907. The new facilities greatly increased the clinical activity of the hospital and at the annual meeting on 30 January 1912 the Lord Mayor, the Earl of Derby received a report that the number of inpatients treated for the year 1911 was 1338, and the total attendance in the out-patient department was 55,308, of whom 15,590 were new cases.<sup>25</sup>

### *Patient Profile*

Annual statistics for attendances in the early years are not available but the Medical Directory for 1865 states that upwards of 3,000 children had been treated up to January 1860. The Annual Report for the year 1860 showed an outpatient attendance of 1,761 and in the same year 56 inpatients were admitted.<sup>26</sup> When the outpatient numbers had almost doubled to 3303 in 1865, Dr. Oxley was appointed as assistant physician and Dr Rawdon as assistant surgeon. There was an early emphasis on the treatment of surgical cases and, in 1860, 24 of the 56 inpatients were surgical. Next in frequency were "strumous diseases" of which there were 11. This was a contemporary designation for cervical adenitis, then also referred to as scrofula, and frequently tuberculous in origin. 7 patients were admitted with pulmonary conditions and 5 with eye problems. Among the outpatients in 1860 pulmonary conditions topped the list with 363 diagnosed, followed by diseases of the stomach and bowels at 320, surgical diseases at 204, diseases of the teeth 193 and again 106 with "strumous disease". 134 patients had skin conditions, 90 had feverish illnesses and influenza, 84 were teething and 79 had zymotic disorders, a synonym for infectious diseases. The move to the purpose-built hospital in Myrtle St in 1868 raised the outpatient numbers to 5643 in 1870 and there were 488 inpatients. After 1907 in the rebuilt Myrtle St. buildings there was a steady year on year increase in patient numbers until 1920, when there were 2435 admissions and a total of a staggering 64,686 outpatient attendances, 16,686 of these being new cases. From 1870 there were two physicians, three assistant physicians, a surgeon and an assistant surgeon. From 1879 the assistant physicians increased to

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<sup>24</sup> Liverpool Daily Post, 28 October 1904.

<sup>25</sup> Liverpool Correspondent, *Lancet*, 1 (1912), 397.

<sup>26</sup> Annual Reports 1860, 1867, 1907, LRO.CHI 614/1/2.

four.

Individual clinicians established their reputations in the Infirmary. Henry Rawdon, appointed as surgeon to the hospital in 1870 and with an MD from St Andrew's University, reported in the *BMJ* in 1880 on surgery for cleft palate<sup>27</sup> and in 1883 on surgery for hare lip.<sup>28</sup> He reported on excision of the ankle joint for chronic infection in 1883,<sup>29</sup> and on nephrectomy for rupture of the kidney in 1888.<sup>30</sup> The interest in surgery for hare lip and cleft palate was further developed by his colleague R W Murray, the first staff member with the FRCS. Among his papers was one on a new operation for hare lip in 1893 and in 1898 he reported on 200 operations for hare lip and cleft palate.<sup>31</sup> His practice was modern in its concept. He operated on the lip at four weeks and on the palate before speech developed. He was clearly a courageous surgeon and he wrote in the *British Medical Journal* in 1894 on the correction of rickety deformities by means of osteoclasis, a procedure in which the bones were broken and reset.<sup>32</sup> In the following century both these specialised interests in plastic surgery and orthopaedic surgery became well established in the Infirmary.

### *The Early Physicians*

The first of the assistant physicians to advance to senior status was Martin Oxley. He was listed as assistant medical officer from 1865 but in 1868 the *Lancet* reported that he had been elected physician, 159 subscribers supporting him against 95 for another candidate.<sup>33</sup> Writing to the *Lancet* in 1870 he had clearly established for himself a position of authority and he wrote to say that the infirmary had suffered two epidemics over the course of seven years, one of measles in 1866 and one of scarlet fever in 1870. The outbreak of scarlet fever was ascribed to parents visiting children in hospital when there was a case of scarlet fever in the family at home. In consequence patients with any infectious fever were prohibited from attending the

<sup>27</sup> H.G. Rawdon, 'Surgery for cleft palate in children', *BMJ*, 1 (1880), 915-17.

<sup>28</sup> H.G. Rawdon, 'On the operation for hare-lip', *BMJ*, 2 (1883), 723-25.

<sup>29</sup> H.G. Rawdon, 'Excision of ankle joint in a boy aged nine for chronic infection', *Liverpool Med. Chirurg. J.*, 9 (1885), 477-80.

<sup>30</sup> H.G. Rawdon, 'Nephrectomy for rupture of the kidney', *Liverpool Med. Chirurg. J.*, 6 (1888), 58-62.

<sup>31</sup> R.W. Murray, 'Results of surgery in 200 operations for hare lip and cleft palate', *Liverpool Med. Chirurg. J.*, 32 (1898), 194-97.

<sup>32</sup> R.W. Murray, 'Treatment of rickety deformities by osteoclasis', *BMJ*, 2 (1894), 413-14.

<sup>33</sup> Liverpool Correspondent, *Lancet*, 1 (1868), 604.

outpatient department.<sup>34</sup> In 1883 when he had been 20 years on the staff of the hospital and so had come to the end of his term of appointment the Committee appointed him honorary consultant physician and placed six beds under his care. His colleagues were unwilling to see him come to the end of his association with the hospital.<sup>35</sup> He wrote in 1885 on tuberculous meningitis in children and in the same year on tuberculosis of the spine but his major contribution to medical knowledge was his personal series of 41 cases of chorea. 25 were girls and 16 were boys. The youngest was a girl aged 2 and another was aged 4. In three of his patients the chorea was unilateral. The duration of the illness was 11 - 120 days. 4 developed heart murmurs and in 2 these persisted, 1 boy with a persistent murmur going on to develop cardiac failure. 2 had started with scarlet fever and 4 had a family history of chorea, hysteria or fits. The treatment was interesting. A sedative mixture of potassium bromide and tincture of cannabis was used. Cannabis was quite widely prescribed for a variety of conditions at that time.<sup>36</sup>

Edward Greves, appointed assistant physician in 1885, was an honours graduate of Edinburgh University and a post graduate of Guy's Hospital and of Vienna. He had been medical tutor at the Liverpool Royal Infirmary and had been Senior President of the Edinburgh Royal Society of Medicine. At the time of his appointment he had already published papers on the variation and disappearance of cardiac murmurs and on acute yellow atrophy of the liver in children. He subsequently published four papers on acute intestinal obstruction, spinal curvature, rheumatism with fibrous nodules and on the differentiation between real and feigned disease.<sup>37,38,39,40</sup>

Dr Peter Davidson was probably the first whole-time paediatrician in Liverpool. A graduate of the University of Edinburgh he had taken an MA degree in addition to his medical qualification and was a member of the General Council of the University of Edinburgh. He had done post graduate work in Vienna and he had first served his time as house surgeon at the Infirmary for Children. He was appointed assistant physician in 1868 and in the minutes of the Medical Committee in 1869 he proposed that the General

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<sup>34</sup> M. Oxley, 'Letter', *Lancet*, 2 (1870), 731.

<sup>35</sup> Anon., 'Liverpool Infirmary for Children', *BMJ*, 1 (1883), 1837.

<sup>36</sup> M. Oxley, 'Cases of chorea', *Liverpool Med. Surg. Rep.*, 2 (1867), 22-30.

<sup>37</sup> E.H. Greves, 'Case of intestinal obstruction, successfully operated on', *Liverpool Med. Chirurg. J.*, 8 (1885), 118-19.

<sup>38</sup> E.H. Greves, 'Spinal curvature with paraplegia', *Liverpool Med. Chirurg. J.*, 8 (1885), 191-92.

<sup>39</sup> E.H. Greves, 'Rheumatism and fibrous nodules', *Liverpool Med. Chirurg. J.*, 9 (1885), 453-55.

<sup>40</sup> E.H. Greves, 'Real and feigned disease', *Liverpool Med. Chirurg. J.*, 6 (1883), 38-50.

Committee should purchase a microscope. From 1882 he is listed in the Medical Directory as a clinical lecturer in hospital practice at the Royal Infirmary, presumably teaching about children's diseases. He was appointed physician to the Infirmary in 1887 and two years later the *Lancet* reported that he had been elected Lecturer on Diseases of Children at the medical faculty of University College, Liverpool.<sup>41</sup> He worked only with children apart from his appointment to the Post Office. He practised in Rodney Street, the Harley St. of Liverpool, and remained active for 30 years. In 1925 he was described as late Lecturer and Examiner in Diseases of Childhood. This presumably indicates that childhood disease was a university examination subject.

The Infirmary made another contribution to academic paediatrics. Henry Ashby, a graduate of Guy's Hospital with a gold medal in the London University MD in 1874, was Assistant Physician in 1880 when the Infirmary was on the first Myrtle Street site. He only stayed until 1881, when he moved to Manchester and in 1882 he was appointed Lecturer in Diseases of Children at Owen's College Medical School. His clinical appointment was at the Manchester Clinical Hospital and Dispensary for Children, which had been established as an outpatient facility in 1822 and provided inpatient treatment from 1856. This was in a 56 bed inpatient unit, of approximately the same size as the Liverpool Infirmary at that time. He held no other appointments and so might also justifiably be considered to have been a whole time academic paediatrician. It is possible to speculate that he relocated because the system of promotion in Liverpool involved a very long waiting period before reaching senior rank and he would have had to wait another ten years at least for promotion in Liverpool. Liverpool had however contributed to his early practical experience. The wheel came full circle later when he made a major contribution to the paediatric training of Dr Charles Macalister, who was destined to become a paediatric luminary in Liverpool.

### *The Country Hospital*

In 1898 a meeting was held on 17 November to discuss the formation of a country hospital in Heswall for chronic diseases of children.<sup>42</sup> There was a major community need to be met. In 1889 656 cases of rickets, 167 cases of tuberculosis, 118 cases of chorea and 405 cases of deformity attended the

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<sup>41</sup> Liverpool Correspondent, *Lancet*, 2 (1889), 253.

<sup>42</sup> C.J. Macalister, *The origin and history of the Royal Liverpool Country Hospital for Children* (Campden, Alcuin Press, 1930), p. 4.

Infirmery as outpatients, apart from the outpatient numbers at the Southern Hospital and other clinics. Dr C J Macalister was the moving force. He was insistent that a country hospital should not be confused with a convalescent home. It should be constructed on the standard lines of a hospital, suitably placed and providing for long periods of residence. It should be an independent entity and not be affiliated with any special hospitals that would practically limit the recipients of its benefits to the patients of that particular charity. Presumably his concern was to maintain independence from the Infirmery for Children of which he was not then a staff member. He changed his position on this later when the Infirmery and the Country Hospital amalgamated in 1920 and he gave up half of his 70 Heswall beds for the accommodation of the patients of the Infirmery staff and in parallel became Visiting Physician to the Infirmery. The Country Hospital project enjoyed a great deal of local support. It was built on ambitious lines and, in size, it was bigger than the Infirmery for Children, having an initial bed capacity of 120, of which 70 beds were for medical cases. Dr. Macalister canvassed the Secretary of State for a Royal Charter and on his second application a Royal Charter was granted in 1910.

Dr Macalister was the sole honorary physician to the Country Hospital and his surgical colleague was the renowned orthopaedic surgeon Sir Robert Jones. Charles Macalister held both the MD degree of Edinburgh University and the Membership of the Royal College of Physicians. He was elected FRCP in 1909. His earliest training was as a junior house surgeon in the Infirmery for Children, after which he had gone to Manchester as a medical officer to the General Hospital for Children. In Manchester he was befriended by Henry Ashby and he frequently referred to the benefit of his Manchester training. He was Honorary Physician to the Liverpool Royal Infirmery and he was a Lecturer in Practical Medicine in the Medical School. He was also Honorary Physician to the Schools for the Deaf and Dumb, the Foundling Hospital, and other charities. In 1918 he was President of the Liverpool Medical Institution. His reputation extended far beyond the confines of Liverpool. He regularly attended the meetings of the Society for the Study of Disease in Childhood in London and he presented cases at the Society's meeting in Bristol in 1904. In 1908 he was Secretary of the Society at the time of transition, when the Society became the paediatric section of the Royal Society of Medicine. The most interesting of his 20 publications was the 1887 report on a dramatic case of fatal exsanguination in a two-year old boy with scarlet fever in whom deep-seated cervical inflammation

had eroded the carotid artery.<sup>43</sup>

In the combined Royal Children's Hospital he was joined by Liverpool graduate Alexander Murray Bligh MD, MRCP, who was later to become FRCP, Editor of the Liverpool MedicoChirurgical Journal, and like Charles Macalister, President of the Medical Institution, and Lecturer and Examiner in the Liverpool MB. In 1910 he wrote reflectively on "mongolianism".<sup>44</sup> Professional relationships were clearly very good and his illustrations were of patients of his colleague Peter Davidson.

In reviewing the work of the Infirmary there was a striking transition over the first 50 years as the hospital gathered momentum. Decade by decade there was a reduction in the duration of bed stay. Using the figures available bed stay in 1861 approximated to 74 days, in 1877 to 41 days and by 1889 it was down to 24 days. This compared with 44.5 days in Sheffield in the same period.<sup>45</sup> The future of the Heswall branch was later affected by the changing pattern of childhood illness. The incidence of tuberculosis fell. Rheumatic fever became less common and less virulent. Rickets virtually disappeared. The demand for long-stay beds diminished over time and the Heswall branch was closed in 1985. In 1989 the Myrtle St. inpatient services were transferred to Alder Hey Hospital, leading up to the transfer of all services to the latter site in 1994. The long tradition of the Royal Liverpool Children's Hospital was encompassed in its new designation as the Royal Alder Hey Children's Hospital. Apart from its contribution to medical services for children the Royal Liverpool Children's Hospital provided the first springboard appointments in paediatrics to two future professors, Professor Norman Capon, listed from 1930, and then Professor John Hey, listed from 1940. Each in his own time was one of the most highly thought of paediatricians in England.

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<sup>43</sup> C.J. Macalister, 'Scarletina with ulceration into the great vessels in the neck', *Liverpool Med. Chirurg. J.*, 7 (1887), 457-61.

<sup>44</sup> J.M. Bligh, 'Mongolianism', *Liverpool Med. Chirurg. J.*, 44 (1910), 340-46.

<sup>45</sup> R.S. Illingworth, 'The changing pattern of paediatrics in a children's hospital 1876-1961', *Proc. Roy. Soc. Med.*, 54 (1961), 1011-13.