

THE ROOTS OF THE NEW LIVERPOOL WOMEN'S HOSPITAL: CARE OF WOMEN IN THE FIRST HALF OF THE NINETEENTH CENTURY

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In 1792 Erskine, on looking down upon Liverpool for the first time from a local vantage point, had exclaimed that the Port was '... fit to be a proud capital for any empire in the world ...' and had '... started up like an enchanted palace, even in the memory of living men'.¹ This was a fair comment regarding the mercantile nature of Liverpool, but the town certainly could not be held up as a model in most other aspects of civilisation. Only a small minority of men had benefited from the great wealth of the port, the majority eking out an existence in sordid conditions and miserable degradation. An American loyalist exile, Samuel Curwen, on visiting Liverpool in 1780 wrote that:²

... the streets were long, narrow, crooked and dirty ... We scarcely saw a well-dressed person ... The whole complexion of the place was nautical and so infinitely below all our expectations that nought but the thoughts of the few hours we had to pass here rendered it tolerable ...

In 1795 it was calculated that every seventh house was open for the sale of liquor, supplied by the large breweries of the locality, and rum was imported in large quantities from the West Indies.³ The streets were frequently scenes

1 John Ramsay Bryce Muir, *A History of Liverpool* (London: Williams & Norgate for the University Press of Liverpool, 1907), p. 243. Sir Thomas Erskine was a jurist, M.P. and briefly Lord Chancellor in 1806. He was famous for his defence of several English radicals (especially Thomas Paine) who were charged with sedition and libel during the French Revolution.

2 *Ibid.*, pp. 270-71.

3 William Moss, *The Liverpool Guide* (Liverpool, 1796), p. 104 (facsimile reprint, 1974, pp. 84-85).

of drunkenness, fighting, riots and press-gangs. Local politics were constantly anarchical and corrupt. William Moss, in his *Medical Survey of Liverpool* published in 1784, gave a doctor's perspective:⁴

The situation of the town as it affects the health of the inhabitants has many natural advantages ... the west side of the town becomes freely exposed to the fresh and unpolluted air of the sea ... The town is kept regularly purified, ventilated and freed from the lodgment and accumulation of vapours, and effluvia of various kinds which by retention, become highly deleterious and unfavourable to mankind. The strong gusts of wind which come from the western quarter so frequently throughout the year are most singularly efficacious in these respects ...

Although culturally and artistically Liverpool was still what Ramsay Muir termed a 'Philistine town',⁵ the period saw the increased attempts by enthusiastic, intelligent men to improve the conditions of all members of society. Most of the credit for this can undoubtedly be centred on the radical liberal factions who, with their frequently unpopular politics, tended to be looked upon with scorn and suspicion by fellow citizens. Vigorous advocates of political and social reform, their opposition to the slave trade for example, on which the port's wealth and prosperity was largely based, frequently earned a hostile reception from the mercantile ranks. Such men were a product of the 'Age of Enlightenment', a period of phenomenal growth of the arts and of scientific knowledge. In Liverpool as in many other provincial towns, hospitals, dispensaries, medical schools and societies came from the enthusiasm and spirit of such individuals. It was a period where the medical profession was to be transformed by a more formal and uniform training which was to enhance their status in society. The rapid growth and expansion of towns of the industrial revolution would present doctors with hitherto unknown challenges and in a thriving seaport such as Liverpool with its background of social extremes, average life expectancy was only twenty-four years.

The change in quality of Liverpool doctors during the mid-eighteenth century was certainly affected by the establishment of the Infirmary which provided a focus where physicians and surgeons could work together exchanging ideas instead of remaining in competition as individuals. In 1749 the building was ready to accommodate 100 patients, although there was still much to be desired regarding its universal treatment of the sick. Barred were those who could pay for their own medicines, as were those who could not provide a reference from a Trustee (except in cases of casualty). So too were the 'incurable, children under seven, lunatics, sufferers of small-pox or women big

4 William Moss, *A Familiar Medical Survey of Liverpool* (Liverpool, 1784).

5 Muir, p. 288.

with child'.

The Infirmary had been sponsored by a group of 'Clergy, Physicians, Surgeons, Merchants and Tradesmen, with some neighbouring gentlemen' and was erected entirely from charitable subscription. The principles on which it was founded would set the pattern for numerous institutions which were to follow. Alongside the Infirmary in 1752 was erected the Seamen's Hospital for seamen and their families. Every mariner of the port had paid a compulsory contribution of 6d a month towards its support. (Both buildings stood on the site now occupied by St George's Hall). In 1778, the Liverpool Dispensary was established in North John Street; this provided medical advice and medicine for the poor, and was supported by voluntary subscriptions from the majority of the established surgeons or physicians in the town.

Yet, despite such positive steps made in a port increasingly influenced by its diverse cultural influx, Liverpool was, by the end of the eighteenth century, a town of much pauperism, appalling housing conditions and frequent violence.

Midwifery

It is within such a context that the roots for the Liverpool Maternity Hospital are to be found. With a history reaching back just on two centuries, it can claim to be one of the oldest local hospitals in the country. Such roots lie in the foundation of the Ladies' Charity in 1796, the aims of which were to afford medical and other assistance in childbirth 'to reputable married women or widows resident in this town', in their own homes.

Up to the mid-sixteenth century it was universal practice throughout Europe that women were attended in confinement only by those of the same sex. Attitudes began to change due mainly to the work of Ambroise Paré,⁶ with the result that the medical profession began to give the practice of midwifery a much higher profile. But it was not until the eighteenth century that greater inroads began to be made, notably in 1726 when a professorship in obstetrics was founded in Edinburgh. Despite the acceptance by wealthier classes of the principle that the medical profession could give assistance to those in childbirth, public opinion was still, at first, largely prejudiced against the building of 'lying-in' hospitals for the poorer classes. The following advertisement reflects the problems faced by both medical men and their patients in Liverpool during the mid-eighteenth century:⁷

6 Ambroise Paré (1510-90) was a French surgeon and regarded as one of the fathers of modern surgery. As barber-surgeon to the army, Paré discarded the practice of treating wounds with boiling oil and hot irons in favour of cleansing, the use of ointments and surgery to tie off major arteries.

7 *Liverpool Chronicle and Marine Gazetteer*, No.1, Friday 6 May 1757, p. 4.

A Lying-in Hospital in this town being what many charitably disposed persons have desired, and thought very necessary; and as such a design if put into execution must require a considerable time before it can be completed, the following Proposal is made, as an attempt to relieve the most pitiable part of the Lying-in Poor in the mean time.

As many unfortunate poor Women and their Infants, suffer greatly thro' the insufficiency of their Midwives in Difficult Cases, and as the Expense of calling in a Man-Midwife at such times often presents the Indigent from having proper assistance; and as there is a proper place of reception for all sick Poor already provided in town free of charges, but none for this particular purpose, which deserves at least equal consideration; and as almost every person is engaged at this Juncture in contributing, each according to his particular talent, towards the distresses of the Poor, I judged my endeavours for this end, might not be unacceptable; I therefore hereby inform the Public, that I am ready to attend and assist to the best of my power Gratis, all such married Women, living within the limits of this town, whose Cases in Labour are Difficult or Dangerous, so that the Midwife is at a loss, or unable alone to perform her Office, provided they are not able to pay.

But considering that some persons may, from the tenor of this Advertisement, insinuate that the design may not proceed from any motive of compassion, but only for my own Improvement, to try experiments, or to practise upon the abovementioned objects of Pity, it may not be amiss as to obviate these objections (as I have practised but a short time in this town) by further observing to the Public, that I have studied and practised Midwifry in two of the chief Schools for that Art in Europe; of the truth of which any person may be satisfied, by only calling at my house, where they may see it certified under the hands of Doctor Smellie, teacher of Midwifry in London and of Mons Levret, Censor of the academy of Surgery, professor of Midwifry in Paris.

M.TURNER
Atherton Street
Liverpool
May 2nd 1757

N.B. 'Tis hoped that the Gentlewomen who practise the Midwifry in town, will not look upon any thing here mention'd as designed to prejudice or undervalue them; the design being only to give them assistance when 'tis wanted, which I judge may be offered to them in the manner here proposed, without any Impeachment of their abilities, by those who may be allowed to have had better Opportunities of acquiring skill in the Profession, than the Practitioners of their Sex usually have.

Matthew Turner practised as a surgeon in John Street (now North John Street). Thirty-nine years elapsed between his generous proposal of free obstetric care for the poor and the foundation of a charitable obstetric organisation in the town in 1796. No doubt a direct catalyst in this development was the widespread poverty associated with the Napoleonic Wars, although, as we have seen, institutions founded on charity had become a

product of the enlightened times.

The first building to be utilised by the Ladies' Charity was at 13 School Lane, from where the suffering were to be alleviated⁸

1. By gifts of clothing, food, soap or money
2. By loans of temporary requisites, such as changes of bed linen
3. By the provision of the attendance of a midwife, and, if necessary, of a doctor.

Three medical officers were appointed and the subscriptions given by the ladies of Liverpool rose from £256 in 1797 to £385 in 1800. At the end of its first year, 126 maternity cases had been attended to by the Charity. The town was to be divided into four administrative districts, each with its resident midwife. Each of these districts would also have an accoucheur. At the end of the first of his five years in such an appointment, William Moss reported:⁹

This last, although not least valuable, of the public charities which adorn the town, was long in contemplation, but was only effected in 1796. Its intention is the relief of poor married women, in childbed, at their own homes; a mode that proves to have many advantages over a public hospital. Proper assistants, male and female, are appointed; as also a matron, to provide every necessary of food, etc., that may be wanted; by which means the poor and their offspring are rescued from the injuries arising from improper treatment, and are restored and preserved, with comfort to themselves, to that society from which many, in this trying situation, have been severed by ignorance and want. The charity is very properly under the patronage of ladies, with a lady patroness at their head; and the accounts necessarily conducted by a committee of gentlemen. It is supported by annual subscriptions, and by other gratuitous benefactions and contributions; and its various comforts have already been sensibly felt.

After its second year's work in 1798, the Charity compared itself with other charitable institutions:

... admirable as they all are there is not perhaps any of them which with such a minute supply tends more to diminish wretchedness and to preserve the human species than this institution ...

The annual report revealed that the expenditure of the Charity had amounted to £340 while 483 married women had been attended to. The troubled times and uncertain future were also alluded to when the Charity declared:

8 Moss, *Liverpool Guide*, p. 104.

9 *Ibid.*

it is a universal duty to supply the unavoidable waste of protracted warfare by guarding with no common care the Buds and Blossoms of our future strength.

In its early years the Ladies' Charity had a remarkably fine record. About one third of the total average births in Liverpool came under its supervision and the death rate was remarkably low — somewhere in the region of 0.1%. Most deaths were due to disease or circumstances which would in any case have proved fatal (*Table 1*):¹⁰

Date	Labours	Deaths	Cause
1799	621	1	No external cause
1803	996	1	Natural and regular causes of indisposition
1811	1515	2}	{From causes which no human hand could
1812	992	1}	{have prevented
1813	905	2}	
1815	1072	1	In last stage of consumption

Table 1: Causes of death among cases dealt with by the Ladies' Charity, 1799-1815

Thomas H. Bickerton, Ophthalmic Surgeon and local medical historian, suggested that it was the general good health of country-bred wives of the new labourers coming to the port from Ireland and Scotland that largely explained the low maternal mortality.

Despite such statistics, obstetrics was still in a rather backward state during this period. In 1801 Denman remarked:¹¹

... very much still remains to be done for the perfection of this branch ... not by the speculative and presuming who are misleading us; but by men of industrious attention and research, capable of reducing into order the observations they will have many opportunities of making and of converting them to practical use and advantage.

British medical schools remained slow to include midwifery, despite advances being made on the continent, and it would be another forty years before the type of men Denman was hoping for began to emerge. Despite the appointment of James Simpson as Professor of Midwifery at Edinburgh in 1840, there was still much to be done, as Ramsbotham's remark in 1841 bears

10 T.H.Bickerton, *A Medical History of Liverpool from the earliest days to the year 1920*, ed. by H.R.Bickerton & R.M.B.Mackenna (London: John Murray, 1936).

11 Thomas Denman, *An Introduction to the practice of Midwifery*, 3rd ed. (London: J. Johnson, 1801), preface. Also cited in John A. Shepherd, *A history of the Liverpool Medical Institution* (Liverpool: Liverpool Medical Institution, 1979), p. 61.

testament:¹²

This branch of physic indeed has struggled against far greater difficulties than have beset the general practice of medicine and surgery; for both ignorance and prejudice have lent their aid towards retarding its advancements ... it has to contend with the natural blindness that females themselves must entertain against admitting a person of the opposite sex seen to undertake the duties under the trying time of labour; and on the other hand with the erroneous belief that parturition, being a natural action, would be accomplished in women with equal facility and safety as in the brute creation.

Small improvements had been made in the intervening years, although methods were still primitive. Caesarean section, for example — which was usually performed as a last resort after gross mismanagement of labour — was still an imperfect and highly dangerous technique. Denman's researches across the country could reveal no survival of the mother, while Ramsbotham recorded three survivals out of thirty such operations. Other practices were so entrenched in tradition that it was very difficult to change attitudes. Blood-letting was still popular practice well into the nineteenth century. In fact, during the early years of the century it was even believed that serious bleeding from a vein should be controlled by reducing the blood volume further by puncturing an artery. Richard Kay, who was a surgeon in Chorley, published a case of rupture of the pregnant uterus in the *Liverpool Medical Gazette* in 1833.¹³ He described his 'gastrotomy' (the contemporary term for abdominal exploration) where he extracted the infant and closed the wound. He then proceeded to twice bleed his patient until she lost consciousness. After the loss of twenty ounces of blood, his patient, not surprisingly, died.

Obstetric practice in Liverpool during the early years of the Ladies' Charity has been somewhat illuminated by the existence of two unique documents in the possession of the library of the Liverpool Medical Institution. The first was compiled by Henry Park (1745-1831), who, although primarily a surgeon, also practised medicine and obstetrics. His *Book of Genesis* lists all the births he attended wherein he also recorded the names and addresses of all the mothers he delivered, the sex of each child and a brief clinical note. Although he did not record mortality of the mother or infant, it is occasionally inferred by mention of 'crotchet case' (extraction of a dead foetus by a crude instrument), and other complications which must have resulted in infant or

12 Francis Henry Ramsbotham, *The Principles and Practice of Obstetric Medicine and Surgery* (London, 1841).

13 Richard Kay, 'A Case of Rupture of the Uterus in which Gastrotomy was performed', *Liverpool Medical Gazette*, 1(1833), 26.

maternal death. Such figures can be rather misleading as he tended to practise in more affluent areas, although there is no record of his fees.¹⁴

The second volume was kept by Dr John McCulloch, who attended on average 210 deliveries each year between 1797 and 1820. In his *Register of Births and Innoculations* he recorded the name and address of the mother, the sex of the child and his fee. Much of his work was carried out, in stark contrast to Henry Park's, amongst the poor in the worst of the slums. Occasionally he entered a comment, mentioning deliveries taking place 'in a yard', 'in an opening', or 'in a court', frequently without charge. A better class of patient would pay one or two guineas.

The surgeons of the Ladies' Charity in its earliest years resided in the centre of the small town, in close proximity to the districts they were attached to. However, problems were to be encountered once the bounds of the town were extended and in 1842, for instance, the suggested hire of a cab for the surgeon had to be refused on economical grounds, with the result that cases in Kirkdale Township could not be attended. It was not until 1874 that cab hire was allowed to the surgeons of the Charity.

By the time the Ladies' Charity amalgamated with the Lying-In Hospital in 1869, the seventy-three years of its separate existence had undoubtedly resulted in an improvement in the management of childbirth in the homes of the deserving poor.

Lying-In Hospital

The first obstetrical and gynaecological hospital, the Lying-In Hospital and Dispensary for the Diseases of Women and Children, was established at 31 Horatio Street, Scotland Road, in November 1841. However, it was soon apparent that larger premises were necessary and the hospital was transferred to 21 Pembroke Place in October 1845. During the first four years of the hospital's existence, figures regarding the work carried out show only one death in labour (*Table 2*).¹⁵

In this same period, 2,490 out-patients received gynaecological treatment, of whom 1,216 were cured and 316 relieved, while there were nine nurses and midwives in training. On the staff at that time was the surgeon Benjamin Blower, the inventor of the slipper bed-pan.

14 On 29 December 1809 Park records his delivery of William Gladstone, the future Prime Minister. Park's death-rate figures are comparable to those of the Ladies' Charity; out of 3,900 cases covering the period 1769 to 1830, only a very small number were abnormal.

15 Bickerton, p. 219.

Jan 1842 - Nov 9 1842	46 labours	1 death
Nov 9 1842 - Nov 9 1843	73 labours	0 deaths
Nov 9 1843 - Nov 9 1844	103 labours	0 deaths
Extra	1 labour	
Nov 9 1844 - Nov 9 1845	107 labours	0 deaths
Extra	11 labours	
TOTAL	341 labours	1 death
M: 173 F: 147 Twins: 2 cases Still births: 18 Operations: 21		

Table 2: Death rates, Lying-In Hospital, Jan 1842 - Nov 1845

The hospital was operated according to clearly set out rules:¹⁶

(I) The Hospital shall be *open at all hours* for the reception of poor married women about to be confined, in whom the expected difficulties of labour may require the care and advantages which the hospital offers, or whose circumstances are particularly needy.

(II) Admission to the Labour Wards shall be open to all such cases whether residents of the town or not, by recommendation of a Subscriber, or on application to the Executive Committee or Visitors at the Hospital, at such time as may be prescribed; but for the Special Wards the certificate of one of the Medical Officers will also be required.

(III) Every case recommended to the Labour Wards shall, prior to admission, be visited by the Inspector. No patient can be received who is afflicted with, or recovering from, any complaint of an infectious or contagious nature, or with insanity.

(IV) No Labour patients shall be allowed to remain longer than a fortnight in the Hospital, unless on the recommendation of the medical Officers, and for special reasons: or in the 'Special' Wards longer than one month, unless otherwise sanctioned by the Committee.

Use of anaesthesia

In December 1846 news reached Liverpool about the successful administration of ether during an operation in Boston in the United States. Within days local surgeons were using the new technique, but it was 25 November 1847 before J. Parke gave the first paper on anaesthesia at the Liverpool Medical Institution entitled 'On the Moral propriety of administering ether in other than extraordinary cases'. This reflected the current arguments concerning the use of anaesthesia, particularly in obstetrics. He discussed the moral aspects and made much of the opinion that insanity might be induced by ether or chloroform

¹⁶ Although the rules cited are from the Annual Report of 1869, it is likely that they applied to the Lying-In Hospital for a period prior to that date.

(also in use by now). Others feared infantile convulsions if chloroform was given in labour.

John Birkbeck Nevins, the recently appointed Medical Officer at Mill Road Workhouse Infirmary, was, on 22 February 1848, the next to present a paper on the subject, speaking 'On the present state of our knowledge of the use and effects of chloroform and ether'. On 17 February, much discussion had been prompted by the widely publicised death in Newcastle of a young girl, Hannah Greer, following a minor operation in which chloroform was used. This case raised considerable suspicion regarding the safety of chloroform.¹⁷ Nevins himself had not witnessed a single death in the general use of anaesthesia in eighty cases of labour. He did, however, draw attention to numerous hazards and complications.

Ovariotomy

It is documented that there was a ward for ovariectomies at the Lying-In Hospital as early as 1851,¹⁸ although there are no published reports on the success of operations. In Liverpool, the pioneers of ovariotomy were J.F. Grimsdale, Consultant Surgeon to the Lying-In Hospital, and Messrs Long and Nottingham. In March 1861 Grimsdale invited Spencer Wells to Liverpool where he performed his twenty-first ovariotomy. It is likely that the operation took place in the patient's home, Wells being assisted by Grimsdale and Bickersteth, and by Hakes who administered chloroform. Grimsdale had his first successful case early in 1861 and by the end of 1863 had carried out six such operations with four recoveries, a record which compared favourably even with that of Wells. At one meeting when Grimsdale's achievements were reported, it was remarked with some local pride that it was no longer necessary to send these cases to Manchester. This was a reference to Charles Gray of that city who over many years had obtained results comparable with those of Spencer Wells.¹⁹ Meanwhile, an 'outdoor' obstetric department had been formed in December 1860 on the recommendation of the Medical Board.

Nursing

Improvements in the training of nurses in Liverpool were undoubtedly influenced by the work of Florence Nightingale, although there had been some attempt to train nurses at the Lying-In Hospital as early as 1841. A Nurses'

17 Shepherd, p. 127.

18 Bickerton, p. 219. Patients on the wards were expected to pay 7s [35p] per week for maintenance.

19 Shepherd, p. 128; see also footnotes, p. 288.

Institution opened in Soho Street about 1855, but greater strides were made in 1862 when, through the efforts of William Rathbone, the 'Liverpool Training School and Home for Nurses' was founded; in the same year the Royal Infirmary decided to build a nurses' home.²⁰

The new Myrtle Street Hospital (1861)

The dispensary at the Lying-In Hospital opened three days per week, each patient being required to pay one penny when medicine was provided. The number of patients, however, was not increasing in comparison with the population of the town, and in the autumn of 1853, the Board of Governors agreed that smaller premises would be preferable. It was finally decided to build a completely new hospital in Myrtle Street. This was erected at a cost of £3,000 and contained thirty beds for in-patients. It was officially opened by the Lord Bishop of Chester in July, 1862. The site in Myrtle Street had been chosen in preference to one near the old Hospital, although this meant loss of an offer of £1,000; a £50 gift was also withdrawn because unmarried women were refused admission.

It was becoming clear that there was an increasing overlap in the facilities provided by the Ladies' Charity and the new Myrtle Street Lying-In Hospital and agitation began to encourage a combining of resources. In February 1866 the local Medical Society supported its colleagues by passing the following resolution:²¹

That the Liverpool Medical Society considers it highly desirable that the Ladies' Charity and the Lying-in Hospital should be united into a single charity. The Secretary was requested to forward a copy to the Committee of each Institution.

Finally, the Committee of the Lying-In Hospital approached the Ladies' Charity with a view to the amalgamation of the two bodies. After protracted negotiations, a formal assent was obtained in February 1869.

Amalgamation of the Ladies' Charity and the Lying-In Hospital (1869)

The first year of amalgamation was far from easy. Accommodation was still unfinished and during the first twelve months the work of the Ladies' Charity was carried on in the old premises in Duke Street while modifications were taking place at Myrtle Street, mainly in the out-door relief department. It was also decided to erect additional wards for in-patients, plus accommodation for the House Surgeon. Secondly, although 233 patients were admitted

20 *Ibid.*, p. 129.

21 Bickerton, p. 218.

into the Lying-In Hospital during the year, there was an outbreak of fever which resulted in the closure of the hospital from 13 May until 18 June. Consequently, twenty-seven patients were confined to their own homes, under the care of the Institution, and eleven others, who failed to come into the hospital, received partial relief.

Overall, the 195 confinements in the Hospital produced 89 boys, 106 girls, 3 sets of twins, and 7 still births. There were a number of deaths — 2 mothers and 6 children. There were also 28 'special' cases admitted during the year, and 5,903 cases received treatment in the Dispensary. The number of Midwives and Nurses trained and certified was 36, while 150 Wet Nurses were registered.²² In the Ladies' Charity, 1,594 cases were relieved as against 1,518 the preceding year. According to the Committee, the staff of Midwives had been 'carefully revised' and their conduct and efficiency 'strictly superintended'. Dr Henry Imlach (whose son is the subject of another paper in this present collection), decided to retire from the office of Hon. Consultant Physician after several years' valued service. It was also decided in 1869 to abolish the system of free vaccination at the Ladies' Charity due to the increase of Public Vaccinators providing a similar service, also free, within the town.

In the early years of the amalgamation previous rules and regulations laid down in the days of their separate existences were adhered to, but this was soon found to be cumbersome and inappropriate. By the 1880s they had been streamlined to meet the management needs of a joint hospital:²³

The objects of the Charity are:

- (1) To provide poor married women of good character, and widows whose husbands have died during their pregnancy, with the assistance of trained Midwives during their confinements, and, when requisite, of Surgeon Accoucheurs, such assistance being rendered either in the Hospital or at their own houses;
- (2) To provide relief to out-door patients; and
- (3) To maintain a School of Midwifery for women, who are to be instructed by means of Lectures given by the Medical Officers and of practice with the Midwives and the Nurses of the Charity.

Certain stipulations were made regarding who had a right to treatment. Only those patients resident in one of the Charity's Districts at the time of confinement would qualify for out-door relief. However, this did not apply to

22 Annual Report of The Ladies' Charity and The Lying-In Hospital of Liverpool, 1869 (1870), 'Rules', p. 8.

23 Annual Report of The Ladies' Charity and The Lying-In Hospital of Liverpool, 1885 (1886), 'Rules', pp. 14-15.

in-patients who would be accepted from outside the area.²⁴

The Hospital shall be used for the reception of Patients in whom the expected difficulties of labour may require the care and advantages which it affords, or whose circumstances are peculiarly needy. It shall be open at all hours for the reception of patients.

Furthermore, in a town where its people were all too aware of the decimation caused by cholera, typhoid and smallpox, no patient was to be admitted suffering from infectious or contagious disease. Nor would there be a welcome for the insane.

The Institution was put under the control of a Board of Management, assisted by a Ladies' Committee. The members of the Board, which consisted of between five and fifteen gentlemen, also had to be subscribers to the Charity and were elected by other Subscribers at the Annual General Meeting. The Ladies' Committee numbered between ten and thirty members, also elected at the AGM. Both Committees met once a month at the Hospital. One or more Visitors selected from the Ladies' Committee were appointed for a month at a time to make a thorough inspection of the Hospital once a week, and record the details in the 'Visitors Book'. The Ladies' Committee were also empowered to superintend all the domestic arrangements of the hospital, select the Matron, Superintendent, Nurses and female servants, although their proceedings had to be reported to the Gentlemen's Committee for confirmation. In July 1870 an obstetric clerk, Robert A.H. Wood, was appointed and received free board and lodging. Six months later he became the first house surgeon with a salary of £50 a year.

In June 1874 a local newspaper published a comparative list of figures on the amalgamation (*Table 3*).²⁵ The most significant comparative statistic, however, is not apparent here. The out-break of fever on the wards increased worryingly after amalgamation. In April 1874, for example, there was an outbreak of puerperal sepsis in the Hospital and in June, William Stewart Trench, Medical Officer of Health, was asked to inspect the Hospital. He reported to the Medical Board:²⁶

I have no hints to offer as to the management and no suggestions to make in respect of structural arrangements for I consider the management most excellent, and I can find nothing wrong in drainage and nothing so objectionable in the construction of the wards as to require alteration.

24 *Ibid.*

25 Bickerton, p. 219.

26 *Ibid.*

Number of Patients During Five Years Before Amalgamation

Year	Labours	Special Cases	Ladies' Ch.	Dispensary
1864	160	32	1,197	2,043
1865	187	25	1,123	1,965
1866	199	21	1,084	2,355
1867	265	20	1,408	2,983
1868	220	35	1,518	3,222
TOTAL	1,031	133	6,330	12,568

Number of Patients During Five Years After Amalgamation

Year	Labours	Special Cases	Ladies' Ch.	Dispensary
1869	199	29	1,594	5,903
1870	235	85	1,841	7,426
1871	155	113	1,777	7,496
1872	189	141	1,758	8,014
1873	150	99	1,584	8,190
TOTAL	928	467	8,554	37,029

Table 3: Number of patients treated before and after amalgamation

At the same time the Board, with one dissenter, voiced the opinion that there was no objection to having special wards under the same roof as those for lying-in women, provided that cases for ovariectomy were not admitted. After discussion, the Board expressed its desire to postpone the closing of the lying-in wards until certain proposed reforms were tested with a view to preventing deaths from puerperal fever. Later, in an attempt to adopt the antiseptic practices pioneered by Joseph Lister, a Lister steam spray was purchased in 1879 for operations and dressings of special cases.

But in December 1879, the Medical Board reported that four deaths had occurred in the lying-in wards. The outbreak was traced to a patient who had come from a house where a malignant case of scarlatina had occurred. By March 1880 the Board had recommended that a building should be erected to which cases of a suspicious nature could be removed at once and so prevent danger to other patients. Three conferences followed, after which it was decided to extend the present building by adding an isolation block. The lying-in wards were closed in March 1881 and the special wards a month later. By November, although it was still felt unwise to re-open the maternity wards, it was decided that 'a special hospital for the treatment of diseases peculiar to women' was an urgent necessity. It was proposed therefore that the hospital be

reopened to deal with such cases while maternity cases and the dispensary would operate externally. These frequent outbreaks of fever again raised the question of treating maternity and gynaecological cases together.

It was also apparent that the hospital was not at all popular with those it was intended to serve. This was clearly part of a wider problem and many called for the erection of a completely new hospital operating under new rules and ethos. Articles in the local press accused it of being 'an institution hopelessly outgrown by the times' referring to the 'structural deficiencies of the institution', the 'high rate of mortality' and 'the unwillingness of women to enter the hospital at all — at least the class of women that the Ladies' Committee are willing to accept'. Regarding the Board, the *Liberal Review* commented:²⁷

... they will take one class of patients (married women of respectable character), but that class will not come, at any rate in sufficient numbers to utilise the full accommodation of the place. Another class that would be glad to come (that is, unmarried women who are prima facie not of respectable character, though they may not be leading a positively vicious life — the class, in fact, received at the Workhouse) the ladies' committee will have nothing to do with ...

... it seems an absurdity to keep open a Lying-in Hospital which, for whatever reason, is never fully occupied, even though as it stands it is totally inadequate for such a population as that of Liverpool. If the committee prefer to keep up the 'respectability' of the establishment even at the expense of its usefulness to humanity we suppose they must go on demanding marriage certificates from candidates for admission, and enquiring rigidly into the character of those who present them; a very necessary precaution, by the way, for even marriage certificates are not invariably an absolute guarantee for perfect and unblemished respectability.²⁸

To be fair, the Committee was operating under rules made by a previous regime; nevertheless, such conservatism could be modified. The article was clearly an attempt by local pragmatists trying to loose the fetters of a dated and dying society still upholding its Victorian values. A pessimistic view of the future of the hospital was taken:²⁹

what has yet to be proved is that a new building, on the most approved model, and conducted by the highest medical skill, would be any more popular than the old one under the operation of the same rules.

27 'Respectable or Useful? - Which is it to be?', *The Liberal Review*, 22 April 1882, 9-10.

28 Marriage certificates had to show evidence of marriage nine months prior to admittance, while the necessary means testing entailed a visit to the husband's place of work to verify income. Frequently, patients would send furniture to a neighbour's house on the impending visit of a charity officer to simulate poverty.

29 *Ibid.*

It had certainly become apparent that there was now a powerful argument for the closure of the hospital — or at least the 'service' provided for ordinary maternity cases. It was the contention of the profession that patients preferred to be treated in their own homes, no matter how humble or squalid, and that the rate of mortality among the patients so treated was lower than even at the Workhouse Hospital. It was also considerably cheaper to attend to expectant mothers in their homes. At this time it had been suggested that the medical staff wished to turn the Lying-In Hospital into a 'private obstetric school' but this was later denied, as all the doctors wished to see was the removal of an expensive and cumbersome system of maternity treatment. The doctors did admit that their plans would entail the closure of the hospital to ordinary maternity cases and perhaps its conversion into a special hospital for the diseases of women, although difficult maternity cases would still be treated. The situation was clearly unsatisfactory: a committee who would only admit a class of woman who did not wish to attend, while another class who would avail themselves of the privilege were barred from entry. Meanwhile, the medical staff wished to change the function of the hospital completely.

The dispute continued and a Committee of Inquiry appointed found against the Hospital Board in that it recommended the urgent provision of a lying-in hospital for maternity cases only. The death rate was of clear concern to the committee. It was strongly felt that the exceptional sickness at the hospital was due to the attempt to combine the two fields. There was other provision for gynaecological complaints within the city, while the Lying-In was the only one of its kind. The meeting adopted the findings and the Gentlemen's Committee, who, to their credit, had opposed the move, duly resigned.

The newly appointed committee immediately decided to vacate the Myrtle Street building. Land was purchased from the Corporation on the corner of Brownlow Hill and Brownlow Street, where a new maternity hospital was erected on the new isolation principle. The old site was sold to the Committee of the Hospital for Cancer and Diseases of the Skin in 1882 for £5,000. (The Hospital still stands there today adjacent to the Philharmonic Hall).

Whereas the future of the maternity hospital was now secure, facilities for the 'diseases of women' were now removed, with no clear plans for reintroduction.³⁰

30 How this development continued towards unification in the present Liverpool Women's Hospital and the ways in which the various institutions were linked can be seen in the chart below. The full and complex story of the care for women and babies in Liverpool can be found in Michael Royden, *Caring for women and babies in Liverpool: a history of Liverpool Maternity Hospital and the Women's Hospital, Catherine Street* (Liverpool: Liverpool Women's Hospital NHS Trust, 1995) and *Mill Road: the people's hospital* (Liverpool: Words Network for the Liverpool Obstetrics and Gynaecology Services NHS Trust, 1993).

The New Liverpool Women's Hospital
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