
Winslow Hospital

(The Heart of a Bucks Market Town)

By
Peter Rudd

FOREWORD

I first met Peter Rudd in 1946. At that time I was a Medical Consultant to the Aylesbury group of hospitals and he was a newly arrived GP in Winslow; or Local Family Doctor as he would have called himself and as indeed, he and his kind certainly were in those days. From the first our professional relationship was both rewarding and cordial; we discovered many mutual interests including sailing, music and bird-life and I am happy to say that after nearly forty years we remain firm friends. I may add that it took a great deal of persuasion to prise the following information from him.

For thirty years he had the medical care of Winslow Hospital; came to regard it as 'his' hospital and developed a great affection for it. The sadness he felt as he watched it being demolished is reflected in this essay.

He does not mention that besides his clinical ability, his patients regard him first of all as a friend and then as their doctor, whilst his literary ability speaks for itself, as does his sense of humour to those who know him.

Apart from articles on angling in the *'Countryman'* and other magazines this is the first time his writing has been published. But from 1967-71 he was broadcasting regularly in *'Pause for Thought'* and *'Ten to Eight'* (forerunners of the current *'Thought for Today'* on Radio 4) in a 'Team' which included Bishop Montefiore, Cyril Fletcher and Joyce Grenfell, and several of these broadcasts were subsequently published. It afforded him great and wondering satisfaction when his broadcast *'The Swift in the Orchard'* evoked overwhelming listener response, and was featured not only in *'Pick of the Week'* but also *'Pick of the Year'*.

Dr. P. F. Rudd qualified M.B., Ch.B. (Birmingham) and L.R.C.P., M.R.C.S. (London) in 1942 and almost immediately joined the Navy as Surgeon-Lieutenant, R.N.V.R., having already gained much experience in emergency surgery during the air-raids on Birmingham.

In the destroyer, 'H.M.S. Meynell', he saw action in the North Sea on anti-E-Boat patrols and later - based on Iceland - on the notorious Russian Convoys. In 1944 he was transferred to Combined Operations and was in the headquarters frigate, 'H.M.S. Waveney' which was anchored off the Normandy Beachhead on D Day minus 1 until 'D' plus 12, June 6th. In August of that year he was transferred to 'HMLST 239' which proved the most rewarding

duty of his naval career. Medically speaking, these huge ships did twofold duty: after their cargo of Tanks, Jeeps, Lorries had been discharged, racks were swung out from the bulkheads of the vast lower Tankdeck to accommodate 300 stretchers, while two temporary Operating theatres were erected at the after end. This meant that a man wounded in Normandy could be in a U.K. hospital within twenty-four hours, having already received resuscitation, dressing and primary surgery.

In February 1945 he was put in overall medical command of a Flotilla of 16 LST's sailing for the Far East. These not only conveyed a Royal Marine Unit with their vehicles but huge Pontoons for the erection of a 'Mulberry Harbour' for the invasion of Rangoon. Thereafter they took part in the invasion of several Japanese-held islands. Even after VJ Day, they were much in service as, with the Japanese withdrawal, fierce internecine little wars broke out between the various tribes in Sumatra, Borneo and Indonesia: Army units had to be despatched to the main trouble-spots and sometimes whole villages had to be evacuated. In early 1946 the Flotilla sailed to Manila where the ships were returned to the US Navy and he returned home as PMO to the Transport Ship, 'HMS Glenroy' packed with Navy, WRNS, and Royal Marine personnel to be demobilised in U.K.

In October 1946 he entered into a year's introductory partnership with the well-loved, well-remembered Dr. A. E. Leapingwell who recently died aged 103, and in October 1947 acquired the practice, 'Norden House' - next door to Winslow Hospital, now Winslow Health Centre - and took into partnership Dr. Patrick Murphy whom he had first met in 1937. When they retired together in the summer of 1985 it was the end of a partnership of nearly forty years; but not the end of a friendship which, despite their very different natures, has survived for nearly half a century!

In February 1943 he married Dr. Margaret Coghill, a member of a well-known Coventry medical family. She retired in 1985 after 30 years' service in Clinical Assistantships in the Gynaecological and Genital Medicine Departments of the Aylesbury Hospitals. Their elder daughter, Susan Howard, is practising part-time Physiotherapy in Essex despite having a family; their younger daughter, Sheila Shrigley, is now Senior Librarian in charge of Bibliographical Services, Department of Health and Social Security. Between them the family can be seen to have made a considerable contribution to medicine in this country!

V. E. Lloyd Hart, F.R.C.P.
Editor

WINSLOW HOSPITAL

The history of Winslow Hospital affords a fascinating microcosm of the changes over the past century not only in the welfare and hospital services of this country, but also in public attitudes towards destitution, chronic illness and mental deficiency. It is the history of a Workhouse which developed through a stage as a Poor Law Institution to a Hospital; which finally lost its identity and existence in the centralised and highly technological Service we know today; and during that time exhibited the way in which inmates of such institutions could become integrated into their local community, to which they offered opportunities for compassionate involvement which were usually, thank God, gratefully accepted.

The main building was completed about 1830, with a handsome facade boasting a bow-fronted central section extending over all three storeys, typical of the architect, Sir George Gilbert-Scott; in fact modern architectural opinion suggests that it was the first he did in this style. Behind that facade rose prison-like blocks with a grim and unrelieved pattern of tiny, barred windows. Like all workhouses, it was designed as a self-sufficient community and the original ground plan shows the central Kitchen with communal Dining Hall, and, peripherally, Laundry, Pig-styes, Stables, Coal Store, Carpenter's Shop, Blacksmith's, Stone Shop and so on. The grounds were vast by modern standards: certainly large enough to grow the vegetables necessary to feed the 250 inmates - men, women and children. The whole was surrounded by tall, iron, spiked railings and apart from the six-cubiced 'Casual Ward' at the front of the building for the vagrants and other human flotsam which turned up at the forbidding iron gates. It was very exceptional for anyone, once admitted, to leave again except via the Mortuary at the back.

The Workhouse was administered by a Board of Guardians - local Landowners, Farmers, Senior Tradesmen - and a perusal of the Minutes of their weekly meetings, recorded in immaculate and beautiful copperplate handwriting, reveals a fascinating and terrifyingly Dickensian scene. With the aid of the Master, the Clerk (a local solicitor) and the Visiting Doctor, these gentlemen - working voluntarily and doubtless compassionately by the standards of the time - wrestled with the problem of bringing relief not only to the Inmates but also to the destitute existing in the villages surrounding Winslow.

Funds, one gathers, were limited as ever; nearly every Meeting took some time in arranging to buy bread - in bulk and cheaply; it was certainly the main item of diet, but doubtless its nutritional value was far higher than the modern, steam-baked variety! The hundreds of recipients of the Board's charity are carefully listed with the name, age and laconic description of the condition requiring relief, and the weekly amount awarded; and it is these entries which give a heart-rending picture of the lot of the 'Paupers' of the time. Their ages varied from 1½ to 80 years; about one quarter of them were illegitimate and apparently abandoned; several were aged married couples, most were widowed or destitute women; the completely physically handicapped were in a minority - presumably few recovered from serious disease or injury. Here are some random entries in the Minutes of 7th. August, 1835:-

NAME	AGE	CONDITION	WEEKLY AMOUNT AWARDED shillings/pence
William G.	9	Idiot. Dumb.	1/-
Lucy S.	7	Father transported.	1/3d
Martha B.	50	Single. Keeps her bed.	2/6d
Thomas R.	9	Illegitimate. In employ.	NO AWARD
Richard N.	33	Blind - and he keeping a woman to attend him.	2/6d
Sarah M.	9	Friendless.	1/-
Mary,	17		
Harriet, &	13		
Thomas L.	9	Father gone away. Mother dead.	3/-
Lewis D.	28	Wife & 3 children. Ill.	7/- and not less than 3 loaves.
James C.	72	Crippled. Bad neck.	1/- and 3 loaves.
Kitty B.	59	Widow. Ill. Has £5 p.a.	NO AWARD.
Robert H.	37	Lost use one side. 3 children.	3/6d.
William P.	47	Wife and 6 children.	TO LOOK FOR WORK.

You may well be shocked by the picture painted; you may well be sure that the decision recorded in the last entry quoted was preceded by much pompous and even hypocritical posturing; but you must allow, I think, that these worthy men were doing a good job under the limitations, social and financial, imposed on them.

The primitive understanding of disease of those not-so-far-off days is underlined in another Minute of the same year, 1835, which reveals that - having taken expert advice - all infectious diseases Inmates were to be housed in one second-storey room, with some of the windows open, and the room below to be heated with a coal fire, day and night!

In 1930, the Workhouse became a Public Assistance Institution maintained by the Buckinghamshire County Council resulting in a marginal influx of new ideas and more money; but the effect was minimal. The character of the place changed but little; an average of 140 men, women and children were housed there during the last war. It was still known as "*The Union*" or "*The Spike*" (an allusion to the railings) to Winslow inhabitants - a place you went to die if nobody could look after you at home; and for many it hung like a black shadow over their last years. "Don't send me to '*The Spike*', will you doctor?" was the anxious enquiry I heard from many patients during their terminal illness in the late '40's. But things were better, both in the fabric and the staff; and it was a great triumph when a sick, elderly woman was admitted there (these days we would call it *an acute geriatric admission*), was nursed back to health and actually sent home again!

In 1946 I became the Visiting Doctor (that post created in 1830!) and my duties included not only attending the patients and Mental Defectives in the Hospital, but also to attend, and dispense medicines for, several hundred people in the surrounding villages who paid 1/6d per year for the privilege of a 'free' doctor and medicine. For these services I was paid £110 per annum. In 'The Union' there were now recognisable wards for the chronically sick. Central heating and Ward Kitchens had been introduced. The nursing staff was adequate for the care expected to be given, but very thin on the ground. The 60 Mental Defectives were still housed in Workhouse-like accommodation: clothed in drab, stiff, ill-fitting clothes; dragooned like prisoners; doing all the house work - tilling the garden, sewing, working in the laundry, cleaning, fetching and carrying. They were actually locked in their dormitories at night - although visited by Night Staff periodically. They were well-fed, clean adequately clothed and medically examined annually. But if not fit to work they just sat, day after day, in their gloomy, separate (male and female) Day Rooms. Indeed, there had been little change for 100 years!

Came the Welfare State, the National Health Service - a great influx of energy and funds. As elsewhere, the effect in Winslow Hospital was explosive.

Over the next few years the horrible little cell-like windows were ripped out and airy casements installed; the shiny, mud-coloured paint used on all the walls was replaced by light and tasteful colours; covered ways, ward kitchens, sluices, internal radio, call-bell systems and sterilising rooms were built: in fact recognisable wards appeared! And the whole was supervised and controlled by an efficient and dedicated Administrative Staff.

Now, the average Nursing Staff comprised a Matron; 3 Full Time, 3 Part Time, Sisters; 3 Part Time Staff Nurses - all SRN. There were anything up to 30 Part Time Auxiliaries - male and female - largely recruited from Winslow itself. There were 4 Wards housing the Chronic Sick - 46 beds in all. The 24 male and 40 female Mental Defectives were housed in two separate - East and West - Wings. They were such nice people, they had been there so long: frequently it was to them one went when wanting to know, or be shown something in the hospital or have it explained!

Other additions followed.

1948-9 there was even a Maternity Ward of 6 beds wherein confinements were supervised by the local doctors: a great boon at a time of increased marriage and birth rates. Ground-floor rooms were used for Dentistry, Physiotherapy, Chiropody, Hearing-aid Servicing, Speech Therapy, and Almoner's Office.

A large Terrapin building built free of charge, by the office staff of a local firm housed a much-used very valuable Occupational Therapy Unit during the day, and was often used for Meetings and social functions during evenings.

There was a good Carpark: the lawns and gardens were attractive and large enough for the cricket, football and annual sports the Mental Defectives enjoyed, as well as fêtes and other public functions, always handsomely supported by Winslow Town. The original cramped structure of the building - especially the narrow stairs - militated against its function as a modern hospital; but for years it was a happy, efficient unit.

Essentially it became an annexe to the Geriatric Unit in Aylesbury, whose Geriatric Consultant paid a weekly visit to supervise treatment and investigation and to arrange an interchange of patients between Aylesbury and Winslow according to the medical needs of patients. The Mental Defectives were similarly supervised by a Consultant in Mental Deficiency; while the Visiting Medical Officer had overall care of both types of patient.

Concurrently the local population was moving into the Hospital and the Mental Defectives were moving into the local community. It was not just relatives, the Chaplains of three Denominations, the British Red Cross Society; nor just the League of Hospital Friends who did wonderful work raising funds, organising outings, providing a Trolley Bedside Shop Service; a Library on Wheels, T.V. Sets and so on. Spearheaded by these agencies, local people became happily involved in the work of the Hospital whilst many valid friendships, and social events, flourished.

Meanwhile the Mental Defectives were going to the Parish Church, shopping, frequenting the local Cafés and pubs, attending various social and communal activities. Not as heretofore in that ghastly, sex-segregated crocodile which weekly walked round the Town like prisoners being exercised, but as individuals in their own right. Very soon local people forgot that instinctive repugnance felt by confrontation with the mentally retarded, the ugly, the deformed: they met and recognised the amiable, affectionate and childlike people they were; nearly always devoid of the malice and deviousness so often found in 'normal' people!

So for twenty-odd years Winslow had a Hospital in which it took a pride and cared about, but in 1977 the last Geriatric patient was moved to Aylesbury and one fears greatly for the future of the simple, happy people for whom Winslow was their home and had been so in many cases since childhood: they were integrated here in a setting familiar and secure - how will they fare elsewhere? The high technological standard now demanded by modern geriatric medicine insists on massive centralisation; and the present stringent financial straits imposed on the Health Service demands axeing of the less 'efficient' hospitals. But what is 'efficiency'?

If I may append a personal opinion, we badly need small hospitals like Winslow Hospital, and that need will grow as time goes by. So easily such places could become a cross between a Cottage Hospital and a Hospice, serving and being served by the local community. The Family Doctor no longer works alone: he is part of a Practice Team comprising also Health Visitors, District Nursing Sisters, Health Service Assistants and an efficient Secretariat. Such a team possesses a formidable wealth of varied skills and interests: operates from a well-equipped Health Centre housing not only sophisticated diagnostic aids and abilities for documentation and survey; but by virtue of the many disciplines involved is in close liaison with all branches of the Health Service - the hospitals, consultants, laboratories, social and welfare services.

There is a very large number of cases which cannot or should not be admitted to a modern hospital with which such a Team could perfectly cope, provided local beds were available on a short term basis: early discharges from surgical wards, the young housewife with several children whose acute illness produces a grave domestic crisis, an aged woman with pneumonia whose husband is too frail to care for her, the incurable terminal illness with inadequate home surroundings. One could quote many more instances.

I visualise a Hospital staffed by a small number of Trained Nurses and locally-recruited Auxiliaries; the Practice Team not only undertaking the necessary investigation and treatment but taking care of the social crisis existing at home and carrying out the after-care, assisted by Good Neighbour schemes, Meals-on-Wheels and the like. It would be the hub of a community effort wherein people all helped to look after each other. It would be small and beautiful; a necessary concomitant and antidote to the vast, impersonal, centralised hospitals planned for the future. Perhaps one day it will come.

FOOTNOTE

During the months December 1977-January 1978 the general exodus was completed. The remaining eleven Geriatric patients were transferred to Tindal General Hospital in Aylesbury, and many of the Nursing Staff went with them. Finding suitable accommodation for the mentally handicapped patients - themselves becoming Geriatric - with their varying physical and mental problems was much more difficult; considerable time, care and compassion was devoted to the task.

For many weeks two Rehabilitation Officers from the Department of Social Services in Aylesbury nearly lived in the place getting to know them individually really well; and these two splendid ladies continued to supervise the lives of the score or so of the mentally handicapped placed in Group Homes in Winslow where they were encouraged to live in a self-supportive commune environment. Many have blossomed, socially and mentally, from this stimulus and have integrated into the life of the Town, being greeted as old friends whenever they go shopping or attend public functions. Ten went to Old Peoples' Homes being too elderly and frail for independent living; twenty four to Manor Hospital in Aylesbury being considered too mentally retarded or disturbed for the experiment, and a few were placed in Hostels if it was thought that they needed more shelter than a Group Home could provide.

The Hospital was now empty, inhabited only by the vast colony of Swifts which, year after year, for as long as anyone could remember, had used the high eaves as their summer breeding site, delighting those living nearby with their fantastic aerobatic displays. In May 1983 they made the long journey from North Africa in vain: Social Services had acquired the Hospital and huge cranes and bulldozers were demolishing the old building.

The gigantic pile of rubble was slowly cleared, new building started and from the ashes of Winslow Hospital, phoenix-like, Swan House has emerged. It is an interesting, even beautiful building, the roof-lines broken by many dormer windows, the whole blending well with the ever-increasing complex of Winslow Health Centre. Moreover the land between the Centre and Swan House - once the Hospital vegetable garden - has been most pleasingly landscaped with banks, flowering shrubs and trees.

Swan House will contain a small unit for the Elderly Mentally Ill and the remainder of the total of forty-five patients will be 'Part Three' - to be defined as those not otherwise catered for within the objective of community care. The central, handsome, bow-fronted section of the old Hospital has been carefully preserved and will house residential Staff. Further Staff will be recruited by public advertisement. So the wheel has turned full circle.

'The Spike' has become a purpose-built and elegant Social Services building to provide care and dignity for the elderly casualties of Society in a way undreamed of by the builders of the original Workhouse; and with Winslow people again being provided with an opportunity to become involved in its healing and caring work it could once again become 'the Heart of the Town'.

PFR November 1984.