CUMBERLAND INFIRMARY: PAST, PRESENT, AND FUTURE.*

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IN 1828 Carlisle was a very different city from what it is to-day. At that time only a few years had passed since a broad turreted wall had enclosed the city. On the south stood the citadel with its frowning barbicans, and on the north the castle with its battled towers and donjon keep. The gates of the city, named in accordance with the direction to which they pointed—the English, the Scottish, and the Irish—were shut at sunset. Armed sentinels kept watch and ward over them as if still threatened by the Scottish foe. The military parade gave life and colouring to the otherwise passive character of the city, the denizens of which were roused from their slumbers by the call of the bugle-horn, and after the labours of the day were reminded of the hours of repose by the evening tattoo. To the traveller approaching from the south what a pleasant picture of a city, "when the sun shone fair on Carlisle Wa," and that wall had no other environs than the meadowed plain, the converging mountain streams, and the knolled and wooded eminences beyond. The mail coach still plied through Carlisle, taking four days from Edinburgh to London, "God willing." Ten years were still to pass before the first railway line from Newcastle entered the city. For only the past nine years had transport by water been effected by the ship canal to Port Carlisle, memories of which still remain near us in "Port Road" and the "Jovial Sailor Inn." With increasing population the character of the city was becoming changed. Devoid of archaeological thought as well as architectural taste, persons guided only by the hope of pecuniary advantages had begun to erect wretched buildings in close proximity to the gates, and thus marred, not only the beauty of the border city, but its well known natural salubrity.

It was indeed fortunate that at this time there were in practice in Carlisle two medical men, Dr. Heysham and Dr. Thomas Barnes, to whose foresight and wide public-spirited outlook the inception of the Cumberland Infirmary is due. Dr. Heysham, the author of the *Carlisle Tables of Mortality*, had lived in the city since 1778, and had paved the way by forming and working at the Carlisle Dispensary since 1810. He had also materially helped in the work at the fever hospital or house of recovery since it was established in 1820 in a house on the outskirts of the city, long since demolished to make way for the present station. Dr. Thomas Barnes, who had come to Carlisle in 1817, took a very active part in establishing the Cumberland Infirmary, and many of the early facts in connexion with its foundation are gleaned from a small book entitled *The Founding of Infirmaries*, which he published in 1830 to further this worthy cause.

It may not be irrelevant to take a general view of the medical establishments already provided for the sick poor of Cumberland and Westmorland. In 1830 Carlisle had a dispensary and fever house. About 3,000 patients were annually registered at the dispensary. The fever hospital was confined to patients with infectious fevers—mainly typhus fever; about 60 patients

were admitted annually. At Whitehaven there was also a dispensary and fever house; nearly 3,000 patients were annually admitted to the benefits of the former charity. The fever hospital was open only for the reception of persons affected with infectious fevers; during 1829 nineteen persons were admitted. The subscribers to the Whitehaven dispensary had for many years a small fund which they hoped would one day assist them in establishing an infirmary.

The proceedings at Carlisle gave impulse to their generosity and compassion. Soon after the public meeting which will shortly be mentioned a meeting of the subscribers to the Whitehaven dispensary was held at Whitehaven, and it was resolved to set afoot a subscription for the establishment of a hospital. A house and garden in Howgill Street were purchased, and the premises were converted into an infirmary, fever house, and dispensary.

At Kendal there were a dispensary and lying-in charity from which between one and two thousand patients annually received medical and surgical aid. Between 1828 and 1830 a house of recovery for the reception of persons affected with infectious fevers was also established at Kendal. Cockermouth had a dispensary which was conducted on an economical plan and was productive of much good. The surgeons of the town attended the poor gratis, and supplied them with medicines,

the expense of which was defrayed by subscription. Between 1828 and 1830 a dispensary had been established at Workington and fully proved its utility to the indigent sick of that town and neighbourhood.

It had long been the custom in various parts of Cumberland to send patients who required institutional treatment to the Edinburgh, Newcastle, and Dumfries infirmaries, and it was very evident that a public infirmary was much needed, not only for the necessitous sick poor in Carlisle, but also for those of

From an old print showing the original building, 1841.

Cumberland and Westmorland. With this object in view a meeting of a few friends and promoters of the establishment of a general infirmary in the county of Cumberland was held at Carlisle on November 27th, 1828, with Mr. John Hodgson, the mayor, in the chair. The following resolutions were unanimously adopted:

1. That it is in the opinion of this meeting that an infirmary for the reception and relief of the sick poor would be highly beneficial to the county of Cumberland.
2. That convinced of the advantages that would result from a county infirmary the gentlemen present deem it eminently entitled to their patronage and support and will use their best endeavours to promote its establishment.
3. That as the late Thomas Parker, Esq., of Warwick Hall has bequeathed the sum of £1,000 towards carrying the above object into effect and as Anthony Longcake, Esq., has offered to give the sum of £500, and the Ladies' Committee of the late Carlisle Bazaar have signified their intention of giving the residue of their Fund, amounting to £380, for the same purpose, the present appears to be a fit and proper time for setting on foot this work of charity.
4. That a provisional committee be appointed to carry forward this business.

A public meeting was held at the Carlisle Town Hall on August 24th, 1829, and it was unanimously resolved that a public infirmary should be established and that a committee should be appointed to obtain money, to choose a site and plans for building, and formulate regulations. At a general meeting, held at Wigton on January 18th, 1830, it was resolved that the land situate near Caldcotes, Carlisle, which had been approved by the committee, should be purchased, and that the

* Presidential address (abridged) delivered to the Border Counties Branch of the British Medical Association on July 10th, 1925.

Earl of Lonsdale, the Lord Bishop of Carlisle, Sir J. R. G. Graham, Bt., the Rev. Sir C. J. Musgrave, Bt., and Sir Wilfrid Lawson be appointed trustees to the institution.

The plan submitted by Mr. Tattersall of Manchester was considered the best and was adopted at a general meeting held at Carlisle on May 15th, 1830. The foundation stone of the infirmary was laid on October 1st, 1830. An especial Provincial Grand Lodge of Masons was held for the purpose by Sir J. R. G. Graham, Bt., M.P., Provincial Grand Master of Cumberland. A Masonic procession was arranged and joined by the Bishop of Carlisle, the Dean of Carlisle and the clergy, and the mayor and aldermen. The Bishop delivered an appropriate prayer; a vase containing coins, papers, etc., was deposited in a cavity of the stone, and over it was placed a leaden tablet bearing an inscription. Sir J. R. G. Graham then laid the stone according to the ancient forms of Masonry, and afterwards addressed the assembly. The record states that "this interesting and solemn spectacle excited deep and general interest. An immense multitude of all classes were assembled, and conducted themselves with great order and propriety." It is a matter of regret that during the Thursday night following this ceremony the foundation was removed and the urn containing the coins, etc., taken away. Plunder, no doubt, was the object, but as the whole of the coins deposited did not amount to ten shillings the robbers must have been woefully disappointed. Great force would be required to raise the stone and to separate it from the rest, as four stones of very large size were bound together with iron clamps. The stone was relaid by the workmen in the presence of the writer of the record, Dr. Thomas Barnes, on November 18th, 1830. A few coins and papers were first deposited, and the plate, which had been left at the building, was replaced. During the excavation in 1908 the foundations of the north-east corner of the old house were found to be covered with a large amount of cement, evidently placed there to prevent further pilfering, but the plate was not seen.

The building was 134 feet long, and was divided into five compartments. In the centre was a tetrastyle portico of the Doric order, and in imitation of the Choragic monument of Thrasylus and Thrasylles in the street of the tripods, mentioned by Pausanias, under the south side of the Acropolis at Athens. The portico with its bold extended flight of steps in front led to the principal entrance to the infirmary. The principal and end fronts were built with white freestone from Chalk Quarry, rubbed and polished; chalk is considered the handsomest and most durable stone in the neighbourhood of Carlisle. The building was so contrived that it might be enlarged later at a moderate expense without lessening its architectural uniformity, the end fronts of the first erection being made to form one wing of the future flank elevation.

The early days of the charity were not all plane sailing, through want of funds and misunderstandings with the contractors, and it was not until 1841 that the edifice of the Cumberland Infirmary was complete and it became necessary to appoint the staff. An able physician was readily found in the person of Dr. Thomas Barnes, but owing to difficulties with local medical practitioners an influential deputation communicated with Mr. Scott of the London Hospital with a view to the selection of a competent surgeon for the institution, and on his recommendation Mr. William Bousfield Page was appointed.

Describing his first journey to Carlisle Mr. Page graphically records the hardships which had to be encountered when travelling by the mail coach. He narrates:

"Forty-three years have passed since, almost frozen, I arrived from London at the Bush Hotel in this city on a mid-winter afternoon, having travelled in a biting frost outside the coach from Preston. All sensation in my lower limbs was gone by the

time I had got over Shap Fells, and when I had taken off my boots I had to look to see whether my feet were still in them."

His first visit to the hospital he describes as follows:

"I bring to mind my first visit to the hospital, an old man and woman occupying the kitchen, and otherwise every room empty. The first patient came on the second day after my arrival—a case of diseased knee which required early amputation. I was, of course, provided with instruments of my own, and having secured the services of a Mrs. Gamp, and with the able and ever-ready assistance of Dr. Barnes and the help of an apprentice of one of the druggists of the town, I operated with double flaps in the middle of the thigh. In less than a fortnight the limb was firmly and entirely healed. The case was simple and satisfactory enough except in one particular. Those were not the days of anaesthetics, and no small difficulty was experienced in completing the operation from the violent struggling of the boy and the insufficiency of our power to control him during its performance."

Ether inhalation was used at the Cumberland Infirmary within a few days of its being first employed in England for anaesthetic purposes. Mr. Page records:

"It so happened that a patient of mine was consulting Mr. Liston in London, and at the end of a letter to me respecting the patient he told me how he had just operated on a person rendered insensible to pain by ether, and he described roughly the mode in which it was employed. When I went to the infirmary the house-surgeon and I set to work, and having improvised a quinine bottle, sponge, and tube, with the ordinary medicinal ether we got the pupil to allow us to experiment upon him. He was seated in an armchair, from which he very soon rose like a man uproariously drunk, and it was only by the house-surgeon tumbling him over on to the floor, and then lying upon him, that he was able to prevent him doing mischief to himself or to others until his consciousness returned, and we were then delighted to find that he knew nothing at all of what had happened. Dr. Barnes was summoned, and while she was quite unconscious a young woman was cupped over the knee, and Dr. Barnes hastened to the Committee, which was sitting, as he wanted them to come and see the then wonderful sight."

While examining the early annual reports of the hospital I have come across one other fact of interest, especially in these days of internal secretions—namely, that Thomas Addison, F.R.S., of Guy's Hospital,

was an annual subscriber to the hospital of one guinea for the last sixteen years of his life—from 1844 to 1860. He was a friend of Dr. Goodfellow, Dr. Lonsdale, and Mr. Robert Brown—all members of the staff in those times. Throughout his life he retained a very warm regard for his family home at the Banks near Lanercost. One likes to think that during his visits to the North he may have found time to accompany his friends round the Cumberland Infirmary and discuss with them the problems of the diseases of the lungs on which he did so much, and possibly may have seen a case of anaemia with pigmentation, which helped him to correlate the symptoms of the disease with which his name will ever be associated. He now rests in the churchyard of the Lanercost Abbey, while inside the church is a marble slab with an inscription to his memory. I may here record that Guy's Hospital has, as a result of a letter in the BRITISH MEDICAL JOURNAL (February 9th, 1924, p. 256), undertaken to provide for the upkeep of his altar-tomb in perpetuity.

For thirty years the work of the hospital was carried on in the original building, but by the end of the sixties it was evident that further accommodation was urgently needed. Two factors were no doubt predominant in producing this want—namely: (1) that Carlisle was becoming a large railway centre with the necessary increase of population, both temporary and permanent; (2) the publishing by Lister of his articles on antiseptic surgery in the *Lancet* of 1867, which caused a new

Block Plan.—(1) Original building, 1841. (2) Wards and out-patient department, 1876. (3) Operating theatre and post-mortem room, 1896. (4) Wards, nursing home, laundry, and garage, 1908. (5) New out-patient department in course of construction.

era to arise in the surgical world. Carlisle may, I think, rightly claim some credit in helping the "master mind" in elucidating the principles which revolutionized surgery and have made his name immortal. I quote from Dr. Wrench—*Lord Lister, his Life and Work*.

"The Carlisle authorities had for many years made use of carbolic acid to abolish the odour of sewage. Lister heard of its success, and went to Carlisle to see the process for himself. Lister concluded that it prevented the odour by killing the cause of putrefaction—namely, the microbes. Other surgeons also knew of this power of carbolic acid to decrease foetor, and they had used it in offensive wounds for that purpose. But they had not understood the mode of its action; they used it unintelligently, and consequently with very varying and sometimes harmful results. Lister used it intelligently. He used it before the foetor arose; he used it deliberately to kill the causes of the condition that gave rise to the foetor."

In the Cumberland Infirmary matters were no better or no worse than in the other hospitals of the kingdom. Mr. Herbert Page, who knew the hospital in those days, writing to me early this spring, says:

"As to the surgery in the Cumberland Infirmary before Listerian days the less now said the better. With its small wards it was a hot-bed of unceasing pyaemia, and it was no wonder that P. M. Braidwood, one of the house-surgeons, should have gained the Astley Cooper Prize of the Royal College of Surgeons of England for 'Pyaemia' in 1863."

Ultimately with the sanction of the governors a wing containing accommodation for seventy-two beds in four large wards was built on the west side of the old hospital, and also a block on the east side containing the dispensary, waiting rooms, and consulting rooms for out-patients. These were formally opened in September, 1877. With the completion of this extension the hospital afforded accommodation for one hundred patients; at the same time there were corresponding changes and increases in the staff—medical, surgical, nursing, and domestic.

Further evidence of change of view of disease at this date is shown in the encouragement of fresh air and sunshine in treatment, by the establishment of the Cumberland and Westmorland convalescent home at Silloth in 1862.

Miss Enderby, who still lives at Clifton (Bristol), was appointed matron of the infirmary in 1883 and made many good changes; and Miss Allen in 1888 further improved matters by enlarging the staff of probationers to twelve, thus starting the training school for nurses. In 1894 the accommodation for nurses was increased by additions above the out-patient department, and a private nursing branch was instituted, which continued for many years. When the staff was augmented in 1896 arrangements were made for regular lectures and examinations. Of structural alterations the most important took place in 1899, when the operating room, which is still in daily use, was built and equipped at a cost of £2,000. The laundry, mortuary, and *post-mortem* room were built in separate blocks.

It was during these years that the pioneer work which followed on Lister's revolution of surgery was faithfully and zealously carried out, and we of the present day owe much to the skill and initiative of those whose lot it was to carry the art of surgery and medicine into then untrodden paths.

In 1908 a new kitchen and nurses' wing—named the Barnes Wing, after the late Dr. Henry Barnes—were built, also additional ward accommodation in the King Edward VII Memorial Wing, containing a male medical ward of thirteen beds, and on the first floor a children's ward to accommodate twenty-four cots. The heating and water supply (hot and cold) of the hospital was reorganized and the steam laundry erected near the boiler-house. It is indeed fortunate that these additions were complete before the war, for they without doubt greatly facilitated the carrying out of the increased work of the hospital in those trying days, when it provided treatment for 669 wounded soldiers, 559 munition workers, and 84 discharged and disabled soldiers. When the railway accident occurred at Gretna on May 22nd, 1915, 180 cases were treated, 78 remaining as in-patients.

The Present.

The central block, or "Old House," remains much as the architect left it in 1841, with its four imposing columns and steps at the central entrance. The wards have all been removed

from this portion of the building, and only the ward name-boards over the doors remain to remind one of the early benefactors of the hospital—Parker, Bishop Percy, Railton, Huddleston, Atwick, Lamb, Chambers, and de Whelpdale. The cellar and ground floor are now given over to store-rooms and administration, secretary's office, and residents' quarters. The first floor temporarily accommodates the x-ray and electrotherapeutic and venereal departments until the new out-patient department is built.

The present out-patient department and dispensary, which have been in constant use since 1876, are situated on the east of the central block, connected with it by a corridor. They will shortly be vacated for the new out-patient department now in course of construction, and it is intended to remodel this portion for the venereal department. The wards are placed to the west of the main block, and consist of two stories served by a centrally placed electric lift for taking stretcher cases. On the ground floor are the male wards (George Moore and Page), north and south of the connecting corridor, each containing eighteen beds, with one side ward and the additional annexes. In addition there is the male medical ward (King Edward Ward) of thirteen beds, built in 1908. On the upper story are corresponding female wards (Dean Close and Princess Louise), with the children's ward of eighteen cots in the King Edward block.

The operating theatre, opened in 1899, is connected with the ground floor by a corridor opening behind the lift.

The nurses' home—"the Barnes Wing"—built in 1909, is situated behind the centre of the "Old House," and is approached by a glass-covered conservatory on the first floor. There is bedroom accommodation for forty-eight nurses, with dining hall, sitting room, and lecture and reading rooms on the ground floor. Between the "Old House" and the nurses' home on the ground floor is placed the kitchen, which has service both to the hospital and the nurses' dining room. The domestic staff are housed above the present out-patient department.

The present number of authorized beds in the hospital is 111, with six extra beds on balconies during the summer months.

The Future.

In 1919 the governors sanctioned a scheme for the further extension of the hospital and appealed for funds; £30,000 was raised, including a grant of £1,200 from the Joint War Committee of the British Red Cross Society and the Order of St. John of Jerusalem in England.

Eight proposals were included in the programme of extension: (1) new out-patient department, (2) pathological laboratory, (3) electric lift, (4) new operating theatre, (5) isolation accommodation, (6) renovation of "Old House," (7) additional ward accommodation to increase the hospital to 160 beds, (8) additional accommodation for doctors, nurses, and servants. The increased cost of building delayed the proposed work, but in 1924 the lift was installed at the west end of the hospital and the plans of the new out-patient department were adopted. Building operations in the grounds south of the hospital were commenced in the spring of this year.

When this building is complete, which I hope will be during my year of office, the whole of the out-patient departments with the exception of the venereal, which is going into the old out-patient rooms, will be housed in one block connected to the main building by a corridor under Page Ward. This arrangement, it is expected, will materially facilitate the administration, as the various units of the hospital will then radiate from the main staircase and lift. The remaining six proposed extensions are very necessary to equip the hospital efficiently for the work that it is being called upon to undertake, and it is only the question of ways and means that prevents them being put in hand at once.

THE thirty-fifth Congress of the French Association of Surgery will be held at Paris, under the presidency of M. J.-L. Faure, in October, 1926, when the following subjects will be discussed: Pathology of the semilunar cartilages, introduced by MM. Mouchet of Paris and Tavernier of Lyons; Conservative operations on inflammatory lesions of the adnexa, introduced by MM. Tuffier of Paris and Chavannaz of Bordeaux; Treatment of active gonococcal arthritis, introduced by MM. Mondor of Paris and Michel of Nancy.