

# World War 2 and Gloucester Hospitals

Unless otherwise stated, information is from:

**Weekly Board meetings held at Gloucestershire Royal Infirmary: HO19/1/32-34**

**July 1939;** a letter had been received from the Charity Organisation Society (*renamed Family Welfare Association in 1946 and still operates today as Family Action*) suggesting the transfer of 'epileptics' at present living in their own homes, to an 'epileptic colony' in the event of outbreak of war. The weekly board are uncertain as to their support for this proposal.

The position of honorary staff in the event of out break of war was discussed. A letter from the British Medical Association recommended:

1. No new staff appointments on a permanent basis should be made during war time and for 12 months thereafter.
2. Any period of war service should be added to their retirement.
3. Appointments that would usually be terminated due to age limit should be continued.

The board agreed with these proposals with the proviso that should a member of staff have died, or resigned, the appointments advertised would in those cases be permanent.

There were concerns regarding the safe storage of radium in the event of war. There would be a danger if any radium was dispersed by violence. Placing radium in boreholes was suggested.

**August 1939;** War emergency arrangements had now been carried out: filling of 71 mattresses and 214 pillowcases for emergency beds; purchase of black paint for blacking out skylights; provision of plywood shutters for the operating theatres and casualty to protect from breaking glass; provision of cars by volunteers to take patients to their homes under the evacuation scheme for the taking of patients from Birmingham; notices made for patients asking that they have accommodation available at short notice in case the need to transfer.

The board agreed to take patients from the Royal Gloucestershire Hussars as casualty cases during their mobilisation.

**September 1939;** male staff members had volunteered to patrol the hospital each night between 6pm and 6am to see that all lights were obscured. In the case of an air raid warning, all volunteers would immediately proceed to the hospital.

20 emergency beds had been set up in the out-patient waiting hall.

**January 1940;** the Dean of Gloucester queried on whose authority the Chapel had been closed and filled up with emergency beds. He was informed that the Ministry of Health had requested this and the General committee had approved it. Religious services would be held in the ophthalmic consulting room for the duration of the war.

**July 1940** A memo had been received from the British Hospitals Association War Emergency Committee asking if the Infirmary accommodation could be expanded. Also, if any suitable buildings were available as a 'shadow hospital' in the event of the Infirmary being rendered untenable. The board replied that further expansion was not possible and that the new Technical College in Brunswick Road, now nearing completion may be suitable as a shadow hospital.

At the same meeting, the board decided to order flexible glue to put on windows in addition to the paper strips, so as to prevent flying glass.

In **October 1940**, the Medical Board recommended provision of a resuscitation ward for the treatment of 'war wound shock'. It was agreed that the out-patient ward with the war emergency beds should be used. Would need to purchase equipment to provide radiant heat baths and blood transfusions. Regarding the former, it was decided to use iron bed cradles sent by the Ministry of Health connected to heat baths made up by the Infirmary engineer.

A letter from the head ARP warden was read to the board, advising that staff were becoming lax in the blacking out of the Infirmary.

By the end of October, various properties had been inspected with a view to using as a shadow hospital. The Friends Meeting House could temporarily accommodate about 30 patients. The County Hotel would be more suitable but unavailable at present.

In **November 1940**, a letter had been received from MP Leslie Boyce and enclosing one from the Ministry of Health – the board were advised that the new Technical School has now been earmarked as a reserve hospital if it should be necessary to move patients out of the main hospital. The MoH advised that as this would be a hypothetical use of the property, that no adaptations should be made beforehand but equipment moved only when necessary.

By **December 1940**, agreement had been made with the City Education Officer to use the Technical College as a reserve hospital. Also agreed to the use of the central hall of Crypt School in an emergency.

Later in the month, the MoH advised that the Technical College was no longer available as a reserve hospital as it would be needed for the industrial training of skilled workers and army technicians. Alternative accommodation again needed to be sought for the reserve hospital.

The infirmary would need to use the available rooms at the Friends Meeting House and Crypt School as temporary accommodation. Further enquiries were being made and the Domestic Science College had promised assistance if the Infirmary kitchens were unusable.

By **January 1941**, the Isolation Hospital at Innsworth had been inspected as a possible reserve hospital, but a considerable amount of money would need to be spent to repair the structure and fittings and provide a road to access it.

It was then suggested that Wynstone School in Brookthorpe may be used; the board did not consider this to be suitable.

Finally, on this matter, the City Education Committee had offered the use of a school, with kitchen facilities, at the temporary disposal of the Infirmary. The school allocated would depend on the area attacked and the amount of accommodation needed by the Infirmary.

Also in January 1941, regarding the hospital treatment of evacuee children, the legal adviser of the Bristol Hospitals Association stated that where it is impossible to gain consent of a parent or relative in time, the surgeon is justified in operating at once, without consent, either to save life or prevent serious consequence.

In **February 1941**, a letter from the Aliens War Service Department had been received, stating that a permit had been granted to Dr Glas to attend the Infirmary as a medical student.

By **October 1941**, there was further discussion regarding 'aliens'. A letter had been received, asking for the views of the Board regarding:

1. The training of suitable alien women as
  - a) Student nurses,
  - b) For an intensive course of training under the Civil Nursing Reserve
2. The employment of married alien nurses.

The Board decided that they could not accept alien nurses for training and that they did not wish to employ trained alien nurses.

In **July 1942**, it was reported that Dr Finlay, Chairman of the Medical Board, did not desire to call a meeting of the Medical Board concerning a letter from the British Hospitals Association regarding a post-war psychiatric service as he felt that this is covered by the neurology clinic.

At the end of this month, it was reported that Mr Griffith had been called up for service in the Navy and therefore the post of house surgeon would be advertised.

The residents of Hucclecote and Brockworth expressed their appreciation of arrangements made at the Infirmary for the treatment of air-raid casualties.

In **November 1942**, a letter was received from the dept of Public Health, Bristol offering to supply American Women Practitioners of the Senior and Junior House Officer type for service in the hospital. The board replied that they were not needed at present but in future may be glad of them if working at capacity owing to air-raid or battle casualties. However, they would have to make their own arrangements for accommodation.

At the **January 1943** meeting, the board sanctioned payment of a subsistence allowance for firewatching to three individuals who were living on the premises.

In **February 1943**, a letter had been received from the Ministry of Works and Buildings, asking the board to reconsider the question of requisitioning Infirmary railings. A local officer would be asked to visit the hospital to discuss this.

At the same meeting a letter was read out from Dr Davey asking for the payment of a war bonus to the laboratory staff.

At the last weekly board meeting in February 1943, a letter from the Incorporated Association of Hospital Administrators was read. This asked that if a member of staff has joined HM Forces, it is hoped that the vacancy is filled on a strictly wartime basis and that if the member does not return after the war, the vacancy will again be declared. Applications can then be received from those who have already made hospital administration their vocation. The board decided to accede to this request.

In **March**, it was reported that Mr Anderson, house surgeon, had suddenly been called up for military service, had now left and Mr Wilson had been appointed locum in his place. Matron reported that a staff nurse had been called up to Queen Alexandra's Imperial Nursing Reserve.

In the same month, a nurse in her second year of training and who intends to be married shortly before her fiancé goes abroad, asks if she may continue her training. The Board, after interviewing Matron, decided to allow this but stated that any future similar cases would be dealt with on their individual merits.

In **June 1943**, it was reported that no male labour was available for employment as porters at present.

At the **July 1943 meeting**, it was reported that there was inadequate staffing of the massage dept and that an application should be made to the Ministry for equipment necessary for the formation of a rehabilitation centre.

Following a complaint from Gloster Aircraft Company that their patients had been kept waiting to access the Infirmary and that there had been a lack of professional attention by the medical staff. It was pointed out to them that the Resident Medical Staff had been depleted by the Central Medical War Committee. Also due to the war there was a shortage of portering and domestic staff. A letter was to be written to the Ministry of Health requesting an increase in staff and for their assistance in obtaining suitable applicants; also, porters and domestic staff. To explain that there were difficulties in giving priority treatment to key war workers in view of their increased number in the area.

By **November 1943** the Medical Board recommended that Dr Enid M Browne MRCS LRCP be appointed temporary anaesthetist in place of J Neill who had joined the services. 'The honorarium of £100pa to be paid, provided arrangements can be made for adequate services to be given by Dr Browne'

Dr J Phelan had been called up for military service on 27<sup>th</sup> November; the House Governor had arranged with the War office for this to be deferred until 18<sup>th</sup> December.

At a meeting in **January 1944**, it was reported that Miss Durward, assistant Matron, reaches retirement age – 60, but wishes to stay on during wartime. The Board agreed to one year and then to reassess. Also, Dr A J L Haley, house surgeon, had received notice that he would be liable for military service at the end of February.

In **February 1944**, it was reported that three doctors were due to leave, two of them to join HM Forces. Also, the Ministry of Health advised that there may need to be a possible restriction in the numbers of patients admitted in the case of a national emergency.

By **March 1944**, Dr Elizabeth Robinson of the General Hospital, Bristol who qualified in Dublin in June 1943 will take up the post of House Physician. She will replace Dr Carey who has resigned due to ill health – TB.

The Ministry of Health would be visiting this month to confer with the Housekeeping Sister and give advice on cooking and food preparation during wartime.

In **April 1944**, it was reported that in accordance with the 'Essential Works Order', that the laundry staff were entitled to an increase in pay of 1d per hour.

By **June 1944**, Fifteen student nurses were sent from Bristol to help with military personnel should any be admitted to GRI. The nurses would be billeted in private houses near the hospital.

Medical Board meeting **June 1944**: a letter had been received from the Medical School in Birmingham asking the Board to consider provision of teaching facilities, holding ward rounds, clinical demonstrations, reviewing current literature for the purposes of post-grad instruction for demobilised officers. The board agreed to this in principle and to be attached to the Birmingham University Medical School. As the City General Hospital would also be asked to do this, it was suggested that the two could combine and provide one unit for this.

In **July 1944**, a letter had been received from the Senior Regional Officer of the Ministry of Health stating that it would be no longer necessary to restrict civilian patients as it would be unlikely that this hospital will be used for military cases.

In **October 1944**, it was decided to obtain permission from the Central Medical War Committee to increase by one, the complement of resident doctors and, if allowed, to recommend the appointment of a House Surgeon. However, by **December 1944**, the above committee advised that they were unable to grant the appointment of a Casualty House Surgeon.