



Wardropper, J. (2006) "Hospitals Built by the Owners of Industry, For Their Workers, in Great Britain 1840-1950". *Rosetta* **1**: 22-30 [http://www.rosetta.bham.ac.uk/Issue\\_01/Wardropper.htm](http://www.rosetta.bham.ac.uk/Issue_01/Wardropper.htm)

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## **Hospitals Built by the Owners of Industry, For Their Workers, in Great Britain 1840 -1950**

Jane Wardropper

*PhD Student University of Birmingham*

**Abstract:**

*This paper considers hospital facilities and medical care provided by the owners of industry, in England, Scotland and Wales, for their employees. Many owners are thought to be paternalistic towards their workers but the provision of hospitals provided an element of control over the worker and could be considered as a cost effective scheme for the industry. Hospitals built on land given or endowed by an industrialist for the benefit of the community were excluded.*

*The reasons for providing hospitals were explored with particular reference to:*

- a) the availability of hospital care,*
- b) the types of injury prevalent in the particular industry.*

*It was found that the following industries often had hospitals for their workers: mining, civil engineering, iron and steel works and heavy engineering, as well as those industries built on a Greenfield site with an accompanying “model village” for housing the workers. A case history of the hospital for the workers of Hodbarrow Mine Cumbria is given.*

Industrial historians have recorded the history of industries, manufacturing processes and civil engineering projects in great depth but there appears to be a dearth of information concerning the provision hospitals for the care of sick and injured workers. This lack of information was the catalyst to search for hospitals, built by industrialists or industries for their employees, in England, Scotland and Wales between 1840 and 1950. A hospital in this context is:

“An establishment which offers accommodation and provides medical and nursing care to persons sick or injured or are suspected of being sick or injured.”<sup>1</sup>

Forty hospitals were identified using Census returns, histories of industries, contemporaneous accounts of projects, records held in County Records Offices and histories of industries presented on the internet. The amount of information concerning each building was often very limited within the Minute Books and other documents of a firm, and historical studies had only a brief reference to the hospital in the text. In considering the provision of a hospital it is necessary to look at the types of care that were available in the 19<sup>th</sup> Century. A case history of one hospital, Hodbarrow Mine Hospital, Millom, is given. The reasons for admission to hospital of workers from mining industries are considered. The attitude of owners towards their workers will be considered as, while many appear to be paternalistic, their actions seem to have been finely judged to increase productivity and to help control the work force.

Hospitals identified, in Great Britain, were associated with mineral mining; the coal and iron industry, and with the extraction of slate at sites where the mines were some distance from large towns. Industries which re-located to Greenfield sites, such as Lever Brothers at Port Sunlight

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<sup>1</sup> Pinker 1966:3

and Salt's Mill at Saltaire, built housing for the workers, and also hospitals for employees and their families. Other industries which had hospitals were heavy engineering, such as railway works and ship building, the gun powder industry and civil engineering.

Civil engineering schemes resulted in many navvies travelling across Britain to work on particular projects. The workers were accommodated in temporary accommodation, provided by the contractors, of wooden huts as on the sites of many reservoirs, or they found their own accommodation in nearby villages or constructed their own shacks. Many reservoir sites were a long way from any town with a hospital, and to ensure the health of the workers and that the site did not become contaminated, there were strict rules to prevent the entry of infection. The sites had a doss house and an isolation hospital on the outskirts of the workers' village, thus ensuring that no itinerant worker brought infections such as smallpox, cholera or typhoid into the community. There was also an accidents hospital in the village dealing with injured workmen. The buildings would be wooden with wards, and ancillary accommodation, including living quarters for the nursing staff. The following reservoir schemes with hospitals in temporary villages have been identified: Elan Valley (SN929648), Derwent Water, Birchinlee Village, (SK165917), Stocks Reservoir, Hollins Village (SD 719548) and Grwyne Fawr Reservoir, Blaen y Cwm Village (SO268252) and Thirlemere (NY308 189) in a building near to the site.

Thomas Walker, contractor for the building of the Severn Tunnel (ST500860), provided two purpose built hospitals for the site at Sudbrook. These were a fever hospital and an infirmary accommodating male, female and child patients. He was also the original contractor for the Manchester Ship Canal, and he set up three hospitals along the length of the canal works providing doctors and nurses to care for the patients.

The injuries received by workers in the mining and associated industries can be seen from the patients admitted to the Lilleshall Company Hospital, Shropshire during the year 1907 – 8 (Figures 1 and 2).<sup>2</sup> In that year forty patients were admitted from the Company coal mines, brick works and foundry, and their injuries included crushed hands and feet requiring amputation of fingers and toes; fractured limbs, pelvis, jaw, ribs and spine; burns; lacerations and contusions. These were mainly caused by falls of rock, or coal, workers being crushed between tubs and wall or screen or caught in machinery. Three men were injured by horses kicking them and two were admitted with blood poisoning following wounds becoming infected. This was the era before the discovery of sulphonamides and antibiotics.

Today, as a result of the National Health Service, we are used to receiving medical care free at the point of delivery, and, when an accident occurs, being transported to hospital in a well-equipped ambulance crewed by trained paramedics. This did not happen in the nineteenth century when transport was by horse drawn wagon or carriage along very rough roads or railway to the nearest town with a hospital. Otherwise, casualties were nursed at home or in unsuitable conditions, as in Middlesbrough following an explosion in 1858 at the rolling mill of Snowden and Hopkins.<sup>3</sup> The care given to the men who were scalded with steam and injured by debris from the explosion is described as follows:

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<sup>2</sup> IGM, Inpatient Records

<sup>3</sup> Lillie 1968, 173.



Figure 1. Lilleshall Company Hospital, Albion Street (SJ703111) South and West Aspect



Figure 2. Lilleshall Company Hospital, Albion Street (SJ703111)  
Note second storey of wing has been added since use as a hospital

“Some seventeen men were injured, and the nearest hospitals were at Newcastle and York. Two men died on their way to Newcastle, one or two more were taken home, and some too bad to move were placed in the stables of the Ship Inn, Stockton Street, where the stench from the nearby Stoll was unbearable. One man died of sheer fright.”<sup>4</sup>

This method of the dispersal of the casualties underlines the lack of facilities available because the hospital in Newcastle was thirty-eight miles away. Lillie explains that the men were nursed in the stable by Mary Francis Rachel Jaques, who had trained at Kaiserwerth (the institution where Florence Nightingale received her training).<sup>5</sup> Subsequently she set up a cottage hospital which was opened on 7 March 1859. In the nineteenth century there were two main types of hospital, Poor Law Institution and the Voluntary Hospital.

The Poor Law Hospitals developed from the wards that were provided for the sick workhouse inmates. After 1834, when the Poor Law (Amendment) Act 1834 was passed, two or more parishes could join together and form a Union and each Union had a workhouse. The workhouse provided an infirmary to house the sick paupers who were already inmates or had no person to care for them at home. To be eligible for admission the patient and his family had to become paupers.

Before 1865 it was usual for the Poor Law infirmaries to be staffed by pauper nurses and the first attempt to introduce a nursing system into one was at the Brownlow Hill Infirmary, Liverpool. Agnes Jones and a team of trained nurses, from the Nightingale School of Nursing, was sent to the Infirmary after William Rathbone and Florence Nightingale persuaded the Board of Guardians to accept them for a period of three years on a trial basis. The experiment was paid for by William Rathbone.<sup>6</sup> Following this there was a slow improvement in the situation within many hospitals and in 1897 the Local Government Board issued a General Circular followed by General Orders to Boards of Guardians prohibiting the use of paupers for any nursing duties.<sup>7</sup> Training schools for nurses were set up in many Infirmaries and following the establishment of the General Nursing Council, in 1919, ninety infirmaries were approved as training schools for nurses in 1923.<sup>8</sup>

In 1929 the Boards of Guardians were abolished under the Local Government Act and the County Councils and County Borough Councils took over their functions. This meant that the infirmaries now came under their control and in 1936 they were empowered to build new hospitals and outpatient departments. In 1948 these hospitals became part of the National Health Service.

The Voluntary Hospital system was made up of endowed hospitals, St Bartholomew's, and St. Thomas's and Guy's, and the un-endowed or voluntary hospitals.<sup>9</sup> The un-endowed hospitals, financed by subscriptions rather than endowments, started to evolve in London with the

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<sup>4</sup> Lillie 1968, 173.

<sup>5</sup> Lillie 1968, 173.

<sup>6</sup> White 1978,31

<sup>7</sup> Ibid, 87

<sup>8</sup> Ibid, 178

<sup>9</sup> Burdett 1893, 159.

Westminster Hospital (opened in 1720), followed by St. Georges (1733) and The London Hospital (1740). In the provinces, the first hospital was Winchester Infirmary, which was founded as the result of the work of the Rev. Alured Clarke, whose first patient was admitted on 18 October 1736.<sup>10</sup>

Admission to a Voluntary Hospital was normally, on a set day, on the recommendation of a subscriber and this resulted in the patient receiving free care. Many hospitals had selective admissions criteria and people with chronic conditions, infectious diseases or who were pregnant were not admitted. Any accident case was normally admitted straight away. The finance for these hospitals came from donations, subscriptions and patient fees. This situation continued until the formation of the National Health Service. These hospitals had training schools for nurses, which following its establishment in 1919, were approved by the General Nursing Council.

A development of the voluntary hospital movement was the founding of cottage hospitals to serve rural communities, and the first acknowledged one, in England, was established at Cranleigh, Surrey, in 1859. It was established as the result of the emergency treatment of an accident victim:

“For some time Mr. Napper, who was practising in that neighbourhood, had felt the necessity of some quiet room in which a severe case of accident or disease occurring amongst the poorer classes under his charge might be placed and where the advantage of careful nursing might be obtained. Whilst he was consulting on the best plan for carrying the idea into effect the rector of the parish, the Rev. Mr. Sapte, riding over the common, on his way to solicit the aid of his principal parishioners in the good work, happened to hear of a severe accident that had just occurred and that the poor sufferer had been carried to the nearest cottage. Hastening thither he found Mr. Napper, with the assistance of his dispenser, the policeman and an old woman (the druggist volunteered his aid, but fainted and was useless) engaged in amputating the poor man’s thigh. This case showed unequivocally the importance of pressing on, with the intention of having some room or place with the proper appliances for such cases, that Mr Sapte at once placed at Mr. Napper’s disposal a small cottage, rent free, which after being white washed and simply furnished was in a few weeks opened as the first cottage hospital.”<sup>11</sup>

The Sisters associated with the hospital started in North Ormesby, Middlesbrough claimed to have the first cottage hospital but in his history of Cottage Hospitals Burdett<sup>12</sup> discounts this hospital, established by Jaques, because, when it started in 1856 it had 28 beds and by 1896 it had 60 beds, and was close to a large urban population. The Cranleigh Cottage Hospital remained as a cottage style hospital within a village. The cottage hospital provided the environment where general practitioners could admit patients and perform operations with the assistance of trained staff.

To enable workers and their families to receive free medical attention, “benefit” or “sick clubs” were formed at the place of work. In some cases these were organised by management, but more

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<sup>10</sup> Poynter 1964, 48.

<sup>11</sup> Swete 1870, 26.

<sup>12</sup> Burdett 1896, 5

often by the workers and management. The workers would pay a weekly subscription linked to earnings, and the member and his family were entitled to free medical care from the doctor appointed by the club. If there was a voluntary hospital nearby, the club, or in some cases the employer, would pay an annual subscription to the hospital enabling patients referred to be admitted free. This happened with the Ashington Coal Company in the years prior to the building of the Ashington Miner's Hospital. In 1898 the Coal Company paid a subscription of £10 10s (£10.50) to the Royal Infirmary Newcastle<sup>13</sup> and in 1900 the Company paid a donation of £1000 into the Infirmary Building Fund.<sup>14</sup> An annual subscription also appears to have been given, as in 1913 there was a request for an increase in subscription because, by then 203 patients were being treated.<sup>15</sup>

One club formed by management was that at the Penrhyn Slate Quarry in North Wales and started by the owner Richard Pennant in 1787. There was discontent over the management of this club which had been run by a manager and his deputies. The management of this club was re-organised in 1849, when it was found that the manager responsible for running the club had embezzled money from it.<sup>16</sup> From then on it was run by a committee with representatives of both workers and men.

Where the surgeon used by Club members was appointed by management the workers often felt that there was an unfair bias toward the needs of management and where there was a joint management member organisation running the club the members had a say in the appointment of the surgeon. This is seen, in South Wales, in the Tredegar Iron and Coal Works Sick Club, where the three members of the Trustees who were responsible for the appointment signed a Memorandum of Agreement with George Arthur Brown, apothecary and surgeon in 1873.<sup>17</sup>

A company that provided a hospital for the workmen was the Hodbarrow Mining Company of Millom Cumbria (SD 175 788). It had a hospital for the workers between 1867 and 1934, and also provided the services of a Medical Officer. The Hodbarrow haematite mine, situated on the coast at Millom, Cumbria, was worked from 1855 to 1968, and during this time twenty-five million tons of ore were raised. The mine employed a doctor as Medical Officer from 1864, and it provided hospital facilities between 1867 and 1934. The first Medical Officer was Mr. W. R. Rogers, who was appointed with a salary of £80 per year.<sup>18</sup> In December 1866, the miners petitioned the directors, complaining that the doctor employed an assistant who was not properly qualified to deputise for him. In June 1867, he resigned and the post of "properly qualified surgeon" was advertised at an annual salary of £150 per annum and 10/6 for Midwifery cases.<sup>19</sup> It was the normal practice to pay for midwifery cases separately as is seen in the contract for the Medical Officer for Tredegar Hospital the salary was given excluding payment for midwifery cases.<sup>20</sup> Unless there were complications the woman would normally only receive her care from, and be delivered by, the local midwife.

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<sup>13</sup> NRO, ZMD 54/4: 20/9/1898

<sup>14</sup> NRO, ZMD 54/4: 25/5/1900

<sup>15</sup> NRO, ZMD 54/7: 28/3/1913

<sup>16</sup> Davies 2003, 25

<sup>17</sup> GRO, D3246.22.1

<sup>18</sup> CRO, BDB/21/1: 5/8/1864.

<sup>19</sup> CRO, BDB/21/1: 1/6/1867.

<sup>20</sup> GRO, D3246. 22.2

Dr Asches was appointed and his salary was to be paid out of the fund subscribed to monthly by the workers, and one month later a cottage was purchased near the mines and converted into a hospital. At the end of 1867 a nurse was appointed to the hospital and her wages were twelve shillings (60p) per week, or £31.4s (£31.20) per year, plus a rent-free house. In 1872 the Mining Company signed an agreement with the Cumberland Iron Mining and Smelting Company, which employed 320 men to provide “an exclusive post of a doctor” at a salary of £500 per annum plus 10/6 for each maternity case.<sup>21</sup> The payment of the salary was to be shared between the two companies proportionate to the number of workers employed.

The Medical Officer was to be responsible for the medical and surgical attendance of all workmen employed, their wives and children under fifteen years old, and he was barred from taking up private practice except where workmen’s families were over the age of fifteen years or people living in a workman’s house. He also had to provide all medicines and appliances needed by his patients. When all the expenses of the Medical Officer were accounted for his salary was probably proportional to the previous one but with a small rise to account for an increased work load.

At the Directors meeting in, September 1872, it was decided to form a worker’s Sick Club, and it was agreed to advance £100 to the new club.<sup>22</sup> The Directors, also confirmed their intention to convert two cottages into a hospital and turn the original hospital back into a cottage which could be rented out, these cottages were situated on land above the mine workings.

The ore was extracted by a form of pillar-and-stall working, known as top slicing. The ore was removed from the top of the deposit first, and the last extraction from any level was the removal of the pillars, causing subsidence of the land above. In May 1880 it was recognised that the mining activities would necessitate the removal of houses and a public house over the seam. It was agreed to rebuild 26 cottages at Steel Green, a site adjacent to the mine, at a cost of £35. 5s (£35.25) per house. The bricks from the demolished buildings were used in the building works. By 1887 it was recognised that the row of cottages containing the hospital would also have to be demolished. Plans for a new hospital were agreed and it was occupied in May 1888. This was not before time, as in April there was doubt as to how long the old hospital could remain habitable:

“...the old one is suffering severely from the drag of the ground and will not be habitable very much longer.”<sup>23</sup>

The new hospital continued to function as a hospital until it closed in 1934. At this time the finances of the company were very poor and no dividend had been issued to the shareholders.

At the time of closure, the building was being used as a mortuary, as well as a first aid post with the men being washed and having their injuries dressed prior to transfer by motor ambulance to North Lonsdale (Barrow) or Whitehaven hospitals. No records of the internal structure of the hospital have been found but from the in-patient bills, it can be seen that there were two types of

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<sup>21</sup> CRO, BDB/21/1: 26/1/1872

<sup>22</sup> CRO, BDB/21/1: 13/9/1872

<sup>23</sup> CRO, BDB/21/1: 13/4/1888



accommodation, the charges being 12/- (60p) a week and 10/- (50p) per week.<sup>24</sup> The building was brick built with possibly two small wards in single story annexes. The bed occupancy indicated by the bills suggests that one ward held a maximum of three patients, and the other, five. The nurse and her husband would probably have lived upstairs and, in addition, there would have been doctor's office-surgery, an operating theatre, toilet facilities, a kitchen and a room for use as a mortuary. The building was demolished in the 1970s to make way for a leisure scheme. The site of the original mine is now flooded.

The nurse, who had been employed by the mine for twenty two years, was aged sixty three, and her husband was aged eighty when the hospital closed. She was given a pension of 25 /- (£1.25) per week until she became eligible for the old age pension, when the situation was to be reviewed.

Throughout the history of this hospital there is a feeling that the mine directors carefully considered any expenditure concerned with the workers welfare, and looked at ways of saving money, including re-using bricks from demolished buildings to build houses and the hospital.

The behaviour of owners of industry was influenced by the need to increase profits for themselves and the shareholders and what appears to be a paternalistic action could be interpreted as a way of achieving this. The methods which were employed seem to be, those by which actions appear to be finely judged to increase productivity and to help to control the work force. This can be seen by having a hospital on site as the doctor's surgery is held in the hospital buildings with minimal loss of time when treatment is required. The doctor having been appointed by the firm has a duty to his employers to ensure that workers return to work as soon as they are fit thus ensuring maximum productivity and reducing the numbers of potential malingerers. The history of the industrial hospital follows the pattern of profitability of the industry for if a business is found to be losing money one of the first services to go is the hospital. From the end of the 19th century, in civil engineering, it was a requirement of law that provisions were made for the accommodation, health and spiritual welfare of workers on major construction projects,<sup>25</sup> and this is seen in the navvy villages for reservoir projects such as the building of the, Derwent Water Reservoir. What appears to be paternalism is in reality in keeping with the law of the time.

This study has only identified one aspect of residential care for injured workers but there was also the provision of convalescent homes for workers by "sick clubs", Unions and other organisations including employers. The total provision and role of these homes in the country has probably not as yet been recognised and would add another chapter to the provision of care for injured workers.

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<sup>24</sup> CRO, BDB/21/40/50

<sup>25</sup> Bevan, June 2001

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