Nursing through the ages at Cossham Hospital in Bristol
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Cossham Hospital has at last been refurbished and on the 28th January 2013 has opened its doors for the public to receive treatment and attend consultations locally as was the vision of Handel Cossham so many years ago. This was set out in his will dated 16th August 1884 and came to fruition in 1907 when the hospital first opened its doors to and for the local population.

There have now been three major stages in the life of Cossham Hospital. The first was naturally its grand opening in 1907. The second was the formation of the National Health Service with the nationalization of all hospitals including Cossham that had mainly been a free hospital. Now the third stage, its refurbishment after so many years of neglect and with proper maintenance will be of service to the public for a further 100 years.

One might describe a hospital as the building being the body, the surgeons and doctors the heart of the hospital but is the nurses with such care and devotion must be the soul.

Let us go back to the setting up of the hospital back in 1907. We know Handel Cossham financed it. Then his friends, local business men got together to form the committee to manage it, giving their services mostly for free. Then we have the surgeons who were given only a yearly stipend of £30 as surgery in those days was in its infancy and they were doing it to build up their skills and reputations. Next we come to the matron who received £50 annually with accommodation supplied, then staff nurses £25, Nurses £12 and then probationers £8 the first year, £10 the second and £12 the third on completion of training. They were given brown and white material to make their own uniforms and lived in the hospital. In those days life was hard for everyone and even young children in poorer families were expected to work. To be a nurse with all it entailed was a great step as it gave a roof over your head, three meals a day and, a job with a future was to be treasured. They must also have had fortitude and compassion.
The hospital was new and lots of things in it were of high standard and ahead of its time regarding hygiene and surgical services. The wards had wood block floors that were wax polished and were heated by open fire stoves and radiators to the walls. Good for that time but not today’s health and safety, but everything had to be kept clean and tidy. The staff were well catered for in nicely furnished sitting rooms for the sisters, nurses and probationers on the top floor.

Not much is recorded about nurses conditions in later years apart from the reduction of staff when after just one year the hospital had to virtually close for overspending its income and then an outbreak of smallpox. But it did recover and again gave good service to the public and servicemen in the First World War 1914-1918.

The reason for writing this is to publicise the great work and dedication of nurses through the ages, in this case at Cossham Hospital. I recently wrote a history of Cossham Hospital 1907-2012 and a lady contacted me saying she had trained as a nurse at Cossham from 1946 - 1949. This coincides with the second stage of Cossham, the nationalization in 1948. It would be so interesting to get first hand knowledge of this momentous time. It might shed some light on the Minister of Health taking the nurses Christmas fund of £32. 10s 8d along with all the hospitals other funds. This was made up of small gifts and donations by satisfied patients that were put aside to make those unfortunate to have to stay in hospital over the festive season a bit more cheerful. Today’s value would be about £897.00. When you realise that according to the hospitals report the average of beds was 77% and the number of patients treated was 1820, with many outpatients. We can assume the hospital was well used that Christmas and I am sure the Christmas Fund was of great help to make the stay in hospital a lot better. But how were things after the Minister of Health got his hands on it? Written documents give an insight as to what took place but to have a living person to give this information must be better.

The young lady I refer to is now 85 years of age and I hope will give an idea of how things were at Cossham back then. This was just after the end of the war, V.E. Day, 8th May and V.J. Day 14th September 1945 but
conditions were still in place regarding rationing of most commodities. She wrote to me relating her memories of life at Cossham Hospital 1st January 1946 – 30th September 1949, and with her permission I will pass it to you.

She attended an interview with Ms Piper the Matron at Cossham to be enrolled as a Trainee Nurse who agreed that she would be accepted even though it was a couple of months before her 18th birthday. The starting pay would be £40 for the first year, £60 the second and £80 the third and live in with uniform supplied. Cossham Memorial Hospital was a state enrolled nurse training school after nationalisation 1948.

**Her Recollections**

**1st January 1946 – September 1949**

On Tuesday 1st January 1946 I arrived as requested by the Matron (Ms Piper) along with two other would be nurses. It was our aim to manage to pass our preliminary exam and then to go on to complete our three years and pass our final exams to be able to be called State Registered Nurses.

That evening our first night away from home we were invited to the nurse’s recreation room to see the performance of the 1946 Christmas show written by perhaps a few members of staff. I can’t recall exactly what we saw but it was very enjoyable. I spent that first night in one of the sister’s bedrooms and wondered with such strange surroundings if I would ever get to sleep, but a knock on the door along with night sister’s voice saying “It’s half past six, Nurse”. She had said “Nurse”. It felt great. Breakfast began at 7a.m. and about 7.20 us three probationers were informed as to which wards we would have to report to at 7.30. A nurse came and took us to our wards. Mine was Butler, which was the women’s medical ward and orthopaedics, and the ward sister there was Betty Lavender Jones.
My first job was to learn how to make a very neat and tidy bed with proper corners. Pillows always had their openings away from the door. The next important task the juniors learnt was the great importance of cleanliness. Bed making could produce a lot of dust, and so after all the beds were finished they had their wheels lowered with a lever on the bed and moved away from the walls. We used a broom about 3 or 4 feet wide (about 1 metre) for the floor to be swept and then every bed top, tops and backs of lockers and window sills received its share of dusting. Once all the floors under and behind the beds were swept they were pushed back in a straight line, then the centre of the ward was swept. Then every chair, stool and locker top cleaned. Then it was the turn of the drinking glasses to be washed and jugs refilled. The ward maid did the other half of the ward if she was on duty, if not the most junior nurse did it instead of her normal job that was urine testing. That in itself was a real task, not a bit like today with a strip of chemically impregnated paper that tests everything at once. Then the chemicals sat in a line of bottles. Before she could start she had to remember to bring a box of matches or get or borrow a cigarette lighter before coming on duty. It was a complicated process. She would line up the specimens in their conical glasses with a name on a piece of paper to write on. You had a spirit lamp full of surgical spirit. We used litmus papers pink and blue, pink was acid so you used blue and vice versa. Then one put a little glass tube with mercury at the end to test specific gravity of the specimen.
High reading you could be dealing with an undiagnosed diabetic who could be in for an operation and quite unsuitable to have one without further treatment and stabilising.

As time went on we were taught how to do many things. We learnt how to give injections, that was a bit nerve racking for the first few times. Some were given an orange to practice on, but that was not like the real thing. My first was to a little girl only 7 years old. Bless her, she was so brave and not a tear. She was in casualty, I can’t remember why, but I certainly remember her.

Being less than one year after WW2 ended we were short of so many things, especially bandages. It was very necessary for us to scrub them clean before they were boiled. We had a special bandage roller, fortunately very efficient and made a very neat roll. On occasions we nursed a T.B. patient on the Balcony, a ward that led off from the main ward. Fresh air was part of the healing process. There was also a private ward and I only remember looking after female patients in it.

The first time I was on night duty I was 18. The problem was that I was only eleven when WW2 began and food being short I did not have much chance to learn about cooking skills. The problem was as a junior nurse I had the awful task to do the cooking for the night staff which was eaten in two sittings. Most of the previous trainees would have had a little more experience as they were a bit older than me. Anyway I managed to acquire a little tuition from the other girls after explaining my problem and improved my skills gradually and the leg pulls didn’t last too long.

Then the time came for myself and a few others to take our preliminary examination. All the nursing exams were in three parts, written, oral and practical, quite hard work, but we all passed. We took the various exams in February and received our results in March.

Back to the cooking. A Spanish junior got in a temper when cooking one night and threw something and broke a window. A night cook was brought in after that.
We wore blue and white narrow striped dresses with a white cap and apron with a square bib and the belt matched the dress. When we reached the second year we wore a white belt. All three years we wore a peter pan collar, very stiffly starched. I used to sew mine onto the outside of my dress because my neck became very sore and felt it was being cut with a knife.

During my second year there was a rearrangement of the wards. Now the operating theatre was at the end of the corridor, to its left and by its side was Pratt Children’s Ward, with about six cots. The children were moved to the board room on the left side of the corridor by the private ward. I rather expect the meetings were held in the Almoners room to the right side behind the front door after the move. Pratt ward was rearranged as a six bedded ward for gynaecological patients. Butler Ward always seemed to be busy and was mostly short of staff.

Being in one’s second year brought more responsibility to being in charge of a ward at night and it also meant writing out 2 reports. One would be for the ward detailing all treatments carried out and of all drugs that were given or administered. The other would go to the Matron or to her office if it was her day off. You were required to note all very sick patients and their treatment, new admissions like those having operations and of course in the unfortunate death of a patient. I was lucky that this did not happen when I was in charge.

We were well supervised with Doctor’s rounds, Matron’s rounds, day or night. As we were short of staff, if you had done theatre duty you would at times taken off ward to fill in but left your ward understaffed. We managed. The matron always carried a large bunch of keys. That way she would rattle when she walked that gave a warning of arrival so you could make sure you were not doing anything wrong or have a darn good excuse why.

Night duties: 8.30pm to 8am
One week, 6 nights on, 1 off, rotating
Next week, 5 nights on, 2 off together
Day duties: 7.30am to 8.30pm
Except Sister, Staff Nurse or Senior Nurse handing over to Night Nurse with report
Sunday: 10am – 1pm off or 1.30 – 10pm off
Day staff off duty: 10am – 1pm, 2 – 5pm or 6 – 8.30pm, Seniors and Juniors.

Meals:
Breakfast 7 – 7.30am Mid morning break half hour for a drink and piece of bread and butter/margarine if your rations stretched that far, and make your bed.

Lunches in three stages, 12-1, 1-1.30 and 1.30 – 2pm
Tea time 4-5pm
Supper Sisters 7.30pm, other staff 7.50 – 8.10pm.

One could feel very hungry waiting to go to dinner made worse by having to feed a few patients, but food was rationed and in short supply, a result of the war. The Matron must have had a hard task to manage things.

There were times for relaxation and the Matron (to keep our spirits up) arranged monthly dances in the recreation room on the top floor. Music and young men were found from somewhere.
This was the time when most things were in short supply and things were re-used, not like the throw away of today. We had to sterilize the syringes, made of metal and glass. We had steam sterilizers on Fussell and Burgess Wards and I think casualty and out patients.
Other wards had to make do but we had to be sure the water was boiling and had to make sure the objects were scrupulously clean and everything was taken apart. The syringe plunger and pusher, also the glass tube that was metal ended. One had to add normal saline from a Vaco-litre (a bottle of sterile fluid used usually for intravenous drips) a glass bottle with a rubber plug and you needed a large hypodermic needle to get into that. After sterilising the syringes and needles were carefully wrapped in lint for protection. Syringes were as precious as gold.
A couple of spoons were also sterilised as they were used to make the morphine into liquid form for injecting.

The morphine tablets were kept in the drug cupboard that was locked and only opened by the Sister. This came under the DDA, the Dangerous Drugs Act and the Sister and person administering them had to sign to make sure and the correct number remained. Others such as M & B’s (May & Bakers) everyday items, were listed in another book.

The preparation of the morphine meant you took the patients chart and a saucer and spoon to the sister. The procedure was scrub your hands, the spirit lamp was lit and a tiny drop of saline was poured into the spoon with a morphine tablet then placed over the flame until it melted. It would quickly cool and then drawn into the syringe that could then be injected into the area chosen that had recently been sterilised. I don’t know how the patients today would react to such goings on, especially the sight of the re-usable syringe.

Today every injectable drug seems to come ready in the correct dosage with the needles fixed in a throw away pack. Even temperatures are taken in the ear and a machine to read blood pressures. Must be heaven.

Living space changed according to conditions in the hospital, perhaps alterations to staffing levels but I did with others spend some time sleeping in the asbestos hut in the grounds behind the hospital.

With lots of things and food in short supply the snow that fell in 1947 made things even worse Nurses that lived in Wales were stranded and so made more staff shortages. It was so cold that the Matron allowed us to wear cardigans when not scrubbed up. Potatoes were frozen in the clamps on the farm so we had slices of bread cooked in the oven with our dinners. We knew what it was like to feel hungry. There weren’t many fat nurses, that’s for sure. Regarding the 1948 Christmas I was on duty and as far as I remember the few extras that were found at Christmas were donated by the Friends of the Hospital.
As Senior Nurses we were in the detached house called Guild House that was near to Ingleside Road and had a tennis court in the grounds. The only problem was that in the summer time, night staff were kept awake by the noise of the balls hitting the rackets at weekends.

A little before we were due to take our preliminary exam we had a week in the lecture room and another before our final. The cost of each exam was three pounds, which my Dad kindly paid for. Our lack of lecture time fortunately didn’t seem to affect the outcome as we passed and got our qualifications and were awarded our State Registered Nurse Certificate and number.

And Matron asked me to stay on as a Staff Nurse, as some nurses had left, perhaps to be nearer their homes. I did so and stayed until the September when I left to go to Leeds to study midwifery.
I have very fond memories of Cossham Hospital as it was always my ambition to be a nurse. When I was training I had much on my mind and no thoughts of how Cossham came to being built and why. On reading its history I realised how and why it is held in such high esteem by the local people. Patient care has moved on since this hospital was first opened and even more since I left sixty three years ago. Is it really that long ago. But now with modern day services in the refurbished hospital, Cossham Hospital lives on. So much more is known about surgical and medical problems and the cures, I am sure the nurses have to know much more than we did. Now that I need medical and other services I really appreciate the care and attention I receive, especially from those “young” nurses but I can’t help thinking back to those days …

Denise Mary Stainer Tanner (nee Barklay)
Cossham Hospital 1st Jan. 1946---30th sept.1949.
This is to close the document on Cossham Hospital ...

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Please also read:
“Cossham Hospital 1907 - 2012. A future as great as its past” which is available to download or view by visiting our community website at:
www.cosshamhospital.co.uk