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A Day In The Life Of East Reach Hospital 19th Februrary 1850¹

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It was still dark when James Lugg roused himself, dressed, and made his way along the basement corridor. It was cold and quiet, apart from the scuttling of the rats which took fright from the yellow glow of his lantern. The porter was heading for the kitchen to perform the task which, as it did on every day, marked the beginning of his routine at the Taunton & Somerset Hospital; the lighting of the kitchen fires.

It was the 19th of February, 1850. No doubt he swore – as no doubt he always swore – at the damp, and at the difficulty of kindling the flame. No doubt he wrinkled his nose as the smell, an amalgam of stale cooking, mildew and the hospital's imperfect drains which were such a vexation to the management committee, assailed his nostrils.

The fire reluctantly alight, the porter then made his way to the wards, glancing at the clock in the entrance hall to check that it was now nearly six a.m. At that hour the patients' day began. His task now was to rouse the nurse, sleeping in her cubby-hole at the end of the ward, who in turn would wake the patients. The ward, fitfully illuminated by his lantern, was low-ceilinged and rectangular, the walls coated in whitewash, the plank floor scrubbed like the deck of a ship.

In the gloom he could see the wooden beds ranged along the wall opposite the windows, and could pick out the coarse rugs which covered them, and the sleeping or restless forms of the patients. The ward fire would have been low, the air here also damp and cold, the smell a different amalgam – easier to imagine than describe – though one ingredient was that ever-present reminder of the hospital's elderly drains. As the wards stirred into life, the porter withdrew for his last task before breakfast; the unlocking of the outer doors and the great gates into the yard, at seven o'clock.

Upon the wards, those patients who were able, dressed, donning overall the serge jacket, with its numbered disc sewn upon it, which identified them as inmates of the Taunton & Somerset Hospital. Some now attended to the needs of those of their fellow patients who were too sick or feeble to rise, stumbling in a gloom scarcely penetrated by the candles, now lit, which stood on each bedside locker. Oaths were quickly suppressed. In each ward was prominently displayed the table of the

Rules governing the behaviour of patients – any abusive language or behaviour deemed irregular or indecent could and did bring about premature discharge. The air filled with groans, grumbles, coughs, sneezes and noises of a less delicate nature as the wards came to life.

Some of the ambulant or convalescent patients now made their way to the basement and the yard, bearing scuttles and buckets. Into the former they shovelled coal – out in the yard swearing with impunity as the air of the winter dawn cut through their jackets, or was breathed in. Soon the noise of scraping shovels was joined by the monotonous clanking of the hospital pumps (operated, of course, by the fitter male patients) as water was raised for the kitchen, the wards and the closets. In the kitchen the hospital servants were now ready to begin the preparation of breakfast, on the wards other patients were waiting with brushes for the water, preparing for the washing down of the floors.

By 7.30 all had been done, the bronchitic told in no uncertain terms not to expectorate on the floor, the incontinent bidden to *'tie a knot in it'*, and the mumbling lunatic in the end bed watched carefully by the night nurse, herself anxious to quit the hospital and return to her family. All awaited the arrival of Mrs Hawker, matron of the hospital for the last seven years, on the first of her two rounds of the day. Until Mrs Hawker had passed by, there would be no breakfast.

Breakfast finally arrived at eight o'clock, by which time those who had been up and about for two hours had acquired a keen appetite. Breakfast was brought to the wards by the servants. We can only be certain of one item on the menu – beer. The hospital brewed its own, under the supervision of Mrs Hawker and the ubiquitous Mr Lugg. No one drank the water – the hospital's wells were too close to the drains – and though in 1850 the causes were only dimly perceived, the effects of the hospital's water taken internally could be all too apparent. There was enough diarrhoea and dysentery as it was, and only the previous year the nationwide death-rate from Asiatic cholera had been frightful. Water was for the kitchen, the laundry and the floors, but not for the stomachs of Somerset men and women.

On the female ward, one patient received no breakfast. Lucy, a nineteen year old lace-mender, lay silent, pale and anxious on her bed. For her the 19th February was no ordinary day. We shall come back to Lucy.

On the male ward the day's routine continued as usual. Mr William Thomas Gaye, the

resident house surgeon, had been and gone. Perhaps on this day his round had been more perfunctory than usual, his air rather more abstracted. The mind of Mr Gaye was on other things.

Nurse Slocombe and old Nurse Hosegood had now taken over from the night nurses, and onto the the male ward came Robert Pearce, armed with his bowl and razors. Mr Pearce received six guineas a year from the hospital for shaving and cutting the hair of the patients, and he had arrived to earn his keep. As they waited their turn, several of the men looked out of the windows, checking the weather; would it be fine enough to *'exercise'*? Taking a turn around the grounds, with an opportunity for a quick pull at a pipe? And if fine, were the female patients already to be seen outside, taking their exercise? Mrs Hawker strictly kept the sexes apart, even when her changes were trudging round the yard. A stickler for propriety, was Mrs Hawker.

Outside, in East Reach itself, the town was now bustling with activity. A wagon rumbled through the hospital gate, bearing provisions purchased by the matron from the suppliers and the market. Another arrived with coal for the fires and the old boiler, which had a voracious appetite but produced precious little heat. It was one of those things, of course, like the drains, which the management committee was looking into.

Already, stamping their feet and shuffling, a queue of men, women and children was forming outside of the main doors. Only the fortunate few at its head could shelter in the entrance hall. The others, some with sticks or crutches, some with fretful children or babes in arms, some coughing painfully, others wan and weak, slumped against the wall, were exposed to the February morning weather. The out-patients, the *'bread and butter'* of the Taunton & Somerset Hospital, had arrived. Two years before, a complaint had been made about the *'entire deficiency of any suitable accommodation for them'*. It was something else, naturally, that the management committee was still looking into. On this particular day Mr Gaye was intending to dispatch his outpatients as quickly as possible. He was also praying hard that there would not be an accident in the town, and someone arrive carried on a door or a farm-gate as a casualty. Mr Gaye was to be otherwise engaged on this 19th February. In they came, bearing *'such phials, gallipots, etc., as may be requisite'* (without which the dispenser could – or would – not fulfil Mr Gaye's prescriptions), fumbling for their



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ticket or letter or recommendation, without which they would be turned away unseen and untreated. Meanwhile, another, and quite different, group was assembling elsewhere in the hospital.

Soon after breakfast they had started to arrive, some in their carriages, some on horseback. The honorary physicians and surgeons to the hospital made their way to the boardroom. There they sat, under the intelligent and kindly gaze of Malachi Blake, MD, of Edinburgh, the hospital's founder who had died only seven years before, looking down on them from his fine portrait.² Watching over their deliberations too from their gilded frames were the Revd Thomas Howe, a generous benefactor after whom one of the wards had been named, and Robert Kinglake, MD, a colleague of Dr Blake's, and whose brother Alexander was to write that delightful and evocative travel book, *Eothen*.³

On this occasion the six members of the honorary staff were perhaps joined by old James Billet, the hospital's consulting surgeon, who had been in practice before the Apothecaries' Act of 1815, and who had founded the Taunton Eye Hospital when England had still been fighting Napoleon. Billet was something of an institution in Taunton, an able, practical and immensely experienced surgeon, a shrewd and wealthy businessman, but something of a religious fanatic. Although he had been in practice for forty years, he was to go on holding the scalpel for nearly another twenty.

But on 19th February 1850 attention was not on him, but on the young, saturninely handsome surgeon, Charles Cornish, FRCS.⁴ It was to be his day. Cornish's family had been associated with the hospital throughout its life, and with the medical and surgical life of Taunton for several generations. Charles himself had first entered the hospital as a pupil apprenticed to the house apothecary. He had walked the wards, sat observantly in out-patient clinics, aided the dispenser, thumbed through the books and journal and anatomical atlases in the growing library. Later he had gone to London, and then, qualified MRCS and LSA, had returned to his native town to practice as a surgeon-apothecary. He was by 1850 acknowledged as one of Taunton's most thoughtful and skilled operators, honorary surgeon to the hospital, and in 1844 one of the foundation Fellows of the Royal College of Surgeons – one of that select band who were first entitled to add the initials FRCS to their names.

The gathering in the Board Room was for a final discussion on the operation that Charles Cornish on this day, the 19th February 1850, was to attempt. His patient was the nineteen year old lace-mender, Lucy, who we have already met, lying apprehensively in the

women's ward.

Mr Cornish's operation was to be one which, if the literature was to be believed, had been performed successfully less than a dozen times in the history of English surgery – an ovariectomy.

Cornish and his colleagues now set themselves to review Lucy's case. Originally, she had not been his patient, but on 25th August 1849 had been admitted to the hospital under the care of the senior physician, Dr Thomas Woodforde, a co-lateral descendant of Parson Woodforde of Diary fame. We can, I think, now, picture Dr Woodforde surrounded by his colleagues, referring to his notes and describing his patient. 5'5" tall, slight, and in good health until she was sixteen. In September 1848, when confined to bed with a slight fever, she had become aware of a swelling about the size of an orange, a little to the right of and below the umbilicus. It wasn't painful on pressure, and caused no inconvenience except on stooping. But it had grown, and when she had presented herself to Dr Woodforde eleven months later, her appearance had been of someone about six months pregnant. Indeed, said the doctor, there had been gossip and innuendo, even among Lucy's friends, but his examination had found the hymen intact. A tumour was distinctly perceptible, Woodforde said, extending from the right iliac region obliquely to the left hypochondrium, giving a sensation of solidity. It was freely moveable in every direction, its form round but uneven. 'Auscultation?' enquired one of his colleagues: 'No sound', said Woodforde. 'Size?' asked another: 'The abdominal circumference over the tumour is thirty-three inches', replied Woodforde.

Lucy had been told the nature of her condition, and that an operation would be necessary for its relief. She had also been told, interpolated Cornish, both fully and frankly of its dangers, and on 29th September had left the hospital to consult her friends and think carefully about it.

On 4th January 1850 she had returned, the tumour now 34.5 inches, and giving every sign of rapid growth. Cornish described his examination. 'The tumour is still freely moveable in every direction, and no adhesion can be detected. It occupies almost the whole of the anterior of the abdominal cavity, rests on the pelvis, but from which it can be pushed up a hand's breadth. Percussion gives a dull sound over the whole surface, but on pushing it aside, the clear sounds of the intestines can be traced all around it, except in the right iliac region. 'This', said Cornish, 'points to the right ovary as the seat of the tumour'. We can see him pointing, as he spoke, to the relevant illustration in an anatomical atlas laid open on the Board Room table before his colleagues. It was his opinion that the

tumour was a multilocular cyst, and that a portion was solid.

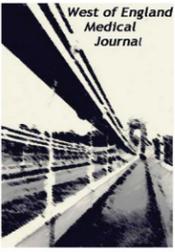
The hospital's physicians and surgeons had already fully discussed Lucy's case at a preliminary meeting on 25th January, and had unanimously decided upon surgery, after her next period. Since 8th February she had been restricted to a milk diet. Since the day before the one upon which we are now eavesdropping, she had been on milk and water only, and had taken six drachms of castor oil.

All was now ready; today Mr Cornish would operate. He and his colleagues left the Board Room and mounted the stone stairs to the ward. They were not to be alone. Many local practitioners had made their way to East Reach to be present at, and observe, Cornish undertake this procedure, by them all deemed daring and risky.

We do not know if the Edinburgh professor of Military Surgery, who was currently in Taunton researching and writing his influential little book, *Observations on the site and construction of hospitals*, with the assistance of the East Reach doctors, was among them.⁵ Perhaps, too, Hugh Chudleigh Standert was present, he who had performed the first ever operation (for cataract) at East Reach in 1812, and who had himself in those days forty years before, removed two massive tumours from male patients. Standert, now old, frail, and within five months of his death, would not, we would imagine, have missed such an opportunity as this, even if he had had to be carried into the hospital.⁶

Cornish had decided not to use the operating theatre, then a separate building in the garden behind the main hospital. East Reach had been built originally without an operating room, the surgeons – as was not uncommon – preferring to work on the ward itself. Cornish on this occasion had had one of the wards specially prepared. Lugg the porter, no doubt assisted by other male servants, and possibly some of the male patients, had installed here a large stove, with its flue entering the chimney near the ceiling. On the usual ward fire Cornish had had fixed a large boiler with a metallic pipe conveying steam constantly into the room. He had to operate by means of the available daylight, as the hospital was not yet connected to the gas main. Just another of those little things the management committee was still considering.

The assembled company of doctors now entered the prepared ward, and were greeted by a warm, steamy atmosphere, and a temperature of eighty-five degrees. This was not an occasion for the dignity of the old blood and pus encrusted operating coat, but for shirt sleeves. Lucy was led into the ward, and set upon the high bed which was to serve as a table, a bed already laid with



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a broad, many-tailed bandage. And now here came the house surgeon, Mr Gaye, already perspiring from his rush up from his outpatients. To him fell the responsibility of administering the chloroform, that relatively new-fangled thing which these younger men were already calling by the outlandish name of *'anaesthetic'*. We can see James Billet and Hugh Standert, the *'old-guard'*, pursing their lips and looking dubious. After all, knocking out the patient with these *'damn substances'* had been going on for less than four years. In the old days you just hoped and expected your patient to faint from shock, and got on with the job quickly.

All was ready. Perhaps there was a reassuring smile and squeeze of the hand for the pale young girl from Cornish, and then the instruction to the house surgeon, *'You may proceed, Mr Gaye'*. The patient slipped into unconsciousness. Mr Cornish began.

First an incision through the abdominal parietes, ten inches in length, extending from about four inches above the umbilicus to the pubes, but avoiding the umbilicus itself by keeping on its right side. Leaning forward, the doctors could now see the anterior part of the tumour. Cornish now took a trocar, and thrust it into the tumour. A large quantity of thick, viscid, greenish-brown fluid escaped, splashing the surgeon and his assistants.

Wiping it – and his own perspiration – away, Cornish now proceeded to divide two slight adhesions between the omentum and the anterior surface of the tumour. This handling of the omentum produced convulsive efforts to vomit on the part of the chloroformed Lucy, convulsions which in fact assisted the surgeon, as during one of them the tumour itself was thrown from the abdominal cavity. Cornish moved quickly to complete the operation. He tied the pedicle at two points about half an inch apart by transfixing it with needles armed with double ligatures of hempen twine. He then divided the pedicle, and secured two small vessels of the omentum.

The edges of the wound were then adjusted with six sutures, and strips of adhesive plaster placed between them. Over all a bandage of lint was secured by the tailed bandage. Cornish stood back, and looked at his watch. The operation had taken fourteen minutes, and there had been only slight haemorrhage; he estimated some four ounces.

Those present crowded round Cornish to congratulate him, and to examine the tumour. It weighed 7.5lbs., of which 5lbs were fluid. It was ovoid in form, and consisted chiefly of one large cyst. It had been supplied by four arteries passing up the pedicle. Later Cornish was to preserve it, and it took its place for many years in the hospital museum. Lucy was returned to her ward. The doctors

slowly dispersed, some no doubt to dine together, to discuss and to argue over what they had seen. The hospital routine was resumed as the February dusk fell. Supper was served on the wards at six o'clock, and the patients reminded that they had to remain *'within bounds'* until the following morning. At seven o'clock James Lugg closed the great gates and the front door, and locked them for the night. A passer-by in East Reach would have noticed the fitful gleam of the ward candles, flickering on the blind, now drawn upon the windows. Smoke from the chimneys rose into the darkness as the ward fires were banked for the night. The night nurses had come in, and taken up their posts. Mrs Hawker the matron had made her evening round, and now rested in her sitting room, relaxing by her fire with her mother, Mrs Denner, who was also something of a power – albeit an unofficial one – in the hospital.

Upstairs in the gathering gloom, two men stood at a bedside in the women's ward; Charles Cornish and Mr Gaye watched over Lucy. Her pulse had risen to 120, but she declared herself free from pain or uneasiness. There was no tendency to vomiting or shivering. Cornish ordered that she be kept warm – the temperature was to be maintained between 75 and 80 degrees, and she was to be allowed a pint of toast-water every twelve hours. The two men descended the stairs, parting by the Board Room where the portrait of Dr Malachi Blake kept its silent vigil over the hospital which he had worked so hard to found, to build, and to equip. *'A successful day, Mr Cornish'*, said the house surgeon, as he helped the weary man into his coat, and handed him his top hat. *'Decidedly successful'*, was the reply, as Cornish went out into the night.

And Lucy? On the following day she slept at intervals, and remained tranquil. By the 21st she was complaining that the ward was too hot, and wanted more toast-water. On the 23rd her dressings were changed, the wound healing, and five of the sutures were removed. There was no pain – but she was hungry. Cornish ordered her diet increased to include thick gruel and four ounces of milk daily. The ward temperature was to be gradually returned to normal.

On the 4th of March the ligatures on the omentum were removed, those on the pedicle of the tumour separated on the 11th. A month later she was sitting up, and walking about the ward. On 27th April Mr Gaye took up his pen, and against her name in the Register wrote: *'Discharged. Cured'*. A year later, when Charles Cornish wrote up his case notes for The Lancet, entitling it with a touch of pride *'Successful Case of Ovariectomy'*, he was able to say *'Since*

that time I have repeatedly seen her in good health. She is now living at Taunton as child's-maid in a gentleman's family'.

So Lucy passes into history, in this case, into the history of the Taunton & Somerset Hospital at East Reach, born from an idea in the mind of Dr Malachi Blake in 1809, and an integral part of the life of this town and neighbourhood ever since. The 19th February 1850 was one day in its long life, a decidedly successful day. For the rest of its story, you will have to read my book.

JOHN MORGAN-GUY

REFERENCES AND NOTES

1 This paper was read in the Postgraduate Medical Centre at Musgrove Park Hospital, Taunton, on 8th May 1987, when H.M. Queen Elizabeth II, accompanied by H.R.H. the Duke of Edinburgh, visited the hospital to officially open the Queen's Building. It is based upon the account of the operation, given by the surgeon C H Cornish, and published in The Lancet, 1850, p. 680. Cornish's account was reproduced as Appendix A in John R Guy, *Malachi's Monument. The Taunton & Somerset Hospital at East Reach* (Taunton & Somerset Hospital Trust, 1986), p. 103. All persons named in this account actually served the hospital, and can be identified from the surviving records and archives.

2 A version of the portrait hangs in the Mary Street Unitarian Chapel in Taunton, of which Dr Blake was a prominent member. It is reproduced in Guy, *Malachi's Monument*, p. 10.

3 Dr Robert Blake's portrait is reproduced in *Ibid.*, p. 29. Alexander William Kinglake (1809-1891) published *Eothen; or Traces of Travel brought home from the East, to instant success in 1844*. M.P. for Bridgwater 1857-68, he is best known for his monumental eight volume *The Invasion of the Crimea*.

4 Portrait reproduced in *Ibid.*, p. 38.

5 Professor Sir George Ballingall, MD, FRSE (1780-1855), Surgeon to Queen Victoria, and prolific writer on military hygiene, published his *Observations* the following year (1851). The work can be read on-line from either the Wellcome Library or that of the Royal College of Surgeons.

6 Portrait reproduced in *Ibid.*, p. 41, and bust, p. 66. His Library Chair, which converted into a set of steps, was kept in the hospital library. Reproduced in *Ibid.*, p 65.