

The Logmore Isolation Hospital

There is plenty of evidence to show that infectious diseases were prevalent in the Dorking area in the second half of the 19th century. School Log Books, for example, record the periods, often extending to several weeks, when the Medical Officer of Health decreed that a school be closed to contain the spread of measles, scarlet fever or diphtheria. These epidemics tended to be accepted as an unfortunate fact of life, but occasionally disease, especially cholera and smallpox, attracted greater attention. An example is to be found in the Dorking News section of the Illustrated Monthly Magazine in April 1878, which reported that:

“A striking example of the fear of contagious diseases, which is felt even by those who are, by the nature of their occupation, brought into almost daily contact with such cases, was strikingly illustrated here on Monday. On Sunday afternoon a hawker, named Thomas Bolton, died at a common lodging house in Falkland-hill, of smallpox, and an order was obtained from the relieving-officer and taken to Mr. Grinstead, the contractor to the union, for him to bury the corpse. In accordance with the order two of Grinstead's men went to the house with the coffin; but on going into the room where the corpse lay and seeing the state it was in they precipitately decamped. About a quarter of an hour later on, the Sanitary Inspector came along with the intention of locking up the house to prevent any other person entering it, until it had been disinfected, and he was accompanied by the Medical Officer of Health. When they arrived Mr. Grinstead was walking up and down outside the house (flatly refusing to enter it) in a state of great excitement. He stated that he had employed no less than eight men, who had all deserted him with the exception of one named Stoner. Being unable to procure the services of any men, the Medical Officer volunteered to put the corpse into the coffin, which he did, and with the assistance of the Sanitary Inspector the coffin was brought downstairs, after no small amount of trouble, owing to their being exceedingly narrow. It was finally managed by the help of some ropes. About seven o'clock the remains of the unfortunate hawker were at last deposited in the parish hearse, a crowd of upwards of 500 people having assembled by this time, but who, nevertheless, exhibited a praise-worthy discretion in maintaining a respectable distance between themselves and the house. The undertaker was not out of his dilemma, for upon arriving at the cemetery he was still short-handed. Here again, however; the relieving officer and the sanitary inspector came once more to his assistance, and with their aid the corpse was finally quietly interred.”

Thomas Bolton's sad demise occurred on April 1st but the story was no April Fool fiction. A few weeks later the Sanitary Authority discussed the need to construct a hospital for the treatment of infectious diseases. Following lengthy discussion the proposal was put to the vote and there were nine for and nine against, *“upon which the chairman gave his casting vote in favour.”* A somewhat inauspicious start, and over twenty years would pass before a new hospital would open for it had still to be determined who would be eligible to use it, who would pay for it and crucially, where should it be located?

It was thought that this last question had been answered when the Duke of Northumberland approved a site on Holmwood Common, but the strength of the local opposition once the news spread was sufficient to cause the proposal to be shelved. That was in 1878 and it remained on the shelf until the beginning of the 1890s when the Local Government Board in London, prompted by Surrey County Council, wrote asking what steps were being taken to provide an isolation hospital. The reply from Dorking's Health and Safety Committee was nothing but to the point: *“The Local Board do not propose to take any steps, for the following reasons, amongst others:*

- (1) That the opinion of medical authorities is by no means unanimous that these isolation hospitals do really act as a check on the spread of infectious disease
- (2) That the Local Board (happily for the liberty of the subject) have no power to compel the removal of any person so suffering, even if the accommodation referred to were provided
- (3) That such a hospital is not in any way required for this rural and comparatively sparsely populated district.
- (4) That within living memory there never has been in this town any epidemic of infectious diseases on such a scale as to indicate the want or usefulness of such an institution.
- (5) That the erection of a permanent building would entail very considerable expenditure, not merely in the initial cost of the land and buildings, but in the annual and ever-recurring outlay for repairs, maintenance and wages of the staff
- (6) That within the last few years a sum considerably over £30,000 has been expended upon the provision of a system of drainage here, and that the repayment of the amount borrowed to meet this large outlay, together with the interest, forms an exceedingly heavy charge upon the rates, and constitutes a very serious burden on the ratepayers, besides prejudicially affecting the letting of houses and the development of the trade and progress of the town
- (7) That for this reason the Local Board are firmly resolved to incur no further liabilities which are not absolutely

and undoubtedly required for the health and prosperity of the district. If this wasn't sufficient, the Local Board ventured to suggest that "the necessities of their district are much better known to them than they possibly could be to the Surrey County Council" and added that should any serious epidemic hereafter unhappily break out the Local Board would be quite prepared to meet such an emergency by the provision of some purely temporary structure, or the hiring for the time of some suitable premises, should the occasion and the circumstances seem to require it."

Dr Jacob, the Medical Officer of Health, publicly disagreed with the Board's view, pointing out that small pox was prevalent in the county especially among casual paupers and in the absence of an isolation hospital it could not be contained. But the Board continued to object to spending money on a permanent building that would only be required at intervals of 4 or 5 years.

Several more years passed until February 1897 when the Rural District Council¹, who had always supported the case for an isolation hospital, become so fed up with the intransigence of their Urban District counterparts that they petitioned Surrey County Council to enforce action under the terms of the 1893 Isolation Hospitals Act, which empowered County Councils to provide isolation hospitals or compel local authorities within the county to do so. An inquiry was held but the Urban District Council were concerned that if an isolation hospital was imposed on them they would have very little say regarding its size and cost because the Rural Council, with a higher rateable value than the town, would always have a controlling majority in the decision making. On these circumstances they agreed to proceed with a joint venture. As a result a Joint Hospital Committee was formed in June 1898 but did not get off to a good start. It had been agreed that the committee should consist of 12 members; 5 from the Urban District Council and 7 from the Rural District Council, elected at their Annual Meetings, but for some reason the Rural Council neglected to elect their representative. Although they subsequently remedied the omission a complaint was laid that the Committee was not properly constituted because the legislation stated specifically that the members should be elected at an annual meeting. To resolve the matter Surrey County Council were obliged to go to parliament to obtain an amending order to the Isolation Hospitals Act 'removing a difficulty with respect to the constitution of the Dorking Joint Hospital Committee'.

Eventually, having at last been constituted to everybody's satisfaction, the new Joint Isolation Hospital Committee met in the Board Room of the Union Workhouse and accepted, with considerable reluctance ("Having managed without a hospital.....it is as much wanted as the sea wants water, but I suppose that as it is forced upon us we must have it") that they were now required to select a site for a new hospital. They settled on a piece of land in Logmore Lane. The owner, Herbert Young, confirmed that he was prepared to rent or sell the property but an objection was promptly raised by Mr Barclay who pointed out that the site was surrounded by pasture where he grazed his dairy cattle. Fearing that the project might once again be shelved, the committee called Mr Barclay's bluff by offering to consider any alternative site that he could offer on the Bury Hill Estate. In the event suggested locations off the Coldharbour Road were deemed to be unsuitable because of poor access and an inadequate water supply and in December 1898 the 2½acre site, which included a cottage occupied by the Skilton (or Skelton) family, was purchased for £550.

Having dithered for so long the Dorking and District Joint Hospital Committee now acted with commendable speed. William Shearburn, the Dorking architect, was appointed to prepare plans for the new hospital, but rather than await its completion the committee studied a catalogue of 'iron buildings' produced by Humphreys of Knightsbridge, selected a 'four bed hospital' and made arrangements for it to be transported, presumably in kit form, by rail to Dorking Station, and from there carted to Westcott for erection. Foundations were dug, a water supply installed, fittings and furnishings procured, contracts placed with local tradesmen to supply food and fuel and a Thresh 'disinfector' purchased. Arrangements were made to engage nursing staff as and when required from London agencies, the Metropolitan Temperance Association in the case of male nurses, stipulating that they should have had smallpox or been recently vaccinated². A contract was placed with the Crown Hotel Westcott to collect and deliver patients³ using a 'horse ambulance' developed from a second hand brougham purchased from Mr Sherlock, the Dorking coachbuilder, for £20. Frank and Sarah Skilton were given notice to quit Daisy Cottage, their home for the previous 10 years, to make way for the aptly named Mr L F Illman from Redhill,⁴ the

¹ The Dorking Rural District Council represented the parishes of Abinger, Capel, Dorking Rural, Effingham, Mickleham, Newdigate, Ockley and Wotton.

² The requests were sent by telegram. It was not until 1911 that a telephone would be installed and the hospital could be contacted by ringing Westcott 19.

³ The rate varied slightly from year to year but was initially 8/- for transporting a patient from the urban district and 12/- from the rural area.

⁴ The Illman's were soon to be replaced by Mr & Mrs Joyes from 4 Anstead Cottages, Bailey Road, Westcott.

hospital's first caretaker. His wife was persuaded to be the laundress and was provided with a new mangle, and polishing and goffering irons for the nurses' cuffs and collars.

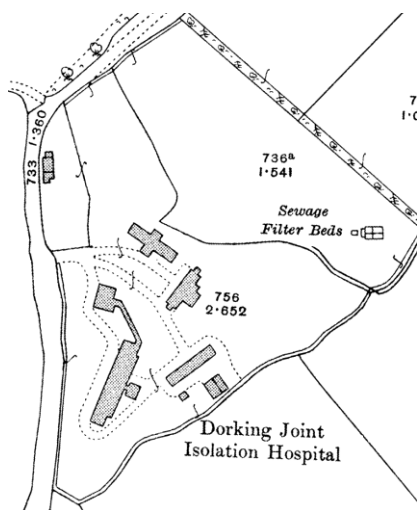
By the end of 1902 the temporary hospital was ready. Dr Sydney Cornish was the appointed Medical Officer to whom all requests for admission were to be made, but continuing disputes with Surrey County Council over the funding of the permanent hospital led to a decision that instead of accepting small pox cases, the 'iron' hospital would only accept patients with infectious diseases other than small pox. The small pox patients were to continue to be sent to Epsom until such time as the permanent hospital was built. The first patient, a 13 year old boy from Holmwood was admitted in January 1903 with diphtheria.

There were plenty of teething troubles that the Hospital Committee did their best to resolve. A potential problem with visitors led to an instruction that 'Visitors to the Isolation Hospital are not permitted but enquiries may be made at the Caretaker's Cottage between 2 and 4pm', and to provide protection against the spread of infection a procedure was introduced whereby patients when they were discharged were required to bathe in water containing disinfectant before leaving the hospital. In 1904 Miss Legg was appointed as the hospital's permanent nurse, and later, matron, with an annual salary of £55. She was to provide continuity during the next decade when staffing the hospital presented considerable problems, not least because nurses and ward maids were expected to 'have a bath and be disinfected as far as possible before leaving the hospital each day'. Although the purchase of everything that a self-contained hospital would require was approved the need for economy was always to the fore, not least when the Hospital Committee decreed that instead of purchasing shrouds, the bodies of deceased patients should be wrapped in the sheet in which they died.

As the number of admissions increased improvements were made to the facilities. A second iron building was purchased, a mortuary and disinfection block was built (the contract going to Mr Marshal of Condor Villa, Westcott) and also somewhere in which to keep the ambulance, although this was later converted into a nurse's bedroom. The use of the hospital 'disinfector' was extended to include clothing and bedding the whole of the hospital's catchment area and the caretaker's salary increased accordingly (to 22/- a week). The road to the hospital from Logmore Green (still referred to by some local residents as Hospital Lane) was made up using Coldharbour Stone provided by Mr Barclay, who clearly bore the Hospital Committee no hard feelings. More significantly, Mr Barclay agreed to make available a piece of land to enlarge the hospital site and an area of 1 acre, 1 rood and 38 perches was transferred from West Lees Farm to the Isolation Hospital Committee in March 1908.

Meanwhile the plans for a permanent hospital remained on the drawing board pending the resolution of a funding dispute with the Surrey County Council, but in 1909 the way was clear to proceed and Rowland Brothers of Horsham were awarded a contract to provide a brick built hospital that would double the number of available beds to 24; twelve (16 at a pinch) in the iron buildings and twelve in the new. The contract also included an administration 'cottage' linked to the hospital by an enclosed corridor. The new building opened in October 1909 and the Dorking Advertiser included a description of the new facilities; 'Two lofty wards – one for each sex – about 36 feet long by 24 feet in width, well lighted by sash windows, having the upper portions fitted with hopper lights for ventilation.

All the angles of the walls, ceilings and floors are rounded, so that there shall be no corner to harbour infection, the floors are formed with 'Terralith' flooring, each ward has two fireplaces, one at each end, and both are also heated by four radiators as auxiliary heating power, such radiators having valves to enable one or more to be used at a time. Between the wards is the nurse's duty room, from which either ward can be overlooked. This duty room is supplied with an open fire-place, which without any trouble can be converted into



This plan shows the new wards with a corridor linking it to the 'cottage', with the two 'iron' wards, diphtheria block and

a cooking range.

ambulance station.

At the end of each ward are separate ranges of offices consisting of bath-rooms, lavatories, etc. At the back of the building, with a separate external entrance, is the probationary ward, with offices for the same. An administrative cottage has been erected about 40 feet from the hospital containing a kitchen, nurse's sitting room, four bedrooms, bath room with hot and cold services, and the necessary offices.'



Although there were some occasions when all the beds were empty there were others when the hospital could not cope. One such was in 1914 when more patients were admitted than in all the previous four years, including several from the 400 to 500 soldiers of the Surrey Yeomanry who were quartered in Dorking (pictured here with the matron and her staff).

To relieve the situation The Mill House in Westcott was rented from Mr Brooke for twelve 'light and convalescent' cases.

The Hospital Committee produced annual reports and these provide details of the number of 'urban' and 'rural' patients, and the length of their hospital stay, so that appropriate charges could be raised. Examination of these indicates the average stay was often up to six weeks, indicating the importance placed on the isolation of infectious disease and the reluctance to release patients until sure that there was no risk of passing on the infection.

In 1916 the hospital employed a matron, a superintendent nurse, two ward maids, a cook on a permanent basis and recruited additional nurses as required. The caretaker's wife acted as laundress, and general duties including 'ambulance driver' were undertaken by a porter recruited on a temporary basis when the caretaker was required to join his regiment. Although the remoteness of the location was eased slightly by the provision of two staff bicycles the retention of staff continued to present a problem. The disinfection commitment was undoubtedly a constraint but so too was the strict discipline enforced by the matron and the Hospital Committee. Notwithstanding the distance from the village, being back late when an exit pass was granted was not tolerated, as is clear from the following correspondence relating to nurse Eva Uglow. She was dismissed with a month's wages in lieu of notice. When she sought another appointment and a reference was called for the following was sent: *'Eva Uglow has been ward maid at the Isolation Hospital but she stayed out at night after the time allowed by the Matron and the Committee considered that in the interest of good management they must discharge her at once which was done and she was paid an extra month's wages. The Committee believe she took advantage of the Matron's leniency with her and perhaps she could do better under a mistress who treated her with more firmness. The Matron informs me that Uglow was honest and hardworking.'* A similar reference was provided for Miss Atkins who accompanied Miss Uglow on her unfortunate escapade.

Further information about the Isolation Hospital is limited because surviving records held at the Surrey History Centre have a 100 year embargo but archived editions of the Dorking Advertiser are available, to provide random snippets that help to picture life in Logmore Lane.

In 1923, for example, we read that 'Christmas Day dawned brightly at the Dorking Isolation Hospital at Logmore Green. Santa Claus entered the wards (which were gaily decorated with air balloons, holly etc.) early on Christmas morning, and presented each child with a stocking containing good and useful toys including a new shilling and a silver thimble. Carols were afterwards sung by the patients and staff, and after breakfast Mrs Bumble appeared with Sambo, and presented each kiddie with an orange, which gave great delight to the little ones. In 1925 a motor ambulance was obtained, although the horse ambulance was retained for several years 'because a motor would not be able to get to some parts of the district to fetch patients' .

In 1928 the Matron requested that the entrance to the hospital should be widened as the ambulance and tradesmen's lorries can only enter and leave the grounds with difficulty, and Mrs Tozer of 'Logmore' was thanked for her gift of bush roses for planting in the hospital grounds. The cost (£1.9s.6d) of repairing the hospital wireless set was queried, but it was explained that because of the perfect reception and no interference the existing 5 valve wireless set was too powerful and had to be modified.

In 1930 a rat catcher was called out and in the course of 5 visits with his gas pump between 200-300 rats were killed. In 1938 concern was expressed at the Rural District Council about expenditure at the Isolation Hospital when there was only one patient, but the rejoinder was that the presence of just one patient was good news not bad. In 1941, no doubt inspired by the 'Dig for Victory' campaign, the hospital; was authorised to buy currant and gooseberry bushes, raspberry canes and apple trees, also a wheelbarrow; the cost not to exceed £10.

Meanwhile, in 1933, as a result of a review of district boundaries consequent upon the Local Government Act of 1919, the Rural District had ceased to exist. The Joint Isolation Hospital Order of 1897 was repealed and the hospital committee abolished; all property and liabilities being transferred to the new Dorking Urban District Council. There then followed a period of uncertainty about the future of the hospital with suggestions that Dorking's needs should be met at the Reigate Isolation Hospital and that the Logmore Hospital might become a Convalescent Home, but when war was declared no decision had been reached.

The Isolation Hospital was damaged by enemy action in August 1944 when a flying bomb landed in a field 100 yards away. No patients or staff were hurt but the diphtheria block was demolished. The scarlet fever block was damaged but was repaired and survived to be handed over to the Ministry of Health when the National Health Service was created in 1946. The future of the hospital was again under review and on this occasion its remoteness was no longer seen as an advantage "*It is almost completely inaccessible to visitors. It is a mile and a half from a bus stop and in bad weather the road is almost impassable.*"



Meadow House and April Cottage (right)

In April 1955 the Ministry of Health offered the Isolation Hospital for sale by auction at the Red Lion Hotel, Dorking with vacant possession and outline planning consent for conversion to residential housing. The Admin Cottage was probably the easiest to convert but not so easy to divide into two separate houses, but this was achieved and Meadow House and April Cottage are the result. Merrydown and Knoll Brow are the modern day successors of the 1909 hospital block.

Since the original conversion a number of attempts have been made to add further houses to the site. One was made on the premise that most of the additional piece of land acquired from Robert Barclay in 1907 would be used to create a market garden with an extensive area under glass to ensure early cropping, if only permission was granted to construct a new house suitable for an agricultural worker.

Another proposed the construction of a new house, utilising the brick foundations of the original 'iron' hospital in the Meadow House garden,. Both proposals failed, the planning authority drawing attention to the site's Green Belt status in an 'Area of Great Landscape Value'.

The 'caretaker's cottage', formerly Daisy Cottage and subsequently Caroline Cottage, has survived and is now called The Old Cottage, a name that it merits insofar as a survey undertaken by the Domestic Buildings Research Group (Surrey) in 1974 concluded that it was built in 1608. This fact, and the existence of several other 17th century buildings in the area, suggest that there is scope for further research and it is hoped to present a broader history of Logmore in a future Annual Report.

Note: The indexed DC series of newspaper cuttings in Dorking Museum Library reveal the background to the establishment of the Joint Hospital Committee, and the Superintendent's correspondence books (570/1/1-3) held at the Surrey History Centre describe the construction and management of the isolation hospital albeit only by reference to letters sent, with no sight of those received. The hospital admission registers (2970/1) are also held at Woking but these are 'closed' for 100 years after the date to which they refer.

The measures taken by the authorities to ensure that patients in the Isolation Hospital were kept isolated have been confirmed by one Local History Group member who as a five year old was admitted to the hospital with scarlet fever and recalls that the only contact with his parents was by talking to them through the thick hedge that separated the hospital from Logmore Lane.